# CalAIM Behavioral Health Workgroup

July 15, 2024

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

# Housekeeping

- Members of the public will be able to comment at the end of the meeting.
- Workgroup members can participate in the “chat.”
- Workgroup members are encouraged to turn on their camera.
- Please mute yourself if you’re not speaking.
- Use the “raise hand” feature to make a comment during the discussion period.
- Live closed captioning is available – you can find the link in the Chat.

# Agenda

**3:00 – 3:05:** Welcome and Objectives

**3:05 – 3:15:** Provider Integration Project (PIP) Update

**3:15 – 3:25:** PIP Workgroup Discussion

**3:25 – 3:30:** California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration Updates

**3:30 - 4:10:** BH-CONNECT Incentive Program Update

**4:10 - 4:30:** BH-CONNECT Workgroup Discussion

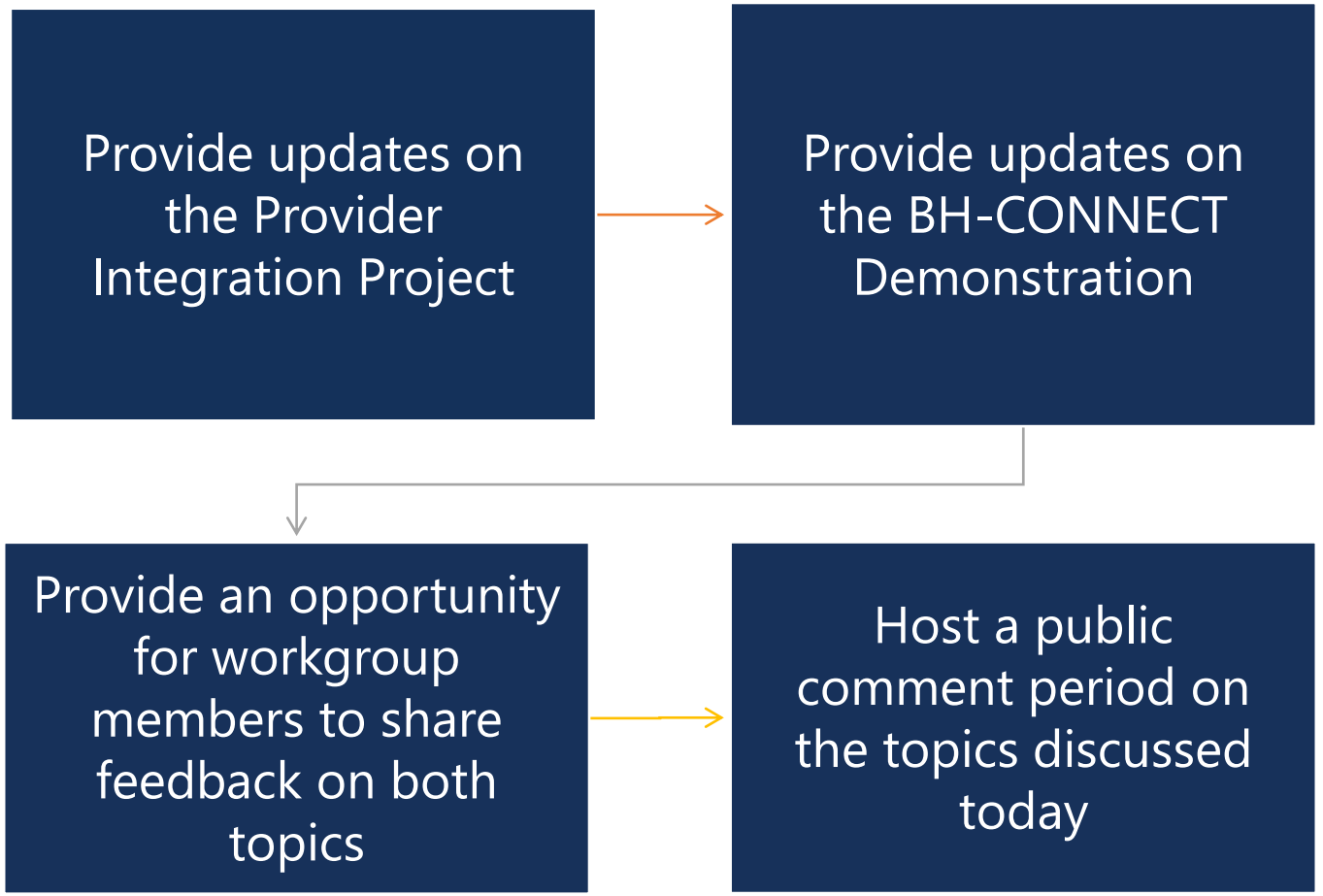
**4:30 – 4:35:** Wrap Up & Next Steps

**4:35 – 5:00:** Public Comment

# Welcome & Introductions

- **Paula Wilhelm**, Deputy Director, Behavioral Health, DHCS
- **Erika Cristo**, Assistant Deputy Director, Behavioral Health, DHCS
- **Ivan Bhardwaj**, Chief, Medi-Cal Behavioral Health – Policy Division, DHCS
- **Jeff Norris, MD,** Branch Chief, Value Based Payment – Quality and Population Health Management Division, DHCS
- **Seema Shah, MD,** Medical Consultant, Quality and Population Health Management Division, DHCS

# Workgroup Meeting Objectives



# CalAIM Behavioral Health Administrative Integration: Provider Integration

Overview of Recent and Forthcoming Policy Updates

DHCS

July 15, 2024

# Provider Integration Project

- The Provider Integration Project (PIP) achieves **greater consistency and allows providers to participate equally** across Medi-Cal behavioral health delivery systems:
  - **Aligns covered provider types** that can deliver Specialty Mental Health (SMH), Drug Medi-Cal (DMC), and Drug Medi-Cal-Organized Delivery System (DMC-ODS) services;
  - **Removes certain limitations on service delivery** in DMC Counties.

# PIP Overview

| State Plan Amendment (SPA) 23-0026 | Live! |
| --- | --- |
| Allows more provider types to deliver SMH and SUD care. | ***Effective July 1, 2023*** |

| Behavioral Health Information Notice (BHIN) 24-023 | Live! |
| --- | --- |
| Removes limitations to service delivery provision in DMC. | ***Effective July 1, 2023*** |

| SPA 24-0041 | Forthcoming |
| --- | --- |
| Makes technical updates to the definition of Clinical Trainee. | ***Pending CMS Approval*** |

| Short Doyle/Medi-Cal and Billing Manual updates | Live! |
| --- | --- |
| Enables new provider types to claim for their services. | *Ongoing* |

| Licensed Practitioner of the Healing Arts (LPHA) | Licensed Mental Health Professional (LMHP) |
|---|---|
| **DMC/DMC-ODS** | **SMHS** |
| Physician | Licensed Physician |
| Licensed Clinical Psychologist | Licensed Psychologist |
| Licensed Clinical Social Worker | Licensed Clinical Social Worker |
| Licensed Professional Clinical Counselor | Licensed Professional Clinical Counselor |
| Licensed Marriage and Family Therapist | Licensed Marriage and Family Therapist |
| Registered Nurse | Registered Nurse |
| Licensed Vocational Nurse | Licensed Vocational Nurse |
| Licensed Psychiatric Technician | Licensed Psychiatric Technician |
| Licensed Occupational Therapist | Licensed Occupational Therapist |
| Nurse Practitioner | Nurse Practitioner |
| Registered Pharmacist* | Certified Nurse Specialist |
| Physician Assistant* | |

**Registered Pharmacists and Physician Assistants may also deliver SMHS within their scopes of practice. For SMHS, they are defined and classified independently in California's Medicaid State Plan (rather than included under the "LMHP" category).*

# SPA 23-0026 and 24-0041

- SPA 23-0026 allows **more provider types to deliver care,** specifically:
  - Adds **Licensed Vocational Nurses (LVNs), Licensed Psychiatric Technicians (LPTs), and Licensed Occupational Therapists (LOTs)** as Licensed Practitioners of the Healing Arts providers in **DMC and DMC-ODS**,
  - Adds **Medical Assistants (MAs) and Clinical Trainees (CTs)** as providers in **SMH, DMC, and DMC-ODS**,
  - Clarifies **LOTs may direct services in SMH**,
  - Updates definition of **"registered" to include individuals in the process of registration** (applies to social workers, professional clinical counselors, and marriage and family therapist candidates).
- SPA 24-0041 **makes technical updates** to the definition of CT.

# BHIN 24-023

- **Supports implementation of SPA 23-0026** and **removes certain limitations to DMC service delivery provision**, specifically:
  - Eliminates restrictions on **individual counseling**,
  - Allows provision of **field-based services**,
  - Enables **Licensed Professional Clinical Counselors (LPCCs)** to deliver DMC services.

# Resources

- Visit the CalAIM BH Webpage for initiative information, FAQs, and other policy guidance.
  - *PIP FAQs are currently available under Payment Reform FAQs (beginning on page 11).*

- If you have additional questions about CalAIM, please e-mail DHCS at: BHCalAIM@dhcs.ca.gov.
  - *For PIP questions please use subject line "Provider Integration Project"*

# Workgroup Discussion

# BH-CONNECT Status Updates

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# BH-CONNECT Section 1115 Demonstration Submission Updates


***Find the BH-CONNECT Section 1115 demonstration application and public hearing materials posted on https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx***

# Expanding BH-CONNECT's Continuum of Care

**California is now seeking an addendum to the pending BH-CONNECT demonstration request to further strengthen the continuum of behavioral health care for Medi-Cal members with significant unmet needs.**

- Through discussions with stakeholders and individuals with lived experience, California identified opportunities to support Medi-Cal members with **significant behavioral health needs** who are experiencing **long stays in an institutional setting,** who are **homeless or are at risk of experiencing homelessness, or need recovery-oriented residential care**.
- California's addendum to the pending BH-CONNECT demonstration will offer two new options for county behavioral health plans to cover the following:

1. **Community Transition In-Reach Services** to support individuals with significant behavioral health conditions who are experiencing long-term stays in institutions in returning to the community.
2. **Room and Board in Enriched Residential Settings** for up to six months for individuals with significant behavioral health conditions and specified risk factors. These settings will:
   - Be limited in size to 16 beds or less and must be unlocked and voluntary
   - Provide Medi-Cal covered, voluntary, recovery-oriented services
   - Meet statewide standards established by DHCS in consultation with individuals with lived experience, advocacy groups, stakeholders, and tribal partners

# BH-CONNECT Program Design

**DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of BH-CONNECT.**

## March 2024 Workgroup Meeting

- Centers of Excellence
- Community Health Worker Services
- Cross-Sector Incentive Program

## Today's Workgroup Meeting

- BH-CONNECT Incentive Program
  - Statewide Incentives
  - Evidence-Based Practice (EBP) Incentives*
  - Cross-Sector Incentives

## Future Workgroup Meetings

- Workforce Initiative
- Clubhouse Services
- Supported Employment
- Other Child and Youth-Related Features

**Previously the "Opt-In Incentive Program"*

# BH-CONNECT Incentive Program Update

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# Overarching Goals of BH-CONNECT Incentive Program

**The BH-CONNECT incentive program is a key "carrot"** that DHCS is using to drive behavioral health delivery system reform. The incentive program aligns with the overall goals of BH-CONNECT and DHCS' broad behavioral health reforms, and has three specific goals:

1. Strengthen county BHPs' **managed care performance and quality improvement capabilities.**
2. Implement and scale new **evidence-based service models with fidelity.**
3. Improve member outcomes, especially for **high-risk populations experiencing disparities.**

# BH-CONNECT Incentive Program Components

To achieve the goals of the BH-CONNECT incentive program, DHCS proposes making incentive payments in three key areas:

**Statewide Incentives**

$1.5B

Strengthen county BHPs' managed care performance, quality improvement capabilities, improve outcomes, and reduce disparities for Medi-Cal members with significant behavioral health needs

**EBP Incentives**

$1B

Drive widespread, high-fidelity implementation of ACT, Supported Employment, and Coordinated Specialty Care, and improve specified outcomes for members receiving those EBPs

**Cross-Sector Incentives**

$250M

Improve outcomes among children and youth involved in child welfare and living with behavioral health needs through enhanced coordination among jointly responsible agencies

# Focus on Health Equity

*The BH-CONNECT incentive program is designed to support **broader population health management and health equity goals**.*

Across all program components, DHCS will:

- **Focus measures on the total eligible population** (rather than just the population utilizing services) wherever possible.
- Align statewide incentive measures with **relevant measures from CMS' forthcoming Health Equity Measure Slate**.
- **Require counties to stratify data** based on the Office of Management and Budget (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.

# Statewide Incentive Measures

DHCS

# Overview: Statewide Incentive Payments

***Overarching Goal #1:*** Strengthen county BHPs' managed care performance and quality improvement capabilities.
***Overarching Goal #3:*** Improve member outcomes, especially for high-risk populations experiencing disparities.

» Statewide incentives will reward county BHPs for meeting:

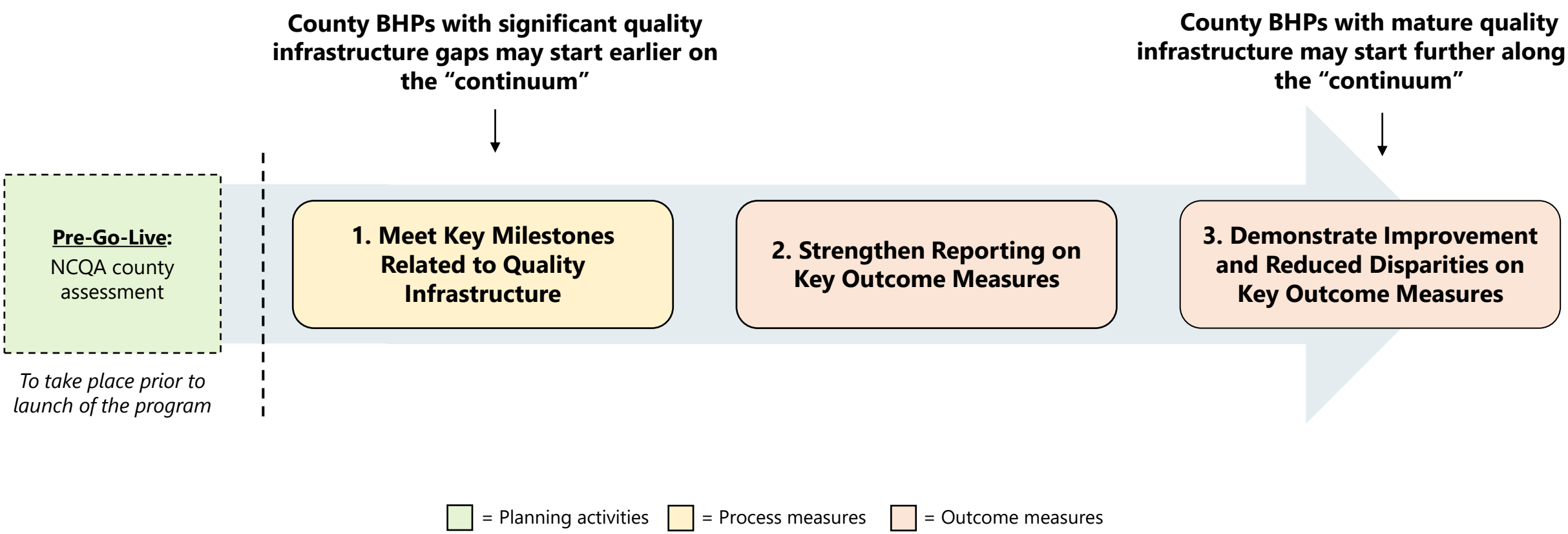
- **Process measures** informed by findings from a targeted Managed Behavioral Healthcare Organization (MBHO) self-directed assessment ("county assessment") delivered in partnership with the National Committee for Quality Assurance (NCQA).
- **Outcome measures** to assess improved health outcomes among members living with significant behavioral health needs, aligned with existing national and DHCS initiatives (e.g., CMS Core Set, DHCS Behavioral Health Accountability Set (BHAS)).

**Ticket to Entry**

To be eligible to receive statewide incentive payments, county BHPs must:

✓ Complete the NCQA targeted MBHO self-assessment

# Overview: Statewide Incentive Payments



# Proposed Statewide Incentive Measures

**DHCS is currently developing statewide incentive measures informed by DHCS' Comprehensive Quality Strategy/Behavioral Health Accountability Set (BHAS) and learnings from the county assessment.**

## Process Measures

*Process measures will be developed based on county assessment learnings and incentivize county BHPs to improve their performance as managed care plans by strengthening their quality improvement capabilities. Measures may address, but are not limited to:*

- Closure of County-Specific Gaps Identified in the NCQA MBHO Assessment
- Data-Driven Quality Improvement
- Improved Identification and Outreach to Eligible Member Population
- Improved Identification of Member Disparities

# Proposed Statewide Incentive Measures

**DHCS is currently developing statewide incentive measures informed by DHCS' Comprehensive Quality Strategy/Behavioral Health Accountability Set (BHAS) and learnings from the county assessment.**

## Outcome Measures
*may include…*

**Included in the BHAS:**

- Pharmacotherapy of Opioid Use Disorder (POD)
- Follow-Up After Emergency Department Visit for Substance Use (FUA)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

**Not included in the BHAS:**

- Member Experience of Care *(but measured by DHCS*)*
- Member Quality of Life (QOL)**
- Access to Evidence-Based Practices for Children, Youth and Adolescents
- Engagement in Enhanced Care Management (ECM) and Community Supports

**See BHIN 24-009 on CPS requirements for MHPs & BHIN 24-026 on TPS requirements for DMC-ODS plans.*
***DHCS will continue to engage stakeholders and experts on QOL measurement tools.*

# EBP Incentive Measures

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# Overview: EBP Incentive Payments

***Overarching Goal #2:*** Implement and scale new evidence-based service models with fidelity.

***Overarching Goal #3:*** Improve member outcomes, especially for high-risk populations experiencing disparities.

» County BHPs will earn incentives for:

- **Process measures** related to fidelity implementation, scaling, and utilization of BH-CONNECT EBPs; and
- **Outcome measures** related to improved outcomes among members receiving specific BH-CONNECT EBPs (ACT/FACT, CSC for FEP, and Supported Employment).

**Ticket to Entry**

To be eligible to receive EBP incentive payments, county BHPs must:

✓ Complete the NCQA targeted MBHO self-directed assessment;

✓ Commit to participating in the statewide incentives; and

✓ Agree to implement a full suite of BH-CONNECT EBPs (see next slide).

x County BHPs are <u>not</u> required to receive funding for short-term stays in Institutions for Mental Disease (IMDs) to receive EBP incentives.

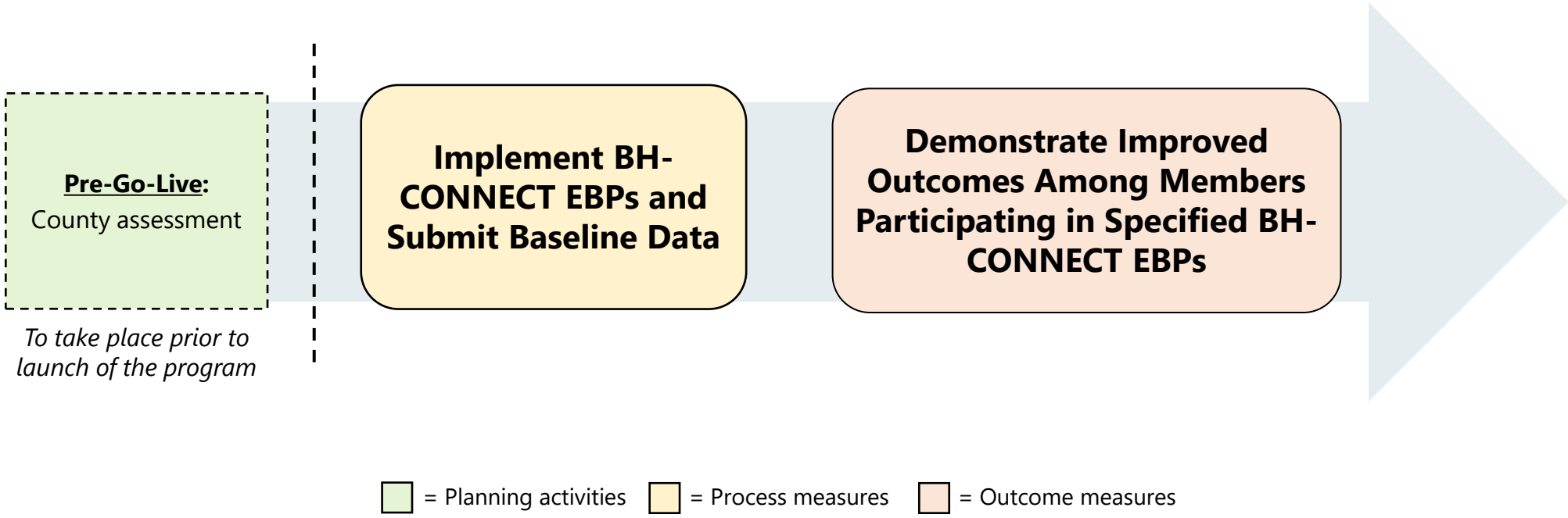
# Overview: EBP Incentive Payments

County BHPs that seek to earn EBP incentives will be required to implement a full suite of BH-CONNECT services, with the exception of Clubhouse Services.

| | BH-CONNECT EBPs/Community-Based Services |
|---|---|
| **Required to receive EBP incentives** | Assertive Community Treatment (ACT) / Forensic ACT (FACT) |
| | Coordinated Specialty Care for First Episode Psychosis (CSC for FEP) |
| | Supported Employment |
| | Community Health Worker (CHW) Services |
| | Peer Support Services, including Forensic Specialization |
| | Clubhouse Services |

# Overview: EBP Incentive Payments

***Measures will progress from process measures in early program years to outcome measures in later program years:***



# Proposed EBP Incentive Measures

**Some EBP incentive measures will support fidelity implementation and scaling of key BH-CONNECT EBPs, while most will focus on improved outcomes among the members receiving each EBP. DHCS is currently developing EBP incentive measures informed by analysis of the evidence base and interviews with national and state experts.**

## Process Measures

*may address activities related to…*

- Completion of an Implementation Plan for Participation in BH-CONNECT
- Member Engagement in Specified EBPs (e.g., ACT/FACT, CSC for FEP, Supported Employment)
- Utilization of Specified EBPs (e.g., Peer Support Services, CHW Services)

***The EBP incentive program is anticipated to launch in 2025, concurrent with the implementation of the BH-CONNECT EBPs.***

# Proposed EBP Incentive Measures

**Some EBP incentive measures will support fidelity implementation and scaling of key BH-CONNECT EBPs, while most will focus on improved outcomes among the members receiving each EBP. DHCS is currently developing EBP incentive measures informed by analysis of the evidence base and interviews with national and state experts.**

**Outcome Measures***

*may address outcomes such as…*

- Reduction in emergency department visits
- Reduction in hospitalizations
- Reduction in homelessness
- Reduction in justice involvement
- Improved quality of life
- Improved work/school involvement

**Specific measures may vary by EBP.*

***The EBP incentive program is anticipated to launch in 2025, concurrent with the implementation of the BH-CONNECT EBPs.***

# Cross-Sector Incentive Measures

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# Overview: Cross-Sector Incentive Payments

***Overarching Goal #3:*** Improve member outcomes, especially for high-risk populations experiencing disparities.

Mental health plans (MHPs), managed care plans (MCPs), and child welfare agencies (CWAs) may earn incentives for:

- **Improving key outcomes** for children and youth with complex needs.
- **Enhancing and strengthening coordination** among multiple service systems.
- Cross-sector incentives will build upon, but not duplicate, existing county-level initiatives and agreements across the three systems **that are jointly responsible** for supporting this vulnerable population.

**Ticket to Entry**

To be eligible to receive cross-sector incentive payments:

- ✓ Counties must submit a joint letter from the MHP, CWA and MCP(s) in that county that explains:
  - How MCPs will actively participate in the county-level System of Care alongside MHPs and CWAs.
  - How all three entities will actively share data, including through establishing new data sharing agreements when needed.

**Funding:** $250M

***Pre-Decisional – For Discussion Purposes***

# Existing Investments & Programs for the Child Welfare Population

**Cross-sector incentives will build upon, but not duplicate, existing county-level initiatives and agreements the State has developed to improve care for children and youth with behavioral health needs involved in child welfare.**

## Existing Services & Supports

- Key specialty and non-specialty behavioral health services, including but not limited to Intensive Home-Based Services, Therapeutic Foster Care, Therapeutic Behavioral Services, Enhanced Care Management (ECM), and Intensive Care Coordination (ICC)
- California Wraparound (county option)
- Child and Family Teams (CFT)
- Work done through the county-level System of Care

## New Initiatives to Further Support This Population

- Activity Funds (*pending CMS approval*)
- Implementation of County Child Welfare Liaison role within MCPs
- Implementation of Joint Behavioral Health Assessment at Entry Point into Child Welfare
- Alignment of Child and Adolescent Needs and Strengths (CANS) tool
- Clarifying coverage of High-Fidelity Wraparound (HFW), Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent-Child Interaction Therapy (PCIT) under Medi-Cal
- CDSS Foster Care Rate Reform Proposal

**Funding:** $250M

***Pre-Decisional – For Discussion Purposes**

# Preliminary Cross-Sector Incentive Measure Areas

**Cross-sector incentive measures are designed to build upon existing agreements and reward MHPs, MCPs, and CWAs for effective coordination to improve health outcomes for child welfare-involved youth.**

## Preliminary Measure Areas

Specific outcomes measures are still under development, but may include:

- Rapid receipt of initial joint behavioral health assessment
- Improved access to key preventive services
- Increase in utilization of intensive in-home services
- Decrease in emergency department visits
- Decrease in out-of-home placements

***DHCS is actively engaging with key stakeholders on the development of the cross-sector incentive measures.***

# Key Milestones: BH-CONNECT Incentive Program

**Measure design for all three components of the incentive program is underway. DHCS anticipates sharing draft measure set materials with counties for review in summer/fall 2024.**


**Timing tentative; exact dates will be confirmed in future communications.*

# Discussion Prompts

- What feedback do you have on the measure areas for the incentives below?
  - Statewide incentives
  - EBP incentives
  - Cross-sector incentives
- Particularly for the statewide program, what outcomes measures would you prioritize? What (if anything) could be eliminated?
- Are there key considerations related to measure or program design that you'd like DHCS to explore as we continue to develop the incentives?

# Workgroup Discussion

# Wrap-Up

# Wrap Up

- If you have additional questions, please email DHCS at BHCalAIM@dhcs.ca.gov with the subject Line “CalAIM BH Workgroup – July 2024.”

# Public Comment

# Public Comment

Members of the public may use the raise hand feature to make a comment.

Comments will be accepted in order of when hands are raised.

When it is your turn, you will be unmuted by the meeting host.

Please keep comments to 2 minutes or less.

# Thank You!

DHCS