



Behavioral Health Stakeholder Advisory Committee Meeting

February 11, 2021



Webinar Tips

- Please use either your computer or phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email: BehavioralHealthSAC@dhcs.ca.gov



Welcome and Introductions



Director's Update



State Budget Updates



CalAIM Relaunch

- First CalAIM proposal released in October 2019 with initial implementation dates planned for January 1, 2021.
- Extensive CalAIM stakeholder workgroup process (November 2019 – February 2020).
 - 20 in-person workgroup meetings across five workgroups
 - Written and in-person public comment opportunities
- Due to the COVID-19 Public Health Emergency's impact in the state's budget and health care infrastructure, CalAIM was put on hold for the duration of 2020.



CalAIM Relaunch

- DHCS has revised the original CalAIM proposal to reflect learnings from the workgroup process, stakeholder input, ongoing policy development, and new implementation dates.
- On January 8, 2021, DHCS published a revised CalAIM proposal along with an Executive Summary that also outlines key changes.
 - CalAIM Webpage:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>
- On January 28, 2021, DHCS hosted a public webinar to walk through the revised proposal, highlight key changes, and provide additional detail on upcoming CalAIM activities.



CalAIM Relaunch - 2021

Key Implementation Milestones

Jan – March	<ul style="list-style-type: none"> • Launch first Managed Long-Term Services and Supports and Duals Integration workgroup • Release draft ECM/ILOS Model of Care (including WPC/HH Transition Plan) and ECM/ILOS DHCS to MCP contract language and MCP to provider standard terms and conditions for comment and begin technical assistance efforts • Release final ECM/ILOS Model of Care and ECM/ILOS DHCS to MCP contract language and MCP to provider standard terms and conditions • Section 1115 and 1915(b) waiver public comment period begins
Apr – June	<ul style="list-style-type: none"> • Release draft MCP rates for ECM • Release of additional ECM/ILOS materials, including ILOS pricing guidance • Conclude Foster Care Model of Care workgroup • Form county oversight and monitoring workgroup • Develop auditing tools for oversight of CCS and CHDP
July – Dec	<ul style="list-style-type: none"> • MCPs submit ECM/ILOS Model of Care for WPC/HHP counties, for review/approval by DHCS • Begin stakeholder process for county inmate pre-release application process • Publish an updated process for monitoring and reporting of County Performance Standards • Anticipated approval of 1115 and 1915(b) waiver/renewal requests



CalAIM Relaunch - 2022

Key Implementation Milestones- January 1, 2022

- Enhanced Care Management
- In Lieu of Services
- Managed Care Plan Incentives
- Mandatory MCP Enrollment for Non-Duals
- Mandatory FFS for OBRA and Share of Cost beneficiaries
- Major Organ Transplant Carve-In
- MSSP Carve-Out in CCI Counties
- Specialty Mental Health Carve-Out in Solano and Sacramento Counties
- Cal MediConnect to D-SNP Aligned Enrollment Transition Preparation
- D-SNP “Look-Alike” Enrollee Transitions Begin in CCI Counties
- Phase I – Regional MCP Capitation Rates
- Phase I – Improving Beneficiary Contact Information
- DMC-ODS Renewal
- Behavioral Health Medical Necessity Criteria



Medi-Cal Waiver Updates



Medi-Cal 2020 Temporary Extension

- On December 29, 2020, CMS approved DHCS' request to extend the Medi-Cal 2020 Section 1115 demonstration through December 31, 2021.
- The approval is predominantly an 'as-is' extension of most of the demonstration's Special Terms and Conditions (STCs).
- Additionally, DHCS and CMS are engaged in discussions regarding the Global Payment Program, Whole Person Care, Drug Medi-Cal Organized Delivery System, and Dental Transformation Initiative.
- Expenditure authority for Designated State Health Programs (DSHP) was not extended, as expected.



Specialty Mental Health Services 1915(b) Temporary Extension

- On December 16, 2020, CMS approved an extension of Medi-Cal's Specialty Mental Health Services (SMHS) 1915(b) waiver for three months through March 31, 2021.
- This follows CMS' previous six-month temporary extension through December 31, 2020.
- DHCS continues to partner with CMS on future temporary extensions that will be necessary until the new 1115 and 1915(b) waivers become effective on January 1, 2022.



CalAIM and Future 1115 and 1915(b) Waivers

- DHCS will develop and implement new Section 1115 and 1915(b) waivers to authorize many components of CalAIM and maintain authority for other critical Medi-Cal programs.
- These new waivers will become effective on January 1, 2022, following the expiration of the current temporary extensions.
- The shifting waiver authorities away from Section 1115 to 1915(b) reflects a trend toward statewide initiatives as opposed to limited demonstration pilots.
- DHCS intends to initiate a public stakeholder process for both waivers in spring 2021 and submit formal requests to CMS in the first half of 2021.



Foster Care Model of Care Workgroup

- Five meetings since June 2020
- Established charter and guiding principles
- Learned from approaches from other states
- Conducted focus groups with foster youth and families
- Discussed policy proposals from county, provider, health plan and advocacy associations
- Aiming to finalize recommendations in June 2021



DHCS Reflections on October BH-SAC Discussion of Racism and Equity



Medi-Cal COVID-19 Updates



Medi-Cal COVID-19 Update

The COVID-19 Public Health Emergency (PHE):

- On January 7, 2021, HHS issued a renewal of the PHE for a full 90-day extension through April 20, 2021.
- The Biden Administration announced that it intends to renew the PHE throughout 2021, and that HHS will provide states with a 60-day notice prior to the end of the PHE.
- DHCS continues to partner with CMS to obtain federal flexibilities necessary for Medi-Cal to adapt to the ongoing pandemic.



Medi-Cal COVID-19 Update

Recent Federal Flexibilities:

- DHCS requested federal approval to provide COVID-19 testing for Medi-Cal children in schools, effective February 1, 2021. (pending CMS approval)
- DHCS requested federal approval to deliver the COVID-19 vaccine benefit exclusively through the Medi-Cal fee-for-service (FFS) delivery system. (pending CMS approval)
- DHCS requested federal approval to extend coverage of the COVID-19 vaccines to Medi-Cal limited-scope benefit populations. (pending CMS approval)
- CMS approved flexibilities for the reinstatement of benefits for Medi-Cal beneficiaries following a request for an appeal or state fair hearing. (Approved)



CalHOPE

- ***Media campaign:*** outreach to diverse groups with messages about managing stress and anxiety during the COVID-19 emergency.
- ***San Francisco 49ers partnership:*** messages from coaches and players on staying safe and healthy and options for mental health and emotional support.
- ***Los Angeles Kings partnership:*** first-ever official helmet partner and extensive digital branding -- embracing the CalHOPE message from the executive level to the ice.
- ***Coming soon:***
 - CalHOPE support (virtual crisis counseling sessions from local partners),
 - CalHOPE student support (social and emotional learning support in school),
 - Expansion of the CalHOPE Warm Line to 24/7



COVID-19 Resources/Links

- CA COVID-19 webpage: <https://covid19.ca.gov/>
- DHCS COVID-19 webpage:
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>
- California Department of Public Health COVID-19 webpage:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Centers for Disease Control and Prevention:
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



COVID-19 and Behavioral Health Services; COVID-19 Dashboard



Understanding the Impact of COVID-19 on Medi-Cal Beneficiaries

- DHCS is performing analysis and developing dashboards that will monitor the impact of COVID-19
- Focus areas for utilization of services:
 - ✓ COVID-19 cases, hospitalizations, and testing
 - ✓ Utilization of services prior to and during the pandemic



Data Analysis Caveats

- Data presented is for all Medi-Cal beneficiaries
- Age is based on the Medi-Cal eligibility data at the time of the service
- Stratifications by sex, race/ethnicity, and delivery system are based on all claims to date for calendar year 2020
- Reporting is based on claims and encounter data received from providers and managed care plans
- Additional measures and reporting are in process beyond those being shared today



Data Completeness Considerations

- Data is preliminary and will continue to change and be updated
- The time between date of service and when DHCS receives fee-for-service claims, managed care encounters, and specialty mental health claims varies
- Since providers payment is incumbent on claims being submitted within six months of the date of service, majority of data is received within six months
- While most data is received within 3 to 6 months of date of service, data may be received up to 6 to 12 months after services are delivered
- The most recent months of data are not presented as there is insufficient reporting (also called claim lag) to show current trends



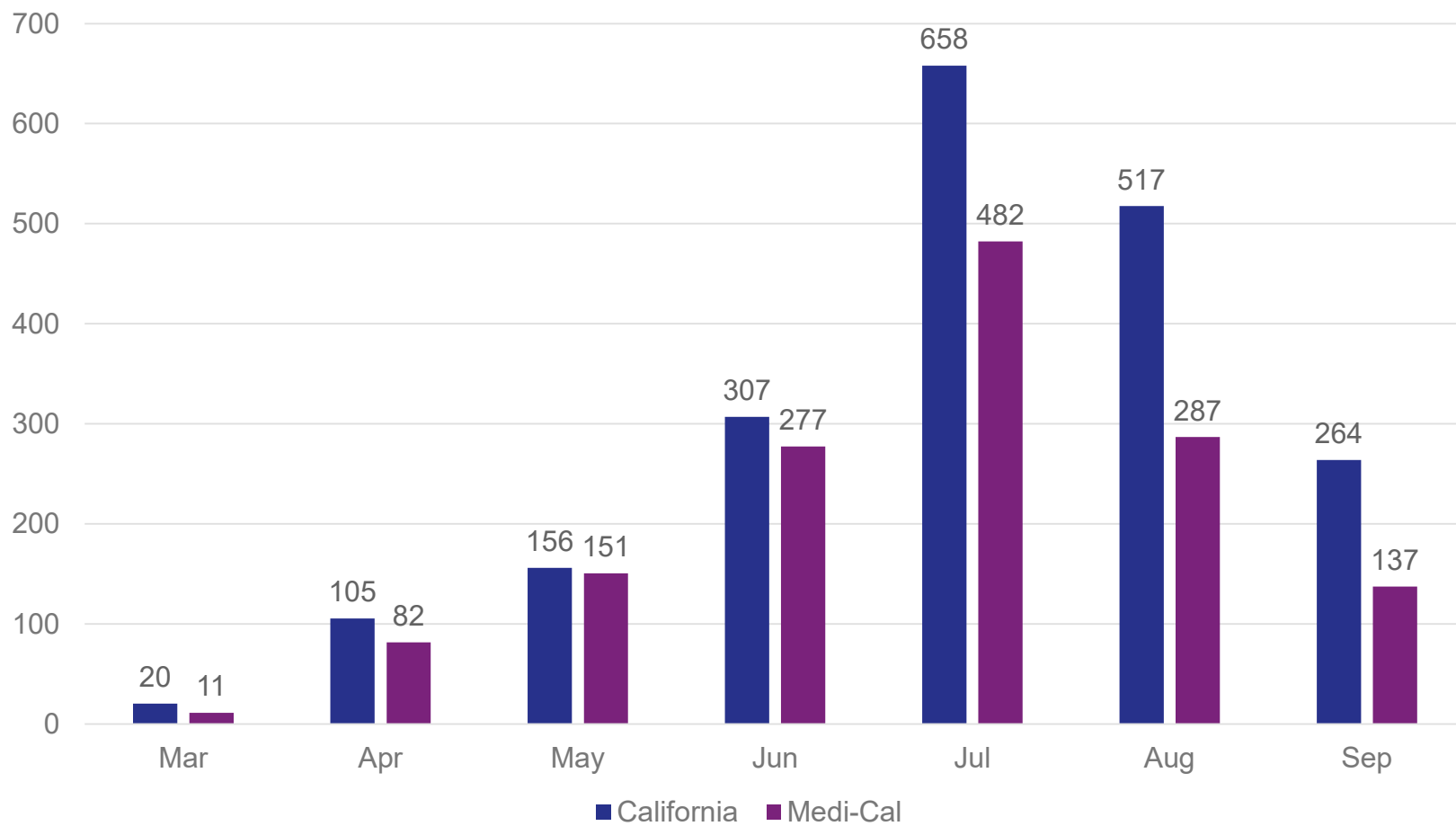
COVID-19 Confirmed Cases

- Total number of beneficiaries with a COVID-19 diagnosis
- Beneficiaries are counted once
- ICD-10 codes are used to identify COVID-19 cases on claims or encounters:
 - B97.29 - other coronavirus as the cause of diseases classified elsewhere (Used for cases before April 1, 2020)
 - U07.1 - 2019 Novel Coronavirus, COVID-19 (Used to identify cases after April 1, 2020)
- Data source:
 - DHCS MIS/DSS Claims and Eligibility Data
 - California Open Data Portal



COVID-19 Confirmed Cases

New cases monthly in California compared to cases in Medi-Cal per 100,000 population

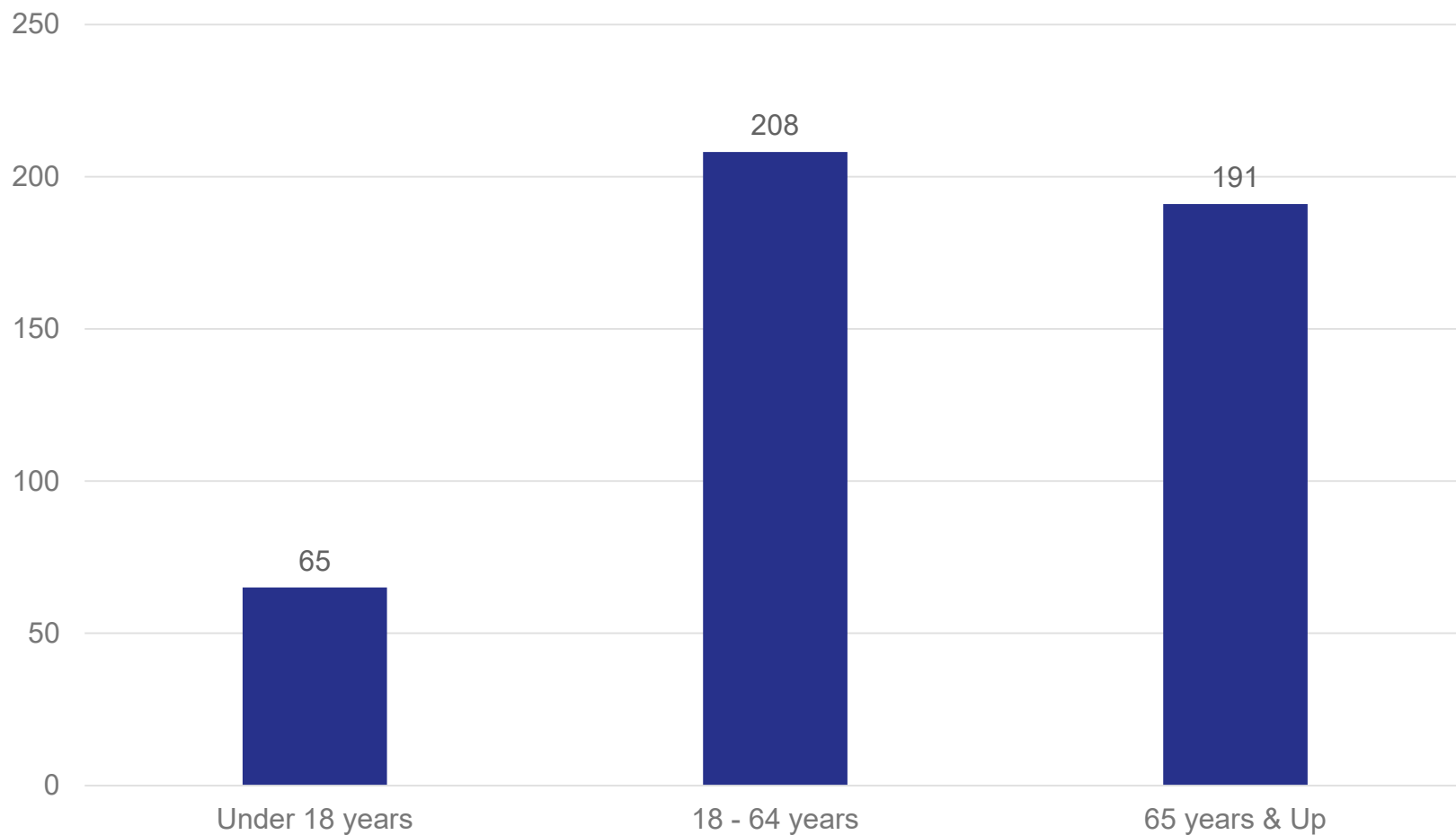


Preliminary Data as of 01/2021



COVID-19 Confirmed Cases

Cases in Medi-Cal by Age Group per 100,000 beneficiaries through March-September 2020

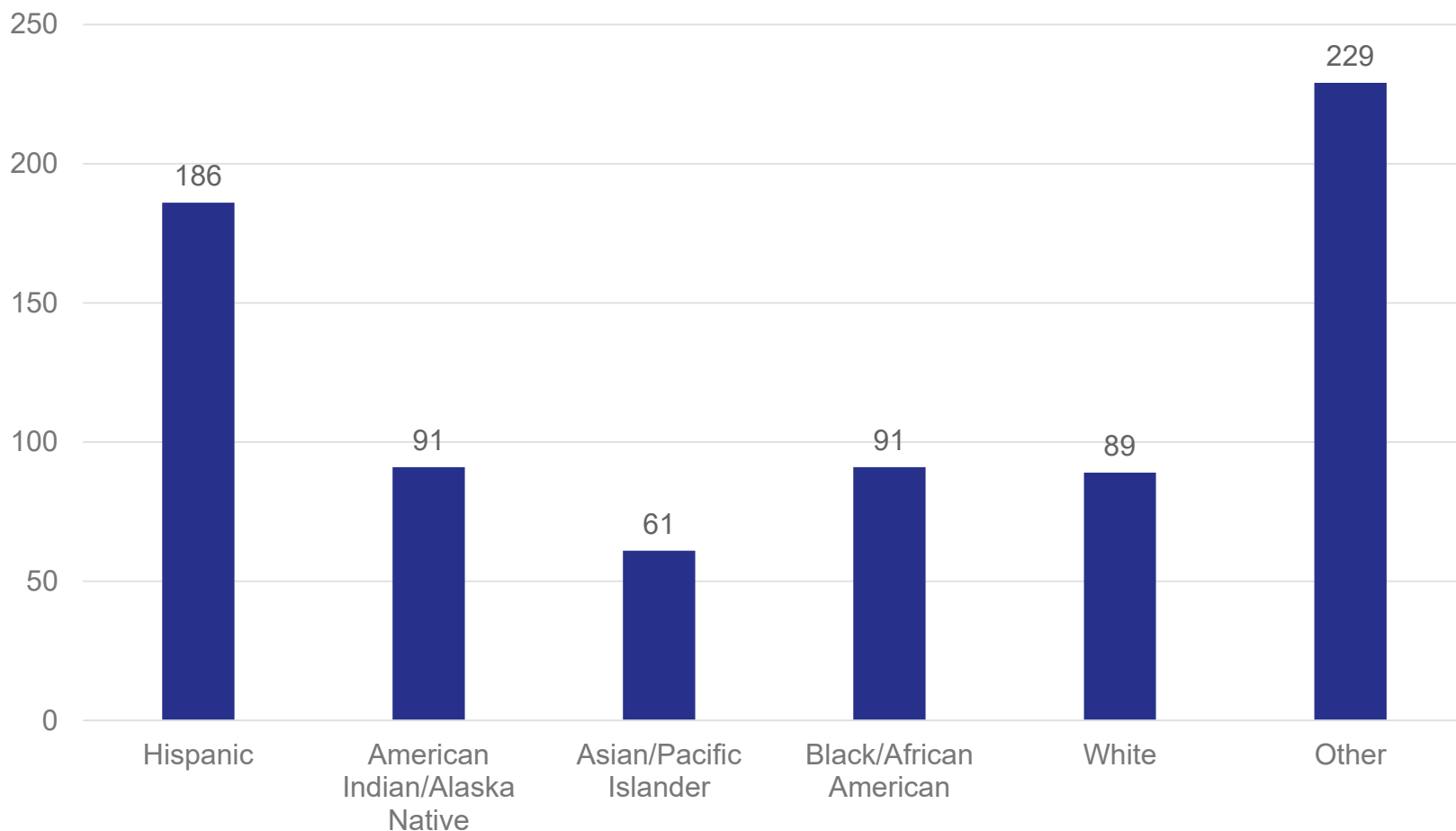


Preliminary Data as of 01/2021



COVID-19 Confirmed Cases

Cases in Medi-Cal by Race/Ethnicity per 100,000 beneficiaries through March-September 2020

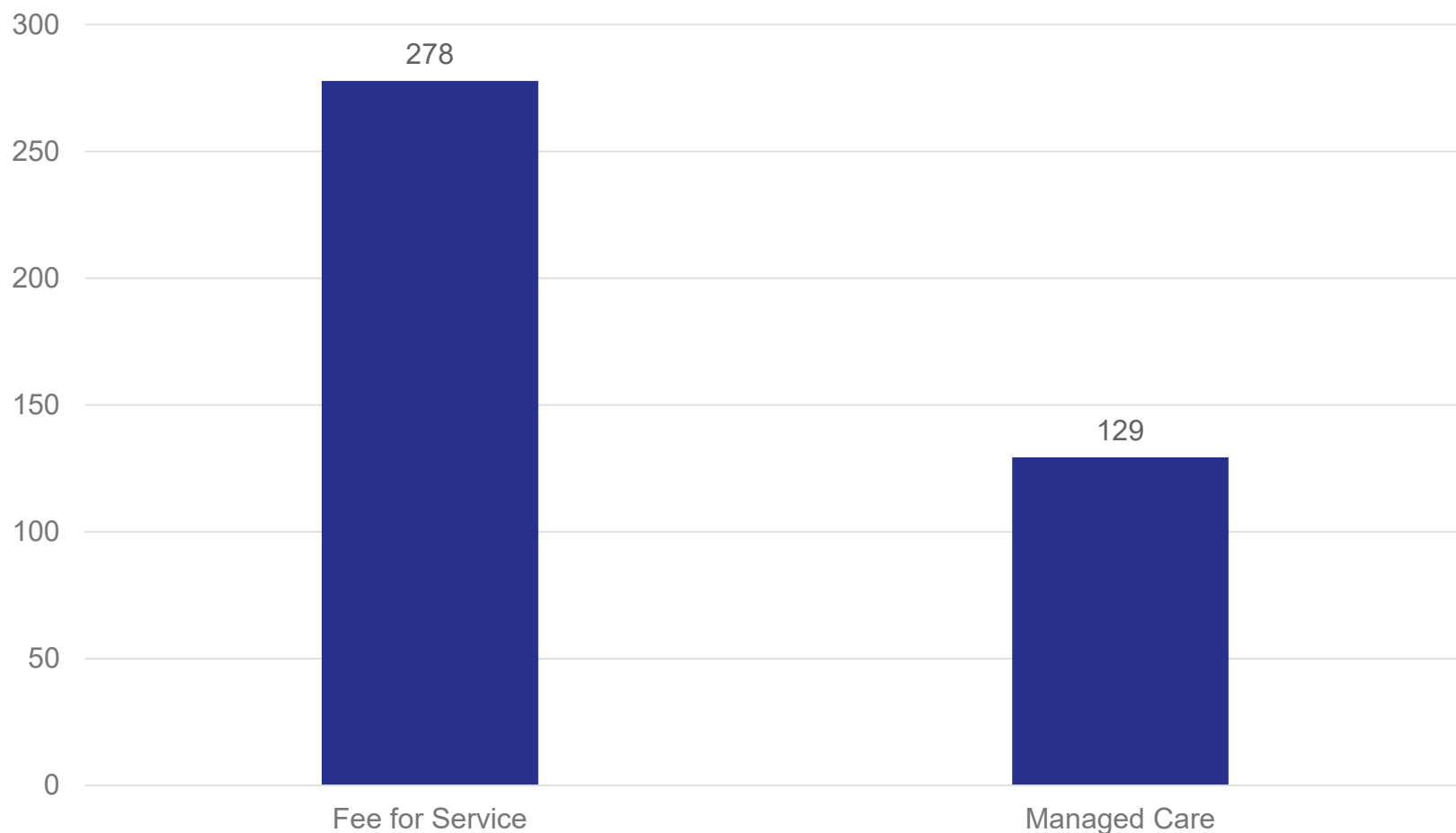


Preliminary Data as of 01/2021



COVID-19 Confirmed Cases

Cases in Medi-Cal by Delivery System per 100,000 beneficiaries through March-September 2020



Preliminary Data as of 01/2021



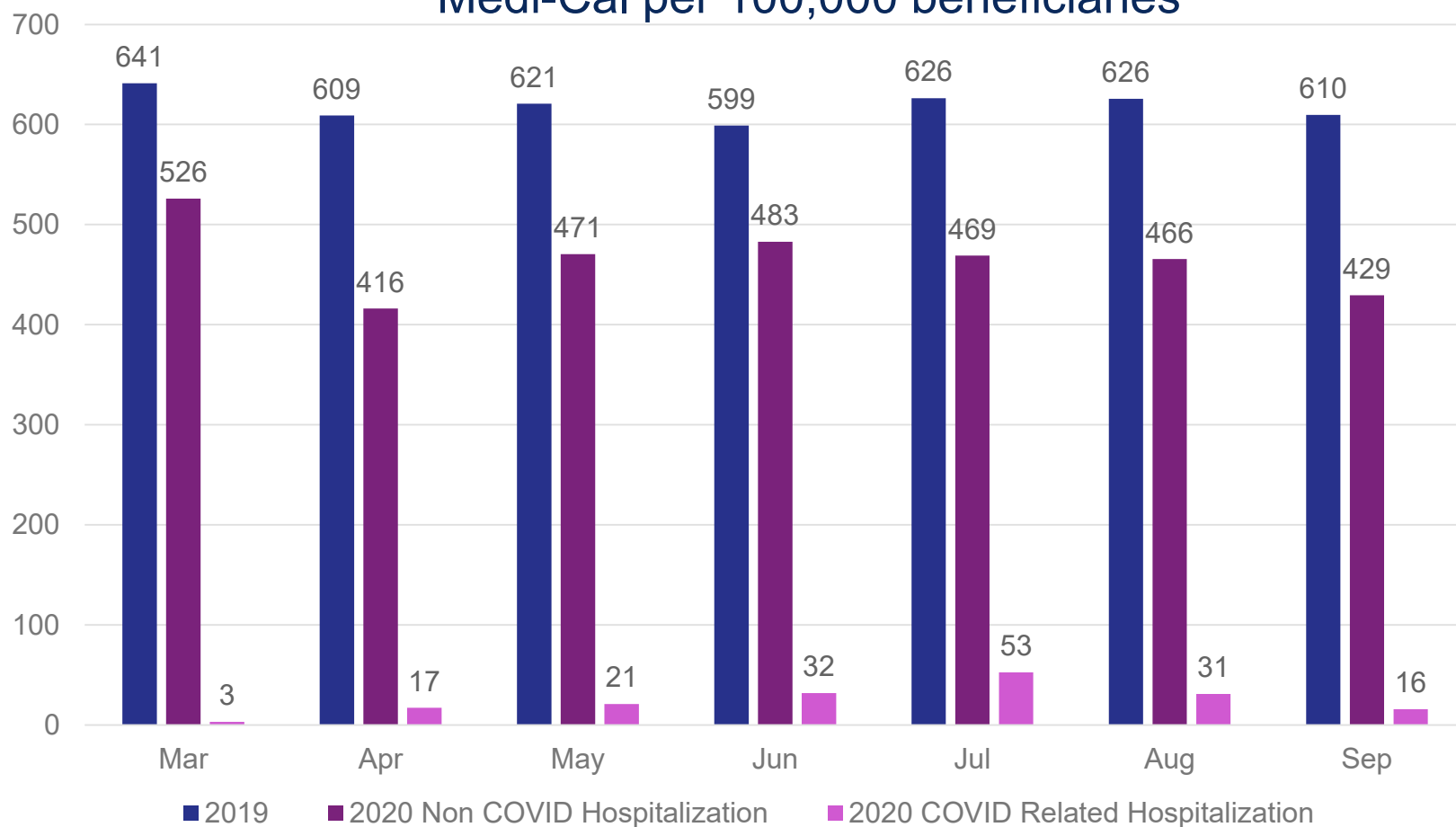
COVID-19 Hospitalization

- Hospitalizations are presented in the following ways
 - COVID-19 diagnosis (on claim)
 - All hospitalizations (COVID-19 and non-COVID-19) comparing calendar year 2019 (Pre-COVID) to calendar year 2020
- Unique inpatient stays were defined by unique combination of beneficiary and service date
- Data Source:
 - DHCS MIS/DSS Claims and Eligibility Data



Hospitalizations

All hospitalizations in Medi-Cal in 2019 compared to 2020 compared to hospitalizations with a COVID-19 diagnosis in Medi-Cal per 100,000 beneficiaries

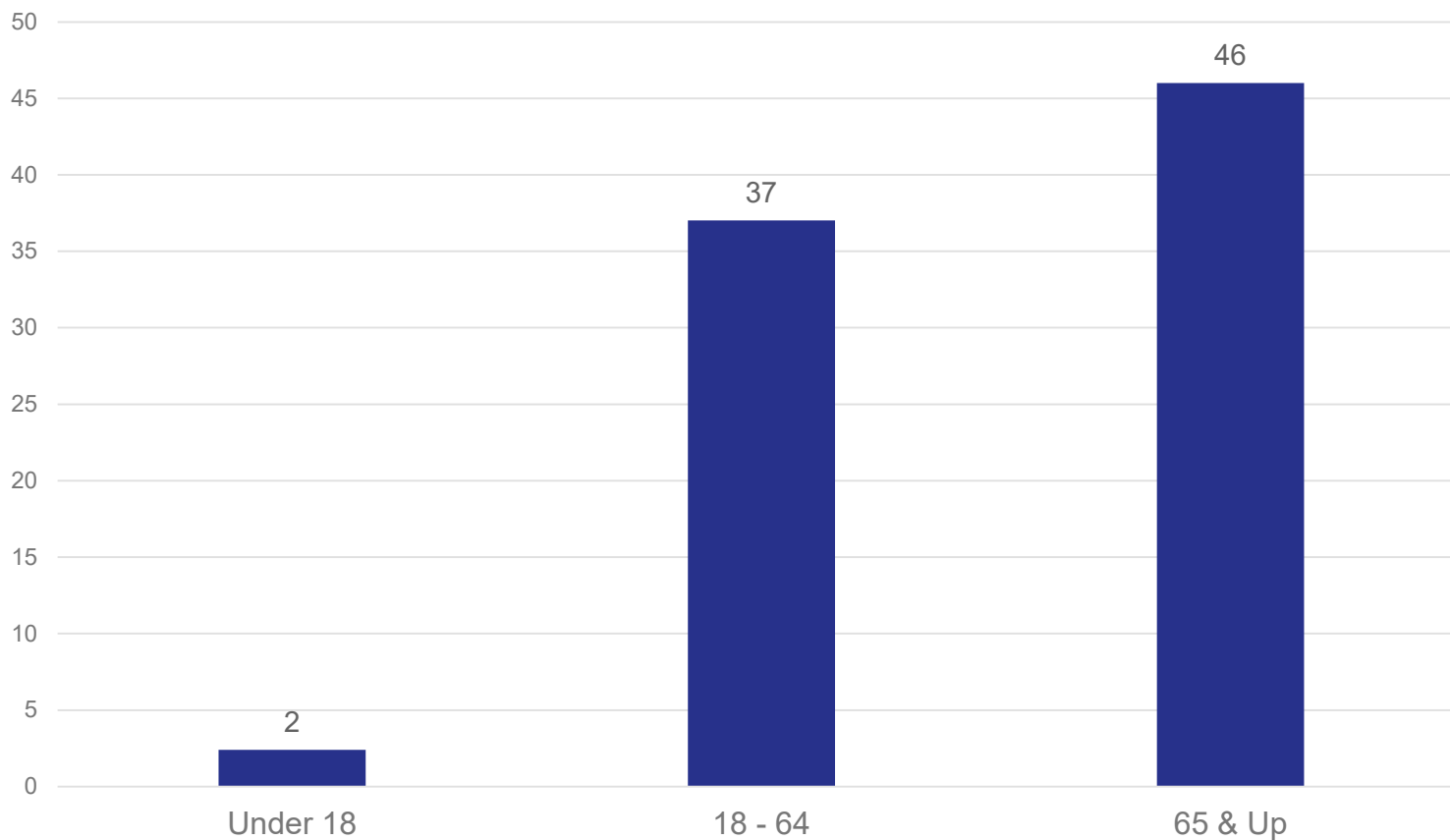


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COVID-19 Hospitalizations

Hospitalizations per 100,000 beneficiaries by Age Group
through March-September 2020

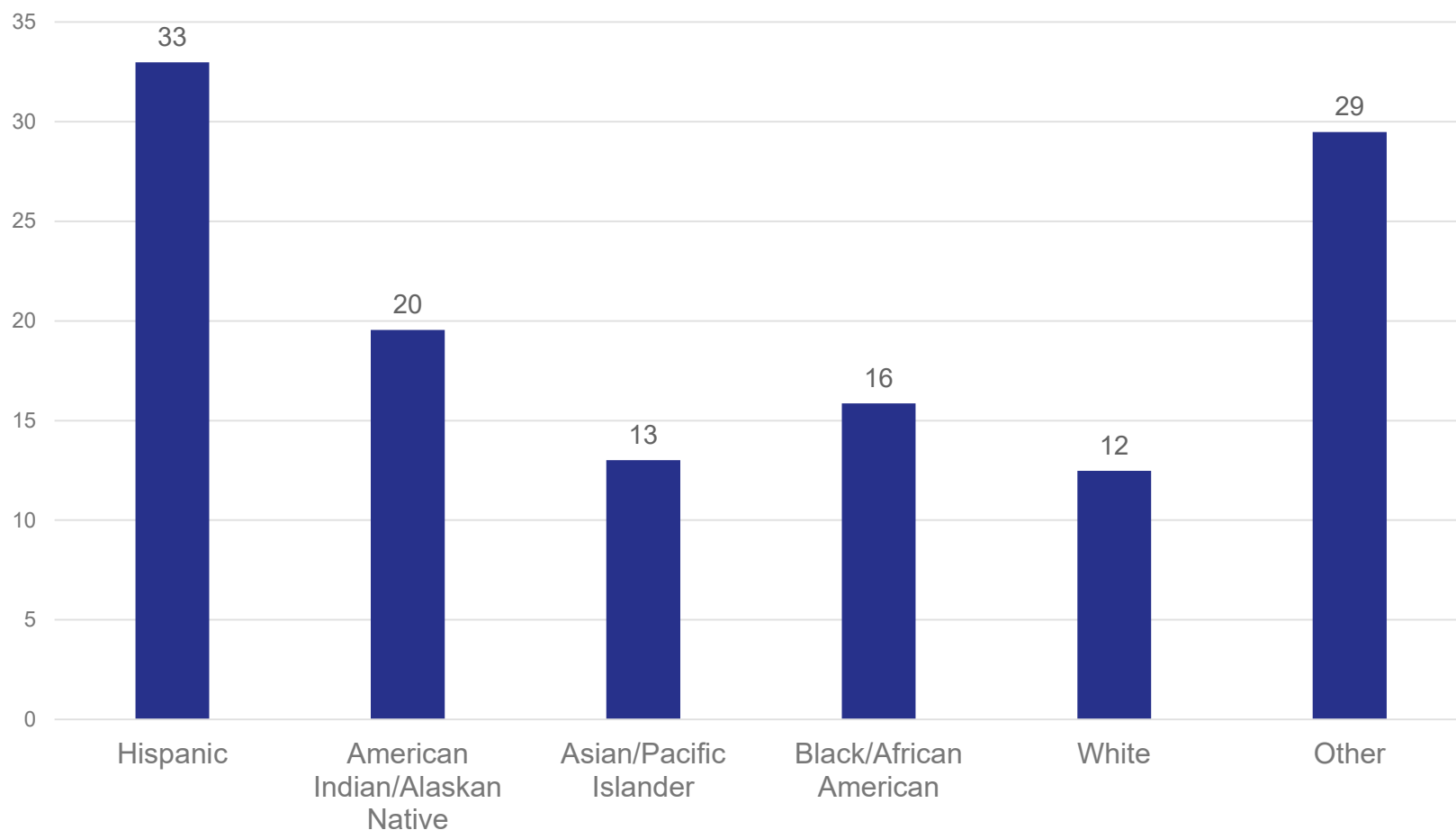


Preliminary Data as of 01/2021



COVID-19 Hospitalizations

Hospitalizations per 100,000 beneficiaries by Race/Ethnicity through March-September 2020



Preliminary Data as of 01/2021



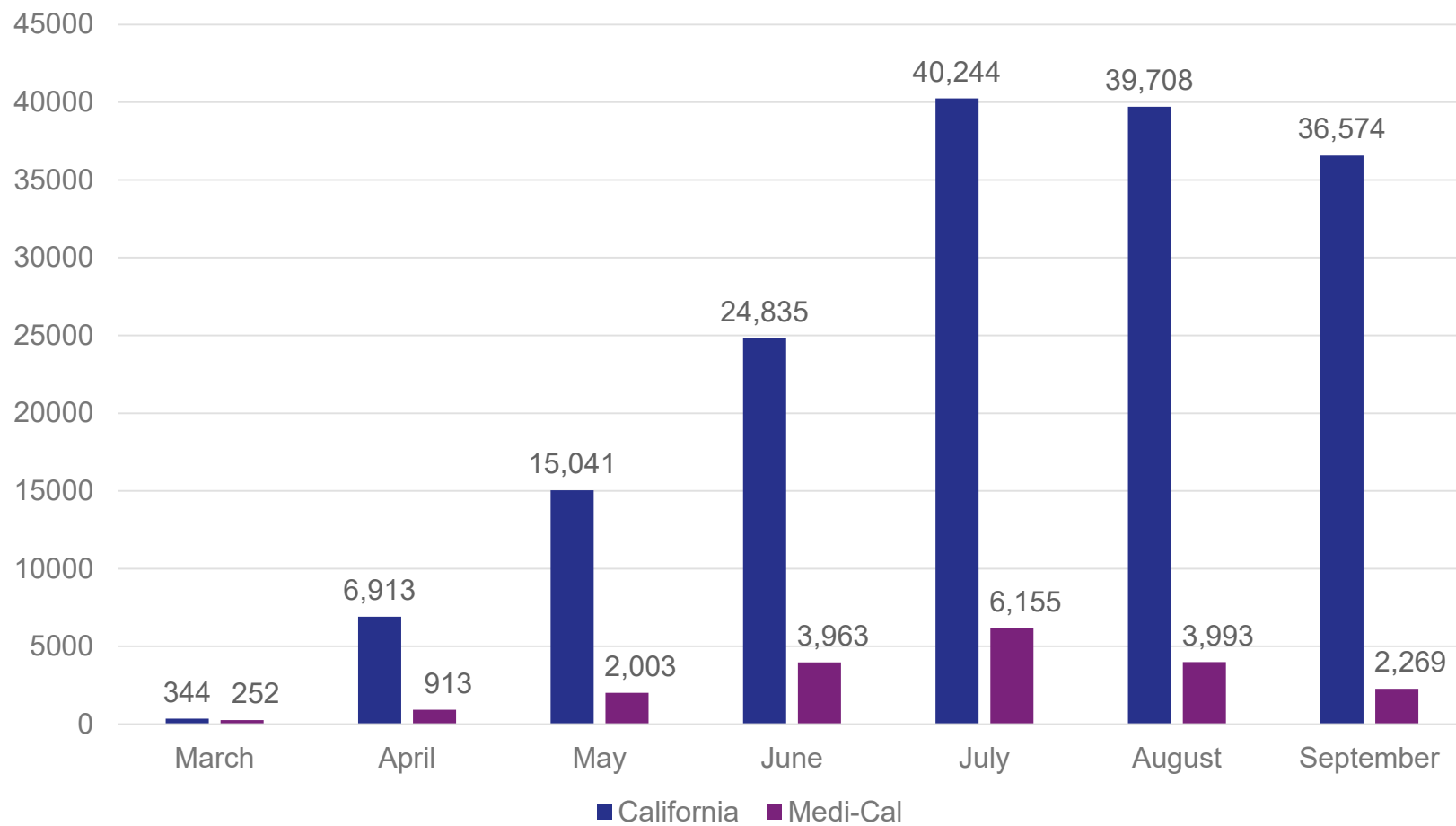
COVID-19 Testing

- Total number of tests by month for beneficiaries who have been tested for COVID-19
- Data represent totals of tests (claims), not individual people
- Tests can be antigen or antibody based. Specific codes used for identification of Medi-Cal tests included but are not limited to U0001-4, 87635, 87426, 0202U, 0224U, 86328 and 86769
- Data does not represent test results or positivity status
- Data source:
 - Medi-Cal: DHCS MIS/DSS Claims and Eligibility Data
 - All Cases: CDPH CalREDIE, California Open Data Portal



COVID-19 Testing

Total testing in California compared to testing in Medi-Cal per 100,000 population

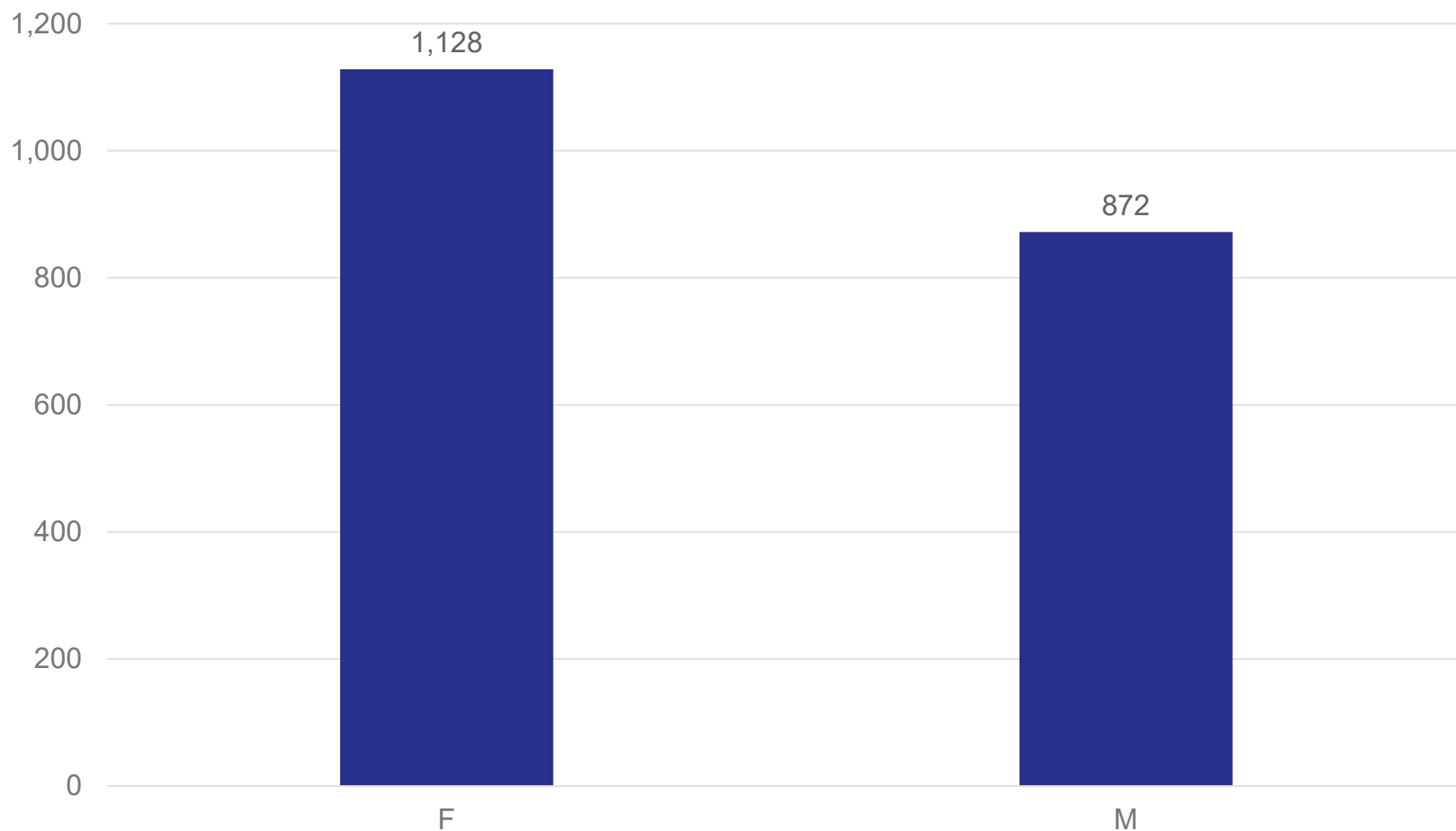


Preliminary Data as of 01/2021



COVID-19 Testing

Testing per 100,000 beneficiaries by Sex through March-September 2020

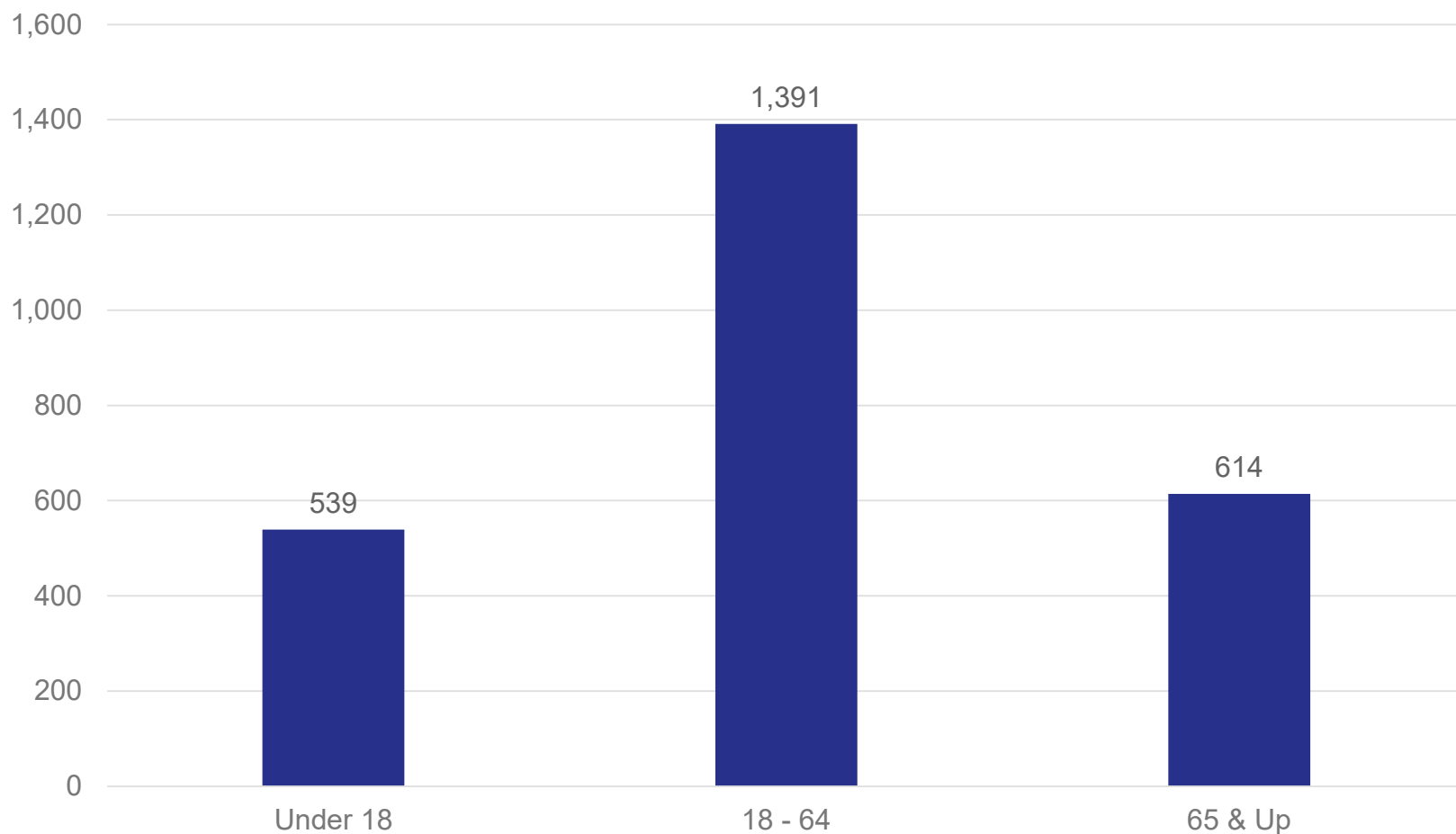


Preliminary Data as of 01/2021



COVID-19 Testing

Testing per 100,000 beneficiaries by Age Group through March-September 2020

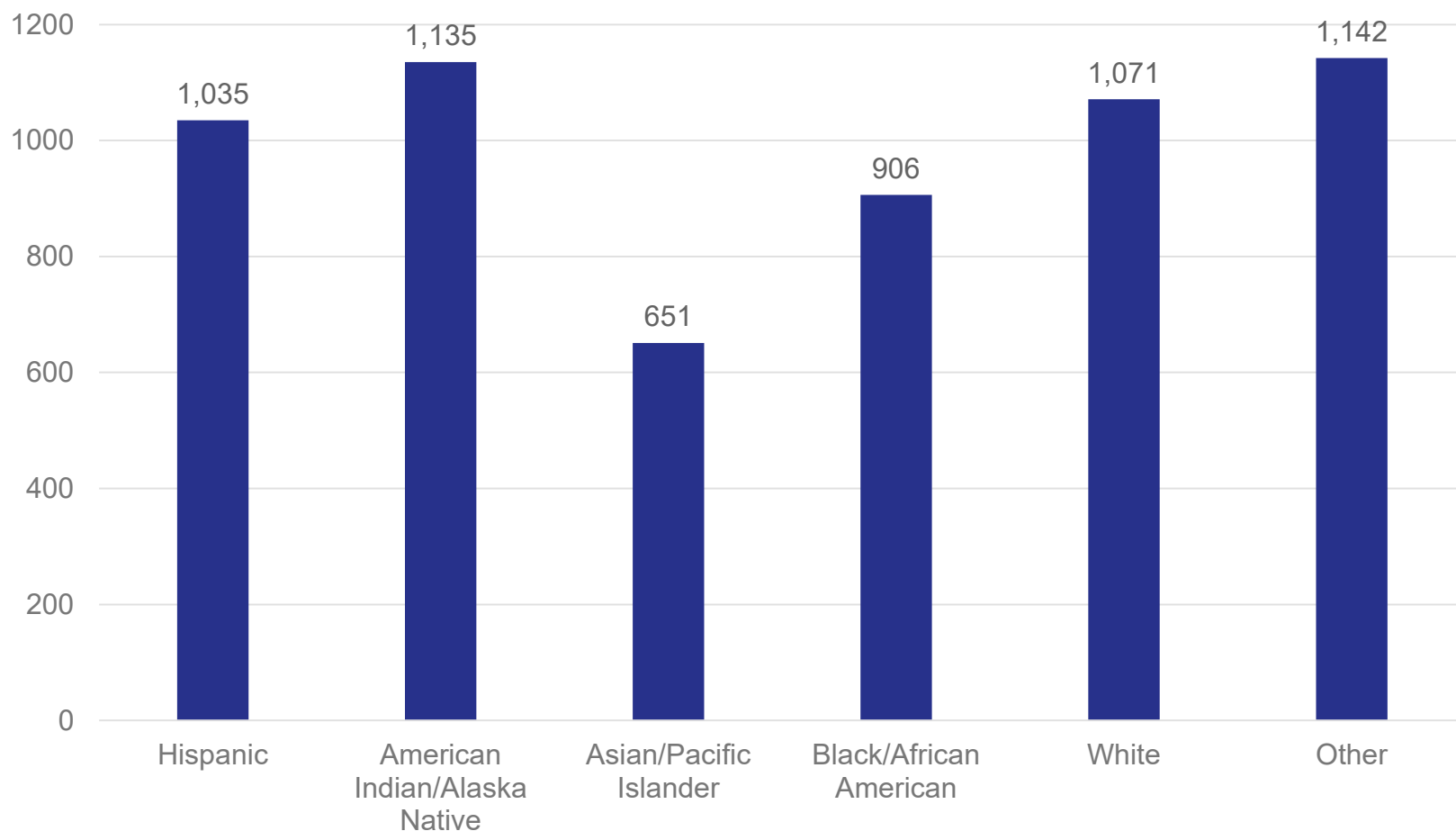


Preliminary Data as of 01/2021



COVID-19 Testing

Testing per 100,000 beneficiaries by Race/Ethnicity through March-September 2020

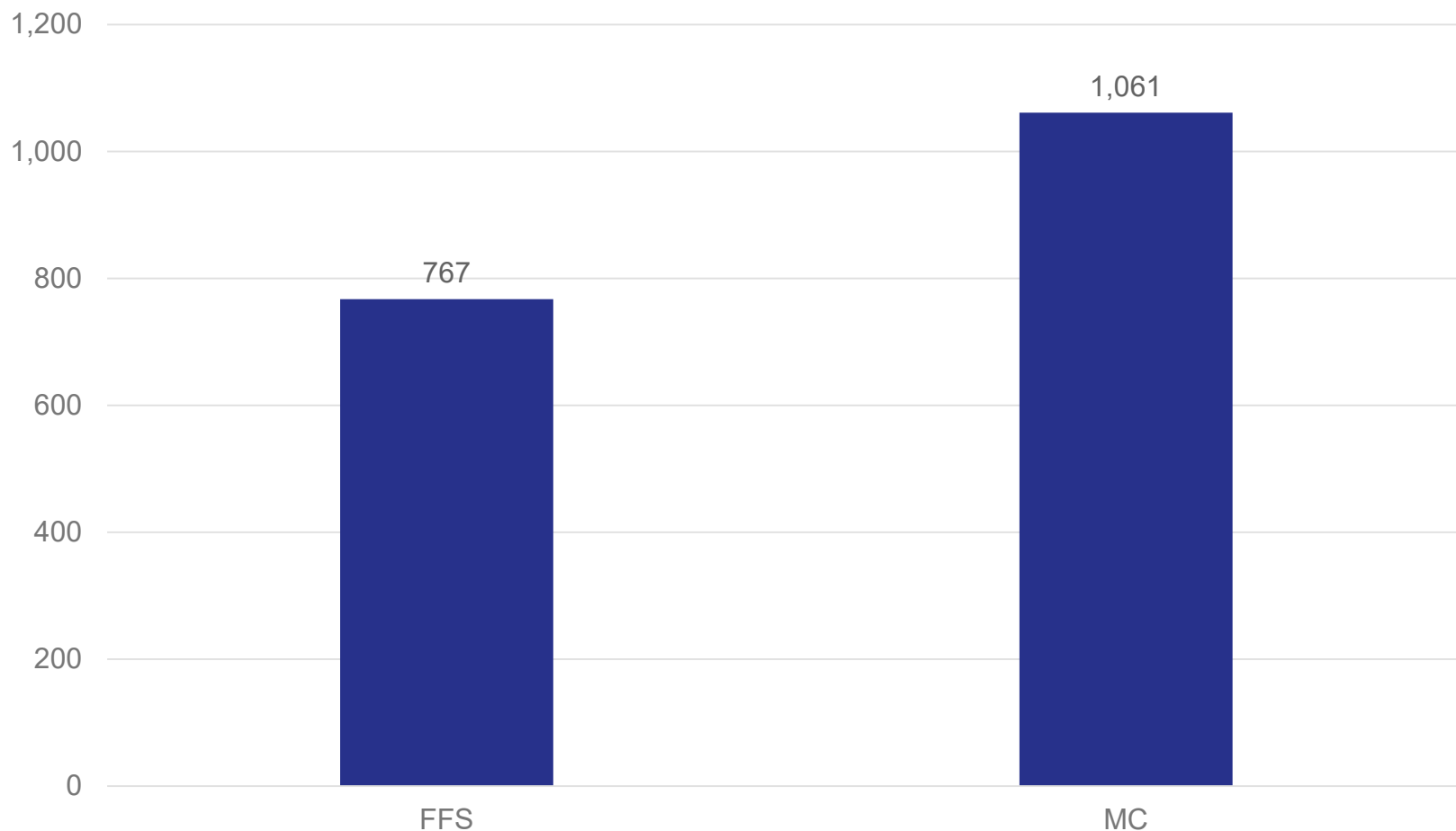


Preliminary Data as of 01/2021



COVID-19 Testing

Testing per 100,000 beneficiaries by Delivery System through March-September 2020



Preliminary Data as of 01/2021



Utilization of Services Based on the Pandemic Responses

The following are initial measures that have been compiled to compare utilization during calendar year 2019 (Pre-COVID) to calendar year 2020

- Emergency Department
- Telehealth
- Outpatient Visits
- Dental Visits
- Mental Health Visits
- Prescriptions
- Immunizations –CDPH data for Vaccine For Children Program



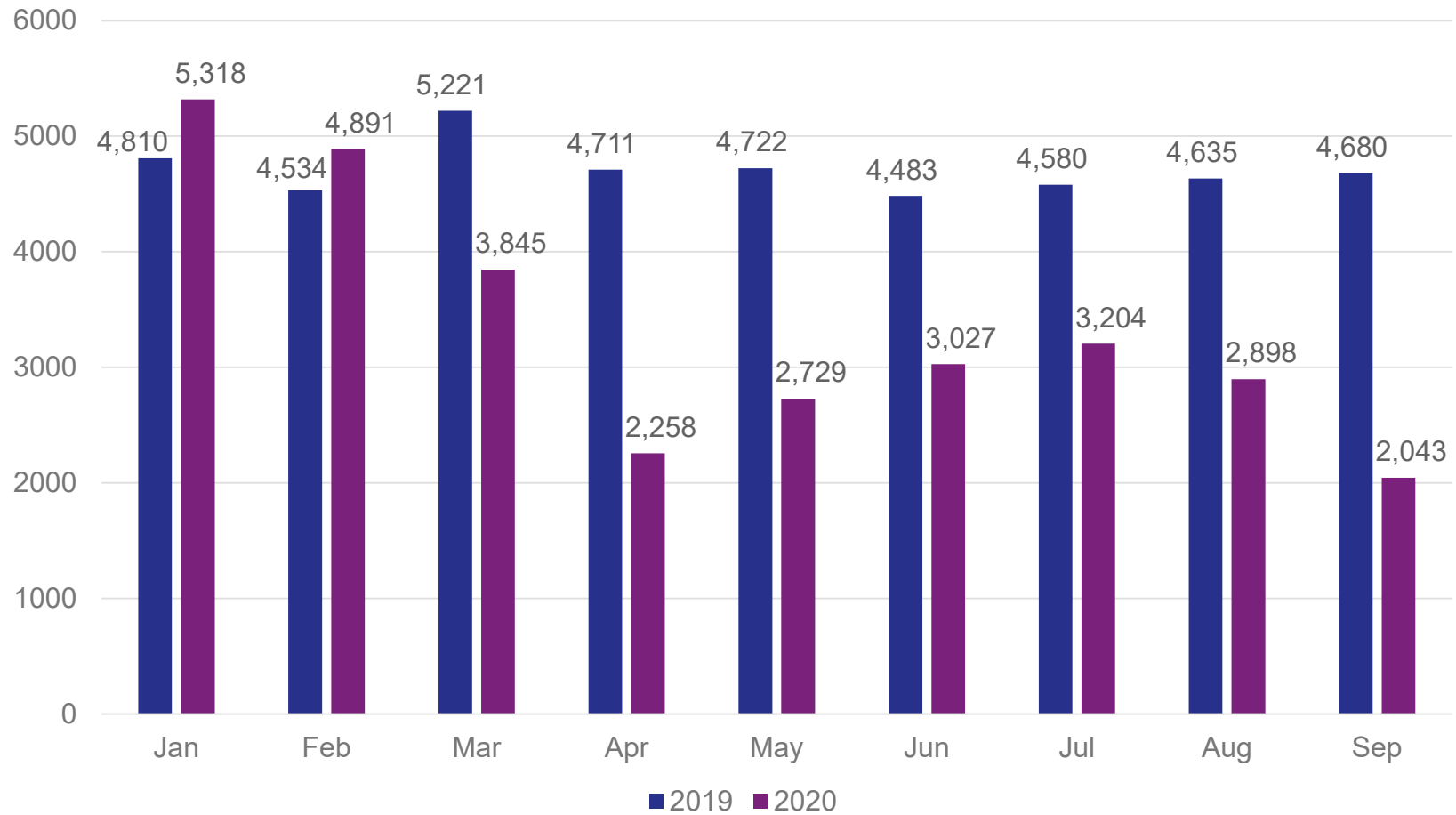
Emergency Department Visits

- Total number Emergency Department visits including those related to COVID-19 among beneficiaries
- Procedure Codes Utilized:
99281, 99282, 99283, 99284, 99285
- Data Source:
 - MIS/DSS Claims and Eligibility Data



Emergency Department Visits

Visits per 100,000 beneficiaries

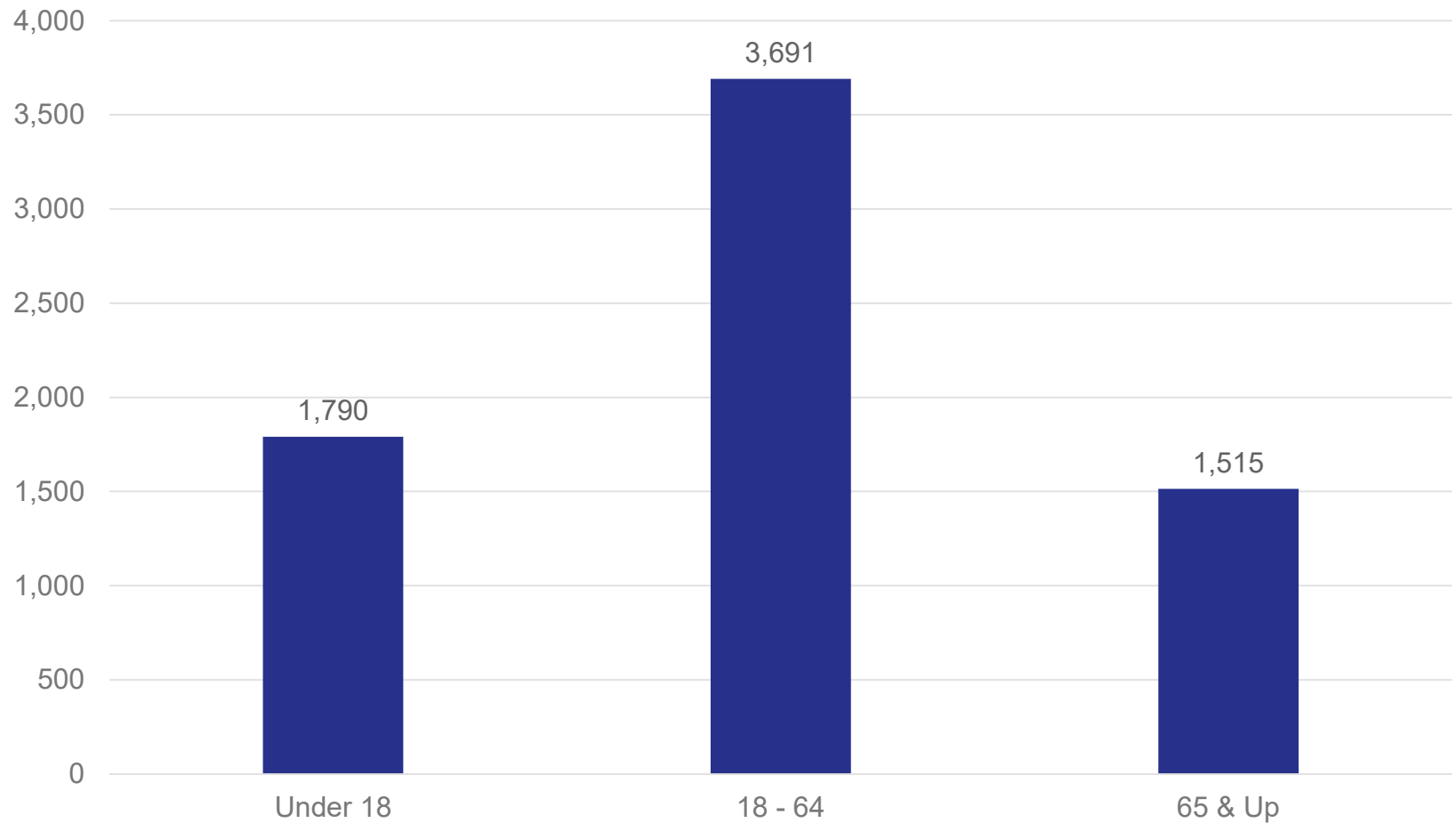


Preliminary Data as of 01/2021



Emergency Department Visits

Visits per 100,000 beneficiaries by Age Group through 2020

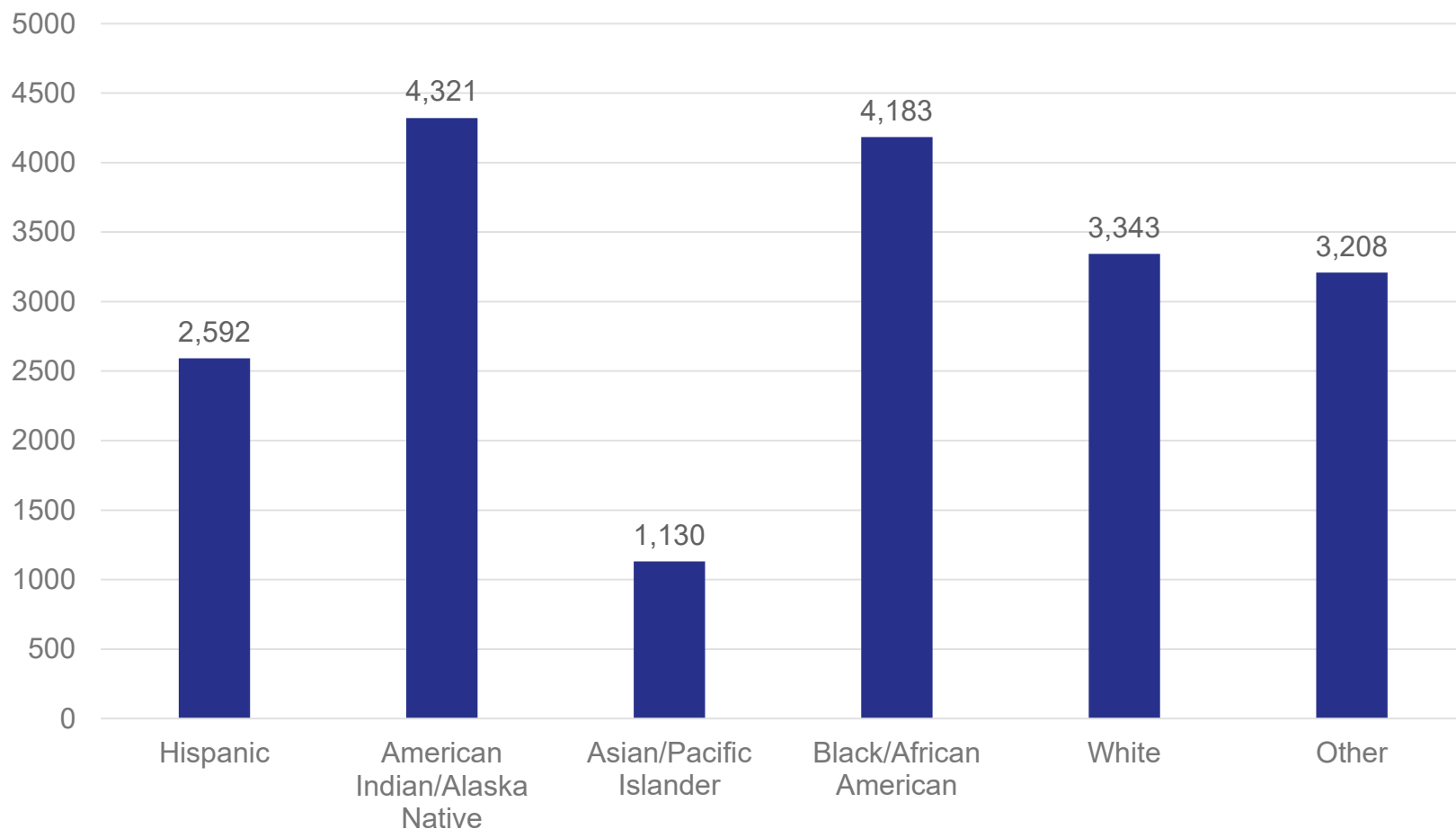


Preliminary Data as of 01/2021



Emergency Department Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020



Preliminary Data as of 01/2021



Emergency Department Visits

Visits per 100,000 beneficiaries by Delivery System through 2020



Preliminary Data as of 01/2021



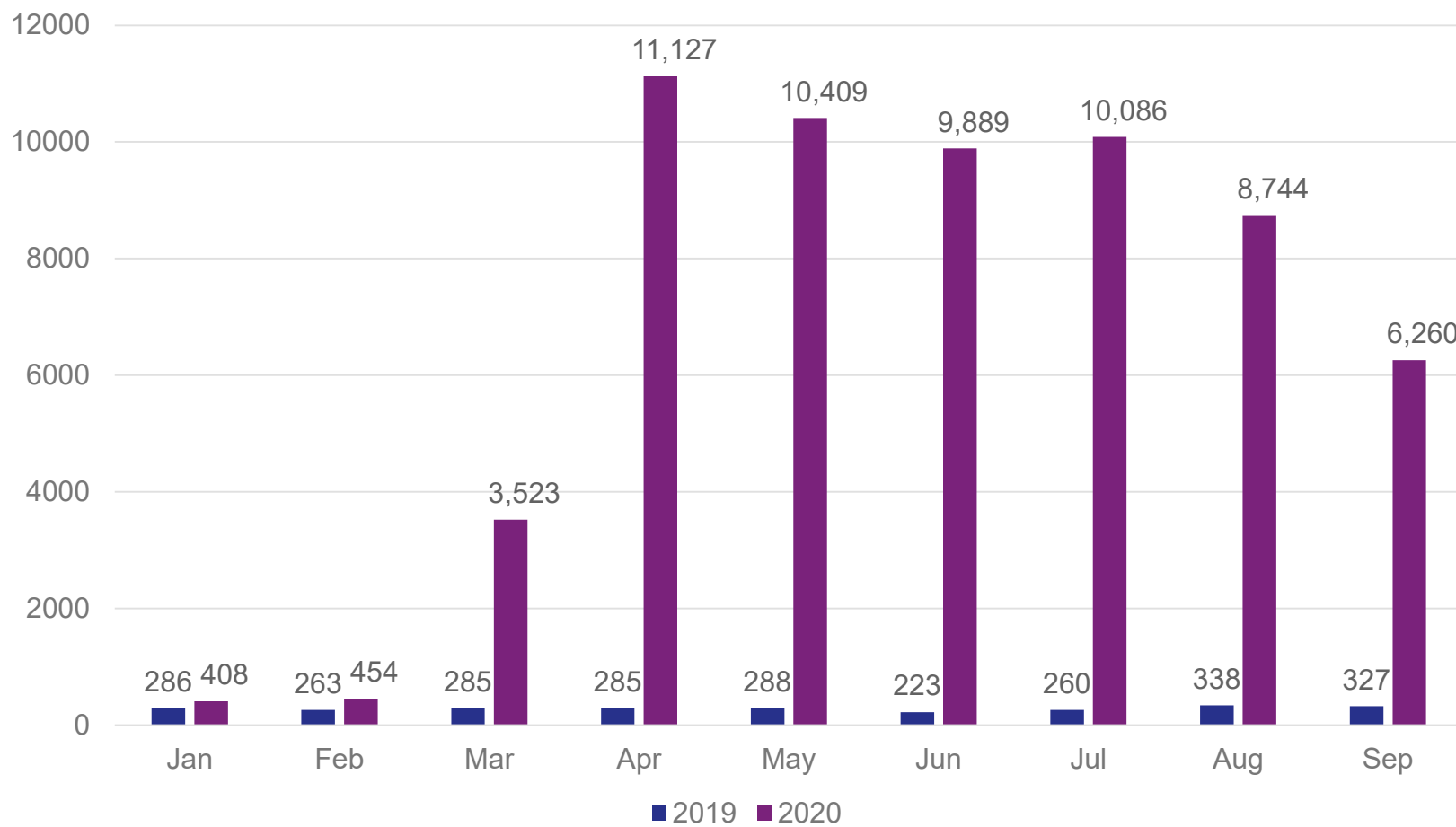
Telehealth Visits

- Telehealth visits were identified based on the presence of a modifier on the claim or encounter (modifiers 95, GQ and GT)
- Telehealth visits include phone and video healthcare visits
- Telehealth Visits are outpatient visits in fee-for-service or managed care – mental health visits are not included in this chart
- Source of data:
 - MIS/DSS Claims and Eligibility



Telehealth Visits

Visits per 100,000 beneficiaries

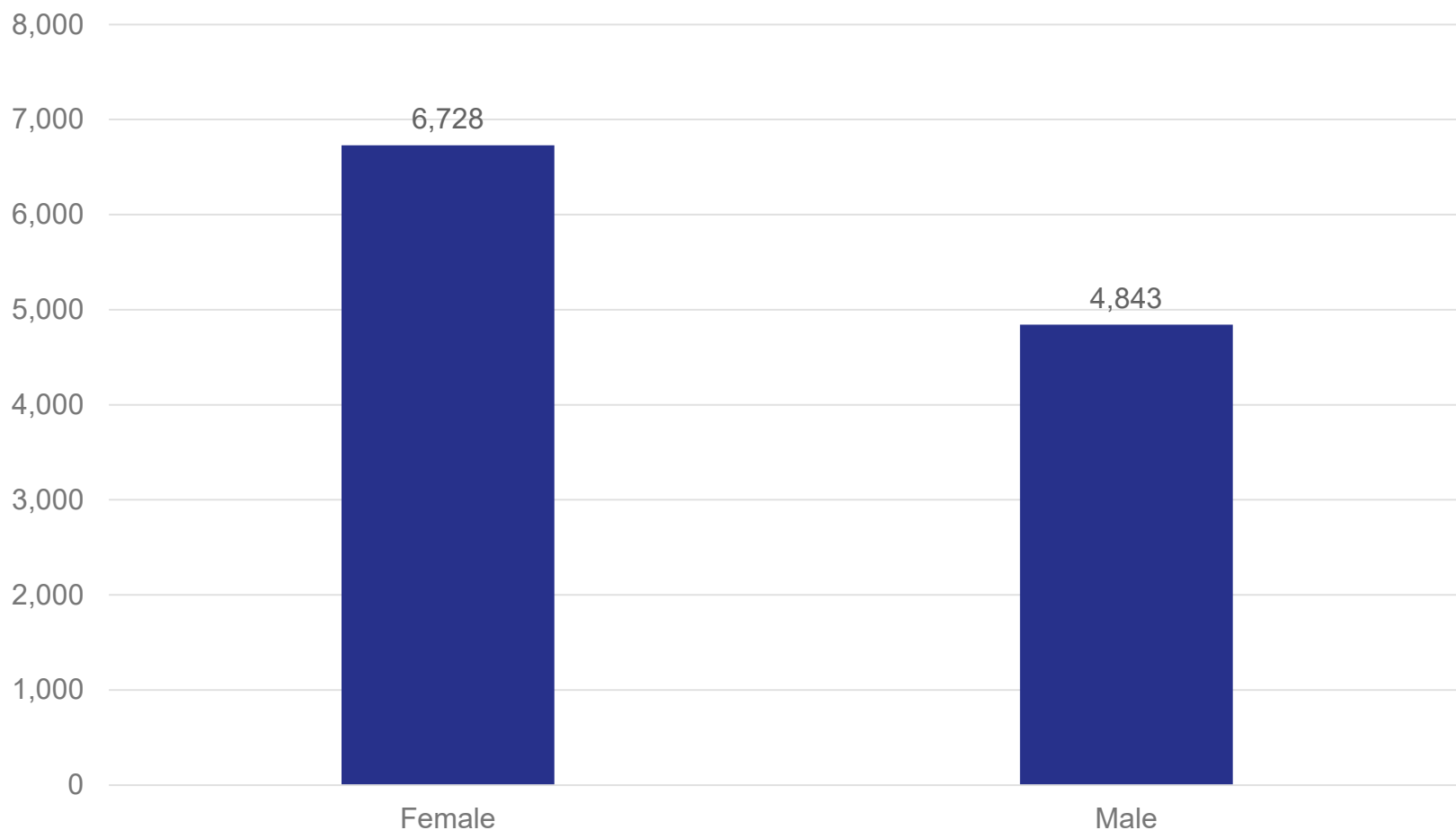


Preliminary Data as of 01/2021



Telehealth Visits

Visits per 100,000 beneficiaries by Sex through 2020

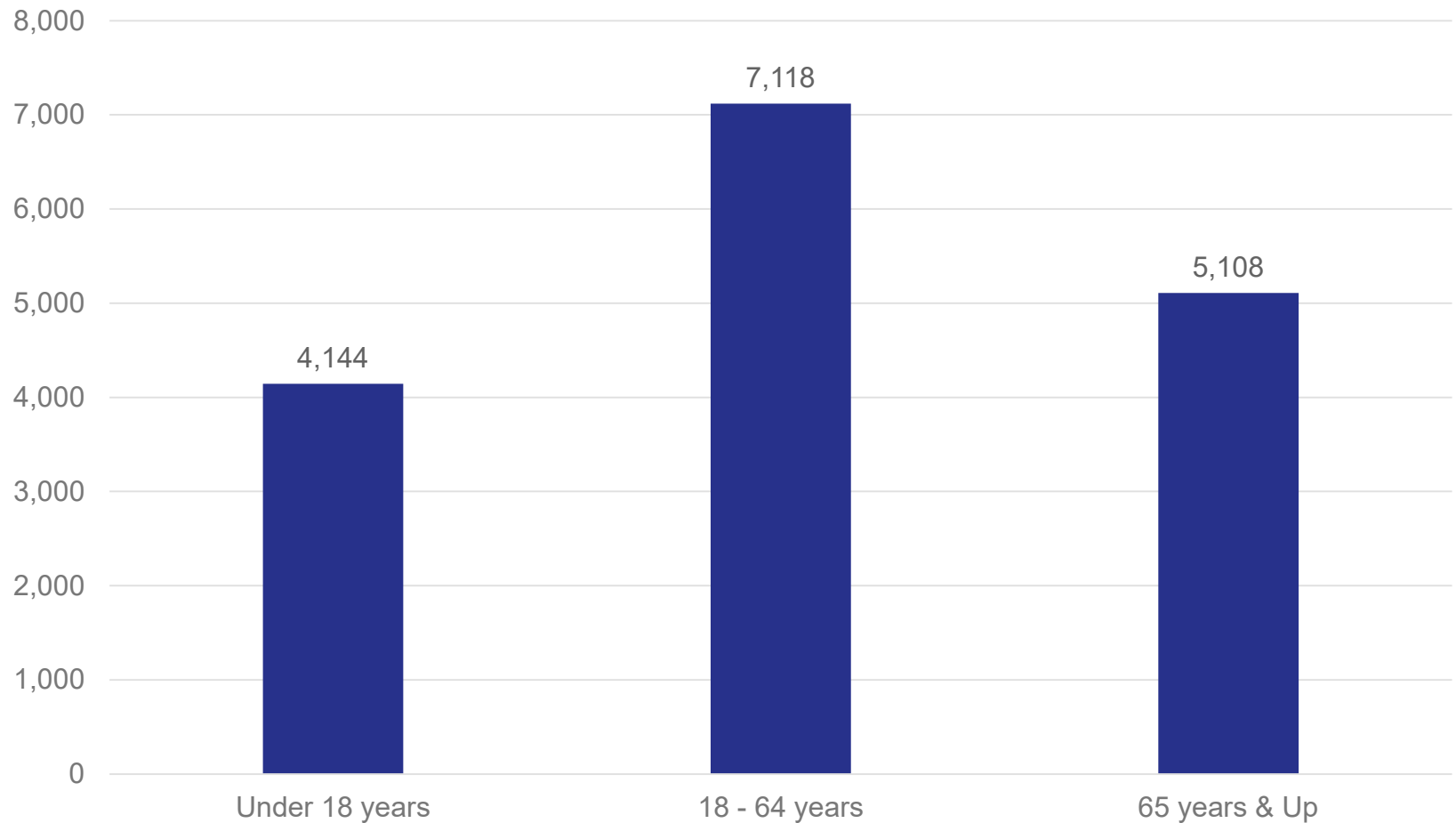


Preliminary Data as of 01/2021



Telehealth Visits

Visits per 100,000 beneficiaries by Age Group through 2020

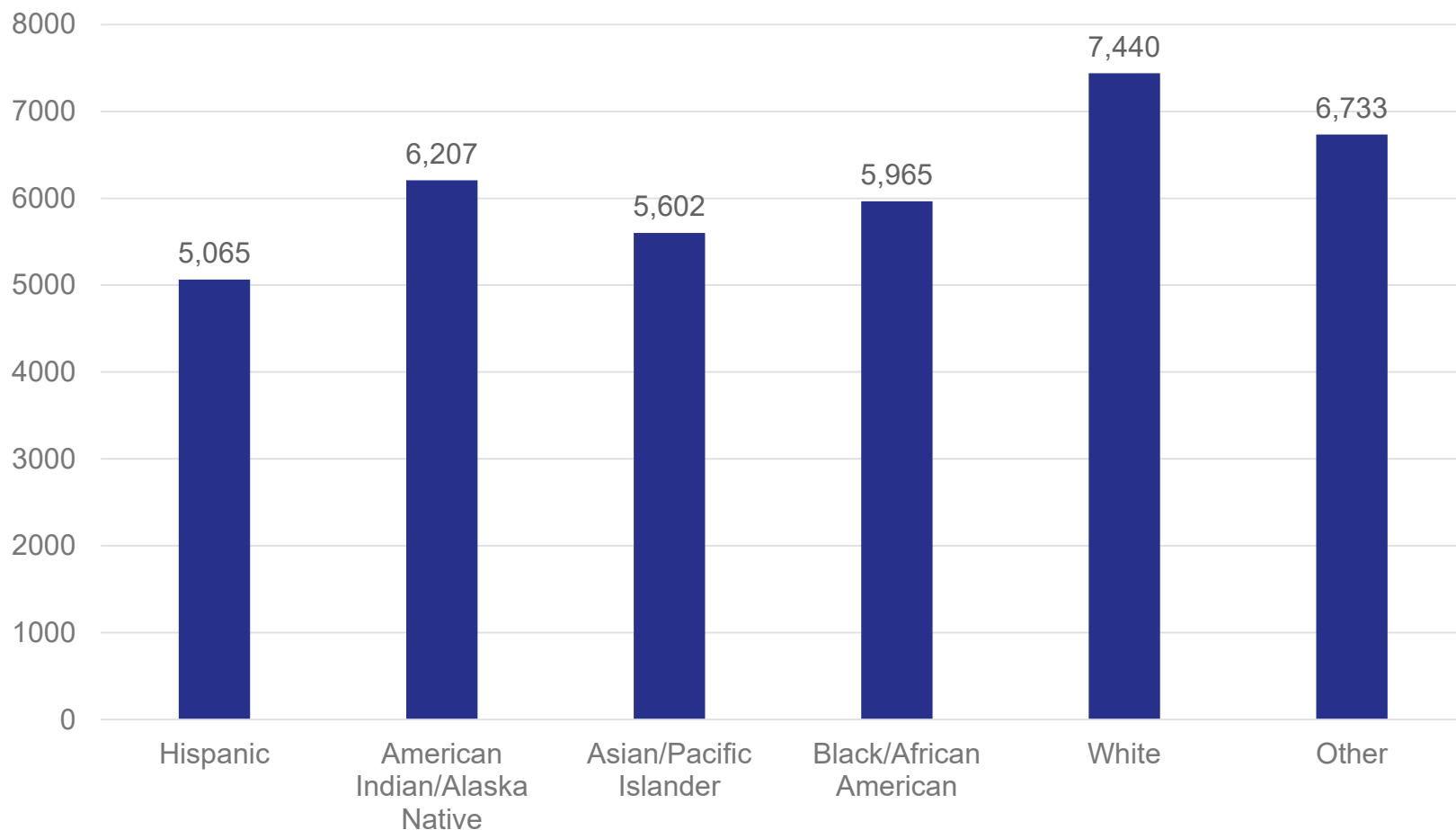


Preliminary Data as of 01/2021



Telehealth Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020

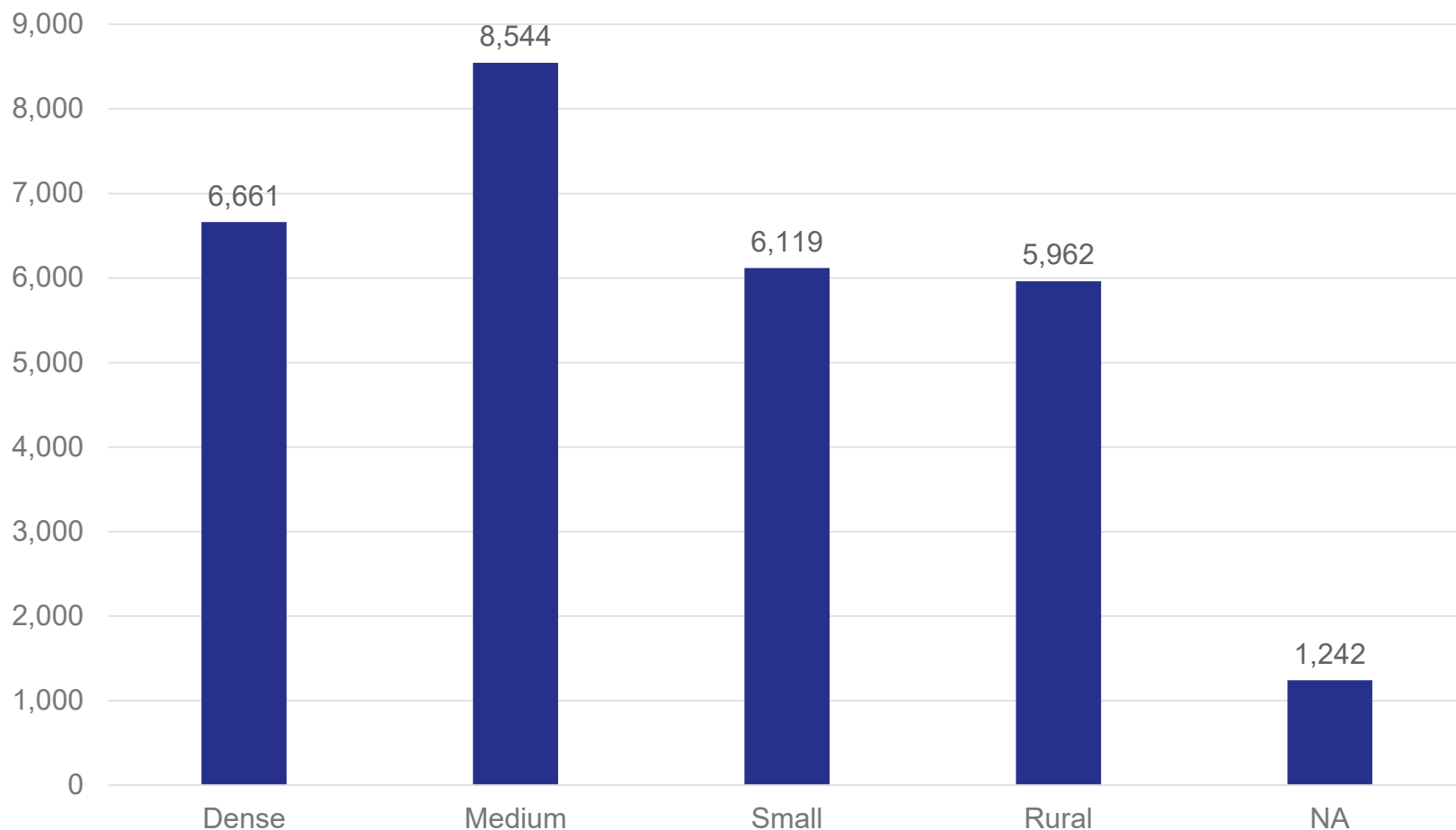


Preliminary Data as of 01/2021



Telehealth Visits

Visits per 100,000 beneficiaries by Location through 2020

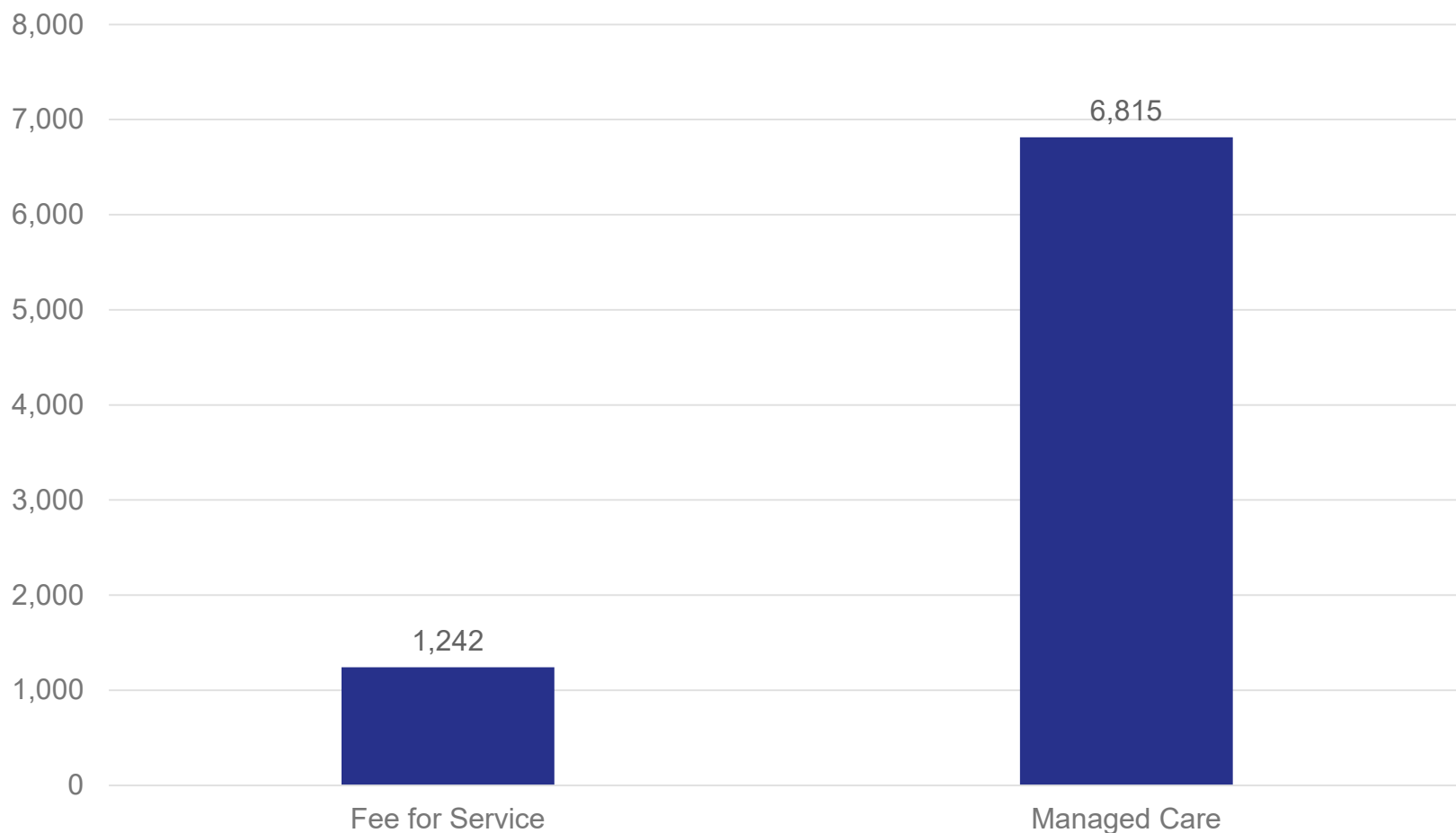


Preliminary Data as of 01/2021



Telehealth Visits

Visits per 100,000 beneficiaries by Delivery System through 2020



Preliminary Data as of 01/2021



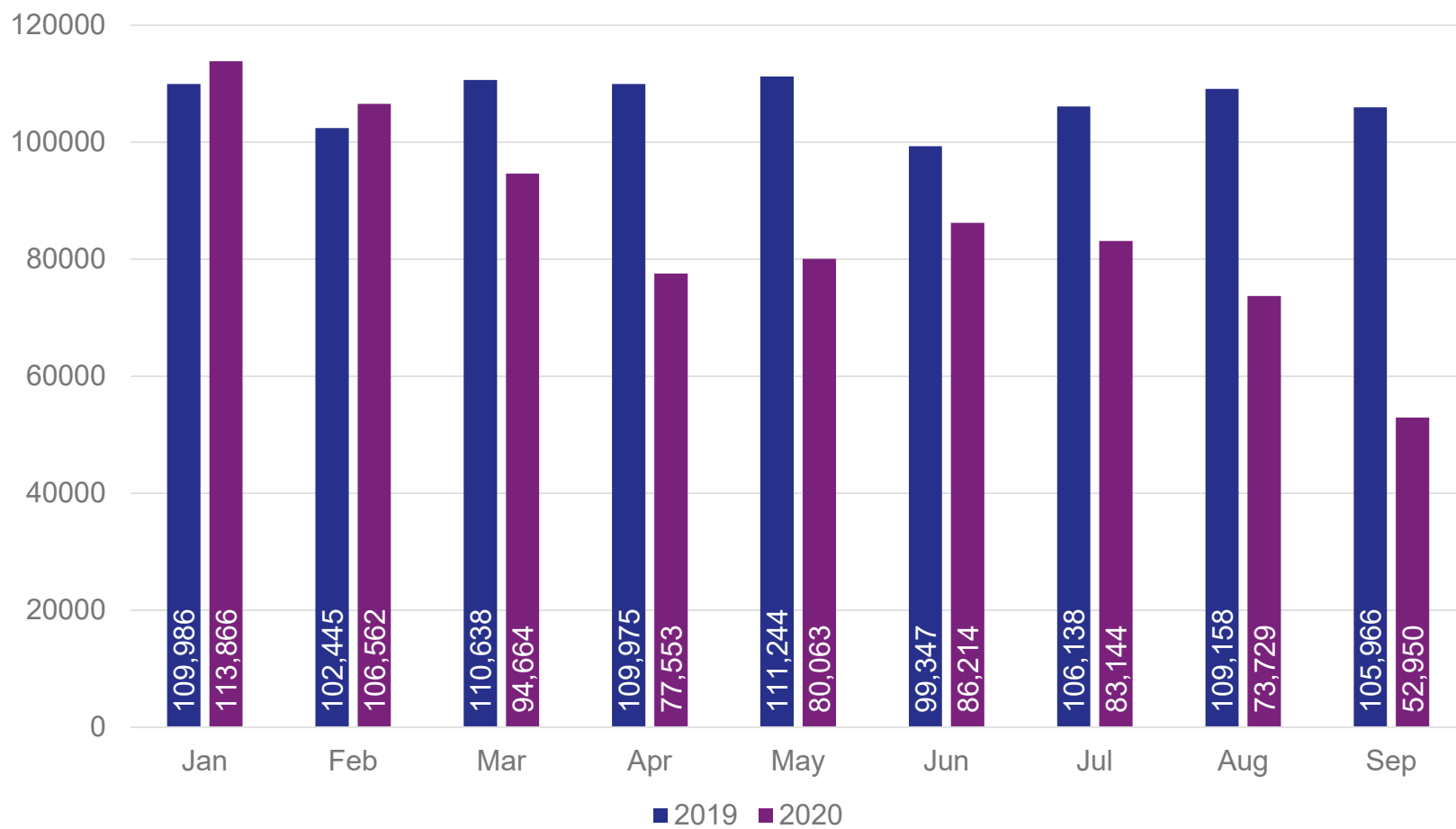
Outpatient Visits

- Total number of outpatient visits in managed care and fee-for-service
- Total number of outpatient visit includes telehealth visits
- Telehealth visits constitute about 15% to 20% of the overall outpatient visits
- Source of data:
 - MIS/DSS Claims and Eligibility



Outpatient Visits

Visits per 100,000 beneficiaries

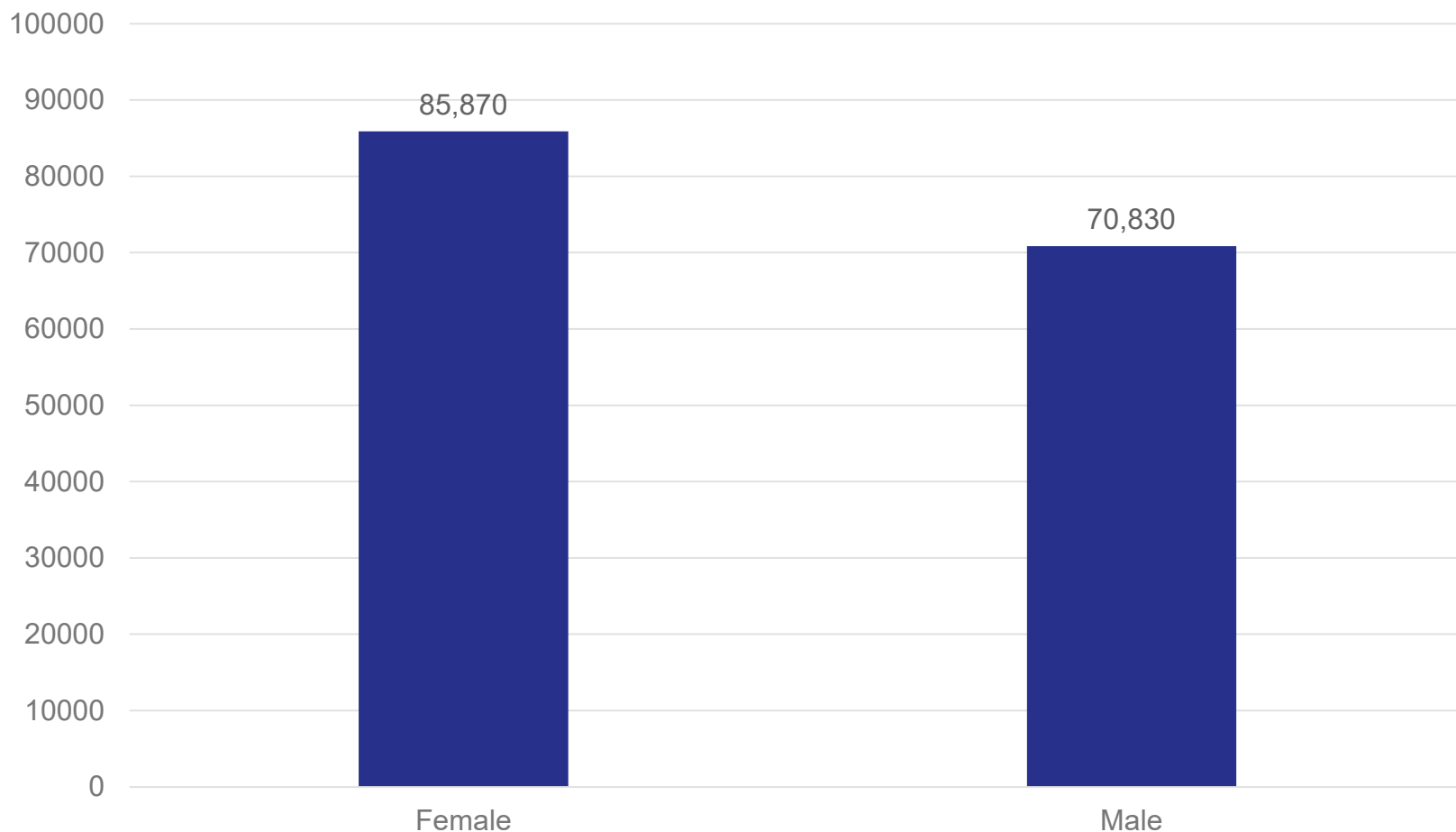


Preliminary Data as of 01/2021



Outpatient Visits

Visits per 100,000 beneficiaries by Sex through 2020

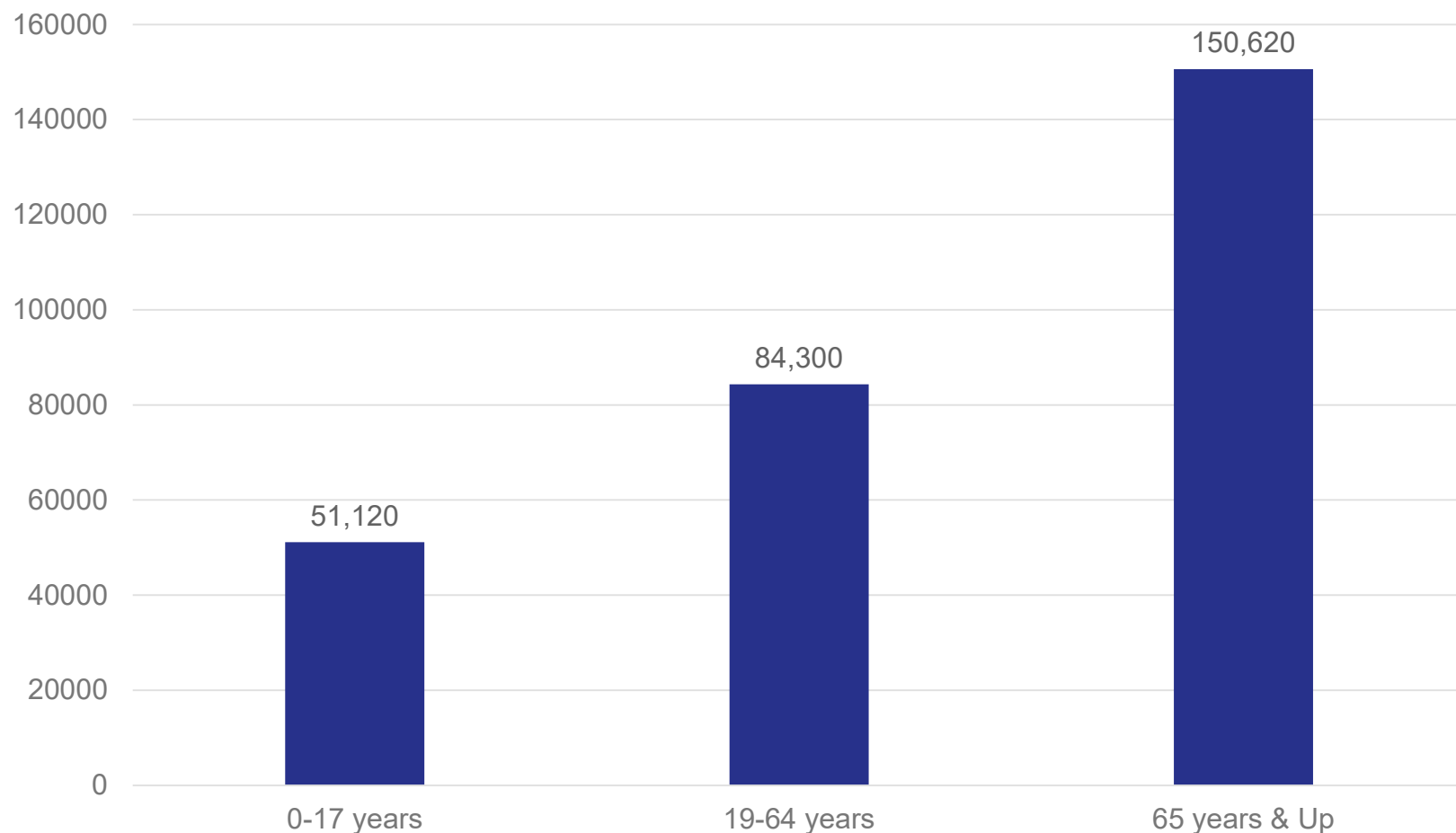


Preliminary Data as of 01/2021



Outpatient Visits

Visits per 100,000 beneficiaries by Age Group through 2020

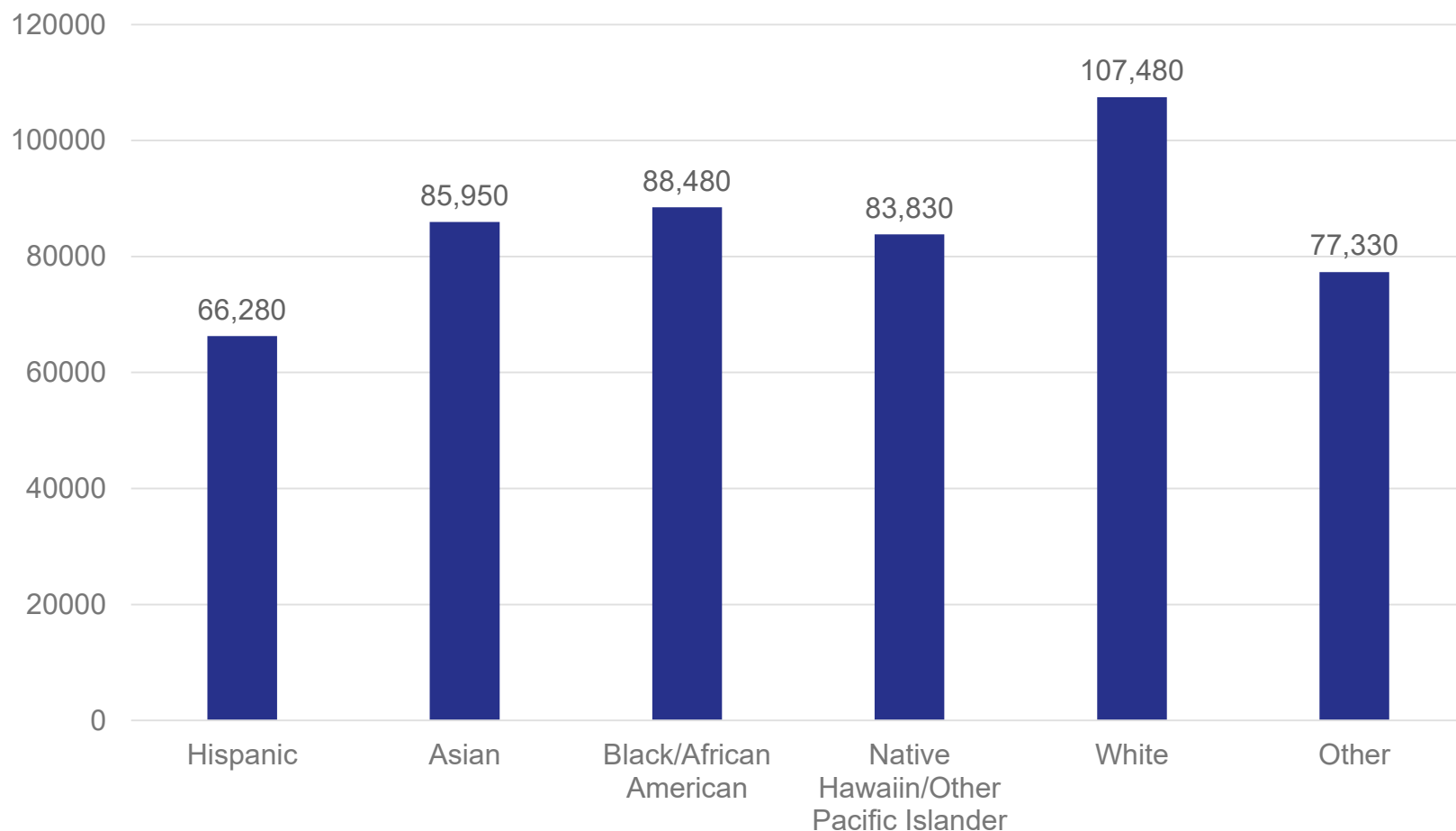


Preliminary Data as of 01/2021



Outpatient Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020

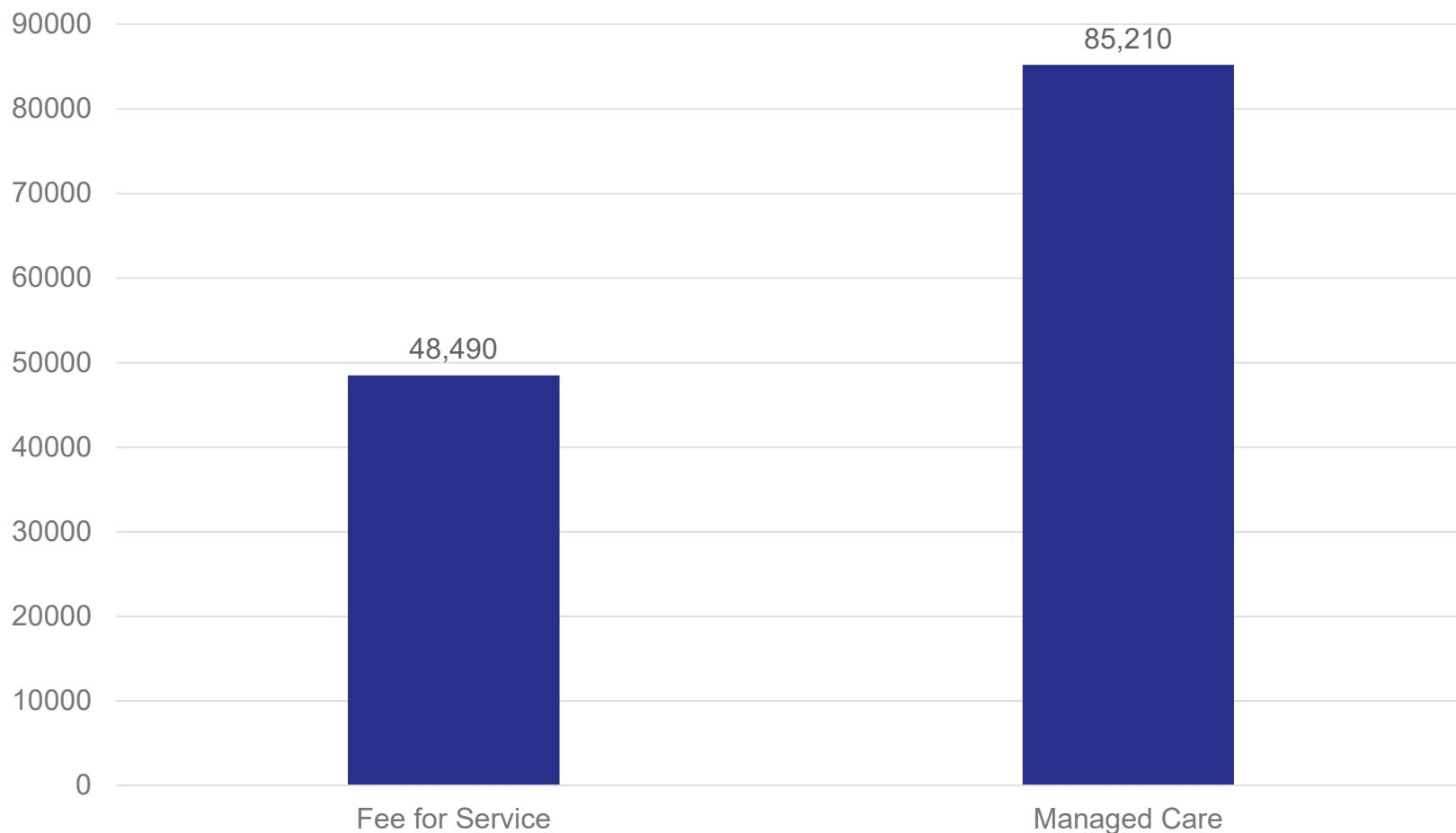


Preliminary Data as of 01/2021



Outpatient Visits

Visits per 100,000 beneficiaries by Delivery System through 2020



Preliminary Data as of 01/2021



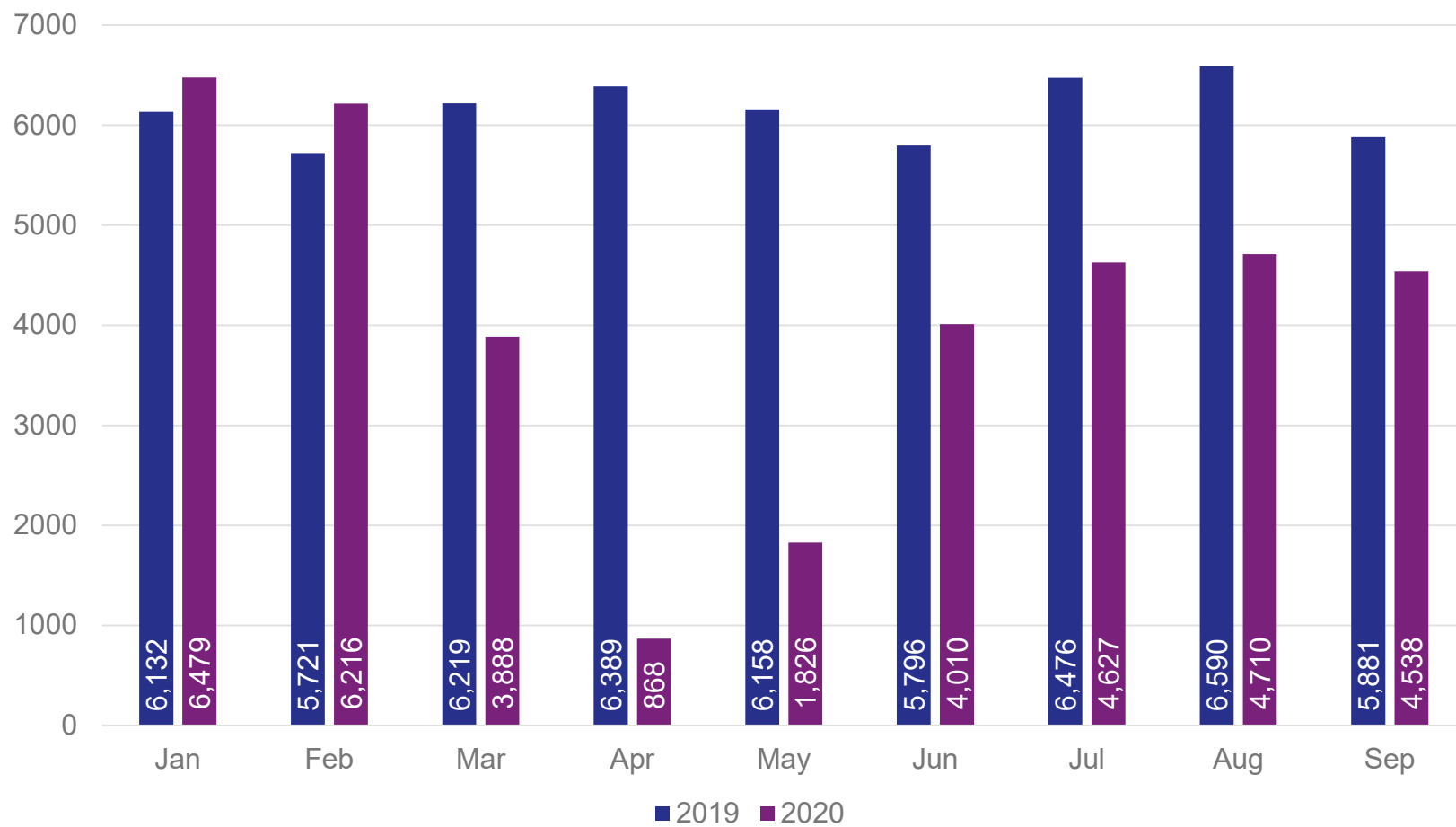
Dental Visits

- Number of members who received any Dental Care Visit Services
- Methodology is based on the measure for Annual Dental Visits
- Source of data:
 - MIS/DSS Claims and Eligibility



Dental Visits

Visits per 100,000 beneficiaries

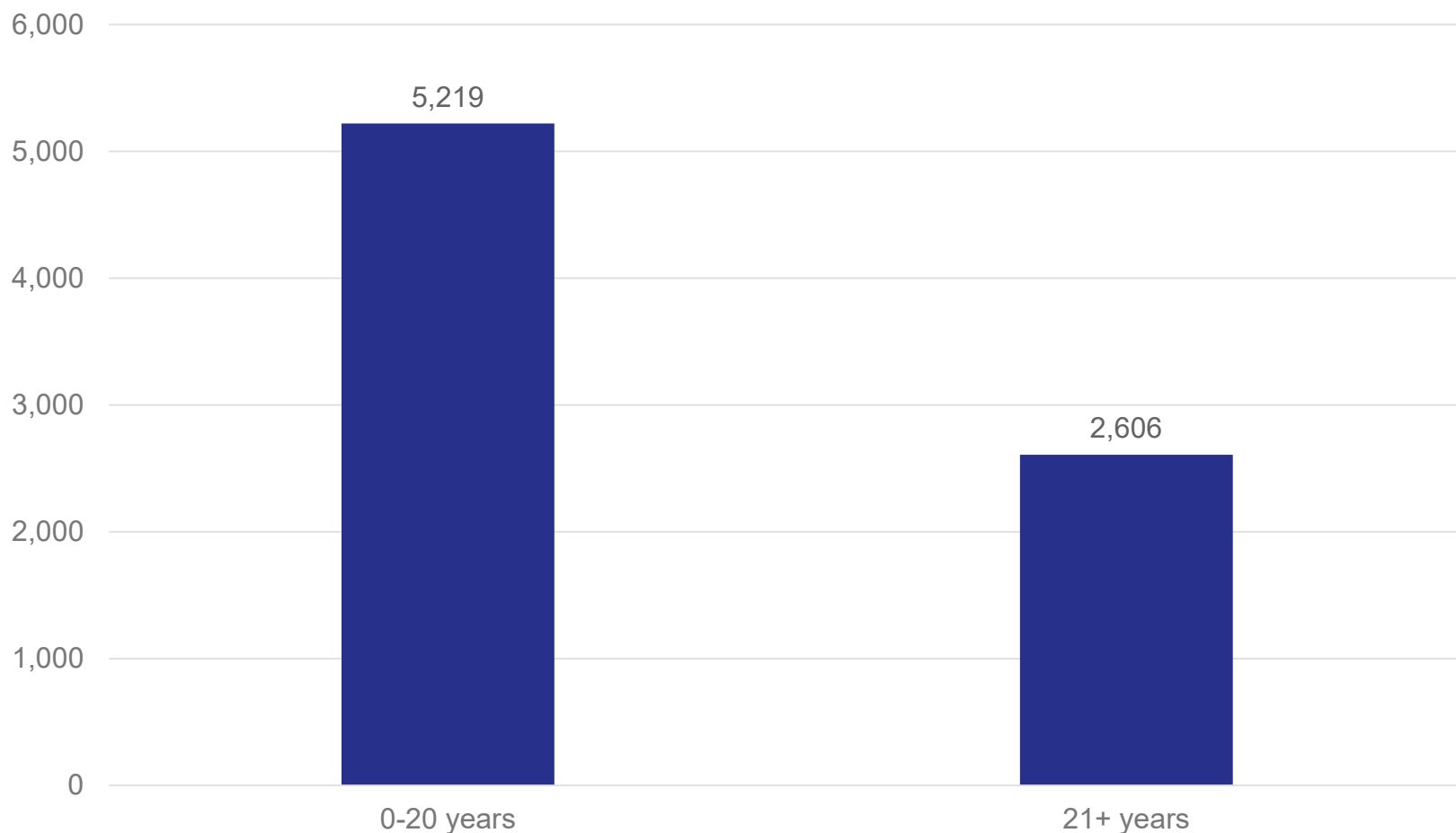


Preliminary Data as of 01/2021



Dental Visits

Visits per 100,000 beneficiaries by Age Group
Based on Services in 2020

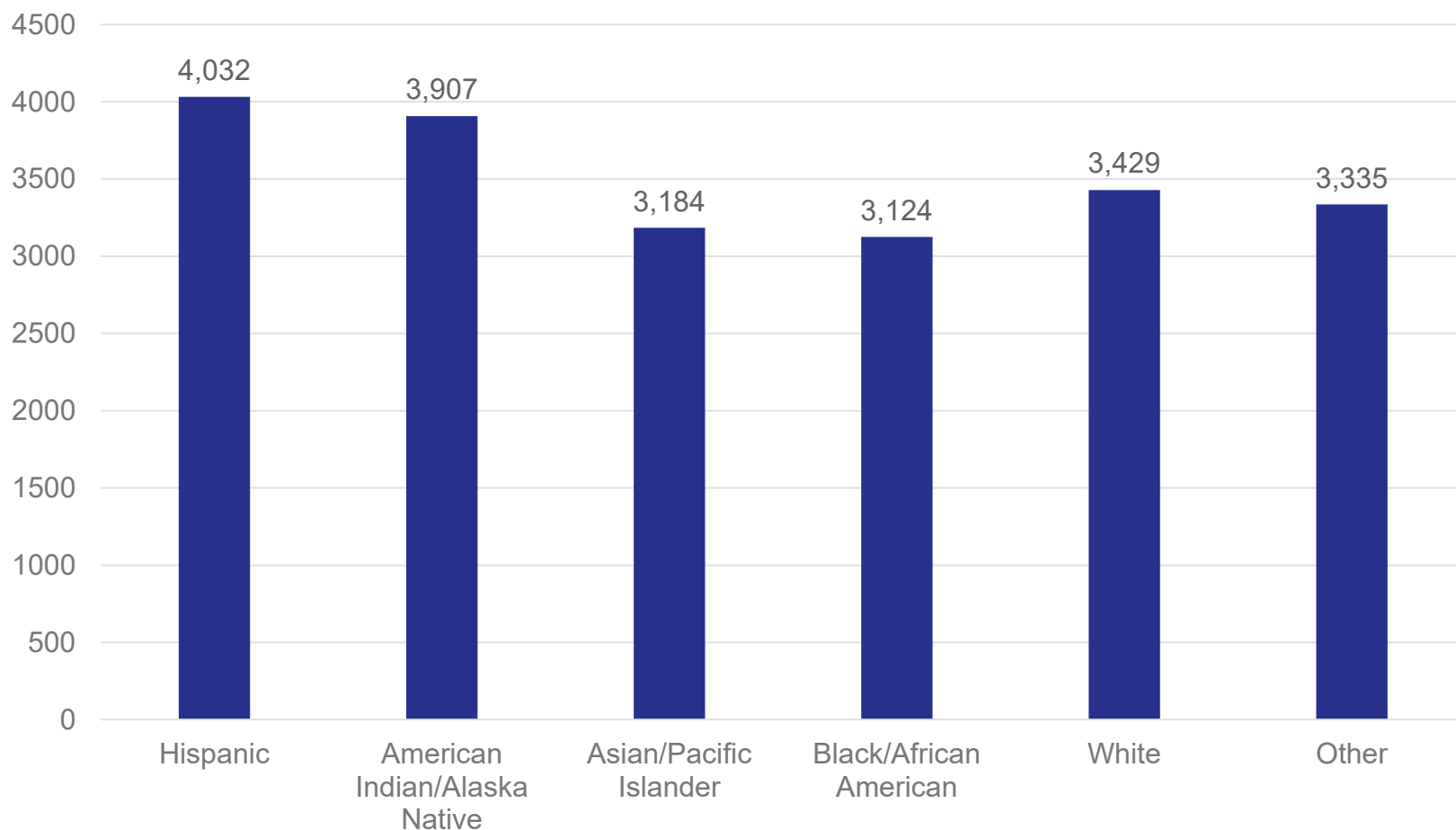


Preliminary Data as of 01/2021



Dental Visits

Visits per 100,000 beneficiaries by Race/Ethnicity
Based on Services in 2020

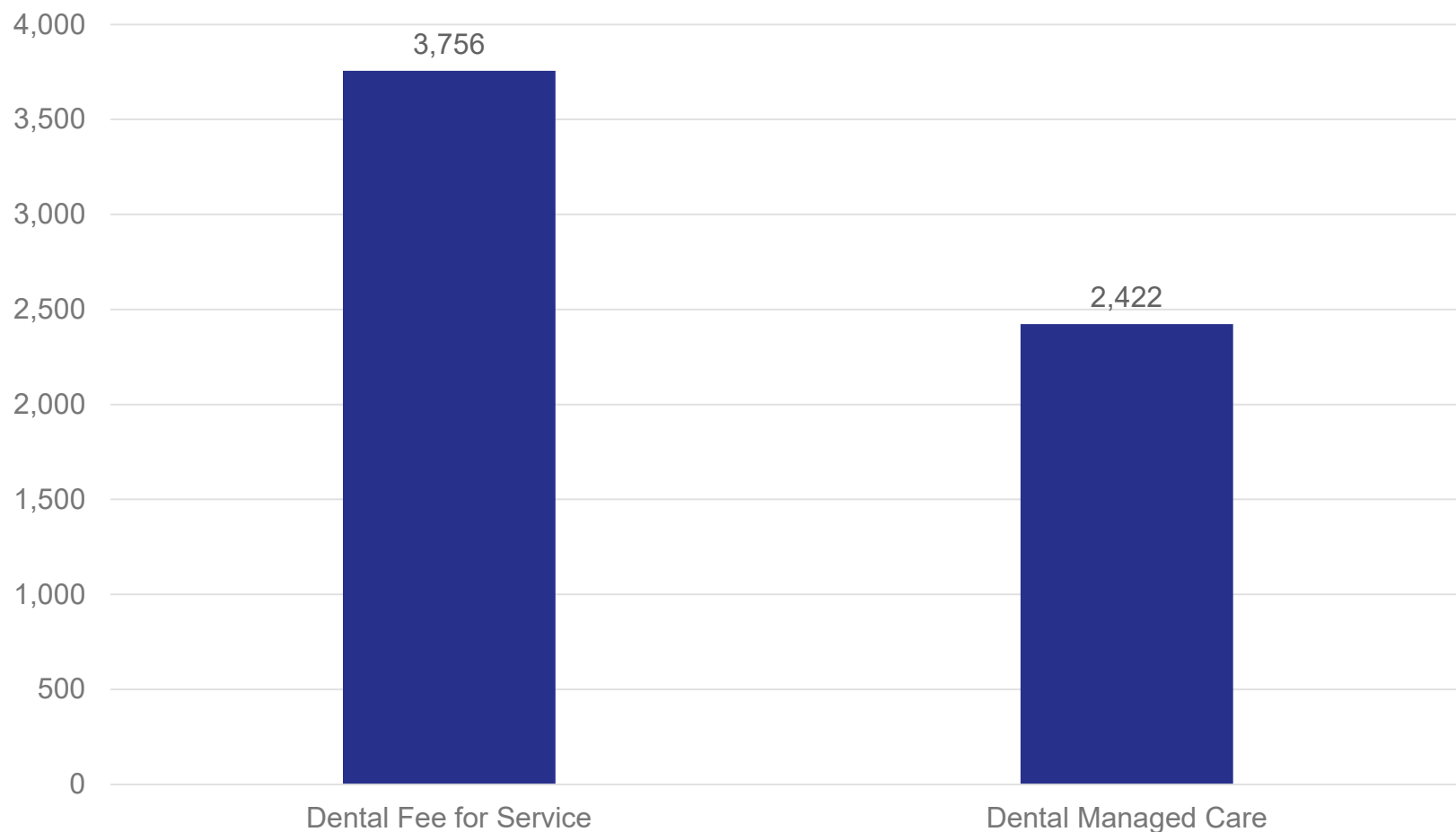


Preliminary Data as of 01/2021



Dental Visits

Visits per 100,000 beneficiaries by Delivery Services
Based on Services in 2020



Preliminary Data as of 01/2021



California has a Split Mental Health Delivery System

- Managed Care Organizations Cover
 - Adults: Mental health disorders resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning
 - Under 21: Non-specialty mental health services
- Mental Health Outpatient Services Include
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing, when clinically indicated to evaluate a mental health condition
 - Outpatient services for the purpose of monitoring drug therapy
 - Outpatient laboratory, drugs, supplies and supplements (excluding antipsychotics)
 - Psychiatric consultation



Carved Out Mental Health Services

- Specialty Mental Health Services
 - Administered through county mental health plans (MHPs)
 - Services for adults with significant impairment from mental health conditions and for children/youth whose mental health needs require care services not included in MCP mental health benefits
- Substance Use Disorder Benefits
 - Administered through Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties, and waiver services
 - Community-based system for SUD services through counties or through direct contracts with service providers



Mental Health Visits

- Mild to Moderate or Non-specialty Mental Health Visits - Total number of mental health visits in managed care and fee-for-service
- Specialty Mental Health Visits – Total number of mental health visits in the Specialty Mental Health System
- Each unique visit is defined by a unique combination of beneficiary and visit date
- Total number of visits includes telehealth visits
- Visits have broad inclusion of procedures for screening, evaluation, care, and treatment provided in a non-specialty and specialty claiming systems
- Source of data:
 - MIS/DSS Claims and Eligibility



Penetration Rates and Average Visits for Mental Health Services Over Time

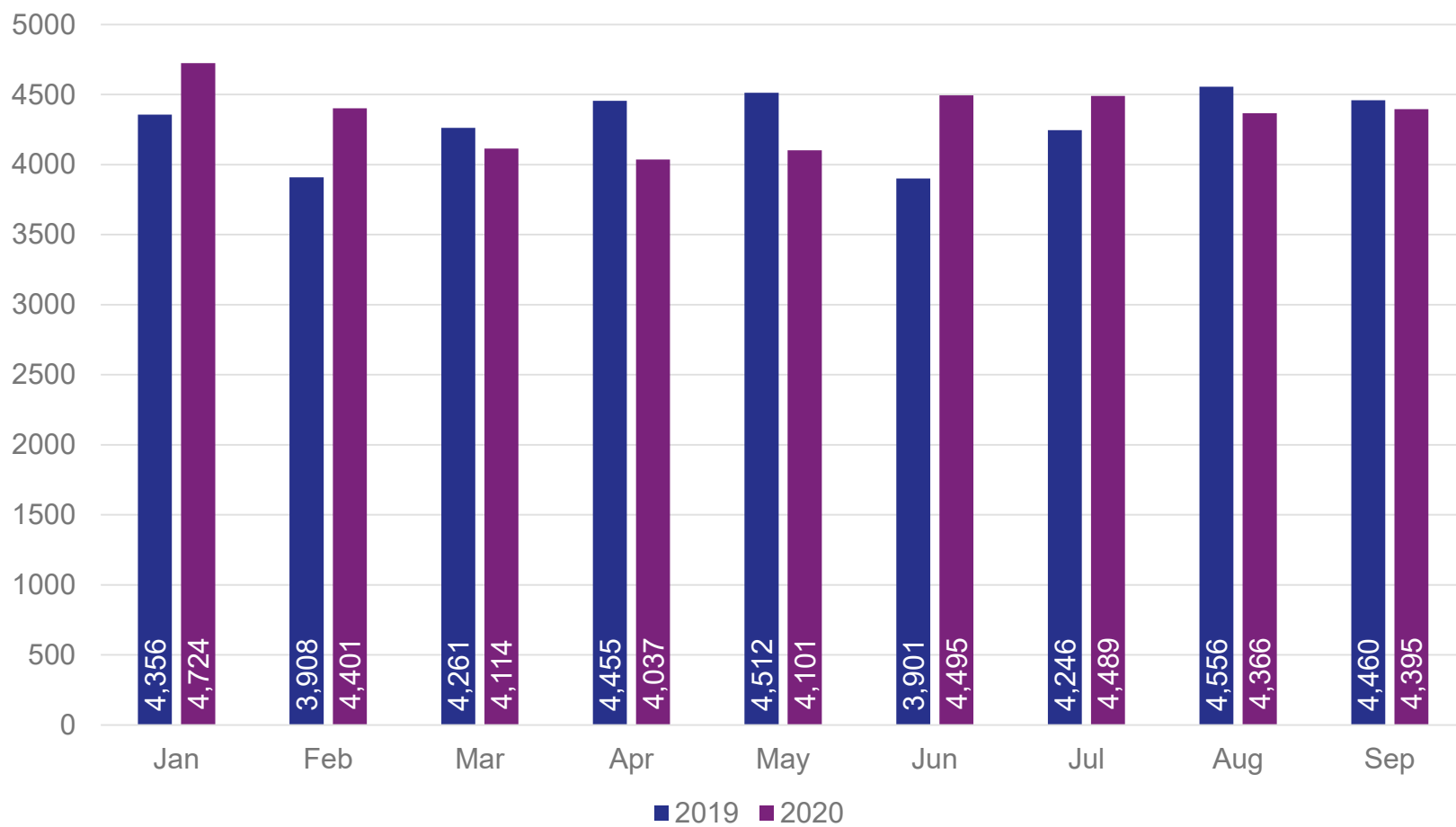
- Specialty Mental Health Penetration Rates have been relatively constant over the past three years
- In contrast, Mild to Moderate Mental Health Services penetration rates and average visits in Managed Care have steadily increased during that time frame
 - Penetration rate is total unique beneficiaries that were provided at least one psychotherapy and psychiatric evaluation services (based on selected procedure codes) in the State Fiscal Year (SFY)
 - Average visit is average number of visits per unique beneficiary per SFY

	SFY 2017-18	SFY 2018-19	SFY 2019-20	Percent Change
Penetration Rate	3.0%	3.4%	3.4%	13%
Average Visit	5.0	5.3	5.6	12%



Mild to Moderate and Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries for All Ages

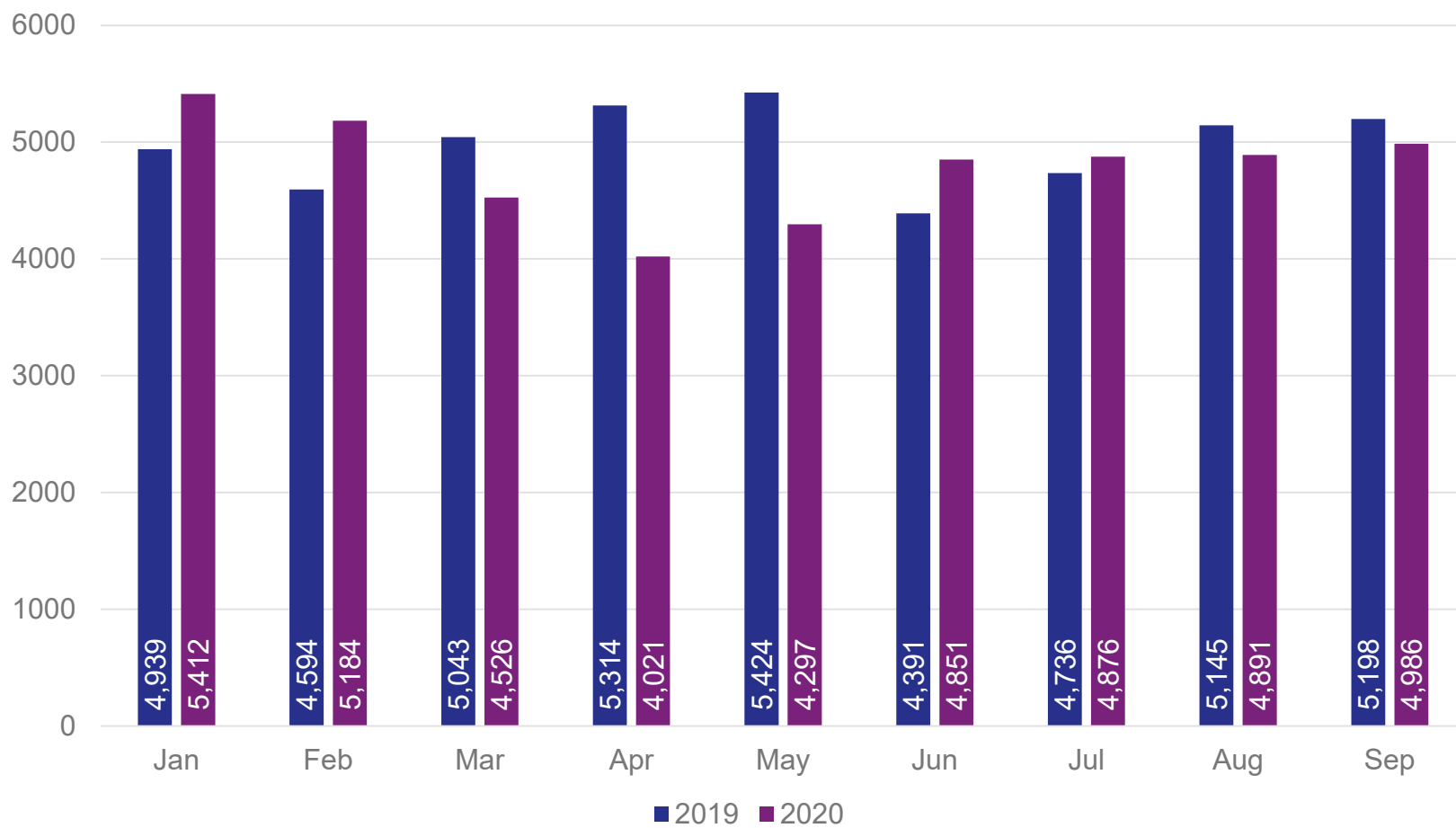


Preliminary Data as of 01/2021



Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries under 21 years old

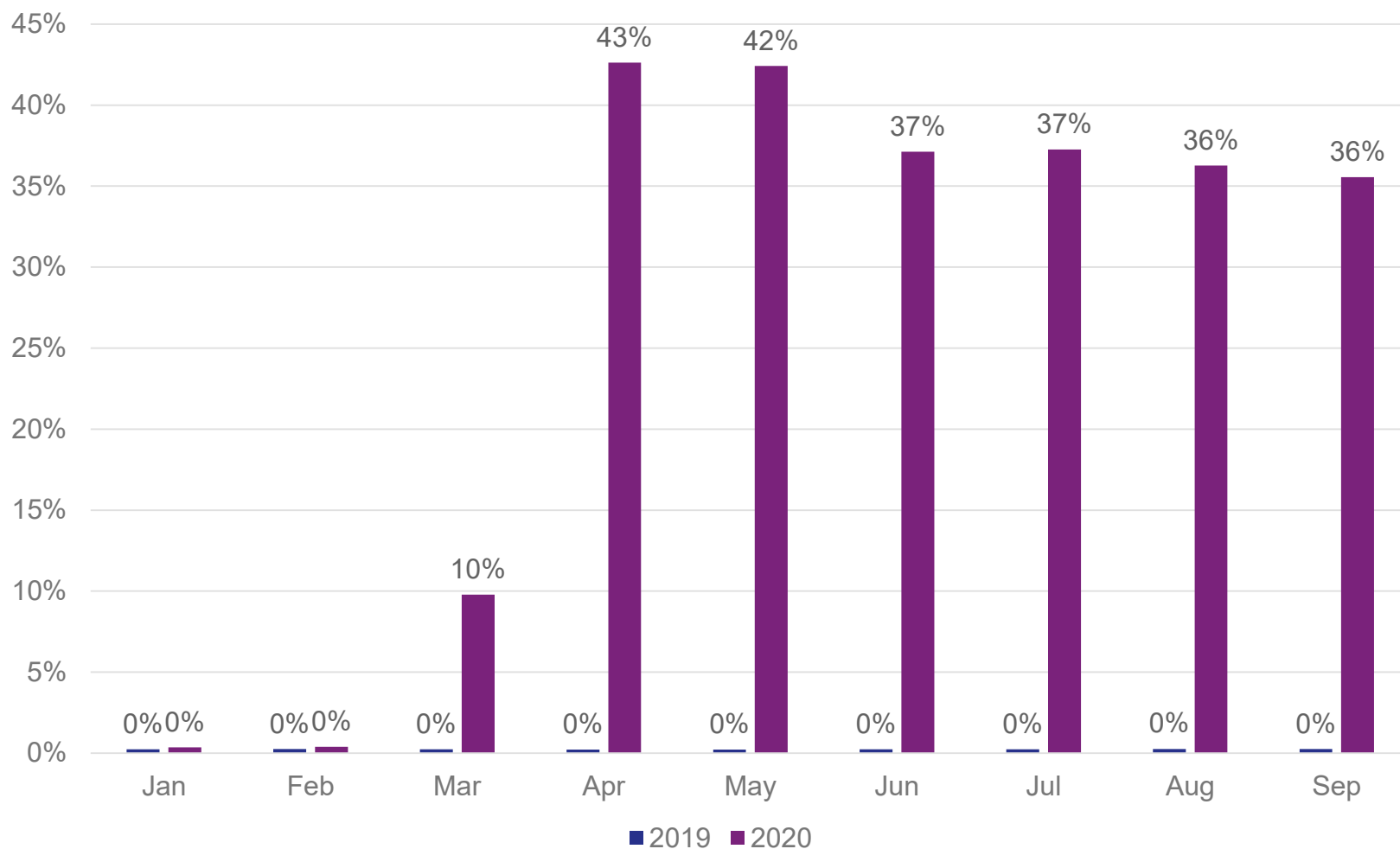


Preliminary Data as of 01/2021



Non-specialty Mental Health

% Services Delivered through Telehealth
beneficiaries under 21 years old

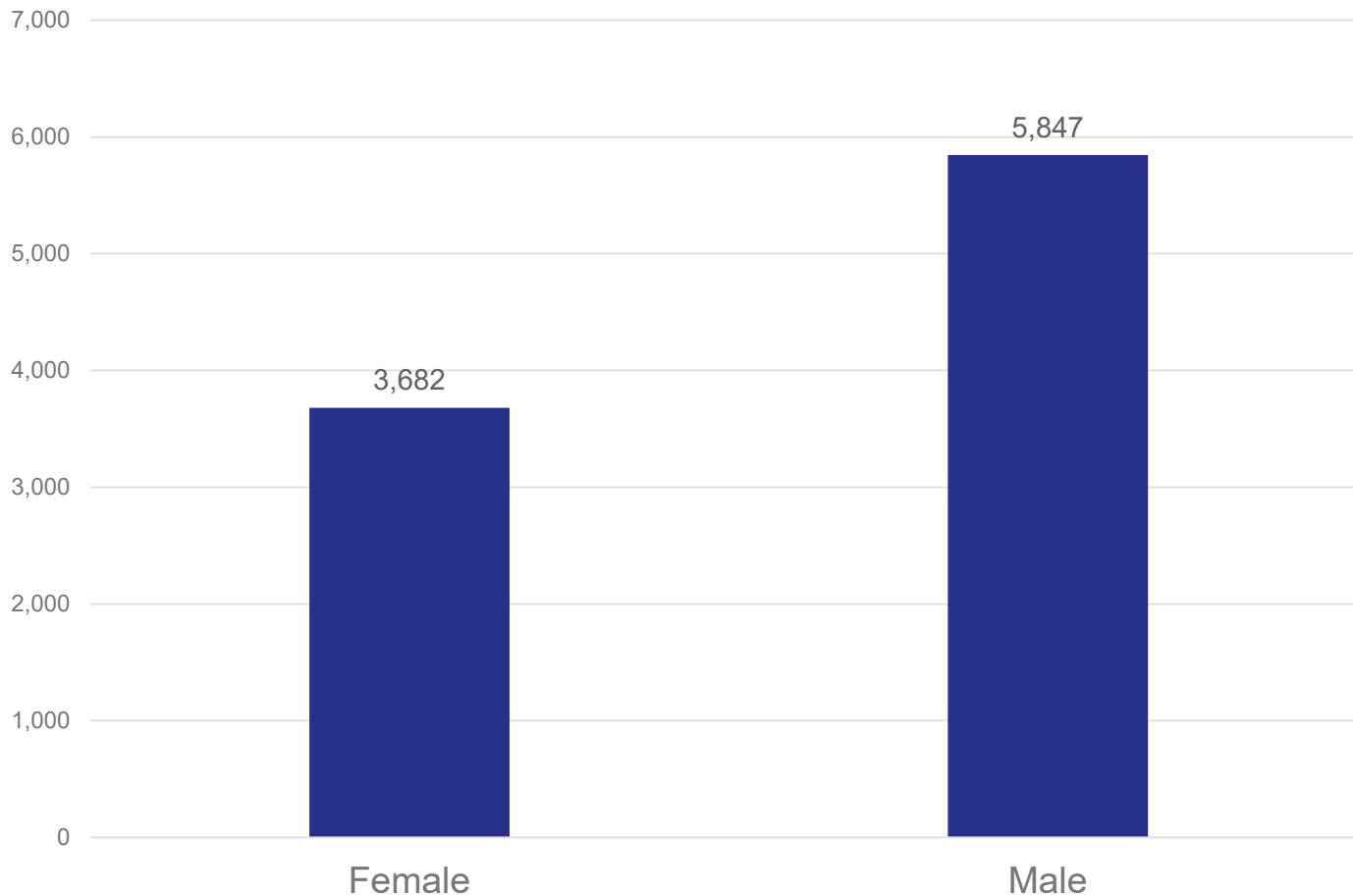


Preliminary Data as of 01/2021



Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries by Sex through 2020
beneficiaries under 21 years old

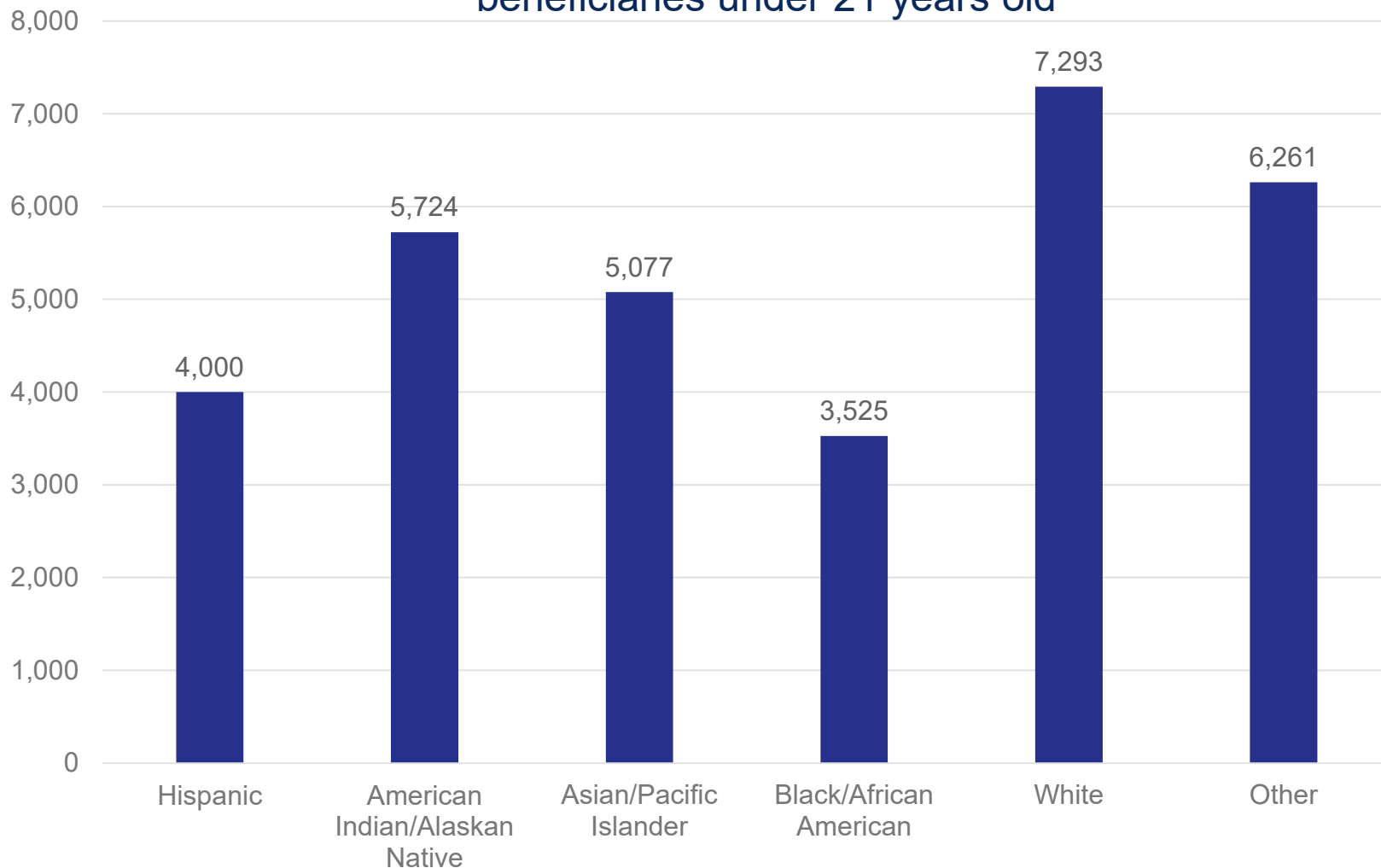


Preliminary Data as of 01/2021



Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020
beneficiaries under 21 years old

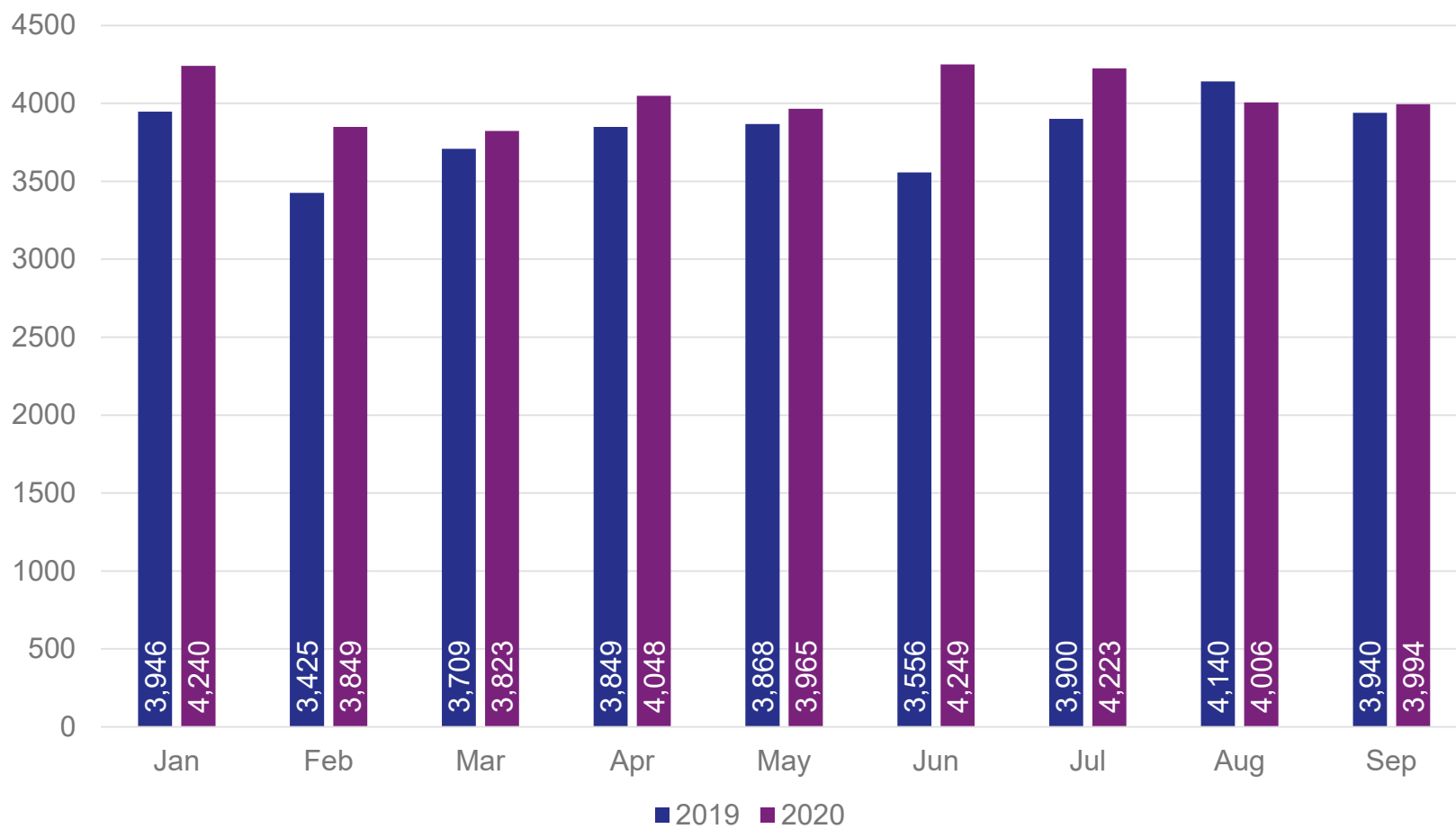


Preliminary Data as of 01/2021



Mild to Moderate Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older

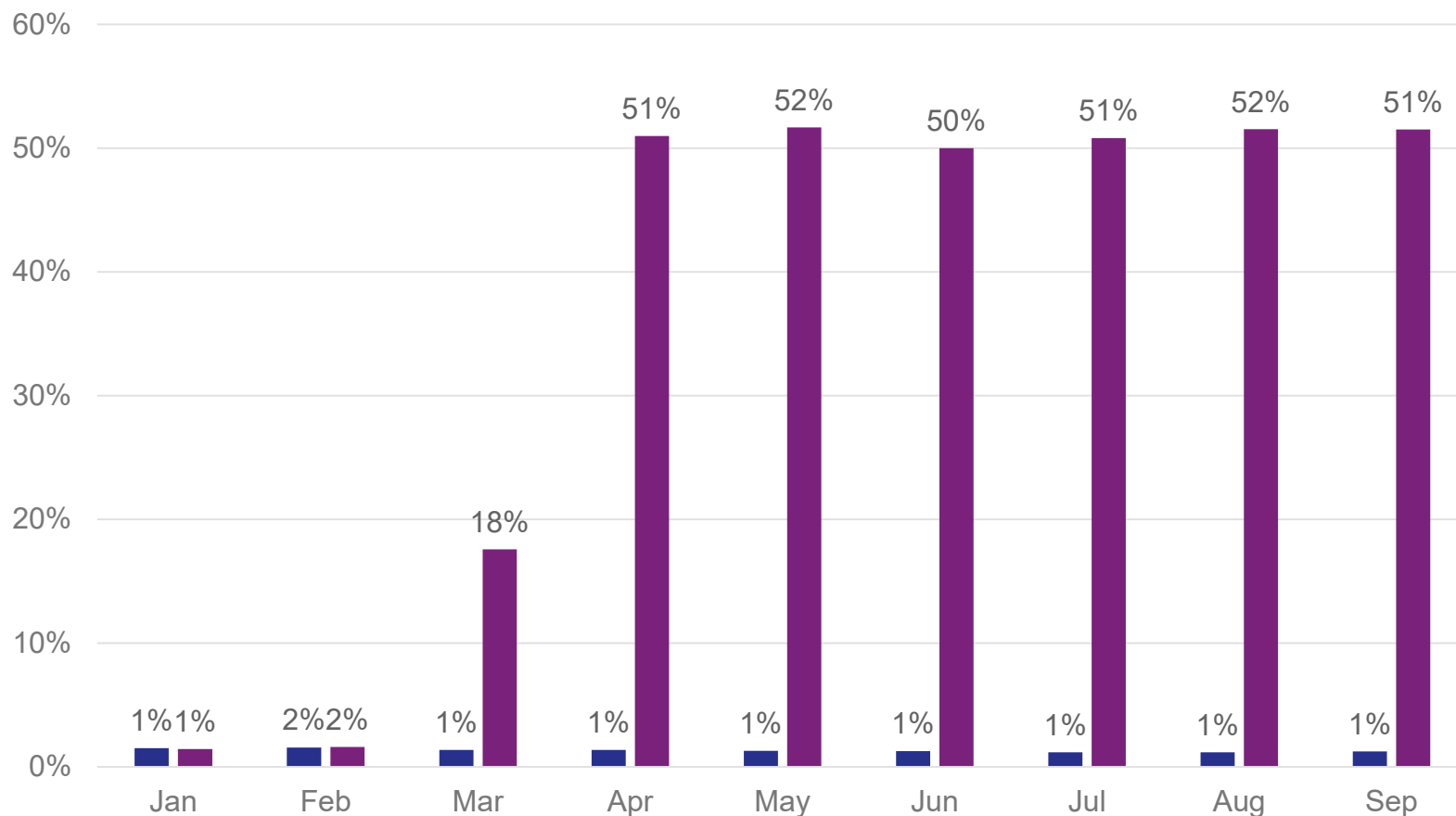


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Mild to Moderate Mental Health

% Services Delivered through Telehealth
beneficiaries 21 years and older

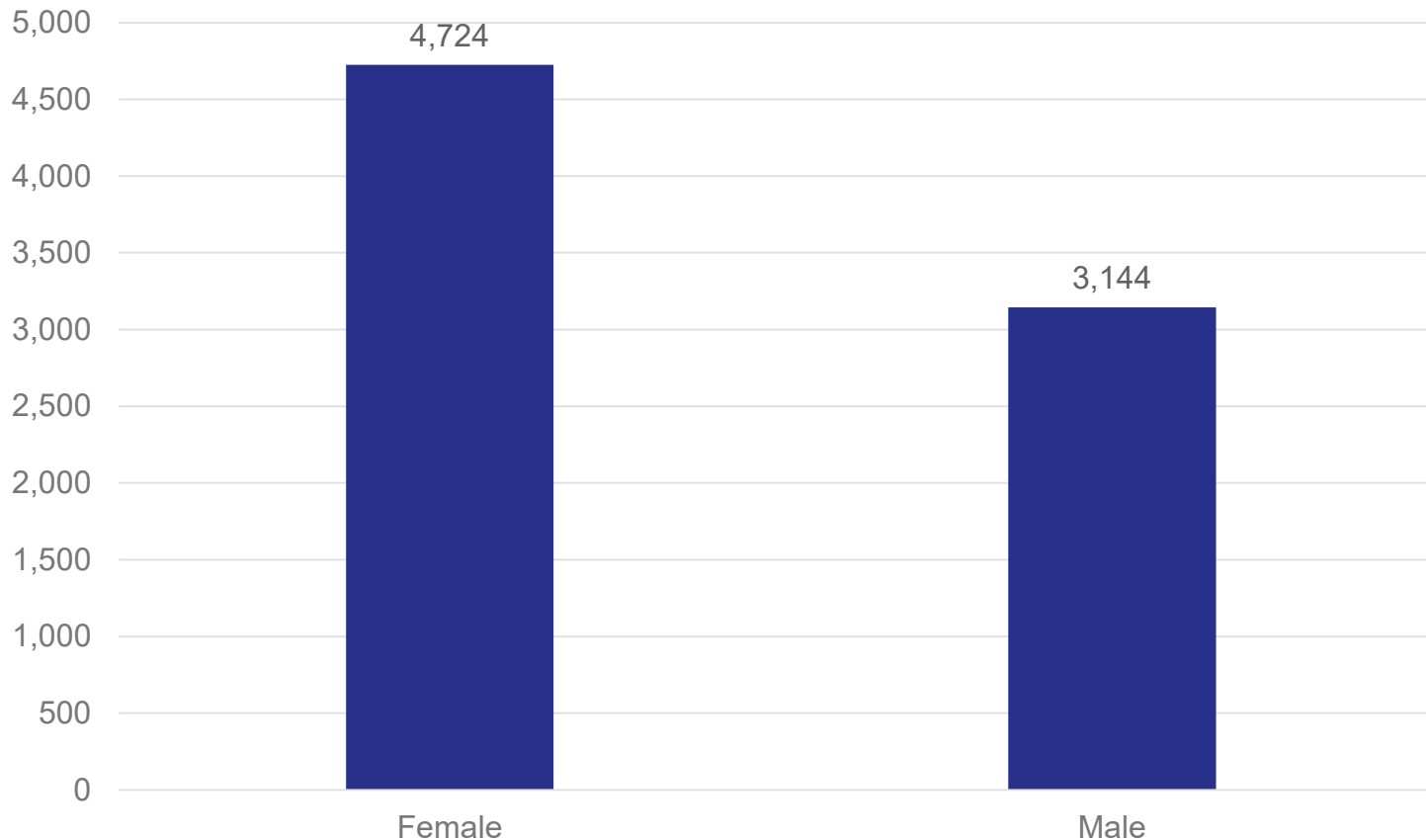


Preliminary Data as of 01/2021



Mild to Moderate Mental Health Visits

Visits per 100,000 beneficiaries by Sex through 2020
beneficiaries 21 years and older

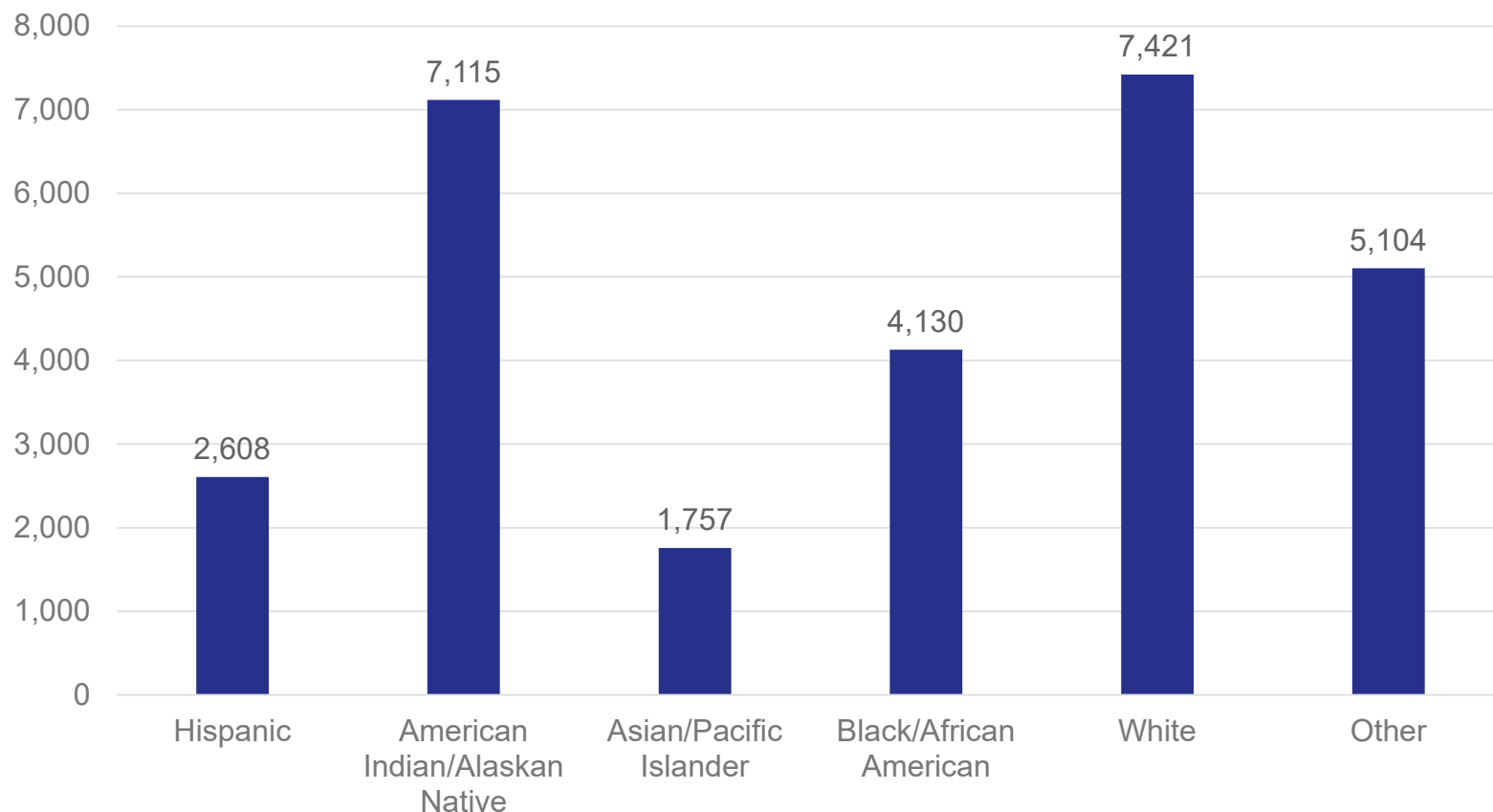


Preliminary Data as of 01/2021



Mild to Moderate Mental Health Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020 beneficiaries 21 years and older

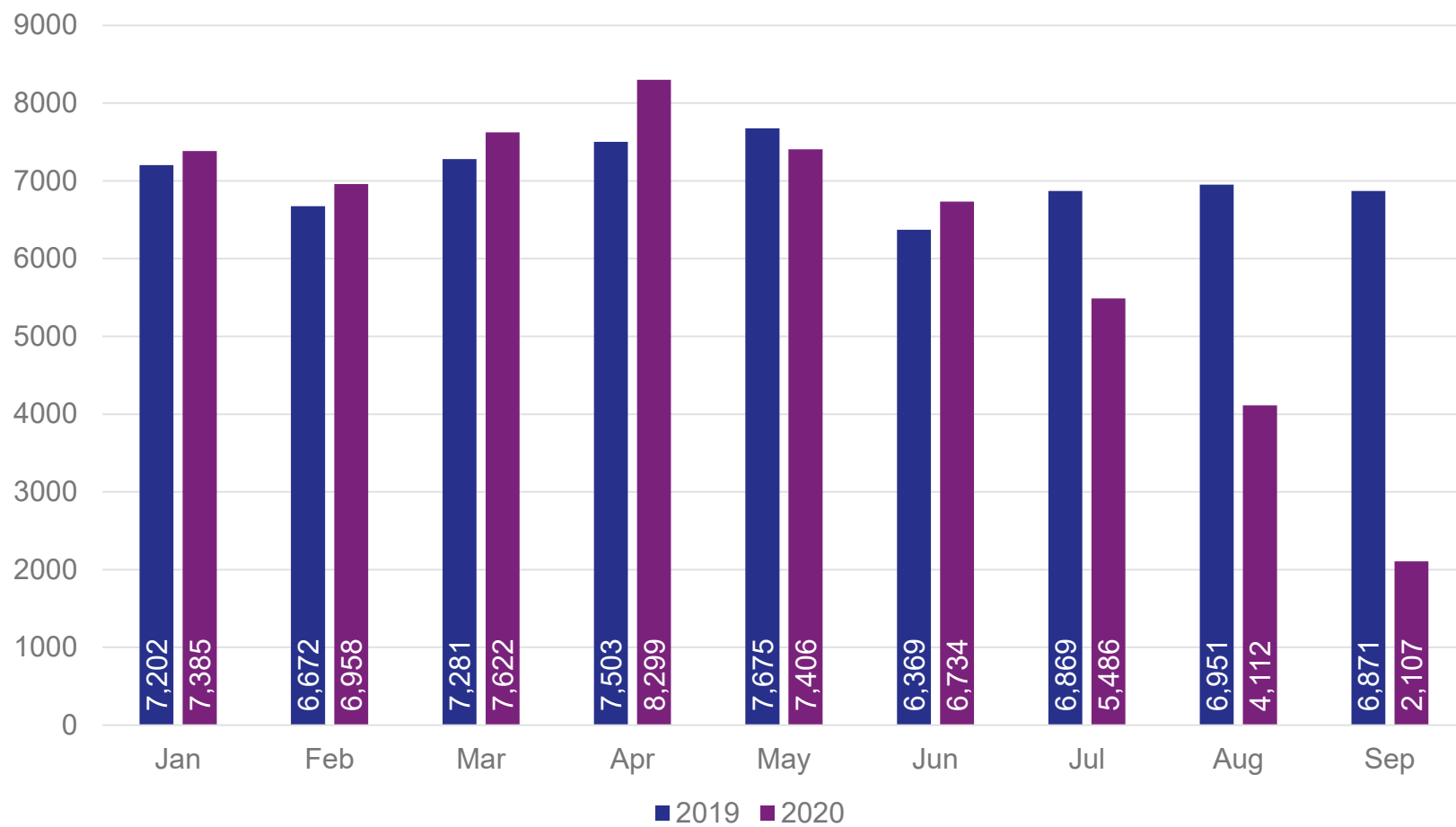


Preliminary Data as of 01/2021



Specialty Mental Health Visits

Visits per 100,000 beneficiaries for All Ages

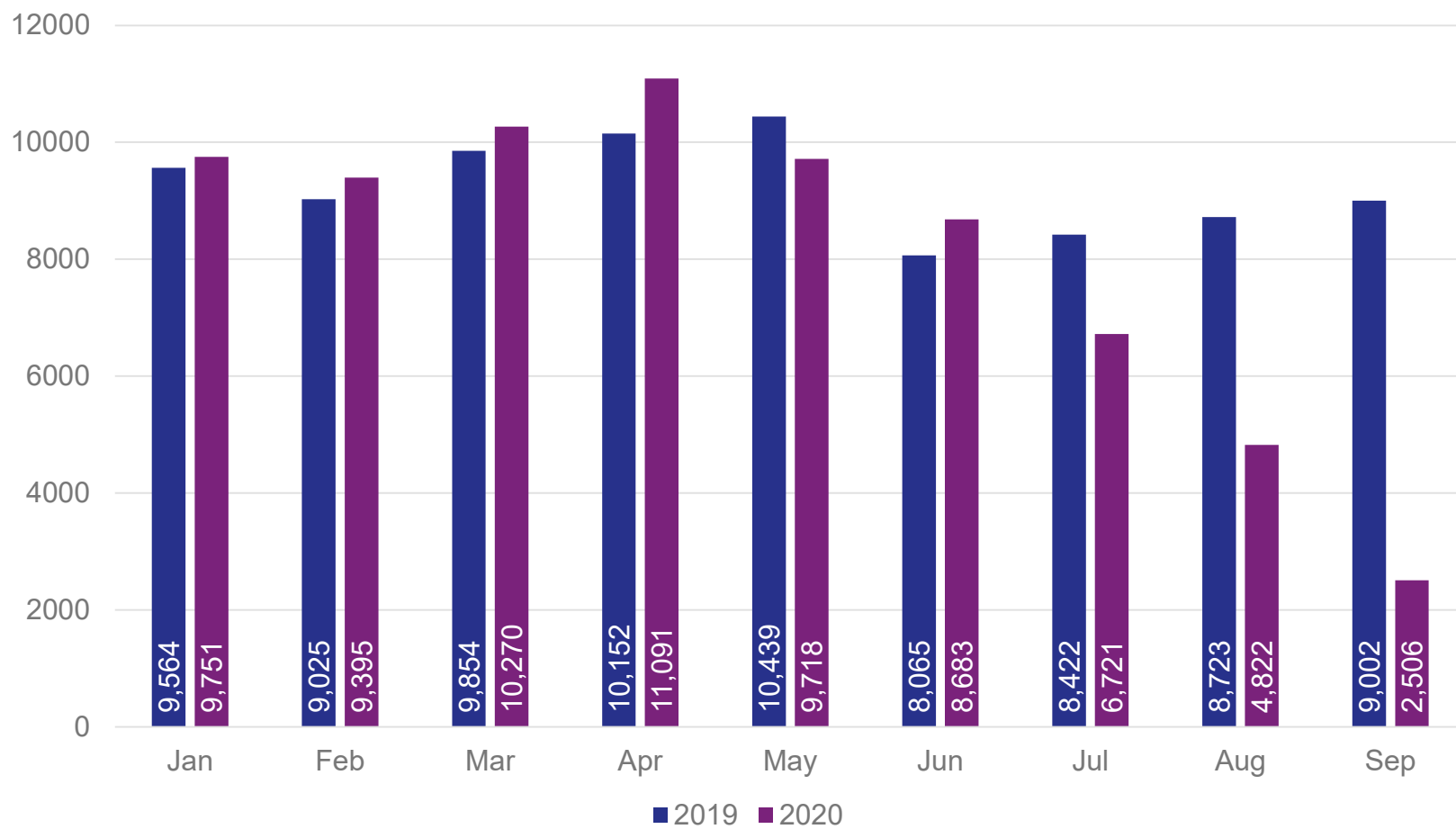


Preliminary Data as of 01/2021



Specialty Mental Health Visits

Visits per 100,000 beneficiaries under 21 years old

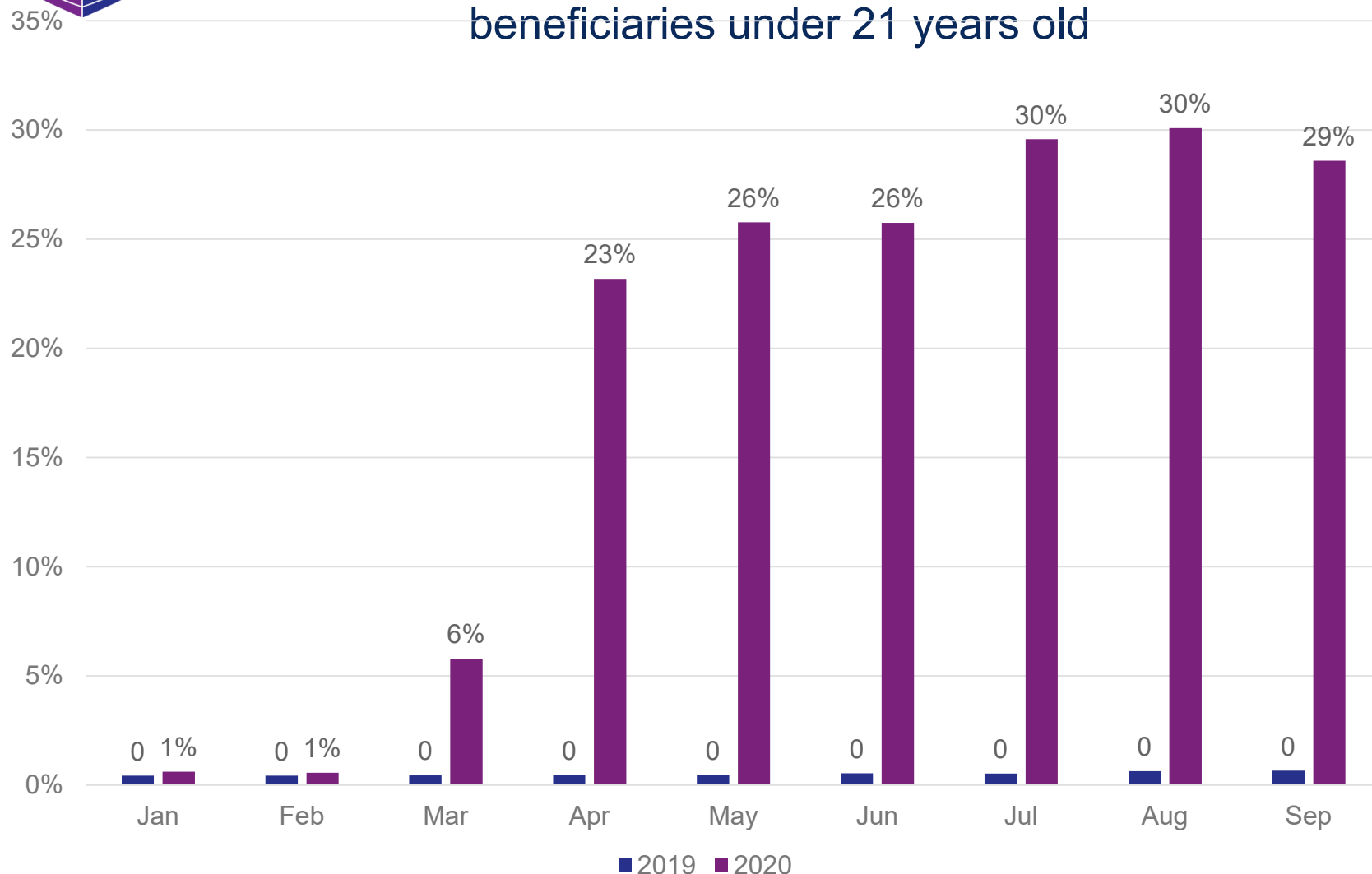


Preliminary Data as of 01/2021



Specialty Mental Health Visits

% Services Delivered through Telehealth
beneficiaries under 21 years old

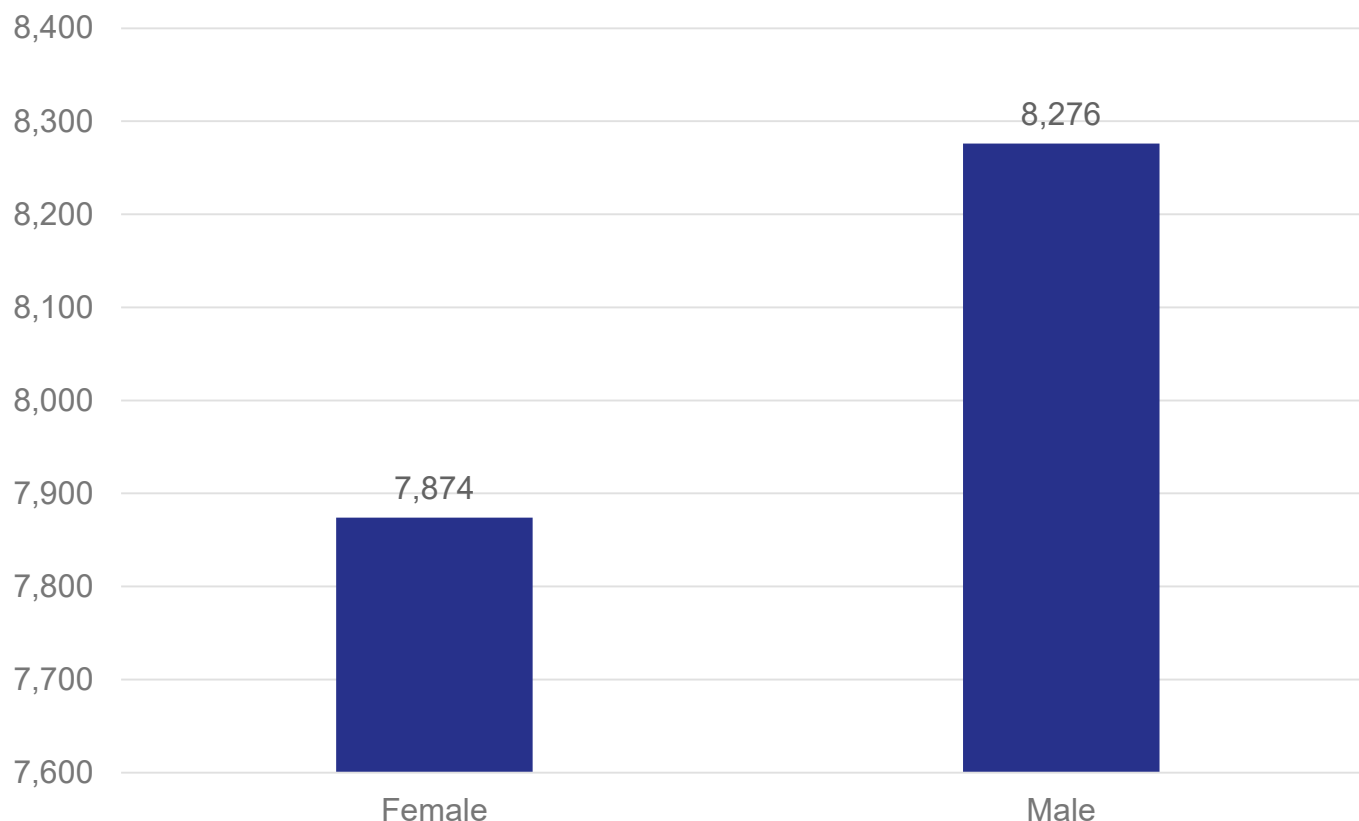


Preliminary Data as of 01/2021



Specialty Mental Health Visits

Visits per 100,000 beneficiaries by Sex through 2020
beneficiaries under 21 years old

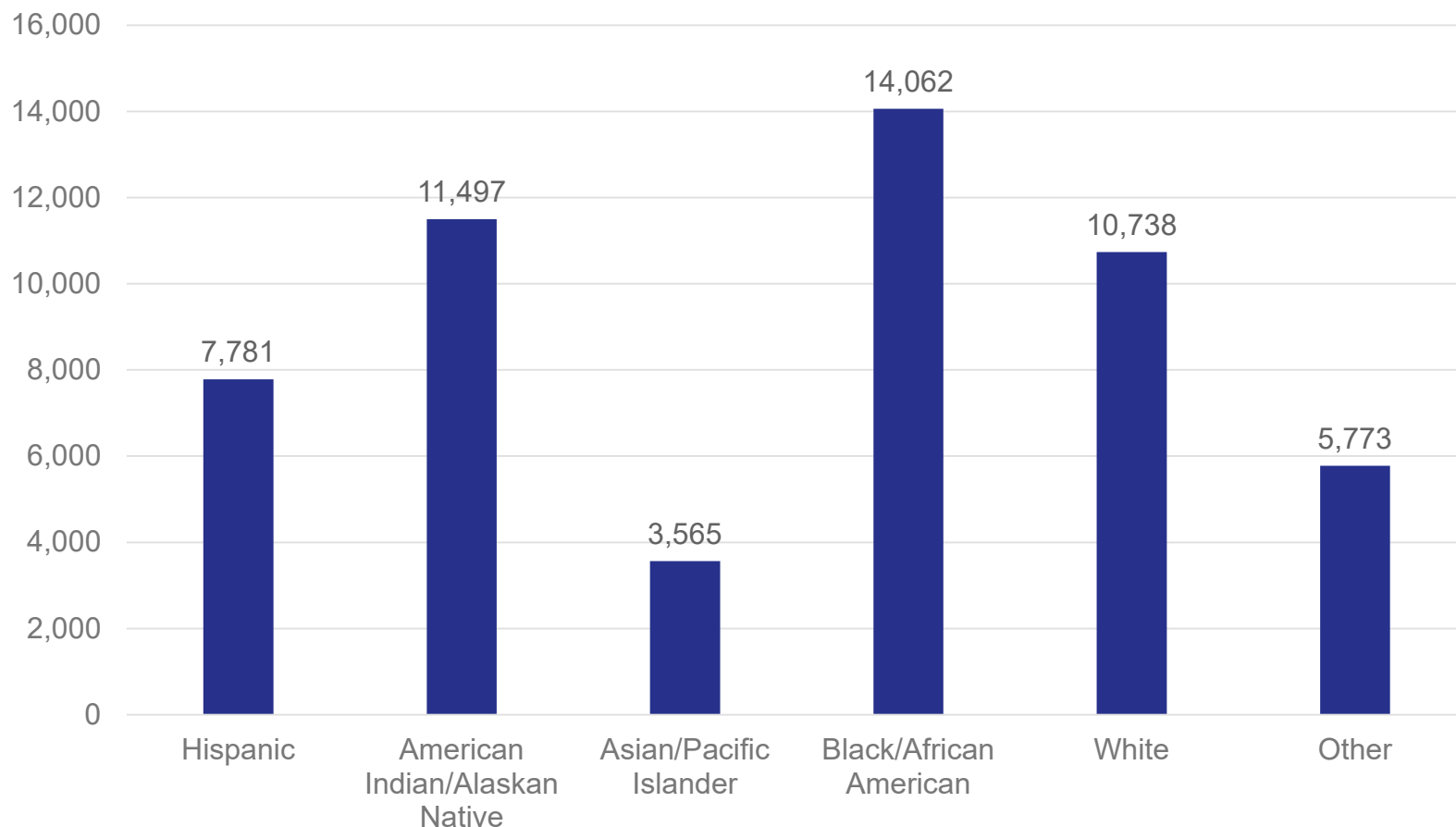


Preliminary Data as of 01/2021



Specialty Mental Health Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020 beneficiaries under 21 years old

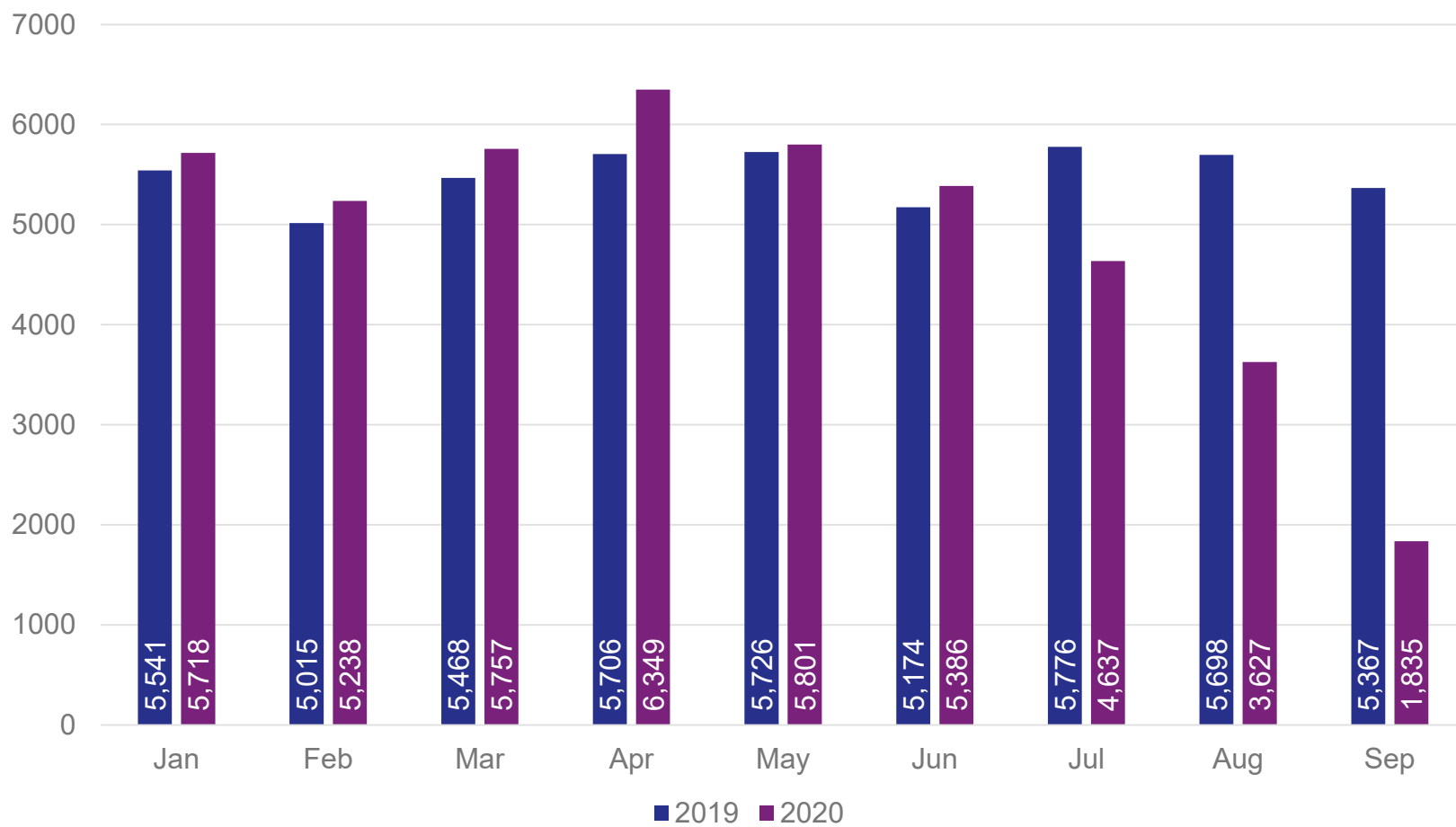


Preliminary Data as of 01/2021



Specialty Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older

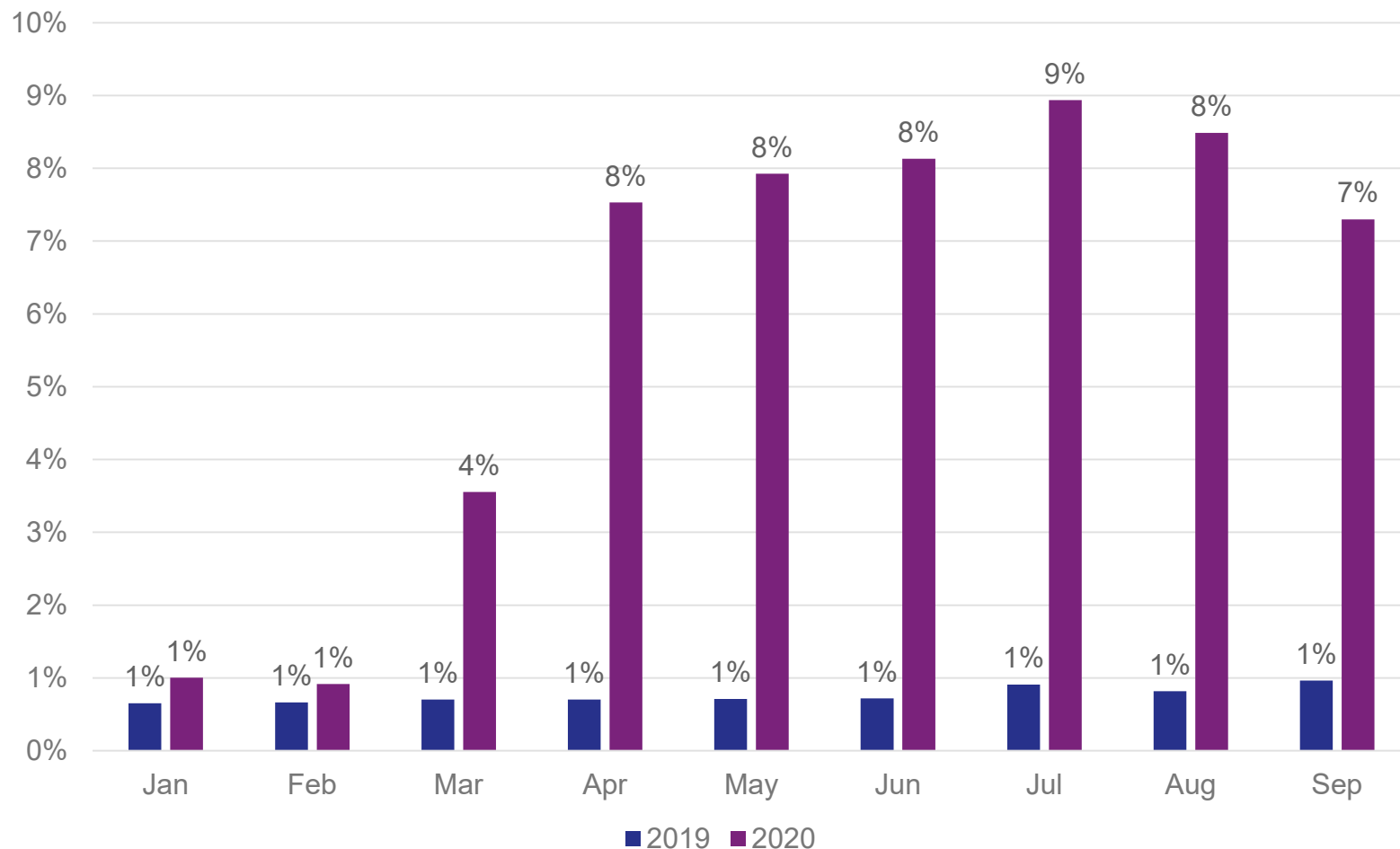


Preliminary Data as of 01/2021



Specialty Mental Health

% Services Delivered through Telehealth
beneficiaries 21 years and older

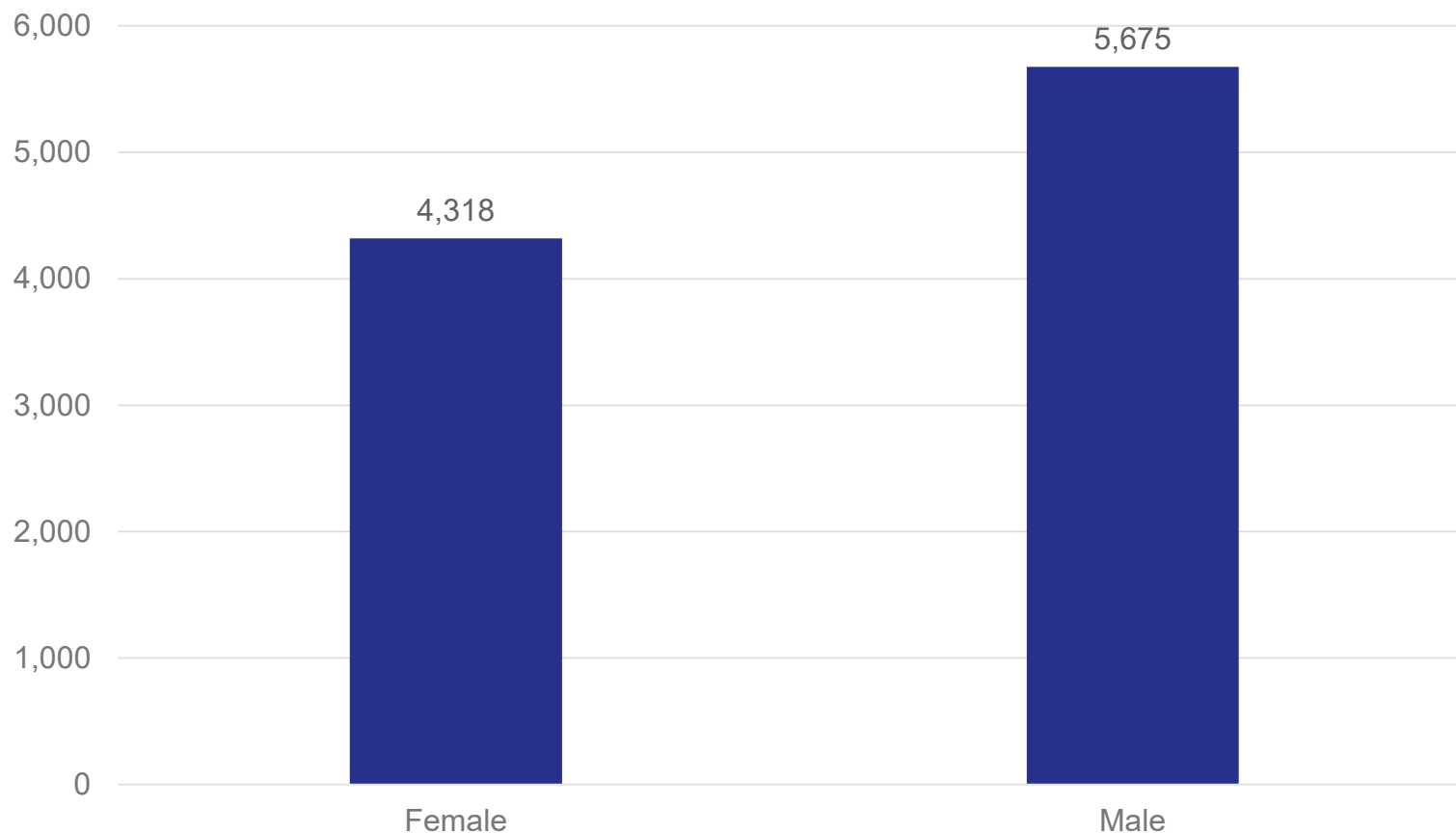


Preliminary Data as of 01/2021



Specialty Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older by Sex through 2020

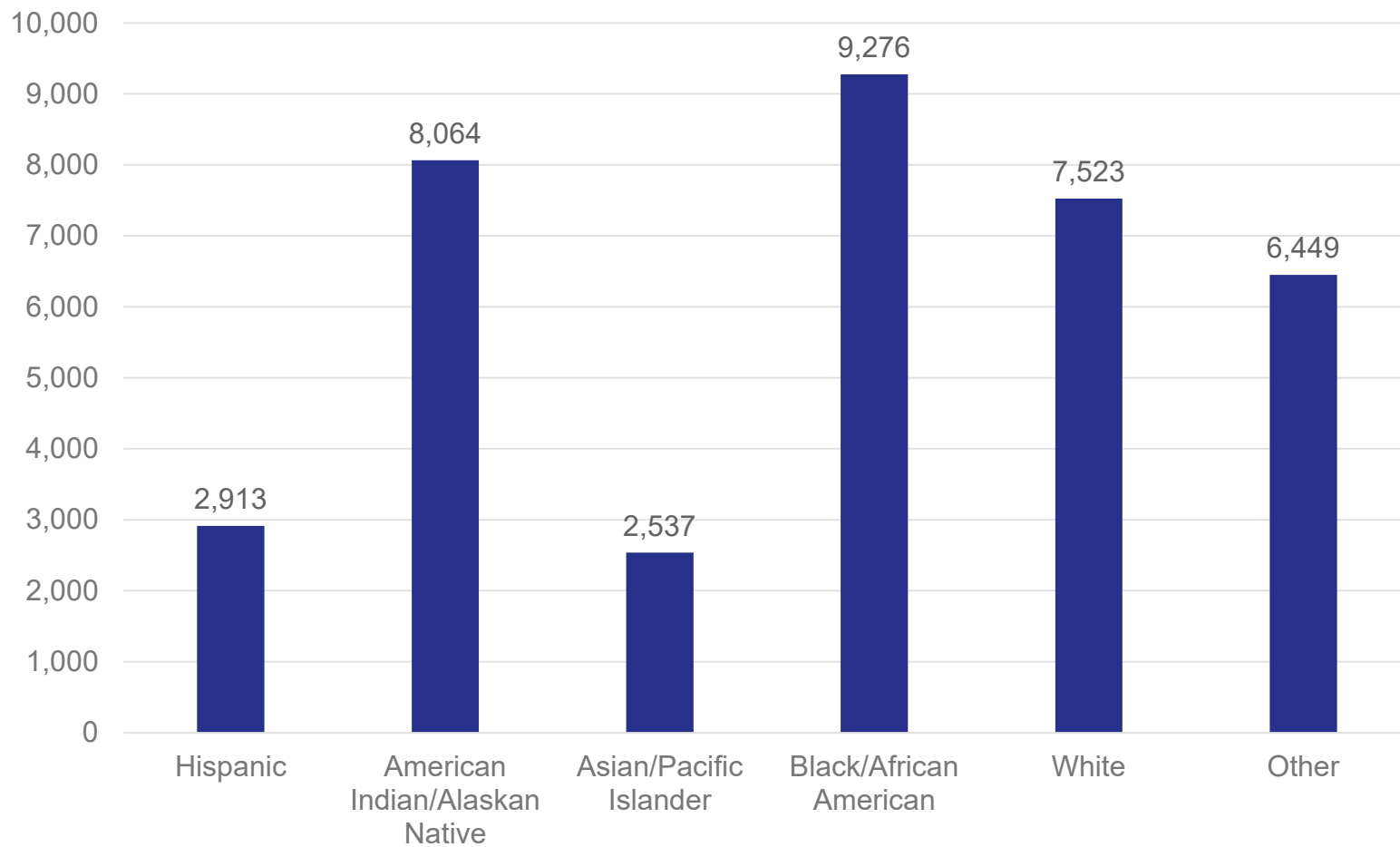


Preliminary Data as of 01/2021



Specialty Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older by Race/Ethnicity through 2020



Preliminary Data as of 01/2021



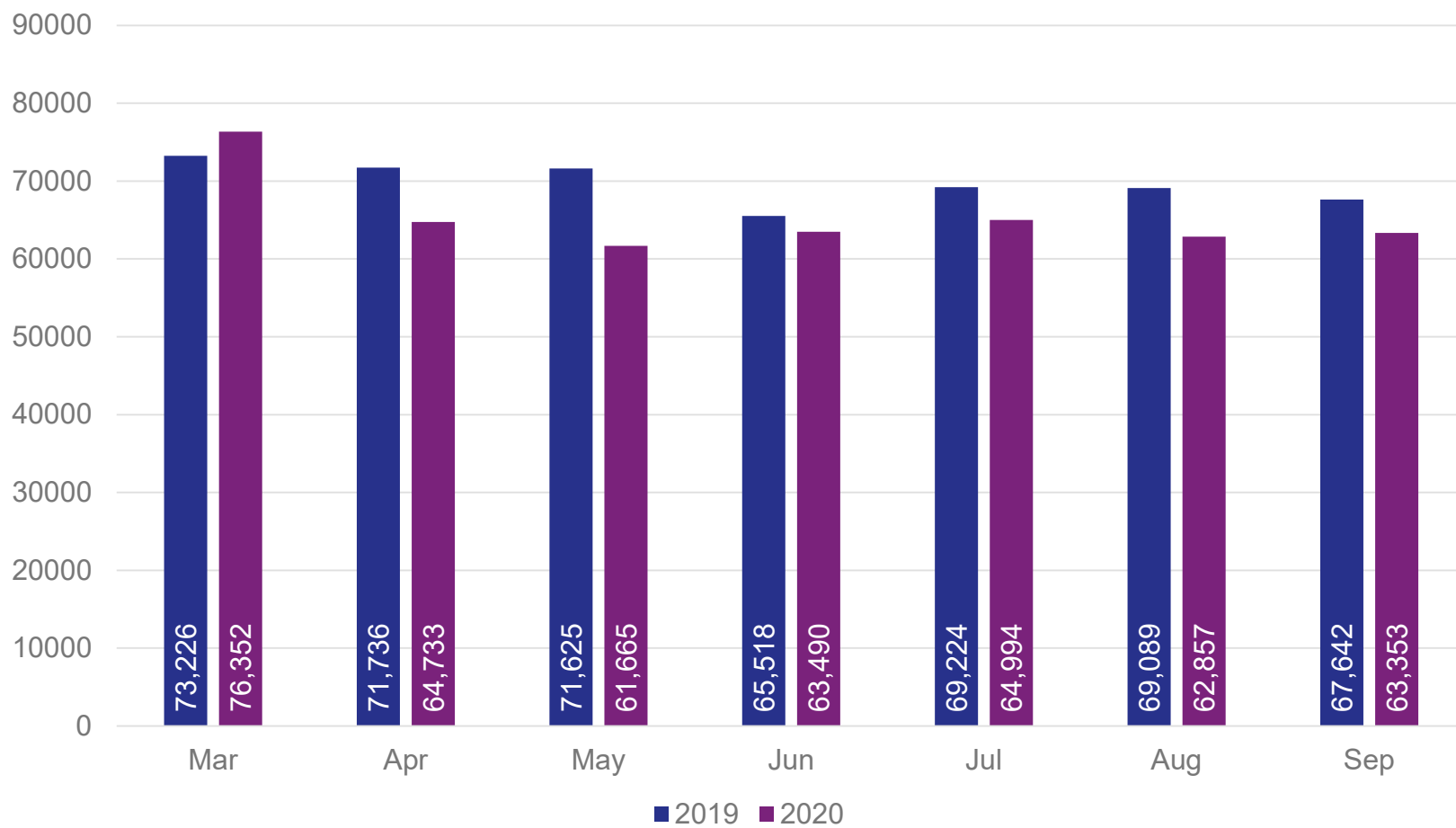
Prescription Claims

- Number of prescription claims that were received
- Data represent total prescriptions (claims), not individual people
- Data only includes outpatient prescriptions
- Source of data:
 - MIS/DSS Claims and Eligibility



Prescription Claims

Claims per 100,000 beneficiaries

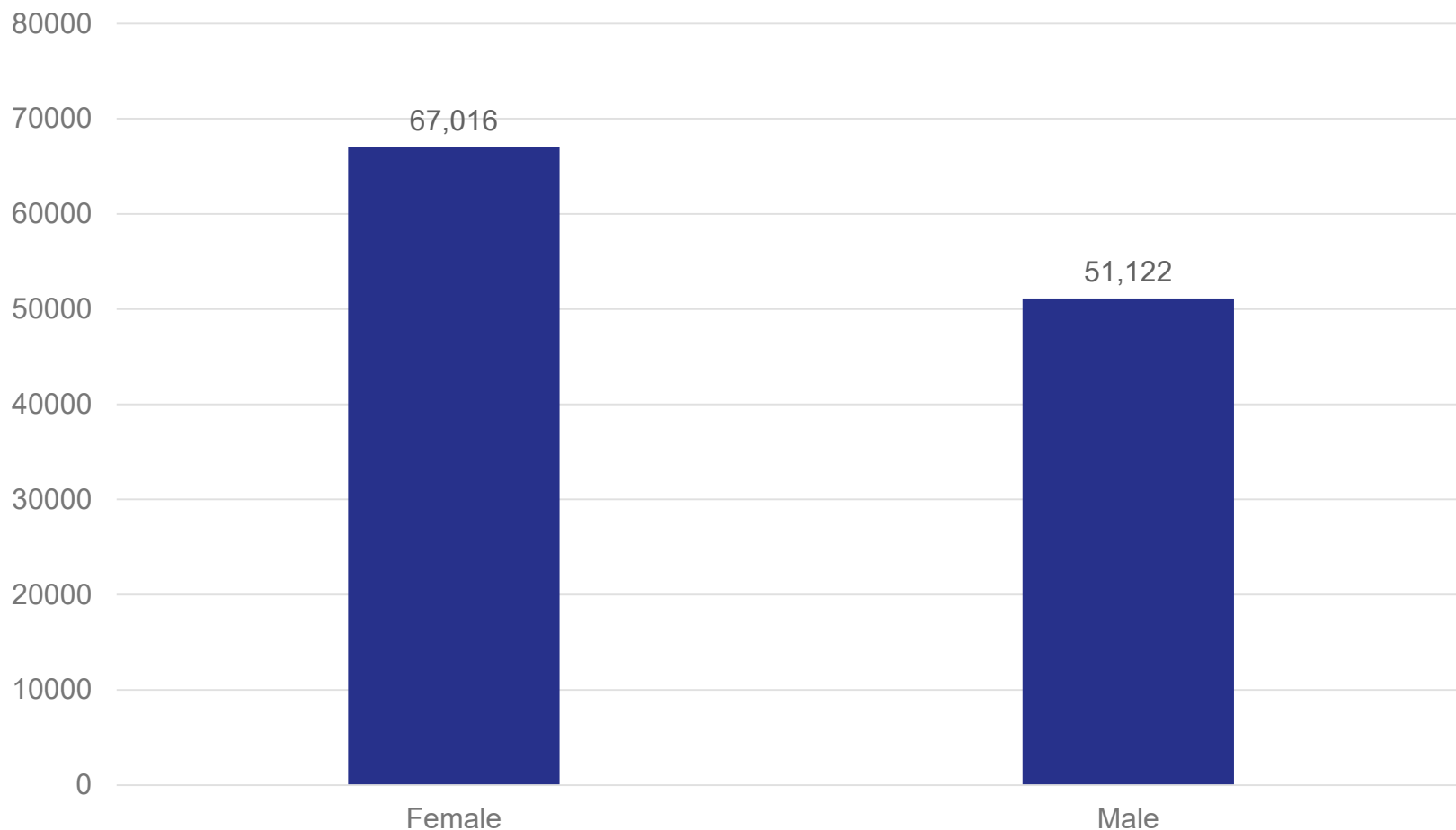


Preliminary Data as of 01/2021



Prescription Claims

Claims per 100,000 beneficiaries by Sex through 2020

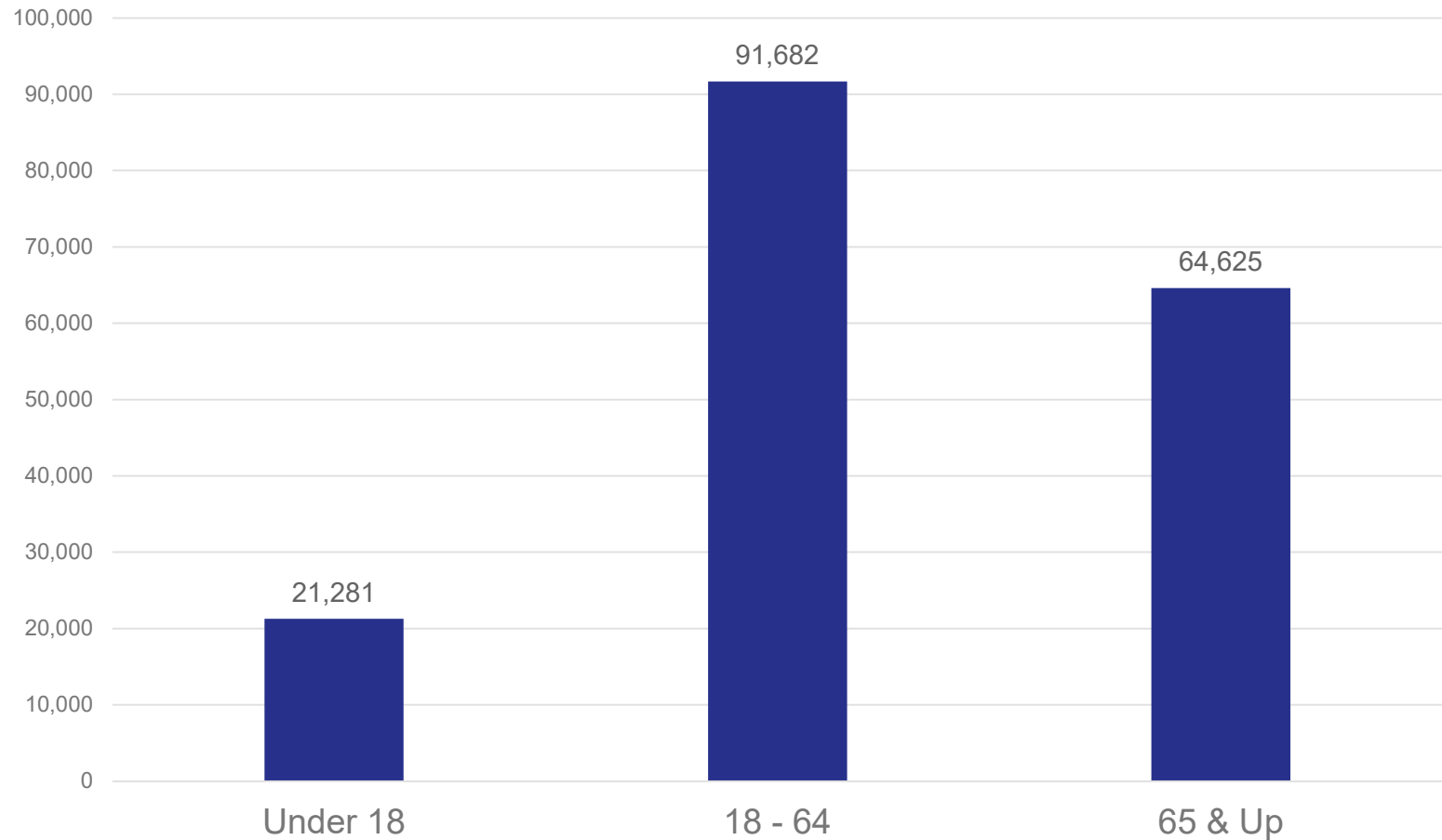


Preliminary Data as of 01/2021



Prescription Claims

Claims per 100,000 beneficiaries by Age Group through 2020

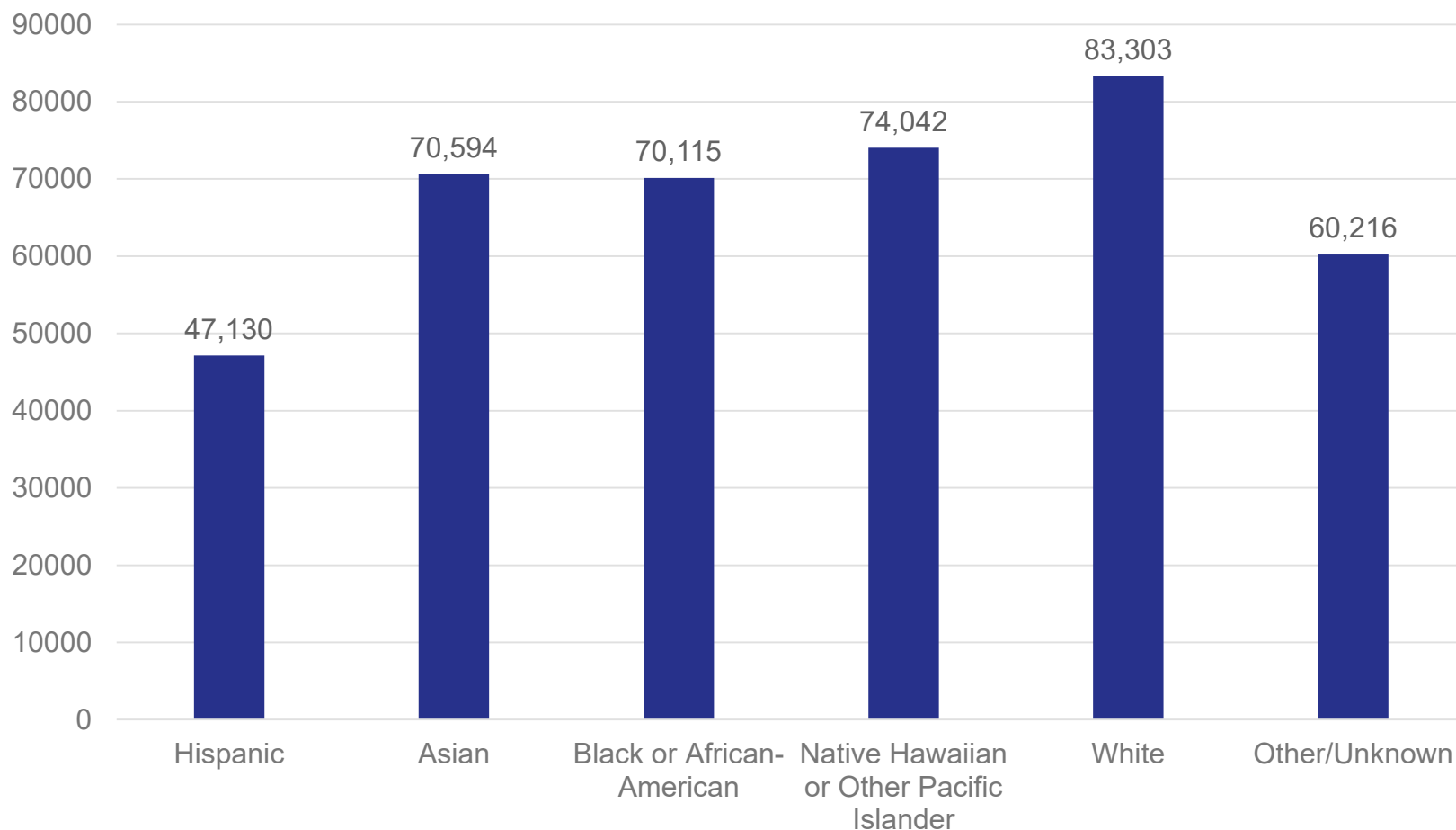


Preliminary Data as of 01/2021



Prescription Claims

Claims per 100,000 beneficiaries by Race/Ethnicity through 2020



Preliminary Data as of 01/2021



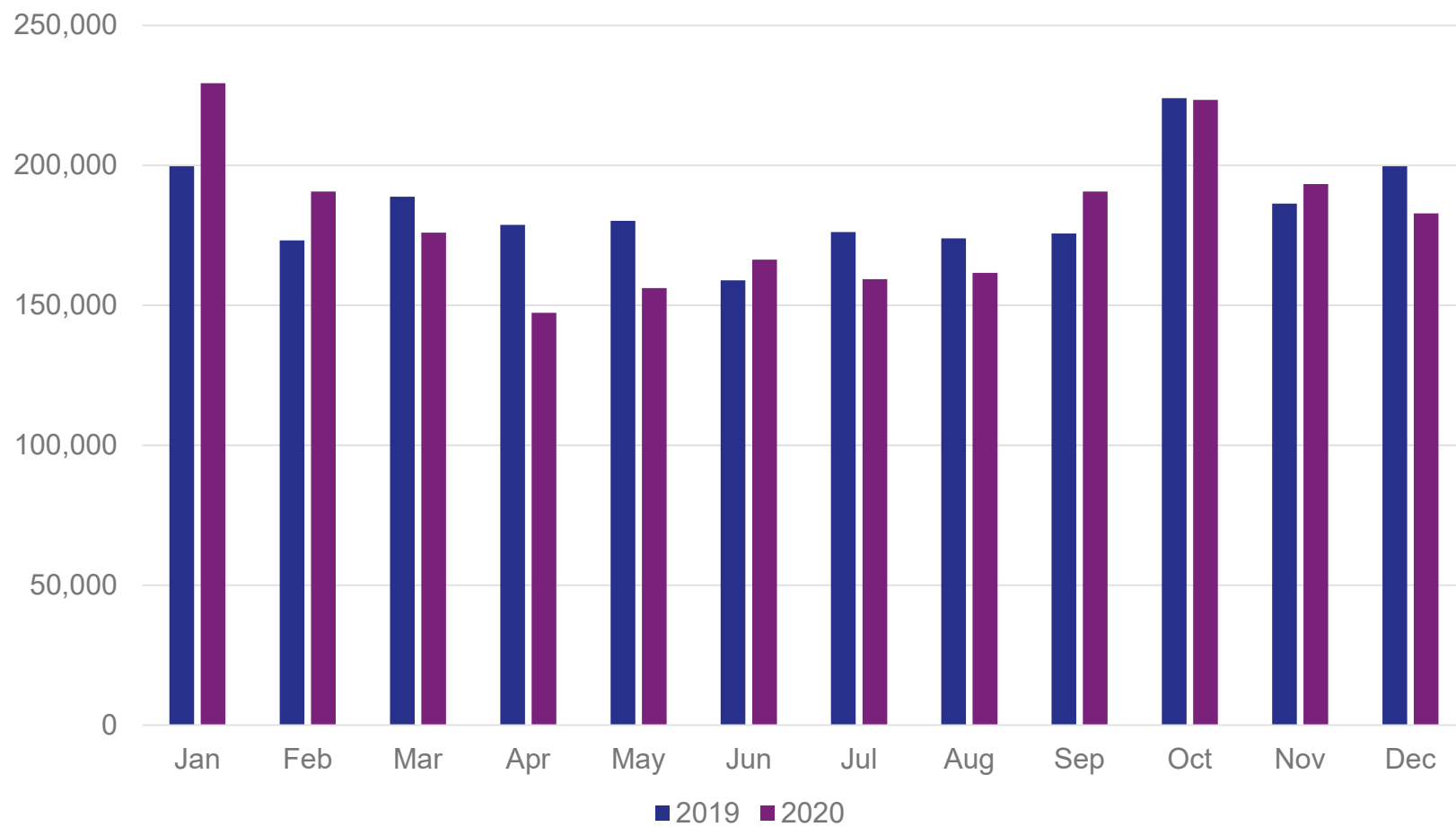
Immunizations for the Vaccines for Children Program

- Data represents Vaccine for Children (VFC) immunizations that have been reported to the California Immunization Registry (CAIR2)
- Approximately two-thirds of VFC sites participate in CAIR2
- California pharmacies are required to report vaccinations to an immunization registry, while registry participation is voluntary for other providers
- CAIR2 currently excludes data from providers in counties using:
 - San Diego Immunization Registry (San Diego)
 - Healthy Futures Registry (Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties)
- Data Source: California Department of Public Health, California Immunization Registry (CAIR2)



Vaccine for Children

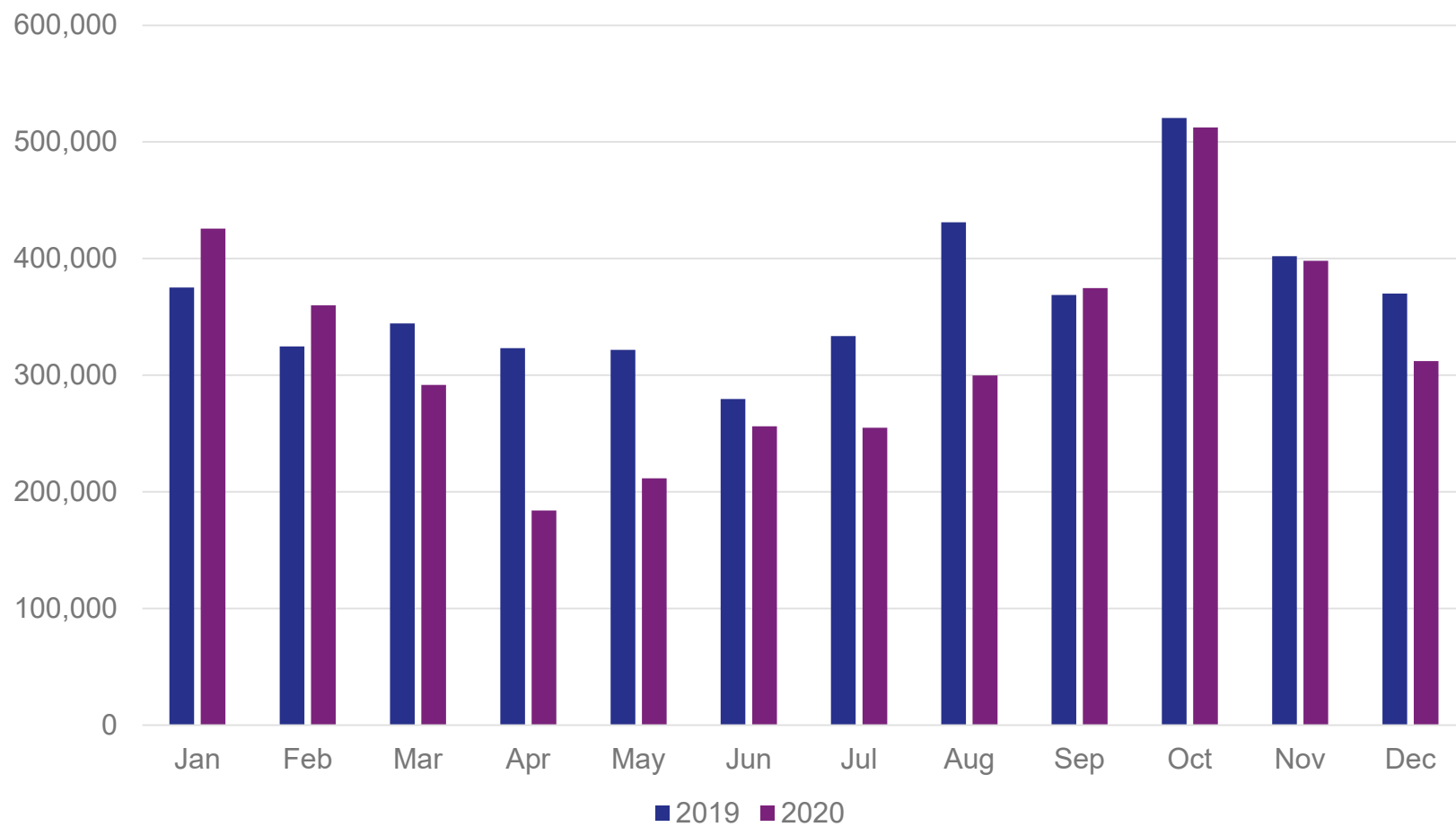
Total Vaccine Doses for 0-2 Year Olds





Vaccine for Children

Total Vaccine Doses for 0-18 Year Olds





CalAIM: Medical Necessity Definition and Related Process Changes



Medical Necessity and Related Changes

1. Division of responsibility between managed care and mental health plans: policy for under 21 and 21+
2. Medical necessity for specialty mental health services (SMHS):
 - Access for children with experience of trauma, homelessness, and child welfare system
 - Clarifying Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
 - Treatment before diagnosis
3. Standardized screening and transition tools
4. No wrong door and treatment of co-occurring disorders
5. Outpatient and inpatient medical necessity definitions
6. Drug Medi-Cal Organized Delivery System (DMC-ODS) updates
7. Documentation and recoupment requirements

See [CalAIM proposal](#) for details



Who gets specialty MH services (21 and over)?

MHPs are responsible to provide specialty mental health services for beneficiaries who meet (A) and (B) below:

(A): The beneficiary must have one of the following:

- (I) Significant impairment (“impairment” is defined as distress, disability or dysfunction in social, occupational, or other important activities), OR
- (II) A reasonable probability of significant deterioration in an important area of life functioning.

(B): The beneficiary’s condition in (A) is due to:

- (I) A diagnosed mental health disorder OR
- (II) A suspected mental disorder that has not yet been diagnosed



Who gets specialty MH services (under 21)?

(slide 1 of 2)

The beneficiary must meet criteria 1 OR criteria 2.

Criteria 1:

The beneficiary has a condition that puts the child or youth at high risk for a mental health disorder due to experiencing trauma, evidenced by any of the following:

- scoring in the high-risk range on a DHCS-approved trauma screening tool, or
- involvement in the child welfare system, or
- experience of homelessness.



Who gets specialty MH services (under 21)?

(slide 2 of 2)

Criteria 2:

The beneficiary must meet one of both (A) and (B) below:

(A): The beneficiary must have at least one of the following:

- I. Significant impairment.
- II. A reasonable probability of significant deterioration in an important area of functioning life.
- III. A reasonable probability a child will not progress developmentally as appropriate.
- IV. Less than significant impairment, but requires mental health services that are not included within the mental health benefits that MCPs are required to provide.

(B): The beneficiary's condition in (A) is due to:

- I. A diagnosed mental health disorder (according to the current Diagnostic and Statistical Manual of Mental Disorders and International Statistical Classification of Diseases and Related Health Problems criteria).
- II. A suspected mental disorder that has not yet been diagnosed.



Standardized Screening and Transition Tools

- Distinct tools for under age 21 and 21+
- Screening tool
 - Completed by managed care plan (MCP) or mental health plan (MHP) access line staff
 - Brief series of questions
 - Determines mental health needs, and directs beneficiary to MCP or MHP and to substance use disorder (SUD) treatment services, if needed
- Transition tool
 - Used when beneficiary's condition changes
 - Completed by MCPs and MHPs with the involvement of the treating provider
 - Ensures client has facilitated referral and linkage to new provider and services



Documentation Changes

- Streamline and simplify assessment and documentation requirements.
- Require problem lists and progress notes to reflect the care given and to align with the appropriate billing codes.
- Remove requirements for client signatures and notes to tie to point-in-time treatment plan.
- Revise the clinical auditing protocol to use disallowances when there is evidence of fraud, waste, and abuse, and to use quality improvement methodologies for minor clinical documentation concerns.



Related Policies

- Clarifying EPSDT services
- Treatment before diagnosis
- Co-occurring disorders
- No wrong door: allows treatment during assessment period, and ongoing treatment for clients with established therapeutic relationships
- Outpatient and inpatient medical necessity definitions for SMHS



DMC-ODS Updates

Proposed during extension period:

- Remove two-stay annual limit for residential treatment.
- Clarify medical necessity (including determination by licensed provider, treatment prior to diagnosis, and treatment post-incarceration).
- Expand access to medication-assisted treatment (MAT).
- Expand access to recovery services.



DMC-ODS Updates

Additional updates proposed during waiver renewal:

- Tribal services and natural healers
- Contingency management
- Adolescent early intervention (ASAM 0.5 services)
- Various technical updates



Questions?



Public Comment



Next Steps and Final Comments