



Behavioral Health Workgroup

1.30.20 Meeting Summary

The Department of Health Care Services (DHCS) held the second Behavioral Health workgroup meeting focused on administrative integration on January 30th. The third Behavioral Health workgroup meeting focused on administrative integration will take place on February 26, 2020.

The meeting was attended by DHCS staff, [workgroup members](#), and members of the public. Molly Brassil from Harbage Consulting facilitated the meeting and Brenda Grealish, Kelly Pfeifer, and Erika Cristo were the DHCS lead presenters.

This meeting focused on the following topics. A full agenda can be found [here](#).

- Administrative Integration Functions;
- Clinical Documentation and Oversight;
- Integrated Services Delivery; and
- Public Comments on the above topics.

Discussion Summary

The meeting began with a DHCS presentation of the Administrative Integration Functions and Timeline Considerations see slides [here](#) (5-8). Below is a summary of the comments made by workgroup members:

- Support for the goals of integration and the benefit for patients.
- Reducing administrative burden could increase provider retention.
- Calls to transition to a more unified mental health system, including co-contracting substance use disorder (SUD) and mental health (MH) providers at the same establishment.
- Calls to improve information sharing among providers.
- Calls to ease the administrative burden of licensing and certification, state reporting requirements, and clinical documentation to create a more streamlined process.
- Calls to develop educational beneficiary and provider informing materials at every step of integration.
- Calls to ensure the proposed timeline is achievable.
- Calls to integrate a statewide electronic health record (EHR) system.



- Calls to ensure that technical assistance is available early in the implementation process.

Next, DHCS presented proposed changes to Clinical Documentation and Oversight found [here](#) (slides 10-13) and workgroup members discussed questions on slide 13.

Below is a summary of the comments made by workgroup members:

- Support for the proposed changes in documentation requirements.
- Documentation requirements take a bigger toll on SUD providers.
- Calls to consider the qualifications, training, and role of state auditors.
- Calls to focus on outcomes in the audit process instead of process compliance.

The next discussion topic presented by DHCS was Integrated Services Delivery ([slides 14-21](#)). The workgroup discussion topics are below.

- Calls to carefully consider the challenges of merging the MH and SUD cultures and data sharing.
- Support for creating a statewide billing guide.
- Calls for direction on how to offer inpatient and outpatient treatment centers that align with SUD while not increasing administrative burden.
- Calls to ensure that transferring a patient from inpatient to outpatient services is more seamless.
- Ensure the system is set up in a way that allows providers to keep up with the latest advances in treatment.
- Calls for additional guidance and technical assistance on 42 CFR.
- Calls for a crosswalk on the coding systems.
- Calls to build out youth-specific billing codes.
- Calls to clarify who is responsible for a patient who moves through different mental health systems in different counties.
- Consider how this proposal can help address the ongoing shortage of mental health providers and increase the number of providers from diverse backgrounds.

Finally, members of the public were invited to comment. Below is a summary of comments from the public:



- Consider using community-based evidence and common practices instead of evidence-based care. Allow for continued innovation and quality improvement. Documentation should be used to benefit providers and patients.
- Consider addressing disproportionality and cultural competency in this proposal. Use the expertise of groups that are already doing this work.

Once the workgroup discussion was concluded, members of the public were invited to comment. Two members of the public offered comments on the importance of cultural diversity and outreach efforts.

Next Steps for DHCS:

The Behavioral Health Workgroup will convene to discuss Behavioral Health Integration again on February 26, 2020.

A Behavioral Health Stakeholder Advisory Committee will take place on February 12, 2020.