



Right Place, Right Care: Medical Necessity Proposals

Medi-Cal Healthier California for All
Behavioral Health Workgroup
February 26, 2020



Meeting Objectives

- Review stakeholder comments on medical necessity and Drug Medi-Cal Organized Delivery System proposals.
- Provide recommendations on tools for screening, assessment and care transitions.
- Provide recommendations about automatic access to specialty mental health services for children and youth in child welfare.



Agenda

- 10:00 Welcome & Introductions
- 10:15 Overview of Stakeholder Comments
- 11:15 Universal Statewide Screening
- 12:00 Lunch
- 12:45 Automatic access for children or youth in child welfare
- 1:45 Universal Statewide Assessment Domains
- 2:20 Universal Statewide Transfer of Care
- 3:10 Public Comment
- 3:25 Closing and Next Steps



Welcome and Introductions





Stakeholder Comments

Review handouts for policy recommendations and DHCS responses.

Questions? Comments?



Screening tool

Purpose:

Identify behavioral health needs for beneficiaries not yet in care

Process:

10-15 minutes

Designed for non-licensed staff

Designed for beneficiaries NOT YET in care (e.g., calling a triage line)

Options:

- **BQUIP** (see handout)
- **ASAM screening tool** (currently designed for initial SUD treatment placement)
- **Child and Adolescent Needs and Strengths (CANS) tool** for children



Universal Screening Process - Discussion

- Is the BQUIP sufficient to identify BH needs and determine the appropriate delivery system for care?
- Is there anything else that should be incorporated (while restricting to 10-15 minutes)?
- For counties using ASAM (including Continuum), how could the ASAM Criteria be incorporated into the screening process?
- How would the screening process be operationalized?
- Is CANS sufficient for this purpose for children?





Automatic Access

Concepts:

Automatic access to case management in SMH system:

All beneficiaries in the child welfare system would have access to SMH case management services without completing an initial screening process. The SMH case manager would screen the beneficiary and determine BH and social service needs, and connect to needed services (in MCP delivery system, MHP delivery system, or link to social service resources).

OR

Automatic access to all SMH services.

All beneficiaries in the child welfare system could access SMH services without completing an initial screen.

Note: these are proposals from stakeholders; DHCS is interested in feedback from workgroup.



Discussion

Would this resolve current concerns about beneficiary access to BH services in the child welfare system?

How would this work in practice?

What are the pros and cons of this proposal?





Proposal: Standardized Assessment Domains

Objectives:

Ensure quality and ensure beneficiaries receive appropriate services while minimizing county-by-county variation and administrative burdens.

Process:

- The assessment would be a required component of care in the specialty mental health network and would be optional in the MCP network.
- DHCS would mandate the domains; providers would be able to customize the format to their environment.
- Adherence to use of the assessment would be assessed as part of quality oversight, not financial oversight.

Streamlined Psychosocial Assessment Template

{CBHDA PROPOSED MODEL}

AMIE MILLER, MFT, CBHDA

AIM: Develop a streamlined assessment process that:



Enhances Assessment Quality

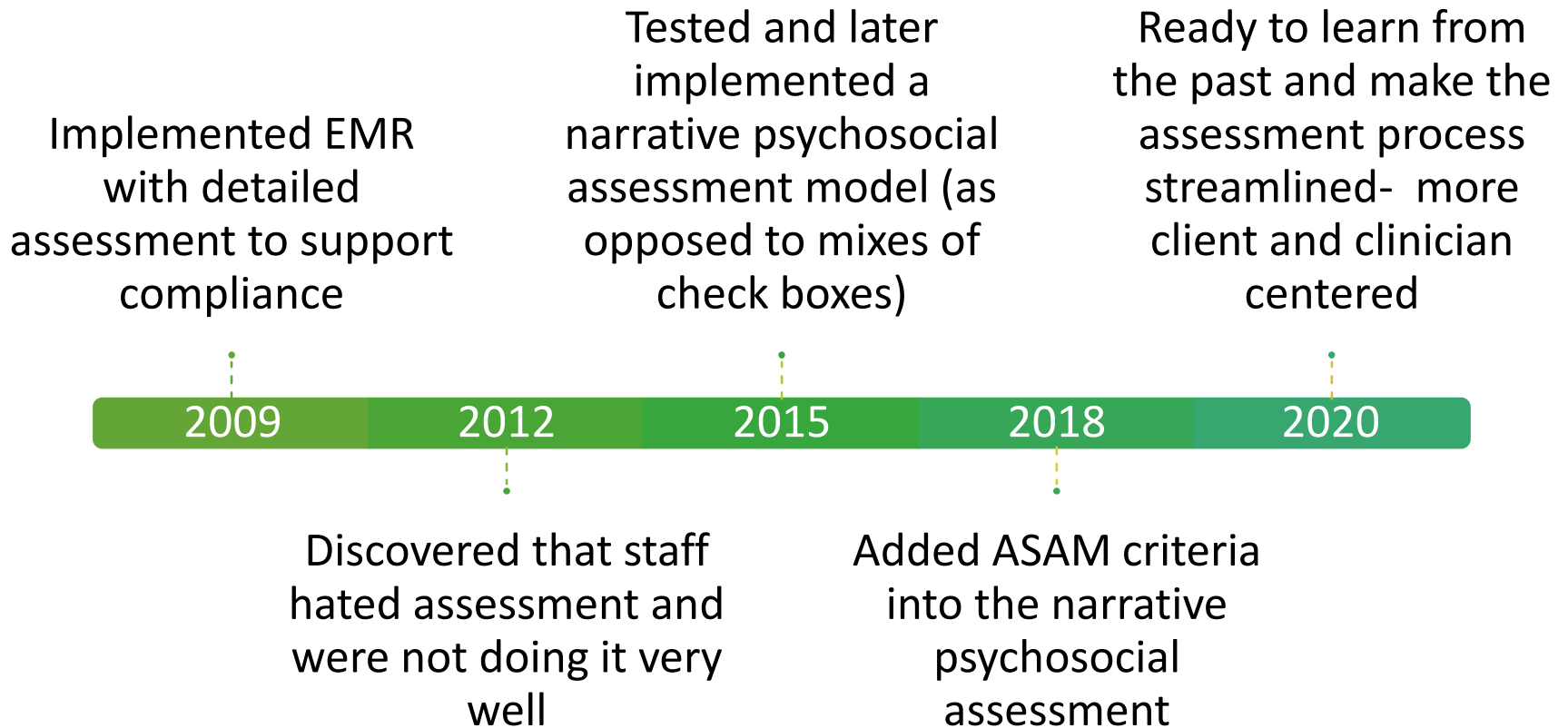


Improves Client Care



Reduces duplicative documentation that leads to clinical staff burnout

Monterey County Psychosocial Journey



Proposal
Moving
Forward – new
Streamlined
Assessment
Model



Presenting Problem/Changes in
Functioning/History of Presenting Illness



Mental Health & Substance Use History



Medical History and Current Medications



Social and Cultural History



Safety Assessment



Summary and Diagnostic Assessment

Presenting
Problem/
Changes in
Functioning/
History of
Presenting
Illness

Presenting Problem:

Chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information.

Mental Health & Substance Use History

History of trauma or exposure to trauma.

Mental Health History:

Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions.

Substance Exposure/Substance Use:

Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the counter drugs, and illicit drugs.

Medical History and Current Medications

Medical History:

- a) Relevant physical health conditions reported by the beneficiary or a significant support person.
- b) For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history.

Social and
Cultural History

Client Strengths:

Beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s).

Relevant conditions and psychosocial factors:

Living situation, daily activities, social support, and cultural and linguistic factors.

Justice history

Safety Assessment

Risks:

Situations that present a risk to the beneficiary and others, including past or current trauma

Risk and protective factors, safety planning.

Summary and
Diagnostic
Assessment

Complete Diagnosis:

ICD-code consistent with presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis.

Capture diagnostic uncertainty
(provisional or unspecified)

Level of care needed



Discussion: Universal Lean Assessment

- Should the assessment requirements apply to both adults and children/youth?
- How should the assessment be implemented?
- What unintended consequences should be anticipated?
- How will the beneficiary be involved in the recommendations for treatment?
- What are the implications of changing chart oversight from a financial function (leading to disallowances) to a quality function (as part of continuous quality improvement)?





Universal Transfer of Care Process

Current

- Transition of care processes for step up levels of care and step down levels of care vary at each MHP and MCP.
- Beneficiary transfer of care between the MHP and MCP are based on agreements which vary by county.
- Beneficiary receives care only after administrative processes and the assessment is completed.

Proposal

- Start care wherever the beneficiary shows up for treatment.
- Develop a universal transition process to facilitate transitions between MCP and MHP delivery systems.
- Goal: prevent “ping-ponging” and ensure smooth transitions



Medi-Cal Managed Care Transition of Care Overview

Ryan Quist, PhD
Division of Mental Health Services

Health Plans

- Molina
- Anthem Blue Cross
- Health Net
- Kaiser Permanente
- Aetna Better Health
- Sacramento County Mental Health Plan

How are members transitioned to more intensive services and less intensive services?

Bidirectional Referral Process

- Sacramento County MHP in partnership with the MCPs developed a bi-directional referral process, which included the development of the following:
 - Sacramento County Bi-Directional Medi-Cal Transition of Care Request
 - [Sacramento County Adult Medi-Cal Mental Health Screening Tool](#)
 - [Sacramento County MH Policy and Procedure](#)

Member Agreement

- ▶ MHP and MCPs agree on the inclusion of member voice and choice in all healthcare decision making
 - Ensuring education on member benefits & eligibility to support informed decision making
 - Completion & review of assessments to identify current needs
 - Review of services within Plans to address member needs
 - Ensuring transition planning in collaboration with the member

Referral Process from the MCP to the MHP

- Screening Tool indicates member's functioning meets the definition of "Severe Impairment" AND meets the diagnostic medical necessity criteria for specialty mental services as defined in accordance with *PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population*
- The MCP sends the following completed documents to the Sacramento County Access Team:
 - Sacramento County Bi-Directional Medi-Cal Transition of Care Request
 - Adult Medi-Cal Mental Health Screening Tool
 - Biopsychosocial assessment used to assist in completing the Adult Medi-Cal Mental Health Screening Tool
- A child eligible for EPSDT services who does not meet the definition of Severe Impairment is not prevented from receiving SMHS through the MHP

Referral Process from the MHP to the MCP

- The MHP provider completes the following steps:
 - A mental health assessment
 - The level of care need for adult members is identified by completing the Sacramento County Adult Medi-Cal Mental Health Screening Tool
 - The tool outcome indicates the member's functioning meets the definition of "Mild" or "Moderate" impairment
 - Confirms member agreement for services to be provided through the MCP
 - Sends the following documents to the respective MCP:
 - Adult Medi-Cal Mental Health Screening Tool
 - Sacramento County Bi-Directional Medi-Cal Transition of Care Request
 - Current mental health assessment

MHP/MCP Care Coordination

- A MHP/MCP Care Coordination Guide has been developed between the MHP and the MCPs to include:
 - Operations Point of Contact (POC)
 - Clinical Care Team Point of Contact
- MHP/MCP POCs can contact to coordinate:
 - Challenges with transitions to the MCP or MHP
 - Challenges with coordination between the MHP mental health provider and the MCP medical provider
 - Disagreements or coordination on level of care need

MHP Transition of Care Coordination

- The referring MHP provider will continue to provide services to the member and coordinate the transition of care with the receiving MCP provider until the MHP Provider:
 - Ensures the member is still in agreement with the transition plan
 - Confirms the member has attended an initial appointment with the receiving MCP provider
 - Confirm the receiving provider has everything they need from the MHP provider



Discussion



The Sacramento tool is designed to work within the current medical necessity requirements – what would need to change in a statewide tool, applying the concept of no wrong door?

Scenario 1: MH provider in MCP network determines that the needs of the beneficiary exceed what can be delivered in the MCP benefit.

- Will the Sacramento transition tool provide sufficient information?
- How to ensure the MCP doesn't transfer beneficiaries who could be managed by the MCP?

Scenario 2: MH provider in the MHP network determines that the needs of the beneficiary can be managed by the MCP network, and the beneficiary does not have an established continuity relationship with an MHP provider.

- Will the Sacramento transition tool provide sufficient information?
- How to ensure the MHP doesn't transfer beneficiaries that should be managed by the MHP?

All scenarios:

- How would this work under the existing dispute process?
- What should be tracked to ensure accurate placement based on need?

Workgroup Meeting Schedule

<i>Date</i>	<i>Time</i>	<i>Topic(s) / Agenda Items</i>
Thursday, Feb 27 th	10:00 am to 12:00 pm	Payment Reform



Public Comment

Please limit comments to 2 minutes





What to Expect Next

- DHCS intends to submit the 1115 waiver renewal & consolidated 1915(b) to CMS in June 2020
- DHCS will post a summary of key proposal improvements and updates in April 2020
- Public comment & public hearings will take place in May 2020
- Please [subscribe](#) to DHCS' stakeholder email service to receive the latest updates and information about Medi-Cal Healthier California for All



Closing and Next Steps



Next Behavioral Health Workgroup

Meetings: **February 27, 2020** (Payment Reform 10-12)

Any comments on the materials presented today can be submitted to

CaAIM@dhcs.ca.gov by **March 4, 2020**

Questions? CaAIM@dhcs.ca.gov