



# Administrative Integration of Specialty Mental Health and Substance Use Disorder Services

Medi-Cal Healthier California for All  
Behavioral Health Workgroup  
January 23, 2020



# Welcome and Introductions





# Two Day Agenda

## January 23, 2020

- 10:00 Welcome & Introductions
- 10:15 Behavioral Health Integration Overview & Principles
- 11:15 Building an Integrated Workforce
- 12:15 Lunch
- 1:00 Building an Integrated Delivery System
- 2:30 Workgroup Deliverables
- 2:45 Public Comment
- 3:00 Closing and Next Steps

## January 30, 2020

- 10:00 Welcome & Introductions
- 10:15 Clinical Documentation and Oversight Considerations
- 12:00 Lunch
- 1:00 Integrated Service Delivery Considerations
- 2:30 Administrative Integration Functions
- 3:00 Public Comment
- 3:15 Closing and Next Steps



# Meeting Objectives

The objectives the Administrative Integration workgroup meetings are as follows:

- Provide recommendations to address challenges and barriers to creating an integrated specialty mental health services (SMHS) and substance use disorder services (SUDS) workforce.
- Identify opportunities for streamlining provider participation requirements, including, as appropriate, licensing and certification.
- Identify opportunities for integrating beneficiaries' experience of care to create a seamless behavioral health delivery system.
- Provide recommendations regarding integration of clinical documentation, including assessments and treatment planning.
- Provide recommendations for aligning, as appropriate, service definitions between SMHS and SUDS.



# Behavioral Health Integration Overview & Principles



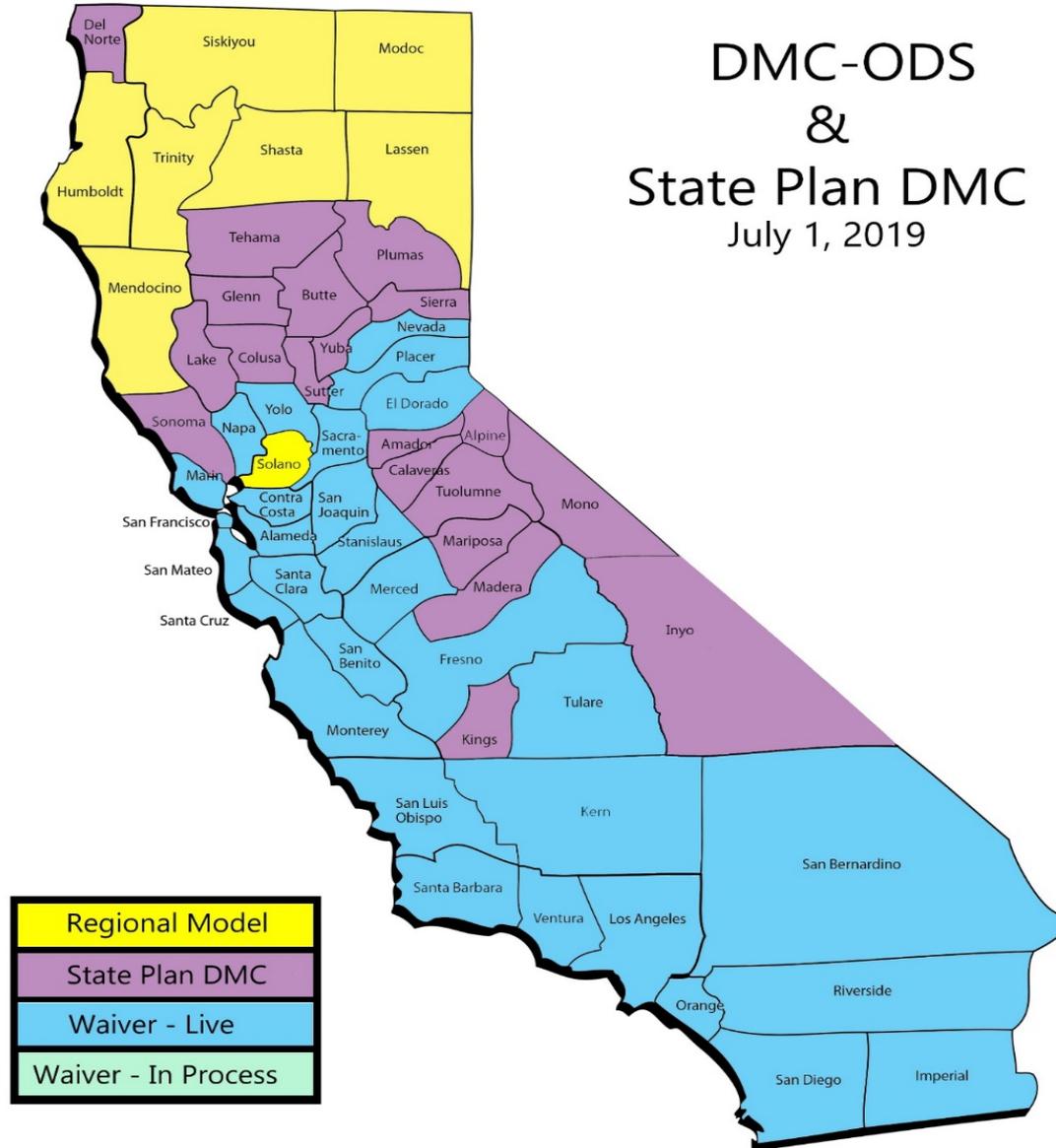
# Current Delivery System

- For the specialty mental health and substance use disorder managed care plans, DHCS contracts with counties to act as prepaid inpatient health plans to provide, or arrange for the provision of, specialty mental health services (SMHS) and substance use disorder (SUD) treatment services to beneficiaries.
  - SMHS program is a statewide benefit administered by 56 mental health managed care plans, including two joint arrangements in Sutter/Yuba and Placer/Sierra.
  - SUDS managed care program (i.e., Drug Medi-Cal Organized Delivery System or DMC-ODS) is only covered in counties that have “opted-in” and are approved to participate by DHCS and CMS. 30 counties administer the SUD managed care program, covering 93 percent of the Medi-Cal population.
  - The remaining 28 counties provide outpatient SUD treatment services through the fee-for-service delivery system.
    - Eight of these counties are working with a local Medi-Cal managed care plan to implement an alternative regional model for substance use disorder managed care.



SMHS are delivered in all California counties

# DMC-ODS & State Plan DMC July 1, 2019





# Delivery System Challenges

- Beneficiaries with co-occurring mental health and SUD service needs must navigate multiple system to access care.
- Medi-Cal SMHS and SUD treatment services are currently administered through separate, unique structures at the county level.
- Beneficiaries must review multiple handbooks and provider directories, navigate separate intake and assessment processes, and often travel to multiple locations to receive care.
- Counties and providers face challenging documentation and coding requirements, especially for beneficiaries with both SUD and mental health conditions.
- Counties must demonstrate compliance with two sets of requirements and are subject to multiple reviews.
- Counties operating both the SMHS and SUD managed care must demonstrate compliance with federal managed care requirements for both delivery systems, which duplicates processes for quality improvement and performance measurement, beneficiary appeals, and program integrity.



# Proposal

- DHCS is proposing administrative integration of SMHS and SUD services into one behavioral health managed care program by 2026.
- The result would be a single prepaid inpatient health plan in each county or region responsible for providing, or arranging for the provision of, SMHS and SUD (managed care) treatment services for all Medi-Cal beneficiaries in that county or region.
- SUD fee-for-service counties will also be able to integrate such services; however, slight variations may apply due to the differences of federal requirements for fee-for-service verses prepaid inpatient health plans.



# Benefits of an Integrated Delivery System

- The goal is to improve outcomes for beneficiaries through coordinated treatment across the continuum of care.
- An additional goal and benefit would be to reduce administrative and fiscal burdens for counties, providers, and the State.
- Participating counties would benefit from streamlined state requirements and the elimination of redundancy.
- Consolidating operations and resources into one behavioral health managed care plan would allow counties to successfully meet state and federal requirements and significantly decrease their administrative burden.



# Integration Priorities

<b>Clinical Integration</b>	<b>Administrative Functions</b>	<b>DHCS Oversight Functions</b>
<ul style="list-style-type: none"><li>• Access Line</li><li>• Intake, Screening and Referrals</li><li>• Assessment</li><li>• Treatment Planning</li><li>• Beneficiary Informing Materials</li></ul>	<ul style="list-style-type: none"><li>• Contract</li><li>• Data Sharing/Privacy Concerns</li><li>• Electronic Health Record Integration</li><li>• Cultural Competence Plans</li></ul>	<ul style="list-style-type: none"><li>• Quality Improvement</li><li>• External Quality Review</li><li>• Organization</li><li>• Compliance Reviews</li><li>• Network Adequacy</li><li>• Licensing and Certification</li></ul>



# Timeline

- The goal would be to submit for a single, integrated behavioral health managed care plan in each county or region responsible for providing, or arranging for the provision of, SMHS and SUD services under the next 1915(b) waiver in **2026**.
- Successful implementation will require careful sequencing and planning and a phased-in approach where cohorts are considered.

Clinical Integration



Administrative Functions



DHCS Oversight Functions





# Workgroup Discussion



1. Does DHCS' proposal to administratively integrate SMHS and SUD services effectively improve access, eliminate barriers to care, reduce variability across delivery systems, and otherwise align with the goals of Medi-Cal Healthier California for All? If not, what changes are needed to address identified gaps? What else should DHCS consider?
2. What concerns, if any, do you have about integrating SMHS and SUD service delivery systems? How can DHCS best address your concerns?
3. What would integration look like in counties not participating in DMC-ODS?
4. What are your recommendations about phasing and/or timelines for implementation?



# Building an Integrated Workforce



# Workforce Considerations

- Currently, counties maintain two distinct provider networks for MH and SUD (with some overlap).
- Some providers serve beneficiaries with co-occurring disorders and some serve only beneficiaries with MH **or** SUD.
- There may be different considerations for individual practitioners, organizational providers, and residential provider types.
- Not all providers would be required to deliver both MH and SUD service.
- Currently, there are different Medi-Cal participation requirements (e.g., enrollment, licensing, certification, claiming/billing, documentation) for MH and SUD.



# State Plan SMHS

- SMHS must be delivered by mental health professionals working within their scope of practice. (State Plan, Section 3, Supplement 3 to Attachment 3.1-A, pages 2d, 2m; See also Cal. Code Regs., tit. 9, §1840.314(d))
- The State Plan defines specific minimum provider qualifications for each individual delivering or directing services. (State Plan, Section 3, Supplement 3 to Attachment 3.1-A, pages 2m-2p)
- The following mental health professionals may **provide and direct others** in providing SMHS, within their respective scope of practice:
  - Physicians;
  - Psychologists;
  - Licensed Clinical Social Workers;
  - Licensed Professional Clinical Counselors;
  - Licensed Marriage and Family Therapists;
  - Registered Nurses;
  - Certified Nurse Specialists; and,
  - Nurse Practitioners.



# State Plan SMHS

- SMHS may be provided by mental health professionals who are credentialed according to state requirements or non-licensed providers who agree to abide by the definitions, rules, and requirements for SMHS established by DHCS, to the extent authorized under state law.
- The following types of providers must be licensed in accordance with applicable state of California licensure requirements, and, in addition, must work “under the direction of” a licensed professional operating within their scope of practice:
  - Licensed Vocational Nurses;
  - Licensed Psychiatric Technicians;
  - Physician Assistants;
  - Pharmacists; and,
  - Occupational Therapists.
- Additional providers who may operate “under the direction of” licensed mental health professionals include:
  - Mental Health Rehabilitation Specialists (MHRS)
  - Other Qualified Providers



# State Plan SUDS

- SUD services are provided at qualified and DMC-certified SUD treatment clinics, DMC-certified satellite sites, or DMC-certified perinatal residential SUD programs that agree to abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the DHCS, and that sign a provider agreement with a county or the State.
- Services are provided by a qualified SUD treatment professional functioning within the scope of his/her practice as defined in the California Code of Regulations, Title 9, Section 13005(a)(4)(A-F).
- A SUD treatment professional can qualify to provide SUDS in any DMC certified program in **one** of the following ways:
  - As a registrant in a certifying organization that is accredited with the National Commission for Certifying Agencies (NCCA); the registrant must be enrolled in a counseling certification program and complete counseling certification requirements within five years; **Or**;
  - As an AOD counselor, certified by an organization that is accredited with the NCCA; **Or**,
  - As one of the following:
    - A physician licensed by the Medical Board of California
    - A psychologist licensed by the Board of Psychology
    - A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences; or,
    - An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences



# SUDS Managed Care

- The following requirements apply to providers under the SUDS managed care program:
  - Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.
  - Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff.
  - Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring.
  - Registered and certified alcohol and other drug counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.



# Existing SMHS Workforce

Provider Types	Services Provided	Requirements
Physician/ Psychiatrist	<ul style="list-style-type: none"> <li>Mental Health Services (MHS), Medication Support Services Targeted Case Management (TCM), Day treatment Intensive (DTI), Day Rehabilitation, Crisis Intervention, Crisis Stabilization, Adult Residential (ARTS), Crisis Residential Treatment (CRTS)</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Managed Care Plans must verify and document for each provider (workforce type) through a primary source as required for each provider type.</li> <li>Licensed by the California Medical Board</li> </ul>
Psychologist /Waivered Psychologist, LCSW/ Waivered or Registered LCSW, LPCC/ Waivered or Registered LPCC, LMFT/ Waivered/ Registered LMFT	<ul style="list-style-type: none"> <li>MHS, DTI, TCM, Day Rehabilitation, Crisis Intervention, Crisis Stabilization, ARTS, CRTS</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Managed Care Plans must verify and document for each provider (workforce type) through a primary source as required for each provider type.</li> <li>Licensed by the Board of Behavioral Sciences</li> </ul>

# Existing SMHS Workforce

Provider Types	Services Provided	Requirements
Registered Nurse, Certified Nurse Specialist, Nurse Practitioner,	<ul style="list-style-type: none"> <li>MHS, Medication Support Services TCM, DTI, Day Rehabilitation, Crisis Intervention, Crisis Stabilization, ARTS, CRTS</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health Managed Care Plans must verify and document for each provider (workforce type) through a primary source as required for each provider type.</li> <li>Licensed by the Board of Registered Nursing.</li> </ul>
Mental Health Rehabilitation Specialists (MHRS)	<ul style="list-style-type: none"> <li>MHS (excluding therapy), TCM, Day Rehabilitation, DTI, Crisis Intervention, Crisis Stabilization, ARTS, CRTS</li> </ul>	<ul style="list-style-type: none"> <li>An MHRS shall be an individual who has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment.</li> <li>Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting.</li> </ul>
Other Qualified Provider	<ul style="list-style-type: none"> <li>MHS (excluding therapy), TCM, Day Rehabilitation, DTI, Crisis Intervention, Crisis Stabilization, ARTS, CRTS</li> </ul>	<ul style="list-style-type: none"> <li>No license required.</li> <li>Individuals at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service by the county.</li> </ul>



# Existing SUDS Workforce

Provider Types	Description	Requirements
<p>Licensed Practitioner of the Healing Arts (LPHAs)</p>	<ul style="list-style-type: none"> <li>Includes Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologists (LCP), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), Licensed Marriage and Family Therapists (LMFT).</li> </ul>	<ul style="list-style-type: none"> <li>LPHAs are not required to become certified as SUD counselors.</li> <li>LPHAs must complete 36 hours of continuing education units every two year period of licensure.</li> <li>LPHAs are licensed by the Department of Consumer Affairs, Board of Behavioral Services, Board of Psychology, Board of Registered Nursing, Medical Board of California, or Osteopathic Medical Board of California</li> </ul>



# Existing SUDS Workforce

Provider Types	Description	Requirements
Counselor (Certified/ Registered)	<ul style="list-style-type: none"><li>• 2,417 Certified/1,581 Registered Counselors (October 2019)</li><li>• Non-licensed or non-certified individuals providing counseling services in SUD recovery and treatment programs are required to be registered/certified before providing counseling services</li></ul>	<ul style="list-style-type: none"><li>• Certified counselors must comply with a code of conduct and complete a minimum requirement of 155 hours of formal classroom education, 160 hours of supervised training, 2080 hours of experience as a SUD counselor and pass the exam.</li><li>• Registered counselors must complete certification requirements within 5 years from initial date of registration.</li></ul>
Peer support staff	<ul style="list-style-type: none"><li>• Peer support staff actively engage and empower beneficiaries in leading and directing the design of the client plan, ensuring that the plan reflects the needs and preferences of the beneficiary in achieving specific individualized goals that have measurable</li></ul>	<ul style="list-style-type: none"><li>• Peer support staff must complete training and receive a county designation as specified in the DHCS-approved county SUD peer support training plan.</li></ul>



# Workgroup Questions

- What does an integrated workforce look like for behavioral health? What are the specific considerations for:
  - Individual providers?
  - Organizational providers?
  - Residential providers?
- What are the challenges or barriers to building an integrated workforce?
- What are potential solutions to overcoming workforce challenges?
- What factors should be taken into consideration regarding the utilization of peers and/or non-licensed providers in the delivery of MH and SUD services?



# Workgroup Discussion





# Presentation from HealthRIGHT 360



# Building an Integrated Delivery System - Licensing & Certification



# Delivery System Considerations

- Existing requirements and processes for licensing and certification are different and separate for SMHS and SUD providers.
- Currently there are three separate State departments that license SUD and mental health programs/facilities:
  - Department of Health Care Services (DHCS);
  - Department of Public Health (CDPH); and,
  - Department of Social Services (CDSS).
- In addition to facility licensing requirements, there are existing program and site certification requirements.
- One of DHCS' goals is to streamline licensing and certification requirements, processes, and timeframes across the behavioral health managed care system, where appropriate.



# Licensing Entities by Facility Type

- DHCS licenses the following facilities:
  - Residential SUD;
  - Narcotic Treatment Programs;
  - Psychiatric Health Facilities; and
  - Mental Health Rehabilitation Centers
- CDSS licenses the following facilities:
  - Youth Residential Treatment;
  - Community Residential Treatment Systems (CRTS); and,
  - Short Term Residential Treatment Programs (STRTP)
- CDPH licenses the following facilities:
  - Chemical Dependency Recovery Hospitals;
  - Acute Hospitals; and,
  - Free Standing Psychiatric Hospitals



# Program & Site Certifications

- Various program and/or site certifications are required for MH and SUD providers. The certifications are conducted by multiple divisions within DHCS, depending on the type and purpose of the certification.
- Required Program (Medi-Cal and Non Medi-Cal) Certifications:

Mental Health Programs	SUD Programs
CRTS, STRTP, Social Rehabilitation Programs	SUD Outpatient, SUD Intensive Outpatient, SUD Residential, Withdrawal Management, ASAM certification

- Site certification (i.e., Medi-Cal Certification or DMC Certification) is also required for all Medi-Cal sites.



# Workgroup Questions

- Language for the licensing and certification requirements can differ but seem to be referring to the same/similar items between SUD and MH. Can the nomenclature between MH and SUD align with regards to licensing and certification requirements?
- What are the challenges or barriers to integrating licensing and certification processes for provider sites?
- What are the potential solutions to overcoming licensing and certification challenges?
- What factors should be taken into consideration regarding licensing and certifying integrated providers?
- What are the potential barriers for integrated providers applying for Medi-Cal certification?



# Workgroup Discussion





# Workgroup Focus Questions and Deliverables





# Workgroup Focus Questions

1. Does DHCS' proposal to administratively integrate SMHS and SUD services effectively improve access, eliminate barriers to care, reduce variability across delivery systems, and otherwise align with the goals of Medi-Cal Healthier California for All? If not, what changes are needed to address identified gaps? What else should DHCS consider?
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5. What does an integrated workforce look like for behavioral health? What are the specific considerations for:
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  - Residential providers?
6. What are the challenges or barriers to building an integrated workforce?
7. What are potential solutions to overcoming workforce challenges?
8. What factors should be taken into consideration regarding the utilization of peers and/or non-licensed providers in the delivery of MH and SUD services?



# Workgroup Focus Questions

9. Language for the licensing and certification requirements can differ but seem to be referring to the same/similar items between SUD and MH. Can the nomenclature between MH and SUD align with regards to licensing and certification requirements?
10. What are the challenges or barriers to integrating licensing and certification processes for providers?
11. What are the potential solutions to overcoming licensing and certification challenges?
12. What factors should be taken into consideration regarding licensing and certifying integrated providers?
13. What are the potential barriers for integrated providers applying for Medi-Cal certification?



# Workgroup Expected Deliverables

- Policy recommendations based on workgroup focus questions
- Provide feedback and recommendations on proposed administrative integration of specialty mental health services and substance use disorder services
- Suggest additions and deletions for elements and details of the behavioral health integration proposal
- Inform the timeline and staging of various elements of the behavioral health proposals with consideration of other requirements within the larger Behavioral Health proposal.
- Provide recommendations on administrative, clinical and plan function changes required for integrating county-level mental health and substance use disorder programs under a single contract.
- Workgroup input will culminate in a summary document outlining key principles and recommendations to DHCS to inform policy development on the three proposals.

# Workgroup Meeting Schedule

<i>Date</i>	<i>Time</i>	<i>Topic(s) / Agenda Items</i>
Thursday, January 23 <sup>rd</sup>	10:00 am to 3:15 pm	BH Integration
Wednesday, January 29 <sup>th</sup>	10:00 am to 3:30 pm	Medical Necessity
Thursday, January 30 <sup>th</sup>	10:00 am to 3:30 pm	BH Integration
Tuesday, February 4 <sup>th</sup>	10:00 am to 3:00 pm	Payment Reform
Wednesday, February 26 <sup>th</sup>	10:00 am to 3:00 pm	Medical Necessity/ BH Integration
Thursday, February 27 <sup>th</sup>	10:00 am to 12:00 pm	Payment Reform
Thursday, February 27 <sup>th</sup>	1:00 pm to TBD (no later than 4:00 pm)	SMI/SED IMD Demonstration



# Public Comment

Please limit comments to 2 minutes





# Closing and Next Steps



Next Behavioral Health Workgroup Meeting:  
**January 29, 2020** (Medical Necessity)

Any comments on the materials presented today can be submitted to [CalAIM@dhcs.ca.gov](mailto:CalAIM@dhcs.ca.gov) by **January 30, 2020**.

Questions? [CalAIM@dhcs.ca.gov](mailto:CalAIM@dhcs.ca.gov)