DATE: August 11, 2023

Behavioral Health Information Notice No: 23-035
Supersedes BHIN 23-005

TO: California Alliance of Child and Family Services
               California Association for Alcohol/Drug Educators
               California Association of Alcohol & Drug Program Executives, Inc.
               California Association of DUI Treatment Programs
               California Association of Social Rehabilitation Agencies
               California Consortium of Addiction Programs and Professionals
               California Council of Community Behavioral Health Agencies
               California Hospital Association
               California Opioid Maintenance Providers
               California State Association of Counties
               Coalition of Alcohol and Drug Associations
               County Behavioral Health Directors
               County Behavioral Health Directors Association of California
               County Drug & Alcohol Administrators

SUBJECT: Updated guidance for the California Advancing and Innovating Medi-Cal Initiative (CalAIM) Behavioral Health Quality Improvement Program (BHQIP)

PURPOSE: This Behavioral Health Information Notice (BHIN) updates deliverable submission deadlines and clarifies reporting requirements for the BHQIP March 2023 and September 2023 Reporting Periods.

REFERENCE: Welfare and Institutions Code (W&I) sections 14184.102(d); 14184.405(a); BHIN 21-044; BHIN 21-071; BHIN 21-073; BHIN 22-011; BHIN 22-019; BHIN 22-034; BHIN 22-065; BHIN 23-001.

BACKGROUND:

BHQIP is a program intended to help support the implementation of (CalAIM).[1] Medi-Cal behavioral health delivery systems participating in BHQIP, referred to as participating entities, are able to receive incentive payments if they meet specified milestones and deadlines. Meeting the specified milestones and deadlines means: (1) the participating entity submits all requested documentation and deliverables on or before the calendar date specified by DHCS; (2) DHCS determines the documentation and deliverables submitted are complete, and compliant with applicable CalAIM requirements; and (3)

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[1] W&I Section 14184.405, subdivision (a).

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State of California
Gavin Newsom, Governor

California Health and Human Services Agency

DHCS approves the documentation and deliverables submitted by the participating entity.

This BHIN updates deliverable submission deadlines and clarifies and revises guidance for deliverables that were due in the March 2023 Reporting Period (Milestone 1c only) and for the upcoming September 2023 Reporting Period.

POLICY:

March 2023 Deliverable Extensions and Modifications

Milestone 1c: Submit Policies & Procedures (P&Ps) and/or WIC guidance for county fiscal staff to support new Intergovernmental Transfer (IGT) protocol.

The deliverable requirements and deadline have been amended for Milestone 1c. This guidance was sent to participating entities from DHCS on April 27, 2023. Participating entities were required to submit an attestation by May 5, 2023, stating that the entity would subsequently develop IGT P&Ps to be eligible for the Milestone 1c incentive payment.

Subsequent guidance was sent to participating entities from DHCS on July 6, 2023, extending the deadline for the Milestone 1c P&Ps deliverable to Tuesday, August 15, 2023.

If the participating entity does not submit the IGT P&P deliverable by this deadline, or if DHCS determines that the county's IGT P&P does not meet the deliverable requirements, DHCS may reduce the participating entity's September 2023 Reporting Period payment(s) in State Fiscal Year 2023-24 by an amount equal to the incentive payment available for the Milestone 1c deliverable.

DHCS' Expectations for September 2023 Deliverables

All deliverables due September 29, 2023, and the relevant guidance for these deliverables are detailed in this BHIN. DHCS is providing additional clarification regarding the Department's expectations for select deliverables, as specified below.

Milestone 1a: Implement new Current Procedural Terminology/Healthcare Common Procedure Coding System procedure codes, modifiers, place of service codes, and taxonomy codes.

<u>DHCS Required Deliverable:</u>
Submit the following minimum items:
- At least 10 claims that are accepted by the Strategic National Implementation Process (SNIP) edit.
- At least 10 Specialty Mental Health Services (SMHS) claims that are approved.
- At least 10 Drug Medi-Cal claims that are approved [Including Drug Medi-Cal and Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS) County claims].

A list of file names and approved claim Payer Claim Control Number are required for DHCS approval of this deliverable. All claims submitted for this deliverable must meet SNIP edit requirements.

Milestone 1b: Update County claiming systems and successfully submit 837 transactions to the Short-Doyle Medi-Cal (SD/MC) claiming system for county-operated and subcontracted SMHS and DMC/DMC-ODS County services.

<u>DHCS Required Deliverable:</u>
- Documentation that all new claiming rates have been loaded into county systems.

<u>DHCS Required Deliverable:</u>
- Contract execution schedules for all network providers requiring contract updates which may occur on a rolling basis through FY 2024-25.

<u>Milestone 1c:</u> Implement new Intergovernmental Transfer agreement protocol.

<u>DHCS Required Deliverable:</u>
- Submit documentation that all IGT agreement protocols have been implemented including the [Intergovernmental Transfer Options form DHCS 7210](#) and the appropriate IGT agreements for both Specialty Mental Health and Drug Medi-Cal delivery systems.

<u>Milestone 2a</u>: Implement standardized screening tool in compliance with DHCS guidance.[2]

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[2] See [BHIN 22-065](#) [including requirements for Adult and Youth Screening and Transition of Care Tools for Medi-Cal mental health services].

DHCS Required Deliverable:
- Submit reports showing outcome of screening tool (e.g., percentage of callers referred to the Mental Health Plan (MHP), Drug Medi-Cal State Plans, DMC-ODS versus Managed Care Plan (MCP).

Participating entities are required to submit reports showing outcomes from use of the Screening Tools. For DHCS approval, **this deliverable must include the following information, at minimum:**
- Total number of times that the MHP administered the Adult Screening Tool (January – August 2023).
- Of the total number of adults that the MHP administered the Adult Screening Tool to:
  - The percent of adults referred to MCPs (those with a screening score of 0 – 5).
  - The percentage of adults referred to the MHP (those with a screening score of 6 or above).
- Total number of times that the MHP administered the Youth Screening Tool (January – August 2023).
- Of the total number of youths that the MHP administered the Youth Screening Tool to:
  - The percent of youths referred to a MCP (those with a screening score of 0 – 5).
  - The percentage of youths referred to the MHP (those with a screening score of 6 or above).
- Total number of screenings for adults that resulted in a referral for DMC/DMC-ODS services.
- Total number of screenings for youths that resulted in a referral for DMC/DMC-ODS services.
- Narrative description of whether the Screening Tools are working as intended to direct beneficiaries to the most appropriate Medi-Cal mental health delivery system for clinical assessment.

In addition, entities **may** choose to submit the following additional data elements:
- Of the total number of adults referred to a MCP after administration of the Adult Screening Tool, the percent of adults referred back to the MHP following clinical assessment by the MCP.
- Of the total number of adults referred to the MHP after administration of the Adult Screening Tool by MCPs, the percent of adults referred back to MCPs following clinical assessment by the MHP.

- Of the total number of youths referred to a MCP after administration of the Youth Screening Tool by the MHP, the percent of youths referred back to the MHP following clinical assessment by the MCP.
- Of the total number of youths referred to the MHP after administration of the Youth Screening Tool by MCPs, the percent of youths referred back to MCPs following clinical assessment by the MHP.

Milestone 2b: Implement standardized transition tool in compliance with DHCS guidance.[3]

DHCS Required Deliverable:
- Submit reports showing tracking of referrals to and from MCPs, using the transition tool, and showing completed referrals.

Participating entities are required to submit tools showing tracking of referrals to and from MCPs, using the Transition of Care Tool. For DHCS approval, **this deliverable must include the following information, at minimum:**
- Total number of times that the MHP administered the Transition of Care Tool (January – August 2023).
- Total number of beneficiaries referred to the MHP after administration of the Transition of Care Tool by MCPs (January – August 2023).
- Narrative description of the MHP's processes for completing and tracking referrals **to and from** MCPs using the Transition of Care Tool, including steps to coordinate with MCPs to confirm the beneficiary has been connected with a provider and services have been made available to the beneficiary.
- Narrative description of successes and challenges related to completing, receiving, and tracking referrals to MCPs.

In addition, entities **may** choose to submit the following additional data elements:
- (Attachment): Referral tracking tool (if applicable) that:
  - Identifies when the MHP sends a referral to an MCP.
  - Confirms that the beneficiary has been connected to a provider that accepts their care.
  - Confirms that services have been made available to the beneficiary (e.g., appointment(s) have been offered).

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[3] See BHIN 22-065 [including requirements for Adult and Youth Screening and Transition of Care Tools for Medi-Cal mental health services].

- (Attachment): Internal reports that track average time to complete referrals to a MCP (including average time to make initial contact, to confirm connection with a provider and that services have been made available to the beneficiary).
  - For example, the number of days from referral initiation (when the MHP refers the member to an MCP) to referral completion (when the MHP confirms that the MCP has connected the beneficiary with a provider and services have been made available to the beneficiary).
- (Attachment): Referral tracking tool (if applicable) that:
  - Identifies when the MHP receives a referral from an MCP.
  - Confirms that the beneficiary has been connected to a provider that accepts the beneficiary's care.
  - Confirms that services have been made available to the beneficiary (e.g., appointment(s) have been offered).
- (Attachment): Internal reports that track average time to process referrals from a MCP (including average time to confirm connection to a provider and that services have been made available to the beneficiary).
  - For example, the number of days from receipt of referral (when the MHP receives a referral from an MCP) to referral completion (when the MHP has connected the beneficiary with a provider and made services available to the beneficiary).

Milestone 2c: For DMC Only: Implement American Society of Addiction Medicine (ASAM) criteria to determine level of care in compliance with DHCS guidance.

DHCS Required Deliverable:
- Submit updated reports showing tracking use of ASAM criteria to determine appropriate level of care (for example, using scores from the University of California, Los Angeles ASAM Assessment Tool to determine placement).

Milestone 2d: Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards. Participating entities shall refer to BHIN 22-019 and its subsequent updates for the revised documentation standards.

DHCS Required Deliverable:
- Submit a high-level summary of provider audit results, including total funding amounts recouped from providers by reason for recoupment (per DHCS policy, limited to evidence of fraud, waste and/or abuse; with corrective action

plans and/or other administrative sanctions used for noncompliance with documentation and other compliance standards).

If a participating entity did not perform any recoupments, the entity shall provide an explanation for how noncompliance with documentation requirements and other compliance standards was handled through a mechanism other than recoupment.

Milestone 2e: Provide guidance and training to county-operated and county-contracted providers on all new Behavioral Health policies, as outlined by DHCS in BHINs:

- Criteria for DMC and DMC-ODS services, including use of ASAM criteria in DMC counties, changes to diagnostic, eligibility, and medical necessity requirements, and new processes to claim Medi-Cal reimbursement for early intervention services for youth and for specified Early and Periodic Screening, Diagnostic, and Treatment Substance Use Disorder services in DMC counties.
- Criteria to access SMHS for adults and for children (including criteria related to trauma, child welfare involvement, and homelessness)
- Mandatory screening and transition tools for specialty and non-specialty mental health services
- Documentation requirements and assessment standards (SMHS, DMC, and DMC-ODS)
- No Wrong Door (SMHS)
- Co-occurring diagnoses (SMHS and DMC, DMC-ODS)
- Treatment during assessment period, prior to diagnosis (SMHS and DMC, DMC-ODS)

DHCS Required Deliverable:
Submit the following items:
- Updated quality improvement plan or other evidence to demonstrate how the MHP, DMC or DMC-ODS will provide ongoing training, support, and monitoring to implement the CalAIM policies under Milestone 2e. For DHCS approval, **this deliverable must include the following information, at minimum:**
  - A narrative description of how the MHP is educating and training providers on the Adult and Youth Screening and Transition of Care Tools.
  - A sample of materials used to educate and train providers. For example, attachments of relevant education and training materials such as county bulletins or communications to providers, informational one-pagers, pamphlets, manuals, presentations, webinars, or training videos.

In addition, as part of the updated quality improvement plan or other evidence, the participating entity **may** include (Attachment): Documentation of provider participation in educational and/or training events (if applicable) like a copy of attendee lists for educational and/or training events.

DHCS Required Deliverable:
- Updated P&Ps reflecting all CalAIM behavioral health policy changes listed under Milestone 2e. For DHCS approval, participating entities shall revise and resubmit all P&Ps DHCS deemed to be incomplete from any of the previous reporting periods. P&Ps that have been deemed complete are not required to be resubmitted. September 29, 2023, shall be the final deadline for participating entities to submit revised P&Ps that DHCS had previously deemed incomplete.

Milestone 3a: Demonstrate improved data exchange capabilities.
Option 1: Demonstrate direct sharing of data with MCPs.

DHCS Required Deliverable:
Submit the following items:
- Signed California Health and Human Services Data Exchange Framework Data Sharing Agreement. (Extended from March 2023)

DHCS Required Deliverable:
- Written report (see specifications in BHQIP reporting template) outlining how the participating entity is leveraging direct data exchange with MCPs to improve care coordination and/or to implement CalAIM or other population health management systems.

Option 2: Demonstrate onboarding to a Health Information Exchange (HIE).

DHCS Required Deliverable:
- Submit a written report (see specifications in BHQIP reporting template) outlining how the county is leveraging HIE participation to improve care coordination and/or to implement CalAIM or other population health management programs.

Milestone 3b: Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) application programming interface (API) that will allow the MHPs, DMC

programs and DMC-ODS programs to be compliant with Center for Medicare and Medicaid Services mandated interoperability regulations.

DHCS Required Deliverable:
- Signed attestation form from the county that certifies the implementation of FHIR API and description of the status of the API implementation using the prompts included in the reporting template provided by DHCS (extended from March 2023).

Milestone 3c: Demonstrate that the participating entity has mapped data elements to the United States Core Data for Interoperability (USCDI) standard set.

DHCS Required Deliverable:
- Submit a signed attestation form from the participating entity that certifies that data elements have been successfully mapped to USCDI and submit documentation outlining the mapped data elements. This documentation shall include a description of what data elements were successfully mapped to USCDI standard set and how this mapping will impact care for beneficiaries of the Participating Entity.

Milestone 3d: Leverage improved data exchange capabilities to improve quality and coordination care. This milestone relates to the following measures:
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Follow-up After Emergency Department Visit for Mental illness
- Pharmacotherapy for Opioid Use Disorder

DHCS Required Deliverable:
- Submit updated narratives on projects, challenges, lessons learned, and next steps related to quality improvement on these measures during the measurement period, as specified in the DHCS reporting template. (Extended from March 2023)

Template
Participating entities shall submit their reports by emailing the completed September 2023 Reporting Template and accompanying documentation to the BHQIP inbox at BHQIP@dhcs.ca.gov.

Reporting Period Deadline
Submissions are due by Friday, September 29, 2023, at 11:59pm. This deadline supersedes the conflicting September 2023 deadlines originally communicated in the CalAIM BHQIP Program Implementation Plan and Instructions and within BHIN 23-005.

Questions regarding this BHIN may be directed to BHQIP@dhcs.ca.gov.

Sincerely,

Original signed by

Michele Wong, Chief
Medi-Cal Behavioral Health–Oversight and Monitoring Division