



Behavioral Health Stakeholder Advisory Committee Meeting

July 16, 2020



Webinar Tips

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



Welcome and Introductions



Budget Updates



COVID-19 Updates: Telehealth



Medi-Cal Telehealth Policy

- Comprehensive policy update was implemented in summer 2019 after extensive stakeholder engagement.
- Licensed providers have flexibility to determine if service delivery is appropriate for audio-visual, two-way communication or store-and-forward.
 - Physicians, nurses, mental health practitioners, substance use disorder providers, dentists, Federally Qualified Health Centers, Rural Health Clinics, Indian 638 clinics, and other licensed providers may use telehealth
 - Beneficiaries retain choice for service delivery modality
- E-Consults allowed for licensed providers
 - Not available for FQHCs, RHCs, and Indian 638 clinics
- Modifiers used with claims to indicate if the service is provided for synchronous or store-and-forward services.



Virtual/Telephonic Communication During PHE

- During the public health emergency (PHE), DHCS will pay the same rate for telephonic services as face-to-face under the following circumstances:
 - Encounter must meet the requirements of billed visits that would have otherwise been provided in a face-to-face encounter
 - The encounter replaces a face-to-face visit
 - Service is clinically appropriate for modality used
 - Service provided meets all procedural and technical components of the service
- Applies to all provider types, including Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal 638 clinics.



Virtual/Telephonic Communication Flexibilities During PHE (cont.)

- Home of the beneficiary can serve as an originating site.
- Use of telephonic visits without visual of beneficiary.
- Establishment of a new patient via telehealth with visual of beneficiary.
- DHCS will review these PHE flexibilities to determine which ones should be permanent provisions, and whether federal approvals are necessary.



Flexibilities for FQHC, RHC, and Tribal 638 Clinics During PHE

- Can receive their Prospective Payment System rate or All-Inclusive Rate for telephonic services that meet billed visit requirements.
- Can bill with HCPCS code G0071 for virtual/ telephonic services that do not meet visit requirements.
- Associate marriage and family therapists and associate clinical social workers can be billable providers in FQHCs and RHCs.
 - This is currently allowed for Tribal 638 clinics
- Tribal 638 clinics can provide services outside of the four walls and still receive reimbursement.



Teledentistry

- Medi-Cal enrolled dentists and allied dental professionals (under the supervision of a dentist) may render limited services via synchronous/live transmission teledentistry, so long as such services are within their scope of practice.
- For dental services provided via teledentistry, providers are to use appropriate billing code based on the telehealth modality used – synchronous or store-and-forward.
- Dental providers will be reimbursed based upon the applicable CDT procedure code according to the Schedule of Maximum Allowance (SMA).



Teledentistry (cont. slide 2)

- Effective March 25, 2020, a [temporary teledentistry exception](#) was implemented to allow for dental providers who provide consultation services by telephone or video to remote Medi-Cal members.
- Providers may use CDT code D9430 in lieu of an in-person visit for purposes of live streaming video or telephone with a Medi-Cal patient with oral health issues.
- Providers would be reimbursed the SMA rate for CDT code D9430 plus applicable transmission fees, as appropriate.



COVID-19 Updates: Medi-Nurse Line



Medi-Nurse Line: Overview

- Medi-Nurse line offers 24/7 advice for people without health insurance or who have fee-for-service Medi-Cal but don't have a regular doctor to oversee their care.
- Medi-Nurse is not designed for callers who already have a health plan that covers COVID-19 services.
- Accessed by calling 1 (877) 409-9052.
 - Available in multiple languages, through LanguageLine (Spanish +17 additional languages)



Medi-Nurse Line: Overview (Cont.)

- All callers can ask general questions about COVID-19 symptoms, and get additional information about and referrals to helpful COVID-19 resources.
- All callers who present with COVID-19 symptoms will also have access to trained and knowledgeable nurses for clinical consultation and triaging, including but not limited to:
 - Directions to self-isolate and perform home self-care techniques.
 - Directions to get tested and/or seek treatment, inclusive of referrals to COVID-19 resources such as information relative to testing sites using the locator tool via [COVID19.ca.gov](https://www.covid19.ca.gov).
- Uninsured callers will also be referred to a qualified provider in the county of the caller who can perform presumptive eligibility (PE) determinations to provide temporary coverage to minimally obtain COVID-19 testing, testing related and treatment services.

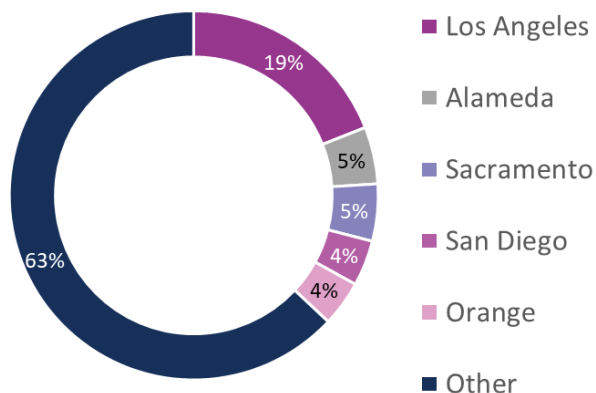


Medi-Nurse Line Statistics

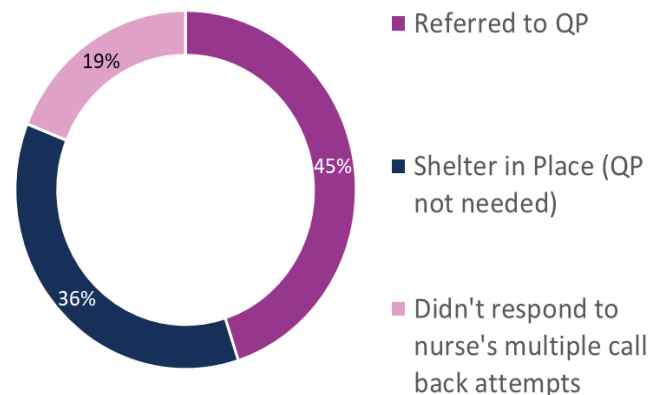
Impact of Medi-Nurse Line (May 2020 to current):

- **11,000+** Calls
- **2%** Abandonment Rate (better than industry standard of 5-8%)
- **81%** Uninsured
- **52 (90%)** California counties serviced

Utilization by County



Nurse Line Outcomes

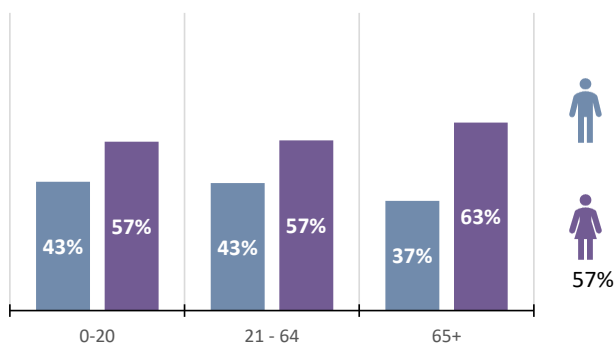


Note: QP refers to Qualified Provider

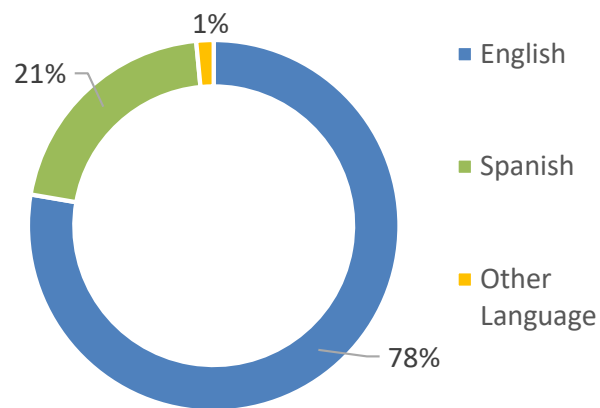


Medi-Nurse Line Statistics (cont.)

Age Group and Gender



Language





Medi-Cal 2020 Section 1115 Waiver Update

Overview

- Medi-Cal 2020, California Advancing and Innovating Medi-Cal (CalAIM), and COVID-19
- Plan for 12-Month 1115 Waiver Extension Request
 - Programs not included in the extension request
 - Programs included in the waiver extension request
- Financing and Budget Neutrality
- 1915(b) Specialty Mental Health Services Waiver
 - second extension request
- Timeline and Next Steps



Medi-Cal 2020, CalAIM, and COVID-19

- The current 1115 waiver (Medi-Cal 2020) is set to expire on December 31, 2020.
 - Prior to the COVID-19 public health emergency, DHCS planned to implement CalAIM in conjunction with the end of the waiver period
- COVID-19 has greatly impacted all aspects of California's health care delivery system, due to focus on surge planning, infection control, transition to telehealth/telework, and reprioritization of resources.
- Health care systems, plans, providers, and counties requested a delay in CalAIM, due to the need to address the pandemic.
- While the state is still committed to CalAIM, an extension of the Medi-Cal 2020 waiver is crucial to maintaining the current delivery system and services for beneficiaries.
- The final FY 2020-21 state budget reflected a delay in funding for CalAIM.



Medi-Cal 2020

12-Month Extension Request

- DHCS must request a waiver extension from CMS in order to keep Medi-Cal 2020 from expiring on December 31.
- 12-month extension will provide the necessary federal authority and Medicaid matching funds.
 - Support the financial viability of the delivery system in the context of COVID-19
- Waiver extension proposal to be released for public comment on July 22.
 - 30-day comment period will close on August 21
 - Goal to submit 1115 Extension request to CMS by September 15



Components of Medi-Cal 2020 Waiver Extension Request

- Medi-Cal Managed Care
- Whole Person Care
- Global Payment Program
- Drug Medi-Cal Organized Delivery System
- Low-Income Pregnant Women
- Former Foster Care Youth
- Community-Based Adult Services
- Coordinated Care Initiative
- Dental Transformation Initiative & Designated State Health Programs (DSHP)
- Tribal Uncompensated Care
- Rady's CCS Pilot



Components NOT included in Extension Request

- **Public Hospital Re-Design and Incentives in Medi-Cal (PRIME)**
 - PRIME reporting metrics and funding to be transitioned to Medi-Cal managed care Quality Incentive Payment (QIP) program
 - Request submitted to CMS in early 2020



12-Month Extension Key Elements



Whole Person Care

- Continue WPC Pilot Program as currently structured.
- Additional year of funding at FY 2019-2020 (PY 4) expenditure levels.
- New target population for individuals impacted by COVID-19.
- Allow WPC pilots to modify their budgets in response to COVID-19.



Global Payment Program and Dental Transformation Initiative

- 12-month extension of authority and federal matching funds for:
 - Global Payment Program extended to December 31, 2021
 - Safety Net Care Pool/UCC funding continues



DMC-ODS

- 12-month extension of authority for county-based pilots, including expenditure authority for residential SUD services in IMDs; Medi-Cal funding.
- Technical changes:
 - Remove limitation on the number of residential treatment episodes that can be reimbursed in a one-year period
 - Clarify that reimbursement is available for SUD assessment and appropriate treatment even before a definitive diagnosis is determined
 - Clarify the recovery services benefit
 - Expand access to MAT
 - Increase access to SUD treatment for American Indians and Alaska Natives



Other Programs in the Extension Request

- **Low-Income Pregnant Women:** Extension; No changes
- **Former Foster Care Youth:** Extension; No changes
- **CBAS:** Extension; No changes except temporary COVID provisions attachment
- **CCI:** Extension; No changes
- **Dental Transformation Initiative:** Extension including Designated State Health Programs mechanism; transition to State Plan in 2022; Discontinue Domain 4
- **Tribal Uncompensated Care Waiver Amendment:** Extension; Requirement for CRIHB to contract with any willing Tribal health program enrolled in Medi-Cal
- **Rady's CCS Pilot:** Extension; No changes



Financing

- **Whole Person Care:** Requesting an additional year (\$300 million) of federal funding equal to 2020 program (PY4) expenditures
- **GPP:** Continued FFP for value-based payments to participating Public Health Care Systems that incur costs for services to the remaining uninsured
- **Budget Neutrality:** Request to continue treatment of following expenditures to eliminate impact to calculation
 - DMC-ODS
 - CBAS
 - Health Homes
 - Out-of-State Former Foster Youth
 - Managed care payments for the ACA new adult expansion population
 - Hospital Quality Assurance Fee program related payments



1915(b)
Specialty Mental Health
Services
Waiver Extension



1915(b) Specialty Mental Health Services (SMHS) Waiver Extension

- On May 8, 2020, DHCS formally [requested](#) an extension of the state's current Medi-Cal SMHS Waiver authorized under Section 1915(b) of the Social Security Act.
- As originally approved by CMS, this 1915(b) waiver was set to expire on June 30, 2020.
- DHCS requested CMS' approval to extend the term of the waiver through December 31, 2021.



1915(b) Specialty Mental Health Services (SMHS) Waiver Extension (continued)

- On June 2, 2020, DHCS received a response from CMS approving a six-month extension to December 31, 2020, acknowledging the need for an additional extension request due to the delay of CalAIM.
- DHCS is now seeking a second extension to the 1915(b) waiver to December 31, 2021, to coincide with DHCS' extension request for the 1115 waiver.



Next Steps

- **Public Comment**
 - The 30-day public comment period will start on July 22, 2020
 - Waiver extension request & all other documentation will be posted on the DHCS website
 - Comments made at public meetings will be transcribed
 - Written comments can be submitted to 1115waiver@dhcs.ca.gov by **COB on August 21, 2020**
 - Written comments on the 1915(b) waiver extension can be submitted to MCBHD@dhcs.ca.gov by **COB on August 21, 2020**
- **Tribal Consultation (held via webinar)**
 - Wednesday, July 29, 2020
- **Public Hearings (held via webinar)**
 - Friday, August 7, 2020 3:30 p.m. – 5:00 p.m.
 - Monday, August 10, 2020 2:00 p.m. – 3:30 p.m.



Questions and Comments





CalHOPE: Crisis Counseling Program Update



Crisis Counseling Program Immediate Services Program

- \$1.6M awarded from FEMA to re-launch CalHOPE – used in Camp Fire disaster
- Media campaign to normalize feelings of stress, anxiety and reduce depression during the pandemic and refer to website and Warm Line
- CalHOPE website - www.calhope.dhcs.ca.gov
- CalHOPE Warm Line - (833) 317-HOPE



CalHOPE Media Outreach

- Media Impressions:
 - Digital outreach – 12 million
 - Television – 89 million
 - Chinese language content – 10 million
- Actions
 - 92% of 2.3 million people that clicked on video watched the entire video
 - 1.6 million impressions on pre-roll with view completion rate (VCR) of 92.15%
 - 9,400 people took actionable steps
 - Spanish language response was twice general market rate



CalHOPE Website Visits

From June 6 – July 7

- 26,299 visits
- 16,314 new users
- Average time on site - 2:10
- Chinese display ad generated over 6,000 visitors



CalHOPE Warm Line

- Currently M-F 7 a.m. – 11 p.m.
- Outside hours menu option for CA Peer Run Warm Line
- 334 calls less than 15 minutes
- 110 calls over 15 minutes



Virtual Tour





Children and Youth Access to Behavioral Health Services: Background and Discussion



Goals

- **Right care, right time:** Every child or youth with behavioral health needs will have timely access to high quality care
- **Meet needs of children and youth in foster care:** Ensure coordinated, cross-system, trauma-informed health care for children in the child welfare and foster care systems



CaAIM: Opportunities to improve care for children and youth

Payment Reform:

- Building blocks to tie value to payment and ensure financially sustainable system of care

Integration:

- Allowing better care for youth with co-occurring disorders

Medical Necessity:

- Address barriers to treatment, improve coordination between managed care and specialty mental health, allow services prior to diagnosis, and ensure Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services protections



Building on telehealth progress

- **During pandemic:** Ensure maximum flexibility to provide children and youth access to services.
- **Post-pandemic:** Leverage what we learned to keep what works, and keep building on improvements.



Metrics: Ensure accountability for access

- Holding counties and managed care plans accountable to standards for access and quality through multiple metrics:
 - Time & Distance
 - Timeliness of Appointments and Services
 - Provider Ratios
 - Penetration Rates
 - Grievance & Appeals
 - CMS* Core Set and other Quality Measures
- Developing a public mental health dashboard; SUD dashboard in development.

* *CMS: Centers for Medicare & Medicaid Services*



Functional assessments:

Child and Adolescent Needs and Strengths (CANS)
Pediatric Symptom Checklist (PSC)

- Tools are used to assess baseline and determine response to treatment over time.
- Currently working to develop a reporting and oversight infrastructure, which could include:
 - Analyze functional assessment and utilization data to assess treatment effectiveness by county and statewide (by age, race, gender, primary language etc.).
 - Perform comparative analyses of counties and work with counties on improvement projects.



Meeting the needs of youth in foster care system

- **AB 2083:** Better coordinate between county and state agencies, focused on trauma-informed practices.
- **Therapeutic Foster Care:** Implement and scale model (as of June 2020, there are 12 TFC providers approved and 11 providers awaiting Medi-Cal Certification).
- **Pathways to Well-Being (Katie A.):** Ensure children and youth have access to coordinated and intensive home-based treatment services.
- **Family Urgent Response System:** Implement statewide hotline and county mobile response to allow prompt intervention and issue resolution for children, youth in foster care and their families.
- **CalAIM Foster Care Model of Care Workgroup:** Evaluate options for better and more reliable health care for children and youth in child welfare.



Improving Behavioral Health Care for Children and Youth

- OPEN FORUM
 - What else should we consider?
 - What ideas do you have to improve quality and access for Children and Youth?



Public Comment



Next Steps and Final Comments