CalAIM Behavioral Health Workgroup

November 8, 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Housekeeping

- Members of the public will be able to comment at the end of the meeting.
- Workgroup members can participate in the “chat.”
- Workgroup members are encouraged to turn on their camera.
- Please mute yourself if you’re not speaking.
- Use the “raise hand” feature to make a comment during the discussion period.
- Live closed captioning is available – you can find the link in the chat.

Welcome & Introductions

- **Paula Wilhelm**, Deputy Director, Behavioral Health, DHCS
- **Erika Cristo**, Assistant Deputy Director, Behavioral Health, DHCS
- **Tere Gonzalez**, Chief, Program Policy Unit, DHCS

Agenda

12:00 – 12:05: Welcome

12:05 – 12:15: DMC-ODS Traditional Healers and Natural Helpers Services (TH/NH) Update

12:15 – 12:25: Workgroup Discussion

12:25 – 12:45: Medi-Cal Manual for ICC, IHBS, TFC Services for Medi-Cal Members (4th Edition) Updates

12:45 – 1:00: Workgroup Discussion

1:00 – 1:20: Introduction and Context: High Fidelity Wraparound in Medi-Cal

1:20 – 1:40: Workgroup Discussion

1:40 – 1:45: Wrap Up & Next Steps

1:45 – 2:00: Public Comment

DMC-ODS Traditional Healers and Natural Helpers Update

Medi-Cal Coverage of Traditional Health Care Practices – Approved Oct. 16, 2024

- On October 16, the Centers for Medicare & Medicaid Services (CMS) approved California's request to cover Traditional Healer and Natural Helper Services (collectively referred to as Traditional Health Care Practices) in the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- With CMS approval, Indian Health Care Providers in 39 DMC-ODS counties, representing 96% of Medi-Cal members, can request Medi-Cal reimbursement for providing Traditional Healer and Natural Helper Services no sooner than January 1, 2025.
- Traditional healers may use an array of interventions, including music therapy (such as traditional music and songs, dancing, and drumming), spirituality (such as ceremonies, rituals, and herbal remedies), and other integrative approaches. Natural helpers may assist with navigational support, psychosocial skill building, self-management, and trauma support to members to restore the health of Medi-Cal members receiving care from Indian Health Care Providers.
- California is one of four states approved to reimburse traditional health care practices through Medicaid, along with Arizona, New Mexico, and Oregon.

Context: Medi-Cal Coverage Requests

- In 2017, DHCS submitted its **first request to cover Traditional Healer and Natural Helper Services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).**
  - In 2020, DHCS submitted a **second request** to CMS
  - In 2021, DHCS submitted a **third request** to CMS
- The purpose of these requests was to provide culturally appropriate options and improve access to Substance Use Disorder (SUD) treatment for American Indians and Alaska Natives (AI/AN) receiving SUD treatment services through Indian Health Care Providers (IHCPs).
- DHCS recognizes that reimbursement for these services to address SUD in a manner that retains the sanctity of these ancient practices is critical.
- **In early 2024 CMS announced they would be seeking approval for Medicaid coverage of Traditional Health Care Practices** in four states (CA, AR, OR, NM) with a standard framework.

“It is vital that we honor our traditional ways of healing and understand they are as important and valuable as Western medicine,” said **Kiana Maillet, licensed therapist and owner of Hiichido Licensed Clinical Social Worker Professional Corporation**. “Traditional healing is deeply engrained in our blood memory, our cultures, and our communities. Without it, we are missing a piece of who we are. As we continue to regain access to traditional ways – ways that our ancestors were punished for in the past – we move forward with healing from historical traumas and improving the health of our future generations.”

California's Approved Approach

- **Eligible beneficiaries:** Medi-Cal members receiving care through DMC-ODS to promote treatment of substance use disorders (SUDs).
- **Counties:** All DMC-ODS counties will be required to offer the Traditional Healer and Natural Helper Services benefit.
- **Providers/Practitioners:** Urban Indian Organizations (UIOs), Indian Health Service-Memorandum of Agreement (IHS-MOA) programs, and Tribal Federally Qualified Health Centers (FQHCs) are all included as eligible provider organizations that may render covered services.
- **Reimbursement:** Traditional Healer and Natural Helper services will be reimbursed consistent with DHCS' existing policy for DMC-ODS services; see BHIN 22-053.

Implementation Timeline

- **Beginning Summer 2024**
  - Policy development and consultation
- **October 16, 2024**
  - CMS approves DHCS's Traditional Healer and Natural Helper request
- **Late Nov / Early Dec 2024**
  - Anticipated release of the draft BHIN for public comment
- **No later than Dec 31, 2024**
  - Anticipated release of the BHIN and FAQ document
- **No sooner than Jan 1, 2025**
  - IHCPs can seek reimbursement for providing Traditional Healer and Natural Helper services
- **Q1 2025**
  - Ongoing technical assistance

Workgroup Discussion

Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Members (4th Edition) Updates

DHCS

Background

- Manual provides Mental Health Plans, providers, Medi-Cal members, county representatives, and other stakeholders with information regarding ICC, IHBS, and TFC services.
- Initially developed as a result of the Katie A. Settlement Agreement which resulted in the implementation of ICC, IHBS and TFC services.
- These services are available to Medi-Cal members under the age of 21, when medically necessary, to correct or ameliorate defects and mental illnesses or conditions through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
- Upcoming updates will constitute the fourth edition of the manual.

Purpose

- Update the Medi-Cal Manual for ICC, IHBS and TFC Services for Medi-Cal members to incorporate various policy changes that stem from the California Advancing and Innovating Medi-Cal (CalAIM).
- The manual also incorporates changes related to other children and youth initiatives such as Systems of Care and Child and Family Teams.

Updates

- Revisions to the Medi-Cal Manual for ICC, IHBS and TFC Services for Medi-Cal members include:
  - Updates to reflect the access criteria for Specialty Mental Health Services (SMHS) as established in Behavioral Health Information Notice (BHIN) 21-073.
  - Clarification related to screening and referral requirements for child welfare and juvenile probation departments pursuant to the California Department of Social Services All County Letter (ACL) 24-35.
  - Addition of Systems of Care provisions and related Memorandum of Understanding requirements pursuant to BHIN 19-053.

Updates

- Updates to provisions related to Child and Family Teams such as information sharing and engagement of Tribal representatives in alignment with the Indian Child Welfare Act (ICWA) and Assembly Bill 153.
- Updates to ICC, IHBS and TFC to align with documentation and claiming requirements established pursuant to CalAIM and included in BHIN 23-068 and the Specialty Mental Health Services billing manual.
- Technical and conforming edits (i.e. change references to beneficiaries as to members; update service descriptions in the glossary).

Timeline and Next Steps

- **Finalize draft revisions:** Nov 2024
- **Release updated manual draft for a four-week stakeholder review period:** Nov/Dec 2024
- **Finalize and post manual:** March 2025
- **Engage stakeholders on High-Fidelity Wraparound; begin to develop policy and additional, revised manual content:** Throughout 2025

Discussion Prompts

- What feedback do you have about ICC, IHBS, and TFC service delivery today?
- What policy updates might support effective service delivery?
  - Example: Stakeholders have recommended eliminating prior authorization for IHBS.
- What future revisions to the manual (or related policy guidance) would you recommend - distinct from revisions discussed today to conform with existing policy and changes that will be made related to High-Fidelity Wraparound?

Workgroup Discussion

Introduction and Context: High Fidelity Wraparound in Medi-Cal

Coordinated High Fidelity Wraparound (HFW) Rollout Across Behavioral Health Transformation (BHT) and Medi-Cal

DHCS will clarify coverage of HFW in Medi-Cal and develop a bundled claiming model for this benefit. Counties must also implement HFW as an evidence-based practice within BHT Full Service Partnership (FSP) programs.

- DHCS proposes to implement Medi-Cal coverage updates for HFW as of **July 1, 2026;** this is also the implementation date for new BHT FSP requirements.
- As part of this effort, DHCS will:
  - Develop requirements for **HFW FSP programs under BHT**, which will mirror the Medi-Cal HFW guidance (in process).
  - Clarify coverage of HFW as a **Medi-Cal service that can be claimed using a bundled model under SMHS** (the full model may also incorporate other Medi-Cal billable services). This Medi-Cal HFW bundle is under development and will use existing federal authority.
- Note: In 2024, AB 161 specified that DHCS will "implement a **case rate or other type of reimbursement** for HFW as a Medi-Cal specialty mental health service for members under 21 years of age" and that, "upon the Immediate Needs [IN] Program taking effect, **a portion of the IN funding shall be used as the non-federal share** of Medi-Cal covered HFW Services."

Context: HFW in California

- In **1997**, **CA Wraparound** was established through SB 163 to allow counties to provide ***optional*** wraparound services to children/youth with child welfare involvement. California Wraparound Standards articulate and operationalize the principles, phases, and key elements that are the foundation of the HFW model.
  - CA Wraparound (not HFW) is the current model for wraparound delivery in CA. The California Department of Social Services (CDSS) aims to **align the CA Wraparound standards and fidelity monitoring processes with the principles of HFW.**
- In **2024,** AB 161 specified that DHCS will implement a case rate or other type of reimbursement for **HFW as a Medi-Cal specialty mental health service** for members under 21 years of age.
  - Concurrently, CDSS' **Permanent Foster Care Rate Structure** passed, restructuring foster care rates so that they are based on the child's assessed level of needs and strengths, and not based on the placement type.

Context: HFW Under BHT (SB 326)

- Under Prop 1/BHT, all counties will **be required to include HFW programs as part of their BH Services Act Full Service Partnership (FSP) Programs by 7/1/26.**
  - To support county planning that must occur throughout 2025, DHCS is beginning to develop high-level guidance on a range of EBPs that are named in the BHT statute.

- **SB 326:**
  - ***Per WIC § 5887, each county shall administer a full service partnership program that includes the following services:***
    …(2) Assertive Community Treatment and Forensic Assertive Community Treatment fidelity, Individual Placement and Support model of Supported Employment, **high fidelity wraparound**, or other evidence-based services and treatment models, as specified by the State Department of Health Care Services."

Context: Clarifying Medi-Cal Coverage

- Through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, HFW is already covered statewide, but providers typically bill Medi-Cal SMHS for discrete elements of the service; **there is currently no consistent way to bill for the service** across the state.
- DHCS will implement HFW as a **statewide** bundled service within SMHS.
- The state is intending to **clarify coverage** authorized through the existing Targeted Case Management (TCM) State Plan service.*

*Intensive Care Coordination (ICC) is a statewide intensive form of SMHS TCM that is covered through the existing TCM State Plan. DHCS will consider, and seek stakeholder feedback on, how HFW and ICC will interact; this will be described in forthcoming Medi-Cal guidance.

Overview of High Fidelity Wraparound (HFW)

HFW is a **team-based** and **family-centered evidence-based practice** that includes an **"anything necessary"** approach to care for children/youth living with the **most intensive behavioral health challenges**. HFW is regarded as an **alternative to out-of-home placement for children with complex needs,** by providing intensive services in the family's home and community.

- HFW centers family voice and decision-making in developing a care plan to reach desired family outcomes by providing a structured, creative, and individualized set of strategies that result in plans/services that are effective and relevant to the child, youth, and family.

- HFW is delivered by a **HFW Facilitator**, who leads a team through a prescribed process, which is both flexible and responsive to child and family-identified strengths and needs.

- At its core, high fidelity wraparound is defined as **adherence to the four phases of the HFW model:**

Phase 1: Engagement and Team Preparation	Phase 2: Plan Development	Phase 3: Implementation	Phase 4: Transition

HFW Team Structure

- The HFW team is comprised of the **child or youth, the family, the HFW staff, Tribes** in the case of an Indian child, and the **formal, informal, and natural supports** that support the child or youth and family and participate in the implementation of the HFW plan of care. The HFW team *may* be the same team as the Child and Family Team (CFT) when applicable.
- Consistent with **CA Wraparound Standards**, teams are **required to have the following roles or functions (but not necessarily separate positions)**:

HFW Facilitation Team

- **Facilitator**
- **Family Specialist**
- **Parent Partner**
- **Youth/Peer Partner**

Support Functions

- **Clinical Supervisor**
- **Wraparound Supervisor/Manager**
- **Wraparound Fidelity Coach**

- HFW teams **must staff accordingly to meet the racial, diversity, and equity needs of youth and families**.

Evidence Base for HFW

When wraparound is delivered with high fidelity to the practice model, there is a strong evidence base for positive impact on youth and families.

- Various programs emphasize "wraparound" as a component of service delivery, but there is a difference between wraparound as a philosophy of care, and HFW, which is an **evidence-based practice (EBP).**
- Programs that implement HFW achieve more favorable outcomes. For example, studies have found that families who received HFW **practiced to fidelity** achieved better outcomes such as:
  - ✓ **Child behavior and parent satisfaction**
  - ✓ **Improved mental health functioning**
  - ✓ **Reduced absences and suspensions from school**
  - ✓ **Cost savings** through reduced claims expenses for Emergency Room and inpatient psychiatry visits.

Vision for Expanding Medi-Cal HFW

- DHCS will implement HFW as an evidence-based practice with a bundled payment within SMHS in July 2026 to meet the goals of delivering care to children/youth with high needs in the least restrictive environment.
- **Goal:** Make HFW a Medi-Cal reimbursable "top tier" option for children with the most significant and complex BH needs.
- **Key Design Considerations**
  - Integrate HFW appropriately into the Medi-Cal care continuum
  - Improve delivery of HFW to support a diverse range of needs and systems interaction
  - Collaborate with key partners and clearly delineate roles and responsibilities
  - Improve clarity about how services with care management/coordination components interact with HFW (e.g., Enhanced Care Management, Intensive Care Coordination)
  - Avoid billing and service duplication
  - Support CDSS efforts to align CA Wraparound with HFW for children/youth with Child Welfare involvement

Service Criteria: Identifying Need for HFW

- DHCS proposes that Medi-Cal HFW service criteria and indicators of needs be consistent with Medi-Cal Intensive Care Coordination (ICC), other states' HFW programs, and discussions with national experts.

- Service Criteria Guidelines:
  - Per the EPSDT mandate, MHPs have an **affirmative responsibility** to determine when children/youth under age 21 need HFW
  - HFW may be delivered to any child/youth who (1) meets SMHS access criteria; and (2) ***other service criteria to be determined through future discussion***
  - No prior authorization required

- Priority Populations / Indicators of Need (intended as guidance, not as requirements/conditions) may include but will not be limited to:
  - Children/Youth experiencing or at risk of homelessness; in or at risk of being in the juvenile justice system; reentering the community from a youth correctional facility; in the child welfare system; or at risk of institutionalization
  - History/clear risk of out of home placement (includes foster care placement) or multiple crisis events (e.g., being considered for high-level-care institutional or inpatient settings, such as STRTPs, Children's Crisis Residential Programs (CCRPs), and Community Treatment Facilities (CFTs))
  - Expressed desire by the youth and family to participate in HFW

HFW Service Components and Potential Approaches to Medi-Cal Claiming

- All eligible children/youth will receive any Medi-Cal service as needed and appropriate within the HFW model. DHCS will identify components that may be claimed under a Medi-Cal bundled rate; components that may be covered in Medi-Cal outside of the bundled rate; and components that must be funded in other ways.

- **A basic HFW Medi-Cal claiming bundle might include:**
  - HFW Facilitation and Coordination*
    - Child and Adolescent Needs and Strengths (CANS) Administration
    - Individualized Care Planning, including Safety and Crisis Planning
    - Caregiver Peer Support

- **Additional services (as needed) can be covered through Medi-Cal. Examples (non-exhaustive) might include:**
  - Therapy
  - Youth Peer Support
  - 24/7 Support (mobile crisis)
  - Intensive Home-Based Services
  - Caregiver Respite

- *If a child (whether through SMHS or CW) has an existing CFT, that team is a part of the HFW facilitation team but does not necessarily comprise all individuals who may be involved in the HFW facilitation meetings/plan of care.

- **Flexible Funds are a vital component of HFW,** and inclusive of anything deemed necessary by the HFW team. Flexible funds **are not covered by Medi-Cal.**

Key Considerations for Policy Design (*non-exhaustive)

- **Throughout 2025, DHCS will collaborate with stakeholders on key design decisions. A forthcoming HFW concept paper will comprehensively outline key decision points to spur initial discussion on topics including:**
  - Service components
  - Service criteria and clinical indicators of need
  - HFW team structure and roles
  - Alignment with CA Wraparound, National Wraparound Initiative standards, and Family First Prevention Services Act (FFPSA) requirements
  - Interactions with SMHS Intensive Care Coordination (ICC) and Enhanced Care Management (ECM)
  - Funding sources for non-federal share of Medi-Cal benefit and for components not covered by Medi-Cal (e.g., flex funds)
  - Fidelity across Child Welfare and SMHS

Next Steps in HFW Design Process

- **Spring 2025:** DHCS will develop a HFW concept paper to be shared with stakeholders to solicit input on the Medi-Cal SMHS HFW bundle design and the design points to date.
- **2025:** Continue design process with key partners after concept paper released.
  - End of 2025: Release Medi-Cal guidance
- **July 1, 2026:** HFW Medi-Cal Bundle go-live

Workgroup Discussion

Wrap-Up

Wrap Up

- If you have additional questions, please email DHCS at BHCalAIM@dhcs.ca.gov with the subject Line “CalAIM BH Workgroup – November 2024.”

Public Comment

Public Comment

- Members of the public may use the raise hand feature to make a comment.
- Comments will be accepted in order of when hands are raised.
- When it is your turn, you will be unmuted by the meeting host.
- Please keep comments to 2 minutes or less.

Thank You!

Appendix

Background:
Indian Health Care Providers (IHCPs) in California

- IHCPs are federally defined as health care programs operated by the Indian Health Service (IHS), an Indian Tribe, a Tribal Organization, or an Urban Indian Organization (UIO).
- In California, there are:

61 Indian Health Service Memorandum of Agreement (IHS-MOA) 638 clinics Butte, Colusa, Del Norte, Fresno, Humboldt, Imperial, Kings, Lassen, Madera, Mendocino, Modoc, Plumas, Riverside, San Bernardino, San Diego, Shasta, Siskiyou, Sutter, Tehama	**72 Tribal Federally Qualified Health Centers (FQHCs)** Amador, Butte, Calaveras, El Dorado, Glen, Humboldt, Inyo, Lake, Mariposa, Modoc, Mono, Nevada, Placer, Riverside, San Bernardino, San Diego, Santa Barbara, Shasta, Sonoma, Tehama, Tuolumne, Yolo
17 Urban Indian Organizations (UIOs) Alameda, Fresno,, Bakersfield, Los Angeles, Sacramento, San Francisco, San Diego, Santa Barbara, Santa Clara	**2 IHS Youth Regional Treatment Centers** Yolo and Riverside

Service Descriptions

DHCS partnered with Tribes to develop service descriptions of traditional healer and natural helper services. These services are now coverable under the CalAIM demonstration.

- Service Descriptions:
  - Traditional Healers may use an array of interventions including music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies), and other integrative approaches.
  - Natural Helpers may assist with navigational support, psychosocial skill building, self-management, and trauma support to individuals that restore the health of those Medi-Cal members receiving DMC-ODS services at an IHCP.

Individual Provider Qualifications *(1 of 2)*

In partnership with Tribes, DHCS also developed preliminary qualification requirements for individuals who will offer Traditional Healer and Natural Helper services through IHCPs.

» Individual Provider Qualifications:

- Traditional Healers may use an array of interventions including music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies), and other integrative approaches.
- Natural Helpers may assist with navigational support, psychosocial skill building, self-management, and trauma support to individuals that restore the health of those Medi-Cal members receiving DMC-ODS services at an IHCP.

Individual Provider Qualifications *(2 of 2)*

In partnership with Tribes, DHCS also developed preliminary qualification requirements for individuals who will offer Traditional Healer and Natural Helper services through IHCPs.

» Individual Provider Qualifications:

- Natural Helpers are health advisors contracted or employed by the IHCP who seek to deliver health, recovery, and social supports in the context of Tribal cultures. Natural Helpers could be spiritual leaders, elected officials, paraprofessionals and others who are trusted members of their Native American Tribe, Nation, Band or Rancheria.
- IHCPs seeking reimbursement for Natural Helpers and/or Traditional Healers will develop and document credentialing (e.g., recognition and endorsement) policies consistent with the minimum requirements above.