

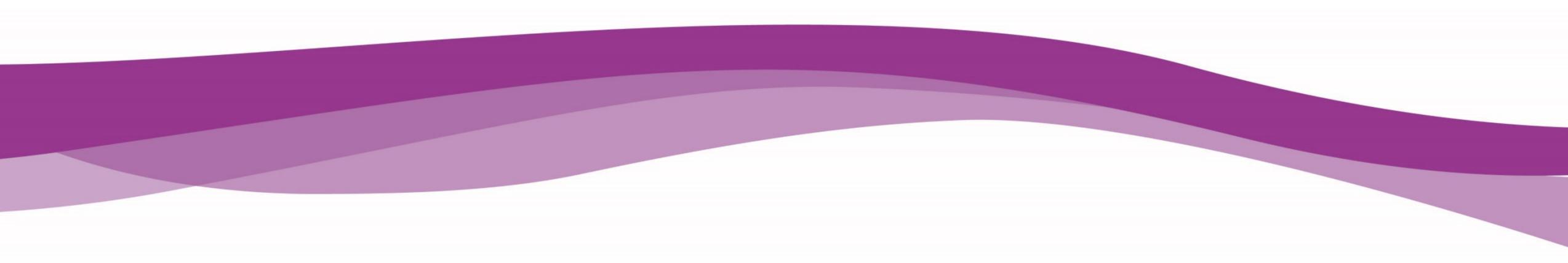
Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

October 21, 2021

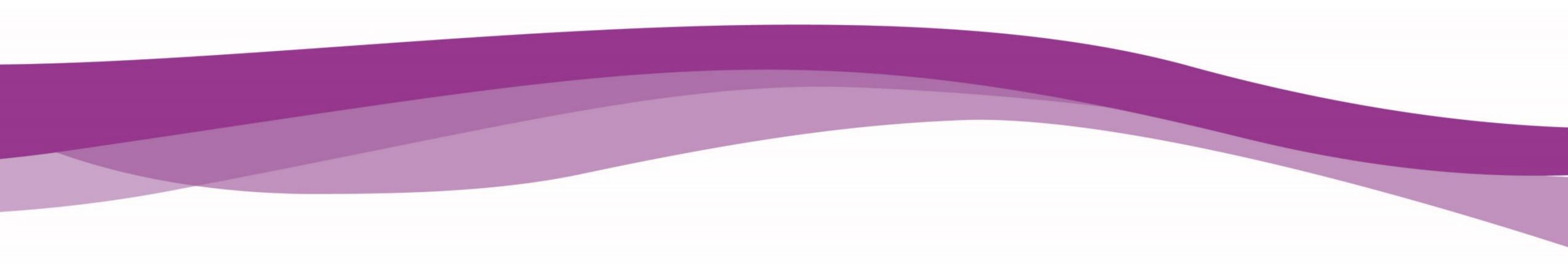
Webinar Tips

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

Director's Update

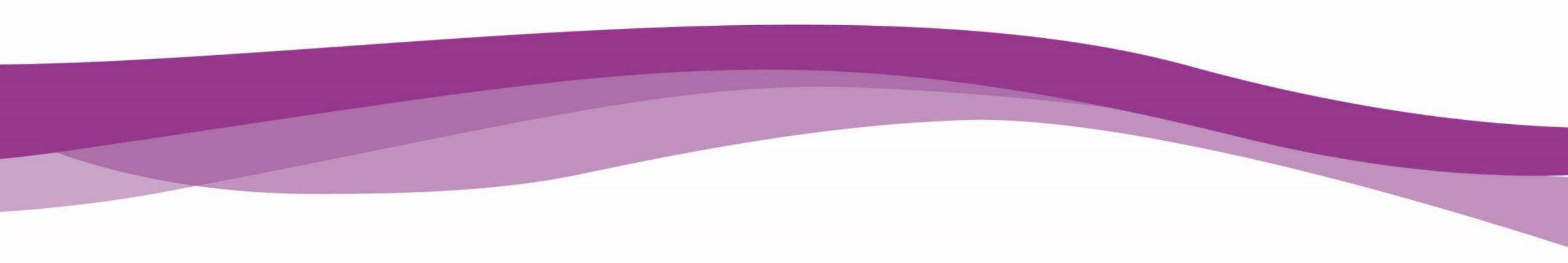
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Update on Section 1115/1915(b) Waivers

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Medi-Cal COVID-19 Vaccinations

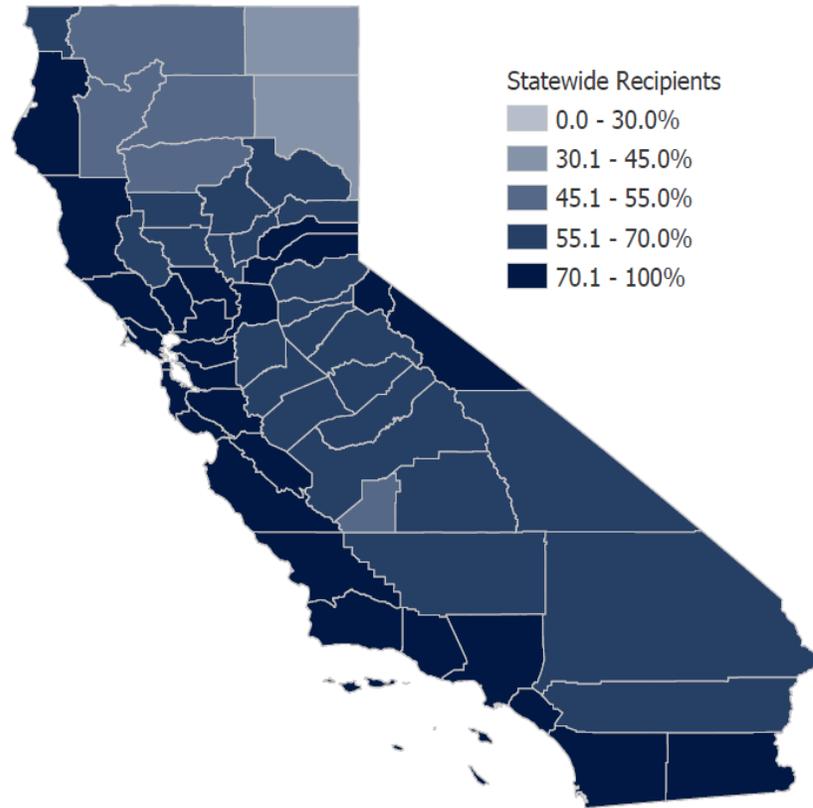
(for beneficiaries 12 years of age and older)

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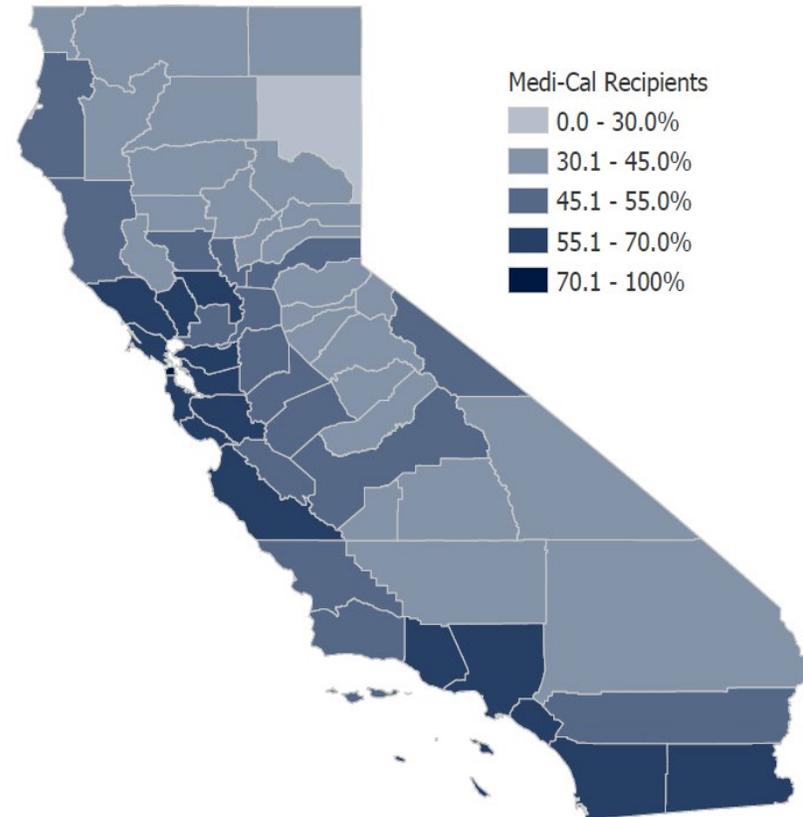
Received at least one dose as of October 4, 2021

Percentage of 12+ years old, by county

All Californians



Medi-Cal Beneficiaries



Note: Medi-Cal beneficiaries are a subset of all Californians

Data is updated biweekly on the DHCS [website](#).

COVID Vaccine Incentive Program

- » Vaccine Response Plan (\$50 million): Submitted by MCPs to DHCS September 1, 2021.
- » Direct member incentives (\$100 million): Gift cards up to \$50 for members after vaccination.
- » Vaccine outcome achievement (\$200 million): MCP payments tied to three intermediate outcome and seven vaccine uptake measures.
- » Baseline vaccination rate as of August 29, 2021.
- » Outcomes evaluated as of:
 - » October 31, 2021
 - » January 2, 2022
 - » March 6, 2022

Vaccine Response Plan Strategies

- » Partnerships with:
 - » Large-scale events of interest for specific communities (concerts, festivals, events in the park, sports, arts, etc.) for vaccine clinics.
 - » EMTs and home health agencies to vaccinate homebound members and caregivers.
- » Myths/facts campaigns to counter vaccine hesitancy and misinformation
 - » Utilize providers of color and other trusted community members to dispel misinformation.
 - » Develop scripts for front line office and health plan member services staff to address misconceptions about the vaccine.
- » Provider incentives to enroll in CalVax and for each COVID-19 vaccine given (including pharmacy providers).
- » Promote vaccine messaging through platforms frequented by a target population of 12-18 year olds (TikTok, Reddit, etc.).

DHCS Plans for End of COVID-19 Public Health Emergency (PHE) – Member Eligibility

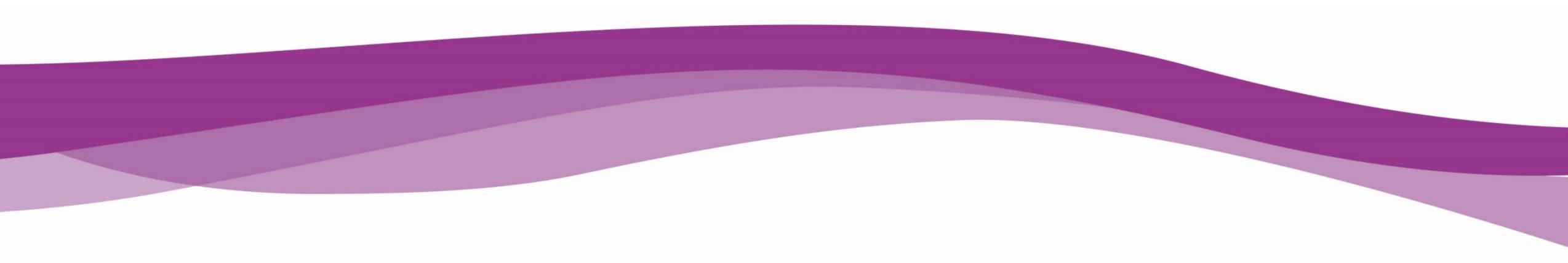
- » DHCS is collaborating with community partners to prepare for the conclusion of the federal COVID-19 PHE.
- » DHCS is releasing policy guidance to counties related to processing outstanding case work in two phases:
 - » Phase 1- Preparation activities during the COVID-19 PHE
 - » Phase 2- Resumption of operations after the COVID-19 PHE Ends
- » The Center for Medicare & Medicaid Services (CMS) issued guidance allowing states 12 months to process outstanding case work once the COVID-19 PHE ends, and requiring a redetermination of Medi-Cal eligibility based on current household information.
 - » Most Medi-Cal beneficiaries will be redetermined during scheduled annual renewals following the end of the COVID-19 PHE.

DHCS Plans for End of COVID-19 PHE – Member Eligibility (cont.)

DHCS initiated several outreach strategies to obtain updated beneficiary information and keep beneficiaries informed about the COVID-19 PHE impacts on their Medi-Cal eligibility, including:

- » Created global outreach materials, including social media posts, website banners, sample flyer language, and phone scripts, to be used by other state departments, local county offices, Medi-Cal health plans, and community-based organizations to encourage beneficiaries to report changes.
 - » [MEDIL 21-21](#) published on 10/1/21
- » In late October, a beneficiary outreach letter and FAQs regarding counties resuming case processing will be sent.

DHCS Initiatives

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New Medi-Cal Benefits

July 2021

- Medication Therapy Management
- Remote Patient Monitoring

Jan 2022

- Continuous Glucose Monitoring
- Whole Genome Sequencing

July 2022

- BH Peers
- Community Health Workers
- Doula
- Dyadic Services

Medi-Cal Eligibility Changes

July 2021

- Accelerated Enrollment

April 2022

- 12-month Postpartum Coverage Expansion

May 2022

- Expand Medi-Cal to Older Californians

July 2022

- Increase Medi-Cal Asset Amount

Jan. 2024

- Eliminate Medi-Cal Asset Test

Financing Reforms or Incentives

2023 Payment Reforms

- Quality and Equity Measures in MCP Capitation Payment Methodology
- Behavioral Health
- Skilled Nursing Facilities
- Federally Qualified Health Centers

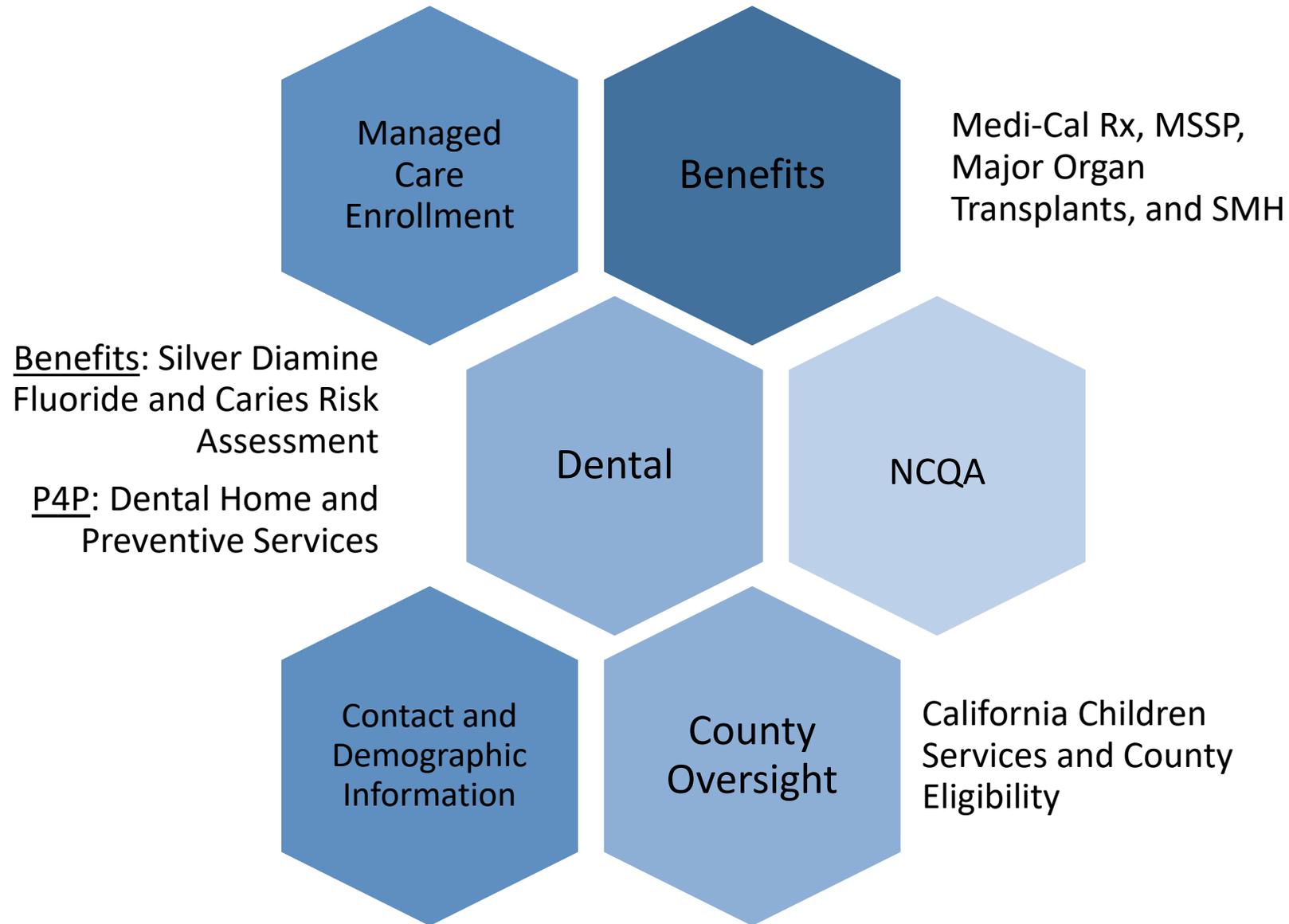
Incentive Payments

- CalAIM – Enhanced Care Management and Community Supports
- Housing and Homelessness
- COVID-19 Vaccine
- Behavioral Health in Schools

Rate Changes

- Unfreeze Intermediate Care Facilities for the Developmentally Disabled and Free Standing Pediatric Subacute Rates
- Regional Capitation Rates

Standardize and Simplify



Behavioral Health

BH Continuum Infrastructure

SMI/SED IMD Waiver

Children and Youth BH Initiative

2022

- Modify Criteria of Services
- No Wrong Door
- Peers
- Contingency Management
- CalBridge BH Program
- DMC Parity

2023

- Mobile Crisis
- Standard Screening & Transition Tools
- CPT Code Transition
- Payment Reform

2024

- BH Quality and Utilization Dashboard
- Network Adequacy Expansion

2022

Specialty Mental Health and Substance Use Disorder Administrative and Clinical Integration

2027

Children and Youth BH Initiative

Build Statewide Infrastructure

2022

Stakeholder and BH Think Tank Engagement
Medi-Cal Incentive Program to increase BH in Schools
School Linked Capacity and Infrastructure Grants to Schools, Providers and CBOs
BH Evidence -Based Program Grants
BH Continuum Infrastructure
BH Workforce Expansion

2023

Continue Stakeholder Engagement, Incentives, Infrastructure Grants, and Workforce Expansion
Provider Training of Virtual Platform
Public Awareness Campaign

Statewide Fee Schedule for BH Services in Schools

Statewide BH Network in Schools

2024

Launch Virtual Platform

eConsult

Statewide CBO Network

School-Based Services

Local Educational Agency Billing
Option Program and SB 75

School-Based Administrative
Activities

Medical
Therapy Units
(CCS)

Standardize,
Simplify, and
Expand
School-Based
LEA Services
and Billing

2022

School BH Incentive
Program

2024

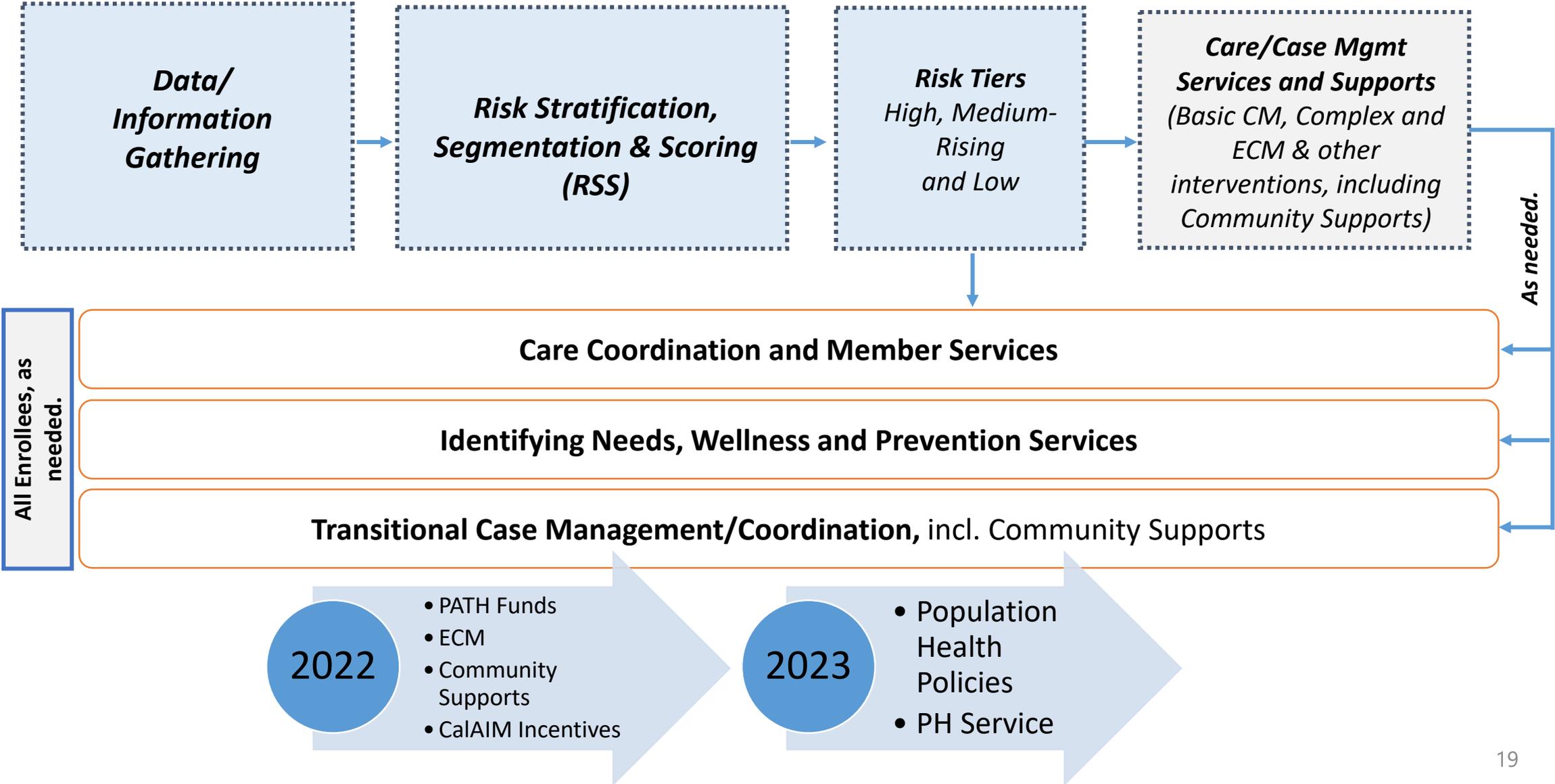
Children and Youth
Behavioral Health
Initiative

2024

Require all Medi-Cal
MCPs provide Medi-
Cal Services in Schools

Increase Access
to Medi-Cal
Services in
Schools Paid by
MCPs

Population Health



Justice Package

2022

- Justice Advisory Committee
- Providing Access and Transforming Health Supports (PATH) supports to help justice-involved initiatives' capacity building and prepare for implementation
- Access to recovery services for individuals, including for justice-involved populations

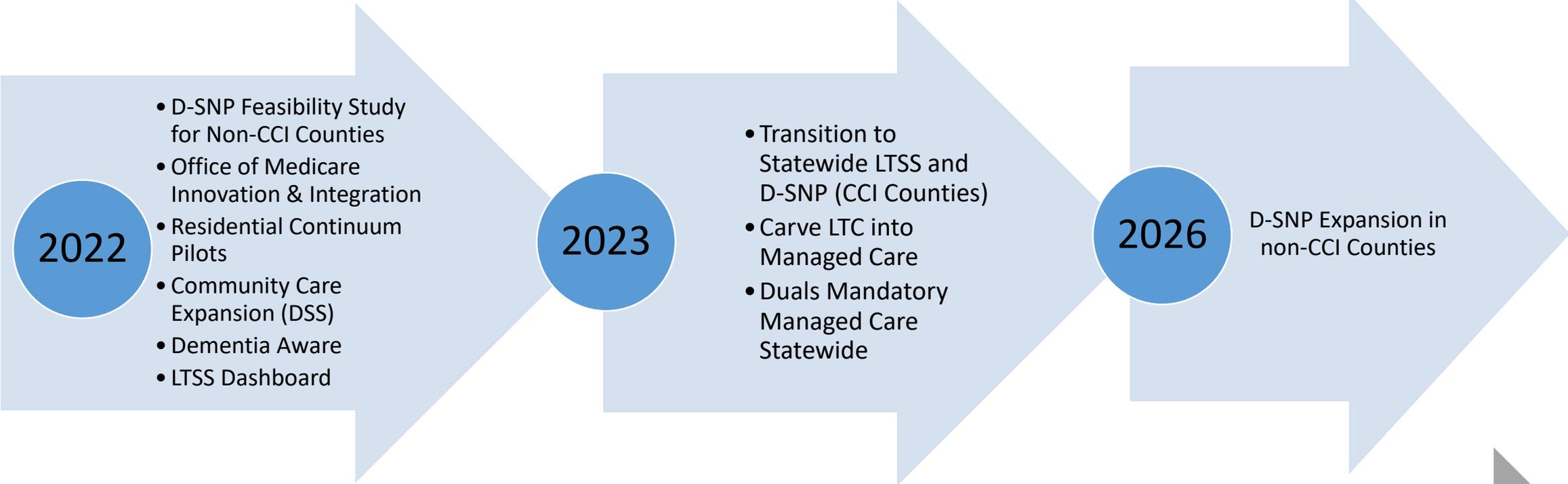
2023

- Mandatory Medi-Cal application process upon release from county jails and juvenile facilities
- Services for eligible justice-involved populations for 90 days pre-release
- Coordinated re-entry, including:
 - Behavioral health warm handoff to plans and counties
 - Enhanced Care Management (ECM) population of focus for coordinated re-entry
 - Community Supports (ILOS) (e.g., housing support, medically supportive foods) for justice involved upon re-entry

Upon System
Readiness

- Enhancements for facilitating data sharing, including for justice-involved populations
- Automated Suspension Process

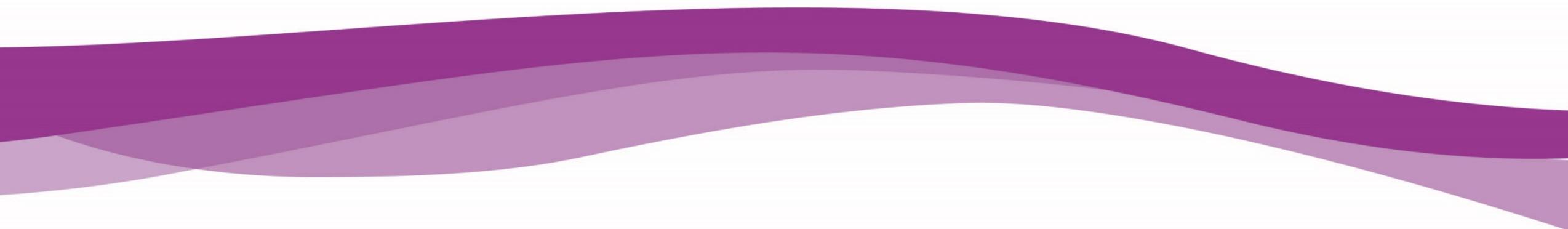
Managed Long Term Services and Supports



Planning for Next Waiver in 2027

- » Full administrative integration of specialty mental health and substance use disorder services
- » Statewide Managed Long Term Services and Supports
- » Full Integration Plans

CalAIM Behavioral Health Initiatives, including Contingency Management



CalAIM/Waivers Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Changes to criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation redesign for SUD and SMHS	July 2022
Co-occurring treatment	July 2022
No wrong door	July 2022
Peer support specialist services	July 2022
Standard screening and transition tools	January 2023
Payment reform	July 2023

Criteria for Access to SMHS

January 2022

- » Language crafted with stakeholders and finalized in AB 133.
- » Goal to increase access: covering services during assessment period, allowing treatment without confirmed diagnosis, and expanding criteria to include experience of trauma, such as homelessness, child welfare, or juvenile justice involvement.
- » Stakeholder feedback on BH Information Notice.

DMC-ODS 2022-2026

January 2022

- » Transition coverage and program authority from 1115 demonstration to State Plan and 1915(b) waiver.
- » Sustain recent policy updates (e.g., coverage during assessment period; remove annual residential treatment limits; require providers to offer or refer for Medication Assisted Treatment (MAT)).
- » New services pending Centers for Medicare & Medicaid Services (CMS) approval (e.g., contingency management pilot; traditional healers, and natural helpers).

Documentation Redesign

July 2022

- » Rooted in discussions from 2019 CalAIM BH Workgroup.
- » Redesign workgroup to feature presentations that review key decision points.
- » Extensive iterations, gathering feedback verbally and in writing from broad stakeholder group.

Documentation Redesign

July 2022

- Static treatment plan → Dynamic problem list
- Non-standardized assessments → Domain-driven assessments
- Complex and lengthy narrative notes → Lean documentation guidance
- Disallowances for variances in documentation → Disallowances for fraud, waste, abuse; corrective action plans for variations in quality

Co-Occurring Treatment

July 2022

- » Clinically appropriate services for mental health conditions in the presence of a co-occurring SUD are covered in all delivery systems.
- » Clinically appropriate services for SUD conditions in the presence of a co-occurring mental health (MH) disorder are covered in all delivery systems.
- » Remove disallowance for “wrong” primary diagnosis.

No Wrong Door

July 2022

- » Beneficiaries receive clinically appropriate and covered services regardless of the delivery system from where they seek care.
- » Services rendered in good faith will be reimbursed by the provider's contracted plan during assessment.
- » Beneficiaries in certain circumstances can receive unduplicated care in more than one delivery system.

No Wrong Door (cont.)

July 2022

- » Informational and technical assistance webinars and FAQ to be provided in early-mid 2022 to support implementation.
- » Partnering with counties and MCPs to update manuals, guidance, Memorandum of Understanding (MOU), and contracts for both MH systems.

Screening and Transition Tools

January 2023

- » Workgroup to design tools for adults and youth started in January 2021.
- » Members included representation from Medi-Cal MCPs and county behavioral health directors.
- » Adult tools designed first; beta testing with Riverside County and the Inland Empire Health Plan in September 2021.

Screening and Transition Tools (cont.)

January 2023

- » Adjustments to adult tools will be made based on beta testing feedback and moved to piloting in select areas.
- » Workgroup expanded in summer 2021 to include individuals with youth expertise to support children's tool development.

BH Payment Reform

July 2023

- » Implement BH payment reform on July 1, 2023
 - » Fee schedule for county BH plans with rate-based payments
 - » Transition from certified public expenditure (CPE) methodology to intergovernmental transfers (IGT)

Peer Certification

- » On July 22, 2021, DHCS issued Peer Support Specialist Certification requirements through [Information Notice 21-041](#).
- » Counties have identified the California Mental Health Services Authority (CalMHSA) as the entity that will represent counties for the implementation of a state-approved Medi-Cal Peer Support Specialist Certification Program.
- » CalMHSA will have the certification program in place so peers can be certified starting in July 2022, which meets the law's requirements.
- » DHCS will submit all federal authorities to CMS and aim to have federal approval by July 2022.

Contingency Management

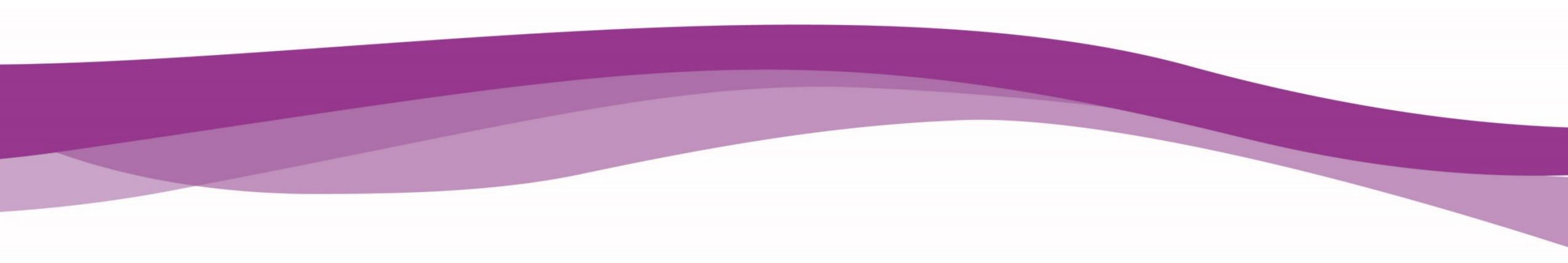
Proposed optional pilot: July 2022 – June 2024

- » Combining motivational incentives with counseling is the only proven treatment for stimulant use disorder.
- » Funded as an optional pilot as part of the Home and Community-Based Services program, approved by CMS.
- » Proposed to be included as a new Medicaid benefit in 1915(b)3 waiver; DHCS is currently in conversation with CMS.

Contingency management: proposed policy

- » Counties apply to participate
- » Offered through enrolled DMC-ODS providers:
 - » Clients must complete an ASAM assessment
 - » Counseling and urine screens done by providers
 - » Motivational incentives administered either through an app (on patient's phone/computer) or a web-based incentive distribution company (incentive printed at provider's office)
- » Funding available through the BH Quality Improvement Program for start-up costs and training
- » Must have rigorous safeguards in place to prevent fraud and diversion
- » SAMHSA's Technology and Training Center for provider training
- » Stakeholder engagement opportunity is forthcoming

Sexual Orientation Gender Identity (SOGI) Data Collection/Compliance with AB 959

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Sexual Orientation and Gender Identity Data Collection Updates

- » Assembly Bill (AB) 959 requires DHCS to collect voluntary self-identification information of SOGI.
- » In 2017, voluntary SOGI data was added to the online applications used to apply for insurance affordability programs.
- » SOGI questions were added to the draft revised paper single streamlined application (SSApp), which will be submitted to CMS for approval within the next two months.

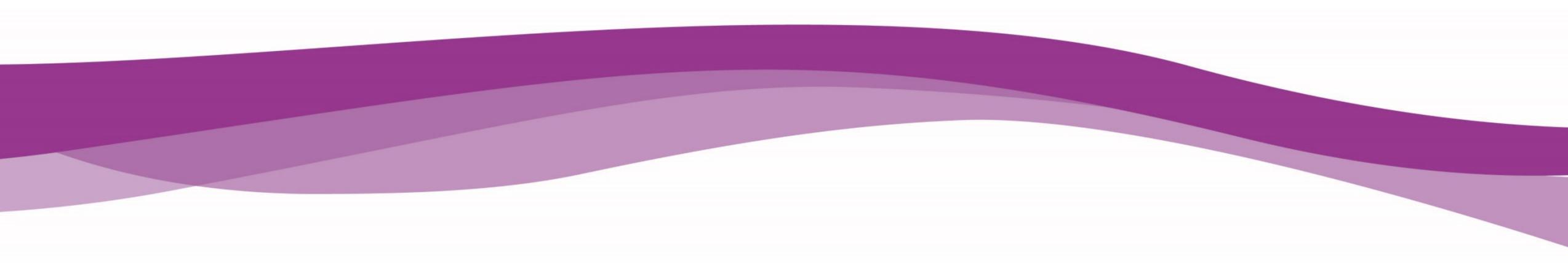
Additional SOGI Efforts

- » Senate Bill (SB) 179 allows Californians to identify as Non-Binary on state-issued identification documents, including their birth certificate, driver's license, or California identification card.
 - » Added Non-Binary as a response to the draft paper SSApp's required gender question and will request CMS approval of this change.
 - » Once approved by CMS, online application portals and other paper application forms will be updated.
- » Effective September 2021, the Benefits Identification Card (BIC) no longer includes the Male or Female sex indicator.

Looking Ahead

- » Develop guidance for counties on the importance of referencing individuals by their self-identified pronouns and gender identities to ensure accurate and respectful communication.
 - » DHCS expects this guidance to be released by the end of October.

Behavioral Health (BH) Infrastructure Planning

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BH Infrastructure Planning

Opportunities to expand the crisis continuum of care:

1. Behavioral Health Continuum Infrastructure Program (BHCIP) and the Community of Care Expansion Program (CCE)
2. Federal mobile crisis planning grant
3. Preparation for 988 implementation
 - » \$20 million in DHCS grant to crisis call centers

BHCIP and CCE Opportunities

- » California is making a significant investment in infrastructure by providing competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets.
- » \$3 billion in infrastructure funding opportunities are available through the Behavioral Health Continuum Infrastructure Program at DHCS and the CCE Program at the California Department of Social Services (CDSS).
- » Part of a larger effort to rebuild the state's portfolio of housing and treatment options for people with severe behavioral health challenges who are at risk of or experiencing homelessness.

1. BHCIP

BHCIP provides competitive grants for counties, tribal entities, and non-profit and for-profit entities to build new or expand existing capacity in the continuum of public and private BH facilities.

Proposed funding rounds:

Round 1: Mobile Crisis \$150 million and \$55 million SAMHSA (July 2021)

Round 2: Planning Grants \$8 million (November 2021)

Round 3: Launch Ready \$585 million (January 2022)

Round 4: Children and Youth \$460 million (August 2022)

Round 5: Addressing Gaps #1 \$462 million (October 2022)

Round 6: Addressing Gaps #2 \$460 million (December 2022)

BHCIP Round One: Mobile Crisis

- » The grant funding supports the development and expansion of BH Crisis Care Mobile Units (CCMU) throughout California.
- » \$150 million was made available from BHCIP for infrastructure and \$55 million for direct crisis and non-crisis services from SAMHSA.
- » Prioritizes BH mobile crisis infrastructure for individuals ages 25 and younger.

BHCIP Round One: Mobile Crisis (cont.)

- » Two application tracks were made available to eligible entities: planning and implementation.
- » The Request for Application (RFA) was released in July 2021 to counties, specified cities, and tribal entities.
- » Awards for 47 counties and tribal entities were made October 11.

BHCIP Round One: Mobile Crisis

Track 1: Planning Grants

Purpose

- Assess the need, and develop an action plan to address the need, of mobile crisis and non-crisis programs.
- For applicants not ready to implement or expand CCMU.

Funding

- Awards up to \$200,000.
- Planning Grant Period: September 2021 – February 2023.
- Completion of Track 1 Action Plan by February 2023 qualifies grantees for a Track 2 Implementation Grant.

BHCIP Round One: Mobile Crisis

Track 2: Implementation Tracks

Purpose

To implement a new, or expand an existing, CCMU infrastructure to be utilized for mobile crisis.

Funding

- Base Allocation of \$500,000.
- Competitive grants available beyond base allocation.
 - » \$1 million per CCMU team, including base allocation
 - » Project period from September 2021 – June 2025
 - » May request multiple CCMU teams within each application

BHCIP Round One: Mobile Crisis

Not all \$205 million in funding was awarded.

DHCS will re-release the “Round One: Mobile Crisis RFA” for new county, city, and tribal applicants.

- » Entities already awarded may apply, but new applicants will receive priority funding.
- » Two application tracks: Planning and Implementation.
- » RFA will be re-released in October 2021.
- » Applicants will be selected in January 2022.

BHCIP Round Two: Planning Grants

- » Eligibility limited to counties and Tribes (638s and Urbans).
- » Planning will encompass all rounds, incorporate CDSS CCE grant opportunities and other planning efforts.
- » Counties and tribal entities may apply as a regional model.
- » Extensive TA will be provided.
- » Release RFA November 2021.
- » Stakeholders are encouraged to engage at the local level in the planning process.

BHCIP Round Three: Launch Ready

- » Funding will be for launch-ready BH facilities outlined by DHCS in the RFA which meet the gaps identified in the BH Needs Assessment and is in alignment with state priorities.
- » Additional information will be forthcoming including match requirements, grant funding levels, and facilities eligible for expansion.
- » The RFA will be released in January 2022 along with DSS' CCE RFA.
- » Grants will be approved until all funds in the round are awarded.
- » Project period from May 22-June 26.

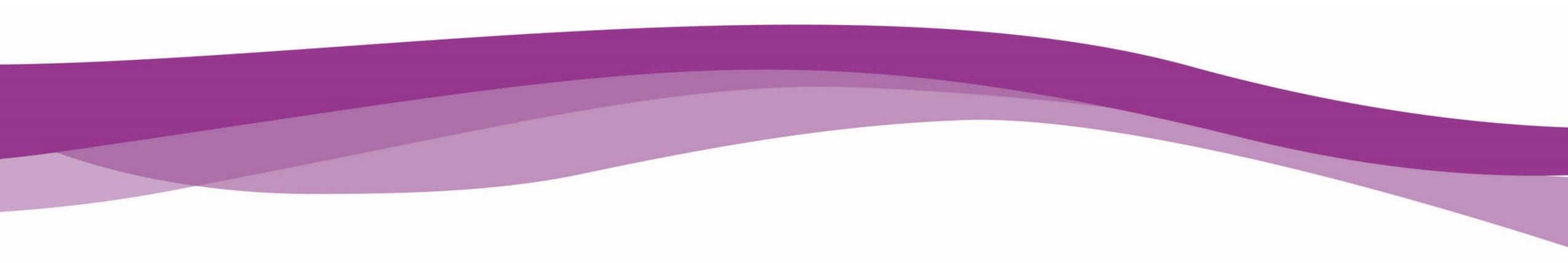
2. Federal Mobile Crisis Planning Grant

- » In partnership with County Behavioral Health Directors Association (CBHDA), DHCS awarded a one-year \$850,000 planning grant from CMS.
- » Support implementation of community-based mobile crisis intervention services in Medi-Cal.
- » Services include assessments, capacity expansion, training, planning, and technical assistance.

3. 988 Preparation

- » DHCS issued a \$20 million grant to Didi Hirsch as administrator for the 13 crisis call centers in California.
- » The grant will support capacity-building in preparation for federal 9-8-8 call line implementation in July 2022.

Public Comment

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Upcoming Meeting and Next Steps

