



# Behavioral Health Stakeholder Advisory Committee Meeting

February 11, 2021



# Webinar Tips

- Please use either your computer or phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email: [BehavioralHealthSAC@dhcs.ca.gov](mailto:BehavioralHealthSAC@dhcs.ca.gov)



# Welcome and Introductions



# Director's Update



# State Budget Updates



# CalAIM Relaunch

- First CalAIM proposal released in October 2019 with initial implementation dates planned for January 1, 2021.
- Extensive CalAIM stakeholder workgroup process (November 2019 – February 2020).
  - 20 in-person workgroup meetings across five workgroups
  - Written and in-person public comment opportunities
- Due to the COVID-19 Public Health Emergency's impact in the state's budget and health care infrastructure, CalAIM was put on hold for the duration of 2020.



# CalAIM Relaunch

- DHCS has revised the original CalAIM proposal to reflect learnings from the workgroup process, stakeholder input, ongoing policy development, and new implementation dates.
- On January 8, 2021, DHCS published a revised CalAIM proposal along with an Executive Summary that also outlines key changes.
  - CalAIM Webpage:  
<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>
- On January 28, 2021, DHCS hosted a public webinar to walk through the revised proposal, highlight key changes, and provide additional detail on upcoming CalAIM activities.



# CalAIM Relaunch - 2021

## Key Implementation Milestones

<b>Jan – March</b>	<ul style="list-style-type: none"> <li>• Launch first Managed Long-Term Services and Supports and Duals Integration workgroup</li> <li>• Release <b>draft</b> ECM/ILOS Model of Care (including WPC/HH Transition Plan) and ECM/ILOS DHCS to MCP contract language and MCP to provider standard terms and conditions for comment and begin technical assistance efforts</li> <li>• Release <b>final</b> ECM/ILOS Model of Care and ECM/ILOS DHCS to MCP contract language and MCP to provider standard terms and conditions</li> <li>• Section 1115 and 1915(b) waiver public comment period begins</li> </ul>
<b>Apr – June</b>	<ul style="list-style-type: none"> <li>• Release draft MCP rates for ECM</li> <li>• Release of additional ECM/ILOS materials, including ILOS pricing guidance</li> <li>• Conclude Foster Care Model of Care workgroup</li> <li>• Form county oversight and monitoring workgroup</li> <li>• Develop auditing tools for oversight of CCS and CHDP</li> </ul>
<b>July – Dec</b>	<ul style="list-style-type: none"> <li>• MCPs submit ECM/ILOS Model of Care for WPC/HHP counties, for review/approval by DHCS</li> <li>• Begin stakeholder process for county inmate pre-release application process</li> <li>• Publish an updated process for monitoring and reporting of County Performance Standards</li> <li>• Anticipated approval of 1115 and 1915(b) waiver/renewal requests</li> </ul>



# CalAIM Relaunch - 2022

## **Key Implementation Milestones- January 1, 2022**

- Enhanced Care Management
- In Lieu of Services
- Managed Care Plan Incentives
- Mandatory MCP Enrollment for Non-Duals
- Mandatory FFS for OBRA and Share of Cost beneficiaries
- Major Organ Transplant Carve-In
- MSSP Carve-Out in CCI Counties
- Specialty Mental Health Carve-Out in Solano and Sacramento Counties
- Cal MediConnect to D-SNP Aligned Enrollment Transition Preparation
- D-SNP “Look-Alike” Enrollee Transitions Begin in CCI Counties
- Phase I – Regional MCP Capitation Rates
- Phase I – Improving Beneficiary Contact Information
- DMC-ODS Renewal
- Behavioral Health Medical Necessity Criteria



# Medi-Cal Waiver Updates



# Medi-Cal 2020 Temporary Extension

- On December 29, 2020, CMS approved DHCS' request to extend the Medi-Cal 2020 Section 1115 demonstration through December 31, 2021.
- The approval is predominantly an 'as-is' extension of most of the demonstration's Special Terms and Conditions (STCs).
- Additionally, DHCS and CMS are engaged in discussions regarding the Global Payment Program, Whole Person Care, Drug Medi-Cal Organized Delivery System, and Dental Transformation Initiative.
- Expenditure authority for Designated State Health Programs (DSHP) was not extended, as expected.



# Specialty Mental Health Services 1915(b) Temporary Extension

- On December 16, 2020, CMS approved an extension of Medi-Cal's Specialty Mental Health Services (SMHS) 1915(b) waiver for three months through March 31, 2021.
- This follows CMS' previous six-month temporary extension through December 31, 2020.
- DHCS continues to partner with CMS on future temporary extensions that will be necessary until the new 1115 and 1915(b) waivers become effective on January 1, 2022.



# CaAIM and Future 1115 and 1915(b) Waivers

- DHCS will develop and implement new Section 1115 and 1915(b) waivers to authorize many components of CaAIM and maintain authority for other critical Medi-Cal programs.
- These new waivers will become effective on January 1, 2022, following the expiration of the current temporary extensions.
- The shifting waiver authorities away from Section 1115 to 1915(b) reflects a trend toward statewide initiatives as opposed to limited demonstration pilots.
- DHCS intends to initiate a public stakeholder process for both waivers in spring 2021 and submit formal requests to CMS in the first half of 2021.



# Foster Care Model of Care Workgroup

- Five meetings since June 2020
- Established charter and guiding principles
- Learned from approaches from other states
- Conducted focus groups with foster youth and families
- Discussed policy proposals from county, provider, health plan and advocacy associations
- Aiming to finalize recommendations in June 2021



# DHCS Reflections on October BH-SAC Discussion of Racism and Equity



# Medi-Cal COVID-19 Updates



# Medi-Cal COVID-19 Update

## The COVID-19 Public Health Emergency (PHE):

- On January 7, 2021, HHS issued a renewal of the PHE for a full 90-day extension through April 20, 2021.
- The Biden Administration announced that it intends to renew the PHE throughout 2021, and that HHS will provide states with a 60-day notice prior to the end of the PHE.
- DHCS continues to partner with CMS to obtain federal flexibilities necessary for Medi-Cal to adapt to the ongoing pandemic.



# Medi-Cal COVID-19 Update

## Recent Federal Flexibilities:

- DHCS requested federal approval to provide COVID-19 testing for Medi-Cal children in schools, effective February 1, 2021. (pending CMS approval)
- DHCS requested federal approval to deliver the COVID-19 vaccine benefit exclusively through the Medi-Cal fee-for-service (FFS) delivery system. (pending CMS approval)
- DHCS requested federal approval to extend coverage of the COVID-19 vaccines to Medi-Cal limited-scope benefit populations. (pending CMS approval)
- CMS approved flexibilities for the reinstatement of benefits for Medi-Cal beneficiaries following a request for an appeal or state fair hearing. (Approved)



# CalHOPE

- **Media campaign:** outreach to diverse groups with messages about managing stress and anxiety during the COVID-19 emergency.
- **San Francisco 49ers partnership:** messages from coaches and players on staying safe and healthy and options for mental health and emotional support.
- **Los Angeles Kings partnership:** first-ever official helmet partner and extensive digital branding -- embracing the CalHOPE message from the executive level to the ice.
- **Coming soon:**
  - CalHOPE support (virtual crisis counseling sessions from local partners),
  - CalHOPE student support (social and emotional learning support in school),
  - Expansion of the CalHOPE Warm Line to 24/7



# COVID-19 Resources/Links

- CA COVID-19 webpage: <https://covid19.ca.gov/>
- DHCS COVID-19 webpage: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>
- California Department of Public Health COVID-19 webpage: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



# COVID-19 and Behavioral Health Services; COVID-19 Dashboard



# Understanding the Impact of COVID-19 on Medi-Cal Beneficiaries

- DHCS is performing analysis and developing dashboards that will monitor the impact of COVID-19
- Focus areas for utilization of services:
  - ✓ COVID-19 cases, hospitalizations, and testing
  - ✓ Utilization of services prior to and during the pandemic



# Data Analysis Caveats

- Data presented is for all Medi-Cal beneficiaries
- Age is based on the Medi-Cal eligibility data at the time of the service
- Stratifications by sex, race/ethnicity, and delivery system are based on all claims to date for calendar year 2020
- Reporting is based on claims and encounter data received from providers and managed care plans
- Additional measures and reporting are in process beyond those being shared today



# Data Completeness Considerations

- Data is preliminary and will continue to change and be updated
- The time between date of service and when DHCS receives fee-for-service claims, managed care encounters, and specialty mental health claims varies
- Since providers payment is incumbent on claims being submitted within six months of the date of service, majority of data is received within six months
- While most data is received within 3 to 6 months of date of service, data may be received up to 6 to 12 months after services are delivered
- The most recent months of data are not presented as there is insufficient reporting (also called claim lag) to show current trends



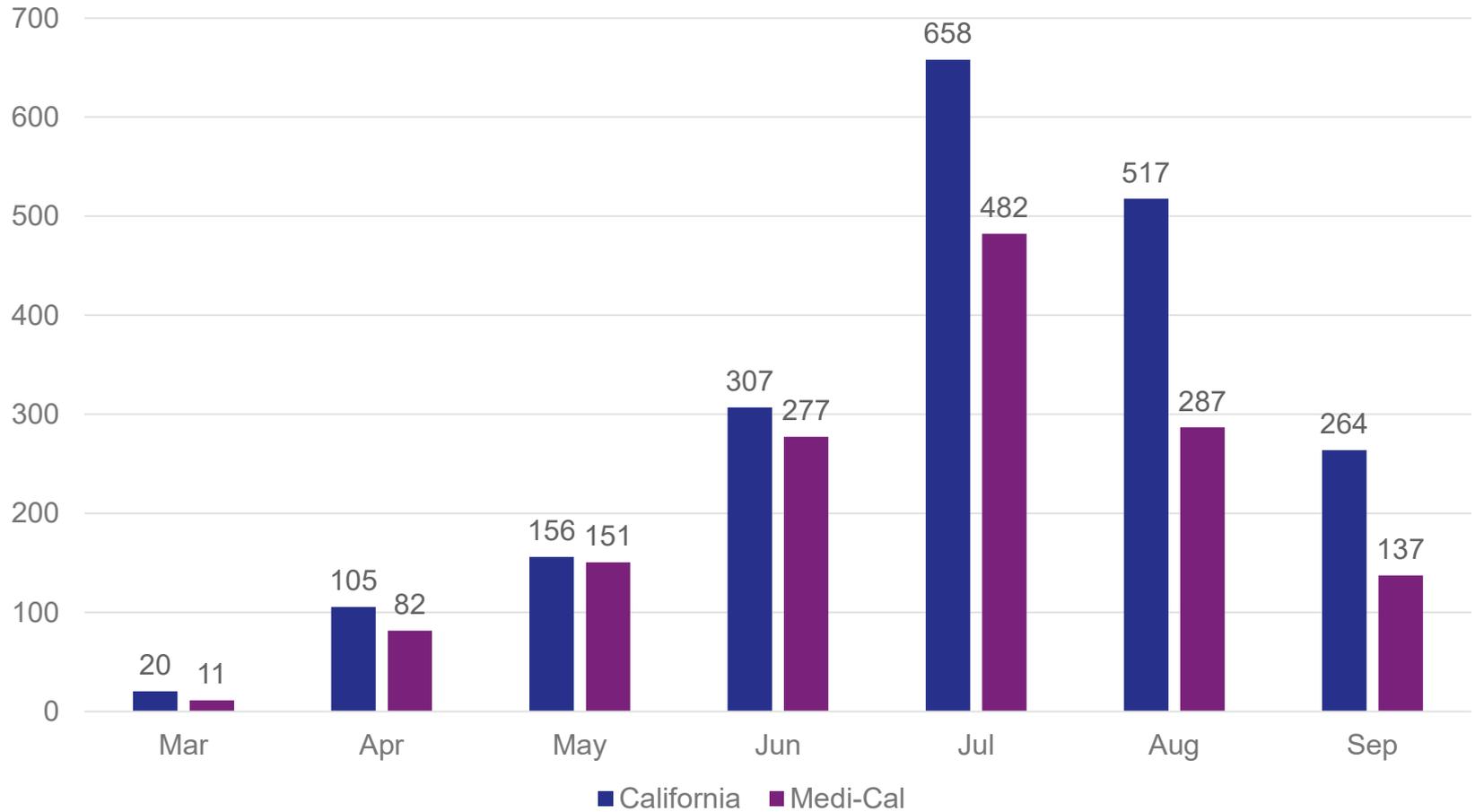
# COVID-19 Confirmed Cases

- Total number of beneficiaries with a COVID-19 diagnosis
- Beneficiaries are counted once
- ICD-10 codes are used to identify COVID-19 cases on claims or encounters:
  - B97.29 - other coronavirus as the cause of diseases classified elsewhere (Used for cases before April 1, 2020)
  - U07.1 - 2019 Novel Coronavirus, COVID-19 (Used to identify cases after April 1, 2020)
- Data source:
  - DHCS MIS/DSS Claims and Eligibility Data
  - California Open Data Portal



# COVID-19 Confirmed Cases

New cases monthly in California compared to cases in Medi-Cal per 100,000 population

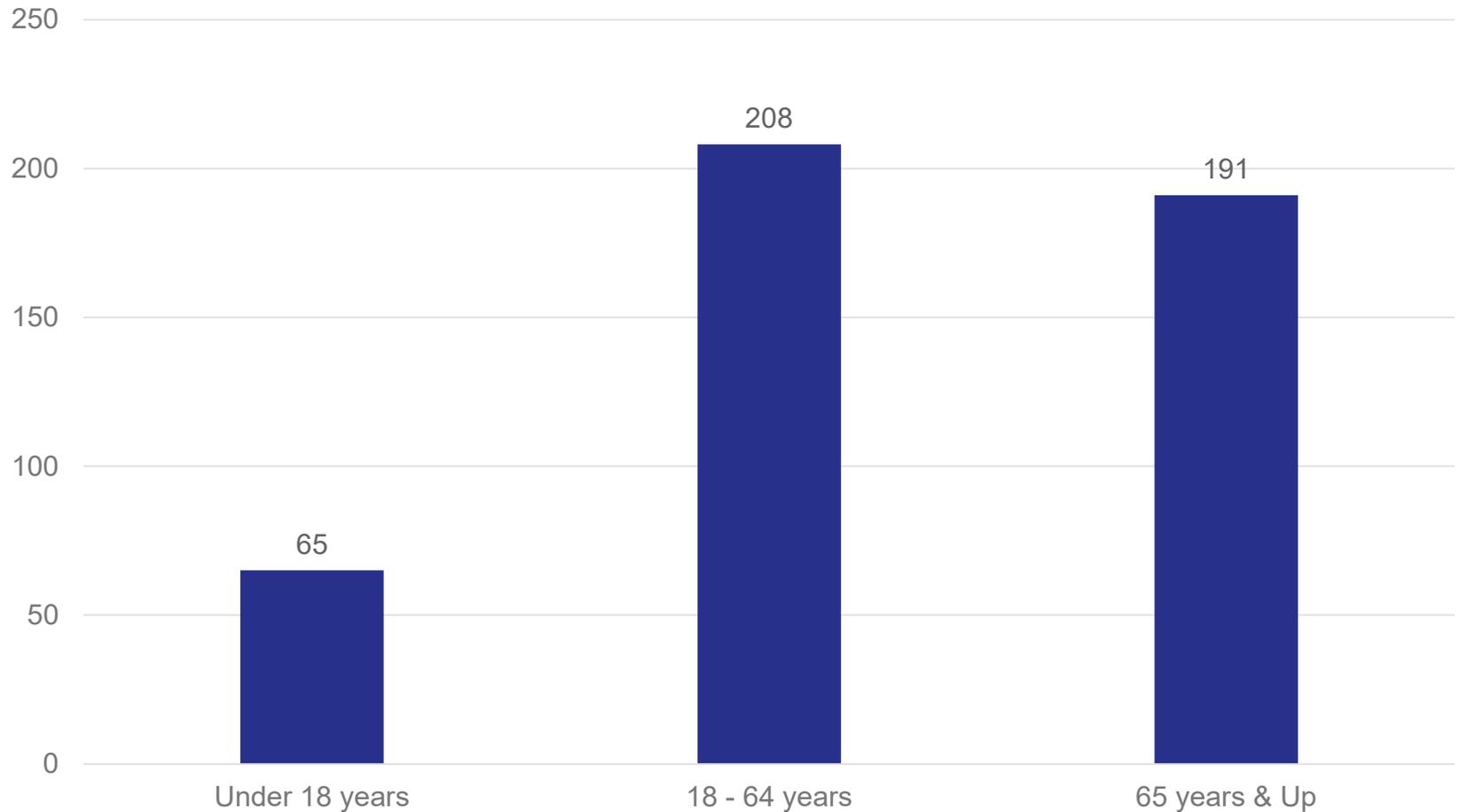


Preliminary Data as of 01/2021



# COVID-19 Confirmed Cases

Cases in Medi-Cal by Age Group per 100,000 beneficiaries through March-September 2020

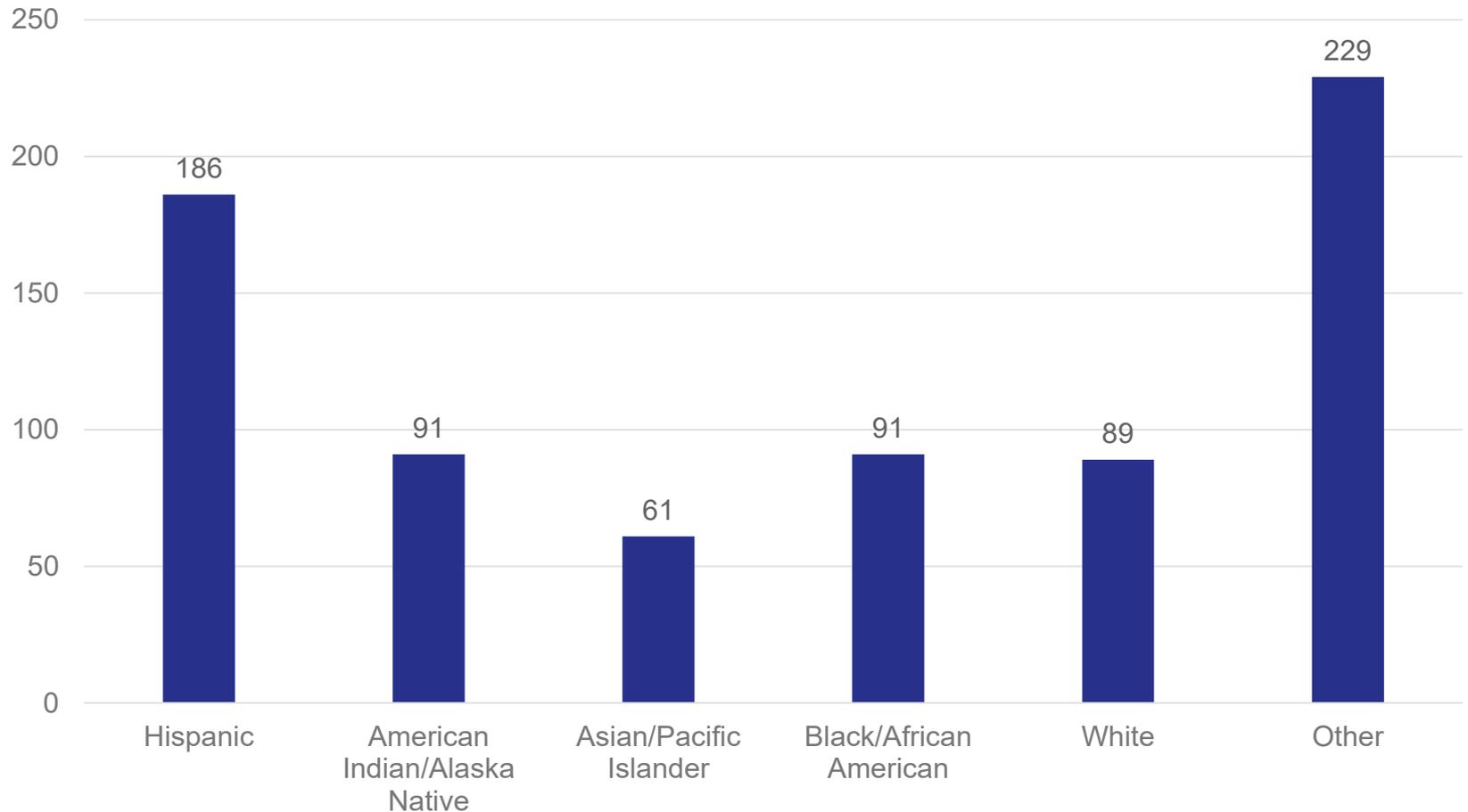


Preliminary Data as of 01/2021



# COVID-19 Confirmed Cases

Cases in Medi-Cal by Race/Ethnicity per 100,000 beneficiaries through March-September 2020

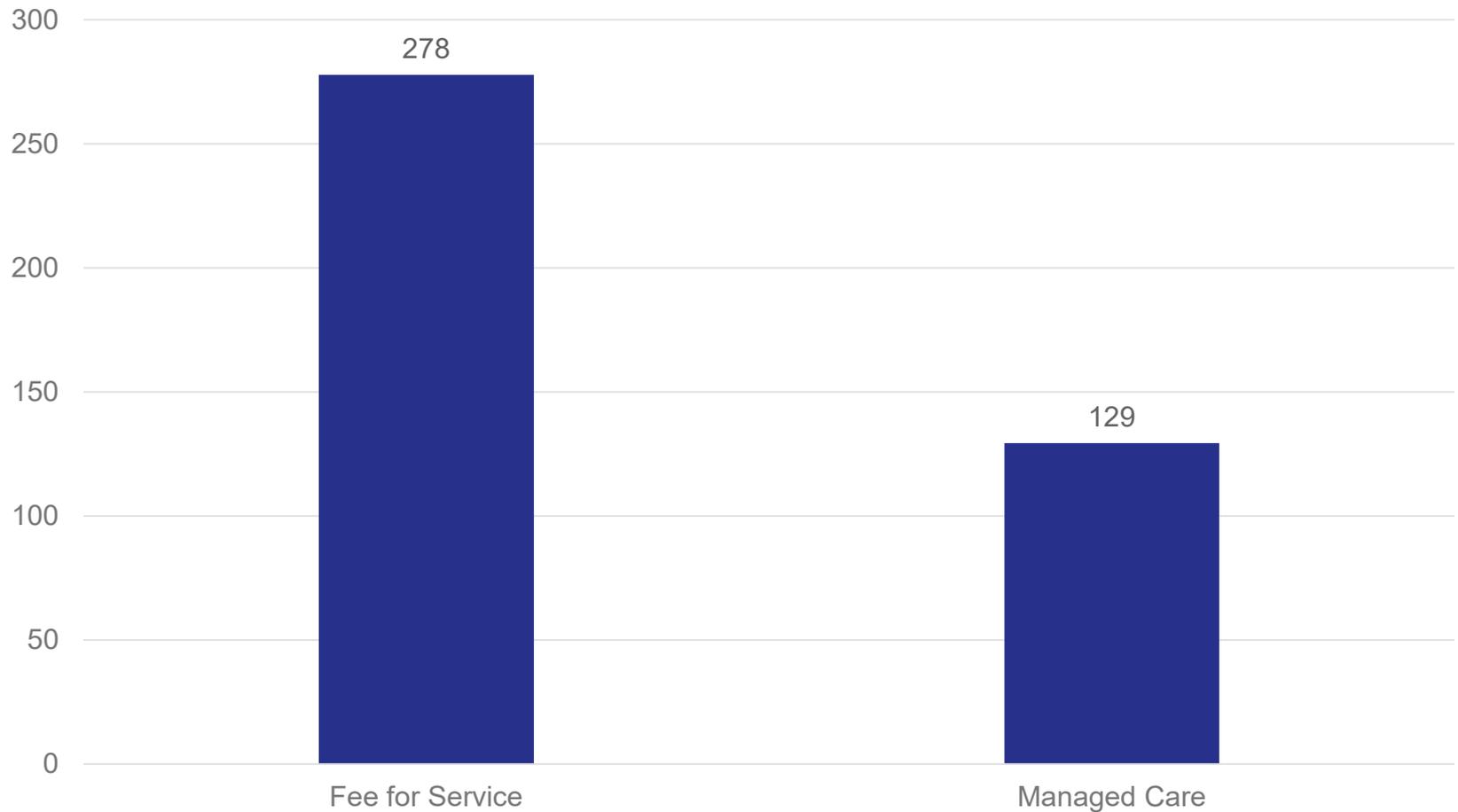


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# COVID-19 Confirmed Cases

Cases in Medi-Cal by Delivery System per 100,000 beneficiaries through March-September 2020



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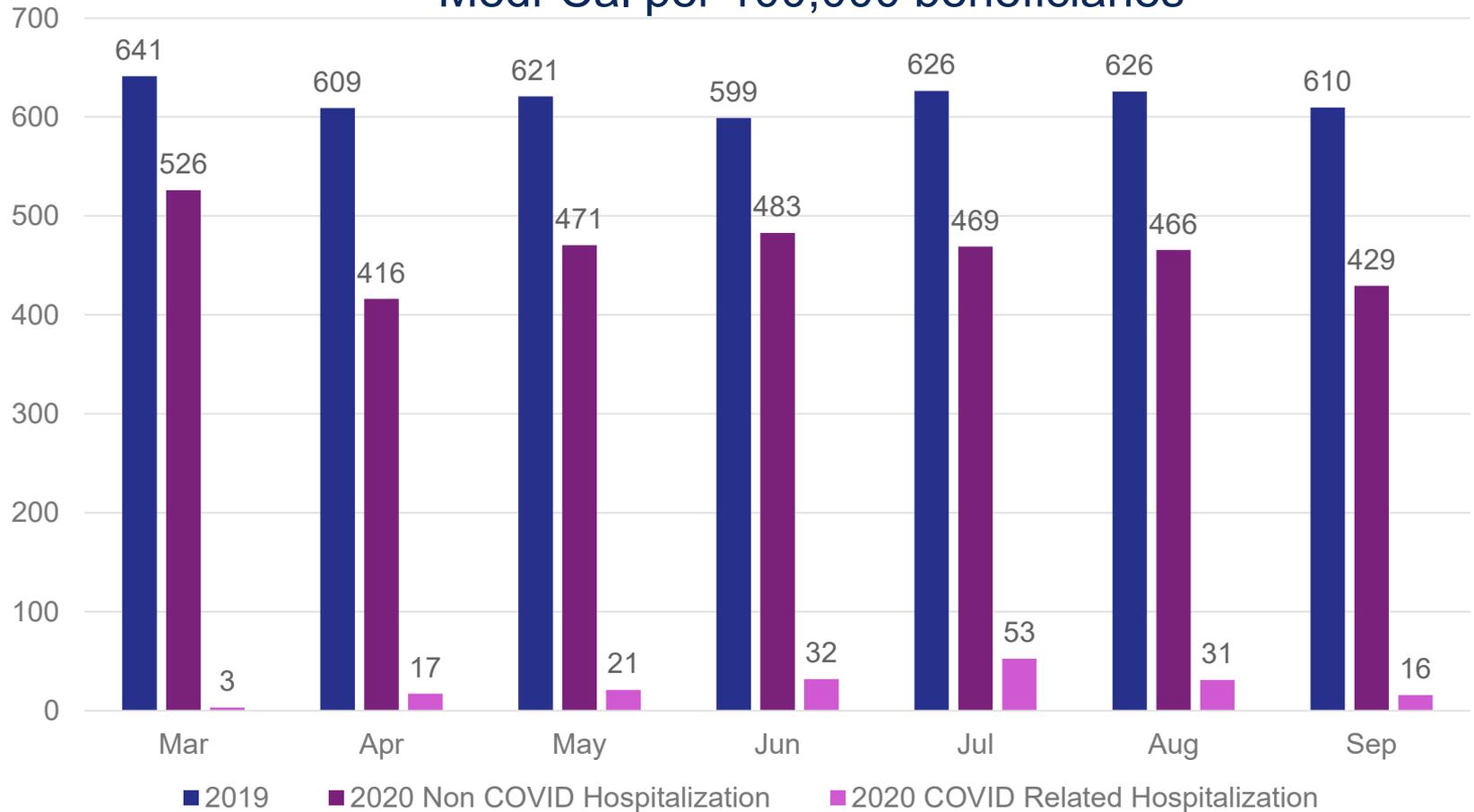
# COVID-19 Hospitalization

- Hospitalizations are presented in the following ways
  - COVID-19 diagnosis (on claim)
  - All hospitalizations (COVID-19 and non-COVID-19) comparing calendar year 2019 (Pre-COVID) to calendar year 2020
- Unique inpatient stays were defined by unique combination of beneficiary and service date
- Data Source:
  - DHCS MIS/DSS Claims and Eligibility Data



# Hospitalizations

All hospitalizations in Medi-Cal in 2019 compared to 2020 compared to hospitalizations with a COVID-19 diagnosis in Medi-Cal per 100,000 beneficiaries

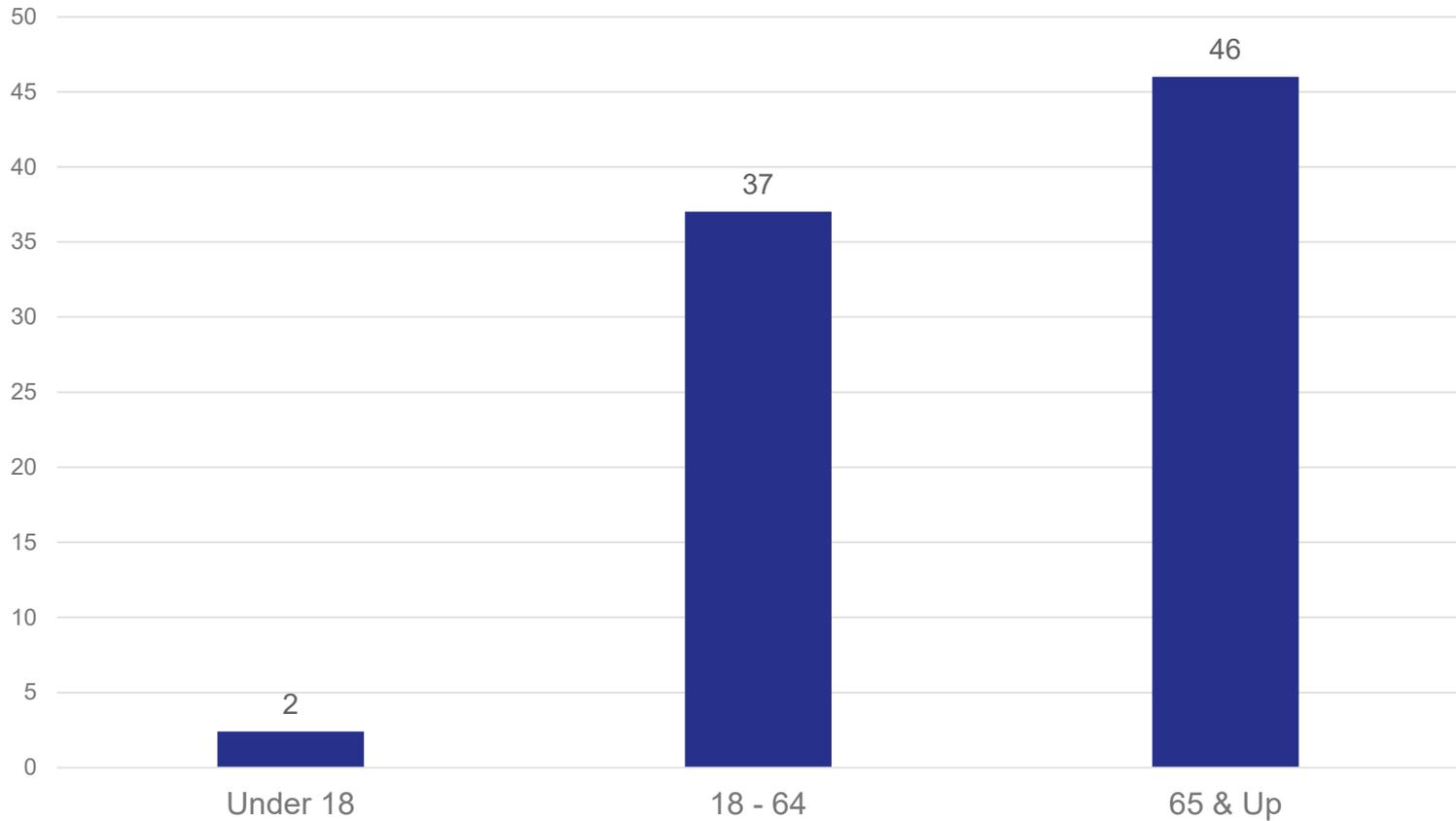


Preliminary Data as of 01/2021



# COVID-19 Hospitalizations

Hospitalizations per 100,000 beneficiaries by Age Group through March-September 2020

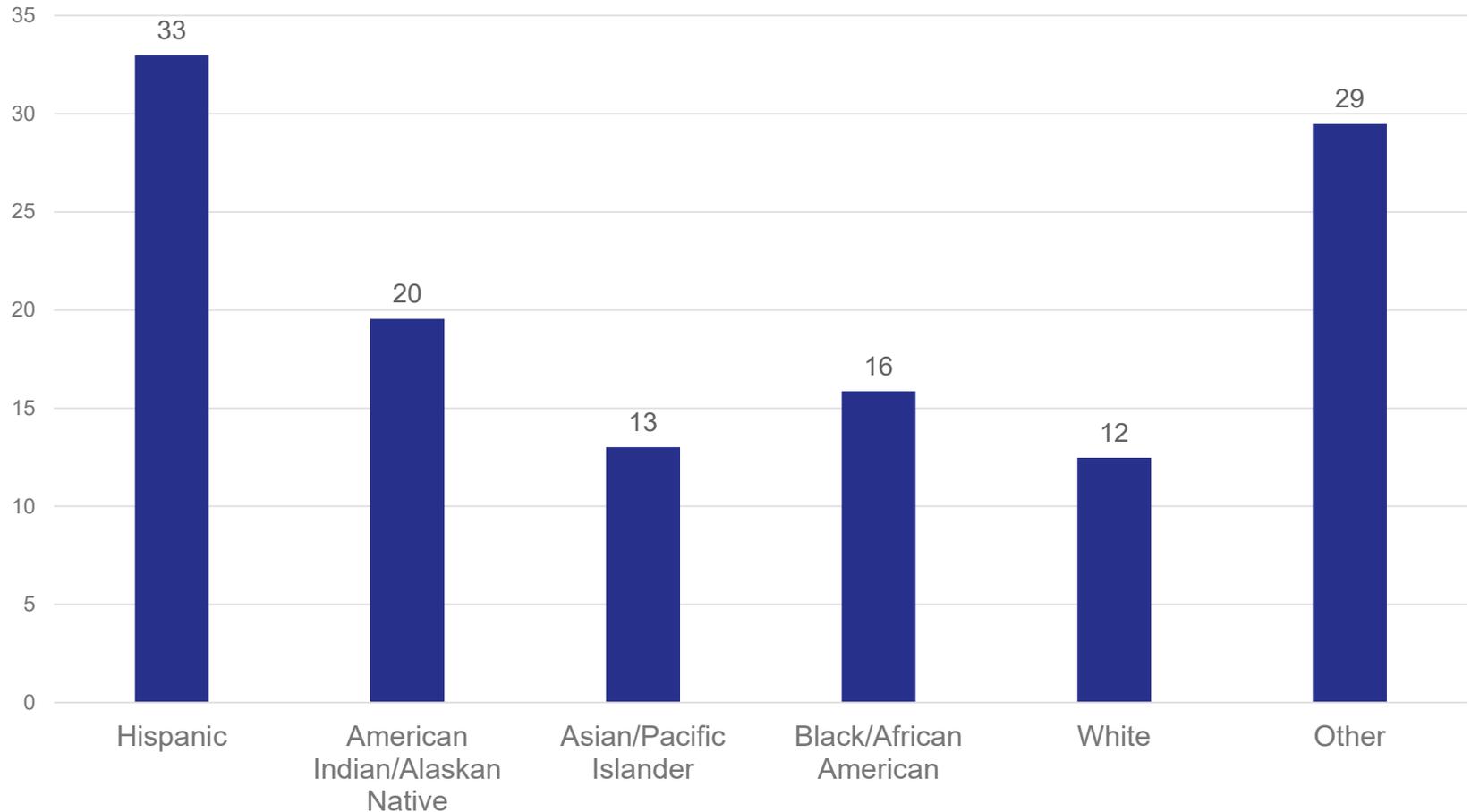


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# COVID-19 Hospitalizations

Hospitalizations per 100,000 beneficiaries by Race/Ethnicity through March-September 2020



Preliminary Data as of 01/2021



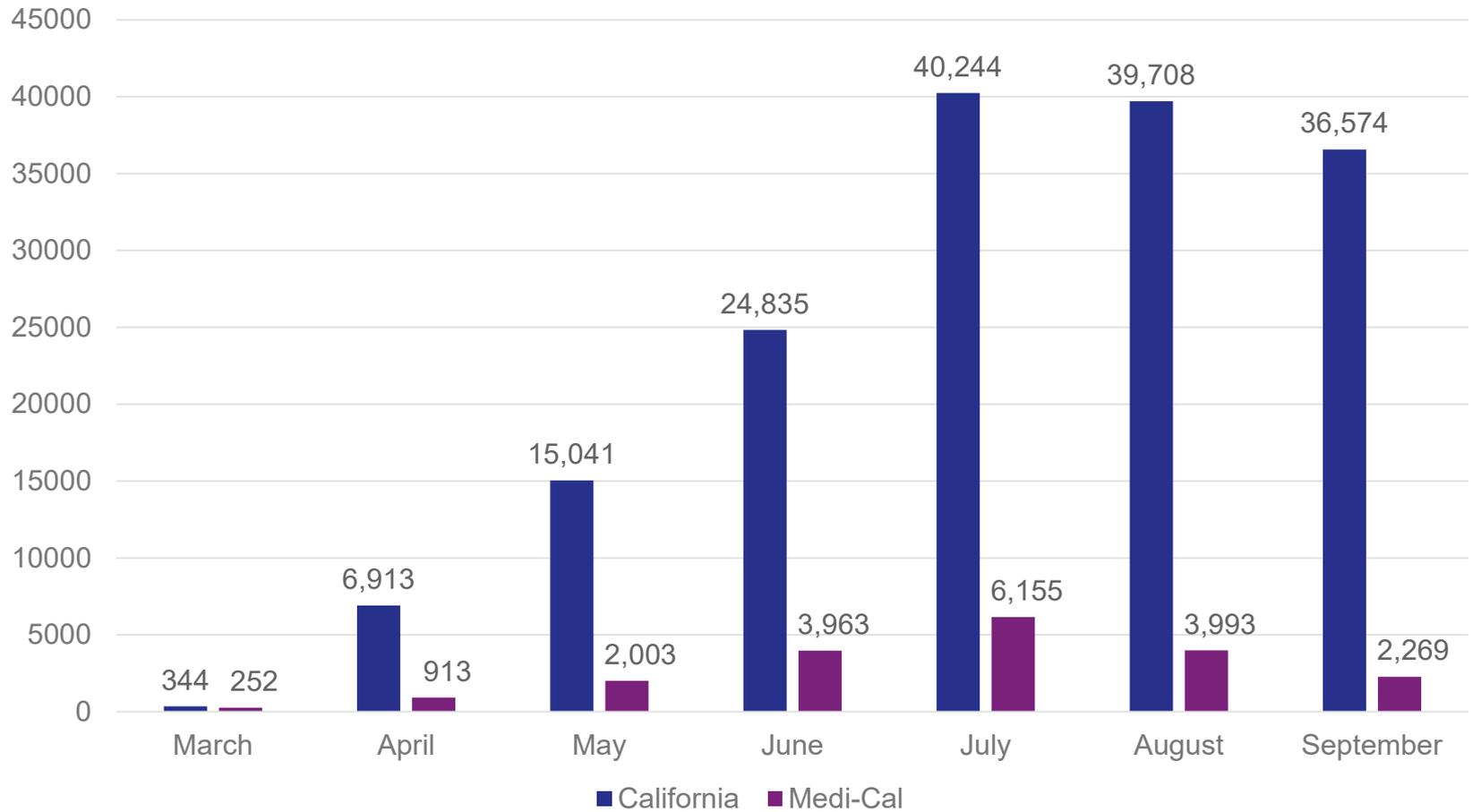
# COVID-19 Testing

- Total number of tests by month for beneficiaries who have been tested for COVID-19
- Data represent totals of tests (claims), not individual people
- Tests can be antigen or antibody based. Specific codes used for identification of Medi-Cal tests included but are not limited to U0001-4, 87635, 87426, 0202U, 0224U, 86328 and 86769
- Data does not represent test results or positivity status
- Data source:
  - Medi-Cal: DHCS MIS/DSS Claims and Eligibility Data
  - All Cases: CDPH CalREDIE, California Open Data Portal



# COVID-19 Testing

Total testing in California compared to testing in Medi-Cal per 100,000 population

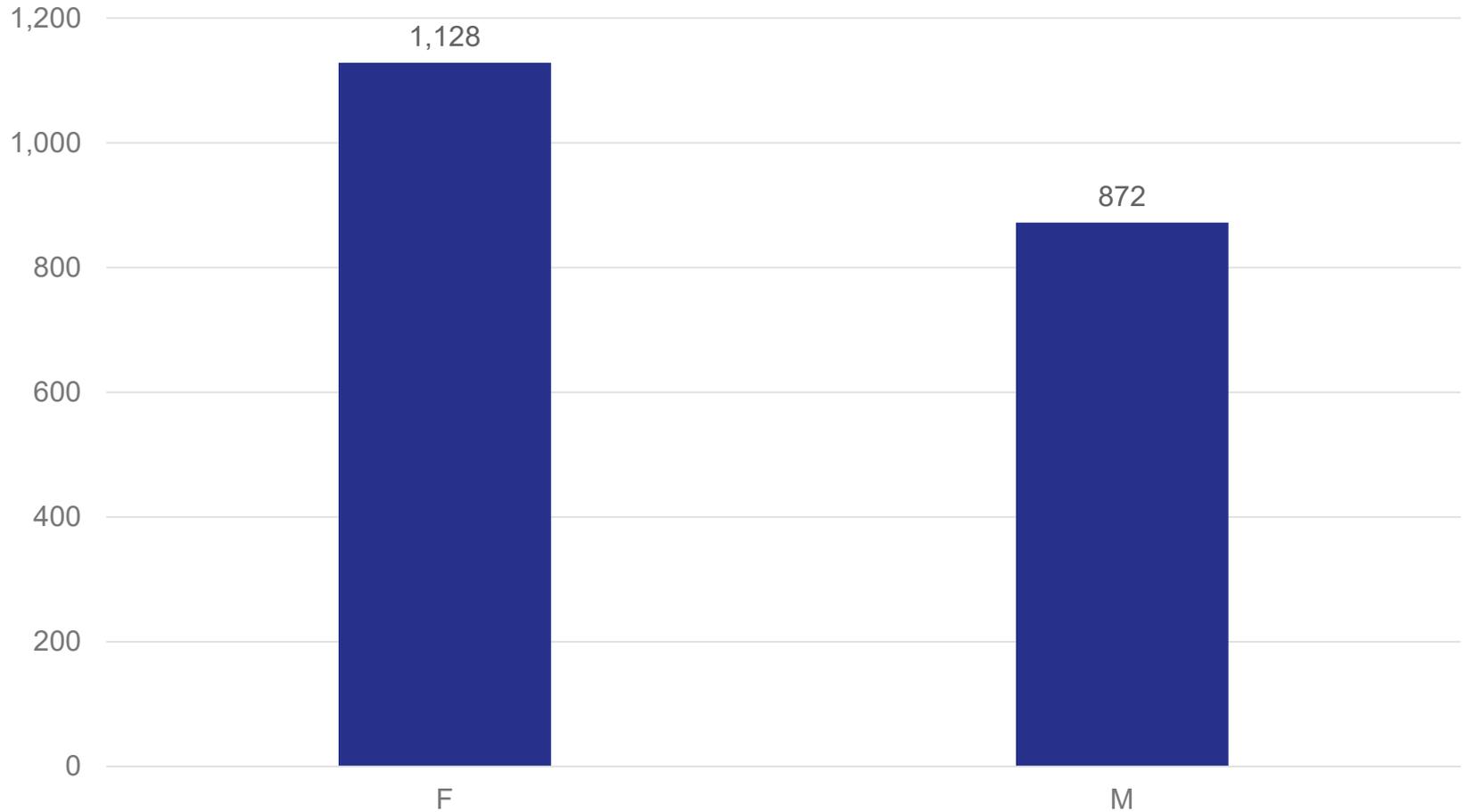


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# COVID-19 Testing

Testing per 100,000 beneficiaries by Sex through March-September 2020

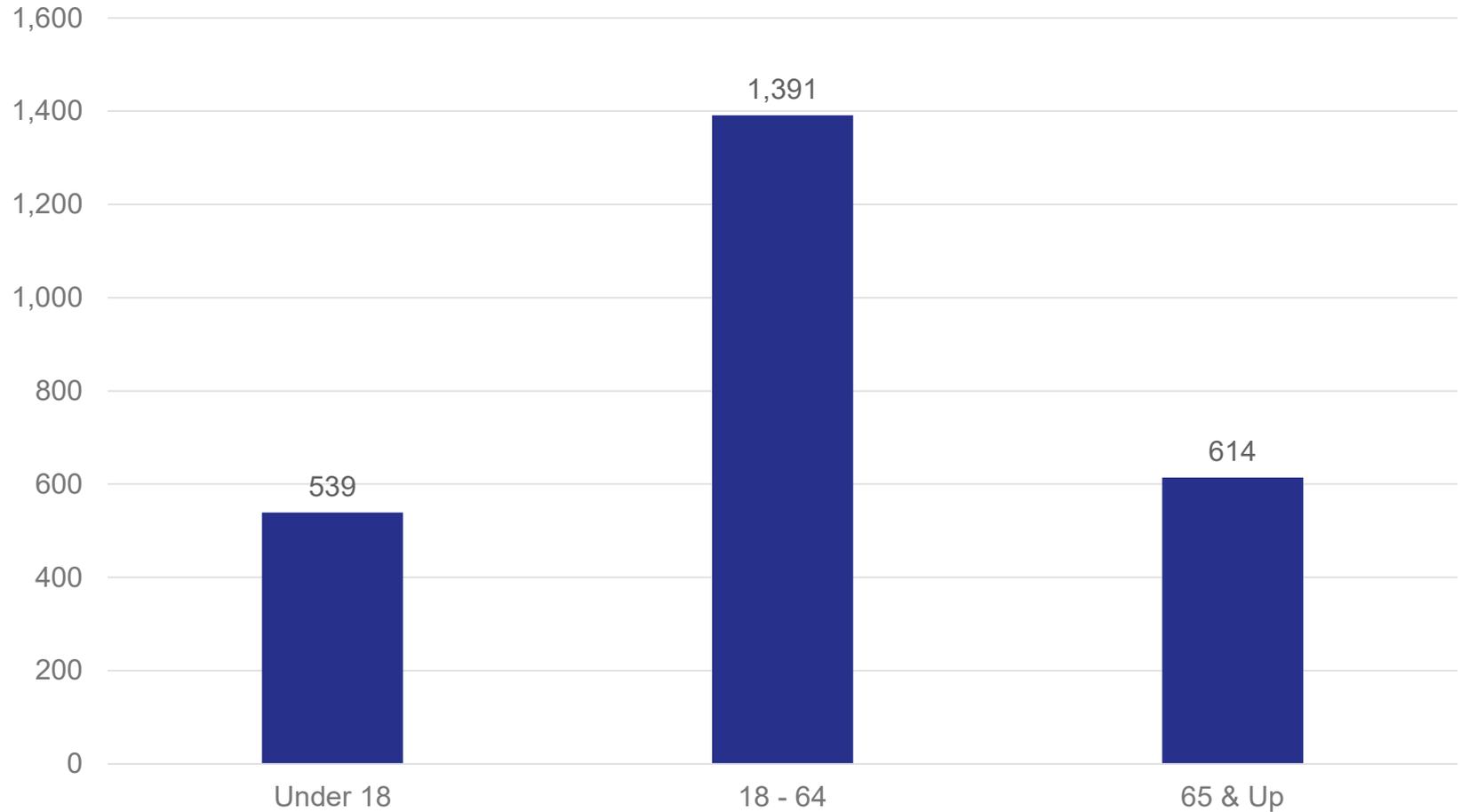


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# COVID-19 Testing

Testing per 100,000 beneficiaries by Age Group through March-September 2020

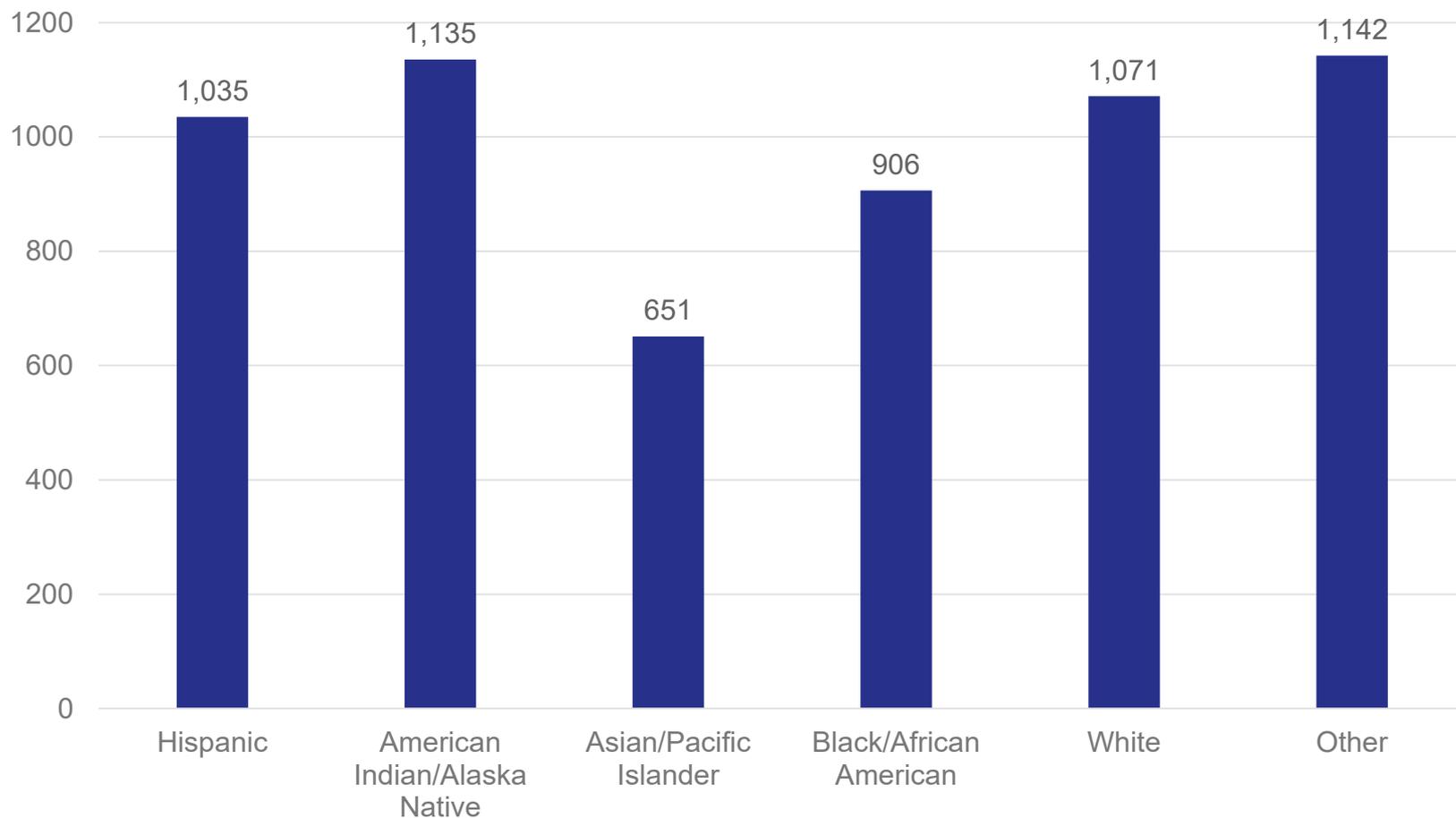


Preliminary Data as of 01/2021



# COVID-19 Testing

Testing per 100,000 beneficiaries by Race/Ethnicity through March-September 2020

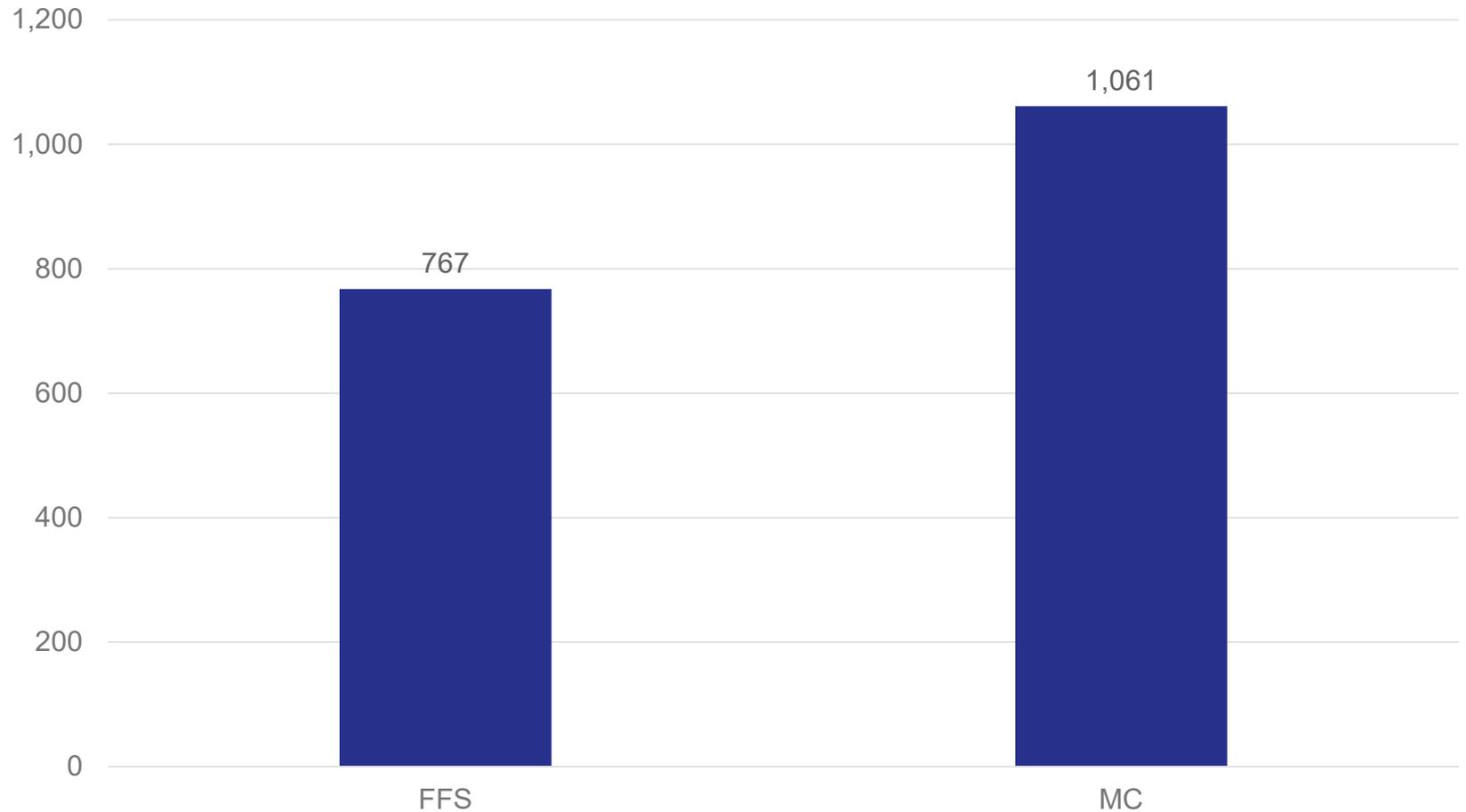


Preliminary Data as of 01/2021



# COVID-19 Testing

Testing per 100,000 beneficiaries by Delivery System through March-September 2020



Preliminary Data as of 01/2021



# Utilization of Services Based on the Pandemic Responses

The following are initial measures that have been compiled to compare utilization during calendar year 2019 (Pre-COVID) to calendar year 2020

- Emergency Department
- Telehealth
- Outpatient Visits
- Dental Visits
- Mental Health Visits
- Prescriptions
- Immunizations –CDPH data for Vaccine For Children Program



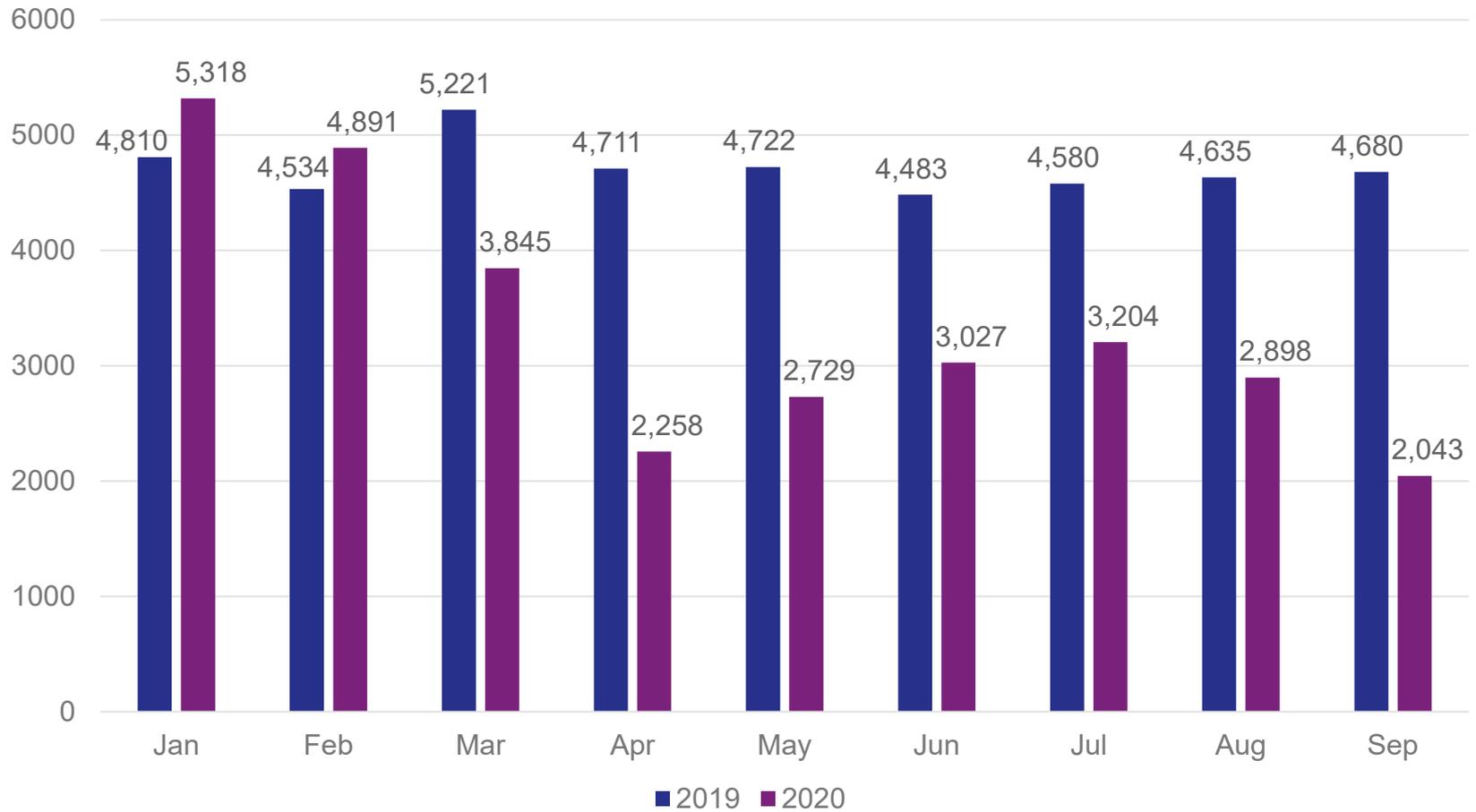
# Emergency Department Visits

- Total number Emergency Department visits including those related to COVID-19 among beneficiaries
- Procedure Codes Utilized:  
99281, 99282, 99283, 99284, 99285
- Data Source:
  - MIS/DSS Claims and Eligibility Data



# Emergency Department Visits

Visits per 100,000 beneficiaries

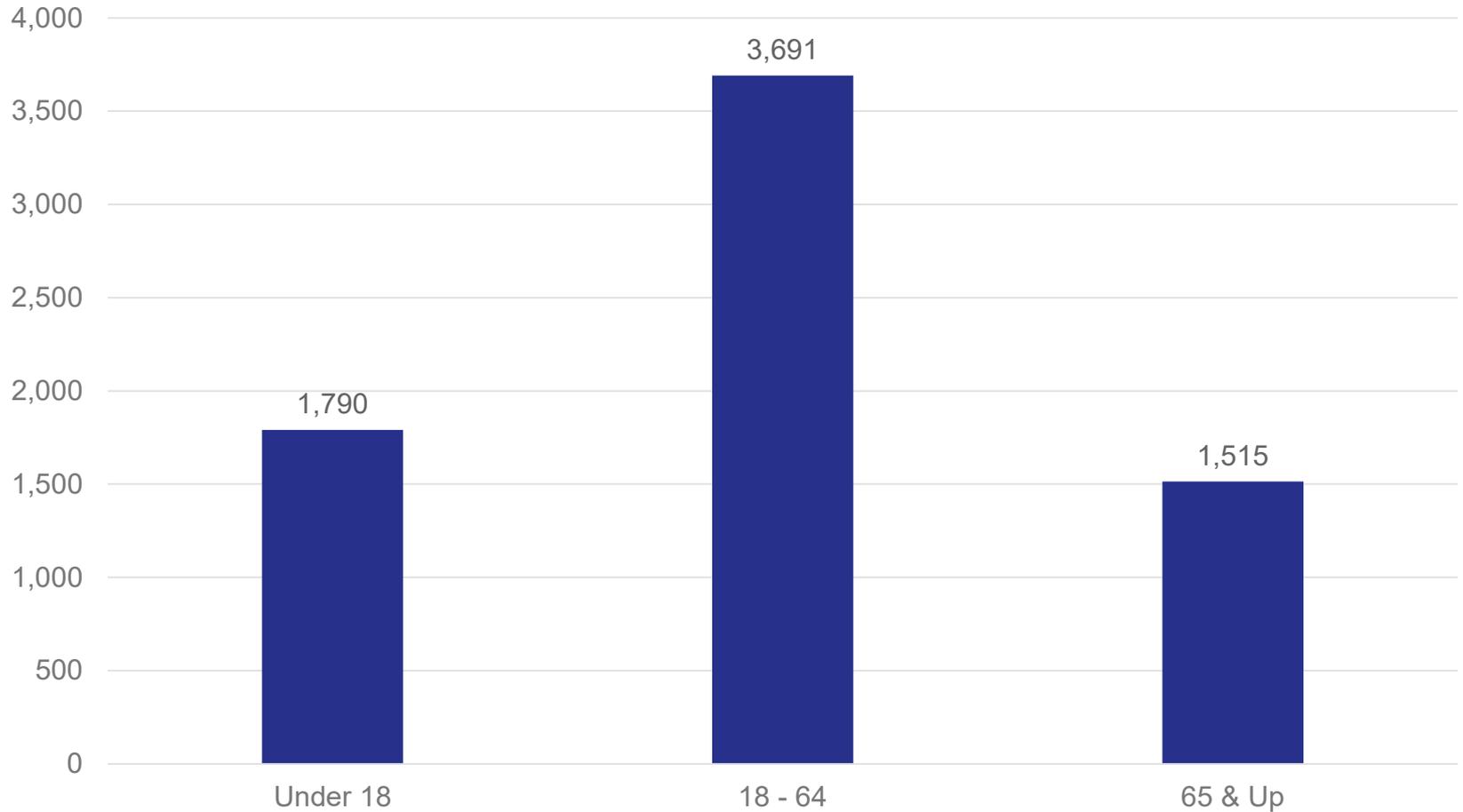


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# Emergency Department Visits

Visits per 100,000 beneficiaries by Age Group through 2020

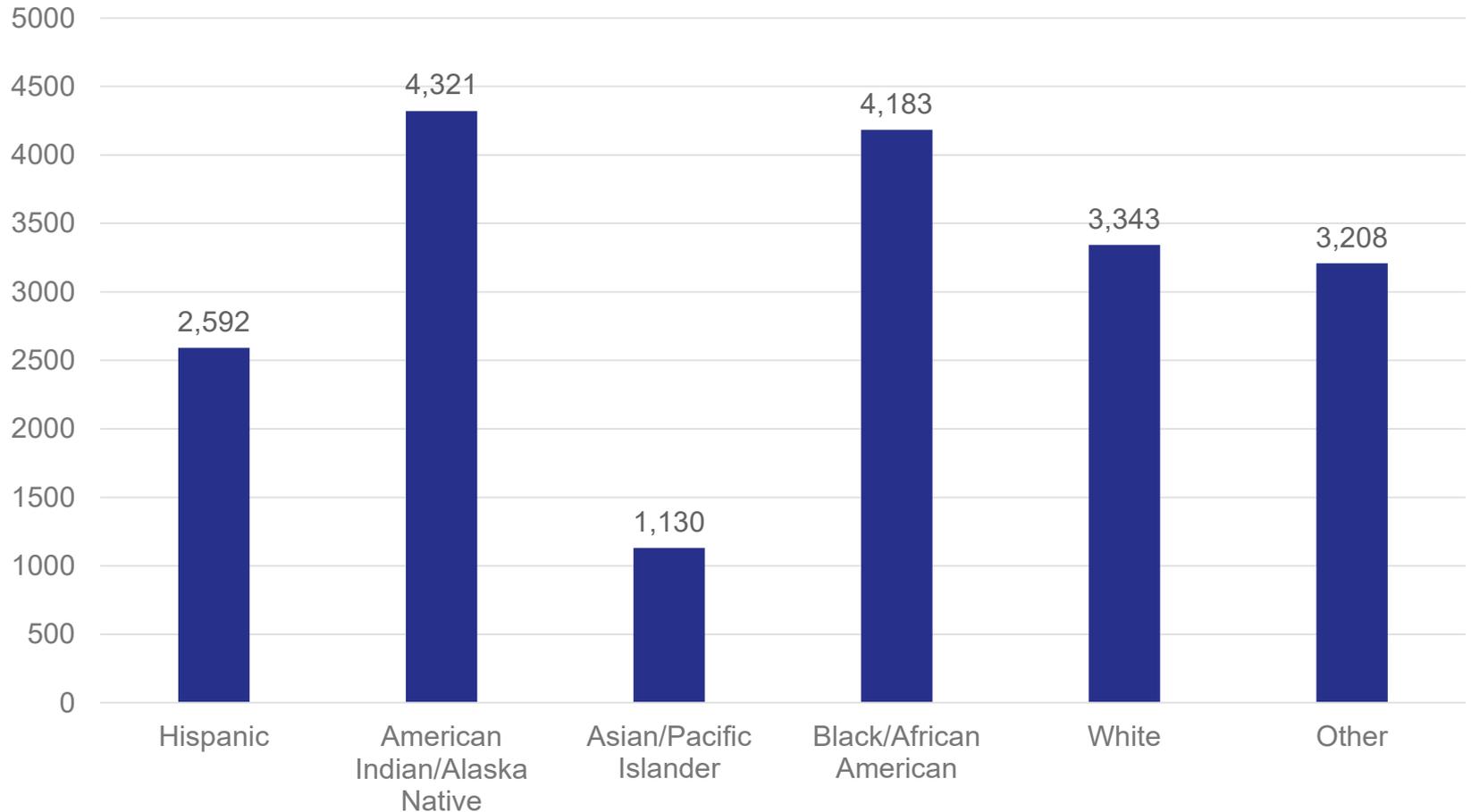


Preliminary Data as of 01/2021



# Emergency Department Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020



Preliminary Data as of 01/2021



# Emergency Department Visits

Visits per 100,000 beneficiaries by Delivery System through 2020



Preliminary Data as of 01/2021



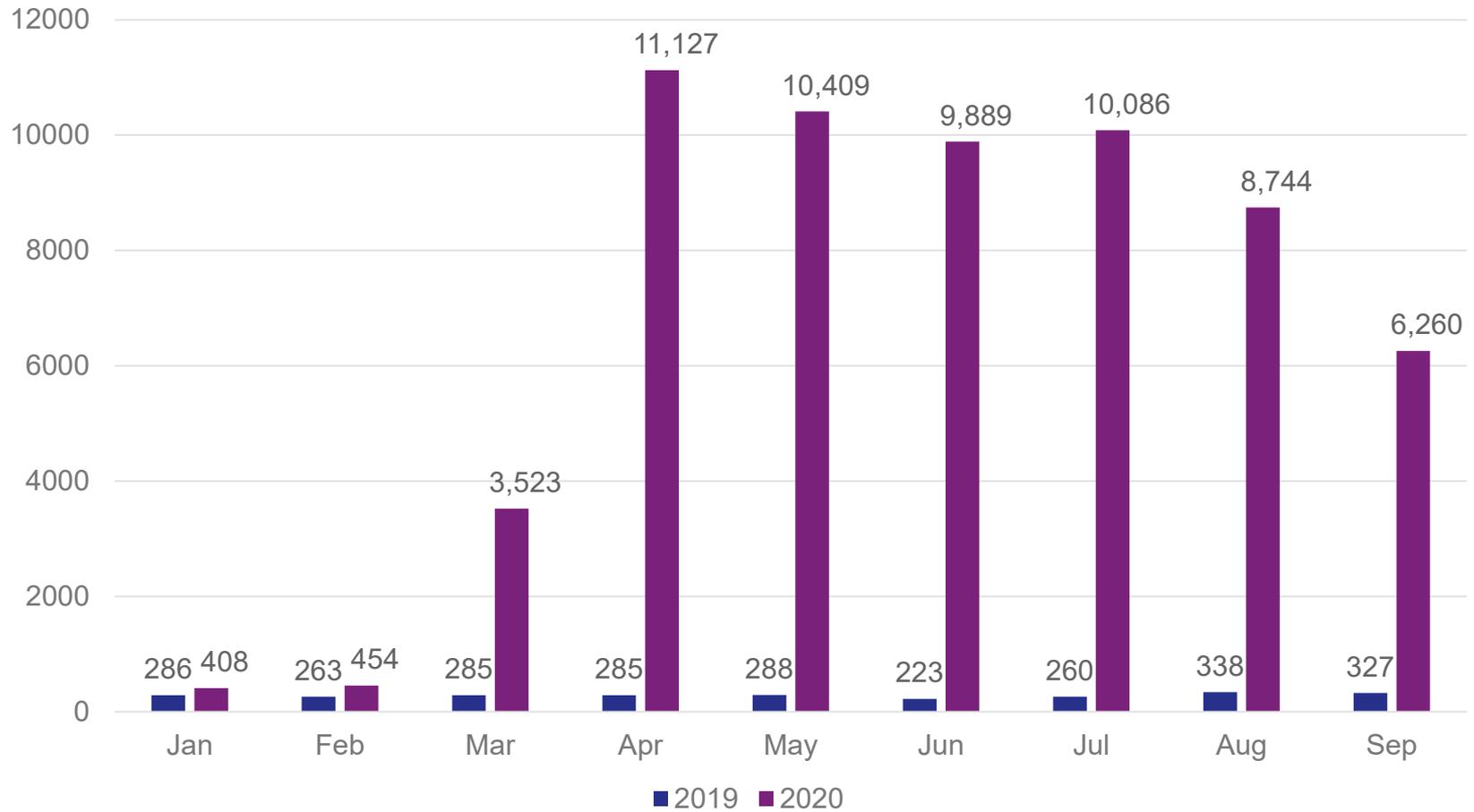
# Telehealth Visits

- Telehealth visits were identified based on the presence of a modifier on the claim or encounter (modifiers 95, GQ and GT)
- Telehealth visits include phone and video healthcare visits
- Telehealth Visits are outpatient visits in fee-for-service or managed care – mental health visits are not included in this chart
- Source of data:
  - MIS/DSS Claims and Eligibility



# Telehealth Visits

Visits per 100,000 beneficiaries

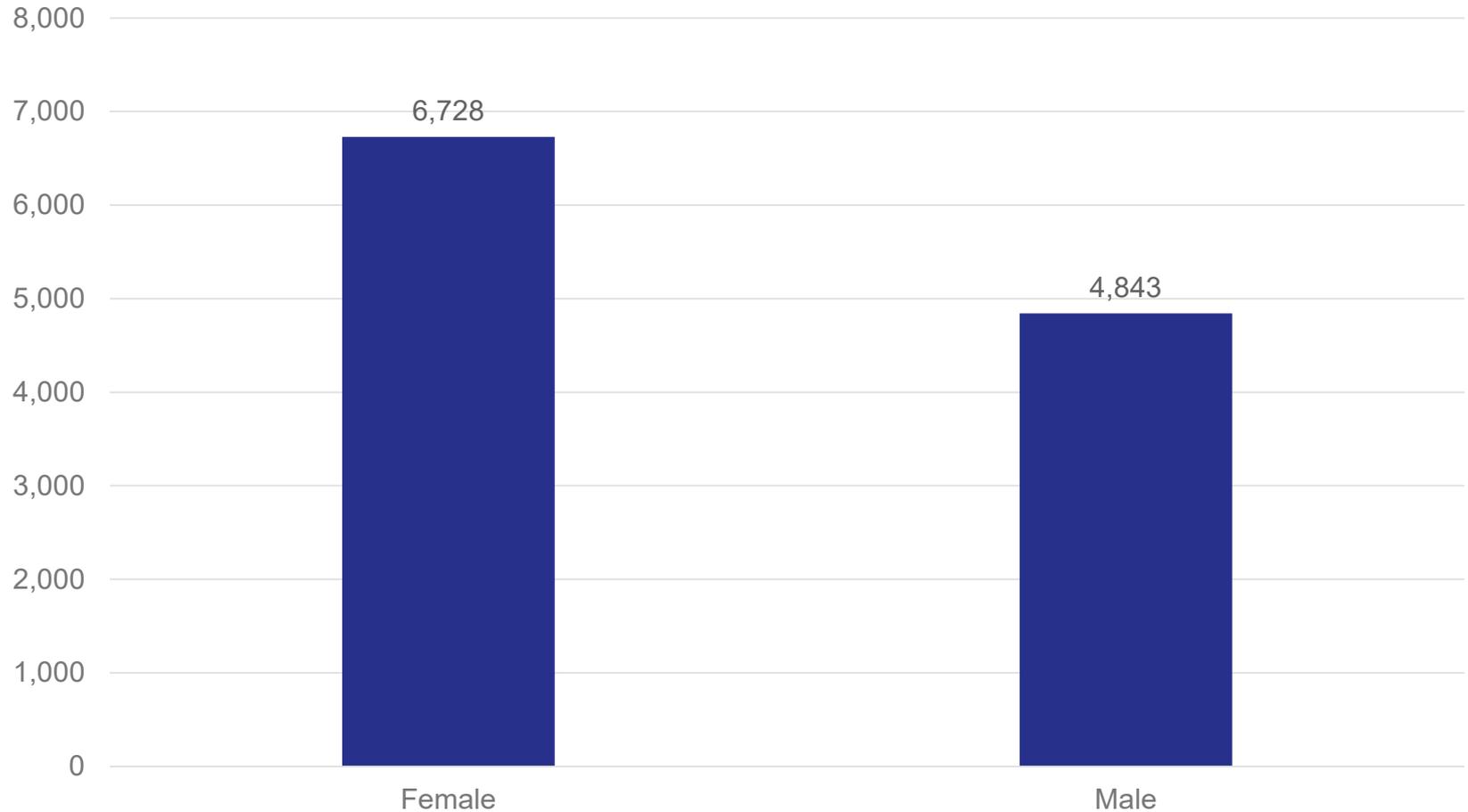


Preliminary Data as of 01/2021



# Telehealth Visits

Visits per 100,000 beneficiaries by Sex through 2020

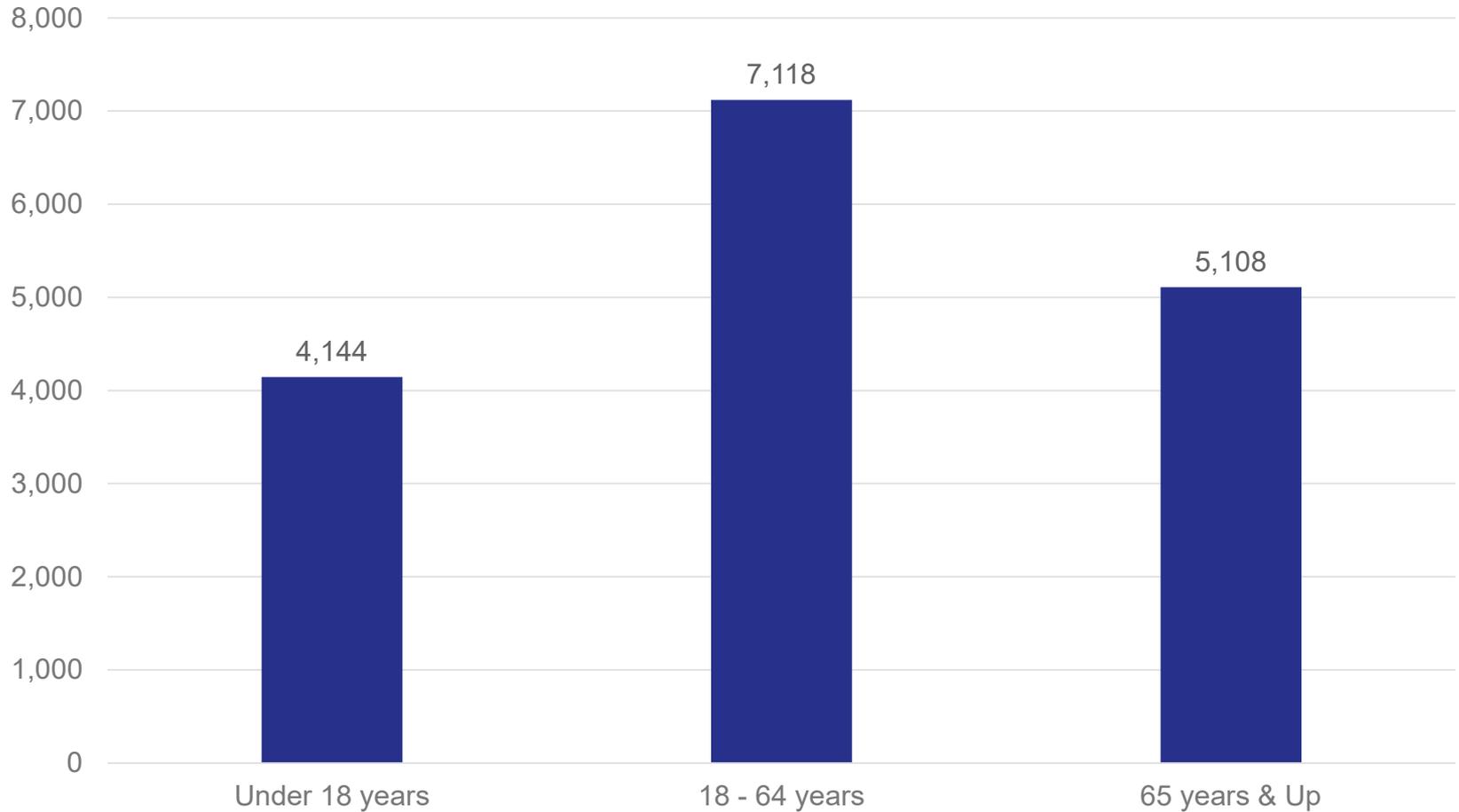


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# Telehealth Visits

Visits per 100,000 beneficiaries by Age Group through 2020

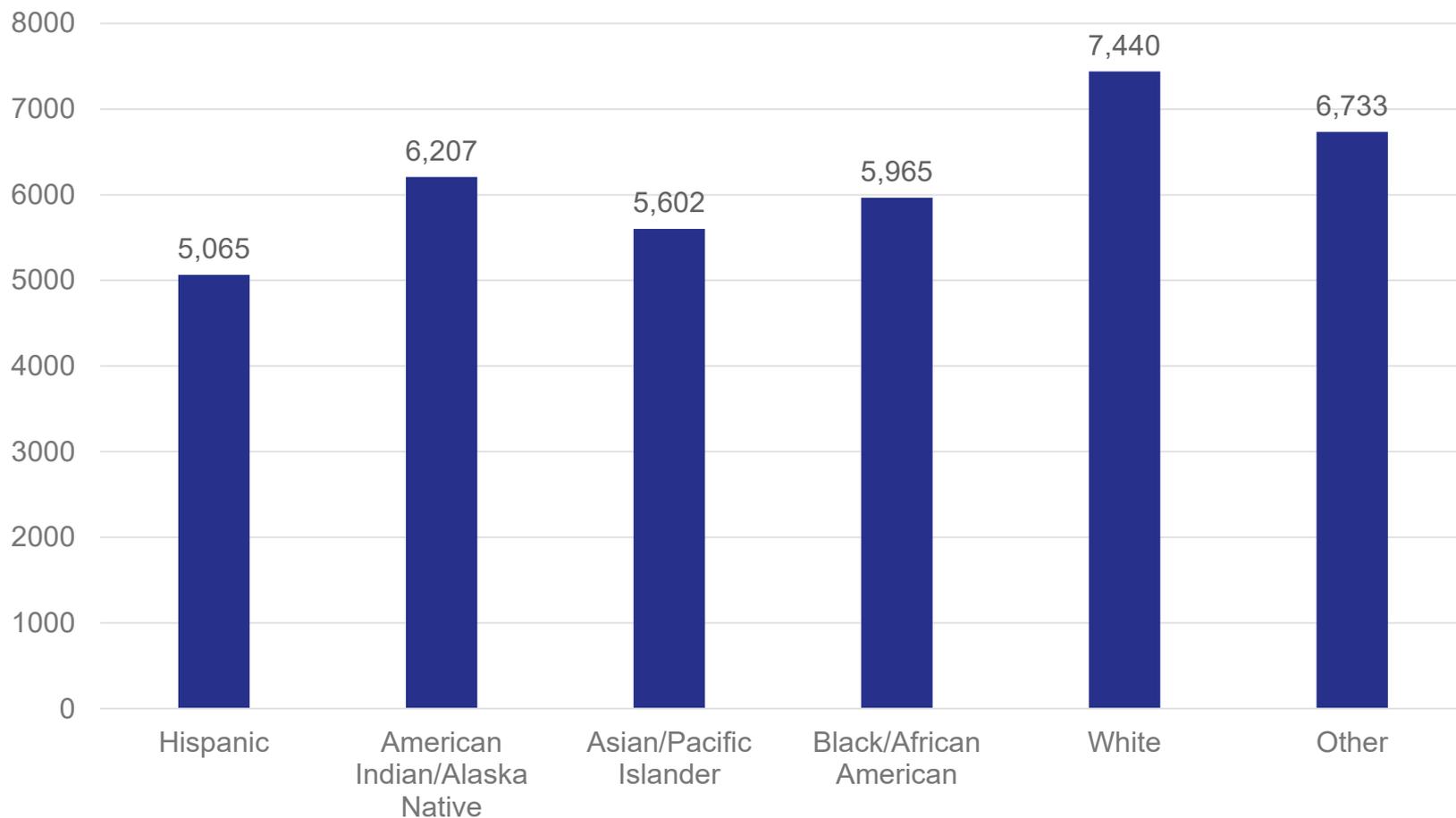


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# Telehealth Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020

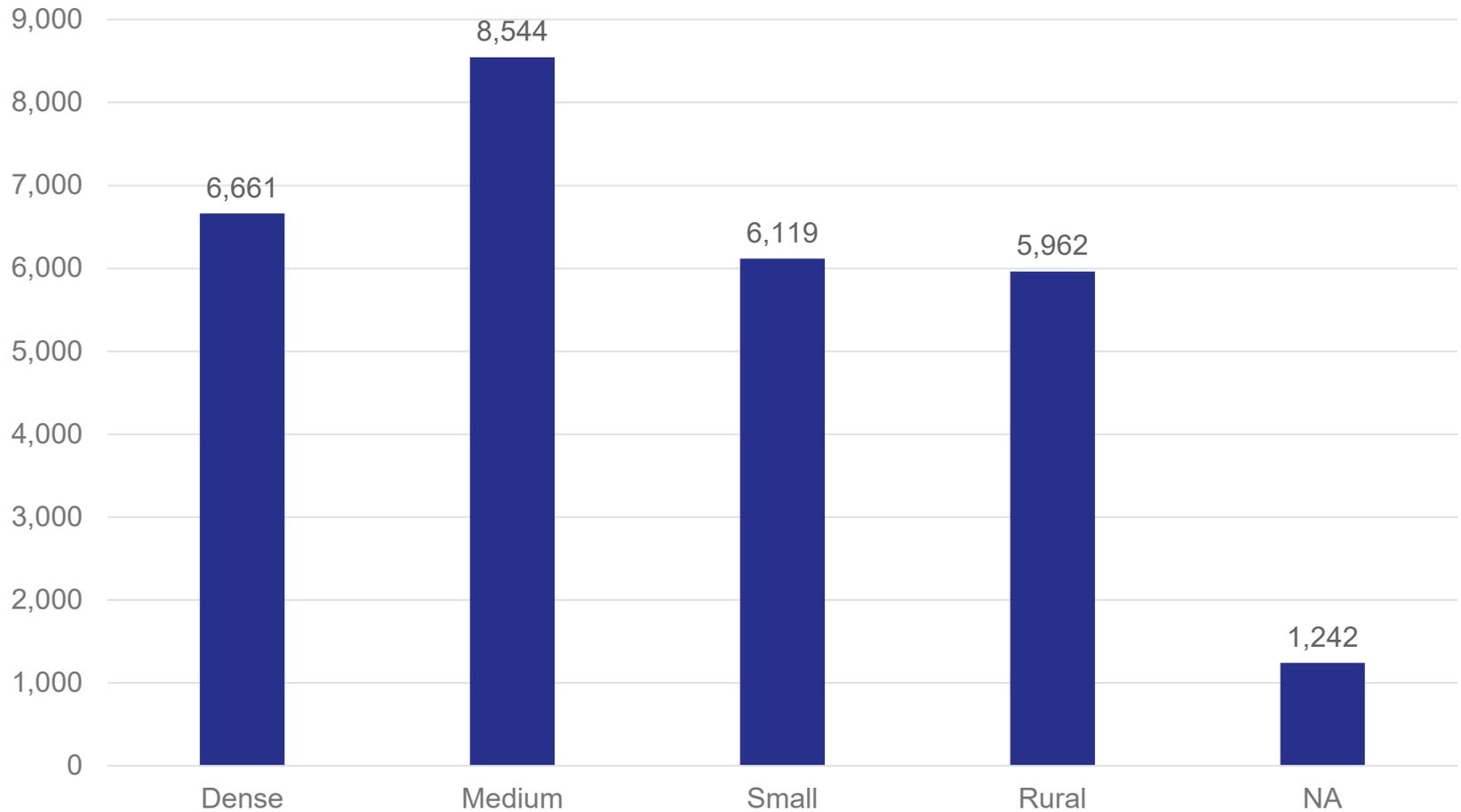


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# Telehealth Visits

Visits per 100,000 beneficiaries by Location through 2020

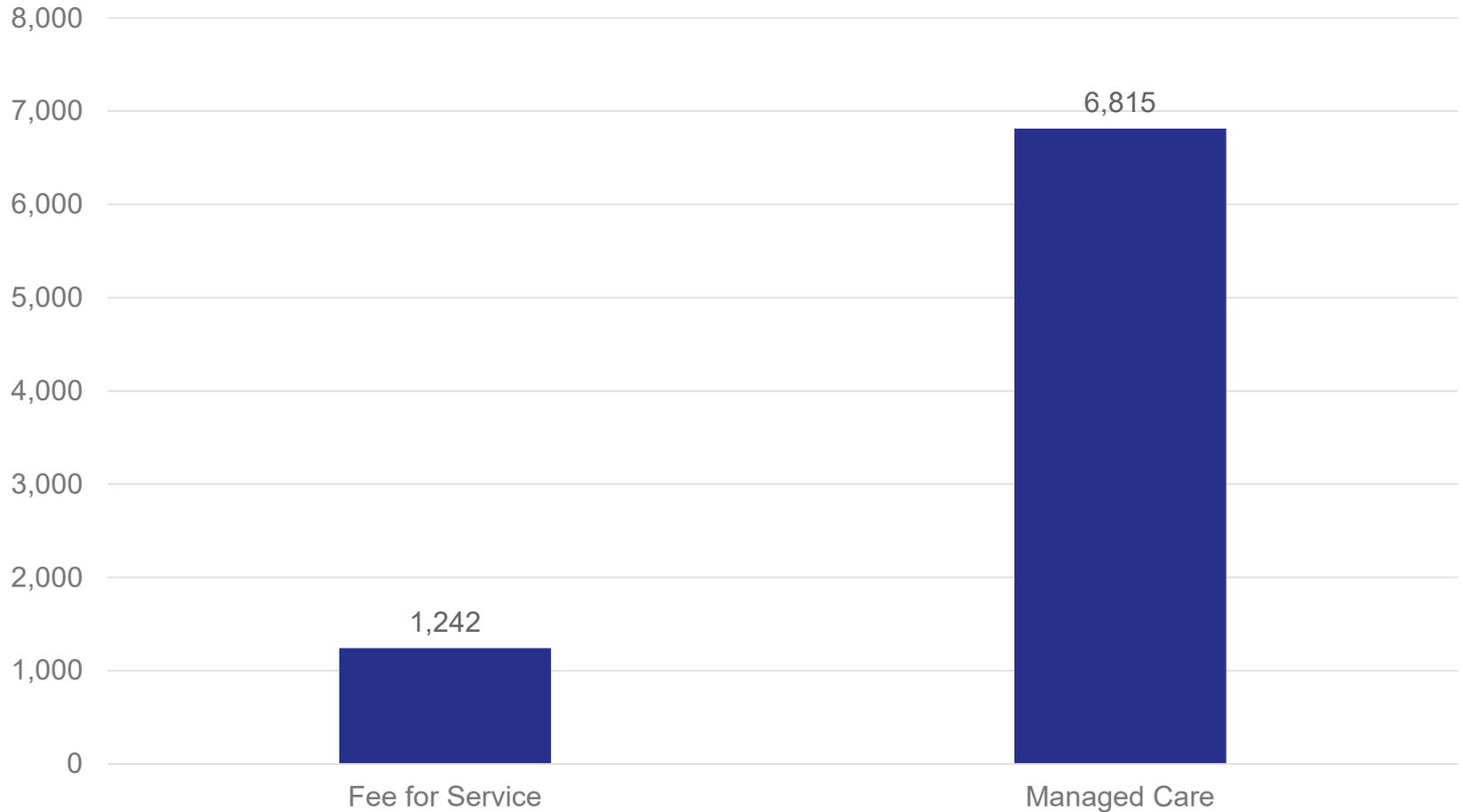


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# Telehealth Visits

Visits per 100,000 beneficiaries by Delivery System through 2020



Preliminary Data as of 01/2021



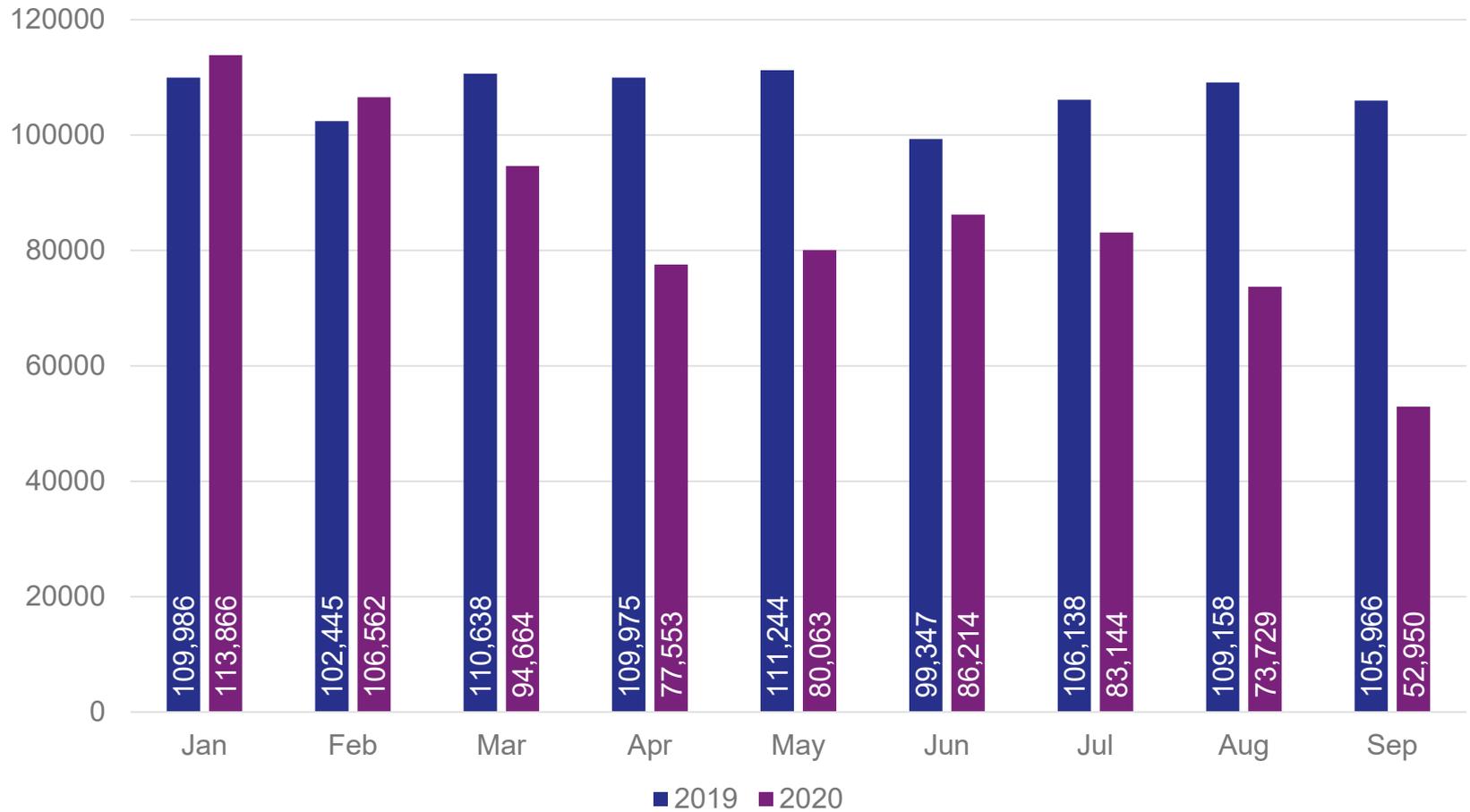
# Outpatient Visits

- Total number of outpatient visits in managed care and fee-for-service
- Total number of outpatient visit includes telehealth visits
- Telehealth visits constitute about 15% to 20% of the overall outpatient visits
- Source of data:
  - MIS/DSS Claims and Eligibility



# Outpatient Visits

Visits per 100,000 beneficiaries

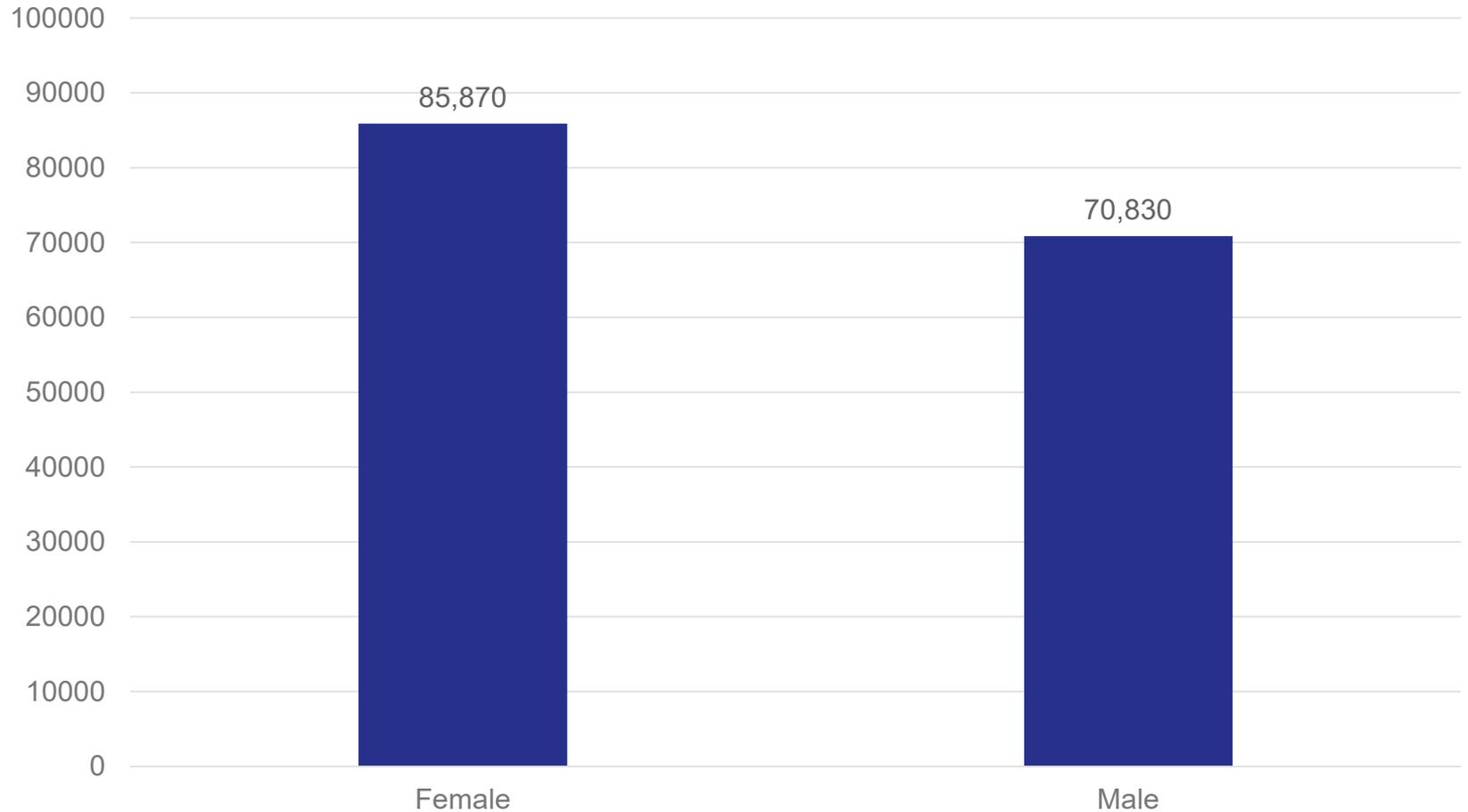


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# Outpatient Visits

Visits per 100,000 beneficiaries by Sex through 2020

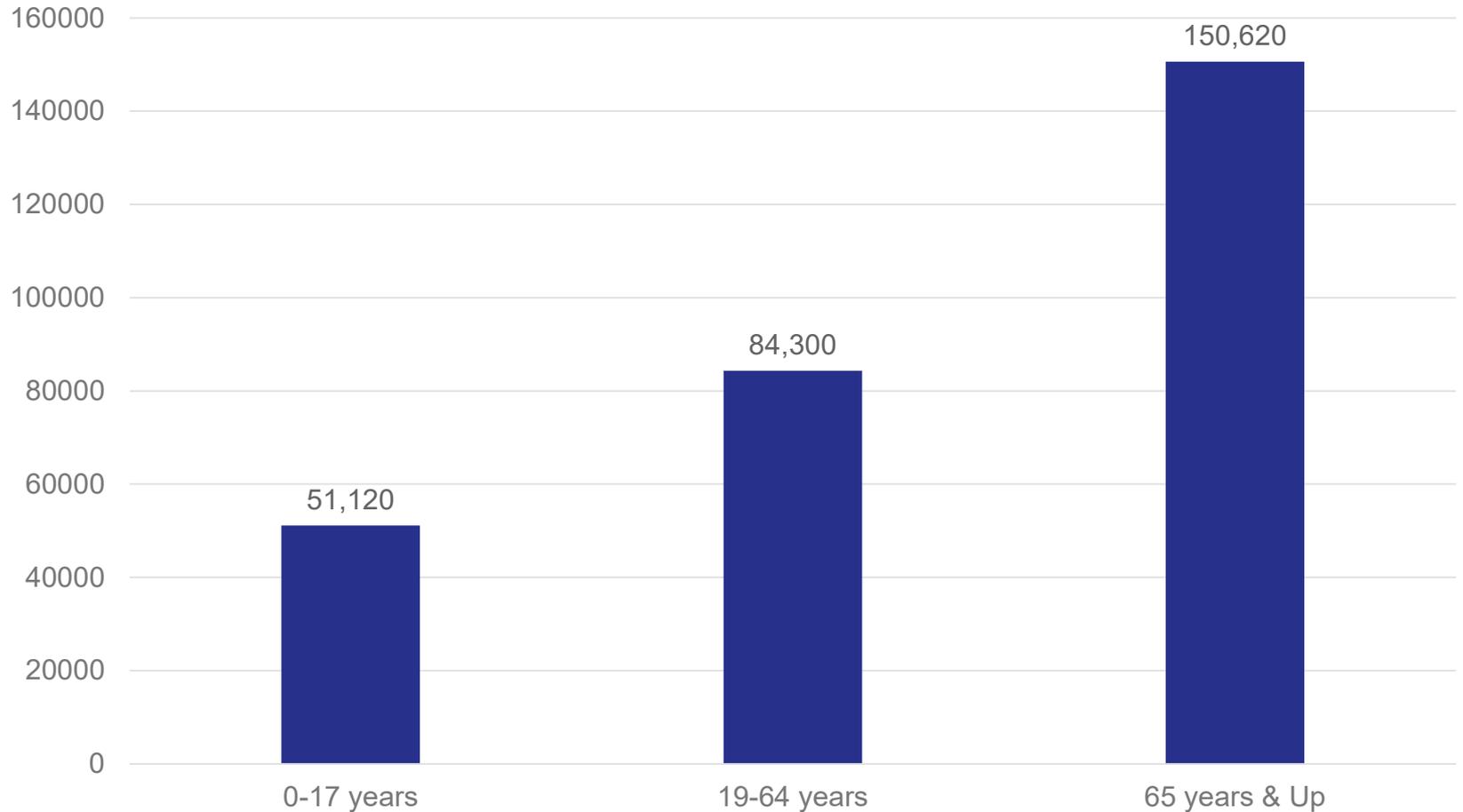


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# Outpatient Visits

Visits per 100,000 beneficiaries by Age Group through 2020

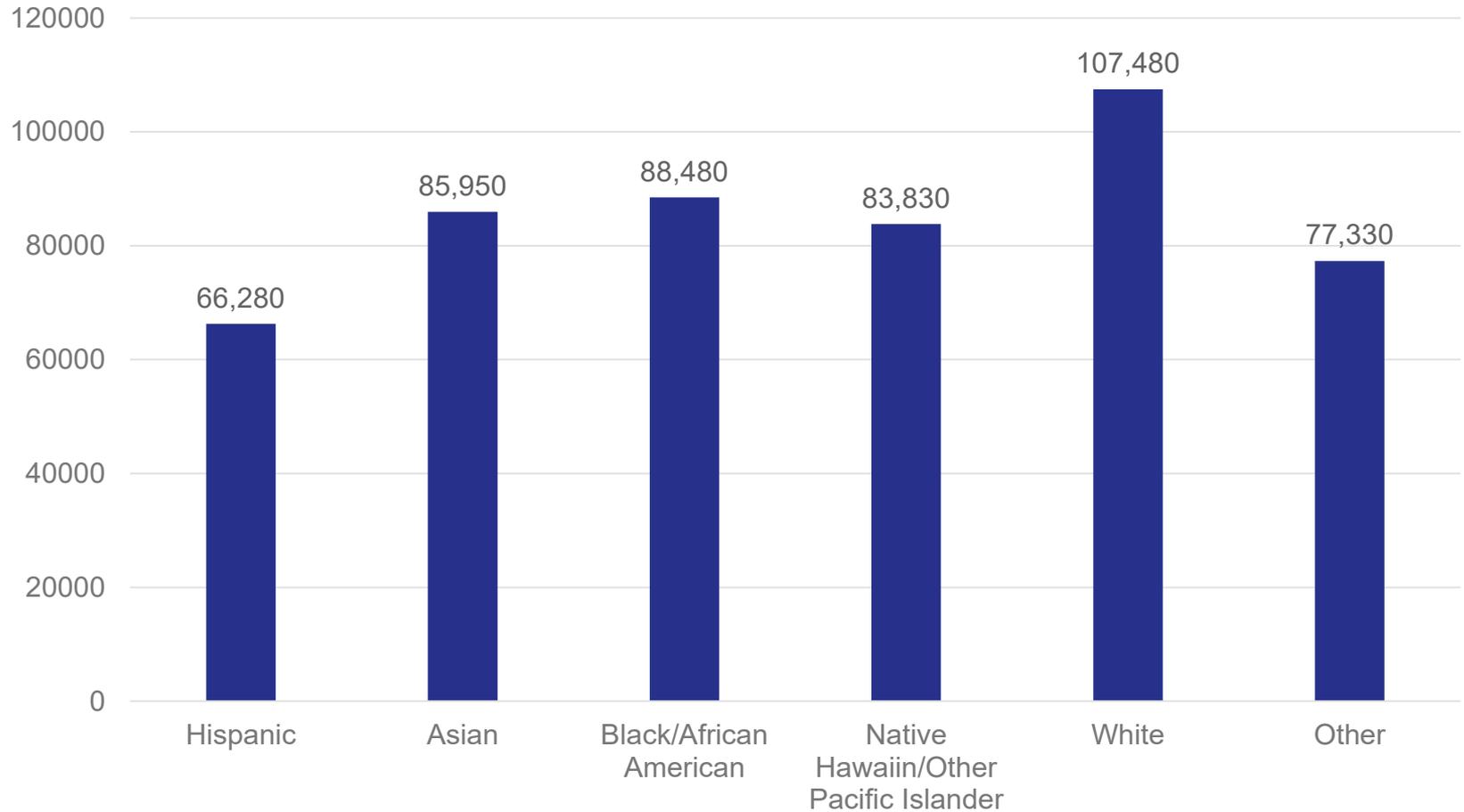


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# Outpatient Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020

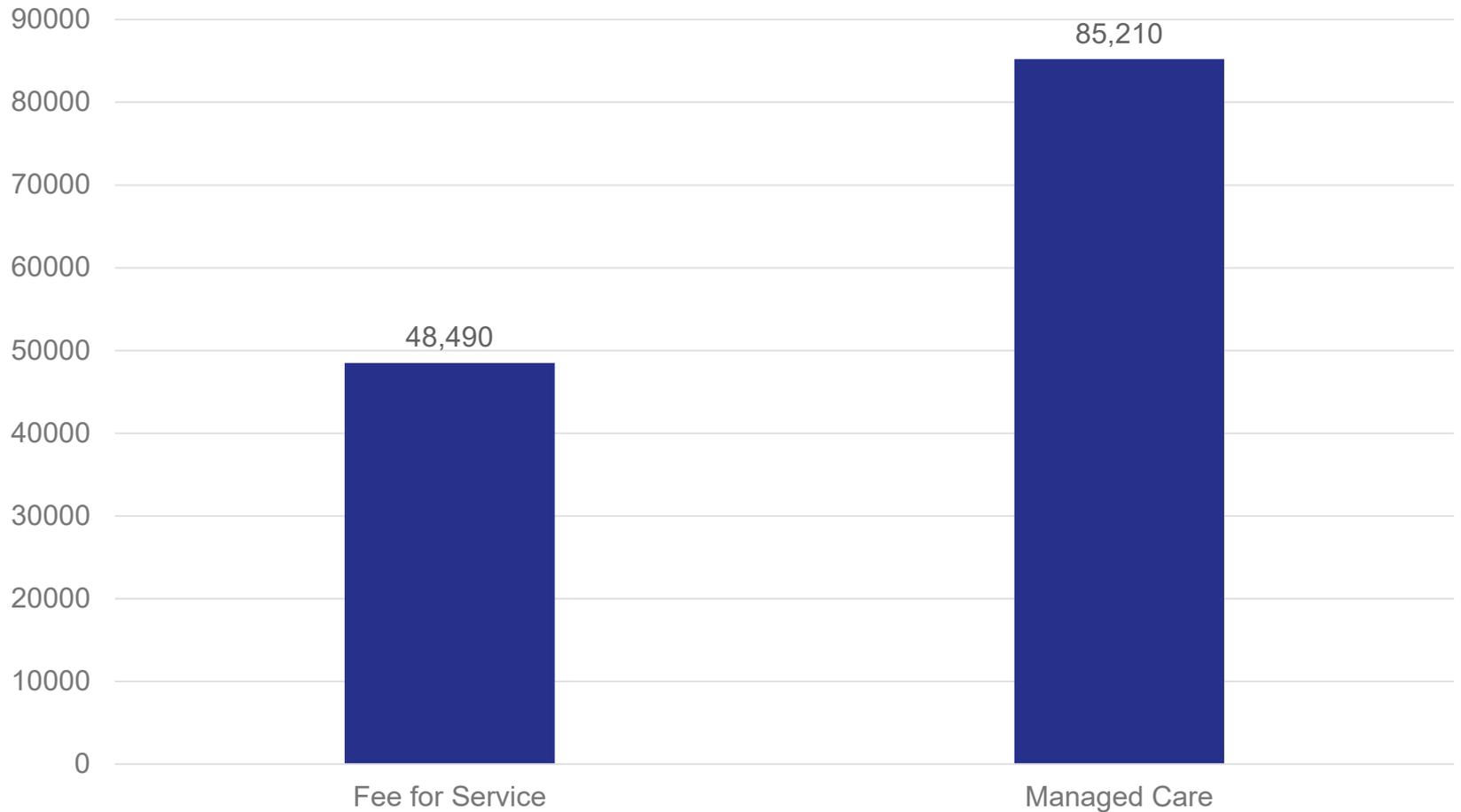


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# Outpatient Visits

Visits per 100,000 beneficiaries by Delivery System through 2020



Preliminary Data as of 01/2021



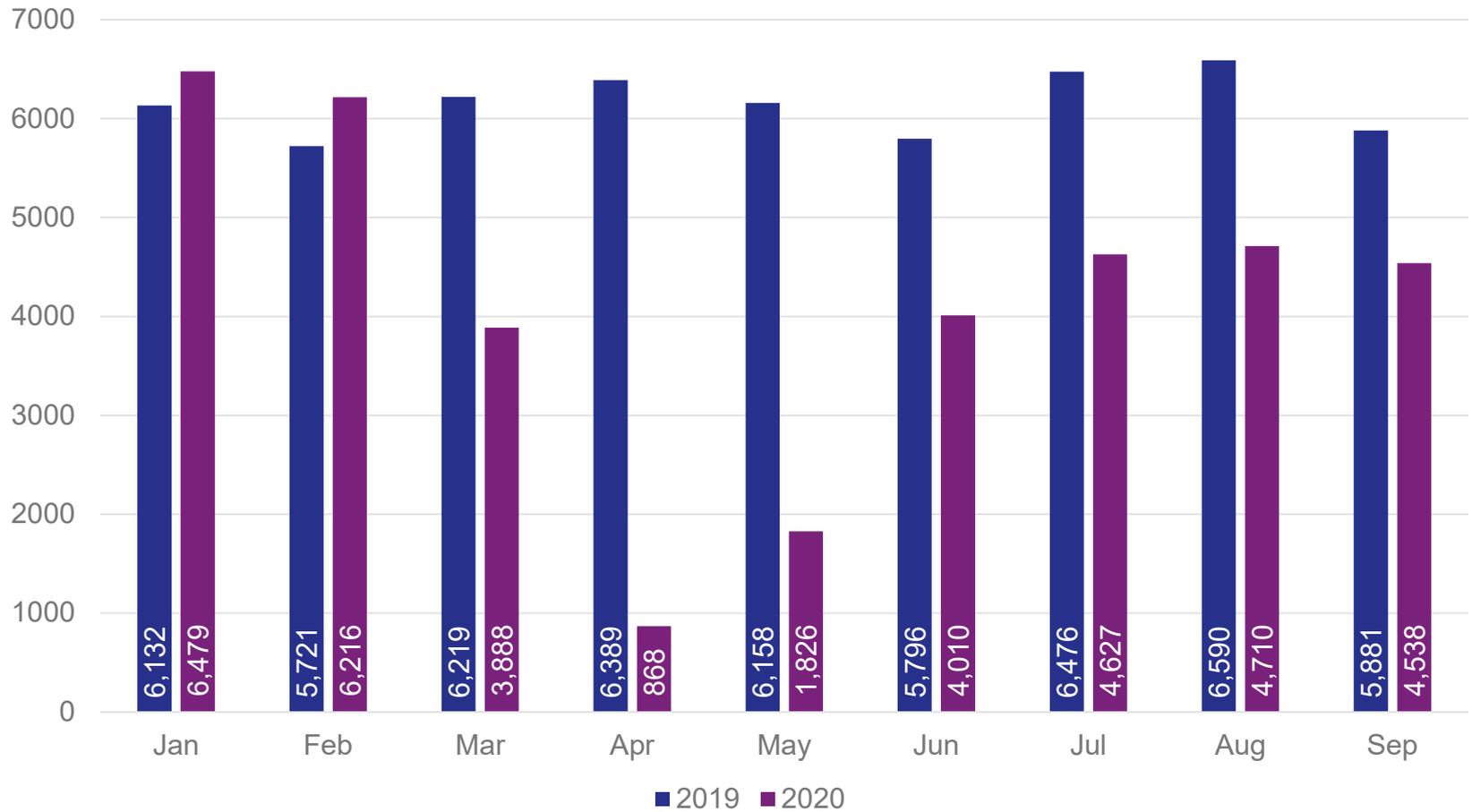
# Dental Visits

- Number of members who received any Dental Care Visit Services
- Methodology is based on the measure for Annual Dental Visits
- Source of data:
  - MIS/DSS Claims and Eligibility



# Dental Visits

Visits per 100,000 beneficiaries

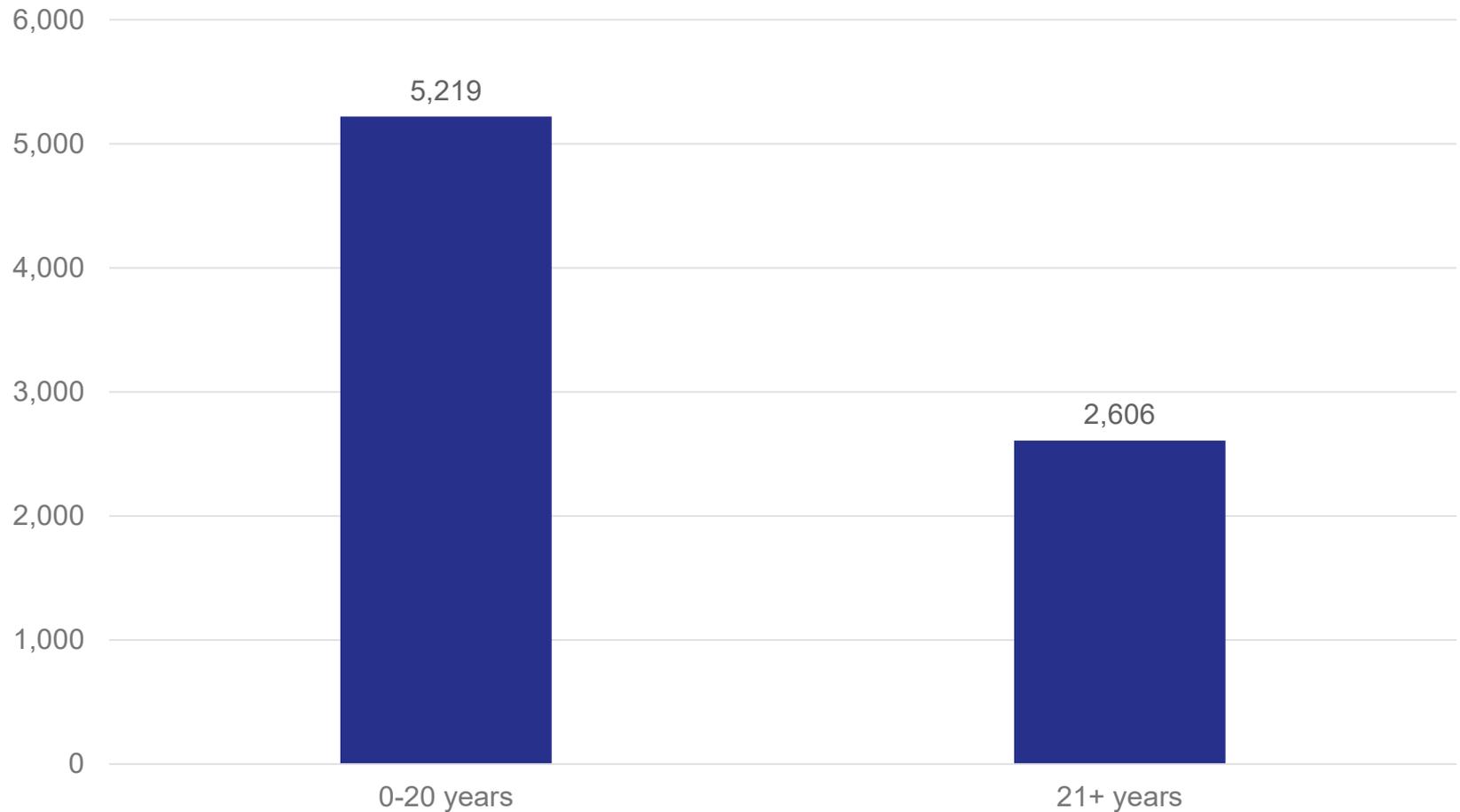


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# Dental Visits

Visits per 100,000 beneficiaries by Age Group  
Based on Services in 2020

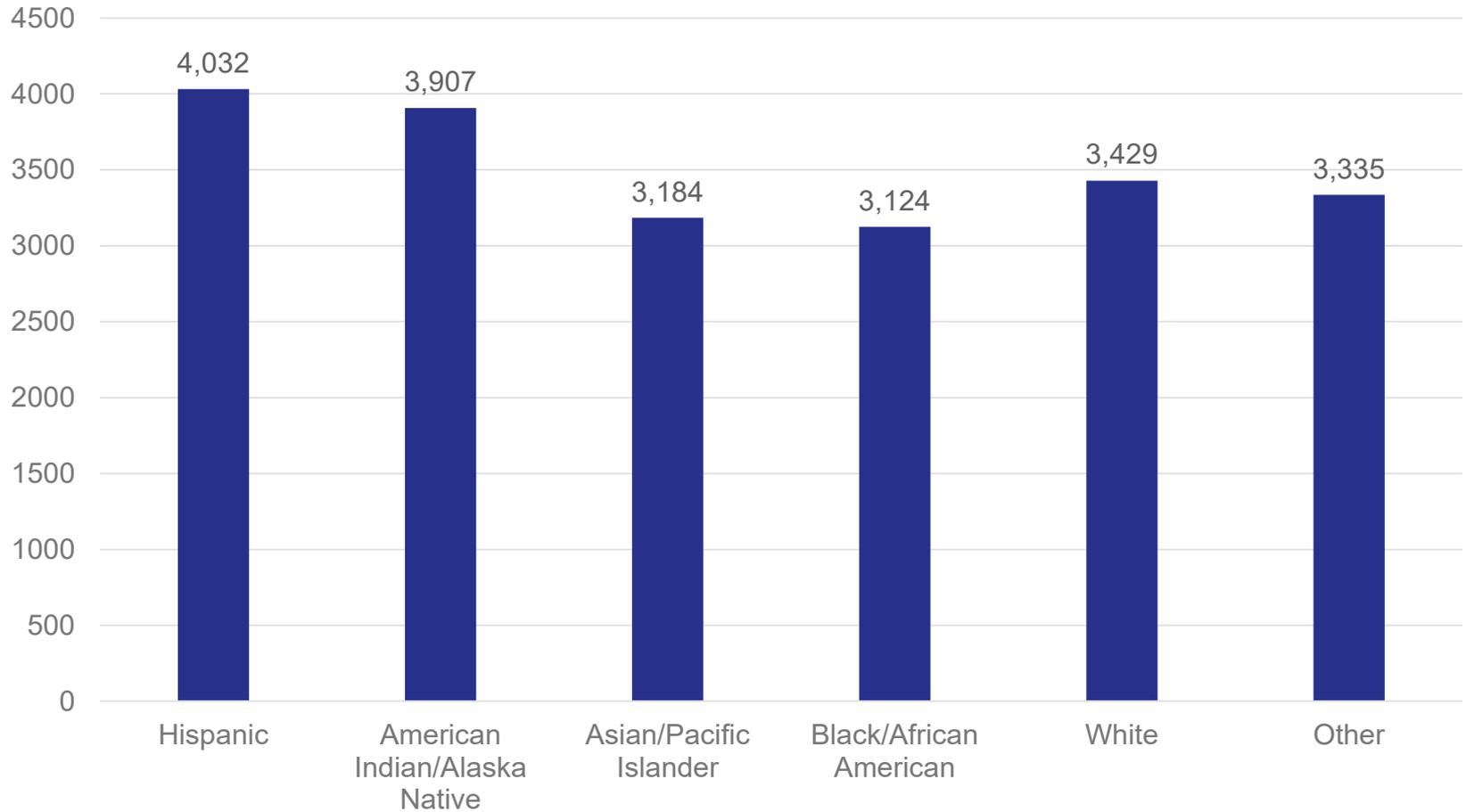


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# Dental Visits

Visits per 100,000 beneficiaries by Race/Ethnicity  
Based on Services in 2020

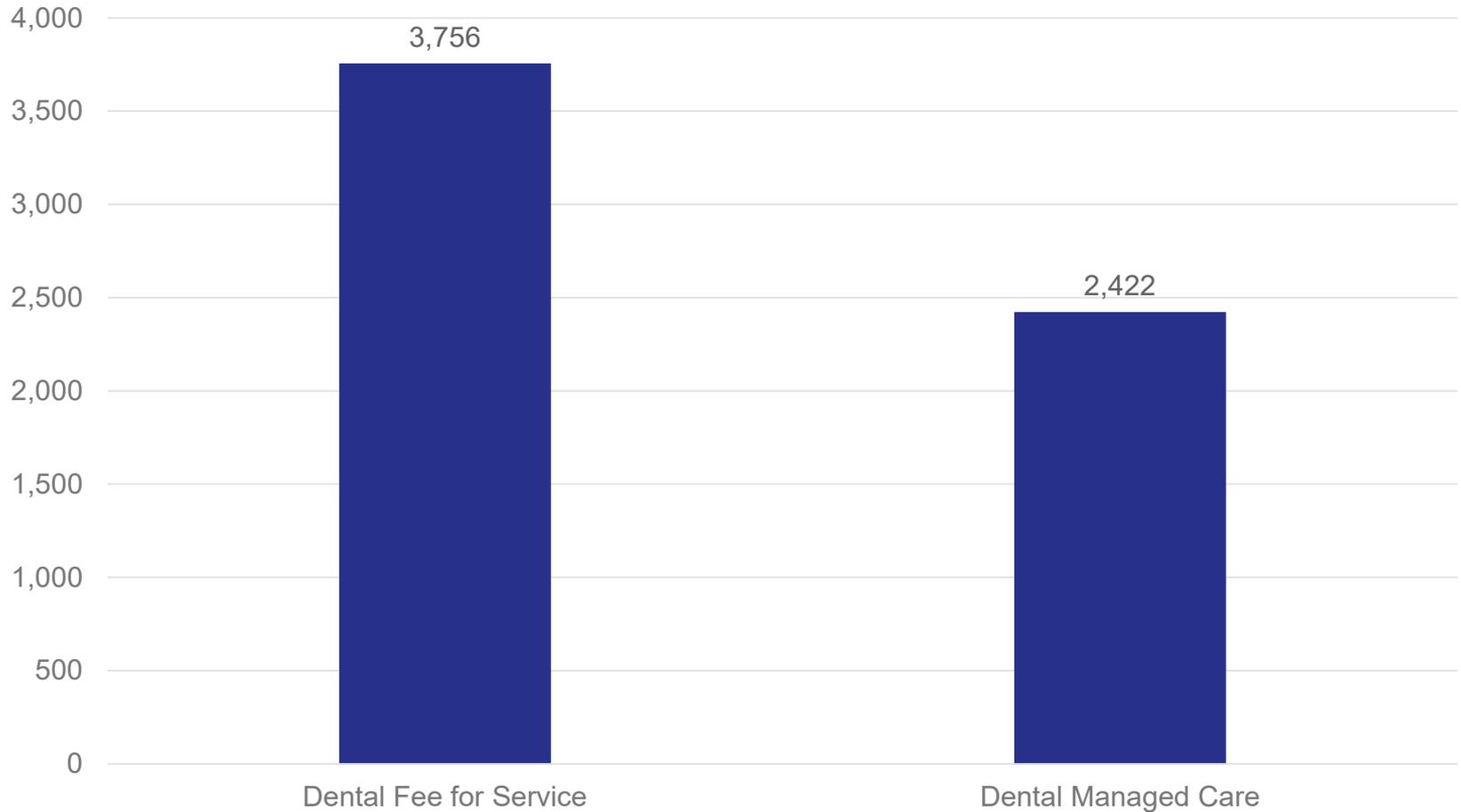


Preliminary Data as of 01/2021



# Dental Visits

Visits per 100,000 beneficiaries by Delivery Services  
Based on Services in 2020



Preliminary Data as of 01/2021



# California has a Split Mental Health Delivery System

- Managed Care Organizations Cover
  - Adults: Mental health disorders resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning
  - Under 21: Non-specialty mental health services
- Mental Health Outpatient Services Include
  - Individual and group mental health evaluation and treatment (psychotherapy)
  - Psychological testing, when clinically indicated to evaluate a mental health condition
  - Outpatient services for the purpose of monitoring drug therapy
  - Outpatient laboratory, drugs, supplies and supplements (excluding antipsychotics)
  - Psychiatric consultation



# Carved Out Mental Health Services

- Specialty Mental Health Services
  - Administered through county mental health plans (MHPs)
  - Services for adults with significant impairment from mental health conditions and for children/youth whose mental health needs require care services not included in MCP mental health benefits
- Substance Use Disorder Benefits
  - Administered through Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties, and waiver services
  - Community-based system for SUD services through counties or through direct contracts with service providers



# Mental Health Visits

- Mild to Moderate or Non-specialty Mental Health Visits - Total number of mental health visits in managed care and fee-for-service
- Specialty Mental Health Visits – Total number of mental health visits in the Specialty Mental Health System
- Each unique visit is defined by a unique combination of beneficiary and visit date
- Total number of visits includes telehealth visits
- Visits have broad inclusion of procedures for screening, evaluation, care, and treatment provided in a non-specialty and specialty claiming systems
- Source of data:
  - MIS/DSS Claims and Eligibility



# Penetration Rates and Average Visits for Mental Health Services Over Time

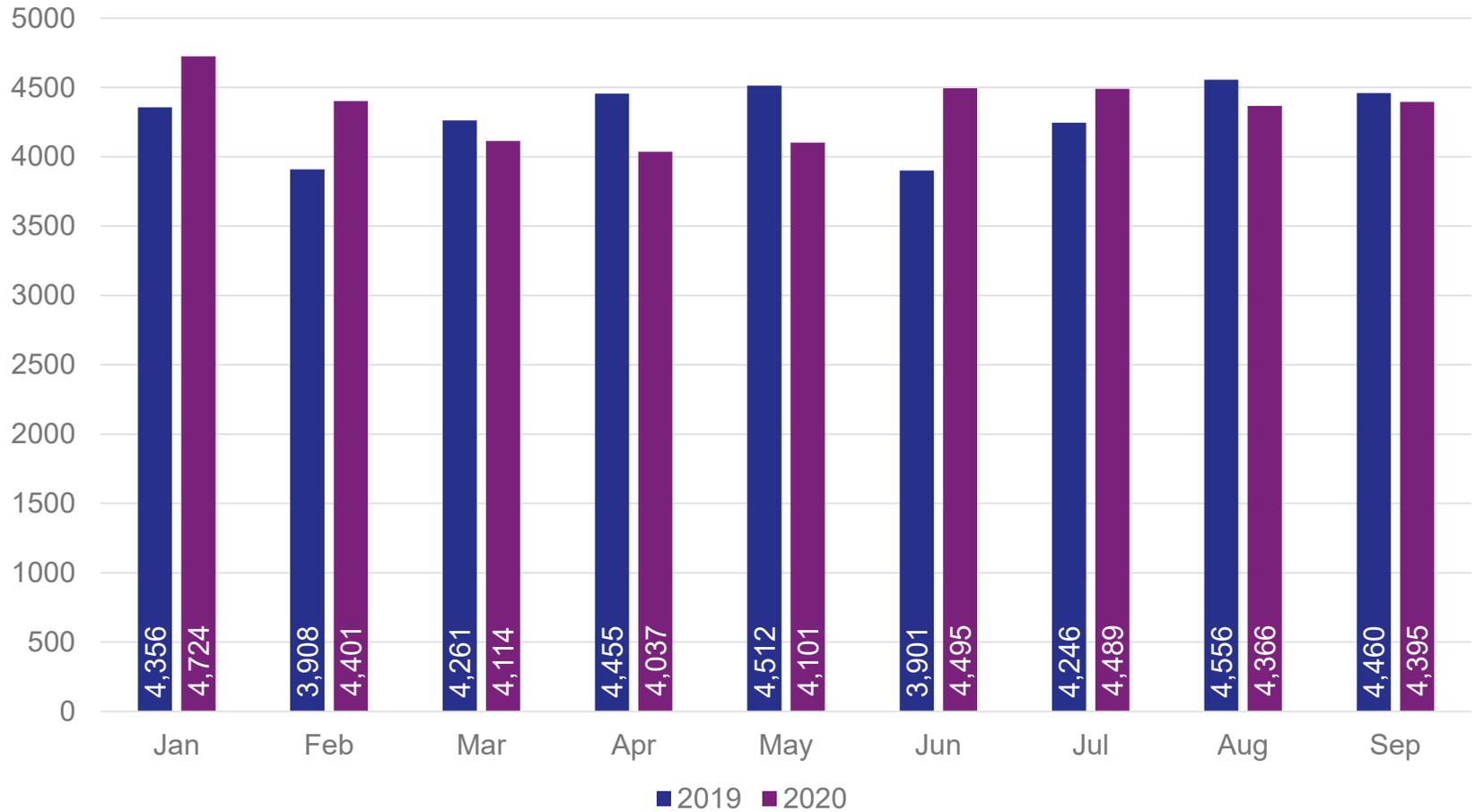
- Specialty Mental Health Penetration Rates have been relatively constant over the past three years
- In contrast, Mild to Moderate Mental Health Services penetration rates and average visits in Managed Care have steadily increased during that time frame
  - Penetration rate is total unique beneficiaries that were provided at least one psychotherapy and psychiatric evaluation services (based on selected procedure codes) in the State Fiscal Year (SFY)
  - Average visit is average number of visits per unique beneficiary per SFY

	SFY 2017-18	SFY 2018-19	SFY 2019-20	Percent Change
Penetration Rate	3.0%	3.4%	3.4%	13%
Average Visit	5.0	5.3	5.6	12%



# Mild to Moderate and Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries for All Ages

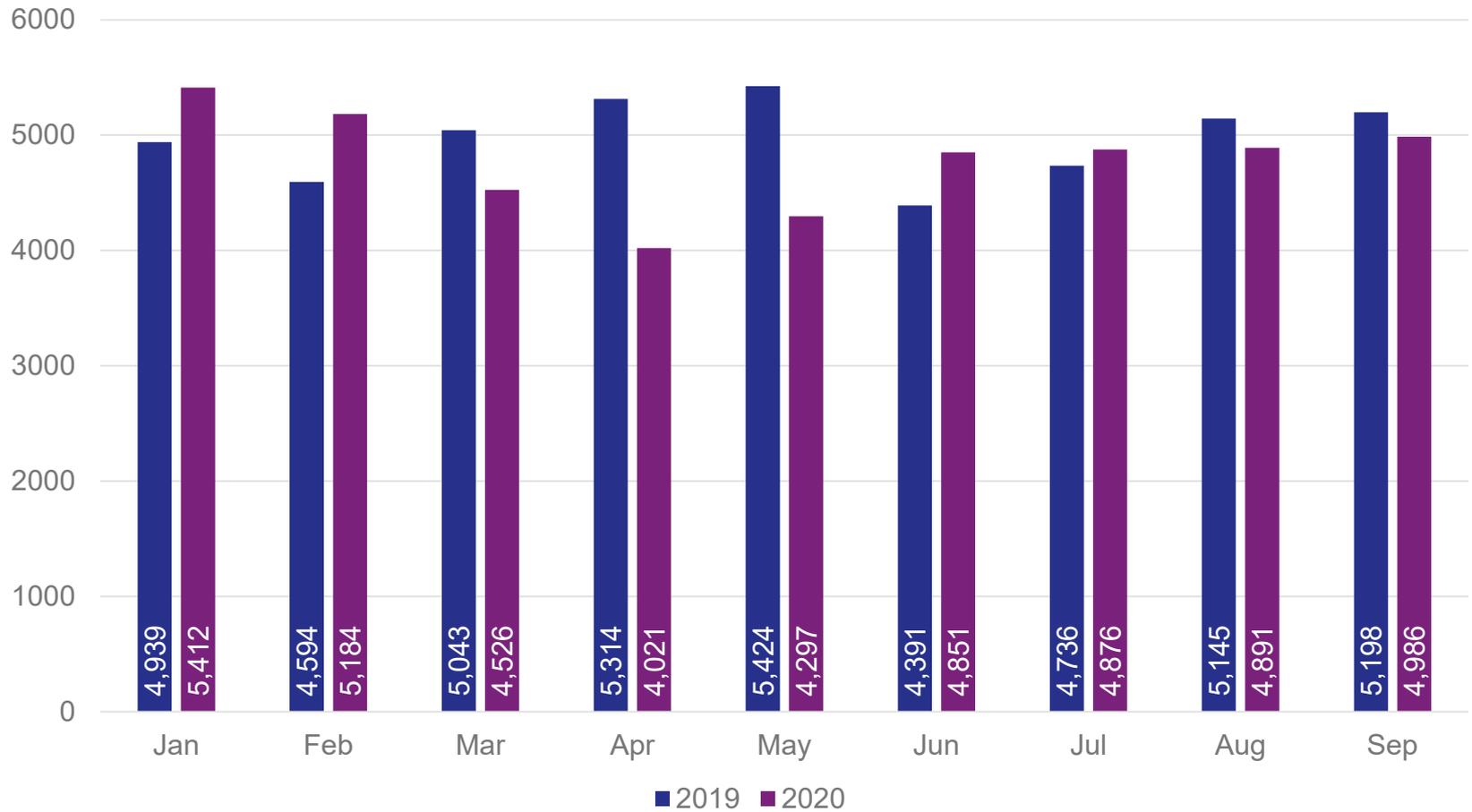


Preliminary Data as of 01/2021



# Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries under 21 years old

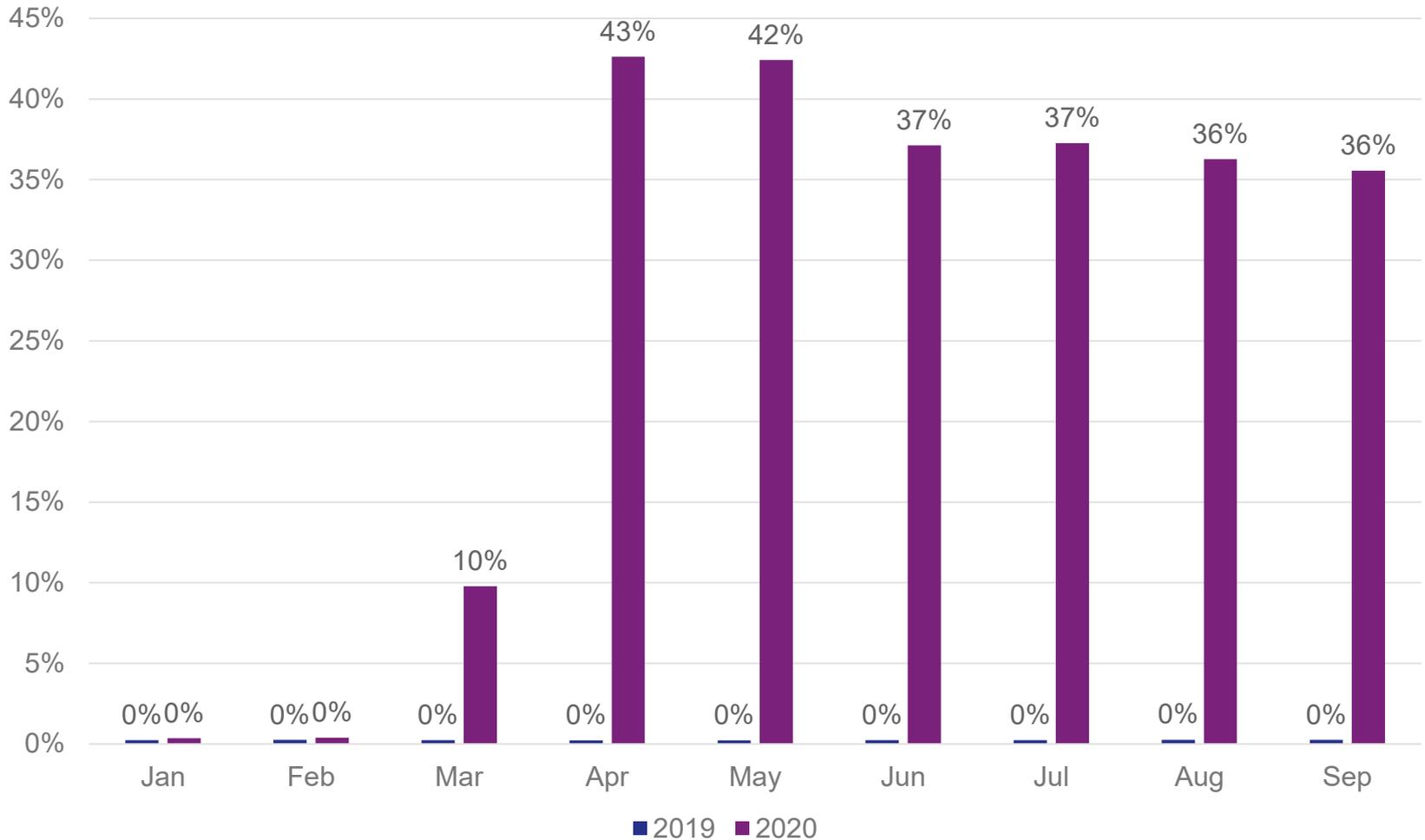


Preliminary Data as of 01/2021



# Non-specialty Mental Health

% Services Delivered through Telehealth  
beneficiaries under 21 years old

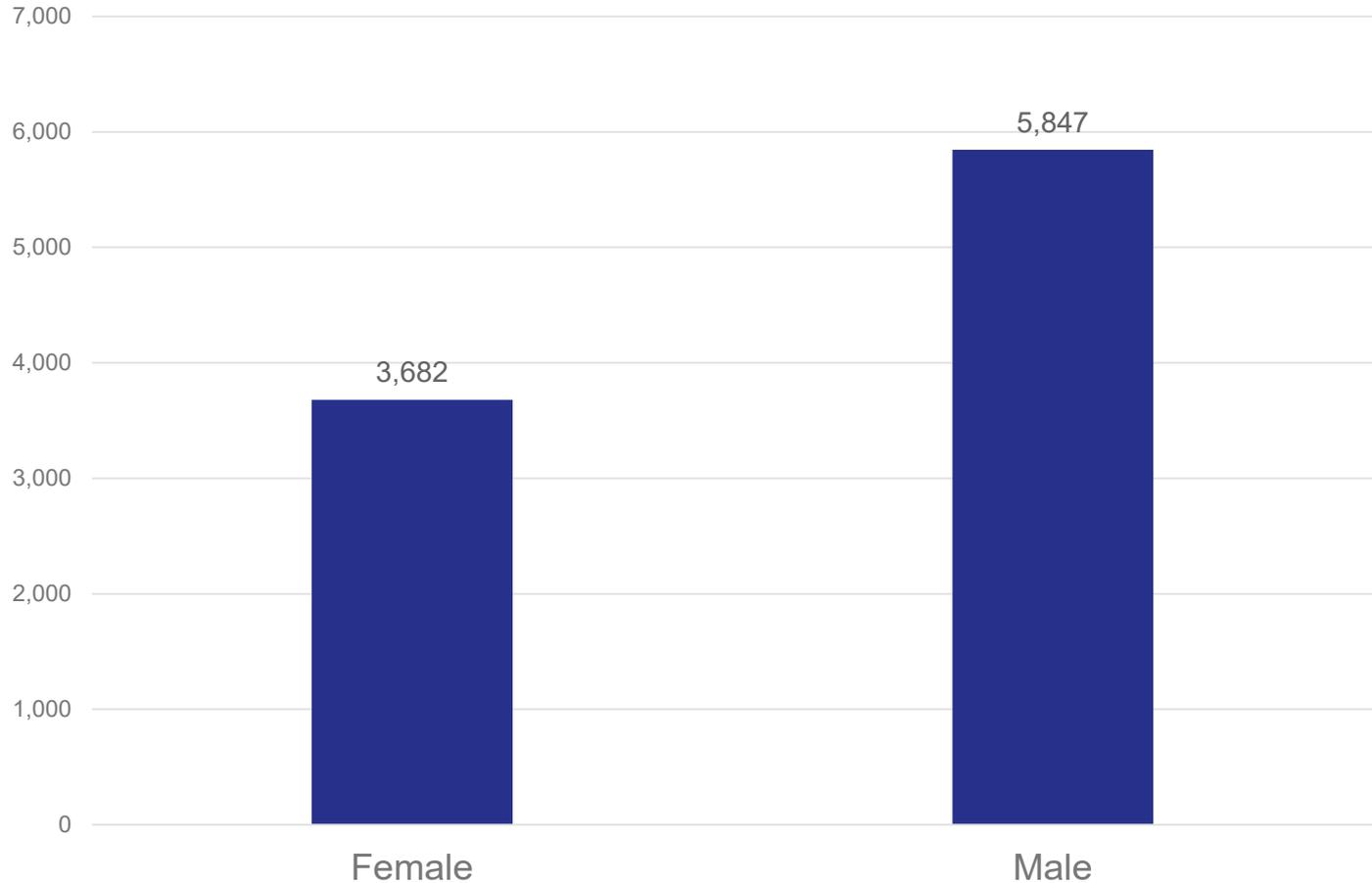


Preliminary Data as of 01/2021



# Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries by Sex through 2020  
beneficiaries under 21 years old

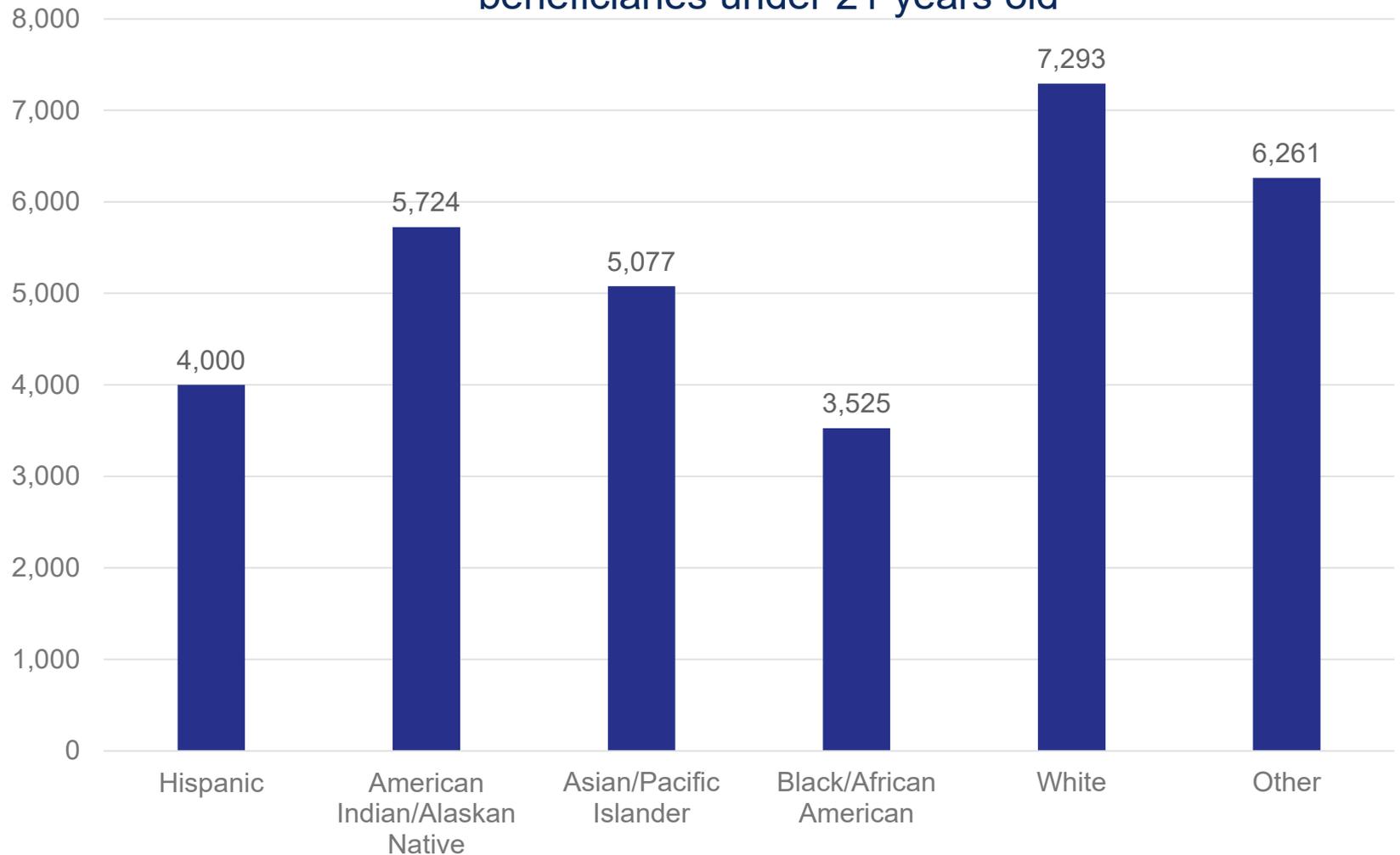


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# Non-specialty Mental Health Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020  
beneficiaries under 21 years old

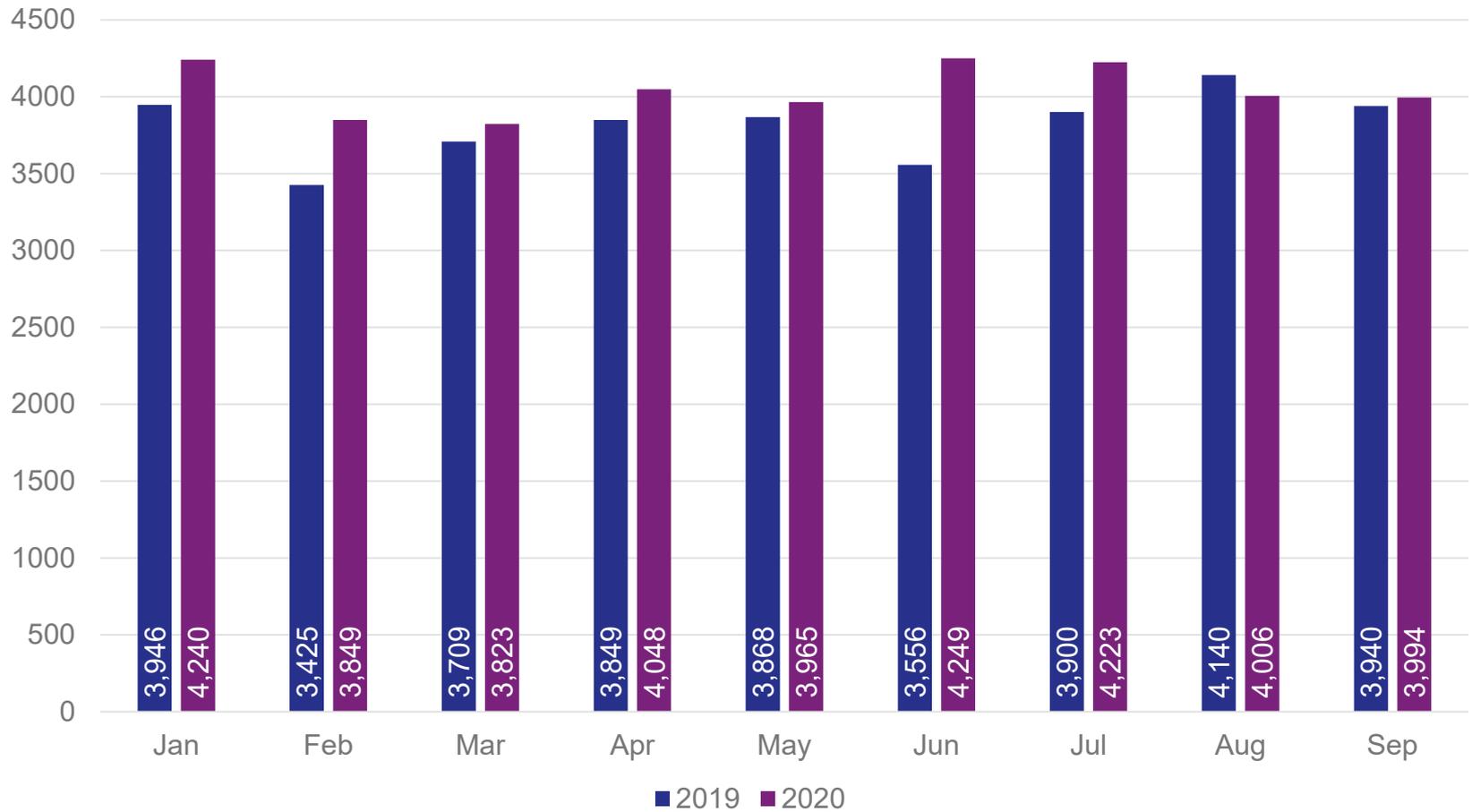


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# Mild to Moderate Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older

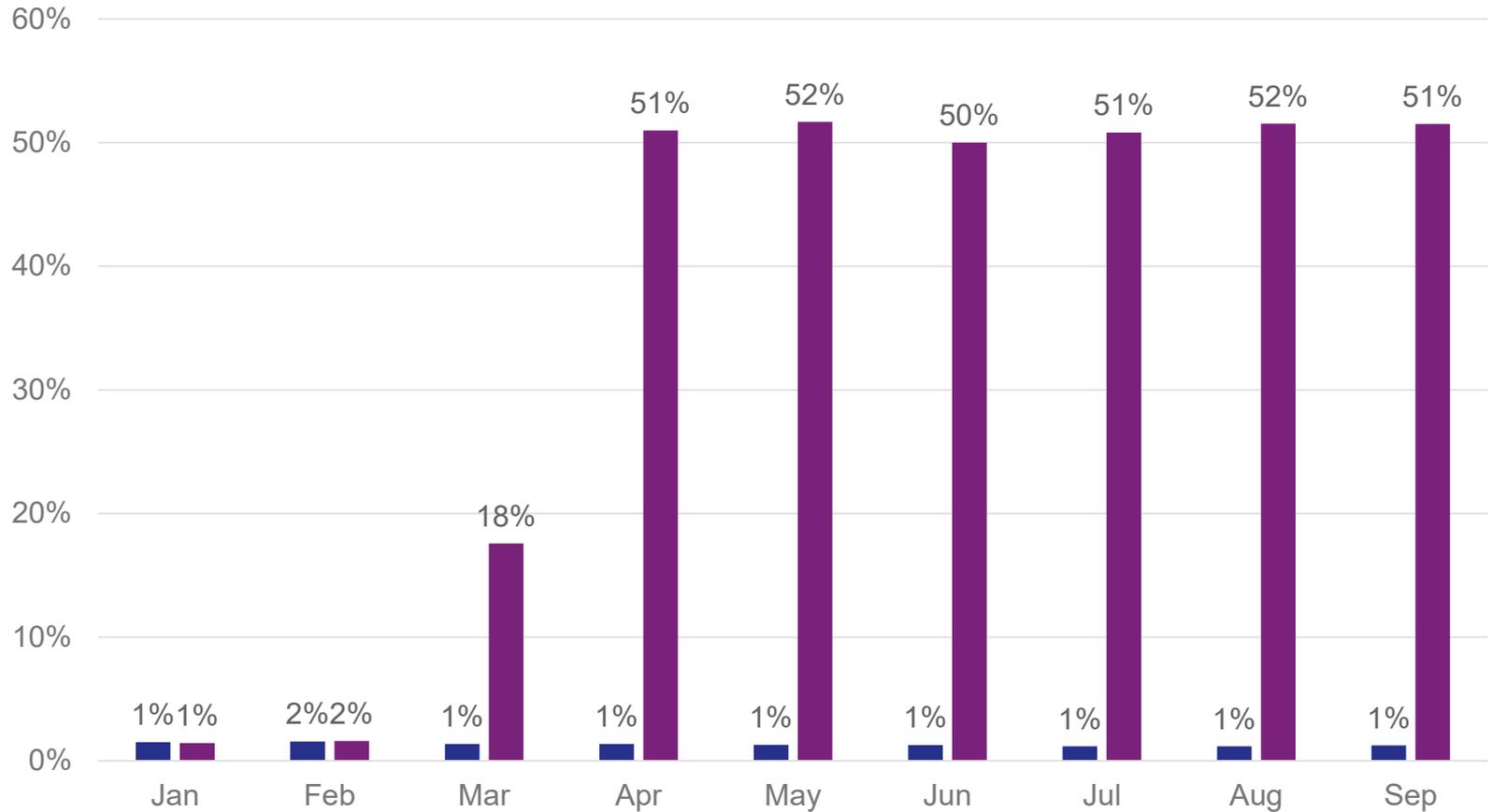


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# Mild to Moderate Mental Health

% Services Delivered through Telehealth  
beneficiaries 21 years and older

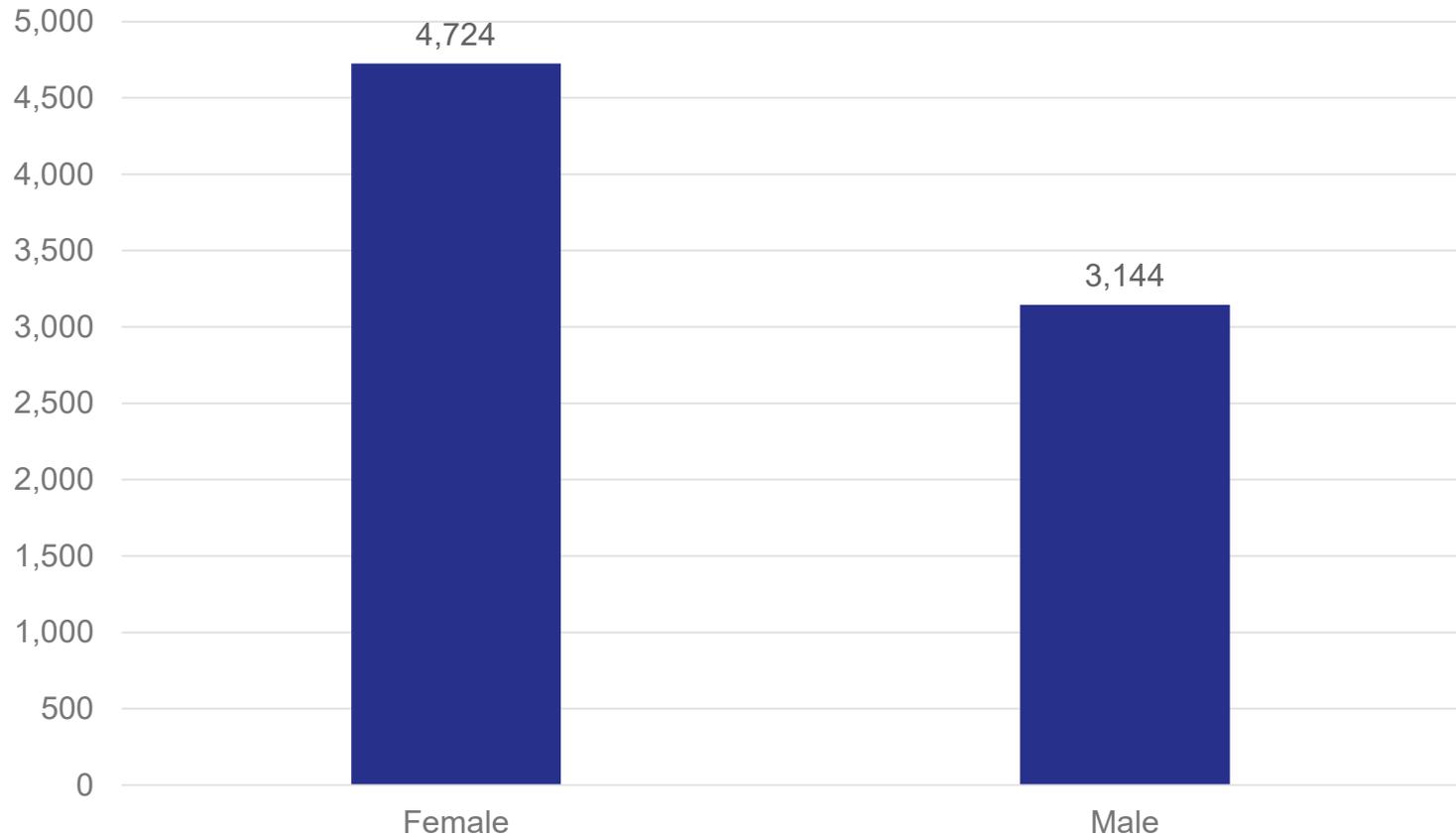


Preliminary Data as of 01/2021



# Mild to Moderate Mental Health Visits

Visits per 100,000 beneficiaries by Sex through 2020  
beneficiaries 21 years and older

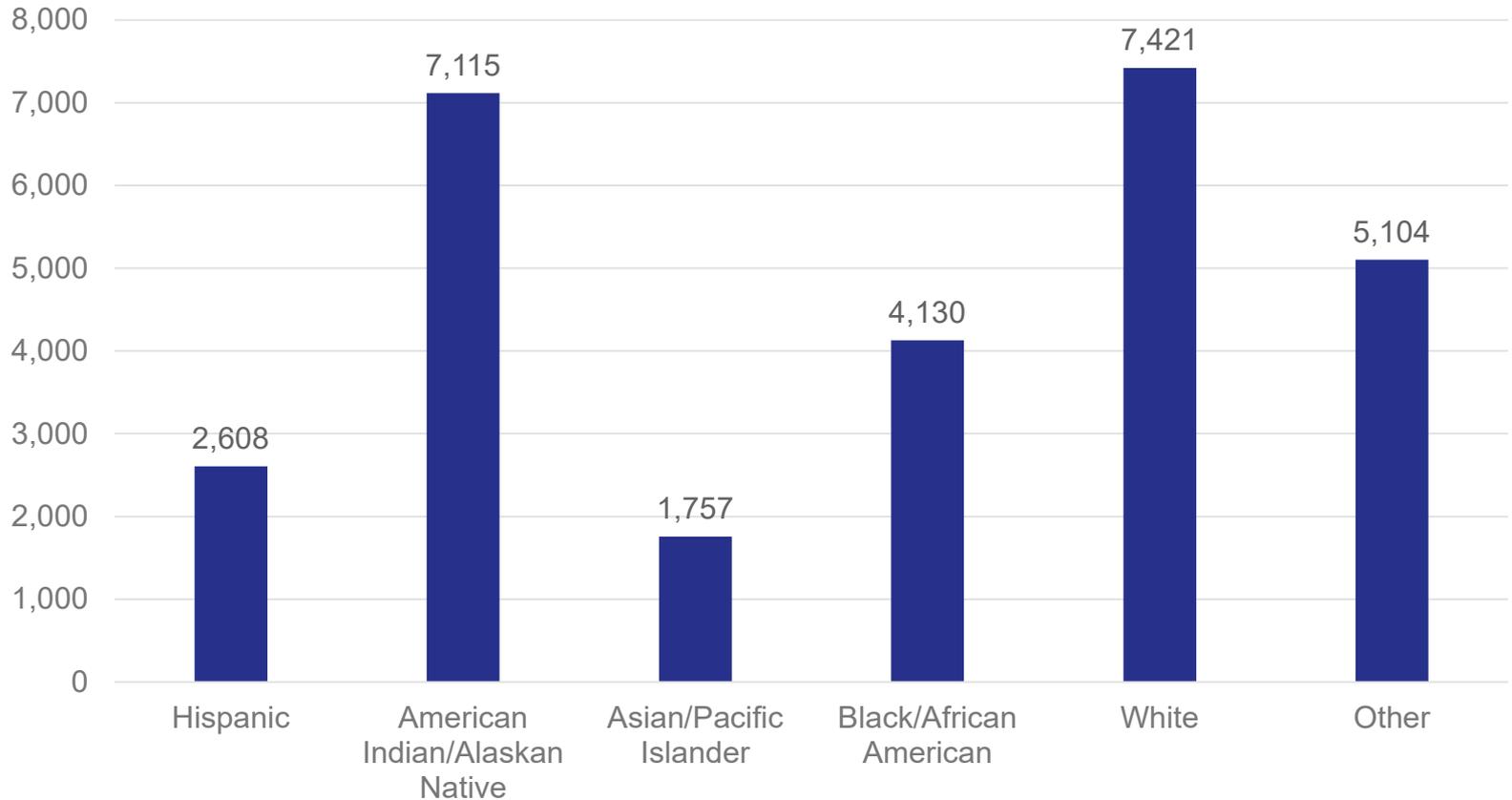


Preliminary Data as of 01/2021



# Mild to Moderate Mental Health Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020 beneficiaries 21 years and older

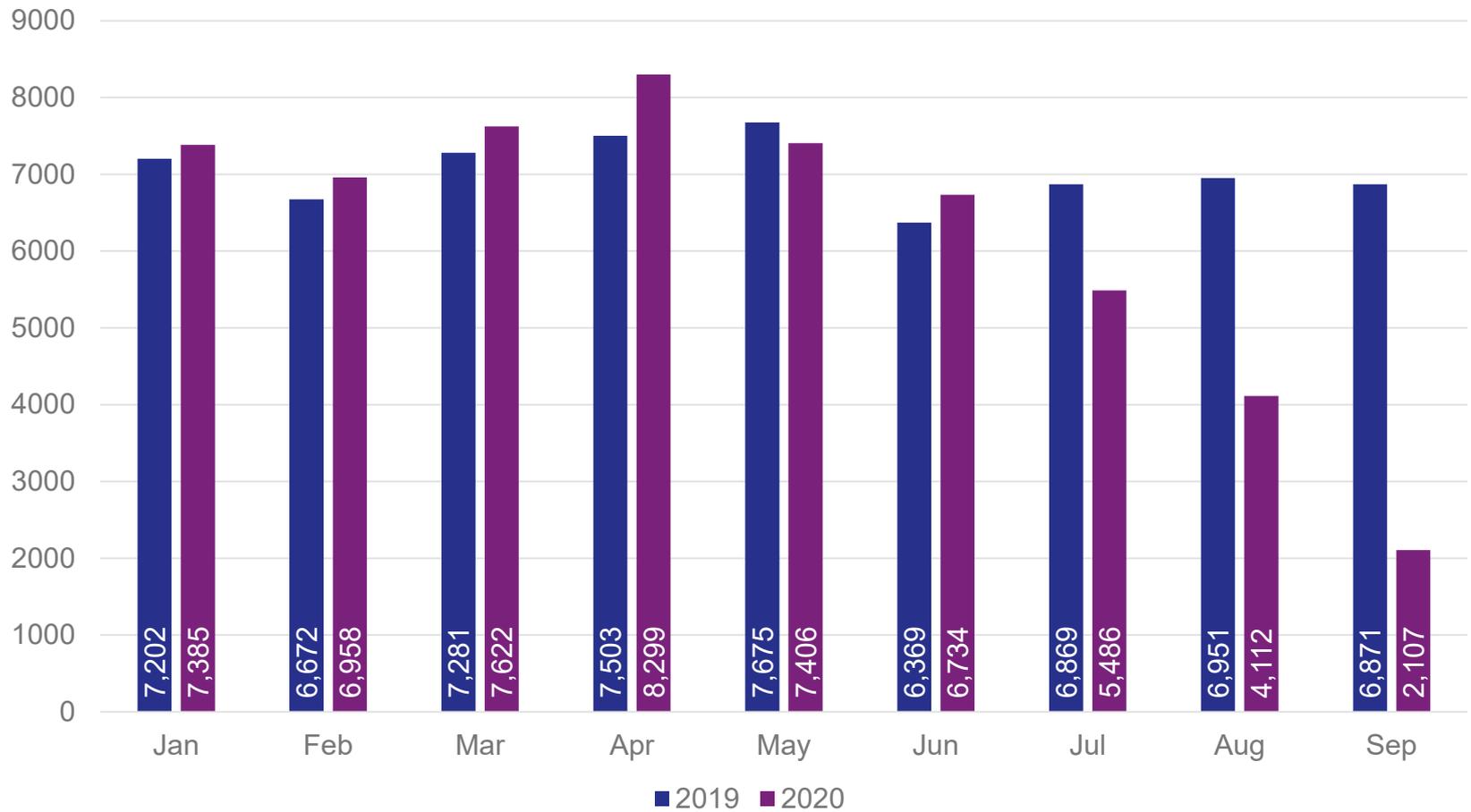


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

Visits per 100,000 beneficiaries for All Ages

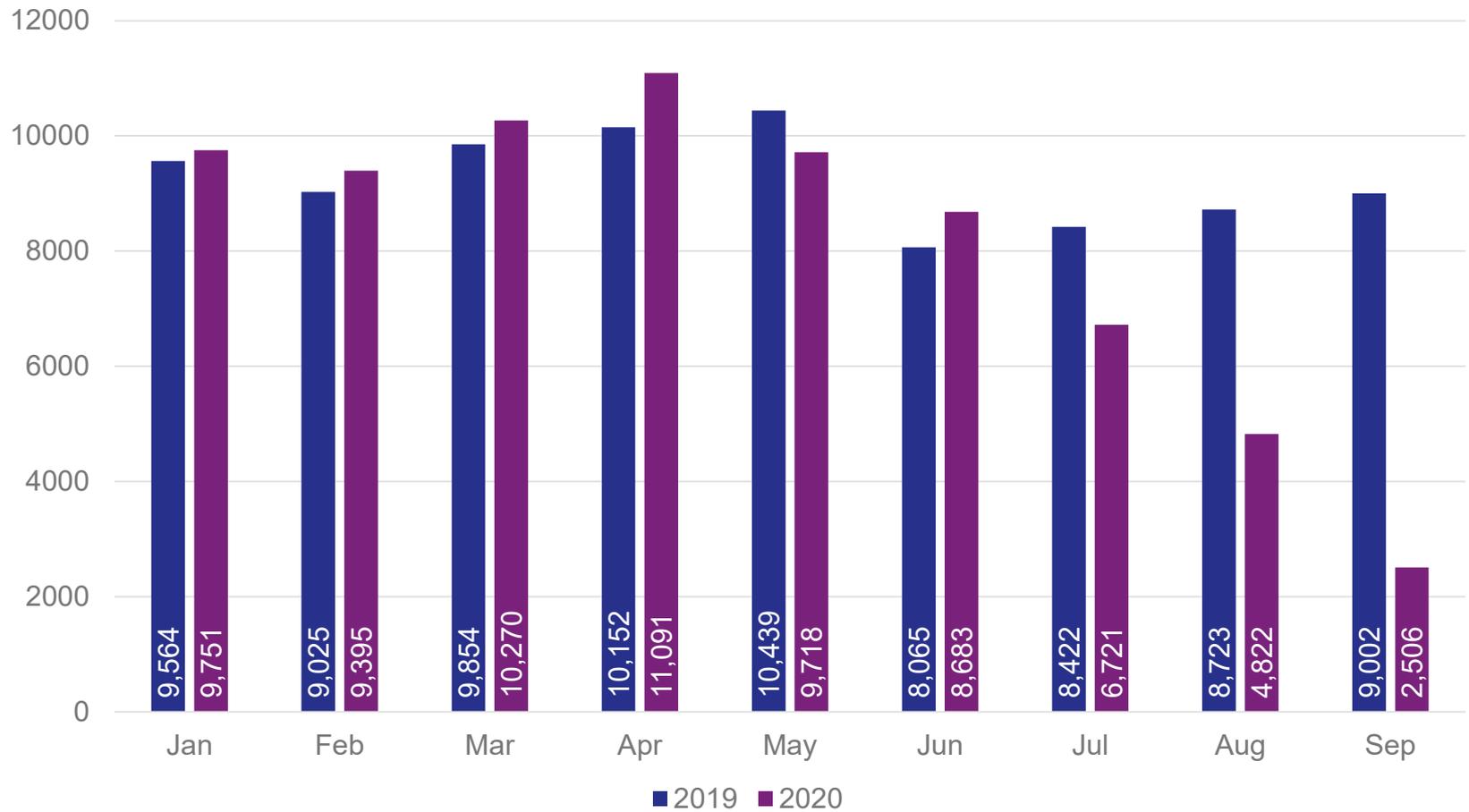


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

Visits per 100,000 beneficiaries under 21 years old

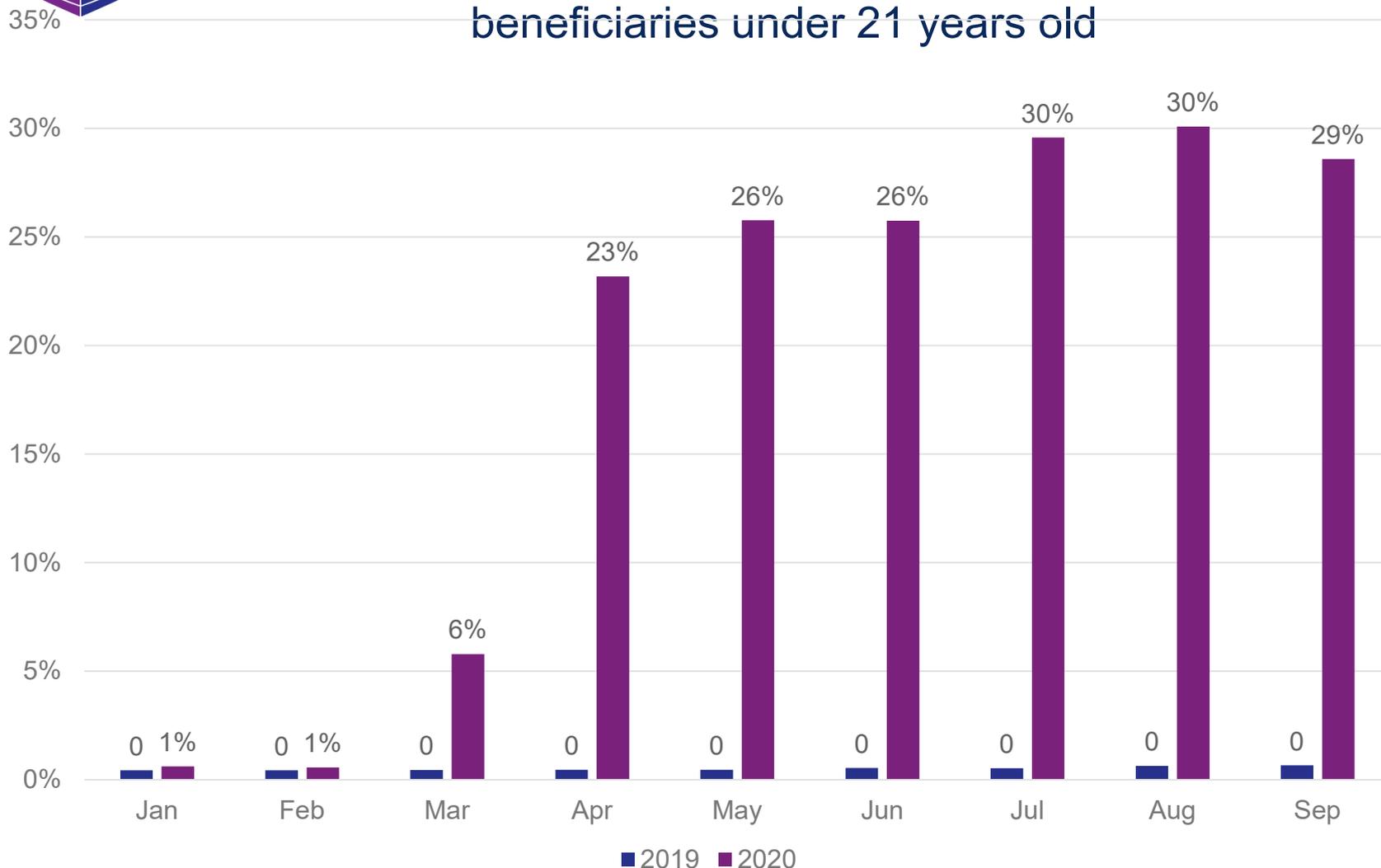


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

% Services Delivered through Telehealth  
beneficiaries under 21 years old

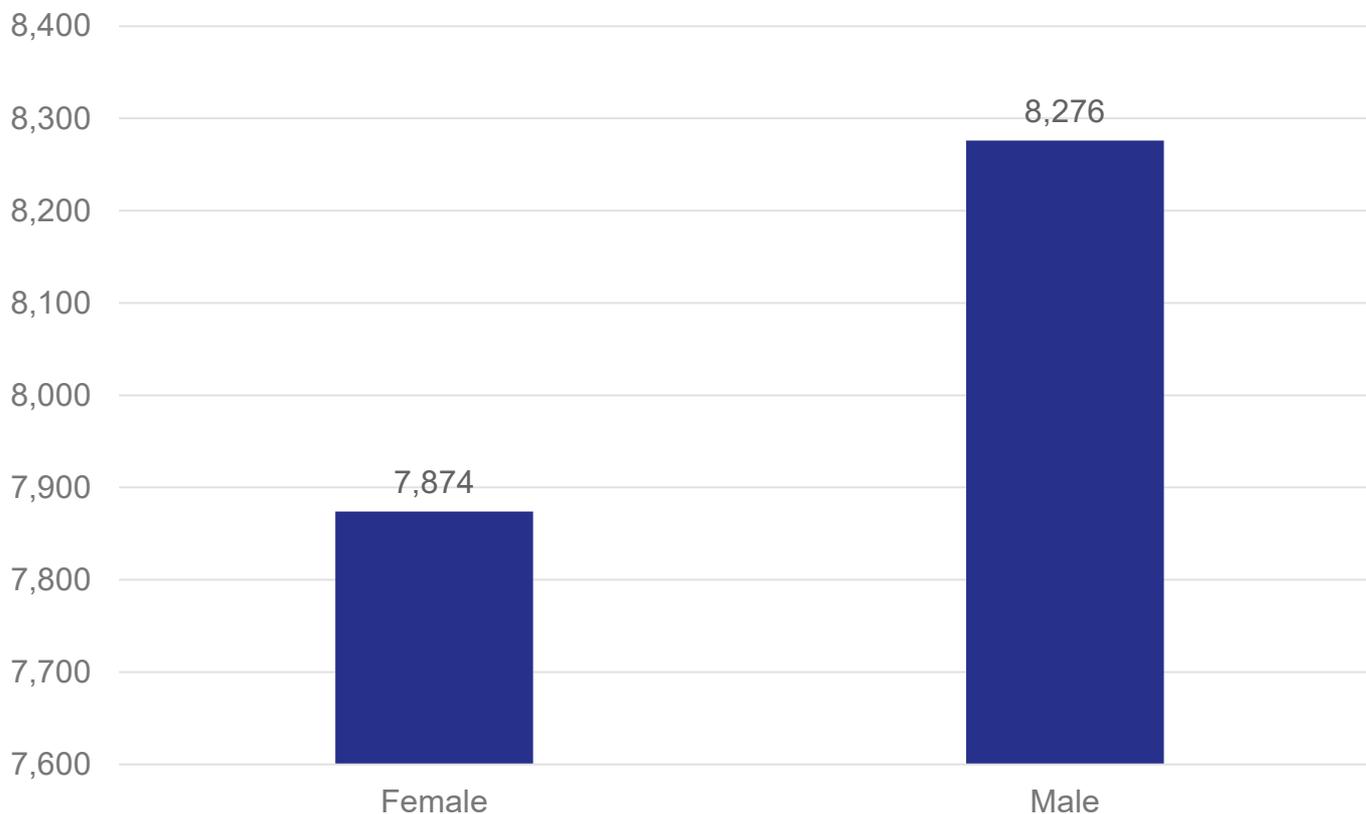


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

Visits per 100,000 beneficiaries by Sex through 2020  
beneficiaries under 21 years old

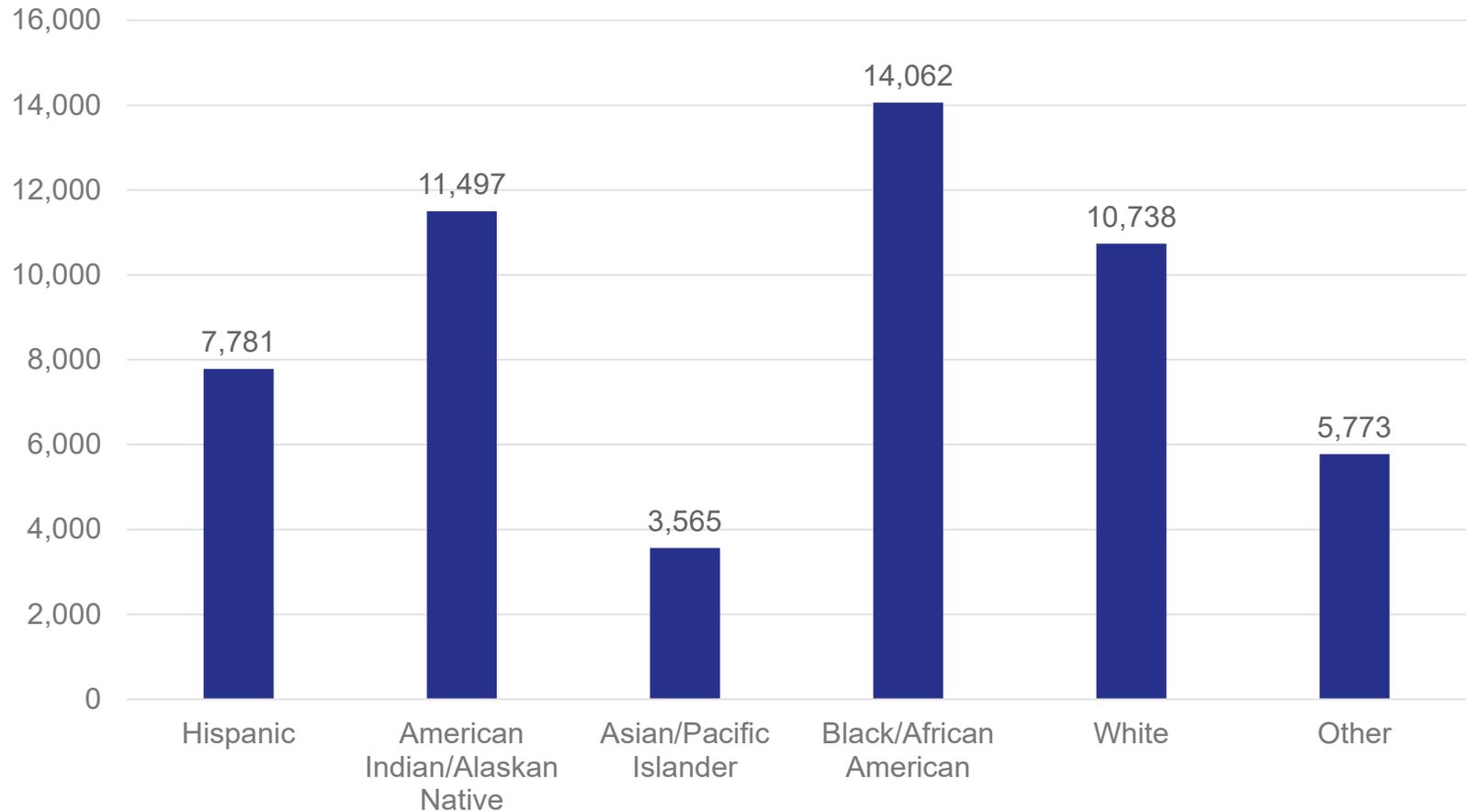


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

Visits per 100,000 beneficiaries by Race/Ethnicity through 2020 beneficiaries under 21 years old

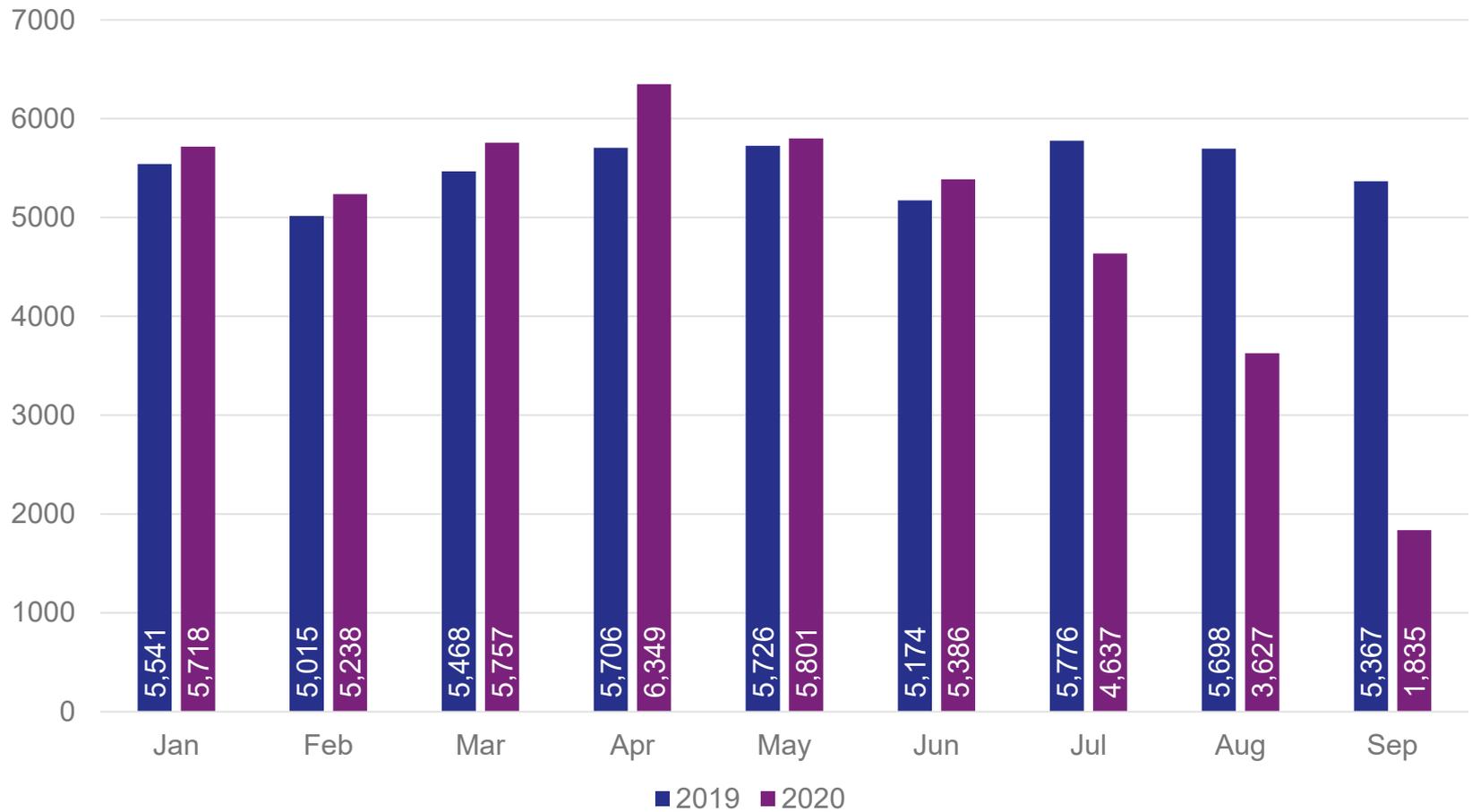


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older

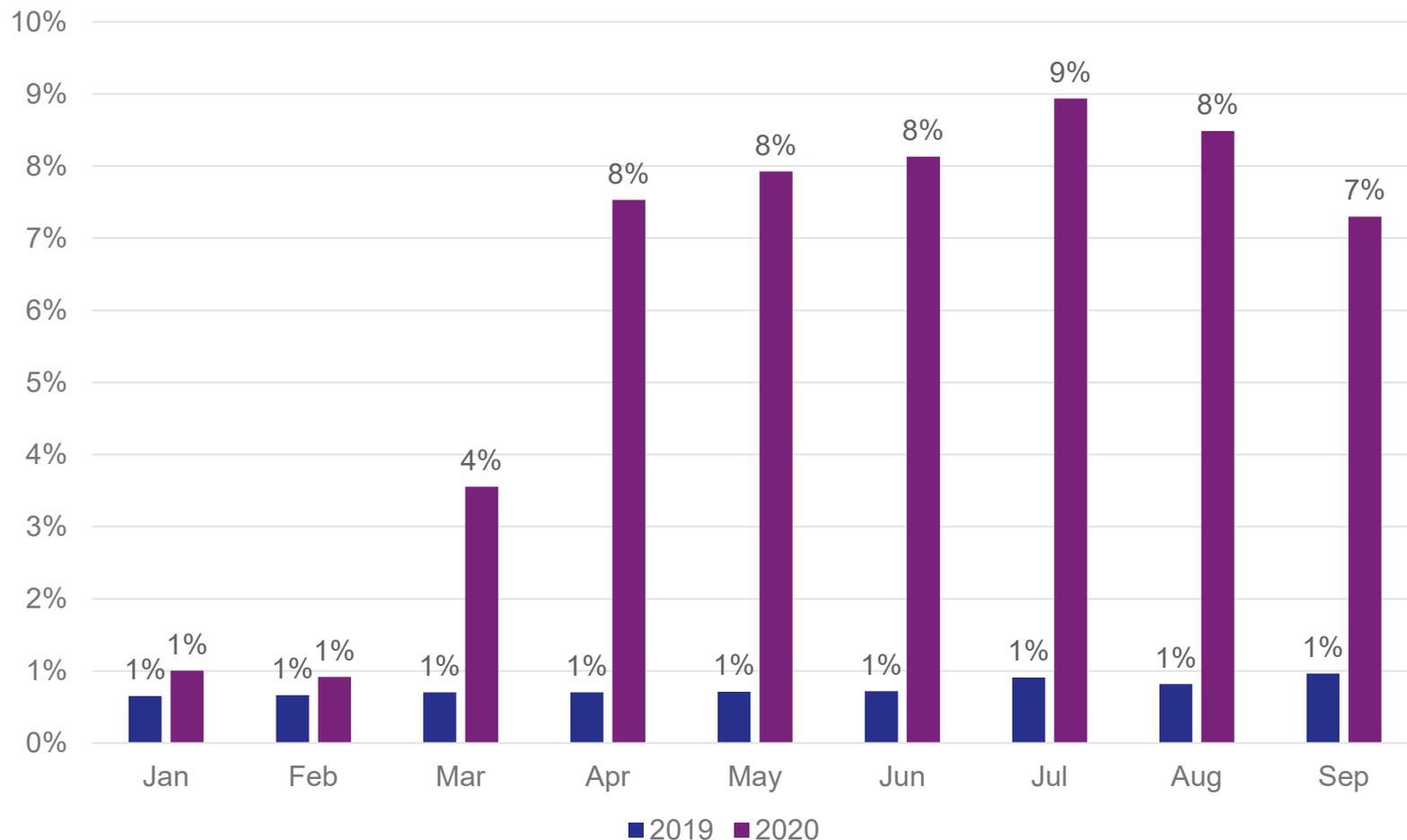


Preliminary Data as of 01/2021



# Specialty Mental Health

% Services Delivered through Telehealth  
beneficiaries 21 years and older

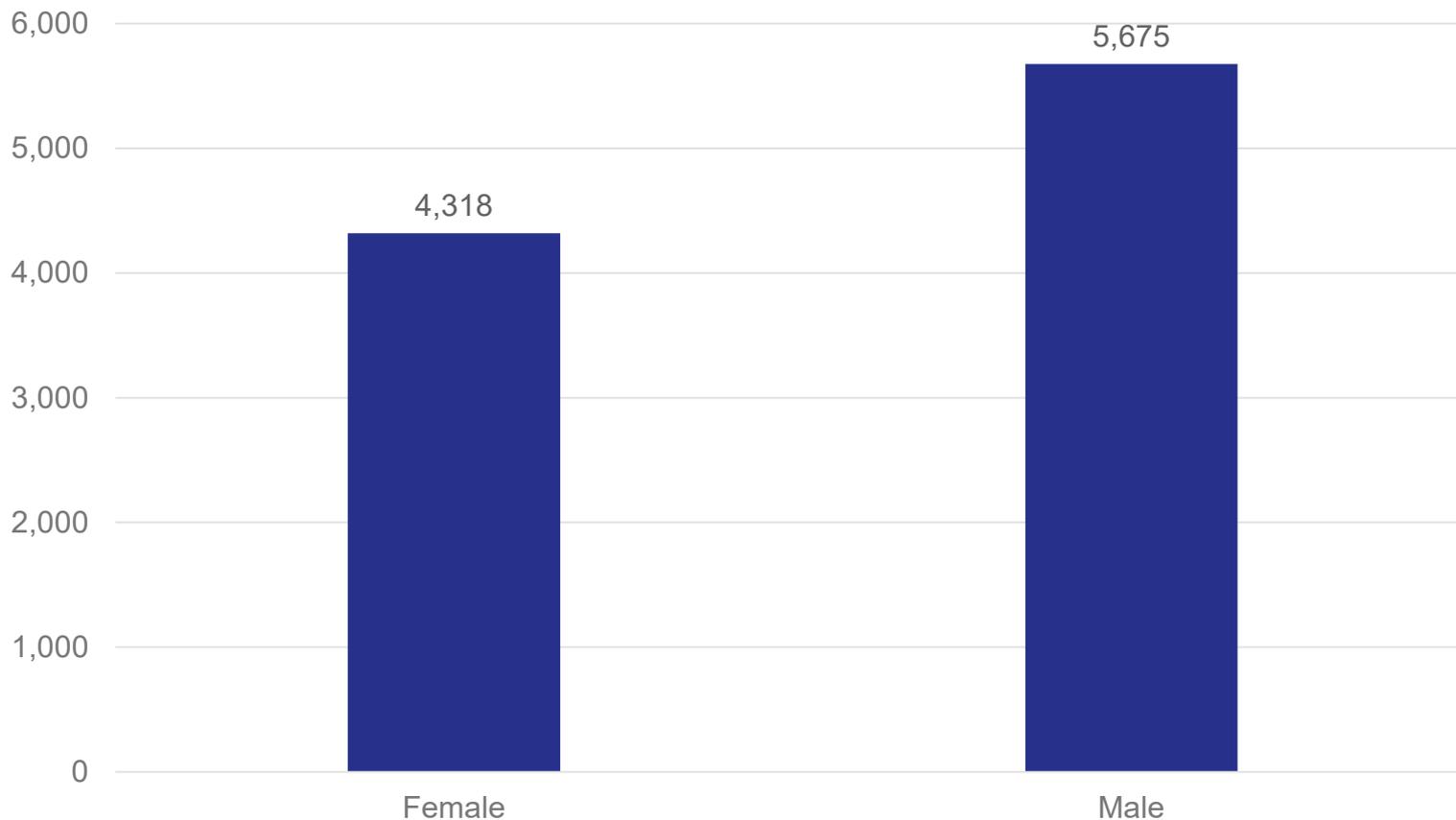


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older by Sex through 2020

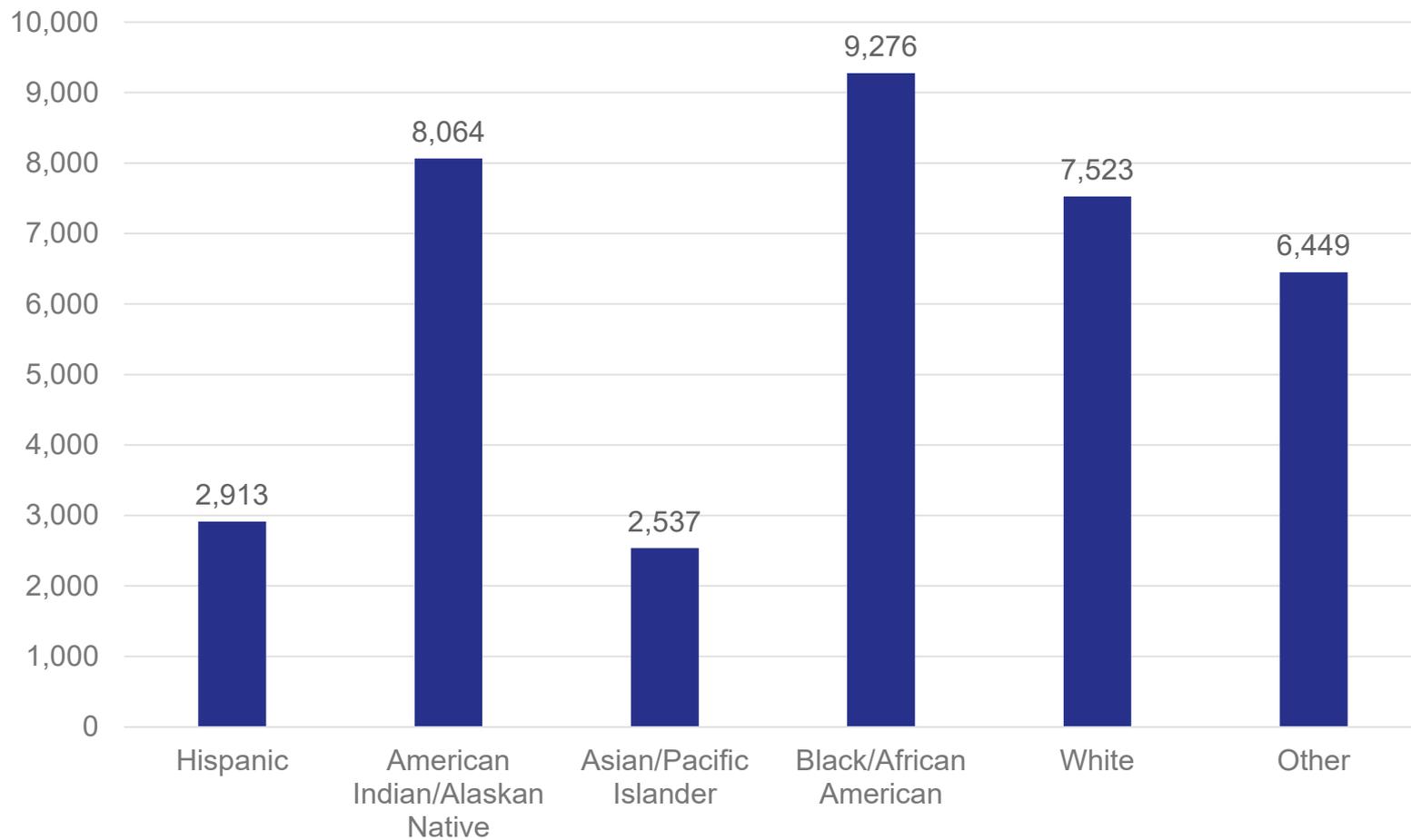


Preliminary Data as of 01/2021



# Specialty Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older by Race/Ethnicity through 2020



Preliminary Data as of 01/2021



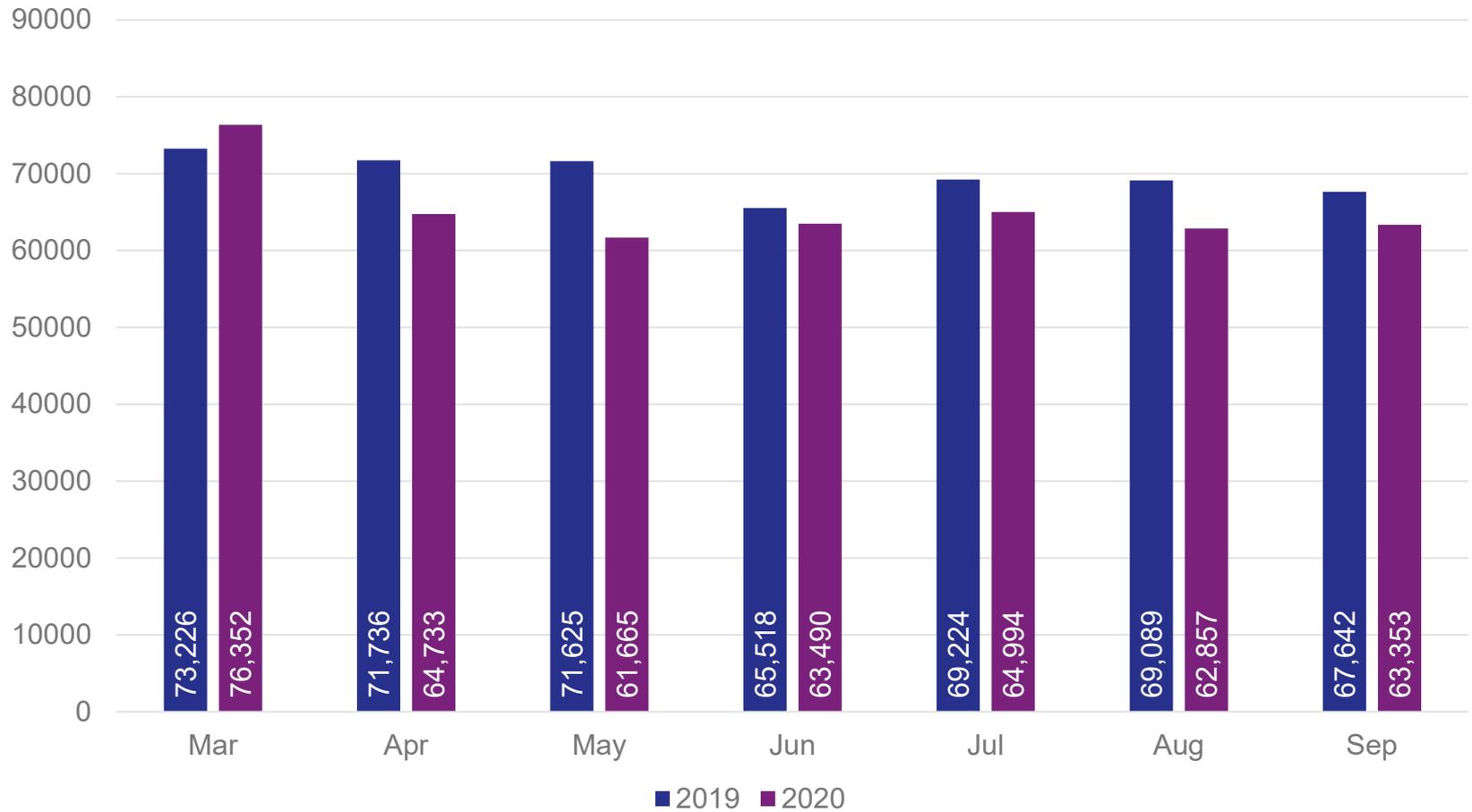
# Prescription Claims

- Number of prescription claims that were received
- Data represent total prescriptions (claims), not individual people
- Data only includes outpatient prescriptions
- Source of data:
  - MIS/DSS Claims and Eligibility



# Prescription Claims

Claims per 100,000 beneficiaries

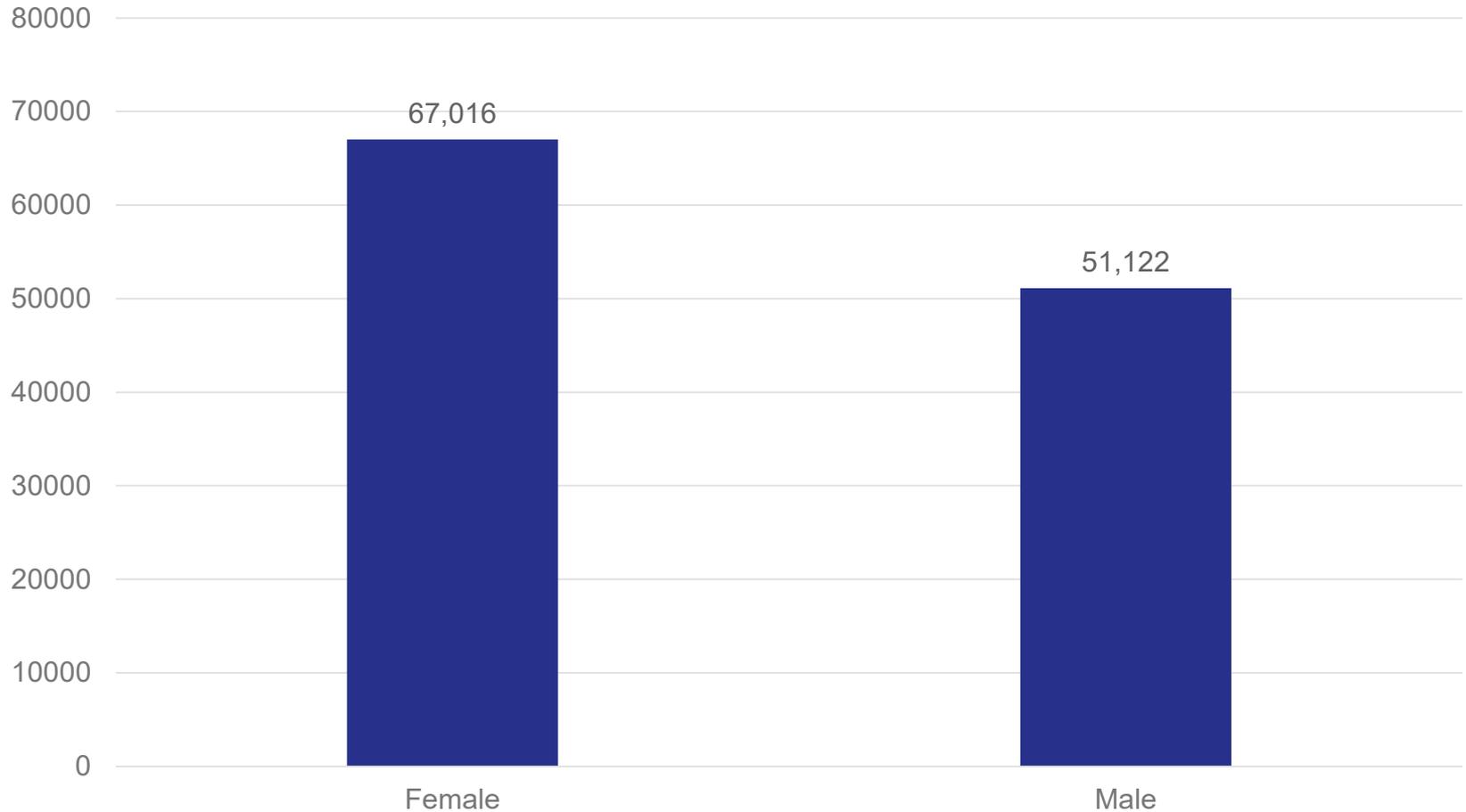


Preliminary Data as of 01/2021



# Prescription Claims

Claims per 100,000 beneficiaries by Sex through 2020

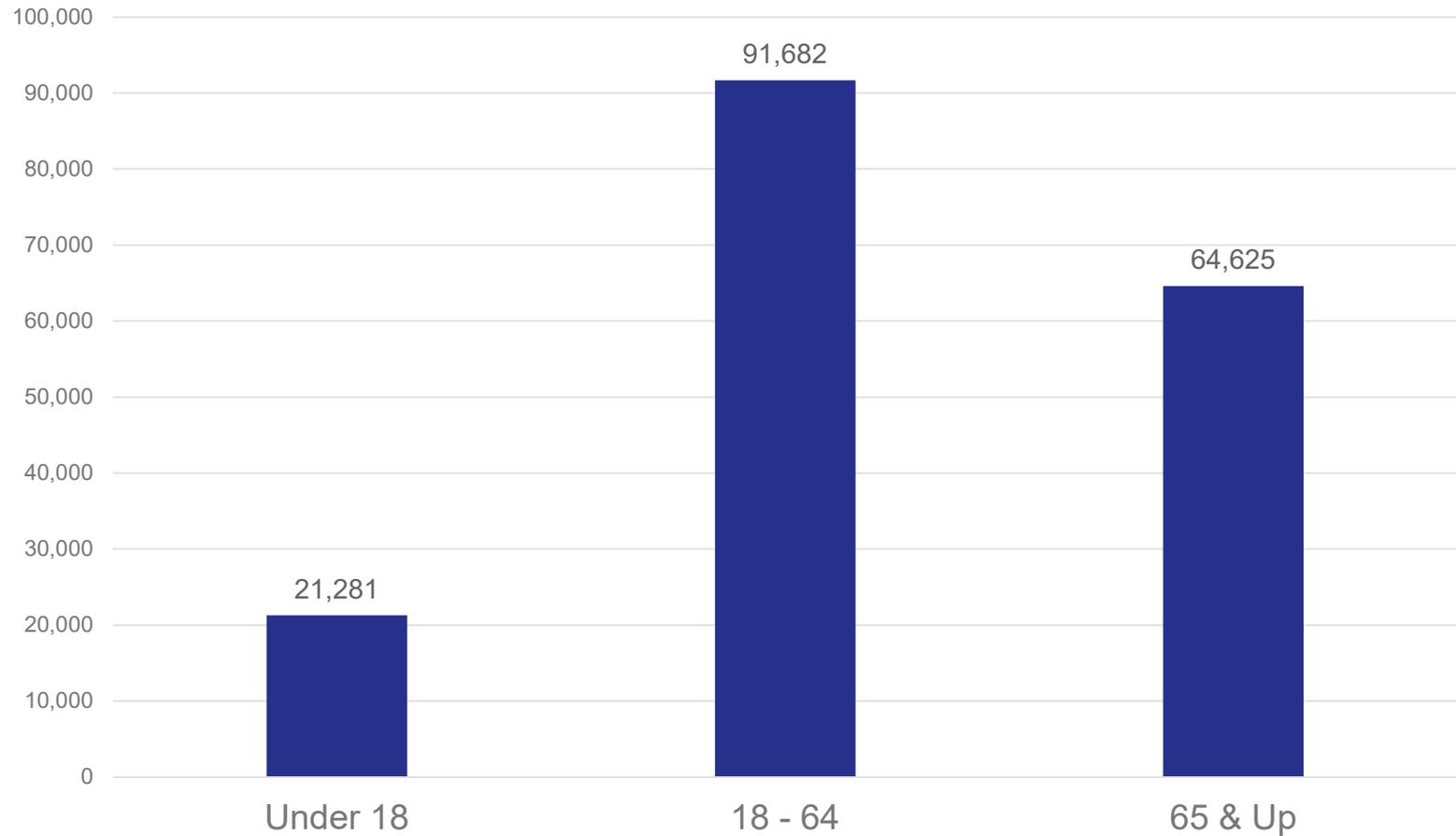


Preliminary Data as of 01/2021



# Prescription Claims

Claims per 100,000 beneficiaries by Age Group through 2020

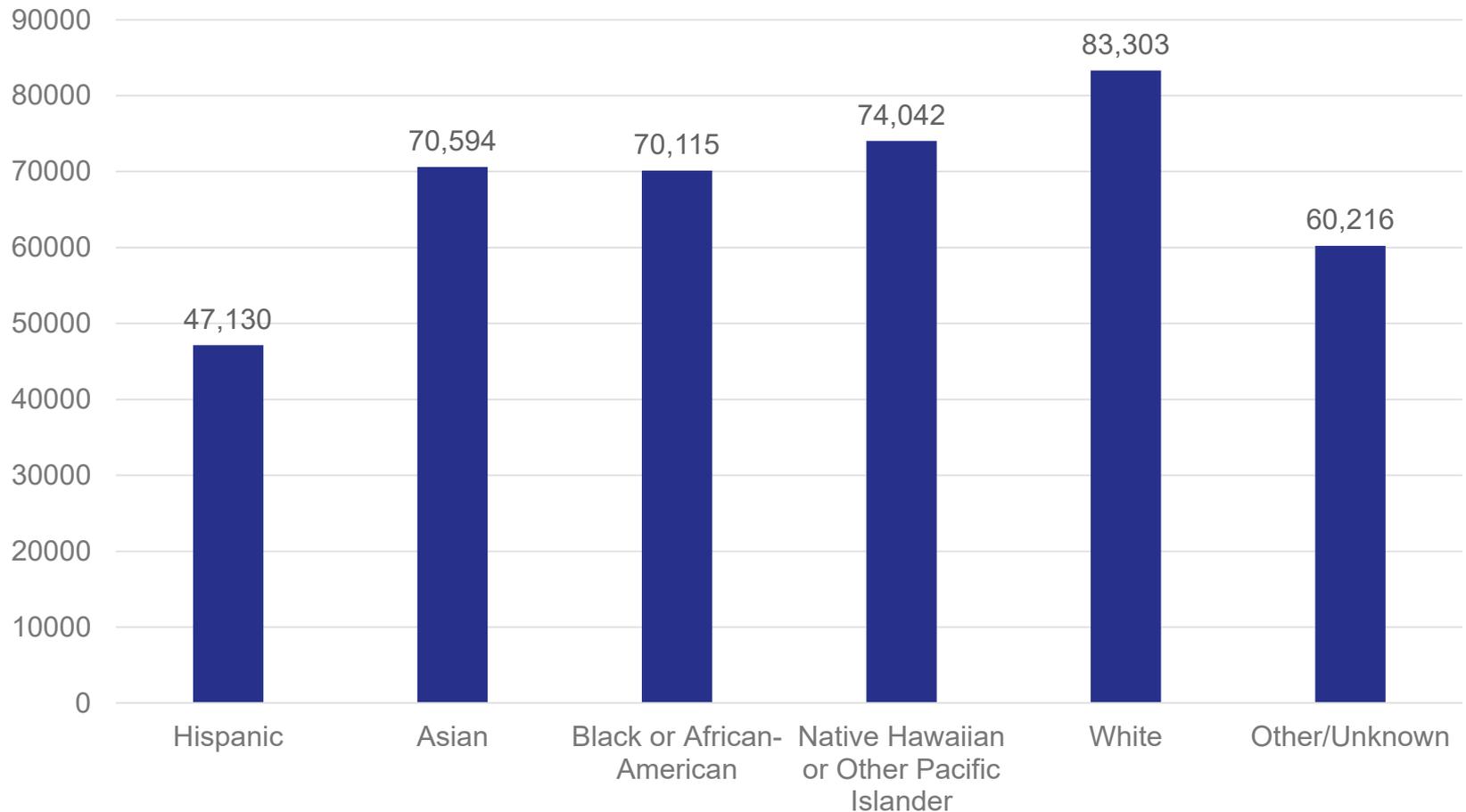


Preliminary Data as of 01/2021



# Prescription Claims

Claims per 100,000 beneficiaries by Race/Ethnicity through 2020



Preliminary Data as of 01/2021



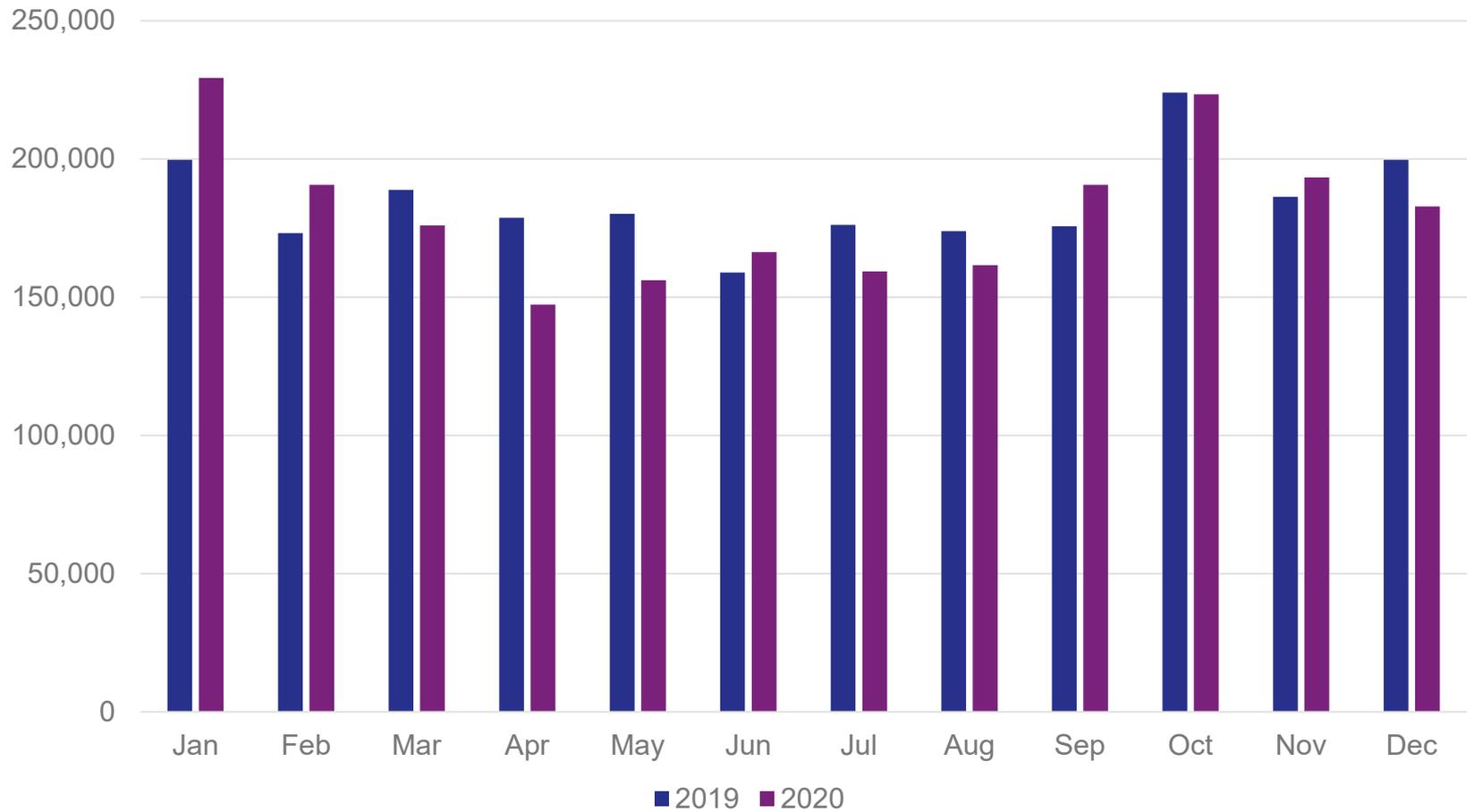
# Immunizations for the Vaccines for Children Program

- Data represents Vaccine for Children (VFC) immunizations that have been reported to the California Immunization Registry (CAIR2)
- Approximately two-thirds of VFC sites participate in CAIR2
- California pharmacies are required to report vaccinations to an immunization registry, while registry participation is voluntary for other providers
- CAIR2 currently excludes data from providers in counties using:
  - San Diego Immunization Registry (San Diego)
  - Healthy Futures Registry (Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties)
- Data Source: California Department of Public Health, California Immunization Registry (CAIR2)



# Vaccine for Children

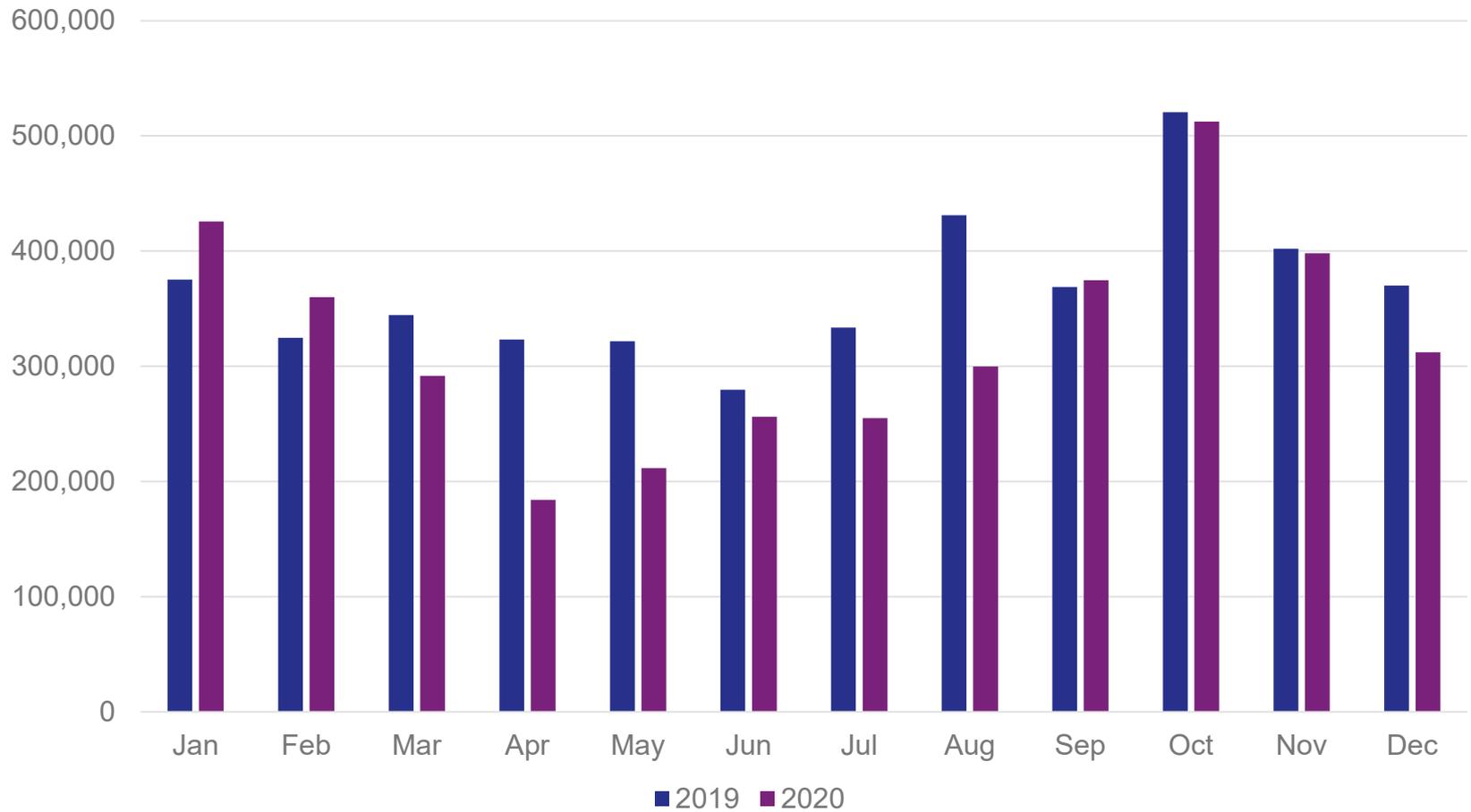
## Total Vaccine Doses for 0-2 Year Olds





# Vaccine for Children

## Total Vaccine Doses for 0-18 Year Olds





# CaAIM: Medical Necessity Definition and Related Process Changes



# Medical Necessity and Related Changes

1. Division of responsibility between managed care and mental health plans: policy for under 21 and 21+
2. Medical necessity for specialty mental health services (SMHS):
  - Access for children with experience of trauma, homelessness, and child welfare system
  - Clarifying Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
  - Treatment before diagnosis
3. Standardized screening and transition tools
4. No wrong door and treatment of co-occurring disorders
5. Outpatient and inpatient medical necessity definitions
6. Drug Medi-Cal Organized Delivery System (DMC-ODS) updates
7. Documentation and recoupment requirements

See [CalAIM proposal](#) for details



# Who gets specialty MH services (21 and over)?

MHPs are responsible to provide specialty mental health services for beneficiaries who meet (A) and (B) below:

(A): The beneficiary must have one of the following:

- (I) Significant impairment (“impairment” is defined as distress, disability or dysfunction in social, occupational, or other important activities), OR
- (II) A reasonable probability of significant deterioration in an important area of life functioning.

(B): The beneficiary’s condition in (A) is due to:

- (I) A diagnosed mental health disorder OR
- (II) A suspected mental disorder that has not yet been diagnosed



# Who gets specialty MH services (under 21)?

(slide 1 of 2)

**The beneficiary must meet criteria 1 OR criteria 2.**

## **Criteria 1:**

The beneficiary has a condition that puts the child or youth at high risk for a mental health disorder due to experiencing trauma, evidenced by any of the following:

- scoring in the high-risk range on a DHCS-approved trauma screening tool, or
- involvement in the child welfare system, or
- experience of homelessness.



# Who gets specialty MH services (under 21)?

(slide 2 of 2)

## Criteria 2:

The beneficiary must meet one of both (A) and (B) below:

(A): The beneficiary must have at least one of the following:

- I. Significant impairment.
- II. A reasonable probability of significant deterioration in an important area of functioning life.
- III. A reasonable probability a child will not progress developmentally as appropriate.
- IV. Less than significant impairment, but requires mental health services that are not included within the mental health benefits that MCPs are required to provide.

(B): The beneficiary's condition in (A) is due to:

- I. A diagnosed mental health disorder (according to the current Diagnostic and Statistical Manual of Mental Disorders and International Statistical Classification of Diseases and Related Health Problems criteria).
- II. A suspected mental disorder that has not yet been diagnosed.



# Standardized Screening and Transition Tools

- Distinct tools for under age 21 and 21+
- Screening tool
  - Completed by managed care plan (MCP) or mental health plan (MHP) access line staff
  - Brief series of questions
  - Determines mental health needs, and directs beneficiary to MCP or MHP and to substance use disorder (SUD) treatment services, if needed
- Transition tool
  - Used when beneficiary's condition changes
  - Completed by MCPs and MHPs with the involvement of the treating provider
  - Ensures client has facilitated referral and linkage to new provider and services



# Documentation Changes

- Streamline and simplify assessment and documentation requirements.
- Require problem lists and progress notes to reflect the care given and to align with the appropriate billing codes.
- Remove requirements for client signatures and notes to tie to point-in-time treatment plan.
- Revise the clinical auditing protocol to use disallowances when there is evidence of fraud, waste, and abuse, and to use quality improvement methodologies for minor clinical documentation concerns.



# Related Policies

- Clarifying EPSDT services
- Treatment before diagnosis
- Co-occurring disorders
- No wrong door: allows treatment during assessment period, and ongoing treatment for clients with established therapeutic relationships
- Outpatient and inpatient medical necessity definitions for SMHS



# DMC-ODS Updates

Proposed during extension period:

- Remove two-stay annual limit for residential treatment.
- Clarify medical necessity (including determination by licensed provider, treatment prior to diagnosis, and treatment post-incarceration).
- Expand access to medication-assisted treatment (MAT).
- Expand access to recovery services.



# DMC-ODS Updates

Additional updates proposed during waiver renewal:

- Tribal services and natural healers
- Contingency management
- Adolescent early intervention (ASAM 0.5 services)
- Various technical updates



# Questions?



# Public Comment



# Next Steps and Final Comments