Systems and Medicaid Committee Agenda

Thursday, January 18, 2024
Courtyard by Marriott San Diego Old Town
2435 Jefferson Street San Diego, CA 92110
Santa Rosa Room
[Zoom link](#)
Meeting ID: 879 7979 9006 Passcode: SMC2024
Join by phone: +1 669-900-6833 Passcode: 3684245
8:30 a.m. to 12:00 p.m.

8:30 am	**Welcome and Introductions** *Karen Baylor, Chairperson and All Members*	
8:35 am	**Approve October 2023 Draft Meeting Minutes** *Karen Baylor, Chairperson and All Members*	**Tab 1**
8:40 am	**Review and Update SMC Work Plan (Action)** *Karen Baylor, Chairperson and All Members*	**Tab 2**
9:25 am	**Public Comment**	
9:30 am	**Overview of CalAIM No Wrong Door (NWD) Policy &** **Provider Perspective of NWD Implementation** *Alexandria Simpson, Medi-Cal Behavioral Health Division,* *California Department of Health Care Services (DHCS)* *Leticia Galyean, President & CEO, Seneca Family of Agencies* *Jacquelyn Torres, Vice President of Emerging & Statewide* *Services, Pacific Clinics*	**Tab 3**
10:15 am	**Public Comment**	
10:20 am	**Break**	
10:35 am	**CalAIM No Wrong Door Policy Implementation Update** *Multiple Counties are Invited to Provide an Update*	**Tab 4**
11:20 am	**Public Comment**	
11:25 am	**CBHPC Workgroups Update** *Karen Baylor, Chairperson and All Members*	**Tab 5**
11:35 am	**Public Comment**	
11:40 am	**Behavioral Health Policy Updates** *Ashneek Nanua, Council Analyst and All Members*	**Tab 6**
11:50 am	**Public Comment**	

11:55 am　　　　　　　**Wrap Up/Next Steps**
Karen Baylor, Chairperson and All Members

12:00 pm　　　　　　　**Adjourn**

The scheduled times on the agenda are estimates and subject to change.

Systems and Medicaid Committee Members
Karen Baylor, Chairperson　　Uma Zykofsky, Chair-Elect

Erin Franco	Dale Mueller	Walter Shwe
Jessica Grove	Noel O'Neill	Marina Rangel
Veronica Kelley	Liz Oseguera	Cindy Wang
Steve Leoni	Vandana Pant	Susan Wilson
Catherine Moore	Deborah Pitts	Tony Vartan
Javier Moreno	Daphne Shaw	Joanna Rodriguez (on leave)

Committee Staff: Ashneek Nanua, Health Program Specialist II

TAB 1

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 18, 2024

Agenda Item: Approve October 2023 Draft Meeting Minutes

Enclosures: October 2023 Draft Meeting Minutes

Background/Description:

Committee members will review and approve the draft meeting minutes for the October 2023 Quarterly Meeting.

Systems and Medicaid Committee

Meeting Minutes - Draft
Quarterly Meeting – October 19, 2023

Members Present:

Karen Baylor, Chairperson   Uma Zykofsky, Chair-Elect   Catherine Moore
Walter Shwe   Noel O'Neill   Steve Leoni
Dale Mueller   Javier Moreno   Vandana Pant
Alfonso Jimenez (stand-in for Jessica Grove)

Staff Present: Ashneek Nanua

Presenters: Alexandria Simpson, Steven Adelsheim, Jill Huckels, Karan Malhotra

Meeting Commenced at 8:30 a.m.

Item #1   Approve June 2023 and August 2023 Draft Meeting Minutes

---

The Systems and Medicaid Committee (SMC) reviewed the June 2023 and August 2023 draft meeting minutes. The minutes were approved by the SMC.

Action/Resolution
The June 2023 and August 2023 SMC Meeting Minutes will be posted to the CBHPC Webpage.

Responsible for Action-Due Date
Ashneek Nanua – October 2023

Item #2   Review and Update SMC Work Plan & Discuss Year-End Report

---

The SMC reviewed each section of the 2022-2023 Work Plan to determine which items may be eliminated, added, or modified for the 2024 Work Plan. Key action items include the following:

- Eliminate Objective 1.1 and incorporate efforts to monitor Medi-Cal Peer Support Specialist Certification as part of the CalAIM Initiative in Objective 1.2.
  - Potential future activities include inviting a Workforce and Employment Committee member to update the SMC on peer certification.
- Modify Objective 1.2 to track the implementation of CalAIM in the following categories: 1) impact at the system level and 2) impact at the service level including the provider perspective of implementation.
- Add an objective in Goal 1 to track and comment on efforts related to the Behavioral Health Services Act (BHSA).

- Eliminate Objective 1.3 on accessing Medi-Cal services via telehealth modalities.
- Create a goal to evaluate various systems of care that intersect with the Medi-Cal Behavioral Health System, such as Child Welfare, Criminal Justice, Aging, and Substance Use Disorders.
  - Align the work of the Children and Youth Workgroup with the work of the SMC around three key system issues identified by youth: access to care, peer support, and stigma.
  - Compare and contrast system capacity and network adequacy for the Childrens System of Care versus Adult System of Care.
- Modify Objective 2.2 to focus on monitoring and examining the BH-CONNECT 1115 Demonstration Waiver which includes the Institutes for Mental Disease (IMD) Exclusion. This objective may include efforts to track and support efforts to improve the conservatorship system.

Chairperson Karen Baylor then initiated discussion for committee members to highlight items they would like included in the SMC section of CBHPC's Year-End Report. Uma Zykofsky recommended that the SMC highlight that the committee has been rapidly responsive in providing recommendations for DHCS' Behavioral Health Information Notices. Committee members designated staff to highlight their key accomplishments for 2023.

Action/Resolution
SMC staff will make changes to the Work Plan for committee approval at the following quarterly meeting.

Responsible for Action-Due Date
Ashneek Nanua, Karen Baylor, Uma Zykofsky – January 2024

Item #3   CBHPC Workgroups Update

Vandana Pant provided an update on the Children and Youth Workgroup. The workgroup is focused on ensuring that youth drive the work of the group. The workgroup invited youth from various advocacy groups to the October 2023 meeting to inform them about the CBHPC and ask about their perspectives on the issues they see. The issues highlighted by the youth include access, peer support, stigma, and fear of punishment which prevents them from speaking up about substance use. The workgroup's next steps are to educate the youth representatives on current behavioral health policies and initiatives for youth.

On behalf of the Substance Use Disorder (SUD) Workgroup, Javier Moreno stated that Council members who attended the Integrated SUD Conference discussed top issues for the SUD system including payment reform, documentation redesign, harm reduction, barriers accessing care, and the unification of Electronic Health Records in 28 counties.

Uma Zykofsky provided an update on the Reducing Disparities Workgroup (RDW). The workgroup screened the *Color of Care* film for Council members and the public. The

RDW is also finalizing equity-related questions to incorporate into presentations from CBHPC's invited guests which will be submitted to CBHPC's Executive team for approval.

Action/Resolution
The workgroup representatives will report the activities of the CBHPC workgroups at subsequent SMC meetings.

Responsible for Action-Due Date
Uma Zykofsky, Javier Moreno, Vandana Pant - Ongoing

Item #4   Overview of CalAIM Documentation Design Initiative

Alexandria Simpson from the Medi-Cal Behavioral Health Division at the California Department of Health Care Services (DHCS), provided an overview of CalAIM Documentation Redesign Initiative. DHCS is finalizing a Behavioral Health Information Notice (BHIN) that updates and supersedes prior guidance (BHIN 22-019). The new guidance updates requirements for standardized assessments, Specialty Mental Health Services (SMHS) domains, SMHS, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) problem lists, progress notes, and treatment and care planning requirements. The new documentation requirements include dynamic problem lists, domain-driven assessments, lean and functional notes, and disallowances for fraud, waste, and abuse. Alexandria clarified that the requirements do not apply to inpatient settings or Narcotic Treatment Programs. She reviewed two overarching policy goals:

1) Remove standalone treatment planning requirements to streamline and simplify provider documentation.
   o The intended outcome for this goal is to document treatment plan requirements in the clinical record in a flexible manner with the ability to share the documentation as needed.
2) Align DMC and DMC-ODS assessment timelines with SMHS.
   • The intended outcome for this goal is to ensure beneficiaries receive the right service at the right time and place. Providers will use clinical expertise to complete initial assessments as expeditiously as possible and in accordance with generally accepted standards of practice.

DHCS plans to hold a series of webinars to assist with implementation of the new policy guidance. Topics will include assessments, auditing, crisis residential treatment facilities, problem lists, progress notes, treatment planning, and Z codes.

Committee members engaged in a question-and-answer session with DHCS upon conclusion of the presentation on the following topics:

• Which entities are responsible and standard practices for auditing (DHCS Medi-Cal Behavioral Health Policy Division and Audits and Investigations Division).

- If there are sample templates on the required elements of documentation design.
  - DHCS is not providing templates but are providing flexibilities for the local level to incorporate requirements in a way that works for their Electronic Health Record.
- How to integrate and share electronic charts between the Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) systems.
  - DHCS is working on this issue as 42 CFR requirements are still in effect.
- How to ensure that the consumer will drive their goals in treatment in the new mechanism to document problem lists in lieu of formal treatment plans.
  - The progress note will have an option to update at each medical visit.
  - Problem lists should be used in conjunction with other documentation that systems may have to tell the whole story of the services being provided.
- Language changes to the updated BHIN on documentation requirements included removal of streamlining and reforming documentation, removal of language around recovery and resilience, as well as changes to language on fraud, waste, and abuse.

Action/Resolution
N/A
Responsible for Action-Due Date
N/A

Item #5   Overview of Physical and Digital Behavioral Health Platforms For Children and Youth

---

Vandana Pant stated that the Children and Youth Workgroup would like to inform CBHPC committees about resources available for youth and services that are available in the community. She introduced Steven Adelsheim from Stanford University's Allcove Program as well as Jill Huckels and Karan Malhotra from Sutter Health's Scout Program to discuss physical and digital platforms for youth mental health.

Steven Adelsheim first presented on Allcove Centers, an integrated youth mental health program that supports youth across California through a media mental health initiative, suicide prevention, youth-led anti-stigma and awareness through social media, an early psychosis program, and school/community partnerships and events. The Allcove model provides integrated care through prevention and early intervention with easy and affordable care in a physical space. Allcove acts as a continuum between school mental health programs and linkages to early psychosis programs. He highlighted barriers to children and youth accessing care and provided an overview of the Allcove program's core services, model components, Youth Advisory Group, and funding sources.

Jill Huckels and Karan Malhotra from the Sutter Health Design and Innovation team presented on a digital platform for youth mental health called Scout. Scout is an application that provides an evidence-based toolkit for youth ages 13-22 to build resilience and better manage everyday mental health. Jill reviewed the content modules

which include foundations of everyday mental health, evidence-based education, tools, and activities to build the fundamentals of resilience, and special content focused on substance use with upcoming special content focused on LGBTQ, Black, Indigenous, and People of Color (BIPOC), and foster and incarcerated youth communities. Key features of the program include resiliency tools, feelings tracker and trends to identify patterns of feelings, reminders and rewards, and support resources. Jill then reviewed pilot results from the program and concluded the presentation.

The SMC engaged the presenters in a question-and-answer session on the following topics:

- Outreach and development efforts to form Allcove's Youth Advisory Groups
- Ability for users of the Scout program to share content with each other.
- Structure of the public-private partnerships and provider contracts
- Sustainability and accessibility of Scout in order to offer the program at no-cost for Sutter Health patients as well as through non-profits and schools/universities.
- Allcove's navigation of attitudes towards involuntary suicide risk considering the common fear from youth of being placed in involuntary treatment.
- Considerations on how to utilize the Allcove model in small and rural counties.

Action/Resolution
N/A
Responsible for Action-Due Date
N/A

Item #6   Public Comment

Steve McNally stated that the Allcove program is expensive, and the funding mechanisms are very complicated. Santa Ana School District has a Suicide Prevention Plan with wellness centers in every school including a family liaison member ensuring that children are not stuck in a situation where they must interpret for adults. Steve stated that One Mind under the University of Irvine is an application system, and the Jewish Free Brothers in Los Angeles also created a teen application. Steve noted that it would be good for the various applications to come together to become interconnected.

Action/Resolution
N/A
Responsible for Action-Due Date
N/A

Item #7   Nominate 2024 SMC Chair-Elect

The current SMC Chair-Elect, Uma Zykofsky, nominated Karen Baylor, the current Chairperson of the SMC, to be the Chair-Elect for 2024 due to the many changes occurring in behavioral health policy at this time. Karen Baylor accepted the nomination. The SMC agreed to the nomination decision.

Action/Resolution
The 2024 SMC Chair-Elect nominee will be submitted to the Officer team for approval.

Responsible for Action-Due Date
CBHPC Officer team – January 2024

Item #8   Behavioral Health Policy Updates

Ashneek Nanua, SMC Health Program Specialist II, provided policy updates discussed during the CalAIM Behavioral Health Workgroup, Behavioral Health Stakeholder Advisory Committee (BH-SAC), CalHHS Behavioral Health Taskforce, Children and Youth Behavioral Health Initiative (CYBHI) meetings held since June 2023, as well as an update on the Enhanced Care Management and Community Supports Implementation Report for 2022. Ashneek also referenced the BH-CONNECT recommendation letter that the SMC submitted to DHCS in August 2023 as well as the committee's comments for various Behavioral Health Information Notices (BHINs) submitted to DHCS since the June 2023 Quarterly Meeting.

Action/Resolution
Staff will continue tracking behavioral health initiatives and policies to update the SMC.

Responsible for Action-Due Date
Ashneek Nanua – January 2024

Item #9   Wrap Up/Next Steps

The committee will review edits to the SMC Work Plan and monitor ongoing behavioral health activities. The SMC Officer team and staff will plan the agenda for the January 2024 Quarterly Meeting.

Action/Resolution
The SMC Officers and staff will plan the January 2024 Quarterly Meeting agenda.

Responsible for Action-Due Date
Ashneek Nanua, Karen Baylor, Uma Zykofsky – January 2024

Meeting Adjourned at 12:00 p.m.

TAB 2

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 18, 2024

Agenda Item: Review and Approve SMC Work Plan

Enclosures: Draft SMC Work Plan 2024

<u>How This Agenda Item Relates to Council Mission</u>
To review, evaluate and advocate for an accessible and effective behavioral health system.

The Work Plan is an instrument to guide and monitor the activities of the System and Medicaid Committee (SMC) in its efforts to uphold its duties within the framework of the Planning Council.

Background/Description:

The purpose of the Work Plan is to establish the objectives and goals of the SMC, as well as to map out the necessary tasks to accomplish those goals. The SMC will review the draft Work Plan for 2024 based on suggestions provided during the October 2023 Quarterly Meeting.

Motion: Approve the draft SMC Work Plan 2024.

Revisions: Added language is designated with <u>underline</u>. Deleted language is designated with a ~~cross-out~~.

<u>Goal #1:</u> Leverage the Council's role in the State of California to influence policy changes the committee identifies as necessary to improve the state's behavioral health system.

<u>Objective 1.1:</u> ~~Participate in efforts relating to Peer Support Specialist Certification in California.~~

Phase 1: ~~Explore options to make recommendations on financing and regulations for California's Peer Support Specialist Certification law.~~

Timeline: ~~January - December 2022~~

Activities:
- ~~Invite the Department of Health Care Services and other involved public entities such as the County Behavioral Health Directors Association (CBHDA) or the California Mental Health Services Authority (CalMHSA) to discuss the implications of Senate Bill 803 implementation from a program, financing and oversight perspective~~

Phase 2~~: Track the billing, reimbursement and the impact of Peer Support Specialists as a new Medi-Cal provider category to identify issues and provide recommendations to the Department of Health Care Services.~~

Activities~~:~~
- ~~Track implementation activities through CalMHSA and county sources to understand how peer certification is operationalized to help ensure that peer specializations are appropriately assigned and billed in the Medi-Cal system~~
- ~~Monitor Medi-Cal billing and difference between peer services in California's Medicaid system and non-Medicaid funding streams for peers~~
  - ~~Review results of the triennial reviews to identify the impact of peers in the system and any key problem areas in order to provide recommendations for improving implementation of this program~~

Timeline: ~~January 2023 – Ongoing~~

Peer Support Specialist Certification Implementation Timeline	
~~Activity~~	~~Date~~
~~CalMHSA identifies criteria for specializations for providers, crisis, unhoused, and justice-Involved persons~~	~~January – March 2022~~
~~Go-Live with Peer Certification~~	~~May - July 2022~~
~~DHCS to obtain federal approvals for Peer Support Services reimbursement~~	~~July 2022~~

~~Objective 1.2~~ Objective 1.1: Monitor implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative to assess successes and challenges ~~in order to~~ <u>of the Initiative and</u> provide policy recommendations to the Department of Health Care Services (DHCS).

~~**Phase 1**: Keep Council members and public stakeholders informed about the CalAIM behavioral health proposals that will result in major changes at the local level for county systems and providers operating in the Medi-Cal behavioral health system.~~

~~**Activities:**~~

- ~~Provide updates on timelines and changes occurring from the implementation of CalAIM's behavioral health proposals during General Session meetings~~
- ~~Distribute existing or staff-developed handouts to help Council members and public stakeholders understand the CalAIM changes and impact at the local level~~
- ~~Track activities of the DHCS CalAIM Behavioral Health Workgroup~~

~~**Timeline**: January – December 2022~~

~~Phase 2~~ Item 1: Track implementation of the CalAIM behavioral health <u>proposals at a systems level</u> and provide policy recommendations to the Department of Health Care Services throughout the CalAIM implementation period, particularly for measuring and tracking outcomes.

Activities:

- ~~Determine how CalAIM will be measured and how to track behavioral health outcomes~~
  - ~~Work with DHCS, CBHDA, and other partners to identify data points that all counties will collect~~
  - ~~Review and provide feedback on measurement tools that are compatible across systems to analyze whether programs and services rendered under CalAIM are effective~~
- <u>Identify how the state will measure and track behavioral health outcomes from implementation of the Initiative.</u>
- Invite state <u>and local</u>-level presenters ~~such as county behavioral health directors, Managed Care Plans, providers, and consumers~~ to provide updates on successes ~~and~~ challenges, <u>and best practices</u> of CalAIM implementation to determine the impact on ~~individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD)~~ beneficiaries.

- Provide recommendations to DHCS to address challenges regarding identified challenges to access and quality of care for individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD).
- Participate in Attend DHCS CalAIM Behavioral Health Workgroup meetings and participate in stakeholder engagement sessions relating to CalAIM behavioral health proposals.
- Track the coordination and implementation of Enhanced Care Management (ECM) and Community Supports as these services for individuals with complex health and social needs will be administered by Managed Care Plans that normally serve mild-to- moderate behavioral health populations.
- Track CalAIM stakeholder sessions regarding the proposals to initiate a Medi-Cal pre- release application and services for individuals 30 days prior to release from incarceration.
- Track the billing, reimbursement, and the impact of Peer Support Specialists as a new Medi-Cal Benefit and make recommendations to improve implementation.
    - Activities may include collaboration and information-sharing with CBHPC's Workforce and Employment Committee

Timeline: July 2022 – Ongoing January 2024 – Ongoing

**Propose to delete the timeline updates chart as most items are now live.

CalAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

Item 2: Track implementation of the CalAIM behavioral health proposals and impact of the Initiative at the service level throughout the CalAIM implementation period, including the provider perspective of implementation.

- Invite local-level presenters such as county behavioral health and Managed Care Plan representatives, service providers, and consumers to provide updates on successes and challenges of CalAIM implementation to determine the impact on beneficiaries.
- Identify the challenges, successes, and best practices of county partners working with Managed Care Plans to implement ECM and Community Supports.
- Provide policy recommendations to DHCS to address challenges regarding access and quality of care for individuals with SMI and SUD identified by local entities, providers, and consumers

Objective 1.3: Track efforts that increase access to Medi-Cal behavioral health services via telehealth modalities to help reduce disparities and improve health equity and outcomes among unserved and underserved Medi-Cal populations.

Activities:

- Gather and present information on factors relating to the digital divide in Black, Indigenous, and Persons of Color (BIPOC) and other unserved or underserved communities
  - Utilize information gathered, including the Planning Council's 2020 Data Notebook, to compile a white paper or recommendation letter advocating for additional funding, resources, and technical assistance needed to reduce the digital divide

- Track implementation and outcomes of the DHCS Telehealth Policy regarding behavioral health services and provide recommendations to DHCS Telehealth Advisory Workgroup

Timeline: March 2022 and ongoing

Objective 1.2: Monitor and provide feedback to the Department of Health Care Services regarding the implementation of the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver.

Activities:

- Support efforts to make improvements to the conservatorship system in California including inviting key stakeholders to initiate committee discussions on current issues around conservatorship as well as the barriers and strategies to meet the needs of individuals requiring care in an Institutes for Mental Disease (IMD) facility.

- Attend and participate in stakeholder sessions relating to policies and programs developed under the BH-CONNECT Demonstration.
- Identify how the state will measure and track behavioral health outcomes from implementation of the Initiative.
- Invite state and local level representatives to present on the challenges, successes, and best practices of implementation.

Timeline: January 2024 – Ongoing

Objective 1.3: Monitor and support efforts to improve access and quality of behavioral health care under the Behavioral Health Services Act (BHSA).

Activities:

- Invite key stakeholders to initiate discussions on potential impacts and strategies to address barriers to access and quality of care for individuals with SMI and SUD under the BHSA.
- Track data systems and programs that build out the full continuum of care such as Full Service Partnerships (FSPs) and other Behavioral Health Services Act (BHSA) programs.
- Provide policy recommendations to DHCS, California Health and Human Services Agency (CalHHS), and the Legislature. as appropriate.

Timeline: January 2024 – Ongoing

Goal #2: Collaborate with other entities on behavioral health system reform ~~including issues with the~~ to address current system issues and provide recommendations for policy change ~~and current efforts to influence the change~~.

Objective 2.1: Collaborate with state, county, and health plan partners to participate in priority initiatives that work towards increasing and improving behavioral health and student mental health services for children and youth.

~~Phase 1:~~ ~~Participate and provide recommendations for upcoming key initiatives for children and youth as appropriated in the Governor's 2021-2022 Budget.~~
Activities:

- ~~Assist California Health and Human Services Agency (CalHHS) with community outreach and stakeholder forums to ensure that the consumer and family voice is represented in the design and policy development of the Children and Youth Behavioral Health Initiative~~
- Participate in stakeholder sessions and provide policy recommendations to DHCS and CalHHS as necessary relating to:
  - Children and Youth Behavioral Health Initiative, including but not limited to coordinating with key entities to provide guidance to Managed Care Plans

who will be responsible for overseeing capacity and infrastructure development for student mental health services.

- o Medi-Cal Dyadic Services, an integrated model of physical and behavioral health screening and services for the whole family<u>, to assess how this Benefit will improve outcomes for children, youth, and families.</u>
- o Behavioral Health Continuum Infrastructure Program (BHCIP) <u>to assess how the construction, acquisition, and rehabilitation of real estate assets will improve access and outcomes via mobile crisis care and expand the community continuum of behavioral health treatment resources.</u>

- <u>Participate in efforts to implement Assembly Bill 2083 (2018): Children and Youth System of Care, which requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma.</u>
- <u>Take action items on key issues identified by the Children and Youth Workgroup including but not limited to: access to care, peer support, and stigma.</u>
- <u>Compare and contrast system capacity and network adequacy for the Children's System of Care versus Adult System of Care.</u>

Timeline: ~~January – December 2022~~ January 2024 – Ongoing

~~Phase 2~~~~: Continue participation in efforts to improve the system of care for children and youth.~~

- ~~Participate in efforts to implement *Assembly Bill 2083 (2018): Children and Youth System of Care*, which requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. ****Please note that CalHHS is delaying submission requirements for the finalized MOUs until further notice*~~
- ~~Engage in stakeholder sessions and provide recommendations for the Children and Youth Behavioral Health Initiative, BHCIP, and other initiatives impacting the intersection of behavioral health and children's system of care~~

~~Timeline:~~ ~~January 2023 – Ongoing~~

~~Objective 2.2:~~ ~~Support efforts to make improvements to the conservatorship system in California including tracking the implementation of the Institutes for Mental Disease (IMD) Exclusion Waiver as well as the utilization of the Behavioral Health Continuum Infrastructure funding.~~

~~Activities:~~

- ~~Invite key stakeholders to initiate committee discussion regarding current~~

~~issues around conservatorship as well as the barriers and strategies to meet the needs of individuals defined as gravely disabled or needing care in an IMD facility~~

- ~~Track and participate in efforts relating to the use of Behavioral Health Continuum of Care Infrastructure funding to ensure a robust continuum of care for individuals with behavioral health conditions in order to fulfill the requirements under the IMD Exclusion Waiver in California~~
  - ~~Includes tracking data systems and programs that build out the lower levels of care such as Full Service Partnerships (FSPs) and other Mental Health Services Act (MHSA) programs along the continuum of care~~

~~**Timeline:** January 2023~~

Objective 2.2: Collaborate with state, county, and health plan partners, to participate in priority initiatives that work towards ensuring continuity of high-quality behavioral health care for individuals with SMI and SUD who intersect with the criminal and juvenile justice systems.

Activities:

- Collaborate with the California Department of Corrections and Rehabilitation (CDCR) and the Council of Criminal Justice and Behavioral Health (CCJBH) to identify priorities and address key issues for the justice-involved behavioral health population.
- Track CalAIM stakeholder sessions regarding the proposals to initiate a Medi-Cal pre-release application and services for individuals 30 days prior to release from incarceration.

Timeline: January 2024 - Ongoing

Objective 2.3: Collaborate with state, county, and health plan partners to participate in priority initiatives that work towards increasing and improving Substance Use Disorder (SUD) services in the public behavioral health system.

Activities:

- Identify key issues prioritized by CBHPC's SUD Workgroup and take action on the items.
- Track parity efforts for mental health and substance use disorder services in the Specialty Mental Health System (SMHS), Drug Medi-Cal, and Drug Medi-Cal Organized Delivery System (DMC-ODS).
- Support coordination of care efforts for individuals with co-occurring mental health and substance use disorders who access multiple systems of care.

Timeline: January 2024 - Ongoing

Objective 2.4: Collaborate with state, county, and health plan partners, to participate in priority initiatives that work towards ensuring access and quality of behavioral health care for older adults with SMI and SUD populations.

Activities:

- Collaborate with entities at the California Department of Aging (CDA) and the related entities to identify priorities and address key issues for older adults with SMI and SUD.
- Track the Master Plan for Aging and identify opportunities to provide stakeholder input to improve the system of behavioral health care for aging individuals.

Timeline: January 2024 - Ongoing

TAB 3

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 18, 2024

Agenda Item: Overview of CalAIM No Wrong Door (NWD) Policy & Provider Perspective of NWD Implementation

Enclosures: DHCS CalAIM No Wrong Door Policy Presentation

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with an overview of the CalAIM No Wrong Door Policy. Committee members will utilize this information to evaluate system changes for populations utilizing the Specialty Mental Health Services (SMHS), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Drug Medi-Cal (DMC).

Background/Description:
As of July 1, 2022, DHCS implemented the No Wrong Door (NWD) Policy to ensure beneficiaries receive mental health services regardless of the delivery system where they seek care (via county behavioral health, Medi-Cal managed care plan (MCP), or the fee-for-service delivery system). This policy allows beneficiaries who directly access a treatment provider to receive an assessment and mental health services, and to have that provider reimbursed for those services by their contracted plan, even if the beneficiary is ultimately transferred to the other delivery system due to their level of impairment and mental health needs. In certain situations, beneficiaries may receive coordinated, non-duplicative services in multiple delivery systems, such as when a beneficiary has an ongoing therapeutic relationship with a therapist or psychiatrist in one delivery system while requiring medically necessary services in the other.

Alexandria Simpson from the DHCS Medi-Cal Behavioral Health Division will provide the SMC with an overview of the CalAIM No Wrong Door Policy, discuss challenges that the state has identified with implementation, and how the state is monitoring the implementation and outcomes of the policy. Representatives from the California Council of Community Behavioral Health Agencies (CBHA) are invited to present the provider perspective on implementation of NWD at the local level. Their perspective will include the perceived relationship between providers and MCPs as well as the challenges of implementation. Committee members will have an opportunity to engage presenters in a question-and-answer session.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the meeting presentation.

Presenter Biographies:

Leticia Galyean, President & Chief Executive Officer, Seneca Family of Agencies
Leticia Galyean, LCSW is the Chief Executive Officer (CEO) of Seneca Family of Agencies, a nonprofit agency dedicated to supporting youth and their families across California and the state of Washington through the most challenging times of their lives. Leticia began her career with the agency in 2001 as a counselor, driven by the belief that the effects of childhood trauma should be unconditionally supported in the context of family and community. During her tenure at Seneca, Leticia has held multiple program and administrative leadership roles, including serving as the organization's Chief Operating Officer from 2019-2021 before stepping into the role of CEO. Leticia is a member of the California Child Welfare Council and California Behavioral Health Task Force, and serves on the Boards of the California Alliance of Child and Family Services and SOAR (Support, Opportunities, and Rapport) for Youth. In her role as CEO, Leticia oversees Seneca's 200 programs and 1,400+ employees, that together reach more than 25,000 youth and families each year. From her days as a counselor through her entire career at Seneca, Leticia has led with the vision to strengthen the larger systems of care for youth and families.

Additional Resources:
CalAIM No Wrong Door Frequently Asked Questions
CalAIM Behavioral Health Webpage

No Wrong Door

Overview of No Wrong Door Presented to California Behavioral Health Planning Council

December 20, 2023

Welcome & Introductions

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health – Policy Division

Agenda

» No Wrong Door for Mental Health Services Policy

» Implementation Updates and Challenges

» Monitoring

» Q&A

Overview: Medi-Cal Mental Health Services: Division of Responsibility

Managed Care Plans

- Required to provide or arrange for the provision of Non-Specialty Mental Health Services (NSMHS) for members who meet access criteria for NSMHS.

Mental Health Plans

- Required to provide or arrange for the provision of Specialty Mental Health Services (SMHS) for beneficiaries in their counties who meet access criteria.
- **SMHS include crisis intervention and stabilization.**

No Wrong Door Policy

Clinically appropriate and covered services are covered and reimbursable Medi-Cal services even when:	Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether Non-Specialty Mental Health Services (NSMHS) or Specialty Mental Health Services (SMHS) access criteria are met;
	The member has a co-occurring mental health condition and substance use disorder (SUD); or
	NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

NWD Implementation

Implementation

- NWD was implemented on July 1, 2022 via BHIN 22-011 and APL 22-005

Policies and Procedures

- Required MHPs and MCPs to update policies and procedures to account for increased coordination between delivery systems

MOUs

- In support of NWD implementation and increased coordination between MHPs and MCPs, DHCS released a revised required MOU template for MOUs between MHPs and MCPs via BHIN 23-056 and APL 23-029 in October 2023.

NWD Monitoring

» As part its broader effort to monitor behavioral health related CalAIM policies, DHCS solicited implementation feedback from MHPs and MCPs on NWD policy via survey and interviews between August- December 2023.

» Initial findings. NWD is playing a role in:

- Fewer barriers to care
- Improved coordination

Implementation Challenges

» Aside from an initial increase in administrative burden during implementation, stakeholders have not raised significant challenges with NWD implementation

» Impact of related policies

- Screening and Transition of Care Tools in January 2023
- Updated MOU requirements effective January 2024

Q&A

TAB 4

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 18, 2024

Agenda Item: CalAIM No Wrong Door Policy Implementation Update

Enclosures: None

<u>**How This Agenda Item Relates to Council Mission**</u>
To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with information on the local implementation of the CalAIM No Wrong Door Policy. Committee members will utilize this information to evaluate system changes for populations utilizing the Specialty Mental Health Services (SMHS), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Drug Medi-Cal (DMC).

Background/Description:

As of July 1, 2022, DHCS implemented the No Wrong Door (NWD) Policy to ensure beneficiaries receive mental health services regardless of the delivery system where they seek care (via county behavioral health, Medi-Cal managed care plan (MCP), or the fee-for-service delivery system). This policy allows beneficiaries who directly access a treatment provider to receive an assessment and mental health services, and to have that provider reimbursed for those services by their contracted plan, even if the beneficiary is ultimately transferred to the other delivery system due to their level of impairment and mental health needs. In certain situations, beneficiaries may receive coordinated, non-duplicative services in multiple delivery systems, such as when a beneficiary has an ongoing therapeutic relationship with a therapist or psychiatrist in one delivery system while requiring medically necessary services in the other.

Representatives from San Bernardino County and Inland Empire Health Plan (IEHP) are invited to provide the county and Managed Care Plan (MCP) perspective for the implementation of the CalAIM No Wrong Door Policy at the local level in Southern California, as well as how the counties are working with the Managed Care Plans to ensure that individuals are entering and/or being transitioned to the appropriate level of care. Committee members will have an opportunity to engage presenters in a question-and-answer session.

Please contact SMC staff at <u>Ashneek.Nanua@cbhpc.dhcs.ca.gov</u> for copies of the meeting presentation.

TAB 5

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 18, 2024

Agenda Item: CBHPC Workgroups Update

Enclosures: None

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the opportunity for the Systems and Medicaid Committee to coordinate the activities of the CBHPC workgroups in accordance with the SMC Work Plan.

Background/Description:

CBHPC's Executive Committee would like to ensure the Planning Council's workgroups are integrated into the work of all committees. Committee members who attended each workgroup will report on discussions held during each workgroup meeting to identify any points of collaboration with SMC activities and Work Plan items.

CBHPC workgroups:

- **Reducing Disparities Workgroup**
    - Representative: Uma Zykofsky / Ashneek Nanua
- **Children and Youth Workgroup**
    - Representative(s): Vandana Pant / Noel O'Neill
- **Substance Use Disorder Workgroup**
    - Representative(s): Javier Moreno / Karen Baylor

TAB 6

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, October 19, 2023

Agenda Item: Behavioral Health Policy Updates

Enclosures: Behavioral Health Policy Updates Presentation PowerPoint

<u>How This Agenda Item Relates to Council Mission</u>
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with information about the activities of advocates and stakeholders involved in developing behavioral health policies for California's most vulnerable populations. The SMC will use this information to stay informed of current initiatives and plan future activities to advocate for policies that improve access to high-quality health care in California's public behavioral health system (PBHS).

Background/Description:

Systems and Medicaid Committee staff will provide a high-level update on current activities, initiatives, and efforts toward transforming the public behavioral health system in California to better serve individuals with behavioral health conditions. Additionally, staff will review policy guidance and initiatives that the committee provided recommendations for since October 2023.

Committee members will use this information for the ongoing effort to track various behavioral health policy meetings, engage in advocacy, and make recommendations to the state for Medi-Cal beneficiaries with serious mental illness and substance use disorders. SMC staff will provide updates on the following behavioral health policy meetings and topics:

- [CalAIM Behavioral Health Workgroup](#) December 2023 Meeting
- [Children and Youth Behavioral Health Initiative (CYBHI)](#) December 2023 Update
- DHCS CalAIM Documentation Redesign December 2023 Update
- California Hospital Association (CHA) Behavioral Health Symposium

Behavioral Health Policy Updates

Ashneek Nanua, Health Program Specialist II

Systems and Medicaid Committee

Behavioral Health Meetings and Webinars Attended Since June 2023 Quarterly Meeting

▶ CalAIM Behavioral Health Workgroup December 2023 Meeting

▶ Children and Youth Behavioral Health Initiative (CYBHI) December 2023 Quarterly Public Webinar

▶ DHCS CalAIM Documentation Redesign Update

▶ California Hospital Association (CHA) Behavioral Health Symposium Update

CalAIM Behavioral Health Workgroup Meeting (December 2023)

CalAIM Documentation Redesign Update

▶ BHIN 23-068 will supersede the previous CalAIM documentation guidance (BHIN 22-019) on January 1, 2024

▶ Key Policy Update Domains:

▶ Assessments

▶ Progress Notes

▶ Care Planning

CalAIM Behavioral Health Workgroup Meeting (December 2023)

▶ **BH-CONNECT Section 1115 Demonstration Updates**

  ▶ Submission Updates

    ▶ DHCS received 98 public comments by the August 2023 deadline and revised the final application prior to submission to CMS.

    ▶ DHCS submitted the application to CMS in October 2023.

    ▶ Implementation will occur on a phased timeline. The first components will go-live in January 2025.

    ▶ DHCS will engage stakeholders on an ongoing basis through the design and implementation of BH-CONNECT.

CalAIM Behavioral Health Workgroup Meeting (December 2023)

BH-CONNECT Section 1115 Demonstration Updates

▶ **Application Changes Following the Public Comment Period**

▶ <u>Activity Stipends</u>: DHCS removed the age limitation and will consider making the stipends available for children ages 0-2.

▶ <u>Workforce Initiative:</u> DHCS revised language to explicitly state the focus on expanding access to evidence-based practices

▶ <u>Transitional Rent Services:</u> DHCS updated language to clarify that correctional facilities include state prisons, county jails, and youth correctional facilities. DHCS also updated modifications to the HUD definition of homelessness to make it easier for Medi-Cal members to access transitional rent

CalAIM Behavioral Health Workgroup Meeting (December 2023)

BH-CONNECT Section 1115 Demonstration Updates

▶ **Continued Partnerships with Stakeholders**

- ▶ <u>Cross-Sector Incentive Program:</u> DHCS may amend BH-CONNECT to expand this program to juvenile justice, Department of Developmental Disabilities, and/or the Department of Education.

- ▶ <u>Statewide Incentive Program & Incentive Program for Opt-In Counties</u>: DHCS will work with stakeholders to develop the measures.

- ▶ <u>BH-CONNECT Features Not Included in Section 1115 Request:</u> DHCS will work with stakeholders on the design and implementation of features for Centers of Excellence, ACT/FACT, Coordinated Specialty Care for First Episode Psychosis, Supported Employment, Clubhouse Services, and Community Health Worker Services.

These items do not require federal authority

CalAIM Behavioral Health Workgroup Meeting (December 2023)

BH-CONNECT Section 1115 Demonstration Updates

▶ **Assertive Community Treatment (ACT)**

Service Design

  ▶ **Service Components**: full range of Medicaid-coverable ACT components

  ▶ **Fidelity Model**: Consideration of using the Tool for Measurement of Assertive Community Treatment (TMACT) Model to allow for multiple team sizes while aligning with evidence-based model

  ▶ **Flexibility in Rural Areas:** Working with stakeholders for solutions

  ▶ **Eligibility Criteria: Based** on eligibility criteria recommended in SAMHSA's toolkit

  ▶ **Reimbursement Model:** Consideration of bundled rate that captures the full cost of delivering the evidence-based service

  ▶ **Certification and Implementation Planning:** Work with stakeholders to develop policies for existing ACT teams and FSP program teams that may want to transition to high-fidelity ACT

These items do not require federal authority

CalAIM Behavioral Health Workgroup Meeting (December 2023)

▶ **BH-CONNECT Section 1115 Demonstration Updates**

  ▶ **Role of Centers of Excellence (COEs) in ACT**

    ▶ Training providers and county MHPs

    ▶ Technical assistance to support fidelity implementation

    ▶ Conducting fidelity reviews and certification for ACT teams

    ▶ Data collection and outcomes reporting about providers, status of fidelity reviews, outcomes, and member access to/utilization of ACT

    ▶ Establishing learning communities for providers and opt-in counties

    ▶ Other activities to ramp up and scale ACT teams across the state

    These items do not require federal authority

CalAIM Behavioral Health Workgroup Meeting (December 2023)

BH-CONNECT Section 1115 Demonstration Updates

▶ **Coordinated Specialty Care (CSC)**

State Landscape

- ▶ MHSOAC: AB 1315 establishes Early Psychosis Intervention Plus (EPI Plus) Program

- ▶ UC Davis: Currently supports implementation of CSC for FEP programs across CA so DHCS is participating in UCD convenings to discuss key opportunities and barriers in implementation

- ▶ CYBHI: Includes $429 million in grants to organizations seeking to scale EBPs/CDEPs that improve youth behavioral health

Preliminary Approach

- ▶ Service components may include assessment, medication management, individual/group/family therapy, vocational/educational support service, peer/family peer support services, and person-centered planning

These items do not require federal authority

Children and Youth Behavioral Health Initiative (CYBHI) December 2023 Update

Agency-Wide Update:

▶ T Squared Project (Transforming Together)

  ▶ Three-year, integrated systems project to improve student behavioral health and well-being through coordinated implementation of CA's Community Schools Partnership Program (CCSPP) and CYBHI

  ▶ 3 components: Universal Roadmap, Technical Assistance, and Intensive Implementation Support in 3-5 local demonstration sites

▶ CYBHI Evaluation Components

  ▶ Foundation is based on equity *(integrating community engagement, advisory groups, and inclusive measurement practices)*

  ▶ Evaluation components: **program** progress towards better outcomes, contextualize broader **policy** environment and impacts, and assess **systems transformation** towards coordinated and integrated system

  ▶ Continuous learning, testing, and facilitating innovating and refining strategies to maximize impact

Children and Youth Behavioral Health Initiative (CYBHI) December 2023 Update

Workstream Updates:

CA Dept of Public Health (CDPH)

▶ Office of Health Equity (OHE)

▶ Public Education & Change Campaign *(enhance behavioral health literacy, reduce stigma, and increase help seeking behavior)*

▶ Youth Co-Lab Committee (youth up to age 25) will voice the needs and ensure youth-centered approach for campaign

▶ Center for Health Communities (CHC)

▶ Youth Suicide Prevention Media and Outreach Campaign

▶ Youth Suicide Reporting and Crisis Response Pilot Program

Office of Surgeon General (OSG)

▶ Safe Spaces training (online) for educators and children/youth providers

▶ ACES and Toxic Stress Public Awareness Campaign

Information regarding all CYBHI workstreams may be found on the CYBHI Events Webpage under the Public Webinar held on December 7, 2023.

Children and Youth Behavioral Health Initiative (CYBHI) December 2023 Update

DHCS Workstream:

CYBHI Fee Schedule (launch January 2024)

- ▶ Fee-schedule finalized including rates and modifiers
- ▶ Announced the Local Education Agencies (LEAs) that will participate in Cohort 1
- ▶ Third-party administrator contract executed (Carelon Behavioral Health)

Evidence-Based Practice (EBP)/Community Evidence Defined Practice (CDEP) Grants

- ▶ Round 1 (Parent/Caregiver Support Programs) awarded $30.5 M across 63 entities
- ▶ Preparing to announce award decision for Round 2 (Trauma-Informed Programs) and Round 4 (Youth-Driven Programs)
- ▶ Applications closed for Round 3 (Early Childhood Wraparound Services) and Round 5 (Early Intervention Programs)
- ▶ Round 6 grant applications (CDEPs) release date is TBD

Behavioral Health Services Virtual Platform(s)

- ▶ Will launch two platforms on January 1, 2024

Information regarding all CYBHI workstreams may be found on the CYBHI Events Webpage under the Public Webinar held on December 7, 2023.

Children and Youth Behavioral Health Initiative (CYBHI) December 2023 Update

HCAI Workstream:

Wellness Coach Workforce

- ► HCAI launched statewide marketing/outreach campaign and will launch an official website to inform the public about potential candidates, employers, and education partners in December 2023

- ► Upcoming work includes:

  - ► launch of certification portal for two pathways: Educational Pathway and Workforce Pathway (early 2024)

  - ► Open Wellness Coach Employer Grant (early 2024)

  - ► Open scholarship opportunities for Wellness Coach candidates (Mid 2024)

  - ► Connect with community college and CSU programs to develop HCAI-designed educational programs for new Wellness Coach candidates (Mid 2024)

Information regarding all CYBHI workstreams may be found on the CYBHI Events Webpage under the Public Webinar held on December 7, 2023.

Children and Youth Behavioral Health Initiative (CYBHI) December 2023 Update

HCAI Workstream:

Broad Behavioral Health Workforce

- ▶ HCAI closed application cycles for the CA State Loan Repayment Program, Health Profession Pathways Program, Behavioral Health Scholarship Program, and Social Work Training Stipends.

- ▶ Upcoming work includes:

  - ▶ Social Work Education Capacity Expansion Grant Program & Psychiatric Education Capacity Expansion Grant Program applications open in early 2024

  - ▶ Justice and System Involved Youth and SUD behavioral health trainings for non-clinicians working with youth (Mid 2024)

  - ▶ Behavioral Health Scholarship Program applications open in April 2024

  - ▶ Health Professions Pathways Program applications open in August 2024

Information regarding all CYBHI workstreams may be found on the CYBHI Events Webpage under the Public Webinar held on December 7, 2023.

CalAIM Documentation Redesign Update

BHIN 23-068 will supersede the previous CalAIM documentation guidance (BHIN 22-019) on January 1, 2024

Key Policy Updates:

▶ **Assessments**

  ▶ Distinguishes between comprehensive assessment requirements for SMHS, DMC-ODS, DMC, and other assessments that may be used.

  ▶ Aligns DMC/DMC-ODS timely assessment standards with SMHS standards.

  ▶ Requires DMC/DMC-ODS programs to adopt a validated and DHCS-approved assessment tool by January 2025.

▶ **Progress Notes**

  ▶ Clarifies requirement elements for notes and expectations for narrative.

  ▶ Distinguishes between requirements for individual and group services.

▶ **Care Planning**

  ▶ Identifies services, programs, and facility types for which state or federal law continues to require care plans.

  ▶ Establishes one standard for documentation of care planning (must be documented within member record and providers must be able to produce and communicate contents of the care plan).

    ▶ *DHCS does not require a particular format or location for care plan information.*

CalAIM Documentation Redesign Update

Assessment Requirement Clarifications

▶ SMHS, DMC, and DMC-ODS providers may perform targeted assessments that are distinct from the comprehensive MH or SUD assessment described in BHIN 23-068.

▶ *These assessments do **not** replace the comprehensive assessment.*

▶ The BHIN does **not** change existing requirements for DHCS Level of Care (LOC) certification for SUD Residential Treatment Services providers or Withdrawal Management Services.

▶ BHIN 23-068 eliminates the 30/60 day timeframes for completion of DMC and DMC-ODS assessments and aligns with timeliness assessments for SMHS.

▶ DMC/DMC-ODS counties must accept assessments completed using either ASAM Criteria Assessment Interview Guide or ASAM Continuum Software (Effective January 2024).

▶ DMC/DMC-ODS counties and providers must use one of the ASAM assessment tools or another DHCS-approved tool (Effective January 2025).

CalAIM Documentation Redesign Update

Progress Notes

▶ Notes must include minimum elements (type of service, date, location) and the extent of the narrative note varies based on the service type and member's clinical needs.

▶ If information is located elsewhere in the record, it does not need to be duplicated in the note.

▶ Notes shall support the procedure code(s) selected.

▶ Notes for individual services must include a brief description of how the service addressed the member's behavioral health needs and a brief summary of next steps.

▶ Notes for group services must include a brief description of the member's response to the service.

   ▶ All members attending a group service must have a progress note in their clinical record and providers must maintain a list of group participants.

CalAIM Documentation Redesign Update

Care Planning

▶ Standalone treatment plans are no longer required.

▶ Some programs, services, and facility types have state or federal laws that continue to require the use of care plans.

▶ Most requirements are outlined in Enclosure 1A.

▶ BHIN 23-0068 establishes one standard for documentation of care planning

▶ Providers must adhere to requirements in state/federal law.

▶ Required care plan elements must be documented within the member record (location is flexible).

▶ Providers must be able to produce and communicate the content of the care plan.

CalAIM Documentation Redesign Update

Compliance Monitoring

▶ DHCS expects Medi-Cal behavioral health delivery systems to comply with BHIN 23-068 as of January 1, 2024.

▶ Much of the policy in BHIN 23-068 is carried over from the prior guidance (22-019) and nearly all policy updates in the new guidance clarify existing policy or create additional flexibilities.

Policy Implementation

▶ Medi-Cal behavioral health systems (MHPs and DMC/DMC-ODS) shall update their internal policies and procedures, provider contracts, and internal auditing procedures to comply with the updated guidance.

▶ DHCS will support implementation through technical assistance and updated FAQs in early 2024.

California Hospital Association (CHA) Behavioral Health Symposium

▶ Karen Baylor, SMC Chairperson, will update the committee on key points provided during the CHA Behavioral Health Symposium

Thank you for listening!