



CALAIM  
&  
THE IMPACT  
ON  
BEHAVIORAL  
HEALTH



SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH  
& RECOVERY SERVICES



## WELCOME TO CALAIM

California's Medi-Cal program is the largest Medicaid program in the country.

It is charged with providing care for approximately **15 million enrollees**, or one third of California's population.

To ensure affordability while maintaining quality and improving health care outcomes, CalAIM was created as California's newest approach to reform Medi-Cal, including changes to managed care plans and reimbursement of behavioral health plans (Ng, R. 3/15/23 Revolutionizing Medi-Cal: et.al).

The background features a light blue gradient with a faint illustration of three stylized human figures. The figure on the left is a woman with a patterned top and leggings, looking slightly confused with a question mark above her head. The middle figure is a man in a long-sleeved shirt and pants, looking thoughtful with a question mark above his head. The figure on the right is a man in a t-shirt and pants, looking surprised with a question mark above his head. A white rectangular box with a thin black border is centered in the middle of the image.

WHAT IS CALAIM?

## CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

It is a multi-year initiative, by DHCS to improve the quality of life and health outcomes of individuals on Medi-Cal by implementing broad delivery system, as well as program and payment, reform across the Medi-Cal program.

The CalAIM initiative utilizes the Medi-Cal program to help address the multifaceted challenges facing California's most vulnerable residents such as individuals experiencing homelessness, behavioral health care access, children with complex care needs, the growing number of justice-involved populations who have significant clinical needs and the growing aging population.





## BROAD SCOPE OF CALAIM

3 Primary Goals

CalAIM Initiatives & Services

# THE 3 PRIMARY GOALS OF CALAIM:

*(California Advancing & Innovating Medi-Cal)  
2022-2027*



Goal 1

- Implement a whole-person care approach and address social drivers of health.



Goal 2

- Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Goal 3

- Create a consistent, efficient, and seamless Medi-Cal System

# CALAIM INITIATIVES



**BEHAVIORAL HEALTH INITIATIVE** -  
MEDI-CAL IS STRENGTHENING MENTAL  
HEALTH AND SUBSTANCE ABUSE USE  
DISORDER SERVICES AND BETTER  
INTEGRATING THEM WITH PHYSICAL  
HEALTH CARE.



**COMMUNITY SUPPORTS** – HELPS  
MEMBERS ADDRESS UNMET BASIC NEEDS  
THAT CAN IMPACT THEIR HEALTH,  
WHETHER THEY’RE CLINICAL OR NON-  
CLINICAL. THESE INCLUDE SUPPORT TO  
SECURE AND MAINTAIN HOUSING AND  
ACCESS TO MEDICALLY TAILORED MEALS  
TO SUPPORT SHORT TERM RECOVERY.



**DENTAL INITIATIVE** –  
MEDI-CAL IS EXPANDING  
DENTAL BENEFITS FOR  
CHILDREN AND THOSE  
WITH CONDITIONS THAT  
ARE MORE LIKELY TO LEAD  
TO DENTAL DISEASE.



## CALAIM INITIATIVES CONT.



**Enhanced Care Management-** Medi-Cal is providing high-need members with in-person care where they live.



**Incentive Payment Program-** Medi-Cal is supporting the implementation of ECM, Community Supports and other initiatives by providing incentives to Medi-Cal managed care plans to invest in improving the quality of care, reducing health disparities and promoting health equity.




**Integrated Care for Dual Eligible Members-** Medi-Cal is better by integrating care for members who are dually enrolled in both Medicare and Medi-Cal.




# CALAIM INITIATIVES CONT.

**Justice-Involved Initiative-** Medi-Cal is providing services to justice-involved adults and youth while they are incarcerated and as they re-enter their communities.



**Population Health Management-** Medi-Cal is requiring managed care plans to use a concentrated holistic approach to improving the health outcomes of a group of individuals.



**Providing Access and Transforming Health (PATH)-** Path funds are an investment in the capacity and infrastructure of local community-based organizations to provide services to Medi-Cal members in their communities.

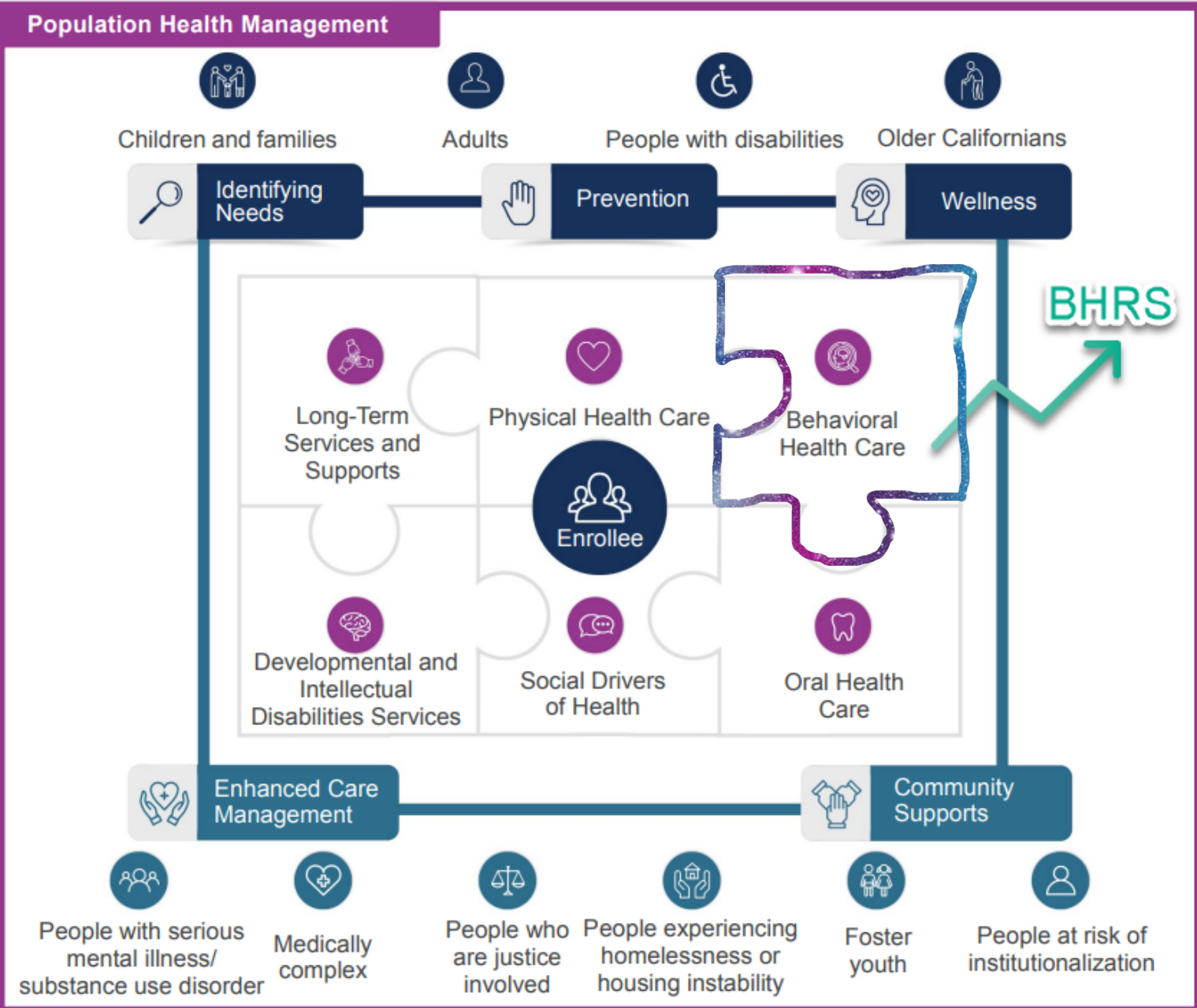


**Statewide Managed Long-Term Care-** Medi-Cal is introducing a better way to coordinate care for those with very complex or long-term care needs.



**Supporting Health and Opportunity for Children and Families-** Medi-Cal is improving the health of children in California by supporting their families, reducing disparities in care and strengthening accountability and oversight of children's services.

# HOW DOES BHRS FALL INTO THE BIGGER PICTURE OF CALAIM?



# THREE AREAS OF CHANGE IN WHICH CALAIM AFFECTS BHRS

## Payment Reform



## Documentation Reform



## Data Sharing



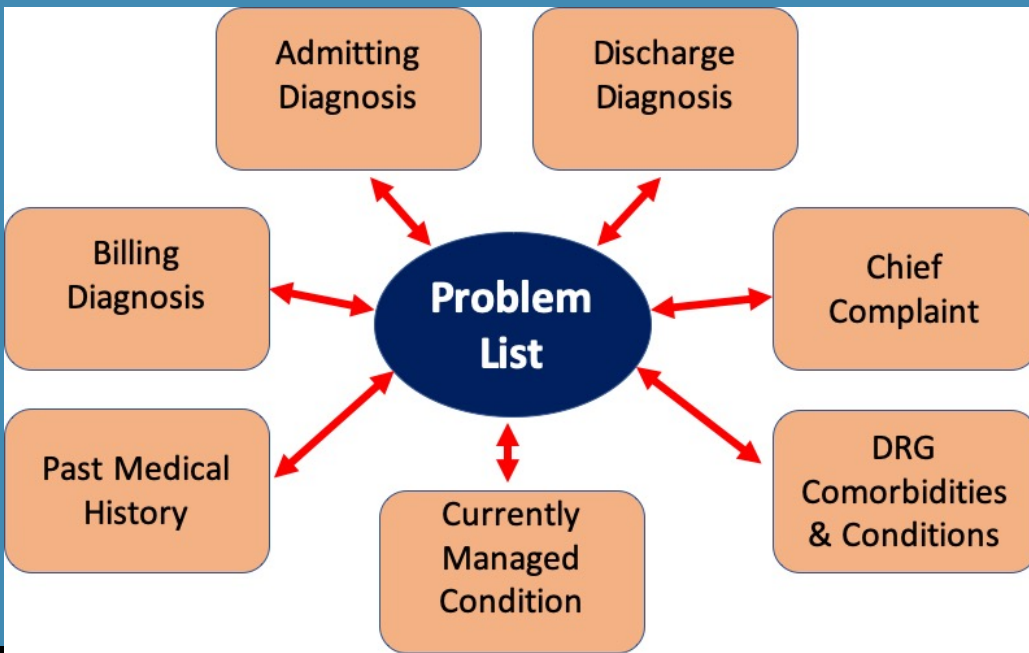


- Payment for specialty behavioral health services will transition from cost-based services to fee-for-service (FFS) system.
- With cost-based payments, there was a bigger audit risk, and it was a financial burden for counties—forcing counties to carry a significant financial risk.
- The alternate model is known as IGT (Intergovernmental Transfer), which is using the same funding resources but reduces reporting burdens and uncertainties.
- Update service codes to CPT (Current Procedural Terminology) codes in order to bill for behavioral health services and not limit by using the HCPC (Healthcare Common Procedural Codes).
- The granular set of service codes will improve quality measures by capturing additional data on specialty behavioral health services.
- Payment reform may be laying down the foundation for potential introduction of capitation or other VBP models, giving counties additional flexibility in providing services while conditioning payment on the quality of the service provided for behavioral health.

# DOCUMENTATION REFORM

Here are some examples of what will be updating:

- Assessments
- Problem List(s)
- Progress Note(s)
- Timeliness Standards
- No Wrong Door



**Problem List** Modified 03/26/18

	Status	Problem
☰ 🔒	Active	Asthmatic bronchitis
☰ 🔒	Active	Decreased hearing
☰ 🔒	Active	Eczema
☰ 🔒	Active	Migraine aura without headache
☰ 🔒	Active	Otitis media
☰ 🔒	Active	Foreign
		Foreign body - finger
		Foreign body in ear
		Foreign body in eye
		Foreign body in left ear



# DOCUMENTATION REFORM

Effective July 1, 2022, DHCS implemented streamlined behavioral health documentation requirements for substance use disorders (SUD) and Specialty Mental Health Services (SMHS) to align more closely with national standards.

DHCS removed client plan requirements from SMHS and treatment plan requirements from Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS), except for the continued requirements specifically noted in BHIN 22-019, 23-068, and/or subsequent guidance.

The new behavioral health documentation requirements include the use of an active and ongoing problem list, progress notes, and other documentation within the clinical record reflecting the care given, and in alignment with the appropriate billing codes.

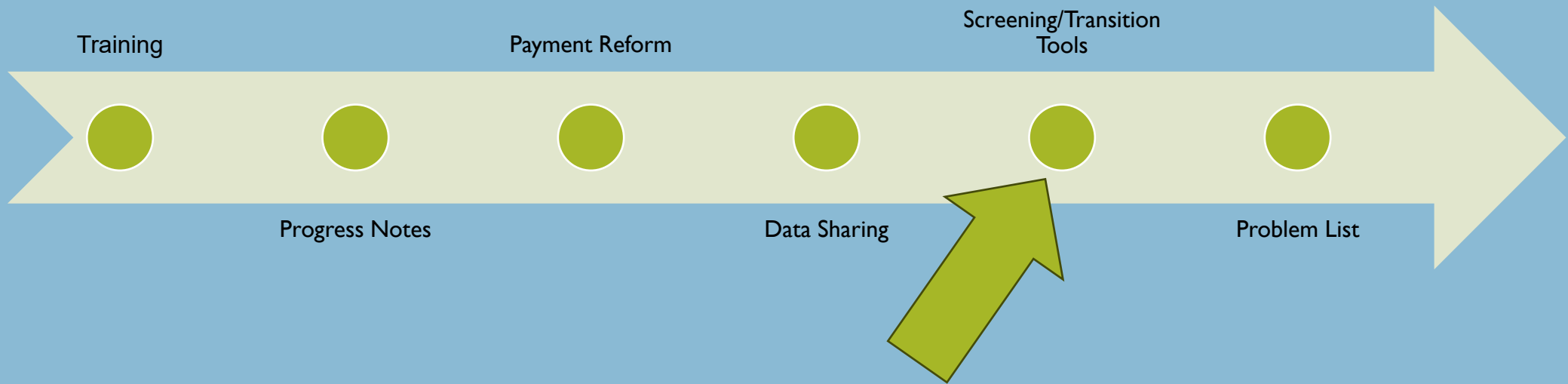








# WHERE IS BHRS WITH CALAIM IMPLEMENTATION?



Complicated by the transition to AVATAR NX and the transition of IT personnel, BHRS has made significant progress in the implementation of CalAIM. Time is being spent at the Screening and Transition Tools implementation because of significant workflow changes and the development of a CLOSED LOOP REFERRAL SYSTEM that assures that each client receives the care they deserve based on the result of these tools and that this process is automated and works both in and outside of AVATAR. The Problem List is awaiting further direction from the State.

# CALAIM GUIDING PRINCIPALS

A core set of guiding principles have been established to guide us through the CalAIM initiative:

- Improve the member experience
- Deliver person-centered care that meets the behavioral, developmental, physical, long-term services and supports, and oral health needs of all members
- Work to align funding, data reporting, quality, and infrastructure to mobilize and incentivize toward common goals
- Build a data-driven population health management strategy to achieve full system alignment
- Identify and mitigate social determinants of health and reduce disparities and inequities
- Drive system transformation that focuses on value and outcomes
- Eliminate or reduce variation across counties and plans, while recognizing the importance of local innovation
- Support community activation and engagement
- Improve the plan and provider experience by reducing administrative burden when possible
- Reduce the per-capita cost over time through iterative system transformation





THANK YOU!