



SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

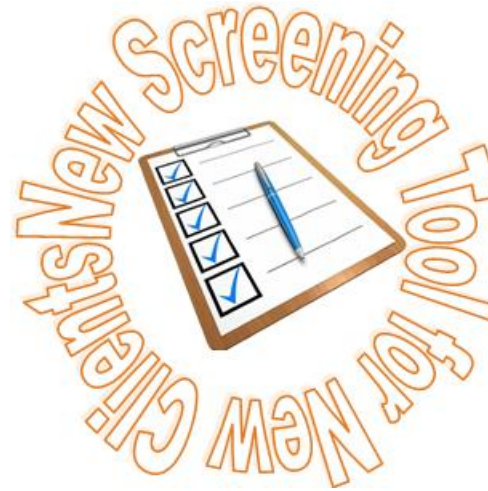
---

CalAIM Implementation at BHRS

Presentation to the Behavioral Health Commission

October 5, 2022

# CalAIM Changes



# The Impact of Changes

- Improves Client Experience:

- Easier Access to Services:

- Changes to Medical Necessity and New Access Criteria

- Client can be served in multiple systems (HPSM, SMHS, AOD) if clinically appropriate, coordinated, and not duplicative

- Treatment can begin before assessment is completed, even if found later to not meet criteria

- Improves Clinician Workload:

- Problem List Replaces Treatment Plan for Most Services

- Simplifies Progress Note Requirements



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# The Impact of Changes - Example

## Children's Health Council

### Progress Notes:

- Pre-CalAIM 11.3 Minutes
- Post-CalAIM 8.3 Minutes
- Equates to savings of 30 hours over 2 weeks which allowed 12 additional clients to be seen.

### Treatment Plan:

- Pre-CalAIM 58.5 minutes to do Tx plan.
- Post-CalAIM 22.4 minutes to do Problem List
- Equates to 6 hours saved across 10 clients.



# The Schedule of Changes

CalAIM Reform Item	State Go Live Date	San Mateo County Implementation Date	BHRS Staff Training (CalMHSA)	QM Webinars
Access Criteria to SMHS & DMC-ODS	January 1, 2022	April 1, 2022	June 27, 2022	September 22, 2022
No Wrong Door	July 1, 2022	September 1, 2022	The August 1, 2022	September 22, 2022
Co-Occurring Treatment	July 1, 2022	September 1, 2022	August 1, 2022	September 22, 2022
Documentation Redesign	July 1, 2022	October 1, 2022	October 1, 2022	October 27, 2022 December 1, 2022
Standardized Screening & Transition Tools	January 1, 2023	February 1, 2023	January 1, 2023	TBD
Payment Reform/Coding	July 1, 2023	July 1, 2023	May 1, 2023	TBD

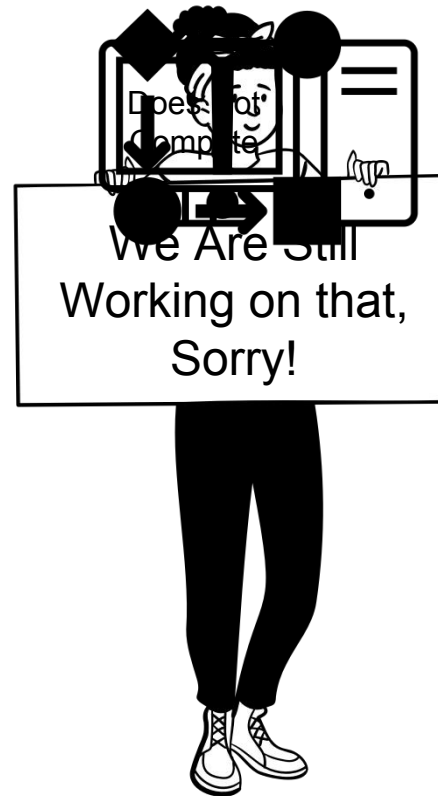


# CaAIM

CaAIM cannot be implemented all at once for various reasons:



• BIDS has created additional content  
• Users are needed to update AWC and  
to understand ongoing requirements.  
• configure new workflows to  
supplement CaIMHSA and  
DHCS resources to help staff  
navigate the changes within our  
system.



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# CaAIM Policies Adopted to Date

- Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements (BHIN 21-073)
- DMC-ODS Requirements for 2022-2026 (BHIN 21-075)
- No Wrong Door for Mental Health Services (BHIN 22-011)

Up Next: Documentation Requirements



# ACCESS CRITERIA CHANGES



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**



# Criteria to Access SMHS for Beneficiaries 21 +

Beneficiary has to meet criteria (1) AND (2):

(1) Beneficiary has one or both:

Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities

A reasonable probability of significant deterioration in an important area of life functioning

(2) The condition is due to either one of the following:

A diagnosed mental health disorder, according to the criteria of the DSM and the ICD  A suspected mental health disorder, not yet diagnosed B

# Criteria to Access SMHS for Beneficiaries 21 +

- New criteria to access SMHS:
  - ✓ A mental health diagnosis is no longer a prerequisite for receiving SMHS
  - ✓ No more “Included” Diagnosis List – can be a mental health disorder or suspected mental health disorder not yet diagnosed per DSM and ICD
- This does not mean we are treating everything

# Criteria to Access SMHS For Beneficiaries Under 21

For beneficiaries under the age of 21, there are two different avenues for meeting criteria to access SMHS

(1) Beneficiary has a condition placing them at high risk of a mental health disorder due to experience of trauma evidenced by any of the following:

- ❑ Scoring in the high-risk range under a trauma screening tool approved by DHCS
- ❑ Involvement in the Child Welfare System
- ❑ Juvenile Justice Involvement
- ❑ Experiencing homelessness Beneficiary has to meet criteria

*\*At this time, DHCS has not yet approved any trauma screening tool*

# Criteria to Access SMHS For Beneficiaries Under 21

Beneficiary has to meet criteria (2) AND (3):

## (2) Has at least one:

- A significant impairment
- A reasonable probability of significant deterioration in an important area of life functioning
- A reasonable probability of not progressing developmentally as appropriate
- A need for SMHS, regardless of presence of impairment, that are not included w/in the MH benefits that a Medi-Cal managed care plan is required to provide

AND

## (3) Condition above is due to one of the following:

- A diagnosed mental health disorder (per DSM and ICD)
- A suspected mental health disorder not yet diagnosed
- Significant trauma placing them at risk of a future mental health condition, based on the assessment of a licensed mental health professional

# Criteria to Access SMHS For Beneficiaries Under 21

- New criteria to access SMHS:
  - ✓ A mental health diagnosis is not a prerequisite for receiving SMHS
  - ✓ No more “Included” Diagnosis List – can be a mental health disorder or suspected mental health disorder not yet diagnosed per DSM and ICD
  - ✓ Those w/ a condition placing them at high risk due to trauma are able to access SMHS
- This does not mean we are treating everything

# ACCESS TO SERVICES



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# Initial Services

- Under CalAIM, services can be provided prior to the determination of a diagnosis, during the assessment, or prior to the determination that access criteria have been met.
- Services can be provided if the person has a co-occurring mental health and SUD condition.
- Services from both HPSM and BHRS can be provided concurrently if they are coordinated and not duplicative.



# Initial Services

- Clinically appropriate SMHS are covered and reimbursable during the assessment process prior to determination of a diagnosis or a determination that the beneficiary meets access criteria for SMHS.
- Services rendered during the assessment period remain reimbursable even if the assessment ultimately indicates the beneficiary does not meet criteria for SMHS.
- Likewise, HPSM must not disallow reimbursement for NSMHS services provided during the assessment process if the assessment determines that the beneficiary does **not** meet criteria for NSMHS or meets the criteria for SMHS.





# Co-Occurring

- Clinically appropriate and covered SMHS and Drug Medi-Cal Organized Delivery System (DMC-ODS) services delivered are covered Medi-Cal services whether or not the beneficiary has a co-occurring SUD or mental health condition.
- Clinically appropriate and covered delivered by DMC-ODS providers are covered by DMC-ODS counties, respectively, whether or not the beneficiary has a co-occurring mental health condition.



# Concurrent SMHS and NSMHS

- Beneficiaries may concurrently receive NSMHS and SMHS when the services are clinically appropriate, coordinated and not duplicative.
- When a beneficiary meets criteria for both NSMHS and SMHS, the beneficiary should receive services based on individual clinical need and established therapeutic relationships.



# Established Therapeutic Relationships

- Beneficiaries with established therapeutic relationships with a provider may continue receiving NSMHS from the provider (billed to the HPSM), even if they simultaneously receive SMHS from a BHRS provider (billed to BHRS), as long as the services are coordinated between these delivery systems and are non-duplicative (e.g., a beneficiary may only receive psychiatry services in one network, not both networks; a beneficiary may only access individual therapy in one network, not both networks).



# Established Therapeutic Relationships Cont.

- Beneficiaries with established therapeutic relationships with a HPSM provider may continue receiving SMHS from a BHRS provider (billed to BHRS), even if they simultaneously receive NSMHS from an HPSM provider (billed to BHRS), as long as the services are coordinated between these delivery systems and are non-duplicative.



# BHRS/HPSM Workgroup

- A workgroup has been established that is meeting to create workflows on how beneficiaries can move across the various systems if they begin their treatment in a system that is less appropriate than their need.
- These workflows are expected to be substantially complete by the end of November.
- BHRS Work Units are creating workflows for each of their program areas to reflect the changes (SDA for example).



# COMING NEXT



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# AVATAR Changes

- Treatment Plan Changes
- Modify Problem List
- Progress Note Templates
- Assessment Form
- Screening Tool
- Transition Tool



# Next Steps

- Documentation Reform
- Screening Tools
- Payment Reform
  - Rates
  - Transfers
  - CPT Codes





# Implementation Takes Time



- DHCS recognizes that counties are at varying levels of implementation and that many details of implementation will not be realized until well into implementation, but after the state’s “in-effect” date. The state recognizes that there can only be enforcement once counties have fully implemented and will not seek enforcement in the first year of CalAIM.





SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

---

**Questions?**