Please click the Survey Monkey link in the chat to take a quick three question survey.
CALMHSA INTRODUCTIONS

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### Transformation Webinars:
**For County Leadership & QI Staff**

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<th>Topic</th>
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<tr>
<td>Welcome to CalAIM: Then vs. Now</td>
<td>04/27/22</td>
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<td>Shifting our Focus: Compliance vs. Quality</td>
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<td>Communication Plans: Change Messaging</td>
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<td>Initiating Treatment: No Wrong Door/Treatment Prior to Diagnosis</td>
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<td>Standardizing Documentation: Universal Assessment</td>
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<td>Identifying Treatment Focus: Problem List</td>
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<td>Documenting Care: Progress Notes</td>
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<td>No Money, No Mission: Billable vs. Non-Billable Services</td>
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<td>Outcomes That Matter: Quality Measurement</td>
<td>06/22/22</td>
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<td>You’ve Got This: CalAIM – A Summary</td>
<td>06/29/22</td>
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TRAINING OBJECTIVES

Participants will walk away with:

• Orientation to current quality management and managed care measurement priorities

• Introduction to “near future” quality management measurement priorities
THINGS THAT ARE TRUE

• There are several confusing items with the new rule set.

• You might be feeling worried because of all of the confusion.

• What we do know, is that if we do not focus on our performance as managed care plans; fines, sanctions and penalties can be applied.

So … What should we pay attention to? (Hint: Measure what matters!)
Recognizes the need to focus on waste fraud, abuse and managed care plan functions.

Very worried about the ambiguity of ICC treatment plans.
Recognizes new QI measures from state need to be a priority

Concerned about collecting additional outcome measures
WHAT WILL QUALITY LEADERSHIP STAFF BE FOCUSED ON?

- Comprehensive Quality Strategy Measures from DHCS/CMS
- Core Managed Care Functions
- Waste Fraud and Abuse
COMPREHENSIVE QUALITY STRATEGY

DHCS/CMS Priority Measures for Mental Health Plans:

1. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (NCQA)
2. Antidepressant Medication Management (NCQA)
3. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (NCQA)
4. Follow-Up After Hospitalization for Mental Illness (NCQA)
5. Follow-Up After Emergency Department Visit for Mental Illness (NCQA)
6. Percentage of clients offered timely initial appointments, and timely psychiatry appointments, by child and adult.
7. Percentage of high-cost beneficiaries receiving case management services
COMPREHENSIVE QUALITY STRATEGY

» DHCS/CMS Priority Measures for Drug Medi-Cal Plans:

1. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (NCQA)
2. Pharmacotherapy of Opioid Use Disorder (NCQA)
3. Use of Pharmocotherapy for Opioid Use Disorder (CMS)
4. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (NQF)
CHANGE MANAGEMENT

Communicating Change
MESSAGE CASCADE FOR CALAIM DOCUMENTATION CHANGES

Why is this initiative important to our county right now? Why do we need to change now?

What is the “future state” or “to be” vision? What is the timing?

What are the staff and CBO concerns and issues? WIIFM? - What’s in it for me?

What support is needed from county leadership? What changes will staff and providers experience?

What are specific job changes?

The most important question to answer. Critical for buy-in and support.

Level 1

Level 2

High level organizational messages

More detailed group & individual messages
## WHEN IS EVERYTHING HAPPENING?

<table>
<thead>
<tr>
<th>Policy Changes:</th>
<th>Date</th>
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<tr>
<td>Revised Access Criteria for SMHS</td>
<td>January 2022</td>
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<tr>
<td>ASAM Criteria for DMC State Plan Counties</td>
<td>January 2022</td>
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<tr>
<td>Changes to DMC–ODS requirements</td>
<td>January 2022</td>
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<tr>
<td>No Wrong Door</td>
<td>July 2022</td>
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<td>Documentation Redesign</td>
<td>July 2022</td>
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<td>Payment Reform</td>
<td>July 2023</td>
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<td>Improved Data Exchange</td>
<td>July 2023</td>
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**How Do We Break It All Down?**

**Key Changes: Simplified Explanations**

<table>
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<th>What Has Changed?</th>
<th>What do service providers need to know?</th>
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<tr>
<td>“Access to SMHS” The guidelines that dictate whether a person can access specialty mental health services (SMHS) have been revised</td>
<td>• “Access criteria for individuals” has been separated from “medical necessity for services”</td>
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<td>• There is no longer a list of “included diagnoses” to qualify for care</td>
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<td>• Access criteria are based on level of distress/impairment, except for ages 0 through 20 which does not require impairment</td>
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<td>• Trauma qualifies individuals who are under age 21 for SMHS</td>
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**What Has Changed?**

“No Wrong Door”  
People can easily access services through both the Mental Health Plan (MHP) as well as Managed Care Plan (MCP)

**What do service providers need to know?**

- Beneficiaries can receive timely services without delay regardless of where they seek care

- You can provide and claim for clinically appropriate treatment in one system without worrying whether the client is currently in the “best” system (MHP vs MCP)

- Clients can receive mental health services from both the MCP and the MHP if treatment is coordinated and non-duplicative
### What Has Changed?

Outpatient Services are now reimbursable prior to the determination of a diagnosis.

### What do service providers need to know?

- You can provide the full range of SMHS and DMC/DMC-ODS services (except NTP/OTP) during the assessment phase of treatment.
- ICD-10 “Z codes” and “Unspecified”/Other Specified F codes” can be used.
What Has Changed? | What do service providers need to know?
--- | ---
"Co-occurring disorders" (mental health and substance use disorders) can be addressed where the client seeks care" | • Staff can address and document both substance use and mental health concerns (if clinically appropriate and within scope of competence) without concern that acknowledging/addressing co-occurring disorders will lead to an audit finding
• Note: This change does not alter the responsibilities, or the benefits packages provided by the MHP and/or the DMC/DMC–ODS Plan
### What Has Changed?

Assessment requirements have changed

### What do service providers need to know?

- Specialty Mental Health Assessments now contain seven (7) standard domains
- All SMHS assessment domains will be standardized across counties and providers making documentation and information exchange easier
- DMC Plans will now use the American Society of Addiction Medicine (ASAM) and DMC-ODS Plans will continue to use the ASAM
### What Has Changed?

Documentation requirements have become “leaner” to reduce burden and allow staff more time for providing services.

### What do service providers need to know?

Progress note narratives can be simplified to focus on the intervention and planned next steps.
### What Has Changed?

Medical Records now include a “Problem List” – a list of codes that treating staff can use to add or remove issues that are being addressed in treatment. Your EHR may use ICD-10 and/or SNOMED codes.

### What do service providers need to know?

Problem List codes consist of:

- Mental Health and Substance Use Disorder Diagnoses, i.e., Mental, Behavioral and Neurodevelopment Disorders
  - (ICD-10 F Codes)
- Factors Influencing Health Status and Contact With Health Services
  - (ICD-10 Z Codes)
- Physical Health Codes
### What Has Changed?

Treatment Plans: Some outpatient services require no treatment plans, some require “simplified” treatment plans. Other services retain the existing treatment plan requirements.

### What do service providers need to know?

- Most service types do not require a treatment plan.
- Targeted Case Management (TCM) and Peer Support Services require a simplified treatment plan documented narratively in a progress note.
- Services for which treatment plan requirements have not changed include:
  - Therapeutic Behavioral Services (TBS)
  - Intensive Home-Based Services (IHBS)
  - Intensive Care Coordination (ICC)
  - Therapeutic Foster Care (TFC)
  - Short-Term Residential Therapeutic Programs (STRTPs)
  - Narcotic Treatment Programs (NTPs)
Recent Additions

- Documentation Requirements P&P and attestation
- Staff communication materials
- No Wrong Door P&P and attestation
- Revised slides for transformation webinar #1 and addition of change log for webinar slides
- SUD LPHA Documentation Guide (Revised 6/21/22)
- Web-based documentation trainings via CalMHSA Learning Management System (LMS):
  - CalAIM Overview
  - Access to Services
  - Assessment
  - Diagnosis/Problem List
  - Progress Notes
  - Care Coordination

Forthcoming Items

- One Transformation Webinar
- MH and SUD Documentation Guides
- Additional web-based documentation trainings:
  - Screening and Transition Tools
  - Discharge Planning

To Access these Resources Please Visit: California Mental Health Services Authority | CalAIM Support for Counties (calmhsa.org)
FEEDBACK? QUESTIONS?

Calaim@calmhsa.org
Please click the NEW Survey Monkey link in the chat to complete our post-training evaluation
THANK YOU!
Thank You!