Welcome to CalAIM:

CalAIM Overview

August 25, 2022

Presented by BHRS Quaility Management

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Purpose of Today's Training

- Today's training will be an overview of the changes in practice and procedures in BHRS.

- More specific details about the changes outlined today will be provided in the upcoming trainings specific to each area of change.

2 Training Series – BOTH Required

CalMHSA LMS Trainings

- Recorded Trainings. Self-paced.
- Provides general information regarding changes related to CalAIM

BHRS QM Trainings

- Live Online Trainings.
- Builds on the CalMHSA Trainings
- Outlines how changes will impact BHRS practice and procedures.

Training Schedule

For the full schedule*, visit the QM website: https://www.smchealth.org/sites/main/files/file-attachments/qm_calaim_live_webinar_schedule.pdf?1659577563

Schedule will be updated over the next few months.

We are here

Part 1 Access Criteria to SMHS & DMC ODS No Wrong Door Co-Occurring Treatment			
	Training Topic	**CalMHSA LMS Training and Survey Due Date**	**Live Webinar Date**
1	**CalAIM Overview** *General overview of the key changes under CalAIM and how these changes directly impact provider workflow.*	Thursday, August 18, 2022 https://www.surveymonkey.com/r/1_pre-survey	Thursday, August 25, 2022 10:30 am – 11:30 am
2	**Access to Services** *Key changes in the eligibility criteria for Specialty Mental Health Services for adults, youths and DMC-ODS clients.*	Thursday, September 15, 2022	Thursday, September 22, 2022 10:30 am – 11:30 am
New Policies *22-01: Criteria for Beneficiary Access to SMHS, Medical Necessity & Other Coverage Requirements* *22-02: DMC-ODS Requirements for period of 2022- 2026* *22-03: No Wrong Door for Mental Health Services*			

Training Schedule

Part 2			
Documentation Redesign			
	Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
3	**Assessment**	Thursday, October 20, 2022	Thursday, October 27, 2022 10:30 am – 11:30 am
4	**Diagnosis & Problem List**	Tuesday, November 22, 2022	Thursday, December 1, 2022 10:30 am – 11:30 am
5	**Progress Notes**	TBD	TBD
New Policies *22-04: Documentation Requirements for all SMHS and DMC-ODS*			

Training Schedule

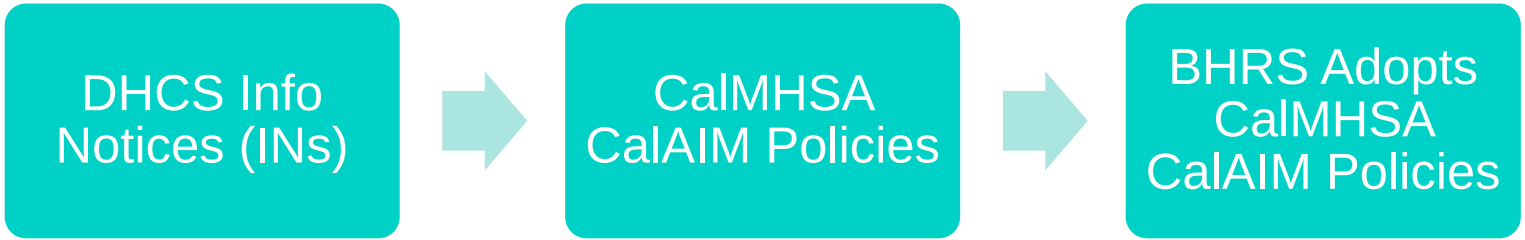
Part 3			
Standardization Screening & Transition Tools			
	Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
6	**Care Coordination**	TBD	TBD
7	**Screening**	TBD	TBD
8	**Transition of Care Tool**	TBD	TBD
9	**Discharge Planning**	TBD	TBD
New Polices TBD			

Part 4			
Payment Reform & Coding			
	Training Topic	CalMHSA LMS Training and Survey Due Date	Live Webinar Date
10	**CPT Codes (All Clinical Staff)**	TBD	TBD
11	**IGT Protocol (Finance/Billing Staff Only)**	TBD	N/A
New Polices TBD			

What is CalAIM and how will it impact staff?

- A State initiative for Medi-Cal reform and to integrate SUD, Behavioral Health, Primary Care, etc.
- CalAIM represents a culture shift in all behavioral health systems in CA. This impacts:
  - ALL BHRS and contract agency staff including MH and SUD staff, clinical staff and non-clinical staff, licensed and non-licensed staff.
- **Teamwork!** All staff should understand CalAIM so that we do NOT continue to engage in old practices that produced unnecessary barriers to client care.

New BHRS CalAIM Policies



- New Policies that have been adopted by BHRS:
  - Policy 22-01: Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements
  - Policy 22-02: DMC-ODS Requirements for the Period of 2022-2026
  - Policy 22-03: No Wrong Door for Mental Health Services
  - Policy 22-04: Documentation Requirements for all SMHS, DMC and DMC-ODS
- More policies to come as DHCS continues to issue more INs.

When are these changes happening?

- Not possible to implement all these changes at once:
  - DHCS has not completed development of some required elements/tools.
  - Avatar is not yet able to be updated to meet full CalAIM requirements
  - Clarification needed from DHCS and CalMHSA regarding some items
  - BHRS will need to develop system specific resources and trainings to supplement CalMHSA and DHCS resources to help staff navigate the changes within our system.

What's coming...

Access to Care

and

No Wrong Door

What does this mean for our actual Practice?

Improved Coordination with Other Systems

New Standardized Screening and Transition Tools!

This will replace BHRS screening tools to determine level of care (mild to moderate vs. SMI).

Trauma Screening Tool for Youth

List of DHCS approved trauma screening tools is also on the way.

Easier to “Add” Services Across Systems

A client can be seen simultaneously in multiple systems (HPSM, BHRS, SUD) if clinically appropriate and not duplicative.

- ✓ The same tools will be used by both HPSM and BHRS to determine level of care.
- ✓ DMC-ODS will continue to use ASAM to determine Level of Care.

What's coming...

Changes to Assessment Process

What does this mean for our actual Practice?

Simpler Process to start and provide services.

Treatment Can Happen When the Client Needs It!

Services can be provided as soon as the client requests services even if it's prior to completing the assessment or establishing a diagnosis.

No More "Planned" and "Unplanned" Services!

No need to be restricted to "unplanned service" and "planned services."

No Need to Worry if Some Services are not on Treatment Plan

For most services, code for the appropriate service without worrying about whether it's on the treatment plan.

What does this mean for our actual Practice?

Simpler Process to start and provide services.

More Flexibility in Completing Assessment and Determining a MH Diagnosis!

No need to rush an assessment and MH diagnosis.

**DMC-ODS programs must still adhere to timelines.

No More "Included Diagnosis" List!

Included Diagnosis is no longer a medical necessity criteria. BUT, there are rules around which diagnoses can be used when and by whom.

No More Primary Diagnosis

Can serve clients with co-occurring diagnoses in either system.

DHCS states that assessments should still be completed within generally accepted standards of practice. Within BHRS, the generally accepted standards of practice has been to complete the Initial Assessment within 60 days, and the Reassessment every 3 years (or sooner, if clinically appropriate).

What's coming...

The Problem List

What does this mean for our actual Practice?

Increased Coordination of Care with the Problem List

New Way to Identify Focus of Treatment!

The identification of diagnosis/"problem" means that the "plan" is to address that identified diagnosis/area of need.

Dynamic and Easy to Update!

A "living" list that can be easily updated at any point in the client's care to ensure that client's diagnosis and identified issues are up-to-date.

Easier for Teams to Collaboratively Identify Focus of Treatment!

Any staff on the client's treatment team can add to the list (though some codes are restricted to certain staff).

Problem List Example

NEW POLICY ✓

A problem list for each client will show:

1. Their behavioral health diagnosis
2. Their social determinants of health needs
3. Their physical health needs so we can coordinate care for the most vulnerable people in California
4. Client identified problems to center client voice

Example of a Person in Care's Problem List:

Number	Code	Description	Date Added	Date Removed	Identified by	Provider Type
1	Z65.9	Problem related to unspecified psychosocial circumstances	07/01/2022	07/19/2022	Name	Mental Health Rehabilitation Specialist
2	Z59.02	Unsheltered homelessness	07/01/2022	Current	Name	AOD Counselor
3	Z59.41	Food insecurity	07/01/2022	Current	Name	Peer Support Specialist
4	Z59.7	Insufficient social insurance and welfare support	07/01/2022	Current	Name	Peer Support Specialist
5	F33.3	Major Depressive Disorder recurrent, severe with psychotic features	07/19/2022	Current	Name	Psychiatrist
6	F10.99	Alcohol Use Disorder, unspecified	07/19/2022	Current	Name	Clinical Social Worker
7	I10.	Hypertension	07/25/2022	Current	Name	Primary Care Physician
8	Z62.819	Personal history of unspecified abuse in childhood	08/16/2022	Current	Name	Clinical Social Worker

What's coming...

Treatment Plans

Are the rumors true? We don't have to do any more treatment plans??

Unfortunately, no.

The state was only able to remove formal treatment requirements for certain services that only required it under state regulations. Certain federal regulations that require a formal treatment plan still stand.

So… What is *actually* happening with treatment plans then?

Some services will require a formal Treatment Plan, others will require a narrative Treatment Planning Progress Note, and still others will require no treatment planning documentation at all. The treatment planning requirem
depends on the service

More details to come in future webinar!

This sounds confusing… How will I keep track of what type of plan a client needs and where to input the plan?

Do NOT Require Treatment Plan	Requires Treatment Plan PROGRESS NOTE*	Still Requires a FORMAL TREATMENT PLAN
➢ **Crisis Intervention** (2) ➢ **Assessment** (5) ➢ **Plan Development** (6) ➢ **Individual Therapy** (9) ➢ **Family Therapy** (41) ➢ **Group Therapy** (10) ➢ **Rehabilitation** (7, 70) ➢ **Collateral** (12, 120) ➢ **Medication Support Services** (14, 15, 15U, 17, 150) ➢ **Non-Billable Services** (55, 550) ➢ **DMC-ODS Care Coordination**	➢ **Case Management** for SMHS (also referred to as Targeted Case Management, or TCM)** (51) ➢ **Peer Support Services** *Please use the appropriate Treatment Plan Progress Note Template to ensure compliance with the DHCS CalAIM requirements for this type of Treatment Plan. **This does NOT include DMC-ODS Care Coordination	➢ **Intensive Home Based Services** (IHBS) ➢ **Intensive Care Coordination** (ICC) ➢ **Therapeutic Behavioral Services** (TBS) ➢ **Therapeutic Foster Care** (TFC) ➢ Services provided in ▪ **Short-Term Residential Therapeutic Programs** (STRTPs) ▪ Psychiatric Health Facilities (PHF) ▪ Special Treatment Programs within Skilled Nursing Facilities (STPSNF) ▪ Mental Health Rehabilitation Centers (MHRCs) ▪ Social Rehabilitation Programs. ➢ **Narcotic Treatment Programs (NTP)**

21T

What's coming...

Changes to Progress Note Requirements

What does this mean for our actual Practice?

Easier Progress Note Process

No More BIRP Progress Notes!

Progress notes for services no longer need to follow BIRP format (though there are still some basic required elements).

No More Progress Note Verbiage Gymnastics!

MH providers can address SUD issues that arise in session and not worry about disallowance, and vice versa, as long as the service is within the staff's scope of practice.

No More Math to Determine if You Need to Code 55 (AD80 for DMC-ODS) for late notes.

No need to self-disallow (coding 55) for late notes for otherwise billable services.

- ✓ Progress Notes should be written in 3 days of service delivery.
- ✓ Progress Notes for crisis services should be written within 24 hours of service delivery.
- ✓ DMC-ODS Residential and IOP Program Progress Notes should be written in 7 days.

Summary of Impact of CalAIM on BHRS

Key Takeaways

What we are working toward:

- More time serving clients and less time documenting
- Clinical judgement is the foundation of the documentation
- Increase ease of access to care and reduce bureaucratic barriers to treatment

How will this be done through CalAIM?

- Treatment Plan replaced with Problem List for many types of services
- Clients can receive care prior to a diagnosis
- Assessment and Re-assessment timelines are flexible (within generally accepted standards of care)
- Trauma exposure for youth (including child welfare, homelessness, juvenile justice involvement) = eligibility for SMHS
- Increase ability to collaborate and coordinate care between HPSM, MH, and SUD programs.

So…When will forms be updated to reflect these changes?

Within the next few months.

- Non-BIRP Progress Note Template
- Formal Treatment Plan (modified)
- Treatment Plan Progress Note Template
- Problem List

Will take a while to implement.

- Assessment Form (updated for both SUD and MH)
- Screening and Transition Tools (new)

Resources

Resources

QM Resources

QM DOCUMENTATION RESOURCES | PDF VERSIONS OF FORMS
WEBINAR RECORDINGS & POWERPOINTS | QM UPDATES | CALAIM INFORMATION
NON-BHRS PROVIDER 5150 TRAINING | ABOUT QUALITY MANAGEMENT
QUALITY MANAGEMENT WORKPLANS | QM CONTACT INFORMATION

Cal MHSA Resources

Got Questions?

Email: HS_BHRS_ASK_QM@smcgov.org

Post-Survey

Link to Post-Survey:
https://www.surveymonkey.com/r/1_post-survey

Please complete survey by
Friday, September 2, 2022

Questions