

The background features a light blue dashed line forming a large circle. Various colored circles and rings are scattered around: a large teal ring in the top left, a teal circle below it, a light green circle in the top right, a green circle below it, a yellow ring in the bottom right, an orange circle below it, a red circle to the left of the orange one, a green circle in the bottom left, a yellow circle to its left, and a small orange circle between the yellow and green circles in the bottom left.

Welcome to CalAIM:

Access to Services

September 22, 2022
BHRS Quality Management

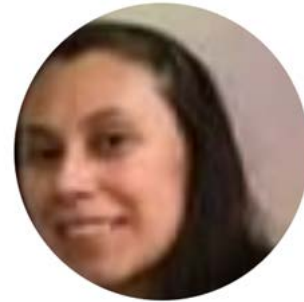
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Purpose of Today's Training

Today's training will focus on the following topics and how changes to these topics under CalAIM will impact your workflow.

- Adult and youth eligibility criteria for accessing Specialty Mental Health Services (SMHS)
- New definition of Medical Necessity
- Clarifying “No Wrong Door”

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.

| 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 <i>General overview of the key changes under CalAIM and how these changes directly impact provider workflow.</i> | 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 <i>Key changes in the eligibility criteria for Specialty Mental Health Services for adults and youths. *** DMC-ODS Access to Services webinar will be held separately. Date TBD ***</i> | Thursday, September 15, 2022 https://www.surveymonkey.com/r/2_pre-survey | Thursday, September 22, 2022 10:30 am – 11:30 am |
| <u>New Policies</u> 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 | | |

We are here



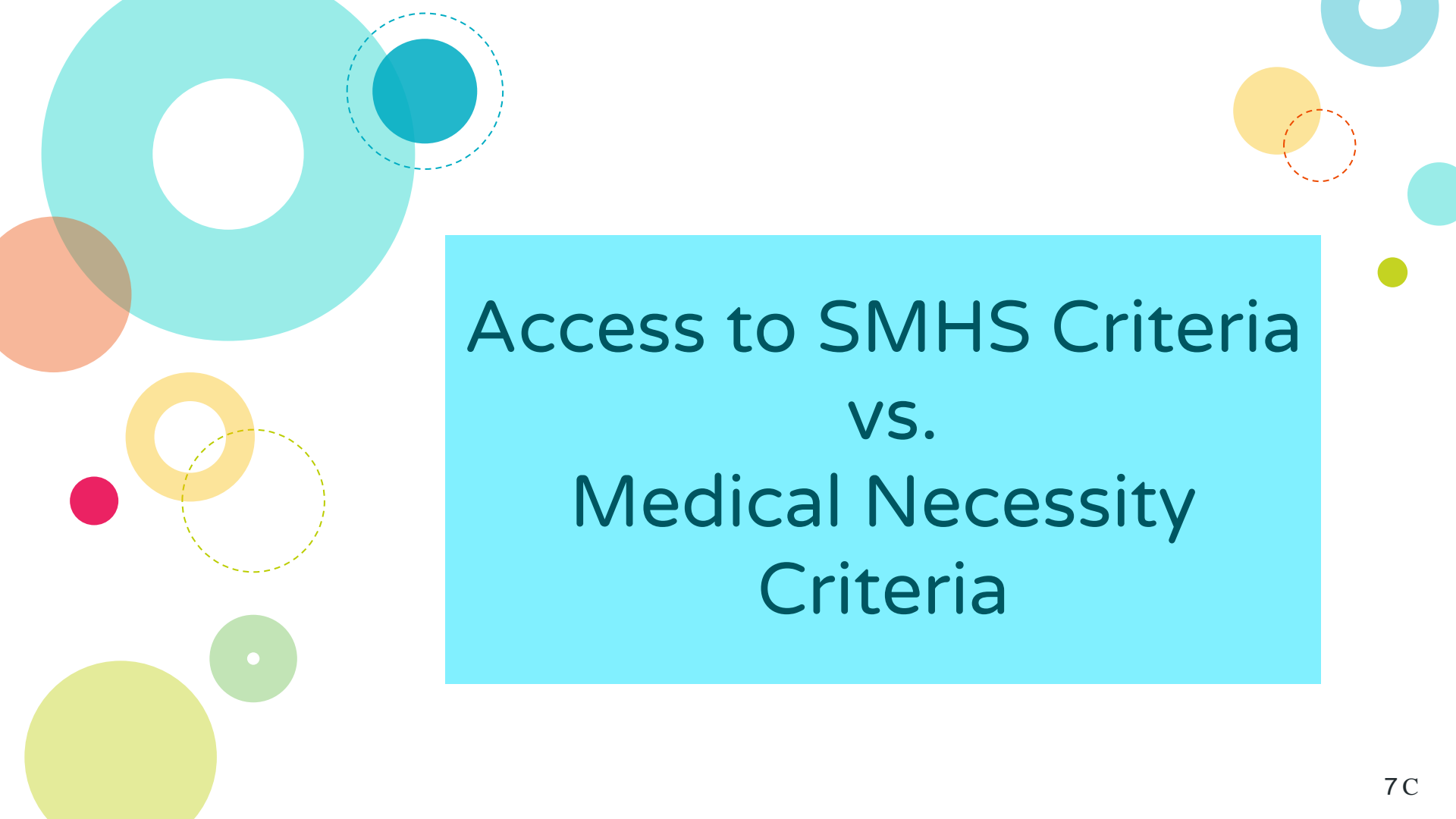
Training Schedule

| 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 |
| <u>New Policies</u> | | |
| <i>22-04: Documentation Requirements for all SMHS and DMC-ODS</i> | | |

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 |
| <u>New Polices</u> 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 |
| <u>New Polices</u> TBD | | |



Access to SMHS Criteria vs. Medical Necessity Criteria

Access to SMHS Criteria Vs. Medical Necessity

Access to SMHS

Refers to an individual's eligibility for Specialty Mental Health Services (SMHS).

There is different criteria for adult vs. youth clients.

Medical Necessity

Determines which services are appropriate for the client and if the client requires the level of service provided by BHRS, or if the client would be better served in another level of care.

Access Criteria gets the individual in the door to receive SMHS, and Medical Necessity will be used to determine what types and level of service the client should receive.

What does this mean for our actual Practice?

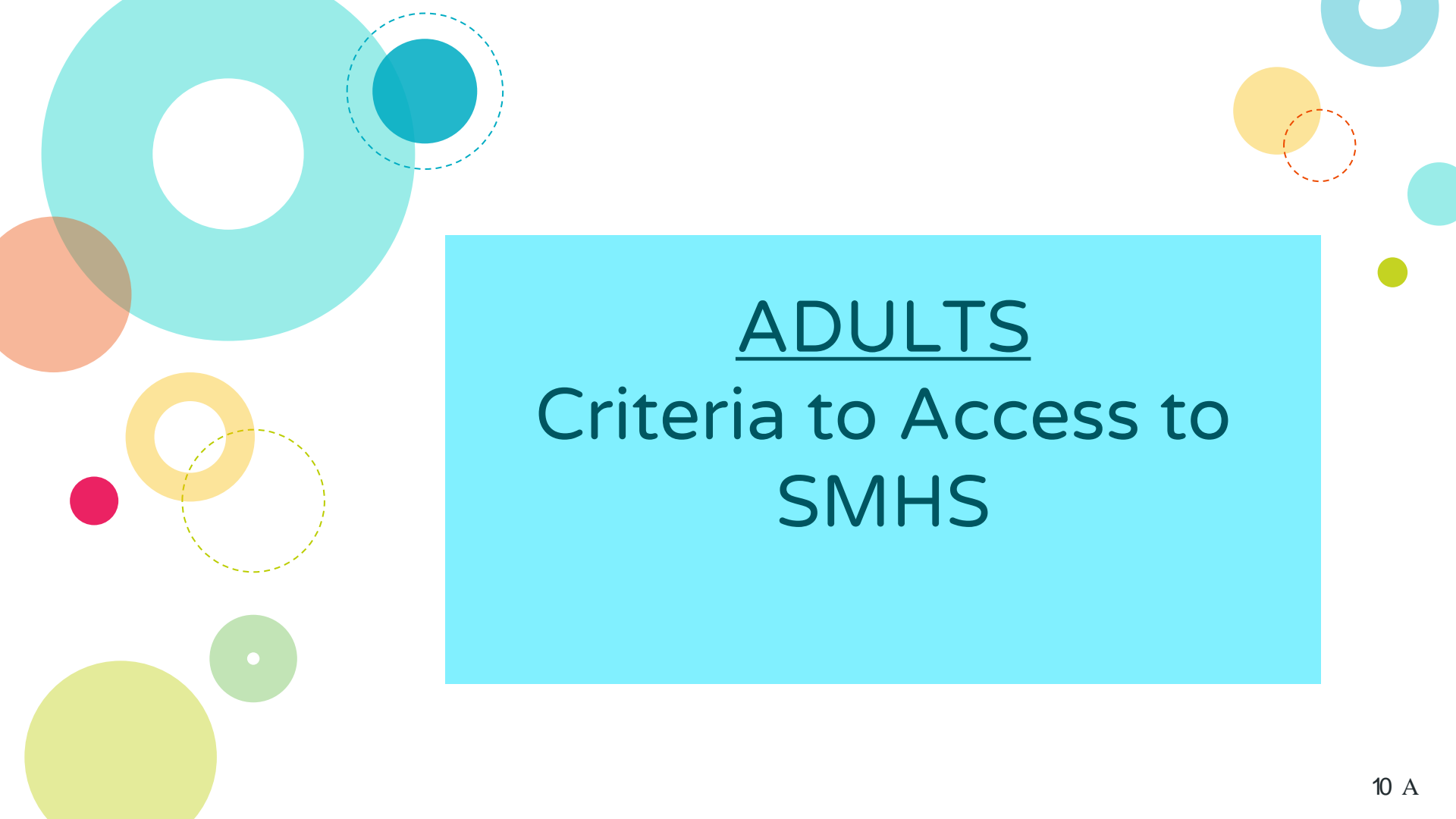
Improved Coordination with Other Systems and Counties

New Standardized Screening and Transition Tools!

This will replace BHRS screening tools to determine level of care (mild to moderate vs. SMI). However, these won't be available until 2023.

While we wait for DHCS to publish these new tools, BHRS will continue to use its existing screening forms. However, please note that the requirement of an "Included Diagnosis" can now be ignored.

- ✓ The same tools will be used by both HPSM and BHRS to determine level of care.

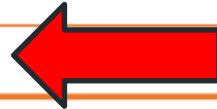


ADULTS
Criteria to Access to
SMHS

What does this mean for our actual Practice?

Staff will use new criteria for ADULTS to determine eligibility for SMHS

| SMHS Access Criteria for ADULTS | |
|--|--------------------------|
| For beneficiaries 21 years of age or older, a county MHP shall provide covered SMHS for beneficiaries who meet both of the following Criteria, (1) AND (2) below: | |
| Criteria (1) | |
| The beneficiary has one or both of the following: | |
| a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities, OR | <input type="checkbox"/> |
| b. A reasonable probability of significant deterioration in an important area of life functioning. | <input type="checkbox"/> |
| Criteria (2) | |
| The beneficiary's condition as described in paragraph (1) is due to either of the following: | |
| a. A diagnosed mental health disorder*, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems, OR | <input type="checkbox"/> |
| b. A suspected mental disorder that has not yet been diagnosed. | <input type="checkbox"/> |




The adult client meets criteria for SMHS, what's next?

Meeting criteria for SMHS gets the client in the door. Medical Necessity determines level of care.

Clients 21 years and older

For individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” **when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.**

- *Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition, and are thus medically necessary.*



YOUTH
Criteria to Access to
SMHS

What does this mean for our actual Practice?

Staff will use new criteria for YOUTH to determine eligibility for SMHS services

SMHS Access Criteria for YOUTH

For enrolled beneficiaries under 21 years of age, a county MHP shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered SMHS shall be provided to enrolled beneficiaries who meet **either** of the following **Criteria, (1) OR (2) below**:

Criteria (1)

The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:

- | | |
|--|--------------------------|
| a. Scoring in the high-risk range under a trauma screening tool approved by the department, OR | <input type="checkbox"/> |
| b. Involvement in the child welfare system, OR | <input type="checkbox"/> |
| c. Juvenile justice involvement, OR | <input type="checkbox"/> |
| d. Experiencing homelessness | <input type="checkbox"/> |

What does this mean for our actual Practice?

Staff will use new criteria for YOUTH to determine eligibility for services

| Criteria (2) | |
|---|--------------------------|
| The beneficiary meets both of the following requirements in a) AND b), below: | |
| a. The beneficiary has at least one of the following: <ul style="list-style-type: none">i. A significant impairmentii. A reasonable probability of significant deterioration in an important area of life functioningiii. A reasonable probability of not progressing developmentally as appropriate.iv. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide. | <input type="checkbox"/> |
| b. The beneficiary's condition as described above (Criteria 2a) is due to one of the following: <ul style="list-style-type: none">i. A diagnosed mental health disorder*, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.ii. A suspected mental health disorder that has not yet been diagnosed.iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional. | <input type="checkbox"/> |
| <i>If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is <u>not</u> necessary to establish that the beneficiary also meets the criteria in (2) above.</i> | |



The youth client meets criteria for SMHS, what's next?

Meeting criteria for SMHS gets the client in the door. Medical Necessity determines level of care.

Clients under 21 years of age

For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” **if the service is necessary to correct or ameliorate a mental illness or condition discovered by a screening service**, whether or not such services are covered under the State Plan.

- *Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition, and are thus medically necessary.*

What does this mean for our actual Practice?

For both ADULTS and YOUTH

More Flexibility in Completing Assessment and Determining a MH Diagnosis!


No need to rush a Diagnosis!

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

No More “Included Diagnosis” List!

Can use Z codes, “Unspecified” and “Other Specified” while you determine if there is a formal diagnosis.

| Diagnosis codes for use by LPHAs | Diagnosis Codes for Use by All Providers* |
|--|--|
| <ul style="list-style-type: none">• Any clinically appropriate code• Z03.89 (Encounter for observation for other suspected diseases and conditions ruled out)• “Other specified” and “Unspecified” disorders,” or “Factors influencing health status and contact with health services” | <ul style="list-style-type: none">• Z55-Z65 (Persons with potential health hazards related to socioeconomic and psychosocial circumstances) <p><i>*May be used during the assessment period prior to diagnosis; do not require supervision of a Licensed Practitioner of the Healing Arts (LPHA)</i></p> |



Frequently Asked Questions about “Access to SMHS Services”

Can I leave the temporary “Unspecified,” “Other Specified”, or “Z code” forever? Or do I need to ultimately give the client a formal diagnosis?

- **These codes can be utilized while a clinician takes time to gather information** about the individual's presenting needs and determine the most appropriate diagnosis and next steps.
- **These codes should not be utilized indefinitely** (given the access to SMHS criteria for individuals 21 and up) as it may be challenging to justify ongoing medical necessity without a formal diagnosis of a “mental health disorder” (also known as an “F-Code” diagnosis, such as Depressive Disorder or Schizophrenia).

However, in some limited settings or for some limited service types, particularly with children and youth, services can more easily be justified based only on Z codes.

I've been working with a complex client and determining a diagnosis has taken me more time than usual. I've also been providing therapy and rehab services throughout the assessment process when my client has needed it. Is this ok?

Yes! Under CalAIM you don't need to rush the diagnosis process.

Take your time to get to know the client and understand their needs. You can provide clinically appropriate treatment services (and bill for them) even though you are still assessing the client.

You can temporarily utilize "Other Specified," "Unspecified," and "Z codes" until you determine a formal diagnosis.

I'm done assessing the client and have determined that they do not meet criteria for SMHS and/or Medical Necessity Criteria. Will I still be able to bill for rehab sessions I did during the assessment?

Yes you will! All the services that you provided and billed for in good faith while you were treating the client for a “suspected mental health diagnosis” are reimbursable even if at the end of the assessment, the client ends up not meeting criteria for SMHS.

For existing clients, use the transition tool (coming in 2023) to determine appropriate level of care. This might mean transitioning the client to a lower level of care through the MCP.



“No Wrong Door” for Mental Health Services

What is “No Wrong Door?”

- ⦿ Ensures that Medi-Cal beneficiaries receive timely mental health services without delay regardless of the delivery system where they seek care.
- ⦿ That beneficiaries are able to maintain treatment relationships with trusted providers without interruption.
- ⦿ Having both MCPs (HPSM) and MHPs (BHRS) use the same screening and transition tools allows for streamlining of the beneficiary’s access to services.

More information can be found in [BHRS Policy 22-03: No Wrong Door For Mental Health Services](#)

What does this mean for our actual Practice?

Improved Coordination with Other Systems

Easier to “Add” Services Across Systems

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

More Opportunities for Integrated Care

A client with co-occurring diagnoses does not have to choose between one system or another.

While there are still some regulations that DHCS is trying to work out to further this integration, this is the direction they are moving toward.

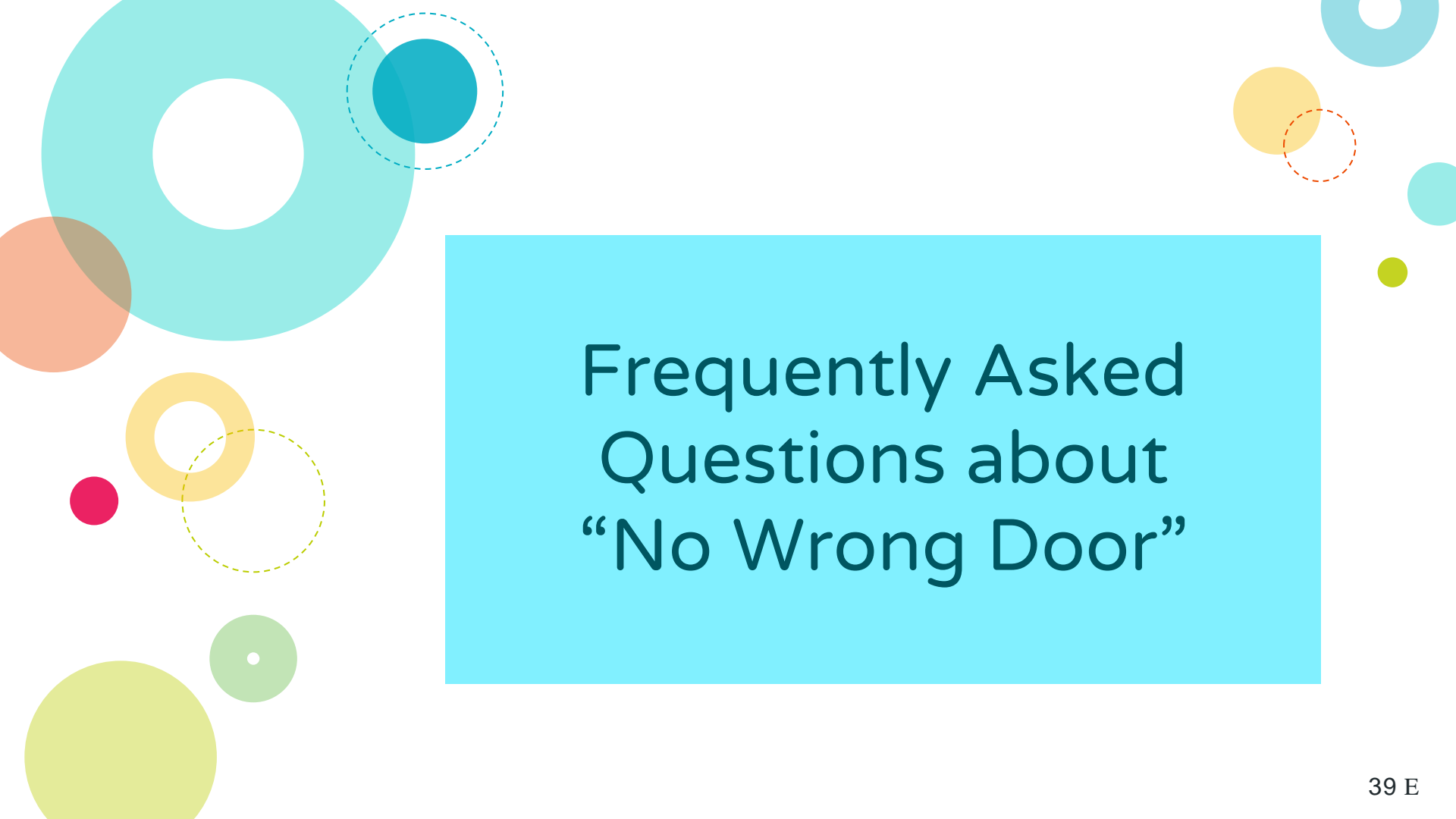
What does this mean for our actual Practice?

Clinically appropriate prevention, screening, assessment and treatment services provided to the client are reimbursable, even when....

Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether SMHS access criteria are met.

The beneficiary has a co-occurring mental health condition and substance use disorder (SUD).

NSMHS (HPSM) and SMHS (BHRS) services can be provided concurrently, if those services are clinically appropriate and not duplicated.



Frequently Asked Questions about “No Wrong Door”

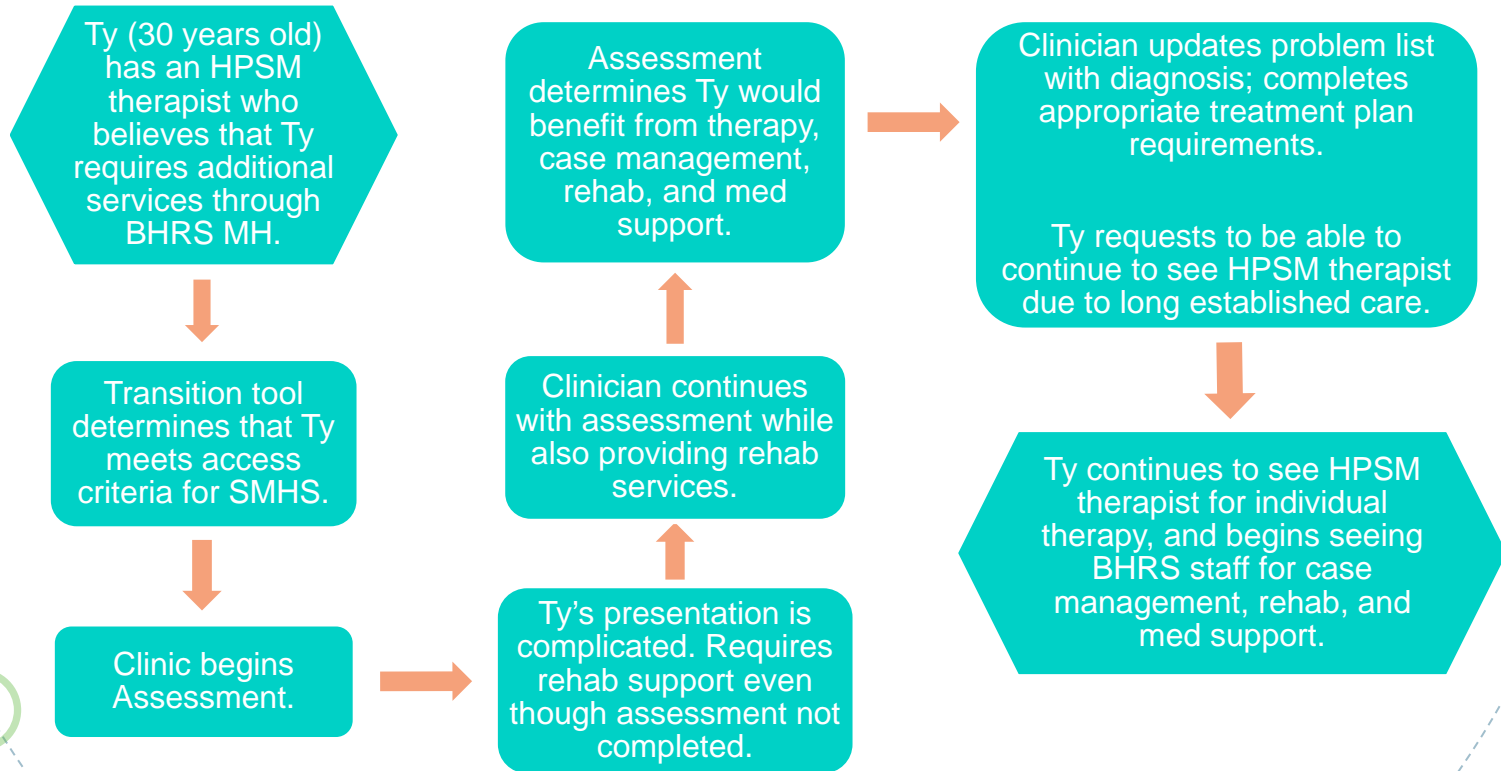
I thought “No Wrong Door” meant that the client must be served in whatever program they show up to?

- ⦿ Nope! While the goal is to get the client to services as seamlessly and quick as possible, “No Wrong Door” does not mean that clients must be seen in any program. If an adult client shows up at a youth program requesting services, the youth program would not treat this client. No wrong door is referring to the system, not the program. System means, for example, HPSM or BHRS.
- ⦿ Instead, we would connect the client to care via, for example, the Access Call Center who would use the Screening Tool to determine the appropriate level of care for the client and refer the client for services in the appropriate delivery system/program.

Does this mean that the client can have more than one individual therapist?

- ⊙ Nope! Under CalAIM the client can be seen in both delivery systems (BHRS & HPSM) as long as the services are coordinated, clinically appropriate, and not duplicative.
- ⊙ If the client has an established relationship with a provider from one delivery system, they can continue working with that provider, even if they meet criteria for a higher or lower level of care. They can receive services concurrently from both systems AS LONG AS THE SERVICES ARE CLINICALLY APPROPRIATE AND NOT DUPLICATIVE.
- ⊙ Emphasis on honoring client choice!

“No Wrong Door” Impact on Potential BHRS Client “Ty”





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/2_post-survey

**Please complete survey by
Friday, September 30th.**

Questions

