

**PLEASE CLICK THE SURVEY MONKEY LINK IN THE CHAT
TO TAKE A QUICK
THREE QUESTION SURVEY**



YOU'VE GOT THIS: CALAIM – A SUMMARY

California Mental Health Services Authority (CaIMHSA)

June 29, 2022

CALMHSA INTRODUCTIONS

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TRAINING OBJECTIVES

Participants will walk away with:

- An understanding of the most important concepts to keep in mind while implementing CalAIM changes
- Reminders of what not to do when implementing CalAIM changes
- An understanding of the importance of considering the bigger picture when questions arise related to CalAIM

WE ARE HERE

Transformation Webinars: For County Leadership & QI Staff

| | |
|--|---------|
| Welcome to CalAIM: Then vs. Now | 4/27/22 |
| Shifting our Focus: Compliance vs. Quality | 5/4/22 |
| Communication Plans: Change Messaging | 5/11/22 |
| Initiating Treatment: No Wrong Door/Treatment Prior to Diagnosis | 5/18/22 |
| Standardizing Documentation: Universal Assessment | 5/25/22 |
| Identifying Treatment Focus: Problem List | 6/1/22 |
| Documenting Care: Progress Notes | 6/8/22 |
| No Money, No Mission: Billable vs. Non-Billable Services | 6/15/22 |
| Outcomes That Matter: Quality Measurement | 6/22/22 |
| You've Got This: CalAIM - A Summary | 6/29/22 |

10 CALAIM CONCEPTS – A REVIEW



10

**NATIONALLY AND
LOCALLY IN CALIFORNIA
WE ARE IN A TIME OF
GREAT CHANGE FOR
BEHAVIORAL HEALTH**



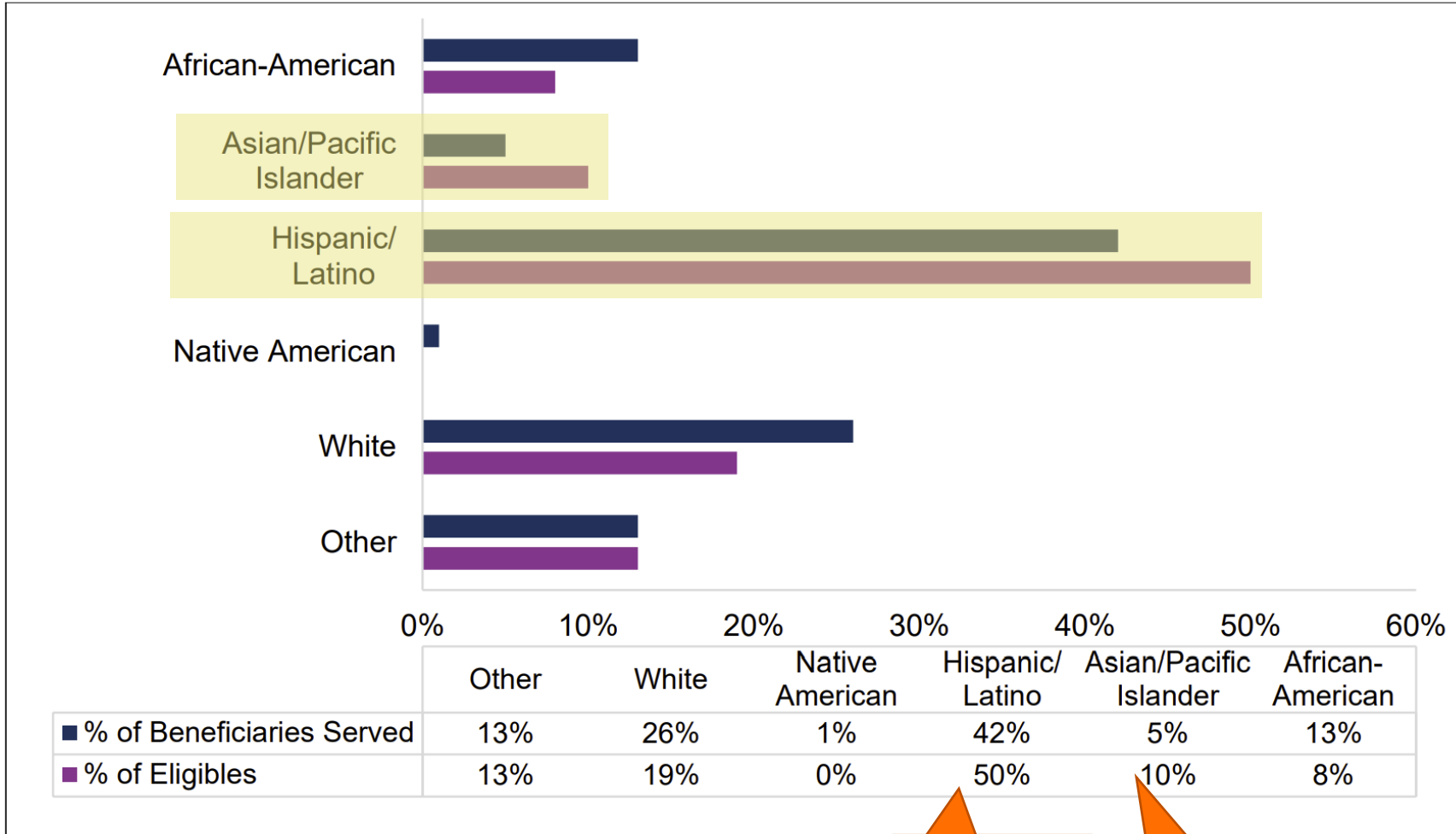
"We are at the beginning of what is going to be a transformation in the way mental health care is delivered."

-Thomas R. Insel, MD

9

**USING CALAIM TO HELP
US REACH OUR EQUITY
GOALS.**

Figure PM-8: Percentage of Eligibles and Beneficiaries Served Statewide by Race/Ethnicity, CY 2019



-8%

-5%



"If we are going to create an equitable system where the kind of care you get doesn't depend on your race, ethnicity, language, or location, we have to jump on board with CalAIM and make very difficult, personal, and cultural adaptations to something that feels new and odd."

-Kelly Pfeifer, MD

8

**TREATMENT BEFORE A
DIAGNOSIS- AMAZING
OPPORTUNITY TO DO THE
RIGHT THING**



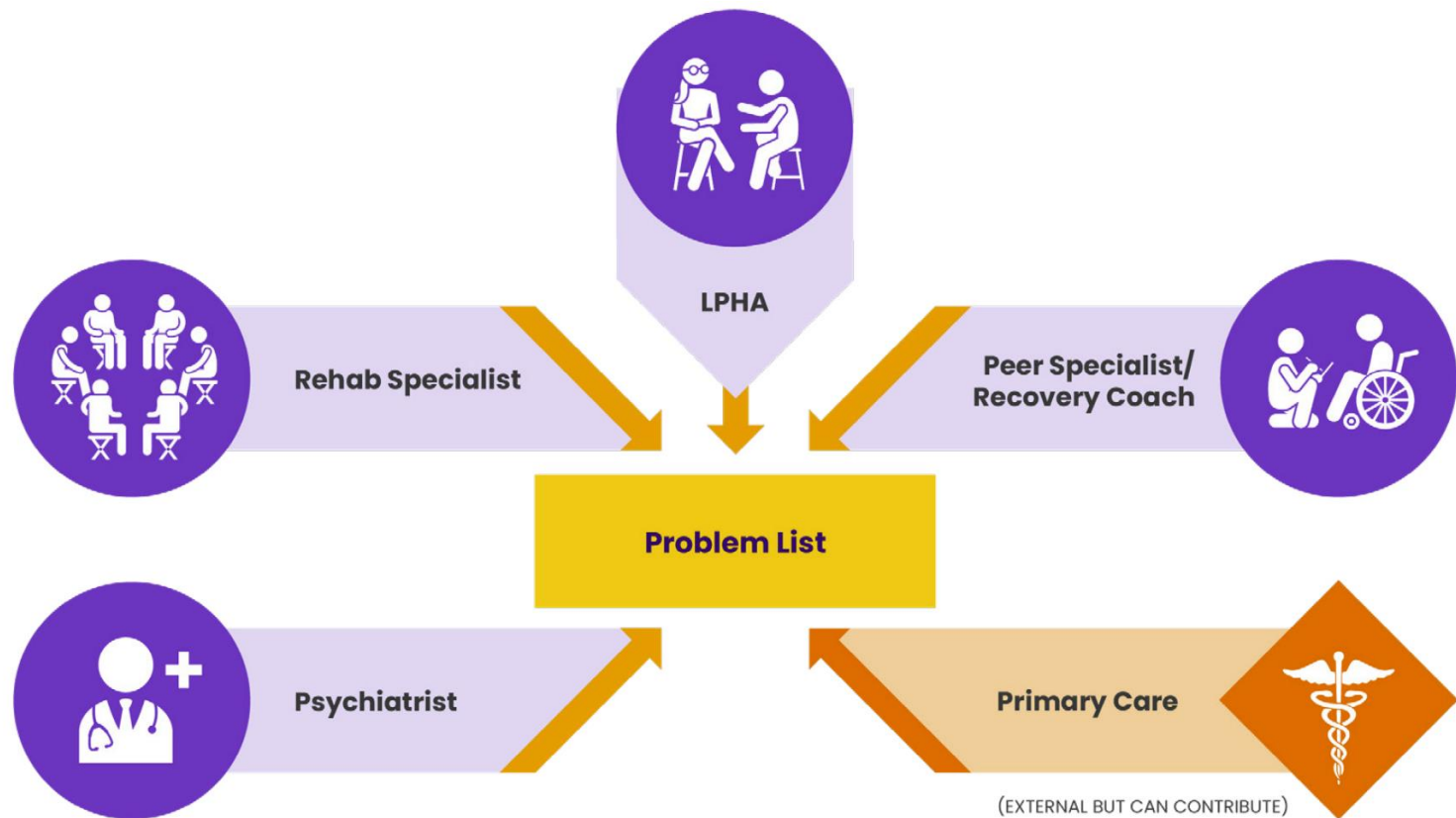
" The ability to provide Medi-Cal reimbursable services prior to someone having a diagnosis allows us to better engage, to outreach, and to get to know someone to arrive at a better diagnosis that then arrives at better care."

-Gary Tsai, MD

7

**THE PROBLEM LIST;
SHOWING OUR CLIENTS'
NEEDS**

**Many on
the team
contribute
to the
problem
list**



Problems are coded and ready for interoperability

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 |

We can show the social determinates of health needs of the people we serve

Appendix IV: DHCS Priority SDOH Codes

| Code | Description |
|---------------|---|
| Z55.0 | Illiteracy and low-level literacy |
| Z58.6 | Inadequate drinking-water supply |
| Z59.00 | Homelessness unspecified |
| Z59.01 | Sheltered homelessness |
| Z59.02 | Unsheltered homelessness |
| Z59.1 | Inadequate housing (lack of heating/space, unsatisfactory surroundings) |
| Z59.3 | Problems related to living in residential institution |
| Z59.41 | Food insecurity |

6

**FOUNDATIONAL SHIFT IN
DOCUMENTATION
STANDARDS; FOCUSED ON
CLINICAL JUDGEMENT**

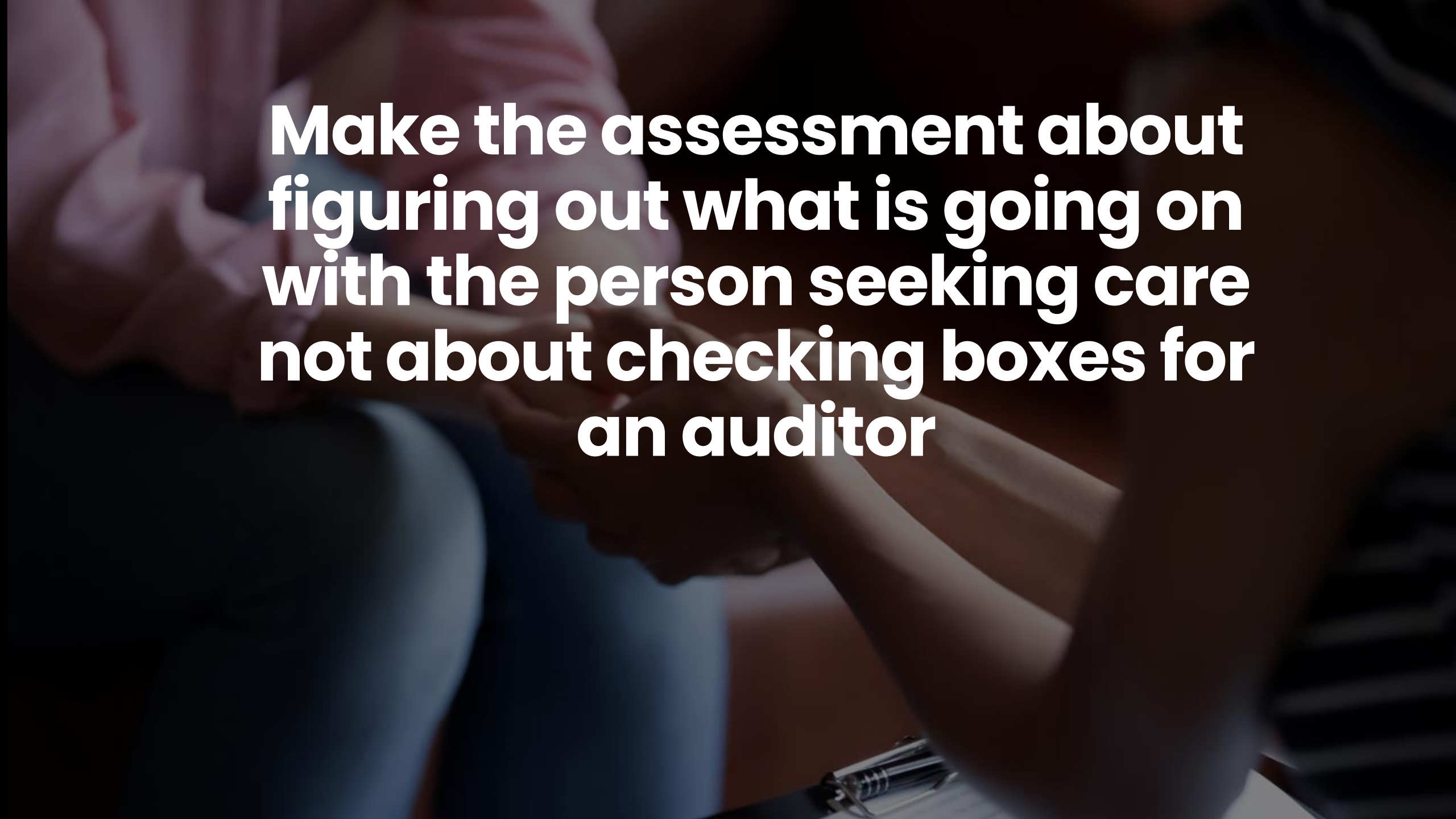


"What we are doing is making a complete foundational shift of the way that we document services."

-Shaina Zurlin, PsyD

5

**SIMPLIFIED AND
STANDARDIZED ASSESSMENTS**



**Make the assessment about
figuring out what is going on
with the person seeking care
not about checking boxes for
an auditor**

**Standardized simplified
assessments can help clients
get the care they need.**



"The longer time you're asking people again and again, the same questions over and over, "sorry, I have to go through this again," it's not respectful, and it's not person-centered in any way."

-Vitka Eisen, MSE, Ed.D

4

**ENHANCED ACCESS
TO CARE**

“One of the things we really want to emphasize is the difference between medical necessity and criteria for care. Medical necessity being a very simple definition found in the Welfare and Institutions Code, and the criteria for services being a pretty radical shift.”

-Shaina Zurlin, PsyD



3

AUDITING FOR WASTE FRAUD AND ABUSE

A woman with dark hair pulled back, wearing a red V-neck top and a necklace with a square pendant, is speaking and gesturing with her hands. She is seated at a wooden table. The background is a plain, light-colored wall.

KELLY PFEIFER, M.D.

**DEPUTY DIRECTOR, BEHAVIORAL HEALTH
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

"We mean it, when we say we are not going to recoup other than fraud waste abuse and those types of overpayments..."

-Kelly Pfeifer, MD

2

MAXIMIZING FEDERAL FUNDS TO MEET THE MOMENT



“Making sure that you are maximizing federal funds is so important..”

–Jacey Cooper, Chief Deputy Director & State Medicaid Director

1

**BRINGING CLIENTS TO THE
CENTER OF CARE**



"What we are trying to do with these transitions is bring the focus back to the heart of care, bring the focus back to the beneficiary."

-Shaina Zurlin, PsyD

FINAL REMINDERS



KEEP THE BIGGER PICTURE IN MIND!

Old way of thinking:

- We need lots of detailed guidance and clear answers to very specific questions to make sure we are doing the "right" thing when implementing CalAIM changes
- It is important to spend time ensuring every service is perfect before billing/self-disallowing to "play it safe"

New way of thinking:

- When we are unsure and cannot find the answers we are looking for, we are going to do what makes sense clinically. We will document our decision making as necessary and will remain focused on providing high quality care
- We are going to place our focus on ensuring documentation is lean and follows the basic guidelines and will maximize our billing. Errors happen but are almost never fraud, waste or abuse and we will course correct as needed

THINGS YOU SHOULD NOT DO

Note: This is not an exhaustive list!

- Continue with "business as usual" because CalAIM feels like too big of a lift and it just feels "safe" to do what you know vs. embracing the coming changes
- Disallow services because they are late, because of spelling errors, etc.
- Continue following the prior access to SMHS criteria because you are understaffed
- Continue to require extensive progress note content (BIRP, PBIRP, SOAP, etc.) because "staff are used to that" and retraining would be a heavy lift
- Continue to require treatment plans for service types that no longer require a treatment plan because that is easier from a training perspective
- Add additional requirements or "county specific" requirements that go above and beyond state minimum requirements—this can have many unintended consequences

WHAT IF WE NEED MORE TIME?!

Don't panic!

It is very challenging to perfectly implement all CalAIM changes by 7/1/22

Do not get hung up on perfection--Counties should focus on taking steps to move toward full compliance with the CalAIM initiative

We Must Break Away From “What Used To Be” and Embrace the CalAIM Changes

FAQ CLARIFICATIONS



WHERE IS THE CALAIM FAQ DOCUMENT?

- DHCS will be releasing the FAQ document that has been created in partnership with CalMHSA in the coming weeks
- If you have reached out to CalMHSA via the CalAIM inbox or via the Q&A feature during our weekly webinars with a question we are not able to answer, the questions have been forwarded to DHCS

TREATMENT PLANS

Q: Which service codes require a treatment plan to be documented within the progress note narrative?

A: Targeted Case Management (TCM) and Peer Support Services

Note: BHIN 22-019 uses the wording "shall" related to documenting TCM and Peer Support Services within the narrative of a progress note--Shall means must.

TREATMENT PLANS (CONTINUED)

Q: ICC is basically the same thing as TCM, can we just document the ICC treatment plan within the narrative of a progress note like we do for TCM?

A: This question has been posed to the DHCS and may be addressed in the coming FAQ document. In the meantime, the only services that can and must have a treatment plan documented within the narrative of a progress note are TCM and Peer Support Services.

TREATMENT PLANS (CONTINUED)

Q: For services that still require a treatment plan/client plan/service plan (the services outlined in BHIN 22-019 Attachment 1), do we still have to obtain signatures?

A: The DHCS is in the process of confirming whether or not signature requirements are superseded for the service types included in Attachment 1 of BHIN 22-019.

Note: TCM and Peer Support Services that have a treatment plan documented within the narrative of a progress note do not require a client signature.

REASONS FOR RECOUPMENT

Q: Since the DHCS is mainly disallowing for fraud, waste and abuse does that mean there are now no other reasons for recoupment?

A: While the DHCS has indicated that they are focusing disallowances on fraud, waste and abuse, there will still be a DHCS Reasons for Recoupment document (for SMHS) and this document will outline the additional documentation findings that will potentially lead to recoupments. The DHCS is aware that there is a desire for a DMC/DMC-ODS Reasons for Recoupment document that mirrors the SMHS version however, that is not available at this time.

CALMHSA TRAININGS

Q: Do we have to utilize all of CalMHSA's training materials? Do ALL staff have to take CalMHSA's LMS trainings?

A: It is not a requirement to utilize CalMHSA's training materials or LMS trainings. These materials were created by CalMHSA to assist counties with successfully implementing CalAIM changes and meeting the training requirements of the BHQIP. Counties will need to independently determine which staff should attend these trainings to ensure that BHQIP training plan requirements are met.

REVIEW OF MOST CURRENT CALMHSA OFFERINGS

Recent Additions

- All 8 documentation guides have been posted!
- Documentation Requirements P&P and attestation
- No Wrong Door P&P and attestation
- Staff & Beneficiary communication materials
- 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

- Additional web-based documentation trainings:
 - Screening and Transition Tools
 - Discharge Planning

Ongoing

- Weekly office hours
- Monthly county "to do" lists to support CalAIM implementation/BHQIPs

To Access these Resources Please Visit: www.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!