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

COMMUNICATION PLANS: CHANGE MESSAGING

California Mental Health Services Authority (CalMHSA)

May 11, 2022

INTRODUCTIONS

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TRAINING OBJECTIVES

PARTICIPANTS WILL WALK AWAY WITH:

- A clearer understanding of the training supports being provided by CalMHSA
- Clarity about common misunderstandings related to the new documentation requirements
- Strategies to keep in mind when supporting organizational change

WE ARE HERE

Transformation Webinars: For County Leadership and QI Staff	
Welcome to CalAIM: Then vs. Now	04/27/22
Shifting our Focus: Compliance vs. Quality	05/04/22
Communication Plans: Change Messaging	05/11/22
Initiating Treatment: No Wrong Door/Treatment Prior to Diagnosis	05/18/22
Standardizing Documentation: Universal Assessment	05/25/22
Identifying Treatment Focus: Problem List	06/01/22
Documenting Care: Progress Notes	06/08/22
No Money, No Mission: Billable vs. Non-Billable Services	06/15/22
Outcomes That Matter: Quality Measurement	06/22/22
You've Got This: CalAIM – A Summary	06/09/22

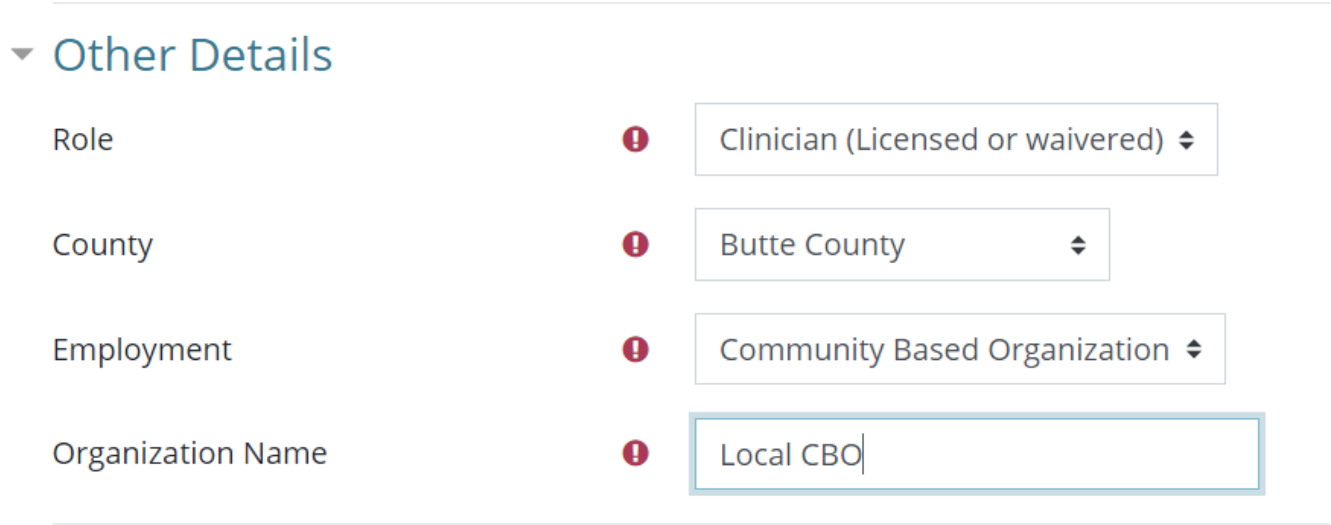
COMING SOON!

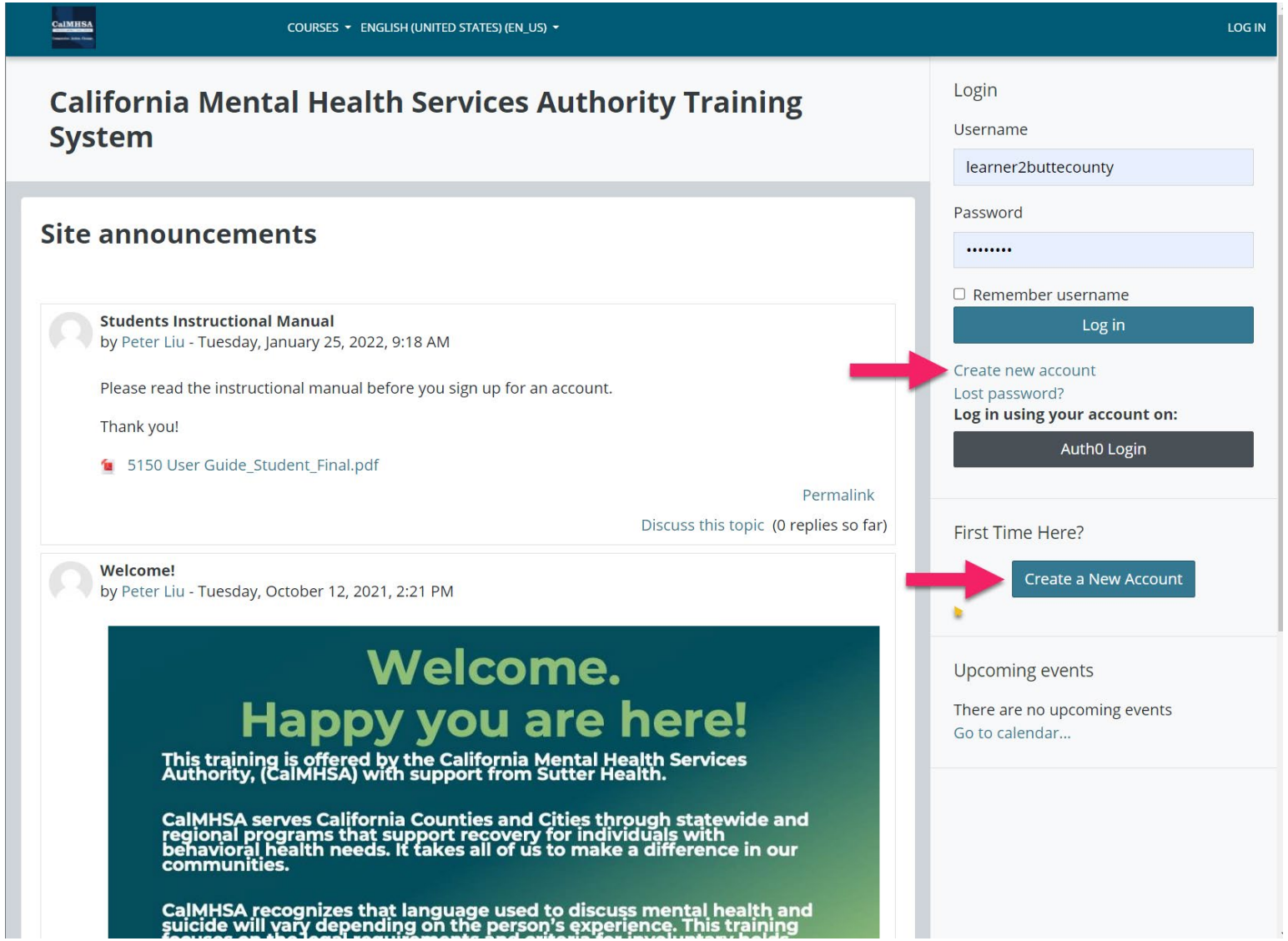
Preview of
Documentation Guides &
Web-Based Documentation
Trainings

LMS SYSTEM (LEARNING MANAGEMENT SYSTEM)

Steps:

- You Send the LMS Link to Your Staff/Contractors
- They Register
  - Noting County/Role/Organization
- Once They Register, They Will Be Enrolled in All CalAIM Courses
- You Can Assign a Staff to Pull Reports Showing Who Has Completed Training.

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LOG IN
California Mental Health Services Authority Training System
Site announcements
Students Instructional Manual
by Peter Liu - Tuesday, January 25, 2022, 9:18 AM
Please read the instructional manual before you sign up for an account.
Thank you!
5150 User Guide_Student_Final.pdf
Permalink
Discuss this topic (0 replies so far)
Welcome!
by Peter Liu - Tuesday, October 12, 2021, 2:21 PM
Welcome.
Happy you are here!
This training is offered by the California Mental Health Services Authority, (CalMHSA) with support from Sutter Health.
CalMHSA serves California Counties and Cities through statewide and regional programs that support recovery for individuals with behavioral health needs. It takes all of us to make a difference in our communities.
CalMHSA recognizes that language used to discuss mental health and suicide will vary depending on the person's experience. This training
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Create new account
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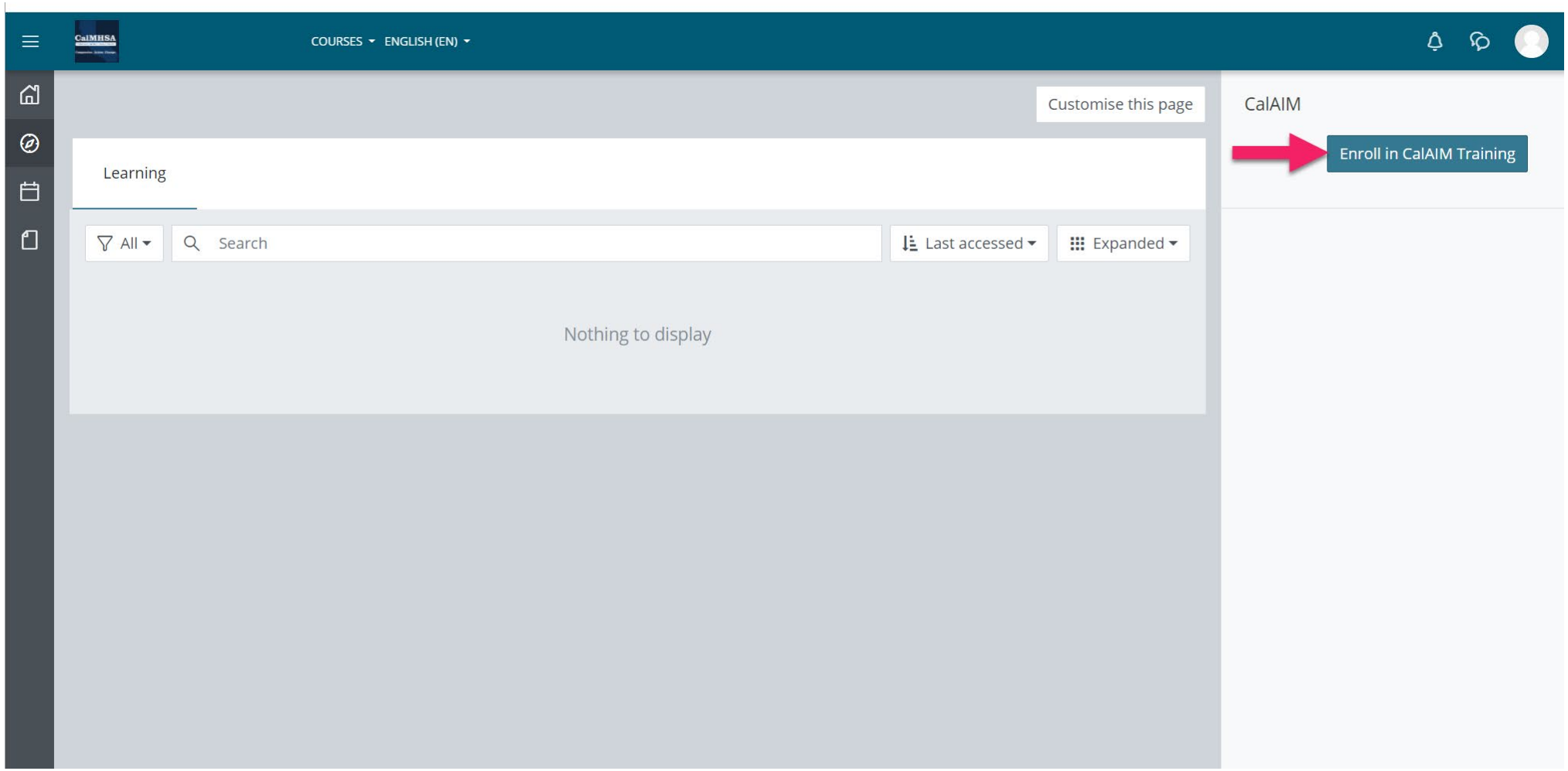
Log in using your account on:
Auth0 Login
First Time Here?
Create a New Account
Upcoming events
There are no upcoming events
Go to calendar...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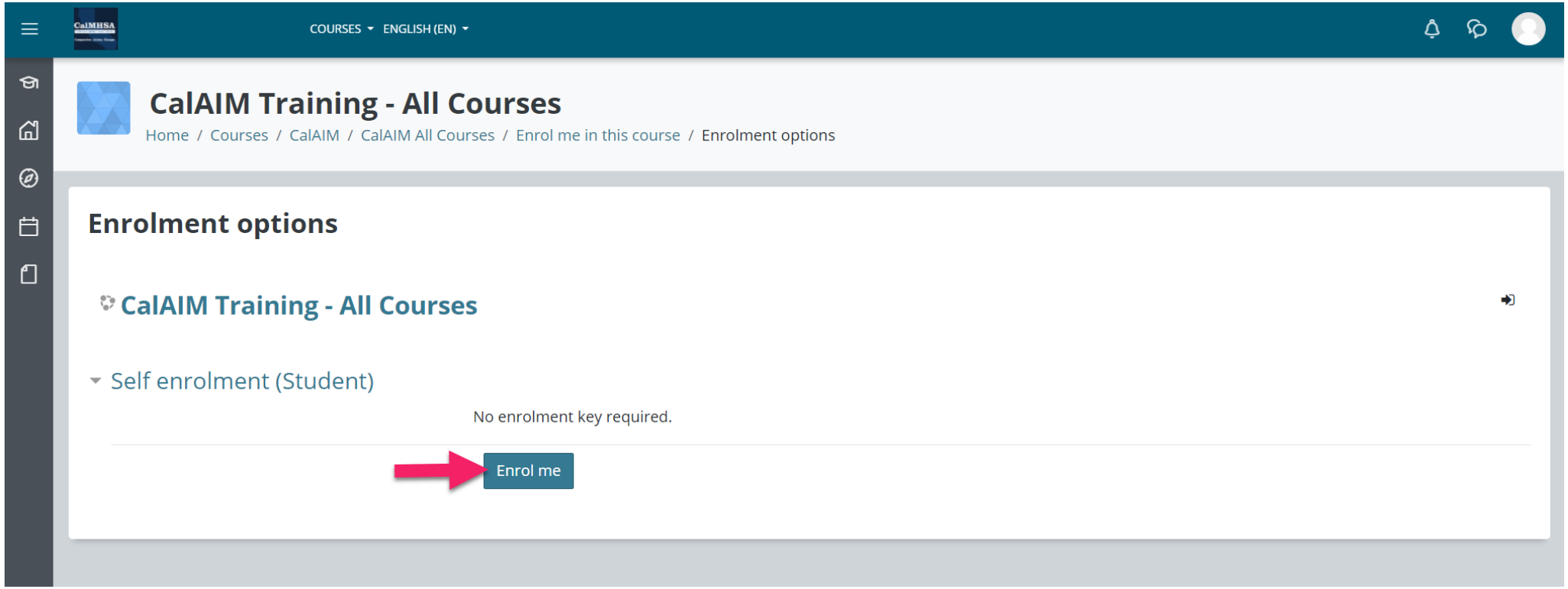
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CalAIM Training - All Courses
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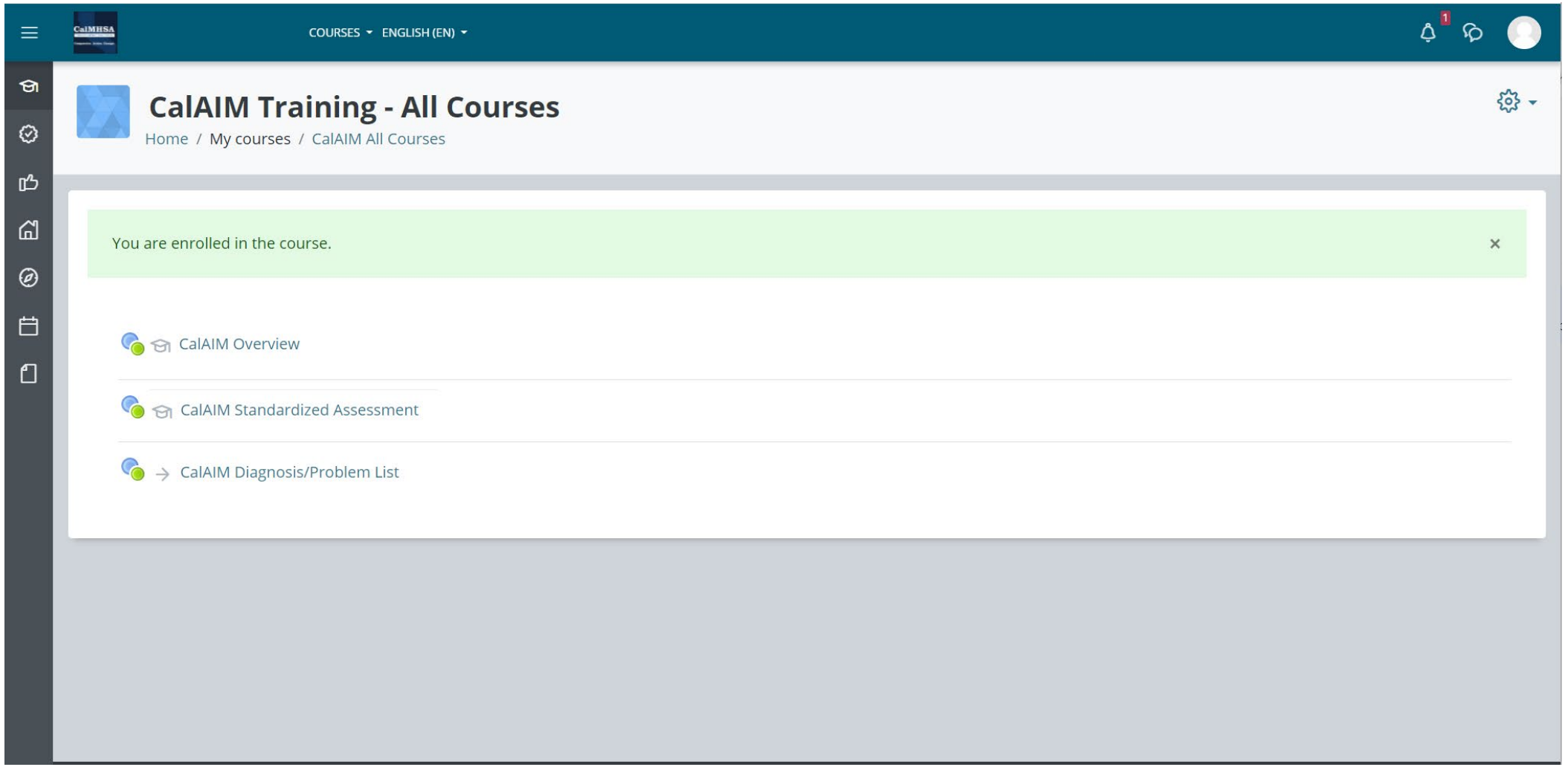
Enrolment options
CalAIM Training - All Courses
Self enrolment (Student)
No enrolment key required.
Enrol me


COURSES
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CalAIM Training - All Courses
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You are enrolled in the course.
CalAIM Overview
CalAIM Standardized Assessment
CalAIM Diagnosis/Problem List

PROBLEM LIST

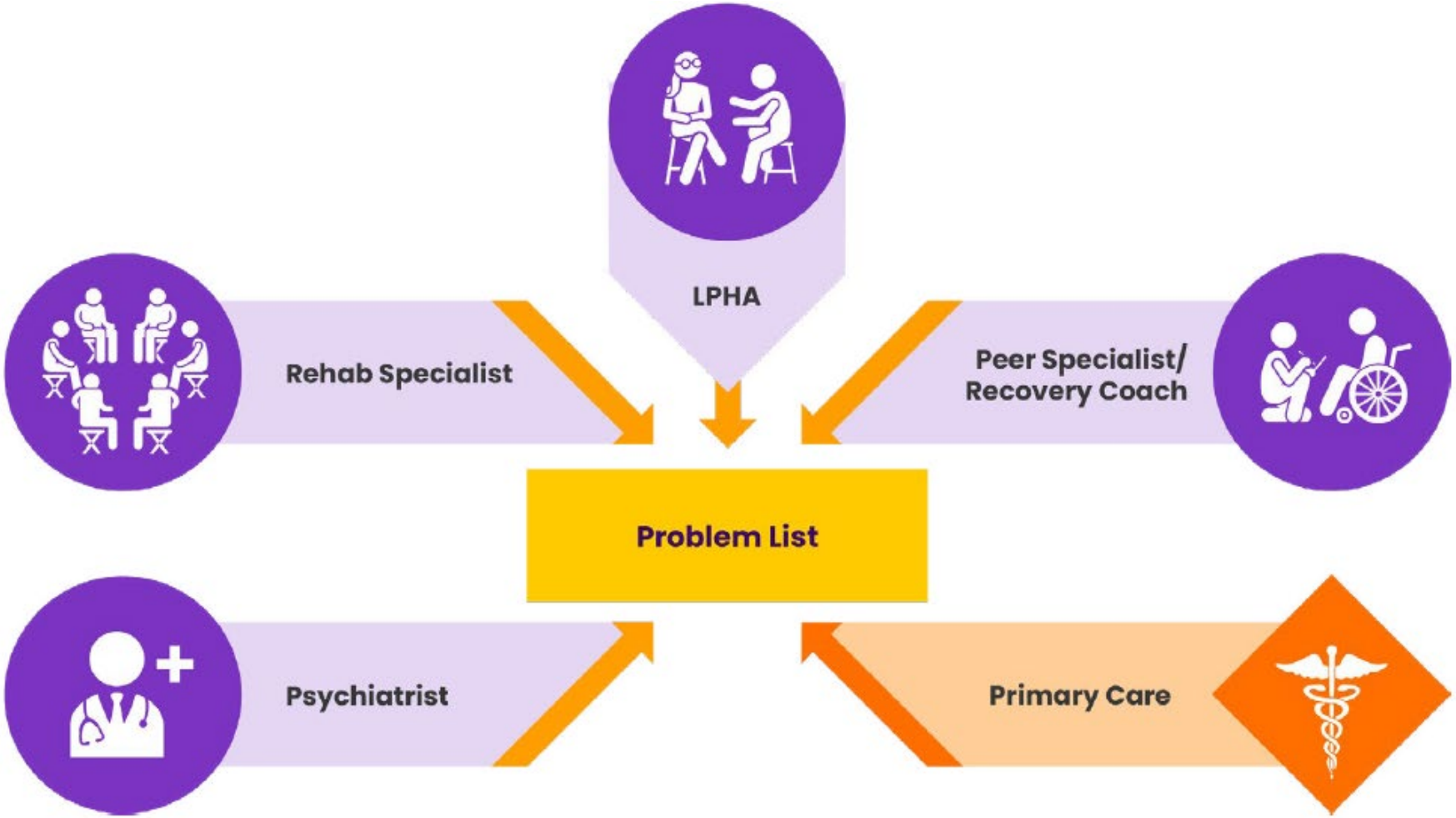
A problem list is common tool in physical healthcare, it functions as a one stop shop to capture the needs of the people we serve.

A problem list contains:

- Behavioral Health diagnoses （DSM/ICD10 Diagnosis）
- Physical Health conditions（ICD10/SNOMED Codes）
- Social Determines of Health Needs like homelessness

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

PROBLEM LIST



DEEP DIVE

Exploring CalAIM Myths

DEEP DIVE

MEDICAL NECESSITY

WHAT YOU'VE HEARD:

"Now that the criteria to access SMHS are less restrictive, we are going to have to serve EVERYONE who requests services"

REAL DEAL

Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary's presenting condition.

Services rendered in good faith are reimbursable through the assessment period even if assessment concludes with transfer to a different Plan.

Services for symptoms solely due to a medical condition remain the responsibility of the MCP or FFS delivery system.

SMHS are reimbursable for those with medical diagnoses if they also have mental health conditions and meet criteria for SMHS.

BENEFITS

Beneficiaries are able to receive necessary treatment with fewer barriers

Fewer disallowances due to medical necessity concerns

DEEP DIVE - CONTINUED

MEDICAL NECESSITY

WHAT YOU'VE HEARD:

"Since we do not have enough staff to support with assessments, we are going to continue to follow the previous medical necessity criteria"

REAL DEAL

MHPs were expected to implement the criteria for access to SMHS as of January 1, 2022. Counties cannot choose which criteria to follow.

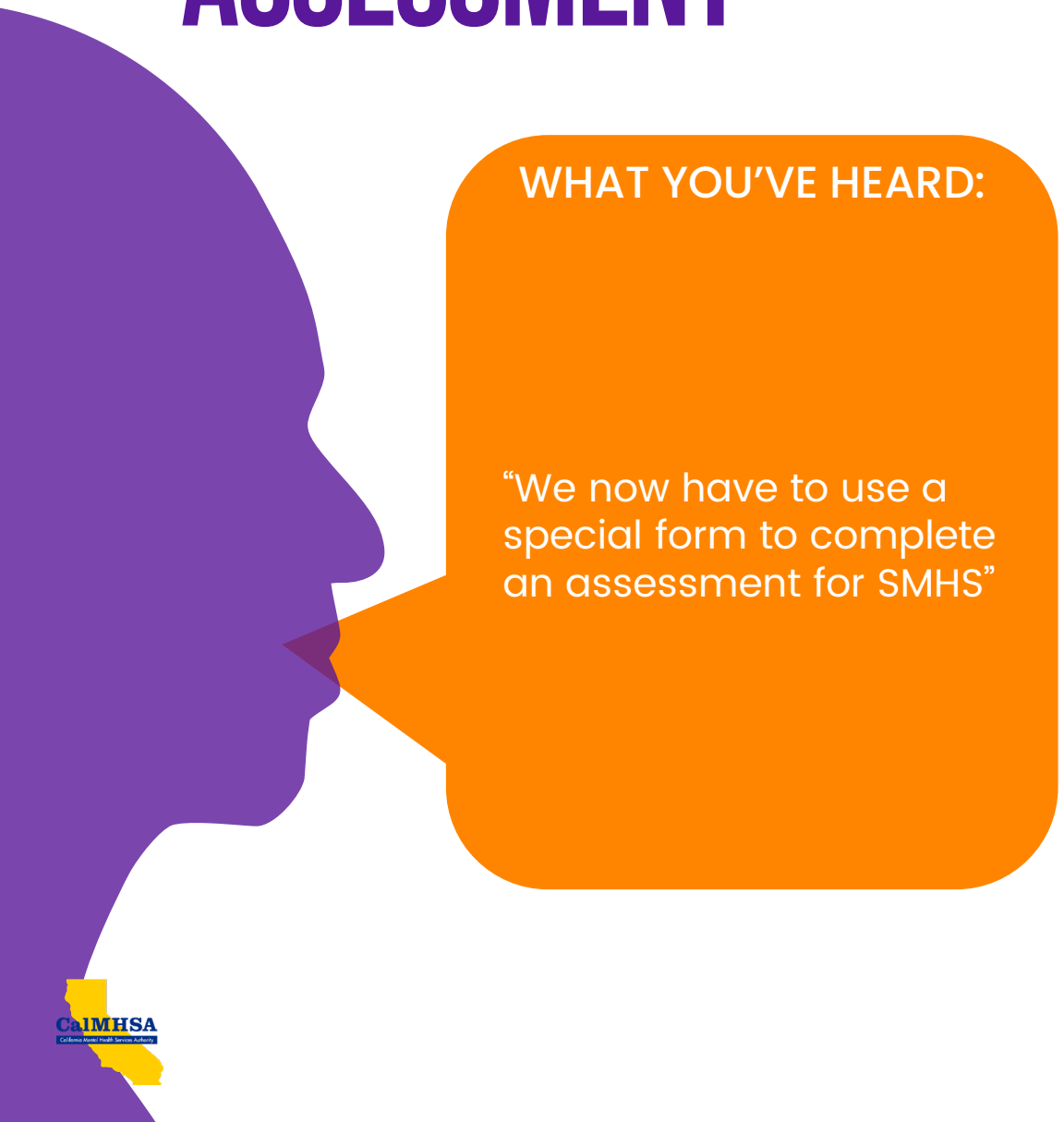
BENEFITS

Beneficiaries are able to receive necessary treatment without barriers.

Fewer disallowances due to medical necessity concerns.

DEEP DIVE

ASSESSMENT



WHAT YOU'VE HEARD:

"We now have to use a special form to complete an assessment for SMHS"

REAL DEAL

A special form is not required-Counties must simply ensure that their assessments include the 7 standardized assessment domains

BENEFITS

Standardized assessment domains ensure consistency of assessments across mental health programs

This will allow for greater interoperability and data sharing with consent.

DEEP DIVE - CONTINUED

ASSESSMENT

WHAT YOU'VE HEARD:

"Children do not need an assessment with the 7 domains–only a CANS"

and/or

"We no longer need to complete a CANS now that we are using the 7 standardized assessment domains"

REAL DEAL

The 7 standardized assessment domains are required for all individuals, both child and adult

The CANS is still required in addition to the 7 standardized assessment domains and can be utilized to inform the assessment

BENEFITS

Completing the 7 standardized assessment domains in addition to the CANS will provide a robust clinical picture of the beneficiary being served while ensuring CANS requirements are still met

DEEP DIVE - CONTINUED

ASSESSMENT

WHAT YOU'VE HEARD:

Mental Health programs will now need to complete the ASAM

and/or

Mental Health assessments still must be completed within 60 calendar days

REAL DEAL

The ASAM is only required of DMC and DMC-ODS

The time period for providers to complete an initial assessment is up to clinical discretion; however, providers shall complete them within a reasonable time and in accordance with generally accepted standards of practice

BENEFITS

Requiring the ASAM of both DMC and DMC-ODS ensures consistency of assessments across SUD programs

Provides greater flexibility to the provider with regard to completing a thorough assessment

Services no longer disallowed if an assessment is not completed within an established timeframe

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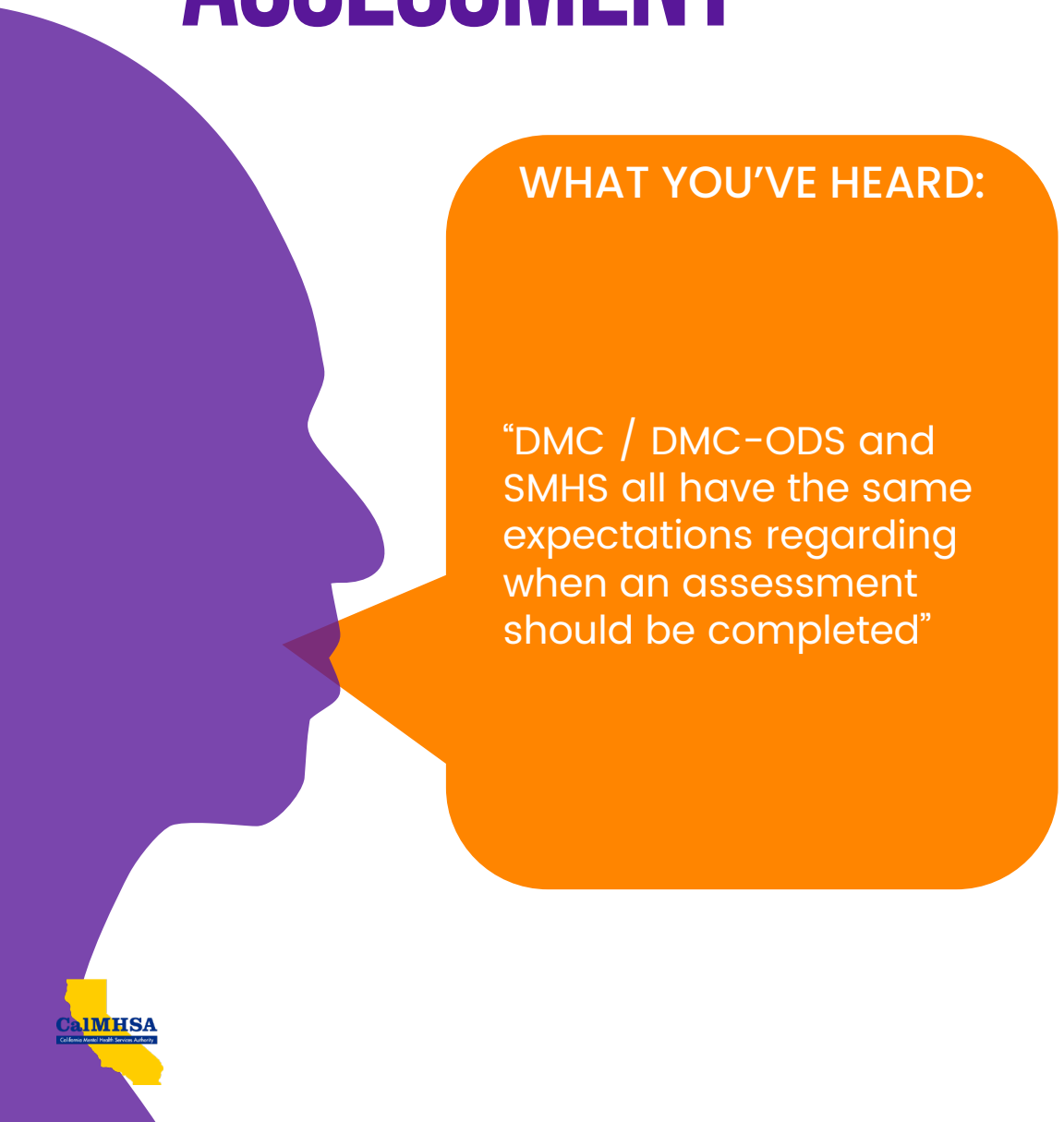
DEEP DIVE - CONTINUED

ASSESSMENT



WHAT YOU'VE HEARD:

"DMC / DMC-ODS and SMHS all have the same expectations regarding when an assessment should be completed"

REAL DEAL

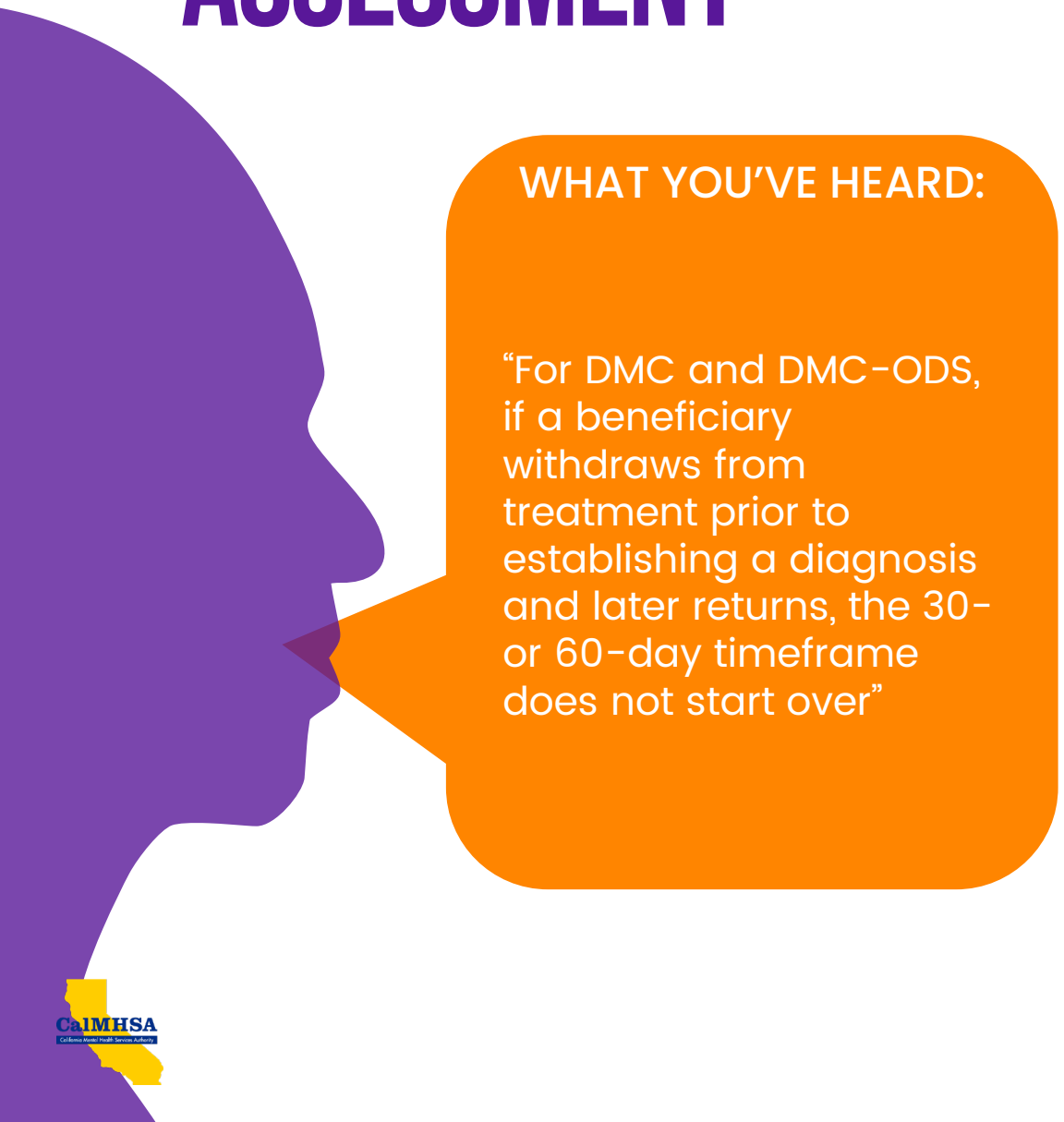
SMHS and DMC/DMC-ODS have slightly different rules. Covered and clinically appropriate DMC and DMC-ODS services (except residential) are Medi-Cal reimbursable for up to 30 days following the first visit with Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor, whether or not a diagnosis is established or up to 60 days if the beneficiary is under 21 or if the provider documents that the beneficiary is experiencing homelessness and more time is needed for an assessment.

BENEFITS

Provides greater flexibility to the provider with regard to completing a thorough assessment

DEEP DIVE - CONTINUED

ASSESSMENT



WHAT YOU'VE HEARD:

"For DMC and DMC-ODS, if a beneficiary withdraws from treatment prior to establishing a diagnosis and later returns, the 30- or 60-day timeframe does not start over"

REAL DEAL

If a beneficiary withdraws from treatment prior to establishing a diagnosis, and later returns, the 30- or 60-days time period DOES start over.

BENEFITS

Provides greater flexibility to the provider with regard to completing a thorough assessment

Removes provider confusion about what to do if a beneficiary returns to treatment

DEEP DIVE

NO WRONG DOOR

WHAT YOU'VE HEARD:

"Now contract providers can have clients enter care through their door vs. the county"

and/or

"Beneficiaries with established relationships with a FFS or MCP have to end services if they are going to receive SMHS from a MHP provider"

REAL DEAL

This depends on individual county contracts and whether or not the MHP allows contract providers to conduct initial assessments

Beneficiaries with an established relationships with a FFS or MCP provider may continue receiving NSMHS from the FFS or MCP provider (billed to FFS or the MCP), even if they are also receiving SMHS from the MHP–as long as the services are coordinated and non duplicative. The same goes for established relationships with the MHP.

BENEFITS

Managing this via the county contracts process allows counties to individualize this process.

Beneficiaries do not have to terminate established, therapeutic relationships with providers.

Decreased treatment disruptions

DEEP DIVE

CO-OCCURRING TREATMENT

WHAT YOU'VE HEARD:

"MH providers now have to treat substance use disorders and SUD providers now have to treat MH disorders"

REAL DEAL

Providers are not being required to work out of their scope. There is now greater flexibility; however, for assistance to be provided to a beneficiary while the provider works to connect the beneficiary to either MH or SUD services for more in depth support/treatment

BENEFITS

Greater flexibility for treatment providers

Beneficiaries are able to receive immediate support for their presenting concerns while being supported with connecting to the appropriate care

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DEEP DIVE - CONTINUED

CO-OCCURRING TREATMENT

WHAT YOU'VE HEARD:

"If we mention a SUD in our MH documentation, we are at risk to have the service disallowed" (and vice versa)

REAL DEAL

SMHS are covered whether or not the beneficiary has a co-occurring SUD that is mentioned in the clinical documentation or that is part of the beneficiary's treatment.

SUD services are covered by DMC and DMC-ODS whether or not the beneficiary has a co-occurring MH condition

BENEFITS

Services no longer disallowed due to mentioning SUD or MH in documentation

Greater flexibility for treatment providers

Beneficiaries receive more seamless treatment/services

DEEP DIVE

TREATMENT PRIOR TO DIAGNOSIS/DIAGNOSING

WHAT YOU'VE HEARD:

"Clients don't need a diagnosis anymore"

REAL DEAL

A diagnosis needs to be listed on each claim, although it can be Z code or an Unspecified diagnosis

Diagnoses can include those from the ICD-10 Tabular, Z codes and the Social Determinants of Health codes

BENEFITS

Clinicians have more flexibility around diagnosis determination

Wider range of diagnoses available

DEEP DIVE - CONTINUED

TREATMENT PRIOR TO DIAGNOSIS/DIAGNOSING

WHAT YOU'VE HEARD:

"Only licensed staff can provide a diagnosis"

REAL DEAL

ICD-10 codes Z55-Z65 may be used by all providers as appropriate during the assessment period prior to an official diagnosis being determined

BENEFITS

Allows entire treatment team to support with the assessment process and identifying a beneficiary's needs

DEEP DIVE

PROBLEM LIST AND DIAGNOSIS

WHAT YOU'VE HEARD:

"The problem list replaces all treatment plans"

REAL DEAL

While mostly true, some services (TCM, ICC, IHBS, TFC, TBS, NTP, Peer Support Services) still require a treatment plan.

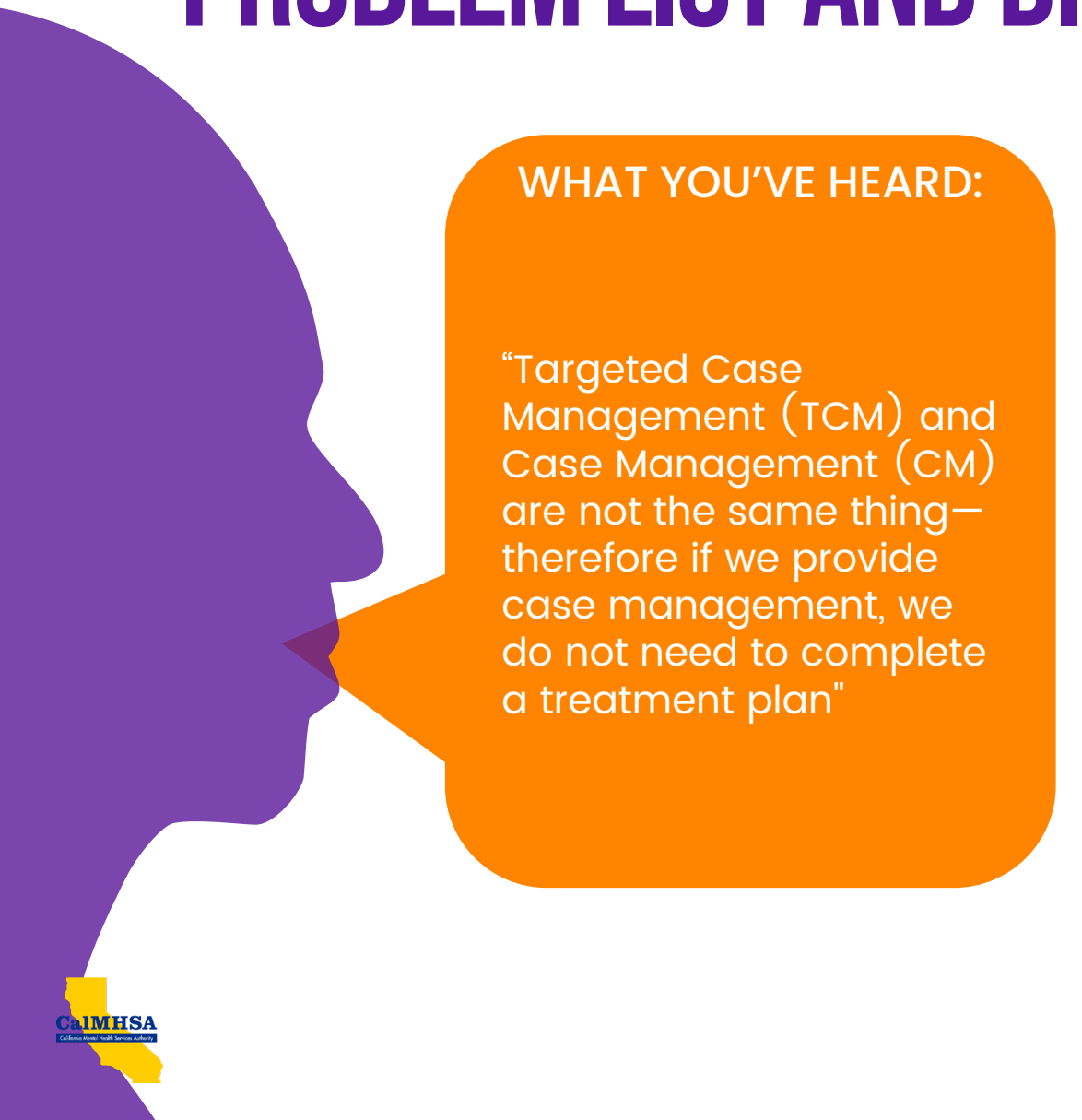
BENEFITS

Many services can be provided without a treatment plan

For TCM, the treatment plan requirements can be addressed within the narrative of a progress note instead of on a separate document

DEEP DIVE

PROBLEM LIST AND DIAGNOSIS



WHAT YOU'VE HEARD:

"Targeted Case Management (TCM) and Case Management (CM) are not the same thing—therefore if we provide case management, we do not need to complete a treatment plan"

REAL DEAL

TCM and CM are the same thing and require a treatment plan; however, the treatment plan can be addressed within the narrative of a progress note instead of on a separate document.

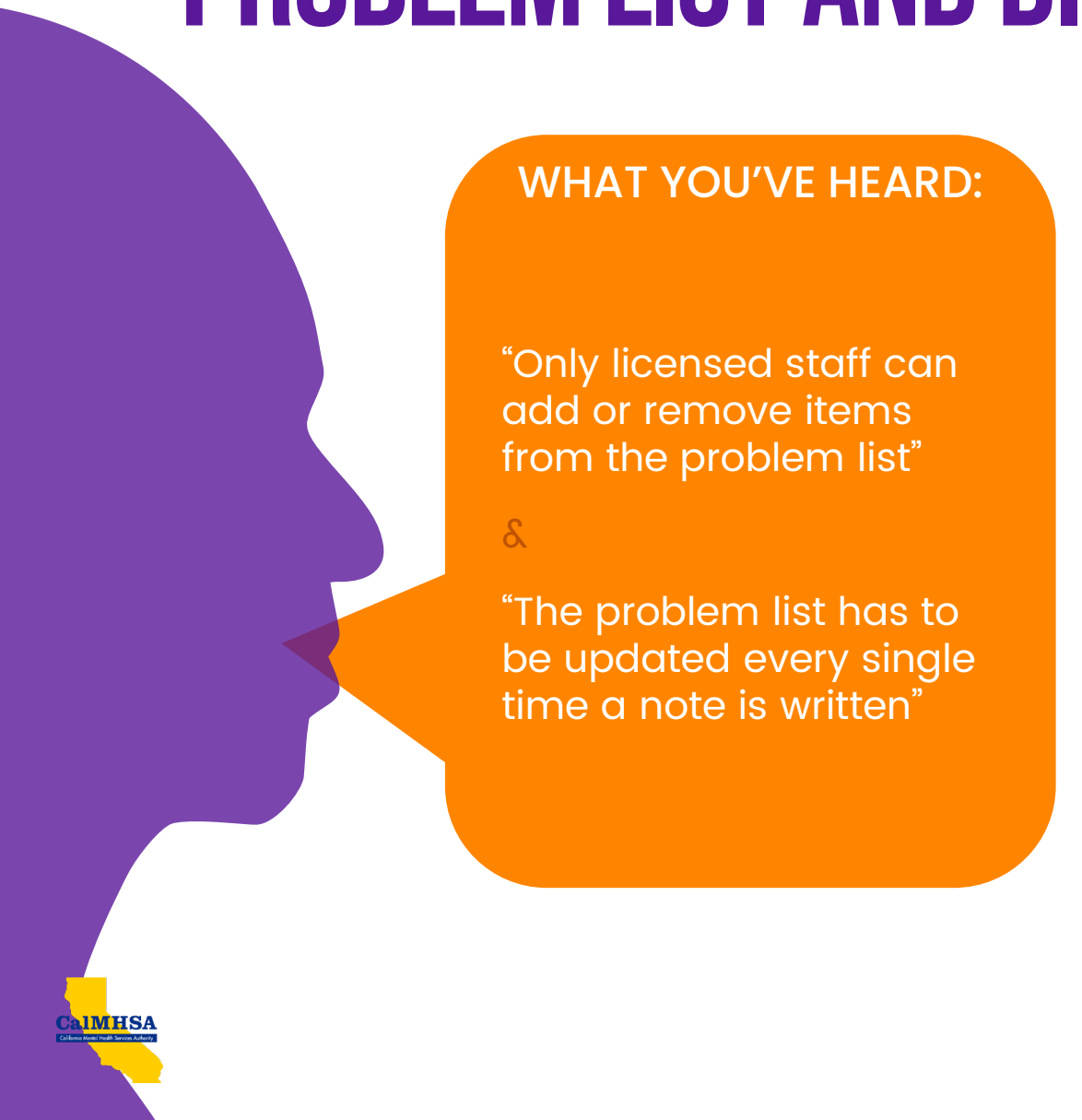
BENEFITS

No longer have to complete a separate treatment plan document

No signature requirements

DEEP DIVE - CONTINUED

PROBLEM LIST AND DIAGNOSIS



WHAT YOU'VE HEARD:

"Only licensed staff can add or remove items from the problem list"

&

"The problem list has to be updated every single time a note is written"

REAL DEAL

Non-licensed staff are able to add to the problem list; however, they must utilize the SDOH Z codes (Z55 to Z65)

Providers shall add to or remove problems from the problem list when there is a relevant change to a beneficiary's condition

BENEFITS

More flexibility around allowing treatment team members to document the needs of the beneficiary

Providers only update when it is clinically indicated vs. having to spend time updating arbitrarily

DEEP DIVE

PROGRESS NOTES

WHAT YOU'VE HEARD:

"Medical necessity must be demonstrated in each note"

and/or

"Notes must be in BIRP (or similar) narrative format"

and/or

"Group facilitators still have to write separate notes"

REAL DEAL

Notes do not need to justify medical necessity for each service

Notes no longer need to follow a specific narrative format

One facilitator can write a note describing all staff interventions in a group

BENEFITS

Notes will be less difficult to write for behavioral health staff

Notes can simply describe interventions and plans in a single streamlined narrative

Less progress note documentation for each group

CHANGE MANAGEMENT


WHO WANTS CHANGE?
WHO WANTS TO CHANGE?

THE POSITIVE RESULTS OF CHANGE

Here are some reasons change can be challenging for all of us:

- The old way is familiar, or it is perceived that there is no need for change (the current way is good enough)
- Loss of control
- A desire for recognition of past successes/efforts
- Worried about job security
- Fear of failure or the unknown
- Overwhelm about the need to learn new content and develop new skills

THE POSITIVE RESULTS OF CHANGE (CONT.)

Benefits of CalAIM Changes:

- Less time spent on documentation
- More time to focus on direct services/client care
- Fewer audit recoupments/disallowances
- Reduced anxiety/less stress
- More focused, streamlined documentation
- Increased alignment across counties

AS SYSTEM LEADERS HERE ARE IDEAS TO KEEP IN MIND WHILE NAVIGATING CHANGE:

- Acknowledge how the change might be impacting everyone
- Ask people what they need
- Communicate often about coming changes (both the good and the challenging)
- Don't be reductionist about the changes – these changes are a big deal
- Be clear and don't focus only on the "sound bite"
- Praise/reward folks for doing things the new way instead of the old way
- Speak to the future (what will be better?)
- Focus on the impact on actual people, not just paperwork
- Use examples – the more concrete and easily relatable, the better
- Solicit feedback and utilize it, whenever possible
- Provide a point of contact/points of contact for questions/concerns

CalMHSA

FEEDBACK? QUESTIONS?

Calaim@calmhsa.org

Thank You!

PLEASE CLICK THE NEW SURVEY MONKEY LINK IN THE CHAT TO COMPLETE OUR POST-TRAINING EVALUATION

THANK YOU!