

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



OUTCOMES THAT MATTER: QUALITY MEASUREMENT

California Mental Health Services Authority (CaIMHSA)

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CALMHSA INTRODUCTIONS

Amie Miller, PsyD
Director

Dawn Kaiser, LCSW, CPHQ
Director of Managed Care Operations

Lucero Robles, MSW, LCSW
Director of Quality Assurance & Compliance

Courtney A. Vallejo, LMFT
Utilization Manager

Amy Leino, PhD
Quality Improvement Specialist

WE ARE HERE

TRANSFORMATION WEBINARS: FOR COUNTY LEADERSHIP & 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	06/29/22

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:**

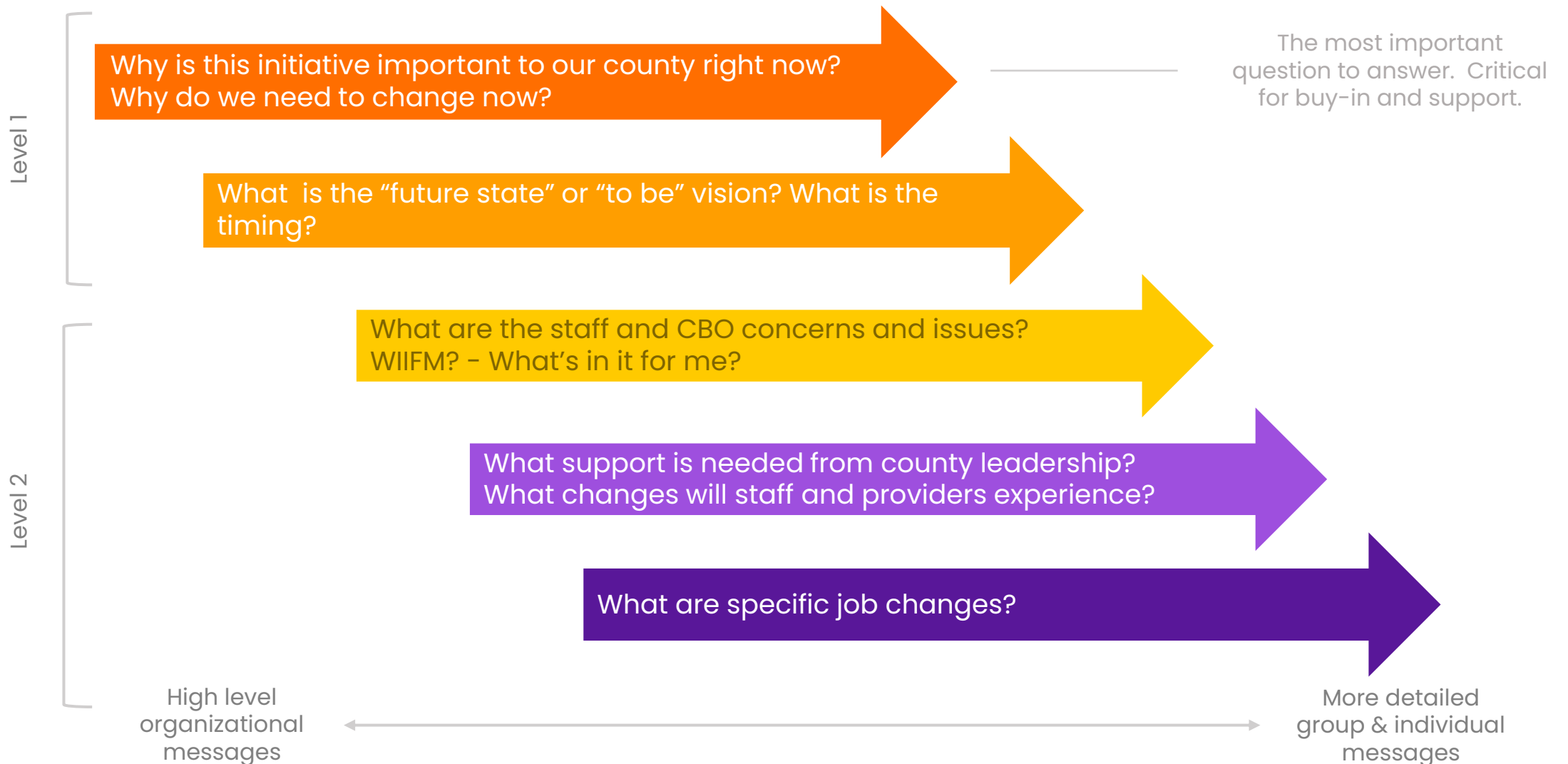
1. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (NCQA)
2. Pharmacotherapy of Opioid Use Disorder (NCQA)
3. Use of Pharmacotherapy for Opioid Use Disorder (CMS)
4. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (NQF)

CHANGE MANAGEMENT

Communicating Change



MESSAGE CASCADE FOR CALAIM DOCUMENTATION CHANGES



WHEN IS EVERYTHING HAPPENING?

Policy Changes:	
Revised Access Criteria for SMHS	January 2022
ASAM Criteria for DMC State Plan Counties	January 2022
Changes to DMC-ODS requirements	January 2022
No Wrong Door	July 2022
Documentation Redesign	July 2022
Payment Reform	July 2023
Improved Data Exchange	July 2023

HOW DO WE BREAK IT ALL DOWN?

Key Changes: Simplified Explanations

What Has Changed?	What do service providers need to know?
<p data-bbox="180 696 588 739">“Access to SMHS”</p> <p data-bbox="180 753 1047 968">The guidelines that dictate whether a person can access specialty mental health services (SMHS) have been revised</p>	<ul data-bbox="1090 496 2305 1168" style="list-style-type: none"><li data-bbox="1090 496 2305 604">• “Access criteria for individuals” has been separated from “medical necessity for services”<li data-bbox="1090 668 2305 775">• There is no longer a list of “included diagnoses” to qualify for care<li data-bbox="1090 839 2305 1003">• Access criteria are based on level of distress/impairment, except for ages 0 through 20 which does not require impairment<li data-bbox="1090 1068 2305 1168">• Trauma qualifies individuals who are under age 21 for SMHS

HOW DO WE BREAK IT ALL DOWN? (CONTINUED)

What Has Changed?	What do service providers need to know?
<p>"No Wrong Door" People can easily access services through both the Mental Health Plan (MHP) as well as Managed Care Plan (MCP)</p>	<ul style="list-style-type: none">• 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

HOW DO WE BREAK IT ALL DOWN? (CONTINUED)

What Has Changed?	What do service providers need to know?
<p>Outpatient Services are now reimbursable prior to the determination of a diagnosis</p>	<ul style="list-style-type: none">• 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

HOW DO WE BREAK IT ALL DOWN? (CONTINUED)

What Has Changed?	What do service providers need to know?
<p>"Co-occurring disorders" (mental health and substance use disorders) can be addressed where the client seeks care"</p>	<ul style="list-style-type: none">• 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

HOW DO WE BREAK IT ALL DOWN? (CONTINUED)

What Has Changed?	What do service providers need to know?
<p>Assessment requirements have changed</p>	<ul style="list-style-type: none">• 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

HOW DO WE BREAK IT ALL DOWN? (CONTINUED)

What Has Changed?	What do service providers need to know?
<p>Documentation requirements have become “leaner” to reduce burden and allow staff more time for providing services</p>	<p>Progress note narratives can be simplified to focus on the intervention and planned next steps</p>

HOW DO WE BREAK IT ALL DOWN? (CONTINUED)

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

HOW DO WE BREAK IT ALL DOWN? (CONTINUED)

What Has Changed?	What do service providers need to know?
<p>Treatment Plans: Some outpatient services require no treatment plans, some require “simplified” treatment plans. Other services retain the existing treatment plan requirements</p>	<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">• 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)

REVIEW OF MOST CURRENT CALMHSA OFFERINGS

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 \(calmhsa.org\)](https://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!