CalAIM Made Easy

What is CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by the Department of Health Care Services (DHCS) to transform and strengthen Medi-Cal, offering the people we serve a more equitable, coordinated, and person-centered approach to service delivery. The goal of CalAIM is to maximize the health outcomes and improve the quality of life of Medi-Cal beneficiaries.

Over the next two years, county Behavioral Health Plans are implementing three main categories of changes:

1. Policy and Documentation Redesign
2. Payment Reform
3. Improved Data Exchange

When are These Changes 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

This document is intended to provide a helpful "snapshot" of CalAIM changes. More detailed guidance can be found in the references linked at the end of this document.

What Does It All Mean?

Below you will find a brief table that outlines the CalAIM changes going live before or on 7/1/2022 and how these changes impact your work:

What Has Changed?	What Do You Need to Know?
"Access to SMHS" The guidelines that dictate whether a person can access Specialty Mental Health Services (SMHS) have been revised. The first three points to the right are valid for Drug Medi-Cal and Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS) as well as for SMHS.	• "Access criteria for individuals" has been separated from "medical necessity for services" • There is no longer a list of "included diagnoses" to qualify for care • Access criteria are based on level of distress/impairment, except for ages 0 through 20 which does not require impairment • Trauma qualifies individuals who are under age 21 for SMHS
"No Wrong Door" People can easily access services through both the Mental Health Plan (MHP) as well as Managed Care Plan (MCP)	• 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
Outpatient services are now reimbursable prior to the determination of a diagnosis	• You can provide the full range of outpatient SMHS and DMC-ODS services (with the exception of NTP/OTP) during the assessment phase of treatment. • ICD-10 "Z codes" and "Unspecified"/Other Specified F codes" can be used

What Has Changed?	What Do You Need to Know?
"Co-occurring disorders" (mental health and substance use disorders) can be addressed where the client seeks care	• 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
Updated Assessment Requirements	• Specialty Mental Health Assessments now contain seven 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
Documentation requirements have become "leaner" to reduce burden and allow staff more time for providing services	• Progress note narratives can be simplified to focus on the intervention and planned next steps.

What Has Changed?	What Do You Need to Know?

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	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

Treatment Plans: Some outpatient services require no treatment plans, some require "simplified" treatment plans. Other services retain the existing treatment plan requirements	• Many 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:
	  ○ 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)

Where Can I Go to Learn More?

- DHCS CalAIM Webpage
- DHCS Behavioral Health CalAIM Webpage
- California Mental Health Services Authority | CalAIM Support for Counties (calmhsa.org)
- California Mental Health Services Authority | Documentation Manuals and Training (calmhsa.org)