



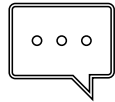
Behavioral Health Quality Improvement Program: CaAIM

Informational webinar for counties
January 21, 2022

Housekeeping



Participants are in listen only mode.



Please submit questions via the Q&A function at any time throughout the webinar. The chat feature is disabled.



Or use the “raise hand” feature to be unmuted and ask a question during the Q&A section of the agenda.

The background of the slide is a purple-tinted image featuring a stethoscope on the right side and a line graph on the left. The line graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The title 'Welcome and Introductions' is centered in white text over the graph area.

Welcome and Introductions

Objectives

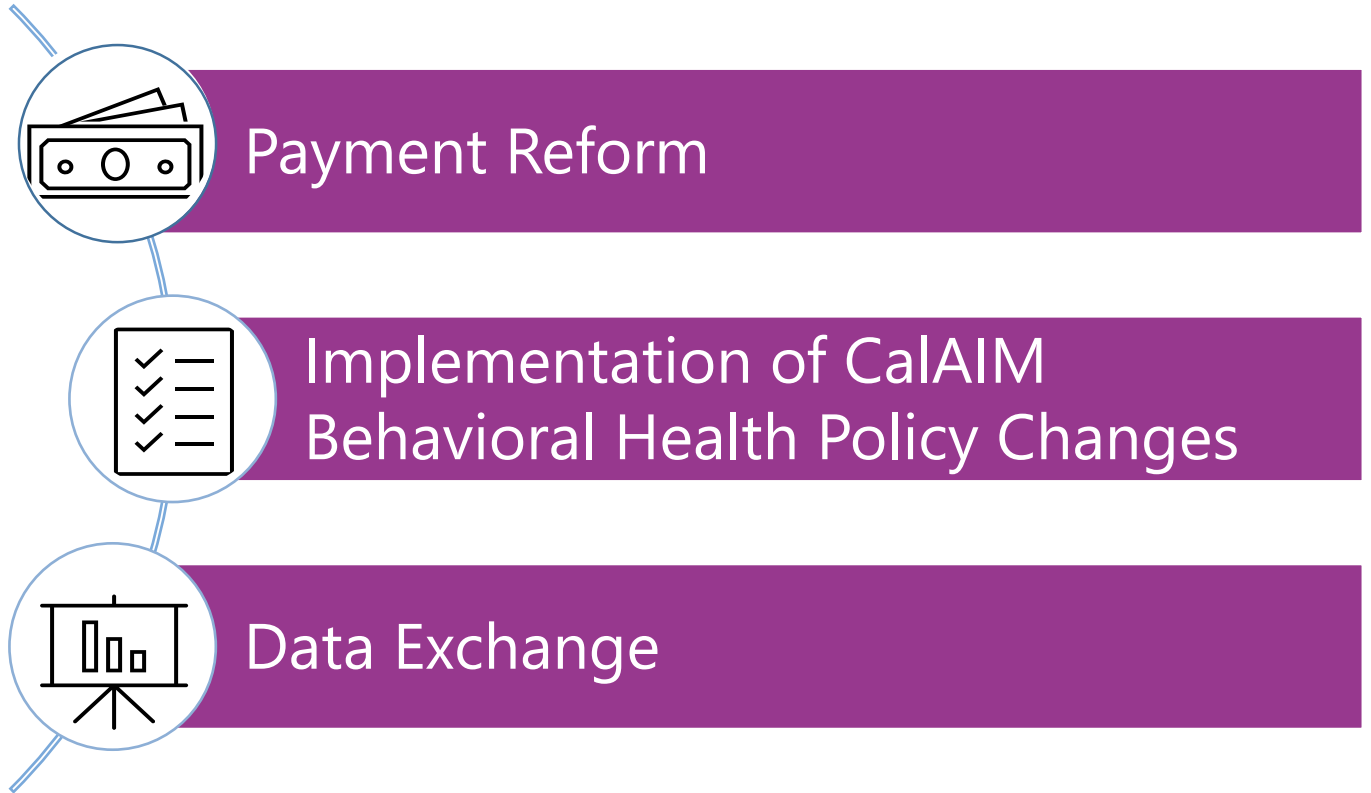
- » Provide an overview of [the CalAIM BHQIP Program Implementation Plan and Instructions for County Behavioral Health Plans.](#)
- » Address questions and provide clarification, as needed, to support counties in successfully submitting their Implementation Plans by the submission deadline of **February 15, 2022.**

Agenda

- » BHQIP Vision & Goals
- » Overview of the County Implementation Plan
- » Milestones
- » Funding & Reporting Requirements
- » Answers to Questions Submitted in Advance
- » Q&A

Program Goals

CaAIM BHQIP is an incentive payment program to support county behavioral health plans as they prepare for changes in CaAIM and other administration priorities.



Implementation Plan (IP) Overview

- » For each goal, DHCS has defined milestones that every participating entity is intended to reach by July 2023.
- » Entities earn funding by completing deliverables related to each milestone.
 - » Deliverables required for all participating entities are outlined in the IP.
 - » Some deliverables to be defined by the entity.
 - » Entity can request modifications to self-defined deliverables by submitting requests to DHCS at least five months prior to the start of the reporting period in question.

Deliverables Submission

- » If the milestone has required deliverable(s) listed for the reporting period, entity does not need to add further deliverables.
 - » Entity may propose additional deliverables, but the number of deliverables does not change total funding available.
- » If the IP asks the entity to provide its own deliverable, please add at least one deliverable.
 - » Entity may propose more than one deliverable, but the number of deliverables does not change total funding available.

Example: Milestone 1a

Due Date	<u>Required</u> Deliverables (as developed by DHCS)	Deliverables Developed by Entity	Action Steps
9/30/22	Participating entity <u>to provide own deliverable</u> Example: Contract amendments completed with vendor(s); implementation plan complete.	Required: At least one deliverable	Required
3/1/22	Required: Submit boilerplate contracts for subcontracted providers that reflect the new code set and claiming requirements. Required: Submit CPT code training plan, including information on availability of training for subcontracted providers and county staff.	Optional	Required

Action Steps

- » IP also asks entities to describe the action steps it will take to achieve each deliverable.
 - » Action steps will be submitted and approved by DHCS as part of the IP, however, subsequent reports (after the IP is approved) will only require entities to report on the achievement of deliverables (not action steps).

Implementation Plan Evaluation

- » Each IP will be evaluated and approved on a Pass/No Pass basis.
- » If a response to an IP section is insufficient, the applicant will have an opportunity to revise the response(s) per DHCS's feedback.
 - » Applicants will have two weeks to complete the revisions and the payment date will be delayed accordingly.

Goal 1: Payment Reform

- » Payment reform will transition counties from cost-based reimbursement funded via Certified Public Expenditures (CPEs) to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs.
- » Also, as part of payment reform, specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible.

Goal 1: Payment Reform

Milestones:

- a. Implement new Current Procedural Technology/Healthcare Common Procedure Coding System (CPT/HCPCS) procedure codes, modifiers, place of service codes, and taxonomy codes.
- b. Update county claiming systems to successfully submit 837 transactions to the Short-Doyle Medi-Cal claiming system.
- c. Implement new Intergovernmental Transfer (IGT) agreement protocol.

Payment Reform Guidance

DHCS guidance is forthcoming.

- » Updated Billing Manuals and other coding guidance.

- » Expected February 2022.

- » CPE to IGT transition Information Notice.

- » Expected December 2022.

For questions related to payment reform please email: bhpaymentreform@dhcs.ca.gov

Goal 2: CalAIM Behavioral Health Policy Changes

Milestones:

- a. Implement standardized screening tools in compliance with DHCS guidance.
- b. Implement standardized transition of care tools in compliance with DHCS guidance.
- c. **For DMC Only:** Assist providers to implement ASAM Criteria to determine level of care in compliance with DHCS guidance.
- d. Implement revised documentation standards, including but not limited to, assessment domains, problem lists, progress notes, and applicable timeliness standards.
- e. Provide guidance and training to county-operated and county-contracted providers on all new behavioral health policies, as outlined by DHCS in Behavioral Health Information Notices.

Goal 2: County Policies

- » Deliverables under Goal 2 include submitting policies to DHCS County Liaisons for review and approval.
 - » Deadline for incentive distribution was named as September 30, 2022 to allow all deliverables to have one submission deadline.
 - » However, for CalAIM policies that went “live” January 1, 2022, as part of contract compliance, DHCS expects counties to submit policies and procedures by April 1, 2022.
 - » Final deadline to submit policies and procedures that go “live” July 1 is September 30, 2022.

Goal 2: Information Notices

Policy	Guidance
Criteria for Access to Specialty Mental Health Services (SMHS)	<u>BHIN 21-073</u>
DMC-ODS System 2022-2026	<u>BHIN 21-075</u>
Drug Medi-Cal ASAM Level of Care Determination	<u>BHIN 21-071</u>
Documentation Redesign for Substance Use Disorder & SMHS	Released for stakeholder comment Jan 14 — Jan 28, 2022
No Wrong Door	Released for stakeholder comment Jan 14, 2022
Co-Occurring Treatment	Included in the No Wrong Door BHIN
Standardized Screening & Transition Tools	Forthcoming

Goal 3: Data Exchange

Purpose: Promote bi-directional data exchange between county behavioral health and Medi-Cal managed care plans (MCPs) in order to improve health outcomes and health equity through enhanced care coordination.

» Goals:

- » Meet CMS-mandated interoperability standards.
- » Support implementation of MCP Enhanced Care Management/Community Supports.
- » Improve performance on Core Set measures.

Goal 3: Data Exchange (cont.)

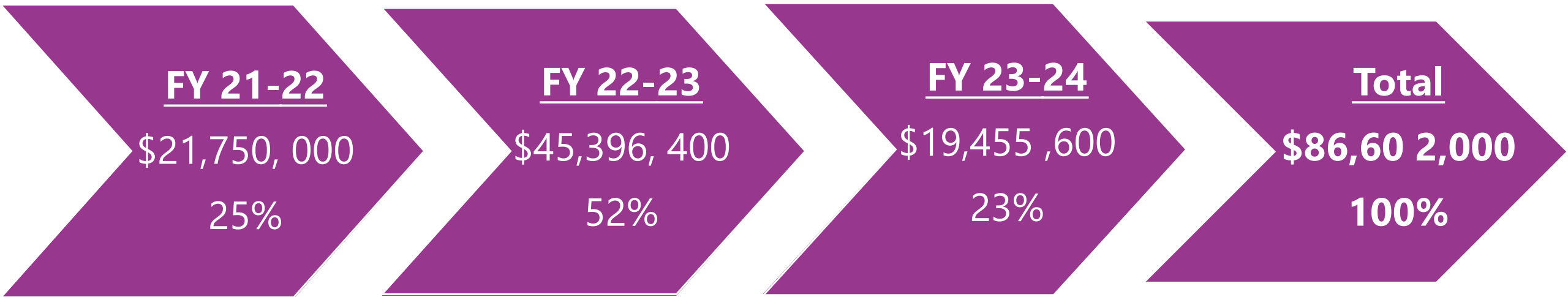
Milestones

- a. Demonstrate improved data exchange capabilities.
 - Option 1: Demonstrate direct sharing of data with MCP.
 - Option 2: Demonstrate onboarding to a Health Information Exchange.
- b. Demonstrate an active Fast Healthcare Interoperability Resources (FHIR) application programming interface (API) that will allow the MHP, DMC, and DMC-ODS to be compliant with CMS-mandated interoperability rules.
- c. Demonstrate that the MHP, DMC, and DMC-ODS have mapped data elements to the United States Core Data for Interoperability (USCDI) standard set.
- d. Leverage improved data exchange capabilities to improve quality and coordination of care.

CaAIM BHQIP Funds

The statewide BHQIP funds for each budget year are as follows.

Refer to [BHIN 21-074](#) Enclosure 1 for allocations by county.



Payment Schedule

<p>FY 2021-22</p>	<ul style="list-style-type: none"> • Start-up funds payment (\$250,000 per county). <ul style="list-style-type: none"> • Distributed upon county submission of start-up claims form. • If entity does not submit the claiming form by January 31, 2022, DHCS will not issue any startup funds to that entity, and the funds will be added to the BHQIP pool for distribution in FY 2021-22. • Payment for successful submission and approval of Implementation Plan.
<p>FY 2022-23</p>	<ul style="list-style-type: none"> • Incentive payment 1. • Incentive payment 2.
<p>FY 2023-24</p>	<ul style="list-style-type: none"> • Final incentive payment. • Potential 4th incentive payment—opportunity to update final report (if needed). <ul style="list-style-type: none"> • Any unearned incentives will be distributed to counties achieving all milestones and deliverables on time.

Payment Timeline

*Payments to entity contingent upon timely submissions and DHCS approval

FY 2021-22	Start-up funds payment	Available now
	Approved Implementation Plan	No later than June 30, 2022
FY 2022-23	Incentive payment 1	No later than December 31, 2022
	Incentive payment 2	No later than June 30, 2023
FY 2023-24	Final incentive payment	No later than December 31, 2023
	Potential 4 th incentive payment— opportunity to update final report (if needed)	No later than June 30, 2024

Reporting on Deliverables

Content	<ul style="list-style-type: none">• Each participating entity is required to report achievement of milestones and to submit associated deliverables, in accordance with its approved IP.• DHCS will release reporting templates with specifications in a future Information Notice in early 2022.
Due Dates	<ul style="list-style-type: none">• <u>Reporting Deadlines are as follows:</u><ul style="list-style-type: none">• Incentive payment 1: Report due September 30, 2022• Incentive payment 2: Report due March 1, 2023• Final incentive payment: Report due September 30, 2023• Opportunity to update final report (if needed): due March 1, 2024

Funds Available: September Reports

For the September 2022 and 2023 reports:

- » 100% of funds are available if all deliverables for this period in the IP are submitted on time and approved by DHCS.
- » If deliverables are not approved, entity will receive a percentage of funds commensurate with the percentage of approved deliverables.
- » If September report is not submitted on time, allocation is as follows:
 - » 95% funds available if all deliverables are reported to DHCS within October—December.
 - » 90% of funds available if all September deliverables are completed and approved by the end of February.
 - » DHCS will not accept any September deliverables received after February.
- » March deliverables can be submitted early with September reports in the same fiscal year and would be payable early.

Funds Available: March Reports

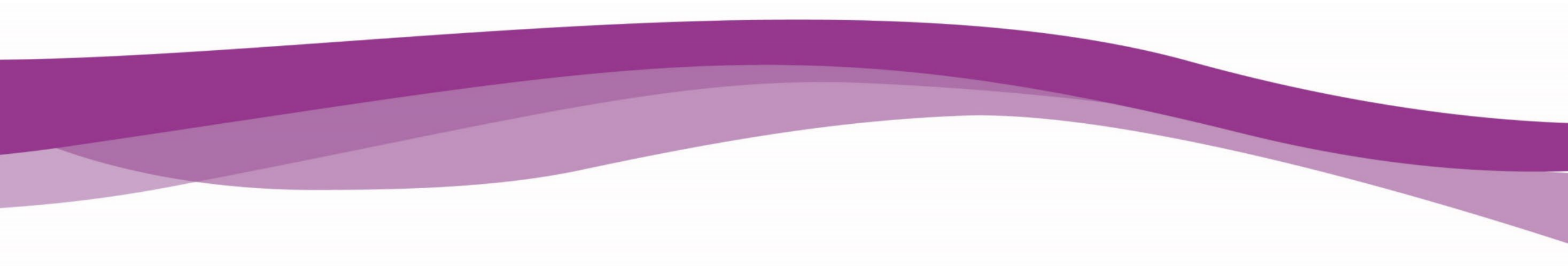
For the March reporting periods:

- » 100% of funds allocated per participating entity for this period will be available if all deliverables for this period in the IP are submitted and approved.
- » Funds do not carry over into the subsequent fiscal year, so funds are forfeited for any deliverables that are submitted after March 1st of each fiscal year.

Final Disbursement of the FY

- » Final disbursement for the fiscal year will include the approved September “wrap up” deliverables submitted from January through February (as applicable) and the percent of total March deliverables submitted and approved.
- » Funds not distributed will be re-allocated to counties that achieved all deliverables on time.

Q&A



» **When will the agreement covering all services delivered under CalAIM be made available for review and incorporation into our boilerplate agreements?**

» The Department's goal is to have all new contracts (including updated CalAIM language) with an effective start date of July 1, 2022. Contracts should be released to counties 2-3 months before that date for their review.

» **Does Milestone 2b pertain to mental health only, or also to DMC-ODS?**

- » The standardized screening tool will be used by mental health plans to determine where services are needed – counties or managed care plans.
- » The standardized transition tool will be used by managed care plans and mental health plans to transition a beneficiary between the two systems.

» **Does the following deliverable for Milestone 2d on page 21 of Enclosure 2 pertain to the current Contract Monitoring process, the Cost Settlement process or both?**

Due March 2023:

Updated audit, oversight and recoupment policies, procedures and protocols to comply with new specialty mental health services criteria, assessment domains, documentation standards and other CalAIM behavioral health policies, aligned with new DHCS auditing and recoupment standards.

» The deliverable applies to counties' oversight of providers. DHCS wants to see county policies, procedures and protocols related to all new behavioral health policies, including county audits and county recoupment, align with CalAIM.

» **Is there a minimum or maximum regarding the distribution of funds a Behavioral Health Plan (BHP) can make between mental health and DMC-ODS services?**

- » No minimum or maximum – it is up to the county to distribute the funds between mental health and DMC-ODS or DMC.
- » DHCS is only going to issue one check per BHP, unless the county requests two separate checks for SMHS and DMC-ODS and tells DHCS at the time of the report submission how the funds are to be allocated.

» **Regarding payment for Implementation Plan (IP) approval: Does the DHCS form 8760 need to be submitted prior to or after the IP has been submitted by the county and approved by DHCS?**

» The county may submit the BHQIP claim form 8760 at any time, including with the IP, but not later than March 31st, 2022.

» DHCS will issue payments for approved IPs by the end of June 2022.

Goal 3 Questions

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» **Can we identify other methods for “Demonstrating Improved Data Exchange Capabilities”?**

- » The Milestones and Required Deliverables as outlined in the Implementation Plan cannot be substituted.
- » Goal 3 has two places where counties determine their own deliverable:
 - » 9/30/22 deliverable for Milestone 3b, and
 - » 3/1/23 deliverable for Milestone 3c.

» **If our county chooses to establish interoperability with our MCP, how can we meet the 3 metrics outlined in Milestone 3d?**

- » While data exchange with HIEs can be more immediate when the county has access to, for example, an Admission, Discharge, and Transfer (ADT) feed, BHQIP aims to incentivize similar data exchange with MCPs even if the information has more of a lag.
- » Establishing data exchange with either an HIE or MCPs may present its own unique challenges. However, the aim for this Milestone is to improve such data exchange capabilities no matter the partner in order to improve quality and coordination of care.

» **Could the implementation of a Client Portal be considered a complete solution to the Goal #3 (Data Exchange) section of the BHQIP?**

- » If the Client Portal includes the FHIR API and the use of the USCDI, then the documentation as described in the milestones that is associated with the Client Portal could be submitted. However, Client Portals are not inherently compliant with the requirements of the milestones and the documentation in the milestones needs to be submitted as stated.

- » **Is other funding to be provided in support of applications purchased to meet the objectives in the Data Exchange section of the BHQIP?**
- » DHCS is committed to meeting its Proposition 30 responsibilities and acknowledges that CalAIM BHQIP payments outlined in this document may not fully meet the costs incurred for implementing these initiatives. DHCS will issue further guidance at a later date related to claiming for these additional costs.

- » **Regarding Milestone 3d, when will the templates provided by DHCS be available? Will it be in advance of the IP due date?**
- » DHCS is working to provide these templates as soon as possible. We hope to have these available prior to the February 15th Implementation Plan due date.

- » **Regarding Milestone 3d, are all the dates correct? Is the baseline data actually for this fiscal year with the reporting year being next FY? It makes sense but may mean additional collection of retro data to be able to compile data from prior to interoperability being established on these data points. It depends on the MCPs willingness to provide this to us.**
 - » Yes, the dates are correct.
 - » The aim of Goal 3 is, in part, to incentivize data exchange between the county and its MCP (or HIE) partners. DHCS is working on guidance to provide to MCPs related to CalAIM data sharing that will apply to this milestone.

- » **What is being done to address the existing data sharing restrictions pertaining to sharing client health data with other entities such as HIEs and MCPs? What about the Federal CFR 42 restrictions?**
- » DHCS has been working on guidance documents in the context of CalAIM. The following resources are on the DHCS website:
 - » CalAIM Data Sharing Authorization Guidance - <https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance-For-Public-Comment-December-2021.pdf>
 - » CalAIM Enhanced Care Management and Community Supports Repository of Data Sharing Authorization Forms and Agreements: <https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Repository-of-Data-Sharing-Forms-and-Agreements-Nov-2021.pdf>
- » While these resources are linked to the “Enhanced Care Management, Community Supports, and Incentive Payments” landing page, the resources are intended to support the full breadth of CalAIM and DHCS initiatives that require data sharing

» **Answer continued from previous slide**

- » Federal partners understand the challenges of data sharing in the context of the requirements of 42 CFR Part 2. Changes have been and are being made:
 - » Regulations were updated in 2020. A summary of what did and didn't change can be found here:
 - » Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule
<https://www.samhsa.gov/newsroom/press-announcements/202007131330>
- » Proposed Modifications to the HIPAA Privacy Rule To Support, and Remove Barriers to, Coordinated Care and Individual Engagement is expected to further address these challenges.
 - » Proposed 1/21/2021 - Final rule pending.
 - » Fact Sheet:
<https://www.hhs.gov/sites/default/files/hipaa-nprm-factsheet.pdf>
- » Additional regulatory changes conforming to the CARES Act (Pub. L. 116-136) are expected.

» **Can DHCS confirm that for Milestone 3a the County only needs to complete sections for one of the options?**

» Yes.

» **For Option 2: *Demonstrate onboarding to a Health Information Exchange*; Can DHCS define Health Information Exchange (HIE) more specifically?**

» More information about the CalDURSA and CTEN can be found here:
» <https://www.ca-hie.org/initiatives/cten/caldursa/>

» **Regarding Milestone 3b—can DHCS clarify how the CMS-mandated interoperability requirements referenced in this milestone differ from the USCDI v2 interoperability requirements for Milestone 3c? USCDI v2 is based on FHIR.**

- » USCDI is the standard or vocabulary for clinical data. USCDI outlines the data provided, and how it is provided. FHIR is the vehicle that carries the data to the endpoint such as a 3rd party application or other API.
- » The milestones as noted in 3b and 3c are components that will assist the county in becoming compliant with the CMS Interoperability and Patient Access Rule.

Q&A

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Please submit questions via the Q&A box
OR

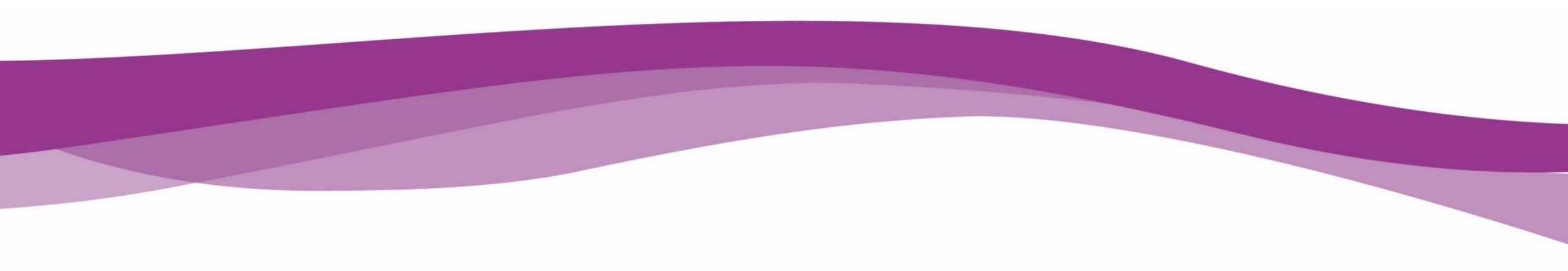
Use the "raise hand" feature to be unmuted and ask a question

Appendix

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Example BHQIP Payment Disbursement Scenarios

September 2022 Deliverables



Timely/Complete Scenario

- » County “Wonder Woman” has a BHQIP allocation of \$171,094 and a commitment to a 7 deliverables report. Each deliverable has a value of \$24,442.
- » Wonder Woman submits their report by September 30th, 2022, with all 7 deliverables completed and after DHCS review, all 7 are approved; Wonder Woman receives \$171,094 (7 out of 7 deliverables).

Timely/Incomplete or Inaccurate Scenario

- » County “Ninja Turtles” has a BHQIP allocation of \$100,000 and a commitment to a 5 deliverables report. Each deliverable has a value of \$20,000.
- » The Ninja Turtles submit their report by September 30th, 2022, with all 5 deliverables completed and after DHCS review, only 3 are approved; They receive \$60,000 (3 out of 5 deliverables). The county now has up to \$40,000 BHQIP allocation that can still be earned.
- » The Ninja Turtles submit 1 of the 2 outstanding deliverables by December 31, 2022, and it is approved by DHCS; They receive \$20,000 (1 out of the 2 remaining deliverables). County now has up to \$20,000 BHQIP allocation that can still be earned.
- » If the Ninja Turtles work to complete the final outstanding deliverable by the end of February 2023 and it is approved by DHCS, they receive the final disbursement of \$20,000 for the full total of \$100,000 BHQIP allocation.

Untimely/Complete Scenario

- » County “Workday Warriors” is eligible to receive \$100,000 for the report due September 30th, 2022. Although the report is complete and contains all deliverables as outlined in their Implementation Plan, the county submits the plan two weeks late, on October 14th, 2022.
- » Because the county submitted the report within three months of the original due date (October through December 2022), the county is eligible to receive 95% of the funding, which equals to \$95,000.
- » Workday Warriors will receive the funding 90 days after report submission.

Untimely/Complete Scenario

- » County “Troubleshooters” is also eligible to receive \$100,000 for the report due September 30th, 2022.
- » Troubleshooters’ report is complete, but the county submitted the report on January 31st, 2023, four months after the expected due date of September 30th, 2022.
- » Troubleshooters will receive 90% of the allotment, which equals \$90,000, but the funds are held until final disbursement for the fiscal year (no later than June 30th, 2023).

Untimely/Complete Scenario

- » County “Boss Mode” meets the same criteria as “Workday Warriors” and “Troubleshooters” but submits the report after March 1, 2023.
- » Boss Mode will not receive any funding for this reporting period and the funds will be re-allocated to counties that achieved all deliverables on time.

Untimely/Incomplete or Inaccurate Scenario

- » County "Avengers" is eligible to receive \$100,000 for the report due September 30th, 2022.
- » The Avengers work tirelessly and had a few brawls submitting only five of the ten required deliverables. The report was also submitted late on December 1st, 2022.
- » Based on submission date, the county could be eligible to receive 95% of the funding. However, with only five completed deliverables, the county will only receive 50% of \$95,000, resulting in \$47,500. Funds will be disbursed to the county in 90 days.

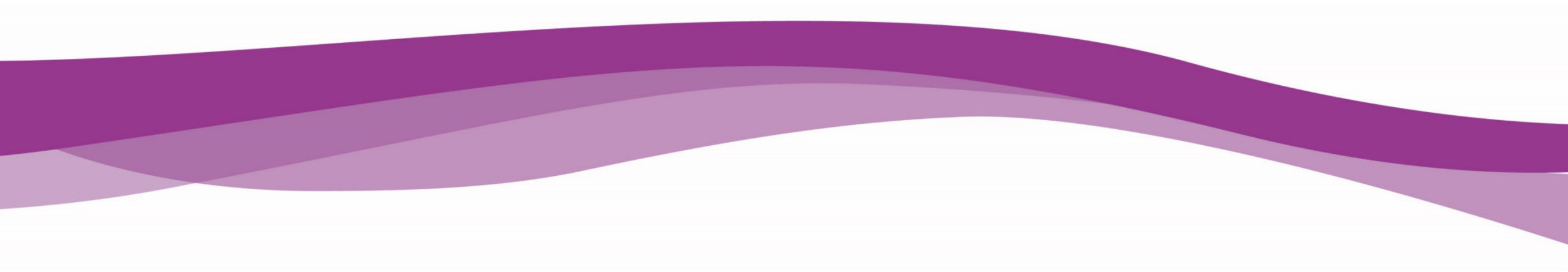
Untimely/Incomplete or Inaccurate Scenario

- » County “Justice League” fought hard but only submitted five of the ten required deliverables in their Implementation Plan. Afterwards, the Justice League went on a much-needed vacation and missed the deadline. The report was sent in on January 1st, 2023.
- » Based on submission date, Justice League could be eligible to receive 90% of the funding. However, with only five completed deliverables, they will receive 50% of the \$90,000, resulting in \$45,000.
- » Funds will be held until the final disbursement date for the fiscal year, which is June 30th, 2023.

Untimely/Incomplete or Inaccurate Scenario

- » County "The Atomics" had a late start and submitted incomplete deliverables on March 1st, 2023.
- » In this case, The Atomics will not receive any funding for the reporting period and the funds will be re-allocated to counties that achieved all deliverables on time.

March 2023 Deliverables



- » Scenarios for March deliverables are not included because they are due to DHCS firmly on March 1st, 2023. If they are received after March 1st, all funds for the reporting period are forfeited and redistributed to other counties with all deliverables approved on-time.
- » Please note: March deliverables achieved ahead of schedule can be submitted early with September reports in the same fiscal year and would be payable early.