

# California Advancing and Innovating Medi-Cal (CalAIM)



*A general overview from EDC Behavioral Health...*

**Presenters:** **Nicole Ebrahimi-Nuyken, LMFT**  
Director  
EDC Behavioral Health

**Amy Haynes, Psy. D.**  
Deputy Director  
EDC Behavioral Health

1

## Goals of CalAIM

1.

Identify and manage comprehensive needs through whole person care approaches and social drivers of health.



2.

Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.



3.

Make Medi-Cal a more **consistent** and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

2

## CalAIM seeks to transform health care for Californians through:

- Behavioral Health Delivery System Transformation
- Enhanced Care Management (ECM)
- Population Health Management
- Community Supports (also known as “In Lieu of Services”)
- New Dental Benefits
- Services and Supports for Justice-Involved Adults and Youth
- Transition to Statewide Dual Eligible Special Needs Plans and Managed Long-Term Services and Supports.
- Standard Enrollment with Consistent Managed Care Benefits
- Delivery System Transformation

3

## January 2022 CalAIM BH Initiative Updates

- Drug Medi-Cal Organized Delivery System 2022-2026
- Drug Medi-Cal ASAM Level of Care Determination
- Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022
- Criteria for Specialty Mental Health Services

4

## **Behavioral Health Delivery System Transformation**

Services are no longer based on having an included diagnosis. Youth who have a history of trauma, child welfare involvement, and/or are experiencing homelessness may be eligible for specialty mental health services, regardless of their mental health diagnosis when clinically appropriate.

5

## **Criteria for Specialty Mental Health Services**

Individuals 21 years of age or older who meet **both of the following** criteria:

**(1) The beneficiary has one or both of the following:**

- Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
- A reasonable probability of significant deterioration in an important area of life functioning.

**AND**

**(2) The beneficiary's condition as described in paragraph (1) is due to either of the following:**

- A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
- A suspected mental disorder that has not yet been diagnosed.

6

## Criteria for Specialty Mental Health Services

Individuals under age 21 who meet **either of the following criteria, (1) or (2)** below:

**(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:** scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

**OR**

**(2) The beneficiary meets both of the following requirements in a) and b) below:**

**a) The beneficiary has at least one of the following:**

- i. A significant impairment
- ii. A reasonable probability of significant deterioration in an important area of life functioning
- iii. A reasonable probability of not progressing developmentally as appropriate.
- iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

**b) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:**

- i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.
- ii. A suspected mental health disorder that has not yet been diagnosed.
- iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

7

This BHIN **does not change the respective responsibilities** of MHPs, Medi-Cal Managed Care Plans (MCPs) and the Medi-Cal Fee for Service (FFS) delivery systems.

Non-specialty mental health services (NSMHS) are delivered by Medi-Cal FFS providers and MCPs and include the following:

- Mental health evaluation and treatment, including individual, group and family psychotherapy
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for purposes of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies and supplements

8

## Criteria for Beneficiaries to Access Non-Specialty Mental Health Services

**MCPs are required to provide or arrange for the provision of NSMHS for the following populations:**

- Beneficiaries 21 years of age and over with mild to moderate distress or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders;
- Beneficiaries under age 21, to the extent eligible for services through the Medicaid EPSDT benefit as described above, regardless of level of distress or impairment or the presence of a diagnosis;
- Beneficiaries of any age with potential mental health disorders not yet diagnosed.

9

## Upcoming CalAIM Changes to MH, SUD & Drug MediCal DMC

- **Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services** (Go-Live Date: July 2022)
- **Co-Occurring Treatment** (Go-Live Date: July 2022)
- **No Wrong Door** (Go-Live Date: July 2022)
- **Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023** (Go-Live Date: October 2022)
- **Standardized Screening & Transition Tools** (Go-Live Date: January 2023)
- **Behavioral Health CPT Coding Transition** (Go-Live Date: July 2023)
- **County Behavioral Health Plans Transition to Fee-for-Service Intergovernmental Transfers** (Go-Live Date: July 2023)
- **Administrative Behavioral Health Integration** (Go-Live Date: January 2027)

10

## Enhanced Care Management

Enhanced Care Management is person-centered care management provided to the highest-need Medi-Cal enrollees, primarily through in-person engagement where enrollees live, seek care, and choose to access services.

Starting **July 1, 2022** ECM for the following ECM Populations of Focus:

- Individuals and Families Experiencing Homelessness
- High Utilizer Adults
- Adults with SMI/SUD

Starting **January 1, 2023** ECM for additional ECM Population of Focus:

- Individuals Transitioning from Incarceration (adults and children/youth);
- Members Eligible for Long Term Care and at Risk of Institutionalization; and
- Nursing Home Residents Transitioning to the Community.

11

## Community Supports (also known as “In Lieu of Services”)

**MCPs in all counties are encouraged to offer one or more of the following ILOS starting on January 1, 2022:**

- **Asthma Remediation**
- **Personal Care and Homemaker Services**
- **Environmental Accessibility Adaptations (Home Modifications)**
- **Medically Supportive Food/Meals/Medically Tailored Meals**
- **Housing Tenancy and Sustaining Services**
- Housing Transition Navigation Services
- Housing Deposits
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care
- Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs)
- Community Transition Services/Nursing Facility Transition to a Home
- Sobering Centers

12

## Questions?

### Links:

DHCS Website:

<https://www.dhcs.ca.gov/>

CHCF Blog –

“CalAim: Why It’s So Much More Than Another New Health Program”:

<https://www.chcf.org/blog/calaim-so-much-more-than-another-new-health-program/>

BHIN 21-073

<https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf>

Thank you!