CalAIM Changes That Take Effect July 1, 2022

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 Changes Happening?

<table>
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<th>Policy Changes</th>
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<td>Revised Access Criteria for SMHS</td>
<td>January 2022</td>
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<tr>
<td>ASAM Criteria for DMC State Plan Counties</td>
<td>January 2022</td>
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<tr>
<td>Changes to DMC-ODSrequirements</td>
<td>January 2022</td>
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<tr>
<td>No Wrong Door</td>
<td>July 2022</td>
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<tr>
<td>Documentation Redesign</td>
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Policies are posted on the BHRS intranet BHRS Policies | MARIN COUNTY BHRS and available by request for contractors.
Training Requirements for New Documentation Standards

All direct service staff must complete the 6-part online CalMHSA LMS webinars AND view the BHRS Documentation training by July 15.

CalMHSA has separate documentation guides for Clinical Staff (SMHS & DMC-ODS), Medical Staff (SMHS & DMC-ODS), MHRS staff, Peer Support Specialists (SMHS & DMC-ODS), and AOD counselors.

Links to trainings, CalMHSA documentation guides, and BHRS documentation policy (SMHS & DMC-ODS) can all be accessed here:

https://www.marinbhrs.org/providers/mental-health-providers/clinical-documentation-guide

Thank you for your continued quality work for all of the people we serve.
Questions? Email BHRSQM@marincounty.org

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:

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<th>What Has Changed?</th>
<th>What Do You Need to Know?</th>
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| “Access to 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”            | • 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)  
<p>|                            | • Clients can receive mental health services from both the MCP and the MHP if treatment is coordinated and non-duplicative |</p>
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| 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 Notes 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  
  o (ICD-10 F Codes)  
• Factors Influencing Health Status and Contact with HealthServices  
  o (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)

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Please don’t forget to share with staff who may not have access to email!