



SUPPORT



TRUST



UNITY



EXCELLENCE

DMC-ODS Provider Meeting

May 10, 2023



Agenda

- Welcome
- Provider Updates/Announcements
- Presentations/Updates and Q&A
 - Continuous Coverage Lift - Medi-Cal Eligibility Re-Determination (Danielle Niemi, Marin County Social Services)
 - Electronic Health Record (Leigh Steffy, Marin BHRS)
 - Payment Reform (Galen Main, Marin BHRS)
- Discussion:
 - Relationship Building and Collaboration (Charis Baz, Marin BHRS)
 - Feedback – Monitoring Processes (Time Dependent)
- Other County Updates/Announcements
- Adjourn

Continuous Coverage Lift and What that Means for Medi-Cal

Danielle Niemi, Medi-Cal Program Analyst
Marin County Department of Health and Human
Services

Topics Discussed

- Medi-Cal continuous coverage ending
- Medi-Cal Data: Then vs. Now
- Medi-Cal Redeterminations
- Call to Action

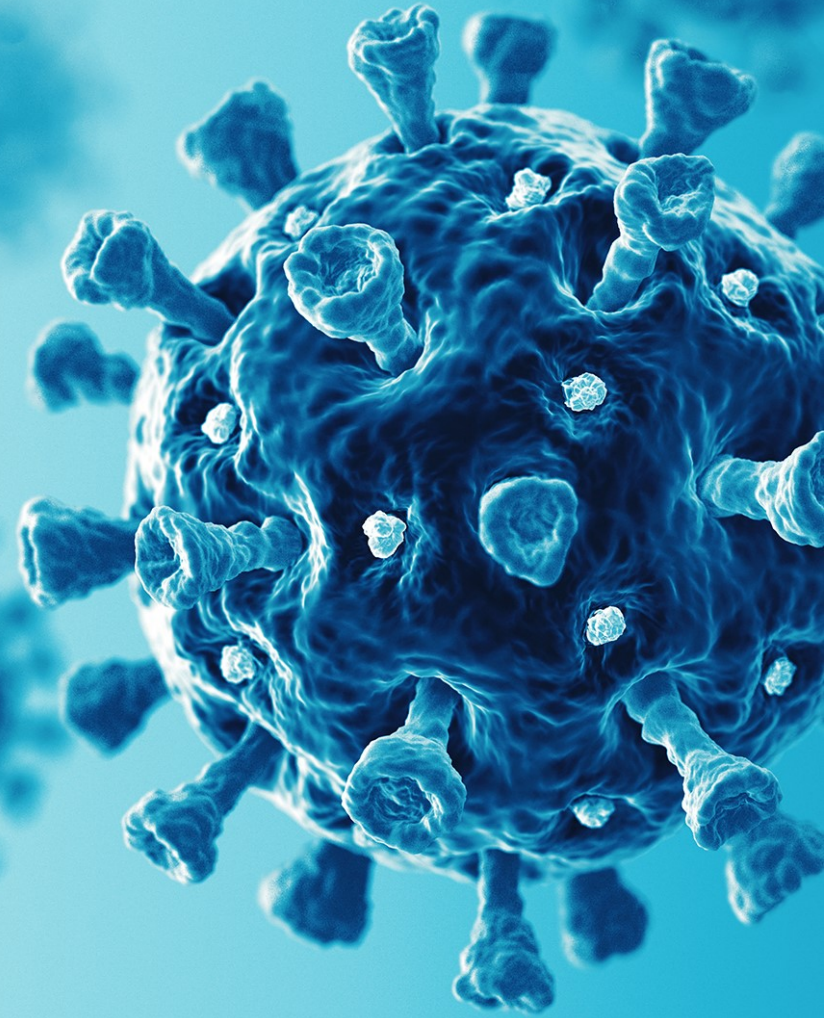


Medi-Cal

Background on Continuous Coverage Requirement

The passage of the Families First Coronavirus Response Act (FFCRA) authorized the "continuous coverage requirement" that prohibited counties from taking negative action on Medi-Cal beneficiary cases during the Public Health Emergency (PHE). At that time, the continuous coverage requirement was tied to the Federal Covid-19 PHE.

On December 29, 2022, with the passage and signage of the Consolidated Appropriations Act of 2023, the continuous coverage requirement was delinked from the PHE.





Continuous Coverage Ending

The sunset of the continuous coverage requirement effective March 31, 2023 means two things:

- Counties will resume processing redeterminations for Medi-Cal effective June 2023
- Beneficiaries will begin losing coverage starting July 1, 2023 and monthly thereafter

Medi-Cal in Marin: Now vs. Then

	January 2020	January 2023	Change
Total # of beneficiaries	39,679	54,420	37% increase
# of cases	22,666	32,253	42% increase
Avg. REs due per month	1,889	2,688	42% increase
Total # of adults enrolled	26,506	39,632	49.5% increase
Total # of children enrolled	13,173	14,788	12% increase

Medi-Cal Redeterminations

- Redetermination packets will be mailed 60 days before the redetermination is due (June 2023 RE packets will be mailed in April 2023)
- If the beneficiary doesn't respond, they will lose their Medi-Cal





Actions Marin HHS Is Taking to Minimize Discontinuances

- Medi-Cal Monday Social Media Campaign starting April 24, will run for 5 weeks
- Marin HHS Medi-Cal website updated
- DHCS mailer to all CA Medi-Cal beneficiaries
- Community presentations by invitation
- Placing Medi-Cal awareness posters in PA lobbies
- Any other ideas?

Call to Action

- Help beneficiaries report contact information changes, so they receive paperwork at the right address
 - Call Center (877) 410-8817
 - BenefitsCal.com
- Distribute Medi-Cal Information Flyers to Medi-Cal beneficiaries you serve
- Encourage beneficiaries to return paperwork back to the county
- Any other ideas?



Questions?

Danielle Niemi

dniemi@marincounty.org

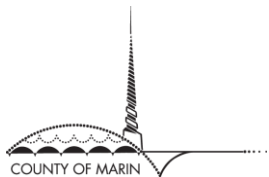
(415) 473-3730



MARIN BEHAVIORAL HEALTH AND RECOVERY SERVICES

BEHAVIORAL HEALTH AND RECOVERY SERVICES
MARIN COUNTY HEALTH AND HUMAN SERVICES

Streamline Electronic Health Record
adoption



Health and Human Services
Behavioral Health and Recovery Services
20 North San Pedro Road, Ste 2021
San Rafael, CA 94903
marinhhs.org/bhrs





July 1, 2023: Transition Date

All county-operated & contracted Behavioral Health agencies, excluding prevention providers, providing Medi-Cal or Non-Medi-Cal direct services to Marin County beneficiaries will transition to SmartCare.



Training

All clinical & administrative staff accessing SmartCare will be granted access to the EHR upon the completion of the required self-paced online training. Consider building in additional staff time to complete training and adjustments to system implementation.



Reporting Depending on contract requirements, agencies will be responsible for either entering data directly into SmartCare or providing the data directly to their County Contract/Program Manager. Data, at a minimum, will include:

1. State reporting data, clinical documentation, and service level billing details; or
2. State reporting data and service level billing details (without clinical documentation).



Billing

Agencies rendering FFS services will only be reimbursed for units billed through SmartCare. Expect new contracts for FY 23/24 to be updated prior to July 1, 2023, to support these changes.



Existing Systems

After July 1, 2023, BHRS's existing systems (Clinician's Gateway and WITS) will remain active for a limited period for agencies to complete any required state reporting, documentation, and billing for services rendered up to June 30, 2023.

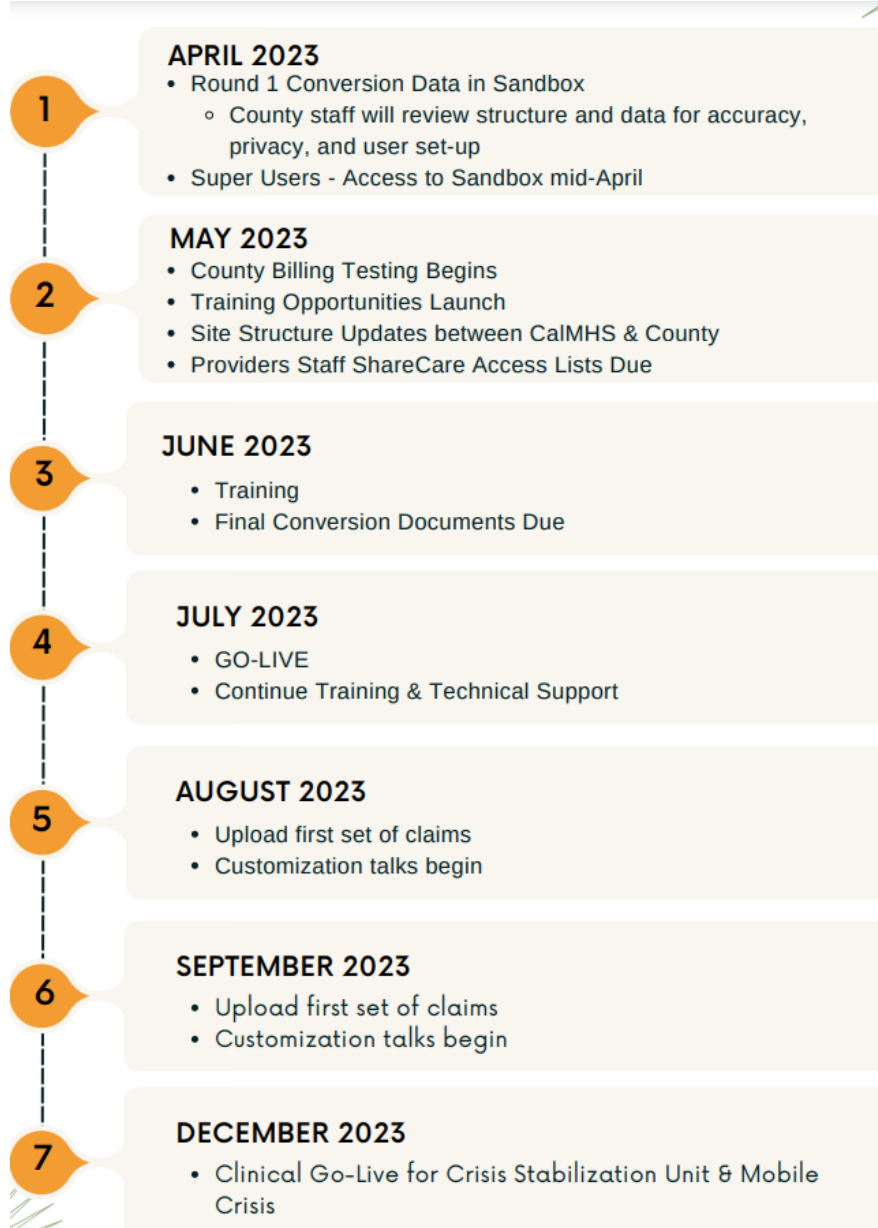


Questions?



- Questions about your agency's contractual requirements contact your County Contract/Program Manager.
- SmartCare Questions: please contact our EHR team at BHRSEHR@MarinCounty.org.

EHR Major Points



Current Highlights

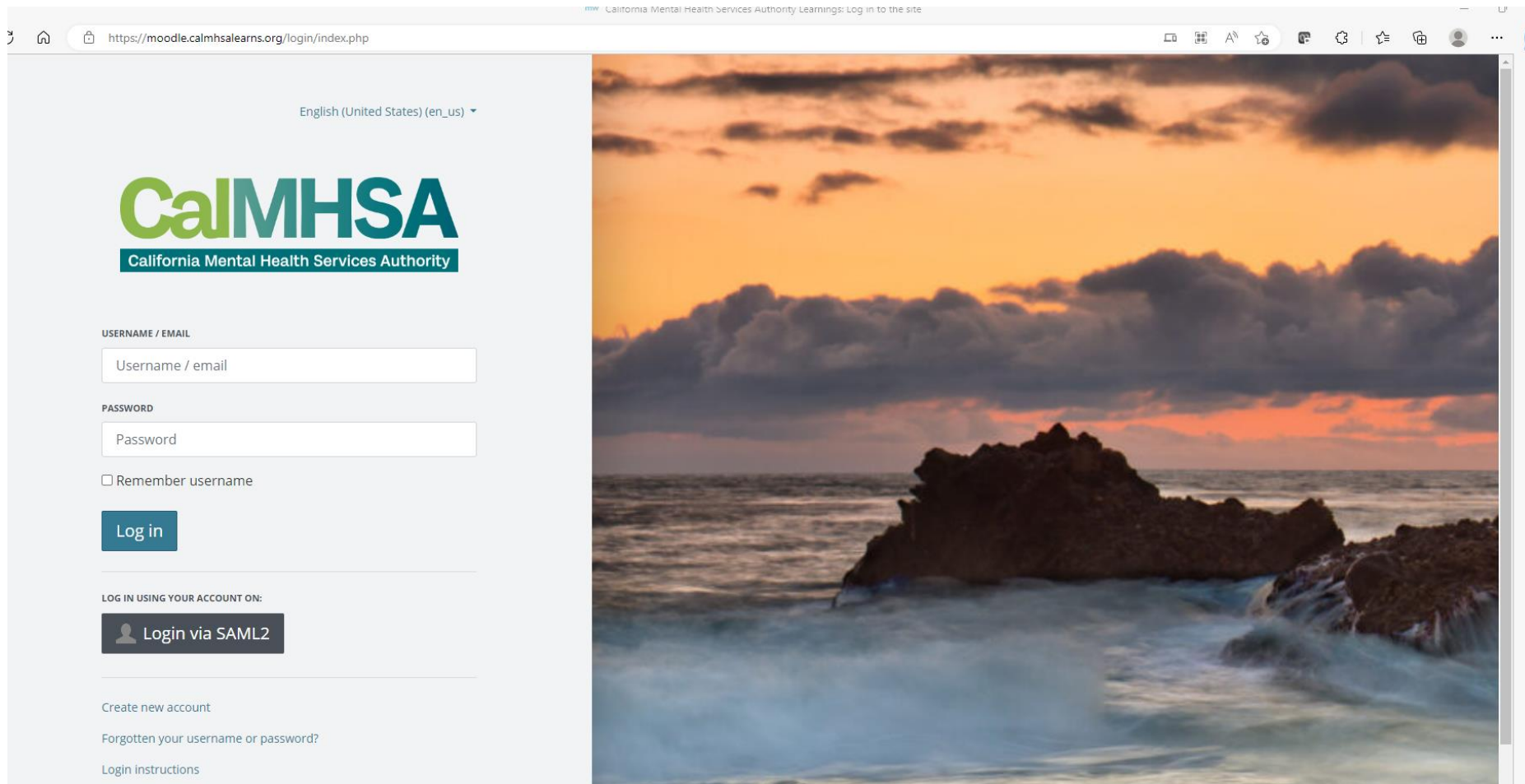
- Conversion testing is complete
- Medi-cal billing testing is in process
- Inpatient and residential set up is underway
- Trainings materials are ready – please share with your staff
- We have had issues with our training site but will be distributing access soon. CDAGS are turned off for now. Please do not enter any real data.
- A lot of functionality is still under construction but expected to be ready on time.
- CPT training is being designed by our contractor XPIO.

Training – Moodle (required for production site access)

Code: 03127

<https://moodle.calmhsalearns.org>

Use your CALAIM documentation training username and password



California Mental Health Services Authority Learnings: Log in to the site

https://moodle.calmhsalearns.org/login/index.php

English (United States) (en_us)

CalMHSA

California Mental Health Services Authority


USERNAME / EMAIL

PASSWORD

Remember username

Log in

LOG IN USING YOUR ACCOUNT ON:

 **Login via SAML2**

[Create new account](#)

[Forgotten your username or password?](#)

[Login instructions](#)

<https://2023.calmhsa.org>



CaIMHSA Learn


Live Chat to get Support

Home | System Administration Documentation | **Prescriber Documentation** | Clinical Documentation |
Billing Documentation | Front Desk Documentation | Data Conversion

CaIMHSA

Electronic Health Record Training Tools

... Welcome to Ca



Welcome to CaIMHSA L
Please fill in the form b
starting the chat.
**Please do not include
personal health infor**

Name: *

E-mail: *

Question: What county
with? *






- Imperial
- Glenn
- Lake
- Other

Prescriber Documentation

User Guides

-  Prescriber User Guide
-  SmartCare Cheat Sheet

Prescriber Video Guides

-  How to Navigate to the Rx Module
-  Introduction to the Patient Summary Screen
-  How to Update the Allergies List
-  How to Add Preferred Pharmacies
-  How to Create Prescription New Order

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https://moodle.calmhsalearns.org/my/

CalMHSA COURSES ▾ ENGLISH (UNITED STATES) (EN_US) ▾

Learning

Customize this page

Enroll into 5150 Course

Enroll into CalAIM Course

Enroll into SmartCare EHR Training

Calendar

April 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Upcoming events

SmartCare EHR Training

Start date: 02/28/23

End date: Not set

Go to course

Why are some areas of the new EHR minimalistic?

■ WHAT CALAIM MEANS FOR THE AVERAGE EMR

- Rethink your forms, what you measure, and how you evaluate your staff
- Each form, (non-face to face time data collection tool) comes at a cost of reduced reimbursable services.
- That state average is about \$300.00 per hour (face to face) for a rehab specialist, if a form takes 30 minutes that costs you \$150.00 and impacts your long-term fiscal health as service data will be used for a capitated rate

CALMHSA overview of what will be included

■ SCREENS & DOCUMENTS THAT WILL BE USED

- Intake & Assessment
 - Client Programs
 - Staff Calendar and/or Reception/Front Desk View
 - Client Information
 - Intake documents (e.g. consents, CSI, CalOMS, etc)
 - Assessment documents (e.g. CalAIM assessment, ASAM, MSE, Diagnosis)
- Service Note

■ DOCUMENTS INCLUDED: CONSENTS

- Consent to Treat – includes acknowledgement of receipt of information materials
- Consent to Telehealth
- Consent to Email Communication
- Consent to Text Communication
- Coordinated Care Consent
- Release of Information
- Caregiver's authorization affidavit (in development)

CALMHSA overview of documents included

DOCUMENTS INCLUDED: LETTERS

- All NOABDs and NARs
- Authorization letter
- Transition of Care Tool

DOCUMENTS INCLUDED: SCREENING TOOLS

- Adult Medi-Cal Screening Tool
- Youth Medi-Cal Screening Tool
- BQIP – Brief Questionnaire for Initial Placement

DOCUMENTS INCLUDED: ASSESSMENT

- CalAIM Assessment
- CA ASAM
- Mental Status Exam
- Diagnosis
- Problem List
- CANS

CALMHSA

DOCUMENTS INCLUDED: INPATIENT/RESIDENTIAL

- Non-medical orders (admission, S&R, discharge, etc.)
- History & Physical
- Nursing Assessment
- Personal Effects Property Inventory
- Bed assignments
- eMAR

DOCUMENTS INCLUDED: MEDICAL/PRESCRIBER

- E-prescribing (order, re-order, discontinue) for medications
- E-labs (order, re-order)
- Medication consent
- Medication reconciliation
- Medication list (including meds prescribed elsewhere)
- Allergies
- Vitals
- Prescriber Note (E&M, Assessment, AIMS)

CALMHSA

DOCUMENTS INCLUDED: NON-STATE REQUIRED

Most of these are core to SmartCare, and do not reflect CalMHSA's specific decisions about which tools to

- ANSA
- ACE
- PHQ-9
- GAD-7
- C-SSRS
- AIMS
- CAGE
- DAST
- AUDIT
- LOCUS
- SBIRT
- Ohio Scale
- DLA-20 Adult
- Self Reported Mc
- Pain Assessment
- Suicide Risk Assessment
- Mood D/O Questionnaire



DOCUMENTS NOT INCLUDED

Many counties have requested many different tools, screeners, assessments, etc. As part of CalAIM, we're focusing on minimalism; as part of the multi-county EHR, we're focused on standardization. These will not be available at go

- FACT
- UNCOPE
- BASIS 24
- IMRS
- POMS
- UCLA PTSD Index
- CANSA
- DERS
- EDE-Q
- LOS
- MAYSI
- MORS
- PVAS
- PEARLS
- RAS
- SAFE-T
- SIQ
- TBI Checklist
- Treatment Perception Survey
- & more...

DOCUMENTS NOT INCLUDED

- Admission agreements (too customized)
- NTP advisements (too customized)
- SUD Health Questionnaire (incredibly long and the client is filling it so it'll likely be done on paper)
- Standalone acknowledgement of receipt of information materials (included in Consent to Treat)
- Standalone outpatient treatment plans (will be done in service not



NEXT STEPS:

1. Identify your superusers. Send their contact information and role in your agency to Lsteffy@marincounty.org or BHRSehrsupport@marincounty.org

2. START your TRAINING (open to everybody now). We suggest planning for about 10 hours of training/ Site review.

Required: <https://moodle.calmhsalearns.org> 03127

Recommended: <https://2023.calmhsa.org>

3. We are working to get super users into the training site as quickly as possible.

4. Update your scopes of work with your contract manager.

5. Make sure you have sent the county up to date license information for your staff! Also, please ensure that when clinician's change licensure status, they update their taxonomy with the NPPEs site. If there are differences in rates based on licensure or taxonomy, you will be paid at the level we have on file. Send updates to BHRScredentialingpublic@marincounty.org and copy bhrsehrsupport@marincounty.org

Behavioral Health Payment Reform Strategy Overview: Outpatient Services

SUD Providers Meeting, May 10, 2023



Strategy Overview: Outpatient Services

- Contractor outpatient rates are set with a global vision of the sustainability of the entire system of care in mind – not just outpatient services
 - **Outpatient services are needed to generate revenue to offset losses in residential, crisis residential, and withdrawal management, and to fund investments in housing and other behavioral health system needs.**
 - Under these CalAIM Payment Reforms, outpatient providers (and county) will now be getting paid a bundled rate for just their face-to-face/direct service time rather than being paid for travel and documentation.
 - **SUD outpatient contractors are currently billing virtually nothing for Travel and have an average of 7% of their claims for Documentation time.**
-

Strategy Overview: Pay Parity Standardized Rates Across Contractor Agencies by Provider Type

- Goal to promote **Pay Equity across Mental Health and Substance Use** contracted outpatient providers
 - **Standardizes expectations** around face-to-face time with clients for direct service staff across agencies
 - **Levels the playing field** in terms of the amount of indirect, overhead, and administrative costs funded through these contracts
 - Ensures provider types that require **certification** (Peer/AOD counselor) are set higher than the rate for other qualified providers not needing that certification
 - Providers considering contracting with the county can **know what to expect**
 - Allow for **10% deviations** from the standard rates based on a series of factors
-

Strategy Overview: Pay Parity

Allowable Deviations from the Standard Rate

Goal is to standardize rates across contractor agencies for comprehensive outpatient programs by provider type within the Behavioral Health System to provide pay parity, while allowing for a 10% deviation from the standard based on several factors:

- Over 50% of services in the prior year were **performed in the field** (rather than office or telehealth) – allow for a 10% increase as travel time is no longer billable
 - Over 20% of services in the prior year were provided in **languages other than English** – allow for a 10% increase to support retention of bilingual providers
 - Over 50% of services in the prior year were rendered to **underserved or historically inappropriately served racial/ethnic groups** (including Black, Indigenous, Latino, Asian, or Pacific Islander populations) – allow for a 10% increase to support enhanced outreach
 - Over 60% of services are provided via **telehealth** – allow for a 10% rate decrease
-

Strategy Overview: Electronic Health Record System Incentives

- All Medi-Cal providers will be paid based on claims in the new EHR
- **One-time** incentives payments for contracts that make the shift to enter all their clinical documentation in the new system to support coordination of client care
- These one-time incentives are to incentivize providers and support the costs for staff training time and bumps in the new system

Projected Incentives	FY22/23 Contract Size
\$5,000.00	Contracts between \$50k-200k
\$10,000.00	200k-400k
\$15,000.00	400-600k
\$20,000.00	600k-800k
\$25,000.00	800k-1M
\$35,000.00	over \$1M

Updates and Discussion

- Discussion: Relationship Building and Collaboration (Charis Baz, Senior Department Analyst, Marin BHRS)
- Feedback: Monitoring Processes

Updates and Announcements

Provider Updates/Announcements

County Updates/Announcements

- BHRS SUS Staff Updates
- Trainings/Events:
 - [Reminder: CalMHSa Documentation Trainings](#)
 - May is Mental Health Month and AAPI Heritage Month
 - BHRS Training Distribution List: If you do not receive these emails, please contact Jenn Moore - jmoore@marincounty.org to be added
- DHCS Information Notices:
 - [BHIN 23-018](#) (Supersedes BHIN 21-047): Updated Telehealth Guidance
 - [BHIN 23-008](#): Exemption of Certain Individuals from Counselor Registration/Certification Requirements
- Changes to the Partnership HealthPlan Transportation Benefit
- Xylazine: [Public Health Advisory](#), [CDPH Resources](#), [Harm Reduction Coalition Webinars](#), [OD Free Marin FAQs](#)



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