Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CalAIM) – AN OVERVIEW

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by the State Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, program and payment reforms across the Medi-Cal program. Assembly Bill 133 (AB 133), which was recently passed into law, allows DHCS to implement CalAIM prior to updating the California Code of Regulations. A set of CalAIM behavioral health policies, designed to improve access to care, streamline administrative requirements, and modernize the Medi-Cal payment methodology, will be rolled out in phases across California and within the Los Angeles County Department of Mental Health (LACDMH). This Bulletin provides a brief overview of the behavioral health CalAIM policies listed below.

CalAIM Behavioral Health Policy	Go-Live Date
Criteria to Access Specialty Mental Health Services (SMHS)	January 2022
Documentation Redesign for SMHS	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition (Payment Reform)	July 2023

The **Criteria to Access SMHS** (previously known as medical necessity criteria) will be updated for both adults and beneficiaries under age 21 (except for psychiatric inpatient hospital and psychiatric health facility services), to ensure access to appropriate care and to standardize access to the SMHS delivery system statewide. Medical necessity will no longer refer to the previously termed “medical necessity” criteria which created barriers and prevented beneficiaries from accessing care. Medical necessity now applies to the service (i.e. whether the service is medically necessary), while access to SMHS criteria applies to the person (i.e. whether the person is eligible to receive SMHS). Please refer to QA Bulletin 21-08 for additional information.

The purpose of **Documentation Redesign** is to reduce administrative burden on clinicians and maximize resources for direct client care. The goal is to treat the client not the chart. A few key updates involve replacing the static treatment plan with the dynamic problem list, using standardized domain-driven assessments, requiring overall leaner documentation, and determining disallowances based on fraud, waste and abuse.

Co-occurring Treatment intersects with access criteria in that beneficiaries are able to receive SMHS based on the access criteria regardless of any co-occurring disorders they may have (e.g., Substance Disorders, Medical Disorders) by removing any audit issues related to having the “wrong” primary diagnosis.

Under **No Wrong Door**, the goal is to make sure that people get the right care no matter where they enter the system - Managed Care Plan (MCP) or Mental Health Plan (MHP i.e., LACDMH) - and do not face delays or barriers in accessing needed services. Clinically appropriate services rendered during the assessment phase will be reimbursed even if the beneficiary does not end up meeting access criteria. DHCS is developing guidance to the MCPs to implement the No Wrong Door policy in an effort to standardize and have consistency with the MHPs so beneficiaries are able to access mental health care as clinically appropriate through these two delivery systems. In certain circumstances, beneficiaries can receive unduplicated care in more than one delivery system.

The **Standardized Screening & Transition Tools** (specific for adults and youth) are designed to further improve how the SMHS system (MHP i.e., LACDMH) interfaces with the non-SMHS system (MCP). The Statewide Screening Tool will be used at first contact to determine if the beneficiary would be best served by the MHP or MCP. The Statewide Transition Tool will be used by both the MHP and MCP to help facilitate the transition of a client from one system to the other based on need.

Finally, **Behavioral Health Payment Reform** will involve transitioning from a primarily claim-by-the-minute system to a more complex Current Procedural Terminology (CPT) coding system with a reimbursement rate attached to each individual code.

If directly-operated or contracted providers have any questions related to this Bulletin, please contact the QA Unit at NetworkAdequacy@dmh.lacounty.gov

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