



Kern County Behavioral Health Board System Quality Improvement Committee

Monday, January 24, 2022

4:00-5:00 PM

Virtual Meeting VIA Teams

Meeting Minutes

The mission of the System Quality Improvement Committee (SQIC) is to review and evaluate Mental Health Plan (MHP) activities and where appropriate, make recommendations regarding policy decisions, institute needed Quality Improvement (QI) actions, or/and ensure follow-up of QI processes.

Present

Alexander Lopez, KernBHRS-SUD

Barbara Paradise, CCS

Chelcy Gibbons, KernBHRS-Cultural Comp.

Connie Sedano, KernBHRS-Training Services

Cynthia Jackson, KernBHRS-QID Support

David Kessler, BHB Member

Dian Schneider, BHB Member

Gregory Gonzalez, KernBHRS-Gateway

Heather Plaza, CSV

John French, KernBHRS-SUD Specialty Services

Jose Gomez, KernBHRS-CCMO

Katrina Villegas, KernBHRS-SET

Lesleigh Davis, KernBHRS-QID Administrator

Lorre Webb, CSUB

Maria D. Najera, KernBHRS-Residency Clinic

Rafael Lopez, KernBHRS-QID SUD

Shanda Henry, KernBHRS-CDA

Tara Christian, KernBHRS-ATT

Tony Perez, KernBHRS-QID SUD

Tracy Lynch, KernBHRS-Executive Admin.

Veronica Camarillo, KernBHRS-CMR

Vivian Reyes, KernBHRS-Youth MIST

- Welcome and Introductions** – David Kessler welcomed the attendees.
- Review and approval of November 2021 Minutes** – John French motioned to accept, and Gregory Gonzalez seconded.
- Public Comment** – No public comments were made at this time.
- New Business** – There was no new business to be discussed at this time.
- Guest Presenter – California Advancing and Innovative Medical Initiative (CalAIM)** – Tony Perez
 - CalAIM is an initiative to improve the quality of life and health outcomes of our population by implementing delivery system, program and payment reform across the Medi-Cal program. CalAIM includes several initiatives focused on improving the Medi-Cal behavioral health and substance abuse delivery system. These will be starting in January 2022 and going until January 2027.
 - Medical Necessity definition changed effective January 1st, 2022; this change aligns the medical necessity determination across all systems of care. A big change is that it has to serve a purpose to alleviate a medical condition, and it defines access criteria.
 - The Assembly Bill (AB) 133 for SMH, DMC, DMC-ODS went into effect January 2022. This outlines that payment shall not be denied because services were provided prior to diagnosis/during assessment period, series was not included in an individual treatment plan, and beneficiary has a co-occurring disorder.
 - There have been information notices clarifying coverage and recovery services. The handout shows Traditional Healers and Natural Helpers as new services approved by the centers for Medicare and Medicaid, Tony clarified that that has not been approved yet.
- Quality Improvement Division** – Lesleigh Davis
 - The DMC-ODS External Quality Review starts tomorrow, the state will contract with Behavioral Health Concepts who will meet with us and write a report evaluating our quality, based on clinical outcomes, timeliness and access to services, and quality of care.
 - Training regarding the Medical Necessity changes is happening this week, staff that provide direct services need to attend.
 - Cal-Aims Initiative has documentation changes coming out this summer. They will be replacing the treatment plan with a problem list, meaning a problem list will need to be built and implemented in our system. They will be implementing a universal screening tool, which will allow us to use the same tool that the managed care plans use.
 - The state will be implementing a 3-day documentation standard.
- Department Supports Administration Ethnic Services Manager** – Chelcy Gibbons
 - The Cultural Competence staff has been participating in a state-wide community health equity program. This will allow them to be a part of the group determining the state-wide template for cultural competence plans.
 - The African American/Black sub-committee will be hosting the Black History Month event webinar. It will be on February 25th, 2022 from 3:00 – 5:00 PM and it will focus on African American Wellness, a link and flyer will be released soon.
- Substance Use Division** – Gregory Gonzalez
 - Additional providers will be added in Metro Bakersfield, along with sub providers in Tehachapi.
 - The agreement with (DHCS) has been finalized so that they can get a DHCS worker at the L ST site to help clients apply for Medi-Cal and help facilitate the transfer of Medi-Cal allowing clients to receive services as quickly as possible.



9. **Adult System of Care**— John French
 - a. Independent Placement and Support (IPS) recently had a feature on Around the County media channel.
 - b. Specialty Services Team continues to go out to various teams updating them on services provided.
10. **Children’s System of Care** – Vivian Reyes
 - a. In October the Family First Prevention Services act was implemented. This focuses on preventative work, when a referral is received for a foster youth that needs to go to a short-term residential program (STRP); a behavioral health clinician does a qualified individual assessment to find the best treatment/arrangement.
 - b. The children’s division is beginning 2 consultation groups with Dr. Mena, to help ensure developmentally appropriate interventions, and skill building interventions.
11. **Kern Linkage Division**— Tara Christian
 - a. The Adult Transition Team (ATT) Diversion Program which allows felony charges to be dismissed upon successful completion, recently had its first graduate, the second will be in April. There has been an influx of referrals from the public defender’s office, which has taken time for the team to get caught up on potential clients, but progress is being made.
12. **Crisis Services**— Jose Gomez
 - a. All services are still available in person. Telehealth is now being offered for access and assessment services.
13. **Medical Services** – Maria Najera
 - a. Currently working on catching up on assessments, there is currently only 1 therapist and the team is short a recovery specialist.
14. **Recovery Support Administration**
 - a. No one was available to report.
15. **Consumer Family Learning Center**
 - a. No one was available to report.
16. **Clinica Sierra Vista** – Heather Plaza
 - a. There were no updates at this time.
17. **College Community Services**
 - a. No one was available to report.
18. **Child Guidance**
 - a. No one was available to report.
19. **Mental Health Services**
 - a. No one was available to report.
20. **Substance Use Division Contract Provider**
 - a. No one was available to report.
21. **Recommendations for Quality Improvement Committee (QIC)**
 - a. There were no recommendations for the Executive Quality Improvement Committee at this time.
22. **Unfinished Business**
 - a. There was no unfinished business to report on at this time.
23. **Adjourn**—Next scheduled meeting: February 28th, 2022 at 4:00-5:00 PM, will be virtual via Teams.

This meeting is MH UR Code 3

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

CalAIM SUD POLICY UPDATES

AGENDA

- ▶ CalAIM
- ▶ Timeline Update
- ▶ Medical Necessity and Access Criteria and ASAM
- ▶ DMC-ODS 2022-2026

CalAIM

- ▶ Initiative to improve the quality of life and health outcomes of our population by implementing delivery system, program and payment reform across the Medi-Cal program
- ▶ CalAIM includes several initiatives focus on improving the Medi-Cal behavioral health and substance abuse delivery system
- ▶ CalAIM Proposal: Behavioral Health Reforms
- ▶ CalAIM Proposal: Multiple Delivery Systems Reforms

CalAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

MEDICAL NECESSITY & ACCESS CRITERIA

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“Medical Necessity” – All Medi-Cal

WIC Section 14059.5:

- (a) For individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- (b) (1) For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service is necessary to correct or ameliorate screened health conditions. Services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs. Services to ameliorate the condition are covered as EPSDT services

“Access Criteria” – Specialty Behavioral Health

- Beneficiaries must meet to access criteria for SMH, DMC, or DMC-ODS services as describe in the INs
- DMC-ODS updates took effect January 2021
- IN'S [21-073](#) AND [21-075](#)

“Access Criteria” – Non - Specialty Behavioral Health

MCPs are required to provide or arrange for the provisions of NSMHS for the following populations

- Beneficiaries 21 years of age & over with mild to moderate impairment of mental, emotional, or behavioral functioning resulting form MH disorders as defined by the current DSM
- Beneficiaries under 21 to the extent eligible for services through the EPSDT benefit, 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

SMH & DMC/DMC-ODS ACCESS: ADULTS & YOUTH

- Codified in AB 133 for SMH, DMC, DMC-ODS
- AB 133 effective January 2022 (*similar provisions previously enacted for DMC-ODS in 2021)
- Payment ***shall not*** be denied because
 - Services were provided prior to diagnosis/during assessment period
 - Service was not included in an individual treatment plan
 - Beneficiary has a co-occurring disorder

DMC-ODS 2022-2026

DMC-ODS 2022-2026

Sustains Recent Policy Clarifications

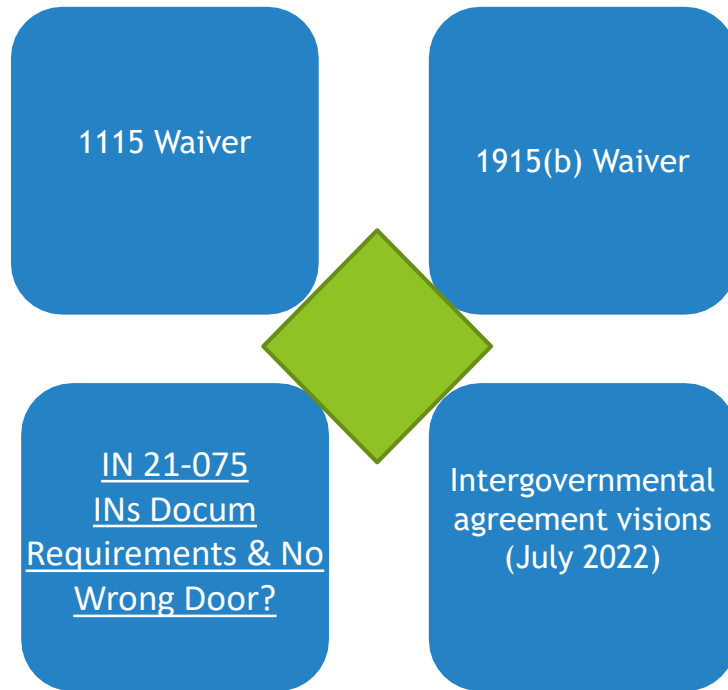
- Sustain recent policy clarifications: e.g., coverage during assessment period; remove annual residential treatment limits; require providers to offer or refer for medications for addiction treatment (MAT), clarify recovery services

• Source: *DHCS Informational Webinar: DMC-ODS 2022-2026* (Dec. 2, 2021)

New services approved by the Centers for Medicare & Medicaid (CMS)

- Peer Support Services
- Contingency Management
- Traditional Healers & Natural Helpers

LIFT & SHIFT OF POLICY AUTHORITIES



California will continue to provide all the DMC-ODS benefits authorized under the Medi-Cal 2020 1115 demonstration, but it will transition delivery system authority to a consolidated 1915(b) “managed care” waiver & coverage authority of current DMC-ODS benefits to the State Plan