



Overview of CalAIM: What does it mean for Children under age 3?

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AFZ

Acronym Free Zone



Background & Overview

CalAIM: California Advancing Innovation in Medi-Cal has three primary goals:

- Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.



CaAIM

Aiming to create a Medi-Cal program of the future – one where people can get the care they need, when they need it, where administration and finances are streamlined, the right care is incentivized, and behavioral health care is integrated.



Right Care in the Right Place: Revisions to Medical Necessity



Framing the Issue

- The medical necessity criteria for specialty mental health and substance use disorder services are outdated, lack clarity, and should be re-evaluated.
- Responsibility for mental health services is shared between counties and Medi-Cal managed care plans.
- Current system leads to access challenges and disallowances (claw-backs of payment for services)



Right care/right place

- Streamline process to get services (pay for care before getting a diagnosis)
- Improve care for people with mental health conditions **AND** substance use disorders
- Standardize screening tools to guide people to the right delivery system (mental health services paid for by the managed care plan or the county specialty health plan)



Right Care/Right Place

- Efficient transition of care tools (for people needing services in more than one system)
- Standardize clinical assessments
- Ensure prior authorization just used for higher levels of care



Current system

- SUD and MH systems are separate and complicated for people to navigate
- DHCS contracts with counties for SUD and for specialty MH separately:
 - 56 different mental health plans
 - 30 counties in Drug Medi-Cal Organized Delivery System (SUD)
 - 28 counties in SUD fee-for service.



Proposal- Seamless BH Services

- One contract between the state and counties, covering both SUD and specialty mental health
- Integrate:
 - Payment
 - Quality oversight
 - Rules and protocols
- Counties can contract with providers for integrated services (all services in one location) or coordinated services (different locations)
- Goal: reduce administrative burden and make it easier to integrate care

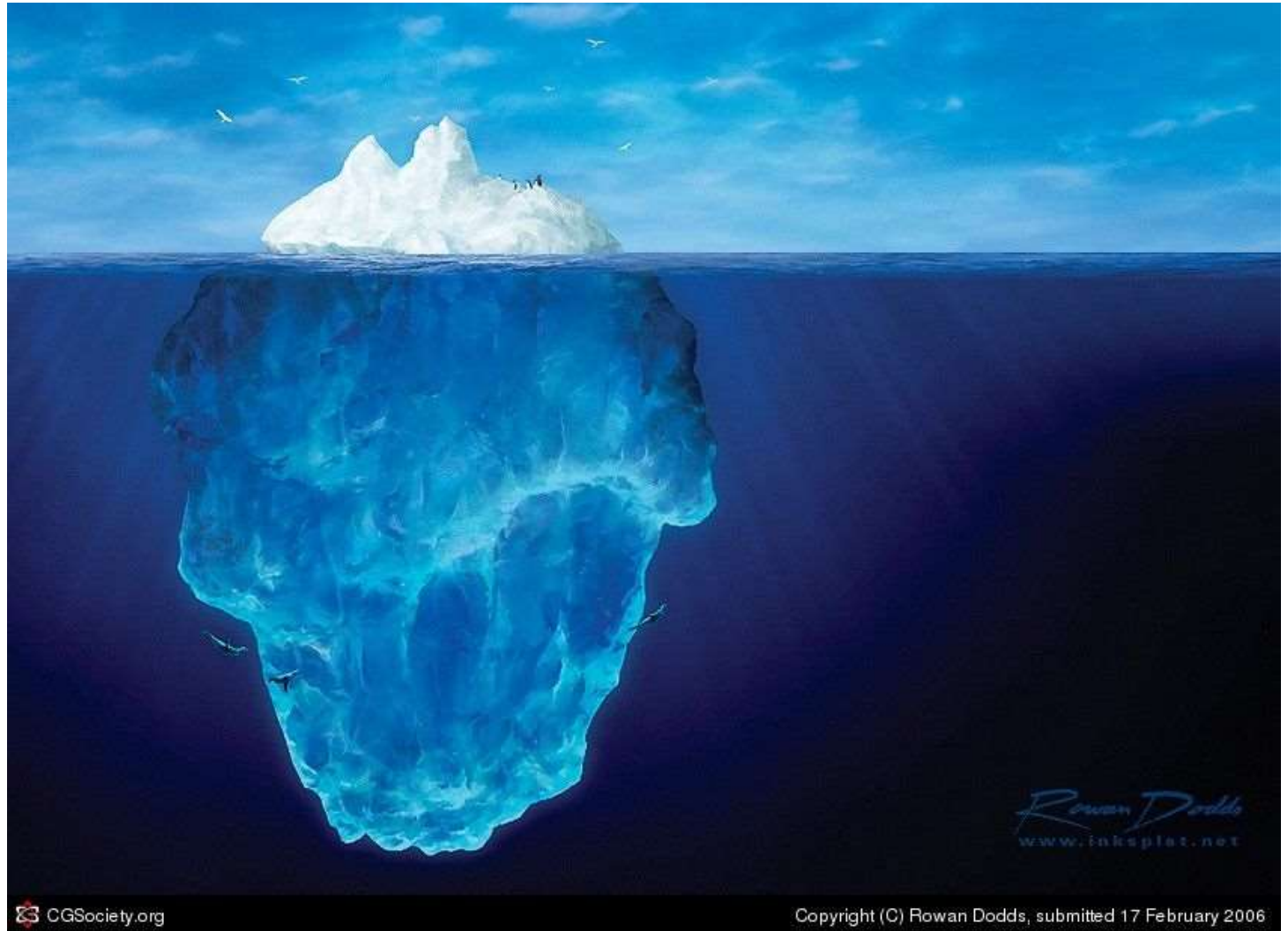


Foster Care Model of Care Workgroup

- CDSS and DHCS host workgroup together
- Examine Behavioral Health Services for children and Youth in the foster care system
- Look for ways to make the system work better



Tip of the Iceberg





Feedback, Questions & Discussion





Thank you for your input!

- Proposal Information:

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

- Additional questions/feedback:

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