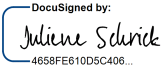


**- MEMORANDUM -**

DATE: May 2, 2022  
TO: Alameda County Specialty Mental Health Services (SMHS) Fee For Service (FFS) Providers  
FROM: Juliene Schrick, Utilization Management Division Director   
SUBJECT: **Feedback Needed to Develop Operational Changes for FFS SMHS Outpatient Services**

The purpose of this memorandum is to inform you of federally required regulations that are intended to improve beneficiary access to Specialty Mental Health Services, provide an up-to-date status report on ACBH operational re-design efforts, and to obtain your feedback. A survey will be sent to you in the near future, followed up with a virtual meeting to listen to feedback you would like to offer during this re-design process. It is our goal to partner with you throughout the development and implementation of these changes.

## Background

Over the past several months the Fee for Service (FFS) Workgroup, made up of individuals from the Contracts, Billing and Benefits Services (BBS), ACCESS, Quality Assurance (QA) and Utilization Management (UM) departments within Alameda County Behavioral Health (ACBH), have been developing a strategy to move our Fee For Service (FFS) system into alignment with the Managed Care Final Rule and the Parity Final Rule.<sup>1</sup>

Under these regulatory requirements, Mental Health Plans (MHPs), like ACBH, may not require prior authorization for outpatient therapy. As a result, we will be making several operational changes to the FFS outpatient therapy level of care. We want to take advantage of this opportunity to also make other significant improvements that will benefit the clients who receive services and our valued FFS providers. The following describes progress the ACBH FFS Workgroup has made thus far with these initiatives and invites you to participate in future planning sessions.

## Operational Changes

The FFS Workgroup has focused on the following changes:

- **Increasing access:** In addition to receiving referrals from ACBH ACCESS, providers will be able to start seeing Alameda County Medi-Cal clients who meet eligibility criteria and Specialty Mental Health access criteria in their practice, without prior authorization from ACCESS.
- **Transferring service authorization to providers:** ACBH ACCESS and UM departments will no longer pre-authorize services and providers will no longer need to submit a Request for Continued Services (RCS) to the UM department every six months.
- **Monitoring Quality of Care and Compliance:** The Quality Assurance (QA) office will train providers on how to use the Clinical Quality Review Team (CQRT) form to review their documentation to ensure it meets SMHS

<sup>1</sup> For more information about the Managed Care Final Rule and the Parity Final Rule see page 3 of the DHCS BHIN 19-026 on Authorization of Specialty Mental Health Services.

[https://www.dhcs.ca.gov/services/MH/Documents/FMORB/MHSUDS\\_IN\\_19-026\\_Authorization\\_of\\_SMHS.pdf](https://www.dhcs.ca.gov/services/MH/Documents/FMORB/MHSUDS_IN_19-026_Authorization_of_SMHS.pdf)





requirements. Annually, the QA team will randomly select FFS providers for a CQRT review. During this review, providers will be asked to share their completed CQRT forms with QA staff and will be provided with feedback and coaching.

- **Evaluating Best Matched Care:** The UM Department will develop reports to review service utilization within this level of care. Clients who either receive an unusually high amount of services or considerably low amount of services will be identified. An UM staff member will contact the provider to discuss the clinical reasons for what appears to be over or under utilization and explore if the client is in the best matched level of care or may benefit from additional services or transitioning to a different level of care.
- **Maintaining Service Authorizations:** ACBH will maintain the function of authorizing payments to FFS providers. We are currently developing a Utilization Review (UR) Table which will identify a maximum number of sessions by service modality (i.e., individual therapy, case management, collateral, etc.) that a provider can deliver to a client within one month. There will be no change in how Providers currently submit their claims. The Claims Department will track the number of sessions by type of modality and client each month. Claims will be paid for all sessions provided for that modality up to the maximum number of sessions identified in the UR Table. If a provider is aware that a client will need more services than the maximum identified on the UR Table for a month, they should contact ACBH UM in order to discuss the clinical rationale. UM staff will be able to add additional sessions for individual clients as clinically appropriate.

It is also important to point out that as we work on this project, there are many system changes that the CalAIM initiative is bringing to Medi-Cal service delivery systems like ours. The criteria to access Specialty Mental Health Services changed as of January 1, 2022 and starting in July 2022 a full documentation redesign will also occur. For more information about CalAIM please see the DHCS' Behavioral Health CalAIM webpage at <https://www.dhcs.ca.gov/Pages/BH-CalAIM-Webpage-.aspx>.

We look forward to ongoing partnership with you around these changes. Please be on the lookout for future correspondence from us. If you have questions at this time you may email me, the facilitator of the FFS Workgroup, at [Juliene.Schrick@acgov.org](mailto:Juliene.Schrick@acgov.org).

Thank you

