



California Council of Community Mental Health Agencies

Leaders in the partnership that developed and promoted Proposition 63

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COMMUNITY MENTAL HEALTH PROVIDER PERSPECTIVE ON COUNTY MENTAL HEALTH AND MEDI-CAL MANAGED CARE PLAN NEW RESPONSIBILITIES

What we are now starting is a series of key first steps

- Creating clear responsibility for health plans to cover “mild and moderate” conditions eliminates gaps in the continuum of care
- MOUs between counties and plans to develop coordination and responsibilities begins to build a seamless system
- A recognition of the need for screening and referral

Problems we still need to address - Contact Rusty Selix: rselix@cccmha.org

- Mandated screening currently only applies to alcohol dependence under federal SBIRT (screening brief intervention referral and treatment) requirement
- Clinically it makes no sense to only screen for this condition when it is about a 50% co-occurrence with mental disorders and it is so easy to have a comprehensive integrated screen
- Criteria for determining what meets county criteria and what does not is left up to each plan and county to work out- should be standardized statewide
- In some counties, a process by which private county contract providers could directly initiate care through evaluation and treatment if someone met county “severe” criteria has been suspended in favor of a centralized intake system through county or health plans- this results in denial or delay of care in many instances
- Screening and referral needs to incorporate a warm hand off system involving co-location or a telehealth behavioral health professional who can ensure that the referral leads to care
- Health plan networks exclude community agencies who are the backbone of county networks due to low rates and inability to bill for people who have their mental health professional degree but not yet their billing license
 - So-called “interns” are an essential part of the services provided by community agencies and billable under county mental health 1915 waiver
 - County rates to providers are no profit cost based rates
 - Rates offered by plans are considerably less and based on fee for service rates that virtually no provider accepted

Representing Non-Profit Community Mental Health Agencies Throughout California



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- Virtually all of our member agencies have been approached to join networks – as far as I know, none have signed contracts to do so
- Makes it difficult to maintain continuity of care when someone transitions between mild/moderate and severe and does not have seamless network
- Should be part of MOU to make county network part of health plan network billed through county in same manner
- Facilitates better physical health care and bi-directional integration for people with severe mental illness
- Can use primary care clinicians for simple medication management

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