Behavioral Health Services Transition to Medi-Cal Managed Care

DHCS Stakeholder Advisory Committee Meeting

November 20, 2013
Clear and concise communication and coordination between the County MH programs and the Medi-Cal Managed Care and FFS programs is key

**Screening → Assessments → Referrals → Care Coordination → Case Management**

**County Mental Health Plan (MHP)**
- **Target Population:** Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental Health Services

**County Alcohol and Other Drug Programs (AOD)**
- **Target Population:** Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

**Medi-Cal Managed Care Plans (MCP)**
- **Target Population:** All beneficiaries in Managed Care Plans who meet medical necessity criteria

**Outpatient Services**
- Mental Health Services (assessments, development, therapy, rehabilitation, and collateral)
- Medication Support
- Day Treatment Intensive Services and Day Rehabilitation
- Crisis Intervention and Crisis Stabilization
- Targeted Case Management
- Therapeutic Behavior Services

**Residential Services**
- Adult Residential Treatment Services
- Crises Residential Treatment Services

**Inpatient Services**
- Acute Psychiatric Inpatient Hospital Services
- Psychiatric Inpatient Hospital Professional Services
- Psychiatric Health Facility services

**Outpatient Services**
- Outpatient Drug Free
- Intensive Outpatient (newly expanded to additional populations)
- Residential Services (newly expanded to additional populations)
- Narcotic Treatment Program
- Naltrexone

**New Services**
- (Administrative linkage to County AOD still being discussed)

**MCP services to be carved-in effective 1/1/14**
- Individual/group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication treatment (Current list of psychotropic medications will continue to be carved-out.)
- Psychiatric consultation
- Outpatient laboratory, medications, supplies, and supplements
- Substance Use Screening and Brief Intervention for adults ages 18 and older (target 2014)
Update on MH implementation efforts

MH Benefits: Managed Care Plans

Effective January 1, 2014, eligible Medi-Cal beneficiaries may receive mental health benefits through Medi-Cal Managed Care Plans (MCPs). These services will continue to be offered as FFS benefits for eligible beneficiaries that are not enrolled in an MCP.

• MCP/FFS Mental Health Services:
  – Individual and group mental health evaluation and treatment (psychotherapy)
  – Psychological testing when clinically indicated to evaluate a mental health condition
  – Outpatient services for the purposes of monitoring medication treatment
  – Outpatient laboratory, medications, supplies and supplements
  – Psychiatric consultation
  – Screening and Briefing Intervention (SBI) – target 2014
Update on MH implementation efforts

- **Workgroup Meetings**
  - DHCS convened a group comprised of stakeholders, county specialty mental health representatives, and Medi-Cal managed care representatives to discuss issues including:
    - Referral processes
    - Defining the benefit
    - Assessments
    - MOUs
    - Monitoring
    - Dispute resolution
  - Sub-groups were established
  - Group will continue to meet monthly until January 1, 2014 and then quarterly thereafter
Update on MH implementation efforts

• Managed Care
  – Drafted contract language
  – Identified plan readiness requirements; will release this week
    • Aligned with DMHC on material modification
  – Identified network standards
  – Established rates and sent to plans
  – Drafted template EOC language
  – Drafted MOU requirements
    • Plans will attest by January 1 to what will be included in the MOU
  – Drafted All Plan Letters on MH benefit and MOU template; will release by early December
## Update on MH implementation efforts

### Implementation Activities Ahead For Managed Care Mental Health Benefits

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Completion/Target Date(s)</th>
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<tbody>
<tr>
<td>2. Define benefits, eligibility criteria, referral processes and care model</td>
<td>October 4, 2013</td>
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<td>3. Submit 1115 Waiver Amendments to CMS (Managed Care)</td>
<td>October 18, 2013</td>
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<td>4. Conduct Partner/Stakeholder Meetings and explore efficient and effective strategies to engage Partners/Stakeholders on an ongoing basis to prioritize and deal with recommendations (e.g. including Business Plan, Service Plan and “parking lot”)</td>
<td>September - On-going</td>
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<td>5. Develop MCP Capitation Rates/ MCP Contract Amendments</td>
<td>September - October 2013</td>
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<td>6. MCPs develop networks</td>
<td>October – December 15, 2013</td>
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<td>7. Notify Beneficiaries and Providers of benefit changes</td>
<td>November – December 2013</td>
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<td>8. DHCS conduct plan readiness reviews</td>
<td>December 2013</td>
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<td>10. Develop Beneficiary Navigation Tool</td>
<td>Early 2014</td>
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<td>11. Additional plan requirements reviews</td>
<td>Early 2014</td>
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More information

• E-mail for Questions:

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• Mental Health and Substance Use Disorder Services: MHSUDStakeholderInput@dhcs.ca.gov