

Behavioral Health Expansion

Agenda (9:45am to 10:30 am)

- Overview of Mental Health Benefit Expansion
- Mental Health Services in Managed Care
- Specialty Mental Health Services
- Expansion of Mental Health Services Provider Network
- Managed Care Plan Experience
- Mental Health Plan Experience
- Mental Health Service Provider Experience
- Mental Health Advocates Experience
- Questions & Responses

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Mental Health Benefit Expansion

January 1, 2014, eligible Medi-Cal beneficiaries may receive expanded mental health benefits through Medi-Cal Managed Care Plans (MCPs), the Fee-For-Service (FFS) delivery systems, and county-administered specialty mental health services (SMHS).

- 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 drug therapy
 - Outpatient laboratory, drugs, supplies and supplements
 - Psychiatric consultation
 - Specialty mental health services provided by County Mental Health Plans

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Mental Health Benefit Expansion

- A beneficiary obtains eligibility for mental health services if diagnosed with a mental health disorder as defined by the *Diagnostic and Statistical Manual of Mental Health Disorders (DSM)* resulting in mild to moderate distress or impairment of mental, emotional or behavioral functioning. Conditions that the DSM identifies as relational problems, that is, couples counseling or family counseling for relational problems are not covered.
- Eligible beneficiaries may receive Medi-Cal mental health services through all Medi-Cal delivery systems including Managed Care and FFS delivery systems.
- Beneficiaries, including children, that meet medical necessity criteria for SMHS will receive mental health services via county-administered specialty mental health services plans.

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Specialty Mental Health Services

- Outpatient Services
 - Mental Health Services (assessment, plan development, therapy, rehabilitation and collateral)
 - Medication Support Services
 - Day Treatment Intensive
 - Day rehabilitation
 - Crisis Intervention
 - Crisis Stabilization
 - Targeted Case Management
- Inpatient Services
 - Acute psychiatric inpatient hospital services
 - Psychiatric Inpatient Hospital Professional Services if the beneficiary is in a fee-for-service hospital (rather than a Short-Doyle/Medi-Cal acute psychiatric inpatient hospital).

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Expansion of Mental Health Services in Managed Care

- Readiness
 - All Managed Care Plans (MCPs) have behavioral health networks
 - DMHC Material Modifications are due in March 2014
- Developed Contract Amendments
- Workgroups
 - Referral processes, MOU, Metrics, Dispute Resolution (future)
- MOUs – working with the counties to develop
 - Due June 30, 2014
 - Many are in place already
- Metrics and Monitoring
 - Health plan reporting template
 - Plans will report monthly initially and then quarterly
 - Will be included on the Medi-Cal Managed Care Performance Dashboard
- Next Steps:
 - Joint calls with Managed Care Plans (MCPs) and Mental Health Plans (MHPs) to further communication and integration
 - Investigating potential issues that have been reported
 - Telepsychiatry – evaluating new ways to expand networks

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Implementation Activities MH Expansion

Some of the high level implementation activities completed or pending completion for the MH expansion:

- ✓ Define benefits, services, eligibility criteria, provider responsibilities, referral processes, etc.
- ✓ Conduct ongoing Stakeholder meetings
- ✓ Submit and negotiate State Plan Amendments with CMS
- ✓ Submit and negotiate 1115 Waiver Amendments with CMS
- ✓ Develop and vet reimbursement rates
- ✓ Develop and conduct plans' readiness assessments
- ✓ Develop contract amendments
- ✓ Develop regulation amendments
- ✓ Develop quality assurance plans
- ✓ Submit and negotiate State Plan Amendment for Expansion of Mental Health Services Provider Network

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- Managed Care Plan Experience
 - Steve Melody
 - Ingrid Lamirault
 - Bob Freeman
 - Anthem
 - Alameda Alliance
 - CenCal
- Mental Health Plan Experience
 - Marv Southard
- Mental Health Service Provider Experience
 - Marty Lynch, Lifelong FQHC
 - Herrmann Spetzler, Open Door FQHC
 - Al Senella, Tarzana Treatment Center FQHC
 - Erica Murray, CAPH
 - Bill Barcelona, CAP-G
 - Lishuan Francis, CMA
- Mental Health Advocates Experience
 - Rusty Selix
 - Sandra Naylor-Goodwin

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- Questions & Responses

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Agenda (10:30 am to 11:00 am)

- Screening, Brief Interventions and Referral to Treatment (SBIRT) Benefit and SBIRT Training
- Voluntary Inpatient Detoxification Benefit
- Institutions for Mental Diseases (IMD)
- Ryan White Issues
- Mental Health Service Providers (MFTs, Interns)
- FQHC Services

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Screening, Brief Interventions and Referral to Treatment (SBIRT)

- In April 2013, the United State Preventive Services Task Force (USPSTF) recommended that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
- Effective January 1, 2014, the law requires that Alternative Benefit Plans covered preventive services described in section 2713 of the Public Health Service Act as part of essential health benefits. Section 2713 includes, among others, alcohol screening and brief behavioral interventions (Affordable Care Act Section 4106).
- Effective January 1, 2014, Medi-Cal providers who meet requirements to screen and provide brief interventions for alcohol misuse to Medi-Cal beneficiaries, 18 years and older, in primary care settings may be reimbursed for services. Reimbursement is in connection with alcohol abuse only and not for drug-related services.
- A key aspect of SBIRT is the integration and coordination of screening, early intervention, and treatment components into a system of care. This system links physical care, social services and specialty treatment programs.

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Screening, Brief Interventions and Referral to Treatment (SBIRT) DHCS Training

- Phase 1: Training for Medical Directors and Physician Leadership
 - Live Webinar (December 19, 2013) <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>
- Phase 2: Training for Clinical Supervisors and providers: separately for health care professionals and non-health care professionals
 - Live Webinars: (February – April, 2014) <http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>
- Phase 3: Training on screening tools and behavioral interventions:
 - Online trainings
 - Resources, information and tools on the DHCS Website:
<http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>

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Voluntary Inpatient Detoxification

- In accordance with Senate Bill X1 1 (Hernandez, Chapter 4, Statutes of 2013), Section 29, and the Patient Protection and Affordable Care Act, effective January 1, 2014, voluntary inpatient detoxification is a Medical benefit for qualifying beneficiaries as medically necessary. *Admission for voluntary inpatient detoxification must meet specific medical criteria.*
- This is a fee-for-service benefit, reimbursed by diagnosis-related groups methodology for inpatient general acute care hospitals that do not participate in certified public expenditure (CPE) reimbursement and reimbursed by CPE for designated public hospitals providing inpatient general acute care services. ***These facilities cannot be Chemical Dependency Treatment Facilities or Institutions for Mental Disease (IMD) as defined by 42 U.S.C. 1396d(i). The IMD payment exclusion will apply.***
- Voluntary inpatient detoxification services require authorization. Claims submitted for services rendered without an approved *Treatment Authorization Request* (TAR) may be denied. Submit TARs to local field offices for approval per established processes.
- The three TAR forms, *Request for Extension of Stay in Hospital* (18-1), *Treatment Authorization Request* (50-1) and electronic Treatment Authorization Request, are used to request approval of the beneficiary admission for an inpatient stay. Documentation submitted with the TAR should verify the admission criteria are met and the medical necessity for the inpatient stay.

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Institutions for Mental Disorders (IMD)

- CMS interpretation of the IMD exclusion (>16 beds, licensed staff) is impacting California's ability to provide Residential Treatment Services.
- DHCS has requested an interpretation of the IMD exclusion that does not rely on the number of beds and recognizes the important characteristics and services provided through the residential treatment benefit.
- Recent discussions with CMS are encouraging...
- We will continue to collaborate with our stakeholders, partners and CMS to develop a viable solution.

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Ryan White Issues

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Expansion of Mental Health Provider Network

Marriage and Family Therapists (MFTs)

Registered /Waivered Interns

- DHCS is discussing with CMS.
- Knox-Keene limitations on the use of interns.
- Interns must be supervised by licensed mental health practitioners.
- Tribal Notice to be posted February 21, 2014
- State Plan Amendment 14-012 to be filed prior to March 31, 2014, and will be retroactive to January 1, 2014.

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FQHC Issues

- MFTs
- Same day billing
- Provider Experience
 - Marty Lynch, Lifelong FQHC
 - Herrmann Spetzler, Open Door FQHC
 - Al Senella, Tarzana Treatment Center FQHC

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Contact Information

Website:

www.dhcs.ca.gov

For MH:

Laurie.Weaver@dhcs.ca.gov - (916) 552-9400

Sarah.Brooks@dhcs.ca.gov – (916) 449-5000

Margaret.Tater@dhcs.ca.gov - (916) 449-5000

For SMHS:

Brenda.Grealish@dhcs.ca.gov - (916) 440-7800

Karen.Baylor@dhcs.ca.gov - (916) 440-7800

For SUD:

Marlies.Perez@dhcs.ca.gov - (916) 440-7800

Marjorie.McKisson@dhcs.ca.gov – (916) 440-7800