DHCS Behavioral Health Forum
Fiscal Title

Fiscal Forum - Charter

Background and Purpose of the Behavioral Health Forum:
The Behavioral Health Forum provides key stakeholders, and other interested parties, with updates regarding critical policy and programmatic issues impacting public mental health and substance use disorder services (MHSUDS). The Behavioral Health Forum will provide stakeholders with an opportunity to learn about the status of more than 100 program and policy issues identified in the DHCS Business Plan, as well as from other sources, such as the *California Mental Health and Substance Use System Needs Assessment and Service Plan*, which have been organized into a grid format and assigned to four Forums (Strengthen Specialty Mental Health and Drug Medi-Cal County Programs and Delivery Systems; Coordinated and Integrated Systems of Care for MHSUDS and Medical Care; Coordinated and Useful Data Collection, Utilization, and Evaluation of Outcomes; and Simplified and Cost Effective Fiscal Models). Each of these forums will provide DHCS with a venue for updating stakeholders on identified priority areas. These forums will also give stakeholders across the state and interested parties an opportunity to provide input on these priorities. Stakeholder participation will vary depending on the particular topic being addressed by that forum. If appropriate, DHCS will convene workgroups of key stakeholders and subject matter experts to develop recommendations related to specific program and policy issues.

Fiscal Forum

The Fiscal Forum will specifically address key areas related to improving fiscal policy, reimbursement methodologies, and billing processes for MHSUD – Short Doyle Medi-Cal.

Objectives:

- Develop longer term fiscal models to move forward in area of post realignment and health care reform worlds.
- Pursue solutions to provide counties with greater flexibility to manage fiscal & program risks as well as to implement different program and fiscal models.
- Develop process for state & counties to define roles & responsibilities to manage shared financial risk.
- Establish effective policy and processes for purchasing services.
- Streamline program oversight and reduce administrative burden that could detract from investing funds in direct services.

FY 2014/2015 Priorities:

- **Improve Fiscal Policies/Statute/Regulations**
  - Determine where authority lies for which types of decisions. Determine the extent to which discontinuities exist between authority, responsibility and financing, and where legislation, regulations, or new models are needed. (Grid Issue #10)
  - Numerous issues related to MH financing must be addressed. Mental health funding, the administration of funding, and enforcement of regulations need to be compatible with principles of recovery, client-centered treatment, and desired client and system outcomes. (Grid Issue #33)
  - There are a number of DMC-specific statutes enacted since 1980. Many of them outline the mode and method – even the number – of treatments available under the DMC program, as well as establish rate-setting and reimbursement models. (Grid Issue #24)
  - DHCS recognizes rural and small county issues in financing and service delivery. The challenges of the service delivery in the smallest counties should be considered in all finance related decision making. Large counties contain rural areas with similar challenges that are in need of similar consideration. (Grid Issue #34/35)

- **Improve Reimbursement Methodologies**
  - DHCS will have options for the design of state and county financing mechanisms; for example, continued fee-for-service, capitation, pay-for-performance, or other models. (Grid Issue #14)
  - A similar range of options will be available for local-level provider reimbursement – per-member per-month, case rate or other bundled reimbursement, pay for performance, and other methods. Selection of provider payment methods could also be a county option. (Grid Issue #14)
  - Provide counties the authority and tools to contract with high-performing, financially responsible providers in order to provide cost effective services that produce good clinical outcomes. (Grid Issue #40)
  - County reimbursement of providers is aligned with outcomes. This is a phased process considering all the other changes on the horizon. The system has metrics on which outcome-incentivized reimbursements can be based. (Grid Issue #16)

- **Improve the Billing System/Process**
  - Standardize MH and SUD fiscal systems, including budgeting, cost reporting, and billing formats and requirements. This should be done within the broader context of reducing and simplifying state-imposed administrative burdens. Budget, cost report, billing and claims adjudication processes for DMC should conform to practices for Short-Doyle Medi-Cal (This means timelines, data elements, reporting requirements, communications between state and counties,

etc.) to ensure quality and efficiency in both communication and administration. (Grid Issue #45/50)

- Streamline the billing process. (Grid Issue #5)
- Examine the legal and information technology system requirements/business rules/processes for timely reimbursement of claims and to reduce the number of disallowed claims. (Grid Issue #6)
- Increase the efficiency and accuracy of the Medi-Cal Eligibility Determination System. Simplify Medi-Cal aid codes and enrollment and eligibility systems. (Grid Issue #49/52)

Forum Details:

Date	July 2014
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