



DHCS: MH/SUDS Partner-Stakeholder Engagement

Call-In and Update

***Implementation of New & Expanded Medi-Cal MH/SUD
Benefits for Current and Expansion Populations***

December 16th, 2013

December 16th Agenda

1. **Welcome and Introductions**
2. **Update on Mental Health (MH) & Substance Use Disorders (SUD) Implementation Efforts**
 - Mental Health Benefits and Delivery Systems
 - Substance Use Disorders Benefits and Delivery Systems
 - Duals (*CalMedi-Connect*) Update
3. **Input from Partners and Stakeholders**
 - * Questions/Comments/Recommendations
4. **New Initiatives: *Behavioral Health Quality Assurance Forum***
5. **Input from Partners and Stakeholders re. new initiative**
 - * Questions/Comments/Recommendations
6. **Next Steps**



Update on MH and SUD Implementation Efforts

REMINDER: Your Written Input is Extremely Valuable

Please provide your written input via our new
web-site email address :

MHSUDStakeholderInput@dhcs.ca.gov



Update on MH and SUD Implementation Efforts

2. Update on Various MH Implementation Efforts



Update on MH and SUD Implementation efforts

Sarah Brooks and Laurie Weaver :

Branch Chiefs- Medi-Cal Managed Care Division and Benefits Division

MH and SUD Benefits: Managed Care Plans and FFS

Effective January 1, 2014, Medi-Cal beneficiaries may receive mental health benefits through Medi-Cal Managed Care Plans (MCPs). These services will also be available 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

 - **MCP/FFS Substance Use Disorder Services:**
 - Screening, Brief Intervention and Referral to Treatment (SBIRT)
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Medi-Cal Expansion and Implementation Efforts

Laurie Weaver: Chief- Benefits Division

Screening, Brief Intervention, and Referral to Treatment (SBIRT):

- **Effective January 1, 2013, Medi-Cal preventive services and vaccines for adults are covered with no copayment, for individuals age 19 and older. Medi-Cal will cover preventive services that are assigned a grade A or B by the United States Preventive Services Task Force (USPSTF), and vaccines for adults that are recommended by the Advisory Committee on Immunization Practices.**
- **In 2013, the 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, Medi-Cal will cover SBIRT in primary care settings.**



Medi-Cal Expansion and Implementation Efforts

Laurie Weaver: Chief- Benefits Division

- **SBIRT services are a covered benefit for alcohol use or misuse in primary care settings.**
- **For those that screen positively to a single question about alcohol use:**
 - Full screen, using Medi-Cal approved screening tool.
 - One to three brief intervention services for those beneficiaries identified via full screen with risky alcohol use.
 - Beneficiaries with hazardous/harmful alcohol use/misuse shall be referred to mental health and/or County Alcohol and Drug Program.
- **Screening and brief intervention services in primary care are reimbursable services**
- **Look for policy in the Medi-Cal Bulletin.**



Update on MH and SUD Implementation efforts

Sarah Brooks: Branch Chief- MMC Division

- **Related to Implementation-- Managed Care and MHS Div. Convened Workgroup Meetings**
 - **DHCS convened a time-limited group comprised of Association representatives, county specialty mental health representatives, and Medi-Cal managed care representatives to discuss immediate managed care plan and mental health and county alcohol and drug plan operational issues including:**
 - Referral processes
 - Defining the benefits
 - Assessments
 - MOUs
 - Monitoring
 - Dispute resolution
 - **Sub-groups were established**
 - **This group is being expanded going forward to include other key stakeholders**
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Update on MH and SUD Implementation efforts Sarah Brooks: Branch Chief- MMC Division

- **Managed Care Division has.....**
 - 1. Drafted contract language**
 - 2. Identified plan readiness requirements; released to plans**
 1. Aligned with DMHC on material modification
 - 3. Identified network standards**
 - 4. Established rates and sent to plans**
 - 5. Drafted template EOC language**
 - 6. Drafted MOU requirements**
 - Plans will attest by January 1 to what will be included in the MOU
 - 7. Drafted/Released All Plan Letters on MH benefit and MOU template**



Update on MH and SUD Implementation efforts

Sarah Brooks and Laurie Weaver : MHSD, BD and MMCD

Some Key Implementation Activities Ahead For Managed Care Mental Health Benefits

Milestone	Status/Target Date(s) (if not completed)
1. Submit State Plan/1915b Waiver Amendments to CMS	COMPLETED SPA submitted September 20, 2013 1915 (b) waiver amendment submitted September 30, 2013
2. Define benefits, eligibility criteria, referral processes and care model	October 4, 2013
3. Submit 1115 Waiver Amendments to CMS (Managed Care)	COMPLETED October 30, 2013
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 <i>Business Plan</i> , <i>Service Plan</i> and " <i>parking lot</i> ")	September - On-going
5. Develop MCP Capitation Rates/ MCP Contract Amendments	September - November 2013
6. MCPs develop networks	October – December 15, 2013
7. Notify Beneficiaries and Providers of benefit changes	November – December 2013
8. DHCS conduct plan readiness reviews	November 15 – December 31
10. MCP/Counties execute MOU amendments	December 2013 – June 2014
11. Develop Beneficiary Navigation Tool	Mid 2014



Clear and concise communication and coordination between the County MH/SUD programs and the Medi-Cal Managed Care and FFS programs is key

Screening → Assessments → Referrals → Care Coordination → Case Management

County Mental Health Plans (MHP)

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental Health Services

Outpatient Services

- ✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
- ✓ Medication Support
- ✓ Day Treatment Intensive Services
- ✓ Day Rehabilitation Services
- ✓ Crises Intervention and Crises Stabilization
- ✓ Targeted Case Management
- ✓ Therapeutic Behavioral 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 (PHF) 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

Outpatient Services

- ✓ Outpatient Drug Free
- ✓ Intensive Outpatient Treatment
- ✓ Residential Treatment Services
- ✓ Perinatal Residential Treatment Services
- ✓ Narcotic Treatment Program
- ✓ Naltrexone
- ✓ Voluntary Inpatient Detoxification

Medi-Cal Managed Care Plans (MCP) and Fee for Service (FFS)

Target Population: Children and adults in Managed Care Plans who meet medical necessity criteria for Medi-Cal Mental Health Services

Outpatient Services

- ✓ 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 drug therapy
- ✓ Psychiatric consultation
- ✓ Outpatient laboratory, drugs, supplies and supplements
- ✓ Specialty mental health services currently provided by County Mental Health Plans (MHPs) will continue to be available
- ✓ Substance Use-- Screening, Brief and Referral to Treatment (SBIRT) ages 18 and older



Update on MH and SUD Implementation efforts

- **Update on Various SUD Implementation Efforts**



Update on SUD implementation efforts Dave Neilsen- Chief: PTRS Division

- **There are 5 areas where all eligible beneficiaries may receive the following SUD services**
 1. Outpatient Drug Free Treatment
 2. Narcotic Treatment Services
 3. Intensive Outpatient treatment
 4. Residentially Based SUD Services
 5. Voluntary Medically Necessary Inpatient Detoxification
- **Ongoing efforts to expand the DMC Provider pool for the provision of expanded benefits include:**
 - **Both SUD Services Divisions are working with county partners to identify and reduce barriers wherever possible.**
 - **Counties have been aware of the upcoming increases and have been working (especially the top 10 largest counties) to ready themselves over the past several years.**
 - **SUD Compliance Division is developing mechanisms to partner with counties interested in assisting with DMC Certification.**
 - **SUD Compliance Division provided a webinar on DMC Certification to all interested providers. The webinar is posted and available to view: <http://www.dhcs.ca.gov/formsandpubs/Pages/DHCSVideos.aspx>**



Update on SUD implementation Efforts

Dave Neilsen: Chief: SUD-PTRS Division/ Laurie Weaver: Chief-Benefits Division

Some Key Implementation Activities Ahead For SUD

Milestone	Status/Target Date(s) (if not completed)
1. Submit State Plan Amendment/Submit Final	October/December 2013
2. Clearly define benefits, medical necessity criteria, referral processes and care models	December 2013
3. Continue Partner/Stakeholder Meetings to include Primary Care representatives and explore efficient and effective strategies to engage Partners/Stakeholders on an ongoing basis to deal with recommendations (e.g. including <i>Business Plan</i> , <i>Service Plan</i> , and “ <i>parking lot</i> ” recommendations)	On-going
4. Finalize Proposed Reimbursement Rates/Contract Amendments	September - December 2013
5. Perform IT system programming changes to Short-Doyle/SMART for adjudication of claims and Cost Reporting	September- December 2013
6. Notify Beneficiaries and Providers of benefit changes	November – December 2013
7. Continue to amend the Drug Medi-Cal Program for ACA compliance and increased program integrity /quality as well as analyze additional state options for increased program integrity and quality services	November 15 – December 31
8. Amend /Submit Title 22 Regulations	October – December, 2013
9. <u>Develop Beneficiary Navigation Tool</u>	Mid 2014



Update on MH and SUD implementation efforts: *Cal Medi-Connect* **Rollin Ives: Special Advisor-MHSUDS**

- The *Duals* demonstration (now called *Cal-Medi-Connect*) is another important update related to MH & SUD implementation efforts
 - The state Medi-Cal and the federal Medicare programs (CMS) have partnered to launch a three-year project to promote coordinated health care delivery to seniors and people with disabilities who are dually eligible for both Medi-Cal and Medicare-----
 - Called “*dual eligible*” beneficiaries—the goal is to improve these beneficiaries with coordination and connections between behavioral health and physical health providers so as to improve quality, satisfaction, outcomes and cost effectiveness
 - *Cal-Medi-Connect* readiness efforts are progressing in 8 counties in California (Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside and San Bernardino) and are scheduled to start no earlier than April 1st , 2014
 - The dual eligibles represent some of the most expensive and medically complicated patients in the health-care system so *Cal MediConnect* has a strong focus on the integration of physical health, mental health and substance use disorder benefits and services
 - A major goal for the *Cal MediConnect* program is to improve care coordination for dual eligible beneficiaries. The program supports high quality care that helps people get or stay healthy as well as remain in their homes for as long as possible.
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Update on MH and SUD implementation efforts: *Cal Medi-Connect* **Rollin Ives: Special Advisor-MHSUDS**

- The *Cal-Medi-Connect* effort is also providing crucial information as to how to strengthen integration of MH and SUD services both within and outside DHCS as well as how to encourage and support effective coordination and collaboration between the Federal Government, the state, the Managed Care Plans, the county MHPs, county alcohol and drug programs, community based providers and other stakeholders.
- Much of what is being learned with the *Cal-Medi-Connect* is being used to inform the discussions your hearing today regarding implementation of mh/sud benefits in the county, managed care and FFS systems as a result of the ACA
- Key Current Update Issues
 - MOUs have been signed
 - MOUs are also being used as a template to help guide discussions for Health Care Reform integration/collaboration efforts between MCPs and MHPs
 - Continuing monthly meetings with leads from MCPlans and MHPs re. implementation; stakeholder quarterly
 - Continuing concerns we're tracking
 - The building of sufficient networks and addressing credentialing barriers
 - Addressing data sharing between MCPs and MHPs
 - Supporting Stakeholder and CBO (community based organization) communication and involvement
 - Addressing Medi-Cal and Medicare claiming questions
 - Ensuring an effective clinical and administrative dispute resolution process
- Please share any questions/comments/concerns by contacting us directly at the *CalMedi-Connect* e-mail address--- info@CalDuals.org --- or by the general e-mail address at: MHSUDStakeholderInput@dhcs.ca.gov



Contact Information

Reminder---below are some reliable addresses to send your input.....

General E-mail address : MHSUDStakeholderInput@dhcs.ca.gov

For:

Managed Care: Sarah.Brooks@dhcs.ca.gov - (916) 449-5077

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

MH: Brenda.Grealish@dhcs.ca.gov - (916) 323-3582

SUD: Dave.Neilsen@dhcs.ca.gov - (916) 322-7012

Cal Medi-Connect: Rollin.Ives@dhcs.ca.gov (916) 440-7566



Update on MH and SUD implementation efforts

- **We'd now like to take questions regarding the updates**
- **Also a reminder, your input is invaluable to us.....and your suggestions help us improve our services and activities**
- **If you don't get a chance to talk today--- please use our web-site address:**

MHSUDStakeholderInput@dhcs.ca.gov



Update on MH and SUD implementation efforts

New Initiatives

New Initiatives:

Behavioral Health Quality Assurance Forum



New Initiatives

- Today we are introducing the *Behavioral Health Quality Assurance Forum*
- Given DHCS's new and significant role with community MH and SUD services in California---The Administration and Legislature requested DHCS develop an approach to provide an ongoing forum for state and county leaders to.....
 - Identify
 - Prioritize
 - Track
 - Monitorcritical mental health (MH) and substance use disorder (SUD) public program/policy and/ or funding issues to more effectively coordinate, integrate and deliver community based mh/sud services and care.
- This will involve the creation of a new *Quality Assurance Forum*, chaired by Karen Baylor, Deputy DHCS: MHSUDS involving three program/policy committees and regularly scheduled Stakeholder forums where DHCS and county partners will report out and receive input on everything from ACA implementation efforts to long-standing MHSUDS program and policy issues.



Behavioral Health Quality Assurance Forum

- Using the June 2013 Report: **“Stakeholder Recommendations for Mental Health and Substance Use Disorder Services- Presented to The CA Department of Health Care Services and Its County Partners”** (also known as *“The Business Plan”*) as a guide, DHCS has compiled the most current recommendations from *The Business Plan*, the CMS required *Service Plan* as well as the variety of *“parking lot”* issues that have been raised during the implementation discussions regarding existing, new and/or expanded specialty and non-specialty MH/SUD benefits.
- The proposed organization structure (next slide) is comprised of....



BEHAVIORAL HEALTH QUALITY ASSURANCE FORUM

**BEHAVIORAL HEALTH
QUALITY ASSURANCE FORUM**

MEMBERSHIP:

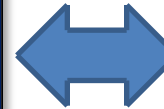
- CMHDA
- CIMH
- CSAC
- MHSOAC
- CA MH Planning Council
- Managed Care Plan representation
- Other key DHCS areas of jurisdiction (Elig./Benefits, Financing, and Health Care Del. Sys.)

**KAREN BAYLOR
MHSUD DEPUTY DIRECTOR
CHAIR**

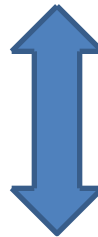
FUNCTIONS:

- Prioritize Issues
- Make policy recommendations
- Track progress and status of issues under consideration
- Oversee stakeholder engagement

**CONSUMER / FAMILY
MEMBER STAKEHOLDER
"OPEN TO ALL" STAKEHOLDER
FORUMS
(Frequency TBD)**



DRAFT



DRAFT



**"STRENGTHEN SPECIALTY MENTAL HEALTH
AND DRUG MEDI-CAL COUNTY PROGRAMS
AND DELIVERY SYSTEMS" COMMITTEE
CO-CHAIRS**

MHSD – DINA KOKKOS-GONZALEZ
SUD – DON BRAEGER

**"DEVELOP A COORDINATED AND INTEGRATED
SYSTEM OF CARE FOR MHSUD AND MEDICAL
CARE" COMMITTEE
CO-CHAIRS**

MHSD – RITA McCABE
MMCD – MARGARET TATAR

**"CREATE COORDINATED AND USEFUL DATA
COLLECTION, UTILIZATION & EVALUATION OF
OUTCOMES" COMMITTEE CO-CHAIRS**

MHSD – GARY RENSLO
SUD – RACHELLE WEISS

COMMITTEE FUNCTIONS:

- Recommend prioritization of issues and work plan tasks
- Recommend policy and program actions
- Invite participation from other DHCS as well as other areas of jurisdiction (e.g. Managed Care, Benefits, Office of the Medical Director, other state agencies etc.)
- Invite Stakeholders to meetings and arrange open public forums as needed
- Invite Legislative Staff to meetings and/or solicit review and comment
- Report out as needed (internally and externally)

Version 12-09-13

Behavioral Health Quality Assurance Forum

- This list of recommendations from the *Business Plan*, the *Service Plan* and implementation *parking lots* will serve as the initial focus
- The *Behavioral Health Quality Assurance Forum* will have three committees (titles were based on the three core recommendations of the “*Business Plan*”). The proposed titles and chairs of the three sub-committees are:
 - “*Strengthen Specialty Mental Health & Drug Medi-Cal County Programs and Delivery Systems*”- *Sub-committee*
 - Chairs: Dina Kokkos-Gonzales (MHSD)/Don Braeger (SUD-PC)
 - “*Develop a Coordinated and Integrated System of Care for MH/SUD and Medical Care*” - *Sub-committee*
 - Chairs: Rita McCabe (MHSD)/Margaret Tatar (MMCD)
 - “*Create Coordinated and Useful Data Collection, Utilization, and Evaluation of Outcomes*” - *Sub-committee*
 - Chairs: Gary Renslo (MHSD)/Rachelle Weiss (SUD)



Behavioral Health Quality Assurance Forum

- **The role of the *Committees* will be to:**
 - Recommend prioritization of issues and work plan tasks
 - Recommend policy and program actions
 - Invite participation from other DHCS as well as other areas of jurisdiction (e.g. Managed Care, Benefits, Office of the Medical Director, other state agencies etc.)
 - Invite Stakeholders to meetings and arrange open public forums as needed
 - Invite Legislative Staff to meetings and/or solicit review and comment
 - Report out as needed (internally and externally)
- **Frequency: TBD**
- **Membership includes:**
 - MHSUDS staff
 - As needed participation from other DHCS as well as other areas of jurisdiction (e.g. Managed Care, Benefits, Office of the Medical Director, other state agencies etc.)
 - Invited/Interested Stakeholders
 - Invited/Interested Legislative Staff



Behavioral Health Quality Assurance Forum

- As an additional tool for meaningful stakeholder engagement, regularly scheduled stakeholder forums will be convened to report on issues, provide updates, and receive stakeholder input.
- The *Behavioral Health Quality Assurance Forum* with the three committees and stakeholder forums are all intended to help ensure stronger centralization, coordination, collaboration, accountability and stronger stakeholder engagement.
- The role of the “*Open to All*” Consumer-Family Member Stakeholder Forums will be an opportunity for DHCS and Partners to:
 - Provide updates to stakeholders regarding prioritized issues and annual Work Plan
 - Receive input from stakeholders regarding comprehensiveness and accuracy of identified and prioritized issues
 - Discuss new issues for possible consideration and assignment to committees
- The next “*Open to All*” Consumer/Family Member Stakeholder Forum will be scheduled February, 2014



Behavioral Health Quality Assurance Forum

- We'd now like to take questions regarding the new *Behavioral Health Quality Assurance Forum* initiative
- Also a reminder, if you don't get a chance to talk today or you think of an additional question later--- please send a brief written summary of your questions/comments to-

MHSUDStakeholderInput@dhcs.ca.gov

- Having them, in writing helps our tracking and also ensures we don't miss or misunderstand all aspects of your comments.



Behavioral Health Quality Assurance Forum

- **Thank you for your comments and participation**
- **If you didn't have a chance to speak or if you have some ideas following this meeting, please write to us...**
- **And again...even if you did get to speak on this call--- please send us your comments in writing as it helps our tracking and accountability.**
- **Written Stakeholder input should be sent via e-mail to:**
MHSUDStakeholderInput@dhcs.ca.gov



Update on MH and SUD implementation efforts

A final note and a request.....

- **DHCS is interested in your feedback regarding these meetings**
- **Participants are asked to complete a brief survey via *Survey Monkey***
- **The survey should take less than five minutes to complete**
- **You may access the survey at the following web address:**
<https://www.surveymonkey.com/s/7TCSB63>
- **You may also access the survey by visiting the DHCS MH/SUD Partners & Stakeholders webpage(s) at the following web address:**
http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD_Partners-Stakeholders.aspx



Update on MH and SUD implementation efforts

Next Steps

- We'll plan another update in February
- But as an ongoing resource, please use our contact list (see slide #17) and e-mail address (MHSUDStakeholderInput@dhcs.ca.gov) to send any issues/questions/concerns
- Can't emphasize enough how valuable your written input is



Update on MH and SUD implementation efforts

Thank you

