



Affordable Care Act
Behavioral Health *Service Plan*
for
Medicaid Expansion Population
Stakeholder/Partner
Meeting/Call-In

July 30, 2013

July 30th Agenda

1. Department and Consultant Introductions

2. Review of the Path from *Needs Assessment* to *Service Plan*

* Questions/Comments

3. Recent Key Decisions re. Benefits and Delivery Systems

* Questions/Comments

4. Preliminary Overview of Each Section of Current Draft *Service Plan*

* Questions/Comments

5. Next Steps and Meetings to finalize *Service Plan* for CMS on Oct. 1st

* Questions/Comments



2. Review of the Path from *Needs Assessment* to *Service Plan*



Your Written Input is Extremely Valuable

- **For any text edits or additions, please submit any comments formally in writing with the page citation from the draft document.**
- **Your suggested wording for DHCS to consider will reduce the risk of missing or misunderstanding your point**

**Please provide written stakeholder input via
web-site address :**

1115BehavioralHealthAssessment@dhcs.ca.gov



Review of the Path from *Needs Assessment* to *Service Plan*

Special Terms and Conditions of California's Section 1115 Bridge to Reform Demonstration

1115 Bridge to Reform Waiver Special Terms and Conditions (STCs) required the following:

- **67. Initial Behavioral Health Services Needs Assessment** - No later than March 1, 2012, The State will submit to CMS a comprehensive assessment, developed collaboratively with the State Departments of Mental Health and Alcohol and Drug Programs, of its current behavioral health system, anticipated growth needs to meet all Medicaid needs by 2014, including mental health and substance use services system. **(Completed)**

- **68. Behavioral Health Services - By October 1, 2012**, the State will submit a detailed plan, including how the State will coordinate with the Department of Mental Health and Alcohol and Drug Programs, to CMS outlining the steps and infrastructure necessary to meet requirements of a benchmark plan and ensure strong availability. **(To Be Completed)**



Review of the Path from *Needs Assessment* to *Service Plan*

- **Needs Assessment** was submitted March 1st, 2012
- Originally DHCS had planned to submit the *Service Plan* by October 1st, 2012
- However, the absence of some key Federal guidance as well as state decisions regarding benefits and delivery systems made that target date not possible
- CMS appreciated the need for the due date to be extended
- CMS agreed to accept a draft outline that described what the planned *Service Plan* would contain as the deliverable for the October 1st 2012 due date, and the due date for the completed *Service Plan* was extended to April 1st, 2013.



Review of the Path from *Needs Assessment to Service Plan*

The October 2012 draft outline described the following six sections for CMS:

- 1. Overview***
- 2. Recommended Benefit Design***
- 3. Estimated utilization and costs of the recommended mental health and substance use service benefit design***
- 4. Recommended Medi-Cal expansion population delivery system(s) and enrollment platform(s)***
- 5. State and county enrollment and service engagement strategies for special populations***
- 6. State and County Strategies to Assure Quality and Effectiveness***



Review of the Path from *Needs Assessment* to *Service Plan*

- Following the October, 2012 submission, CMS was well aware that the Administration, Legislature and stakeholders were still actively exploring Medi-Cal expansion options and they extended the due date for the *Service Plan* work product.
- It became clear in February and March this past winter that a decision had not yet been reached and the Administration, Legislature and stakeholders were still actively exploring Medi-Cal expansion options.
- Knowing those decisions were the core of the *Service Plan*, CMS extended the due date for the *Service Plan* work product to October 1st, 2013 and instead, for the April 1st deliverable, agreed to have the Department submit the *Medicaid Alternative Benefit Plan (ABP) Options Analysis* prepared by Mercer with technical assistance from DHCS and funding support from the California HealthCare Foundation (CHCF) and the California Endowment.



Review of the Path from *Needs Assessment* to *Service Plan*

- **The Mercer analysis was seen by CMS as an important analytical component that would help inform the final behavioral health *Service Plan*.**
- **The Mercer document was developed for the purpose of providing California decision makers and stakeholders information regarding the Medicaid expansion alternative benefit plan options.**
- **In the communication to CMS of April 1st, 2013, DHCS communicated...**

As of the date of this letter, the Administration and Legislature are still actively exploring benefit package and delivery system options.

Once those decisions are made, DHCS will incorporate the direction into the Behavioral Health Service Plan which will provide a high level overview of how the selected benchmark benefit package, benefit delivery system(s), projected costs and levels of utilization as well as the concurrent implementation strategies for financing, enrollment, quality oversight/monitoring, access, and work force development will be incorporated into the Service Plan. DHCS will then require several months to complete a reasonable stakeholder review, incorporate edits and receive final administration sign off.



Review of the Path from *Needs Assessment* to *Service Plan*

- **Questions/Comments**



3. Recent Key Decisions re. Benefits and Delivery Systems



Recent Key Decisions re. Benefits and Delivery Systems

BENEFITS

- For all populations (current, mandatory expansion and optional expansion), California will provide the current Medi-Cal mental health (mh) and substance use disorder (sud) benefits and add any benefits covered by Kaiser Small Group that are not currently provided by Medi-Cal.
- This results in adding the following three (3) sud services to the existing DMC program:
 - Intensive Outpatient Treatment (Day Care Rehabilitation) – provide to the full population rather than the current pregnant/postpartum restrictions
 - Residential Substance Use Disorder Services - provide to the full population rather than the current pregnant/postpartum restrictions
 - Elective Inpatient Detox - not restricted to current medical necessity requirements
- There is no impact on specialty mental health services
- This will add benefits to the non-specialty mental health benefit being provided for the managed care plans
- Also, it is now expected that the managed care plans...

"Medi-Cal managed care plans shall provide mental health benefits covered in the state plan excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver."



Recent Key Decisions re. Benefits and Delivery Systems

DELIVERY SYSTEMS

- **The delivery system will be a State based option which involves running Medi-Cal in the current state administered fashion**
- **Specialty mental health services maintains current county administered delivery system**
- **For non-specialty mental health services, Medi-Cal managed care plans will cover non-specialty mental health services (i.e. excludes those benefits provided by county mental health plans under the specialty mental health services waiver)**
 - The MHSUDServices, MMCDivision and Benefits Divisions at DHCS will be working internally and with CMHDA/CADPAAC to clarify the roles/responsibilities and details involved with this element
- **For SUD benefits, the intent is to provide the enhanced benefits through county alcohol and drug programs under Drug Medi-Cal.**
 - Similar to mh benefits, the MHSUDServices, MMCDivision and Benefits Divisions at DHCS will be working internally and with CMHDA/CADPAAC to clarify the roles/responsibilities and details involved with this element
- **The state GF will pay the nonfederal share of the enhanced SUD benefits for all populations (current, mandatory expansion and optional expansion).**



Recent Key Decisions re. Benefits and Delivery Systems

- **Questions/Comments**



4. Brief Overview of Each Section of Current Draft Service Plan



Brief Overview of Each Section of Current Draft Service Plan

CONTENTS

1. Introduction

2. Recommended Benefit Design and Delivery System

3. Estimated Utilization and Costs of the Recommended Benefit Design

4. State and County Engagement and Enrollment Strategies

5. Implications for Provider Network Capacity and Workforce Development

6. Health and Mental health and substance use Service Integration Opportunities and Strategies

7. Suggested Strategies for Performance Measurement , QI and Health Information Technology for Medi-Cal Mental health and Substance Use Disorder Services

8. Conclusion

Appendix A: (Analysis of Mental Health Benefits for Medi-Cal Expansion Population)

Appendix B: (California Mental Health and Substance Use Service Needs Assessment: Executive Summary)

Appendix C: *May 2013 Legislative Report* re. WET 5 Year Plan

Appendix D: ADP Report- *Workforce Development Needs in the Field of Substance Use Disorders*



Brief Overview of Each Section of Current Draft Service Plan

- **Questions/Comments**



- **5. Next Steps and Meetings to Finalize Service Plan for CMS on Oct. 1st**



Current Plan to Finalize Service Plan for October 1st, 2013 Submission to CMS

- 1. July 30th Stakeholder input/feedback call/meeting
- 3. August 8th for further Stakeholder input/feedback at DHCS SAC meeting
- 4. August 19th Stakeholder input/feedback call/meeting. Incorporation of stakeholder input and draft #2 for Service Plan
- 4. September 4th Stakeholder call/meeting to review updated *Service Plan* draft and receive final input
- 5. DHCS closes down input so as to finalize document for CMS submission by October 1st, 2013

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