

## DRAFT HCR WORKGROUP CHART

<b>Overarching Framework for HCR</b>			
<b>ELEMENTS/ COMPONENTS</b>	<b>HCR COMMITTEE THEMES</b>		
	<b>MEANINGFUL STAKEHOLDER INVOLVEMENT</b>	<b>FIVE CORE ELEMENTS OF MHSA PERSEVERED</b>	<b>DOING WHAT IT SAID IT WOULD DO? IMPROVING LIVES?</b>
<p><b>Medicaid Expansion -</b></p> <p>Established a Medi-Cal funded program for most of California’s uninsured by 2014, with phase in starting 2011 in certain counties</p> <p>(Lead: Bev and Narkesia)</p>			
<p><b>Exchanges and the Uninsured</b></p> <p>For those who are not eligible under the LIHP (due to income), they will be required to purchase insurance and will be able to do so through “Exchanges” – which have to offer BH services at some level. Some question as to whether new medi-cal enrollees will be going through exchanges.</p> <p>(Lead: Bev and Narkesia)</p>			
<p><b>Dual Eligible demonstration projects</b></p> <p>Integrates Medi-Cal and Medicare funding for clients who are eligible for both and creates pilot projects to explore various configurations of</p>	<p>Participate in all stakeholder calls regarding the dual demonstration project; give input as appropriate (Narkesia and Bev)</p>	<p>Review all documents with the 5 principles in mind; particularly person centered care (very much evident in the documents); cultural competence; wellness oriented services; and integrated service</p>	<p>Track outcomes measures selected for the dual eligible demonstration projects. Suggest new outcome measures specific to our focus as appropriate</p>

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<p>services and systems. Will include at least one County Organized Health System</p> <p>(Lead: Bev)</p>		<p>experiences for clients and families. Give input as appropriate</p> <p>(Narkesia and Bev)</p>	
<p><b>Health Homes</b></p> <p>Under HCR all clients will eventually have a health home, which will be responsible for the coordination of all their medical care.</p> <p>Individuals with SMI may be part of a health home. Where will these health homes be? IN primary care or in MH clinics</p> <p>(Lead: Steve)</p>			
<p><b>Behavioral Health Service Needs Plan and Behavioral Health Needs Assessment</b></p> <p>(Lead: Jaye)</p>	<p>Participate in the DHCS stakeholder group meeting process. Provide input as appropriate.</p> <p>The Behavioral Health Service Needs Plan due: <b>April 1, 2013</b></p>	<p>Review the California Mental Health and Substance Use System Needs Assessment. Make sure it includes the five principles of MHSA. Provide input if necessary.</p>	
<p><b>Public Safety Realignment</b> – newly eligible MC populations<sup>1</sup></p>			
<p><b>Children Issues</b></p> <p>(Lead: Cindy)</p>	<p>Healthy families changing to medical Statewide with particular focus in rural areas</p> <p><b>Healthy Families shift to Medi-Cal 857,000 Children</b></p> <p>Effective: January 2013</p>	<p>This is something we need to keep an eye on many children will not be covered due to doctors in their rural areas who will except medi-cal. This will in turn cause the parents to have to leave their communities to get medical services. There could be a</p>	<p>This is not going to improve lives this is going to end up causing a lot of families not to seek medical services when they need it.</p>

<sup>1</sup> Important because parolees/probationers will be newly eligible – will this help access? This population has not been Medi-Cal eligible. What is the funding distribution between criminal justice and rehabilitation, treatment and other services?

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	<ul style="list-style-type: none"> <li>• 415,000 Already contract with Medi-Cal (statewide)</li> <li>• 249,000 Enrolled in managed care programs</li> <li>• 150,000 Enrolled in health plans – No Medi-Cal (statewide)</li> <li>• <i>43,000 Live in 28 rural counties with – No Medi-Cal</i></li> </ul> <p><b>Concern: Approx. 200,000 children disrupted (statewide)</b></p> <p>Physicians Who Accept Medi-Cal:          20% Decrease in payments          State Pursuing Rate Cut in the Courts:          10% additional          Further decrease          May be difficult to take on new patients: Reduction in service</p>	<p>transportation issue for a lot of families etc.</p>	
<p><b>Workforce Capacity</b>  (Lead: Dale)</p>			