

## Healthcare Reform Components – CMHPC April 2013

### Overarching Framework for HCR

#### Five Core Elements of the MHSA should guide all work on MH

- Consumer and family oriented services
- Cultural competence
- Recovery/wellness/resilience orientation,
- Community collaboration
- Integrated service experiences for clients and families

#### Crosscutting issues

- Reducing disparities in mental health services
- Preserving meaningful stakeholder processes

ELEMENTS/ COMPONENTS/ DEFINITIONS	WHAT WE'VE DONE SO FAR (ACTION TO DATE)	RELEVANCE TO CONSUMERS, FAMILY, STAKEHOLDER	HCR/PLANNING COUNCIL ACTION IN FUTURE
<p><b>Medicaid Expansion (in CA Medi-Cal)</b></p> <p>Expands coverage for uninsured citizens whose incomes are above the Medi-Cal limit and up to 200% of poverty by 2014. This coverage eliminates the need for individuals to be linked to other federal programs because of disability, having children or age.</p> <p>Low income health programs (LIHP) were established under a statewide Medicaid waiver as a first step to Medi-Cal Expansion</p>	<p>Tracked the development of the LIHPs and observed the variations among counties' level of poverty coverage and mental health and substance abuse benefits</p> <p>Joined the CA Coalition for Whole Health (CCWH) which advocated for inclusion of mental health and substance abuse benefits in the Essential Health Benefit Rule and for meaningful implementation of parity</p> <p>Joined the National Coalition for Whole Health which advocated for the same as CCWH(?)</p>	<p>Avenue in for people who have existing or future mental health and substance abuse conditions and who were previously not covered by Medi-Cal due to income above 133% of poverty level and no "categorical linkage". They are now insured through Medi-Cal Expansion.</p> <p>Allows access to services without requiring SSI/SSDI and increases opportunity for employment, which supports recovery. May reduce disparities in access insures TAY who do not have access through parents, are still served.</p> <p>Submitted comments of the federal rule for Essential Health</p>	<p>Participate as a part of the CA Coalition for Whole Health in advocating for strong implementation of parity. While mental health and substance abuse are included in the 10 Essential Health Benefits, the federal government has not specified at what level they need to be provided.</p> <p>A big issue to be resolved this year is whether or not the counties or the state will run the expanded Medi-Cal program.</p> <p><b>Packet material:</b> Coalition for Whole Health Letter on the Proposed Rule for the Essential Benefit for Medicaid Expansion</p> <p>LAO's summary of county vs. state run Medi-Cal expansion</p>

## Healthcare Reform Components – CMHPC April 2013

<p>The Federal Government was required to and has just published a rule on what constitutes the Essential Health Benefits to be included in Medicaid Expansion in all states.</p> <p><i>Member: Bev</i> <i>Staff: Narkesia</i></p>		<p>Benefit. Due to advocacy of these coalitions the EHB rule includes mental health and substance abuse and strong references to parity</p>	
<p><b>Behavioral Health Needs Assessment and Service Plan</b></p> <p>As a part of the Medi-Cal Expansion plan for CA, CMS required CA to do an assessment of Behavioral Health Service Needs and to develop a Service Plan</p> <p><i>Member: Jaye</i> <i>Staff: Narkesia</i></p>	<p>Studied the Behavioral Health Service Needs Assessment Draft and revised draft</p>	<p>The Service Plan resulting from this assessment will be used by CMS to evaluate the adequacy of DHCS’s Medi-Cal Expansion Plan</p>	<p>When the Service Plan is available, the HCR Committee will review it and make recommendations to the PC for action.</p> <p>The Service Plan will have a workforce component which will be the workforce focus of the HCR Committee</p>
<p><b>Health Benefit Exchanges AKA Covered California</b></p> <p>For those who are not eligible for Medi-Cal or for the Medi-Cal Expansion, they will be required to purchase insurance and will be able to do so</p>	<p>Attended the CA Coalition for Whole Health meetings to track these developments</p>	<p>Good mental health and substance abuse benefits and care in the health insurance plans participating in the Exchange will prevent more serious problems occurring which can push people into poverty</p>	<p>Continue participation in the Whole Health Coalition who will seek to influence the HBE and the EHB which will apply to health insurance plans offered through the Exchange – especially to insure adequate MH and SA consumer service and implementation of parity</p> <p>Sign on to new CCWH documents and</p>

## Healthcare Reform Components – CMHPC April 2013

<p>through “Exchanges” – which have to offer health insurance plans which include mental and substance abuse services at some level.</p> <p>They will be influential in determining what the EHB is for CA</p> <p>Some question as to whether new Medi-cal enrollees will be going through exchanges.</p> <p><i>Member: Bev</i> <i>Staff: Narkesia</i></p>			<p>confirm our endorsements of their efforts.</p> <p><b>Packet Material:</b> CCWH letter on HBE Service Center Other?</p>
<p><b>Dual Eligible demonstration projects – AKA the Governor’s Coordinated Care Initiative</b></p> <p>Integrates Medi-Cal and Medicare funding for clients who are eligible for both and creates initiatives in 8 counties to explore various configurations of services and systems. (L.A, Orange, Riverside, San Mateo, Alameda, San Bernardino, San Diego,</p>	<p>Provided input to stakeholder process to insure that these programs allow consumers to direct their care and that care is person centered.</p> <p>Advocated for bi-directional care between physical health and mental health</p> <p>Reviewed the MOU Template for Health Plan and Behavioral Health coordination</p> <p>Formulated the following questions as a focus for our</p>	<p>This initiative will probably indicate how the future coordination between health plans and county behavioral health systems will work.</p> <p>Health systems are working on person-centered care but also mental health and substance abuse clients have special needs that must be considered to insure their full participation in consumer directed/person centered care.</p>	<p>Continue to track the evolution of this initiative with a focus on person-centered care and MHSA core concepts (above)</p> <p><b>Packet Material:</b></p> <p>MOU 2-14-13 with County Behavioral Health</p> <p>Behavioral Health Coordination Standards</p> <p>Inland Empire Materials</p>

## Healthcare Reform Components – CMHPC April 2013

<p>Santa Clara)</p>	<p>advocacy  <i>How will projects affect 1915b waiver, if at all?</i>  <i>How will projects provide behavioral health services?</i>  <i>How will project work with county programs where clients and families now have significant input?</i>  <i>What are the actual experiences of individuals who are in dual programs? What are the outcomes?</i></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 will be assigned to health home.</p> <p><i>Member: Steve</i>  <i>Staff: Narkesia</i></p>	<p>Tracking the development of physical health/mental health coordination through the SAMSHA pilots</p>	<p>Where will these health homes be? In primary care or in MH clinics? Clients who have serious mental illnesses may choose to have their health home be in a behavioral health system.</p> <p>Will care be truly bi-directional</p>	<p>Ensure that clients with SMI are assigned to health homes that understand their unique needs and that care is truly bi-directional</p> <p><i>Need Packet material</i></p>
<p><b>Children’s Services</b></p> <p>The Children’s Health Insurance Program (CHIP) has been dissolved and blended into Medi-Cal.</p>	<p>Studied Healthy Families shift to Medi- Cal (857,000) Children Effective: January 2013</p> <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> </ul>	<p>Many children will not be covered due to doctors in their rural areas who will not accept Medi- Cal. This will in turn cause the parents to have to leave their communities to get medical services. There could</p>	<p>The Planning Council will track the metrics for outcomes in this program</p> <p>There may also be issues which come up around health homes for children</p>

## Healthcare Reform Components – CMHPC April 2013

<p>Member: Cindy Staff: Narkesia</p>	<ul style="list-style-type: none"> <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>Concern: Approx. 200,000 children disrupted (statewide) Physicians Who Accept Medi-Cal: 20% Decrease in payments</p>	<p>be a transportation issue for a lot of families etc. Concerned about whether this will or will not improve lives this is going to end up causing a lot of families not to seek medical services when they need it. (How are 5 elements preserved?)</p>	<p><b>Packet Material:</b></p> <p>Metrics for outcomes on the CHIP transfer</p>
--	--	---	---