

DRAFT HCR WORKGROUP CHART

Overarching Framework for HCR			
	HCR COMMITTEE THEMES		
ELEMENTS/ COMPONENTS	MEANINGFUL STAKEHOLDER INVOLVEMENT	FIVE CORE ELEMENTS OF MHSA PERSEVERED	DOING WHAT IT SAID IT WOULD DO? IMPROVING LIVES?
<p>Medicaid Expansion -</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>Exchanges and the Uninsured</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>Dual Eligible demonstration projects</p> <p>Integrates Medi-Cal and Medicare funding for clients who are eligible for both and creates pilot projects to explore various configurations of services and systems. Will include at least one County Organized Health System</p>			
<p>Health Homes</p>			

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<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>Behavioral Health Needs Assessment</p>			
<p>Public Safety Realignment – newly eligible MC populations¹</p>			
<p>Children Issues</p>			
<p>Workforce Capacity</p>			
<p>SPD enrollment</p> <p>All Medi-Cal eligible people who are seniors or have disabilities are being enrolled in managed care</p>			

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