



Transfer of Medi-Cal Mental Health Functions

First Stakeholder Meeting
Department of Health Care Services
Department of Mental Health
July 12, 2011

Agenda Review

- Housekeeping
- Welcome and Purpose
- Overview of Assembly Bill 102
- Review of Process and Timeline
- Stakeholder Priorities and Perspectives
- Next Steps



Welcome and Purpose

Michael Wilkening, Undersecretary
Program and Fiscal Affairs
Health and Human Services Agency



Welcome and Purpose

Toby Douglas, Director
Department of Health Care Services





Department of Health Care Services

June 15, 2011



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 Bruce Lim
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 Jane Ogle
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 Health Care Benefits & Eligibility
 Vanessa Baird
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 Mari Cantwell
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 Dean Lan
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 Fiscal Forecasting & Data Management
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 Sharon Stevenson
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 Richard Moritz
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 Dennis Owen
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916-552-9430
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 Rene Mollow
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 Stuart Busby
 Chief
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 Robert W. Stroud
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 Research & Analytic Studies
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 Chief MS 0000

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 Norman Williams
 Deputy Director
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916-552-9400
 Third Party Liability & Recovery
 Jeff Blackmon
 Chief MS 4720

916-327-1400
 Systems of Care
 Louis Rico
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 Primary & Rural Health
 Sam Willburn
 Chief MS 8500

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 Office of Multicultural Health
 Laura Hardcastle
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Welcome and Purpose

Cliff Allenby, Acting Director
Department of Mental Health



Mental Health Functions

Kathy Gaither

Acting Chief Deputy Director

Department of Mental Health



Non-Medi-Cal Mental Health

- DMH has several other programs and functions that are not part of Medi-Cal
- There will be a process to engage stakeholders to discuss what happens with these functions
- DMH will contact stakeholders to invite them to this process



Medi-Cal Mental Health Functions

A brief overview of the program and functions that will transfer from DMH to DHCS



Medi-Cal Mental Health Functions

Program Transfers

- Medi-Cal Mental Health Managed Care
- Early and Periodic Screening, Detection and Treatment
 - Provides enhanced benefits for clients up to 21 years of age



Medi-Cal Mental Health Functions

Medi-Cal Program Compliance

Assures county mental health financial and clinical programs are in compliance with Federal/State laws and regulations, the DMH/MHP contracts, and the Federal Waiver for Medi-Cal Specialty Mental Health Services Consolidation program.



Medi-Cal Mental Health Functions

County Medi-Cal Program Technical Assistance

- Single point of contact for technical assistance for the Mental Health Plans (MHPs)

IT Support for Medi-Cal Systems and Subsystems

- Facilitate claims reimbursement, data analysis and Preadmission Screening and Resident Review (PASRR)



Medi-Cal Mental Health Functions

Data Management & Support for Medi-Cal Program

- Provides data management, analysis and support for Medi-Cal programs and services

Medi-Cal Program Policy Support

- Provides policy development and analysis in support of Medi-Cal programs and services



Medi-Cal Mental Health Functions

Administrative and Financial Services in Support of Medi-Cal Program

- Provides all tracking, budgeting and fiscal analysis necessary to support Medi-Cal programs and services



Developing the Transition Plan

Vanessa Baird, Deputy Director
Health Care Benefits and Eligibility
Department of Health Care Services



Overview of AB 102

- Authorizes the transfer of Medi-Cal mental functions from DMH to DHCS
 - Specialty Mental Health Managed Care;
 - Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services; and
 - Applicable functions
 - Does not include non-Medi-Cal functions
- Transfer to happen no later than July 1, 2012



Overview of AB 102 (continued)

- Legislature intends this transfer to be efficient, with no breaks in service to clients & families
 - Improve access to culturally appropriate community- based services
 - Effectively integrate the financing of services
 - Improve state accountability and outcomes
 - Provide focused, high-level leadership for behavioral services



Overview of AB 102 (continued)

- DHCS must provide a transition plan to fiscal and policy committees of the Legislature by October 1, 2011
- All regulations and orders remain in effect unless they expire or DHCS readopts, amends or repeals them



Transition Plan per AB 102

- Will guide administrative and programmatic transition
- DHCS and DMH shall meet with stakeholders to guide development of the plan
- Stakeholders include clients, family members, provider, counties and legislative staff
- First meeting must happen by July 15, 2011



Transition Plan Components

- A. Assures continued access and quality of services pre- and post-transfer
- B. Describes DMH administrative functions for current Medi-Cal mental health functions
- C. Explains operational steps, timelines and key milestones for how functions, programs and staff transfer

Transition Plan Components (continued)

- D. Lists planned or proposed changes or efficiencies in how functions will be performed, including fiscal and programmatic impact
- E. Provides DHCS org chart that reflects A-C and focused, high-level leadership
- F. Describes inclusion of stakeholders during the planning and after transition is underway

Transition Plan Components (continued)

- DHCS, DMH and CHHSA shall consult with stakeholders at least twice after production of draft plan and before submission of plan to the Legislature.
- Due by October 1, 2011
- May be updated and resubmitted to the Legislature no later than May 15, 2012

Stakeholder Process and Timeline

- AB 102 requires very specific products and timeline
- Process will focus solely on transition of Medi-Cal functions
- Discussions designed around tangible components of the transition plan
- Departments will redirect or pend items that do not “fit” this process or its objectives

Stakeholder Process and Timeline

- July 12: Inform, Assure and Seek Input
- July 14: Input to develop 2nd set of meetings
 - Special email address for stakeholder input
- July 20: Send materials for 2nd set of meetings
- July 25 (week): Convene 2nd set of meetings
 - Separate for clients/families, providers and counties
- August 1: Input for development of plan



Stakeholder Process and Timeline

- August 15: Send 1st draft plan to stakeholders
- August 19: Meeting #3 w/all stakeholders
- August 24: Feedback on draft plan
- September 8: Send final draft plan to stakeholders
- September 12/13: Meeting #4 w/all stakeholders
- October 1: Send transition plan to Legislature
- Oct 2011 – May 2012: Ongoing discussions as needed for this transition

Stakeholder Priorities and Perspectives

- Developed five questions that seek input that departments can use to respond to required components of the transition plan
- Will assess responses for how they might also address legislative intent of AB 102
- Will develop “parking lot” for redirection of items that may not fit with this process

Stakeholder Input

- Time allows for limited input today from those in person and on the phone
- We welcome written input via the special email address, by the dates requested:

DHCSMHMEDI-CALTRANSFER@DHCS.CA.GOV

- There will be other opportunities at future meetings and through future email communications



Stakeholder Questions

1. What are your comments on the organizational placement of mental health functions and behavioral health leadership in DHCS?
 - When responding , please consider how your recommendation or comment fits with the legislative intent as set forth in AB 102:
 - Improve access to culturally appropriate services
 - Effectively integrate financing of services
 - Improve state accountability and outcomes
 - Provide focused, high-level leadership for behavioral health.



Stakeholder Questions

2. What are your recommendations regarding the role of stakeholders and the interactions between stakeholders and:
 - a) DMH and DHCS during the transition; and
 - b) With DHCS after the transition?
- When responding, please consider how your recommendation or comment fits with the legislative intent as set forth in AB 102:
 - Improve access to culturally appropriate services
 - Effectively integrate financing of services
 - Improve state accountability and outcomes
 - Provide focused, high-level leadership for behavioral health.



Stakeholder Questions

3. How can DHCS and DMH best ensure continued access and quality of services pre-and post-transition, with no service interruption for clients and providers?
- When responding , please consider how your recommendation or comment fits with the legislative intent as set forth in AB 102:
 - Improve access to culturally appropriate services
 - Effectively integrate financing of services
 - Improve state accountability and outcomes
 - Provide focused, high-level leadership for behavioral health.



Stakeholder Questions

4. What changes and efficiencies do you think the departments should consider in this initial phase of the Medi-Cal mental health services transfer to DHCS?
 - What is the fiscal and programmatic impact?
- When responding , please consider how your recommendation or comment fits with the legislative intent as set forth in AB 102:
 - Improve access to culturally appropriate services
 - Effectively integrate financing of services
 - Improve state accountability and outcomes
 - Provide focused, high-level leadership for behavioral health.



Stakeholder Questions

5. Considering questions 1-4, what are your priorities for discussion in future meetings?
 - When responding , please consider how your recommendation or comment fits with the legislative intent as set forth in AB 102:
 - Improve access to culturally appropriate services
 - Effectively integrate financing of services
 - Improve state accountability and outcomes
 - Provide focused, high-level leadership for behavioral health.

Other Comments and Questions

As time permits

Next Steps

- Reminder: send written comments to DHCSMHMEDI-CALTRANSFER@DHCS.CA.GOV
- Please send this 1st set of comments by July 14
- Departments will review comments from this meeting and emails and use them to guide discussion for next set of meetings
- Meeting materials will go out July 20, 2011

Thank You!!

