

# 2011 Realignment Behavioral Health Services Growth Special Account Stakeholder Meeting

California Department of Health Care Services  
Conference Call: September 25, 2013  
1:30 to 3:30 pm  
1-800-621-7732  
Pass Code: 2633347

# Agenda

1. Background: 2011 Realignment Behavioral Health Subaccount
2. 2011 Realignment Behavioral Health Subaccount Allocations for 2013-14
3. Background: 2011 Realignment Behavioral Health Services Growth Special Account
4. Recommendations from CMHDA/CADPAAC /CSAC

# Agenda

5. Stakeholder Input on Factors for Allocating Growth
  - Written comments welcomed. Please send to:  
[Allocation-Input@DHCS.CA.GOV](mailto:Allocation-Input@DHCS.CA.GOV) by close of business  
Friday, October 4, 2013.
  - Discussion
6. Next Steps

# Background: 2011 Realignment Behavioral Health Subaccount

- SB 1020 (Statutes of 2012) created the permanent structure for 2011 Realignment.
  - It codified the Behavioral Health Subaccount, which funds:
    - Specialty Mental Health
    - Drug Medi-Cal
    - Residential perinatal drug services and treatment
    - Drug court operations
    - Other non-Drug Medi-Cal programs
- (Government Code Section 30025 (f)(16)(B))*

# Background: 2011 Realignment Behavioral Health Subaccount

- The Behavioral Health Subaccount contains: \$964.5 million for 2012-13.
- Allocations of Realignment funds run on a fiscal year of October 1 – September 30.
- They are monthly allocations to counties from the State Controller's Office.

# Background: 2011 Realignment Behavioral Health Subaccount

- The Department of Finance develops schedules, in consultation with appropriate state agencies and the California State Association of Counties (CSAC), for the allocation of Behavioral Health Subaccount funds to the counties.

# 2011 Realignment Behavioral Health Subaccount Allocations for 2013-14

- The base has not yet been set, as the State assesses the expenditures by county for these programs.
- For the first monthly distribution for 2013-14, the allocations to each county will be the same as 2012-13, except for allocations for EPSDT Specialty Mental Health.

# 2011 Realignment Behavioral Health Subaccount

- Methodology for the allocation of funds for EPSDT Specialty Mental Health has been updated for 2013-14:
  - **Most Current Expenditure Data:** Updated to reflect expenditures from the most current county estimated Certified Public Expenditures for EPSDT Specialty Mental Health for 2011-12.
  - **Applied EPSDT expenditures to Katie A. and Healthy Families Transition:** The same estimated expenditure information was used to allocate the Katie A. v. Bontá settlement agreement and the transfer of Healthy Families Program beneficiaries to the Medi-Cal program.

# 2011 Realignment Behavioral Health Subaccount

- The allocations for Drug Medi-Cal may be adjusted. We are still assessing the impact of alleged fraud in the program.
- Any adjustments to the 2013-14 allocations may potentially be made through growth distributions.

# 2011 Realignment Behavioral Health Subaccount

*Please Press \*1 to ask a question  
or make a comment about the  
Behavioral Health Subaccount*

# Background: 2011 Realignment Behavioral Health Services Growth Special Account

- The Department of Finance develops schedules, in consultation with appropriate state agencies and the California State Association of Counties (CSAC), for the allocation of Behavioral Health Services Growth Special Account.

# Background: 2011 Realignment Behavioral Health Services Growth Special Account

- The Behavioral Health Services Growth Special Account is estimated to have:
  - \$27.8 million (Actual) from FY 2012-13
  - \$72.3 million (Estimated, will be updated in January 2014) from FY 2013-14
  - \$246.1 million (Estimated, will be updated in January 2014) from FY 2014-15

# Background: 2011 Realignment Behavioral Health Services Growth Special Account

- This growth revenue can only be used for the programs funded by the Behavioral Health Subaccount.
- First priority for growth are the federal entitlement programs: Medi-Cal Specialty Mental Health and Drug Medi-Cal.

# Background: 2011 Realignment Behavioral Health Services Growth Special Account

*Please Press \*1 to ask a question  
or make a comment on the  
Behavioral Health Services  
Growth Special Account*

# Recommendations from CMHDA/CADPAAC /CSAC

- We will soon ask all participants on this stakeholder call questions to receive your input about the factors for allocating growth.
- First, we will share out the input we have already received from the counties.

# Recommendations from CMHDA/CADPAAC /CSAC

## *Three Year Behavioral Health Subaccount County Growth Distribution Recommendations*

1. FY 2013-14 should be considered the base year for Behavioral Health, for the purposes of calculating annual growth distributions to counties.

# Recommendations from CMHDA/CADPAAC /CSAC

2. The Medi-Cal entitlement programs should be prioritized for annual county growth distributions using the following factors:

- increases in Medi-Cal beneficiary population (using the DHCS projection process)
- increases in penetration, utilization and cost (using the DHCS/CMHDA penetration, utilization/cost estimation process). These factors would be weighted annually and adjusted over the three year period for the purposes of distribution to the counties. For example, utilization/cost may have a higher weighting initially to cover Katie A, D/MC coverage expansion and psychiatric inpatient utilization and cost increases, but over the three year period beneficiary growth may receive a higher weighting as the ACA coverage expansion impacts are experienced.

# Recommendations from CMHDA/CADPAAC /CSAC

3. A Drug Medi-Cal minimum base of \$100,000 should be established and implemented, to be distributed to counties that agree to become Drug Medi-Cal certified and to contract with DHCS to deliver covered services to covered beneficiaries.

# Stakeholder Input on Factors for Allocating Growth

- What should be the factor(s) for allocating growth?  
Why?
- How would the factor(s) be measured?
- How should the factors be prioritized / weighted?

# Stakeholder Input on Factors for Allocating Growth

- Written comments welcomed. Please send to: [Allocation-Input@DHCS.CA.GOV](mailto:Allocation-Input@DHCS.CA.GOV) by Friday, October 4, 2013.

- Discussion

*Please Press \*1 to provide your input on the factors for allocating growth funds*

# Next Steps

- Written comments welcomed. Please send to: [Allocation-Input@DHCS.CA.GOV](mailto:Allocation-Input@DHCS.CA.GOV) by Friday, October 4, 2013.
- DHCS will take into account input received from stakeholders.
- DHCS will then consult with the California State Association of Counties (CSAC) and its affiliates, and the Department of Finance in developing a schedule for growth allocations.

# Next Steps

- Goal is for the Department of Finance to send the schedule for growth allocations to the State Controller's Office mid-November 2013, for distribution to the counties in December 2013.
- DHCS will communicate the final growth allocations to stakeholders through an information notice.