



Department of Health Care Services



Behavioral Health Treatment (BHT) Services

Stakeholder Meeting
Thursday, April 23, 2015
9:30 am – 11:00 a.m.
WEBINAR ONLY



Welcome



Today's Presenters:

Laurie Weaver, Chief, Benefits Division



Today's Agenda



- **Welcome**
- **Meeting Purpose**
- **Updates:**
 - **SPA Status**
 - **Transition Plan Status**
 - **BHT Rate Development**
 - **Questions and Answers**
- **Presentations:**
 - **Service Delivery Analysis**
 - **Questions and Answers**
- **Open Forum**

www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx

Meeting Purpose ^{1/3}



Per W & I Code §14132.56 requirements

- ❖ **DHCS is required to perform the following in development of the benefit:**
 - Obtain all necessary federal approvals to secure federal funds for the provision of BHT in Medi-Cal.
 - Seek statutory authority to implement the new benefit in Medi-Cal.
 - Seek an appropriation that would provide the necessary state funding estimated to be required for the applicable fiscal year.
 - **Consult with stakeholders.**

Meeting Purpose 2/3



Health & Safety Code Section §1374.73 (Authority for BHT)

(c) For the purposes of this section, the following definitions shall apply:

- (1) “Behavioral health treatment” means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.

Meeting Purpose 3/3



In consultation with stakeholders, the Department will develop and define:

- Eligibility criteria
- Provider participation criteria
- Utilization controls, and
- The delivery systems for BHT services

Subject to the limitations allowed under federal law

Updates 1/4



The BHT SPA was formally submitted to the federal Centers for Medicare and Medicaid (CMS) on *September 30, 2014*.

SPA Stakeholder Comments relating to the SPA fall under the following major categories:

- Eligibility Criteria; Eliminate CDE requirement, initiate BHT services prior to DX, include maintenance as a treatment goal
- Provider Participation Criteria; Per H&S Code Section 1374.73, use 3 Tier Model and Provider Rates; Regional Center Median Rates Unsustainable
- Utilization Controls; PA for treatment *not less* than 180 days, with exceptions

SPA Status

Revised SPA language incorporating stakeholder comments, to the extent they were consistent with DHCS and CMS' interpretation of federal regulations and state statutes, CMS guidance and directions, were informally submitted to CMS. Revisions to the SPA language include the following major categories:

- Eligibility Criteria; CDE with ASD, services must prevent or minimize the adverse effects of ASD and promote beneficiary functioning
- Provider Participation Requirements; Consistent with H&S Code Section 1374.73
- Utilization Controls; Consistent with H&S Code Section 1374.73. PA for treatment *not less* than 180 days

A copy of the informal SPA submission is posted on the website. Please note: the language is pre-decisional and CMS has requested changes.

Transition Plan

DHCS and DDS staff continue to meet to discuss state and federal requirements, milestones, operational steps, deliverables, timelines, and assess progress. The following major activities are in progress:

- Discussions with CMS regarding state plan and 1915 (c)waiver amendments
- Discussions with Regional Centers
- Reconciling DDS/Medi-Cal client data (Approximately 7800)
- Drafting notices to Medi-Cal beneficiaries, Regional Centers, Plans
- Developed Memorandum of Understanding Template
- Developed document exchange elements and protocol
- Developed Transition Plan including phased approach, as necessary

BHT Rate Development

The following major activities are in progress:

- Discussions with DDS and Mercer regarding state plan and 1915 waiver requirements
- DDS provided DDS/Medi-Cal client data (Approximately 7500) and claims data for review by Mercer
- Mercer has requested commercial BHT data and is reviewing data from other states
- DHCS anticipates Mercer will have capitated rates/payment methodologies available for managed care plans by May 2015
- Existing payment methodologies will be used to reimburse providers contracted with Regional Centers.



BHT Stakeholder Meeting



Questions and Answers



Presentation

Service Delivery Analysis 1/2



Medi-Cal Managed Care Beneficiaries Receiving BHT Services (9/15/14 – 4/10/15)

BHT Calls Received:	3686
Currently Receiving BHT services:	1069
Referred for CDE:	1288
Completed CDE:	825
Referred for Assessment:	1607
Completed Assessment:	958

CDE=Comprehensive Diagnostic Evaluation



Presentation

Service Delivery Analysis 2/2



Medi-Cal Managed Care Beneficiaries Receiving BHT Services

25% increase in Calls Received	Between 3/6/15 and 4/10/15
24% increase in Referred CDE	“
30% increase in Completed CDE	“
31% increase in Referred Assessments	“
33% increase in Completed Assessments	“
31% increase in Receiving BHT Services	“

CDE=Comprehensive Diagnostic Evaluation



BHT Stakeholder Meeting



Questions and Answers



Open Forum



- ***Mental Health Parity***
- ***Commercial Health Plans and Co-payments***
- ***Delivery Systems for BHT services***
- ***Becoming a Medi-Cal Provider***
- ***Tracking Regional Center Clients during the Transition***
- ***Continuity of Care for Regional Center Clients***
- ***Communication with Regional Centers and Families***



Questions/Comments



If you have questions or would like to provide comments contact DHCS at:

Email Address:

ABAinfo@dhcs.ca.gov



BHT Stakeholder Meeting Schedule



	<p>May 22, 2015 9:30 a.m. to 11:30 a.m. Department of Health Care Services Auditorium</p>
<p>April 23, 2015 9:30 a.m. to 11:30 a.m. WEBINAR ONLY</p>	<p>June 18, 2015 3:00 to 5:00 p.m. Department of Health Care Services Auditorium</p>

www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx