



Department of Health Care Services



Behavioral Health Treatment (BHT) Services

Stakeholder Meeting
Friday, May 22, 2015
9:30 am – 11:30 a.m.
WEBINAR ONLY



Welcome



Today's Presenters:

***Sarah Brooks, Chief, Managed Care Quality and
Monitoring Division***

Laurie Weaver, Chief, Benefits Division

***Bob Bonkowski, SSMIII and Brian Fitzgerald, SSMII
Third Party Liability Division***



Today's Agenda



- **Welcome**
- **Meeting Purpose**
- **Updates:**
 - **SPA Status**
 - **Transition Plan Status**
 - **BHT Rate Development**
 - **Questions and Answers**
- **Presentations:**
 - **Service Delivery Analysis**
 - **Draft Transition Plan**
 - **Copayment, Coinsurance, Deductibles**
 - **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

Updates 2/4



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
- Drafted Notices to Medi-Cal beneficiaries, Regional Centers, Plans
- Developed Memorandum of Understanding Template
- Developed document exchange elements and protocol
- **Developed Draft Transition Plan including phased approach**

Updates 4/4



BHT Rate Development

- The department is expecting rates from its contracted actuary for the provision of behavioral health therapy services by Medi-Cal Managed Care Plans (MCPs) the first week of June and will share with the MCPs at that time.
- These rates are considered draft and will be subject to DHCS review, and approval by the federal government.
- The MCPs will likely begin contract negotiations with the regional centers and/or other providers of BHT services upon receipt.
- Rates to providers will be based on those contractual agreements and will likely vary by provider.
- The rates paid to Regional Center vendors for services to fee-for-service beneficiaries will be consistent with the existing Regional Center rates, i.e., usual and customary rates, or the lower of statewide or Regional Center median rates.



BHT Stakeholder Meeting



Questions and Answers



Presentation

Service Delivery Analysis



Medi-Cal Managed Care Beneficiaries Receiving BHT Services (9/15/14 – 5/8/15)

BHT Calls Received:	4076
Currently Receiving BHT services:	1331
Referred for CDE:	1603
Completed CDE:	975
Referred for Assessment:	1979
Completed Assessment:	1270

CDE=Comprehensive Diagnostic Evaluation



Presentation Service Delivery Analysis



Medi-Cal Managed Care Beneficiaries Receiving BHT Services

11% increase in Calls Received	Between 4/10/15 and 5/8/15
24% increase in Referred CDE	“
18% increase in Completed CDE	“
23% increase in Referred Assessments	“
33% increase in Completed Assessments	“
25% increase in Receiving BHT Services	“

CDE=Comprehensive Diagnostic Evaluation



Draft Transition Plan Overview 1/4



- The draft transition plan was released on May 22nd.
- Stakeholders, MCPs, legislative staff, providers, and beneficiaries will be provided the opportunity to comment; DHCS will update the plan, as appropriate.
- Comments are due June 5, 2015, and should be submitted to ABAINFO@dhcs.ca.gov
- The draft plan provides an overview of DHCS's proposal to transition responsibility for Medi-Cal BHT services for both managed care and FFS beneficiaries from the Regional Centers.

Draft Transition Plan Overview 2/4



- DHCS is proposing to:
- Transition responsibility for FFS beneficiaries on August 1 assuming all approvals have been obtained from CMS.
 - These beneficiaries will remain with their same Regional Center provider and will essentially only experience an administrative change in terms of payment for their BHT services.
- Transition managed care beneficiaries beginning on September 1 based on the size of the population receiving Regional Center BHT services in a particular county.
 - If the number of beneficiaries in the county is less than a certain number, for example, 100, all beneficiaries would transition on September 1.
 - If the number of beneficiaries in the county is greater than that number, beneficiaries would transition beginning on September 1 by birth month.
 - DHCS is considering a different transition approach for Los Angeles due to the a high number of beneficiaries transitioning and multiple regional centers exist. This approach would be to transition by Regional Center. DHCS will seek stakeholder and plan feedback on this approach in the transition plan.

Draft Transition Plan Overview 3/4



- DHCS proposes to require automatic continuity of care when a pre-existing relationship between a beneficiary and provider exists.
 - DHCS proposes to define pre-existing relationship as a minimum of four appointments during the past six months.
- MCPs will be required to reach out to current BHT beneficiary providers and extend a continuity of care agreement.
- Continuity of care will be required unless the provider:
 - is not a State Plan approved provider
 - and MCP cannot agree to a rate (minimum allowable is Medi-Cal FFS)
 - has substantiated quality issues
 - refuses to provide treatment information to the MCP so that the MCP can coordinate care for the beneficiary [The intent is to ensure that information sharing happens.]
 - documents (i.e., assessment and treatment plan) are provided to the MCP by the provider to facilitate continuity of care.

Draft Transition Plan Overview 4/4



- When a continuity of care agreement cannot be achieved, MCPs will be required to reach out to the beneficiary and work with them to provide a warm handoff to a new provider and ensure no gaps in care occur.
- DHCS proposes to notice FFS beneficiaries 30 days prior to the transition and managed care beneficiaries twice, at 60 and 30 days prior to the transition.
- The notices will explain what is happening, tell beneficiaries their rights, and ensure that beneficiaries know where to go if they have questions or need help.
- The notices are available for stakeholder comment. Comments are due by June 5, 2015.
- The transition plan also provides an overview of how:
 - Both DHCS and DMHC will conduct readiness for MCPs including how networks will be reviewed to ensure timely access to care and review of policy and procedures, for example, care coordination.
 - DHCS will monitor the transition including collecting and analyzing: monthly utilization and grievances data, call center data, State Fair Hearing and IMR data, stakeholder input, secret shopper information, and other information sources.

Co-payments, Co-insurance and Deductibles



1/3

How Other Health Coverage (OHC) Co-payments work:

BHT Provider's Service Charge	\$100*	
Co-payment	\$25	Waived if Medi-Cal Beneficiary at time of service unless there is an established SOC or the nominal copayment
Private Insurance Contracted Rate	\$85	
Medi-Cal Rate	\$75	
---Claim would be billed for processing---		
OHC Pays Their Allowed Rate Minus Copayment	\$60	Paid by OHC to provider (Rate minus copayment)
Remainder Billed to Medi-Cal by Provider	\$15	(Medi-Cal rate minus OHC allowed rate)
Medi-Cal Pays	\$15	(Difference between Medi-Cal allowance and OHC)
In Sum: Provider is paid	\$75	(Up to Medi-Cal contract amount or by OHC directly if contracted amount is greater than Medi-Cal allowance amount)

* Not actual rate, used as an example only

Co-payments, Co-insurance and Deductibles



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How OHC Deductibles/Co-insurance work:

BHT Provider's Service Charge	\$115*	
Deductible (usually \$ figure) Co-insurance (usually %)	\$25	Waived if Medi-Cal Beneficiary at time of service unless there is an established SOC or the nominal copayment
Private Insurance Contracted Rate	\$100	
Medi-Cal Rate	\$100	
---Claim would be billed for processing---		
OHC Pays Their Allowed Rate Minus Deductible/Co-insurance	\$75	Paid by OHC to provider (Rate minus copayment)
Remainder Billed to Medi-Cal by Provider	\$25	(Medi-Cal rate minus OHC allowed rate)
Medi-Cal Pays	\$25	(Difference between Medi-Cal allowance and OHC)
In Sum: Provider is paid	\$100	(Up to Medi-Cal contract amount or by OHC directly if contracted amount is greater than Medi-Cal allowance amount)

* Not actual rate, used as an example only



Co-payments, Co-insurance and Deductibles



3/3

- If a beneficiary obtains services from a BHT provider that declines to accept Medi-Cal, that provider is not bound by Medi-Cal rules per State Medicaid Director Letter, dated January 27, 1999.
- If a beneficiary wants the same BHT provider for OHC and Medi-Cal, the beneficiary must select/use a provider that accepts both OHC and Medi-Cal.
- If the beneficiary is enrolled in a Medi-Cal managed care plan but the BHT provider is not-contracted with the Medi-Cal managed care plan, the beneficiary should contact the Medi-Cal managed care plan.
- The Medi-Cal MCPs may either find the beneficiary a provider, if appropriate, or offer continuity of care for the existing BHT provider.
- Payment of co-payments, co-insurance and deductibles is not available for BHT providers that are out-of-network (not contracted) with the beneficiary's MCP.



BHT Stakeholder Meeting



Questions and Answers



Open Forum



- ***Co-payments, Co-insurance, Deductibles***
- ***Draft Transition Plan***
- ***Draft Beneficiary Notices***
- ***Final All Plan Letter; Continuity of Care***



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



**June 18, 2015
3:00 to 5:00 p.m.
Department of Health Care Services
Auditorium**

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