



# *Department of Health Care Services*



## **Behavioral Health Treatment (BHT) Services**

Stakeholder Meeting  
Friday, December 19, 2014  
3:00 pm – 5:00 p.m.  
1500 Capitol Avenue  
Auditorium

*Integrity*

*Service*

*Accountability*

*Innovation*

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# *Welcome*



## *Today's Presenters:*

*Laurie Weaver, Chief, Benefits Division*

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

*Integrity*

*Service*

*Accountability*

*Innovation*

*2*



# Today's Presentation



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

[www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx)



# *Meeting Purpose*



## *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*



## *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*



*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



BHT SPA was formally submitted to the federal Centers for Medicare and Medicaid Services (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



## 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 will include the following major categories:

- Eligibility Criteria; CDE with DX of 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 will be posted on the website. Please note: the language is pre-decisional and CMS may request further changes.



# *Updates*



## Transition Plan

DHCS and DDS staff meet weekly 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 waiver amendments
- Gathering and reviewing DDS/Medi-Cal client data (Approximately 7700)
- Discuss lessons learned and gather consumer comments
- Drafting notices to Medi-Cal beneficiaries, Regional Centers, Plans
- Develop milestones, operational steps, deliverables, timelines and Transition Plan
- Develop Implementation Plan, including phased approach as necessary



# Updates



## BHT Rate Development

The following major activities are in progress:

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



# ***BHT Stakeholder Meeting***



## ***Questions and Answers***



# ***Presentations***



## **State Plan Amendment 14-026**



# ***Presentations***



## **Network Adequacy Requirements**



# ***Presentations***



## **Federal Network Adequacy Requirements**

- The Federal government delegates network adequacy criteria as long as 42 CFR § 438.207 requirements are met.



# ***Presentations***



## **42 CFR § 438.207 Assurances of adequate capacity and services**

(a) *Basic rule.* The State must ensure, through its contracts, that each MCO, PIHP, and PAHP gives assurances to the State and provides supporting documentation that demonstrates that it has the capacity to serve the expected enrollment in its service area in accordance with the State's standards for access to care under this subpart.

(b) *Nature of supporting documentation.* Each MCO, PIHP, and PAHP must submit documentation to the State, in a format specified by the State to demonstrate that it complies with the following requirements:

- (1) Offers an appropriate range of preventive, primary care, and specialty services that is adequate for the anticipated number of enrollees for the service area.
- (2) Maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.



# Presentations



## California's Network Adequacy Standards

### DHCS

- Managed Care Plan Contracts
- Applicable to all Medi-Cal managed care plans

### DMHC

- Knox Keene Timely Access Regulation
- Applicable to all managed care plans except COHS<sup>1</sup>

<sup>1</sup> Health Plan of San Mateo is Knox-Keene licensed and is overseen by DMHC.



# ***Presentations***



## **DHCS Medi-Cal Managed Care Plan contracts require timely access to care:**

### **Exhibit A, Attachment 9, Access and Availability, provision 4 - Standards for Timely Appointments**

- Members must be offered appointments within the following timeframes:
  - Urgent care appointment for services that do not require prior authorization – within 48 hours of a request;
  - Urgent appointment for services that do require prior authorization – within 96 hours of a request;
  - Non-urgent primary care appointments – within ten (10) business days of request;
  - **Appointment with a specialist – within 15 business days of request;**
  - Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition – within 15 business days of request.



# ***Presentations***



## **Knox-Keene Timely Access Standards (Rule 1300.67.2.2 Timely Access to Non-Emergency Health Care Services)**

(c)(5):

Each Plan shall ensure that its contracted provider network has adequate capacity and availability of licensed health care providers to offer enrollees appointments that meet the following timeframes:



# ***Presentations***



## **Knox-Keene Timely Access Standards (cont'd)**

- (A) Urgent care appointments for services that do not require prior authorization: within **48 hours** of the request for appointment, except as provided in (G)
- (B) Urgent care appointments for services that require prior authorization: within **96 hours** of the request for appointment, except as provided in (G)
- (C) Non-urgent appointment for primary care: within **ten business days** of the request for appointment, except as provided in (G) and (H)



# ***Presentations***



## **Knox-Keene Timely Access Standards (cont'd)**

(D) Non-urgent appointments with specialist physicians: within **fifteen business days** of the request for appointment, except as provided in (G) and (H)

(E) Non-urgent appointments with a non-physician mental health care provider: within **ten business days** of the request for appointment, except as provided in (G) and (H)

(F) Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition: within **fifteen business days** of the request for appointment, except as provided in (G) and (H)



# ***Presentations***



## **Knox-Keene Timely Access Standards (cont'd)**

(G) The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the enrollee;

(H) Preventative care services...and periodic follow up care...may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice.



# ***Presentations***



## **Knox-Keene Timely Access Standards (cont'd)**

(c)(7):

Plans shall ensure they have sufficient numbers of contracted providers to maintain compliance with the standards established by this section.

(c)(8):

Plans shall provide or arrange for the provision, 24 hours per day, 7 days per week, of triage or screening services by telephone.



# Presentations



## Knox-Keene Timely Access Standards (cont'd)

(c)(10):

- Plans shall ensure that, during normal business hours, the waiting time for an enrollee to speak by telephone with a plan customer service representative knowledgeable and competent regarding the enrollee's questions and concerns shall not exceed ten minutes



# ***Presentations***



# ***Continuity of Care***



# Presentations



## Continuity of Care

### Provisions

- Existing provider relationship (at least twice during the last 12 months)
- The health plan and provider must agree to a rate
- No provider quality of care concerns exist
- Subject to the health plan's utilization management policies

### Duration

- Up to 12 months

### Conditions

- BHT services cannot be discontinued during a Continuity of Care determination
- Current BHT services must continue until MCPs have established a new treatment plan

### Transition Plan

- New Continuity of Care requirements may be put in place for the transition plan



# Presentations



## Service Delivery Analysis



# Presentations



## Evidence of Coverage (EOC) Mailings

- The EOC provides details about the services the plan covers.
- DHCS and DMHC jointly review and approve each Medi-Cal managed care health plan's EOC.
- Plans are responsible for mailing the EOC to their members 0 to 21 years of age within 30 days of DHCS/DMHC approval.



# Presentations



## Evidence of Coverage (EOC) Approvals

Plan Name	Approval Date	Plan Name	Approval Date
Alameda Alliance for Health	10/21	Health Net	10/23
Anthem Blue Cross	11/18	Health Plan of San Joaquin	10/22
California Health and Wellness	10/21	Health Plan of San Mateo	10/17
CalViva	10/23	Inland Empire Health Plan	10/21
CalOptima	11/5	Kaiser	In progress
Care 1 <sup>st</sup>	11/4	Kern Family Health Care	11/12
CenCal Health	10/30	LA Care	12/10
Central California Alliance for Health	10/29	Molina Healthcare	10/23
Community Health Group	10/23	Partnership Health Plan of California	10/30
Contra Costa Health Plan	10/16	San Francisco Health Plan	11/4
Gold Coast Health Plan	10/30	Santa Clara Family Health Plan	11/4



# Presentations



## Regional Center Beneficiaries Receiving BHT Services Eligible for Medi-Cal Managed Care

Plan Parent	Count
Alameda Alliance for Health	185
Anthem Blue Cross Partnership Plan	432
California Health & Wellness	111
CalOptima	690
CaViva Health	208
Care 1st Health Plan	44
Cencal Health	191
Central California Alliance for Health	122
Community Health Group	239
Contra Costa Health Plan	64
Gold Coast Health Plan	208
Health Net	1,092
Health Plan of San Joaquin	177
Health Plan of San Mateo	
Inland Empire Health Plan	689
Kaiser	118
Kern Health Systems	81
LA Care	1,742
Molina	308
Partnership Health Plan of CA	318
San Francisco Health Plan	
Santa Clara Family Health	57
<b>Total</b>	<b>7,076</b>



# Presentations



## Medi-Cal Managed Care Beneficiaries Receiving BHT Services (9/15/14 – 12/6/14)

BHT Calls Received:	965
Currently Receiving BHT Services:	276
Referred for Comprehensive Diagnostic Evaluation (CDE):	457
Completed Comprehensive Diagnostic Evaluation (CDE):	238
Referred for Assessment:	447
Completed Assessment:	146



# ***BHT Stakeholder Meeting***



## ***Questions and Answers***



# Open Forum



- ***Comprehensive Diagnostic Evaluations***
- ***Other***



# ***Questions/Comments***



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

**[ABAinfo@dhcs.ca.gov](mailto:ABAinfo@dhcs.ca.gov)**



# ***BHT Stakeholder Meeting Schedule***



<p><b>Thursday, January 22, 2015</b> <b>3:00 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b> <b>1500 Capitol Avenue, Auditorium</b></p>	<p><b>Thursday, February 19, 2015</b> <b>3:00 to 5:00 p.m.</b> <b>Department of Health Care Services</b> <b>1500 Capitol Avenue, Auditorium</b></p>
<p><b>Thursday, March 19, 2015</b> <b>3:00 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b> <b>1500 Capitol Avenue, Auditorium</b></p>	<p><b>Thursday, April 23, 2015</b> <b>9:30 a.m. – 11:30 a.m.</b> <b>Department of Health Care Services</b> <b>1500 Capitol Avenue, Auditorium</b></p>
<p><b>Friday, May 22, 2015</b> <b>9:30 a.m. – 11:30 a.m.</b> <b>Department of Health Care Services</b> <b>1500 Capitol Avenue, Auditorium</b></p>	<p><b>Thursday, June 18, 2015</b> <b>3:00 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b> <b>1500 Capitol Avenue, Auditorium</b></p>

[BHT website](#)