



Department of Health Care Services



Behavioral Health Treatment (BHT) Services

Stakeholder Meeting
Thursday, October 16, 2014
3:00 pm – 5:00 p.m.
1500 Capitol Avenue
Auditorium



Welcome



Today's Presenters:

Laurie Weaver, Chief, Benefits Division

Sarah Brooks, Chief, Program Monitoring and Medical Policy Branch, Medi-Cal Managed Care Division

***Peter Currie, Ph.D.,
Clinical Director of Behavioral Health, Behavioral Health Department - IEHP***



Today's Presentation



- **Welcome**
- **Meeting Purpose**
- **Updates:**
 - **September 15, 2014 All Plan Letter**
 - **September 30, 2014 State Plan Amendment**
 - **Comments Due no later than November 15, 2014**
- **Next Steps:**
 - **State Plan Amendment Negotiations and CMS Approval**
 - **Development of Transition Plan**
 - **Rate Development**
- **Questions and Answers**
- **Establishing the ASD Assessment Center for IEHP**
- **Questions and Answers**
- **Open Forum**

[BHT webpage](#)



Meeting Purpose



Per W & I Code §14132.56 noticing 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 system for BHT services

Subject to the limitations allowed under federal law



Updates



September 15, 2014, All Plan Letter distributed to all Managed Care Plans providing interim policy guidance for implementation of BHT.

- DHCS conducts weekly meetings to address MCPs questions/concerns.
- DHCS participates in calls and is working collaboratively with DMHC on filling requirements.

State Plan Amendment (SPA) language was formally submitted to the federal Centers for Medicare and Medicaid (CMS) on *September 30, 2014*. Comments relating to the SPA should be submitted to ABAINFO@DHCS.ca.gov no later than November 14, 2014.

- Medicaid State Plan
 - State's contract with CMS to administer the Medicaid Program
 - Includes mandatory provisions as well as options elected by states (eligibility groups, optional services, etc.)
 - State plan amendments are necessary to make any changes to eligibility, coverage, or reimbursement methodologies.



Next Steps



- **State Plan Amendment Negotiations and CMS Approval**
 - Comments should be submitted by November 14, 2014
- **Development of Transition Plan**
 - Medi-Cal Beneficiaries may continue services
 - No change to reimbursement methodology
- **Rate Development**
 - DHCS is currently in discussions with our actuaries for the development of managed care rates.
 - No timeline
 - Once rates are developed and certified by the actuaries, sent to CMS along with managed care contract amendments.
 - CMS has up to 90 days to approve the rates and contract amendments.



Questions and Answers

Integrity

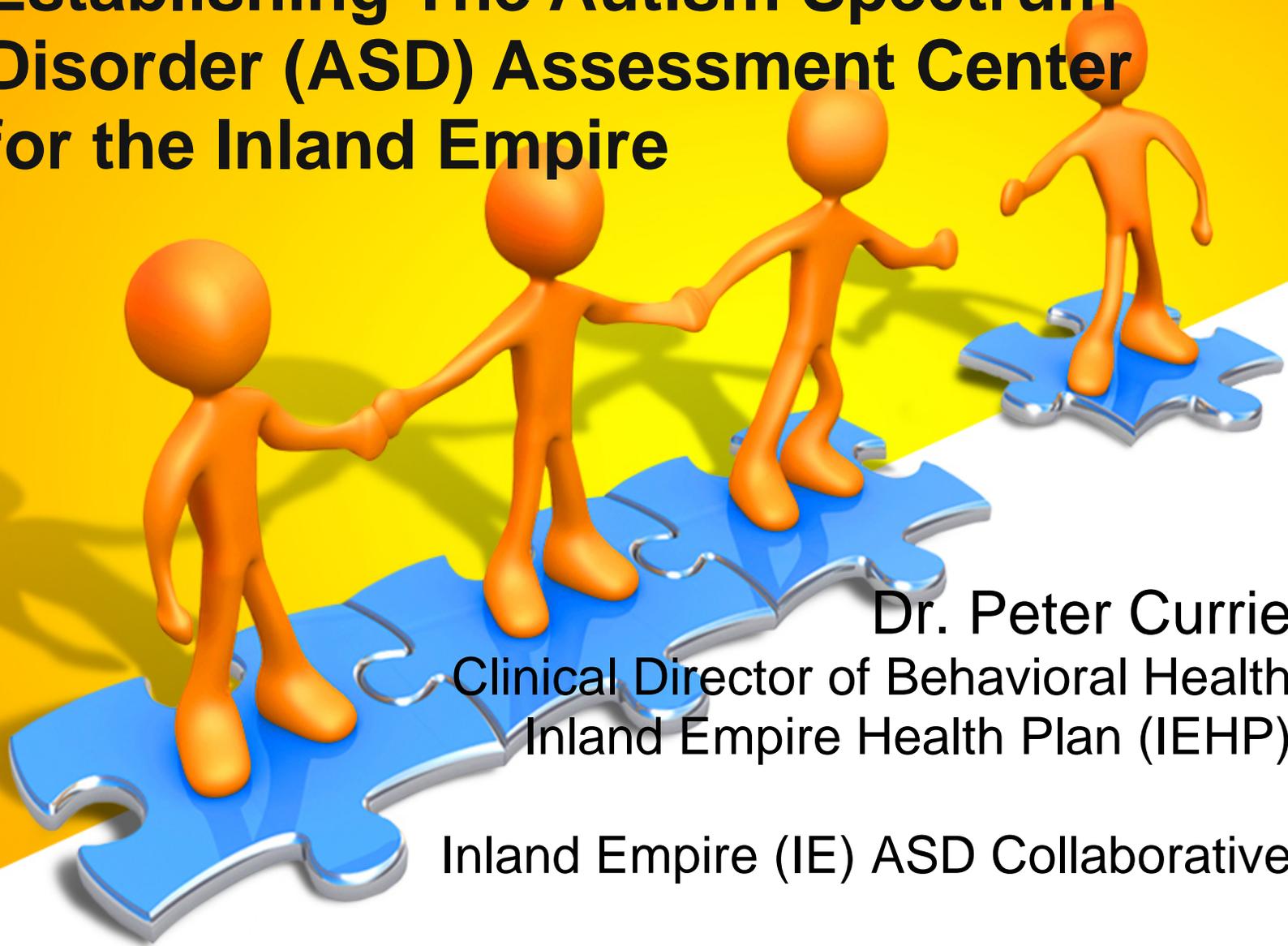
Service

Accountability

Innovation

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Establishing The Autism Spectrum Disorder (ASD) Assessment Center for the Inland Empire



Dr. Peter Currie
Clinical Director of Behavioral Health
Inland Empire Health Plan (IEHP)

Inland Empire (IE) ASD Collaborative

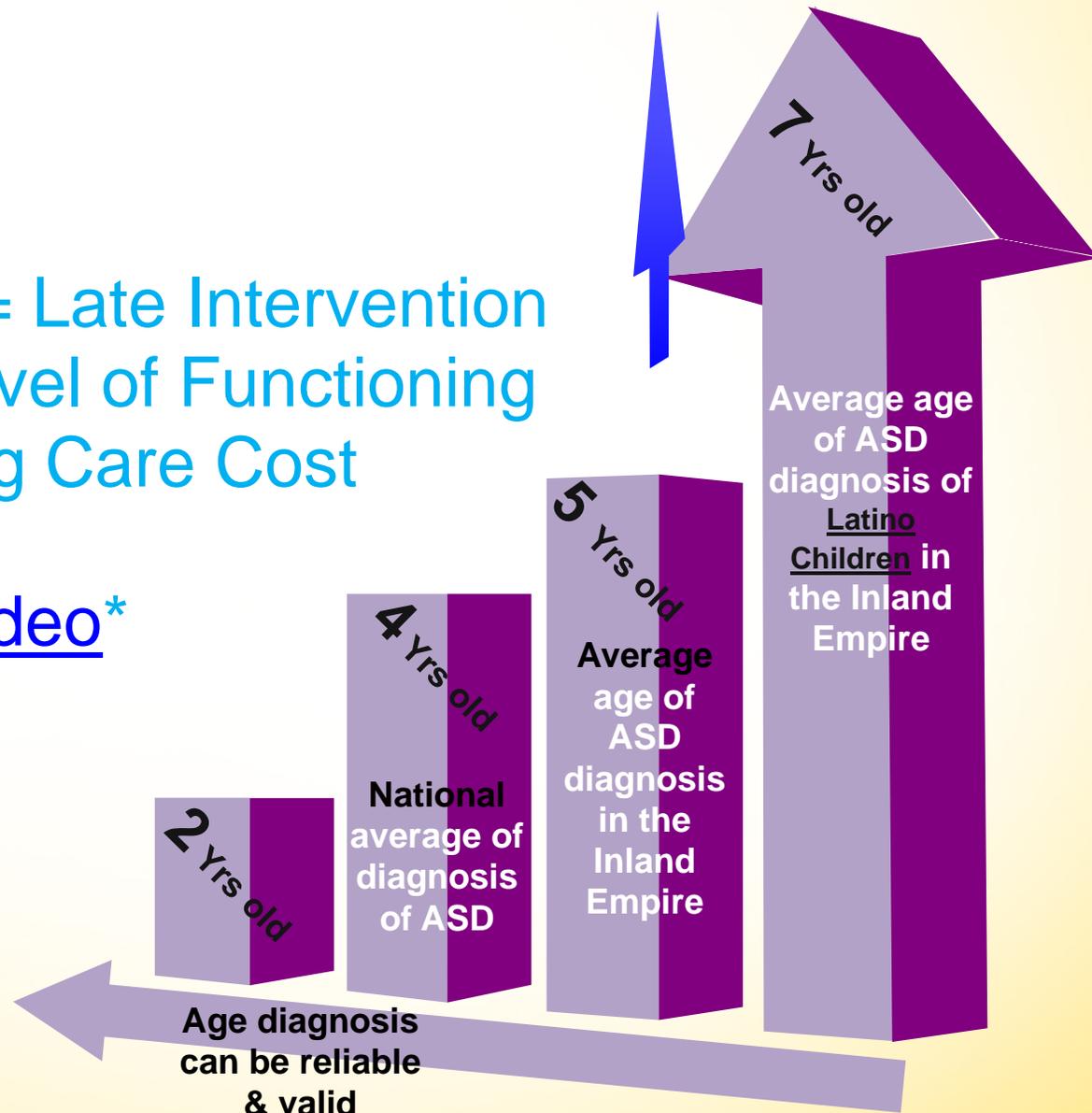


The Problem:

Late Diagnosis = Late Intervention
= Diminished Level of Functioning
& Higher Lifelong Care Cost



Video*



* Video courtesy of Youtube.com

**Kids with Autism
Deserve The Right
Diagnosis and
Timely Treatment**

Scarce Resources

Fragmented System

**Quality of Life
For Parents For Children**





A Child with Autism...

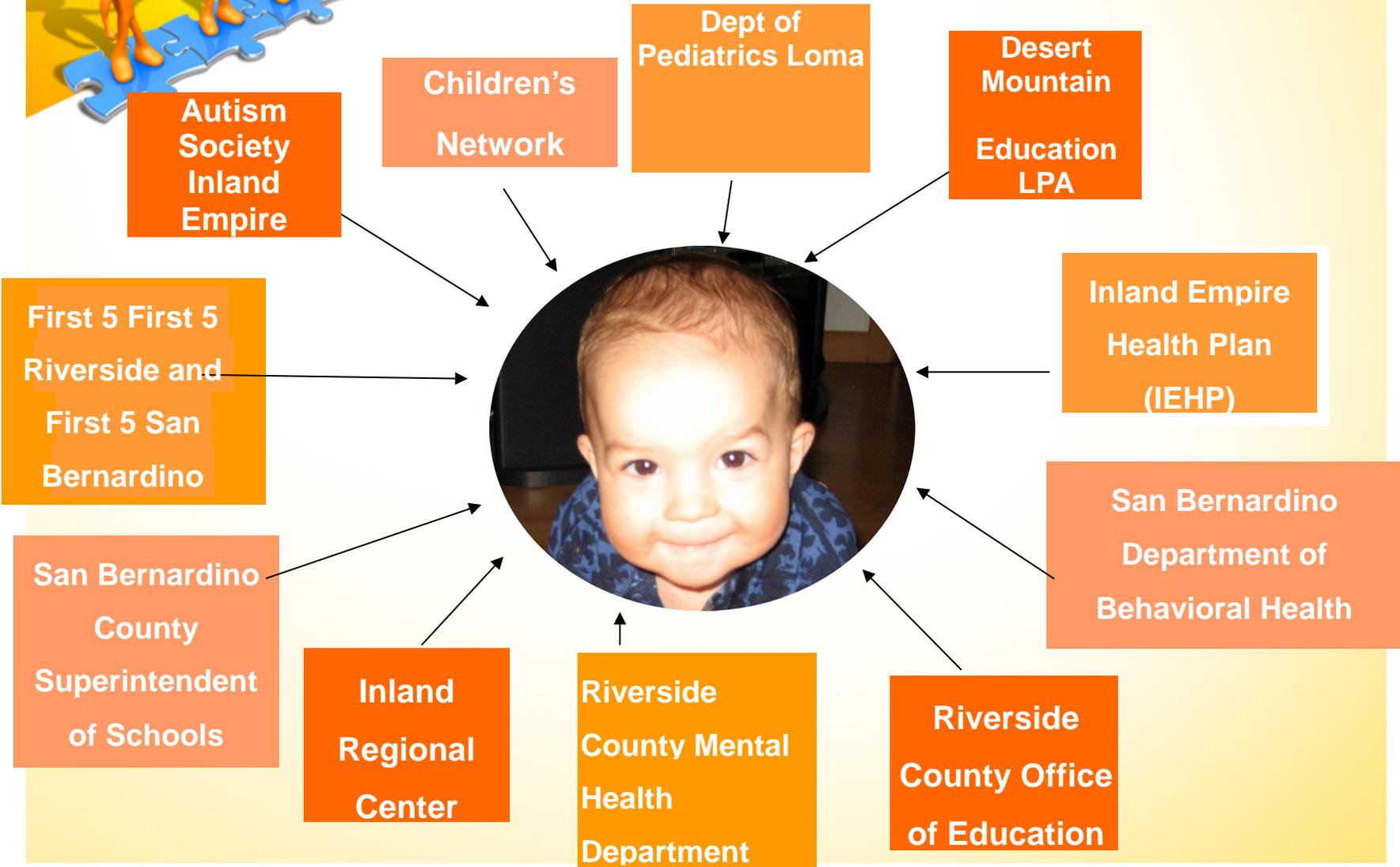
“If you’ve seen one child with autism, you’ve seen one child with autism.”

-Brenda Smith-Myles



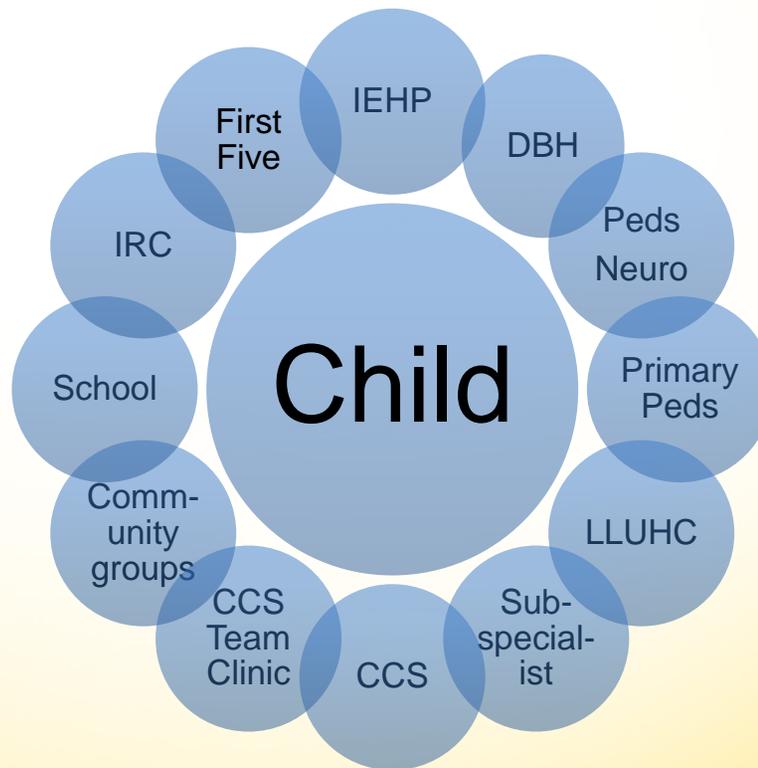
The Solution is the Assessment:

Formation of the Inland Empire ASD Collaborative





From Fragmented Silos to Child Centered Collaborative Assessment



Inland Empire (IE) ASD Collaborative

Vision:

“Every child in the Inland Empire will have access to a collaborative, organized, integrated and Transdisciplinary Assessment/Treatment Resource for Autism.”

Mission:

“To meet the autism community’s needs through shared responsibility for a comprehensive and Transdisciplinary Assessment, Treatment Recommendations, Referrals and Resources in order to maximize the quality of life for children in the Inland Empire with Autism and their families.”





Autism Assessment Center of Excellence (AACE)

Interagency collaboration
improves referrals
and aligns
providers and
educators

Comprehensive assessment
eliminates
wasted time &
duplicative
assessments

“One Stop Shop”
reduces
parent’s burden
of having to
advocate and
coordinate
across multiple
agencies

Early Intervention
leads to a
higher quality
of life &
functioning





AACE Assessment

Following the “Gold Standard” of Autism Evaluation (Filipek, Accardo, Ashwal, Baranek, Cook, Dawson, et al, 2000) :

- *Parent Interview regarding current concerns and behavioral history related to autism*
- *Autism Diagnostic Observation Schedule (ADOS-II)*
- *Medical & neurological evaluation*
 - *Screening for common related conditions such as sleep and GI problems*
 - *Includes audiology, lead levels and EEG (when regression is noted)*
- *Speech, language, communication evaluation including pragmatics*
- *Cognitive and adaptive behavior evaluations*
- *ABA Assessment*
- *Sensorimotor and occupational therapy evaluation*
- *Other Neuropsychological, behavioral, and academic evaluations (as appropriate)*



Output-Oriented Objectives

- Open the first AACE Center to serve Riverside and San Bernardino Counties early 2015
- Provide 500 comprehensive assessments to guide treatment and education plans by January 2016
- Be financially self-sustaining 2 years after start-up
- Open Second ACCE in Riverside County 12/31/2016



Outcome-Oriented Objectives

- Reduce the average age for ASD diagnosis & access to early intervention from 5 to 4 years and from 7 to 5 years of age for Latino children by 2016
- Improve the quality of life for ASD children and families measured by a pre and post AACE Assessment Survey



Outputs Achieved:

	3rd Qtr '12	4th Qtr '12	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	4th Qtr '13	1st Qtr '14	2nd Qtr '14	3rd Qtr '14
Collaborative Meetings	*Monthly Meetings Occuring the first Friday of every month. (26 Meetings thus far)								
Collaborative Partner Agencies Engaged	*High Desert Selpa, IEHP, IRC, LLU. *Riv.Dept. of Education, Riv.County Dept. of MH, San Bernardino Dept. of BH *First 5 San Bernardino *First 5 Riverside, Childrens Network San Bernardino *Kaiser Permanente (Kaiser Terminates Collaboration (June 2013)) *The Autism Society *San Bernardino County Superintendent of Schools Joins								
Business Plan Development	*Mission & Vision Statement Draft - Finalized (May 2013) *Logic Model Draft (all agency based on Org. allignment) *A combined Logic Model is presented for the Exec.Summ. *Spreadsheet of Fin. Plan (projected Clinic Costs) *501c3 Non Profit Filing & Bylaws completed								
AACE Clinic Non Profit & Fiscal Agent	*IEHP Commits funding for Non Profit Filing *LLU approved as Fiscal Agent *LLU commits to be Fiscal Agent and provide interim non-profit entity								
Funding	*Identify potential funding sources *Meet w/L.Vismara/Senator Steinberg's office. *Meet with Dir. of The Autism Society of America *Funding presentation to First 5 SB *IEHP Contributes 100K *Kaiser Foundation Grant Submission *First 5 SB commits 300K (Sept) *First 5 Riv commits 300K (Sept) *Oak Foundation Grant Submission *Lucile Packard Foundation Grant Submission								
Clinic Site	*Potential Center Site identified *Lease negotiations commence								
Clinical Assessment Model & Scope	*Gathering Best Practice models *Narrow scope 0-5 yrs of age *Visit to Center of Excellence "Mind Institute" *Constructed Clinical Team Job Descriptions *Pediatric Neurologist (Clinical Lead) Identified								



Lessons Learned

- **Watch the horizon, start when you see the first sign of opportunity and be in position when the wave peaks.**
- Selecting the right balance of agency partner organizations required thoughtful selection and periodic reconsideration.
- Multi-agency collaboration takes time, persistence & lots of communication.
- Enlist consumers (Inland Empire Autism Society) early because doctors don't know everything these children need.
- Involving the payer - IEHP (Medi Cal Plan) and the key start-up funding source (First 5) in the Collaborative from the start resulted in a seamless transition from planning to funding.





BHT Stakeholder Meeting



Questions and Answers

Integrity

Service

Accountability

Innovation

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Open Forum



- ***Capacity***
- ***Provider Networks***
- ***Network Adequacy/Timely Access***
- ***Comprehensive Diagnostic Evaluations***
- ***Continuity of Care***
- ***Provider Rates***



Questions/Comments



If you have questions or would like to provide comments related to the SPA or interim guidance to MCPs, contact DHCS at:

Email Address:

ABAinfo@dhcs.ca.gov



BHT Stakeholder Meeting Schedule



<p>November 18, 2014 3:00 p.m. – 5:00 p.m. Department of Health Care Services Auditorium</p>	<p>December 19, 2014 3:00 p.m. – 5:00 p.m. Department of Health Care Services Auditorium</p>
<p>January 22, 2015 3:00 p.m. – 5:00 p.m. Department of Health Care Services Auditorium</p>	<p>Thursday, February 19, 2015 3:00 to 5:00 p.m. Department of Health Care Services 1500 Capitol Avenue, Auditorium</p>

[BHT website](#)