Full Integration Plans Workgroup

1.31.20 Meeting Summary

The Department of Health Care Services (DHCS) held the first Full Integration Plans (FIP) workgroup meeting on January 31.

The meeting was attended by DHCS staff, workgroup members, and members of the public. Molly Brassil from Harbage Consulting facilitated the meeting and Michelle Rekte and Brenda Grealish were the DHCS lead presenters.

This meeting focused on the following topics and discussion items. A full agenda can be found here.

- Background and an overview of the proposal;
- A discussion about key policy decision points;
- A discussion about key criteria for contractor selection, accountability, and fiscal considerations, and;
- Public comment on the above topics.

Discussion Summary

The meeting began with a presentation from DHCS providing an overview of the meeting objectives and expected deliverables. See slides here (4-6). Next, DHCS provided some background information and an overview of the FIP proposal. See slides here (7-16). DHCS then turned to workgroup members to solicit their thoughts and input on four discussion questions (slides 17-18). Below is a summary of the key themes from the workgroup discussion:

- Support of the overall FIP proposal but acknowledgement that there are many variables and complex financial structures that need to be taken into consideration, particularly at the county level.
- Support for the proposal to pilot FIPs vs. statewide implementation.
- Calls to clearly define the standards and accountability mechanisms that FIPs will be held to, particularly with regards to plan readiness criteria and

monitoring the delegation of specialty provider networks. Consumer protections will need to be robust and comprehensive.

- Calls to establish clear outcome measures/benchmarks.
- Consider and ensure the sustainability of county behavioral health safety net programs/services in the community that are not Medi-Cal reimbursable (programs that are supported by the Mental Health Services Act, block grants, etc.).
- Calls to ensure the primary focus is to design a system that is seamless from the perspective of the beneficiary.
- Concerns about data sharing and the barriers to integration.
- Concern from workgroup members about the proposed implementation timeline. Some members feel there are entities already moving towards various types of integration that could implement sooner, other members flagged that the timeline is too aggressive given the complexity of the proposal.
- Calls to think carefully about the needs of complex beneficiaries such as the homeless population, those with involvement in the criminal justice system, and children.
- Calls to engage and include non-licensed health professionals including peers and promotoras.

Next, DHCS presented discussion questions to members of the workgroup on key policy decision points. See slides here (19-21). Below is a summary of the key themes from the workgroup discussion:

- Slide 20:
    - Calls to identify which counties/entities are interested in implementing FIPs. There are many Medi-Cal Healthier California for All proposals that are interrelated. By identifying interested counties/entities upfront, this could help better coordinate implementation efforts. A learning collaborative was proposed.
    - Concern from some workgroup members regarding what entity should serve as the “lead entity”. While some members felt it was most appropriate for managed care plans to serve in this role, other members felt that counties could serve as the lead. DHCS clarified that, in addition to managed care plans and counties, other entities could also serve as a lead entity.
    - Calls to establish clear goals, benchmarks, and outcome measures to ensure there is comparability and consistency across FIPs and to ensure we can demonstrate success.

    - FIPs appear to be a good fit for County Operated Health Systems (COHS), but unclear how FIPs could be operationalized in non-COHS.

- Slide 21:
    - Calls to preserve continuity of care with existing providers and to establish processes to transition/grandfather existing providers into the network.
    - Calls to ensure provider networks are diverse and robust, and flagged considerations for the current network adequacy requirements. Important to not exclude providers right out the gate, and to be inclusive of paraprofessionals, peers, EPSDT providers, etc.
    - Call to look at the Whole Child Model implementation for lessons learned.

Next, DHCS presented discussion questions to members of the workgroup on key criteria for contractor selection, accountability, and fiscal considerations. See slides here (22-28). Below is a summary of the key themes from the workgroup discussion:

- Slides 23-25:
    - Calls to establish clear goals, benchmarks, and outcome measures to ensure there is comparability and consistency across FIPs. Also, again recommended that a learning collaborative of interested counties/entities be established to work through these questions.
    - Call to measure warm handoffs and how providers across disciplines work together to coordinate care.
    - Call to engage with local dental societies and clinics early in the process to get buy-in.
    - Consider Knox-Keene licensure as a requirement but acknowledge that there is a lot of build-up time to achieve this.

- Slides 26-27:
    - Concern that it is premature to dive into a conversation about fiscal considerations without knowing which counties/entities are planning to implement FIPs and without having fiscal experts at the table from the stakeholder entities.
    - Calls to carefully consider implications on county BH funding streams that support non-Medi-Cal reimbursable activities (realignment, MHSA, block grants, etc.) and ensure that the rates are adequate to sustain the

investments made by counties to care for beneficiaries with complex and chronic BH needs.
    - Consider that a single capitated rate to cover all services might be too ambitious. Is it possible to keep some financial structures in place. When calculating the rate, it is important to be transparent about what services are included in the rate.

- Slide 28:
    - Calls to look for opportunities to reduce documentation standards.
    - Calls to focus on the challenges of our current systems and analyzing whether FIP is a way to address these issues.
    - Calls to set clear achievement and outcome goals.
    - Calls to get more specific about FIPs in order to have more concrete conversations and feedback.

Finally, members of the public were invited to comment. Below is a summary:

- Supportive of integration but concerned that beneficiaries with behavioral health needs will face stigma and poorer standards of care under this proposed model.
- Many states have fully implemented their Medicaid benefit. A lot can be learned from other states.
- Agree with calls from workgroup members about the importance of readiness standards to ensure FIP entities have a consistent baseline.

Next Steps for DHCS:

The Full Integration Plans Workgroup will reconvene on February 28, 2020.