

Stakeholder Meeting: 1915(b) Specialty Mental Health Services Waiver Renewal

March 2, 2015

Department of
Health Care Services



AGENDA

Time	Topic
9:00 a.m.	Welcome and Introductions
9:10 a.m.	Discussion: Medicaid Waivers
9:20 a.m.	Review of 1915(b) Specialty Mental Health Services Waiver
9:45 a.m.	Questions & Comments
10:00 a.m.	Stakeholder Dialogue: 1915(b) Specialty Mental Health Services Waiver Renewal Application <ul style="list-style-type: none">• Opportunities for Questions• Section Review (A-D)• Modifications• Stakeholder Input
11:45 a.m.	Closing Remarks and Next Steps
12:00 p.m.	Meeting Adjourned

Objectives

- Obtain Input from Stakeholders on the Upcoming Waiver Renewal Application
- Review and Discuss Sections (A-D) and Strategies Described in the 1915(b) Specialty Mental Health Services Waiver Renewal Application (Waiver Renewal Application)
- Provide Timelines for the Submission of the Waiver Renewal Application and Opportunities for Stakeholder Engagement Prior to and Following Submission on March 30, 2015

Stakeholder Engagement

- Department of Health Care Services (DHCS) has implemented stakeholder engagement processes to better facilitate input from the community and ensure transparency
- The Mental Health Services Division (MHSD) is committed to ensuring stakeholder involvement on activities related to the development of Medicaid state plan amendments and the 1915(b) Specialty Mental Health Services Waiver W&I Code(e) 14718
- MHSD is working with Centers for Medicare and Medicaid Services (CMS) and Mental Health Plans (MHP) in preparation for the submission of the Waiver Renewal Application.

MEDICAID WAIVERS

Medicaid Waivers

- Medicaid Waivers allow:
 - The federal government to waive specified provisions of Medicaid Law (Title XIX of the Social Security Act).
 - Flexibility and encourage innovation in administering the Medicaid program to meet the health care needs of each State's populations.

Medicaid Waivers

Social Security Act sections allowing authority of waivers:

- Section 1115: Research and Demonstration Projects
- Section 1915(b): Managed Care/Freedom of Choice
- Section 1915(c): Home and Community Based Services

The Specialty Mental Health Services Waiver is a 1915(b) Freedom of Choice Waiver

Section 1115: Research and Demonstration Projects

Federal Requirements Waived

- Broad scope of Medicaid rules, including:
 - Eligibility criteria
 - Benefit packages
 - Service delivery and payment

Section 1115 Waiver Authority:

- Allows States flexibility to design demonstration projects that promote the objectives of the Medicaid program
- Allows States to extend coverage to populations who would otherwise not qualify for Medicaid
- Permits federal matching funds for State costs that are not standard program rules

Section 1915(b) Freedom of Choice

Federal Requirements Waived:

- ◉ **Freedom of Choice/Choice of Provider:** Each beneficiary must have a choice of providers
- ◉ **Statewideness:** Benefits offered to any individual must be available throughout the state
- ◉ **Comparability of Services:** Requires services to be comparable for eligible individuals-equal in amount, scope, duration for all beneficiaries in a covered group

Section 1915(b) Freedom of Choice

Section 1915(b) Waiver Authority:

- Allows states to implement managed care delivery systems, or otherwise limit individuals' choice of provider
- May not be used to expand eligibility to individuals not eligible under the approved Medicaid state plan
- Cannot negatively impact beneficiary access, quality of care of services, and must be cost effective

MEDI-CAL STATE PLAN & MENTAL HEALTH PLAN CONTRACT

Medi-Cal State Plan

- The official contract between the Single State Medicaid Agency (DHCS) and CMS by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding
- Developed by DHCS and approved by CMS
- Describes the nature and scope of Medicaid programs and gives assurances that it will be administered in accordance with the requirements of Title XIX of the Social Security Act, Code of Federal Regulations, Chapter IV, and other applicable federal/state policies

<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>

MHP Contract

- Contract required pursuant to state and federal law
- Delineates the MHP's and DHCS' responsibilities and requirements in the provision and administration of Specialty Mental Health Services
- Conforms with federal requirements for Prepaid Inpatient Health Plans (PIHPs). MHPs are considered PIHPs and as a result must comply with federal managed care requirements (see Title 42, CFR, Part 438)
- Current MHP contract term:
May 1, 2013-June 30, 2018

CALIFORNIA

1915(b) Specialty Mental Health Services (SMHS) Waiver

1915 (b) SMHS Waiver

Sections (A-D)

- Section A: Program Description
 - Describes the delivery system, geographic areas served, populations served, access standards, quality standards, and program operations (i.e. marketing, enrollee rights, grievance system, etc.)
- Section B: Monitoring Plan
 - Describes the monitoring activities planned for the upcoming waiver term
- Section C: Monitoring Results
 - Describes monitoring results for the most recent waiver term
- Section D: Cost Effectiveness
 - Projects waiver expenditures for the upcoming waiver term

1915(b) SMHS Waiver: Current Term and Renewal Application Submission

- Current SMHS waiver term:
July 1, 2013—June 30, 2015
- The next SMHS Waiver Renewal Application must be submitted to Centers for Medicare and Medicaid Services (CMS) by March 31, 2015
- Upon receiving the Waiver Renewal Application, CMS has 90 days to approve, disapprove, or request additional information (RAI)

Review of 1915(b) SMHS WAIVER RENEWAL APPLICATION

DISCLAIMER

The documents provided and discussed today are in draft and have not been reviewed or approved by DHCS Executive Management.

We anticipate changes based upon today's stakeholder input, Executive Management review, and future opportunities for public comment.

Sections A-D will be distributed to stakeholders for review prior to submission to CMS on March 30, 2015.

Waiver Renewal Application

○ Review

- Section A: Program Description
- Section B: Monitoring Plan
 - Quality Improvement Efforts

○ Discuss

- Section C: Monitoring Results
- Section D: Cost Effectiveness

Section A: Program Description

Describes the delivery system, geographic areas served, populations served, access standards, quality standards, and program operations (i.e. marketing, enrollee rights, grievance system, etc.)

Program Description

- Program Overview: History and New Issues
- Assurances Provided Regarding Access
 - Timely Access Standards
 - Capacity Standards
 - Coordination and Continuity of Care Standards
- Quality Assurance
 - EQRO
 - Cultural Competency Plans, Translation Services
 - 24/7 Toll Free Telephone Access Line
- Program Operations
 - Activities Engage and Inform Beneficiaries



QUESTIONS

Section B: Monitoring Plan

***Describes the monitoring activities planned
for the upcoming waiver term***

Monitoring Plan

Consumer Self Report Data	Performance Improvement Projects
Data Analysis	Performance Measures
Measurement of Any Disparities	Periodic Comparison of Number and Types of Providers
Network Adequacy Assurances	Utilization Review
Ombudsman	Other: External Quality Review Organization, Cultural Competence Plans , Compliance Advisory Committee, California Mental Health Planning Council, and Appeals
On-Site Reviews	

QUESTIONS

Quality Improvement Efforts

- 24/7 telephone toll free access line with appropriate language access
- Systems in place to track timeliness of access across the plan
- TARs adjudicated in 14 days

Quality Improvement Efforts

- Systems in place to log grievances and appeals, name, date, and issue
- Systems in place to ensure providers are certified and recertified
- Disallowance rates
- Coordination of Care

QUESTIONS

Section C: Monitoring Results

Describes monitoring results for the most recent waiver term

Monitoring Results

Consumer Self Report Data	Performance Improvement Projects
Data Analysis	Performance Measures
Measurement of Any Disparities	Periodic Comparison of Number and Types of Providers
Network Adequacy Assurances	Utilization Review
Ombudsman	Other: External Quality Review Organization, Cultural Competence Plans , Compliance Advisory Committee, California Mental Health Planning Council, and Appeals
On-Site Reviews	

QUESTIONS

Section D: Cost Effectiveness

***Projects waiver expenditures for the
upcoming waiver term***

Cost Effectiveness

- Cost Effectiveness Documentation
 - Comparison of costs under the waiver to estimates developed prior to the renewal
 - Development of new estimates for renewal period
- Includes costs reimbursed under the waiver as well as costs related to the waiver

QUESTIONS

Stakeholder Engagement

- Renewal Application submitted to CMS on March 30, 2015
- Pursuant to Welfare and Institution Code 14100.3 the Waiver Renewal Application will be posted online within 10 business days from the date the department submits waiver to CMS for approval
<http://www.dhcs.ca.gov/services/MH/Pages/MCMHP.aspx>
- Stakeholders interested in providing comments based on what we have presented or on the current waiver may send questions and comments to DHCSMHSD@dhcs.ca.gov
- Future Stakeholder Meetings and Resources are posted on the DHCS **Stakeholder Engagement Initiative Calendar of Events**
<http://www.dhcs.ca.gov/services/Pages/CalendarofEvents.aspx>

To be added to the DHCS e-mail service please go to the following link:
<http://www.dhcs.ca.gov/Pages/DHCSListServ.aspx>

Thank you!

