# Behavioral Health Integration Incentive Program

## Overview

# Webinar Overview

1. We will provide an overview of the Behavioral Health Integration (BHI) Incentive Program and Application, and address some questions we have already received.

2. After our presentation, we will address questions you send in <u>through the webinar chat feature</u>. You can send questions at any time during the presentation.

3. Our last slide will provide the email address for questions that you have after the webinar, and also the web site for the program.

4. We will post these slides and a webinar recording a few days after the webinar.

5. On the webinar screen, please do <u>not</u> take yourself off "mute."

# The BHI Incentive Program

- DHCS is providing Proposition 56 funding to incentivize Medi-Cal Managed Care Health Plans (MCPs) to promote behavioral health integration (BHI) in their provider networks.

- Providers will submit the application to one MCP to operate one, or more, of the six BHI projects, with specific strategies designed by the provider.

- The MCP reviews applications and selects awardees.

- Over the duration of the program (2020-2022), the MCP will pay the provider for achieving milestones specified in their application, and for reporting project metric data.

# Objective

- To incentivize MCPs to improve physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in the MCP's network using culturally and linguistically appropriate teams with expertise in primary care, substance use disorder conditions, and mental health conditions who deliver coordinated comprehensive care for the whole patient.

- To increase MCP network integration for providers at all levels of integration (those just starting as well as those that want to take their integration to the next level), focus on new target populations or health disparities, and improve provider's level of integration or impact.

# Timeline

1.  DHCS releases BHI Incentive Program RFA
    November 12, 2019
2.  BHI Incentive Program applications due to the MCP
    January 21, 2020
3.  MCPs complete their review of applications
    February 18, 2020
4.  Participation decisions issued by MCPs to applicants
    March 18, 2020
5.  BHI Incentive Program start date for approved applicants
    April 1, 2020
6.  BHI Incentive Program operations duration
    April 1, 2020, to December 31, 2022

# Eligible Providers

The following provider types who provide services to Medi-Cal beneficiaries are eligible to apply:

- Primary care;
- Specialty care;
- Perinatal care; and
- Hospital-based and behavioral health providers.

The provider types noted above above can include:

1. Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs), and Indian Health Services (IHS)
2. Public and county-based providers.

All applicants must have a signed MCP network provider agreement.

# How to Apply

- The provider shall <u>choose one</u> MCP to receive their application.

- Return the application <u>to the MCP</u> no later than 5 p.m. PST on January 21, 2020.

- The MCP may require the application to be submitted to the MCP's online grants management system portal.

- Incomplete applications will not be considered.

- Carefully review the entire application and other supporting documents on the DHCS website.

- The MCP will be responsible for oversight and payment to the provider for meeting the BHI Incentive Program milestones, based on their approved application.

# Complete Application

All components must be completed, the application must be signed, and the four attachments below must be included:

1. Detailed budget for the applicant's defined milestones and associated proposed incentive funding.
2. Letter of support from their county mental health managed care plan, if the selected BHI project addresses SMI or requires coordination with county mental health.
3. Letter of support from their county SUD managed care plan or SUD fee-for-service program (only required if the selected BHI project addresses SUD.)
4. An executed BHI Incentive Program Memorandum of Understanding (Appendix B).

# Instructions

Each application will:

- Identify which BHI project(s) they have selected.
- Identify the specific target population for each selected BHI project (pediatric, adolescent, and/or adult) based on the population(s) served by the entity.
- Optional: If the entity chooses to target disparities, the entity must identify the specific disparity target population and report selected measures stratified by the relevant target disparity population.
- Describe the practice redesign component/tasks they will implement to achieve the objectives of the BHI project(s).
- Identify which performance measures the applicant will report, in addition to the required measures for each BHI project. The application specifies requirements for each project.

# Applicant Information

- Organization Name:
- Type of Entity (from Lead Entity Description Above):
- Service Location Physical Address(es):
- Geographic Service Area(s):
- Number of <u>all</u> Medi-Cal Members Served Per Year:
- Percentage of All Clients Served Per Year Who Are Medi-Cal Members at Sites Implementing BHI:
- Contact Person:
- Contact Person Title:
- Telephone Number:
- Email Address:
- Mailing Address:

# Six Project Options

Select one, or more, of the six options:

1. Basic Behavioral Health Integration

2. Maternal Access to Mental Health and Substance Use Disorder Screening and Treatment

3. Medication Management for Beneficiaries with Co-occurring Chronic Medical and Behavioral Diagnoses

4. Diabetes Screening and Treatment for People with Serious Mental Illness

5. Improving Follow-Up after Hospitalization for Mental Illness

6. Improving Follow-Up after Emergency Department Visit for Behavioral Health Diagnosis

# Appendix A: BHI Components

Examples of integration components to incorporate into the applicant's BHI project across the following categories:

1. Patient Identification and Diagnosis
2. Engagement in Integrated Care Programs
3. Evidence-Based Treatment
4. Systematic Follow-up, Treatment Adjustment, and Relapse Prevention
5. Communication and Care Coordination
6. Systematic Psychiatric Case Review and Consultation
7. Program Oversight and Quality Improvement
8. Strategies and Practice Redesign Components to Increase Level of Integration

# Questions

**Q:** Are FQHC's eligible to apply for the BHI Incentive Program?

**A:** Yes.

**Q:** Because this is incentive funding, is it considered outside of the FQHC PPS rate for reconciliation purposes?

**A:** Yes.

**Q:** Is a scope change required for an FQHC to be eligible to receive incentive funding?

**A:** A scope change is only required if the FQHC does not currently have Behavioral Health (BH) included in its scope.

# Questions Cont.

**Q:** If an FQHC must change scope to add BH, when does the scope change need to be complete?

**A:** In the application the FQHC will attest that they will make any needed scope change. The official scope change process would be completed at some point after 2020.

DHCS's intention is that the scope change addition of BH service would continue after the end of the BHI Incentive Program.

# Questions Cont.

**Q:** Will MCPs and providers be informed of the total available funding? This will allow MCPs be able to make decisions/recommendations regarding BHI Incentive Project proposals.

**A:** DHCS will inform each MCP of its total available funding.

**Q:** Will there be an opportunity to revise project proposals if there are remaining funds but not enough to fund a project in its entirety?

**A:** This is left to the discretion of each MCP, but must be done within the timeline specified in the application for final awardee approval.

# Questions Cont.

**Q:** Does the applicant apply for one year at a time?

**A:** The application must be for the full program duration through 2022.

**Q:** Please explain the funding over the three years.

**A:** Using a hypothetical funding amount as an example, if the provider is requesting $50,000 as the budget for Program Year (PY) 2, then:

1. The funding for PY 3 must be $50,000. PYs 2 and 3 must be funded at the same amount.
2. The funding for PY 1 must be $33,333. The funding for PY 1 must be 2/3 of each of the other PYs.

# Questions Cont.

**Q:** What is the expectation of the MCPs to evaluate the "financial value" of a particular project milestone?

**A:** This is left to the discretion of each MCP.

**Q:** If a milestone is not met, does this result in automatic non-payment or will partial payments be considered?

**A:** If a milestone is not met, the incentive funding associated with that milestone will not be paid. Providers should consider this in the structure of their milestones. At the MCP's discretion, milestones and funding may roll over through December 2022 if the milestone is not completed according to the timing included in the application.

# Questions Cont.

**Q:** What will be the reporting requirements for the MCPs to aggregate or analyze the data being reported and how will this be reported to DHCS?

**A:** DHCS will develop a template for providers to submit data. These templates will be submitted to DHCS.

# Questions Cont.

**Q:** Will DHCS expect the MCPs to provide financial reporting of these funds beyond what is received from DHCS and what is paid to the projects? For example, will there be an expectation that MCPs ensure this funding doesn't supplant existing funding (a number of the listed project activities may, in part, be covered services)? If yes, what is the level of evidence required?

**A:** The funding provided is incentive funding for enhancement of BH integration, and the application and milestones should reflect this. The application attestation addresses issues of supplanting funds and currently covered services. In addition, these dollars are not to fund existing covered services, they are to establish infrastructure for integration purposes.

# Questions Cont.

**Q:** What data will DHCS want MCPs to collect or provide in order to demonstrate that a particular project(s) was successful or not?

**A:** To achieve incentive funding payments, providers will 1) complete project milestones (and report this to the MCP), and 2) report the required project metric data to the MCP.

**Q:** Sustainability is briefly mentioned in the application. What is DHCS's expectation of providers around planned sustainability?

**A:** DHCS's intention is that the BH Integration achieved as part of the project would continue after the end of the BHI Incentive Program. A description of sustainability is one of the scored components in Section 3.1 of the application.

# Webinar Questions

- We will take questions now through the webinar chat feature.

- Documents that describe the application process and scoring of applications have been posted to the web site.

- After the webinar, you can email questions to: DHCS-BHIIPA@dhcs.ca.gov

- View the web site at: https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx