

DHCS Stakeholder Advisory Committee Update

Medi-Cal Tribal and Indian Health Program Designee Meeting

November 2, 2017

DHCS Stakeholder Advisory Committee

Committee Purpose

- To provide DHCS with input on implementation efforts for the current 1115 Waiver, known as Medi-Cal 2020 as well as other relevant health care policy issues impacting the department

Committee Membership

- 31 SAC members are direct stakeholders and/or experts, including beneficiary advocacy organizations, and representatives of various Medi-Cal provider groups.

CA Medical Association

CA Dental Association

Disability Rights CA

CA Association of Public Hospitals

Congress of California Seniors

Western Center on Law & Poverty

CA State Association of Counties

CA Council of Mental Health Agencies

CA Community Health Centers/CPCA

CA Pan-Ethnic Health Network

DHCS Stakeholder Advisory Committee

Quarterly Meetings Chaired by Jennifer Kent, Director DHCS

Where: The California Endowment Conference Center
1414 K Street, Sacramento

Website:

<http://www.dhcs.ca.gov/Pages/DHCSStakeholderAdvisoryCommittee.aspx>

DHCS Stakeholder Advisory Committee

October 19th Agenda Items

- I. Updates from DHCS Director
- II. Managed Care Final Rule Implementation
- III. Update on PRIME and GPP
- IV. Mental Health Parity Compliance Plan
- V. State Transition Plan for Developmental Centers
- VI. Innovative Approaches to Substance Use Treatment in Medi-Cal

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- CHIP Reauthorization
 - Majority of children covered under the program will not feel any impact
 - ~ 38,000 pregnant woman and children may be effected
- California Fires
 - Presidential Disaster Declarations and HHS Public Health Emergencies can provide for Section 1135 Waiver
 - temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals (CMS Website)
 - Eligibility implications
 - Provider licensing
- January 1 Full Restoration Adult Dental Benefits

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- Managed Care Final Rule Implementation
 - ▶ Network Adequacy Standards - July 2018

Primary Care - adult and pediatric

Specialty Care - adult and pediatric

OB/GYN

Mental Health (non psychiatry outpatient services)

Pediatric Dental

Hospital

Pharmacy

Substance Use Disorder (outpatient services and opioid treatment programs)

Long Term Support Services

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- Managed Care Final Rule Implementation
 - 15 specialties identified

Specialty Access	Current	July 1, 2018
Time and Distance	Reasonable Access	Small to Rural Counties (< 55,000 to 199,999) 60 miles or 90 minutes Medium Counties (200,000 to 3,999,999) 30 miles or 60 minutes Large Counties (>400,000,000) 15 miles or 30 minutes
Timely Access (Non-Urgent)	15 business days to appointment from request	Same requirement 15 business days to appointment from request

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- Managed Care Final Rule Implementation
 - ▶ Alternative Access Standards
 - ▶ Plans must exhaust all reasonable options
 - ▶ Seasonal considerations
 - ▶ Medical Service Study Area considerations
 - ▶ 2019 External Quality Review Organization (EQRO) Validation of Network adequacy

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- Managed Care Final Rule Implementation
 - ▶ Model Handbook - standardization across plans in 2018
 - ▶ County Mental Health Plans
 - ▶ County Information Notices in progress re: Indian Enrollment Requirements
 - ▶ Initial Health Assessment - January 1, 2018
 - ▶ APL 17-013 Health Risk Assessment Requirements for New SPD Beneficiaries
 - ▶ Within 45 days of enrollment for higher risk beneficiaries
 - ▶ Within 105 days of enrollment for lower risk beneficiaries

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- Mental Health Parity Compliance Plan - July 2018
 - ▶ Ensure financial and treatment requirements applicable to mental health and substance use disorder services are not more restrictive than the predominant requirements applied to medical surgical services.
 - ▶ Authorizations
 - ▶ County Mental Health Plans must identify what services require prior authorization
 - ▶ Prior authorization for Specialty Mental Health reduced from 14 days to 5 days
 - ▶ Managed Care Plans are prohibited from requiring prior authorizations for Initial Mental Health Assessment (APL 17-018)

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- Mental Health Parity Compliance Plan - July 2018
 - ▶ SBIRT (Alcohol Misuse Screening and Counseling)
 - ▶ Training recommended but not required
 - ▶ Current benefit one screening and three brief interventions
 - ▶ Limit can be exceeded based on medical necessity
 - ▶ Continuity of care for Serious Mental Health and Substance Use Disorder Services
 - ▶ Will be consistent with Managed Care Plan requirements
 - ▶ October 1st - Non Medical Transportation (APL 17-010)
 - ▶ For non managed care plan services - will include specialty mental health, Substance use Disorder, Dental and other services provided through Medi-Cal FFS

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2018 Meeting Schedule

- February 8th
- May 17th
- July 18th
- October 25th

Where: The California Endowment Conference Center
1414 K Street, Sacramento

Open to the public