

PREP MEETING FOR TECHNICAL SUPPORT MEDI-CAL MEMBER ADVISORY COMMITTEE

Language Justice Orientation

Zoom Interpretation/Logistics

Meeting Information

Meeting Information

- » Meetings will be recorded for note-taking and internal review purposes.
- » Electronic notes will be taken throughout the meeting.
- » Meeting summaries will be sent to members (once they are available to the public).
- » We will NOT put any identifiers on our notes (e.g., names) for any public meeting summaries or documents.
- » Notes will not be shared outside of our Everyday Impact Consulting project team.
- » Recordings will be deleted annually.

Meeting Information (Continued)

- » Please remain muted until a facilitator invites you to speak.
- » We seek to promote healing through the Medi-Cal Member Advisory Committee (MMAC) meetings by integrating art throughout the process.

List of Acronyms

- » **MMAC:** Medi-Cal Member Advisory Committee
- » **DHCS:** Department of Health Care Services
- » **EIC:** Everyday Impact Consulting
- » **DMC-ODS:** Drug Medi-Cal Organized Delivery System

MEDI-CAL MEMBER ADVISORY COMMITTEE MEETING

Wednesday, May 15, 2024

Welcome

Agenda

- » Welcome
- » Opening Art Video (10 min)
- » MMAC Member Attendance (5 min)
- » January MMAC Meeting Recap, DHCS Introductions, and Updates (30 min)
- » Member Facing Materials and Feedback Session (35 min)
- » Overview of Behavioral Health Benefits and Services and Feedback from Members (25 min)
- » Next Steps (5 min)
- » Closing Remarks (5 min)

Community Norms and Agreements

- » We acknowledge and respect differing views, opinions, and experiences.
- » This is an honest, brave, and kind space.
- » It's okay not to understand or know everything.
- » We will ask for what we need to feel good about being here, support each other, and learn together as we go.
- » There are no "stupid questions." We all have different levels of understanding and different perspectives.
- » We choose collaboration.
- » We value staying on task.
- » What happens here stays here. What's learned here leaves here.

Opening Art Video

Franceska Gamez, Artist and Co-Founder of 1810 Gallery



MMAC Member Attendance

Recap, DHCS Introductions, and Updates

January 2024 MMAC Meeting Recap

- » Complaints, appeals, and State Fair Hearings processes.
- » Members gave feedback about their experiences navigating this process and offered ideas for improvement.

DHCS Introductions



Lindy Harrington

Assistant State Medicaid Director



Autumn Boylan

Deputy Director, Office of Strategic Partnerships

Update by Director Michelle Baass

Member-Informing Materials and Feedback Session

René Mollow, Deputy Director

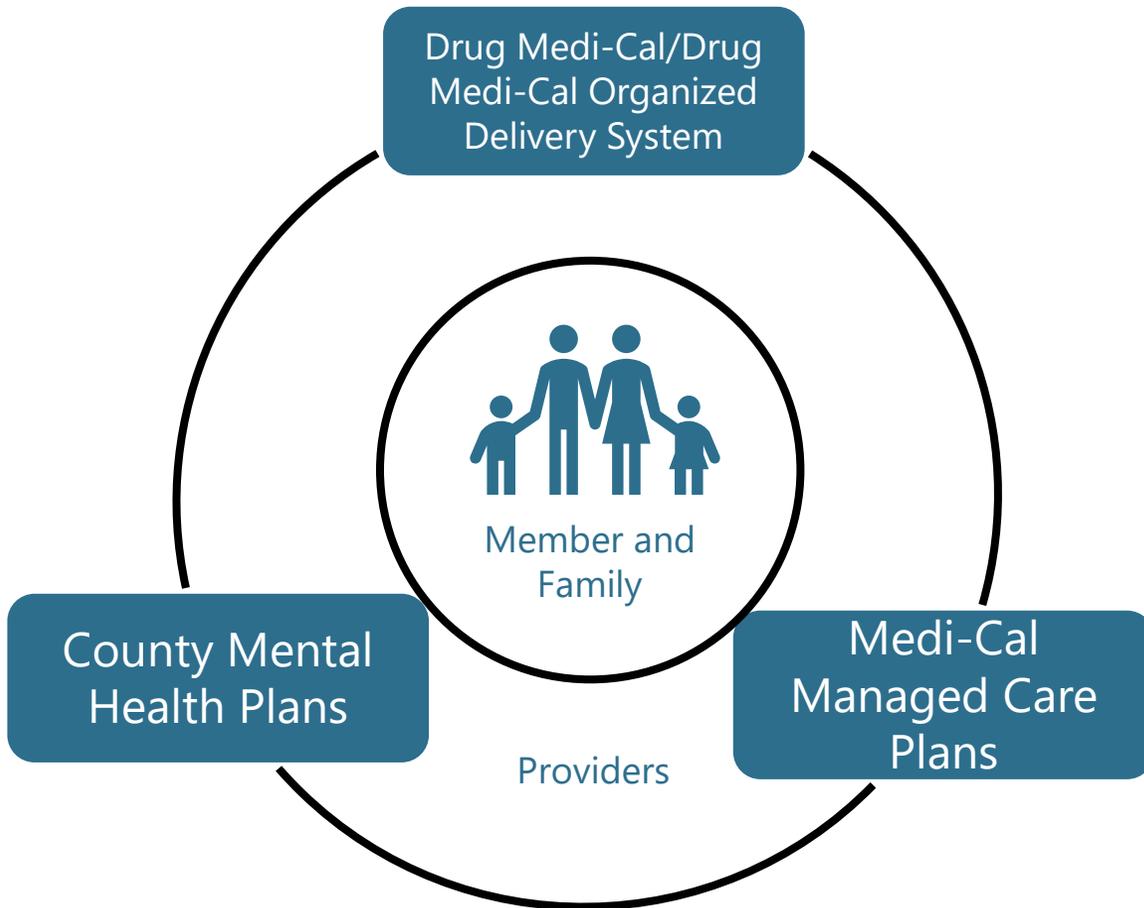
Member Feedback Discussion Questions

- » What is your overall impression of these documents?
- » Are the images, okay?
- » How are the colors?
- » Do you find the messaging/content easy to understand and know what to do next?
- » Is there anything missing?
- » Is there anything we can change for clarity?
- » What questions do you have after viewing these documents?

Overview of Behavioral Health Benefits and Services and Feedback from Members

Medi-Cal Behavioral Health Overview

The primary systems of care for Medi-Cal members of all ages with behavioral health conditions are:



- » **Medi-Cal Managed Care Plans (MCP) / Fee-For-Service:** responsible for non-specialty outpatient mental health services.
- » **County Mental Health Plans:** responsible for specialty mental health services.
- » **County Drug Medi-Cal and Drug Medi-Cal Organized Delivery System programs:** responsible substance use disorder prevention and treatment services.

Specialty Mental Health Services Access Criteria & No Wrong Door

» **Access Criteria:** In 2022, DHCS released [guidance](#) for accessing Medi-Cal specialty mental health services from county mental health plans

- A mental health diagnosis is NOT required to receive services.

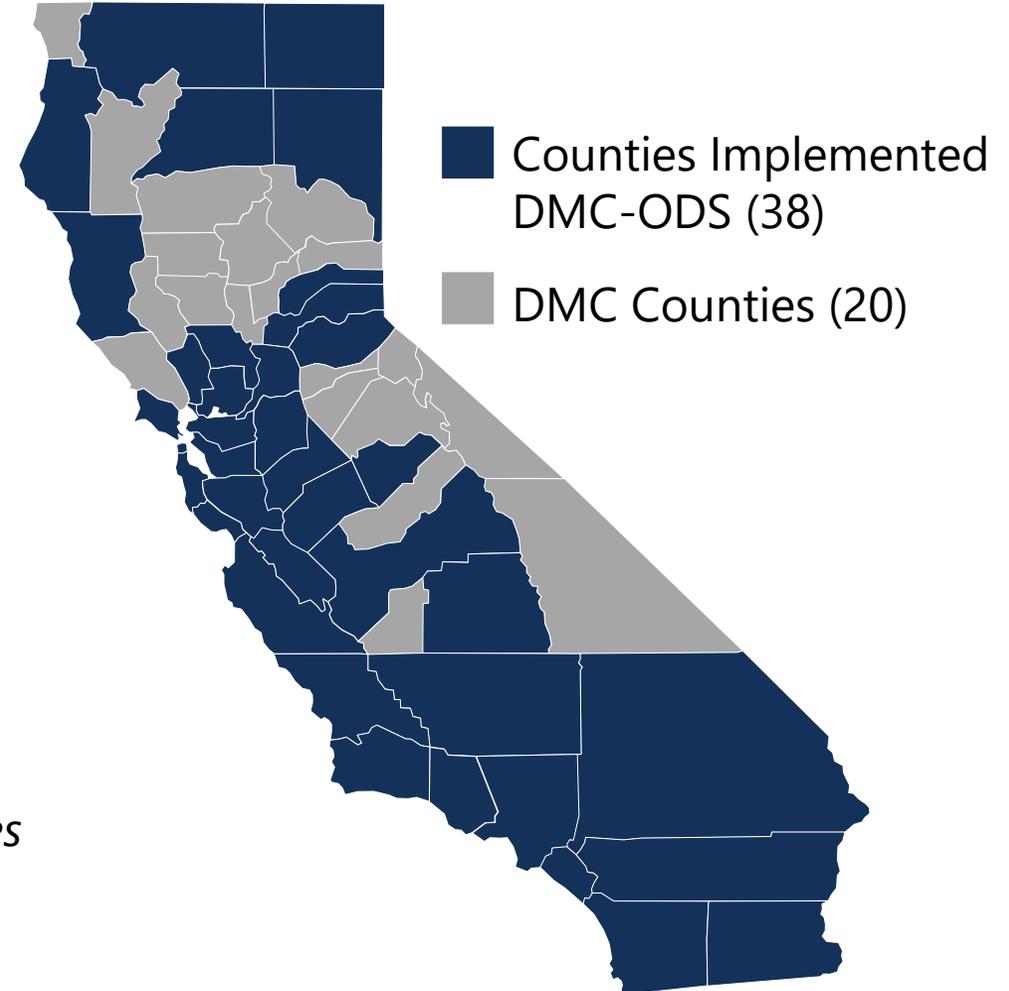
» **No Wrong Door:** In 2022, DHCS released [guidance](#) to clarify common questions about County Mental Health Plans and Medi-Cal Managed Care Plans.

- BOTH are responsible for Medi-Cal mental health services.

Drug Medi-Cal & Drug Medi-Cal Organized Delivery System Overview

- » Drug Medi-Cal provides substance use disorder treatment services for Medi-Cal members and is administered by California counties.
- » Most Californians live in a county that has chosen to operate an expanded Drug Medi-Cal program, known as the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- » As of March 2024, 38 counties participate in DMC-ODS.

Source: California Department of Health Care Services, *Counties Participating in DMC-ODS*, accessed March 2024; available at: <https://www.dhcs.ca.gov/provgovpart/Pages/county-implementation-plans.aspx>.



Comparison of Benefits

DMC Benefits

- » Outpatient treatment services
- » Intensive outpatient treatment services
- » Medications for addiction treatment
- » Narcotic treatment programs
- » Perinatal and youth residential
- » Peer support services*
- » Mobile crisis services

DMC-ODS Benefits

- » Outpatient treatment services
- » Intensive outpatient treatment services
- » Medications for addiction treatment
- » Narcotic treatment programs
- » Residential – all populations
- » Peer support services*
- » Mobile crisis services
- » Inpatient treatment/withdrawal management
- » Early intervention (youth under 21 years)
- » Withdrawal management
- » Recovery support services
- » Care coordination
- » Clinician consultation
- » Partial hospitalization*
- » Recovery Incentives*

All DMC and DMC-ODS services are covered pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

* Optional services

Ensuring Access for Members Under Age 21

- » Members under age 21 are eligible to get additional Medi-Cal services through a benefit called **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**.
- » Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered medically necessary and covered as EPSDT services.

Behavioral Health Information Brochure

- » DHCS is developing a brochure to explain behavioral health services for people who have Medi-Cal. The brochure will include:
 - Behavioral health services covered by Medi-Cal.
 - Member rights.
 - An overview of County mental health plans and their responsibilities.
 - How to receive behavioral health services.
- » The brochure will be a helpful guide for understanding and accessing your behavioral health care through Medi-Cal.

Member Feedback



- » What additional information would be helpful to share with members regarding covered behavioral health services under Medi-Cal?
- » Do you think there's a better way we can explain the roles of County mental health plans (MHPs), Drug Medi-Cal programs, and Medi-Cal managed care plans in offering behavioral health and drug or alcohol treatment services?
- » Did you know about the additional Medi-Cal services available for children through EPSDT?

Next Steps

Next Steps

- » Attend the next virtual MMAC meeting on Wednesday, September 11, 2024, from 5:30 – 7:30 p.m.
- » EIC will share any action items from today.
- » Stipend forms will be sent to members with instructions.
- » Complete post-meeting survey.
- » Reach out to the EIC team for any questions or support.

Closing Remarks





Not happy with your medical care? Think the service was bad or have medical bills that your plan should be covering?

As a Medi-Cal member, you have rights, regardless of your immigration status. You will not lose your benefits if you file a complaint.

You can file a complaint or ask for help.

Call your health plan if you have questions about your benefits, doctors, or how to use your health coverage. But if you still have issues, follow the steps below:

1 Contact your health plan to file a complaint.

You can submit the complaint by mail, online, or phone.

If you do not know your health plan's contact information visit <http://www.dhcs.ca.gov/mchpc>

2 What to expect once you have submitted a complaint?

Within five (5) days, your health plan will let you know they received your complaint. They will provide a contact at the plan who you can contact with questions.

3 Your health plan has 30 days to respond your complaint.



GET FREE HELP

The Ombudsman service is free and can help you file a complaint, appeal, and State Fair Hearing.

Have your Benefits Identification Card/ Medi-Cal number ready. This number will help the representative assisting you to find your information.

The Ombudsman is an impartial individuals to help Medi-Cal members resolve "issues" with their health plan.

Phone: **(888) 452-8609**

Email:

MCDOmbudsmanOffice@dhcs.ca.gov

Another local resource

[Health Consumer Alliance]

Phone: [(888) 804-3536]

Online: [healthconsumer.org]

DRAFT





Filing an appeal is free

As a Medi-Cal member, you have rights, regardless of your immigration status. You will not lose your benefits if you file an appeal.

Call your health plan if you have questions about your benefits, doctors, or how to use your coverage or plan.

START HERE



Did you get a written notice telling you your care was denied, delayed, reduced or stopped?



Start the appeal process:

- 1 Contact your health plan to file an appeal.**
If you do not know your health plan's contact information, visit: <http://www.dhs.ca.gov/dmchp>
- 2 What to expect once you have submitted an appeal?**
Within 30-60 days, your health plan will review your appeal and send you a "Notice of Action." If you do not receive it, contact your health plan.

You can still file an appeal.
If you have any questions or concerns, you can contact the Health Consumer Alliance for help.
Phone: **(888) 804-3536**
Online: **healthconsumer.org**

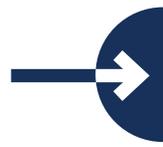


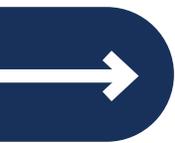
Do you agree with the health plan's decision?



You are done!
There's nothing else for you to do.

Start the State Fair Hearing process (See other side)





Start the State Fair Hearing process.

You can ask for a State Fair Hearing to have the decision reviewed and potentially reversed. You must start this process within 120 days of the date when you got the notice on the mail.

1

Fill out the "Request for State Hearing" form

This is on the back of your Notice of Action.

2

Submit the form in one of the following ways:

Online: [California Department of Social Services https://acms.dss.ca.gov/acms/login.request.do](https://acms.dss.ca.gov/acms/login.request.do)

Drop Off: County welfare department at the address on the Notice of Action.

Mail: California Department of Social Services State Hearings Division

P.O. Box 944243, Mail Station 21-37

Sacramento, California 94244-2430.

Toll-free call: Phone: **(800) 743-8525 (Voice)** | **(800) 952-8525 (TDD)**

3

The administrative law judge will review your request.

You will receive a final written decision within 90 days. If you do not receive it, contact your health plan.



DID YOU KNOW?

During the appeal review:

- » You can ask your health plan to let your medical services to continue.
- » You can ask for an outside medical expert, it's called an Independent Medical Review (IMR).

Need a decision fast?

You can ask to expedite.

Phone: **(800) 743-8525**



DEFINITIONS

Appeal - When you ask for a review of a decision that was made about your health care or coverage.

State Fair Hearing - A special meeting with an impartial judge. You can say why you don't agree with the decision, and the judge will review and issue a final decisions.

Complaint - When you tell your health plan about a problem you had with your care. You can ask that it be fixed.

Independent Medical Review - A doctor outside your health plan reviews what happened and decides if the right decision was made.



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