



Department of Health Care Services



Department of Health Care Services

*Preserving and Improving the Physical and
Mental Health of all Californians*

Agenda Overview

I. Presentation and Discussion

- Medicare and Medi-Cal Differences
- DHCS Mission and Role in the Delivery of Mental Health
- Public Mental Health Services
 - California's Expanded Optional Mental Health Benefit
 - 1915(b) Specialty Mental Health Services (SMHS) Waiver
 - Special Terms and Conditions
- Mental Health Efforts for Children and Youth
 - EPSDT
 - CCR
 - Katie A./ Pathways to Well-Being
 - TFC
- Maternal and Infant Mental Health

II. Questions and Discussion

Medicare and Medi-Cal Differences

	Medicare	Medi-Cal
Administration	Federally administered	State administered within broad federal guidelines
Funding	Federally funded	State and federal funding
Coverage	Does not typically cover long-term care	Typically covers long-term care
Eligibility	<ul style="list-style-type: none"> • Age • End Stage Renal Disease • Social Security Disability Income 	<ul style="list-style-type: none"> • Financially or categorically eligible • For Long Term Services and Supports, functional requirements apply
Operating Structure	<ul style="list-style-type: none"> • Fee-for-service • Managed Care 	<ul style="list-style-type: none"> • Fee-for-service • Managed Care



Medicare and Medi-Cal Eligibility Basics

Medicare	Medi-Cal
<ul style="list-style-type: none">• Most people 65 and older• People younger than 65 who have certain disabilities and illnesses• People of any age with kidney failure that requires dialysis or a kidney transplant	<ul style="list-style-type: none">• Children, pregnant women, parents, seniors and individuals with disabilities mandatory eligibility groups• States have expanded eligibility beyond entitlement to optional eligibility groups





Who is Eligible for Both Medicare and Medi-Cal

- Must qualify for Medicare and Medi-Cal separately
- Most qualify for Medicare at age 65; younger adults with disabilities may also qualify
- Medi-Cal eligibility is based on income and disability
- People who meet separate eligibility requirements for Medicare and Medi-Cal are “dually eligible”





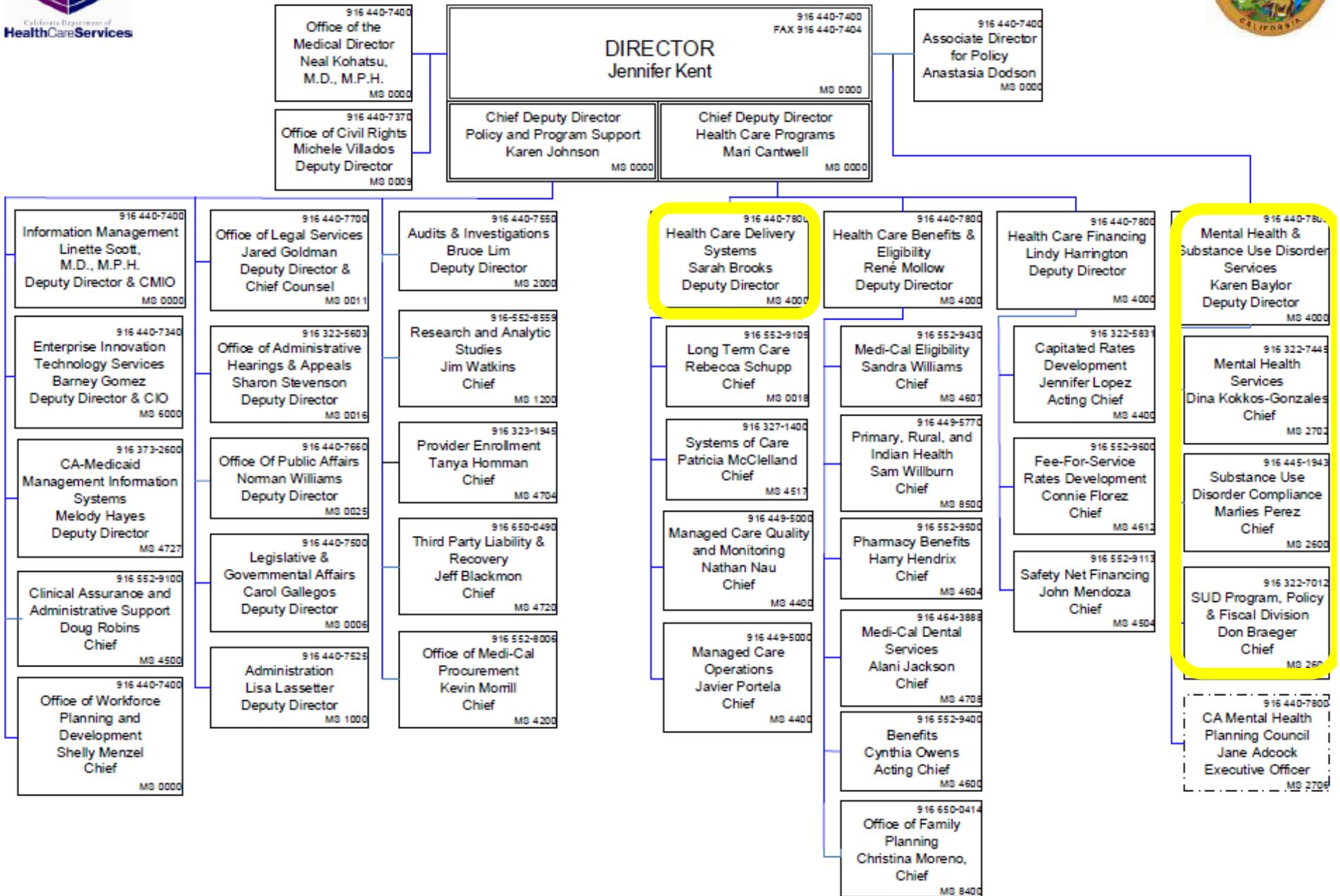
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- DHCS is California's Single State Agency (SSA) for Medi-Cal, California's Medicaid Program
Administers \$93 billion annually in public funds that support the health of more than 13.3 Million Californians (and growing)
- Two DHCS areas responsible for public behavioral health care services:
 - Health Care Delivery Systems
 - Mental Health and Substance Use Disorder Services



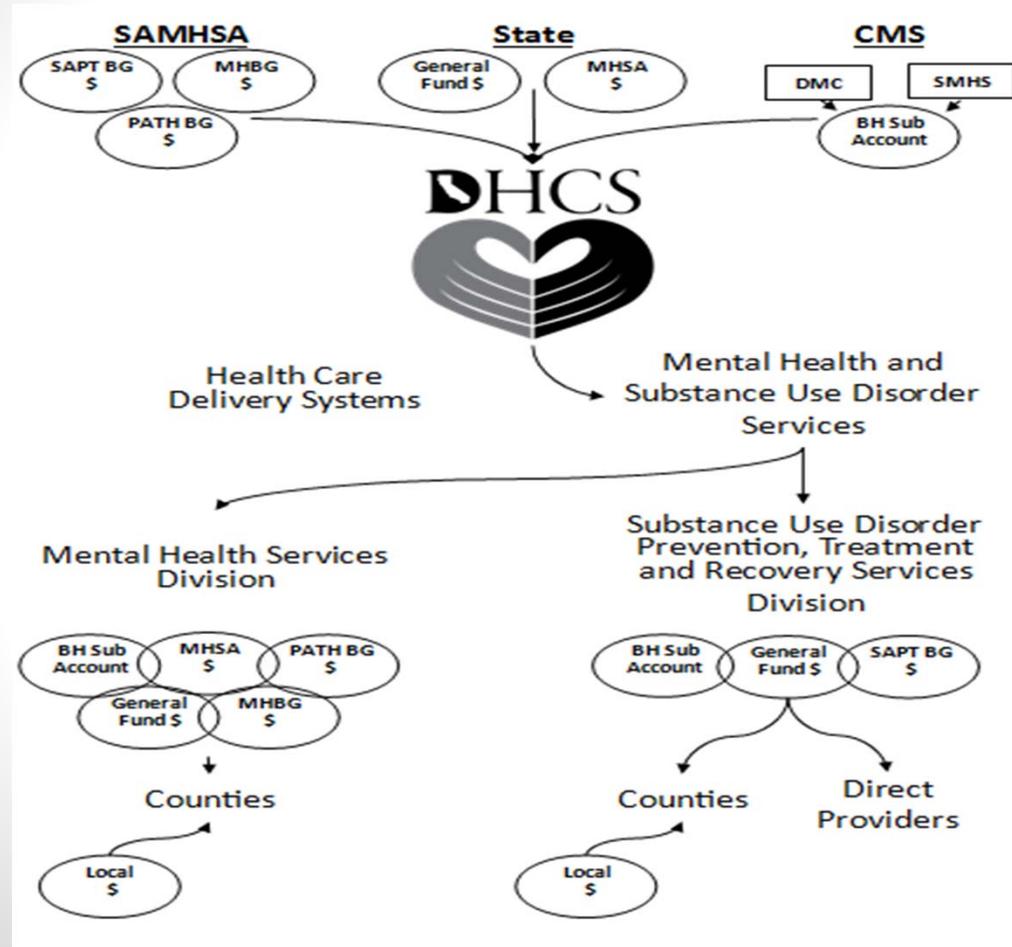
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June 14, 2016



DHCS-MHSUDS ORGANIZATIONAL CHART







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Managed Care Plan Mental Health Services



Managed Care Plan Mental Health Services

- The Affordable Care Act (ACA) provided the opportunity for millions of individuals and families to access affordable health care.
- Prior to ACA, mental health services in CA were primarily “carved-out” and provided through county Mental Health Plans (MHPs) under the CA 1915(b) Specialty Mental Health Services (SMHS) Waiver.
- In 2013, CA elected to adopt an optional benefit expansion, which expanded services available to beneficiaries through their Managed Care Plan (MCP).



Medi-Cal Managed Care

Effective January 1, 2014, eligible Medi-Cal beneficiaries may receive mental health benefits through Medi-Cal MCPs. These services are also offered as fee-for-service (FFS) benefits for eligible beneficiaries that are not enrolled in an MCP.

- MCP/FFS Mental Health Services:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Outpatient services for the purposes of monitoring medication treatment
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation



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Medi-Cal Specialty Mental Health Services 1915(b) Waiver



1915(b) SMHS Waiver

- 1915(b) SMHS Waiver is California's agreement between the Centers for Medicare and Medicaid Services (CMS) and DHCS, as the single state agency for the administration of the Medicaid program.
- 1915(b) SMHS Waiver allows California to deliver SMHS through a managed care delivery system.
- Through the 1915(b) SMHS Waiver, 56 local county Mental Health Plans (MHPs) are responsible for the local administration and provision of SMHS
 - MHPs contract with organizational contract providers to provide SMHS
- Locally MHPs and MCPs use memoranda of understanding to ensure the coordination of services to meet the needs of beneficiaries.



Section 1915(b) SMHS Waiver

Federal Requirements Waived:

- **Freedom of Choice:** Each beneficiary must have a choice of providers
- **Statewideness:** Benefits must be available throughout the state
- **Comparability of Services:** Services must be comparable for individuals (i.e., equal in amount, scope, duration for all beneficiaries in a covered group)



Section 1915(b) SMHS Waiver

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

1915(b) SMHS Waiver Renewal

- Current SMHS waiver term: July 1, 2015 - June 30, 2020
- SMHS Waiver approved with Special Terms and Conditions (STCs)



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 (e.g., 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





Mental Health Plan Contract

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

http://www.dhcs.ca.gov/services/MH/Pages/Contracts_Medicaid_State_Plan.aspx



Mental Health Services Responsibilities

Dimension	Medi-Cal MCP	MHP Outpatient	MHP Inpatient
Services	<p>Mental health services when provided by licensed mental health care professionals (as defined in the Medi-Cal provider bulletin) acting within the scope of their license:</p> <ul style="list-style-type: none"> • Individual and group mental health evaluation and treatment (psychotherapy) • Psychological testing when clinically indicated to evaluate a mental health condition • Outpatient services for the purposes of monitoring medication therapy • Outpatient laboratory, medications, supplies, and supplements • Psychiatric consultation 	<p>Medi-Cal Specialty Mental Health Services:</p> <ul style="list-style-type: none"> • Mental Health Services <ul style="list-style-type: none"> ◦ Assessment ◦ Plan development ◦ Therapy ◦ Rehabilitation ◦ Collateral • Medication Support Services • Day Treatment Intensive • Day Rehabilitation • Crisis Residential • Adult Crisis Residential • Crisis Intervention • Crisis Stabilization • Targeted Case Management 	<ul style="list-style-type: none"> • Acute psychiatric inpatient hospital services • Psychiatric Health Facility Services • Psychiatric Inpatient Hospital Professional Services if the beneficiary is in fee-for-service hospital



Memorandum of Understanding (MOU)

Objectives:

- Ensure coordination between the managed care plans and specialty mental health plans
- Promote local flexibility that exist at the county level

Core elements:

- Basic Requirements
- Covered Services and Populations
- Oversight Responsibilities of the MCP and MHP
- Screening, Assessment, and Referral
- Care Coordination
- Information Exchange
- Reporting and Quality Improvement Requirements
- Dispute Resolution
- After-Hours Policies and Procedures
- Member and Provider Education



Statutes and Regulations

- Title 42, Code of Federal Regulations
<http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>
- California Welfare and Institutions Code commencing with 14700 et seq.
<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic>
- Title 9, California Code of Regulations, chapter 11, Medi-Cal Specialty Mental Health Services, commencing with 1810.100 et seq.
<http://www.oal.ca.gov/CCR.htm>



1915(b) SMHS WAIVER: SPECIAL TERMS AND CONDITIONS





Special Terms and Conditions

1. On an annual basis, the state must make readily available to beneficiaries, providers, and other interested stakeholders, a mental health plan **dashboard** that is **based on performance data of each county mental health plan** included in the annual CalEQRO technical report and/or other appropriate resources. Each county mental health plan dashboard must be posted on the state's and the county mental health plan website. Each dashboard will present an easily understandable summary of **quality, access, timeliness, and translation/interpretation capabilities** regarding the performance of each participating mental health plan. The dashboards must include the performance of subcontracted providers. The state will determine how the data on the performance of subcontracted providers will be collected and the associated timeframe. The state will update CMS on this process. Between July 1, 2015 and July 1, 2016, the state and CMS will collaborate on developing the format for the dashboard. The first dashboard is due on September 1, 2016, and may not include information on the subcontracted providers; however, that information should be included in subsequent dashboards. The state will note when a plan doesn't have subcontractors, or if a plan is unable to report on subcontractors on a particular dashboard.



Special Terms and Conditions

2. The state must require each county mental health plan to commit to having a **system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers.** The state needs to **establish a baseline** of each and all counties that **includes the number of days and an average range of time it takes to access services in their county.** If county mental health plans are **not able to provide this information** so that the state can establish a baseline, this will be accomplished through the use of a statewide performance improvement project (**PIP**) for all county mental health plans. In addition, a **PIP to measure timeliness of care will be required for those counties who are not meeting specified criteria.** The criteria will be developed collaboratively between the state and CMS. This has significant potential for improving patient care, population health, and reducing per capita Medicaid expenditures.



Special Terms and Conditions

3. The state will provide the **CalEQRO's quarterly and annual reports** regarding the required PIPs to CMS, and discuss these findings during monthly monitoring calls.
4. The state will **publish on its website** the county mental health plans' **Plan of Correction (POC)** as a result of the state compliance reviews. The state and county mental health plans will publish the county mental health Quality Improvement Plan. The intent is to be able to identify the county mental health plan's goals for quality improvement and compliance.
5. The state and the county mental health plans will provide to CMS the **annual grievance and appeals reports by November 1st of each year**. Since DHCS is in the process of revising the reporting form, the first report will be provided by January 31, 2016. The state will notify CMS by December 1, 2015 if it is unable to meet the January 31, 2016 deadline.
6. All information required to be published pursuant to these STCs, will be placed in a standardized and easily accessible location on the state's website.
7. The state must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this waiver approval period, unless the provision being changed is expressly waived or identified as not applicable.



Current Mental Health Efforts Related to Children and Youth





Early and Periodic Screening Diagnosis and Treatment

- “The right care to the right child at the right time in the right setting.”
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services
- Counties assumed responsibility for providing these services which included SMHS



Continuum of Care Reform



WHAT IS THE CONTINUUM OF CARE REFORM?

- Continuum of Care Reform (CCR) draws together a series of existing and new reforms to child welfare services designed out of an understanding that children who must live apart from their parents do best when they are cared for in committed nurturing family home
- AB 403/AB 1997 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family
- Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth, and young adults



CCR

- Statewide implementation of the Resource Family Approval (RFA) process will improve selection, training and support of families under a streamlined, family friendly process for approving families (including relatives) seeking to care for a child in foster care, whether on an emergency, temporary or permanent basis. All families will receive training
- Services and supports will be tailored to the strengths and needs of a child and delivered to the child/youth in a family-based environment. These services and supports will be informed by an assessment and developed through a child and family team process.



CCR

- <http://www.cdss.ca.gov/ccr/>



Katie A. History and Background



Katie A.

- A 14-year-old girl in 2002
- In foster care for 10 years
- Moved through 37 different placements:
 - Placed in 4 group homes
 - 9 stays at psychiatric facilities
 - A two-year stay at the Metropolitan State Hospital &
 - 7 different stays at MacLaren Children's Center
- A victim of trauma and needed intensive trauma treatment, and supportive services for her caregiver



Katie A. Settlement Agreement

In December 2011, a Settlement Agreement was reached in the case. The objectives were to:

- Facilitate the provision comprehensive, community-based services
- Support the development and delivery of a service structure and a fiscal system
- Support effective and sustainable standards/methods
- Address the need for subclass members with more intensive needs to receive medically necessary mental health services in their own homes, or the most home-like settings



Pathways to Well-Being

- Jurisdiction over the Katie A. Settlement Agreement ended in December 2014
- De-branded from referring to "Katie A." to using the term Pathways to Mental Health Services
- Now transitioning to *Pathways to Well-Being*



Pathways to Well-Being

- Children and youth who have greater needs, requiring more intensive services
- Eligible to receive SMHS:
 - Intensive Care Coordination (ICC)
 - Intensive Home Based Services (IHBS)
 - Therapeutic Foster Care Services (TFC)





THERAPEUTIC FOSTER CARE SERVICES





TFC SERVICE MODEL

- **The TFC Service Model is intended for children and youth who require intensive and frequent mental health support in a one-on-one environment.**
- **It allows for the provision of certain Medi-Cal SMHS components (plan development, rehabilitation and collateral) available under the EPSDT benefit as a home-based alternative to high level care in institutional settings such as groups homes, and in the future, as an alternative to STRTPs. TFC homes may also serve as a step down from STRTPs.**
- **This service model is but one service option in the continuum of care for eligible children and youth.**





Eligibility Criteria

Available as an EPSDT benefit to:

- Full scope Medi-Cal children & youth (up to age 21) who have more complex emotional and mental health needs; AND
- Who meet medical necessity criteria for SMHS per California Code of Regulations, Title 9, Chapter 11, Section 1830.205 or Section 1830.210
 - *DHCS is in process of establishing specific service criteria*



MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM



MATERNAL DEPRESSION SCREENING AND TREATMENT



Thank you!



QUESTIONS & DISCUSSION

