



**Affordable Care Act**  
**Behavioral Health *Service Plan***  
***for***  
**Medicaid Expansion Population**  
**Stakeholder/Partner**  
**Meeting/Call-In**

September 4th, 2013

# September 4<sup>th</sup> Agenda

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## 1. Welcome and Introductions

## 2. Update on MH and SUD Implementation Efforts

## 3. Input on Current Draft *Service Plan*

\* Questions/Comments following each section

## 4. Next Steps

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## **REMINDER:** Your Written Input is Extremely Valuable

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- For any text edits or additions, please submit any comments formally in writing with the page citation from the draft document.
- Your suggested wording for DHCS to consider will reduce the risk of missing or misunderstanding your point

**Please provide written stakeholder input via  
web-site address :**

[1115BehavioralHealthAssessment@dhcs.ca.gov](mailto:1115BehavioralHealthAssessment@dhcs.ca.gov)



## 2. Update on MH and SUD Implementation Efforts



# Update on MH and SUD implementation efforts

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## Mental Health Benefits: Managed Care Plans

**January 1, 2014, eligible Medi-Cal beneficiaries may receive expanded mental health benefits through Medi-Cal Managed Care Plans (MCPs), the Fee-For-Service (FFS) delivery systems, and county-administered specialty mental health services (SMHS).**

- 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 drug therapy.
  - Outpatient laboratory, drugs, supplies and supplements.
  - Psychiatric consultation.



# Update on MH and SUD implementation efforts

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## Mental Health Benefits: MHPs

- Specialty Mental Health Services
  - **Outpatient Services**
    - Mental Health Services (assessment, plan development, therapy, rehabilitation and collateral)
    - Medication Support Services
    - Day Treatment Intensive
    - Day rehabilitation
    - Crisis Intervention
    - Crisis Stabilization
    - Targeted Case Management
  - **Inpatient Services**
    - Acute psychiatric inpatient hospital services
    - Psychiatric Inpatient Hospital Professional Services if the beneficiary is in a fee-for-service hospital (rather than a Short-Doyle/Medi-Cal acute psychiatric inpatient hospital).



# Update on MH and SUD implementation efforts

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## Implementation Activities Ahead For MH

### **Some of the high level implementation activities ahead for MH:**

- Define benefits, services, eligibility criteria, provider responsibilities, referral processes, etc.
- Conduct ongoing Stakeholder meetings
- Submit and negotiate State Plan Amendments with CMS
- Submit and negotiate 1115 Waiver Amendments with CMS
- Develop and vet reimbursement rates
- Develop and conduct plans' readiness assessments
- Develop contract amendments
- Develop regulations
- Develop quality assurance plans
- Develop a Beneficiary Handbook



## Update on MH and SUD implementation efforts

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# **Substance Use Disorder Benefits**

Currently, all eligible Medi-Cal beneficiaries may receive the following SUD services through county-administered (Drug Medi-Cal [DMC]) substance use disorder services.

- **Outpatient Drug Free Treatment**
- **Narcotic Treatment Services**





# Update on MH and SUD implementation efforts

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## Substance Use Disorder Benefits

January 1, 2014, eligible Medi-Cal beneficiaries may receive expanded substance use disorder services:

- **Intensive Outpatient Treatment:** Currently a DMC benefit, but limited to pregnant and postpartum women, children, and youth under the age of 21. This service will be available for the general population.
- **Residentially based Substance Use Disorder Services:** Currently a DMC benefit, but limited to pregnant and postpartum women. This service will be available for the general population.



# Update on MH and SUD implementation efforts

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## Substance Use Disorder Benefits

- **Medically Necessary Inpatient Detoxification:** This service will be available to the general population.
- **Screening and Brief Intervention:** This screening service for alcohol misuse is to be an annual event for adults from the ages of 18-64. If threshold levels indicate, a brief intervention is covered. This service would occur in primary care settings.



# Update on MH and SUD implementation efforts

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## Implementation Activities Ahead For SUD

### Immediate Process Steps

- Identify / Engage County/State and Federal Partners and Stakeholders
- Establish / Clarify State and County Roles and Responsibilities
  - Convene Task Specific Workgroups for State / County Issues
- Convene Work Groups involving SUD, Mental Health and Primary Care Stakeholders
- Establish regular and frequent “*Update*” opportunities
- Establish milestone/important task oriented convening's
- Ensure appropriate DHCS “*input*” sites



# Contact Information

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## Contact Information

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# **Input on Current Draft *Service Plan***

**\* Questions/Comments**



## Input on Current Draft *Service Plan*

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### ***CONTENTS***

#### **1. Introduction**

#### **2. Recommended Benefit Design and Delivery System**

#### **3. Estimated Utilization and Costs of the Recommended Benefit Design**

#### **4. State and County Engagement and Enrollment Strategies**

#### **5. Implications for Provider Network Capacity and Workforce Development**

#### **6. Health and Mental health and substance use Service Integration Opportunities and Strategies**

#### **7. Suggested Strategies for Performance Measurement , QI and Health Information Technology for Medi-Cal Mental health and Substance Use Disorder Services**

#### **8. Conclusion**

Appendix A: (Analysis of Mental Health Benefits for Medi-Cal Expansion Population)

Appendix B: (California Mental Health and Substance Use Service Needs Assessment: Executive Summary)

Appendix C: *May 2013 Legislative Report* re. WET 5 Year Plan

Appendix D: ADP Report - *Workforce Development Needs in the Field of Substance Use Disorders*

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# Behavioral Health *Service Plan*

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## 3. Next Steps



# Next Steps

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- **1. Final Stakeholder call/meeting September 4<sup>th</sup> to review updated *Service Plan* draft and receive final input**
- **2. By COB 9/05/13, DHCS will close down input so as to finalize document for CMS submission by October 1<sup>st</sup>, 2013--Written Stakeholder input via web-site address: [1115BehavioralHealthAssessment@dhcs.ca.gov](mailto:1115BehavioralHealthAssessment@dhcs.ca.gov)**
- **3. On October 17<sup>th</sup> , DHCS will provide status report and update on implementation efforts for new benefits and a forum for questions and comments**
  - Stakeholders can call-In
  - Receive updates from relevant DHCS Divisions re. implementation efforts
  - Forum for Questions/Concerns/Comments
- **4. Details re. the October meeting will be forthcoming**





# Next Steps

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- Additional Upcoming *MHSUDS* Forums for Updates and Input
  - **DHCS SUD Services Expansion: Weekly Stakeholder Call (Mondays)**
  - **CADPAAC Meeting – Sept. 24 - 27**
  - **DHCS: Open Stakeholder Call-In for Status Update on implementation efforts for new benefits: October 17<sup>th</sup>**
  - **Mental Health Planning Council Sacramento on October 17 and 18<sup>th</sup>**
  - **1115 Stakeholder Advisory Committee (possible webinar meeting Oct. 21<sup>st</sup>)**
  - **1115 Stakeholder Advisory Committee regular Quarterly Meeting Nov.20<sup>th</sup>**



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Thank you!

