Managed Care Final Rule
Significant Changes
- Expand State's Oversight
- Current contract being amended
- Finalizing Info Notice on claiming
- There will be priorities for 2017 & 2018

Parity Rule - March 2017
- Compliance Plan - on DHCS website

Deadline may be extended if not enough revenue

POLICY UPDATES December 2017

- AB501 - Implements Children’s Crisis Residential
- 1299 Has been implemented
  - Joint info notice with Social Services
  - Coming soon
- Therapeutic Foster Care
  - Close to having a toolkit for families
  - Info Notice 17021 - funding
- Hub & Spoke model for address MAT in Northern rural counties
- Aligning as much as possible to MH/SUD forms

2011 Realignment Growth
- Distribution info notice coming soon

EPSDT Assessment tools to track outcomes
- 1982C? Claiming forms
- See info notice for more details info notice 17950

Cost reports portal being piloted
- AB114 extends time for spending MHSA for small counties, and Innovation funds for all.
MENTAL HEALTH FINANCE ISSUES

IHSS
- 600 million gap in State General Fund
- State wanted counties to have some "skin in the game."
- For next 5 years - 1991 growth will be used to fund IHSS
  (CSAC needs to build arguments for why this is not sustainable)

CBHDA
Prepare for the future 2020
Come up with a plan & partner with State to propose an idea to the Feds

2011 Realignment
- Sales tax projections are better than May projections. Should see growth.

Housing & Homeless
- CSS funds can be used for housing assistance. Not just ESP

MHSA
- On the upswing
- Projected to grow next few years
- Used IHSS loses as leverage for one time no reversion
- Legislature wanted reversion funds to be distributed through a competitive process
- Lack of state-ownership in MHSA is a hot button issue

Prop 30
- If State mandates...
  - State funds
  - Funded through reimbursement

Some Help - asked for freeze in published IMD rates.
Does this help?

Is it a rainy day?

Checklist:
- CBHDA knows your impact & challenges
- Does this mean you will lose federal match?
- What programs will be impacted?
- We need to "Squeal"
EQRO

Good data for managing...
- quality
- billing denials
- decisions, etc.

- Notice we're coming
- Pre-site visit planning
- Site visits

Focus
- Quality, Access, Timeliness, Outcomes
  - Key components in Ramia's pilot studies
- Focus Groups of consumers/family members
  - Customer service
  - Culture

Lots of TA this year
- Timeliness Self Assessment Available
- Annual Reports on our website
  - www.caleqro.com

Outcomes/Performance Measures
- Penetration Rates↓ due to more people eligible
- EHR Functionality
- High Cost Beneficiaries
- Gross, Dollars Approved
- Top 3 Reasons for Denial
DMC

Transition of Responsibility

- Ensure your residents have access to medically necessary DM services
- Financially responsible for service no matter where they are provided

See flowchart from Tom's ppt slides

Adolescent SUD Treatment - Where does EPSDT come in

- State Plan County - adolescent needing service in residential bill through perinatal code with modifier
- Waiver County - provided through plan if medically necessary EPSDT takes precedence for stays over 30 days

Los Angeles has successfully submitted claims for "at risk"

See Tom's slides for how to determine medical necessity & at risk
General Info
- 40 Counties are opting in
- Partnership is doing a regional ODS model
- ASAM - Assess level of care for client

Lessons Learned
- Don't start in the middle of a fiscal year
- It will have impact on 2011 Realignment
- Be sure to include increase in demand on administrative side

DMC ODS

Key Fiscal Changes
- County-specific interim rates
- New CPE protocol
- Billing for expanded services
- Different same-day billing rules DHC 17-039
- Still in negotiation about this issue

Informing Providers
- Mandatory Monthly Meeting
- Pre-implementation audits & TA
- Training
- Individual Org Coaching
- Spot checks

Determining Provider
- Looking at all those benefits on the slides

Questions
- NTP Rates are state rates & if they provide waiver services will contract need both rates? One county is doing this - two settlement options
- Can you bill by minute? Riverside's fractional bills were denied. Billing Manual
- SGF match, is it only for ACA & newly eligible? No, available for all populations
- Will SGF cover all the match for ODS service? Riverside was given a cap, but were told if they exceed the cap and funds are still available it will be covered. Residential; IOT

AB 395
- 6 months for DMC claims
**Short-Doyle Medical Cost Reports**

**Process for Preparing Template**
- Review previous template
- New regulations affecting cost report
- Edit the template
- Ensure the template sections are all aligned
- Test the template with "dummy data"
- Revise and retest
- Send to at least 2 counties

**Developing a web-based version... coming soon!**

**Changes for this Year (16-17)**
- AB403 - Child & Family Team/ESPD
  - 50% FFP/SGF
- FFP Rate changes ACA
  - Jan-June: 100% FFP
  - July-Dec: 95% FFP, 5% SGF
- MCAP - Medi-Cal Access
  - 88% FFP, 12% SSI
John's Story

- Foster Dad
- Latino
- HIV
- LGBT
- Consumer
- Farm Worker's Kid
- Veteran
- Abuse Survivor

- Attending Long Beach & had a break
- From a small town
- Have received services for being suicidal
- Started LGBT peer services
- Not diagnosed until 30 y.o.

We are not just numbers... we are people.
I can recover at my pace!
Patients sometimes have to work the system to get services.

Grateful for the work you do to support us as peer providers.
**Short-Doyle Medical Cost Reports**

**Process for Preparing Template**
- Review previous template
- New regulations affecting cost report
- Edit the template
- Ensure the template sections are all aligned
- Test the template with “dummy data”
- Revise and retest
- Send to at least 2 counties

**Changes for this Year (16-17)**
- **AB403 - Child & Family Team/EPSDT**
  - 50% FFP/SGF
- **FFP Rate changes ACA**
  - Jan-June 100% FFP
  - July-Dec 95% FFP 5% SGF
- **MCAP - Medi-Cal Access**
  - 88% FFP 12% SSF

**Developing a web-based version... Coming soon!**

- Delay with template is due to turnover in IT
- There are codes that will identify clients who receive services as AB403
- These will be distributed with claiming instructions

**RER for MHSA dependent on cost report data... State checking on ability to extend MHI data**
So... You're New to Behavioral Health Finance

**Funding Hierarchy**
- Private Insurance
- Local
- State General Fund
- State
- Federal

**Making Decisions**
- Use:
  - Data
  - Need
  - History
  - Outcomes
  - Sustainability

**Multiple Funding Sources for Services:**
- Read the contracts
- Contact your liaison

**Other Funding**
- Grants - MHBG, PATF, SAPT
- ODS Waiver
- Contracts
- State General Fund
- CalWorks
- Subs
- Estate Fees
- Private Insurance
- Medicare
- Client Fees

**Specialty M.H.**
- Freedom of Choice Consolidated
- Fee for Service: Short-Stay in a M.H. Coverd
- Medi-Cal beneficiaries access M.H. services through County M.H. Plan
- Funds transferred from State to County M.H. Costs beyond baseline covered by 1991 Realignment

**EPSDT**
- Has been a requirement since 1966
- 1993 lawsuit - resisted in increased funding from State
- 50% County match with 1984 Realignment
- Penalty on growth imposed to control cost

**Realignment**
- Transfers or realigns funding responsibility by shifting a greater share of costs to the counties.
- Shared by:
  - Foster Care
  - ICFs
  - Adaptions
  - Mental Health

**History of Funding**
- 1933
  - WPA Section 17000
- 1966
  - Medicaid & Medicare
- 1971
  - State Only MIA Medi-Cal
- 1978
  - Aftermath of Prop 13
- 1982
  - Transfer MIA to Counties
- 1988
  - Prop 99
- 1991
  - 1991 Realignment
- 1994
  - EPSDT
- 1995
  - Speciality Mental Health Consultation
- 2004
  - Mental Health Services Act
- 2011
  - 2011 Realignment

**MHSA**
- Revenues are volatile
- Expenditures align with plans
- Funds distributed monthly
- 20% Prevention & Early Intervention
- 5% of total for innovation
- Remainder for CSS (System of Care)
- Can use 5% of funds for planning
- Funds kept in interest-bearing accounts with interest credited to Union activities
- Can fund Product Reserve, Capital or WET
fars

financial analysis & review subcommittee

We are an advisory group to the CBHDA Financial Services Committee

Review State info notices

Provide data & analysis for new implementations

Share county experience

RER & Cost Report Alignment
- Timeliness of cost reports
- Formulas, corrections

MHSA reversion
- Provided input on how to implement

Fund distribution

AB 1299
- Working on this currently

CMS Final Rule
- Admin vs. UR claiming & mechanism
- How to capture cost
- Sources of matching funds

UMDAP
- Proposed elimination & replace with a sliding scale that works
**Policy & Legislative HOT ISSUES**

**Active Work On**
- **AB 727**: Non FSP clients can receive rental assistance.
- **AB 395**: 6 months for DMC claims.
- **SB 323**: Counties can contract with FGHC to provide services.
- **AB 1299**: Now working on implementation.
- **Prop 64**: It will be a while before funding for adolescent SUD is seen.

**CBHDA 1st**
Published B.H. Legislative Score Card available at www.cbhda.org

**Budget Advocacy**
- No Reversion for MHSA prior to 2017-18.
- Small Counties longer reversion timeframe.
- 1991 Realignment Swept for IHSS for 5 years.
- Small win - freeze on IMD rates.
- SGF contributions for ODS.
- $45 million from federal for MAT - hub & spoke model.
- Prop 30 funds for Managed Care, Continuum of Care.
- State covers if requires.
- Children’s Basic Services.
- Community Infrastructure Grants - Competitive grants.

Share your thoughts and ideas with CBHDA so we can better represent YOU!
**Drug & Alcohol**

**DMC & Block Grant**

**Block Grants**

- Block Grants - annual audits by independent firms - focus on fiscal - A133 Audit
- Does fiscal and compliance audit
  - Includes A133 Audit info
  - Focus on SAPT
  - 20% prevention
  - Looking for how you indicate expenditures if funds are deposited in general fund accounts

**Audits**

Block Grant Funds restrictions
- No improvement services
- No cash payment
- Non-federal
- For profits cannot get funds
- Inpatient
- Hypodermic needles
- Salary of individual - only %
- Treatment services in correctional facilities

Available in SUD Cost report manual

**DMC Contracts**

- Terms & conditions for DMC
- SMA = cost = GOOD
- Pass through terms & conditions to provider in their contracts
- Every provider site must be certified
- New cost report process - reconcile cost report to ledger
- 2 settlements in final audit report
  - County to state
  - Provider to county

**Right Now doing 13/14 Audits**

**ODS Audits expected in 18/19**