WE WANT TO HEAR FROM YOU

Policy Updates from DHCS

Care Coordination Advisory Committee
- Great opportunity to have cross-system conversations
- Look at "how" we are doing the work. How can we do it better?
- Preparation for waiver renewal

Managed Care Final Rule
- Thank you for data around network adequacy
- Corrective action plans have been submitted

Parity
- Authorizations have been one area DHCS is working on
- What needs authorization
- Draft revised info notice coming soon
- Consistency across counties is needed

Compliance Reviews
- Process more dialogue to drive deeper to better understand
- Looking more to corrective action to address

DMC/ODS
- Working to get more counties on boarded

Block Grant
- SAMSHA audited
- Changed process to use QIFMA

Cost Reports
- Being mailed out next week
- TA available
- NTPs now required to do cost reports

SAPG
- Info Notice 18-004
- Hierarchy of funding
- SABG manual to be posted this week to the DHCS website

Office of Inspector General Audit
- Final Report came out in Aug
- CBHDA & CSAC working on repayment issues

Cost Reports
- Plan to get up to date on cost reporting
- Stuffing up to support this

Legislative
- RER's due Dec 31

Please Comment on Info Notice Drafts

Info Notice about criminal justice population coming out TODAY!
**Key Resources**
- See the presentation slides for links to helpful info...
  - Webinars from Harbage-TA
  - CBHDA Committee - you need to request access
  - DMC Title 22 link if new to SUD
  - Coming soon... SABG Manual

**SUD DMC Issues & Updates**
- Coming Soon...
  - Contracts: State-plan (non-ODS)
    - SABG amendments
  - Info Notice Drafts

**County of Residence / County of Service**
- Info Notice 17-036
  - DMC-ODS counties may submit claims for out-of-county NTP & EPSDT
  - DMC boilerplate will address NTP courtesy closes

**HOT Topics**
- Need to know how to handle unspent 2018 funds

**SABG**
- Changes a result of audit
- Payor last resort & cannot Supplant - not Medi-Cal covered services
- Corrective actions
  - Annual budgets / quarterly invoicing
  - More fiscal audits
  - Updated contract language
  - New allocation methodology
- Concerns about how to spend the funds... expenditures will initially be below - expanding services will be done curiously

**How do we demonstrate other funds are committed to use SABG?**

**How do we cover administrative costs under SABG?**
Training will be a focus for 2019.

Purpose
- Reporting Block Grant & DMC expenses
  - So, this can be reported to Federal Government

Settlement
- Required by law
  - DHCS releases form & instructions by Nov 1

SABG Funding Period
- 21 month cycle funds used over 2 fiscal years

2016-17 Cost Report
- Re-release State Plan Release ODS
  - You will notice many more options on same form

2017-18 Cost Reports
- Released mid-Dec
- Due July 2019

Priority is to get cost reports caught up. Working on 15-16 now.

Cost Reporting

DMC ODS Cost Settlement
- Settle to actual costs
  - Interim rates are for cash flow
  - Incremental units allowed
  - More complicated billing process

Cost Report System
- SUDCRS replaces Paradox
  - For access: BHIS@dhcs.ca.gov
  - For support: SUDCRS@dhcs.ca.gov

DMC County Admin Claim Form
- You can file quarterly but only required annually

SUDCRS System upgrades estimated completion Feb. 2019

SUDCRS System
- General Questions DMC Answers portal Submit online
- Cost Report Questions AOD Cost Report @dhcs.ca.gov
My Ask: Support Peer Certification

Now work on systems through position at CalMHSA

Moved away from Georgia

 Came to California & engaged in the MHSA activities to engage stakeholders

 Trauma revealed the need and Mom intervened & navigated the difficult system

 Support does not need to have the answers

 Became the therapy salesperson & talked openly about real feelings

 Too high functioning to need help

 Built the happy self

 Journalist - living through others' stories

 Do not chase the happy ending, chase health.

 Goth New York girl moved to Stone Mountain Georgia

 Grandma moved to GA to support her.

 Grandma passed away & it began my navigation of Mental Health System

 Message: You are a strong black woman

 Something bad is going to happen
**PROP 2 - No Place Like Home (NPLH)**
Rededicates MHSA funds to develop permanent supportive housing

**Key Points**
- Competitive & Noncompetitive Allocations
- HCD has issued NOFAs
- Must accept noncompetitive funding by Aug 15, 2019
- See slide with options for using funds (non-competitive)
  - APC Counties become administrators
  - Shared Housing
  - HCD approved projects
- Competitive funds, annual rounds until funds exhausted

Your MHSA allocation will be reduced to pay back the bonds funding NPLH

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**Homeless Mentally Ill Outreach & Treatment Program (HMOT)**
- Very few restrictions except supplanting
- $50 million for local activities
- It is one time funding

**Housing for a Healthy CA (HHC)**
- Chronically homeless & high cost health user
- Guidelines currently out in draft
- Competitive, NOFA due out spring 2019
- It is a grant

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**CA Emergency Solutions & Housing (CESH)**
- Continuum of Care (CoC) will designate administrator
- NOFA released Aug 2018

**Homeless Emergency Aid Grants (HEAP)**
- Block grants to address immediate needs
- One-time funding
- Must declare emergency housing shelter crisis
- CoC collaborates with counties

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**Funding Resources**
All of these funding resources will likely include Behavioral Health partnership for supportive services.
California Legislative Year

2018

- **SB 688 - ARERS**
  - Comply with GAAP
  - Submitted electronically
  - **PASS**

- **AB 2861 - Telehealth**
  - Medi-Cal reimbursement for SUD counseling
  - **PASS**

- **SB 406 - Peer Certification**
  - Peers to bill Medi-Cal
  - **VETO**

- **Prop 64**
  - $10 million for grants
  - Administered by GoBiz who has been holding webinars
  - **Non-Pass**

- **State Budget**
  - Secured $148 million from General Fund for expansion of DMC-ODS
  - Reduced the counties' exposure from the Medi-Cal audits...continue to work on this
  - Helped shape the HMIOT program & Incompetent to Stand Trial diversion
  - Reduced the counties' admin burden for EPSDT
  - Decrease frequency of CANS
  - Extending the implementation date
  - Help to secure $10 million to sustain WET Statewide for stipends
  - Funds for implementation of CCR & Managed Care

2019 Focus

- Behavioral Health 2020
  - Dealing with the new waivers
  - Payment reform
  - Value-based
  - Changes to carve-out
  - Regionalization
  - Whole Person Care focus

2nd Annual Legislative Scorecard

- A score for each of the legislators on their support of Behavioral Health

Administrative Transition

- Uncertainty about new Governor's approach

CBHDA

WORKING FOR YOU
**Findings**
- Management
  - Corrections recommended
- Financial
  - Repayment issue

**Needs for Audit**
- List of documentation in powerpoint
- During field research additional info is sometimes needed
- Audit from interim V1 cost report
- Currently auditing 14-15 required to retain documentation 3 yrs.
- If no longer in contractual relationship with provider, the county must retain records

**Audits SUD**
- Use the methodology for administrative costs that works
  - Looking for a plan & clear alignment
- Recommend accrual base
- Analysts for each county list available
- Counties implementing ODS may have two cost reports... still one audit

**Common Errors & Issues**
- How requirements are interpreted

**Collaborate with your DHCS audit team**

**42 CFR 413.24**
CMS 15-1 Sec 2300

https://www.dhcs.gov/services/MH/MHISP/Page/County Audit Admin.org

**Find your county's analyst**

**LINK**
**ARERS**

**DUE JAN. 1**

**Purpose**
- Identify expenditures of MHSA funds
- Additional funds generated
- Unexpended fund identified
- Information for reversion
- RER template & instructions will be standardized.

**Policy/Rule Changes**
- Consequences for late RERs or corrections
  - Withholding funds 25% of monthly allocation
  - Money released after corrected
- 2019 - MHSA funds spent on Veterans needs to be reported

**Data Requirements**
- Direct costs
- Admin costs
- Evaluation costs
- Planning costs
- Total costs program level
- Total costs component

**Admin Costs**
- Report on both RER & M. H. Cost Report

**Reversion**
- 30-60 days after RER is complete and accurate

**Report Admin Costs**
- RER no longer captures unspent funds

**Audits**
- Currently being done with Medi-Cal audits
- Could result in recalculation of reversion.

**MHSA**

Countries need to obtain expenditures for JPA... Not “spent” until JPA incurs expenses

Adjustments tabs in RERs can be used to correct previously reported expenditures