

SUTTER-YUBA

BELIEVES



Empowering Healthy Communities



Complex Care Management - A Collaborative Approach

Presented By:

Sarah Eberhardt-Rios, MPA

Health and Human Services Branch Director

Sutter – Yuba Behavioral Health

Presentation Roadmap - How Will We Spend Our Time Today?

- ▶ Overview of Association Level Collaboration on Eating Disorders
- ▶ Benefit Mapping for Medi-Cal and Medicare in California
- ▶ Tips for Collaboration

Conversation as we go!

Presentation Agreements

Eating Disorders are a Covered Diagnosis:

Under Specialty Mental Health Services (SMHS)
administered under Mental Health Plans (MHP)

Primary and Specialty Health Services
Administered under Medi-Cal Managed Care
Plans (MCP)

For SMHS:

California Code of Regulations (CCR) Title 9,
Section 1830.205 (outpatient), 1820.205
(inpatient), item N

Health and Safety Code Citation

California Health and Safety Code - HSC § 1254.5

- ▶ (a) The Legislature finds and declares that the disease of eating disorders is not simply medical or psychiatric, but involves biological, sociological, psychological, family, medical, and spiritual components. In addition, the Legislature finds and declares that the treatment of eating disorders is multifaceted, and like the treatment of chemical dependency, does not fall neatly into either the traditional medical or psychiatric milieu.
- ▶ (b) The inpatient treatment of eating disorders shall be provided only in state licensed hospitals, which may be general acute care hospitals as defined in [subdivision \(a\) of Section 1250](#) , acute psychiatric hospitals as defined in [subdivision \(b\) of Section 1250](#) , or any other licensed health facility designated by the State Department of Public Health.
- ▶ (c) “Eating disorders,” for the purposes of this section, shall have the meaning of the term as defined in the 1980 Diagnostic and Statistical Manual of Mental Disorders, as published by the American Psychiatric Association.



MHP's and MCP's Recent History of Collaboration

Association Level Collaboration

- ▶ In 2016, The California Association of Health Plans (CAHP) and the California Association of Behavioral Health Directors (CBHDA) facilitated an Eating Disorders Workgroup
- ▶ The eating disorders work group intersected with a series of quarterly meetings DHCS was facilitating for MHP's and MCP's to discuss issues, problem solve and share successful models of collaborative care and care management for beneficiaries with medically and psychiatric complex health care needs
- ▶ Medical Directors, Physicians, Clinical Behavioral Health Directors, Care Management Staff from both MCP's and MHP's
- ▶ Child and Adult Issues

Workgroup Members on the Roster

Armita Rai - IEHP

Rosie Cortez - IEHP

Arlene Ferrer - IEHP

Lawrence Gonzaga - IEHP

Dr. David Block, MD - IEHP

Jennifer Clancy - IEHP

Athena Chapman - CAHP

Elizabeth Iverson - CAHP

Dr. Duane McWain, MD - Anthem

Dr. Clayton Chau, MD - LA Care

Linnea Koopmans - CBHDA

Dr. George Crits, MD - Orange County HCA

Dr. Irene Sung, MD - SFDPH

Jessica Blake - MHN

Dr. Michael Brodsky, MD - Molina Health Care

Dr. Stuart Buttlair, Ph.D -Kaiser Northern California

Dr. Terry Rooney, Ph.D - Colusa County

Dr. Vanessa de la Cruz, MD - Santa Cruz County

Dr. Teresa Frausto, MD - San Bernardino County

Dr. William Arroyo, MD - Los Angeles County

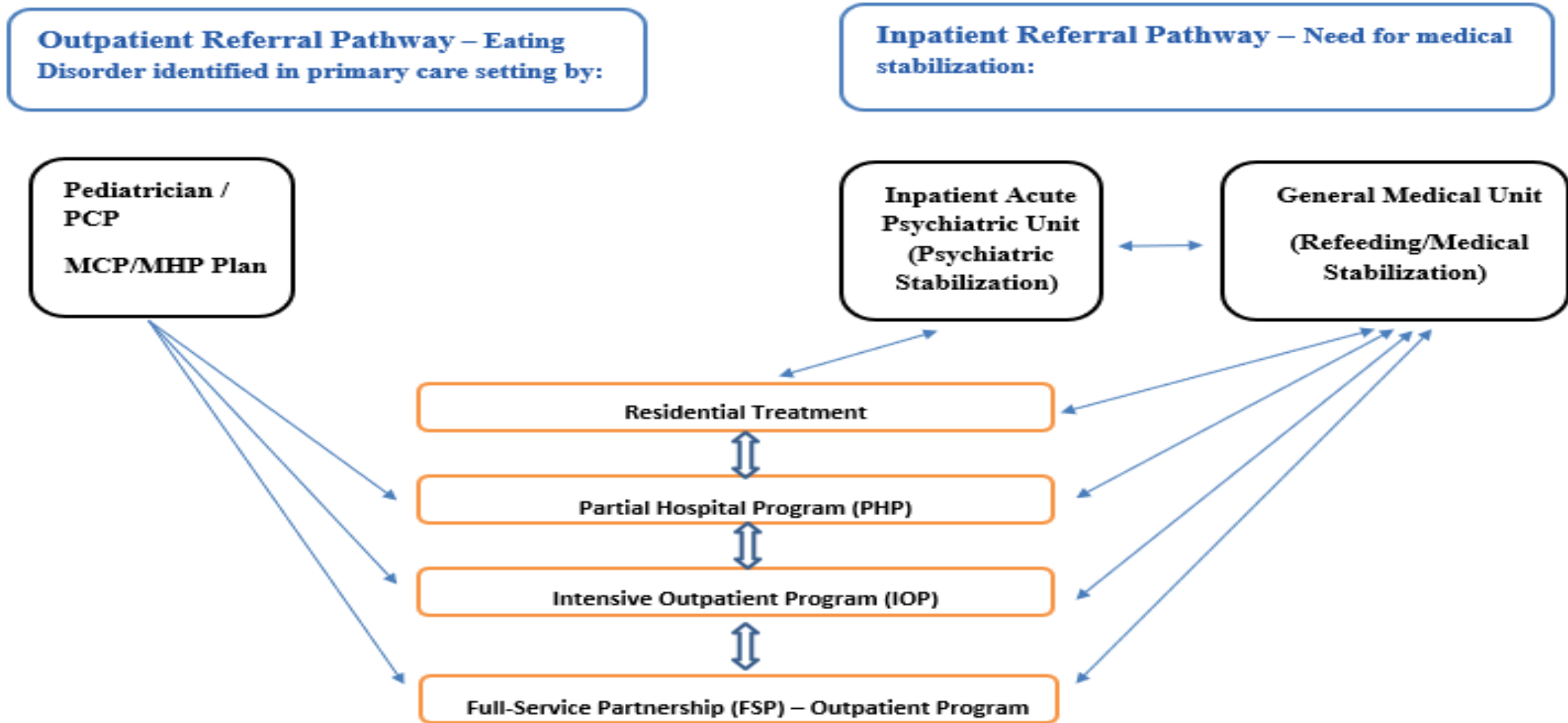
Sarah Eberhardt-Rios - San Bernardino County

Heather Anders - CBHDA

Collaborative Questions

- ▶ How to deal with the etiology of the condition including the “roving or to and fro” nature of the condition
- ▶ How to deal with a condition that required multiple transitions across services, systems, and levels of care in a short period of time
- ▶ How to deal with a condition that required all treating providers to, “know together,” the drivers, status, treatment approach, as well as the shaping or contributing dynamics to the condition in home, health and social situations
- ▶ How to deal with a shared treatment plan for Medical and Psychiatric Complexity (and also, fragility) for adults and children
- ▶ How to create a shared, collaborative and dynamic treatment plan that stretched across multiple types of settings
- ▶ Understanding of settings of eating disorder referral origination
- ▶ Understanding of benefit structures through which care could be accessed

Referral Origins for Children and Youth up to 21 Years



MHP and MCP can both receive referrals and refer to multiple care settings: outpatient and inpatient. The pathway is not linear and complex care coordination must be nimble enough to allow for multiple entry and destination points throughout the entire course of treatment as the consumer's medical and psychiatric needs change.

Eating Disorders – Unofficial Benefit Mapping for Children & Youth up to 21 Years

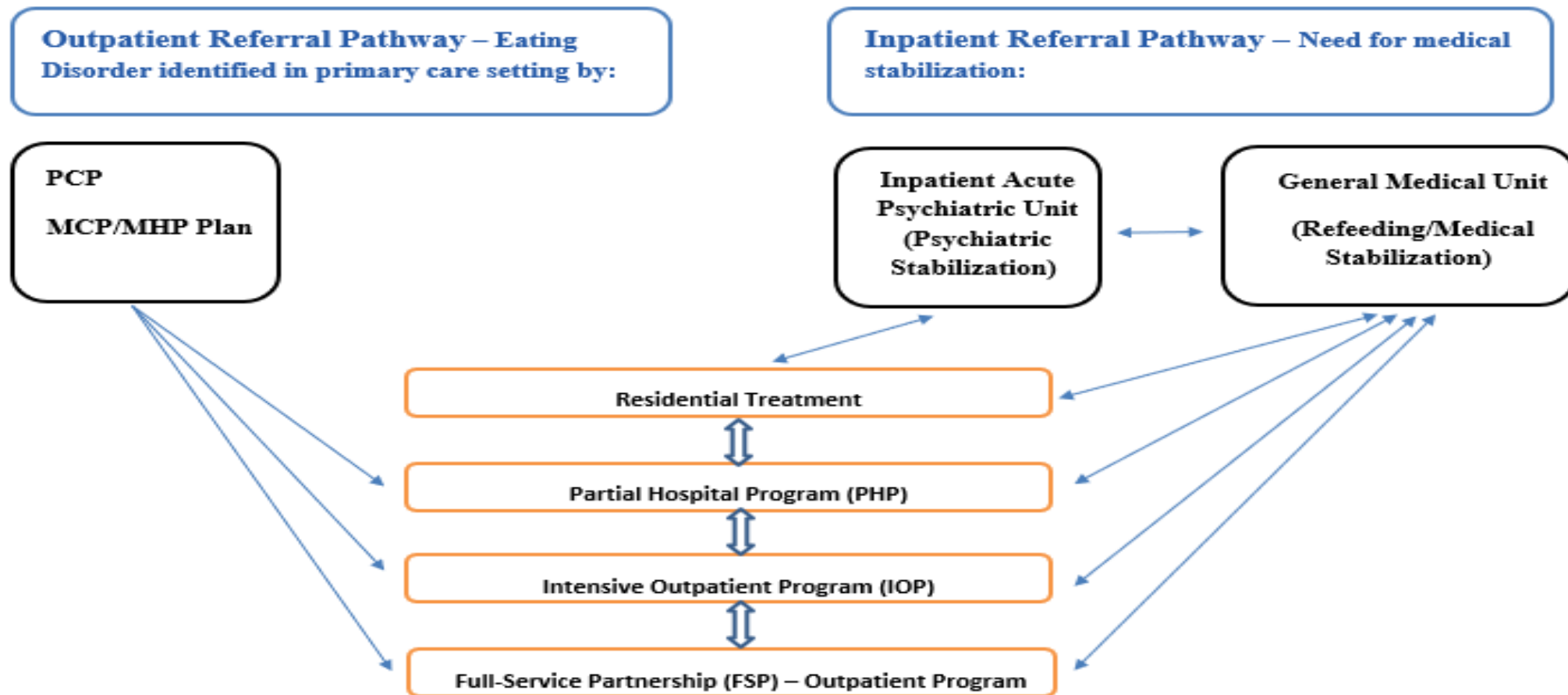
Service/Program	Medicare	Medi-Cal Coverage:	Program Criteria
General Acute Hospitalization	Managed Care Plan	Managed Care Plan	Acute Medical; refeeding
Acute Inpatient Psychiatric	Mental Health Plan	Mental Health Plan	Acute Psychiatric
Residential Treatment**	Not Covered as a traditional benefit	Not Covered as a traditional benefit	24-Hour care, medically stable, feeding supervision
Partial Hospital Program (PHP) **	Managed Care Plan	Not Covered as a traditional benefit	6 Hours a day outpatient treatment for medically stable consumers who require mealtime supervision and a higher level of medical monitoring combined with clinically-based therapy.*
Intensive Outpatient Program (IOP) **	Managed Care Plan	Not Covered as a traditional benefit	4 Hours a day, outpatient treatment for medically stable consumers who require mealtime supervision and clinically-based group & individual therapy.*
Full-Service Partnership (FSP) Programs	Mental Health Plan	Mental Health Plan	Certain counties may offer programs for children who are at-risk for a higher level of care, this "wrap-around-like" with the goal of stabilizing and preventing higher level of care. Coverage available 24/7.*
Therapeutic Behavioral Services Programs	Mental Health Plan	Mental Health Plan	Counties offer intensive behavior modification services, field-based (home, school, community). At-risk for Children Family Services intervention or imminent risk of hospitalization. Coverage available 24/7.

*Services include: individual therapy, group therapy, family group therapy, rehabilitative activities of daily living, medication support and care coordination.

** Services may be covered through supplemental benefit dollars or Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) funding.

June 2016: SER, MD, OG

Referral Origins for Care- Adults (21 Years & Older)



MHP and MCP can both receive referrals and refer to multiple care settings: outpatient and inpatient. The pathway is not linear and complex care coordination must be nimble enough to allow for multiple entry and destination points throughout the entire course of treatment as the consumer's medical and psychiatric needs change.

Eating Disorders – Unofficial Benefit Mapping for Adults (21 & Older)

Service/Program	Medicare Coverage:	Medi-Cal Coverage:	Program Criteria
General Acute Hospitalization	Managed Care Plan	Managed Care Plan	Acute Medical; refeeding
Acute Inpatient Psychiatric	Mental Health Plan Exception: Cal Duals 1 st payer is MCP (Medicare), then cross-over (Medi-Cal) under Cal-Medi Connect Counties	Mental Health Plan	Acute Psychiatric
Residential Treatment	Not Covered as a traditional benefit	Not Covered as a traditional benefit	24-Hour care, medically stable, feeding supervision
Partial Hospital Program (PHP)	Managed Care Plan	Not Covered as a traditional benefit	6 Hours a day outpatient treatment for medically stable consumers who require mealtime supervision and a higher level of medical monitoring combined with clinically-based therapy.*
Intensive Outpatient Program (IOP)	Managed Care Plan	Not Covered as a traditional benefit	4 Hours a day, outpatient treatment for medically stable consumers who require mealtime supervision and clinically-based group & individual therapy.*
Full-Service Partnership (FSP)	Mental Health Plan	Mental Health Plan	Outpatient services: Multi-disciplinary 24-hour teams for field-based and clinic services based on whatever combination is most effective.*

*Services include: individual therapy, group therapy, family group therapy, rehabilitative activities of daily living, medication support, and care coordination.

**Services may be covered through supplemental benefit dollars.

June 2016: SER, MD, OG

Challenges Still Exist – Looking Forward

- ▶ Additional conversation is still needed at the association and plan/county levels
- ▶ Clarification is needed from DHCS
- ▶ Practice Guidelines still require fleshing out
- ▶ Care team membership and complexity require intensive coordination
- ▶ Coordination according to acuity

Care Team at Highest Acuity

- Team Lead(s):
 - MHP Complex Care Coordinator
 - MCP Complex Care Coordinator for Behavioral Health AND Complex Care RN
- 2. Beneficiary
- 3. MHP treatment team (e.g., therapist, psychiatrist, RN, case manager)
- 4. Residential and/or Board & Care facility rep (if applicable)
- 5. Community-based organization(s) rep (as/when appropriate)
- 6. MHP Leadership Representative with Decision Making (MD, Dep Dir)
- 7. MCP Leadership Representative with Decision Making (MD, Clin Dir)
- 8. MCP subject matter expert and and/or Primary Care or Pediatric Physician. (e.g., eating disorder specialist, dietician, oncologist) or significant medical-based supports (e.g., Hospice)
- 9. Hospital staff (MD/DO, RN, social worker, discharge planner), if applicable
- 10. Alcohol & Drug Counselor (AOD) as assigned

*Sometimes the MCP has delegated member supports out to the Independent Physician Association (IPA) managing the beneficiaries care and those "MCP" supports would need to be requested from IPA.

Tips for Managing at the Plan Level

- ▶ Understand origination of referral - Where is it coming from?
- ▶ Understand beneficiary coverages
- ▶ Involve MHP medical leadership immediately
- ▶ Request Complex Care RN MCP Rep or BH MCP plan level rep/liaison be assigned to case
- ▶ Understand what service is being requested and assess timely with the MCP
- ▶ Request program daily schedules for suggested level of care to include daily activities to best understand treatment regimen and make up
- ▶ Discuss payment terms with MCP
- ▶ Work to understand your MCP's contracted resources
- ▶ Establish shared protocols for complex care management practices that extend across plans, treatment settings and levels

Tips for Supporting Practitioners

- ▶ Understand and support concern
- ▶ Provide training on eating disorder treatment in person and or through purchasing books
- ▶ Provide clinicians skill building time at work
- ▶ Design an internal process that is easy for clinicians and care teams to follow
- ▶ Provide clinicians flexibility for scheduling and nimble treatment needs
- ▶ Provide clinical leadership support on cases and well as role guidance
- ▶ Familiarize yourself with the American Psychiatric Association or other Practice Guidelines for Eating Disorders
<https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>
- ▶ Clarify benefits/service trajectory and clear the way for care team
- ▶ Allow clinician time for psychoeducation with adults and family members
- ▶ Understand the “infrequency and variability gap,” patterns for clinicians/care teams

Questions?

“Sutter-Yuba Behavioral Health (SYBH) is the Mental Health Plan (MHP) for both Sutter and Yuba Counties. As the MHP we are responsible, per our contract with the California Department of Health Care Services (DHCS) to provide through directly operated services, or arrange through contracted providers, Specialty Mental Health Services (SMHS).”

Sarah Eberhardt-Rios, MPA

Sutter - Yuba Behavioral Health
HHS Branch Director

Email: Seberhardt-rios@co.sutter.ca.us

Desk Phone: (530) 822-7200, Ext 2204

Cell Phone: (530) 491-1933, (909) 648-1545

