Behavioral Health Informatics Conference and Exposition

California's Continuum of Care Reform and Related Initiatives

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Presentation Outline

- **CCR Background**

  - Pathways to Wellbeing: Katie A.

  - Implementation and other previous initiatives to improve coordination between behavioral health and child welfare

- **Goals of CCR**

  - Permanency Planning and when necessary, finding the right out-of-home placement for youth in foster care that will lead to permanency

  - Providing the needed services and supports for youth

Presentation Outline *(Continued)*

- **CCR and electronic information systems**
  - Processing MH claims
  - Tracking qualified certification of treating providers
  - Access and Accountability
  - Electronic health information exchange—facilitating service coordination across many systems of care
  - Interaction between MH electronic information systems and Child Welfare electronic information systems

CCR Background & Goals

Context for Change

- Proportion of children in Group Homes has remained fairly constant despite efforts to reduce it.

- Poor outcomes for children placed in group homes for long periods of time.

- Katie A lawsuit required the development of new home-based services for foster youth to prevent reliance on congregate care.

- Disconnect between multiple local systems (CW/Probation, MH, Education, Regional Center) that left children falling through the cracks

- Legislative mandates:
  - ❖ Senate Bill 1013 (Chapter 35, Statutes of 2012): Required robust stakeholder process to reduce reliance on congregate care reform. Led to "Continuum of Care Reform" report with recommendations
  - ❖ Builds on previous reform efforts: SB 933/ RBS Reform

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COUNTY BEHAVIORAL HEALTH
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CCR Vision

- All children live with a committed, permanent and nurturing family with strong community connections
- Services and supports should be individualized and coordinated across systems and children shouldn't need to change placements to get services
- When needed, congregate care is a short-term, high quality, intensive intervention that is just one part of a continuum of care available for children, youth and young adults
- Effective accountability and transparency drives continuous quality improvement for state, county and providers

Key Strategies

- Child and Family Teams (CFTs) drive case planning, placement decisions and care coordination (shared responsibility for CW and MHPs)

- Joint implementation of CANS as a common assessment tool that is informed by the CFT process

- New STRTP licensure category requires an integrated program and Foster Family Agencies and other contracted providers will be encouraged to have integrated programs

- Ensures STRTPs and FFAs are nationally accredited and have engaged placing agencies in program development

- Restructured rate system provides for a single residential rate and a varied "level of care" home-based rate

Goals of CCR

- Child and Family Teaming as a practice intended to ensure integrated case planning
- Focus on supporting children in permanent families and providing a "continuum" of services in that setting
- Residential care only used when a child has significant therapeutic needs that prevent home based placement

Oversight, Accountability & Provider Performance Measures

- National Accreditation

- Cross Departmental Oversight Framework

- Evaluate provider performance along common domains

- Client satisfaction surveys

- Public transparency of provider performance

- Data transparency drives quality improvement

Electronic Information Systems

CDSS Foster Care Electronic Systems

- The Statewide Automated Welfare System (SAWS) Project is the automation of county welfare business processes in California.

- SAWS supports six core programs: CalWORKs, SNAP (known as CalFresh in California), Medi-Cal, Foster Care, Refugee Assistance, and County Medical Services.

- Functions: eligibility determination, benefit computation, benefit delivery, case management and information management. Based on individual consortium business requirements, other programs or functions may be included in a consortium system.

- Interdependent with Medi-Cal Eligibility Determination System (MEDS) and interfaces with CalHEERS system

CDSS Foster Care Electronic Systems (cont.)

- Child Welfare Services/Case Management System (CWS/CMS) is California's version of the federal Statewide Automated Child Welfare Information System (SACWIS). Authorized in 1989 pursuant to SB 370.

- CWS/CMS is a (PC)-based, Windows application that links all 58 counties and the State to a online client management database that tracks each case from initial contact through termination of services.

- Functionalities includes: intake, referral screening, investigation and cross reporting; Client Information, Service Delivery, Case Management, Placement, Court process, Case assignment and transfer, Program Management -- caseload, county, program-level information for program management purposes; Adoptions; Licensing -- information on licensees used in placement decisions.

- CWS-CARES will replace CWS/CMS and is under development using a Agile Configuration Management approach.

DHCS/MHPs Utilization of Electronic Systems

- **Medi-Cal Eligibility Data System (MEDS)**
  - Used to verify a beneficiary's SSN and Medi-Cal Eligibility, County of Responsibility/Code, address, aid codes, etc.
- **Information Technology Web Service (ITWS) portal**
  - The ITWS portal is the way that counties monitor the data submissions and receive data submission status and error reports, as well as access the various outcome and other reports available through the CalOMS Tx system.

DHCS/MHPs Utilization of Electronic Systems

- **California Outcomes Measurement System (CalOMS) Treatment**
  - Instructions provide detailed information required to construct the electronic data files submitted by the Counties and Direct Contract Providers (DCP) to the Department of Health Care Services (DHCS) every month.

- **Electronic Health Record (EHR)**
  - Most counties have shifted to an EHR to store beneficiaries medical record information.
  - CANS and PSC 35 data is/will be stored here as well.

MHPs Claim Through DHCS/ITWS

Revenues are based on Certified Public Expenditures incurred by the County Medi-Cal Specialty Mental Health Plan. Health Care Claim Payment/Advice is sent to MHP from DHCS-ITWS

- 837I Institutional Services Claim/HIPAA Transaction submitted to DHCSITWS by MHP

- 837P Professional Services Claim/HIPAA Transaction submitted to DHCSITWS by MHP

MHPs Claim Through DHCS/ITWS

This Claiming Proses:

- Requires County MHP to have sufficient revenue available to incur full funds expenditure prior to obtaining reimbursement
- Final entitlement amounts are not known until after audit and appeals, which is currently at least six years after the provision of services
- Requires counties to establish reserves in case of audit recoupment

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MHPs Electronically Processes Claims

- Providers submit claims as outlined in Contract:
  - Monthly invoice—paper or electronic, or
  - Via Electronic Health Record
- MHP submits claims monthly for services provided by county staff and their organizational providers
  - MHPs submit through DHCS/ITWS to draw down Federal Financial Participation (FFP)

What does Federal Financial Participation (FFP) mean to Mental Health Plans (MHPs)?

- Mental Health Plans are **reimbursed** a percentage of their actual expenditures (Certified Public Expenditures-CPE), based on the Federal Medical Assistance Percentage (FMAP)

- Federal Medicaid FFP for Medi-Cal Specialty Mental Health Services (SMHS) reimburses at approximately 50%

- Counties use *all* of their other sources as local match to draw down federal reimbursement

MHP Claims/Reimbursement-Contract Providers

- Month 1—Provider Delivers Service

- Month 2—Provider Invoices County

- Month 3/4—County Processes Claim and Pays Provider in Full
  - Confers back and forth with provider

- Month 4/5—County Submits Claim to ITWS/DHCS to Draw Down FFP

- Month 5/6—State Processes Claim
  - State confers back and forth with County
  - County confers back and forth with Provider

- Month 7/9—County Receives FFP Reimbursement Portion for Month 1 Services Paid to Provider

Contact Information

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Any mailbox can answer questions related to CCR programs mentioned in this power point

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DHCS Questions

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