



State of the State Review

**California Department of Health Care Services
Medi-Cal Behavioral Health Division**

California Quality Improvement Coordinators Annual Meeting
March 11, 2020



Presenter Introductions

- **Erika Cristo**, Branch Chief, Program Policy and Quality Assessment Branch (DHCS)
- **Cindi Hudgins**, Section Chief, Provider & County Monitoring Section (DHCS)
- **Carla Minor**, Section Chief, Network Adequacy & Monitoring Section (DHCS)
- **Paula Wilhelm**, Director of Policy, County Behavioral Health Directors Association of California



Presentation Outline

- **Opening Remarks**
- **Behavioral Health Reorganization**
- **California Advancing and Innovating Medi-Cal (CalAIM)**
- **Waivers**
- **County Monitoring**
- **Network Adequacy**
- **Questions and Open Discussion**



Behavioral Health Reorganization

- Preserve unique policy/program while better integrating behavioral health in overall health care system
- Improve service delivery and program outcomes
- Leverage experience and expertise that exist in other areas of the department
- Improve communication and engagement for stakeholders and employees
- Increase program administration accountability
- Increase efficiencies department-wide and reduce duplication of work



Behavioral Health Reorganization

Three behavioral health divisions:
Medi-Cal Behavioral Health
Community Services
Licensing and Certification

All report to one Deputy Director, Kelly Pfeifer, who reports to the Chief Deputy Director, Health Care Programs/Medicaid Director

Behavioral Health financing reports to Lindy Harrington, Deputy Director, Health Care Financing



CalAIM Behavioral Health Proposals

Behavioral Health Administrative Integration

- Each county (or region) would provide integrated mental health and SUD services through a single plan with integrated services delivery, infrastructure, and administrative functions.

Medical Necessity

- Modify existing medical necessity criteria for both outpatient and inpatient services to align with State and federal requirements and ensure beneficiaries get the right care at the right place.

Payment Reform

- Transition from a cost-based approach (interim payment, CPE, reconciliation) to a value-based intergovernmental transfer approach to reduce administrative burdens and increase flexibility.



CalAIM Behavioral Health Proposals

Behavioral Health Regional Contracting

- DHCS encourages counties to develop regional approaches to administer and deliver specialty mental health and substance use disorder services to Medi-Cal beneficiaries.

IMD Demonstration Waiver

- DHCS seeks input from stakeholders regarding whether California should pursue the serious mental illness/serious emotional disturbance Section 1115 demonstration to receive federal financial participation for services provided to Medi-Cal beneficiaries in an institution for mental disease.



Waivers

- Combined, multi-program 1915(b) Waiver
 - Specialty Mental Health Services
 - DMC-ODS Services
 - Medi-Cal Managed Care

- Renew 1115 for components that must be in an 1115 waiver
 - e.g., SUD Residential Services (IMD waiver)



County and Provider Monitoring



County and Provider Monitoring Sections

- Cynthia Hudgins and Sergio Lopez, Section Chiefs
- Scope
 - General liaisons between DHCS and counties
 - Compliance Monitoring
 - Enhanced Monitoring
 - Corrective Action Plan Oversight
 - Technical Assistance
 - Constituent Inquiries
 - Grievances and Appeals



County Monitoring Structure

- Each County has its own liaison for behavioral health technical assistance
- Aligning procedures and requirements between MH and SUD
- Combining resources to leverage knowledge and experience
- Increased time and focus on outcomes and beneficiary quality of care
- More user-friendly for counties



County Monitoring Activities

- Single Liaison for both Specialty Mental Health Services and Drug Medi-Cal programs
- Monthly Individual Calls with each County
- Monthly All-County Behavioral Health Calls
- A&I conducts the site and desk reviews annually/triennially
- Findings Reports are submitted to County Administrators and to MCBHD
- County and Provider Monitoring is responsible for oversight of Corrective Action Plans until all deficiencies are resolved



Network Adequacy



Authorities

- **Federal network adequacy rules**
 - § 438.68 Network adequacy
 - § 438.14 Indians and Indian health care providers (IHCPs)
 - § 438.206 Availability of services
 - § 438.207 Assurances of adequate capacity and services

¹ Managed Care Final Rule, Federal Register, Vol. 81, No. 88, §438.68; §438.206; §438.207; §438.14 : <https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf>



AB 205

- **Implemented** specific provisions of the Final Rule, including the network adequacy standards
- **Changed** county categorization to be based on population density rather than population size
- **Authorized** alternative access standards process to be permitted and use of telehealth to meet standards
- **Established** a 90-day timeline for reviewing alternative access standard requests
- **Requires** annual demonstration of network adequacy compliance
- **Sunsets** the network adequacy provision in 2022, allowing for reevaluation of the standards



Behavioral Health Annual Certification Submission Package

- **Network Adequacy Certification Tool (NACT)**
 - Provider data (Exhibits A-1, A-2, and A-3)
 - American Indian Health Facilities (Exhibit B-1)
 - Community Based Services (Exhibit B-2)
 - Provider counts (Exhibits C-1)
- **Geographic Access Maps**
 - Map of psychiatric services providers serving children/youth
 - Map of psychiatric services providers serving adults (21+)
 - Map of outpatient SMHS providers serving children/youth
 - Map of outpatient SMHS providers serving adults (21+)



Behavioral Health Annual Certification Submission Package

- Alternative Access Requests, if applicable
- Language Line Encounters Data
- Provider Directory
- Grievances
- Appeals (if any)
- MHP Organizational Chart



Behavioral Health Annual Certification Submission Package

- Executed provider agreement contracts and provider contract boilerplate
- Timely Access Report
- Continuity of Care Report
- Executed agreements with subcontractors, including agreements pertaining to interpretation, language line, and telehealth services (please include budget detail for subcontracts)



Behavioral Health Annual Certification Submission Package

- **Policies and procedures addressing the following topics:**
 - Network adequacy monitoring - submit policies and procedures related to the Plan's procedures for monitoring compliance with the network adequacy standards;
 - Out of network access - submit policies and procedures related to beneficiary access to out-of-network providers;
 - Timely access - submit policies and procedures addressing appointment time standards and timely access requirements;



Behavioral Health Annual Certification Submission Package

- Service availability - submit policies and procedures addressing requirements for appointment scheduling, routine specialty (i.e., psychiatry) referrals, and access to medically necessary services 24/7
- Physical accessibility - submit policies and procedures regarding access for beneficiaries with disabilities pursuant to the Americans with Disabilities Act of 1990
- Telehealth services - submit policies and procedures regarding use of telehealth services to deliver covered services
- 24/7 Access Line requirements - submit policies and procedures regarding requirements for the Plan's 24/7 Access Line
- 24/7 language assistance - submit policies and procedures for the provision of 24-hour interpreter services at all provider sites



Justification for Submissions

- If the MHP does not have documentation to submit, the submission must include an explanation for the lack of submission
- For example, if the MHP did not receive any grievances for the reporting period, please include that explanation



Updated MHP Network Adequacy Information Notice (IN)

- **Collaborated with California Behavioral Health Director Association (CBHDA) to develop alternative methodology for MHP**
 - **High Level Summary of IN:**
 - The provider-to-beneficiary ratio standard for Adult Outpatient SMHS (Mental Health Services) was changed from 1:50 to 1:85
 - The provider-to-beneficiary ratio standard for Children/Youth Outpatient SMHS (Mental Health Services) was changed from 1:30 to 1:43
 - 42 CFR, part 438.68, Network adequacy standards, requires states to develop time and distance standards for adult and pediatric behavioral health providers.
 - Time means the number of minutes it takes a beneficiary to travel from the beneficiary's residence to the nearest provider site.
 - Distance means the number of miles a beneficiary must travel from the beneficiary's residence to the nearest provider site.
 - Time and distance standards are specified in the Welfare & Institutions Code, section 14197.



MHP Network Adequacy IN, Cont.

- **Changes to Reporting Requirements**
 - MHPs are required to submit Continuity of Care reports
 - MHPs no longer need to submit the Beneficiary Satisfaction Survey and Accessibility Chart and Access Summary.
 - MHPs are now permitted to use administrative staff to meet network adequacy standards. However, the FTE, if included, should accurately reflect the amount of time the individual can actually be available to directly provide services to a beneficiary over the course of a year.



MHP Network Adequacy IN Cont.

- **Changes to Reporting Requirements**
 - MHPs are permitted to use reserve/staffing contracts to meet network adequacy standards and/or as a basis for alternative access requests. However, if reported, reserve/staffing providers must meet the provider requirements for the applicable SMHS; be enrolled as providers in the Medi-Cal program; and able to comply with state and federal requirements for the Medi-Cal program.



MHP Corrective Action Plan Update

- **DHCS is in the process of analyzing the NACT data and supporting materials to clear MHPs corrective action plans**
 - 28 MHP counties are on a corrective action plan for provider to beneficiary ratio shortfall.



274 Expansion Project

- State-wide initiative to improve the quality of provider network data sent to DHCS for the purpose of improving beneficiary access to care.
- Transitions counties from manual Excel based provider information exchange to a national standard for Electronic Data Interchange (EDI) using the X12 274 standard.
- DHCS will use enhanced data for assessing alternate access to care standards, network analysis and certification, program integrity, and to establish strategies for addressing network shortages.
- DHCS is currently hosting bi-weekly work groups with the counties to develop requirements, training and transition planning.
- DHCS is targeting the fall of 2020 to start testing with the Mental Health Plans. Work with DMC-ODS plans will commence in 2021.



Questions and Open Discussion



Contact Information

- MHSDFinalRule@dhcs.ca.gov
- ODSSubmissions@dhcs.ca.gov
- CountySupport@dhcs.ca.gov