



# Behavioral Health Overview Medi-Cal Expansion and Health Care Reform

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- ⦿ Talk about the changes to Behavioral Health Benefits in the State of CA.
- ⦿ Provide information that will help leadership determine where planning opportunities for the department exist as provider panels and resources begin to develop under Health-Reform.



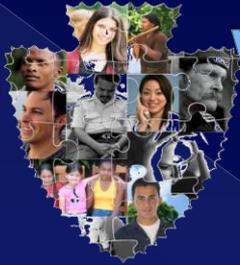
# Who Are We?

DBH is the Medi-Cal HMO. Specifically, we are the Medi-Cal HMO for certain behavioral health benefits. Like any other HMO, we take certain kinds of clients:

1. Medi-Cal
2. FFS Medicare (PPO)
3. Medi-Cal / Medicare (Medi-Medi)
4. Indigent or Unfunded (also known as ArrowCare)  
(Non commercial beneficiaries)

We do not take:

- Medicare HMO, Medicare Advantage, Medicare DSNPS or Dual Choice.
- We only see patients that meet certain criteria and have included diagnosis , but we will talk about that later **under Tier 3.**



# Who Else Is the Medi-Cal HMO?



> Provider Services (909) 890-2054



> Provider Services (888) 665-44621

See Handout



# What's Before Us?

- The Must Knows for You as a Behavioral Health Commissioner:
  - > **Medi-Cal Expansion** is where your role with DBH patients will be impacted. (0-138% FPL)
  - > **Covered California** (Health Care Exchange) will not involve DBH patients. (139-400% FPL)
  - > Covered California Insurance Providers/Plans for the Inland Empire:
    - Anthem  
Website: <https://www.anthem.com>
    - Blue Shield  
website: <https://www.blueshieldca.com>
    - Health Net  
Website: <https://www.healthnet.com>
    - Kaiser Permanente  
Website: <https://healthy.kaiserpermanente.org>
    - Molina Healthcare  
Website: <http://www.molinahealthcare.com>
    - Covered California  
Website: <https://www.coveredca.com/shopandcompare/#calculator>

**FPL Chart**

Below is the 2013 FPL chart with annual income levels up to 400% FPL.

Household Size	100%	133%	138%	200%	250%	400%
1	\$11,490	\$15,282	\$15,856	\$22,980	\$28,725	\$45,960
2	\$15,510	\$20,628	\$21,404	\$31,020	\$38,775	\$62,040
3	\$19,530	\$25,975	\$26,952	\$39,060	\$48,825	\$78,120
4	\$23,550	\$31,322	\$32,500	\$47,100	\$58,875	\$94,200
5	\$27,570	\$36,668	\$38,048	\$55,140	\$68,925	\$110,280
6	\$31,590	\$42,015	\$43,596	\$63,180	\$78,975	\$126,360
7	\$35,610	\$47,361	\$49,144	\$71,220	\$89,025	\$142,440
8	\$39,630	\$52,708	\$54,692	\$79,260	\$99,075	\$158,520
9	\$43,650	\$58,055	\$60,240	\$87,300	\$109,125	\$174,600
10	\$47,670	\$63,402	\$65,788	\$95,340	\$119,175	\$190,680
<b>DBH Serves</b>				<b>DBH Does Not Serve – Covered California</b>		
***This Chart will be published in the HCR Policy Handbook						



# What's Before Us For Behavioral Health Benefits?

- In the State of California, beneficiaries in the categories 1-3, fall into three tiers of benefit levels:
- Who's responsible for what on the BH side?
  - **Tier 1:** (IEHP/Molina) Within the scope of the Primary Care Practitioner (PCP) (Usually mild)
  - **Tier 2:** (IEHP/Molina) Out of the scope of the PCP or Pediatrician but not meeting Specialty Mental Health criteria (**This is new!!!** And would include mild to moderate)
  - **Tier 3:** (County Mental Health Plan – DBH) Meeting medical necessity criteria for Specialty Mental Health Services (Significant to severe)



# Medi-Cal Insurance Plan before January 2014

**IEHP/Molina**  
**Non Behavioral Health**  
**Services &**  
**Tier 1 Behavioral Health**  
**Services**

**DBH**  
**Specialty Mental Healthy**  
**Services**  
**Tier 3**

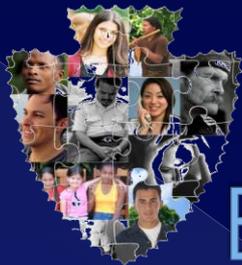
**Current Structure**  
**Where was Tier 2?**



# Medi-Cal Insurance Plan after January 2014

<p><b>IEHP/Molina</b> <b>Non Behavioral Health Services &amp; Tier 1 and Tier 2 (this is new)</b> <b>Behavioral Health Services</b></p>	<p><b>DBH</b> <b>Specialty Mental Healthy Services</b> <b>Tier 3</b></p>

**Future Structure after January 2014**



# What's Before Us For Behavioral Health Benefits?

- More adults will be eligible for Medi-Cal and other insurance.
- More adults will get access to **Behavioral Health Services**.
- Benefit Packages under Medi-Cal will change for Behavioral Health and Substance Use providers.
- Care will be more coordinated.
- Data will be more and more integral at all levels—individual, provider, clinic, system, plan, and State.
- IEHP and Molina will be more involved with BH Services.
- In some cases, IEHP and Molina and their providers will be responsible for providing certain Behavioral Health services.
- Payment will be linked to performance.
- The **FFS Network** structure will be tested through various projects over the next couple of years.



Let's stop here and talk about funding  
DBH and other Behavioral Health  
Benefits.

Questions?



# What's Before Us?

- A lot of coordination.
- A change in behavior around coordination and information sharing.
- An increased attention to how reform projects will be implemented locally.
- Greater knowledge of insurance status at the provider level.
- A greater knowledge about Managed Care as providers -



# What's Before Us For Patient Expectations?

NEED	THAT WAS THEN	THIS IS NOW (or coming soon)
Appointments	"We can fit you in in XX Days."	Same day attention for acute illness.
Sick or Injured at an Inconvenient Hour	Go to an urgent-care center or emergency room to see someone who does not know your history.	Clear arrangement for after-hours care. Your medical history available electronically.
Prescription Renewal	Call office and wait for doctor to call you back.	Nurse handles immediately.
Preventive Care	Remember to make appointments for checkups, screenings and vaccines.	Electronic record tracks preventive measures and reminds you and professionals.
Test Results	Play phone tag with the doctor.	Available at online portal.
Follow-up Care	Up to you to make timely appointments.	Office tracks and reminds you of needed follow-up.
Specialist Appointments	Specialists and primary care doctors many not communicate.	Primary care doctor coordinates with specialists.
Hospital Release	Doctor has no idea you're in the hospital unless you initiate contact.	Knows when you are hospitalized and takes initiative to follow up.



# What's Before Us For Behavioral Change Between Providers?

## Cultural Differences

Primary Care	Behavioral Health/Substance Abuse
National System	State Defined
Safety Net Provider	Medicaid Provider
Need-Based Services	Eligibility-Based Services
Population-Focused	Case-Focused
Prevention Oriented	Rehabilitation Oriented
Lifespan Care	Episodic Care
Gatekeeper	Specialty Service
Open Access	Restricted Access
Flexible Scheduling	Rigid Scheduling
Treatment Team	Solo Provider
Symptom Focused	Personality Focus
Generalist	Specialist
Governed by Users	Governed by Community Leaders

*Freeman, Cherokee Health Systems*



# What are the Keys to Reform?

- ◎ Many of them!
- ◎ Patient Behavior
- ◎ Provider Willingness
- ◎ Use of Technology
- ◎ Knowing Who Goes Where

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