



Health Care Reform

Update on Activities Relevant to California's Public Mental Health / SUD System

**PRESENTATION TO CMHDA ALL MEMBERS
JUNE 12, 2014**

**Molly Brassil
Associate Director, Public Policy
California Mental Health Directors Association**

OVERVIEW OF PRESENTATION

- ❖ **Medi-Cal / Covered CA Enrollment**
 - ❖ **Expanded Mental Health Benefits**
 - **Work with CAHP / Health Plans**
 - **DHCS Information Notice**
 - **MFT State Plan Amendment**
 - ❖ **SUD Waiver Proposal**
 - ❖ **1115 "Bridge to Reform" Waiver Renewal**
 - ❖ **Coordinated Care Initiative**
 - ❖ **Section 2703 Health Home Option**
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MEDI-CAL / COVERED CA ENROLLMENT

- ❖ According to Covered CA more than 3.3 million Californians newly covered (1.4M Exchange and 1.9M Medi-Cal).
- ❖ 1.9M individuals newly enrolled in Medi-Cal (Oct. 1 – Mar 31)
 - 1.1M enrolled through CoveredCA.com and county offices (includes non-MAGI Medi-Cal eligibles)
 - 650,000 transitioned to Medi-Cal from Low Income Health Plan (1/14)
 - 180,000 enrolled into Medi-Cal through Express Lane (through 3/31)
 - 27,000 enrolled into Medi-Cal through hospital PE (through 3/31)
- ❖ The Administration estimates that Medi-Cal enrollment will increase to 11.5M in FY 14-15. This is a 46% increase in enrollment from pre-ACA, and represents approximately 30% of the state's population.
- ❖ While most of the newly and soon to be enrolled in Medi-Cal are newly eligible under the ACA, about 800,000 were previously eligible for Medi-Cal but unenrolled.
- ❖ The newly eligible enrollees are fully funded by the federal government for three years, declining to 90% by 2020. Otherwise, the regular FMAP applies to the cost of the previously eligible but unenrolled beneficiaries.

MEDI-CAL / COVERED CA ENROLLMENT

According to the Cal SIM analysis:

- ❖ 70% of individuals who were previously eligible for Medi-Cal but not enrolled are children.
- ❖ 54% of those newly eligible for Medi-Cal are Latino.
- ❖ 62-72% of Californians who remain uninsured will be exempt from the individual mandate's penalty.
- ❖ Through the next few years, Medi-Cal enrollment is expected to stay relatively flat, while Covered California/individual market enrollment is expected to increase from 3.21 million in 2015 to 3.99 million in 2017 to 4.26 million in 2019.

EXPANDED MENTAL HEALTH BENEFITS

CMHDA-CAHP "Mental Health in Medi-Cal" Workgroup

- Care Coordination
- Dispute Resolution
- Information Exchange
- Special Populations
- Network Provider Crossover / FQHCs
- Rural Strategies

DHCS MHSUDS Information Notice 14-020 – New Outpatient Medi-Cal Mental Health Services Covered by Medi-Cal Managed Care Plans and Fee-For Service Medi-Cal.

- Informing MHPs of the new MCP responsibilities for the delivery of certain MH services to MC beneficiaries with mild/mod impairment of functioning.
- For beneficiaries not enrolled in MCPs, these services are available through the FFS/MC program
- Medical necessity criteria and MHP existing responsibilities unchanged
- Provides clarification regarding children with moderate impairment

EXPANDED MENTAL HEALTH BENEFITS

State Plan Amendment 14-012 – Adding licensed marriage and family therapists, and registered interns to the list of providers who can provide psychology services.

- Approved 05/02/2014, retroactive to January 1, 2014
- Important clarification to definition of "psychology services" – now covered when provided by a psychologist, clinical social worker, or MFT licensed in CA. Registered MFT interns, registered associate clinical social workers, and psychological assistants also covered when working under the direct supervision of a licensed MH professional.
- Opportunity for increased network alignment between MCPs and MHPs

SUD ORGANIZED DELIVERY SYSTEM WAIVER PROPOSAL

❖ **DHCS Waiver Goals**

- Support coordination and integration across systems.
- More appropriate use of health care, such as reduced emergency rooms and hospital inpatient visits.
- Ensure access to SUD services while also increasing program oversight and integrity at the county and state level.

❖ **Terms and Conditions**

- Delivery system
- Benefit criteria / benefits
- Provider qualifications
- Reimbursement structure

❖ **Financial Considerations**

- ❖ Budget neutrality
- ❖ Non-federal share of cost

1115 WAIVER RENEWAL

- ❖ The current 1115 “Bridge to Reform” waiver sunsets October 31, 2015.
- ❖ The current waiver funded the Low Income Health Program, the Delivery System Reform Incentive Pool (DSRIP) and various managed care transitions (SPDs, rural expansion, Health Families)
- ❖ The new waiver will shift to focus on delivery system transformation and payment reform.
- ❖ DHCS is beginning to develop a stakeholder process to develop a concept for waiver renewal.
- ❖ The Waiver renewal request will be submitted to CMS next spring.

COORDINATED CARE INITIATIVE

- ❖ CA's Coordinated Care Initiative officially launched in the counties of Los Angeles, Riverside, San Bernardino, San Diego and San Mateo as of April 1, 2014.
- ❖ Cal MediConnect (CMC) will gradually be implemented in eight counties to enroll an estimated 456,000 dual eligible members.
- ❖ The implementation timeframe for Alameda, Orange and Santa Clara counties has been adjusted to allow more time to achieve plan readiness – passive enrollment to begin no earlier than January 2015.
- ❖ During the phased implementation of CMC, members who are eligible will receive 3 notifications prior to the effective date of enrollment. They may select a health plan for CMC services, they may opt out of Cal MediConnect or they may choose PACE if available.

SECTION 2703 HEALTH HOME OPTION

- ❖ Section 2703 of the SSA provides for a state option to provide health homes for enrollees with chronic conditions.
- ❖ 90% FMAP available for the first 8 quarters that the SPA is in effect.
- ❖ Eligibility for participation includes (Medi-Cal eligible) individuals with at least:
 - ❖ 2 chronic conditions (which includes MH and SUD conditions)
 - ❖ 1 chronic condition and at risk of a second
 - ❖ 1 serious and persistent mental health condition
- ❖ The term “health home” means a designated provider or health team selected by an eligible individual to provide health home services.
- ❖ AB 361 (2013) authorized DHCS to submit a SPA and a revised 1115 waiver to implement a health home program.
- ❖ While California was awarded a planning grant, DHCS has not formally begun developing a SPA.

CMHDA CONTACT

Molly Brassil

Associate Director, Public Policy

California Mental Health Directors Association

(916) 556-3477, ext. 152

mbrassil@cmhda.org

**For additional resources on ACA implications for CA's public
mental health system, go to:**

[http://www.cmhda.org/go/publicpolicy/healthcarereformres
ources.aspx](http://www.cmhda.org/go/publicpolicy/healthcarereformresources.aspx)