



# 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.
- ⦿ Explain the structure that these Behavioral Health changes will take place in.



# What's Important to Understand?

- The Department of Behavioral Health (DBH) is not the only player.
- The changes are global and apply to many other groups, organizations, insurances, Departments.
- Change Health Care as we know it in a good way.
- Changes actually implement behavioral health parity, which adds/regulates behavioral health benefits.
- Creates many questions, issues and much work to be done.

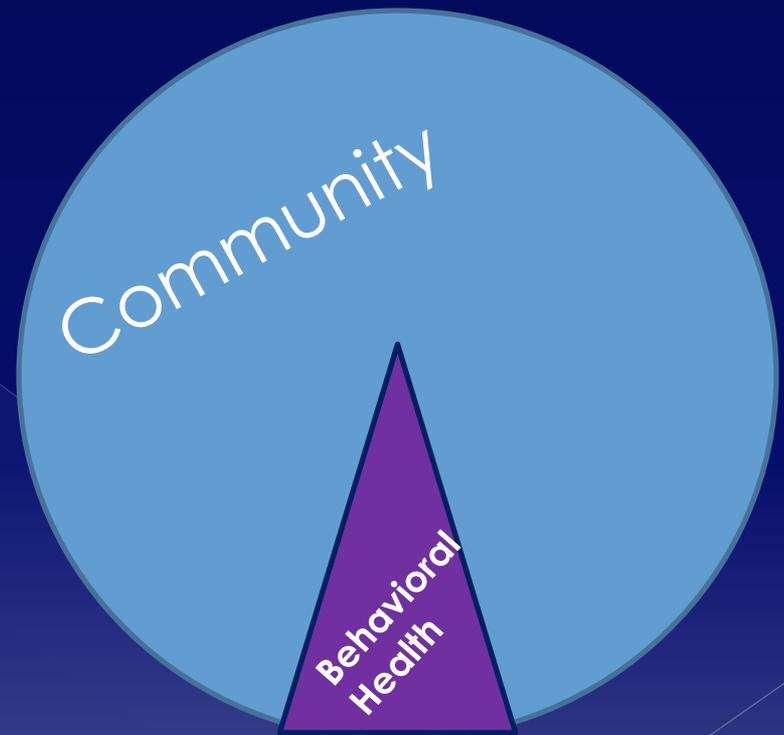


# What's Important to Understand?

- ◎ DBH is not the only player.
- ◎ Issues of Behavioral Health in the community, we think about the context we exist in:



# What's Important to Understand?



- For us to be effective, it is important for us to know our role.



# What is Our Role?

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 (formerly known as ArrowCare)

We do not take:

- Medicare HMO, Medicare Advantage, Medicare DSNPS or Dual Choice.
- Beneficiaries with Commercial Insurance.
- 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?



Kaiser



Mental  
Health  
Network

\*Crisis Services



# What's Our Role?

- ◎ 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) – Considered Commercial Insurance
  - > 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
<p><b>DBH Serves</b>                      (Because beneficiaries in this range up to 138% FPL will have Medi-Cal)</p>				<p><b>DBH Does Not Serve –</b>                      Covered California                      (139% plus will have Covered California)</p>		
<p>***This Chart will be published in the HCR Policy Handbook</p>						



# What's Our Role?

- ◉ Understand Covered California health plans have to provide their own behavioral health benefit and services.
- ◉ Understand that this means those health plans have to get their own providers and develop their own panels.
- ◉ Understand that when we try to assist people with accessing behavioral health services, the first question is:
  - Do you have insurance?
  - And then you go from there
- ◉ We will talk about how to help folks in a future meeting that have insurance other than those that DBH takes, but for now we are going to focus on those people we serve.



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# What's Before Us For Behavioral Health Benefits?

- In the State of California, beneficiaries with Medi-Cal as their insurance, 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>IEHP/Molina Non Behavioral Health Services &amp; Tier 1 and Tier 2 (this is new) Behavioral Health Services</p>	<p>DBH Specialty Mental Healthy Services Tier 3</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 Insurance (PPO)** structure will be tested through various projects over the next couple of years.



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

\*Alcohol and Drug Services: (909) 421-4601

\*Behavioral Health Service Access: (888) 743-1478



# What's Before Us?

- A lot of coordination with a lot of folks.
- A change in behavior at all levels and delivery systems for behavioral health services.
- An increased attention to how health care reform is being implemented locally.
- Greater knowledge of insurance status at the provider and system level.
- A greater knowledge about how the addition of behavioral health benefits under parity will impact available providers and the systems that employ and support them.

Questions? Please contact:  
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