

Alameda County Behavioral Health Care Services

FY 14/15 Strategic Update

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Today's Agenda

1. Provide a broad overview of the external environment
2. Describe new expectations and directions for ACBHCS
3. Share ACBHCS FY 14/15 priorities
4. Discuss provider impact
5. Provide an opportunity for comments and questions

The Changing Environment

- Health Care Reform: Federal, State and Local Impact and Funding Changes
- Alameda County Health Care Services Agency: “Convergence” of Business and Administrative Functions
- BHCS: New Leaders, New Partners, Expanded Services
- Impact on Providers

The Affordable Care Act: Health Care Reform

- Health Care Reform brings new coverage opportunities while still posing challenges.
- Children's Behavioral Health is expanding (through EPSDT) but sustainability of funding is not yet known.
- Health care services now provided through Medi-Cal managed care organizations.
- Cumulative effect of (health care) Medi-Cal rate cuts are still being felt across programs.

Impact of Health Care Reform

- Impact to Clients/Alameda County:
 - 56,000 residents newly eligible for Medi-Cal; 42,000 automatically transitioned under LIHP
 - Covered California enrollees have access
 - 100,000 residents under 200% FPL still remain uninsured
- Impact to Providers:
 - Medi-Cal rate cuts make it difficult to attract providers
 - ACA protects rates for primary care for 2 years; not specialists
 - ACA requires greater coordination of care between providers
- Impact to Services:
 - Loss of HCSA Realignment Funding gives less flexibility to serve the remaining uninsured

Impact of Health Care Reform: Children/Youth

- Impact to Clients/Alameda County:
 - In anticipation of EPSDT reserves, County has grown beyond State allocation to meet demand for services
- Impact to Providers:
 - Responsibility of prevention, early intervention and educational services is now shared with schools, school districts and youth resource centers
- Impact to Program Services:
 - Addition of children to Medi-Cal strains HCSA budget, given responsibility for EPSDT mental health growth and uncertainty about payment
 - County is owed \$23 million by the State for BHCS services provided at schools

Impact of Health Care Reform: Adults/Older Adults

- Impact to Clients/Alameda County:
 - Center closures and State moratorium on new Medi-Cal certifications will impede access for low income residents
- Impact to Providers:
 - Non-issuance of Medi-Cal certification to new providers limits ability to accept low income clients
- Impact to Program Services:
 - Greater coordination is required with managed care plans to serve clients with special health and language needs

Center for Medicaid and Medicare: New Opportunities & Expectations

- Focus on access, cultural competency, improved health outcomes for individuals and populations
- Behavioral Health Parity:
 - Expanded MH & SUD benefits
 - Services for individuals with mild-moderate mental health needs provided through Medi-Cal managed care plans
 - Payment structures are not in alignment, which results in service and funding issues
- Office of the Inspector General (OIG) requirement for claiming Medi-Cal and Medicare
- New service verification process

CA Department of Health Care Services (DHCS)

- Integration of DMH and AOD into DHCS
 - Behavioral Health as a specialty service
 - Carve-out seems likely to remain in place
 - Many policy and funding challenges
- Significant expansion of DHCS Compliance and Audit capacity
 - Mental Health Plan requirements
 - Drug Medi-Cal requirements
 - Medi-Cal site certifications

State and Federal Funding Changes

- **BASN** funding ended – Department of Corrections will design and operate this program moving forward
- **LIHP** funding ended – to be partially replaced by MAGI Medi-Cal
- **Medi-Cal revenue** increases as a result of ACA and MAGI Medi-Cal enrollment with FFP for this population at 100%
- **SUD – Drug Medi-Cal** provides additional service benefits and increased revenue
- **SEQUESTRATION** – reduction from FFY 13 of \$460,768 which at this point appears to be ongoing. There is a small possibility that there will be some restoration. This amount is reflected in the 14/15 County budget.
- **SEQUESTRATION** – reduction for FFY 14 - potential for additional sequestration reductions for SAPT. Current optimistic estimate is approx. \$96k. This change is not currently reflected in the 14/15 County budget.

Health Care Services Agency Vision Statement

**Health Equity
through the goals of
Healthy People,
Healthy Places,
Healthy Policies and Systems**

HCSA Convergence

- “Converging” from four independent departments into one Agency
- Converged Business and Administrative Functions:
 - Finance, IT, Contracting
 - Human Resources
 - Accountability
 - Evaluation
 - Compliance

HCSA Leadership

- Developing a new leadership structure to support agency and departmental goals
- Focusing on alignment, integration and communication across the agency
- Expanding cross-agency partnerships:
 - School Based Behavioral Health, CANS Implementation, Housing and Health, Prevention, Workforce Development

ACBHCS Mission and Values: Our Foundation in Changing Times

- We serve individuals with complex needs and view the client/consumer and their family as our primary “customer”
- We support consumer and family leadership, empowerment and participation across our system
- We recognize the value of peer and family support for clients/consumers as they work towards wellness and recovery
- We support culturally responsive services and approaches to clients/consumers, their families and the diverse communities we serve

ACBHCS FY 14/15

Administrative Priorities

1. Enhance communication with staff, providers, community partners, stakeholders and County leaders.
2. Expand Quality Management capacity in order to ensure quality of services and to monitor program outcomes and adherence to expanded state and federal regulations.
3. Focus on ongoing enrollment and re-enrollment strategies, working with HCSA, Social Services and our contract providers, to ensure continued coverage for BHCS clients/consumers.
4. Launch the Electronic Health Record implementation project with ShareCare. “Go live” expected in early 2016.
5. Offer provider training modules on EBPs and co-occurring conditions.

ACBHCS FY 14/15

Service Delivery Priorities

1. Build administrative, fiscal and service capacity of the Alcohol and Other Drug (AOD) System of Care in response to expansion of substance use disorder benefits.
2. Redesign service delivery system to meet demands of the Affordable Care Act (ACA) with specific focus on Level III outpatient treatment services.
3. Create an Integrated Care team to direct health integration efforts.
4. Implement CANS (Children/Youth) and Adult/Older Adult assessment tools.

ACBHCS FY 14/15

Service Delivery Priorities

5. Re-envision our system of engagement with historically difficult to engage individuals and populations. Implement AB 1421 engagement strategies as approved by the Board of Supervisors.
6. Re-envision Crisis Services with the goal of expanding community alternatives to hospital-based crisis services.
7. Integrate learning from Innovations Round 2 African American grants into the Systems of Care.

ACBHCS FY 14/15

Finance Priorities

1. Finalize analysis of ACA Medi-Cal revenue generation to determine viability of rate and/or contract increases
2. Finalize Mental Health EPSDT cost reports to current
3. Evaluate and develop a stabilization plan for SUD funding
4. Continue to move forward with electronic denial correction report process
5. Create and deploy electronic efficiencies within the Network Office

ACBHCS: Funding Update

- Mental Health CMA Work Group – looking at the possibility of increasing the maximum allowable rate
- Prior Year Cost Report Settlements
- State Cost Reports
- EPSDT Funding
- MHSA Fiscal Analysis

ACBHCS: New Leadership

- Manuel Jimenez, MA, MFT joins BHCS on May 12; welcome reception planned for May 16
- ASOC Director Interviews scheduled
- Quality Management Director opens in April
- CSOC Director Recruitment opens on May 1
- New Crisis Services Director - working through HR process
- Developing:
 - Exam for JGPP Critical Care Manager
 - New Integrated Care Director position

ACBHCS: New Health Partners

- Working with Alameda Health Consortium and FQHC's
- New contractual relationships with Beacon Health Strategies, Alameda Alliance and Anthem Blue Cross
- Working with Kaiser on mild-moderate outpatient mental health services

ACBHCS: New Ways of Working

- Aligning MHP Functions in the Quality Management Unit
- Using the MHP Contract and Quality Improvement Work Plan to guide systems work
- Aligning operational functions: ACCESS, Authorizations, Crisis Services, Integrated Care
- Developing SUD service delivery system and new business models based on expanded benefits
- Implementing CANS and Adult/Older Adult Assessment tools to determine client/consumer needs

Update: Quality Assurance

- QA will distribute a provider update on existing and new state requirements
- DHCS conducted an audit in January 2014; we are awaiting final report
- Audit identified areas that were out of compliance, including:
 - OIG provider checks and service verification process
 - Children's Day Treatment
 - Care planning and documentation

Update: Network Office

- There will be contract changes in specific service modalities, such as FSPs, Adult Level II, Children's Day Treatment and AOD Services
- Changes will be shared in System of Care/AOD/individual provider meetings
- Spring Network Office Meetings will review any contract changes and requirements
- Upcoming RFPs: Medication Management, Level II Services and TAY Triage

What do these changes mean for the ACBHCS System?

- Greater accountability at all levels: individuals, programs, organizations
- Expanded state and county expectations for quality and performance management
- Utilization of common assessment tools
- Focus on client outcomes and client flow among levels of care
- Expanded care coordination with health partners

What do these changes mean for providers?

- Focus on client assessment, care planning, documentation, and improved health outcomes
- Participate in care coordination with health care partners
- Incorporate enrollment activities to maintain benefits for clients/consumers
- Implement and use CANS and Adult/Older Adult assessment tools
- Comply with:
 - OIG requirements for claiming
 - Medi-Cal site certification processes and timelines
 - Care plan and documentation requirements
 - Service verification process
- Partner with ACBHCS in the EHR implementation

Next Steps

- Network Office Spring Provider Meetings
- Provider Memo on Mild-Moderate Mental Health Benefits
- Children's Day Treatment Provider Update
- Quality Assurance Provider Update
- New FSP and Adult Provider Monthly Meetings starting in May
- Welcome reception for Manuel Jimenez on May 16 from 1-4pm in the Gail Steele Room
- Innovations Grants Round 4 – Administrative, IT and Financial TA for Providers
- Formation of EHR Work Groups

Questions & Comments

- This presentation will be posted on the ACBHCS provider website
- Questions and responses will also be posted
- Please complete the evaluation form

Thank You

for providing services to our clients/consumers and family members and for attending today's presentation