# Behavioral Health Integration in Alameda County Under the 1115 Waiver:

*The Opportunity: Enrollment and Eligibility: Service Expansion: Capacity Building*

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## The Opportunity:

The 1115 Waiver offers Behavioral Health Care Services (BHCS) a significant opportunity to generate new federal revenue to expand services, build infrastructure, and strategically position BHCS for the post-reform health care delivery system. The Low Income Health Program (LIHP) defined in the waiver specifies two distinct programs eligible for federal matching dollars, the Medicaid Coverage Expansion (MCE) and the Health Care Coverage Initiative (HCCI). The MCE refers to Alameda County residents under 133% of FPL and not currently enrolled or eligible for Medi-Cal or other third-party reimbursement, and the HCCI refers to Alameda County residents between 133%-200% of FPL also not enrolled or currently eligible for Medi-Cal or other third-party reimbursement.

BHCS is currently spending more than 20 million dollars per year on services eligible for federal matching under the new 1115 Waiver. This includes all expenses for Alameda County residents under 200% of FPL and covered under the scope of benefits normally defined by Medi-Cal and generally defined under the Standard Terms and Conditions of the 1115 Waiver (Attachment A). It may be possible to cover additional benefits not currently covered under the Medi-Cal program if approved by DHCS and CMS.

The opportunity of the 1115 waiver is consistent with BHCS' mission to **maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing a serious mental health, alcohol or drug concern.** BHCS possesses significant **expertise as a Medi-Cal intermediary.** BHCS already has developed infrastructure for and expertise in:

- Assuring compliance with provider license requirements;
- Quality Assurance Auditing;
- Service Authorizations;
- Medi-Cal/Medicare Billing;
- Authorizing Inpatient stays and specialty services;
- Soon to have expertise as FQHC billers.

## Enrollment, Eligibility, and Assignment to a Medical Home:

A critical challenge to taking advantage of this funding opportunity is the development of a coordinated strategy for **enrolling people into the two programs of the LIHP, the MCE and HCCI.**

**To effectively meet the enrollment challenge of the LIHP program,** a new level of integration will be required between behavioral health enrollment, billing and authorization services and One E App, the system of record for indigent care and the LIHP, and the mechanism HCSA has developed to screen for eligibility for Medi-Cal (a requirement of the STCs).

BHCS data systems have historically not been integrated with HCSA's indigent care health information technology infrastructure. The LIHP will require new levels of contractual, billing, and clinical integration of indigent and behavioral health systems and administration in order for enrollment, claiming, and clinical outcomes to be achieved.

At the heart of the enrollment challenge is meeting the requirements of the HCSA's indigent program, and the additional requirements defined by the Standard Terms and Conditions (STCs) of the 1115 Waiver. HCSA's current indigent care program requires:

i. Approved individual identification
ii. Proof of residency
iii. Proof of income below 200% FPL

In addition, LIHP enrollees must meet the requirements of the Deficit Reduction Act (DRA), which includes proof of citizenship or five years as a legal permanent resident. One-e-App currently can provide a birth record match that is an acceptable verification for people who were born in California. In the future, we hope to have additional mechanisms that will help clients document citizenship, such as providing a SSN match; however, currently the only way to meet DRA requirements are with a paper copy of an approved verification document or through the birth record match index.

Federal funding will only be provided for eligible services provided to clients who are enrolled in the LIHP program. In order to maximize funding it will be critical to get as many people enrolled as possible, as soon as possible.

## Service Stream Expansion and Provider Capacity Building

New providers and service stream enhancements will be required to meet the goals of expanded access and integration between behavioral health and primary and general acute care services.

To meet the strict requirements of the waiver and to capitalize on the opportunity to better serve existing clients as well as serve an expanded population, HCSA proposes five specific strategies.

### 1. Expand the existing Level 3 Network.

Meeting the behavioral health needs of the LIHP population will require a multi-pronged approach. Most primary care providers have limited access to behavioral health resources and a strong panel of high quality clinicians will need to be accessible to enrollees of the LIHP.

BHCS Level 3 Network currently consists of 519 providers providing more than 41,000 units of service. It is managed by the ACCESS service of BHCS, a service that now manages 7,100 referrals annually in all threshold languages. Rates range from $29 to $180 depending on the type of service and licensure of the clinician. Language access enhancements are included to promote access for non-English speaking consumers.

It is critical to expand the existing Level 3 Network by specifically targeting investment to increase scope, size, reimbursement, cultural competence, and access to paneled providers in the network with special attention to geographic and linguistic accessibility. The expansion will include strategies for co locating Level 3 providers in primary and specialty care settings if and/or when appropriate. Investment in providers that meet the needs of critically underserved communities should be emphasized.

BHCS will need to increase the administrative infrastructure to manage and expand Level 3 Network including: ACCESS, Contract Management, Quality Assurance, Provider Relations, and Finance. BHCS currently has a database that tracks Level 3 referrals but it will need to be assessed for its applicability to an expanded role.

**2. Develop a Level 2 Network designed around wellness centers targeting services for consumers not on service teams but in need of both a medical home and ongoing behavioral health support.**
Many BHCS consumers suffer from severe and persistent mental illness but do not receive services through BHCS Service Teams, and are unlikely to seek care in the office based level three network, or the existing primary care infrastructure.

These Level 2 services could be contracted to existing Federally Qualified Health Centers. Another solution is for BHCS/HCSA to offer them using a Wellness Center model that delivers both psychiatric and other behaviorial health services, as well as primary care, Targeted Case Management, and wellness and recovery services.

**3. Create an Investment Pool to offer reimbursement to Primary Care providers for services to MCE and HCCI enrollees, and a grant program to stimulate effective practices in BHI integration.**
The investment pool will have both a reimbursement program for FQHCs to bill for services to LIHP enrollees, and it will also need to have grant funding to stimulate effective or promising practices in BHI in primary care.

All fee for service reimbursement will be consistent with post 2014 regulations that FQHC clinics already operate under for their Medi-Cal enrollees. The grant program should reflect and promote proven and promising BHI strategies. This targeted investment would include seed money for adding Qualified MH Providers with anticipation of rate renegotiation in existing FQHC's by 2014.

**4. Invest and Expand BHCS Specialty Service Referral Network.**
It is critical to increase capacity for psychiatric follow-up services by primary care by improving linkages to psychiatric specialty care. This can be done by investing in added capacity and building the scope of the BHCS Specialty Service Clinics and Referral Network.

FQHC Psychiatry Services in BHCS current specialty service network would include services to
- Initialize Medication
- Stabilize Medication
- Provide ongoing consultation for primary care physicians on medication adjustment
- Make major adjustments to medication as needed.
- Better Psychiatry Support for Primary Care Doctors

**5. Create TCM as a Mental Health benefit under at least the MCE.**
This would allow HCSA/BHCS to recover 50% TCM match for uninsured that we are proposing to expand case management to. For current BHCS consumers with Medi-Cal, this would allow us to receive a match for Specialty Mental Health services. This would not open TCM to everyone, as Mental Health Benefits are still only available if medical necessity requirement is met.

## Attachment

The two sections specific to Mental Health from the Standard Terms and Conditions of the 1115 Waiver read:

64. **MCE Mental Health Benefit Criteria** - The MCE enrollee as described in paragraph entitled "Eligibility" must be diagnosed by a MCE participating provider, within their scope of practice, with a mental health diagnosis specified in the most recent version of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association.
a. The enrollee must also have at least one of the following impairments as a result of the diagnosed mental disorder:
i. A significant impairment in an important area of life functioning.
ii. A probability of significant deterioration in an important area of life functioning.
b. The intervention recommended by the enrolled provider, within their scope of practice, must be reasonably calculated to:
i. Significantly diminish the impairment; or
ii. Prevent significant deterioration in an important area of life functioning.
c. In addition to the criteria listed above, for an inpatient admission for treatment of a diagnosed mental disorder, one or more of the following criteria may also apply:
i. The impairment, symptoms or behavior:
(1) Represent a current danger to self, others or property;
(2) Prevent the enrollee from providing for, or utilizing food, shelter or clothing;
(3) Present a severe risk to the enrollee"s health and safety;
(4) Require further psychiatric evaluation or medication treatment that cannot be provided on an outpatient basis.
65. **Mental Health Benefits for MCE enrollees** - The State must offer a minimum evidence-based benefits package for mental health services under the Demonstration, to promote services in community-based settings with an emphasis on prevention and early intervention.
a. **Minimum Benefits Package** - Each county will provide the minimum level of mental health benefits to enrollees:
i. Up to 10 days per year of acute inpatient hospitalization in an acute care hospital, psychiatric hospital, or psychiatric health facility.
ii. Psychiatric pharmaceuticals.
iii. Up to 12 outpatient encounters per year. Outpatient encounters include assessment, individual or group therapy, crisis intervention, medication support and assessment. If a medically necessary need to extend treatment to an enrollee exists, the plan will optionally expand the service(s).
b. **Benefits beyond the Minimum**. - Counties may provide benefits that include additional Medicaid eligible services above the minimum benefits and receive Federal funding. The State will submit such proposals to CMS for approval.
c. **Option to carve out Mental Health Benefits**- Counties may opt to provide mental health services through a delivery system that is separate for the LIHP.