

Coordinated Care Initiative

CCI Change	Description	Federal Approval
Mandatory Medi-Cal Managed Care	Duals and previously excluded SPDs must enroll in Medi-Cal Managed Care	Pending
LTSS Integration	LTSS added to Medi-Cal Managed Care plan benefit package	Pending
Cal MediConnect	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.	Approved

NSCLC

Behavioral Health Component: *Cal MediConnect (CMC), and Medicaid Expansion (MCE)*

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The Bottom Line:

What CMC and MCE Change:

- No wrong door for older adults to access a broad range of behavioral health services, coordinated with primary care as necessary.
- MH ACCESS 1 800 854 7771
- SAPC: 1 888 746 7900
- DMH specialty MH programs



“If it ain’t broke...”

What CMC and MCE are trying to fix for older adult care:

- **A fragmented clinical system** can’t optimally manage diagnostic complexity
- **A fragmented administrative system** that can’t optimally coordinate benefits and access
- **A pure fee for service basis** that can’t optimally deliver preventive care
- **A disability-driven system** can’t support preventive care
- **Solutions?**



Healthcare Reform's Big Fix: The Triple Aim

- Better population health
- Better experience of healthcare
- Lower overall healthcare costs



The basic model to accomplish the triple aim

A patient-centered medical home (PCMH) that provides a core of primary care services, with integrated specialty services as necessary, including behavioral health.



The special challenges of PCMH model and behavioral health (BH) services

- Primary care clinicians often uncomfortable with BH services
- Public specialty BH systems have limited effective consultation capacity
- PH and BH speak different languages and have little experience with integrated care
- Separate funding streams for separate services

The Special Challenge of a California Fix:

- A behavioral health system that is county-based
- A very powerful carved out specialty BH system with unique funding (MHSA)
- As a result, CMC and MCE balance forces for carve out and for health integration, with much local county variation
- LA County is one big test



Cal MediConnect in LA County:

The Art of the Possible:

- Mandated behavioral health screening and assessment
- One provider network for Medicare and Medi-Cal services
- Braided funding for specialty behavioral health services, with joint care management
- Mandated coordination of PH and BH services via integrated care plan



Medi-Cal Expansion in LA County:

The Art of the Possible

- Not disability based
- A non-specialty mental health benefit that includes psychiatric consultation, meds management, and psychotherapy
- Mandated coordination between PH and BH



New Medi-Cal Spectrum of Mental Health Services

Mild/Moderate	Mild/Moderate with Some Functional Impairment	Moderate/Severe with Significant Functional Impairment OR Acute Crisis
<ul style="list-style-type: none"> ▪ <u>Provided by LA Care PCPs</u> ▪ Routine screening for emotional health ▪ Outpatient medication treatment and monitoring ▪ Brief counseling/support/education ▪ <i>Screening and Brief Intervention (SBI) for alcohol (new service by primary care settings)</i> 	<ul style="list-style-type: none"> ▪ <u>New services</u> provided by <u>LA Care/Beacon's network of providers</u> ▪ Individual/group mental health evaluation and treatment (psychotherapy) ▪ Psychological testing when clinically indicated to evaluate a mental health condition ▪ Psychiatric consultation to PCPs for medication management ▪ Outpatient services for the purposes of monitoring medication treatment ▪ Outpatient laboratory, supplies and supplements 	<ul style="list-style-type: none"> ▪ <u>Provided by LA County Department of Mental Health</u> ▪ Emergency & Crisis response services ▪ Inpatient services ▪ Residential services ▪ Outpatient specialty mental health services for individuals meeting medical necessity criteria

Behavioral Health in Medi-Cal in 2014

LA Care 877-344-2858

LA County DMH 800-854-7771

LA County DPH 888-746-7900

Target Population: Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

Outpatient Services by PCP

- ✓ Within the scope of practice

Newly expanded Carved-in effective 1/1/14*

- ✓ Individual/group mental health evaluation and treatment (psychotherapy)
- ✓ Psychological testing when clinically indicated to evaluate a mental health condition
- ✓ Psychiatric consultation to PCPs for medication management
- ✓ Outpatient services for the purposes of monitoring medication treatment
- ✓ Outpatient laboratory, supplies and supplements
- ✓ Screening and Brief Intervention (SBI) for alcohol (new service by primary care settings)

Outpatient Services

- ✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
- ✓ Medication Support
- ✓ Day Treatment Services and Day Rehabilitation
- ✓ Crises Intervention and Crises Stabilization
- ✓ Targeted Case Management
- ✓ Therapeutic Behavior Services

Residential Services

- ✓ Adult Residential Treatment Services
- ✓ Crises Residential Treatment Services

Inpatient Services

- ✓ Acute Psychiatric Inpatient Hospital Services
- ✓ Psychiatric Inpatient Hospital Professional Services
- ✓ Psychiatric Health Facility services

Outpatient Services

- ✓ Outpatient Drug Free
- ✓ Intensive Outpatient (newly expanded to all populations)
- ✓ Narcotic Treatment Program
- ✓ Naltrexone

Residential Services (newly expanded to all populations)

Inpatient Services

- ✓ Voluntary Inpatient Detoxification Services (newly expanded with NO restriction of physical medical necessity)

* MCP carve-in services, except for SBI, offered through Medi-Cal FFS

DMH Programs for Older Adults:

Full Service Partnerships (FSP)

- Comprehensive, intensive MH services for older adults (60+) in homes and communities (wrap-around) who are dxed with serious mental illness and would benefit from an intensive array of 24/7 services beyond traditional scope
- 1 DO (county-wide) /7 LE – 585 slots
- DMH Contacts: Joyce Chiang & Carol Sagusti 213 738 2336

DMH Programs for Older Adults:

Field Capable Clinical Services (FCCS)

- Specialized services designed to meet unique needs of older adults (60+) who may be unable to access services due to impaired mobility, fragility or other limitations, and could be served in-home, senior centers, health care provider offices, or other community settings.
- 11 D0/ 16 LE Number served approximately 3000 in FY 12/13
- DMH Contacts: Jorge Velazquez & Lydia Nochez
- (Includes the GENESIS program)

DMH Programs for Older Adults:

Prevention and Early Intervention (PEI)

- Short term mental health treatment to older adults (60+) with relatively mild mental health difficulties who may benefit from any of six evidence-based practices to reduce anxiety and depression (CORS, PST, PEARLS (Program to Encourage Rewarding Lives for Seniors), Group CBT, IPT, and Seeking Safety)
- 12 LE Providers.
- DMH Contact: Liam Zaidel

DMH Programs for Older Adults:

Service Extenders

- Recruit, train and support activities of a volunteer workforce of older adult peers in recovery that augment multidisciplinary teams, making home visits.
- Originally developed to support FCCS, but has been expanded
- Currently, 34 volunteers
- DMH Contact: Carol Sagusti

DMH Programs for Older Adults:

Suicide prevention (Cross age collaboration)

- Older adult specific suicide prevention training modeled after a SAMSHA toolkit—preventing suicide in residential facilities
- Best practice training models: QPR, ASIST, RRSR, MHFA
- Outreached 5610 in 12/13
- DMH Contacts: Mireya Segura & Aileen Montoya

DMH Programs for Older Adults:

Mental Wellness (LA's Anti-Stigma and discrimination program)

- Specially trained older adults and service providers present community education geared to older adults at senior centers, senior residential facilities, with psycho ed model, and at health fairs and community events.
- 11 different presentations on MH topics and wellness.
- 239 talks given over last few years.
- Presentation on senior bullying particularly effective.
- DMH Contact Lisa Nunn

DMH Programs for Older Adults:

Public speaking program

- Based on toastmasters, OA consumers are trained to become public spokespersons for recovery at older adults recovery events. (e.g., hoarding conference, suicide prevention summit)
- Speakers are recruited from peers, through client coalition and programs.
- Approximately 80 spokespeople currently.
- DMH Contact: Chandler Norton

Thanks.