**Mental Health and Substance Use Integration Work Group**

**Dual Eligibles Demonstration**

**Meeting 3 Agenda**

2 – 4:15 pm | Wednesday, June 20, 2012

DHCS Hearing Room | 1500 Capitol Avenue, Sacramento, CA

**Call-in Number**: [Click here](http://myaccount.maestroconference.com/conference/register/AWKOSX4JMVFRNWPW) to receive a unique call-in and pin number.

2:00 - 2:05 Welcome and Overview (Rollin Ives)

2:05 - 2:30 Presentation and Group Discussion on the Demonstration Proposal’s recently submitted section: “Framework for Shared Accountability.” *(Mari Cantwell, DHCS: Deputy Director for Health Care Financing and Sarah Arnquist, of Harbage Consulting)*

2:30 - 3:20 **Panel 1: Roles and Responsibilities: Care Management for Dual Eligible Beneficiaries with Serious Mental Illness.** *Representatives from health plans and behavioral health agencies in Los Angeles and San Diego counties will each share a coordinated 10-minute presentation on ideas and preliminary strategies on beneficiary care responsibility and coordination related to* ***Beneficiary Scenario 1****.*

3:20 – 4:10 **Panel 2: Roles and Responsibilities: Screening, Assessments, and Referrals.** *Representatives from health plans and behavioral health agencies in San Mateo and Orange counties will each share a coordinated 10-minute presentation on ideas and preliminary strategies on beneficiary care responsibility and coordination related to* ***Beneficiary Scenarios 2 and 3.***

4:10 – 4:15 Wrap up (Rollin Ives)

**Beneficiary Scenarios to guide the panel discussions**

**Beneficiary Scenario 1**: A 52-year-old female dual eligible beneficiary enrolled in your health plan under the demonstration is admitted to the psychiatric ward at a hospital in your network. The woman has a diagnosis of bipolar disorder and previously received services through the County Mental Health Department, but there has been a four-year gap since she last received services. She has been homeless for those four years and has not consistently received any services, but she has been admitted to the hospital through the emergency room four times in the last two years due to complications from her uncontrolled diabetes. She now complains of peripheral neuropathy in her feet. Her only source of income is her monthly Social Security Disability payment. Additionally, she has a history of addiction to Oxycodone (*OxyContin*) and other prescription pain medications and now has expressed interest in a drug rehabilitation program. How would you coordinate the care for this individual?

In Scenario 1 above, presenters are asked to cover in a 10-minute presentation (at least) these topics:

1. **Responsibilities**: Describe the administrative responsibilities for the beneficiary in Scenario 1 now and under the proposed model for the duals demonstration. How might effective oversight, tracking and coordination of the beneficiaries in this scenario be ensured?
2. **Care coordination:** Describe how your organization would coordinate care with other organizations that have administrative and/or clinical responsibility for this beneficiary, including subcontracted health plans or provider groups, to ensure the beneficiary has access to needed physician and behavioral health care services.
3. **Health homes**: How would the health home or primary provider be determined, and how would providers learn which other providers are involved in this beneficiary’s care?

**Beneficiary Scenario 2**: An 68-year-old man’s daughter brings him to his primary care doctor for a check-up because she is concerned that he might be depressed and his drinking has increased substantially since his wife died two years earlier. The man reports taking medications for hypertension and appears physically healthy, but has not seen a physician for a check-up in several years. What should the screening and referral process look like for this individual?

**Beneficiary Scenario 3**: During the routine health-risk assessment upon new enrollment in the demonstration health plan, an 81-year-old woman is identified as possibly having cognitive limitations. She lives alone in subsidized housing for seniors and is enrolled in the local Meals on Wheels program. Her daughter cares for her part time through the In-Home-Supportive Services program. What might the screening, referral and care coordination look like for this individual?

Using Scenarios 2 and 3 above, presenters are asked to cover in 10 minutes (at least) these topics:

1. **Screening, assessment, and referral for follow-up care**: Please describe proposed approaches for these aspects of care.
2. **Information Sharing**: How might screening and assessment information be shared across providers and organizations involved in the care for that beneficiary?
3. **Governance**: How would effective oversight, tracking, coordination and problem resolution of the beneficiaries in these scenarios be ensured?