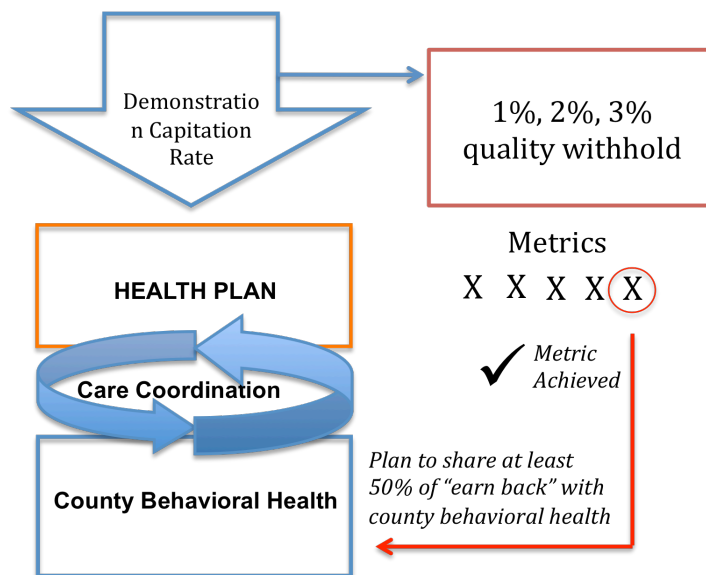


California Duals Demonstration: Shared Accountability for Behavioral Health DRAFT

The duals demonstration is an opportunity to promote person-centered care coordination and align financial incentives to drive shared accountability for improving beneficiary outcomes. This document outlines a strategy for shared accountability between participating health plans and county behavioral health agencies to promote care coordination. The strategy builds on the performance-based withhold in the capitation rates of 1%, 2%, and 3% respectively for years one, two and three of the demonstration. Health plans can earn back the capitation revenue by meeting quality objectives. Under this shared accountability strategy, one withhold measure each year will be tied to behavioral health coordination with county agencies. Upon achieving the specified shared accountability measure, the health plans must provide at least 50 percent of the withhold funds attributed to that measure to county mental health and substance use agencies. The number of measures tied to the withhold each year is still being considered by the Department of Health Care Services and Centers for Medicare and Medicaid Services.

Quality Withhold:

Year One Measure: By a [specified date], Memoranda of Understanding¹ between health plans and county mental health and substance use agencies are fully executed and describe detailed policies and procedures around: 1) clearly defined roles, responsibilities and referral processes; 2) care coordination processes; 3) sharing patient information; 4) performance measures for tracking accountability; 5) methods to share at least 50% of the funds earned back from this withhold measure with the county mental health and substance use agencies (may be a single or two different agencies depending on the county)



Year Two Measure: Both of the following: 1) Evidence that health plans and counties are appropriately sharing patient information to support care coordination, and 2) Joint health plan and county care plans for demonstration enrollees screened positive for mental illness or substance use services and determined during further assessment to meet the level of care for county services.

Year Three Measure: [Specified] reduction in emergency department (ED) visits for beneficiaries with serious mental illness or indication of need for substance use treatment.

- Denominator = all enrolled duals
- Numerator = any beneficiary who had any indication of need for SU treatment (AOD) or serious mental illness who visited the ED. (Or more than one ED visit in one year)
- Convert to rate (visits per thousand) and expect the number to go down by X% from baseline, established in year 2.

Sharing the Earn Back: The health plans may work with their county partners to develop additional approaches for sharing the funds earned back from the quality withhold. These approaches may build on the performance metrics identified in the MOUs, and may vary by county. Such approaches might include pay-for-performance strategies for county activities that help the health plans achieve performance metrics or incentives for achieving savings targets.

¹ Draft MOUs and policies will be required during the readiness review.