The Coordinated Care Initiative and Behavioral Health Services

Frequently Asked Questions | Updated August 2013

California's Coordinated Care Initiative (CCI), adopted in July 2012, promotes integrated delivery of medical, behavioral, and long-term care Medi-Cal services, and also provides a road map to integrate Medicare and Medi-Cal for people on both programs, called "dual eligible beneficiaries."

The CCI will be implemented no sooner than April 2014 in eight counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside and San Bernardino.

The CCI includes two parts: 1) Mandatory enrollment of all Medi-Cal beneficiaries (including dual eligibles) into managed care for all Medi-Cal benefits, including long-term services and supports (LTSS[1]); and 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as the Cal MediConnect program.

This document answers common questions about how behavioral health services will be coordinated by Cal MediConnect plans.

1. **Are dual eligible beneficiaries with serious mental illness who receive services through county mental health agencies included in the Cal MediConnect enrollment process?**

   Yes. Dual eligible beneficiaries with serious mental illness are eligible for the passive for enrollment into a Cal MediConnect plan.

2. **What behavioral health services will be available to beneficiaries enrolled in the Cal MediConnect program?**

   Cal MediConnect plans will be responsible for providing enrollees access to all medically necessary behavioral health (mental health and substance use treatment) services currently covered by Medicare and Medicaid.

   All Medicare-covered behavioral health services will be the financial responsibility of the health plans under Cal MediConnect. Some Medi-Cal specialty mental health and substance use services will not be included in the capitated payment made to Cal MediConnect plans (i.e. they will be "carved out). Cal MediConnect plans will be required to have written agreements with county agencies to ensure enrollees have seamless access to the rehabilitative and targeted case management services administered by the counties.

[1] LTSS include In-Home Supportive Services (IHSS), Multipurpose Senior Service Program (MSSP), Community-Based Adult Services (CBAS), and nursing facilities.

3. What does it mean that Medi-Cal specialty mental health and Drug Medi-Cal services are "carved out" of Cal MediConnect?

Specialty Mental Health Rehabilitative and Targeted Case Management Services and Drug Medi-Cal services listed in the following table will continue to be financed and administered by county agencies under the provisions of the 1915(b) waiver and the approved state plans. They will be excluded from the health plan's capitation payment.

Cal MediConnect plans will be required to coordinate with their local county agencies to provide seamless access to these behavioral health services for individuals who meet the medical necessity criteria.

Behavioral Health Services Not Included as Cal MediConnect Health Plan Benefits

Specialty Mental Health Services (1915b waiver)	Drug Medi-Cal benefits
1. Portion of psychiatric inpatient hospital services not covered by Medicare as the primary coverage/payer 2. Mental health services (individual and group therapy, assessment, collateral, plan development)* 3. Medication support services* 4. Day treatment intensive 5. Day rehabilitation 6. Crisis intervention 7. Crisis stabilization 8. Adult residential treatment services 9. Crisis residential treatment services 10. Psychiatric health facility Services 11. Targeted case management	1. Methadone maintenance therapy 2. Day care rehabilitation 3. Outpatient individual and group counseling 4. Perinatal residential services 5. Naltrexone treatment for narcotic dependence

* These are bundled services and when unbundled some may be covered by Medicare

4. How will Cal MediConnect enrollees with serious mental illness receive psychotherapeutic prescription drugs?

Dual eligible beneficiaries enrolled in Cal MediConnect will receive their pharmacy benefits through Medicare Part D provided by their Cal MediConnect plan.

5. How will the state ensure beneficiaries get all the services they need if some are carved out of Cal MediConnect?

The state is implementing a "strategy for shared accountability" to ensure health plans and counties have aligned incentives to coordinate services that are in the beneficiaries' best interest. The state is requiring that Cal MediConnect plans and county's mental health and substance use agencies expand existing agreements or develop Memorandums of Understanding (MOUs) that describe how the screening, assessment, referral and ongoing care and problem resolution processes will work for beneficiaries who meet the medical necessity criteria for specialty mental health and substance use services. Additionally, there will be ongoing quality monitoring and

measurement of Cal MediConnect plan performance on improving beneficiary behavioral health outcomes.

6. **What criteria will be used to determine whether county-administered services are medically necessary?**

   To determine responsibility for covering Medi-Cal specialty mental health services, Cal MediConnect plans and counties will follow the medical necessity criteria for specialty mental health 1915b waiver services described in Title 9, California Code of Regulations (CCR), Sections 1820.205, 1830.205, and 1830.210. For Drug Medi-Cal services, health plans and counties will follow Title 9, California Code of Regulations Section 51303 and 54301. Disagreements will be addressed through a joint problem identification and resolution process between the health plans and county agencies, as described in their MOUs.

7. **Will county agencies be incentivized or rewarded for providing services, such as targeted case management, that may result in reduced inpatient admissions or emergency department visits?**

   To incentivize high quality care delivery, Cal MediConnect includes a "quality withhold" in which 1%, 2%, and 3% of Cal MediConnect plans capitation is withheld in years one, two and three, respectively, and Cal MediConnect plans can earn it back by meeting set performance metrics. Under the currently proposed behavioral health shared accountability strategy, one of these metrics each year would be tied to behavioral health coordination. Upon achieving the behavioral health coordination metric, the current proposal would require the Cal MediConnect plans to share a portion of those funds earned back from that particular measure with their county partners. The total amount tied to each withhold measure will be listed in the three-way contracts between the Cal MediConnect plans, DHCS, and the federal Centers for Medicare & Medicaid Services (CMS).

8. **During the passive enrollment process how will continuity of care be guaranteed for beneficiaries currently receiving services through the counties?**

   Ensuring continuity of care is a CCI priority. Cal MediConnect plans will be required to follow existing federal and state laws around continuity of care and will also be required to provide out-of-network access to Medi-Cal doctors for up to 12 months and Medicare doctors for up to six months if certain conditions are met.

9. **What responsibility will Cal MediConnect plans have to manage health conditions with behavioral manifestations that currently are excluded from specialty mental health services, such as traumatic brain injury and dementia?**

   Cal MediConnect plans are responsible for guaranteeing the delivery of all medically necessary services covered by Medicare and Medi-Cal today. Cal MediConnect plans must ensure that members receive appropriate referrals for all medically necessary services. Cal MediConnect plans will be responsible for providing enhanced care coordination for higher-risk members to ensure they receive appropriate medical, behavioral and long-term services and supports.