

ACA Planning Group MEETING NOTES

Available online at sloPublicHealth.org/ACA

**Tuesday, October 07, 2014
3:00 PM to 5:00 PM**



Public Health
Prevent. Promote. Protect.

San Luis Obispo County



In Attendance:

Bernhardt	Dave	Transitions MHA	McWilliams	Cheryl	SVRMC
Black	Robert	SVRMC	Pennington	Ed	Dignity Health
Bommarito	Kevin	State Senate	Polk	Susan	Susan Polk Insurance
Borenstein	Penny	Health Agency- PH	Ramirez	Elena	AIDS Support Network
Casaloth?	Adriane	Rep Capps	Robin	Anne	Health Agency- BH
Castaneda	Susana	Health Agency - PH	Shay	Jennifer	Health Agency- PH
Cress	Sara	CHCCC	Scott	Theresa	GenCal Health
Diringer	Joel	Diringer & Associates	Silver	Timothy	DSS
Garcia	Pati	DSS	Smith-Cooke	Scott	Health Commission/HICAP
Green	Tammee	CAPSLO	Sokolowski	Melinda	CAPSLO
Kelly	Nora	Health Agency- PH	Thomas	Catherine	Health Agency- M/C Outreach
Keezer	Jill	NCC - Volunteer	Umhofer	Betsy	Rep. Lois Capps' office
Kilburn	David	AIDS Support Network	Wade	Aaron	CHCCC
Lambert	Jannine	DSS	Walter	Nancy	SVRMC
Lara	CR	Latino Outreach Council	Warren	Sue	North County Connection
Lewis	Cathy	AIDS Support Network-SLO HEP C	Wood	Craig	CHCCC
Lewis	Martha	CHCCC			

Welcome and Introductions

Michelle Shoresman, welcomed the stakeholder representatives and asked each person to introduce themselves.

ACA Impact in SLO to Date

Presented by Penny Borenstein, MD, MPH

Slides inserted here.

Impacts of the Affordable Care Act: The First Six Months



SLO Health Agency
Public Health
and
Behavioral Health

September 16, 2014



Health Coverage Mandate

- ▶ Enrollment began January 1, 2014
 - Required for individuals (few exceptions)
 - Optional for small business
 - Postponed for large business (>50 employees)
- ▶ Medicaid newly eligible:
 - all legally-resident adults ages 19-64
 - income ≤138% of federal poverty level (FPL), based on modified adjusted gross income (MAGI)
- ▶ Cost:
 - 100% federal for three years (2014-16)
 - Gradual decline to 90% by 2020 and thereafter
- ▶ CA ("Medi-Cal") – one of 26 states that opted in



Health Coverage Mandate

- ▶ Health Benefits Exchanges
 - Legal permanent residents eligible
 - No exclusion for pre-existing conditions
 - No annual or lifetime caps on benefits
 - States can choose use of federal or state exchange
 - Premium subsidies for 100-400% FPL
 - Cost sharing on co-pays/deductibles for ≤250% FPL
 - 3-month coverage gap allowed, thus Open Enrollment through March 31, 2014
- ▶ Covered California™ – state exchange in CA



Coverage Pre- and Post-ACA

Pre-ACA Uninsured*

- Medi-Cal: ~12-19K
- Covered CA: ~15K
- Undocumented: ~7K

*Estimates/targets based on Census and CHIS data

Post-ACA Insured*

- Medi-Cal: ~14K
- Covered CA: ~12K
- Undocumented: no change

*Enrollment based on CenCal Health and Covered California data^{1,2}

¹ 90% of SLO County Covered CA enrollees got premium subsidies

² Unknown number of private plan enrollees



How Enrollment Achieved

- ▶ ACA Planning Group – OEE Subcommittee:
 - Members – **ASN, CHC, CAPSLO, Cal Poly, SLOCAP, The Link, United Way, Hospitals, Insurance agents** – Framberger, Polk
- ▶ DSS:
 - Call Center
 - Increased staffing
 - CMSP enrollment hub
- ▶ Covered CA – ads (late March in SLO County market)
- ▶ CMSP Outreach



CMSP Outreach Efforts

- ▶ Informational Brochure
- ▶ Enrollment Hub
- ▶ Personal Counseling by Eligibility Technicians
- ▶ Follow Up Phone Calls



Status of Former CMSP Clients

Based on Sample Survey

- ▶ 90% in Medi-Cal (> estimated 75-80%)
- ▶ \$1 Bronze Plan
- ▶ Refused (n=2)



Medically Indigent Services Program (MISP)

- ▶ Enrollment far less than expected
- ▶ Stringent criteria adopted in January 2014
- ▶ Potential for increase – active outreach

Numbers to date

- 7 enrolled
- 18 applied
- 190 encounters

Future of Health Care Services

- ▶ Navigator role
- ▶ Outreach and Education
 - DHCS grant – focus on BH services, criminal justice
 - Brochure to partners (Hospitals, Urgent Care clinics, CHC, Noor Free Clinic, DSS, Insurance Agents, Community-Based Organizations)
 - Jail Medical Care identification of high need inmates
- ▶ Care Coordination
- ▶ Health Information Exchange
- ▶ BH/Primary Care Integration

Presented by Anne Robin, LMFT

Behavioral Health in ACA Mental Health and Substance Use

- ▶ Essential Health Benefits:
 - Required Services – behavioral health treatment is one of ten categories that must be included in all qualified health plans and alternative benefit plan
- ▶ Parity:
 - Mental Health and Substance Use Disorder (SUD) treatment must be provided at parity with physical health

Mental Health Services

- ▶ SLO BHD provides mental health services to:
 - individuals with serious mental illness
 - who are functionally impaired by their illness
- ▶ CenCal Health
 - The Holman Group, LLC
 - coordinates services to CenCal Health members
 - Mild to moderate needs

Expanded Mental Health Benefits

- ▶ Individual and group mental health evaluation and treatment (psychotherapy)
- ▶ Psychological testing
- ▶ Outpatient services for the purposes of monitoring drug therapy
- ▶ Outpatient laboratory, drugs, supplies and supplements
- ▶ Psychiatric consultation

Mental Health Services: Mild to Moderate

- ▶ **The Holman Group, LLC***
 - 60 providers in SLO County
 - Psychiatrists, Psychologists, LMFTs, LCSWs, LPCCs
 - Over 2800 visits to date
 - 700 Psychiatric
 - 2100 by other practitioners

*through CenCal Health

Expanded Substance Use Disorder Benefits

- ▶ Intensive outpatient treatment
- ▶ Residentially-based SUD services
- ▶ Medically necessary inpatient detoxification
- ▶ Realigned in 2011 to Counties as part of the Drug Medi-Cal benefit

SLO BHD Substance Use Disorder Services

- ▶ Significant changes:
 - Over 135 newly eligible for Medi-Cal
 - Over 300 currently open clients "converted" from unsponsored to Medi-Cal
 - Over 140 adults and 18 youth have been assessed
 - Intensive Outpatient Services planned for all County SUD clinics
 - Increased hours for clinic-based Withdrawal Management

SLO BHD Substance Use Disorder

- ▶ Primary SUD Medi-Cal provider in County currently
- ▶ 8 new Drug & Alcohol Specialists hired so far
- ▶ Wait list continues in some areas
- ▶ Expect to continue seeing increase of requests for treatment

Main Impacts of ACA

- ▶ General Effects on County and Residents:
 - Affordable physical health care
 - No-cost prevention services
 - Reduced County cost for Medically-Indigent Adults
 - Decreased personal bankruptcy from medical bills
- ▶ Bridges "Gap" for Mild/Moderate mental health care
- ▶ Expands services for substance use disorders

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Questions?

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Behavioral Health Integration Project (Summary below provided by Joel Diringier)

Lead Agency: Transitions-Mental Health Association

Convening collaborative partners: CenCal Health, Community Health Centers of the Central Coast, SLO County Health Agency -- Behavioral Health and Public Health. Additional partners to be added.

Grant term: July 1, 2014 – June 30, 2015

Project Director: Joel Diringier, JD, MPH, Diringier and Associates, San Luis Obispo, CA

Funder: Blue Shield of California Foundation

Purpose of grant: To improve system-level integration of primary and behavioral health care in the safety net in San Luis Obispo County through collaborative planning and action among providers, county agencies and Medi-Cal managed care plans.

Grant objectives:

- Launch facilitated monthly convenings among partner agencies to develop a shared vision and collective accountability for advancing primary care and behavioral health integration in San Luis Obispo County.
- Clearly define patient populations and expected demand across a spectrum of need of those with mild to moderate conditions to serious mental illness; complete mapping of assets, gaps and care pathways.
- Conduct needs assessment of patients at county behavioral health and Community Health Centers of the Central Coast.
- Identify the most frequent system users and identify care management models that integrate primary care and behavioral health care in San Luis Obispo County.
- Adopt a blueprint for system-wide integration with short, medium and long-term goals with key performance measures and identified leadership and roles in San Luis Obispo County.

Roundtable Discussion:**Presumptive Eligibility for Medi-Cal:**

Presumptive eligibility can be obtained through hospital CEC/representative counselors for Inpatient and Emergency Room visits. There was also some discussion on whether or not it can be obtained for a non-hospital-based need. Counselors can screen individuals. Those found eligible, keep this status for two months. However, clients are responsible for following through with a full, paper application at DSS for longer-term coverage.

AIDS Support Network:

AIDS Support Network continues to do enrollments as applicable for clients. They anticipate a busy open enrollment. There have been some issues for some clients that still working on. They will be focusing their efforts on clients with HIV/AIDS in the coming open enrollment. They will attempt to refer other individuals who are not normally their clients to one of the other Certified Enrollment Entities (CEEs).

Health Agency:

We are currently waiting for confirmation to be a Certified Enrollment Entity (CEE) for three of our staff to become Certified Enrollment Counselor (CEC).

Providers for ACA:

It has been difficult for new ACA participants to find a primary doctor that will take ACA. It also has been difficult for clients that have Medi-Cal vs. Cen Cal since many providers would not accept Medi-Cal. There were many complaints about these issues in the early period after the first open enrollment period. There has been more provider awareness since, so it has been less of an issue more recently.

Cen Cal:

There is a local service representative to contact for any help with concerns and billing issues.

CHC Enrollment Efforts

Outreach for the homeless still available. Enrollment for ACA was successful. Provided ACA enrollment with a Certified Enrollment Counselor through out the County of San Luis Obispo to facilitate the services for clients.

Discussion of Planning Group activities over next year

Open enrollment starts again November 15, 2014. Michelle asked group participants if they would like to meet again before open enrollment to trouble shoot and work out issues in advance. The group DID favor meeting again, but instead of before, wanted to meet AFTER open enrollment had begun. This would allow for sharing of tactics, ideas and brainstorming on issues that had evolved during the first week or two.