

# ACA Planning Group

## MEETING NOTES

**Tuesday, October 29, 2013**  
**3:00 PM to 5:00 PM**

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**Public Health**  
Prevent. Promote. Protect.

San Luis Obispo County



In attendance:

Colin Quennell, SLO County Drug & Alcohol Services  
Jennifer Shay, SLO County Public Health  
Becca Carsel, First 5 Health Access Training  
Star Graber, SLO County Drug & Alcohol Services  
Greg Vickery, SLO County Behavioral Health  
John Bedwell, SLO Behavioral Health  
Rich Burke, Zybex Medical  
Paul Jaconette, CenCal Health  
Marina Owen, CenCal Health  
Catherine Thomas, Cal Poly CSU HIEP  
Gina Fischer, Planned Parenthood SBVSLO  
Joan McKenna, Dignity Health  
Joel Diring, Diring & Associates  
Trish Bartel, Twin Cities Hospital  
Dave Bernhardt, T-MHA  
Theresa Merkle, CenCal Health  
Christina Lefevre Latner, Cal Poly CSU HIEP  
Peggy Ayers, SLO County Dept. Social Services  
Mike Taylor, SLO County Public Health

Martin Meltz, Community Volunteer  
Tom Hale, TCCH, CCEP  
Anna Bastidos, Morris & Garritano Insurance  
Abby Lassen, CRLA  
Penny Borenstein, SLO County Public Health  
Nora Kelly, SLO County Public Health/CMSP  
Bob Norton, SSH/CADS  
Kevin Drabinski, CA State Assembly  
Gloria Gonzales, Sheriff's Office  
Susan Warren, North County Connection  
Andy Lujan, Alto Oaks Professional Services Inc.  
Frank Warren, SLO County Behavioral Health  
Frederick Aguilera, CHCCC  
Juan Reynoso, French/Arroyo ED  
Jimmy Doan, CSU HIEP  
Craig Wood, CHC  
Kevin Bommarito, State Senator Monning  
Jeff Hamm, SLO County Health Agency

Joel Diring, of Diring and Associates, welcomed the stakeholder representatives and asked each person to introduce themselves and report any news or announcements.

- Marina Owen, of CenCal Health, announced that CenCal will be hosting a provider forum on November 4.
- Community volunteer Martin Meltz announced that the County's Homeless Enumeration Report will be released next week.

### **Covered California Launch**

Jennifer Shay, of the Public Health Department, reported that the Department of Social Services (DSS) has loaned them an eligibility worker for October and November to help transition CMSP clients into Medi-Cal or a Covered California insurance plan. Public Health converted CMSP office space into an enrollment hub for CMSP clients to use to research and enroll online. The CMSP enrollment hub got off to a slow start, but as of last week CMSP clients completed 93 Medi-Cal applications and 7 applications for Covered California insurance plans. Medi-Cal applications appear to take approximately 20 to 30 minutes to complete online using the Covered California site. Insurance plans, however, take longer. The Covered California site was down a lot the first week and has become more stable.

Peggy Ayers, of DSS, said that they have noticed that the website doesn't work well on weekday mornings, but that evenings and weekends are better. Ms. Ayers added that although DSS is assisting CMSP with enrollment, unfortunately, they do not have any more staff available to help other organizations. Ms. Ayers also reported that in the first two weeks of open enrollment, DSS received the highest number of referrals from Covered California than any other county in the state.

Dr. Penny Borenstein, Health Officer, reported on behalf of the Community Health Centers of the Central Coast (CHCCC), noting that although their five Certified Enrollment Counselors are still waiting for official

certification from Covered California, CHCCC still assisted clients to complete over 400 paper applications to date.

Joel Diringier reviewed the list of local Certified Enrollment Counselors (CECs) and Certified Insurance Agents on the Covered California website and found lots of insurance agents listed, but not many local CECs. Mr. Diringier stated that most of the local CECs he's spoken with have elected to enroll only clients served by their organization, which may explain why so few are listed online. Mr. Diringier also reviewed Blue Cross and Anthem's online lists for local network providers and noted that you have to look up the provider's name to see what plans that provider accepts.

Cristina Lefevre Latner, of the CSU Health Insurance Education Project (HIEP) at Cal Poly said that their role is to spread the word at Cal Poly and not to assist with enrollment. They are discovering that, not only are people confused about outreach that doesn't include enrollment, but they also prefer referrals for enrollment help that are to a specific person rather than a website. She is referring people to the CECs at the AIDS Support Network.

Anna Bastidos with Morris & Garritano said insurance agents are having difficulty accessing the Covered California website.

Craig Wood from CHCCC announced that they just received their enrollment counselor number from Covered California, but their background checks are still in queue so they can't officially enroll people as CECs. They have five counselors who are currently helping people as assistants rather than counselors and continue to assist their clients apply using paper applications.

Dr. Borenstein reminded the group that there are about 30,000 individuals eligible for new coverage in SLO County – 15,000 for Medi-Cal and 15,000 for Covered CA.

### **Outreach & Enrollment Grants**

Dr. Borenstein announced that there is a grant opportunity through Covered California for organizations interested in applying to be Navigators, which are not too different than CECs. Unlike the Certified Enrollment Entity and Counselor program, Navigator funds are awarded as a grant instead of the \$58 per enrollment reimbursement that Counselors receive. A total of \$120,000 is available for our Region 12 (three counties). Navigator projects are for the next open enrollment period, starting October 2014. The same exclusions of organizations apply as with the previous Covered California funding, and Public Health is not considered an eligible applicant.

The Department of Health Care Services (DHCS) announced a grant opportunity to support Medi-Cal outreach and education efforts, and it is only available to counties. Public Health intends to apply and will target outreach and education for behavioral health clients, the pre-discharge jail population, and the homeless. Grant amounts are unknown, but a total of \$25 million could be available statewide if the federal government provides matching funds.

### **Panel Discussion:**

#### ***How will new benefits for mental health and substance use disorders be implemented?***

Paul Jaconette, COO of CenCal Health

- CenCal Health administers the Medi-Cal managed care plans in SLO and Santa Barbara Counties. Not all details are available at this time, but beginning January 1, Medi-Cal members will have new benefits for mental health and drug and alcohol services. Behavioral health services are currently provided through County Mental Health and County Drug & Alcohol Services; and a third set of benefits will now be managed by CenCal. CenCal is negotiating a contract with the Holman Group to help provide and manage these new set of benefits for their

Medi-Cal members. Mr. Jaconette presented a chart to demonstrate the three different avenues of care that make up the Medi-Cal behavioral health system and benefits (see below).

- The state has not yet contracted with CenCal and not disclosed payment rates for these services. Until the payment rates are set, CenCal is not able to contract with providers. In the meantime, CenCal is preparing as much as possible and plans to contract with a range of mental health providers, including LMFTs and psychologists. Mr. Jaconette suggested anyone interested contracting with CenCal, should contact them (*Provider Services: 805-562-1676; providerservices@cencalhealth.org*).
- Given the state timeline, complete services may not be in place by January 1, but CenCal will do as much as possible to prepare.



## Medi-Cal MHSUD Delivery System

Medi-Cal Managed Care Plans (MCP)	County Mental Health Plan (MHP)	County Alcohol and Other Drug Programs (AOD)
<b>Target Population:</b> Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services	<b>Target Population:</b> Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services	<b>Target Population:</b> Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services
<b>MCP services to be carved-in effective 1/1/14*</b> <ul style="list-style-type: none"> <li>✓ Individual/group mental health evaluation and treatment (psychotherapy)</li> <li>✓ Psychological testing when clinically indicated to evaluate a mental health condition</li> <li>✓ Psychiatric consultation for medication management</li> <li>✓ Outpatient laboratory, supplies and supplements</li> <li>✓ Screening and Brief Intervention (SBI) (new service not currently offered)</li> <li>✓ Drugs, excluding anti-psychotic drugs (which are covered by Medi-Cal FFS)</li> </ul>	<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)</li> <li>✓ Medication Support</li> <li>✓ Day Treatment Services and Day Rehabilitation</li> <li>✓ Crises Intervention and Crises Stabilization</li> <li>✓ Targeted Case Management</li> <li>✓ Therapeutic Behavior Services</li> </ul> <b>Residential Services</b> <ul style="list-style-type: none"> <li>✓ Adult Residential Treatment Services</li> <li>✓ Crises Residential Treatment Services</li> </ul> <b>Inpatient Services</b> <ul style="list-style-type: none"> <li>✓ Acute Psychiatric Inpatient Hospital Services</li> <li>✓ Psychiatric Inpatient Hospital Professional Services</li> <li>✓ Psychiatric Health Facility services</li> </ul>	<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>✓ Outpatient Drug Free</li> <li>✓ Intensive Outpatient (newly expanded to additional populations)</li> <li>✓ Residential Services (newly expanded to additional populations)</li> <li>✓ Narcotic Treatment Program</li> <li>✓ Naltrexone</li> </ul> <b>New Services</b> <ul style="list-style-type: none"> <li>✓ Voluntary Inpatient Detoxification Services</li> <li>✓ (Administrative linkage to County AOD still being discussed)</li> </ul>

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

As of October 11, 2013 1

Greg Vickery, Quality Support Program Manager for SLO County Mental Health

- Expanded benefits fill a gap in care for Medi-Cal recipients who need mental health services but do not have significant impairment or a covered diagnosis for care in the County system. There will be more collaboration between the County and CenCal.
- County Mental Health does not know whether there will be an increase or a decrease in demand for specialty mental health services as a result of the expanded benefits. Of County Mental Health's current outpatient clients, both children and adults, about 73% have Medi-Cal (some also have Medicare); 2% have Medicare only; 20% have no coverage; and 7% have private insurance. Most of the 20% with no coverage will probably qualify for Medi-Cal under the expansion. When looking just at adults and inpatient, the current Medi-Cal enrollment rates are lower.

- Current plan for County Mental Health: 1) Help uninsured clients get insured; 2) Grow the network provider panel; 3) Monitor demand; and 4) Grow capacities in keeping with the demand.

Star Graber, Division Manager for SLO County Drug and Alcohol Services

- County Drug and Alcohol Services is planning for a potential 33% increase in demand for services. The first priority is to get the current clientele, 70%-90% of whom are uninsured, enrolled in health insurance. More revenue is anticipated as these clients become insured.
- There are a limited number of providers in the county that have the required Drug Medi-Cal certification. Progress is underway and today, after a 14-month process, the state representative is here for a site visit at five county clinics and 11 satellite clinics at high schools to serve youth (community schools are already certified). County hopes to have certification by January 1, 2014.
- Five new enhanced benefits:
  - 1) Intensive outpatient. Will be expanded to additional populations. Services include: minimum 3 hour block of treatment 3-4 days a week; group and individual counseling; and recovery-oriented activities.
  - 2) Residential treatment. Will be expanded to additional populations. Non-medical transitional recovery centers that provide counseling and support services. Currently only one in the county and it is only for women and children. Proposed solution: Pair existing sober living environment with intensive outpatient. This qualifies as residential treatment. County is discussing this option with local sober living providers and potential new providers.
  - 3) Relapse benefit. Similar to mental health rehab benefit. Needs more definition at federal and state levels.
  - 4) Opioid detox. Benefit expanding from 21 days to 6 months. Current contract with AEGIS Medical Systems, will work with them to expand. Only methadone at this time.
  - 5) Alcohol detox. Includes outpatient settings and medical management of withdrawal symptoms in inpatient and hospital settings. Now medical providers can get reimbursed under this benefit.

An open discussion followed regarding the County's capacity to expand behavioral health services. Dr. Graber noted that the timeline for the expanded substance use disorder treatment programs depends on the availability of County and provider resources. An emergency physician expressed concern that an expansion of services may exacerbate an already problematic system. Mr. Vickery stated that County Mental Health is evaluating performance data, improving efficiencies where possible, and plans to increase staff cautiously.

Jeff Hamm, Health Agency Administrator, said that the Health Agency will present a report to the Board of Supervisors at the December 10 meeting addressing the Medi-Cal expansion and the Agency's plans for Behavioral Health Services. *Post meeting update: The Board presentation has since been pushed back to January 7, 2014.*

Mr. Diringier concluded the meeting. The next ACA Planning Group meeting is scheduled for November 19, 2013, 3:00 – 5:00 pm; SLO Library.