

## **MHSA – REQUEST FOR ADDITIONAL FUNDS**

*Mental Health Services Act (MHSA) funding is contingent on availability and stakeholder approval. Requests for under 3% of current contracted single programs may be approved by the Behavioral Health Department.*

- I. ORGANIZATION: **SAN LUIS OBISPO COUNTY BEHAVIORAL HEALTH**
- II. PROGRAM NAME: **MEDI-CAL MAXIMIZATION TRAINING INITIATIVE (MMTI)**
- III. AMOUNT OF FUNDING INCREASE/NEW FUNDING REQUESTED:

A. \$600,000 over 3-years.

- IV. JUSTIFICATION FOR ADDITIONAL FUNDING/NEW FUNDING:

*With the passing of Proposition 1, a variety of programs currently funded by MHSA will be forced to adjust their business model to add billing components to their services. Additionally, current programs offering services that may be billable lack the knowledge and procedural wherewithal to identify opportunities for revenue and to ensure reimbursement. Most small-mid-sized mental health providers are not equipped to add the necessary pieces that would decrease their reliance on MHSA funding. The San Luis Obispo County Behavioral Health Department (SLOBHD) would benefit from in-house support and consultation of a subject matter expertise that will assist in maximizing billing and revenue opportunities for Full-Service Partnerships, school-based programs, peer support services, and other eligible mental health services. The aim on this INN project is to examine the fiscal impact of enhanced support and consultation during the BHSA transition to sustain valuable mental health programs that are at risk of being decommissioned. Additionally, the project will prepare SLOBHD for the shift of FSP programs into full fidelity evidence-based practice models, sustain current counseling services that MHSA provides to most SLO County school districts, and identify other unrealized revenue opportunities.*

- V. WHAT THE ADDITIONAL FUNDING/NEW FUNDING WILL BE USED FOR:

*MMTI will involve two components. Component one will be a partnership with a subject matter expert (SME) in Medi-Cal billing, the Behavioral Health Transformation (BHT) initiative, Cal-AIM, and the behavioral health systems of care.*

*The SME will act as a guide, offering learning collaboratives with all SLOBHD divisions and interested community partners/providers, individualized training and guidance, and auditing of current billing systems and best practices. Their objective will be to educate staff on administrative process, identify opportunities to enhance Medi-Cal revenue, and provide ongoing technical assistance throughout the initial rollout of BHSA. Their primary focuses will include the transition of FSP to the ACT/FACT model as well as other mandatory EBP's, and to support the implementation of a billing system for SLO County's highly regarded school-based program that provides student support counseling in most of the county's middle and high schools. They will also work with the SLOBHD billing department to implement loss control techniques that will minimize denials and lost claims through consistent follow-up and individual staff training. Lastly, the SME will assist and advice in discovering unrealized opportunities to enhance Medi-Cal and funding opportunities.*

*The second component is internal administrative support and monitoring of the results of the consultations, technical assistance, and trainings. SLOBHD will hire a new, or re-purpose an existing administrative position that will act as the MMTI Coordinator to act as the communications proxy for the SME for all providers and County teams involved in the project. They will assist with scheduling learning collaboratives and trainings with community partners and SLOBHD divisions. They will collect, track, analyze, and report data based on the progress of productivity from the start to the end of the project and develop the final evaluate report based on those results.*

#### VI. EXPLAIN THE IMPACT IF ADDITIONAL OR NEW FUNDS ARE NOT GRANTED

*SLOBHD has engaged in various forms of internal audits into our current revenue opportunities and productivity limitations. Results of these exercises consistently reveal opportunities to replace volatile and limited funding sources with Medi-Cal reimbursements. The proposed approach will directly address these issues as well as exploring models of service that can be adjusted to fit billable service eligibility. If the MMTI project were not achieve approval, many of these issues may be left unsolved leading to the dissolving of more services than necessary. In addition, local providers and partners of SLOBHD may run a higher risk of losing program funding if the billing gap does not close quickly.*