OVERVIEW DHCS FY 16-17 TRI-ENNIAL REVIEW: MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES

January 23-26, 2017

Alameda County Mental Health Plan (MHP)
Provision of Medi-Cal Specialty Mental Health
Services Pursuant to DHCS Contract Number:
12-89353

Entrance Conference

- Introduction of participants
- Site review overview (DHCS Staff & Consultants)
- MHP Contract Requirements (BHCS)
- Target Populations and Penetration Rates
- Structure of Service Provision to ensure compliance with MHP Contract Requirements (MAPS)
- Distribution of Services by Service Modality and Clients Served
- Largest Contracted Providers and Unique Clients Served
- Building Future Capacity for Language and Culturally Proficient Services

Highlights of the MHP Provider Delivery System

- Current Fiscal Year Budget of \$426 million
- FY2015-16 Medi-Cal Claims of \$220 million
- 588 County Civil Service Staff
- 3,100 Contract Provider Staff
- Over 95 Sub-Contracted Providers (CBO's) operating 500+ programs
- 300 Individual/Group Network Providers
- 88% of Direct Services Provided by CBO's
- Serving 36,000 clients/consumers

MHP Contract Requirements:

- MHP shall make all medically necessary covered Specialty Mental Health Services (SMHS) available in accordance with Cal. Code Regs., tit. 9, Sections 1810.205, 1810.405, and 42 Code of Federal Regulation (CFR), Section 438.210 and shall ensure:
 - 1) The availability of services to address beneficiaries' emergency psychiatric conditions 24 hours a day, 7 days a week.

MHP Contract Requirements:

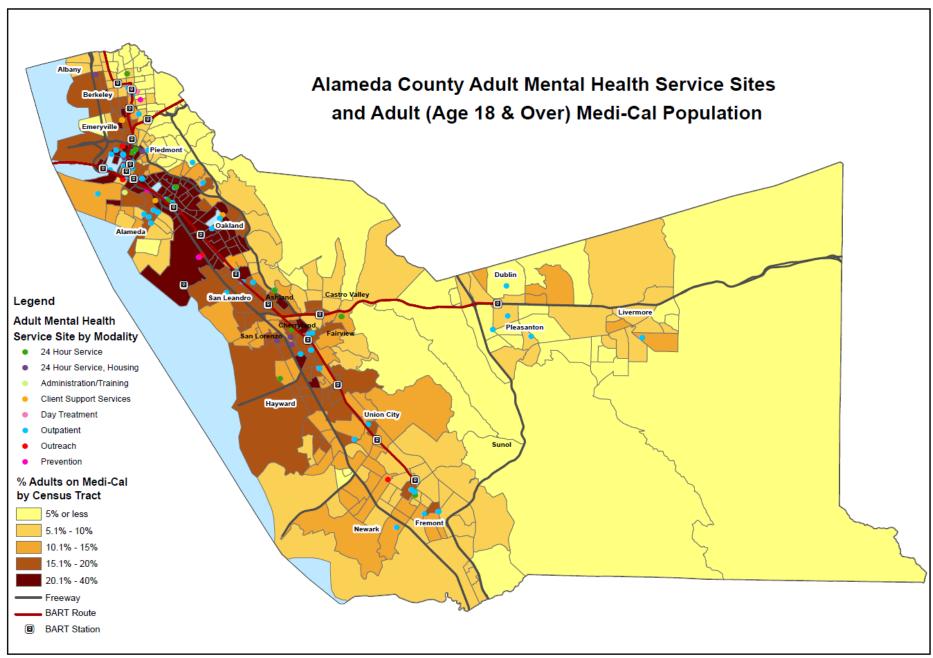
- 2) The availability of services to address beneficiaries' urgent conditions as defined in Cal. Code of Regs., tit. 9, Section 1810.253, 24 hours a day, and 7 days a week.
- 3) Timely access to routine services determined by the MHP (Contractor) to be required to meet beneficiaries' needs.

MHP complies with these contract requirements through:

 A network of licensed, certified, and credentialed providers that is supported by written agreements/subcontracts with sufficient capacity to provide adequate access to all services covered under the MHP contract. Providers render Medi-Cal Specialty Mental Health Services pursuant to Section 1915(b) Waiver as a Pre-Paid Inpatient Health Plan (PIHP) for beneficiaries that meet the Medical Necessity Criteria established by WIC and State Plan Amendments (SPA) for Targeted Case Management and Rehabilitative Mental Health Services

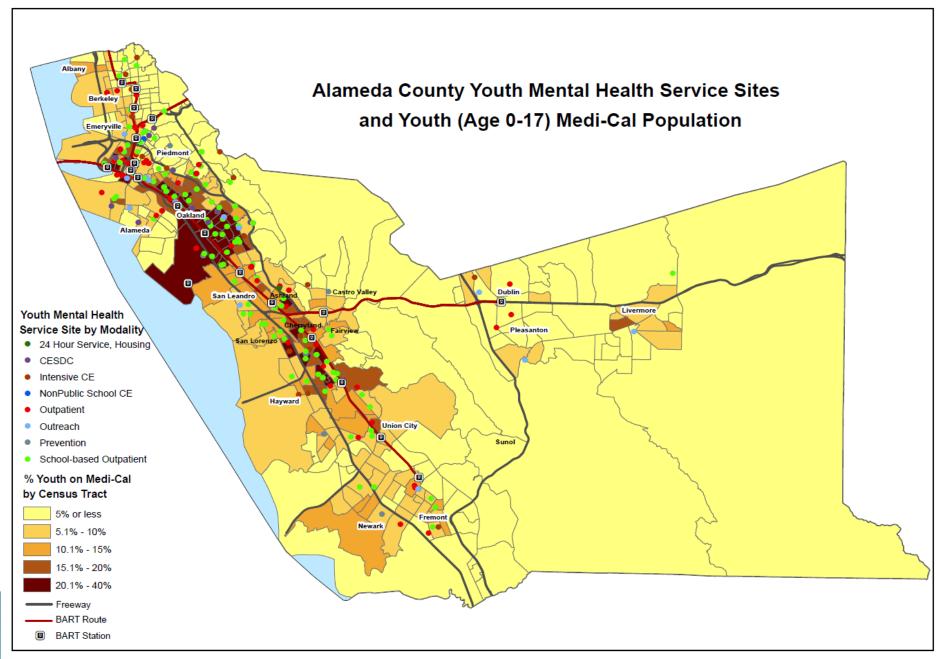
Provide a wide array of Services at convenient geographical locations to meet the needs of beneficiaries and Include:

- Targeted Case Management
- Pre-crisis and crisis services
- Assessment.
- Medication education and management.
- Twenty-four-hour treatment services.
- Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.
- Rehabilitation and support services for Adults/Older Adults
- Day Treatment services.
- Residential services.
- Mobile and field based services.
- Individual and Group Therapy Services.
- Inpatient Hospital Services.



Data Sources: 2010 Census Data June 2014 DHCS Medi-Cal Data

2014 BHCS Finance Data 2008 MTC Bay Area Transit Map Data



SIZE & DIVERSITY OF TARGET POPULATIONS Race/Ethnicity: FY 2014-15 County Population, Medi-Cal beneficiaries, Beneficiaries as a % of the County Population

Ethnicity/Race (all age groups)	County Population (2010 Totals)	Medi-Cal Beneficiaries	Percent of Population
African American	185,440	90,620	48.87%
Asian/PI	407,185	97,207	23.87%
Caucasian	517,696	53,640	10.36%
Latino	341,125	97,990	28.73%
Native American	4,265	1,393	32.66%
Other	57,294	61,180	106.78%
Total	1,513,005	402,030	26.57%

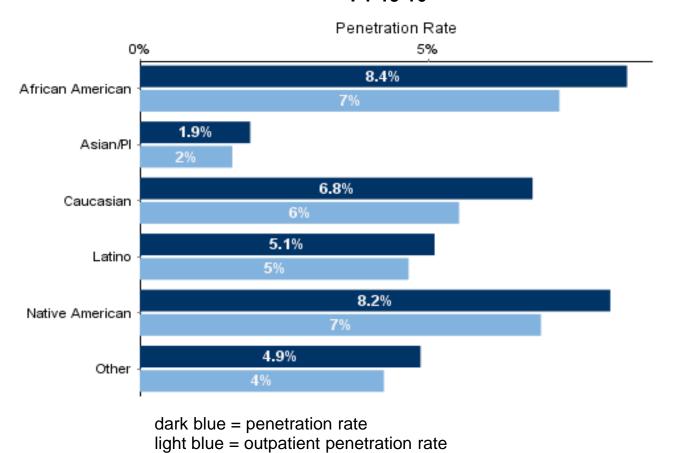
System Overview – Last 12 Months

Service Modality	Client Count	Episode Count	Total Services Cost	Average Client Cost
Outpatient Services	18,479	64,244	\$114,538,496	\$6,198
Hospital	2,694	4,191	\$41,742,639	\$15,495
SubAcute	423	475	\$30,024,871	\$70,981
Crisis Stabilization	8,291	18,168	\$26,197,546	\$3,160
Service Team	3,058	3,634	\$25,576,363	\$8,364
Jail or Juvenile Justice	5,452	11,048	\$8,984,630	\$1,648
Full Service Partnership	511	614	\$7,295,727	\$14,277
Residential Treatment	825	1,089	\$6,032,655	\$7,312
Day Treatment	425	757	\$1,964,236	\$4,622
Modality Missing		3,439		
		107,659	\$262,357,161	

Penetration Rate by Ethnicity

FY 15-16					
Ethnicity	Beneficiaries	Served	Penetration Rate	Outpatient	Outpatient Penetration Rate
African American	98,532	8,321	8.4%	7,165	7%
Asian/PI	129,048	2,469	1.9%	2,068	2%
Caucasian	67,894	4,622	6.8%	3,757	6%
Latino	111,513	5,697	5.1%	5,195	5%
Native American	1,582	129	8.2%	110	7%
Other	79,524	3,869	4.9%	3,364	4%
Overall	488,093	25,107	5.1%	21,659	4.4%

FY 15-16



Legal Entity Number	Provider Code	Medi-Cal SMHS Provider Name	Provider City	Total Approved Claims	Total Benefi- ciaries served	Average Approved Per \$ Claimed
00001	0101	John George Pavilions/AHS	Oakland	\$20,473,568	2,340	\$8,749
00115	08118	Seneca Family Of Agencies	San Leandro	\$7,175,479	577	\$12,436
00702	08178	Children's Hospital Medical Center	Oakland	\$6,570,181	1,422	\$4,620
00113	0184	Fred Finch Youth Center	Oakland	\$6,264,083	656	\$9,549
00641	08193	West Coast Children's Clinic	Oakland	\$6,255,915	574	\$10,899
00112	0183	Lincoln Child Center	Oakland	\$3,630,558	192	\$18,909
00108	08138	Telecare Strides	Oakland	\$3,619,293	174	\$20,801
00111	0182	EBAC Oakland Services	Oakland	\$3,436,518	728	\$4,720
00702	01CH	Children's Hospital Care	Oakland	\$2,900,076	264	\$10,985
00109	0163	Asian Community Mental Health Services	Oakland	\$2,787,154	685	\$4,069

Building Future MHP Capacity

- Level-III Network Provider Redesign
- Integration with Physical Healthcare through expanded MOU with MCO (Alliance)
- Increasing the capacity to provide services to the A/PI and Latino beneficiaries, language proficient and culturally responsive
- Reducing the number of days from request for routine appointments to the receipt of service
- Hiring Staff using the CLAS Standards

Improvements and Initiatives Since the Last Triennial Review

- Expanded Capacity for Monitoring, Oversight, and Accountability of Contract Provider and County SMHS/Programs
- Increase the number and competency of QA/UR staff to conduct authorizations, chart-reviews/audits, trainings/technical assistance
- Established the infrastructure to operate SMHS through a comprehensive P & P manual detailing beneficiary and provider problem resolution process/procedures
- Wrote comprehensive documentation manual that complies with all State/Federal documentation requirements
- Established program integrity programs for provider exclusions, debarments; service verification, and fraud, waste and abuse (whistleblowers)
- EHR Implementation