

California's ACA Implementation: Improving Behavioral Health



ITUP's mission is to increase coverage of California's uninsured by building consensus on targeted issues among the state's health leaders.

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OSHPD Mental Health Workforce Career
Pathways Committee Meeting

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About ITUP



ITUP's mission is to increase coverage of California's uninsured by building consensus on targeted issues among the state's health leaders.

ITUP is a non-partisan, non-profit health policy “think tank” based in Santa Monica, CA.

This mission is achieved through reports, data, regional workgroups, issue workgroups, an annual conference, and technical assistance.

We are funded by generous grants from The California Wellness Foundation, The California Endowment, Blue Shield of California Foundation, California Community Foundation, Kaiser Foundation Hospitals and L.A. Care Health Plan.

Coverage Expansions: Medi-Cal

Before the ACA



Medi-Cal, California's Medicaid program, is the state's health coverage program for parents, dependent children, seniors, and disabled persons with low incomes.

Coverage Expansions: Medi-Cal

Current eligibility categories & income standards in CA:

Infants and children (ages 0-19), up to 250% FPL

- \$28,725/year for an individual, \$58,875/year for a family of 4

Pregnant women, up to 200% FPL

- \$22,980/year for an individual, \$47,100/year for a family of 4

Seniors and persons with disabilities, up to 133% FPL

- \$15,282/year for an individual

Parents with dependent children, up to 100% FPL

- \$11,170/year for an individual, \$23,550/year for a family of 4

Coverage Expansions: Medi-Cal

On January 1, 2014



Medi-Cal, California's Medicaid program, will extend to *all* individuals (citizens and legal permanent residents) ages 19 - 64 with incomes up to 133% of the federal poverty level (\$15,282 for an individual and \$31,322 for a family of four).

**Expansion enacted by the recently signed
FY 2013-14 California Budget.**

Coverage Expansions: Covered California



Individuals and households with incomes between 100% and 400% FPL qualify for premium subsidies.

Health Benefit Requirements

The ACA requires health plans to meet a certain standard of coverage in Covered California and Medi-Cal.

Qualified health plans must cover **10 essential health benefits** (equivalent to the Kaiser Small Group HMO):

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- **Mental health and substance use disorder services**
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Health Benefit Requirements

The ACA requires health plans to meet
Mental Health Parity.

The Mental Health Parity and Addiction Equity Act of 2008, requires that plans have mental health and substance use benefits that are **no more restrictive than medical and surgical benefits** in terms of cost-sharing requirements and treatment limitations.

Coverage Expansions: Medi-Cal

Financing

The federal government will pay

- 100% of the cost of covering new eligibles for 2014-2016,
- 95% in 2017,
- 94% in 2018,
- 93% in 2019, and
- 90% thereafter.

Mental Health Wellness Investments— California FY 2013-14 Budget

\$206 million to increase capacity for mental health infrastructure

- \$142.5M one-time funding for mobile crisis support, crisis intervention, crisis stabilization, crisis residential treatment, and personnel resources
- \$32M in MHSA funds (with \$22M federal) for triage personnel

Coverage Expansions: Medi-Cal

California's Expansion of Medi-Cal has important effects on behavioral health coverage.

Mental health services are an essential health benefit, and thus will be more accessible.

- Mental health services for the severely and chronically mentally ill will continue to be available through the county Mental Health Departments.
- Psychological services for less severe disorders will be provided through the Medi-Cal Managed Care plans and their provider networks.
- Expanded Substance Use Disorder treatment services will become available to all Medi-Cal members.

Coverage Expansions: Medi-Cal

	Mental Health	Substance Use Disorder Services
Presently Covered Services and Groups	<p>Group Therapy for specialty mental health program qualifying individuals</p> <p>Psychological Services (individually and family therapy, diagnostic testing) for specialty mental health program qualifying individuals</p>	<p>Intensive Outpatient Treatment (also known as Day Care Rehabilitative) for pregnant/post-partum women, and children eligible for EPSDT benefits</p> <p>Residential Substance Use Disorder Services for pregnant/post-partum women</p> <p>Elective Inpatient Detox restricted to medical necessity</p> <p>Outpatient Drug-Free Counseling (group or individual)</p> <p>Narcotic Replacement Therapy (e.g. methadone)</p>
Newly Covered Services and Groups	Expands services to cover all specialty and non-specialty mental health beneficiaries , both newly and presently eligible	Expands services to cover all beneficiaries , removes restrictions based on age/pregnancy for both newly and presently eligible—elective inpatient detox broadly available

Coverage Expansions: Medi-Cal

Remaining Issues: Mental Health

- Coordinating services delivered by county departments of mental health with those delivered by managed care plans
- Expanding the workforce through scope of practice reform, e.g., MFTs
- Managed care could provide more flexibility with workforce
- Integrating services with physical health and SUD services

Coverage Expansions: Medi-Cal

Remaining Issues: Substance Use Disorder Services

- Increasing access through broader provider networks
 - Larger Medi-Cal funding stream for clinics/MH providers
 - Expanding MATs available through larger network
- Increasing quality through selective contracting (1915(b) waiver)
- Benefit management (initial screening and assessment, medical necessity and level of care standards, concurrent review)
- Integrating care with physical and mental health services
 - SBIRT
 - Co-morbidities and care coordination
- County administered or managed care?



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For resources and additional information, contact us at:

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