The Status of the Implementation of Medi-Cal Mental Health Services

Background: Implementing Expanded Mental Health Services for Medi-Cal Beneficiaries

“Mental Health and Substance Use Disorder Services including Behavioral Health Treatment,” are designated as an essential benefit of the Affordable Care Act (ACA). (1) In compliance with the ACA, Medi-Cal expanded mental health and substance use disorder services for its managed care and fee-for-service care beneficiaries.

Medi-Cal’s expanded mental health services make use of two delivery systems - Medi-Cal Managed Care Plans (MCPs) and county Mental Health Plans (MHPs). MCPs provide services for persons with “mild to moderate” impairment of mental, emotional, or behavioral functioning resulting from any mental health condition and MHPs deliver care for specialty mental health issues, resulting in significant impairment in functioning or emergency and in-patient services.

The requirement for MCPs to cover mild to moderate behavioral health services requires additional coordination and communication between MCPs and MHPs. To facilitate this coordination Medi-Cal requires the MCP(s) and MHP in each county to have an MOU delineating care coordination and information exchange requirements.

On February 12, 2015, the California Health Policy Forum held a briefing titled “Status of the Implementation of Medi-Cal Mental Health Services.” The briefing explored perspectives on this topic from the Department of Health Care Services (DHCS), MCPs, MHPs and federally qualified health clinics (FQHCs).
Medi-Cal enrollment has exceeded 12 million persons, 80 percent of whom are enrolled in managed care. DHCS works closely with California’s MCPs to ensure compliance with the new requirements, including California’s “timely access” standards which require all members have access to a non-urgent care provider within 10 days. (4)

Medi-Cal began requiring the reporting of metrics related to provision of mental health services in Q2 of FY 2014. Current reporting includes beneficiary access to services, referrals between MCPs and MHPs, continuity of care requests and grievances. In 2015, DHCS anticipates expanding its analysis of encounter data.

In 2014, DHCS reports that 859,211 individuals accessed mental health benefits, with minors representing the vast majority (84 percent). The primary use of mental health services is developmental screening (74 percent) followed by psychotherapy (17 percent).
Introduction to Panelist Organizations

Health Plan of San Mateo

Health Plan of San Mateo (HPSM) delivers mental health services to its members with mild to moderate mental health conditions and those with severe mental illness using one coordinated provider network. The health plan has worked for several years to coordinate and integrate health care delivery with county-based services. This work provides a strong foundation for care coordination.

Through a series of joint meetings, both HPSM and the county MHP work to build referral relationships among providers, expand capabilities and coordinate fee schedules to provide patients with an integrated experience. HPSM is working with partners to create a shared data framework for encounter data and care coordination, as well as to promote mental health services to patients and among providers. For example, HPSM currently offers incentives to primary care providers to screen patients for mental health issues.

Marin County Health and Human Services

Marin County Health and Human Services (MarinHHS) provides a broad continuum of care ranging from out-patient to crisis to prevention that requires coordination of care with diverse medical provider teams as well as a wide range of county services. The county works with diverse treatment teams that include MDs, social workers, therapists, community health workers and others with the aim to provide appropriate services when needed. Importantly, the county also coordinates care with critical community services including schools and law enforcement.

WellSpace Health Center

As an FQHC, WellSpace Health Center, located in Sacramento, CA is a Federally Qualified Health Clinic (FQHC) that provides a range of mental health services to its clients. In 2012, WellSpace provided care for 600,000 mental health visits. Like county MHPs, FQHCs deliver some of this care through non-traditional providers including community health workers, counselors and promotoras.

Beacon Health Options

Beacon Health Strategies contracts with nine Medi-Cal MCPs that span 24 counties to provide behavioral health solutions. Working in a delegated model, Beacon applies an integrated partner model where Beacon personnel are co-located with health plan medical clinicians.
Key Takeaways

1. *The expansion of Medi-Cal mental health services highlights a major shortage of providers.* All panelists expressed concern regarding provider shortages in mental health and identified the need to explore new models of care to meet this need. New models of care are being explored to increase capacity including the use of non-traditional providers such as community health workers and promotoras. In addition, new forms of care delivery, such as telemedicine and other virtual offerings, offer promising options for expanding mental health services.

2. *Transitions in care are inconsistent: When do patients move between the MCP and MHP?* Panelists called out the difficulties that arise when determining if a patient should move from care under the MCP (mild to moderate conditions) to care by the MHP (serious/severe mental illness) as their mental health care needs change. This type of care transition (between two delivery systems) does not regularly occur with other health issues. For example, patients with diabetes do not typically transfer to another provider when their disease progresses and they need a different level of care. More effort is required to ensure seamless transitions that are appropriate and patient-centered.

3. *Providers and beneficiaries need education on new substance use disorder benefits.* Panelists noted that emergency department data show that alcohol use and behavioral health issues are among the top five reasons for ED visits. The average age of death for substance abusers is 40.8. (7) This relatively new service to Medi-Cal managed care beneficiaries requires additional provider training to diagnose and refer patients to MHPs for treatment. Communication and education to beneficiaries and their caregivers may help to increase awareness and use as well.

4. *Effort is needed to merge cultures and languages of care.* Panelists (both MCPs and MHPs) note that communication is critical to coordinating care for beneficiaries. To ensure seamless integration, administrators and providers of mental health services need to put patient needs first; learn each other’s cultures and languages for patient care, regardless of the payer or organization providing the services.

5. *Reimbursement for Medi-Cal FFS and Managed Care to FQHCs remains complex and requires simplification.* With the expansion of Medi-Cal mental health services, FQHCs now have a new payer to fund care for patients. However, FQHCs’ use of non-traditional providers, as well as navigating diverse funding streams and billing systems, creates challenges. Additional effort is needed to simplify the payment process and ensure that mental health visits are reimbursed appropriately.
5. Further evaluation is needed to incorporate lessons learned from year one of the MOU. Panelists stressed that implementation of expanded Medi-Cal mental health services is still a work in progress. The Let’s Get Healthy California Task Force lists mental health as one of its key “Priorities and Indicators for Living Well,” setting baseline measures and targets for 2022. A formalized, continuous learning collaborative will be a benefit to all stakeholders, including patients.

End Notes


2. Source: Sandra Naylor-Goodwin, California Institute for Behavioral Health Solutions


4. Source: Sarah Brooks, California Department of Health Care Services

5. For example Beacon Health Options contracts with nine Medi-Cal MCPs to provide behavioral health care services to 24 California counties. “Medi-Cal Mental Health Services: Frequently Asked Questions,” Beacon Health Options, [http://www.beaconhealthstrategies.com/private/pdfs/107/Beacon%20Provider%20FAQ%20Updated%2007092014.pdf](http://www.beaconhealthstrategies.com/private/pdfs/107/Beacon%20Provider%20FAQ%20Updated%2007092014.pdf)

6. Source: Sandra Naylor-Goodwin, California Institute for Behavioral Health Solutions

7. Source: Sandra Naylor-Goodwin, California Institute for Behavioral Health Solutions