



Medi-Cal Managed Care Advisory Committee Split Benefit Overview

Division of Mental Health Services

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Health Plans

- Molina
- Anthem Blue Cross
- Health Net
- Kaiser Permanente
- United HealthCare – October 2017
- Aetna Better Health – January 2018
- Sacramento County Mental Health Plan

Split Benefit Expanded Benefit

In 2014 the Affordable Health Care Act was passed which provided expanded mental health benefits to Medi-Cal beneficiaries

Split Benefit

Managed Care Plan Benefit*

Covered services include:

- Individual and Group evaluation & treatment
- Psychological testing – when clinically indicated
- Outpatient services for monitoring drug therapy
- Outpatient laboratory, medications, supplies and supplements
- Psychiatric consultation

**Kaiser is the exception, specialty mental health services are an included benefit “Carve in”*

Sacramento County Mental Health Plan Benefit

Covered services include:

- Mental health services – assessment, plan development, therapy, rehabilitation
- Medication support services
- Day treatment intensive, day rehabilitation
- Crisis intervention, crisis stabilization
- Crisis residential
- Case management
- Psychiatric hospitalization

Managed Care Plan & Mental Health Plan Responsibility

- The Managed Care Plan (MCP) is responsible for serving **adult** members with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from any mental health condition defined by the current *Diagnostic and Statistical Manual (DSM)* that is also covered according to State regulations, and **children** who do not meet criteria for specialty mental health services under the Early and Periodic Screening, Diagnosis, and Treatment ([EPSDT](#)) benefit.
- The Mental Health Plan (MHP) is responsible for serving **adult** Medi-Cal MCP members with severe impairment in mental, emotional, or behavioral functioning that meet medical necessity criteria, and **children** eligible under the Early and Periodic Screening, Diagnosis, and Treatment ([EPSDT](#)) benefit.

Are there uniform definitions for mild, moderate, and severe?

Sacramento County Adult Medi-Cal Mental Health Screening Tool

Element	Severe (3)	Moderate (2)	Mild (1)	Score
<p>Risk (suicidal/violent, high risk behavior, criminogenic behavior, impulsivity)</p> <p>* Criminogenic Bx is only marked when directly related to mental health</p>	<p><input type="checkbox"/> Suicidal/Homicidal Ideation: Recent or current active ideation, intent, or plan</p> <p><input type="checkbox"/> Danger to Self/Danger to Others: Recent or current attempts or threats w/in past 6 months</p> <p><input type="checkbox"/> Criminogenic Bx: 1+ arrests w/in past 6 months – violence related arrests</p> <p><input type="checkbox"/> Impulse Control: Meets 1 of the above & has poor impulse control</p>	<p><input type="checkbox"/> Suicidal/Homicidal Ideation: Active without intent</p> <p><input type="checkbox"/> Danger to Self/Danger to Others: No threats or attempts w/in past 6 months</p> <p><input type="checkbox"/> Criminogenic Bx: No arrests w/in past 6 months</p> <p><input type="checkbox"/> Impulse Control: Meets 1 of the above & rarely loses control</p>	<p><input type="checkbox"/> Suicidal/Homicidal Ideation: Passive</p> <p><input type="checkbox"/> Danger to Self/Danger to Others: None</p> <p><input type="checkbox"/> Criminogenic Bx: Minimal – No arrests w/in past year</p> <p><input type="checkbox"/> Impulse Control: Meets one of the above & has good impulse control</p>	
<p>Clinical Complexity (serious & persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement, medication complexity, psychiatric hospitalizations)</p>	<p><input type="checkbox"/> Depression: Severe (per current DSM)</p> <p><input type="checkbox"/> Mental Health History: Schizophrenia or other included Dx with recent instability or worsening function. Hx of severe impairment with poor response to Tx</p> <p><input type="checkbox"/> Psychiatric Hospitalizations: 1+ within past 6 months</p> <p><input type="checkbox"/> Treatment Engagement: Requires consistent support and prompting to participate in order to maintain in the community</p> <p><input type="checkbox"/> Psychotropic Medication Stability: Not yet stable to stable for less than 6 months</p>	<p><input type="checkbox"/> Depression: Moderate (per current DSM)</p> <p><input type="checkbox"/> Mental Health History: Schizophrenia, major mood, or other included Dx with uncomplicated management or sustained recovery. Hx of severe impairment with effective response to Tx</p> <p><input type="checkbox"/> Psychiatric Hospitalizations: None within past 6 months</p> <p><input type="checkbox"/> Treatment Engagement: Intermittent participation and/or uses services in cases of extreme need</p> <p><input type="checkbox"/> Psychotropic medication Stability: Stable for 6 months</p>	<p><input type="checkbox"/> Depression: Mild (per current DSM)</p> <p><input type="checkbox"/> Mental Health History: Adjustment reaction, grief, job loss, marital distress, relationship difficulty</p> <p>No Hx of severe impairment</p> <p><input type="checkbox"/> Psychiatric Hospitalizations: None within past year</p> <p><input type="checkbox"/> Treatment Engagement: Active participation</p> <p><input type="checkbox"/> Psychotropic Medication Stability: Stable for over a year</p>	
<p>Life Circumstances (biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)</p>	<p><input type="checkbox"/> Emotional Distress: Persistent as a manifestation of chronic mental health symptoms</p> <p><input type="checkbox"/> Relationships/Supports: Relies on behavioral health system for resources & support</p>	<p><input type="checkbox"/> Emotional Distress: Intermittent as a manifestation of a mental health symptoms which is worsened by life stressors</p> <p><input type="checkbox"/> Relationships/Supports: Limited resources & support</p>	<p><input type="checkbox"/> Emotional Distress: Arising in the course of normal life stresses</p> <p><input type="checkbox"/> Relationships/ Supports: Adequately resourced & supported</p>	
<p>Co-Occurring (Clients with co-occurring physical, substance, and mental health disorders)</p>	<p><input type="checkbox"/> Alcohol & Other Drug Use: Current and chronic abuse or dependence</p> <p><input type="checkbox"/> Medical: Conditions exist which are clearly made worse by a Mental Health Disorder and/or medical condition (s) impair ability to recover from a co-existing Mental Health Disorder</p>	<p><input type="checkbox"/> Alcohol & Other Drug Use: History of abuse/dependence and/or occasional misuse</p> <p><input type="checkbox"/> Medical: Conditions exist, which may negatively affect and/or be affected by a Mental Health Disorder</p>	<p><input type="checkbox"/> Alcohol & Other Drug Use: None to Occasional Misuse</p> <p><input type="checkbox"/> Medical: Conditions may exist, with no impact on Mental Health Disorder</p>	
			TOTAL SCORE:	1

Sacramento County Adult Medi-Cal Mental Health Screening Tool Instructions

1. Each evaluation element is defined along a scale of zero to three.
2. Each score in the scale is defined by one or more criteria.
3. Only one of these criteria need be met for a score to be assigned for that element (with the exception of the “Impulse Control” criterion under the “Risk” element, which must include one additional criterion).
4. The evaluator should start in the “Severe” column and select the highest score or rating in which at least one of the criterion is met. For example, if one or more criterion is met, place a score of “3” in the “Score” column. If no criterion is met under the “Severe” column, the evaluator should next review the “Moderate” column and so forth.
5. If no criterion is met under an element, a score of zero should be given for that element.
6. Scores are placed in the far right column and summed under “Total Score.”
7. On the Sacramento County Bi-Directional Medi-Cal Transition of Care Request form under the SCREENING OUTCOME, check the box in which the total score falls.
8. If the score indicates a member meets criteria for a transition of care, AND the member is in agreement with a transition of care:
 - a) Complete the Sacramento County Bi-Directional Medi-Cal Transition of Care Request.
 - b) Send the Sacramento County Bi-Directional Medi-Cal Transition of Care Request and the Sacramento County Adult Medi-Cal Mental Health Screening Tool to the indicated Plan along with any relevant collateral documentation.
 - c) Coordinate the transition of care with the receiving provider until able to confirm the member has attended an initial appointment and the receiving provider indicates they have everything they need from the transferring provider.

Sacramento County Bi-Directional Transition of Care Request

REFERRING PROVIDER INFORMATION				
Sacramento County Mental Health Provider: <input type="checkbox"/> Sacramento County Mental Health Plan				
Managed Care Plan Network Provider: <input type="checkbox"/> Aetna <input type="checkbox"/> AnthemBlueCross <input type="checkbox"/> HealthNet <input type="checkbox"/> Kaiser <input type="checkbox"/> Molina <input type="checkbox"/> UnitedHealthCare				
Submitting Agency:		Submitting Program/Clinic:		
Contact Name:		Title/Discipline:		Phone: ()
Address:		City:	State:	Zip:
CLIENT INFORMATION				
Client Name:		Date of Birth: / /		
<input type="checkbox"/> Client in Agreement with Transition of Care		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____		
Address:		City:	Zip:	Phone: ()
Caregiver/Guardian:		Phone: ()		
Medi-Cal# (CIN)/SSN:		Race/Ethnicity:		
Behavioral Health Diagnosis: 1)		2)	3)	
Documents Included: <input type="checkbox"/> Required Consents/ROIs <input type="checkbox"/> Assessment <input type="checkbox"/> Notes <input type="checkbox"/> H&P <input type="checkbox"/> Other:				
Primary Care Provider:				Phone: ()
Cultural and Linguistic Requests:				
Current Presenting Symptoms/Behaviors:				<input type="checkbox"/> Additional Pages Attached
Behavioral Health History (including Substance Use):				<input type="checkbox"/> Additional Pages Attached
Brief Medical History:				
Current Medications/Dosage:				<input type="checkbox"/> Medication List Attached
SERVICES REQUESTED:				
SCREENING OUTCOME				
<input type="checkbox"/> Total Score: 0 – 4 = Mild		Managed Care Plan		
<input type="checkbox"/> Total Score: 5 – 8 = Moderate		Managed Care Plan		
<input type="checkbox"/> Aetna Better Health Fax: (000) 000-0000 Email:	<input type="checkbox"/> Anthem Blue Cross Fax: (888)334-0870 Email: bchmservices@anthem.com	<input type="checkbox"/> Health Net/MHN Fax: (855) 703-3268 Phone: (800) 675-6110	<input type="checkbox"/> Molina Healthcare Fax: (562) 499-6105 Email: MHCCaseManagement@Molinahealthcare.com	<input type="checkbox"/> United Healthcare Fax: (000) 000-0000 Email:
<input type="checkbox"/> Total Score: 9 – 12 = Severe		Sacramento County Mental Health Plan		
Sacramento County Access Fax: (916) 875-1190 Phone: (916) 875-1055 Toll Free: 1-888-881-4881 TTY: (916) 874-8070				

How are members transitioned to more intensive services and less intensive services?

Bidirectional Referral Process

- Sacramento County MHP in partnership with the MCPs developed a bi-directional referral process, which included the development of the following:
 - Sacramento County Bi-Directional Medi-Cal Transition of Care Request
 - Sacramento County Adult Medi-Cal Mental Health Screening Tool
 - Sacramento County MHP P&P

Referral Process from the MCP to the MHP (Not Including Kaiser Permanente)

- Screening Tool indicates member's functioning meets the definition of "Severe Impairment" AND meets the diagnostic medical necessity criteria for specialty mental services as defined in accordance with *PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population*
- The MCP sends the following completed documents to the Sacramento County Access Team:
 - Sacramento County Bi-Directional Medi-Cal Transition of Care Request.
 - Adult Medi-Cal Mental Health Screening Tool.
 - Biopsychosocial assessment used to assist in completing the Adult Medi-Cal Mental Health Screening Tool.
- A child eligible for EPSDT services who does not meet the definition of Severe Impairment is not prevented from receiving SMHS through the MHP

Referral Process from Kaiser Medi-Cal MCP to the MHP

- The Kaiser mental health provider completes the following:
 - A mental health assessment
 - Kaiser M-Cal beneficiary meets the MHP medical necessity criteria AND the member's clinical care needs exceed the service array provided by Kaiser (i.e. intensive community-based case management services)
 - Kaiser confirms member agreement for services to be provided through the MHP

Referral Process from the MHP to the MCP

- The MHP provider completes the following steps:
 - A mental health assessment
 - The level of care need for adult members is identified by completing the Sacramento County Adult Medi-Cal Mental Health Screening Tool
 - The tool outcome indicates the member's functioning meets the definition of "Mild" or "Moderate" impairment
 - Confirms member agreement for services to be provided through the MCP
 - Sends the following documents to the respective MCP:
 - Adult Medi-Cal Mental Health Screening Tool
 - Sacramento County Bi-Directional Medi-Cal Transition of Care Request
 - Current mental health assessment

How is care coordinated?

MHP/MCP Care Coordination

- A MHP/MCP Care Coordination Guide has been developed between the MHP and the MCPs to include:
 - Operations POCs
 - Clinical Care Team POCs
- MHP/MCP POCs can contact to coordinate:
 - Challenges with transitions to the MCP or MHP
 - Challenges with coordination between the MHP mental health provider and the MCP medical provider
 - Disagreements or coordination on level of care need

MHP Transition of Care Coordination

- The referring MHP provider will continue to provide services to the member and coordinate the transition of care with the receiving MCP provider until:
 - MHP provider is able to confirm the member has attended an initial appointment
 - MHP provider is able to confirm the receiving provider has everything they need from the MHP provider.

Data

- Current: Point-in-Time list of members being served by the MHP annually
- Future: Discussions are in process to determine data elements of interest for the purpose of:
 - QI and Reporting purposes
 - Care Coordination
- May require a BAA