

# Care1st Health Plan Provider Training Medi-Cal Expansion Effective 1/1/2014

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# Basics of the Medi-Cal Expansion

- Expands those who qualify for Medi-Cal benefits effective January 1, 2014
- Expands the mental health and substance use disorder benefits to individuals ages 18 – 65
- Increases number of Medi-Cal members in Medi-Cal Managed Care Plans (MMCP)

# New Benefits Provided Through the Medi-Cal Managed Care Plans (MMCP)

- For individuals with MILD to MODERATE impairment of mental, emotional, or behavioral functioning:
  - Individual and group mental health evaluation and treatment (psychotherapy)
  - Psychological testing, when clinically indicated to evaluate a mental health condition
  - Outpatient services for the purposes of monitoring therapy with medications
  - Psychiatric consultation
  - Outpatient laboratory, medications, supplies and supplements (excluding medications listed in the Medi-Cal Provider Manual as excluded)

# Role of the County Mental Health Plan (MHP)

- Responsible for individuals with SEVERE mental health impairment through Specialty Mental Health Services
  - In many ways these are the individuals who are currently seen by the County
- Definition of Medi-Cal Specialty Mental Health Services (County services) contained in California Code of Regulations, Title 9, Chapter 11, Article 2. Provision of Services, Section 1830.205, pages 75-77
- Responsible for levels of care beyond mental health outpatient and all Alcohol and Other Drug Programs (AOD)

# Role of Primary Care Physicians (PCP)

- Administration of State required screening instruments
  - Staying Healthy Assessment (SHA) (Current requirement)
  - Screening and Brief Intervention, Referral and Treatment (SBIRT)
    - State to provide training to PCPs and any physician extenders that the PCP may have participate
    - State will provide a list of existing training resources
    - Providers must complete specific training on SBIRT and provide attestation of such

# Role of Primary Care Physicians (PCP)

## *continued...*

- SBIRT - part of US Preventive Services Task Force (USPSTF) recommendations
- Process
  - Administer the Staying Health Assessment (SHA) or other approved tool within 120 days of member enrollment and every 3 years thereafter
  - For members 18 and over, review the member's response to the alcohol question in SHA
  - Offer an expanded alcohol screening questionnaire approved by DHCS to any member responding "yes" to the alcohol question
    - Currently approved expanded screening instruments are the AUDIT and AUDIT-C
    - Others may be approved in the future
  - Health plans to finalize selection of screening instrument and inform providers and the State
  - For members answering yes to SHA question, offer alcohol use brief intervention: 1 to 3 sessions maximum, 15 minutes in person or by phone as appropriate
  - Refer members with a potential alcohol use disorder for treatment with the County Alcohol and Other Drug Programs (AOD)
  - PCP may refer directly to AOD or contact the Care1st UM Department for assistance

# Role of Primary Care Physicians (PCP)

## *continued...*

- Screening for mental health conditions
- Referrals for additional assessment and treatment
- Member's history (per member or medical records)
- Interview
- Any limited counseling within the PCP's scope of practice which examination may reveal to be necessary

# Critical Role of Primary Care Physicians (PCPs)

- PCPs have historically and continue to be critical in the identification and treatment of mental health disorders
  - PCPs are the most likely provider to see the member regularly and thus screening for behavioral health issues can improve a patient's physical health
  - PCPs are knowledgeable and skilled in the inter-relationship of physical and behavioral health and how they impact each other
  - Patients with a positive/trusting relationship with their PCP often prefer to speak with their PCP, even around behavioral health issues, rather than someone new
  - PCPs prescribe between 60% & 70% of all psychotropic medications and have done so for many years



# General Comments

- Providers who are not the PCP but treat a PCP's members are responsible to communicate with the PCP in a manner that maximizes the improvement and health of the member
- PCPs should expect communication from providers the PCP refers a member to
- Care1st has contracted with a managed behavioral healthcare organization (MBHO) to provide services beyond the scope of practice of the PCP
- Members may self refer to the MBHO and County, which may refer a member to the PCP as appropriate

# Important Contact Numbers

- **OptumHealth Services Assessment and Referral:**

**1-855-321-2211**

*(Contracted with Care1st to provide administrative and mental health services through contracted licensed mental health professionals.)*

- **Care1st Provider Network Operations:**

**1-323-889-6638 Ext 6388**

- **Care1st Member Services:**

**1-855-699-5557**

- **San Diego County Crisis and Referral:**

**1-888-724-7240**

# Questions?