

**BOARD LETTER – SUMMARY SHEET
HEALTH AND MENTAL HEALTH SERVICES CLUSTER**

AGENDA REVIEW	7/31/2013
BOARD MEETING	8/13/2013
SUPERVISORIAL DISTRICT	ALL
DEPARTMENT	MENTAL HEALTH, PUBLIC HEALTH AND PUBLIC SOCIAL SERVICES
SUBJECT	AUTHORIZATION FOR THE DEPARTMENTS OF MENTAL HEALTH, PUBLIC HEALTH, AND PUBLIC SOCIAL SERVICES TO SIGN AND EXECUTE MEMORANDA OF UNDERSTANDING WITH HEALTH NET COMMUNITY SOLUTIONS, INC., AND L.A. CARE HEALTH PLAN FOR THE PROVISION OF SPECIALTY MENTAL HEALTH, SUBSTANCE USE DISORDER TREATMENT, AND IN-HOME SUPPORTIVE SERVICES FOR THE CAL MEDICONNECT PROGRAM
PROGRAM	CAL MEDICONNECT
DEADLINES	N/A
COST & FUNDING	<p>The DMH and DPH MOUs describe the Health Plans' authorization and reimbursement processes for Medicare eligible services under the Cal MediConnect Program. All Medicare and non-specialty Medi-Cal mental health services will be the responsibility of the Health Plans under the Cal MediConnect Program and funding for those services is included in the Health Plans' capitation payment from the State. Medi-Cal specialty mental health services not covered by the Medicare benefit will not be included in the Health Plan's capitation payment. Medi-Cal specialty MH services will continue to be funded by DMH for beneficiaries that meet Medicare and Medi-Cal medical necessity criteria utilizing existing County funds. Medi-Cal specialty SUD services for beneficiaries that meet Drug/Medi-Cal (DMC) medical necessity criteria will continue to be funded by Medi-Cal and State Realignment revenues, with services administered through DPH. While highly unlikely, if enrollment for specialty mental health and SUD services not covered by Medicare and State Realignment revenues for DMC services for individuals who are currently Medi-Cal eligible exceeds 1,500, additional County funds may be needed to match federal funds to cover this increase in referrals.</p> <p>Additionally, these MOUs also address shared financial accountability strategies to improve coordination of services and reduce cost shifting between Medicare and Medi-Cal specialty MH and SUD services. DMH, DPH and the Health Plans will develop formal financial arrangements for shared cost savings resulting from achieving shared performance metrics.</p> <p>Although the Health Plans will have the responsibility to coordinate services provided by the IHSS Program, California Department of Social Services will continue to administer and provide funding for the IHSS Program through the new Maintenance of Effort (MOE) structure. The role and responsibilities for DPSS will not change. The IHSS services covered under the DPSS MOUs have no additional net County cost impact, once the MOE is met.</p> <p>There is no net County cost impact associated with the recommended action.</p>
PURPOSE OF REQUEST	<p>Board approval of the recommended actions will allow the DMH, DPH, and DPSS to execute MOUs with L.A. Care and Health Net (Health Plans), to meet Centers for Medicare and Medicaid Services' (CMS) and State requirements pertaining to the coordination and integration of services to beneficiaries who meet medical necessity criteria for specialty mental health (MH) services and substance use disorder (SUD) treatment, and the coordination of In-Home Supportive Services (IHSS) to beneficiaries who meet IHSS eligibility criteria.</p> <p>The Cal MediConnect Program is a three-year demonstration program for coverage of individuals with eligibility for both Medicare and Medi-Cal. The intent is to develop a seamless system of care coordination and care management for beneficiaries enrolled in this project. The Cal MediConnect Program coordinates medical, mental health, substance use, and Long Term Services and Supports (LTSS) (including IHSS services).</p>

<p>SUMMARY/ ISSUES</p> <p>(Briefly summarize program and potential issues or concerns. Identify changes, if any, to level of funding or staffing; how funding will be utilized and why best use; prior accomplishments; and for BLs involving contracts, also note changes to the contract term.)</p>	<p>In January 2012, Governor Jerry Brown announced his Coordinated Care Initiative (CCI) to enhance health outcomes and satisfaction for beneficiaries of both the Medicare and Medi-Cal programs, referred to as dual-eligible beneficiaries, while achieving substantial savings from rebalancing service delivery away from institutional care and into the home and community. To execute this initiative, eight counties, including Los Angeles County, were selected by the State to implement a three-year demonstration project for Medicare and Medi-Cal beneficiaries.</p> <p>If the MOUs are not signed and executed, Los Angeles County may be at risk of losing the opportunity to coordinate Medicare and Medi-Cal benefits into a seamless system of care to improve health outcomes, improve beneficiary satisfaction and reduce health care cost.</p>
<p>DEPT. & COUNTY COUNSEL CONTACTS</p>	<p>MENTAL HEALTH: Carlotta Childs Seagle, cchildsseagle@dmh.lacounty.gov, (213)738-4851</p> <p>PUBLIC HEALTH: John Viernes, jviernes@ph.lacounty.gov, (626)299-4595</p> <p>PUBLIC SOCIAL SERVICES: Gail Washington, gailwashington@dpss.lacounty.gov, (562)908-3055</p> <p>COUNTY COUNSEL: Stephanie J. Reagan, sreagan@counsel.lacounty.gov, (213)974-0941 Jason Carnevale, jcarnevale@counsel.lacounty.gov, (213)974-1827 David Beaudet: dbeaudet@counsel.lacounty.gov, (213)974-1929</p>