


Strategic Behavioral Health Integration
Making the Case for Drug Medi-Cal Participation


CPCA Annual Conference
 October 17, 2019

Vernita Todd
 San Ysidro Health





Our HISTORY


- The San Ysidro community was named in honor of **San Isidro Labrador**, the patron saint of farmers, day laborers, and rural communities—the working poor. San Isidro spent his life as a hired hand and always shared what little he had, even his meals, with people in need.
- Established along the border in 1969, **San Ysidro Health** was founded by seven women—our Founding Mothers—in search of medical services for their children.
- Our organization's **name and brand identity** pay homage to its humble beginnings in the community where it was established 50 years ago.
- These values of compassion and care for others still ring true in the organization's **mission** to improve the health and well-being of the communities we serve with access for all, especially the most vulnerable across San Diego County.



Centro de Salud de la Comunidad de San Ysidro

Take a look at our Milestones:
<http://www.syh.org/about-us/our-milestones/>



www.syh.org

SYH: At A Glance

Our Patient Care consists of clinical **treatment** for patients:

- Medical, Behavioral Health, Dental
- Specialty (HIV, Chiropractic Care, Optometry, Cardiology, Ophthalmology, Podiatry)
- Nearly **97,000** patients, generating 453,348 annual visits



Our Patient Experience consists of clinical **support** for patients:

- Case Management, Outreach
- Health Education, **Research**
- Nutrition, Family Support Programs (WIC)



Our Future is Bright!

- PACE** - Rapid expansion in 2020
- Internal Medicine Residency** - New in 2019
- Mergers & Acquisitions - Mountain Health in process

Clinic Locations



Strategic Behavioral Health Integration



Making the Case

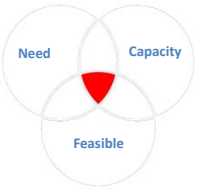
- **The Need**
 - Always start here!
- **A world beyond PPS**
 - PPS and FFS living in harmony
- **The Money**
 - Revenue & Expense
 - Be realistic
- **Workforce**
 - You need people to get it done
- **WHY & HOW**
 - If you don't know WHY, how doesn't matter



www.yhhealth.org

The Need


- Always start with the **Need** in your community
 - Must be fact based and supported with data
- Follow up with the **Capacity** of the health center to impact the need
- Envision what is **Feasible**
 - What you can do without much difficulty
- Meet at the **Sweet Spot**



50 SAN PEDRO VALLEY CENTER FOR COMMUNITY HEALTH SERVICES 1967-2017 www.pchhealth.org











Prospective Payment System (PPS)

- How health centers get paid
 - Enhanced payment - In statute from Congress
 - Comprehensive care, Access for All, Sliding Fee Scale
 - Supposed to be cost-based
 - But often doesn't keep up with inflation
 - Reliable way of predicting revenue
 - Do the Productivity Dance
- But what if your brilliant idea is not included in PPS?



www.pchhealth.org

Drug Medi-Cal

<p>Lower reimbursement, but also lower staff costs</p>	 Any Patient <small>Does not have to be "assigned"</small>	 Diagnosis <small>Substance Use must be Primary</small>	 Providers <small>LMFT/LCSW/ASW/AMFT, SJ/D Specialist, intern</small>	 Service <small>Group, Day Tr, Individual Case Management</small>	 Billing <small>By type of service, and time spent</small>
PPS					
<p>Higher reimbursement, higher staff costs</p>	 Patients <small>"Assigned" to your Health Center</small>	 Diagnosis <small>Mild-moderate MI</small>	 Providers <small>LCSW/Psychiatrist/ Psychologist</small>	 Service <small>Short-term, brief, bill by # of encounters</small>	 Billing <small>By visit</small>

SYH aims to establish a comprehensive **substance use disorder (SUD) clinic** focused on **integrating medical and behavioral health** components of treating **addictions**.

Focus Areas for proposed SUD clinic:

- **Increasing screening and proper identification of patients with SUD**
- Assessing the level of services needed using ASAM (American Society of Addiction Medication) criteria
- Providing assessment, treatment and referral for Withdrawal Management services
- **Increasing access to Medication Assisted Treatment (MAT)**
- **Engaging patients and their families in SYH in-house behavioral health services**
- Providing continuity of care to treat SUD as a chronic illness requiring longitudinal and integrated services

SYH Proposal

The Money

- Blended model of PPS and DMC revenues
- [DMC Billing Manual](#)

Total Visits	PPS or FFS	At 50 Patients	At 100 Patients	At 125 Patients
Intake/Assessment	FFS	70	100	125
Initial Treatment Planning	PPS	70	100	125
Monthly Treatment Planning	PPS	770	1,100	1,375
Individual Therapy	FFS	3,640	5,200	6,500
Group Therapy	FFS	3,640	5,200	6,500
Drug Screenings	FFS	1,073	1,533	1,917
Case Management	FFS	3,640	5,200	6,500
MAT	PPS	1,050	1,500	1,875
Total PPS Visits		1,890	2,700	3,375
Total FFS Visits or Touches		12,063	17,233	21,542


Promising Projections

Drug Medi-Cal Program Projections	FY 2020	FY 2020	FY 2020
Ocean View Drug Medi-Cal Program Projections			
Total Patients	70	100	125
Total PPS Visits	1,890	2,700	3,375
Total FFS Visits/Touches Including Individual/Group Therapy and Drug Screenings	12,063	17,233	21,542
Revenues:			
Level 1 Adult	\$ 1,185,986.49	\$ 1,694,266.42	\$ 2,117,833.03
Level 1 Child & Perinatal	\$ 39,673.05	\$ 50,247.21	\$ 62,159.01
Level 2,1 Adult	\$ 612,427.22	\$ 874,806.02	\$ 1,093,620.03
Level 2,1 Child & Perinatal	\$ 194,429.84	\$ 272,252.06	\$ 342,108.11
Total Revenue	\$ 2,340,516.60	\$ 3,392,146.70	\$ 4,150,208.18
Total FTEs	20.00	25.00	26.00
Expenses:			
Salaries & Wages	\$ 1,380,932.80	\$ 1,713,628.80	\$ 1,761,177.60
Employee Benefits	\$ 345,233.20	\$ 428,407.20	\$ 440,294.40
Medical Supplies & Drugs	\$ 4,850.21	\$ 6,260.42	\$ 12,125.52
Professional Fees	\$ 5,193.33	\$ 10,386.67	\$ 12,983.33
Non-Medical Supplies & Equipment	\$ 9,420.16	\$ 11,775.21	\$ 12,246.73
Occupancy	\$ 60,596.07	\$ 60,596.07	\$ 60,596.07
Services & Other	\$ 146,193.59	\$ 182,741.98	\$ 190,051.66
Depreciation	\$ 16,098.47	\$ 16,098.47	\$ 16,098.47
Total Expenses	\$ 1,968,517.84	\$ 2,433,334.82	\$ 2,505,573.28
Indirect Expenses (assumed at 23% Rate)	\$ 452,759.10	\$ 559,667.01	\$ 576,281.85
Net Operating Income	\$ (74,760.25)	\$ 350,144.88	\$ 1,108,353.25

*First year loss offset by MISA investment of \$167,000 in year one. Funds must be spent by May 2020. Reports required Dec 16, April 20.

The Why & How

<p>Why</p> <p>Address why this is good for the organization, not just the patients</p> <p>How will you be more: <i>Effective, Profitable, Successful, Respected, Efficient, etc.</i></p>	<p>How</p> <ul style="list-style-type: none">• What needs to happen to get started?• How will folks be trained?• How will this be communicated throughout the CHC?• How will we report progress?• How will the community/patients know?
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Just Remember

you've got this

- Your Leaders Want to Help
- Effective Stewardship Calls for Tough Decisions
- Be Very Prepared When Making the Case
- Be Willing to Start Small
- Under Promise but Over Deliver
- Remember: no margin, no mission



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We are Celebrating 50 years!

In 2019, San Ysidro Health is celebrating 50 years of Providing Compassionate Care for All throughout County of San Diego.




www.yhealth.org

Questions?

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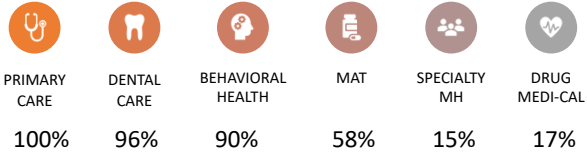
Leveraging Federally Qualified Health Centers in California's Behavioral Health Care Continuum

- California has a tri-furcated behavioral health system that doesn't support an integrated model.
- FQHCs have a unique role in the delivery system.
- Federal protections in statute that ensure payment for FQHC services provided to eligible patients.
- Claims must meet DHCS billing requirements (no provider extenders, no groups, within four walls, and no same day)

MODERATE TO SEVERE MENTAL HEALTH - COUNTY SPECIALTY MENTAL HEALTH PLAN
 MILD TO MODERATE MENTAL HEALTH - MANAGED CARE PLAN
 FQHC SERVICES
 Determined by statute, paid by Managed Care Plan
 DRUG MEDICAL - STATE OR COUNTY ODS

Report: Leveraging FQHCs in California's Behavioral Health Care Continuum, Figure 4

Health Center Services



Source: 2018 UDS and CPCA 2018 BH Services Survey

Counties with Specialty Mental Health or Drug Medi-Cal Contracts with Health Centers



Source: CPCA 2018 BH Services Survey

Medi-Cal Landscape

State Plan Amendment

- Used to change administrative aspects of a state's Medicaid program
 - Changing provider payment rates, adding or cutting optional services, adding managed care plans, or changing benefit structures like cost-sharing

Waivers

- Used to test new delivery or payment structures for Medicaid services. Two CA BH-focused waivers:
 - 1915(b) – allows for restrictions on beneficiaries
 - Carves out Specialty Mental Health from Medi-Cal
 - 1115 – pilot or experiment new Medicaid projects
 - Tests innovative programs such as WPC, DTI, DMC
 - Must be budget neutral

For additional information see: [ITUP Medi-Cal Waivers Discussion Guide](#)

Signals from the Administration

- California Advancing and Innovating Medi-Cal (CalAIM)
 - 1115 and 195(b) waivers concept paper expected October 28, 2019
- Behavioral Health Stakeholder Advisory Committee
- DHCS Administrative Integration of Mental Health & Substance Use Disorder divisions into Medi-Cal

CPCA Waiver Strategy

- Encourage innovation through county pilots that remove bifurcation into one source of payment for all acuity levels.
- Move toward innovative payment methodologies that would facilitate systemic integration and incentivize.
- Reduce documentation requirement for specialty mental health billing.
- Establish an objective, statewide criteria to assess acuity and improve continuity of care through efficient data sharing.

LifeLong Medical Care & East Bay Community Recovery Project – Why Merge?

Julie Sinai and Marta Rose

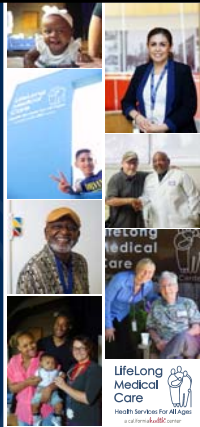
Chief Strategy Officer and Director of EBCRP

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www.lifelongmedical.org



What Brought Us Together?

- LifeLong and EBCRP had complimentary missions and history of partnership
- LifeLong identified gaps in patient services to meet SUD and Specialty Mental Health needs
- EBCRP sought to merge with larger organization with more robust infrastructure to “stay in the game” in a changing environment

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Title of Presentation



Mission Alignment

EBCRP Mission

East Bay Community Recovery Project (EBCRP) supports self-sufficiency and wellness of individuals and families by providing comprehensive and integrated services for mental health, substance use and related health conditions while addressing housing and employment



LifeLong Medical Care Mission

LifeLong Medical Care provides high-quality health, dental, and social services to underserved people of all ages; creates models of care for the elderly, people with disabilities and families; and advocates for continuous improvements in the health of our communities.

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Title of Presentation



Mutual Benefits

For LifeLong

- Experience providing primary care in EBCRP service sites
- Value of bringing SUD and SMH services to broader LifeLong patient community
- EBCRP has experience and is an established contractor of Behavioral Health and SUD services with County, State and Federal Agencies



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Mutual Benefits

For EBCRP

- Increased capacity to provide primary care to EBCRP clients
- Fiscal Security
- More robust infrastructure
- Greater funding opportunities for integration of care
- LifeLong well connected with local, state and federal elected officials and agencies.



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Exploration



- Staff Exploration
 - EBCRP and LifeLong leadership with history of partnership began exploring merger opportunities
 - Each agency identified Staff leads
- Board Exploration
 - Each agency set up a Board Subcommittee
 - Created a Joint Subcommittee with members from both Boards
 - Hired a neutral facilitator



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Phase I – Due Diligence

• Phase I: Due Diligence Check List

1. Governance
2. Finance
3. Real & Physical Property
4. Human Resources
5. Contracts
6. Licensing
7. Insurance
8. Management & Staff Integration
9. Fundraising Integration

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Phase I (example)

Acquisition Exploration Checklist – PHASE I – Due Diligence
East Bay Community Recovery Project and Lifelong Medical Care
Prepared November 13, 2017 | REVISED December 5, 2017
CONFIDENTIAL – DRAFT for Discussion Only

Phase I – December 1, 2017 – March 31, 2018
Due Diligence Period will end with agreement by Lifelong to acquire EBORP as of July 1, 2018

ITEM	INDICATOR OR STRATEGY	STATUS	COMMENTS
A. Governance			
A.1. Share list of all organizational entities, where and by whom founded (also developments, etc.)	LL, Lifelong Medical Care	Completed	
A.2. List of current Board of Directors	EBORP, LLC	Completed	
A.3. Current copies of organizational articles of incorporation and by-laws	EBORP, LLC State & Minn.	Completed	
A.4. Provide 2017 minutes from EBORP Board of Directors for review	Lifelong	Completed	Subj. to: 8/8-17
B. Finance			
B.1. Review financial statements of EBORP, including:		Completed	
B.1.1. Year-end financial statements for last 2 years	LL, Kanopa	11/2/18	
B.1.2. Most recent annual audit			
B.1.3. Cash flow analysis			
B.1.4. Management letters from most recent audit and last 3 audits	EBORP, LLC	Always in line	
B.2. Review EBORP asset agreements and credit agreements including lease, health, utility, and other relating to them			
B.3. Review current list of EBORP accounts receivable and payable and details of those accounts of accounts and payments including aging, balance and bad debt accounts			
B.4. Review health and care flow statements for 2016-18			
B.5. Review the amount and terms of any other third agreements of EBORP			
B.6. Verify EBORP for compliance of all government entities for last 3 years			
B.7. Verify there are no unpaid amounts			
B.8. Review maintenance schedules for EBORP buildings and equipment for upgrading and ascertain capital replacement needs and costs in near future			
B.9. Assess the sufficiency of EBORP assets for assets and their use			

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Phase II: Due Diligence (Deep Dive)

• Phase II:

- Legal
- Finance
- Human Resource
- Provider Credentialing
- Contracts
- FQHC-HRSA Clinic Licensure
- Internal and External Communication
- IT
- Facilities – Site Transition
- Management Integration

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Title of Presentation



Go-Live

- Most Urgent Transitions
 - Internal Communication
 - Human Resources
 - Contracts
 - Funders
 - Financial systems
- Next Phases (still in process):
 - IT
 - Staff and management integration
 - Financial Integration



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Title of Presentation

Lessons Learned



- Systems are VERY different and take time to transition (duh):
 - Fiscal and Contracting
 - HR Systems
 - Licensing and Certifications
 - Reporting & Quality Assurance
 - Electronic health records
- Confidentiality is important – but needed to bring key staff in earlier.



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More Lessons Learned

- 42CFR and HIPAA issues (still working on it for Epic)
 - Now developing new EHR – tailoring it to include SMH/SUD
- QA/Documentation differs significantly from FQHC
 - Drug Medi-Cal
 - Mental Health Medi-Cal
 - MAA billing



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Benefits Realized

- Cash flow issues relieved for SMH/SUD agency; sense of financial security
- Bonuses shared with all staff
- More opportunities for job advancement
- Collaboration on integrated care projects
- Increased grants and planning capacity



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Capturing New Opportunities

- Increasing psychiatry services at Project Pride
- Medical Respite – first project funded as a direct result of the strength resulting from the merger. Give description of what the program.
- Expanding MH/SUD counseling services to HIV+ clients
- Drop-in center and providing outreach connected to Street Medicine program has brought additional resources to the homeless population in our area



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Title of Presentation



Thank you!

For more information contact
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