The Dollars and Sense of Becoming a Medi-Cal Contracted Organization

Webinar, January 2019
How to Participate

Integrating EPSDT into TAY Foster Care Placements: Key Takeaways, Tips, and Food for Thought

Questions

Q: How did you decide on Contra Costa for your first EPSDT contract?

6:46 PM
Today’s Presenters

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Chief Operating Officer

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Assistant Director, Contra Costa and Solano Counties

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Policy Manager
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Early and Periodic Screening, Diagnostic and Treatment – child health component of Medicaid

Federal entitlement – states must provide comprehensive & preventative health services to:
- children under 21
- enrolled in “full-scope” Medicaid

Includes mental / behavioral health care

Administered through Medi-Cal – funded jointly by state and federal government

Realigned to counties in 2011
Why Pursue EPSDT?

Kathie Jacobson
Chief Operating Officer
Our Mission: Help foster youth build skills needed to make a successful transition to self-sufficiency & responsible adulthood
The need is high:
- 1/3 of former foster youth have at least one mental health disorder
- In the general population, rates of youth mental illness, suicidality, and substance use are rising
- Mental health-related hospitalizations for California youth have increased 50% since 2007

Access is low:
- < 5% of eligible youth receive mental health services under Medi-Cal, and
- < 3% receive ongoing services
Benefits of Integrated Care:

- Remove barriers to accessing services
- Reduce stigma and burnout
- Achieve outcomes
First Pace Strategy: work to mitigate negative impacts of behavioral health challenges that interfere with:

- Job seeking & keeping
- School attendance & success
- Daily challenges of apartment living
Hypothesis: EPSDT contracting would...

- Enable smaller caseloads & more intensive services for vulnerable youth, **AND** ...
- Help meet budget shortfalls for services already provided
Youth Stories: Overcoming Barriers

Lauren Grayman
Assistant Director, Contra Costa and Solano Counties
Integrating EPSDT into TAY Foster Care Placements:
Key Takeaways, Tips, and Food for Thought
Two Key Barriers

Fiscal Challenges: costs, risks, and barriers to sustainability

Contract Procurement
Two Key Barriers

Fiscal Challenges: costs, risks, and barriers to sustainability

Contract Procurement
Fiscal Challenges: Costs, Risks, and Barriers to Sustainability

- Significant investment of agency resources: feasibility, contract development, site readiness
- Upfront investments with no guarantee of contract procurement
- Barriers to growth and scaling for sustainability
Fiscal Challenges: Costs, Risks, and Barriers to Sustainability

💡 PRACTICE TIPS
- Proceed with caution!
- Perform thorough cost-benefit analysis - consider scale
- Seek out philanthropic partnerships
- Have upfront conversations with county partners

🔍 POLICY POINTS
- Grant programs to fund start-up costs for organizations serving underrepresented groups
- County contributions to start-up costs
Two Key Barriers

Fiscal Challenges: costs, risks, and barriers to sustainability

Contract Procurement

1. County inconsistency
2. Disadvantages for new providers
3. Barriers to small contracts
4. Fiscal concerns under realignment
“You Know One County, You Know One County”

- Medi-Cal certification = one county; one location; and one set of services
- Contracting policies, procedures, and priorities set by County BOS
- No uniform Electronic Health Records (EHR) system
“You Know One County, You Know One County”

🔍 POLICY POINTS
- Advance standard statewide policies & procedures
- Uniform EHR system
- *Ongoing coaching* from counties to providers

💡 PRACTICE TIPS
- Look for *county-specific* trainings and resources
- Hire a consultant or staff with Medi-Cal expertise
- Consider an agreement to use county-owned EHR system
Disadvantages for new providers

“The Best Way to Get a Medi-Cal Contract is to Have a Medi-Cal Contract”

- County contracting tends to favor providers with existing Medi-Cal contracts
- Award “points” based on prior experience
- Disproportionate impact on smaller, community-based organizations
“The Best Way to Get a Medi-Cal Contract is to Have a Medi-Cal Contract”

💡 PRACTICE TIP

- Hire staff with Medi-Cal experience – reduce fiscal risks and alleviate county concerns

🔍 POLICY POINTS

- Increase accountability and transparency
- Rethink experience points – balance with points for underrepresented populations
- Apply Diversity, Equity, and Inclusion lens
Barriers to initiating small contracts

- Administrative burdens and risks
- Macro perspective – meeting community need
- Preference for larger contracts serving broader range of populations
- Disadvantage for smaller organizations with narrow specialty focus
Fiscal Concerns Under Realignment

- EPSDT = Federal entitlement, or capped program?
- 2011 Realignment $\rightarrow$ shifting fiscal responsibilities
- When expenditures exceed allocations, who pays?
- County reluctance to initiate new contracts
Given this landscape…

💡 PRACTICE TIPS – Make your case!

- Build relationships; engage county partners
- Demonstrate ability to meet an unmet need
- Consider how your agency adds to a well-rounded continuum of service providers
- Consider county needs and pressure points
- Develop a collaborative approach
Given this landscape...

POLICY POINTS

- Counties need assurance that EPSDT won’t become an unfunded mandate
- Incentivize counties to reserve contracts for underserved / specialty populations
- Increase county accountability
THPP and the Flat Rate Issue

THE PROBLEM:

- Rising housing costs are starving services in THPP-NMD programs
- Increased reliance on private fundraising

POLICY TIPS

- Rate increase based on regional housing costs
- Enhanced rate to serve higher needs youth
- Rates must allow flexibility and individualized service planning
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Integrating EPSDT services into TAY foster care placements: Lessons learned

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