

ACCESS COALITION PRIORITIES FOR 2012

New Proactive Strategies

1. Advocate for mental health and related benefits in health plans being established through 1115 Waiver Coverage Initiative expansion and enrollment of people with disabilities into Medi-Cal managed care. Covered Initiatives has been renamed Coverage Expansion and Enrollment Demonstration (CEED) projects.

This will not happen in full Medi-Cal counties. Members agree to remain vigilant and report back to the group.

2. Pilot projects will be conducted in up to six counties for dual eligibles. Screenings should be conducted for individuals receiving services through the pilot project. 15 other states are conducting pilots. Rusty will reach out to Pennsylvania to model their approach. Quality measures and outcomes will be discussed with the Harbage group who is consulting on this project. Will these items adjust the amount of funds received if outcomes and quality are not up to standards?

Rusty will talk to his contact about the best price issue and see how it will apply. It will likely be commercial. Access Coalition will advocate for an open formulary for mental health. Part D parity will be advocated for.

3. Expand and promote programs for integration and coordination of mental health and physical health/medical home approaches, including better communication through electronic programs such as Orange County's ER Connect.

Sheree will work with Zima on this priority.

4. Invite APS Healthcare to present on care coordination.
5. Begin planning for the changes coming in 2014.

Carry Over from 2011 Proactive Strategies

1. Meet with new Department of Health Care Fiscal Intermediary contractor for the Medi-Cal program proposed TAR reform.
2. Identify problems and respond to County Formulary Restrictions.
3. Review Department of Corrections and Rehabilitation Population Management Plan Implementation, Including Court orders and RAND contract with Federal Receiver's Office regarding performance indicators.

Work with probation officers. Work with COMIO to get this on their agenda.

4. Seek opportunities through budget or legislation to expand mental health diversion programs.

Darrell Steinberg will be asked to take action on this item and the expunging of records.

5. Revisit mental health standardized billing forms and lack of standardized card for Medi-Cal enrollees (as does exist for physical health).

Darrell Steinberg will be asked to take action on this item. We will benchmark California with Massachusetts. April Grant will help with this effort. The focus will be on dual eligibles.

6. Follow up on TAR reform outside California (for example, North Carolina, Minnesota, and Ohio)

There are ACS issues. Christina will look into working with DOR on establishing electronic TAR.

7. Rethink County Mental Health Boards to make them consistently strong and relevant.

Rusty will talk to Susan Rajlal about next steps.

8. Do a mid-year review of 2010 goals.

Carry Over of 2010 and 2011 Priorities Still Relevant

Monitor Evaluate and Respond to Major Issues

1. Mental health, ACOs, parity, and pharmaceuticals in Federal health care reform.
2. Adoption and Implementation of Federal mental health parity regulations.
3. Fiscal Year 2011-2012 State Budget impacts on mental health.
4. All aspects of same day billing.

Membership Expansion

1. Again ask California Department of Corrections and Rehabilitation (CDCR) to join.
2. Again Ask Federal Receiver's Office to join.

3. Again Ask California Institute for Mental Health (CiMH) to join.
 4. Ask California Pharmacists Association to designate a participant.
 5. Ask Mental Health Services Oversight and Accountability Commission (MHSOAC) Executive Director to join.
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6. Ask California Primary Care Association to join.
 7. Ask United Advocates for Children and Families (UACF) to join.
 8. Again ask State Department of Mental Health (DMH) to join.
 9. Ask California Mental Health Counselors Association to join.
 10. Ask California Association of Physician Groups (CAPG) to join.
 11. Ask California Medical Services Program (CMSP) to join (Specifically Alison).
 12. Ask California Association of Alcohol and Drug Program Executives to join (Specifically Helyne Meshar).
 13. CSAC
 14. Probation officers
 15. Alcohol and drug (counties and providers)
 16. Society for addiction medicine (CSAM)
 17. DHCS (welcome to come but cannot be members, conflict of interest with pharms) get close to Vanessa in this office.

Back Burner:

1. Establish relationships and present value of ensuring appropriate mental health and related services in Accountable Care Organizations (ACO).

Rusty has reached out to this group and had not received a response.

Action Items:

1. Evaluate opportunities in new administration and with new Insurance Commissioner to reform Department of Managed Health Care approach to access, enforcement, mental health carve outs, and parity.

The CCMH workgroup is working on this issue. Rusty will provide the Access Coalition with information on their work.

2. SPD will be researched by Sheree and will be included in Rusty's 1115 waiver workgroup discussions.