

Introduction

Medi-Cal Managed Care Plans in Fresno County

Physical Health

Medi-Cal is California's implementation of the Federal Medicaid program. It provides for the health care of low-income individuals and families. Many enrollees are enrolled with Medi-Cal automatically because they are receiving Supplemental Security Income (SSI), or California Work Opportunity and Responsibility to Kids (CalWORKs), which is California's implementation of the Federal Temporary Assistance for Needy Families (TANF) program. Others apply for Medi-Cal directly because their income is below the Federal Poverty Level or they have a chronic disabling physical or mental health condition.

California's implementation of the 2010 Patient Protection and Affordable Care Act has seen Medi-Cal coverage expanded to cover all age groups. Prior to the passage of the Affordable Care Act, only children under the age of 21, their parents, and elderly/blind/disabled persons were eligible for Medi-Cal benefits. The State Department of Health Care Services now finances or organizes health coverage for nearly 1 out of 3 Californians. Medi-Cal is an invaluable form of health insurance for people who would otherwise not have coverage.

In Fresno County, the State has contracted with two health care plan providers, Anthem Blue Cross and CalViva Health, to meet the physical health care needs of Fresno County residents receiving Medi-Cal. Medi-Cal recipients can choose one of these two health care plans when they are approved for Medi-Cal benefits. Having two competing managed care health plans improves and expands access to preventive and primary care services for beneficiaries, and reduces the need for emergency and hospital-based care. These changes benefit Medi-Cal beneficiaries and help control the overall cost of health care.

Mental Health

Historically, there have been two separate Medi-Cal funded mental health systems. One is the Short-Doyle Medi-Cal system, or County operated mental health program. The other is the Fee-For-Service system, which is composed of private hospitals, psychiatrists, and psychologists who bill the State for the services they provide. These two systems have had separate providers, separate billing processes, separate rules for reimbursable services, and different rates or fees for reimbursement. The same beneficiary could receive services from each system, with some limitations under the Fee-For-Service system.

To improve Medi-Cal beneficiaries' access to quality and coordinated services,

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the State of California moved to a Managed Care model of service delivery. The Short-Doyle and Fee-For-Service Medi-Cal mental health programs were consolidated into a single system. On January 1, 1995, Phase I of the managed care plan consolidated inpatient services. Counties entered into an agreement with the Department of Mental Health to manage Fee-For-Service and Short-Doyle inpatient services. This change resulted in a single and coordinated system, and decreased dollar expenditures.

On April 1, 1998, the Fresno County Mental Health Plan (FCMHP) implemented Phase II Consolidation for all Specialty Mental Health Services (SMHS) provided under the Short-Doyle and Fee-For-Service system. The FCMHP is responsible for providing Specialty Mental Health Services to Medi-Cal beneficiaries who meet medical necessity criteria and have a serious mental illness (SMI), through contracted providers or through the various Fresno County mental health program sites.

Physical and Mental Health Interface

The funding for the FCMHP is “carved out” of the overall health care plan funds and managed separately. Anthem Blue Cross and CalViva Health provide physical health care, laboratory, and pharmacy services to all of their members, but only provide mental health services to beneficiaries who have mild to moderate impairments in regards to their mental health.

The FCMHP established a Memorandum of Understanding (MOU) with Anthem Blue Cross and CalViva Health to ensure coordinated and seamless delivery of services between plans. The MOU also provides for the availability of clinical consultation between plans, and exchange of critical medical record information within mental health confidentiality guidelines.

FRESNO COUNTY MENTAL HEALTH PLAN VALUES

The FCMHP is guided by clearly stated principles that direct implementation activities at all levels of client service. In the provision of Specialty Mental Health Services, the following are especially relevant:

- Emphasis is on serving adults with serious and persistent mental illness and youth with serious emotional disturbances through a comprehensive, community-based, coordinated system of care.
- For less serious, enduring conditions, the emphasis is on problem-focused treatment at all levels of service.

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- Services are flexible, client and family-centered, and culturally sensitive. Within the spectrum of specialty mental health services, there are sufficient levels of language and cultural skills to serve the clients of the county.
- Services provide, to the greatest extent appropriate, opportunities for client/family preferences and choice. In order for services to be truly client driven and family focused, there must be client/family involvement in the planning and delivery of services.
- The system is user friendly with easy and expanded access for clients. The single point of responsibility in service delivery and sufficient coordination and linkage within the system appear seamless from the client's point of view.
- The system is accountable for defined outcomes as a way of measuring system effectiveness and efficiency.
- The system is responsive to the client through measurement of client satisfaction and a process for dealing with client complaints and grievances.

CLIENT RIGHTS

- Be treated with respect and with due consideration for his or her dignity, and privacy.
- Receive information on available treatment options and alternatives presented in a manner appropriate to his or her condition and ability to understand.
- Participate in decisions regarding his or her health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of his or her medical records, and request that they be amended or corrected.
- Ask for a provider who can communicate in his/her language.

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- Whenever possible, receive mental health services at times and places that are convenient for him/her.
- Be told what his/her diagnosis means and get answers to questions.
- Get a second opinion when the first assessment indicates no need for treatment.
- Know the benefits, risks, and costs of treatment before giving permission for services.
- File a grievance about the services received or about the way that he/she was treated.
- Choose another person to represent him/her in the grievance process.
- Have his/her mental health records and personal information kept private.
- Be told about program rules and changes.
- File an appeal when services are denied, in part or in whole.
- Have access to the client handbook and materials on how to file a grievance, appeal, and State Fair Hearing.
- Receive mental health services in accordance with Title 42, Code of Federal Regulations (CFR), Sections 438.206 through 438.210, which cover requirements for availability of services, assurances of adequate capacity and services, coordination and continuity of care, coverage and authorization of services and to receive information in accordance with Title 42, CFR, Section 438.10, which describes information requirements.