LIVE WELL SAN DIEGO

HSD Behavioral Health Operations Quarterly Meeting

September 19, 2024 | 1:00-2:30pm
MS Teams

Present: County of San Diego Behavioral Health Services, Kaiser, Community Health Group, Blue Shield Promise, Molina, Alcohol and Drug Services Provider Association, MH Contractors Association, Optum Administrative Services Organization, County of San Diego SDAIM.

ITEM	SUMMARY	ACTION ITEM
1. Welcome/Introductions	MCP Responsible Persons, MCP Leadership, and County Leadership were represented at the meeting.	N/A
2. Dispute Resolution Process	The Case consult process in place has been working well and as such, no requests for dispute resolution have been received. MCPs have not needed to use the dispute resolution process.	CHG will be updating the coordination forms once MOU is finalized which is still in process. Once finalized they will need to be sent to DHCS for review.
3. Care Coordination and Referral a. DRAFT Closed Loop Referrals Implementation Guide (see attachment) • How are MCPs implementing? b. Continued discussion on Care Coordination. How to operationalize: • Ensuring coordination of care with Member's Primary Care Provider • BHS providers assessing for and referring members to MCP benefits such as ECM, CS • BHS and MCP providers engaging in collaborative treatment planning	a. DRAFT Closed Loop Referrals Implementation Guide has been routed for stakeholder review by DHCS and it includes the Basic Population Health Management (BPHM) approach that is intended to assist with navigation and coordination of services across MCPs. It was noted that this Draft BHIN is broader than the work using BH screening forms and transition of care form. The MCPs have either rolled a process or in the process of implementing one. b. Brainstorming ideas were shared on how to operationalize ensuring coordination of care with Member's PCP and how to operationalize BHS Providers assessing for/referring members to MCP benefits such as ECM & CS, and these Care Coordination topics will be kept on future agenda for an agreement.	a. N/A b. Keep on the agenda for continued brainstorming.

• BHS and MCP providers ensuring Member engagement • BHS and MCP providers communication processes • Ensuring non-duplicative treatment within BHS and MCP c. New community resources (see attachments) • ECM • Community Supports • Transportation for Medi-Cal Members • Medi-Cal Opti	c. Attachments were shared regarding these benefits, such as explaining what ECM and CS are and what services are offered. Per SDAIM, these resources will be translated to the threshold languages.	c. BHS will be working with Optum to post the resources on the HSD webpage.
4. Additional MOU Requirements a. Resources for Members → DRAFT coming soon! b. Training Resource for Providers • Recommendation to add best practices around stigma reduction per SB1019 (Blue Shield)	a. BHS is drafting resources for members and will be shared soon. b. Blue Shield presented their recommendation about adding information about SB1019 to the MOU Provider Training Resource.	a. N/A b. Blue Shield will send their recommended edits to BHS who will route to the HSD BH Ops Workgroup for review.
5. QI Activities (strengths, barriers, and plans to improve effective collaboration between the County BHS and the MCP(s)) • Highlights from the QI meetings	Blue Shield Promise shared that at previous QI meetings, discussions included: - how the MCP-3 file made such a huge impact and that they are exploring how it HEDIS measures could be incorporated to for follow-up after a MH visit to the ED or FUA substance abuse visit to the ED. It was noted that the MCP-3 report does not include ED data and that the MCPs have ED data. Having a data dictionary was also discussed at the QI meetings. - Inpatient data for fee-for-service hospitals is on the MCP-2 and that is more of a real-time report. - Developing a more comprehensive report and do an MCP-4 iteration.	N/A: follow up action items related to QI will be discussed at the QI meetings.
6. Systemic and Case-Specific Concerns (if any, disputes and resulting outcomes • If any, disputes and resulting outcomes	As noted on agenda #2 above, the Case consult process in place has been working well and as such, no requests for dispute resolution have been received. MCPs have not needed to use the dispute resolution process.	N/A

7. Data Exchange/Interoperability	No discussion	N/A
8. Other/Additional Topics a. Follow up on LTC Overarching Process (see attachment) b. MCPs approach to Network Adequacy Requirements • Member to Provider Ratios c. SB 326	a. No discussion b. No discussion c. Blue Shield Promise shared that SB 326 Bill requires that all insurers do best faith effort to reimburse COSD mental health plan. As such, there will need to be a system in place where Counties can request payment for instances that BHP provides a service to a member that the MCP should have provided and that the MCP will pay for service. BHP shared that this is on radar, and that consultants are being considered for a broader health plan operations.	a. To be discussed at a future meeting b. To be discussed at a future meeting c. To be further discussed at future meeting(s)
Next Meeting: 10/17/2024 1PM		