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January 17, 2012

TO: California Department of Public Health
Office of AIDS

FROM: Los Angeles County, Department of Public Health
Division of HIV and STD Programs (DHSP)

SUBJECT: LOW INCOME HEALTH PROGRAM TRANSITION UPDATE

This is a follow-up monthly update to the Los Angeles County Low Income Health Program (LIHP) transition plan submitted on November 15, 2011. DHSP continues to work with Los Angeles County's Department of Health Services (DHS) and Department of Mental Health (DMH) to prepare for the transition of approximately 5,000 clients from Ryan White-supported medical care to the local LIHP, also known as Healthy Way LA (HWLA). In the last two months, transition efforts have been focused on issues relating to the HIV pharmacy network, mental health services, eligibility screening and enrollment, and Ryan White-supported HIV medical outpatient contracts and wrap-around services. The goal is to avoid disruptions to HIV care and treatment, ensure retention in care, and ensure that all impacted clients continue to receive quality HIV treatment and services.

Los Angeles County LIHP Provider Network

Recognizing the critical need to ensure continuity by allowing clients to remain with their current medical provider, Los Angeles County DHS (local LIHP administrator) offered HWLA contracts to all Ryan White-funded HIV clinics previously not in the HWLA network. To date, six of the seven current Ryan White clinics have signed their HWLA contract. In addition, 17 of all RW-funded HIV clinics had an existing HWLA contracts that needed to be amended to include HIV care and treatment to the menu of allowable services. Of these, all but one have signed their respective HWLA contract amendments.

Los Angeles County LIHP HIV Pharmacy Network

DHS is creating a pharmacy network to expand access beyond existing HWLA pharmacy network by working with a Contract Pharmacy Administrator (CPA). Development of this pharmacy network maximizes continuity by:

- Expanding the HWLA pharmacy network to include existing on site Ryan White clinic pharmacies and adding additional community pharmacies to the network;
- Providing contracted pharmacy options to clinics currently lacking an on site pharmacy, or lacking a 340B contract arrangement with a community pharmacy;
- Retaining access to 340B pricing;
- Streamlining claims adjudication through electronic adjudication processes, wholesaler drug replenishment, and timely reimbursement for smaller pharmacies and Ryan White clinics.

Continuity in access to medications is critical for HIV patients. DHSP will not be able to begin transitioning clients to HWLA until all elements of the Contract Pharmacy Administrator Plan are in place. DHS is working diligently on negotiating a CPA agreement as soon as possible. We will keep you updated of the progress in our subsequent reports.

Eligibility Screening and Enrollment

Per our previous transition report, DHSP and DHS are developing a system to align the Ryan White eligibility screening process to the State AIDS Drug Assistance Program (ADAP) process. Ryan White patients will be screened for HWLA during their State ADAP eligibility screenings. By mirroring the ADAP enrollment system, DHSP intends to provide clients with a familiar contact in a face-to-face setting to help transition them to the new system of care under HWLA. Approximately 100 ADAP enrollment workers, benefits specialists and case managers within the Ryan White system of care have been identified to perform the screening and enrollment. DHS and DHSP will train these providers on the screening protocol and enrollment system.

Because several critical elements in the LIHP transition process must be thoughtfully considered and implemented before migration occurs in order to ensure continuity of care for patients, particularly to avoid disruption in their HIV medications, DHSP does not anticipate beginning eligibility screening and enrollment earlier than July 2012.

Los Angeles County LIHP Mental Health Services

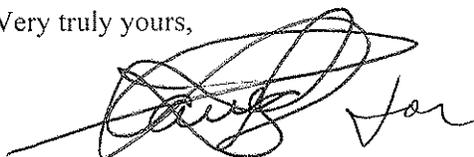
Through HWLA, certain mental health services are offered through a tier-based structure based on diagnosis. *Attachment 1* summarizes the tiers of services for various diagnoses. DMH has extended HWLA mental health contracts to primary care providers within the Ryan White continuum of care. To maximize collaboration and communication with all partners involved, DHSP and DMH will host a meeting with Ryan White mental health services providers to discuss services covered under HWLA, and explore strategies for avoiding duplication of services. The meeting will be held on January 18, 2012.

Ryan White Medical Outpatient and Wrap-Around Services

A significant number of HIV patients eligible for HWLA will continue to rely on Ryan White program for wrap-around services not covered under HWLA in order to thrive. DHSP is working to deploy services to facilitate linkage to care and medical care coordination for HIV patients at their chosen HWLA or Ryan White medical homes. This is another element that must be finalized before transition of clients can occur.

To reiterate, not all mechanisms are currently ready for a transition to LIHP in Los Angeles County; however, we have made considerable progress to prepare for a safe and responsible transition for those eligible patients. We are sure you agree that continuity of care for our patients is the top priority during this period of significant change. We will continue to coordinate with Office of AIDS in these efforts. Please let us know if we can provide you with any additional information.

Very truly yours,



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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH/PRIMARY CARE INTEGRATED PROGRAMS**

**OVERVIEW OF SPECIALTY MENTAL HEALTH SERVICES
FOR HEALTHY WAY L.A. ENROLLEES**

With the implementation of the Low Income Health Plan (LIHP) under the 1115 Waiver, the Department of Mental Health (DMH) joins the Department of Health Services (DHS) in moving closer to true integrated primary care-behavioral health services. Effective July 1, 2011, mental health services became a mandated component of the LIHP, available to all individuals enrolled in Healthy Way LA (HWLA) who meet mental health medical necessity criteria. Los Angeles County residents from 19-64 years old, whose income is at or below 133% of the Federal Poverty Level, with a valid government-issued identification and proof of residence are eligible for enrollment into HWLA.

What types of mental health services are delivered under the HWLA Mental Health Benefit?

The HWLA mental health benefit is delivered through the existing and expanded network of DMH directly-operated and contracted specialty mental health clinics. Mental health care may be understood as being delivered in three “tiers”, which are delineated in the chart below:

Mental Health Service Delivery under the LIHP

Level of Service	Level of Need	Type of Service
Tier 1	Current priority population: clients with serious mental illness Quadrants* 2 and 4	<ul style="list-style-type: none"> • Full range of Rehabilitation Option services
Tier 2	Individuals seen in primary care settings who may benefit from early intervention/short-term treatment Quadrants* 1 and 3	<ul style="list-style-type: none"> • Evidence-based practices • Short-term treatment • Psychiatric consultation regarding psychotropic medications provided for treating primary care physicians
Tier 3	Individuals seen in primary care settings who receive and desire only medication management Quadrants* 1 and 3	<ul style="list-style-type: none"> • Psychiatric consultation regarding psychotropic medications provided for treating primary care physicians

*Based on the 4-quadrant model from the National Council for Community Behavioral Healthcare

What are the eligibility criteria for HWLA Mental Health Services?

All HWLA enrollees referred for mental health services must meet mental health medical necessity criteria. The specific criteria for each tier of service are listed below:

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To be eligible for **Tier 1 services**, an individual must meet the following criteria:

- Be determined to have a serious and persistent mental illness
- Be at serious risk and serious need for mental health care
- Not stable on medications
- Mental health diagnosis, such as:
 - Schizophrenia
 - Bipolar disorder
 - Mood disorders
 - Personality disorder with severe impairment
- Severe functional impairment
 - Difficulty providing for basic needs
 - Serious impairment in two or more critical roles, (e.g., inability to work, homeless or at risk of losing housing, inability to maintain relationships, significant difficulty parenting, poor self-care)
- Likelihood of need for higher level of care without intervention, (e.g., hospitalization, incarceration)

To be eligible for **Tier 2 services**, an individual must meet the following criteria:

- Be determined to have an acute mental illness
- Be at moderate risk and have a moderate need for mental health care
- Mental health diagnosis, such as:
 - Depressive disorder
 - Generalized anxiety disorder
 - Personality disorder with moderate impairment
- Moderate functional impairment in one to two roles, (i.e., difficulty keeping a job, risk of losing housing, unstable relationships, occasional poor grooming or hygiene)
- Ability to benefit from time-limited, focused evidence-based practice

What types of mental health services will be delivered under Tiers 1 and 2?

Clients eligible for Tier 1 mental health services – those with a serious and persistent mental illness – will receive appropriate Rehabilitation Option mental health services. These services, delivered in one of our network of free-standing specialty mental health agencies, include assessment; individual and group therapy with an emphasis on the Recovery Model; medication evaluation and management; case management and supported housing; and employment and education. Services for individuals with co-occurring substance abuse disorders are also provided.

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Clients eligible for Tier 2 mental health services receive an evidence-based early intervention with demonstrated success in primary care/behavioral health integration, the Mental Health Integration Program (MHIP), a strategy developed by the University of Washington. Characteristics of the MHIP model include:

- Collaborative care model
- Primary care provider (PCP) continues medications, as needed
- Stepped interventions
- Therapeutic components
 - Assess symptoms and problems in living
 - Develop targeted treatment plan
 - Problem-solving therapy
 - Behavioral activation
 - Assessment of status at each visit
 - Weekly team case consultation with psychiatrist
 - Follow-up between psychiatrist and PCP when medications need to be adjusted

Some additional questions regarding Tier 1 and 2 services include the following:

Is medication support an included mental health service for Tier 2 clients?

No. If clients receive early intervention services under Tier 2, they will be offered MHIP. Under this practice, PCPs will initiate or continue to deliver medication support services. Through HWLA, these medication visits are now eligible for reimbursement under DHS. Although mental health providers may offer consultation regarding complications, such as lack of therapeutic response to medication or side effects, responsibility for continuing to prescribe and monitor medications will rest with the PCP.

Under what circumstances can clients be transferred from Tier 2 to Tier 1 services?

At any time, if a client receiving Tier 2 services is determined to 1) meet the criteria for Tier 1 services, 2) need the Rehabilitation Option Tier 1 services, and 3) desire a transfer to a specialty mental health provider, a referral can be made. The receiving provider will conduct an assessment to confirm that the client meets the criteria for Tier 1 services and to develop an appropriate treatment plan. Clients should not be automatically transferred for Rehabilitation Option services simply due to a failure to benefit from Tier 2 services.

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**OVERVIEW OF SPECIALTY MENTAL HEALTH SERVICES
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SUMMARY OF ELIGIBILITY FACTORS

	Eligible	Not Eligible
Client	Meets Medi-Cal Medical Necessity criteria	Does <u>not</u> meet Medi-Cal Medical Necessity criteria
Community Partner/ Rendering Provider	FQHC/FQHC look-alike <u>with</u> MH scope of project/must use a Licensed Clinical Psychologist, Licensed Clinical Social Worker or Psychiatric Mental Health Nurse Practitioner	FQHC/FQHC look-alike does not have required staffing pattern
Community Partner/ Rendering Provider	FQHC/FQHC look-alike <u>without</u> MH scope of project, and non-FQHC, may use a Licensed or Waivered Clinical Psychologist, Licensed or Registered Social Worker and/or Marriage and Family Therapist, or a Psychiatric Mental Health Nurse Practitioner	FQHC/FQHC look-alike/non-FQHC does not have licensed or waived professional mental health staff
Service	12 out-patient MHIP visits in 12 months*; targeted case management; psychiatric consultation w/PCP	Long-term psychotherapy; weekly counseling focused solely on HIV issues, such as, HIV status, AIDS, adjustment to illness, etc.

*Minimum benefit in approved LIHP plan.