

Behavioral Wellness Legislative Issues

April 4, 2016: Update from March 7, 2016 LPC Meeting

CSAC position on AOT

- **Support** Laura's Law/Assisted Outpatient Treatment Legislation, allowing each County's Board of Supervisors to determine whether they want to create and/or discontinue an AOT Program.
- **No Position** on the efficacy of AOT as a clinical intervention, but rather support allowing counties to implement an AOT program should they decide it meets the needs of their unique communities and budgetary guidelines.

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IMD

Key points accounted for in estimate:

1. The current IMD Exclusion only applies to individuals Age 21 – 64 (services in IMD designated facilities are billable/reimbursable by Medi-Cal for under 21 and over 64)
2. In FY 15/16, BW estimate to spend a total of about \$7.4M on services provided in IMD's (\$3.7M at Vista, \$0.6 M at State Hospital, and \$3.1M at various long term IMD facilities.)

If the IMD exclusion is repealed **in its entirety**, it would subsequently allow all services (provided to Medi-Cal eligible clients) to be reimbursed at cost via the Short Doyel Medi-Cal system, and would expect total new FFP revenue of approx. \$3.9M.

Calculations (based on current FY15/16 estimates):

\$3,700,000	Vista (Hospital IMD)
\$600,000	State Hospital (IMD)
\$3,100,000	Various long term IMD
\$7,400,000	Projected FY15/16 expenditures on IMD's
16.8%	Non-Medi-Cal Eligible services
\$1,243,200	Non-Medi-Cal costs
\$6,156,800	Potential Medi-Cal Eligible costs
26%	ACA eligibility (based on FY15/16 Estimates)
\$1,600,768	Est. service cost for ACA clients
100%	ACA M-Cal FFP rate (through Dec2016)
\$1,600,768	ACA FFP Revenue
\$4,556,032	Balance Medi-Cal eligible costs
50%	Traditional M-Cal FFP rate
\$2,278,016	Traditional M-Cal FFP revenue
\$3,878,784	Net Add'l FFP from repeal of IMD Exclusion