Health Care Reform Workplan	
Month	**Task**
Nov	– Inform Board and staff. Begin planning process. Request DMC application from ADP. – Is billing commercial plans in your future?
Dec	– What are your internal sources of data regarding finances, clients, program performance, client outcomes? What are you missing? How are you going to get it? – Identify possible network partners.
Jan	– Survey clients regarding: health issues, health care, health care coverage, income, and PCP. Ask every new client between now and December 2013. – *State budget for FY 13-14 is introduced.*
Feb	– Establish linkages with local PC providers. – Begin discussions with potential partners about the specifics of network formation.
Mar	– Identify areas of shared cost & responsibility among network members.
Apr	– Begin to draft MOU's for network partners – *1115 Waiver Behavioral Health Plan for CA is issued.*
May	– Analyze treatment program operations in light of M-C covered benefits & reimbursement rates. *(These should be available by this point or perhaps earlier.)* – Will you develop a COD treatment track?
Jun	– Pilot test network operations – shared business functions, staffing, client services.
Jul	– *FY 13-14 begins.* – Make adjustments to network design.
Aug	– Develop draft marketing plan using financial and clinical data you and network members have collected and analyzed.

Health Care Reform Workplan	
Month	**Task**
Sep	– Formalize network . – Are you ready to negotiate contracts as a group?
Oct	– Develop staffing plan for claim creation and handling denials. – What about clinical staff – MD, MFT/LCSW? – Finalize marketing plan.
Nov	– Develop plan for getting clients signed up for coverage. – Identify billing opportunities outside the SUD carve-out: MAT, wellness promotion, chronic disease management, etc.
Dec	– Take a look around. Is everything in order?
Jan	– Your goal is to get every client signed up for coverage.
Feb	– Submit first benchmark Medi-Cal claims.
Mar	– Get first M-C denials; correct them and resubmit. Repeat . . .

1) Slide
   a) Data, Data, Data, Data
   b)
2) Finance
   a) Conduct internal assessment of finances.
   b) DMC, commercial plans or what?
   c)
3) Treatment Services
   a) Client survey re health, income, coverage etc.
   b) NIATx – What have you learned. What have you done about it.
   c) What is your cost to produce outcomes
4) Marketing
   a) Who are you marketing to? Purchasers or clients?
   b) What are your success stories?
   c) Do you have the data you need to tell the story?
5) Networks
   a) Whar are the pieces of the system of care puzzle in your service area?
   b) Who are likely participants? What do they bring to the table?
   c) Do your research. Check their 990's
6) Unknowns at this point –
   a) Role of block grant
   b) What's covered under benchmark MC
      i) What are the rates?
      ii) Managed Care
      iii) BH plan
   c) 1115 Waiver Plan recommendations
      i) DHCS implementation plan