



September 7, 2012

Secretary Diana S. Dooley
California Health and Human Services Agency
1600 9th Street, Room 460
Sacramento, CA 95814

SUBJECT: Transition of Healthy Families to Medi-Cal: Recommendations on Key Issues for County Mental Health Departments

Dear Secretary Dooley:

On behalf of the California Mental Health Directors Association (CMHDA), which represents the directors of public mental health authorities in counties throughout California, I am writing to provide our brief recommendations on the state's efforts to transition Healthy Families beneficiaries to the Medi-Cal program.

First, we respectfully request that the Administration establish a Mental Health Work Group to ensure the significant Healthy Families transitional issues for enrollees with mental health service needs are identified and carefully considered. While the specialty healthcare areas of dental and vision are clearly identified as needing significant stakeholder input and planning, neither the "*Stakeholder Engagement Timeline*" nor the "*Draft Transition Strategic Plan Outline Template*" currently posted online by the Department of Health Care Services (DHCS) and Managed Risk Medical Insurance Board (MRMIB) identify an intention to specifically engage mental health stakeholders in the planning. We believe it is critical to ensure that the state fully consider and plan for the transition of the estimated 43,000 (5% of 875,000) Healthy Families beneficiaries with specialty mental health service needs into the Medi-Cal program.

Second, CMHDA recommends that counties and health plans develop a process for screening and triage of the transitioning beneficiaries with mental health needs in a way that reflects the acuity of beneficiaries' needs. Specifically, we recommend the transition occur in a prioritized fashion for the following Healthy Families populations:

1. Beneficiaries admitted in psychiatric hospitals and those in emergency/crisis care;
2. Beneficiaries already determined to be eligible for county-provided Healthy Families-Serious Emotional Disturbance benefit services;
3. Beneficiaries already receiving outpatient mental health services from health plans; and
4. Beneficiaries with new referrals from the health plans, under provisions of their existing Medi-Cal Memoranda of Understanding.

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We also recommend that beneficiary informing materials include a clear description of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will be available to individuals through the Medi-Cal program, along with instructions on how to access inpatient and outpatient mental health care.

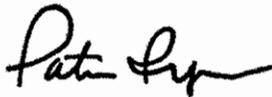
Additionally, we recommend that best practice approaches to the transition of beneficiaries with mental health service need be identified and disseminated statewide for use by counties throughout California. For example, it is our understanding that San Diego County has done an outstanding job of working collaboratively and proactively with local health plans to ensure a smooth transition, and we believe other counties might benefit from the lessons they have learned and processes they have developed.

Finally, we recommend the state consider the need to amend the state-county Medi-Cal Specialty Mental Health "Mental Health Plan Contract" to reflect this transition and any unique issues related to eligibility, payment verification, claiming, and other processes for this new population in Medi-Cal.

We welcome the opportunity to assist the Administration, including DHCS, MRMIB and other affected state agencies to ensure Healthy Families beneficiaries with mental health needs will transition smoothly to the Medi-Cal program. Thank you for considering our brief recommendations.

Please do not hesitate to contact me at (916) 556-3477, ext. 108 or pryan@cmhda.org, or Don Kingdon of my staff at (916) 556-3477, ext. 120 or dkingdon@cmhda.org with any questions you may have.

Sincerely,



Patricia Ryan
Executive Director

Cc: Toby Douglas, Director, California Department of Health Care Services
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