



November 30, 2012

Toby Douglas, Director
California Department of Health Care Services
1501 Capitol Avenue, Suite 71.6086
P.O. Box 997413, MS 4000
Sacramento, CA 95899-7413

SUBJECT: Draft "Katie A." Medi-Cal Documentation and Claiming Manual

Dear Toby:

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 express our significant concerns regarding the draft "**Medi-Cal Documentation and Claiming Manual**" for **Intensive Care Coordination (ICC) and Intensive Home-Based Mental Health Services (IHBS)**, which the California Department of Health Care Services (DHCS) recently released for public review and comment.

As you know, the *Katie A. et al. v. Diana Bonta et al.* lawsuit was filed in 2002, seeking relief for a class of California children who are in foster care (or at imminent risk of foster care placement), have a mental illness or condition that has been documented, and need individualized mental health services, as specified. A settlement agreement was reached in late 2011, which included requirements that a number of specific actions be taken by DHCS and the California Department of Social Services (CDSS). Among these requirements was the development and distribution of two manuals: (a) A "Core Practice Manual" to facilitate the provision of an array of services to be delivered in a coordinated, comprehensive, community-based fashion that combine access, planning, delivery and transition into a coherent and all-inclusive approach; and (b) A "Medi-Cal Documentation and Claiming Manual" to clarify and provide guidance on the coverage and documentation requirements under Medi-Cal of IHBS and ICC, so that counties and providers understand these requirements and consistently apply them. Our concerns regarding the draft Documentation and Claiming Manual and the process used for developing it are described below.

- 1. County mental health directors, by statute and contract with the state, act as managed Medi-Cal Mental Health Plans (MHPs), and are thus responsible for ensuring the provision of -- and payment for -- Medi-Cal Specialty Mental Health services to beneficiaries who meet medical necessity criteria. As MHPs, they are very invested in the effective and efficient management of this program, and are thus very concerned with the process that has been used to develop the draft Documentation and Claiming Manual. From their perspective, this has resulted in such significant flaws in the draft manual that the document must be substantially rewritten.**

We have been expressing concerns about this flawed process for some time with DHCS staff, other workgroup members, and the Special Master. For example, during a conference call with the Special Master earlier this year, CMHDA's Deputy Director and I raised concerns about the leadership and facilitation of the workgroup charged with developing the Documentation and Claiming Manual. In particular, we communicated strongly that our members were concerned that the workgroup meetings and conference calls were being facilitated by plaintiff counsel, rather than by a subject matter expert from DHCS. CMHDA members and staff continued to substantively participate in the workgroup, but were mostly unsuccessful in their efforts to convince those leading the workgroup to incorporate changes to the manual that would improve its value as a Medi-Cal documentation, training, and technical assistance tool. For example, CMHDA workgroup representatives strongly suggested that the manual include specific documentation and claiming examples that conform with federal specifications. This would facilitate local training efforts, and increase the accuracy and utility of the information being provided. Unfortunately, the draft manual does not include such examples. For this and many other reasons, the draft manual is simply not suitable for county MHPs' use in training staff and providers on technical Medi-Cal documentation and claiming requirements. In fact, we concur with the concerns raised by the Katie A. Advisory Panel in its November 15, 2012 letter to you: *"The narrow scope and detail of the document misses the opportunity to educate providers about the transformative nature of the state settlement and foster confidence that claims for ICC and IHBS will be safely within state and federal rules and regulations. . . In its present version, the manual is more likely to have a chilling effect on the provision of these services rather than the intended supportive influence."*

2. County mental health directors are concerned that the draft Documentation and Claiming Manual imposes a number of new settlement-related administrative requirements on counties that need to be considered in the context of 2011 Realignment.

The manual requires county MHPs to develop and implement a number of new administrative processes that are not reimbursed under the provisions of realignment of the Medi-Cal Specialty Mental Health/EPSDT program to counties. Since the methodology used by the state to establish its 2011 Realignment EPSDT base allocation to counties was based on a direct services estimate, the creation of any new county administrative requirements – particularly those that do not contribute to improvement in care -- should be carefully considered in this context. Each dollar counties must expend on state-only Medi-Cal administrative activities is one less dollar available for direct services. If the settlement-related administrative processes outlined in the current draft Documentation and Claiming Manual are to be required of counties, financial resources to cover the associated costs must be identified.

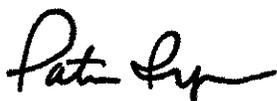
3. County mental health directors are concerned about reports that the Documentation and Claiming Manual may be released *separate from and prior to* the release of the Core Practice Manual. CMHDA strongly recommends the two manuals be released jointly, and in a coordinated fashion.

Releasing a manual that instructs providers on *how to claim*, without first or jointly releasing a manual on *what services to provide*, is putting the cart before the horse. Without the information that will be contained in the Core Practice Manual, providers will not have the instructions they need to provide the positive, transformative services we all seek to provide to children and families who enter the child welfare system.

Additionally, joint and coordinated release would facilitate interagency dissemination, training and implementation at the county level. The required changes to interagency practices in order to effectively implement the Katie A. settlement are extensive, and will impact county child welfare and mental health service delivery systems. The separate release of these two Katie A. manuals would fragment the local training process, resulting in needless duplication and costly inefficiency during local implementation.

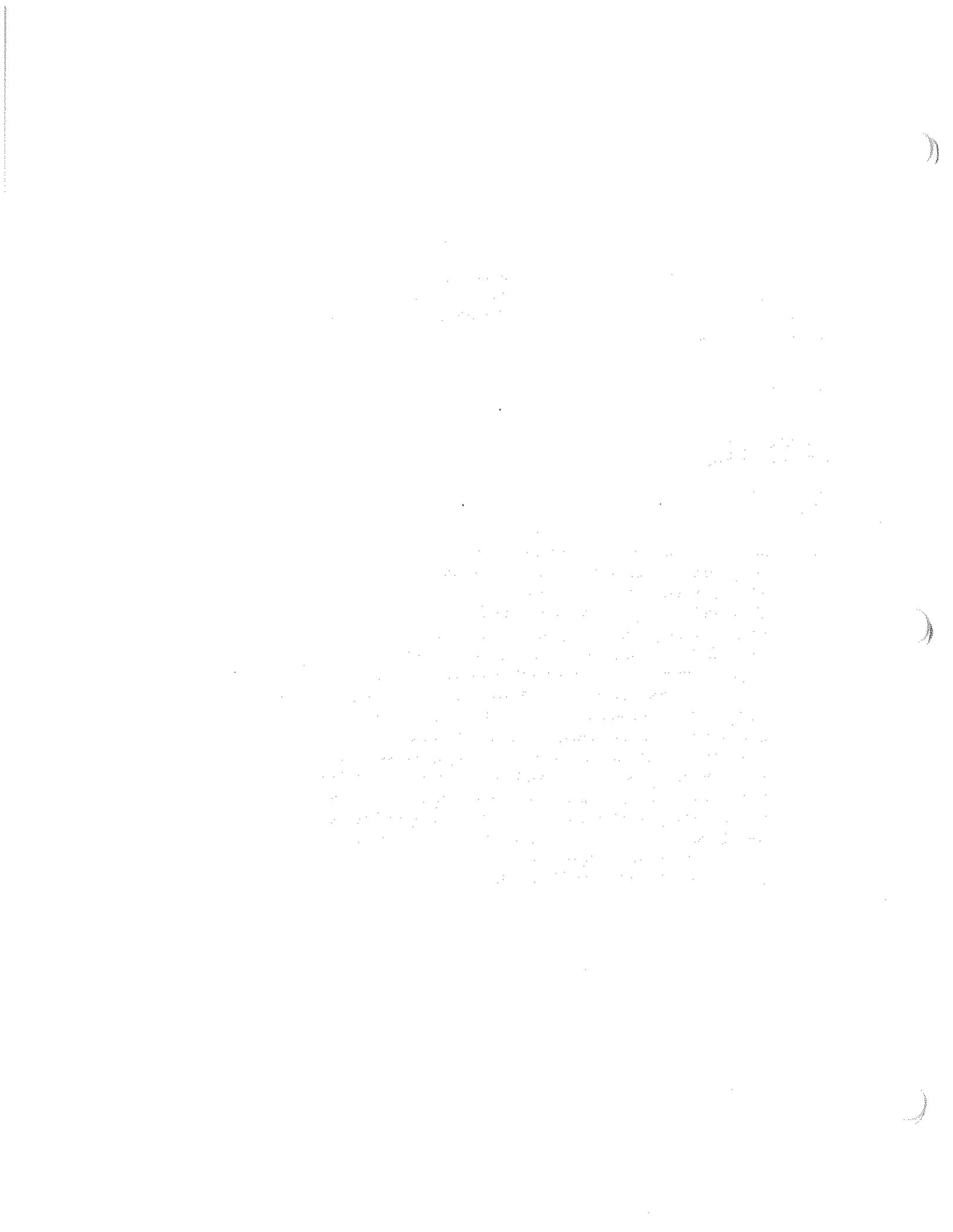
Thank you for your consideration of our concerns. We would welcome the opportunity to meet with you to further discuss these concerns. I can be reached at (916) 556-3477, ext. 108 or pryan@cmhda.org, or you can contact Don Kingdon of my staff at (916) 556-3477, ext. 120 or dkingdon@cmhda.org.

Sincerely,



Patricia Ryan
Executive Director

Cc: Richard Saletta, Federal Court Special Master
Honorable A. Howard Matz, U.S. District Court for the Central District of California
Will Lightbourne, Director, CDSS
Vanessa Baird, Deputy Director, DHCS
Dina Kokkos-Gonzales, Program Policy and Quality Assurance Branch, DHCS
Diane Cummins, Special Advisor, Department of Finance
Kiyomi Burchill, Assistant Secretary, California Health and Human Services Agency
Diane Van Maren, Consultant, Office of Senate Pro Tempore Darrell Steinberg
Agnes Lee, Consultant, Office of Assembly Speaker John A. Pérez
Scott Bain, Consultant, Senate Health Committee
Cassandra Royce, Consultant, Assembly Health Committee
Sara Rogers, Consultant, Senate Human Services Committee
Chris Reeve, Consultant, Assembly Human Services Committee
Frank Mecca, Executive Director, California Welfare Directors Association
Kelly Brooks-Lindsey, Senior Health and Human Services Legislative Representative,
California State Association of Counties
Jennifer Henning, Executive Director, County Counsels Association





December 10, 2012

Jane Ogle, Deputy Director, Health Care Delivery Systems
California Department of Health Care Services
P.O. Box 997413, MS 4000
Sacramento, CA 95899-7413

SUBJECT: Invitation to Provide Public Comment – Coordinated Care Initiative: Draft Assessment and Care Coordination Standards – Dated November 20, 2012

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 communicate our perspective on the *Draft Assessment and Care Coordination Standards* for the Coordinated Care Initiative (CCI).

Foremost, CMHDA would like to acknowledge the significant inclusion of behavioral health throughout the document. Effective partnership and collaboration with county mental health will make available to demonstration enrollees a wide variety of comprehensive, high quality, rehabilitative and targeted case management services. Increasing access to effective outpatient and crisis stabilization services provides an important opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals with mental illness in the least restrictive manner possible.

CMHDA strongly supports the inclusion of behavioral health in a number of key areas, as included in the draft:

- 1) For enrollees with a serious mental illness (SMI), the initial risk stratification must include a process for providing stratification results to the county mental health agency (p. 7).
- 2) The health risk assessment (HRA) should include a process to identify the need for facilitating communication among the enrollees' health care providers, including mental health and substance use providers when appropriate (p. 8).
- 3) Individual care plans (ICPs) should include a process for identification of referrals needed to county mental health and substance use disorder agencies for services outside the scope of the plan. Additionally, ICPs should include a process for the Plan to accept referrals from mental health plans when the determination is made that the service should be administered by the plan (p. 9). CMHDA would strongly suggest that a similar process be required for referrals to and from county substance use disorder agencies.

CMHDA Comments to DHCS on Coordinated Care Initiative – Draft Assessment and Care Coordination Standards 12-10-12

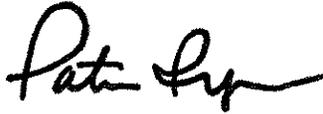
- 4) ICPs should include a process for reviewing and updating the ICP as necessary following a psychiatric or acute hospital admission, particularly for enrollees with SMI (p. 10).
- 5) Plans should consider behavioral health needs of enrollees and coordinate those services with the county mental health department as part of the enrollee's care management plan when appropriate (p. 10). CMHDA would strongly suggest that similar consideration be required with respect to substance use disorder treatment needs.
- 6) ICPs should facilitate referrals as necessary and appropriate for mental health and substance use disorder treatment services (p. 10).
- 7) ICPs should reflect behavioral health utilization (p. 10).
- 8) Plans should consult with the behavioral health specialist as appropriate in the development of the ICP (p. 11).
- 9) Plans should share assessment results and ICPs with county mental health and substance use disorder partners within 90 days of enrollment (p. 11).
- 10) ICPs shall incorporate appropriate use of county mental health and substance use disorder services (p. 11).
- 11) Basic care management services provided by the primary care provider or care coordinator should include coordination of and referral to county mental health and substance use disorder agencies, as appropriate (p. 12).
- 12) Minimum criteria for a discharge planning checklist must include coordination with county mental health and substance use disorder agencies (p. 13). For enrollees receiving county-administered specialty mental health or substance use disorder services, the plan should have procedures for notification of the Interdisciplinary Care Team of hospital admission (psychiatric or acute), and direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address an enrollee's medical problems based on changes in the enrollee's mental health or medical condition (p. 15).
- 13) For enrollees with SMI, the annual reassessment should be conducted in conjunction with the behavioral health specialist (p. 16).
- 14) The duties of the care coordinator should include coordination with county mental health and substance use disorder services, including facilitating communication among providers when appropriate (p. 16-17).
- 15) The membership of the Interdisciplinary Care Team should include a behavioral health specialist for enrollees receiving county-administered specialty mental health or substance use disorder services (p. 18).
- 16) Plans should not delegate the responsibility for assessment or care coordination to a subcontractor without first consulting with county social services agencies regarding the scope of subcontractor duties related to In-Home Supportive Services (IHSS) referrals and communication with county agencies, and revising as necessary any existing MOU or written agreements to reflect subcontractor responsibilities as they relate to enrollees with IHSS. CMHDA would strongly suggest that this requirement extend to county mental health and substance use disorder agencies, including revising as necessary any existing MOU between demonstration plans and county mental health plans to appropriately reflect subcontractor responsibilities.

Finally, CMHDA strongly supports the draft standards' overall emphasis on person-centered planning. Person-centered planning is consistent with the mental health recovery and resiliency principles outlined in California's Medi-Cal rehabilitation mental health services state plan amendment.

CMHDA Comments to DHCS on Coordinated Care Initiative – Draft Assessment and Care Coordination Standards 12-10-12

Thank you for your continued commitment to California's community mental health system. We welcome the opportunity to work collaboratively with the Department of Health Care Services to ensure a successful implementation of the demonstration. If you have any additional questions, please do not hesitate to contact me directly at pryan@cmhda.org or Molly Brassil at mbrassil@cmhda.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat Ryan". The signature is fluid and cursive, with the first name "Pat" being larger and more prominent than the last name "Ryan".

Patricia Ryan
Executive Director
California Mental Health Directors Association

cc: Vanessa Baird, Department of Health Care Services
Rollin Ives, Department of Health Care Services
Sarah Arnquist, Harbage Consulting

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