Overview of Medi-Cal Mental Health Delivery Systems in California and Utilization of Specialty Mental Health Services by Child and Adolescent Medi-Cal Beneficiaries

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An Overview of Medi-Cal Mental Health Delivery Systems in California

- As of January 1, 2014, there are three systems which provide mental health services to Medi-Cal beneficiaries:
  - The County Mental Health Plans (MHPs)
  - The Managed Care Plans (MCPs)
  - The Fee-For-Service Provider System (FFS System)

- Mental Health Plans generally provide Specialty Mental Health Services (SMHS) to beneficiaries with a severe level of impairment, whereas Managed Care Plans (MCP) provide mental health services to those with mild to moderate levels of impairment.

Specialty Mental Health Services through the MHPs

- Specialty Mental Health Services (SMHS) are those mental health services which are provided to Medi-Cal beneficiaries who meet medical necessity criteria specified in Title 9 of the *California Code of Regulations,* such as:
  - A covered diagnosis
  - A qualifying impairment
    - A significant impairment in an important area of life functioning, or
    - A reasonable probability of significant deterioration in an important area of life functioning without treatment, or
    - A reasonable probability a child will not progress developmentally as individually appropriate
  - Meets intervention criteria

Specialty Mental Health Services

Specialty Mental Health Services include the following:	
Rehabilitative Mental Health Services	Adult Residential Treatment Services
Mental Health Services	Crisis Residential Treatment Services
Medication Support Services	Psychiatric Health Facility Services
Day treatment Intervention	Psychiatric Inpatient Hospital Services
Day Rehabilitation	Psychiatrist Services (in fee-for-service hospitals only)
Crisis Intervention	Psychologist Services (in fee-for-service hospitals only)
Crisis Stabilization	Psychiatric Nursing Facility Services
EPSDT* Supplemental Specialty Mental Health Services	

*EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment

Mental Health Services Through the Managed Care Plans (MCPs)

Effective January 1, 2014, Senate Bill 1-1 amended Section 14189 of the *Welfare and Institutions Code* to provide that:

- Medi-Cal Managed Care Plans (MCP) shall provide mental health benefits covered in the state plan excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver.

- The mental health services provided by the MCPs include:
  - Individual and group mental health evaluation and treatment (psychotherapy)
  - Psychological testing when clinically indicated and medically necessary to evaluate a mental health condition
  - Outpatient services for the purposes of monitoring drug therapy
  - Outpatient laboratory, drugs, supplies and supplements
  - Psychiatric consultation

Mental Health Services Through the Fee-For-Service Provider System

- Effective January 1, 2014 the mental health services listed below are also available through the Fee-For-Service/Medi-Cal provider system:
  - Individual and group mental health evaluation and treatment (psychotherapy)
  - Psychological testing when clinically indicated and medically necessary to evaluate a mental health condition
  - Outpatient services for the purposes of monitoring drug therapy
  - Outpatient laboratory, drugs, supplies and supplements
  - Psychiatric consultation

Utilization of Specialty Mental Health Services (SMHS) by Child and Adolescent Medi-Cal Beneficiaries

- Some interesting facts about utilization of Specialty Mental Health Services by child/adolescent (ages 0 through 20) and adult (ages 21 and older) Medi-Cal beneficiaries:
  - During the four-year period between FY 2008-2009 and FY 2012-2013 there was a 20% **increase** in the number of children/adolescents receiving SMHS. Part—but not all—of this increase was due to the transition of children from the Healthy Families Program to the Medi-Cal Program. In the same period, there was a 3% **decrease** in the number of adults receiving SMHS.

  - The percentages of Medi-Cal eligible individuals in these two groups who were receiving SMHS in FY 2012- 2013 were fairly close[1]:
    - 5.7% for children/adolescents
    - 6.4% for adults

[1] According to the Behavioral Health Needs Assessment, the prevalence rate of serious emotional disturbance in children (ages 0-20) and serious mental illness in adults (age 21+) is 8.1%. *Note: This is the best available comparison to the Medi-Cal population of which we are aware, which reflects households below 200% of poverty.*

Utilization of Specialty Mental Health Services by Child and Adolescent Medi-Cal Beneficiaries

- In FY 2012-2013:
  - The number of children/adolescents receiving SMHS was 244,956
  - The number of adults receiving SMHS was 231,152
  - **Although the number of clients in the two groups are almost equal, the average cost per client was 50% higher for child/adolescent clients ($6,130 per year) than for adult clients ($4,089 per year)**
  - The higher average service cost for children/adolescents may indicate that children receiving Specialty Mental Health Services are in need of more intensive treatment than their adult counterparts.

Utilization of Specialty Mental Health Services by Child and Adolescent Medi-Cal Beneficiaries

- Provision of the following Specialty Mental Health Services for children/youth has **increased** from FY 2005-2006 to FY 2012-2013:
  - **Crisis Stabilization**
    +13.19% annual average increase in hours of service.
  - **Psychiatric Health Facility**
    + 11.27% annual average increase in days of service.
  - **Therapeutic Behavioral Services (TBS)**
    + 11.10% annual average increase in minutes of service.
  - **Therapy and Other Outpatient Services**
    + 6.89% annual average increase in minutes of service.
  - **Adult Crisis Residential**
  - + 5.66% annual average increase in days of service for beneficiaries from 18-20 years of age.
  - **Psychiatric Inpatient Hospital Services (FY 2007-08 vs FY 2012-13)**
    + 5.54% annual average increase in days of service.
  - **Crisis Intervention**
    + 3.89% annual average increase in minutes of service.
  - **Medication Support**
    + 2.72% annual average increase in minutes of service.

Utilization of Specialty Mental Health Services by Child and Adolescent Medi-Cal Beneficiaries

- Provision of the following Specialty Mental Health Services for children/youth has **decreased** from FY 2005-2006 to FY 2012-2013:
  - **Day Treatment Intensive – Half Day**
    -14.24% annual average decrease in half days of service.
  - **Day Rehabilitation – Half Day**
    -11.33% annual average decrease in half days of service.
  - **Day Rehabilitation – Full Day**
    -7.24% annual average decrease in days of service.
  - **Day Treatment Intensive – Full Day**
    -5.96% annual average decrease in days of service.
  - **Targeted Case Management**
    -1.02% annual average decrease in minutes of service.
  - **Adult Residential**
    -.83% annual average decrease in days of service for beneficiaries from 18-20 years of age.

Utilization of Specialty Mental Health Services by Child and Adolescent Medi-Cal Beneficiaries

- In light of the 20% increase in the number of children/adolescents receiving Specialty Mental Health Services between FY 2008-2009 and FY 2012-2013, it is important to remember the following:
  - The assessment and treatment of children/adolescents is different in many respects from the assessment and treatment of adults.
  - The treatment of children is a specialization within most of the clinical professions (psychology, psychiatry, social work, counseling, nursing).
  - Children/adolescents and adults who share a common mental health diagnosis (e.g., depression) may not present with similar symptoms.
  - Children below the age of 12 may not be appropriate for treatment with unmodified “talk therapy,” and may require a specialized treatment approach such as play therapy.

Utilization of Specialty Mental Health Services by Child and Adolescent Medi-Cal Beneficiaries

- The implication of children's behaviors during therapeutic sessions may be very different from the implication of similar behaviors performed be adults.

- The medication strategies used in the treatment of children's mental health issues are not necessarily the same as those used with adults.