



Department of
Health Care Services



Specialty Mental Health Services SPA Stakeholder Meeting

Meeting Notes – 10:00 a.m. – 12:00 p.m. Wednesday, October 6, 2010

Participants: Sean Tracy (DMH), John Lessley (DMH), Dina Kokkos-Gonzales (DHCS), Shelly Osuna (DHCS), Renae Rodocker (DMH), Erika Cristo (DMH), Rollin Ives (DMH), JaMilah Bridges (DMH), Teresa Castillo (DHCS), Emine Gunhan (DHCS), Semyrra Hines (DMH), Carla Minor (DMH), Nicette Short (CACFS), Uma Zykofsky (CMHDA), Suzanne Tavano (CMHDA), Fran Edelstein (CACFS), Penny Knapp (DMH), Michele Curran (CNMHC), Andi Murphy (CMHPC), Don Kingdon (CMHDA), Betty Dahlquist (CASRA), Trula LaCalle (NAMI), Gurubanda Singh (LADMH, by phone), Kim Lewis (WCLP, by phone), Richard Hildebrand (DHCS, by phone), Connie Willis (by phone), Melinda Bird (DRC, by phone), Rose Hue (LACC, by phone), Rusty Selix (CCCMHA, by phone), Mareva Brown (Sen, by phone), Alan Shipley (CBHS, by phone), Joyce Ott (by phone).

Introductions and Purpose:

- Introductions were made in the room and on the phone.
- DMH has a Specialty Mental Health Services State Plan Amendment (SPA) Stakeholder Process webpage. Please click on the following link for updates: http://www.dmh.ca.gov/Services_and_Programs/Medi_Cal/SPA_Stakeholder_Meetings.asp.
- The administration of the SPA stakeholder process is under Benefit Programs Administration in DMH. The DMH contact for the Specialty Mental Health Services SPA Stakeholder Process is JaMilah Bridges at: jamilah.bridges@dmh.ca.gov.
- The objectives of the Specialty Mental Health SPA Stakeholder meetings are to engage in educational and informative discussions, provide SPA status updates, and obtain stakeholder input on California's Specialty Mental Health Services SPAs.

Update on Discussion with CMS:

- DHCS presented an overview of recent guidance from the Centers for Medicare and Medicaid Services (CMS). Due to changes in CMS' same page review policy (see SMD #10-020 posted on DMH's website for more information on this policy change), the coverage and fiscal sections will be submitted as separate SPAs. SPA #09-004 will encompass only the reimbursement/fiscal sections and will maintain an effective date of January 1, 2009.
- Separate, formal SPAs will be submitted for the coverage/services sections (i.e. Rehabilitative Mental Health Services and Targeted Case Management). The goal

is to submit these SPAs during the October – December quarter to preserve an effective date of October 1, 2010.

- SPA #09-004 continues to be part of the stakeholder process, although the coverage SPAs are the primary focus at this time.
- The timeline document was revised to reflect additional activities and key target dates for the submission of the SPAs and the approval process.

Discussion Topics:

The following issues, concerns, and questions were discussed:

- An overview of the general principles that were undertaken for incorporating stakeholder comments and proposed edits was presented by DMH.
 - All stakeholder input and suggested edits were considered, and most of the proposed edits are included in the revised drafts.
 - The included edits represent the State's effort to reach a balance between the level of detail required by CMS and stakeholders' feedback while trying to stay as broad as possible to avoid inadvertently limiting services and minimizing flexibility.
 - It was reiterated that the State's goal is to capture current practice and for this reason any suggested language that would expand services was not incorporated into the revised SPA documents.
 - The State Plan cannot and should not be too detailed and for this reason the State may need to provide further guidance to clarify areas that are broad in the State Plan.
- The major topics and stakeholder comments that were discussed pertain to: "Rehabilitation", "Including but not limited to", Rehabilitative Mental Health Services definition, provider qualifications, and electronic communication.
- Rehabilitation
 - It was suggested to add "self-regulation" in addition to "self-sufficiency."
 - The previously proposed "life domain" language was too detailed and for this reason it was not incorporated into the definition. More information about this topic may be incorporated in future guidance.
- Discussion of Provider Qualifications ("Under the direction of" and "Under the supervision of")
 - These two terms were previously used interchangeably, but have now been clarified.
 - The types of professionals that can direct service are now specified in the SPA documents.
- Stakeholders asked why "peer support providers" are not specifically listed in the State Plan. The State clarified that the broad category of "Other Qualified Provider" encompasses this provider type.
- Discussion of Telehealth/Telemedicine
 - Stakeholders suggested adding Telehealth where allowable, as the current language of "face to face or by telephone" implies that telehealth may not be allowable.

- DMH clarified that telemedicine/telehealth is an allowable means of service delivery for certain services when all requirements of service delivery are met. Telemedicine/telehealth will be incorporated in the SPA documents. The State will research the most appropriate terminology to use to address this method of providing a service.
- Collateral
 - Adding “and/or” language to collateral services was suggested as a means of clarifying that this service could consist of one or multiple components.
- Stakeholders suggested revisions to some service descriptions (i.e. Day Treatment Intensive and Day Rehabilitation) to clarify that some components are required while some are not. On such instances it was suggested to add “one or more of the following.”

Next steps:

- Web postings: Revised Question/Comment document, CMS SMD Letters #10-020 and #07-011, and Stakeholder updates will be updated on the DMH website.