



Department of  
Health Care Services



# Specialty Mental Health Services SPA Stakeholder Conference Call

*Meeting Notes – 9:00 – 10:30 a.m. Tuesday, August 24, 2010*

*Participants: John Lessley (DMH), Dina Kokkos-Gonzales (DHCS), Sean Tracy (DMH), Shelly Osuna (DHCS), Renae Rodocker (DMH), JaMilah Bridges (DMH), Erika Cristo (DMH), Carla Minor (DMH), Teresa Castillo (DHCS), Emine Gunhan (DHCS), Patricia Nagaishi (OTAC), Karolin Schwartz, Melissa Chilton, Sharon Robinson, Carol Sakai (DMH), Michele Ernst (DMH), Patricia Sanui (DMH), John Griffith (DMH), Sarah Bream (OTAC), Steve Martinson, Don Kingdon (CMHDA), Connie Willis, Penny Knapp (DMH), Kim Lewis (WCLP), Peter Castle (CASRA), Nicette Short (CACFS), Vicki Smith (CiMH), Karen Polastri (OTAC), Fran Edelstein (CACFS), Constance Lilas.*

## **Introductions and Purpose:**

- Introductions were made.
- Please click on the following link for SPA updates:  
[http://www.dmh.ca.gov/Services\\_and\\_Programs/Medi\\_Cal/SPA\\_Stakeholder\\_Meetings.asp](http://www.dmh.ca.gov/Services_and_Programs/Medi_Cal/SPA_Stakeholder_Meetings.asp).
- The DMH contact for the Specialty Mental Health Services SPA Stakeholders Workgroup is JaMilah Bridges: [jamilah.bridges@dmh.ca.gov](mailto:jamilah.bridges@dmh.ca.gov).
- The objective of the Specialty Mental Health SPA Stakeholder conference call is to engage in an educational and informative discussion to obtain stakeholder input on child and youth oriented language for California's Medicaid State Plan Amendments.

## **Discussion Topics:**

The following issues, concerns, and questions were raised at the Stakeholder Call:

- The options for including child and youth specific language were discussed among stakeholders. The following points were discussed:
  - It was suggested that “non-verbal engagement” be added to therapy language, which would ensure that babies, preschoolers, and non-verbal youth would be included in therapy services.
  - Quality of care and methods of assessing engagement with their caregivers would also be addressed through “non-verbal engagement”.
  - There was a consensus among stakeholders that broad, overarching language should be added to the Rehabilitative Mental Health Services EPSDT section to provide sufficient child-specific language.
  - Mental Health Services language addressing behavioral concerns, social and emotional delays was suggested by stakeholders.

- Stakeholders discussed EPSDT Medical Necessity specifications. The following points were discussed:
  - Stakeholders expressed a desire to remove Seriously Emotionally Disturbed (SED) language from the EPSDT Program Coverage section.
  - Adding “and other medically necessary services needed to correct or ameliorate conditions whether or not in the state plan” was suggested by stakeholders.
  - Stakeholders expressed concern that the federal standards regarding EPSDT medical necessity was not included in the SPA. DHCS explained that EPSDT-related medical necessity criteria was already included in the Assurances section of the SPA.
- EPSDT Targeted Case Management (TCM) was discussed. The following points were discussed:
  - Stakeholders suggested that due to EPSDT’s federal requirements, TCM services should not be limited to the current practice of “services will be made available for up to 30 calendar days or less prior to the discharge of a covered stay in a medical institution.”
  - It was suggested that DMH clarify TCM language, possibly in a new subsection, to specify that the three, nonconsecutive 30 day periods pertains to individuals who are transitioning back into the community.
  - DMH and DHCS will meet internally to discuss the applicability of EPSDT federal requirements prior to moving forward with any TCM service changes.
- Stakeholders requested that the specific methodologies for telehealth be added to the SPA language.
  - The State assured stakeholders that telehealth is reimbursable under the current SPA.
  - It was clarified that telehealth language will not include other methodologies, such as texting or emailing, based primarily on patient confidentiality issues.
  - Stakeholders and the State agreed that TBS specific language should not be included in the SPA.
  - Specific services are not listed in the EPSDT section. If TBS language was added, it would appear that TBS was the only EPSDT service. If other services were listed, this would become limiting. It was agreed to keep the language broad.

**Next steps:**

- The State will develop draft language for the issues discussed in the Specialty Mental Health Services Stakeholder Meetings.
- Web postings – Question/Comment document, meeting handouts, and Stakeholder updates will be updated on the DMH website.
- Schedule a final Specialty Mental Health Services SPA Stakeholder Meeting in early October.

**Adjourn**