



Department of
Health Care Services



Specialty Mental Health Services SPA Stakeholder Meeting

Meeting Notes – 1:30 – 3:30 p.m. Friday, August 6, 2010

Participants: John Lessley (DMH), Dina Kokkos-Gonzales (DHCS), Shelly Osuna (DHCS), Renae Rodocker (DMH), JaMilah Bridges (DMH), Teresa Castillo (DHCS), Christopher Medrano (DMH, by phone), Mareva Brown (Sen, by phone), Peter Castle (CASRA, by phone), Nicette Short (CACFS), Uma Zykofsky (CMHDA), Suzanne Tavano (CMHDA), Michele Curran (CNMHC), Daniel Brzovic (DRC, by phone), Gurubanda Singh (LADMH), Kim Lewis (WCLP, by phone), Andi Murphy (CMHPC), Vicki Smith (CIMH), Bruce Saltzer (ACHSA), Karen Polastri (OTAC), Fran Edelstein (CACFS), Sharon Kuehn (CNMHC).

Introductions and Purpose:

- Introductions were made in the room and on the phone.
- DMH has launched a new webpage for the Specialty Mental Health Services SPA Stakeholder Workgroup. 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 this workgroup is under Benefit Programs Administration in DMH. The DMH contact for the Specialty Mental Health Services SPA Stakeholders Workgroup is JaMilah Bridges: jamilah.bridges@dmh.ca.gov.
- The objective of the Specialty Mental Health SPA Stakeholders meeting is to engage in an educational and informative discussion to provide status and obtain stakeholder input on California's Medicaid State Plan Amendments.

Update on Discussion with CMS:

- DHCS presented an overview of the SPA discussions with the federal Centers for Medicare and Medicaid Services (CMS). On July 21, 2010, CMS granted approval for the second year of the Medi-Cal Specialty Mental Health Services 1915(b) Waiver.
- Further clarification of "Maintenance" language was obtained from CMS. CMS indicated they are supportive that maintenance in concept can be included in the State Plan, but different terminology has been requested. In addition, recovery and resiliency language will be added throughout the document.
- DMH and DHCS have asked that stakeholders provide comments or suggested language in response to issues discussed at this meeting by 08/16/2010.
- CMS stated that the "includes but not limited to" language was far too general. Stakeholder concerns about limiting services were acknowledged and CMS

suggested using alternative language that is more descriptive and inclusive of services covered in the definitions. DMH and DHCS have asked that stakeholders provide comments or suggested language in response to this issue by 08/16/2010.

- “Other qualified provider” concept was also favorably received by CMS, although DMH and DHCS need to provide descriptions of providers and their minimum qualifications.
- Adjunctive Therapy was initially rejected by CMS, but they are now willing to reconsider this language.
- Due to new flexibility on the same page review revision policy, DMH and DHCS have requested that CMS allow Targeted Case Management (TCM) to be placed in a separate location from the Developmental Services section.

Discussion Topics:

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

- An update of Adjunctive Therapy language was discussed among stakeholders. The following points were discussed:
 - It was suggested that “non-traditional” therapy language be removed, as the term is somewhat stigmatized.
 - As with all services, it was reiterated that Adjunctive Therapy language needs to reflect current practice.
 - The term “Adjunctive Therapies” may no longer be the appropriate term for this service.
 - In order to obtain greater flexibility, stakeholders suggest that a more general description should be developed.
 - Stakeholders may provide suggested language in response to this issue by 08/23/2010.
- Discussion of Day Treatment Services language.
 - Stakeholders expressed concern regarding the amount of detail in Day Treatment Services language.
 - There are inconsistencies between the activities and their description, which will need to be clarified.
 - It was noted that Day Treatment services have more emphasis on institutional services rather than community services.
 - Stakeholders expressed a desire for a balance between specificity and generality regarding Day Treatment language.
 - Stakeholders have requested to view CMS questions regarding Day Treatment, and have may provide suggesting language in response to this issue by 08/23/2010.
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 - Discussion of TCM.

- Stakeholders suggested removing “chronic mental illness” from TCM language. This term is part of the CMS definition, and therefore, may be required to remain.
- It was suggested not to include specific populations, such as SMI and SED in the medical necessity criteria. References to mental disorders will be removed as well.
- There was discussion regarding 90 day or 180 day TCM coverage for transitioning individuals.
- Provider qualifications for Peer Support were revisited.
 - It was agreed that stakeholders prefer broad language for Peer Support provider definitions and provider qualifications.
 - Stakeholders were reminded about CMS’ letter for peer support providers regarding supervision, minimum qualifications, and coordination of care.
 - Arizona and Ohio should be reviewed as examples for peer support provider qualifications.
 - It was reiterated that peer support providers would keep chart notes.
 - Stakeholders may provide language for peer support providers by 8/23/2010.
- A conference call for EPSDT services will be scheduled.

Next steps:

- Schedule a Specialty Mental Health Services SPA Stakeholder conference call specifically to discuss EPSDT services.
- 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.

Adjourn