DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 24, 2015

Mari Cantwell, Chief Deputy Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

The Centers for Medicare & Medicaid Services (CMS) is approving California's request to renew the Medi-Cal Specialty Mental Health Services (SMHS) Waiver, Control Number CA17.R09. This renewal is effective July 1, 2015 through June 30, 2020.

This action renews the SMHS Waiver that expires on June 30, 2015. CMS granted this waiver to mandate enrollment into County Mental Health Plans (CMHPs) for the delivery of Specialty Mental Health Services, and understands the longstanding and important role they play in providing these services.

After working closely with the Department of Health Care Services (DHCS) during the previous renewal period, an overarching concern continues to be program integrity monitoring and compliance. Because of this, adherence to the attached Special Terms and Conditions is required as a condition of approval.

Thank you for your cooperation during the waiver amendment review process. We appreciate your staff's commitment to working with CMS to provide mental health services to the State's Medi-Cal beneficiaries. If you have any questions, please contact Bev Hogaboom at (415) 744-3580 or Beverly.Hogaboom@cms.hhs.gov.

Sincerely,

Original Signed By:

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Debbie Dombrowski, CMS Central Office
Dina Kokkos-Gonzales, DHCS, Chief, Waivers Analysis Branch

Attachment

Special Terms and Conditions

The Centers for Medicare & Medicaid (CMS) is approving California's Medi-Cal Specialty Mental Health Services (SMHS) waiver authorized under Section 1915 of the Social Security Act (the Act) for five years beginning July 1, 2015 through June 30, 2020. This waiver has been assigned the Control No. CA-17.RO9.

We are requesting that the State agree to the following special terms and conditions:

1. On an annual basis, the state must make readily available to beneficiaries, providers, and other interested stakeholders, a mental health plan dashboard that is based on performance data of each county mental health plan included in the annual EQR technical report and/or other appropriate resources. Each county mental health plan dashboard must be posted on the state's and the county mental health plan's website. Each dashboard will present an easily understandable summary of quality, access, timeliness, and translation/interpretation capabilities regarding the performance of each participating mental health plan. The dashboards must include the performance of subcontracted providers. The state will determine how the data on the performance of subcontracted providers will be collected and the associated timeframe. The state will update CMS on this process. Between July 1, 2015 and July 1, 2016, the state and CMS will collaborate on developing the format for the dashboard. The first dashboard is due on September 1, 2016, and may not include information on the subcontracted providers; however, that information should be included in subsequent dashboards. The state will note when a plan doesn't have subcontractors, or if a plan is unable to report on subcontractors on a particular dashboard. In addition, the state will provide CMS with utilization data at the same time the dashboard is provided.

2. The state must require each county mental health plan to commit to having a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers. The state needs to establish a baseline of each and all counties that includes the number of days and an average range of time it takes to access services in their county. If county mental health plans are not able to provide this information so that the state can establish a baseline, this will be accomplished through the use of a statewide performance improvement project (PIP) for all county mental health plans. In addition, a PIP to measure timeliness of care will be required for those counties who are not meeting specified criteria. The criteria will be developed collaboratively between the state and CMS. This has significant potential for improving patient care, population health, and reducing per capita Medicaid expenditures.

3. The state will provide the EQRO's quarterly and annual reports regarding the required PIPs to CMS, and discuss these findings during monthly monitoring calls.

4. The state will publish on its website the county mental health plans' Plan of Correction (POC) as a result of the state compliance reviews. The state and county mental health plans will publish the county mental health Quality Improvement Plan. The intent is to be able to identify the county mental health plan's goals for quality improvement and compliance.

5. The state will provide to CMS the annual grievance and appeals reports by November 1st of each year. Since DHCS is in the process of revising the reporting form, the first report will be provided by January 31, 2016. The state will notify CMS by December 1, 2015 if it is unable to meet the January 31, 2016 deadline.

6. All information required to be published pursuant to these STCs, will be placed in a standardized and easily accessible location on the state's website.

7. The state must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this waiver approval period, unless the provision being changed is expressly waived or identified as not applicable.