



Department of
Health Care Services



Specialty Mental Health Services Stakeholder Meeting

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

Participants: Stan Bajorin (DMH), Sean Tracy (DMH), Vanessa Baird (DHCS), Dina Kokkos-Gonzales (DHCS), Rollin Ives (DMH), Don Kingdon (CMHDA, by phone), John Lessley (DMH), Renae Rodocker (DMH), JaMilah Bridges (DMH), Erika Cristo (DMH), Teresa Castillo (DHCS), Emine Gunhan (DHCS), Peter Castle (CASRA), Nicette Short (CACFS), Mieko Epps (DMH), Uma Zykofsky (CMHDA), Suzanne Tavano (CMHDA), Michelle Curran (CNMHC), Giang Nguyen (DMH) Daniel Brzovic (DRC), Gulshon Yusurai (CNMHC), Harriet Markell (CCCMHA), Andi Murphy (CMHPC), Karen Polastri (OTAC), Vicki Smith (CIMH), Chad Costello (MHALA), Desire Kensic (DHCS), B Saltzer (ACHSA), Tom Hill (ACHSA), Dave Pilon (MHALA), Kim Lewis (WCLP, by phone), Sheree Kruckenberg (CHA, by phone).

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 Stakeholders 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 Stakeholders Workgroup is JaMilah Bridges: jamilah.bridges@dmh.ca.gov
- The objective of the Specialty Mental Health Stakeholders meeting was to engage in an educational and informative discussion to provide status and obtain stakeholder input on California's Medicaid State Plan Amendment (SPA#09-004).

Update on Discussion with CMS:

- DHCS presented a recent 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. Posting the approval letter on the stakeholder web page is under consideration by DHCS.
- There was also a brief review of the SPA timeline. The December 31, 2010 deadline for completing final SPA language is self-imposed.
- 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.

- 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 that an extensive listing of services be provided, in conjunction with alternative language that is descriptive and less general. 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 consider language that is more specific, which includes identifying activities and provider types.
- Due to new leniency on the same page review revision policy, DMH and DHCS have requested that Targeted Case Management (TCM) be placed in a separate location from Developmental Services. CMS has not provided a response as of 07/30/2010.

Discussion Topics:

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

- An update of “Maintenance” language was discussed among stakeholders. The following terms were discussed:
 - Recovery and resiliency.
 - Sustained growth and continue in community setting.
 - Prevention of deterioration, need for higher levels of care, and/or more intensive treatment.
- It was agreed that language that addresses both the “maintaining” and “recovery and resiliency” concepts will be included.
- Possible new language for “Including but not limited to” terminology was shared.
 - In the draft SPA language, we used “including one or more of the following...”
 - Stakeholders expressed concern regarding potential disallowances if an exhaustive list of service activities was included in the SPA.
 - A desire to move away from the medical model was voiced.
 - Language to address the domains of general living and quality of life rather than functionality was suggested by stakeholders.
 - DMH and DHCS welcome stakeholder input to develop a more inclusive listing of currently reimbursed service activities (for all services) as a result of the removal of “including but not limited to” language.
 - A discussion of updating the definition for “Rehabilitation” occurred. Shareholders expressed a desire to include activities such as money

management skills, access to legal systems, and employment activities were suggested. Stakeholders agreed provide suggested language and any supporting documents regarding this issue by 08/16/2010.

- Stakeholders provided a consensus that “Other Qualified Provider” language should remain general with supervision requirements added for specificity. It was agreed that providing a minimum set of qualifications for the Other Qualified Provider category would be sufficient. There has not been an agreement as to what the minimum qualifications should be. DMH and DHCS welcome stakeholder input regarding a development of the minimum qualifications for “Other Qualified Provider”. The following possibilities were introduced:

- Generalized requirements (18 or over with a high school diploma or equivalent) for service providers, such as the language Kansas SPA adopted.
- Minimum provider qualifications that are general in nature.
- Avoiding language that describes service type while highlighting provider type.
- A skill set, rather than solely education requirements should be considered for the minimum qualifications.
- Looking at State Plan language from other states for examples of Other Qualified Provider definitions was suggested.
- Due to CMS reversing their request to remove Adjunctive Therapy, DMH and DHCS asked stakeholders to review the original SPA language for Adjunctive Therapies to determine if this language is still appropriate.
- Stakeholders assessed that the terms “quick” and “emergency” be removed from the Crisis Intervention service description and “urgent services” be added.

Next steps:

- Schedule additional Specialty Mental Health Services Stakeholder meeting(s).
- Web postings – Question/Comment document, meeting handouts, and Stakeholder updates will be updated on the DMH website.
- Stakeholders are reminded to review the annotated document and provide any comments or suggestions to the DMH contact listed above no later than August 16, 2010.

Adjourn