



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 653-6257

November 10, 2010

DMH INFORMATION NOTICE NO.: 10-24

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: STATEWIDE EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT (EPSDT) PERFORMANCE IMPROVEMENT PROJECT
(PIP); FISCAL YEAR (FY) 2010-2011

REFERENCE: WELFARE AND INSTITUTIONS CODE 5777(g) 2(A);

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND
TREATMENT, TITLE 9, CALIFORNIA CODE OF REGULATIONS
(CCR), SECTION 1810.215;

DEPARTMENT OF MENTAL HEALTH INFORMATION NOTICE:
08-29, 09-08, and 09-21.

This Information Notice is to remind Mental Health Plans (MHPs) of the continuing requirement to have a Statewide Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) Performance Improvement Project (PIP) and also serves to provide direction and clarification for the third year of the Statewide EPSDT PIP.

Department of Mental Health (DMH) Information Notice 08-29, dated October 6, 2008, required MHPs to implement the Statewide EPSDT PIP (http://www.dmh.ca.gov/DMHDocs/2008_Notices.asp) pursuant to Welfare and Institutions (W&I) Code 5777(g)(2)(A). The goal of the Statewide PIP is to continue to explore and address opportunities to improve the coordination, quality, effectiveness, and/or efficiency of service delivery to children who are receiving EPSDT services.

W&I Code 5777(g)(2)(C) requires that each July, DMH consult with the federally required external quality review organization, county mental health plans and stakeholder organizations to establish the average monthly cost threshold to identify

children eligible for PIP participation. As a result of discussions between DMH, the California Mental Health Directors Association and stakeholders, MHPs can conduct their third year EPSDT PIP using the same cost threshold and roadmap criteria offered in the first and second year EPSDT PIP as stated in Information Notice 09-08. The study group expansion in the second year of the Statewide PIP included two options:

- Lowering the dollar threshold to expand the definition of “high cost user,” to \$2,000 or \$2,500 per month; or,
- Adding beneficiaries that meet particular demographic, clinical, or programmatic characteristics of the high cost user group, regardless of their cost at the time.

At the discretion of the MHP, MHPs may modify the study question or study group. Paid claims data on which clients met the criteria for inclusion in EPSDT PIP is collected, and is available via the Information Technology Web Services (ITWS). MHPs may download this data from ITWS. Please see Enclosure 1 for instructions on how to retrieve this data. This information is baseline data that may be used as a resource to compare the county data. Note: This data is for your information purposes only. You are not required to do anything with this data.

With respect to the data that MHPs submit to DMH, MHPs are responsible for reviewing the accuracy of their data, correcting errors and omissions, and updating the data for changes (e.g., intervention date, disenrollment date, etc.). The third year of the PIP should include progress toward providing additional interventions and include appropriate indicators to measure the impact of those interventions.

MHPs may routinely submit their current data to DMH. Reporting must be consistent with the guidelines provided in DMH Information Notice 08-29. This information will be used by DMH to track individuals participating in the study group and to report to the legislature each October. MHPs should also ensure that accurate and complete information is submitted to other systems such as the Client Service Information System and Short-Doyle Medi-Cal Claiming System.

Field Submission Rules for EPSDT PIP data:

MHPs may determine when to routinely update the EPSDT PIP data report to DMH; however, all current information must be submitted to DMH by June 30 and again by December 31, annually. Data submission for June 30, 2010 reporting is not required. MHPs are to submit data for the June 30, 2010 reporting period on December 31, 2010. This data should include data from both the June 30, 2010 and December 31, 2010 reporting periods. This information will be used by DMH to track the individuals participating in the study group.

Data can be submitted by batch CSV file or by direct online key entry. The direct online key entry form can be accessed at the following URL:

<https://poqi1.dmh.ca.gov:8443/lfserver/pipenroll>

The direct on-line key form or batch submission should be completed when: a) adding a new client into the study group, b) when disenrolling a participant from the study group or c) making updates to any of the required fields. All fields are required to be completed except for the "Participant Disenrollment Date" and the "Begin Intervention Date" which are only required when those changes take place.

EPSDT PIP Batch File Formatting Instructions: (Enclosure 2)

MHPs should use the following format to develop their file for batch submittal. It should be created as CSV file and be comma delimited. The DMH shall pull from the county EPSDT claims records to build and maintain each county's threshold group data file. Counties need only submit records for individuals selected for an intervention in their study group and for all clients who are the subject of an "update" or "disenrollment".

Please Note: The only valid reasons for participant disenrollment are for clients leaving the county or for clients turning 21 years of age. The "Threshold Group" contains all clients who meet the criteria specified in this notice. The "Study Group" contains everyone selected by the county for an "intervention" under this PIP.

All records must include a valid Record Type in order to be processed. Valid Record Type codes are: 1 = Enrollment, 2 = Disenrollment, or 3 = Update. The Field Names in each MHP's file must exactly match those specified in the following table or the file will not be processed. Please pay close attention when entering clients' names to avoid duplication of records, (i.e., misspelled names, first name entered in last name field).

Sample Data File (CSV format, comma delimited):

The header records that are required on all batch submissions include:
RecordType, CountyID, CCN, FirstName, LastName, SSN, CIN, DOB, Gender,
EnrollDate, DisEnrollDate, IntervDate, SubmitBy, ContactPhone.

An example of a sample record is listed below:

2,01,123456789,Joe,Adams,123121234,12/3/2004,M,11/3/2008,12/4/2005,Susan,
Moley, (916) 625-1222,
3,02,456789123,Sally,Jones,12345674E,12/3/2005,M,10/13/2005,12/6/2009,Katie,
Salivar, (916) 425-1452

Technical Assistance Group Conference Calls Update:

Due to current resource constraints, the EPSDT PIP Technical Assistance Group conference calls will no longer be convened. DMH will be working with APS to identify the MHPs who are experiencing difficulties in implementing their PIPs, and those MHPs will be offered individual technical assistance.

Questions or Concerns:

- Please notify POQI.support@dmh.ca.gov if the MHP will be submitting its data using the batch process, need instructions on how to set up a secure email service for batch submittal, or have questions regarding file submission.
- For general questions or concerns regarding the EPSDT PIP, please email EPSDT.PIP@dmh.ca.gov or call Kathleen Carter Nishimura at (916) 651-6613.
- If you have technical questions regarding this notice, please submit questions to EPSDT.PIP@dmh.ca.gov.

Sincerely,

Original Signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

cc: California Mental Health Planning Council
California Mental Health Directors Association
Giang Nguyen, Executive Administrator, Community Services Division