

**Written comments submitted to the Department of Health Care Services (DHCS)
Regarding the Transfer of the Drug Medi-Cal Treatment Program to DHCS
Comments received August 11 through August 23, 2011**

Note: In some cases, DHCS has edited the responses to explain the acronym used by the writer, or to remove personally-identifying information; spelling, grammar, and punctuation have not been edited.. Specific references to the writer's organization have not been removed.

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We are writing on behalf of the California Hepatitis Alliance (CalHEP) in response to the Department of Health Care Services (DHCS) request for public comment on the transition of the transfer of the Drug Medi-Cal Program from the Department of Alcohol and Drug Programs to DHCS.

CalHEP is an alliance of more than 80 organizations dedicated to reducing the scope and consequences of the hepatitis B and C epidemics in California. CalHEP includes among its membership public health organizations, community-based organizations, clinics and health care agencies, county hepatitis task forces, and others committed to viral hepatitis prevention, care, advocacy, and education. We are seeking clarification as to what services are included in the Drug Medi-Cal bundled reimbursement rate, and which services can be provided to patients at methadone maintenance treatment programs (MMTPs) and billed separately. Specifically, we wish to know: Are hepatitis A and B vaccinations and hepatitis B, hepatitis C, and HIV screening, testing, and referral services reimbursable through Medi-Cal, or are these services considered part of the bundled reimbursement rate?

According to DHCS-09-011E distributed on January 28, 2010: core, laboratory work, and dosing services, which are driving factors in establishing the bundled reimbursement rate, are defined thus: "Core consists of a physical exam, a test/analysis for drug determination, intake assessment, initial treatment plan, and physician supervision." "Laboratory work consists of a tuberculin skin test, a serological test for syphilis, drug screening (urinalysis), and pregnancy tests for female LAAM beneficiaries." "Dosing consists of an ingredient and dosing fee."

Since hepatitis and HIV services are not mentioned in the definition of core, laboratory work, and dosing, is it correct to assume that programs can bill for these types of services independently?

There has long been confusion amongst MMTP providers as to what is--and what is not-- included in the bundled rate. Due to this confusion, many providers do not currently offer viral hepatitis and HIV related services, despite serving a patient population at very high risk of both conditions, and that would benefit from screening and early detection of viral hepatitis and HIV infection as well as referral to appropriate diagnosis and treatment, as needed.

CalHEP suggests that it is essential that drug treatment programs offer hepatitis and HIV related preventive services. MMTPs are particularly well qualified to provide these lifesaving services because they already have physicians and other medical professionals on staff. Furthermore, MMTPs are an ideal place to deliver these services

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due to the frequency that patients attend the clinic (daily to weekly in most cases). Using MMTPs to provide vaccination, screening, and other services would be consistent with the goals of the Affordable Care Act, which seeks to establish patient-centered health homes for patients with multiple chronic conditions, such as substance use, mental illness, HIV, and viral hepatitis. Approximately 75% of persons with chronic hepatitis C are unaware of their infection. Chronic hepatitis C infection is associated with cirrhosis, liver cancer, and liver failure. These complications can be prevented by early detection, treatment, and lifestyle changes.

Many patients access medical care solely through their trusted methadone maintenance provider. Barriers to patients accessing health care and preventive services in traditional medical settings include, but are not limited to, lack of transportation, low economic status, fear of stigma attached to addiction and methadone treatment, previous negative experiences with medical providers, and asymptomatic characteristics of hepatitis and HIV infection. For these reasons, we seek clarification on reimbursement for HIV and viral hepatitis services in MMTPs.

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This sounds like an ominous and threatening approach to reduce services to drug programs and their clients, we have no reason to trust that this will make things any better, given the ramped up drug war and prison expansion. We would instead like to see the correctional budget slashed, cutting ADAP IS SENSELESS, YOU WILL LOSE ALL YOU EXPERTS AND MOMENTUM

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I think it's a good document and clearly shows thoughtful consideration of stakeholder input to date and also the technical considerations in transferring Drug Medi-Cal functions.

Some of my written comments were addressed by myself or others in the course of the 22 August meeting so please excuse the redundancy. Having just written that, I will be redundant again to stress that the most important thing as the Department of Health Care Services (DHCS) moves to create a new alcohol, drug and mental health division is that both mental health and substance use units have equal standing based not on the size of budget or staff employed or any other bureaucratic measure. Rather, the mission of each division is equally important, not just relative to each other but also with regard to the other operations of DHCS. What is most important is the lives of persons living with and recovering from substance use disorders. If DHCS is committed to them, then what the Org chart looks like is less important.

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CMHDA/CADPAAC Joint Policy Statement

In response to the Administration's proposal to eliminate the Dept. of Mental Health (DMH) and the Dept. of Alcohol & Drug Programs (ADP), and to seek stakeholder input on where the necessary responsibilities performed by those departments should be transferred within state government, the California Mental Health Directors Association (CMHDA) and the County Alcohol & Drug Program Administrators Association of California (CADPAAC) offer the following comments:

CMHDA and CADPAAC support a single state agency or division for Mental Health/Substance Use Disorder services that would preserve the integrity of both fields. Mental health (MH) and substance use disorder (SUD) services would each maintain a distinct identity, while collaborating on integrated services at the state and local levels – not only integrated co-occurring services for MH & SUD, but also integration of both fields with primary care. This model would be akin to the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Wherever our services end up being "located" in state government, there is agreement that we need strong statewide voices on MH and SUD policy. Also, given the additional responsibilities assumed by counties under realignment, we need leaders at the state level who will work with counties and support county structures. Effective leadership requires Director and Deputy Director-level leaders who:

- Are equally experienced and articulate in both MH and SUD issues, who have demonstrated knowledge and credibility in MH & SUD and will be strong statewide advocates for both fields.
- Have the ability to move our fields forward in health care reform.
- Can provide direction across all state departments that are affected by MH & SUD.
- Understand and can address federal issues (especially federal Maintenance of Effort requirements), and can develop linkages to federal structures.
- Can improve administrative efficiencies and provide common solutions to information technology implementation.
- Will be strong voices in addressing cultural disparities.

CMHDA and CADPAAC support the preservation of the MH & SUD continuum of care, including prevention, treatment, recovery, continuing care, reentry services, etc. Our fields have too often developed outside of the traditional health care system, largely because of their identification as criminal justice issues. The fact is, mental illness and

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substance abuse disorders are the major health issues of our time. Eliminating a department does not eliminate the problem. Undiagnosed and untreated MH & SU disorders drive the preventable costs of the medical care system, child welfare system, criminal justice system, and others. The goals of health care reform cannot be realized without strong and comprehensive system of care for both fields.

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