

MEDI-CAL RELATED MENTAL HEALTH STAKEHOLDER COMMENTS AND/OR RECOMMENDATIONS

This document is a compilation of stakeholder comments, concerns and/or recommendations provided during previous stakeholder meetings and/or submitted to the Medi-Cal Mental Health Transition email inbox. Some comments provided verbatim, while others are a composite of comments and/or recommendations from multiple sources, but related to the same theme. Comments have been redacted for privacy purposes.

COMPLIANCE

- Integrate the fiscal auditing of county Mental Health Plans (MHPs) into the existing Department of Health Care Services (DHCS) audits structure for the cost report, settlement and appeals processes; ensure the state's compliance and auditing activities not be duplicative and needlessly time-intensive across programs.
- **Discontinue the current Department of Mental Health (DMH) practice of conducting a separate annual Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) chart documentation audit. Instead, integrate the EPSDT audit into the existing triennial Medi-Cal Specialty Mental Health compliance review.**
- Re-think compliance in a realigned world by exploring opportunities to minimize paperwork and other administrative burdens while retaining the data collection needed for compliance and quality improvement. Streamline compliance and auditing.
- Careful attention to multiple consumer and family member issues including but not limited to ,training for and participation on compliance reviews, engaging representatives of underserved communities, and continued effort to promote employment of mental health consumers and family members throughout the mental health system. Strong support for the continued involvement of those with the lived experience.
- Concerns re: general lack of oversight of MHPs.
- The Compliance Advisory Committee (CAC) needs to be continued.
- The importance of exercising oversight, leadership, addressing underserved communities and cultural competence issues should not be lost in the transition.. Ensuring that services are delivered in a manner that addresses the culture of the clients and families being served.

- DHCS should license and certify or oversee county MHP’s certification of all types of facilities and specialty mental health providers serving individuals with MH and Substance Abuse disorders, including those licensed by Department of Social Services (DSS) and Department of Public Health (CDPH). DHCS is the appropriate state entity to oversee and perform the function of licensing and certification of community based mental health treatment settings and specialty mental health providers.
- Place at DHCS the certification function for CRTS (Community Residential Treatment System) currently housed at DMH-Licensing and Certification.
- A state oversight function for both fiscal and program delivery is important for ensuring system integrity and accountability. For many stakeholders, oversight (e.g., plan review, auditing, ensuring county compliance, etc.) is the most important state mental health function.

POLICY/PROGRAM

- Discontinue the annual External Quality Review Organization (EQRO) on-site county review. Instead, conduct triennial, on-site EQRO validation review to verify MHP compliance with federal data and performance improvement requirements. Coordinate the EQRO reviews with existing DMH compliance reviews to prevent duplication and overlap.
- There is a need to collect, analyze and publish performance measures and quality indicators. The department should address inter-related issues of Medi-Cal and non-Medi-Cal data collection, analysis and evaluations, as they relate to meaningful quality improvement and accountability in the public mental health system.
- There needs to be an accounting of county system performance. Until that is done, and well-known standards in W&I codes are utilized to make the assessment, individual program performance reports provide no guidance for quality improvements.
- Complete the state/county MHP contract discussions and finalize the required contract.
- Review and summarize the federal requirements associated with the 1915(b) waiver and state plans to establish the “floor” for federal compliance.
- Continue to focus on wellness, recovery and resilience.
- **Examine current DMH functions and priorities, as they are transitioned, in light of the intent specified in Assembly Bill (AB) 102 to focus on statewide accountability and outcomes.**

- DHCS and county representatives should establish a workgroup focused on implementation of improved business practices. This includes the importance of reviewing the flow charts for improving business practices.
- Engage stakeholders in a continuous quality improvement and results oriented process similar to the one convened by DMH under the statewide Quality Assurance Committee.
- In the context of Public Safety Realignment 2011, determine the basis for all non-federal Medi-Cal Specialty Mental Health administrative requirements to assure that any additional state requirements contribute to the enhancement of the Medi-Cal Specialty Mental Health system for consumers, providers and communities.
- DHCS and/or the Legislature should require health plans to more effectively address prevention and early intervention, prior to major failures in education, employment, homelessness, criminal justice or hospitalization.
- Stakeholders stressed the importance of effective coordination between Department of Rehabilitation (DOR) and county mental health agencies and contracted providers.
- A state oversight function for both fiscal and program delivery is important for ensuring system integrity and accountability. Many stakeholders expressed apprehension that a shift to local control will result in inequities and/or redirection of funds.
- How will the voices of Federally Qualified Health Centers (FQHCs) and community based organizations (not MHPs) be balanced with the power/influence of MHPs?
- Given historical differences in structure, funding and services, there must be a plan for more integrated care for co-occurring mental health and alcohol and drug use disorders.
- **Stakeholders stressed the importance of explaining how new DHCS organizational structure will function with the integration of mental health Medi-Cal programs.**
- Better utilization and coordination with existing oversight bodies, especially Mental Health Services Oversight and Accountability Commission (MHSOAC) and California Mental Health Planning Council.
- Some stakeholders requested the need for “pre-meetings” with consumers before larger stakeholder meetings; the need for regional meetings and the strength of face to face vs. phone in communication. Many individuals do not

have access to technology to allow them to follow issues and updates on the computer. Phone call ins are helpful.

- In its new role, DHCS must address discrimination and stigma. If DHCS is the leading state agency in serving people enrolled in Medi-Cal, then DHCS is responsible for the care and consequences for adults with Severe Mental Illness (SMI) and children with Severe Emotional Disturbance (SED) who experience discrimination and stigma and must support programs to address the problems and consequences. There must be DHCS staff, resources and plans in partnership with counties, stakeholders and the MHSOAC to address these problems.
- The single state agency responsible for community mental health services must have sufficient staff to develop strategies for mental health in schools, coordinating programs and developing policies across all departmental lines.
- Stakeholders require assistance with understanding the Affordable Care Act (ACA) and realignment.
- Many stakeholders expressed support for maintaining the DMH. Those opposed express concern that relocation of MH services will result in a loss of direction and a reduction in influence on state policy. Concern that the focus on wellness and recovery principles will be lost resulting in an overall erosion of service levels and quality was also expressed.
- DHCS high level leadership for behavioral health should be guided by the vast body of knowledge largely ignored in the field, would articulate concrete objectives, describe the elements of a functioning system, identify the gaps today, and articulate the specific steps necessary to establish, manage and fund community based systems for children, adults and older adults. DHCS should be reviewing the multiple reports (e.g. Little Hoover Commission) related to mental health services in the state..
- Relationship of Medi-Cal, non Medi-Cal and AB 3632 services.
- Clearly identify specific points of contact within DHCS for county consultation regarding Medi-Cal regulatory, policy and other critical county business and operational issues. Stakeholders request to be informed of decisions regarding infrastructure, management decisions.
- Multiple stakeholders recommend DHCS consider specifics in:
 - Title 9 and Title 22 of the California Code of Regulations;
 - Federal regulations and laws to clarify requirements;
 - State laws; and
 - DMH policy letters/information notices.

- Any plan developed, include a specific written analysis of how it complies with and advances the Supreme Court's Olmstead decision.
- The residents of Skilled Nursing Facilities (SNF) designated as Institution for Mental Diseases (IMD) should be given greater emphasis and planning under the CA community transitions program.
- Integrate mental health, substance abuse disorder and healthcare services.
- Continue ensuring that support for consumers and their families remain a strong focus.
- DHCS should take on the role DMH currently plays in the implementation of the Lanterman-Petris-Short (LPS) Act (WIC 5000-5587).
- The Office of Multi-Cultural Services at DMH should be transitioned to DHCS and report directly to Department Director.
- Link and ultimately integrate the Medi-Cal and non-Medi-Cal functions. Any reorganization of CA's mental health system can only be successful if it facilitates the coordination, integration and linkage of Medi-Cal, non-Medi-Cal and Mental Health Services Act (MHSA) services.
- Recommends a single state entity, separate from DHCS, the California Substance Abuse and Mental Health Services Administration (CalSAMHSA) which would include both the current DMH and ADP Medi-Cal and non-Medi-Cal functions.
- The stakeholder process is fragmented by separating MHSA and Medi-Cal.
- Consolidate and merge Department of Alcohol and Drug (DADP) and DMH functions (with the possible exception of prevention services) into DHCS.

FISCAL POLICY

- Review federal reimbursement processes with a focus on improving the efficiency and timeliness of interim Federal Certified Public Expenditures (CPE) payments and final settlements.
- We recommend that consolidation planning include planning for federal revenue maximization.
- Move negotiations of rates away from a state-wide standard to county based rate negotiations because of the wide variation in cost of living/doing business.
- Reduce the redundancy in oversight and management of the Short Doyle 2 claims system between DHCS, DMH, DADP and the vendor. Perform a comprehensive review of the coding decisions made to implement the Medi-Medi

and other third party claiming requirements to determine if federal requirements could be addressed more efficiently and with less coding complexity by the counties and the state.

- A Children's Mental Health Policy Office should be included in the transition.
- Address recent significant delays in the processing of claims through Short-Doyle 2 and ensure cash flow to counties is not made worse during the transition of responsibilities to DHCS.