

DHCS Responses to Follow-Up Items from October 19, 2017

Agenda Item/Topic	DHCS Response	DHCS Follow-Up
<p>State/Federal Updates</p> <p><i>Linda Nguy, Western Center on Law and Poverty:</i> We are happy to hear the State Plan Amendment (SPA) for adult dental benefits is being worked on. Do you have a timeline for the codes? Can you talk about outreach? Will there be a provider bulletin?</p>	<p><i>Alani Jackson, DHCS:</i> There is not a new list of codes for adult restoration benefits – previously optional codes will now become active. We anticipate submitting the SPA in November. As soon as we have firm information, we will send a provider bulletin and we will send mailers to offices. There will be additional outreach through the dental workgroup.</p>	<p>SPA 17-027 was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 8, 2017. As of February 2, 2018, DHCS was awaiting CMS approval: http://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA_SPA_17-027_package.pdf</p> <p>Benefit change letters were mailed to all Medi-Cal heads of household and posted on the Denti-Cal website; the letter can be found here in a variety of languages: https://www.denti-cal.ca.gov/Beneficiaries/Medi-Cal_Adult_Dental_Information/</p> <p>Provider Bulletins on the restoration of adult dental services were published on the Denti-Cal website in November 2017, December 2017, and January 2018.</p>
<p>Managed Care Rule Update</p> <p><i>Bill Walker, Contra Costa Health Services:</i> Can you review the major CMS approval timelines?</p>	<p><i>Sarah Brooks, DHCS:</i> We are discussing managed care health plan contract</p>	<p>CMS has approved SPAs for the fee-for-service components. To review the approved SPAs,</p>

<p>There is some concern that we are implementing without any certainty.</p> <p><i>Marilyn Holle, Disability Rights CA:</i> When can we see the new boiler plate language for managed care plans and mental health plans?</p> <p><i>Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Centers:</i> Are the documents already posted for ODS?</p>	<p>amendments with CMS now; dental contract approvals are in the works; hospital quality improvement payments are pending. CMS is focusing on Prop 56 first. We anticipate this within 60-90 days.</p> <p><i>Jennifer Kent, DHCS:</i> They will be posted upon CMS approval and the ADA compliance review. For each delivery system, they will be posted.</p>	<p>which are the basis for DHCS' managed care directed payment proposals, please visit this web page: http://www.dhcs.ca.gov/formsandpubs/laws/Pages/Approved_2017.aspx</p> <p>For the managed care directed payment proposals, DHCS was still awaiting CMS' approval as of February 2, 2018. CMS has not raised concerns with the methodology.</p> <p>DHCS' Mental Health Services Division is in the final stages of obtaining the required CMS approval of the pending DHCS/Mental Health Plan (MHP) boilerplate contract that complies with the Medicaid Managed Care Final Rule. Once the boilerplate contract is approved by CMS and issued to MHPs, DHCS will post it on its public website.</p> <p>The current DHCS/MHP contract is posted on the DHCS website: http://www.dhcs.ca.gov/services/MH/Documents/2013-</p>
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<p>Managed Care Rule Update</p> <p><i>Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Centers:</i> I am interested in network adequacy issue for Mental Health and ODS. Does it mirror what health plans do today? Today, they credential primarily licensed practitioners and I think there is a problem there. The Mental Health and</p>	<p><i>Jennifer Kent, DHCS:</i> We can look. I think it has to do with the health plans and mental health plans' process for credentialing to ensure a standardized way to build a network.</p>	<p>To ensure compliance with the Medicaid Final Rule and Parity Rule, DHCS issued network adequacy standards in July 2017. On October 13, 2017, Governor Brown signed Assembly Bill (AB) 205 into law; it codified several Final Rule requirements in statute, specifically</p>

<p>Substance Use field providers are more varied and rely on bachelor's level. Does the credential follow all the various workforce?</p>		<p>the Welfare and Institutions Code. AB 205 further clarified network adequacy standards for outpatient mental health services and SUD services, including the time and distance and timely access standards. The network adequacy standards established in State law are based on the population density of each county. The network adequacy standards for time and distance and timely access apply to all mental health services (specialty and non-specialty), as well as specialists (including psychiatry).</p> <p>DHCS is finalizing an Information Notice, applicable to Mental Health Plans and counties participating in the DMC-ODS Waiver, which establishes DHCS' statewide uniform policy for credentialing and re-credentialing providers. It aligns with the credentialing and re-credentialing policy established for MCPs, as detailed in All Plan Letter 17-019:</p>
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Managed Care Rule Update <i>Cathy Senderling, County Welfare Directors Association:</i> On mental health plan notice templates, for foster kids, who gets the notices? Is it a caregiver, parent, multiple people?	<i>Karen Baylor, DHCS:</i> Yes, we have had discussions on this and I will follow up.	<p>There are no special provisions or requirements for issuing Notices of Adverse Benefit Determinations (NOABDs) for a beneficiary in foster care. Regulatory and contract language about sending NOABDs refers to sending them to “the beneficiary.” If the beneficiary is a minor, the NOABD would be sent to the parent or guardian, which may include a foster parent. There is no requirement to send the NOABD to anyone other than the beneficiary. Therefore, there is no requirement for the NOABD to be sent to a beneficiary’s social worker.</p> <p>Note that this may not be the case with other types of NOABDs, for example, NOABDs sent from county social services departments about eligibility determinations. Those are automatically</p>

		generated and may be distributed differently that those sent by MHPs.
Mental Health Parity <i>Farrah McDaid Ting, California State Association of Counties:</i> Can you talk about the fiscal impact of implementing the changes due to parity? Are you working on both county mental health plans as well as others?	<i>Jennifer Kent, DHCS:</i> We are working on a fiscal estimate and will refine it for the next SAC meeting. It will be a similar methodology for county mental health plans.	The Governor's 2018-19 state budget proposal includes \$3 million General Fund for counties to comply with the MHSUD parity Final Rule.
Opioid State Targeted Response <i>Lisa Davies, Chapa-De Indian Health Program:</i> Fresno is developing MOUs. What will this accomplish?	<i>Marlies Perez, DHCS:</i> They are required; however the MOUs also encourage more coordination of care as well as covering referrals and placement. Cal-OHII has confidentiality rules and I will send a link as follow up.	The federal and state health laws for the State of California Office of Health Information Integrity can be found on the California Health & Human Services Agency web page: http://www.chhs.ca.gov/OHII/Pages/StateandFederalHIPAALaws.aspx