Behavioral Health Workgroup
2.26.20 Meeting Summary

The Department of Health Care Services (DHCS) held the third Behavioral Health workgroup meeting focused on medical necessity on February 26.

The meeting was attended by DHCS staff, workgroup members, and members of the public. Molly Brassil from Harbage Consulting facilitated the meeting and Kelly Pfeifer and Brenda Grealish were the DHCS lead presenters.

This meeting focused on the following topics. A full agenda can be found here.

- An overview of stakeholder comments;
- An overview of a universal screening tool;
- An overview of automatic access for children and youth in Child Welfare;
- An overview of a universal statewide assessment tool;
- An overview of a universal statewide transfer of care tool; and
- Public comment on the above topics.

Discussion Summary

The meeting began with a presentation from DHCS providing an overview of the stakeholder comments submitted so far in the workgroup meeting process. See the stakeholder feedback document for medical necessity here and the stakeholder feedback document for DMC-ODS here.

- Below are comments made by workgroup members about the DMC-ODS stakeholder feedback document:
    - Calls to make telehealth a required benefit in DMC-ODS
    - Support for expanding the number of days of residential treatment allowed per year
    - Support for expanding and clarifying peer-based services
    - Call to develop a standardized education tool for Medication Assisted Treatment (MAT)
    - Call to expand the definition of physician support
    - Call to incentivize providers in Specialty Mental Health to provide MAT

- Below are comments made by workgroup members about the medical necessity stakeholder feedback document:
    - Support for using a standardized screening and assessment tool
    - Calls to include a function index in the assessment tool
    - Calls to ensure that the decision on same-day billing does not interfere with transitions of care
    - Calls to consider the nuance of how children access services
    - Calls to ensure that transportation is covered
    - Call to ensure that counties are prepared and have the support to make appropriate referrals after using a screening or assessment tool
    - Call to ensure that a referral tracking tool captures the right data with the right amount of detail
    - Call to consider how county access lines could impact the No Wrong Door proposal

Next, DHCS presented an overview of a proposed universal statewide screening tool. See slides here (6-7). The proposed universal statewide screening tool can be found here. Below is a summary of the key themes from the workgroup discussion.

- Below are comments made by multiple workgroup members:
    - Support for using a universal statewide screening tool anywhere a county first interacts with a beneficiary
    - Concern that 15 minutes is not the right amount of time for a screening tool, it could be too long or too short depending on who completes the screening
    - Calls to create a separate screening tool for children
    - Calls to ensure the screening tool addresses safety risk, function, social impairment, trauma, and problems with activities of daily living
    - Calls to incorporate culturally appropriate language
- Below are additional comments from workgroup members:
    - Call to add a scoring mechanism to the tool
    - Call to test the universal statewide screening tool at a high-volume call center
    - Call to ensure that the tool addresses client readiness and potential for engagement
    - Call to consider how this tool can be used to make a level of care recommendation

Next, DHCS presented an overview of automatic access for children and youth in Child Welfare. See slides here (8-9).

- Below are comments made by multiple workgroup members:
    - Support for foster youth having access to SMH services without having to go through a screening
    - Support for greater alignment between Child Welfare and County Behavioral Health
    - Consider documentation challenges for youth in foster care, especially for youth ages 0-5 years old
    - Calls to ensure social workers are included in the discussion around automatic access
- Below are additional comments from workgroup members:
    - Call to consider allowing an opt-out when screening foster youth
    - Call to ensure the education system is considered to help identify foster youth in need of services
    - Call to consider the need to evaluate medical necessity for parents as well
- Next, DHCS informally asked workgroup members whether they might support adding language around automatic access. Most workgroup members agreed that the language should be added but some members were unsure of this approach.

Next, Amie Miller from Monterey County provided an overview of universal assessment domains. See slides here (10-21).

- Below is a brief summary of Monterey County's presentation:
    - When Monterey County implemented the SUD wavier, they added ASAM criteria into their narrative psychosocial assessment. The proposal presented is less than what Monterey County currently does. The county currently has 13 domains, but they propose to limit the assessment to the 6 domains listed in the slides.
- DHCS then led a discussion on the proposal. Below is a summary of comments made by workgroup members:
    - Support for the proposed universal lean assessment.
    - Call to add domains that address patient history, culture, spiritual beliefs and practices
    - Call to ensure that counties are not audited beyond the requirements of a finalized universal lean assessment tool
    - Some concern around using check boxes for an assessment, check boxes may be useful for some providers, but physicians may find notes more useful
    - Call to ensure there is a separate assessment for kids that is developmentally relevant

Next, Ryan Quist from Sacramento County provided an overview of a universal statewide transfer of care tool. The tool can be found here. See slides here (22-32).

- Below is a brief summary of Sacramento County's presentation:
  - Sacramento County has a bidirectional referral process between Mental Health Plans to Managed Care Plans. A link to the tool and policy and procedure can be found in the PowerPoint. The referral process isn't done without the involvement of the consumer as part of the decision making. This is a conversation with the consumer about whether they're ready for a transition in their services.
- DHCS then led a discussion on the proposal. Below is a summary of comments made by workgroup members:
  - Support from all present workgroup members for the use of this tool for adults
  - Call to ensure that a tool for kids accounts for the fact that kids can be served by both systems at the same time
  - Clarify how a dispute process would work
  - Call to have a separate conversation about creating a standardized transition of care tool for kids

Finally, members of the public were invited to comment. Below is a summary:

- Do not focus solely on proximate causes. For clients, recovery and the ailments they face can last for years. Someone can thrive because they are in a particular environment and this tool should not lead to inadvertent disruption in necessary services when someone's conditions begins to improve.
- Urge DHCS to add cultural competency plan requirements. It is important for DHCS outline the medical necessity proposal in more specific detail so that members of the community can offer additional feedback. Also, add a plan for how to increase the utilization rate for mild/moderate beneficiaries.

Next Steps for DHCS:

This was the last meeting of the Behavioral Health Workgroup. DHCS noted the following next steps:

- DHCS intends to submit the 1115 waiver renewal & consolidated 1915(b) to CMS in June 2020.
- DHCS will post a summary of key proposal improvements and updates in April 2020.
- Public comment & public hearings will take place in May 2020.