



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: February 24, 2017

MHSUDS INFORMATION NOTICE NO.: 17-007

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: FISCAL YEAR 2014-15 BEHAVIORAL HEALTH SERVICES GROWTH SPECIAL ACCOUNT ALLOCATIONS

REFERENCE: SENATE BILL (SB) 1020 (CHAPTER 40, STATUTES OF 2012)

EXPIRES: Retain until superseded

Senate Bill (SB) 1020 (Chapter 40, Statutes of 2012) amended Section 30025 of the Government Code to create the Behavioral Health Services Growth Special Account within the Support Services Growth Subaccount within the Sales and Use Tax Growth Account of the Local Revenue Fund 2011. Section 30029.07 of the Government Code requires the State Controller's Office (SCO) to distribute funds allocated to the Behavioral Health Services Growth Special Account pursuant to a schedule provided by the Department of Finance (DOF) created in consultation with appropriate state agencies and the California State Association of Counties. The Behavioral Health Services Growth Special Account has \$117,019,728.14 for Fiscal Year (FY) 2014-15. The purpose of this information notice is to describe the methodology used to develop the allocation schedule that DOF provided to SCO for the distribution of these funds.

Distribution of Growth Funds

First priority was given to reimburse counties for the two entitlement programs, Medi-Cal Specialty Mental Health Early and Periodic Screening, Diagnosis, and Treatment

(EPSDT) Services and Drug Medi-Cal (DMC) Services. Specifically, this allocation schedule provides additional funding to eighteen counties (Contra Costa, Glenn, Imperial, Kern, Kings, Madera, Merced, Monterey, Orange, Riverside, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Stanislaus, and Tulare) in which the approved claims for EPSDT and DMC services provided in FY 2014-15 was greater than the funding received in FY 2014-15 from the Behavioral Health Subaccount. The total amount allocated for this purpose is \$27,724,285.08.

The remaining balance of \$89,295,443.06 in the Behavioral Health Services Growth Special Account was distributed using Medi-Cal enrollment data.

Enclosure 1 is the allocation schedule that DOF provided the SCO and shows the percentage of the FY 2014-15 Behavioral Health Services Growth Funds each county received.

Enclosure 2 displays how the allocation schedule was calculated. Columns A and B display each county's historical State General Fund (SGF) share of FY 2014-15 approved claims for EPSDT and DMC services, respectively, based upon claims submitted through June 30, 2016. Column C is the sum of columns A and B. Column D includes the proportional share of funding each county received from the Behavioral Health Subaccount in FY 2014-15 for EPSDT and DMC services. Column E displays the additional amount needed to meet the historical SGF share of cost for the EPSDT and DMC entitlement programs. Column F displays each county's percentage of the average monthly enrollment in the Medi-Cal program from January 2015 through December 2015. Column G displays the allocation of the remaining \$89,295,443.06 in growth funds for each county based upon average monthly Medi-Cal enrollment. Column H is equal to the sum of Columns E and G, and represents the total amount each county received from the Behavioral Health Services Growth Special Account for the revenue collected for FY 2014-15. Column I is equal to the county percentage of the grand total of Column H. Column I is the allocation schedule that the DOF provided to the SCO to allocate the \$117,019,728.14 in the Behavioral Health Services Growth Special Account.

Federal Entitlement to Medi-Cal Specialty Mental Health EPSDT

As DHCS previously clarified in [MHSD Information Notice 13-01](#), 2011 Realignment did not in any way abrogate or diminish the requirement that a County Mental Health Plan (MHP) provide, or arrange for the provision of, Medi-Cal specialty mental health services, including EPSDT services, for Medi-Cal beneficiaries. The EPSDT benefit, mandated under the Medi-Cal program pursuant to federal law, requires MHPs to provide, or arrange for the provision of, specialty mental health services to beneficiaries

under age 21 who meet medical necessity criteria for those services and are eligible for the full scope of Medi-Cal services. This applies whether or not such specialty mental health services are specified in the State Plan, as long as they are covered under the federal Medicaid entitlement.

Consultation to Develop Allocation of Growth Funds

As required by Government Code Section 30029.07, DOF consulted with relevant state agencies and the California State Association of Counties on these allocations. DHCS, in collaboration with DOF, also sought and received input on factors for this growth distribution from stakeholders, including client groups and provider organizations, and review of subsequent written comments DHCS received.

For any questions regarding this information notice, please contact Moses Ndungu, Chief, Fiscal Policy Section, Mental Health Management and Performance Outcomes Reporting Branch, Mental Health Services Division, at Moses.Ndungu@dhcs.ca.gov.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

Enclosures