



DATE: February 20, 2014

TO: Senate Pro Tempore Darrell Steinberg
Assembly Speaker John Pérez
Senator Ed Hernandez, Chair, Senate Health Committee
Assembly Member Richard Pan, Chair, Assembly Health Committee

FROM: Robert E. Oakes, Executive Director
Molly Brassil, Associate Director

SUBJECT: CMHDA Principles for Access to Medi-Cal Mental Health Coverage

On behalf of the California Mental Health Directors Association (CMHDA), which represents the public mental health authorities in counties throughout California, we are sharing CMHDA's "Principles for Access to Medi-Cal Mental Health Coverage."

Effective partnership and collaboration between managed care plans and county mental health plans is critical to assure the development of a robust continuum of care for Medi-Cal beneficiaries with mild to significant mental health treatment needs. While the medical necessity criteria for specialty and non-specialty mental health services are uniform across the state, specific strategies for screening, referrals, and service delivery may vary by county depending on local delivery system design, including network capacity, geographic factors, and cultural/linguistic diversity. County mental health plans and managed care plans must develop clear guidelines for screening and referral based on the established criteria, while recognizing that these processes and protocols should evolve over time - based on experience and continuous quality improvement efforts. CMHDA believes that access to coverage, including local referral pathways and screening protocols, should be grounded in certain core principles. The attached document describes CMHDA's principles.

CMHDA appreciates your leadership in helping California to take full advantage of the opportunities and resources the Affordable Care Act offers residents with mental health treatment needs, and hopes to continue working with you to achieve mutual goals in the coming year. Please do not hesitate to contact either of us to discuss these recommendations at your convenience. We may be reached at (916) 556-3477, or via email at roakes@cmhda.org or mbrassil@cmhda.org.

Cc: Honorable Members, Senate Health Committee
Honorable Members, Assembly Health Committee
Honorable Members, Senate Budget Subcommittee #3
Honorable Members, Assembly Budget Subcommittee #1

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CMHDA Principles for Access to Medi-Cal Mental Health Coverage

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Effective partnership and collaboration between managed care plans and county mental health plans will make available to Medi-Cal beneficiaries a wide variety of comprehensive, high quality mental health services. Effective partnership is critical to assure the development of a robust continuum of care for Medi-Cal beneficiaries with mild to significant mental health treatment needs. This includes assuring timely access to and the coordination of emergency, inpatient and outpatient mental health treatment. Increasing access to effective outpatient and crisis stabilization services provides an important opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals with mental illness in the least restrictive manner possible.

The medical necessity criteria for specialty and non-specialty mental health services are standard across all counties (Title 9 CCR § 1820.205, 1830.205, 1830.210). While the medical necessity criteria are uniform, specific strategies for screening, referrals and service delivery may vary by county depending on local delivery system design, including network capacity, geographic factors and cultural/linguistic diversity. Managed care plans and county mental health plans must develop clear guidelines for screening and referral based on the established criteria, recognizing that these processes and protocols should evolve over time based on experience and continuous quality improvement efforts.

Access to coverage, including local referral pathways and screening protocols, should be grounded in the following core principles:

- 1) Timely Access.** Ensure timely access to the appropriate level of care based on the beneficiary's current level of functioning. The beneficiary's current level of functioning is considered in the context of their history and diagnosis in determining the most appropriate location of referral in the continuum of care. Referral pathways between specialty and non-specialty mental health are bidirectional to allow beneficiaries to receive services commensurate with their current level of functioning. Prevention and early intervention activities are integrated into the spectrum of services provided to Medi-Cal beneficiaries.
- 2) Emphasis on Recovery and Resiliency.** Recovery and resiliency-driven services that are culturally and linguistically appropriate are the standard for covered mental health benefits available to California's Medi-Cal population. This includes coverage for consumer / client – and family-directed case management and mental health

rehabilitation services in the community that reflect the cultural, ethnic and racial diversity of mental health consumers / clients and their families.

- 3) **Health equity.** An emphasis on health equity is integrated into all aspects of local screening, referral and access pathways and protocols. This includes addressing systematic disparities in health status related to race, ethnicity, gender, sexual orientation, income and geography.
- 4) **Parity.** Mental health and substance use disorder systems are equal partners with physical health care systems.
- 5) **Ongoing Assessment.** Assessment and treatment planning are ongoing processes in order to ensure that beneficiaries are engaged in the treatment process and can effectively transition between non-specialty and specialty mental health services, depending on their current presentation and need.
- 6) **Continuity of Care.** Referrals are made collaboratively and with due consideration of the impact changing providers may have on the beneficiary. This includes referrals to and partnerships with the full array of local human service agencies and systems that are critical in addressing social determinants of health.
- 7) **Person/Family-Centered Planning.** Care planning ensures beneficiaries and/or their families are effective partners in their healthcare decisions.
- 8) **Flexibility / Continuous Quality Improvement.** Using the care planning and implementation structures specified in the managed care plan / mental health plan Memorandum of Understanding, modifications are made to processes based on experience over time. Managed care plans and mental health plans develop shared outcomes and process measures for continuous quality improvement.