

INITIAL STATEMENT OF REASONS

**California Code of Regulations
Title 9. Rehabilitative and Developmental Services
Division 1. Department of Mental Health
Chapter 11. Medi-Cal Specialty Mental Health Services**

Description of the Public Problem, Administration Requirements, and Other Conditions and Circumstances these Regulations Are Intended to Address:

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. States are required to inform all Medicaid-eligible persons under age 21 that EPSDT services as described in section 1905(r) of the Social Security Act are available and the need for age-appropriate immunizations.

In California, EPSDT, which is one of the specialty mental health services defined in Title 9, California Code of Regulations (CCR), Section 1810.247 must be provided to Medi-Cal beneficiaries of each county through a mental health plan (MHP) which contracts with DMH. However, problems arose when a foster care child was adjudicated in one county and was placed in another county and needed outpatient specialty mental health care service from an entity other than their local MHP. There were disagreements as to which county was responsible for the cost of the mental health care and authorizing the care in a timely manner. Senate Bill (SB) 745, (Chapter 811, Statutes of 2000) added Section 5777.6 to the Welfare and Institutions Code (W&IC), requiring local mental health plans to establish a procedure to ensure access to outpatient mental health services for foster children placed outside of their county of origin (adjudication). It is the intent of this regulation package to establish the necessary regulatory requirements to be in compliance with SB 745.

This proposed regulation package adopts Sections 1810.207.5 and 1810.220.5, Title 9, California Code of Regulations (CCR) to incorporate relevant definitions from CCR, Title 2, Section 60020 with the intent of providing program clarity for the Authorization of Out-of-Plan Services requirements in Section 1830.220(b)(4)(A). This package also amends Section 1830.220(b)(4)(A) to provide prescribed timeframes in the authorization of services for foster care and adopted children and youth placed outside of their county of origin to ensure access to outpatient mental health services as mandated by SB 745 and Title 42, Code of Federal Regulations, Part 438, Section 438.210.

Subchapter 1. General Provisions
Article 2. Definitions, Abbreviations and Program Terms

Section 1810.207.5. County of Origin

Specific Purpose: Section 1810.207.5 is being added to define which county has legal authority for a specified group of beneficiaries.

Rationale for Necessity: This definition is necessary to provide clarity of which county's MHP has the legal authority to authorize specialty mental health services for wards or court dependents, or adoptees receiving adoption assistance, while placed or receiving services outside their county of adjudication. The definition from the mental health definitions in Title 2 of California Code of Regulations (CCR), Section 60020(b) was used as a guideline. Variations from this definition has been made to improve clarity by changing the term "pupil" to child or youth and by deleting the word "disability" as this term is not defined in either Section 60020 of Title 2, or in the Title 9, Chapter 11 regulations. It is necessary to incorporate this definition to distinguish between the responsibilities of the MHPs when a beneficiary is placed outside of his/her service plan area.

Section 1810.220.5. Host County

Specific Purpose: Section 1810.220.5 is being added to define what a host county is as it relates to the Foster Care and Adoption Assistance programs for mental health services.

Rationale for Necessity: This definition is necessary to distinguish between the county of origin which is statutorily specified as the entity required for authorizing, from the county where the beneficiary of the services may be living and receiving the services. The definition is being incorporated by reference from the mental health definitions in Title 2 of California Code of Regulations (CCR), Section 60020(d).

Variations from this definition has been made to improve clarity by changing the term "pupil" to child or youth and by deleting the word "disability" as this term is not defined in either Section 60020 of Title 2, or in the Title 9, Chapter 11 regulations. The term, "host county" is also defined in the California Department of Social Services regulation, Manual of Policies and Procedures, Section 11-400(h)(1) and the link for this section is <http://www.dss.cahwnet.gov/getinfo/pdf/fcmana.pdf>. However, the definition contained in Title 2, CCR is more applicable for the Specialty Mental Health program.

Subchapter 3. Specialty Mental Health Services Other Than Psychiatric Inpatient Hospital Services

Article 2. Provision of Services

Section 1830.220(b)(4)(A)

Specific Purpose: Section 1830.220(b)(4)(A) provides standards governing the situations in which the MHP must authorize services delivered for a beneficiary by out-of-plan providers. This section is being amended to establish a statewide process for authorizing services for children and youth placed outside of their county of origin.

Rationale for Necessity: The amendments to this section of the regulation are necessary to establish prescribed timeframes for authorizing and reimbursing for mental health services to ensure timely access of services for children and youth placed outside of their county of origin.

Subsection (1) denotes the timeframe required to authorize services for a foster care child or adopted child or youth placed outside his/her county of origin. This subsection also provides for a time extension, if required to obtain additional information to evaluate the need for mental health service. Failure to prescribe timeframes places the foster care child or adopted child or youth at risk of not receiving timely, accessible mental health services which could exacerbate their mental health condition. The lack of a statewide, prescriptive timeframe for the authorization of services for these children and youth, is a barrier to them receiving the necessary mental health services in a timely matter, which potentially increases the likelihood of these children and youth of being at of risk of developing a crisis situation that could require hospitalization or some other high level of intervention. To minimize this possibility, this amendment would require the MHP to authorize the service within three-working days.

Subsection (2) denotes the timeframes required to arrange for the reimbursement of services that was provided to the child or youth. This ensures host counties that have provided services to out-of-plan beneficiaries are reimbursed in a timely manner which would eliminate potential fiscal concerns regarding payments.

Subsection (3) stipulates the process MHPs should use to resolve disagreements between the providers of the county of origin and providers of the host county.