



December 16th, 2022

California Department of Managed Health Care
Office of Legal Services
ATTN: Regulations Coordinator
980 9th Street, Suite 500
Sacramento, CA 958144

Sent via e-mail to: regulations@dmhc.ca.gov

Re: Aligning 2022 MHSUD - Mental Health and Substance Use Disorder Coverage Requirements with the SB 855 Statute on Definition of "Health Care Provider"

Dear Regulations Coordinator:

On behalf of the California Alliance of Child and Family Services and the California Children's Hospital Association, we write to urge you to align the definition of "health care provider" in the 2022MHSUD - Mental Health and Substance Use Disorder Coverage Requirements with the statute established by the signing of SB 855 (Wiener). A consistent definition of "health care provider" will prevent unnecessary confusion in the field and most crucially, expand access to much-needed behavioral health services in California. We appreciate your attention to the following considerations:

The State of California is experiencing a significant behavioral health workforce crisis. In San Diego County as an example, waiting times for Medi-Cal recipients to access outpatient mental health services can be four to six months. A recent study commissioned by the San Diego County Board of Supervisors indicates that San Diego County has a shortage of 8,000 mental health providers across 12 occupations¹. One of the key components of SB 855 to improve access to care was the expansion of the definition of clinicians eligible to be credentialed by Managed Care Plans (MCPs). Allowing associates and trainees under supervision to be consistently credentialed by managed care Medi-Cal, would immediately increase the availability of services, and allow more community-based organizations to start providing quality outpatient care.

SB 855 makes it clear that in addition to Licensed Providers, the following should be considered "health care providers" in California under Section 1374.72 of the Health and Safety Code:

- A. *A person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.*
- B. *An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3 of the Business and Professions Code.*
- C. *A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51.*

¹ [Addressing San Diego's Behavioral Health Worker Shortage](#)

- D. *An associate clinical social worker functioning pursuant to Section 4996.23.2 of the Business and Professions Code.*
- E. *An associate professional clinical counselor or professional clinical counselor trainee functioning pursuant to Section 4999.46.3 of the Business and Professions Code.*
- F. *A registered psychologist, as described in Section 2909.5 of the Business and Professions Code.*
- G. *A registered psychological assistant, as described in Section 2913 of the Business and Professions Code.*
- H. *A psychology trainee or person supervised as set forth in Section 2910 or 2911 of, or subdivision (d) of Section 2914 of, the Business and Professions Code.*

Precise language in the 2022MHSUD - Mental Health and Substance Use Disorder Coverage Requirements is vital to ensure that MCPs are unambiguously clear about the law and the fact that associates and trainees under supervision are eligible to be credentialed just as they are by County Health Plans to deliver Specialty Mental Health Services.

- As an example of the need for this clarity, the San Diego Center for Children attempted to credential two waived psychologist that met the criteria outlined in the Medi-Cal Update, Psychological Services, August 2016, Bulletin 491, which clearly indicates that interns can be reimbursed for psychotherapy services, and the language on SB 855². The denial to their request is attached to this letter. **Without clear language we are deeply concerned that the response received from Optum will be the standard answer from MCPs across the state.**

It is also necessary to establish consistency with the Medi-Cal definition of “mental health provider.” Most County Plans allow the credentialing of associates under supervision to deliver Specialty Mental Health Services (for severe conditions). This is not the case with Managed Care Medi-Cal (for mild to moderate conditions). Language in SB 855 is consistent with the Medi-Cal Manual and the Medi-Cal Update, Bulletin 491.

There is growing recognition of the important role associates play in the behavioral health field. On September 27, 2022, Governor Newsom signed SB 966 (Limón), which seeks federal approval and guidance to allow federally qualified health centers and rural health clinics to bill for services provided by Associate Clinical Social Workers or Associate Marriage and Family Therapists when certain requirements are met. One such requirement is that services must be provided under the supervision of a licensed behavioral health practitioner. The 2022MHSUD - Mental Health and Substance Use Disorder Coverage Requirements are another opportunity to mitigate the numerous workforce challenges that currently strain the behavioral health system.

For the reasons stated above, we stress the importance of clearly aligning the regulations with the statute that was put forward with the signing of SB 855 (Wiener). **The draft regulations can simply be amended to replace “licensed providers” with “health care providers”** to create this alignment and provide clarity to the field. SB 855 intended to improve access to care by broadening the definition of who can be credentialed to provide mental health services to Medi-Cal recipients, a goal that can only come to fruition by implementing the language outlined in statute. This is also in line with the California Department of Insurance draft regulations which we are in support of.

² [Medi-Cal Update, Psychological Services, August 2016- Bulletin 491](#)

We hope this information is helpful as you consider the 2022MHSUD - Mental Health and Substance Use Disorder Coverage Requirements and we greatly appreciate the opportunity to provide feedback on this matter. Please reach out to us with any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Stoner-Mertz". The signature is fluid and cursive, with a large initial "C" and "S".

Chris Stoner-Mertz
Chief Executive Officer
California Alliance of Child and Family Services

A handwritten signature in blue ink, appearing to read "Ann-Louise Kuhns". The signature is fluid and cursive, with a large initial "A" and "K".

Ann-Louise Kuhns
President and Chief Executive Officer
California Children's Hospital Association

CC: Mary Watanabe, Director, California Department of Managed Health Care

Attachments

From: Willson, Cristofina G <cristofina.willson@optum.com>

Sent: Tuesday, January 23, 2018 9:15 AM

To: Katherine Morrill <kmorrill@centerforchildren.org>

Cc: Cheryl Rode <crode@centerforchildren.org>; Duncan-Sanford, Judy A <judy.duncan-sanford@optum.com>

Subject: RE: Optum application for 2 waived psychologists

Good morning Katie,

Thank you for sending the two applications for Dr. Patel and Dr. Halperin. Unfortunately, we are unable to credential either of the providers as a requirement is that all providers need to be licensed. I have included our current credentialing criteria below for reference.

I am so sorry we are unable process the two applications you sent us yesterday.

CREDENTIALING CRITERIA

Psychiatrist

1. Graduate degree from a school listed in the current AAMC Directory of American Medical Education, published by the American Association of Medical Colleges, or in the then-current World Directory of Medical Schools, published by the World Health Organization.
2. Board Certified/Eligible in Psychiatry. Physicians who graduated from medical school prior to July 1, 1982, will be considered to have the equivalency of board certification requirement if he or she has completed an ACGME approved residency training program in psychiatry or a fellowship in addiction medicine.
3. Current California licensure without material restrictions, conditions or other disciplinary action taken against applicant's license.
4. Current and valid Drug Enforcement Agency or Controlled Dangerous Substance Certificate, unless the applicant's practice does not require it.
5. Medical Malpractice/Professional Liability with extended reporting option covering the licensed medical personnel providing health care services.
 - (a) \$1,000,000 per Occurrence (b) \$3,000,000 in the Aggregate
6. Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
7. No suspension of hospital privileges on three or more occasions during the past 12 months due to inappropriate, inadequate or tardy completion of medical records.
8. The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status.
9. No conditions or other history of disciplinary action or sanctions taken against applicant in Medicare and/or Medicaid programs.

Psychologist

1. A doctoral level degree in clinical psychology from an accredited college or university and direct provision of care to clients in a mental health setting.
2. If applicable, completion of a post-graduate training program appropriate for the type of services to be provided.
3. Current licensure at the highest level for independent practice granted within California. The license is without material restrictions, conditions or other disciplinary action taken against applicant's license.
4. Professional Malpractice/Professional Liability with extended reporting option covering the licensed medical personnel providing health care services.
 - (a) \$1,000,000 per Occurrence (b) \$3,000,000 in the Aggregate
5. Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
6. No suspension of hospital privileges on three or more occasions during the past 12 months due to inappropriate, inadequate or tardy completion of medical records.
7. The absence of a history of professional disciplinary action or other sanction by a managed care plan, hospital, medical review board, licensing board or other administrative body or government agency that warrants the restriction or denial of participation status.
8. No conditions or other history of disciplinary action or sanctions taken against applicant in Medicare and/or Medicaid programs.

Warmest regards,

Cris

Cristofina G. Willson, LCSW / Optum

Provider Relations Advocate, San Diego Public Sector

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