

CA Alliance Feedback Concerning Draft Annual System Review Protocol for SMHS

(Draft Protocol)

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Submitted via email: Alejandro.Martinez@dhcs.ca.gov

Section 1.2.1: The MHP Must Provide ICC and IHBS to all Children Who Meet Necessary Criteria. (Draft Protocol, p. 10.)

We would recommend that DHCS **review MHP provider guidance concerning eligibility criteria for Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS), including county SMHS provider manuals, to ensure all provider guidance materials are current and accurate.** As the Draft Protocol indicates, membership in the “Katie A. subclass” is no longer a prerequisite to receiving ICC and IHBS.¹ Currently, however, some MHP provider guidance materials still indicate that a youth must be involved in the child welfare system in order to receive “Katie A.” services, and these materials could unintentionally limit access to ICC and IHBS for eligible youth.

For example, the [San Mateo Behavioral Health Documentation Manual](#),² February 2021, p 31, describes ICC and IHBS as two “Katie A” services that must be provided to youth with an open child welfare case. The manual does not clarify that ICC and IHBS services are now available to all youth beneficiaries who need them, regardless of whether they are involved in the child welfare system. Similarly, San Bernardino’s [Care Necessity \(Qualifications for Services\) form](#),³ which is referenced in the San Bernardino Outpatient Care Manual, p. 34, also states that a child must have an open child welfare case in order to qualify for “Katie A.” services, without further explaining that ICC and IHBS no longer are limited to youth in foster care.

Other county provider manuals contain outdated Katie A. information because they have not been revised for several years. The [Outpatient Provider Manual](#)⁴ posted online by Riverside county, for example, apparently has not been updated since 2012 and therefore does not mention ICC or IHBS.

Section 2.3.2: Coordination of Physical and Mental Health Care (Draft Protocol, p. 17.)

Forms that guide referrals between MHPs and MCPs are essential to the proper coordination of care. We are pleased to see that the Draft Protocol clarifies that MHPs should refer beneficiaries to MCPs if the client does not

¹ [Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries](#), 3rd Edition, January 2018.

² Downloaded on July 11, 2021 at <https://www.smchealth.org/sites/main/files/file-attachments/bhrsdocmanual.pdf>.

³ Downloaded on July 11, 2021 at: [CARE NECESSITY \(QUALIFICATIONS FOR SERVICES\) \(sbcounty.gov\)](#). San Bernardino’s [Scope of Practice and Billing Guide](#), pp. 33, 52, includes a more accurate description of ICC and IHBS, but some providers may not read these sections of the billing guide if they assume after reading the Care Necessity form that their client is ineligible for services.

⁴ Downloaded on July 11, 2021 from the Riverside County Department of Mental Health website at: [Outpatient Provider Manual Feb 2012 Final Version.pdf \(rcdmh.org\)](#).

have a SMHS-included diagnosis, rather than whenever the beneficiary’s level of mental health impairment is considered “mild” or “moderate.”

In addition, because MHP-MCP referral forms play a key role in ensuring access to appropriate services, we would recommend that **DHCS seek feedback from a broad range of stakeholders concerning the content of these forms.**

We also suggest that DHCS require all counties to use the same statewide MHP-MCP referral form. A single statewide form will avoid obstacles to care that can be created by individual county forms with flawed referral standards. For example, although youth are eligible for SMHS as long as they have a SMHS-included diagnosis that can be corrected or ameliorated by the SMHS,⁵ one MHP’s medical necessity screening form conflicts with this standard and therefore risks denying SMHS for eligible youth. The form establishes an algorithm that directs providers to refer youth to the MCP unless the child presents with a relatively serious mental health impairment. For instance, according to the form’s algorithm, a six-year-old with “moderate” depression and “assaultive” behavior problems should be referred to the MCP,⁶ even though many children meeting this description could qualify for SMHS.

Finally, we note that the Draft Protocol does not include the review of comparable procedures for referring clients for Medi-Cal substance use treatment services. In light of the frequency with which mental health and substance use conditions co-occur, we believe it is equally **important for DHCS to ensure that MHP procedures for referring beneficiaries to Drug Medi-Cal plans are properly implemented.**

Section 3.1.4: MCPs Shall have a Method to Detect Both Underutilization and Overutilization of SMHS. (Draft Protocol, p. 22)

We are pleased to see the Draft Protocol requires MHPs to implement mechanisms to detect not only overutilization but also underutilization of services. In addition, **when an MHP determines that a SMHS is underutilized, we would recommend that DHCS hold the plan accountable for taking concrete steps to ensure adequate access to those services.** Potential corrective measures include those listed below.

- Increase reimbursement rates for the underutilized service.
- Remove “contract caps” on the number of beneficiaries each provider can serve.
- Eliminate MHP requirements that referrals be made only through the MHP, rather than directly to providers.
- Remove limits on the types of services each MHP provider may deliver (if they are otherwise qualified to provide those services.)
- Give providers greater flexibility to shift funding between programs that deliver the underutilized service, in order to better meet the actual demand for those services.

⁵ DHCS IN [16-061](#).

⁶ [Alameda County’s Child 6 – 17 Behavioral Health Screening Form for Assessment and Treatment as Medically Necessary, accessed on July 12, 2021 at: http://www.acbhcs.org/providers/Forms/docs/Access/Child_6-17_BH_Screening.pdf](http://www.acbhcs.org/providers/Forms/docs/Access/Child_6-17_BH_Screening.pdf).



Section 3.5: Practice Guidelines (Draft Protocol, p. 26)

Currently, several counties do not make their SMHS provider guidance documents publicly available online. **We would recommend that MHPs be required to make all provider guidance materials, including Policies & Practices, practice guidelines, and provider manuals, publicly available online.** We recognize that DHCS staff may not always have sufficient time to carefully review all provider guidance issued by MHPs. If these documents are available online, other stakeholders will have the opportunity to review these materials and raise any potential issues of concern with DHCS and/or the directly with the MHP.

Respectfully submitted,

Adrienne Shilton

California Alliance of Child and Family Services

Ashilton@cacfs.org

916.397.9405