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SB-293 Medi-Cal specialty mental health services. (2021-2022)

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Date Published: 03/18/2021 09:00 PM

AMENDED IN SENATE MARCH 18, 2021

CALIFORNIA LEGISLATURE— 2021–2022 REGULAR SESSION

SENATE BILL

NO. 293

**Introduced by Senator Limón
(Principal coauthor: Assembly Member Gray)**

February 01, 2021

An act to amend Section 14683 of, and to add Section 14682.2 to, the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 293, as amended, Limón. Medi-Cal specialty mental health services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans, including mental health plans that provide specialty mental health services. Existing law requires the department to ensure that Medi-Cal managed care contracts include a process for screening, referral, and coordination with mental health plans of specialty mental health services, to convene a steering committee to provide advice on the transition and continuing development of the Medi-Cal mental health managed care systems, and to ensure that the mental health plans comply with various standards, including maintaining a system of outreach to enable Medi-Cal beneficiaries and providers to participate in and access Medi-Cal specialty mental health services under the mental health plans.

~~This bill would require, on or before January 1, 2023, the department, in consultation with specified groups, including representatives from the County Welfare Directors Association of California, to identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and to develop standard forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services to be used by all counties. The~~

With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard

forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California. The bill would authorize the department to develop and maintain a list of department-approved nonstandard forms, and would require the department to conduct, on or before July 1, 2023, regional trainings for county mental health plan personnel and their provider networks on proper completion of the standard forms. The bill would require each county mental health plan contractor to distribute the training material and standard forms to their provider networks, and to commence, by July 1, 2023, exclusively using the standard forms, unless they use department-approved nonstandard forms.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. (a) The Legislature finds and declares all of the following:

(1) Specialty mental health providers that contract with county mental health plans to provide services to children and adolescents under the Early and Periodic Screening, Diagnostic, and Treatment Program report that completing paperwork required by counties to determine eligibility and reimbursement for these Medi-Cal beneficiaries frequently consumes 40 to 50 percent of their time, the paperwork requires many hours of training to properly complete, and this administrative task is a major driver of provider burnout and attrition.

(2) Moreover, the paperwork required by each county varies significantly, which means individuals who are employed at children's hospitals and community-based organizations that serve children from multiple counties must navigate many different sets of forms, and they spend even more time being trained to properly complete the paperwork.

(3) The result is that providers have less time to serve children with mental health issues, and these children are more likely to need crisis services or hospital emergency care because other community-based interventions are unavailable.

(4) California is suffering from a mental health provider shortage, particularly for pediatric providers, and the state cannot afford to have its providers spend half of their time completing forms instead of providing clinical services to children.

(b) Therefore, it is the intent of the Legislature to dramatically reduce and standardize the paperwork burden for providers of county specialty mental health services under the Early and Periodic Screening, Diagnostic, and Treatment Program to encourage providers to serve more children in the Medi-Cal program, to ensure eligibility and reimbursement determinations are made consistently across all counties, to provide clear guidance to counties and providers of these services about requirements imposed in federal law, and to minimize the risk of negative audit findings and retroactive disallowances that threaten county budgets.

SEC. 2. Section 14682.2 is added to the Welfare and Institutions Code, to read:

~~14682.2.(a)(1) On or before January 1, 2023, the department shall identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and develop standard forms to be used by all counties, in consultation with representatives from all of the following:~~

14682.2. (a) (1) With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, the department shall develop standard forms relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements. The department shall develop these forms in a manner that is consistent with the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, as approved by the federal Centers for Medicare and Medicaid Services, pursuant to CalAIM Terms and Conditions. The standard forms shall include forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services.

(2) For purposes of implementing this section, the department shall consult with representatives from all of the following:

(A) The County Behavioral Health Directors Association of California.

~~(B) The County Counsels' Association of California:~~

(B) The California State Association of Counties.

(C) The County Welfare Directors Association of California.

(D) *(i)* Behavioral health programs in at least one small, medium, and large county.

(ii) For purposes of clause (i), the following definitions apply:

(I) "Small county" means a county with a population less than 300,000 people.

(II) "Medium county" means a county with a population of 300,000 to 700,000 people, inclusive.

(III) "Large county" means a county with a population of greater than 700,000 people.

(E) Associations that represent children's hospitals, foster youth, parents and caregivers, community-based children's mental health providers, and children's health legal advocates.

~~(2) The standard forms shall include, at a minimum, forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services. The standard forms shall be used by all county mental health plan contractors, and providers who render services under those contracts, when serving eligible Medi-Cal beneficiaries:~~

~~(3)~~

(2) The department may develop and maintain a list of department-approved nonstandard forms. Forms on the nonstandard forms list may be used by county mental health plan contractors, in addition to the standard forms described in paragraph (2); developed pursuant to paragraph (1), to determine eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program. The department shall post this list on its internet website and update the list at least once annually.

(3) If a county mental health plan contractor or any provider who renders services under a county mental health plan serves an eligible Medi-Cal beneficiary, the department shall require that contractor or provider to use the standard forms and department-approved nonstandard forms in a manner that is consistent with the CalAIM initiative, as approved by the federal Centers for Medicare and Medicaid Services, pursuant to the CalAIM Terms and Conditions.

(4) The department shall ensure that all forms developed pursuant to this section comply with the federal Medicaid program law and ~~regulations~~ *regulations, the CalAIM Terms and Conditions*, and applicable state and federal privacy laws that govern medical information, including the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) and the federal Health Insurance Portability and Accountability Act of 1996.

(b) (1) On or before July 1, 2023, the department shall conduct regional trainings for county mental health plan personnel and their provider networks on proper completion of the standard forms, as described in paragraph ~~(2)~~ *(1)* of subdivision (a), to ensure that *those* individuals receive adequate training to appropriately complete these forms.

(2) (A) Training material developed pursuant to paragraph (1) shall be made available to county mental health plan contractors, as determined appropriate by the department, for use in local trainings.

(B) Each county mental health plan contractor shall distribute the training material, as specified in paragraph (1), and standard forms, as described in paragraph (2) of subdivision (a), to their provider networks.

SEC. 3. Section 14683 of the Welfare and Institutions Code is amended to read:

14683. The department shall ensure all of the following:

(a) A mental health plan includes a process for screening, referral, and coordination with other necessary services, including, but not limited to, health, housing, and vocational rehabilitation services. For Medi-Cal eligible children, a mental health plan shall also provide coordination with education programs and any necessary medical or rehabilitative services, including, but not limited to, those provided under the California Children's

Services Program (Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code) and the Child Health and Disability Prevention Program (Article 6 (commencing with Section 124025) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code), and those provided by a fee-for-service provider or a Medi-Cal managed care plan. This subdivision does not establish any higher level of service from a county than is required under existing law. A mental health plan shall not be liable for the failure of other agencies responsible for the provision of nonmental health services to provide those services or to participate in coordination efforts.

(b) A mental health plan includes a system of outreach to enable Medi-Cal beneficiaries and providers to participate in and access Medi-Cal specialty mental health services under the plan, consistent with existing law.

(c) Standards for quality and access developed by the department, in consultation with the steering committee established pursuant to Section 14681.1, are included in each mental health plan serving Medi-Cal beneficiaries.

(d) (1) A mental health plan and a provider network of that plan shall utilize the standard forms developed by the department, as described in paragraph ~~(2)~~ (1) of subdivision (a) of Section 14682.2, for performing the intake of, assessment of, and treatment planning for, Medi-Cal beneficiaries who are eligible for specialty mental health services under the Early and Periodic Screening, Diagnostic, and Treatment Program.

(2) No later than July 1, 2023, each mental health plan shall commence using the standard forms described in paragraph (1). After July 1, 2023, a mental health plan shall not use any other forms related to intake, assessment, treatment planning, eligibility determination, or reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, except as specified in paragraph (3) of subdivision (a) of Section 14682.2.