

AMENDED IN ASSEMBLY JUNE 13, 2016

AMENDED IN SENATE JUNE 1, 2016

AMENDED IN SENATE APRIL 14, 2016

AMENDED IN SENATE MARCH 28, 2016

SENATE BILL

No. 1291

Introduced by Senator Beall

February 19, 2016

An act to add Sections 14717.2 and 14717.5 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1291, as amended, Beall. Medi-Cal: specialty mental health: children and youth.

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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services are provided by mental health plans and the department is responsible for conducting investigations and audits of claims and reimbursements for expenditures for specialty mental health services provided by mental health plans to Medi-Cal eligible individuals.

This bill would require each mental health plan, annually on or before July 1 of each year, to submit a foster care mental health service plan to the department detailing the service array, from prevention to crisis services, available to Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families. The bill would

require annual mental health plan reviews to be conducted by an external quality review organization (EQRO) and to include specific data for Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families, including the number of Medi-Cal eligible children and youth under the jurisdiction of the juvenile court served each year. *The bill would require the department to share data with county boards of supervisors, including data that will assist in the development of foster youth mental health plans and performance outcome system data and metrics, as specified.*

This bill would require the department to post the ~~plans and plans~~, any corrective action plan prepared by the mental health plan to address deficiencies identified by the EQRO ~~review~~ review, and the EQRO data on its Internet Web ~~site~~ site, as specified. The bill would also require the department to notify the mental health plan of any deficiencies and would require the mental health plan to provide a written corrective action plan to the department.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 14717.2 is added to the Welfare and
2 Institutions Code, to read:
3 14717.2. (a) Each mental health plan shall submit an annual
4 foster care mental health service plan to the department detailing
5 the service array, from prevention to crisis services, available to
6 Medi-Cal eligible children and youth under the jurisdiction of the
7 juvenile court and their families. These plans shall be consistent
8 with the Special Terms and Conditions outlined in the federal
9 Centers for Medicare and Medicaid Services (CMS) approved
10 waiver authorized under Section 1915 of the Social Security Act,
11 Sections 438.204, 438.240, and 438.358 of Title 42 of the Code
12 of Federal Regulations. Plans shall be submitted by July 1 of each
13 year, beginning in 2017. Prior to submission to the department,
14 the board of supervisors of each mental health plan shall approve
15 the plan. The plan shall include, but not be limited to, all of the
16 following elements:
17 (1) The number of Medi-Cal eligible children and youth under
18 the jurisdiction of the juvenile court served each year.

1 (2) The number of family members, including foster parents,
2 of children and youth under the jurisdiction of the juvenile court
3 served by the county mental health plans.

4 (3) Details on the types of mental health services provided to
5 children and youth under the jurisdiction of the juvenile court and
6 their families, including prevention and treatment services. These
7 types of services may include, but are not limited to, screenings,
8 assessments, home-based mental health services, outpatient
9 services, day treatment services, or inpatient services, psychiatric
10 hospitalizations, crisis interventions, case management, and
11 psychotropic medication support services.

12 (4) Access to and timeliness of mental health services, as
13 described in Sections 1300.67.2, 1300.67.2.1, and 1300.67.2.2 of
14 Title 28 of the California Code of Regulations and consistent with
15 Section 438.206 of Title 42 of the Code of Federal Regulations
16 available to Medi-Cal eligible children and youth under the
17 jurisdiction of the juvenile court.

18 (5) Quality of mental health services available to Medi-Cal
19 eligible children and youth under the jurisdiction of the juvenile
20 court.

21 (6) Translation and interpretation services, consistent with
22 Section 438.10(c)(4) and (5) of Title 42 of the Code of Federal
23 Regulations and Section 1810.410 of Title 9 of the California Code
24 of Regulations available to Medi-Cal eligible children and youth
25 under the jurisdiction of the juvenile court.

26 (7) Coordination with other systems, including regional centers,
27 special education local plan areas, child welfare, and probation.

28 (8) Family and caregiver education and support.

29 (9) Performance data for Medi-Cal eligible children and youth
30 under the jurisdiction of the juvenile court in the annual external
31 quality review report required by Section 14717.5.

32 (10) Utilization data for Medi-Cal eligible children and youth
33 under the jurisdiction of the juvenile court in the annual external
34 quality review report required by Section 14717.5.

35 (11) Medication monitoring consistent with ~~the Healthcare~~
36 ~~Effectiveness Data and Information Set (HEDIS), including, but~~
37 ~~not limited to,~~ the child welfare psychotropic medication measures
38 developed by the State Department of Social Services and ~~the~~
39 ~~following HEDIS~~ *any Healthcare Effectiveness Data and*
40 *Information Set (HEDIS)* measures related to psychotropic

1 ~~medications: medications, including, but not limited to, the~~
2 ~~following:~~

3 (A) ~~Follow-Up Care for Children Prescribed Attention Deficit~~
4 ~~Hyperactivity Disorder Medication (HEDIS-ADD), which measures~~
5 ~~the number of children 6 to 12 years of age, inclusive, who have~~
6 ~~a visit with a provider with prescribing authority within 30 days~~
7 ~~of the new prescription: ADD).~~

8 (B) ~~Use of Multiple Concurrent Antipsychotics in Children and~~
9 ~~Adolescents (HEDIS-APC), which does both of the following:~~
10 ~~APC).~~

11 (i) ~~Measures the number of children receiving an antipsychotic~~
12 ~~medication for at least 60 out of 90 days and the number of children~~
13 ~~who additionally receive a second antipsychotic medication that~~
14 ~~overlaps with the first.~~

15 (ii) ~~Reports a total rate and age stratifications, including 6 to 11~~
16 ~~years of age, inclusive, and 12 to 17 years of age, inclusive.~~

17 (C) ~~Use of First-Line Psychosocial Care for Children and~~
18 ~~Adolescents on Antipsychotics (HEDIS-APP), which measures~~
19 ~~whether a child has received psychosocial services 90 days before~~
20 ~~through 30 days after receiving a new prescription for an~~
21 ~~antipsychotic medication: APP).~~

22 (D) ~~Metabolic Monitoring for Children and Adolescents on~~
23 ~~Antipsychotics (HEDIS-APM), which does both of the following:~~
24 ~~APM).~~

25 (i) ~~Measures testing for glucose or HbA1c and lipid or~~
26 ~~cholesterol of a child who has received at least two different~~
27 ~~antipsychotic prescriptions on different days.~~

28 (ii) ~~Reports a total rate and age stratifications, including 6 to 11~~
29 ~~years of age, inclusive, and 12 to 17 years of age, inclusive.~~

30 (b) ~~The department shall post each plan on its Internet Web-site.~~
31 ~~site in a manner that is publicly accessible.~~

32 SEC. 2. Section 14717.5 is added to the Welfare and
33 Institutions Code, to read:

34 14717.5. (a) A mental health plan review shall be conducted
35 annually by an external quality review organization (EQRO). The
36 review shall include specific data for Medi-Cal eligible children
37 and youth under the jurisdiction of the juvenile court and their
38 families, including all of the following:

39 (1) The number of Medi-Cal eligible children and youth under
40 the jurisdiction of the juvenile court served each year.

1 (2) The number of family members, including foster parents,
2 of children and youth under the jurisdiction of the juvenile court,
3 including foster parents, served by the mental health plans.

4 (3) Details on the types of mental health services provided to
5 children and their caregivers, including prevention and treatment
6 services. These types of services may include, but are not limited
7 to, screenings, assessments, home-based mental health services,
8 outpatient services, day treatment services or inpatient services,
9 psychiatric hospitalizations, crisis interventions, case management,
10 and psychotropic medication support services.

11 (4) Access to and timeliness of mental health services, as
12 described in Sections 1300.67.2, 1300.67.2.1, and 1300.67.2.2 of
13 Title 28 of the California Code of Regulations and consistent with
14 Section 438.206 of Title 42 of the Code of Federal Regulations
15 available to Medi-Cal eligible children and youth under the
16 jurisdiction of the juvenile court.

17 (5) Quality of mental health services available to Medi-Cal
18 eligible children and youth under the jurisdiction of the juvenile
19 court.

20 (6) Translation and interpretation services, consistent with
21 Section 438.10(c)(4) and (5) of Title 42 of the Code of Federal
22 Regulations and Section 1810.410 of Title 9 of the California Code
23 of Regulations available to Medi-Cal eligible children and youth
24 under the jurisdiction of the juvenile court.

25 (7) Performance data for Medi-Cal eligible children and youth
26 under the jurisdiction of the juvenile court.

27 (8) Utilization data for Medi-Cal eligible children and youth
28 under the jurisdiction of the juvenile court.

29 (9) Medication monitoring consistent with ~~the Healthcare~~
30 ~~Effectiveness Data and Information Set (HEDIS), including, but~~
31 ~~not limited to,~~ the child welfare psychotropic medication measures
32 developed by the State Department of Social Services and ~~the~~
33 ~~following HEDIS~~ *any Healthcare Effectiveness Data and*
34 *Information Set (HEDIS)* measures related to psychotropic
35 ~~medications:~~ *medications, including, but not limited to, the*
36 *following:*

37 (A) Follow-Up Care for Children Prescribed Attention Deficit
38 Hyperactivity Disorder Medication (HEDIS-ADD), ~~which measures~~
39 ~~the number of children 6 to 12 years of age, inclusive, who have~~

1 a visit with a provider with prescribing authority within 30 days
2 of the new prescription. *ADD*).

3 (B) Use of Multiple Concurrent Antipsychotics in Children and
4 Adolescents (HEDIS-APC), which does both of the following:
5 *APC*).

6 (i) Measures the number of children receiving an antipsychotic
7 medication for at least 60 out of 90 days and the number of children
8 who additionally receive a second antipsychotic medication that
9 overlaps with the first.

10 (ii) Reports a total rate and age stratifications, including 6 to 11
11 years of age, inclusive, and 12 to 17 years of age, inclusive.

12 (C) Use of First-Line Psychosocial Care for Children and
13 Adolescents on Antipsychotics (HEDIS-APP), which measures
14 whether a child has received psychosocial services 90 days before
15 through 30 days after receiving a new prescription for an
16 antipsychotic medication. *APP*).

17 (D) Metabolic Monitoring for Children and Adolescents on
18 Antipsychotics (HEDIS-APM), which does both of the following:
19 *APM*).

20 (i) Measures testing for glucose or HbA1c and lipid or
21 cholesterol of a child who has received at least two different
22 antipsychotic prescriptions on different days.

23 (ii) Reports a total rate and age stratifications, including 6 to 11
24 years of age, inclusive, and 12 to 17 years of age, inclusive.

25 (b) (1) The department shall review *post the EQRO data*
26 *disaggregated by Medi-Cal eligible children and youth under the*
27 *jurisdiction of the juvenile court on the department's Internet Web*
28 *site in a manner that is publicly accessible.*

29 (2) *The department shall review the EQRO data for Medi-Cal*
30 *eligible children and youth under the jurisdiction of the juvenile*
31 *court and their families.*

32 (2)

33 (3) If the EQRO identifies deficiencies in a mental health plan's
34 ability to serve Medi-Cal eligible children and youth under the
35 jurisdiction of the juvenile court, the department shall notify the
36 mental health plan in writing of identified deficiencies.

37 (3)

38 (4) The mental health plan shall provide a written corrective
39 action plan to the department within 60 days of receiving the notice
40 required pursuant to paragraph (2). The department shall notify

1 the mental health plan of approval of the corrective action plan or
2 shall request changes, if necessary, within 30 days after receipt of
3 the corrective action plan. Final corrective action plans shall be
4 made publicly available by, at minimum, posting on the
5 department's Internet Web site.

6 *(c) To the extent possible, the department shall, in connection*
7 *with its duty to implement Section 14707.5, share with county*
8 *boards of supervisors data that will assist in the development of*
9 *foster youth mental health plans, such as data described in*
10 *subdivision (c) of Section 16501.4 and paragraph (1) of subdivision*
11 *(a) of Section 1538.8 of the Health and Safety Code.*

12 *(d) The department shall annually share performance outcome*
13 *system data with county boards of supervisors for the purpose of*
14 *informing foster youth mental health plans. Performance outcome*
15 *system data shared with county boards of supervisors shall include,*
16 *but not be limited to, the following disaggregated data for*
17 *Medi-Cal eligible children and youth under the jurisdiction of the*
18 *juvenile court:*

19 *(1) The number of youth receiving specialty mental health*
20 *services.*

21 *(2) The racial distribution of youth receiving specialty mental*
22 *health services.*

23 *(3) The gender distribution of youth receiving specialty mental*
24 *health services.*

25 *(4) The number of youth, by race, with one or more specialty*
26 *mental health service visits.*

27 *(5) The number of youth, by race, with five or more specialty*
28 *mental health service visits.*

29 *(6) Utilization data for intensive home services, intensive care*
30 *coordination, case management, therapeutic behavioral services,*
31 *medication support services, crisis intervention, crisis stabilization,*
32 *full-day intensive treatment, full-day treatment, full-day*
33 *rehabilitation, and hospital inpatient days.*

34 *(7) A unique count of youth receiving specialty mental health*
35 *services who are arriving, exiting, and continuing with services.*

36 *(e) The department shall ensure that the performance outcome*
37 *system data metrics include disaggregated data for Medi-Cal*

- 1 *eligible children and youth under the jurisdiction of the juvenile*
- 2 *court. These data shall be in a format that can be analyzed.*

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