

AMENDED IN ASSEMBLY AUGUST 15, 2016

AMENDED IN ASSEMBLY JUNE 27, 2016

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~~ *Section* 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~~. *minor and nonminor dependents*.

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~~ *This bill would require annual mental health plan reviews to be conducted by an external quality review organization (EQRO) and, commencing July 1, 2018, would require those reviews to include specific data for Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families, minor and nonminor dependents in foster care, including the number of Medi-Cal eligible children and youth under the jurisdiction of the juvenile court minor and nonminor dependents in foster care 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 county foster care mental health service plans and performance outcome system data and metrics, as specified.*

~~This bill would require the department to post the 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, 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 ~~and Sections 438.204, 438.240, and 438.358 of Title 42 of the~~
12 ~~Code of Federal Regulations. Plans shall be submitted by July 1~~

1 of each year, beginning in 2017. Prior to submission to the
2 department, the board of supervisors of each county mental health
3 plan shall approve the plan. The plan shall include, but not be
4 limited to, all of the following elements:

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

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

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

18 (4) Access to, and timeliness of, mental health services, as
19 described in Sections 1300.67.2, 1300.67.2.1, and 1300.67.2.2 of
20 Title 28 of the California Code of Regulations and consistent with
21 Section 438.206 of Title 42 of the Code of Federal Regulations
22 available to Medi-Cal eligible children and youth under the
23 jurisdiction of the juvenile court.

24 (5) Quality of mental health services available to Medi-Cal
25 eligible children and youth under the jurisdiction of the juvenile
26 court.

27 (6) Translation and interpretation services, consistent with
28 Section 438.10(e)(4) and (5) of Title 42 of the Code of Federal
29 Regulations and Section 1810.410 of Title 9 of the California Code
30 of Regulations available to Medi-Cal eligible children and youth
31 under the jurisdiction of the juvenile court.

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

34 (8) Family and caregiver education and support.

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

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

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

~~(A) Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication (HEDIS ADD);~~

~~(B) Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS APC);~~

~~(C) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (HEDIS APP);~~

~~(D) Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS APM);~~

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

~~SEC. 2.~~

~~SECTION 1.~~ Section 14717.5 is added to the Welfare and Institutions Code, to read:

~~14717.5. (a) A mental health plan review shall be conducted annually by an external quality review organization (EQRO). The (EQRO) pursuant to federal regulations at 42 C.F.R. 438.350 et seq.. Commencing July 1, 2018, the review shall include specific data for Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families, minor and nonminor dependents in foster care, including all of the following:~~

~~(1) The number of Medi-Cal eligible children and youth under the jurisdiction of the juvenile court minor and nonminor dependents in foster care served each year.~~

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

~~(3)~~

~~(2) Details on the types of mental health services provided to children and their caregivers, children, including prevention and treatment services. These types of services may include, but are not limited to, screenings, assessments, home-based mental health services, outpatient services, day treatment services or inpatient services, psychiatric hospitalizations, crisis interventions, case management, and psychotropic medication support services.~~

1 ~~(4)~~

2 (3) Access to, and timeliness of, mental health services, as
3 described in Sections 1300.67.2, 1300.67.2.1, and 1300.67.2.2 of
4 Title 28 of the California Code of Regulations and consistent with
5 Section 438.206 of Title 42 of the Code of Federal Regulations,
6 available to Medi-Cal eligible ~~children and youth under the~~
7 ~~jurisdiction of the juvenile court.~~ *minor and nonminor dependents*
8 *in foster care.*

9 ~~(5)~~

10 (4) Quality of mental health services available to Medi-Cal
11 eligible ~~children and youth under the jurisdiction of the juvenile~~
12 ~~court.~~ *minor and nonminor dependents in foster care.*

13 ~~(6)~~

14 (5) Translation and interpretation services, consistent with
15 Section 438.10(c)(4) and (5) of Title 42 of the Code of Federal
16 Regulations and Section 1810.410 of Title 9 of the California Code
17 of Regulations, available to Medi-Cal eligible ~~children and youth~~
18 ~~under the jurisdiction of the juvenile court.~~ *minor and nonminor*
19 *dependents in foster care.*

20 ~~(7)~~

21 (6) Performance data for Medi-Cal eligible ~~children and youth~~
22 ~~under the jurisdiction of the juvenile court.~~ *minor and nonminor*
23 *dependents in foster care.*

24 ~~(8)~~

25 (7) Utilization data for Medi-Cal eligible ~~children and youth~~
26 ~~under the jurisdiction of the juvenile court.~~ *minor and nonminor*
27 *dependents in foster care.*

28 ~~(9)~~

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

35 (A) Follow-Up Care for Children Prescribed Attention Deficit
36 Hyperactivity Disorder Medication (HEDIS ADD).

37 (B) Use of Multiple Concurrent Antipsychotics in Children and
38 Adolescents (HEDIS APC).

39 (C) Use of First-Line Psychosocial Care for Children and
40 Adolescents on Antipsychotics (HEDIS APP).

(D) Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS APM).

(b) (1) The department shall post the EQRO data disaggregated by Medi-Cal eligible ~~children and youth under the jurisdiction of the juvenile court~~ *minor and nonminor dependents in foster care* on the department's Internet Web site in a manner that is publicly accessible.

(2) The department shall review the EQRO data for Medi-Cal eligible ~~children and youth under the jurisdiction of the juvenile court and their families~~ *minor and nonminor dependents in foster care*.

(3) If the EQRO identifies deficiencies in a mental health plan's ability to serve Medi-Cal eligible ~~children and youth under the jurisdiction of the juvenile court~~ *minor and nonminor dependents in foster care*, the department shall notify the mental health plan in writing of identified deficiencies.

(4) The mental health plan shall provide a written corrective action plan to the department within 60 days of receiving the notice required pursuant to paragraph (2). The department shall notify the mental health plan of approval of the corrective action plan or shall request changes, if necessary, within 30 days after receipt of the corrective action plan. Final corrective action plans shall be made publicly available by, at minimum, posting on the department's Internet Web site.

(c) To the extent possible, the department shall, in connection with its duty to implement Section 14707.5, share with county boards of supervisors data that will assist in the development of ~~foster care~~ mental health service plans, such as data described in *federal regulations at 42 C.F.R. 438.350 et seq.*, subdivision (c) of Section ~~16501.4~~ *16501.4*, and paragraph (1) of subdivision (a) of Section 1538.8 of the Health and Safety Code.

(d) The department shall annually share performance outcome system data with county boards of supervisors for the purpose of informing ~~foster care~~ mental health service plans. Performance outcome system data shared with county boards of supervisors shall include, but not be limited to, the following disaggregated data for Medi-Cal eligible ~~children and youth under the jurisdiction of the juvenile court~~ *minor and nonminor dependents in foster care*:

1 (1) The number of youth receiving specialty mental health
2 services.

3 (2) The racial distribution of youth receiving specialty mental
4 health services.

5 (3) The gender distribution of youth receiving specialty mental
6 health services.

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

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

11 (6) Utilization data for intensive home services, intensive care
12 coordination, case management, therapeutic behavioral services,
13 medication support services, crisis intervention, crisis stabilization,
14 full-day intensive treatment, full-day treatment, full-day
15 rehabilitation, and hospital inpatient days.

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

18 (e) The department shall ensure that the performance outcome
19 system data metrics include disaggregated data for Medi-Cal
20 eligible ~~children and youth under the jurisdiction of the juvenile~~
21 ~~court.~~ *minor and nonminor dependents in foster care.* These data
22 shall be in a format that can be analyzed.