

Introduced by Senator MitchellFebruary 19, 2016

An act to add Section 14059.6 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1466, as introduced, Mitchell. Mental health benefits: children: medical necessity.

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. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides that a service is “medically necessary” or a “medical necessity,” for purposes of these provisions, when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

This bill would require the department, in partnership with the State Department of Social Services, to convene a stakeholder workgroup to revise and update the existing definition of “medically necessary” and “medical necessity” to be applied specifically with respect to children, youth, and their families for purposes of access to mental health services provided under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). The bill would require the workgroup to convene by February 1, 2017, and to include representatives of specified organizations, foster youth, and legislative staff. The bill would set forth the information for the department to consider when developing the definition, and would require the department to adopt emergency regulations implementing the revised definitions by October 1, 2017. This bill would require the department to submit to the federal Centers

for Medicare and Medicaid Services any state plan amendments or waiver applications necessary to implement those provisions.

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 14059.6 is added to the Welfare and
2 Institutions Code, to read:

3 14059.6. (a) The department, in partnership with the State
4 Department of Social Services, shall convene a stakeholder
5 workgroup to revise and update the definition of “medically
6 necessary” and “medical necessity,” which would be applied
7 specifically with respect to children, youth, and their families for
8 purposes of access to mental health services provided under the
9 Early and Periodic Screening, Diagnosis, and Treatment Program
10 (EPSDT). The workgroup shall be convened no later than February
11 1, 2017.

12 (b) Stakeholders shall include, but need not be limited to,
13 representatives of all of the following:

- 14 (1) The California State Association of Counties.
- 15 (2) The County Behavioral Health Directors Association of
16 California.
- 17 (3) The County Welfare Directors Association of California.
- 18 (4) The Chief Probation Officers of California.
- 19 (5) Current or former foster youth.
- 20 (6) Legislative staff.
- 21 (7) Any other representatives determined appropriate by the
22 department and the State Department of Social Services.

23 (c) In developing the definition, the workgroup shall consider
24 all of the following:

- 25 (1) Acknowledgment that the current diagnosis system for
26 children and youth affected by trauma, including from abuse and
27 neglect, does not accurately identify those who need services to
28 maintain appropriate functioning in the community, nor prevent
29 the onset of mental health needs and is inconsistent with emerging
30 research and national practices in meeting the behavioral health
31 needs of children and youth.
- 32 (2) Services should promote health, well-being, and independent
33 functioning of children and youth so that they may safely remain

1 with families, in their own communities, and avoid institutional
2 care whenever possible.

3 (3) Services should be individualized to meet the child’s or
4 youth’s needs, inclusive of the family or adult caregivers,
5 regardless of whether the services are described in the state plan.

6 (4) The objective of these services should be to improve or
7 maintain the health of the child or youth in the best condition
8 possible, prevent conditions from worsening or interfering with
9 the child’s or youth’s capacity for normal activity, and improve
10 or maintain the overall health and well-being of the child or youth.

11 (5) Both currently accepted standard clinical practices, as well
12 as emerging and promising practices, should be recognized to
13 achieve the desired outcomes, and support the delivery of those
14 services in community-based settings, without delay, upon the
15 initial identification of need. The service delivery system should
16 allow for a combination of licensed and paraprofessional staff,
17 working in collaborative partnerships.

18 (d) The department shall adopt emergency regulations
19 implementing the definition developed pursuant to this section no
20 later than October 1, 2017. The department may readopt any
21 emergency regulation authorized by this section that is the same
22 as, or substantially equivalent to, any emergency regulation
23 previously adopted pursuant to this section. The initial adoption
24 of regulations pursuant to this section and one readoption of
25 emergency regulations shall be deemed to be an emergency and
26 necessary for the immediate preservation of the public peace,
27 health, safety, or general welfare. Initial emergency regulations
28 and the one readoption of emergency regulations authorized by
29 this section shall be exempt from review by the Office of
30 Administrative Law. The initial emergency regulations and the
31 one readoption of emergency regulations authorized by this section
32 shall be submitted to the Office of Administrative Law for filing
33 with the Secretary of State and each shall remain in effect for no
34 more than 180 days, by which time final regulations shall be
35 adopted.

36 (e) The department shall submit to the federal Centers for
37 Medicare and Medicaid Services any state plan amendments or
38 waiver applications necessary to implement this section.

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