

AMENDED IN SENATE MARCH 28, 2016

**SENATE BILL**

**No. 1466**

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**Introduced by Senator Mitchell**

February 19, 2016

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An act to add Section ~~14059.6~~ *14132.19* to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1466, as amended, Mitchell. ~~Mental health benefits: children: medical necessity. Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening.~~

*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 early and periodic screening, diagnosis, and treatment for any individual under 21 years of age who is covered under Medi-Cal consistent with the requirements under federal law. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.*

*Existing federal law provides that EPSDT services include periodic screening services, vision services, dental services, hearing services, and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan. In addition to the required periodic screening services, existing federal law provides that Medicaid-eligible children are entitled to interperiodic screenings in order to identify a suspected illness or condition not present or discovered during the periodic exam.*

*The bill would require those screening services under the EPSDT Program to include screening for trauma. The bill would provide that child abuse and neglect or removal of the child from the parent or legal guardian by a child welfare agency shall be prima facie evidence of trauma for purposes of conducting a screening under the EPSDT Program.*

~~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 14132.19 is added to the Welfare and
- 2     Institutions Code, to read:
- 3     14132.19. (a) Screening services provided under the Early
- 4     and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- 5     Program pursuant to subdivision (v) of Section 14132 shall include
- 6     screening for trauma.

1 (b) *Child abuse and neglect or removal of the child from the*  
2 *parent or legal guardian by a child welfare agency shall be prima*  
3 *facie evidence of trauma for purposes of conducting a screening*  
4 *consistent with this section under the EPSDT Program.*

5 SECTION 1. ~~Section 14059.6 is added to the Welfare and~~  
6 ~~Institutions Code, to read:~~

7 ~~14059.6. (a) The department, in partnership with the State~~  
8 ~~Department of Social Services, shall convene a stakeholder~~  
9 ~~workgroup to revise and update the definition of “medically~~  
10 ~~necessary” and “medical necessity,” which would be applied~~  
11 ~~specifically with respect to children, youth, and their families for~~  
12 ~~purposes of access to mental health services provided under the~~  
13 ~~Early and Periodic Screening, Diagnosis, and Treatment Program~~  
14 ~~(EPSDT). The workgroup shall be convened no later than February~~  
15 ~~1, 2017.~~

16 ~~(b) Stakeholders shall include, but need not be limited to,~~  
17 ~~representatives of all of the following:~~

18 ~~(1) The California State Association of Counties.~~  
19 ~~(2) The County Behavioral Health Directors Association of~~  
20 ~~California.~~

21 ~~(3) The County Welfare Directors Association of California.~~

22 ~~(4) The Chief Probation Officers of California.~~

23 ~~(5) Current or former foster youth.~~

24 ~~(6) Legislative staff.~~

25 ~~(7) Any other representatives determined appropriate by the~~  
26 ~~department and the State Department of Social Services.~~

27 ~~(e) In developing the definition, the workgroup shall consider~~  
28 ~~all of the following:~~

29 ~~(1) Acknowledgment that the current diagnosis system for~~  
30 ~~children and youth affected by trauma, including from abuse and~~  
31 ~~neglect, does not accurately identify those who need services to~~  
32 ~~maintain appropriate functioning in the community, nor prevent~~  
33 ~~the onset of mental health needs and is inconsistent with emerging~~  
34 ~~research and national practices in meeting the behavioral health~~  
35 ~~needs of children and youth.~~

36 ~~(2) Services should promote health, well-being, and independent~~  
37 ~~functioning of children and youth so that they may safely remain~~  
38 ~~with families, in their own communities, and avoid institutional~~  
39 ~~care whenever possible.~~

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

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

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

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

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