Informational Hearing, Assembly Health & Budget Subcommittee:
CalAIM - Medical Necessity Criteria

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Kim Lewis, National Health Law Program

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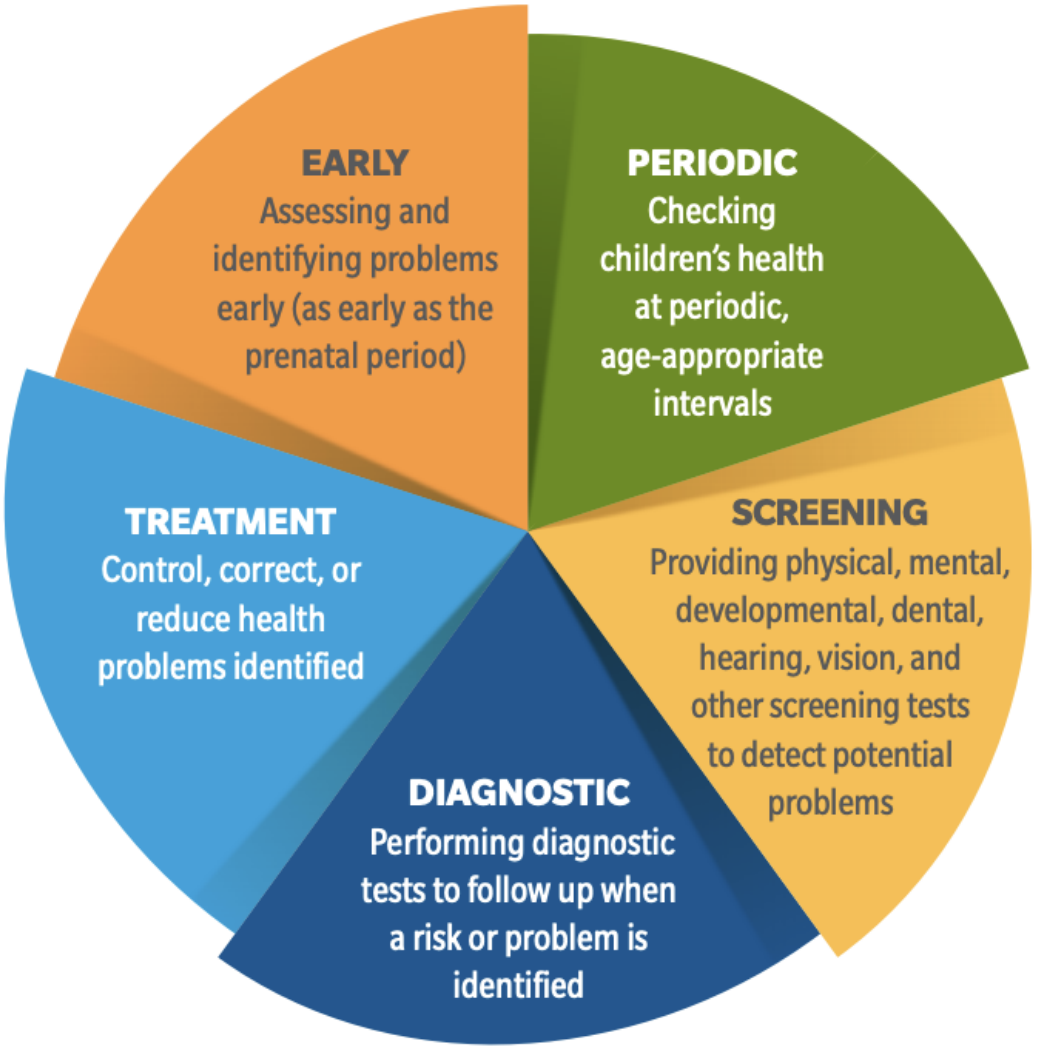
EPSDT - Key Service Entitlement

- **Early and Periodic Screening, Diagnostic and Treatment**
- Must be covered for Medicaid-eligible children and youth up to age 21
- Reasons for EPSDT
  - Children are not little adults
  - Adolescents are not big children

See 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r); 42 C.F.R. § 441.50 et seq.



EPSDT - Medical Necessity

The EPSDT statutory language is broad and includes:

- *Necessary health care, diagnostic services, treatment, and other measures to* ***correct or ameliorate*** *defects and physical and mental illnesses and conditions*
  - discovered by the screening services,
  - whether or not such services are covered under the State plan

See 42 U.S.C. § 1396d(r)(5)

Medical Necessity Requirements - SB 1287

SB 1287 (Chapter 855, Statutes of 2018)

- Brought state law medical necessity standard for children/youth under age 21 into compliance with *federal standard*
  - *Cal. Welf. and Inst. Code § 14059.5(b)*
- Implement this law by guidance (e.g. all plan letters) to plans and providers until regulations are revised/adopted
- Require DHCS to update regulations by July 1, 2022
- Require DHCS and contractors (e.g. managed care plans) update any model evidence of coverage documents, beneficiary handbooks, and related materials

California Advancing & Innovating Medi-Cal (CalAIM) - medical necessity changes

- **Important goal**: Improve access to specialty mental health services for both adults and children (including where a co-occurring SUD)
- Specific proposed improvements:
  - Standardized delivery screening tool to be used by MCPs and MHPs
  - Implement a “no wrong door” policy
  - Eliminating the diagnosis requirement to access SMHS
  - Streamline mental health documentation requirements
  - Clarifying that children/youth (under age 21) can get SMHS regardless of impairment level
  - Open access to SMHS for children and youth experiencing trauma (ACEs score through trauma screening)

CalAIM medical necessity – clarifications needed

Clarifications or fixes still needed to current proposal

- **Clearer plan responsibility**: MCP responsibility to provide mental health services still needs more clarity
  - What does “no wrong door” mean? Can beneficiaries simply choose which system to go to for services?
  - Children/youth expanded access to SMHS on the basis of circumstance is selective; What is the MCP obligation to these children/youth?
- **Ongoing Access:** Still need for compliance with EPSDT “medical necessity” standard for all children and youth on Medi-Cal, not just those involvement in the child welfare system or who are experiencing homelessness (e.g. juvenile justice involved, “at risk” children and youth)
  - What capacity do counties/MHPs have to serve a larger group of beneficiaries when penetration rates for SMHS have been dropping? What about access to medically necessary services for children/youth with SUD?
- **Clinical Guidance:** What are appropriate mental health services where no mental health condition or disorder exists? What clinical standards of care apply?

CalAIM Trailer Bill Language concerns – medical necessity

- Reject amendments to WIC 14509.5(b)(4)
  - These amendments seek to erode the requirements in SB 1287 - by excluding *all behavioral health delivery systems* from the state law medical necessity requirements

- Reject/strike DHCS TBL proposal [14184.402(a)&(b)] to require:
  - *"all medical necessity determinations, screenings, assessments, and documentation associated with covered benefits delivered in any Medi-Cal Behavioral Health Delivery System shall be made in accordance with the CalAIM Terms and Conditions and any written instructions issued by the department…"*
  - "the department *shall amend, and periodically update as it deems necessary, the medical necessity definitions, criteria, mandatory screening and transition of care tools, documentation requirements and related procedures for Medi-Cal Behavioral Health Delivery Systems*

CalAIM legislative recommendations

1. Maintain “medical necessity” definitions/requirements in state law
2. Describe the changes in CalAIM and the waiver as behavioral health *delivery system criteria* requirements for all behavioral health services
3. Clarify that federal EPSDT obligations apply when determining screening, assessment and medical necessity obligations for individual behavioral health services
4. Clarify “no wrong door” requirements in state law
5. Clarify in state law (and in the waivers) that a diagnosis is not required to obtain behavioral health services from MCPs, MHPs and FFS
6. Clarify in state law that experiencing trauma is a condition that qualifies a child or youth to receive behavioral health services, regardless of whether they are already involved in the child welfare system or experiencing homelessness
7. Clarify the role of managed care plans in providing behavioral health services when Medi-Cal Behavioral Health Delivery Systems have expanded obligations

Resources

NHeLP:

- *Meeting the Moment: Understanding EPSDT and Improving Implementation in California to Address Growing Mental Health Needs,* (NHeLP, NCYL, CCT, 2020)
- Medi-Cal Services Guide (2020), Chpt. *3*
- *Children's Mental Health Services: The Right to Community-Based Care* (2018)
- *Navigating The Challenges of Medi-Cal's Mental Health Services in California: An Examination of Care Coordination, Referrals and Dispute Resolution* (2018)

HHS-CMS:

- EPSDT Guide for States
- State Medicaid Manual, Chpts. 4 (Services), 5 (EPSDT)
- Guidance on Trauma and Medicaid https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf (2013)

Kim Lewis
Email: lewis@healthlaw.org

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