California Alliance Comments on DHCS Proposed Standards to Comply with MediCaid Managed Care Final Rule: Network Adequacy Policy Proposal

2/28/17

The California Alliance of Child and Family Services is a statewide association of over 130 accredited, private nonprofit organizations providing a broad array of care, service and support options to vulnerable children youth and families.

We have reviewed the DHCS proposed adequacy standards for Medi-Cal managed care, County Mental Health, Substance Use Disorder–Drug Medi-Cal, and Dental Managed Care plans. After reviewing the draft, we offer the following comments:

General comments:

1. The document uses the terms "mild/moderate" and "severe" when differentiating between specialty and non-specialty services. These terms should be deleted, and the document should only use the terms "specialty" and "non-specialty" to avoid any confusion about the differences in the children's (EPSDT) and adult entitlements.
2. Time and distance standards should be based on the population density of each county or section of each county, not overall size. For example, "rural" and "small" are not interchangeable. Standards should be developed based on "urban", "suburban", and "rural" areas of the state, utilizing federally recognized definitions for each of these terms.
3. It should be clarified which standard is required when two are offered, such as time and distance (i.e.: "60 miles or 90 minutes."). In other words, if the provider is within 60 miles, can the travel time be over 90 minutes?

Specific comments:

1. Section 2.1 states "standards other than time and distance will be established for services when the provider travels to the beneficiary and/or community locations to deliver services." Services such as EPSDT Specialty Mental Health Services are primarily provided in the community. Please identify what the standards are in these cases.
2. Section 2.1, end of the section, states "…applicability of these requirements vary in California depending on the delivery system and type of services that it covers." We recommend that standards are consistent statewide, regardless of the delivery system and type of service.

3. Section 2.2 states that one third of Californians are insured by Medi-Cal. The number increases to 54% when applied to beneficiaries under the age of 18. Please specify this increased percentage to highlight the importance of standards that meet the unique needs of children and youth.
4. Section 2.2, the bottom of page 10 of 37, uses the terms "specialty care, as well as mild to moderate mental health services." As stated in MHSUD16-061: "For children and youth, under EPSDT, the "impairment" criteria component of SMHS medical necessity is less stringent than it is for adults, therefore children with low levels of impairment may meet medical necessity criteria for SMHS (Cal. Code Regs., tit. 9 § 1830.205 and § 1830.210), whereas adults must have a significant level of impairment." Therefore, references to "mild and moderate" should be removed from the document and the terms "specialty" and "non-specialty" should be used instead.
5. Section 3 states, "It is important to note that DHCS-specific network standards already exist in addition to time and distance and timely access, for example, physician to provider ratios; these additional requirements are not further noted in this document." Please list these additional requirements, or, at minimum, provide a reference to the relevant regulations.
6. Table 2, page 13 of 37, uses the term "non-urgent appointments". Please define "non-urgent."
7. Section 4.5 includes the reference to the CBHDA California map by mental health regions. The regions on this map are not relevant to the standards and therefore the reference should be deleted to avoid confusion.
8. Section 4.6 uses the term "geographical constraints". This term is not used with any other service listed in the document and is not defined. Please remove, or define and explain why it is relevant only to the DMC-ODS waiver services.
9. Section 4.10 discusses alternative standards but sets no parameters for when and how alternative standards will be used. Please provide more detail about when and how requests for utilizing alternative services will be granted.
10. Section 5 does not describe authentic stakeholder engagement. Please revise so that stakeholders, including providers and clients, will be engaged in all processes associated with the final rule.
11. Section 6 does not provide any specific information about how DHCS will monitor compliance with the final rule. DHCS has long been criticized for failing to hold managed care plans, especially county mental health plans, accountable for meeting minimal compliance standards. Please provide more detail as to how the plans, especially the county mental health plans, will be monitored and held accountable should that monitoring find a plan out of compliance.
12. Section 6 provides different monitoring standards for different delivery systems. All delivery systems should be held to the same and most stringent requirements.

Thank you for this opportunity to comment on the meeting materials. Please let me know if you have any questions.

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