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From: Diana Boyer [redacted]
Sent: Tuesday, February 28, 2017 4:33 PM
To: DHCS MCQMD NAU [redacted]
Cc: [redacted]; CDSSCWDAcsend_cwdaorg [redacted]
Subject: CWDA comments on draft Medicaid Managed Care Final Rule: Network Adequacy Policy Proposal

On behalf of the County Welfare Directors Association of California (CWDA), thank you for this opportunity to comment on the draft Medicaid Managed Care Final Rule: Network Adequacy Policy Proposal. We respectfully submit the following comments:

Section 2.2 Managed Care Delivery System: The draft contains this statement, " MCPs are responsible for coverage of the majority of physical health services including primary and specialty care, as well as mild to moderate mental health services." DHCS recently issued clarification (via MHSUDS Information Notice 16-061) that the mild to moderate distinction does not apply to children. Therefore, this section should clarify, consistent with the recent guidance, that managed care plans are responsible for providing non-specialty mental health services for children who, regardless of level of impairment, do not meet medical necessity for specialty mental health services.

Section 4.5 Mental Health Services: Table 9 (page 18) proposes timely access standards for Managed Care Plans (MCPs) and Mental Health Plans (MHPs) to be within 10 business days of request. First, the proposal fails to note whether this is limited to only non-urgent situations. Second, "urgent" and "non-urgent" situations are not clearly defined in the document. We would argue that for children, the threshold of an "urgent" situation should be broader than for adult populations, as an urgent situation may not be limited to pending hospitalization or threat to life (for example: a child may be at risk of running away, which in itself is not a danger to self, but can often lead to the child placing themselves into a dangerous situation).

Section 6 Monitoring: The proposal describes different monitoring standards for MCPs and MHPs, which appears to be inconsistent with the intent of the federal regulation. We would expect a similar level of monitoring, oversight, and technical assistance to be provided to both entities. For example, MCP monitoring will include review of findings from audits and surveys, review of grievances and State Fair Hearings data, and Medi-Cal Office of the Ombudsman call statistics, as well as other reports, and at varied frequencies that include real time, quarterly and annually. In addition, DHCS will provide technical assistance to the MCPs, and imposes corrective actions plans when necessary. Similar technical assistance and monitoring standards should be applied for both MCPs and MHPs to ensure equity across systems.

Thank you and please feel free to contact me if you have any questions.

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