

November 7, 2022

CHAIRPERSON Noel J. O'Neill, LMFT EXECUTIVE OFFICER Jane Adcock Department of Health Care Services Medi-Cal Behavioral Health Division, MS 2710 P.O. Box 997413 Sacramento, CA 95899-7413 <u>Attention</u>: Ivan Bhardwaj, Acting Chief

RE: Occupational Therapists as LMHPs and LPHAs

Dear Mr. Bhardwaj:

Advocacy

- > Evaluation
- ➢ Inclusion

The California Behavioral Health Planning Council (CBHPC) writes to recommend that Occupational Therapists (OTs) be considered licensed mental health professionals (LMHP) in California's Specialty Mental Health (SMH) Medi-Cal Services and as a Licensed Practitioner of the Healing Arts (LPHA) in the Drug Medi-Cal Organized Delivery System (DMC-ODS). The Planning Council has advocated for OTs to be included as LMHPs for many years and has gone on record to support the addition of this provider type to the list of licensed professionals who may deliver mental health services in California. CBHPC is now requesting that Occupational Therapists be considered LPHAs in the DMC-ODS in addition to LMHPs as these are qualified health providers who are able to meet the needs of individuals with mental health conditions and substance use disorders.

Occupational Therapists play a valuable role in providing community-based services. Practitioners of occupational therapy are educated to provide services that support psychological, cognitive, and physical health and wellness, rehabilitation, habilitation, and recovery-oriented approaches to engage individuals in occupations that affect their physical and mental wellbeing, health, and quality of life. Every Occupational Therapy curriculum and fieldwork placement includes mental health, and OTs use therapeutic interventions in a variety of community settings in the areas of work, education, skills training, health and wellness, and cognitive remediation and adaptation. In the State of California, OTs are licensed by the California Board of Occupational Therapy, and as a result are independent and autonomous providers.

Occupational Therapists may bill Medi-Cal for Specialty Mental Health Services, but are not considered LMHPs and therefore do not have the ability to bill Medi-Cal as the "head of services", bill for mental health therapy, or provide direction for ongoing services. The inclusion of OTs to the LMHP provider list would permit OTs to claim Medi-Cal reimbursement to perform these duties and would support the hiring of this provider type in understaffed community-based organizations, county behavioral health agencies, and other clinical and community settings. Occupational Therapists also have the qualifications necessary to serve in the Drug Medi-Cal Organized Delivery System which has been adopted in majority of California's counties and recently expanded benefits via the 1915(b) and 1115 Waivers. OTs may support the DMC-ODS expansion by serving as LPHAs as they are trained to provide services in community settings to support individuals with behavioral health conditions in recovery and address the challenges of daily living. For instance, OTs may facilitate the development of skills needed for independent living such as medication management, hygiene and grooming, time management, using community resources, and staying safe at home and in the community. OTs may provide education and treatment groups and classes to address assertiveness, self-awareness, interpersonal and social skills, stress management, and role development which are skills that individuals with behavioral health conditions often need. OTs may also provide guidance to individuals obtaining and securing employment which is a protective factor against exacerbating mental health conditions and substance misuse. These are some examples of how OTs may assist individuals as licensed providers in the DMC-ODS and SMH Medi-Cal system.

While the Council has previously requested for DHCS to consider Occupational Therapists as LMHPs, we ask DHCS to reconsider our request at this time along with the request to include OTs on the list of LPHAs to provide services in the DMC-ODS. There is an increase in demand for behavioral health services due to the expansion in Medi-Cal eligibility for undocumented individuals and individuals that lost their jobs during the pandemic, as well as the increase of asset test limits for certain Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal populations. Additionally, there is an increase in rates of depression, anxiety, and substance use among Californians due to the pandemic and other sociopolitical factors occurring since 2020. A Kaiser Family Foundation study found that adults reporting symptoms of anxiety and depressive disorder were 41.1% in January 2021 (U.S. Census Bureau Household Pulse Survey) opposed to 11% in 2019 (National Health Interview Survey). Additionally, a study by the Centers for Disease Control and Prevention found that more than a third (37%) of high school students reported experiencing poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year (CDC, 2022). The increase in eligibility and demand for behavioral health services has exacerbated the existing workforce crisis which presents significant barriers to the access of services. CBHPC believes that excluding OTs from delivering services as LMHPs and LPHAs intensifies this problem by limiting the work that OTs are permitted to do.

CBHPC would like to acknowledge and express appreciation for the state's efforts to implement CalAIM, which seeks to identify and manage comprehensive needs through whole person care approaches and social

drivers of health, improve quality outcomes and reduce health disparities, and make Medi-Cal a more seamless system for enrollees to navigate by reducing complexities and increasing flexibility. OTs may support the current behavioral health workforce with these CalAIM efforts as well as other statewide behavioral health initiatives such as the Governor's Master Plan for Kids and Master Plan for Aging. Additionally, the Children and Youth Behavioral Health Initiative has a \$4.4 billion investment to serve all children and youth despite their insurance status which includes workforce investments. These initiatives and programs require a robust and diverse workforce in order successfully serve populations in need, and Occupational Therapists are qualified to support these efforts.

Expanding the definition of LMHPs and LPHAs to include Occupational Therapists will benefit beneficiaries, the Medi-Cal program, and commitments to statewide behavioral health initiatives by supporting the existing behavioral health workforce and permitting access and Medi-Cal reimbursement for qualified health professionals that have the ability to meet the needs of individuals served by the public behavioral health system. It is for these reasons that the Council strongly recommends that DHCS specifically name Occupational Therapists as LMHPs in the Medi-Cal Specialty Mental Health Services and LPHAs in the DMC-ODS.

If you have any questions, please contact Jenny Bayardo, Acting Executive Officer, at (916) 750-4606 or <u>Jenny.Bayardo@cbhpc.dhcs.ca.gov</u>.

Cc: Tyler Sadwith, Deputy Director of Behavioral Health, California Department of Health Care Services

Jacey Cooper, State Medicaid Director California Department of Health Care Services

Erika Cristo, Assistant Deputy Director of Behavioral Health California Department of Health Care Services

Sincerely,



Noel J. O'Neill, LMFT Chairperson