



August 6, 2007

Steve Appel
Chief, Office of Regulations
California Department of Mental Health
1600 Ninth Street, Room 153
Sacramento, CA 95814

Re: Proposed Regulations – Authorization for Out-of-Plan Services

Dear Mr. Appel:

The California Mental Health Directors Association (CMHDA) represents the directors of public mental health authorities in counties throughout California, providing mental health services to children, transition-age youth, adults and older adults living with mental illness. On behalf of CMHDA, I would like to offer comments on the proposed regulations regarding authorization for out-of-plan services to foster youth and adopted children.

As you know, foster youth with a serious emotional disturbance (SED) who meet Medi-Cal medical necessity criteria are traditionally treated through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. EPSDT is a federal entitlement program, administered by the state, managed (by contract) by county mental health plans, and governed by numerous federal and state laws and regulations.

Unfortunately, barriers to accessing care for foster children placed outside their county of jurisdiction are rooted in the complexities inherent in the structure of the state's Medi-Cal Specialty Mental Health program, and the process by which children are placed in the foster care system.

CMHDA has worked to address many of these barriers on its own in a variety of contexts. We support the general direction of these proposed regulations and

believe they are a positive step in the right direction. However, we do have some concerns and recommendations regarding the following proposed regulations.

Section 1810.207.5 – County of Origin.

We agree with the need to define “county of origin” and believe this section provides clarity in the law that does not currently exist. However, the following sentence is problematic: *“For the purposes of this program the county of origin shall not change for children or youth who are between the ages of 18 and 22.”* Foster children who emancipate out of the system are likely to be eligible for other publicly funded services not tied to the county of origin. For example, many former foster youth qualify for Medi-Cal under eligibility criteria other than the Former Foster Care Children (FFCC) program. In addition, many of these youth are likely to move out of county following emancipation for a variety of reasons such as work or educational opportunities or reconnecting with blood relatives. Given these circumstances, the county of origin for this age group should be their county of residence.

Recommendation: Strike the following sentence: *“For the purposes of this program the county of origin shall not change for children or youth who are between the ages of 18 and 22.”*

Section 1830.220, (b) (4) (A) (1) – Authorization of Out-of-Plan Services.

We agree with the timeliness standard created within this provision; that is, to expedite a treatment authorization request (TAR) within three working days. However, we have identified two areas of concern related to the language as currently drafted.

First, this section is only dealing with situations presumably in which a host county is requesting a TAR from the county of origin for medically necessary specialty mental health services to a foster child or adopted child residing in the host county. This provision is silent on another very likely and common scenario in which a provider is requesting an expedited TAR from the county of origin. As a result, there should be a provision in this section that addresses private providers as another entity that should receive notice of a TAR from a county of origin within three working days.

Second, this section only addresses the authorization processes for foster children and adopted children and does not include children who are placed with relative caregivers under the KinGap and KinGap Plus programs. Evidence continues to demonstrate that foster children placed with family members tend to have more positive outcomes, especially in terms of permanency, than children placed in non-relative settings. As a result, Child Welfare Services (CWS) is increasingly placing children who become wards or dependents of the court with relative caregivers.

Recommendations: 1) Include providers as another entity that should receive notice within three working days from the county of origin when submitting a TAR for a foster or adopted child residing in a host county; 2) Include foster youth in the KinGap and KinGap Plus programs under this section.

Section 1830.220, (b) (4) (A) (2) – Authorization of Out-of-Plan Services.

Again, the language in this section is silent on the inclusion of providers which are most often the entities arranging for services and reimbursement of services with a county of origin on behalf of a foster or adopted child residing in a host county. We believe inclusion of the provider under this section is necessary.

Recommendation: Include the “requesting provider” as an additional entity that should be permitted to enter into an arrangement of services and reimbursement for services with a county of origin under the 30-day timeliness standard.

Thank you, again, for the opportunity to comment. Should you have any questions or need additional information, please feel free to contact me at 916/556-3477 ext. 112.

Sincerely,

A handwritten signature in cursive script, appearing to read "Erin Riggs".

Erin Riggs, MSW
Associate Director, Legislation & Public Policy