

CMSP PLANNING & BENEFITS COMMITTEE
April 29, 2021
MEETING MINUTES

MEMBERS PRESENT

Sara Bosse, Madera County Public Health Department **joined after roll call*
Donnell Ewert, Shasta County Health and Human Services Agency
Jerry Huber, Solano County Health and Social Services Department
Noe Paramo, California Rural Legal Assistance Foundation
Homer Rice, Yuba County Health and Social Services Department
Liza Thantranon, Legal Services of Northern California
Christine Zoppi, Glenn County Health and Human Services

MEMBERS ABSENT

None

WELCOME & INTRODUCTIONS

Christine Zoppi, Committee Chair, called the meeting to order via Zoom and conducted roll call. Committee members in attendance introduced themselves. Ms. Zoppi advised that Sara Bosse will be fifteen minutes late to the meeting.

PUBLIC COMMENTS

Ms. Zoppi called for public comments. There were no public comments.

MEETING MINUTES

The Committee approved the minutes from the February 10, 2021 meeting.

APPROVED

Votes: Aye 6

Nay 0

COVERED BENEFITS

Marriage and Family Therapists

Alison Kellen, Program Manager, reported that Marriage and Family Therapists (MFTs) were not initially included in the recommended list of allowable service providers to render mental health services or outpatient substance use disorder services under CMSP and Connect to Care. At the Committee's March 2021 meeting, the Committee asked staff to conduct further research about MFTs.

Ms. Kellen advised that in late 2019, the Centers for Medicare & Medicaid Services (CMS) approved California State Plan Amendment (SPA) 18-0003-A that allowed the Department of Health Care Services to add MFTs as a billable provider for Federally Qualified Health Centers and Rural Health Clinics. The Medi-Cal Provider Manual was updated in December 2020 to reflect this change. Additionally, Medi-Cal's billing guidelines now allow for associate marriage and family therapists, associate professional clinical counselors, associate clinical social

workers and psychology assistants to render psychotherapy services under the direct supervision of a licensed mental health professional in accordance with applicable state laws.

A motion was made to recommend to the CMSP Governing Board that the list of allowable service providers for mental health services or outpatient substance use disorder services be expanded to include Marriage and Family Therapists as well as associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers and psychology assistants under the direct supervision of a licensed mental health professional

APPROVED

Votes: Aye 6

Nay 0

Family Counseling

Ms. Kellen reminded the Committee that it asked staff to conduct further research about family counseling. Ms. Kellen advised that relationship-based counseling services are not currently covered under Medi-Cal. However, family therapy that is evidence-based or incorporates evidence-based components is reimbursable under Medi-Cal in an outpatient setting for adults with a mental health condition and for children under age 21 who meet specified criteria. Under Medi-Cal guidelines, reimbursement of family therapy is limited to a maximum of 50 minutes when the patient is not present (CPT code 90846) or a maximum of 110 minutes when the patient is present (CPT code 90847 plus CPT code 99354). Family therapy must be composed of at least two family members.

A motion was made to recommend to the CMSP Governing Board consider including family therapy for adults with a mental health condition to the scope of approved Mental Health Services (Mild to Moderate Category) in accordance with the approved benefit limits under Standard CMSP and Connect to Care.

APPROVED

Votes: Aye 6

Nay 0

Sara Bosse joined at 3:23 PM.

Intensive Outpatient Treatment

Paradis Pourzanjani, Program Analyst, presented background information about intensive outpatient treatment (IOT) in follow up to the Committee's request to explore adding IOT as a possible CMSP-covered substance use disorder (SUD) service.

Ms. Pourzanjani advised that counties contracted to participate in the Drug Medi-Cal Organized Delivery System (DMC-ODS) were required to cover IOT services. Participating counties must also meet specific network adequacy standards as defined under Title 42 Section 438.68 of the Federal Code of Regulations in order to provide substance use disorder services under the program. Plans must adhere to the following time/distance standards:

- Up to 30 miles or 60 minutes from beneficiary's place of residence for the following counties: Marin, Solano, and Sonoma

- Up to 45 miles or 75 minutes from beneficiaries place of residence for the following counties: Amador, El Dorado, Butte, Kings, Lake, Madera, Napa, Nevada, Sutter, Yolo, and Yuba
- Up to 60 miles or 90 minutes from beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

Entities providing IOT services must be certified by DHCS to participate in Drug Medi-Cal. IOT services require structured programming and a minimum of nine hours to a maximum of nineteen hours per week with a licensed professional or certified counselor. IOT consists of the following 10 components: intake; individual counseling; group counseling; patient education; family therapy; medication services; collateral services; crisis intervention services; treatment planning; and discharge services.

Discussion ensued amongst Committee members. Jerry Huber informed the Committee that under CalAIM, the State has identified a statewide benefit as a long-term goal. He was curious how many CMSP counties are not in the ODS waiver. Donnell Ewart stated that several counties are working on a regional model for ODS through Partnership Health Plan and its partner Beacon. Mr. Ewart feels that the Board needs to modernize the CMSP benefit to address a huge need in CMSP counties. Christine Zoppi concurred with the need for parity and stated that smaller counties have had a hard time to establish and maintain SUD services. Ms. Zoppi questioned what could be done through CMSP's Local Indigent Care Needs grant.

Kari Brownstein, Administrative Officer, suggested that planning efforts could be added to LICN grant for counties that don't have system, but could eventually deliver services. She reminded the Committee that CMSP's Path to Health and Connect to Care programs are primary care focused. For CMSP, over 35 counties, there are less than 1,000 members. Ms. Brownstein suggested coming back to item next year, however, she cautioned that CMSP would have challenges implementing this type of benefit without specialized expertise, like Beacon or another vendor.

Mr. Ewart stated he'd like CMSP staff continue to explore substance abuse treatment and the inclusion in CMSP's benefit programs. Noe Palermo supported the direction with a timeline for staff to come back with more information by June 2022 or sooner.

Residential Treatment

Ms. Pourzanjani presented information about DHCS's coverage of residential treatment services through Medi-Cal. Previously, the Committee had requested that CMSP staff explore the development of residential treatment as a covered benefit. DHCS classifies residential treatment as a "non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services". Residential treatment at a licensed facility is a highly individualized plan consisting of the following components: intake; individual counseling; group counseling; patient education; family therapy; collateral services; crisis intervention services; transportation services (to and from medically necessary treatment); treatment planning; and discharge services.

Ms. Pourzanjani reported that residential treatment services are available to Medi-Cal recipients residing in certain counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) or in the “Wellness and Recovery Program” launched by Partnership HealthPlan of California. The remaining CMSP counties individually manage their substance use disorder treatment services.

The Committee took no action and directed staff to conduct more research on the service.

Clinic Capacity Follow Up

At the request of the Committee, Ms. Pourzanjani reported on the percentage of contracted health clinics within CMSP counties offering the following services:

- 97% offer Mental Health Services
- 93% offer Substance Use Disorder Services
- 45% offer Chiropractic Services

HEALTHCARE WORKFORCE DEVELOPMENT

Laura Moyer, Program Analyst, provided background on CMSP’s Allied Health Loan Repayment Program (AHLRP). To date, 147 applicants have been awarded \$1,742,269. The program provides educational debt relief up to \$16,000 for various allied health professionals in exchange for a 1-year service obligation providing direct patient care at a CMSP contracted provider site. She advised that the program will include chiropractors for the upcoming cycles and that CMSP staff are discussing additional cycles with OSHPD.

Ms. Moyer advised that a total of 143 awards for the CMSP Loan Repayment Program (LRP) have been given to date. The program provides up to \$50,000 in exchange for 2-year services obligation. Ms. Moyer informed the Committee that the meeting materials contain awards within each of the CMSP counties.

During last meeting, the Committee requested that CMSP staff research loan payment program opportunities for Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), Psychologists, and Certified Alcohol and Other Drug (AOD) counselors. Ms. Moyer walked the Committee through 4 Federal and 2 State loan repayment programs for these professionals.

Discussion ensued amongst the Committee members regarding workforce shortages in rural areas, whether the loan repayment amounts are sufficient and if there are any other types of professions that should be added to align with CMSP’s benefit package. Laura Moyer stated that the last AHLRP expended \$500,000.

A motion was made to recommend to the CMSP Governing Board increasing the AHLRP to \$600,000.

APPROVED

Votes: Aye 7

Nay 0

PATH TO HEALTH AND CONNECT TO CARE UPDATE

Kari Brownstein, Administrative Officer presented an update on the Path to Health Pilot Project enrollment, clinic participation and evaluation efforts. She reminded Committee members that the Pilot began in February 2019 and UCLA will present the final evaluation in May 2021. As of April 26, 2021, Path to Health enrollment is 11,320 members.

Ms. Brownstein reported that CMSP is working with new marketing vendors. Starting May 10th, radio ads and digital ads will run in CMSP counties. In July, additional Out of Home advertisements will be placed in both Spanish and English in CMSP counties.

Ms. Brownstein, advised that an additional provider recruitment for Connect to Care enrollment will take place in May. As of April 26, 2021, there are 100 Connect to Care members. She expects the Connect to Care program to grow as big or bigger than Path to Health.

SCHEDULING OF NEXT COMMITTEE MEETING

No meeting was scheduled.

PUBLIC COMMENTS

No public comments.