Minutes of the Managed Risk Medical Insurance Board's (MRMIB's) Mental Health (MH) Liaison Workgroup Meeting
Thursday, February 28, 2008

I. **Roll Call**:
Sarah Swaney took the following roll:

Via phone:

HFP Plan and Behavioral Health Plan Representatives:

Blue Cross/Wellpoint – Terry Maxson
Blue Shield of California - Brenda Kaplan
CalOptima - Gisela Gomez, Michele Datwyler
Community Health Group – George Scolari
Community Health Plan - Edwin Peñate for Pamela Hawkins
Health Net - Rogelio Lopez
Inland Empire Health Plan (IEHP) - Gary Melton
Kaiser Permanente -
Kern Health Systems - Anne Watkins, Julia Davis
Molina HealthCare -
UBH (for Blue Shield) - Shannon Hill, Carla Phillips, Kathleen Pinchetti

California Department of Mental Health (CDMH) Representatives:
Michelle Woods

County Mental Health Representatives:
Karen Walker – **Madera County**
Rocio Ortega - **Mendocino County**

Present:
Ruth Jacobs – MRMIB, Benefits and Quality Monitoring (BQM) Division, Assistant Deputy
Renee Mota - Jackson, BQM Division, Manager
Sarah Swaney - MRMIB BQM Division, Research Program Specialist

Sarah noted that the current meeting and future meetings will be taped so as to ensure quality of minute–taking.

The Workgroup was asked to provide changes to the former meeting minutes if members noted errors. One member had noted that the October meeting minutes regarding obesity did not accurately reflect the content of the meeting.

II. Update on Macias Consulting Contract **(Ruth Jacobs):** The main thing is that we have decided that for the purposes of looking at member information, we are not going to do anything right away. We are going to wait until we get plan encounter data which some plans have been working with us on. Then we will use that data that is coming in from the plans to determine members that we are going to look at. We are working internally to ensure we are HIPAA compliant as well as compliant with State privacy requirements. We will be working with authorization requests to members to make sure they are ok with us looking at records. Macias will more than likely start by looking at assessment documents – assessment tools being utilized and other things that they were going to work at a later time under the contract. They were planning to look at member records at the beginning of the contract, but we want to push it back so we can use encounter data since we are already getting that. We don't anticipate that the encounter data will be something we can use until September 2008. We wanted to make sure that everyone knew that we were not going to jump into member reviews at this time- it will be later in the process.

Questions?

Gary Melton, IEHP – Which health plans will you be working with?

Ruth Jacobs, MRMIB - All the plans.

Gary Melton - So am I supposed to be working on encounter data?

Ruth Jacobs- Oh, as far as that, I don't know, I am not involved in the encounter data, I believe there are pilot plans working on the data, and then it will be rolled out to all the plans. It is being worked on with just pilot plans right now. I can certainly find out for you. I can ask Sarah to send an email about which plans are actually working on that.

George Scoleri, CHG -That would be great. And then if we are supposed to do something as far as coordinating with you guys thru us as behavioral health liaisons then we will be glad to do that.

Ruth Jacobs- Brenda, is Blue Shield one of the pilots?

Brenda Kaplan, **Blue Shield** - Yes. I don't know how many plans there are -- quite a few.

Rogelio Lopez, Health Net –Just for clarification, this is the same discussion that has been going on for awhile concerning the auditing-what the referral rates are and what have you-this is related to that?

Sarah Swaney, MRMIB –Yes. Macias was at the June 2007 meeting and did an overview, this is the same contract (it was not signed until December).

Ruth Jacobs -We were delayed in getting the contract signed so they have not actually started yet. Macias will be looking at basic mental health services provided through the plans, coordination of services, and substance abuse services. If there is an SED layover, they will be looking at the coordination between plans and counties. The county coordination and SED piece is **not** the primary focus of this study as that has already been done. Only if there is a child where there is that overlay.

Sarah- Any new folks on the call since last June who would like that June 2007 Macias PowerPoint, or anyone who did not receive that PowerPoint please let me know and I will provide you with that document. It will give you an idea of what they will be doing.

Macias will be at the next call and you will be hearing more about the project. There will be a letter they will be sending out to the plans letting them know about the study.

III. Follow-up to Previous Discussion Items:

A) Mental Health Brochure* –

In the email Sarah sent out to the Workgroup this time there was a very short "survey" about the SED pamphlet. There was good input about the pamphlet, one of which was that the statistics in the pamphlet are old.

A small workgroup would be a good idea.

Sarah emailed survey questions as part of the email to the workgroup. Questions included: Do you use the SED pamphlet? Do you have your own pamphlet? If so, can you provide a copy of your own pamphlet?

If not too many people are using the pamphlet, there is no reason to proceed with updating the pamphlet.

Action Item: Some individuals had not received the brochure, so MRMIB will send it out again so the individuals can provide suggestions and comments.

Terry (San Diego) - Is the pamphlet also in Spanish and other languages? Do not have them.

Sarah - Available in Vietnamese, Chinese and Spanish.

Brenda - Blue Shield does not have them.

Sarah - The California Institute for Mental Health produced them early on. I will be sending the link to everyone. Let me know if you are using them or not using them. Is it worthwhile looking at the pamphlet?

Gary IEHP - Have a lot of questions for the intended use of the pamphlet. I don't see a lot of value in it, in terms of mailing to our members who may not have a mental health issue and the second issue is that a member that has a mental health issue doesn't want to have a pamphlet, they want to talk to someone whot can help them with their problems. We're not using the pamphlet; we experimented with it when we got it. It doesn't seem like it's that useful. If others have a different experience, would like to hear about it.

George - I do. Healthy Families behavioral health and after looking at it again, I thought it's not a bad tool and I will start using it and where I'll be using the most on my outpatient SED referrals I personally deal with every single client and go over the process with them and make the referral. Most of my referrals are when the child is in the hospital and I don't have direct contact with the family. I'll have the social worker explain the situation and explain that the family will get a phone call from the county to schedule the assessment. I plan on distributing the pamphlet to the hospitals that I use, to go over with the family with something in writing.

Sarah - You might be a good candidate for the workgroup, if we have one.

George - I'll be glad to.

Kathy - We use the pamphlet when we are referring the child for SED evaluation. But I find that some of the information that is in the pamphlet is confusing. I think you had some really good feedback when I said that one of the questions and answers is incorrect that once their deemed SED their coverage with the health plan does stop as far as mental health is concerned, you pointed out that it doesn't stop with the physical - the medical coverage still continues through the plan. The mental health portion is now the responsibility of the county that needs to be clarified. The pamphlet goes back and forth between SED and the health plan, it's confusing.

George - It's a little bit hard because even when determined to be SED the health plan is still responsible for up to 30 days of inpatient care. When you start getting into that level of detail with the consumer it would be pretty confusing.

Kathy - What information are they given when they first sign up for it, because we also send with that brochure a letter explaining this is the county contact person calling you or you can call them to schedule the evaluation. Here is the brochure. When they first sign up for HF, I try to get a copy of the little purple book *(Healthy Families Handbook)* they are given and they were able to tell me where to download it or how to get a copy to see what explanation the parents are given. They seem surprise that the county is involved.

Even for the CCS carve-out the "purple book" really doesn't do a good job at explaining the carve-out. That's why so many parents when they get the carve-out say they don't need it because they have Healthy Families now. This is something that could be improved upon.

Ruth: The handbook isn't clear as it could be.

It really doesn't make it clear for either the mental health or CCS.

?? - It makes it difficult for us. One of the reasons we are part of this workgroup is that people come to us wanting mental health services saying they have Healthy Families and we have to send them back to whomever the company (plan) is that administers it. Then when the child has long term issues they have to come to the county by then they are working with a therapist and don't want to change. It's a huge problem.

The distinction for the carve-out is explained pretty early in the EOC, so even if it's not in the purple book now, when they first get their welcome packet into the HFP from the health plan the EOC does have sections that addresses mental health and the county involvement.

George- It's a long section and MRMIB has told us what has to be put in and it is pretty clear and it gets into the nine parity diagnosis. It's a little confusing but it is also clear in the consumers mind that there are two different sets of mental health services.

Karen- That has not been my experience really at all and we are small county Madera and most are shocked with it and are not happy and very upsetting. Many times they call not for an SED evaluation but to send them back to call the number that they have and they have trouble getting through and its very frustrating.

Ruth - The members don't read their EOC. It would behoove MRMIB to look at the handbook and maybe figure out a better way because the member is more likely to look at the handbook.

Karen - Absolutely. We have many people that can't read. It is a real problem. We actually have members that were mad and say they'll go to Health Net then because they think that it is Blue Shield creating the problem. By having it clearer in the purple book – that it is the process and not a specific health plan's attempt to avoid providing services- the members will understand that there are two methods of mental health service delivery. One at the plan level and one at the county level.

Rogelio - Basically, it comes down to understanding members themselves that when they pick up the phone they call the physician, they want an appointment, they go there. Then they realize during that encounter that they can't get some services there and they have to go somewhere else. That causes frustration, just like it would for us.

Sarah - Maybe pictures or graphics would be a good thing to intertwine with the text in some kind a way.

I think it's an excellent idea. People are more likely often to look at that. Or even a flowchart. Especially with insurance, people think that insurance is impossible to understand.

George- Absolutely true, some of us can explain our own stories here and there.

Ruth - It's taken me three years to understand it. I remember when I first came to MRMIB, it was very difficult to try to figure out how the whole thing flowed. What we can do is look at the handbook and figure out a better way to identify. Sarah bought in the handbook and showed me and it does not talk that there is a carve-out. It talks about treatment, diagnosis and the inpatient/outpatient services. So it really doesn't talk about the carve-out.

George - Just to add to that, most members, if asked to define what a carve-out is, or what it would be. What is a carve-out? What does it mean? How does it impact me?

Ruth - We would have to write in such a way that it was just clear for this particular diagnosis you would be treated by the county. Write it such a way or graphically show it. A carve-out doesn't mean anything to anybody.

George - I like having the pamphlet and I'm going to start using it even though I haven't. Like I said I like the personal contact with member. Its' also the opportunity to explain the medication that is used too, even when they are SED they go to the county, their given a script, they go to their own private pharmacy and then problems come. It's nice to give that personal touch and really explain that the services for treatment are going to be provided at the county mental health department. You need to talk to them about where to go get their medications.

Sarah - The other important thing that I've been finding is that while we want to try to make sure that we're consistent, that all counties are not created equal. Sometimes members move from one place to another, things they experience are not consistent. This is also very confusing.

Sarah - Ruth should we focus on the handbook? Should we get some folks to work in a subgroup?

Ruth - It sounds like some folks find the pamphlet useful. Maybe we can update the pamphlet so that it's correct. Work on it to make it clearer and also look at the handbook for the purposes of making it clear.

George: What is missing in the pamphlet and I don't if we can do it without being more confusing, but having something about psychiatric medications once the child is SED. That's what I need in San Diego. It is the only problem in the system that has really been coming up consistently.

?? - So are you saying that we would then give it to the county so that they know they're supposed to pay for the drugs?

George- Half the time that's where the issue is. Like we have 13 children's mental health programs that treat the SED kids and some of them know all about the programs and some of them know nothing. Often it's a phone call from our county mental health administration to their contracted provider to explain no they need to pay for it through their Short-Doyle funds or whatever. Ultimately, three days later the client has the meds but that's not really okay.

Ruth- Were still looking at that and trying to develop something that we can send both to the plans and "cc" county liaisons. So it's clear to the workgroup and county liaisons how this all works.

Sarah - Ruth, are you talking about the pharmacy?

Ruth - Yes, the pharmacy.

Brenda - Ruth you know CIMH created a whole thing about that 7-8 years ago. They actually had workgroups and created like a binder and it had the split out. Described what the counties are responsible for and with the health plans.

Sarah -: You know Brenda, I actually came across a binder of stuff, and it's exactly what you're talking about. It was a resource binder. It had flowcharts and stuff. I haven't been able to talk to Ruth about it. There are a lot of materials the flowcharts are not bad. Just a matter of how we can we use these.

Ruth - Let's go back and see what's been sitting there, what's available.

Brenda - Actually, there were a few times when we had problems with the county and we would fax pages to them, etc. Sometimes it would help.

Karen - How can get a copy of the handbook that you're talking about.

Sarah -: I will send you the link. I believe there is a link on our website.

Karen - Anything that would help explain it. I work in the managed care part so I get the calls from people and to be able to explain it to them more specifically would be very helpful.

Rogelio - Clarification question, working with SED for members under 19. Are we still using the section under the Welfare and Institution Code for SED 5600.3. So why does that say under the age of 18? Has that been updated?

George - Its true. Your right, that came up years ago.

Rogelio - Has that regulation been updated or what. That may cause a little bit of confusion for some people. It may not cause confusion for the members. People working on the other side of it, it would.

George - I've only in these 10 years, I've only had one kid 18 years that was referred SED and it was not a pretty picture.

Rogelio- We've had some too and I'm just bringing it up as a clarification issue.

George - In our case, so you know is because our mental health programs are divided. Children can only go to children programs, and the adults have to be in a separate building. We did a lot of training to the children's program on the SED process but we didn't do any to the adult program.

Rogelio - I'm still asking the clarification questions.

Sarah - W&I code states to age 18 and our program is up to 19. I'm noting this. Who bought this up?

George - Rogelio, not George.

Rogelio - Blame it on George.

Sarah - : Can I say maybe George, Karen, and Kathy. Would you be willing to be on the subgroup for the pamphlet or SED handbook?

George - I think as long as it not required to be usedby the health plans. It's just a tool, for me I like and if we want to use it, we use it.

UPDATED CONTACT LIST:
Sarah: I sent a link. Which is kind of a high level contact list but I do think that is useful. I have received some updates from some of the county for some needed changes. Those changes were forwarded to Michelle at DMH. Would that list be helpful or is it kind of high level for you?

George: I'm confused on what the list was. Contacts of whom?

Rogelio: It's county people. It's a list of all the counties and the key staff people. It's management level and people heading up the clinical programs in there too.

George - I was looking for the county contact liaison person. This is the fax number and the person to fax the SED referral form to this person's attention.

Rogelio - You need the access person. They have the list of the contact people for the managed health plans. That's the managed care system for the county.

Sarah - Michelle, are you understanding what the need is? Will that be something you provide?

Michelle - I think you are all aware that DMH has a county contact list that is posted on our website and if I understand you correctly some of you would like more information than what is currently on that county contact list.

George - For us is one person Lisa O'Connor, and all the health plans know. In fact, that's the kind of person that should be on this conference call representing county mental health.

Michelle - I am able to pull up the list on my computer and I'm looking at it right now. The situation with the list is that this information the counties have chosen to provide to DMH. The information varies; I am looking at Kern County, their crisis intervention line, there's the director, the deputy director, the medical director, the behavioral health administrator, the director of clinical services, the LCSW with children's program and the chair of psychiatry. And so the information that every county provides is not uniform and depends basically on the size of the county, how they administer their different county programs internally. Different counties have different points of contacts based on what they feel is most efficient. When I've spoken in the past with Sarah and I've checked with management at DMH, the feeling was first of all its more efficient for the counties to update and then provide us with the key people they feel should be on the contact list. Rather than us calling county by county seeking that information, so we've been relying on the county to update us with the key people. I'm not sure how people feel that are on the call, do you feel that's inadequate or have you had trouble getting who they need with the county list? I don't know what the need or concern is?

Rogelio - Mostly when I've used this list, it's been very helpful to make a first contact with different departments. My challenge in this exercise when I did it a few years back was to find an appropriate entry for a referral and you mention that each county is different. I noted that in doing this most of directors or program managers who headed up children's program were usually the ones that it went to. They would assign a person who we could talk to for a clinician or care manager point of view, so if there was any problem with the referral and the exchange of information, it would be a more efficient system for us. The challenge is that staff changes occur year after year. The people doing the MOU or problem resolution are at different levels than those doing the referrals. They may be a completely different entity.

George - And that is who we actually need, the folks handling the referrals.

Michelle: That's the next agenda point. There is maybe a second list coming where the "Lisa O'Connors" of each county would be listed, phone and fax numbers.

George - In San Diego, I can name our list off the top of head because I work with them all the time. Most of them call me asking questions about HFP and what is this

SED referral process. The "Lisa O'Connors" of the world that knows every little detail and makes it happen and makes it all work. I don't have the problem in San Diego.

Rogelio - I'm in San Diego too, but I do have the problem to some degree. I'm dealing with several dozen counties.

??: I know there was a list at some point that was by county and it had the access person, phone number.

George - That should be the liaison. The official liaison should be the person that actually does it.

Rogelio - I can't remember if I shared that with MRMIB years ago. I forwarded to Janice and she might've done it. I prepared that list that was basically two track list, one being who the liaison was at least for us internally and the other part was who was handling the referrals. I don't do the referrals, they are handled through MHN it a whole different entity and different process. That's how we do it, but I know that is a challenge because I'm in contact with MHN and staff changes, fax numbers may change, emails may change.

Sarah - I have seen a copy of an old list. Called County Liaison list and was 2002.

Michelle -: Sarah, do you know who generated that list?

Kathy - I've gotten a couple of copies from Randy up in LA County and I've asked him for an updated one. I have one that I would be happy to fax that is all hack-marked, people have changed and there are different fax numbers. I have one that is for different counties and we deal with all the counties throughout the state. Within LA County, there are maybe 10 pages of different clinics where we can refer outpatient referrals. That list is a mess too. And some of those clinics are no longer accepting SED referrals. I found one link on the computer that is all divided by different areas- area 2, area 3, those are all clinics but I don't know if they are accepting Healthy Families children. I'm not in the office but I'll be happy to send you those too. Just to see if those are clinics that we can access for SED evaluation or if there is a master list of the clinics in California that do SED evaluations. Some of them will say they only do Medi-Care, or that they are out of money and are not accepting any more referrals.

George - We're lucky; our mental health programs don't do the SED evaluation. Our county mental health do the emergency screening at one single place and travel if needed, so we don't worry about that piece of it. Once they've done the evaluation and determined the child is SED and meets criteria, they send the SED response form to one of those 13 different programs I talked about earlier.

Kathy - We're a much smaller county and there are only a few of us that do all of that. I am the supervisor for the managed care piece. There are three of us, two of us are licensed clinicians and one is on the way to licensure. We do all the referring

and everything. We only have three clinics and the SED evaluations are done by any of those clinics.

??: I know that I haven't received an updated liaison list either.

Michelle - Again I am looking at the list online. I see that this particular list was updated on February 13, 2008.

??: Is that the one with the directors, the director's list?

Michelle - It includes other contacts that the county has submitted thatthey feel could be useful or valuable to people who are seeking information.

??: I didn't know we were suppose to be reporting different programs.

Michelle - The information I can pass on at my end here is what I think might be a disconnect between what the counties' think are useful. I keep hearing the word liaison come up over and over. What I can do is through the CMHDA pass on that there is a desire to have a liaison listed. There could be several reasons why some counties may not have a designated liaison depending on the way they administer their program at the local level.

??: Michelle, it sounds like talking about expanding the director's list.

Michelle - Again, we're the intermediary. We get the information that the county believes is useful and important and that is what we post. What I can do is tell them there's an additional need identified by you all and get some feedback from them as to whether or not that is something that can be provided as a specific liaison contact for the person who, if I understand you correctly, administers the MOU for HFP SED beneficiaries.

??: It would actually be the person that would recognize what the three page SED referral is for and what they are supposed to do with it. Sometimes you'll fax it somewhere and they don't know what it is. It would actually be a separate list.

Michelle - A separate list from the county mental health department. Most likely what it would happen, if the county wants to identify the liaison that liaison person would be identified as part of this county mental health department list. We're doing it here within DMH. Again, there might be a reason why the county doesn't want to identify a specific person. We would have to flush out the county mental health directors department. I could bring it up and perhaps be placed on the next agenda at the CMHDA.

Sarah - Another option would be for folks who have existing contacts they're using to share their list and we could compile an internal list based on the collective knowledge.

George - Early on we created our own San Diego list through our own San Diego HFP MOU workgroup. The county contacts on that list were three of them initially and none of them are people that would've been listed on a list the county mental health department would've officially given out. These folks that live and breathe the HF MOU's, we did trainings together, etc. It works well here, those are the people we all need to be working with. I encourage the counties who don't have that kind of person to find a way to make it happen.

Rogelio - If you look at the list, by making that contact of what George was talking about, it would have taken a number of phone calls to work your way through the system here. I think that's what your saying George?

George - It's unfortunate that it has to get to that point, where you have to make all those phone calls.

Rogelio- Here you have Henry's name, Henry Tork, he's head of children's mental health services on this list. And they would refer you out to talk to this person, and that person.

George - This is when Henry was involved; he's a high level person.

Rogelio - This list here is updated February 13, 2008.

George - I haven't looked at that. If I had a problem or needed help getting a kid in, Henry would be the last person I would call.

Ruth - Would be feasible to ask the plans who they're contacting.

George - Look at it, ask the health plans. Do a little survey; ask how it is working for you. Do you have a primary contact? When we identify counties that don't, and have problems, then we can step in to help do that. I think most county mental health departments like the health plans want to work together. I hear for the health plans in San Diego it works well. The two health plans that refer the most SED in San Diego are Molina and Community Health Group and for sure, for those plans the system really works well.

Renee - Michelle, the list that you have is the high level list. I would think that DMH would have a list where they contact people who really know what there dealing with. They want to go the person within the county that is dealing with SED/HFP. You keep saying "this is what they submitted", doesn't DMH have a liaison person that has that contact within each county?

Michelle: That might be available thru county operations. I have sent an email to the manager of county operations also asking for information about the list of county clinics that provide mental health services. I can get back to you on that. Part of that answer is that we have to cooperate with counties in terms of listing the information that they feel is appropriate. That's something that we have to discuss with the

counties. For instance, there might be someone here at DMH who knows a lot about a particular subject. The administration might decide for whatever reason more effective if we process a certain way instead of going to that staff person that does the actual. This is something that has to be taken into consideration. I'm not sure a list exists, and if it does exist I'm not sure we can distribute a list of informal contacts without checking in with the counties.

George: In San Diego I do work with our behavioral administrators a lot. I know if you call them for a key contact list for MRMIB or HFP, you get a certain list. And if you ask specifically for a key contact list that list a "Lisa O'Connor" type person that really lives and breathes it, you would get a different list from the other list.

Michelle: That's a good point. Could be that counties are aware of this need and perhaps when they are listing…..for instance, you mentioned Henry Tork. Perhaps when they list Henry's name there, Henry's office needs to be aware that they need to have a direct referral when folks call in. When they don't actually put that direct referral on the county list. The contacts they do have need to have a quick referral so the people don't have to play a game of hide & seek searching for the person that they need.

George: Henry is a good example, he's the person that our children's mental health program staff report up too. The people who handle Healthy Families SED referrals in San Diego County are 15 miles away from him and talk to him every now and then.

Michelle: I will pass this on to the County Mental Health Directors (CMHD) and just let them know there are two options. They can provide a more detail list or if that for some reason would not work out, then perhaps they need to make sure the people they do have on this list are able to provide better referrals when people call in.

Sarah: Perhaps you can follow-up on your end Michelle. And what I can do is send out a pamphlet the plans can respond too. They can list their contacts so we can have a couple different options going. At the next quarterly meeting we'll see what progress we made on this. Obviously, it's important we can spend a lot of time talking about it today and I really would like to see if we can have a positive outcome on this list. Does that sound okay?

Michelle: That sounds fine. I will check in the CMHD. This list is not a totally useless list, it does list more than the directors, and there are some other contacts here. I think as a couple of people mentioned that if you would call a person on this list you would eventually get to the person that you need.

Rogelio: Just to add to that, some of those folks on that list are the ones who are responsible for some of the MOU functions.

Sarah: Okay.

Gisela: On the last revision of the health plan fact sheet as part of the contract amendment, there may be some information listed already of who the contact is at the county.

Ruth: On the fact sheet?

Gisela: Under the mental health services.

Ruth: It's the liaison for the plan. It's not the liaison for the county.

Gisela: But it also asks who at the county, I believe.

Ruth: No, I don't think we do.

Sarah: I'll check that and if it's there, I'll include it on the template. I've been looking at those recently and noting the plan contacts. I don't know if I've seen any county contacts.

SCREENING TOOLS
We got the screening tools for mental health treatment. I have tried to obtain the screening tool info from Dr. Arroyo and haven't had any luck. So I think were going to close that particular item out at this time. Perhaps we can pursue in the future.

Dispute Resolution is a policy letter that I'm working on. I wish I had it completed by today, but I don't. It will probably be finished by the next time we meet.

Pharmacy Utilization, we've been talking with our Executive Director about that. We all know that's a critical issue and we hope to have some movement on that. So I will keep you posted.

The Right to Refuse SED evaluation, we talked about that at some last meeting.

George: I think I bought that up.

Sarah: What was the contact on that George? Was it something particular?

George: It was because a long, long time ago, like back in 1997, when all of this was starting. There was something in some original documentation that I can't find that basically said if your child is determined to be SED, you must receive services through the county mental health system. And since then, that's not really the case. The way most of us see it, is that people have the right to refuse and therefore then the plan needs to keep providing the care. Technically, the plans end up providing care of children who are SED. It's just that the parent's won't go to the county mental health system for some mostly understandable reasons, well sometimes anyway. I just bought it up as a point of discussion because it would seem like you know hold some monies back from the plans in order to cover the SED treatment. I'm providing care for some SED children right now. Yet the county could be.

Sarah: Well we did come across something in writing yesterday which Ruth will share right now.

Ruth: Our model Evidence of Coverage states very clearly that when a member is determined to have an SED condition and the member's legal guardian refuses service from the county mental health department and seeks treatment from other providers, even from other plan providers. The legal guardian will be responsible for payment of the services.

George: And that's how I think it should be but I know locally, there's a couple of health plans and everyone else can speak up here who interpret that differently.

Brenda: It's once the child is deemed SED by the county and that's the kicker because I'm in the CCS carve out and I've mentioned this before. It's like our provider doing a bone marrow biopsy and finds the child to have leukemia; CCS doesn't make them go through the panel providers to have another bone marrow biopsy to be deemed leukemia. They accept our provider's medical report with the county mental situation it doesn't matter who has deemed this child SED. If it's not the county providers they don't acknowledge it. What we have to do is get that child over here to get the evaluation. If the family says no, we have no recourse.

George: That's sort of my point. I've had cases, more than one, not many where they have had the SED assessment because they were hospitalized and the family agreed to it and then upon discharge…no thanks, I'm not going to the county…even though they've been accepted. I'm going to stay with my provider through Community Health Group. And I felt no choice but to allow that to continue.

Sarah: I wonder if it's just confusion about the carve-out or they really don't want to go to the county.

George: I don't blame them. If I have a child seeing one of my providers and I personally do the contracting with all our behavioral health providers and they are really top quality folks. I don't think I would want to switch either. That's the whole SED problem in my opinion. It was designed for what may be the wrong reasons but it is what it is. It goes back to the day that Dr. Crowell said HMO can't provide treatment for these SED children. I believe we can and I think most of my counterparts on the telephone can say the same thing. I think the county provides a great job too. Its just a system that may be didn't need to happen but it already did and it is what it is. If I have a child seeing one of my psychologist and psychiatrist in a really nice office and they've been going there for a while. Suddenly, they are told they can't go back because your child is SED. They are going to say no, I want to keep going back.

George: I know for myself and two other health plans in San Diego, we are interpreting this bit …parents can refuse the SED evaluation…

??: I had someone calling me constantly about this saying you have to do this because we have to drop off the child.

George- I want to be wrong here, just so everyone knows.

??: I would like you to be wrong too. They don't understand why they have to come to the county.

George- That's sort of besides the point. I feel just for my health plan and sort of speak for another large health plan in San Diego. We feel like we have no choice but to continue to provider treatment. So, if the child is schizophrenic and on big time stuff, we feel like no matter what, we have to continue providing treatment and we are. I would like it to be very clear what I already heard from this phone call is "if the child is determined to be SED, then the parents really can't refuse. They can't make the health plan pay for the treatment? Now, the other flip side of that, that Ruth bought up was, what if they refuse the SED evaluation itself? I hadn't thought of that.

??: And that's actually the more common scenario. We are keeping a spreadsheet of all the children that parents have refused to go for the evaluation. One of our children is on like $1100 a month psych meds alone.

George- It's interesting I have between 30-40 referrals a year. I've never had one refuse the evaluation itself but I've had them refuse treatment after the evaluation and after being accepted as SED.

Rogelio- I've never seen or heard one refuse the assessment. What I have had experience with is when they refuse when it gets to the point when it becomes the county's responsibility. Sometimes the members, due to comfort level or other issue, don't want to change facility. Sometime they may, sometimes they don't. The one thing that hasn't been mentioned no matter what, whether it's the plans or county responsibility, that the facility is incurring costs.

George - Yea, good point.

??: Kathy, most of the ones you send us are parents refusing the evaluation, right?

Kathy- They won't go for the evaluation in the first place. So we have to continue treating them. Once they have the evaluation with the county and have been deemed SED, they need to get all their counseling, psychiatrist, and medication at the county. And if they say they don't want to go; can't they stay with the health plan provider? We give them the Blue Shield grievance number because the problem is with the plan that they purchased. So they can file a grievance about that. Once they are deemed SED, we don't pay for the treatment. They can pay out of pocket if they want to continue.

?? : We're not saying they can't continue to see this provider. But if they want to, somebody else has to pay. It's like if you belong to Kaiser, but you don't want to drive to Kaiser when you have three other hospitals you have to pass. In our mind

it's the same thing. Yea, the other three hospitals are closer but you have Kaiser and you have to follow Kaiser rules.

George - We're not going to resolve this, its probably bigger than we thought but it seems at some point we should clarify it. Like we are now, if the child's been determined to be SED, already gone through the evaluation, accepted by the local county mental health department. The parents must get the treatment through there and the only thing left unsure of is what if they refuse the SED referral. For instance, we get a child on Community Health Group, are paranoid, schizophrenic and are hospitalized ten times. The county hardly needs to do an assessment, that child is SED. The family says no, are we to be stuck, I don't mean stuck, you know what I mean.

Rogelio: What happens, I have some experience with this. It goes to problem resolution and sometimes I know that MRMIB has worked with us and the other party to resolve it.

??: That has not been our case.

George: I can't even imagine that Rogelio.

Rogelio: Well it has when we had facility problems. We never have a member refuse SED assessment, but we had problems with one member being in another county facility. We've actually talked to MRMIB staff and they've been very helpful in this area to resolve the problem.

George: That's different. We're talking about children's parents that don't get to that point. Completely refuse from a health plans perspective that you know for sure this child is going to meet SED criteria. Or say they are hospitalized, they're on a 72 hour hold or 14 day hold even and they are clearly going to need criteria. The parent says no. Where do they go from there?

Brenda: Actually in 2007, Blue Shield had 54 cases where parents refused to go to SED evaluations.

George: Is that statewide?

Ruth: What I think we can do with this is maybe for the purpose of the member that has been already evaluated and the family is saying no, they are not going for treatment. That can be part of the pamphlet and handbook.

George: I think that would be great. I'm taking that as of right now as the way it is. I've been providing treatment. Well we'll see.

Ruth: The other one is that we have to spend some time internally discussing it.

Rogelio: The one about refusal of assessment.

George: Right. The other thing from a health plan perspective is they're refusing. Even if they didn't evaluate it and determined to be SED and then they say I'm not going to go to the county. Its hard for me to say well then, you are not getting treatment through us. When they end up in the hospital, its back on us again.

Sarah: We'll follow up on this. Sounds like we're going to be looking at the pamphlet and handbook a lot. Sounds like some folks are leaving us, I think.

B) Dispute resolution – There was some discussion about what to do when a child with mental health needs referred to the county for a SED diagnosis is deemed by the county as not meeting SED criteria.

One individual noted that there is recourse and that the MOUs address dispute resolution. Are MOU's clear? Is there a common understanding?

Action item: Dispute Resolution is a policy letter that I'm working on. I wish I had it completed by today, but I don't. It will probably be finished by the next time we meet.

IV. Focus and Sub Groups: One question was – can we take time during the quarterly meetings for focus groups to meet?

Action Item: Explore focus group ideas, participation needed and usage of meeting time for focus groups in upcoming meetings.

Sarah: Sub groups will have one on the pamphlet and handbook issue.

V. New Issues/Add Ons:

- Newly established mental health unit email address, that's on your agenda under #5. We'd like for you to start using for future emails. You can always reach me, but I'll be looking at that particular mailbox. We are going to be adding a new staff person shortly. And just for consistency in the future I think we will be able to capture more things easily having one mailbox for these issues.

- Plan and County Familiarty with MOU's. Seems like a lot of folks are not familiar with the MOU's, so just wanted to make a note on that. We can talk about MOU's in the future if we need to. It's a key document.

- I would like to purpose a March 27th plan meeting to discuss benefit flexing and HFP reporting requirements to MRMIB. If that works for the plans.

- The last item is I want to put those particular dates on the calendar for the rest of the year's meeting. Unless anyone else has anything else to add on.

Brenda: I believe there are six health plans in the Encounter Data Pilot.

Sarah: Six, thanks Brenda. Division Deputy Shelley Rouillard and Muhammad Nawaz are heading up the Encounter Data project. Those are the key people on that. Does that reference calendar help you all when I send it with the agenda?

George: Yes, I almost threw it away. I said what's that calendar for?

Sarah: If we can just take a minute for those of you who have not responded to the 3-4 questions in the email on the SED pamphlet. It would be helpful to receive your input on that. Michelle thank you so much for sitting in and for trying to help us with these needed list.

Michelle: No problem.

Brenda: Since we have the meeting dates for the rest of the year. Is the call in number going to be the same? Or will it change.

Sarah: We plan to have these taped and as far as my understanding goes that's the number and access number. Anyone else Kathy, Karen or Rogelio want to add anything before we end the call today.

??: I just wanted to know when we start doing this subcommittee George or Kathy? Are we going to trade emails or something?

Sarah: How about I write an email or something and provide some guidance. Then I'll send it out to you and talk some more about the direction, outcome and possibility. In the next call we will try to get a few more county representatives. I know quite a few have fallen off, so I don't know what's happen since June. We've lost quite a few county folks and we need their input as well.

George: I'm going to ask permission first from our administration at County Behavioral Health, I'm going to ask our liaison to participate. The famous Lisa O'Conner.

Sarah: Thanks everyone, appreciate your input today.

Call ended.