



# Healthy Families Update

## Welcome to the Second Issue of Healthy Families Update

**Our Goal:** Provide brief, practical updates on HF Mental Health issues for county administrators, health plan liaisons, and mental health workers. We hope this will improve communication and expand access to the HF MH benefit. **Please share this newsletter with Access Teams, mental health staff, and others!**

**This Month's Topic:** A Summary of frequently asked questions that CIMH has received regarding the HF program. These questions cover issues ranging from eligibility, to billing, to which forms to use. **If you have a question, please forward it to us!**

## Other Great Sources of Information on HF MH

For additional information on Healthy Families Mental Health Benefits visit the California State Department of Mental Health website:

<http://www.dmh.cahwnet.gov>

The CIMH Healthy Families SED benefit Brochure:

[http://www.cimh.org/healthy\\_families.html](http://www.cimh.org/healthy_families.html)

Overall program information, including lists of certified application assistants who assist families with the application:

<http://healthyfamilies.ca.gov/>

The Managed Risk Medical Insurance Board: <http://www.mrmib.ca.gov>

The Healthy Families Info line is available Mon – Fri 8 am to 8 pm **1-800-880-5305.**

## HF Mental Health Benefits FAQs

In the first issue of this newsletter we explained the differences between the basic mental health outpatient benefits, which are managed by the health plans, and the SED benefit, a more intensive service, which is administered by county mental health plans.

### Can a county mental health plan provide the “basic benefit?” If so, how are these services claimed?

Yes, but only as part of an arrangement with a Healthy Families Health Plan. In essence, the County agrees to be a provider for the health plan. Any reimbursement arrangement, i.e., claiming, accepting a capitated payment or case rate must be negotiated with the plan. Claims for basic benefits should not be submitted to the Short/Doyle claims processing system. However, the county must report service to the client on the CSI.

### How many Healthy Families enrollees are in the HF Program?

As of 1/8/01 – 362,373

### How many Healthy Families enrollees overall are there in my county?

See Table II attached.

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## **County Responsibilities Under Healthy Families**

**Are the forms developed by CIMH in the referral process mandated for use statewide?**

This form was developed by CIMH as a tool to help counties and health plans have conformity when making referrals. It was developed with the input of representatives from the California Mental Health Directors Association (CMHDA), health plan representatives, family members and MRMIB staff. CMHDA has approved the protocol, citing it as a “useful tool” and expressing its hope that counties will move toward utilizing it. MRMIB staff is recommending that local mental health departments and health plans adopt this protocol format and related forms, as well. However, it is NOT a mandated form.

**If a youth is hospitalized and needs an SED evaluation, but is released before the evaluation is completed, what happens?**

Even though the youth has been discharged from the hospital, the five-day timeline remains in effect. The timeline **does not** shift to the thirty-day timeline established for outpatient SED evaluation.

**If the county thinks a beneficiary needs inpatient care and the child still has some of the 30-day inpatient benefit left, can the county mental health department admit the child to a hospital and tell the hospital to bill the child’s health plan?**

No. Until the thirty (30) inpatient days benefit has been exhausted the health plan retains authority over the utilization of this benefit and decisions regarding hospitalization must be authorized by the plan. The mental health department can

choose to hospitalize the child/youth and pay for the inpatient stay.

**If a county thinks an enrollee needs inpatient care, the child still has some of the 30-day benefit left and the health plan refuses to admit the child, what is the county mental health department’s obligation?**

Both the Health Plan and the County Mental Health Department are bound by the MOU to attempt to work cooperatively. In a situation such as this, if discussions at an informal level did not resolve the disagreement, a dispute resolution process would be initiated. (Currently, a dispute resolution process is under development.)

Under these circumstances it is the obligation of the county mental health department to provide benefits to the extent the department finds them medically necessary until the dispute is resolved.

**Does a County Mental Health Department have to go to another county to perform an SED evaluation if an enrollee is hospitalized?**

There will be occasions when HF enrollees are hospitalized in out-of-county hospitals. The responsible county will have to go to the hospital for the SED evaluation; however, many counties have made arrangements with the host county to do evaluations and other services in these kinds of situations.

**What is the difference between the Severely Emotionally Disturbed definition used for Healthy Families and the definition of Severely Emotionally Disturbed under Chapter 26.1 (the Special Education Code)?**

For Healthy Families the SED criteria is the same as in Welfare and Institutions Code 5600.3:

Have a DSM-IV diagnosis, excepting a V-code, substance abuse or developmental disorder and meet at least one of the following criteria:

- A. As a result of the mental disorder have severe impairment in two of the following areas: self-care, school functioning, family relationships, or ability to function in the community and either of the following occur:

The child is at risk of removal from home or has already been removed from home.

The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

- B. The child displays one of the following: psychotic features, risk of suicide, or risk of violence due to a mental disorder.

\* **C. The child meets special education requirements.**

**The SED definition used by the schools refers to children who have special education status as the result of an emotional/behavioral disorder. Under Education Code Section 60040, the SED designation is made by the Local Education Area, IEP team and parent when the following conditions have been met:**

- (3) The pupil has emotional or behavioral characteristics that:

- a. Are observed by qualified educational staff as defined in subsection (x) of Section 3001 of Title 5 or the California Code of Regulations in educational and other settings as appropriate.
  - b. Impede the pupil from benefiting from educational services.
  - c. Are significant, as indicated by their rate or occurrence and intensity.
  - d. Are associated with a condition that cannot be described as a social maladjustment as demonstrated by deliberate noncompliance with accepted social rules, a demonstrated ability to control unacceptable behavior and the absence of a treatable mental disorder.
  - e. Are associated with a condition that cannot be described solely as a temporary adjustment problem that can be resolved with less than three months of school counseling.
- (4) As determined using educational assessments, the pupil's functioning, including cognitive functioning, is at a level sufficient to enable the pupil to benefit from mental health services.
- (5) The LEA has provided counseling, psychological, or guidance services to the pupil pursuant to Section 56363 of the Education Code, and the IEP team has determined that the services do not meet the pupil's educational needs; or in cases where these services are clearly inappropriate, the IEP team has documented which of these services were considered and why they were determined inappropriate.

### **How can a county tell if a child has Healthy Families Insurance?**

If a child has Healthy Families Insurance the child will have been issued an enrollment card from the health plan the family has chosen. Many health plan cards do not clearly specify that the individual is enrolled in the health plan as part of Healthy Families. In those cases, the coding in the member or group identifier used by health plans to identify Healthy Families is available on the MEDS system if the individual's name is entered.

### **Does a beneficiary have to exhaust the basic mental health benefit before being referred for an SED evaluation/treatment by the county?**

No. The beneficiary can be referred whenever it appears there are significant emotional/behavioral difficulties. Beneficiaries can self-refer as well as be referred by their health plan. Counties CANNOT require that the basic benefit be exhausted prior to assessing for SED.

### **What is the best and simplest way for a County Mental Health system to access HFP enrollment information?**

The statewide HFP Eligibility Extract file. A new extract process has been created that is much smaller. This extract file is available from ITWS under Record Layouts: for the HFP subsystem of the SD/MC (Short-Doyle Medi-Cal) system. (HFP-WEEKLY-ELIG.CONDENSED)

### **Do the counties need to "UMDAP" (Uniform Method for Determining Ability to Pay) Healthy Families children?**

In terms of the UMDAP process, HFP subscribers are treated like full scope Medi-Cal beneficiaries, i.e., the identification sections of the Payor Financial Information sheet must be completed and the subscriber or responsible family member must sign and date the back of the form.

### **Do subscribers have to complete the entire UMDAP process if the County Mental Health Provider is only providing SED services and billing HFP?**

No. The remainder of the financial screening does not need to be completed because HFP has its own procedures to determine the family's share of responsibility. Reference: DMH Information Notice No. 98-13; August 24, 1998.

### **Can a health plan refuse to use an internal county form?**

Health plans can refuse to use an internal county form. Relationships between counties and health plans need to be negotiated, within the bounds of the contracts and the MOU, so they function smoothly for both parties. This requires negotiation and some mutual give-and-take regarding processes, forms, etc.

### What's Next in This Newsletter?

In upcoming issues, this newsletter will provide additional detail for mental health staff on:

Healthy Families referral procedures;

How to identify a Healthy Families enrollment card;

Explaining Healthy Families benefits to clients...

...and more. If you would like to suggest a topic, please email: [mjalumbaugh@cimh.org](mailto:mjalumbaugh@cimh.org).

CIMH will be producing a Healthy Families Reference Guide, containing key policies, contact information, and a way to store issues of this newsletter.

#### WANTED—FAMILY MEMBER

There is an opening for a subscriber member on the Healthy Families Advisory Panel. This is an opportunity for Family Members to be a part of the Healthy Families panel and is an opportunity for mental health services advocacy. Call Mary Jane Alumbaugh at (916) 556-3480 x 115 or e-mail [mjalumbaugh@cimh.org](mailto:mjalumbaugh@cimh.org) if you are interested or know of someone who might be interested in this position.

**Table I**

	HFP Aid Code		Medi-Cal Bridge to HFP	
	Approved Amount	Unduplicated Clients	Approved Amount	Unduplicated Clients
Statewide	2,196,461	824	63,804	105
Alameda	13,092	1	447	1
Butte	153,909	38	4,223	3
Contra Costa	1,336	1	5,306	5
El Dorado	18,868	13		
Fresno			369	3
Humboldt	3,733	2		
Kern	273,887	99		
Kings			94	1
Los Angeles	152,969	142	3,407	8
Marin	56,705	14	467	1
Mariposa	11,472	7		
Mendocino			1,219	1
Nevada	19,572	12		
Orange			17,030	32
Riverside	126,467	57	1,111	4
Sacramento	192,205	53	383	2
San Bernardino	125,973	74	792	2
San Diego			2,769	8
San Francisco	426,623	105	907	3
San Joaquin	52,551	51	740	3
San Luis Obispo	5,290	5	14,618	6
Santa Barbara	204,734	40	2,552	2
Santa Clara			1,571	3
Santa Cruz	124,956	17	1,656	5
Sonoma	114,742	23		
Stanislaus	53,082	36	3,374	6
Sutter/Yuba	185	1		
Tulare	64,112	33	694	5
Yolo			74	1

Note: Some counties may not be represented due to lack of data.