



Department of Health Care Services and Department of Managed Health Care

Children Enrolled in Medi-Cal Face Challenges in Accessing Behavioral Health Care

Background

The Department of Health Care Services (DHCS) administers the Medi-Cal program, and DHCS together with the Department of Managed Health Care (Managed Health Care) oversee the delivery of health care services—including behavioral health care—for Medi-Cal members, including to the approximately 5.7 million eligible Californians under the age of 21. State law requires that health care service plans be able to offer behavioral health services within prescribed lengths of time between a request and an appointment. DHCS and Managed Health Care monitor plans' compliance with these requirements by conducting timely access surveys and other monitoring activities. Because more than one in five children ages 13 to 18 currently have or have had a seriously debilitating mental illness—which evidence shows can result in poor quality of life, substance use, unemployment, and suicide—it is important that the State ensures that plans provide appropriate and accessible behavioral health care to eligible children.

Key Findings

- » Available data show long wait times to access behavioral health services for many children in California.
 - Survey data for appointment wait times show that many Medi-Cal plans are unable to provide timely access for children.
 - For example, 43 percent of urgent appointments with psychiatrists DHCS surveyed in 2022 exceeded the 96-hour appointment wait time standard, and the median wait time for appointments exceeding the standard was almost 13 days.
 - Weaknesses in the way DHCS and Managed Health Care conduct these surveys limit their effectiveness.
 - For example, the surveys do not measure whether plans' providers meet the shortest wait time standard of 48 hours.
 - Significant numbers of county mental health plans are not in compliance with DHCS' standards for timely access.
- » Weaknesses exist in DHCS' monitoring activities.
 - DHCS' provider-to-member ratio calculations resulted in unreasonably low requirements for the numbers of mental health care providers plans must have.
 - DHCS approves potentially unreasonable standards for the time and distance Medi-Cal members must travel to see behavioral health care providers in plans.
 - DHCS cannot demonstrate that its enforcement of corrective action plans has meaningfully improved access to care, and it has not used its authority to impose financial sanctions.

Key Recommendations

- » To better ensure appropriate and effective monitoring of timely access to behavioral health care access for children, by November 2024, DHCS and Managed Health Care should make changes to their survey methodologies to monitor compliance with the 48-hour urgent appointment standard established in state law where applicable.
- » To ensure that Medi-Cal managed care plans have a sufficient number of providers to offer timely access and are meeting children's behavioral health care needs, by May 2024, DHCS should develop a new methodology for calculating non-specialty outpatient behavioral health provider-to-member ratios. At minimum, the methodology should consider the following factors:
 - The expected demand for behavioral health services by children in Medi-Cal, based on factors including but not limited to past services.
 - The estimated number of children likely to need those services.
 - The number of full-time providers needed to provider that volume of services.
 - The amount of time individual providers spend treating Medi-Cal members.
 - The methodology should also accommodate potential growth in the need for behavioral health services.