

NONCONTROLLING PLAIN ENGLISH SUMMARY

Due to the complexity of the issues, it would not be feasible to draft regulations in accordance with the prevailing plain English standard. The specific purpose of each regulation is provided in the initial statement of reasons. A noncontrolling plain English summary follows:

SUBCHAPTER 1

Article 1, Sections 1810.100 through 1810.110, describes laws that affect the Medi-Cal Specialty Mental Health Services Consolidation program.

Article 2, Sections 1810.201 through 1810.254, define words that are used in these regulations to make sure their meanings are clear.

Article 3, Sections 1810.305 through 1810.385, explains what the MHP needs to plan, which services are covered, how to inform beneficiaries regarding available services and beneficiary rights..

Article 4, Sections 1810.405 through 1810.440, describes how beneficiaries, even if they speak a language other than English, get quality services.

SUBCHAPTER 2

Article 1, Sections 1820.100 through 1820.120, describes how MHPs and the Department determine how much to pay for psychiatric inpatient hospital services.

Article 2, Sections 1820.200 through 1820.225, describes how psychiatric inpatient hospital services are delivered, when the MHP has to cover hospital services, and what hospitals have to do to get paid by the MHP.

SUBCHAPTER 3.

Section 1830.100 explains that services in this subchapter apply to services other than psychiatric inpatient hospital services.

Articles 1 and 2, Sections 1830.105 through 1830.250, explains when the MHP has to cover services by psychiatrists and other mental health service providers. These articles also cover when the MHP can make the provider get MHP approval before the provider gives the service to a beneficiary, how providers get paid, and when beneficiaries may chose their own providers and when the MHP may choose the provider. There is a special rule for beneficiaries under 21 years of age, which means these beneficiaries may receive additional services.

SUBCHAPTER 4.

Article 1, Sections 1840.100 through 1840.115 explains in general how MHPs can get federal money.

Article 2, Sections 1840.205 through 1840.215 explains how the MHP gets federal money for hospital services the MHP has provided to beneficiaries. The MHP can get federal money only if the MHP follows the rules in this article. These rules apply to the types of hospitals and the kinds of services the beneficiary might be getting at the same time the beneficiary is in the hospital.

Article 3, Sections 1840.302 through 1840.374 explains how the MHP gets federal money for different services, from different kinds of providers. These guidelines are not covered in other regulations. The MHP can get federal money only if the MHP follows the rules in this article about when and where the services are given and who delivers the services.

SUBCHAPTER 5

Sections 1850.205 through 1850.505 explain how MHPs must handle problems with beneficiaries, providers, other MHPs and Medi-Cal managed care plans.