



DHCS Behavioral Health Forum Strengthening Forum

**April 6, 2015
10:45 a.m. to 12:00 p.m.**

Strengthening Forum Chairs

Dina Kokkos-Gonzales, Chief
Policy and Program Quality Assurance Branch
Mental Health Services Division
Department of Health Care Services

Victoria King-Watson, Assistant Division Chief
Prevention Treatment and Recovery Services
Substance Use Disorders Division
Department of Health Care Services



Agenda

- I. Welcome and Introductions
- II. Presentation
- III. Discussion
- IV. Updates and Next Steps
 - a. 1115 Demonstration Waiver
 - b. DMC-ODS Waiver
 - c. Charter FY 15 – 16



PRESENTATION



Timely Access to Specialty Mental Health Services



Focus of the Day

Review Access Time Standards for MCPs and MHPs

Report on DHCS current efforts to assure and measure beneficiary timely access to SMHS

Obtain Stakeholder feedback on access experience

- What are the most significant barriers to accessing specialty mental health services?
- What are recommendations/solutions going forward?
- Are there ways of measuring access DHCS should consider?



Overview

- **Time Standards for Non-Emergency Mental Health Services**
 - Managed Care Plans
 - Mental Health Plans
- **DHCS Current Quality Improvement Efforts**
 - 1915(b) Waiver Renewal Application Program Monitoring Activities (Program Monitoring, Triennial Reviews, & EQRO)
 - Development of Metrics
 - Cultural Competency
- **Stakeholder Dialogue:**
 - What are the most significant barriers to accessing specialty mental health services?
 - What are recommendations/solutions going forward?
 - Are there ways of measuring access DHCS should consider?



Time Standards

TIME STANDARDS FOR NON-EMERGENCY MENTAL HEALTH SERVICES

- Managed Care Plans
- Mental Health Plans



Time Standards: *MCP*

- Knox-Keene Health Care Services Act of 1975 (Act)
 - **Availability of Services:** Plan must ensure that all services are available at reasonable times to each enrollee consistent with good professional practice. *Health and Safety Code Section 1367(e)(1)*
 - **Telephone Medical Advice:** Every health plan providing telephone medical advice must ensure that the staffing providing the services are health professionals, registered, or certified, and operating within their respective scope of practice. *Health and Safety Code Section 1348.8*
 - **Provider Lists:** Upon request plans shall provide (in writing) a list of contract providers. This list may be on a website and every plan shall allow for a request for written information through a toll-free number. *Health and Safety Code Section 1367.26*

Act Web link: <http://wps0.dmhc.ca.gov/regulations/docs/14kkap.pdf>



Time Standards: *MCP*

- In 2002 Assembly Bill (AB) 2179 (Cohn) was passed. AB 2179 upheld the intent of Knox-Keene
 - *“timely access is essential to safe and appropriate care and a lack of timely access may be indicative of other symptomatic problems”*
- Required Department of Managed Care to pass regulations for implementation of the State law
- California Code of Regulation: Title 28 Managed Care; Chapter 2 Health Services Plans Article 7, Standards 1300.76.2.2 Timely Access to Non Emergency Health Care Services. January 1, 2011
Web Link: <http://wps0.dmhc.ca.gov/regulations/docs/14ccrip.pdf>



Time Standards: *MCP*

Non-Emergency Mental Health Services

Service	Time Standard
Urgent Care Appointment	Within 48 hours if the service does not need to be pre-authorized or within 96 hours if the service requires pre-authorization by the plan
Appointments with Psychiatrists	Within 15 business days of individual's request
Appointments with other licensed mental health professionals	Within 10 business days of individual's request for an appointment
Speaking with a plan representative who can help schedule an appointment	No more than 10 minutes, when calling during normal business hours
Receiving a call back from a mental health professional	If an individual is unable to directly reach their mental health professional, the law requires the individual to be told, by live operator recorded message, how long it will take for the mental health professional to return the call
Triage and Screening: Assessment of concerns, usually on the phone, with a qualified mental health professional to determine the urgency of the need for care.	Plans are required to provide 24/7 triage or screening by phone. Waiting times for triage or screening services may not exceed 30 minutes. However, the waiting time must be appropriate for your problem and if that problem is urgent, a plan's screening and triage must respond more quickly



Timely Access Standards: *MHP*

Authorities

- 1915(b) Specialty Mental Health Services Waiver provides CMS with assurances that the state complies federal guidance on access standards
 - Social Security Act Section 1932(c)(1)(A)(i)
 - Title 42, Code of Federal Regulation, Section 438.206
- Mental Health Plan Contract
 - Medically necessary services will be provided in accordance with Title 9, California Code of Regulation, Section 1810.345 and 1810.405



Timely Access Standards: *MHP*

- The availability of services to meet beneficiaries' emergency psychiatric conditions 24 hours a day, 7 days a week.
- The availability of services to meet beneficiaries' urgent conditions as defined in Title 9, CCR, Section 1810.253, 24 hours a day, 7 days a week
- Timeliness of routine services as determined by the MHP to be sufficient to meet beneficiaries' needs.



Time Access Standards: *MHP*

- Mental Health Plans locally develop time standards for the provision of non-emergency specialty mental health services
- Mental Health Plans monitor their performance in meeting their timeliness standards
- The State's External Quality Review Organization (EQRO) as part of Monitoring Activities described in the 1915(b) Specialty Mental Health Services Waiver, reviews and reports on Mental Health Plan self-reported data



Current DHCS Quality Improvement Efforts



Quality Improvement Efforts

- 1915(b) Specialty Mental Health Services Waiver Renewal: Program Monitoring
 - County Support
 - EQRO
 - Triennial Reviews
 - Cultural Competency Plans
- Establishing Metrics for Timely Access: Metrics Developed and In-Process



1915(b) Specialty Mental Health Services Waiver Renewal

- Waiver Renewal Application: Includes modifications to Program Monitoring Activities to provide assurances concerning beneficiary access and the timely provision of services
 - County Support
 - EQRO
 - Triennial Reviews
 - Cultural Competency Plans
- Responds to direction of improving MHP performance of assuring timely access to specialty mental health services



Section B: Monitoring Plan

Consumer Self Report Data	Performance Improvement Projects
Data Analysis	Performance Measures
Measurement of Any Disparities	Periodic Comparison of Number and Types of Providers
Network Adequacy Assurances	Utilization Review
Ombudsman	Other: External Quality Review Organization, Cultural Competence Plans , Compliance Advisory Committee, California Mental Health Planning Council, and
On-Site Reviews	
	Appeals



Program Monitoring Activities

- 24/7 telephone toll free access line with appropriate language access
- Systems in place to track timeliness of access across the plan
- TARs adjudicated within 14 days of request.



Program Monitoring Activities

- Systems in place to log grievances and appeals, name, date, and issue
 - Systems in place to ensure providers are certified and recertified
 - Disallowance rates
 - EQRO
 - Cultural Competency Plans
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Cultural Competency Plans

- Enhancing cultural responsiveness of services to better meet the needs of our communities
- Are health disparities being addressed in terms of the degree to which special populations are accessing and utilizing mental health and substance use services
- Collaborating with MHP to increase the cultural and linguistic competence in provider networks



Establishing Metrics

***PROPOSED* Time Standards for Non-Emergency Specialty Mental Health**

- Percentage of non-urgent mental health services (MHS) appointments offered within 10-15 business days of the initial request for an appointment
- Number and percentage of acute psychiatric discharge episodes that are followed by a psychiatric re-admission within 30 days during a one year period. The year is defined as January 1 – November 30
- Percentage of acute (psychiatric inpatient and PHF) discharges that receive a follow-up outpatient contact (face-to-face, phone or field) or IMD admission within 7 days of discharge
- Percentage of acute (psychiatric inpatient and PHF) discharges that receive a follow-up outpatient contact (face-to-face, phone or field) or IMD admission within 30 days of discharge
- Percentage of TARs approved or denied within 14 calendar days of request



Establishing Metrics

- Discuss timeframe for transition from 15 to 10 days
- Operationalize definitions of the measures, identify data sources and data validation
- Include measures for the other areas of CMS focus
 - 24/7 access line and language availability
 - Grievance and appeal logs
 - Provider certification/recertification



DISCUSSION



Strengthening Forum Discussion

What are the most significant barriers to accessing specialty mental health services?

What are recommendations/solutions going forward?

Are there ways of measuring access DHCS should consider?



UPDATES & NEXT STEPS



1115 Demonstration Waiver

Drug Medi-Cal (DMS)-Organized Delivery System (ODS)

- Goal of the waiver is to help create a greater continuum of care for beneficiaries who receive drug medi-cal services across the State.
- Standard Terms and Conditions (STC) were submitted to Centers for Medicare and Medicaid Services (CMS) November 2014.



DMC-ODS Waiver

- CMS-120 day review period
- Waiver Advisory Group (WAG) meetings
- Draft DMC County Contract developed
- Sample Implementation Plan developed
- Response from CMS provided



Strengthening Forum Charter

- Priorities FY 15-16:
 - Cultural Competency Plans
 - Children’s Services: Out of County
 - Timely Access to Services



Strengthening Forum Charter

- Priorities FY 15-16 (cont.):
 - Increase and improve oversight and monitoring of Specialty MH Services
 - Increase and improve oversight and monitoring of DMC Programs
 - DMC - Organized Delivery System



Contact Information

Behavioral Health Forum Stakeholder Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

Please e-mail questions, comments or concerns to:

MHSUDStakeholderInput@dhcs.ca.gov

