



Department of  
**Health Care Services**



**1915(b) Specialty Mental Health Services Waiver  
Special Terms and Conditions**

**Stakeholder Meeting  
June 6, 2016**

**Call-In Number: 1-800-369-3316**

**Participant Code: 1727956**



# Welcome & Introductions

---

- Moderator: Dr. Karen Kurasaki, CIBHS



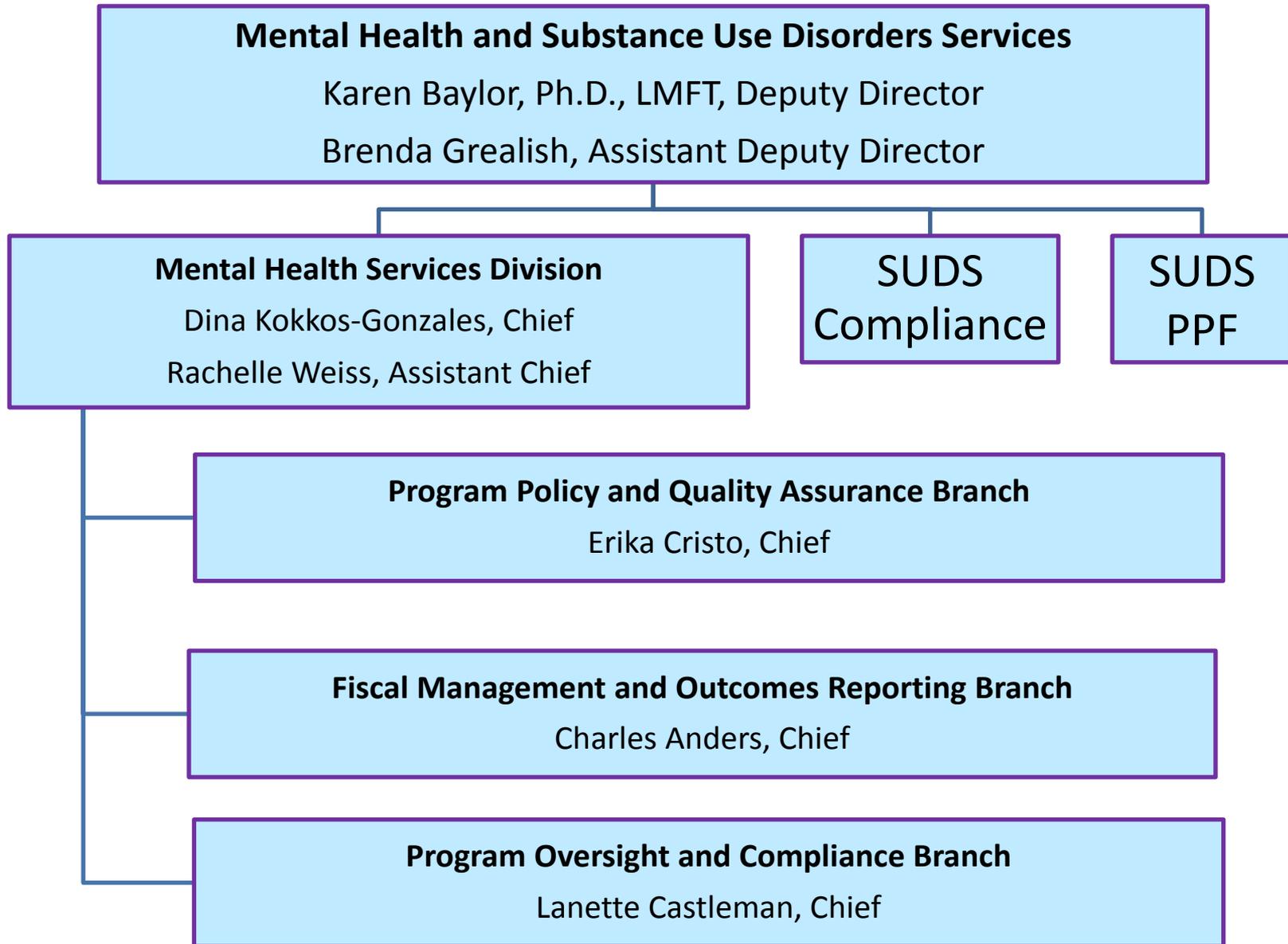
# Review of Agenda

---

- **Opening Remarks**
- **1915(b) Specialty Mental Health Services Waiver Special Terms and Conditions**
- **Questions and Answers**
- **Next Steps**



# DHCS MHSUDS STRUCTURE





# **1915(b) Specialty Mental Health Services Waiver**

# Section 1915(b) Freedom of Choice

---

## Federal Requirements Waived:

- **Freedom of Choice:** Each beneficiary must have a choice of providers
- **Statewideness:** Benefits must be available throughout the state
- **Comparability of Services:** Services must be comparable for individuals (i.e., equal in amount, scope, duration for all beneficiaries in a covered group)



# Section 1915(b) Freedom of Choice

---

## Section 1915(b) Waiver Authority:

- Allows states to implement managed care delivery systems, or otherwise limit individuals' choice of provider
- May not be used to expand eligibility to individuals not eligible under the approved Medicaid State Plan
- Cannot negatively impact beneficiary access, quality of care of services, and must be cost effective



# Medi-Cal State Plan

---

- The official contract between the Single State Medicaid Agency (DHCS) and CMS by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- Developed by DHCS and approved by CMS.
- Describes the nature and scope of Medicaid programs and gives assurances that it will be administered in accordance with the requirements of Title XIX of the Social Security Act, Code of Federal Regulations, and other applicable federal/state laws.

<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>



# 1915(b) SMHS Waiver Sections (A-D)

---

## **Section A: Program Description**

- Describes the delivery system, geographic areas served, populations served, access standards, quality standards, and program operations (e.g. marketing, enrollee rights, grievance system, etc.)

## **Section B: Monitoring Plan**

- Describes the monitoring activities planned for the upcoming waiver term

## **Section C: Monitoring Results**

- Describes monitoring results for the most recent waiver term

## **Section D: Cost Effectiveness**

- Projects waiver expenditures for the upcoming waiver term



# Statutes and Regulations

---

- Title 42, Code of Federal Regulations  
<http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>
- California Welfare and Institutions Code commencing with 14700 et seq.  
<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic>
- Title 9, California Code of Regulations, Chapter 11, Medi-Cal Specialty Mental Health Services, commencing with 1810.100 et seq.  
<http://www.oal.ca.gov/CCR.htm>



# MHP Contract

---

- Contract required pursuant to state and federal law.
- Delineates the Mental Health Plans (MHPs) and DHCS' responsibilities and requirements in the provision and administration of Specialty Mental Health Services (SMHS).
- Conforms with federal requirements for Prepaid Inpatient Health Plans (PIHPs). MHPs are considered PIHPs and must comply with federal managed care requirements (Title 42, CFR, Part 438).
- Current MHP contract term: May 1, 2013-June 30, 2018.

<http://www.dhcs.ca.gov/services/MH/Pages/POCB-MentalHealth-Overview.aspx>





# Oversight and Monitoring

# MHP Compliance Reviews

---

DHCS conducts compliance activities to ensure that MHPs and their contract providers comply with federal and state laws, regulations and the MHP contract requirements.

- **Triennial onsite reviews**
  - System reviews
    - Review evidence of compliance related to SMHS and other funded services
  - Outpatient chart reviews
    - Verify medical necessity criteria have been met for the SMHS services that have been provided and claimed
  - Inpatient Short Doyle Medi-Cal chart reviews
    - Verify medical necessity criteria have been met for each hospital day that a beneficiary is in a psychiatric unit or hospital



# MHP Compliance Reviews

---

- Focus Reviews
  - A focus review can occur when significant or long-standing areas of noncompliance are identified. The focus review targets those specific areas.



# Monitoring

---

- Approving and Validating Plans of Correction
  - 24/7 Test Calls
  - Reviewing Quality Improvement Plans
  - Reviewing Annual Grievance and Appeal Reports
  - Reviewing EQRO MHP Specific Reports
  - County Technical Assistance
- 





**External Quality  
Review Organization  
(EQRO)**

# EQRO

- Required as a condition of the Waiver
  - Title 42, Code of Federal Regulations, Section 438, Subpart E
- Validates federally required quality improvement activities
- Analyzes and validates information related to quality, timeliness, and access to SMHS provided by MHPs and their subcontractors
- Conducts site reviews
  - Beneficiary and family member focus groups
  - Line-staff focus groups
  - Data analysis and reporting
  - Information system reviews
  - Performance Improvement Project evaluation



# EQRO

---

- Consumer and Family Member Focus Groups
- Cultural Competence
- Wellness, Recovery, and Resiliency
- Katie A. Services
- Key Informant Interviews
- Performance Measurement
- Technical Assistance and Training



# 1915(b) SMHS Waiver Renewal

---

- 1915(b) SMHS Waiver stakeholder meeting was held on March 2, 2015.
- Current SMHS waiver term: July 1, 2015 - June 30, 2020
- SMHS Waiver approved with Special Terms and Conditions (STCs)



# Review Findings

---

DHCS Oversight and Monitoring and EQRO findings identified continued non-compliance with specific 1915(b) SMHS Waiver requirements.

- Improvement in identified areas of focus is required
- DHCS increased monitoring and oversight to ensure compliance
- DHCS to establish a process to enact sanctions, fines and penalties, and corrective actions as a way to ensure compliance
- Enhanced partnership and collaboration between state and county



# Areas of Focus

---

- **24/7 Toll Free Access Line**
- **System and mechanisms in place to track timeliness of care**
- **System in place to log grievances and appeals**
- **System in place to ensure providers are certified and recertified**
- **Disallowance rates regarding TARs adjudicated in 14 days**





# **Special Terms and Conditions**

# Special Terms and Conditions

---

- ***Transparency***
  - ***Data***
  - ***Access***
  - ***Timeliness***
  - ***Quality***
  - ***Translation services***
  - ***Quality Improvement***
- 



# Special Terms and Conditions

---

1. On an annual basis, the state must make readily available to beneficiaries, providers, and other interested stakeholders, a mental health plan **dashboard** that is **based on performance data of each county mental health plan** included in the annual CalEQRO technical report and/or other appropriate resources. Each county mental health plan dashboard must be posted on the state's and the county mental health plan website. Each dashboard will present an easily understandable summary of **quality, access, timeliness, and translation/interpretation capabilities** regarding the performance of each participating mental health plan. The dashboards must include the performance of subcontracted providers. The state will determine how the data on the performance of subcontracted providers will be collected and the associated timeframe. The state will update CMS on this process. Between July 1, 2015 and July 1, 2016, the state and CMS will collaborate on developing the format for the dashboard. The first dashboard is due on September 1, 2016, and may not include information on the subcontracted providers; however, that information should be included in subsequent dashboards. The state will note when a plan doesn't have subcontractors, or if a plan is unable to report on subcontractors on a particular dashboard.



# Special Terms and Conditions

---

2. The state must require each county mental health plan to commit to having a **system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers.** The state needs to **establish a baseline** of each and all counties that **includes the number of days and an average range of time it takes to access services in their county.** If county mental health plans are **not able to provide this information** so that the state can establish a baseline, this will be accomplished through the use of a statewide performance improvement project (**PIP**) for all county mental health plans. In addition, **a PIP to measure timeliness of care will be required for those counties who are not meeting specified criteria.** The criteria will be developed collaboratively between the state and CMS. This has significant potential for improving patient care, population health, and reducing per capita Medicaid expenditures.



# Special Terms and Conditions

---

3. The state will provide the **CalEQRO's quarterly and annual reports** regarding the required PIPs to CMS, and discuss these findings during monthly monitoring calls.
4. The state will **publish on its website** the county mental health plans' **Plan of Correction (POC)** as a result of the state compliance reviews. The state and county mental health plans will publish the county mental health Quality Improvement Plan. The intent is to be able to identify the county mental health plan's goals for quality improvement and compliance.
5. The state and the county mental health plans will provide to CMS the **annual grievance and appeals reports by November 1<sup>st</sup> of each year**. Since DHCS is in the process of revising the reporting form, the first report will be provided by January 31, 2016. The state will notify CMS by December 1, 2015 if it is unable to meet the January 31, 2016 deadline.
6. All information required to be published pursuant to these STCs, will be placed in a standardized and easily accessible location on the state's website.
7. The state must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this waiver approval period, unless the provision being changed is expressly waived or identified as not applicable.



# *Opportunities & Challenges*



# Affordable Care Act and Triple AIM

---

- Triple AIM focus is on the intersection of quality-cost-and beneficiary experience in health care
- The ACA creates opportunities to expand health care coverage and emphasizes a focus on prevention and quality through it's National Quality Strategy
- Federal health care programs such as Medicare and Medicaid are adjusting to this emphasis on quality measurement by requiring common encounter coding, provider accountability and pay for performance incentives
- Medicaid managed care programs require an additional focus on access, beneficiary experience, and external quality review



# National Quality Forum

---

- Non-profit, membership-based organization
  - Focused on promoting improvements in health care
  - Develops and reviews measures and standards that serve as a basis for measurement of health care value, safety, and outcomes
  - Convenes stakeholder standing committees that are charged with recommending measures for consensus review and approval
  - The Measures Application Partnership (MAP) works with federal health care representatives to provide a more uniform set of recommended measures for use in federal health care programs
- 



# Types of Quality Measures

---

- **Structure:** assesses the characteristics of the care setting including facilities, personnel and policies and procedures
  - **Process:** determines if the services provided are consistent with routine and evidenced based care
  - **Outcome:** evaluates patient health resulting from the care
  - **Patient experience:** provides feedback on the patient's experience of care
  - **Goal:** “the right care for the right person at the right time, the first time”
- 



# Behavioral Health Measurement Challenges

---

- In May 2015 the National Quality Forum published the Behavioral Health Endorsement Maintenance 2014 Final Report
- Measures recommended for examination included tobacco use, alcohol and substance abuse, psychological functioning, ADHD, depression, and health screening for persons with serious mental illness
- In October 2014 the Behavioral Health Standing Committee endorsed sixteen measures approving one for trial use
- Efforts are in the early stages of developing a comprehensive measurement approach to behavioral health care and conditions



# California's MHP Dashboard Project

---

## Goals:

- Introduce transparency to the continuous quality improvement process being undertaken by the MHPs and DHCS
- Provide opportunities for comparison of uniform measurement results across MHPs and for each MHP over time
- Provide a forum and process to add and adjust measures as they are developed and refined at the national and state levels
- Provide opportunities for Medi-Cal beneficiary and other stakeholder review of MHP measurement results
- Provide incentives and support for MHP quality improvement efforts

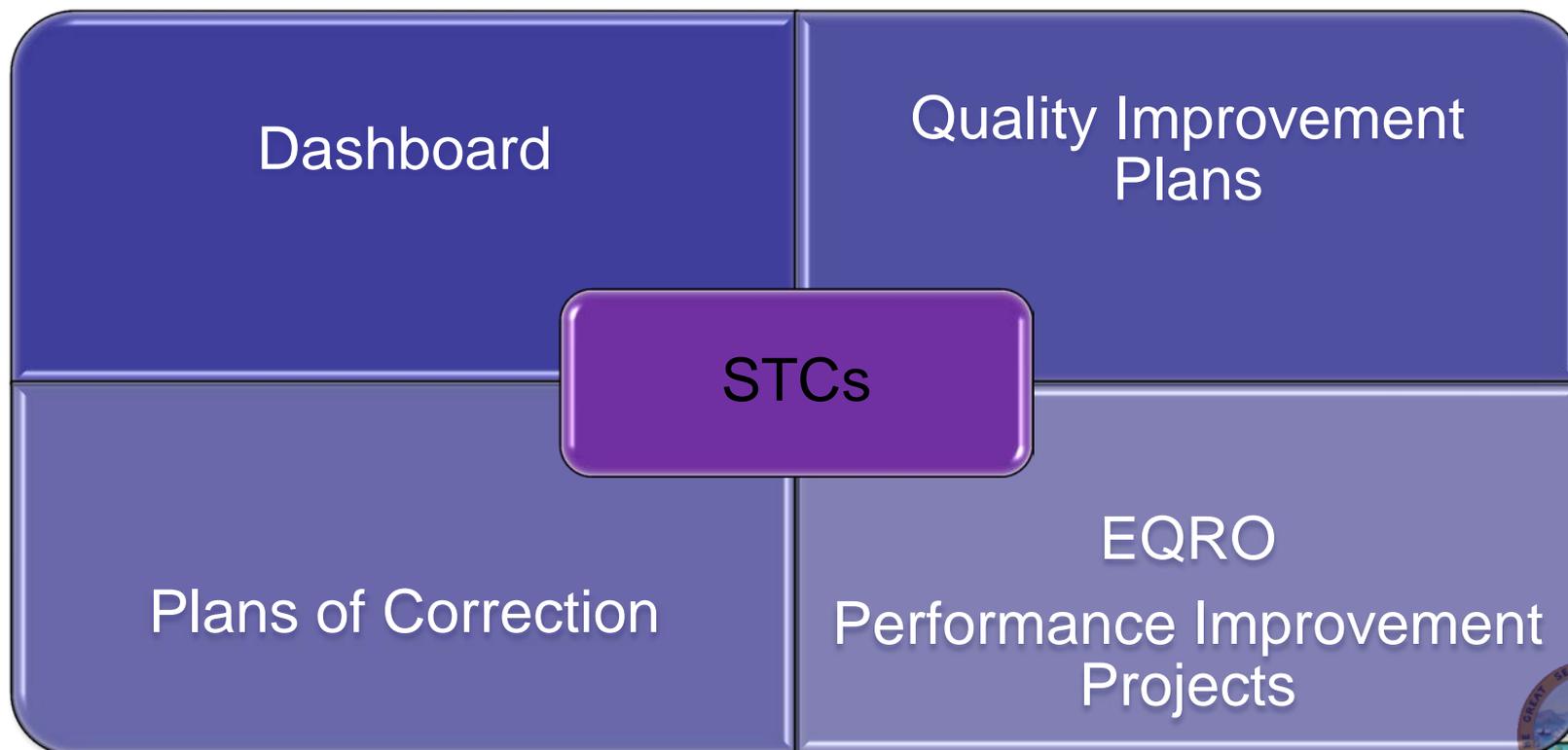


# STC Deliverables

- Annually publish a performance **Dashboard** on the MHP website and DHCS website (STC #1)
- Require MHPs that are unable to establish a baseline for timeliness of care to conduct a **Performance Improvement Project (PIP)** (STC #2)
- Require MHPs that are unable to meet a standard for timeliness of care conduct a **PIP** to improve performance (STC #2)
- Make available quarterly **EQRO PIP Summaries and the Annual Report** for review by CMS (STC #3)
- Publish MHP **Plan of Correction** on DHCS website (STC #4)
- Publish **QI Plans** on MHP and DHCS websites (STC #4)
- Annually submit a statewide **Summary of Grievances and Appeals** to CMS (STC #5)
- Establish an accessible **Website** for all information related to the STCs (STC #6)
- The state must come into compliance with any changes in federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this waiver approval period.



# Website



# Published Reports

---

## Compliance Plans of Correction (POC)

- Published on the DHCS STC website
- DHCS will update CMS as POC are posted

## Quality Improvement Plans (QI Plans)

- QI Plans and links to MHP QI Plans have been submitted to DHCS
- DHCS will include the links to the MHP QI Plan on the DHCS STC Website



# Summary of Grievance and Appeals

---

- Submitted to CMS: **January 28, 2016**
- Annual Submission Date: **November 1<sup>st</sup>**
- Will be posted on the DHCS STC Website



# Performance Improvement Projects

---

- MHPs are required to establish a baseline for timeliness of care
- If an MHP cannot establish a baseline they are required to conduct a Performance Improvement Project (PIP)
- If MHPs cannot meet specified criteria for timeliness of care measures, MHPs are required to conduct a PIP to comply with timeliness criteria, in particular wait times to assessment and wait times to providers
- EQRO validates and reviews PIPs and summarizes findings in quarterly and annual reports
- DHCS will provide CMS with quarterly and annual reports



# Performance Dashboard

---

- Domains: Quality and Access
- Timeliness of Care Indicators
  - *Wait times to assessment*
  - *Wait times to providers*
- Translation and Interpretation Capabilities
- Utilization rates
- Data to include the performance of subcontractors



# Dashboard Principles

---

- Quality and Access Indicators
  - Select essential indicators
  - Identify short-term and long-term indicators
  - Align where possible to managed care indicators
  - Align where possible to POS indicators
- Developed Operating Definitions
  - Interpretation and Translation Capabilities
- Incorporated Timeliness of Care PIPs



# Data Landscape

---

- **National Committee for Quality Assurance**
- **Medi-Cal Managed Care Performance Dashboard: Released June 16, 2015**
  - Healthcare Effectiveness Data and Information Set (**HEDIS**) Measures
- **Medi-Cal Specialty Mental Health External Quality Review**
  - Preliminary Annual Statewide Report FY 2014-15
  - Draft quarterly Performance Improvement Project reports
- **Performance Outcomes System Measures Catalog: Methodology and Measures Definitions**
  - POS Production Matrix and Measures for the Performance Outcomes System
- **Cultural Competency Plan Requirements**
  - Criterion 2: Service Needs and Criterion 7: Language Capacity
- **Medi-Cal SMHS Utilization Data and Cost Data**
- **Time Standards for Non-Urgent Specialty Mental Health Services**
- **DHCS Dashboard Initiative**



# Recommended Indicators

---

- **Quality Measures**
  - Short-term: Inpatient to Outpatient
  - Long-term: HEDIS, Consumer Perception Survey
- **Access Measures**
  - Enrollment by Population
  - Demographics
  - Penetration Rates
  - Utilization Rates
  - Timeliness Indicators
  - Interpretation Capabilities
  - Translation Capabilities



# Quality

The degree to which a MHP and their organizational contract providers increase the likelihood of desired mental health outcomes of beneficiaries through structural and operational characteristics and through the provision of SMHS that are consistent with current professional knowledge.

Performance Measure	Indicator	Data Source	Reporting Cycle
Individuals are transitioning from inpatient services to outpatient services	Number and percentage of acute psychiatric discharges that are followed by a psychiatric readmission within 30 calendar days during a one year period. The year is defined as a Fiscal Year July 1- June 30.	MHP Claims Data EQRO	Fiscal Year
HEDIS Measures	<b>UNDER DEVELOPMENT (Long-term)</b>		
Consumer Perception Survey Questions	<b>UNDER DEVELOPMENT (Long-term)</b>		



# Access

Ensure timely access to the appropriate level of care based upon the beneficiary's current level of functioning.

Performance Measure	Indicator	Data Source	Reporting Cycle
ENROLLMENT: Unique count of beneficiaries	Number and percentage of beneficiaries by population  Recommended Medi-Cal Managed Care Indicator Applicable Categories	MHP Claims Data Eligibility Data System EQRO	Fiscal Year
DEMOGRAPHICS: Beneficiaries receiving SMHS	Number and percentage of beneficiaries receiving SMHS  Recommended Medi-Cal Managed Care Indicator Applicable Categories	MHP Claims Data EQRO	Fiscal Year
Utilization of SMHS	Number of beneficiaries utilizing SMHS (Inpatient services or Outpatient services)	MHP Claims Data	Fiscal Year
Penetration Rates	Number of person served divided by number of persons eligible	MHP Claims Data	Fiscal Year
Timeliness of SMHS (offered and provided)	<b>(See Timeliness)</b>	<b>(See Timeliness)</b>	<b>(See Timeliness)</b>



# Timeliness

Performance Measure	Indicator	Data Source	Reporting Cycle
Service Access	<u>Adults</u> : Number and percentage of non-urgent SMHS appointments offered within 10 (or 15) business days of the initial request by the beneficiary or legal representative for an appointment.	MHP Claims Data EQRO MHP Log CSI system	Fiscal Year
Service Access	<u>Children</u> : Number and percentage of non-urgent SMHS appointments offered within 10 (or 15) business days of the initial request by the beneficiary or legal representative for an appointment.	MHP Claims Data EQRO MHP Log CSI system	Fiscal Year
Service Access	Number and percentage of acute psychiatric discharges that are followed by a psychiatric readmission within 30 calendar days during a one year period. The year is defined as a Fiscal Year July 1-June 30.	MHP Claims Data EQRO	Fiscal Year
Service Access	Number and percentage of acute (psychiatric inpatient and Psychiatric Health Facilities (PHF)) discharges that receive a follow-up outpatient SMHS (face-to-face, phone or field) within <u>7 calendar days</u> of discharge, except for those beneficiaries transferred to an Institution for Mental Disease (IMD) or Skilled Nursing Facility (SNF).	MHP Claims Data EQRO	Fiscal Year
Service Access	Number and percentage of acute (psychiatric inpatient and PHF) discharges that receive a follow-up outpatient SMHS (face-to-face, phone or field) within <u>30 calendar days</u> of discharge, except for those beneficiaries transferred to an IMD or SNF.	MHP Claims Data EQRO	Fiscal Year



# Timeliness

Performance Measure	Indicator	Data Source	Reporting Cycle
Service Access	Wait Time to First Claimed Assessment: Date of initial request for an appointment to the date of the first claimed assessment.	MHP Claims Data (under development) CSI system	Fiscal Year
Service Access	Wait Time to First Offered Provider Appointment: Date of last claimed assessment appointment to date of first offered provider appointment.	MHP Claims Data MHP Log (under development) CSI system	Fiscal Year
Service Access	Wait Time to Provider Claimed Appointment: Date of last claimed assessment to date of first provider claimed appointment.	MHP Claims Data (under development)	Fiscal Year
Service Access (Collected)	First Appointment Timeliness: First full clinical assessment or the first actual outpatient service appointment.	Manual access logs, Spreadsheets, Electronically, and then verified	EQRO Quarterly Fiscal year Calendar Year
Service Access (Collected)	Psychiatry Appointment Timeliness: Need or the referral to see a psychiatrist	Manual access logs, Spreadsheets, Electronically, and then verified	EQRO Quarterly Fiscal year Calendar Year



# Translation and Interpretation

---

## Translation

Translation refers to those services that require the conversion of a written text into a written text in a second language corresponding to and equivalent in meaning to the text in the first language. (*CCPR 2010*)

Recommendation: Pending

## Interpretation

Interpreting refers to the conversion of spoken or verbal communication from one language into a second language. (*CCPR 2010, California Healthcare Interpreters Association 2002*)

Recommendation: Pending



# Dashboard: Next Steps

---

- Submit recommended indicators to CMS for review
- Develop a mock dashboard. Submit to CMS for review.
- Distribute required indicators and template to MHPs
- Develop dashboards and submit to CMS
- Post by **September 1, 2016**
- Share information with Stakeholders and obtain input





# Stakeholder Engagement

---

# QUESTIONS? & PUBLIC COMMENT



***THANK YOU!***

