

MARIPOSA COUNTY
MENTAL HEALTH IMPLEMENTATION PLAN
FOR
MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES
JULY 2018



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MARIPOSA COUNTY MENTAL HEALTH PLAN

Mission Statement

Mariposa County Behavioral Health and Recovery Services is dedicated to promoting hope, trust, and wellness through reliable, professional and responsive services.

Mental Health Plan Program Goal and Objectives

The Mariposa County Mental Health Plan (MHP) strives to improve the health and wellbeing of persons with a mental health diagnosis by providing culturally appropriate, beneficiary-centered, clinically effective, recovery focused, and cost effective mental health services. This is accomplished in a manner that ensures access to and satisfaction with services (beneficiary-centered), appropriateness of services (clinically effective and culturally appropriate), and positive outcomes (outcome driven).

The objectives of the MHP include, but are not limited to:

- Maintain a network of providers that is sufficient in numbers, diversity and of a geographical distribution that meets the needs of beneficiaries served;
- Offer a range of Specialty Mental Health Services that is appropriate for the number of beneficiaries served;
- Provide outreach efforts to beneficiaries and the community regarding access for mental health services;
- Assure continuity of care for beneficiaries receiving Specialty Mental Health Services;
- Provide screenings, referrals, and coordination of care with physical health care, substance abuse treatment, education, housing, and vocational rehabilitation;
- Provide clinical consultation and training to physical health care providers;
- Maintain a Quality Assurance/Quality Improvement (QA/QI) process;
- Provide culturally appropriate services to beneficiaries;
- Provide age appropriate services to beneficiaries; and

- Maintain policies and procedures that ensure the confidentiality of beneficiaries in compliance with State and Federal regulations.

Mental Health Plan System of Care

As an integrated division of the Mariposa Health and Human Services Agency, Mariposa County Behavioral Health and Recovery Services (MCBHRS) provides a full continuum of coordinated mental health, and alcohol and drug services to meet the needs of Mariposa County residents. In collaboration with community-based, faith-based and other collaborative partners, the goal is to assure access to effective treatment and support for all children, adolescents, transitional-aged youth, adults, and older adults and their families. In addition to the clinics in Mariposa, Coulterville and Yosemite, field-based programs provide services at home, schools and other locations accessible to clients.

County Overview

Located in Central Foothills, Mariposa County (pop. 17,471) is diverse, comprising 1,463 square miles of rural and agricultural areas with no incorporated cities and a large area of uninhabited territory that includes portions of Yosemite National Park. Mariposa County ranks 31st by land mass of California counties, 53rd by population among California's 58 counties.

PAYMENT AUTHORIZATION

Point of Authorization for Inpatient Hospital Services

The MHP has designed its intake and authorization process to ensure timely access and an appropriate utilization of Specialty Mental Health Services. The MHP will maintain a payment authorization process that includes Treatment Authorization Request (TAR) and Service Authorization Request (SAR) for Specialty Mental Health Services.

The “Inpatient Point of Authorization” is the function within the MHP which receives provider communications 24 hours per day, seven days per week, regarding requests for MHP payment authorization for psychiatric inpatient hospital and psychiatric health facilities. Medi-Cal Specialty Mental Health Services for hospital providers by a Point of Authorization meets California Code of Regulations (CCR) Title 9, Chapter 11, Section 1820.205 and Section 1820.220.

The MHP provides authorization for hospital Specialty Mental Health Services using a Point of Authorization function provided by the Quality Management Program Utilization Review (UR) clinical supervisory team.

Fee-for-Service Contracted and Non-Contracted Hospitals

When a notification is received by telephone or fax of an emergency admission, the following steps are followed. A TAR check-off sheet is started on the beneficiary’s hospital episode with date, time and method of notification noted. Medi-Cal eligibility is verified, and the hospital is notified of any problems or lapses in coverage. The hospital is advised that UR staff will authorize services concurrently during the admission and retroactively once the beneficiary is discharged from the hospital based on review of a completed TAR 18-3 and a copy of clinical documentation (chart) that supports the stay.

Time frames for submission of the TAR and documentation is no more than 14 calendar days after discharge or 99 calendar days of continuous service if the beneficiary’s stay exceeds that time.

Late submissions require the hospital to send, in writing, documentation that meets CCR Title 9, Chapter 11, Section 1820.215, (3)(c)(1) or (2), MHP Payment Authorization – General Provisions to prevent a denial based on the late submission.

When the TAR and clinical records are delivered to UR staff the TAR is stamped with date of receipt to start the clock on the 14-day authorization process. The record is reviewed by the MCBHRS Deputy Director of Behavioral Health and Recovery Services or licensed designee to determine whether the hospital stay met CCR Title 9, Chapter 11, Sections 1820.225, MHP Payment Authorization for Emergency Admissions by Point of Authorization and 1820.205 Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.

The discharge diagnosis will be considered the treating diagnosis for determining medical necessity. If the MCBHRS Deputy Director of Behavioral Health and Recovery Services or designee determines that the documentation supports the medical necessity for each requested day, the TAR is completed to reflect the days authorized. A copy of the TAR is submitted to the Xerox State Healthcare, with a copy to the provider and the original completed TAR is placed in the TAR folder and the client's chart. The date box on the TAR (box #44) is used to reflect the timelines of the authorization of payment.

For a complete list of action steps please reference the MCBHRS Treatment Authorization Request manual.

Denials

If the medical necessity is questioned for any day payment requested, the medical director or psychiatrist will review the complete TAR documentation. Once the Psychiatrist has completed the review and documents the findings on the TAR form, the TAR is completed to reflect the authorized days and any days denied.

Short-Doyle Medi-Cal Hospitals Out of County

The same procedures and time frames for review and authorization are followed as Fee-For-Service (FFS) described above. Rather than the State issued TAR form 18-3, the Short-Doyle facilities may utilize invoices or Universal Billing forms for claims submission.

Once the documentation and authorization processes are complete, the invoice is sent to Fiscal for payment.

Short-Doyle Medi-Cal Hospitals in County

Documentation review for authorization for payment for Short-Doyle facilities may be done either concurrently or retrospectively. The documentation will be reviewed applying the medical necessity criteria noted in CCR Title 9, Chapter 11, Sections, 1820.225, MHP Payment Authorization for Emergency Admissions by Point of Authorization and 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services. The discharge diagnosis will be considered the treating diagnosis for determining medical necessity. Documentation of the reviews for each day payment requested will be noted on the TAR Check off sheet. Once the review is complete, a Billing Transmittal Form will be completed to reflect types and numbers of days authorized and/or denied.

Denials

If the medical necessity is questioned for any day payment is requested, the medical director or psychiatrist will review and complete the documentation. The billing transmittal form, along with a copy the TAR check-off sheet will be reviewed by UM committee.

Appeals

First Level appeal requests are processed in the same manner for both Fee-For-Service and Short-Doyle hospitals using the following procedure:

The written request for appeal, along with a copy of the documentation is submitted to the MCBHRS Medical Director, who is not involved in the initial review and authorization decision.

The appeal must be submitted within 60 calendar days of the date the provider received the notice of non-approval of payment or within 60 days of the MHP's failure to act on

the request to authorize in accordance with the timeframes in CCR Title 9, Chapter 11, Section 1820.220, MHP Authorization by a Point of Authorization.

Once the determination is made based on the review conducted above, the TAR, Billing Transmittal form or invoice is resubmitted to the provider to reflect any modification of days authorized. It must be submitted to the provider within 60 days of receipt of the appeal request. The provider is notified in writing of the decision that includes a statement of reason for the decision.

POINT OF AUTHORIZATION

Title 9, Chapter 11, Section 1810.310(a)(1)

Outpatient Treatment Services

The “Outpatient Point of Authorization” is a function within the MHP which receives provider communications regarding requests for MHP payment authorization for outpatient Specialty Mental Health Services.

The mailing address for the Outpatient Point of Authorization is:

Mariposa County Behavioral Health and Recovery Services

Attention: Quality Assurance

P.O. Box 99

Mariposa, CA 95338

The Outpatient Point of Authorization telephone number is:

(800) 549-6741

The Outpatient Point of Authorization FAX number is:

(209) 742-0996

MHP beneficiaries who wish to receive outpatient Mental Health Specialty Services may arrange to do so by contacting Mariposa County Behavioral Health & Recovery Services.

Outpatient clinics and contract providers are authorized to provide outpatient services as clinically warranted, guided by the Documentation Manual and provider’s Scope of

Practice. Services available at each location may vary depending on the nature of the program; however, all outpatient Specialty Mental Health Services are available through the MHP system of care. Each Medi-Cal certified service site has procedures to authorize treatment for beneficiaries.

The MHP Fee-For-Service (FFS) Providers are required to submit authorization requests prior to providing treatment modalities, except for the initial clinical assessment.

Each FFS Provider is permitted to provide one (1) initial assessment session without preauthorization for a Medi-Cal beneficiary. All services after the initial visit must be preauthorized by Quality Assurance, telephone (209)966-2000 or Fax, (209) 742-0996.

SCREENING, REFERRAL AND COORDINATION

The MHP has developed a centralized referral process that provides equal access to all eligible individuals. This centralized referral process is coordinated through Medical Records, via the toll-free Access line: (800) 549-6741. Medical Records coordinates access so that eligible individuals receive information, and/or linkage to appropriate mental health services. To ensure that all eligible individuals are served and to encourage awareness of service options the MHP works closely with providers at the different levels of care (e.g., Outpatient Mental Health Programs, FFS Network).

The MHP Access Line is available 24-hours, 7 days per week to make a referral for mental health services.

The MHP Crisis line is available 24-hours 7 days per week staffed by trained mental health staff who perform crisis and referral screenings by telephone.

The Access and Crisis line facilitates access to the mental health system by providing culturally and linguistically appropriate information, referrals, and crisis intervention for clients seeking behavioral health services. The Access and Crisis line telephone system routes calls to a queue for timely response. Referrals are accepted from several sources including, but not limited to, primary care clinics, mental health clinics, criminal justice and juvenile justice agencies, other county departments, and self-referrals. The Medical Records unit receives referrals via telephone, fax, and e-mails and routes referrals to a

screeener to assign the client to appropriate providers, clinics and services. The Access and Crisis line is available in the County's threshold languages (English). In addition, the MHP provides interpretation in other languages through the AT&T language line or through language fluent providers. Supervisors rotate conducting random test calls to the Access and Crisis line to assist in improving the quality and overall experience of connecting beneficiaries to services.

Screening and Assessment Process

A beneficiary referred for services will participate in an assessment to determine Medi-Cal Specialty Mental Health Services (SMHS) eligibility. Individuals who do not meet the Medi-Cal requirements for treatment, will be provided with referrals to their managed care provider. Beneficiaries who meet Medi-Cal requirements for SMHS, will be referred to an ongoing provider. The beneficiary will be referred to the appropriate level of care (LOC). Placement considerations include findings from the screening, assessment, geographic accessibility, threshold language needs, and the individual's preference. Staff performing screening and assessment may refer beneficiaries directly to any network provider.

Referral and Coordination Process

Beneficiaries that meet criteria for SMHS will have a treatment plan completed, all SMHS will be individualized, address targeted symptoms or impairments, and work to ameliorate mental health symptoms, prevent deterioration, and improve functioning. Services provided will be appropriate, sensitive and responsive to cultural needs, sexual orientation, or physical disability. MHP providers make appropriate referrals to other County and community services, as appropriate.

Care Coordination Services

Care Coordination is a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Using a 'systems of care' approach, beneficiaries will benefit by having their recent assessment move across the continuum of care with them, rather than requiring

repeated assessments. A Care Coordinator will manage beneficiary transitions through the levels of care. They will ensure that the beneficiary will access necessary services as they move through the continuum of care, ensuring responsibility for appropriate transitions to the next LOC.

Referrals to Substance Use Services

A high percentage of beneficiaries' report substance use as a current or historical problem. The MHP and its providers work in partnership with the Mariposa County Substance Use Disorder Services to expand and improve the integration, coordination and efficacy of services for those qualifying as dually diagnosed. MHP programs routinely accept beneficiaries who have co-occurring mental and substance use disorders, and address each beneficiaries needs if their psychiatric disorders are sufficiently stabilized and their mental health symptom acuity does not seriously interfere with substance abuse treatment. Several contracted MHP programs provide substance use services in conjunction with their mental health services. When services are not directly available through a mental health program, referrals are made to the network of substance use programs, including programs designed for pregnant and parenting women, programs that serve adolescents, and general adult programs.

Referrals to Education Services

Children and youth enrolled in general or special education may receive mental health services with coordination of the school district. Beneficiaries may also elect to receive services through the MHP which collaborates closely with the school to offer coordinated services. Through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) expansion of 1999, the MHP has made a commitment to offer school-based services in schools with high enrollment of Medi-Cal beneficiaries.

Referrals to Physical Health Services

All mental health clinics have referral relationships established with community clinics located in their geographic area. Protocols have been developed to effectively transition stable beneficiaries with a serious mental illness to primary care, when appropriate.

Referrals to Housing Services

The MHP in coordination with Mariposa County Housing program provides short term, transitional, and permanent supported housing to beneficiaries enrolled in the MHP and who are homeless or at risk of homelessness. Programs such as Full-Service Partnerships (FSP) provide housing and support services for TAY, adults and older adults who are homeless and with a psychiatric disability. Linkage to housing is provided by the program in coordination with numerous partners to include housing entities, landlords, board and care facilities, and Independent Living Homes. Approved and affordable housing information is available at the Mariposa County Housing unit.

Referrals to Employment and Vocational Rehabilitation Services

The MHP provider network includes programs currently delivering vocational rehabilitation components. Mother Lode Job Connection assists clients with education, skills and assistance with employment. Eligible clients will be referred to the California Department of Vocational Rehabilitation.

Referrals for Persons with Developmental Disabilities

Clients with developmental disabilities will be referred to the Central Valley Regional Center. There are several programs that serve beneficiaries with both developmental delays and mental problems. The MHP is engaged in continuous efforts to coordinate care for this population and develop additional resources to ensure access to services.

Referrals to Social Services

Children and youth receiving mental health services may also require social services intervention. Referrals for child protective services are made directly to the Child Abuse Hotline when indicated. Referrals for eligibility for CalWORKS and Medi-Cal are made through the Public Assistance Branch.

Referrals to Law Enforcement

The MHP partners with the Mariposa County Sheriff's Department and assists with training new law enforcement officers upon request.

Referrals to Interpreter Services

The MHP provides specialized, culturally, linguistically and developmentally appropriate outpatient services. Sign Language interpretation is provided by the Deaf and Hard of Hearing Center, interpreters will be fluent in American Sign Language and knowledgeable about Deaf Culture and the implications of deafness on a person's wellbeing. Language interpretation is available through certified or native speaker interpretation or via telephone with Language Line Solutions.

MHP Guide to Medi-Cal Mental Health Services Booklet

The MHP provides beneficiaries a copy of the Guide to Medi-Cal Mental Health Services Booklet and access to the provider list. Beneficiaries may pick up a copy of the booklet and provider list from any provider lobby, or may access it via the MHP internet website, www.mariposacounty.org and clicking on the Guide to Mental Health Services or Provider List link, or by requesting, from their provider, front desk or the QA Unit, that a copy be mailed. The handbook includes an explanation of beneficiaries' rights and resolution procedures, access telephone numbers of beneficiary and family member organizations. The Acknowledgement of Receipt of Informing Materials form is signed by the beneficiary and placed in their medical records.

OUTREACH AND ACCESS TO SERVICES

The MHP is committed to providing appropriate Specialty Mental Health Services to the diverse populations in the County, including hard-to-reach and underserved groups. The MHP coordinates and participates in multiple outreach efforts to ensure that beneficiaries, community members and providers are informed of the availability of services and how to access services.

Marketing and Public Announcements

To ensure public knowledge about how to access services, the MHP communicates to the public through several informational and communication channels, such as:

- Distributing the Guide to Medi-Cal Mental Health Services Booklet
- Program brochures and fliers that describe available services and contact information to reach service providers
- Social Media Posts

Mental Health Plan Website

The MHP will notify the public of available services and how to access services through the use of a public website. The MHP maintains a website that includes the MHP addresses and the Access and Crisis line telephone number. The website also contains program descriptions of available mental health services. The website also contains links to resource brochures and forms for beneficiaries to communicate with providers in English and offers free language assistance if needed.

Public Meetings

The MHP facilitates and participates in public meetings to inform beneficiaries and providers about mental health services, how to access services, changes in services, service data, policy and procedure changes. The MHP also encourages participation in the Behavioral Health Board public meetings monthly.

Informational and Educational Presentations

The MHP provides informational presentations and exhibits during community events throughout the year. Examples of these events include County sponsored Health and Informational Fairs, the Children's Safe at Home, and annual County fair. These informational and educational presentations highlight the culturally-sensitive services that the MHP delivers. Presentations also focus on stigma reduction, educating the general community about mental illness education, and information regarding the

availability of services and treatment options. To identify hard-to-reach individuals, the MHP distributes informational materials at community locations, including Public Health and other agencies; schools and education centers; and the library and post offices. Brochures and informational notices regarding mental health clinic hours, Patient's Rights, available services, informed consent, and medication information are offered in English with free language assistance available if needed. Special attention is given to brochures to ensure that they are easy to read and understand.

Stigma Reduction Committee

Through the provision of multiple culturally appropriate activities, the Stigma Reduction committee has helped address the County's current relationship with, engagement with, and involvement in racial, ethnically, culturally, and linguistically diverse beneficiaries, family members, advisory committees, local mental health boards, and community organizations in the planning process for services.

Outreach Program

TRAC unit conducts outreach in the community at various locations focused on increasing the number of homeless and underserved who seek and receive mental health services. Families and children are targeted for increased enrollment in services, with which expansion of the engagement of eligible adults is anticipated.

CONTINUITY OF CARE

The MHP provides a range of Specialty Mental Health Services to Medi-Cal beneficiaries to assure continuity of care for all persons in need of medically-necessary mental health services. Planning is an integral component of the treatment process and begins at the time of admission. Care Coordination services help assure beneficiaries move through the system and access other needed health and ancillary services to support their recovery. When beneficiaries complete primary treatment, they are connected to appropriate services to build connections with the recovery community and to continue to develop self-management strategies to prevent relapse.

When the existing provider will continue as a member of the MHP

The MHP established the criteria for authorization of outpatient services for beneficiaries. All providers who serve as members of the MHP receive training on the criteria for outpatient authorization.

When a provider will not continue as a member of the MHP

Providers who elect to not be members of the MHP are requested to identify which of their clients would have required ongoing outpatient therapy. The MHP contacts those clients and offers a choice of MHP providers. If the client selects to remain with a provider that is not interested in continuing as a MHP member, the MHP extends a limited provider status accommodation to the provider for a specific individual client. In all cases, the provider must meet the MHP credentialing criteria. If the client chooses to transition to an alternate MHP provider, the MHP allows the client to continue seeing his or her current therapist for a maximum of four visits while the MHP connects the beneficiary with an appropriate MHP provider.

Information to beneficiaries regarding the possibility of transitioning to another provider is included in the *Mariposa County: A Guide to Medi-Cal Mental Health Services* and other communications to consumers. The handbook is distributed directly to beneficiaries via providers, socialization and self-help centers, and the MHP administrative services organization staff.

COORDINATION WITH PHYSICAL HEALTH CARE

The MHP psychiatrists and nurse practitioners are available to beneficiaries' primary health care physicians and other physical health care providers for psychiatric consultation during business hours. MHP providers can be contacted directly by telephone or through their outpatient clinic/program. After hours, the MHP Deputy Director (or designee) is on call and available for urgent needs through the TRAC unit. Physicians referring patients for routine Specialty Outpatient Mental Health Services may submit a written referral form provided by the MHP to the Medical Records unit. Beneficiaries who do not meet criteria for Specialty Mental Health Services are referred to their managed care or primary care provider with recommendations for alternative

treatment resources to meet the beneficiary's needs. Regulations regarding the management of confidential information and records, as per mental health laws and regulations and Welfare and Institutions Code, Section 5328, are always adhered to.

A PCP may also e-mail, telephone or schedule a meeting with the program psychiatrist in person about a beneficiary. The psychiatrist may offer education about the mental health issue, medication options or considerations for further work-up at that time or recommend that the beneficiary be seen for consultation.

When medical consultation is needed, the MHP provider refers the beneficiary to their PCP or a higher level of care as appropriate, e.g., urgent care or emergency department. If the beneficiary has no PCP, he/she is referred to the assigned managed care or local ambulatory care clinic or beneficiary is referred to a community physician of their choice. MHP providers follow best practices and collaborate with other healthcare providers to enhance care coordination.

As part of the larger healthcare agency initiative, the MHP actively participates in the Living Free Initiative. This group actively recruits, trains, and informs providers and beneficiaries on the appropriate use of opioids and alternative treatment options.

PROBLEM RESOLUTION

Beneficiaries who receive Specialty Mental Health Services through the MHP are entitled to file a grievance about the services they have received. Beneficiaries who have a concern or are not satisfied with their mental health services, may contact the MHP (800) 549-6741 to obtain information about resolving their concerns. Beneficiaries can file an oral or written appeal if they are denied services or disagree with a decision by the MHP or if the MHP fails to respond to their grievance or appeal within the timeframes required by the regulations.

The MHP has designated the QA Manager (or designee), to assist beneficiaries in the problem resolution process. The QA Manager provides information about the status of a grievance or appeal, upon request. The QA Manager makes decisions regarding grievances and appeals. If the situation is clinical in nature, the person(s) making the decision must be a mental health care professional with appropriate clinical expertise in treating the beneficiary's condition. Situations requiring clinical expertise include appeals regarding lack of medical necessity; grievances regarding denial of expedited resolution of an appeal; and/or grievances/appeals that involve clinical issues.

A grievance log is maintained by the Office technician assigned to the Deputy Director to track grievances and to monitor the progress and resolution of each grievance. The grievance log contains the following information: name of the beneficiary; date of receipt of the grievance; nature of the problem; final disposition of a grievance; date the Notice of Decision is sent to the beneficiary; and documentation of the reason why a final disposition has not been made. Beneficiaries who receive a Notice of Adverse Benefit Determination (NOABD) may request a State Fair Hearing if they are not satisfied with their appeal.

Table 1. Grievance Timetable

Timeframe	Process
Grievance	
Within 1 business day of receipt	Grievance log
Within 5 calendar days of receipt	Written notice of receipt sent to beneficiary

Within 90 days of receipt	Written notice of decision sent to beneficiary
Upon Disposition	Log disposition
Standard Appeal	
Within 1 business day of receipt	Log standard appeal
Within 5 business days of receipt	Written notice of receipt is sent to beneficiary
Within 30 days of receipt	Written notice of disposition sent to beneficiary
Upon Disposition	Log disposition
Expedited Appeal Time	
Within 1 business day of receipt	Log expedited appeal
Within 72 hours of receipt	Written notice of receipt sent to beneficiary
Within 72 hours of receipt	Notify beneficiary if a request for an expedited resolution of an appeal is denied
Within 72 hours days of receipt*	Notify beneficiary of disposition
Upon Disposition	Log disposition

For more information, see the Grievances and Appeals Policy and Procedure.

NETWORK OF PROVIDERS

The MHP maintains a network of providers that is diverse in number, geographic distribution, and type to meet the anticipated number of beneficiaries to be served.

Provider Selection

To ensure delivery of the highest quality mental health services, the MHP is committed to selecting and retaining qualified providers that meet strict standards and regulations that address beneficiary care, availability of services, cultural and linguistic needs, and beneficiary rights. The MHP reviews potential providers for licensing and compliance with state and federal regulations.

The MHP requires that providers be licensed, or registered/waivered per the State of California standards related to their scope of work. All contract providers must also:

- Maintain a safe facility;
- Store and dispense medications in compliance with state and federal regulations;

- Maintain beneficiary records in accordance with state and federal regulations;
- Meet the requirements of the MHP QA Program; and
- Meet additional credentialing requirements established by the MHP.

Providers must also:

- Provide appropriate supervision of staff;
- Provide a licensed as head of services mental health professional or as described in state regulations;
- Possess appropriate liability insurance;
- Have accounting and fiscal practices that comply with its obligations pursuant to state code; and
- Permit an on-site review at least every three years.

The MHP verifies provider information monthly through:

- Online verification of licenses to determine that they are current and clear of any formal actions, negative reports, or limitations; and
- Online verification of Exclusion and Status Lists, including California Medi-Cal List of Suspended and Ineligible Providers, and the Federal Office of the Inspector General List of Excluded Individuals (OIG) List.
- The MHP does not discriminate against providers who provide service to high-risk populations or specialize in conditions that require costly treatment. A provider is not excluded from eligibility solely based on the type of license or certification that the provider possesses.

For more information, see Contract Provider Monitoring, Credentialing, and Re-credentialing and as well as the Provider Monitoring Policy and Procedure.

RANGE OF SERVICES

System Scope of Services and Activities

The MHP utilizes a multidisciplinary network of providers to deliver a comprehensive continuum of mental health services including inpatient mental health services, outpatient treatment mental health services, crisis and crisis stabilization services and residential treatment services. Services may include; individual therapy or individual rehabilitation services, group therapy or group rehabilitation services, psychiatric services, and family therapy services. The MHP contracts with outside providers to deliver some outpatient and inpatient treatment services. Specialty Mental Health Services are provided by Medi-Cal certified mental health organizations or agencies and by mental health professionals who are licensed per state requirements; or by non-licensed providers who agree to abide by the definitions, rules, and requirements for Rehabilitative Mental Health Services established by the Department of Health Care Services (DHCS), to the extent authorized under state law. Specialty Mental Health Services are delivered from Medi-Cal certified Mental Health sites via network providers.

Specialty Mental Health Services

Medi-Cal beneficiaries with serious mental illnesses or serious emotional disturbances are eligible to receive Specialty Mental Health Services. Specialty Mental Health Services assist beneficiaries with serious mental illness in symptom reduction and development of coping, resiliency and recovery skills to improve overall functioning in daily life. The MHP provides an array of services as follows:

Psychiatric Inpatient Hospital Services

These are services provided in a hospital because there is an acute psychiatric emergency or because the person needs mental health treatment that can only be delivered in hospitals. Beneficiaries who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current MHP protocol. Inpatient services for both adults and adolescents are provided through contracts with approved hospitals.

Outpatient Services

The MHP provides Specialty Mental Health outpatient services to beneficiaries of all ages at county ran clinics in Mariposa, Coulterville, and Yosemite. Two certified contracted sites are also available in Mariposa proper. Additionally, two network providers are available. MCBHRS also certifies two STRTP sites for closed enrollment of SMHS. Services are also provided in public schools, in the community, in the home and within residential placements as needed to serve beneficiary needs. The clinic is staffed with a multi-disciplinary team that provides a wide array of evidenced based services designed to treat severe symptoms of mental illness and assist beneficiaries and their families in living successfully in the community. Each clinic provides psychiatric assessment, medication services, psychological testing, individual and group therapy, crisis intervention, rehabilitation services, and case management services. In addition, the outpatient programs assist individuals in obtaining employment, accessing medical care, treatment for addictions, socialization programs, peer support, and safe and secure housing as available. Embedded in MHP services is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. The MHP also offers several supportive services and programs to serve the special needs of adult beneficiaries. These programs and services include the following:

- Adult and Children Mobile Crisis Response Team (TRAC)
- Outreach and Engagement (TRAC)
- Screening, Triage, Assessment and Referral (TRAC)
- Crisis Residential Treatment
- Primary Care Coordination
- Full-Service Partnership programs
- Recovery and Wellness Centers
- Adult Residential Treatment/Social Rehabilitation Facilities
- Mental Health Rehabilitation Centers
- Institute for Mental Disease Facilities

- Restoration of Competency/ Jail Based Competency Training
- Behavioral Health Court

Outreach and Engagement

The MHP provides Triage, Response, Assessment, and Crisis (TRAC) Unit provides extensive countywide outreach to non MHP enrolled consumers who are at risk of or are currently experiencing a mental health crisis. The main goal is to successfully link beneficiaries to the appropriate level of mental health care by providing transitional case management and clinical services in field settings. The TRAC unit specifically focuses on those who traditionally have "fall through the cracks" i.e. homeless, post- psychiatric inpatient hospital beneficiaries, etc. The TRAC unit also responds to nonemergency mental health challenges in the community. The TRAC team works closely with law enforcement and other community partners, including the Homeless outreach teams to ensure effective and efficient service delivery in Mariposa County.

Triage, Response, and Assessment of Crisis (TRAC)

The TRAC unit serves beneficiaries of all ages who may be experiencing a crisis. The TRAC unit coordinates access to services so that beneficiaries receive timely, appropriate, and consistent information, triage, response, and assessment of crisis, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. TRAC unit also facilitates referrals for ongoing SMHS.

Crisis intervention and stabilization services are available 24/7 to beneficiaries experiencing an urgent or emergent mental health crisis. Via mobile field response and/or by telephone, the multi-disciplinary Crisis Team provides rapid mental health services that are supportive and strength based in nature and that assist the beneficiary to remain in the least restrictive level of care possible.

Crisis Residential Treatment (CRT)

This program provides short term (up to 30 days) voluntary residential service, as an alternative to hospitalization for beneficiaries experiencing a mental health crisis and who

require support beyond those resources available within the community. The licensed 15 bed program serves adults (ages 18-59) through a partnership with Merced County as an alternative to hospitalization for beneficiaries presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations, and homelessness. The program provides short-term intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports.

Peer Support Specialists

These programs provide training, advocacy and direct service for and by peers, parents and family members through distinct, yet related components: Training, employment, supervision and support by individuals with “lived experience” to provide wellness and recovery based support to other beneficiaries of MHP and employing peers and parents to facilitate wellness and recovery focused activities in outpatient clinics, community based programs and in the home.

Full-Service Partnership (FSP)

FSPs are designed for adults, children and TAY diagnosed with a severe mental illness/serious emotional disturbance and/or co-occurring diagnoses of substance use disorders and would benefit from an intensive service program that includes comprehensive case management services and frequent contacts. The MHP have several FSP programs including: Child FSP for children ages 0-15, Transitional Aged Youth (TAY) FSP designed for youth ages 16-25, Adult intensive FSP for ages 18-59, and Older Adults FSP designed for adults over 60 and Behavioral Health Court an FSP program which is designed for adults with SMI involved in the justice system. The foundation of FSPs is use of the approach “whatever it takes” to help beneficiaries on their path to recovery and wellness. FSPs embrace beneficiary driven services and supports with each beneficiary choosing services based on individual needs. Unique to FSP programs are a low staff to beneficiary ratio, and a team approach that is a partnership between mental health staff and beneficiaries. Adult FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for

beneficiaries with a co-occurring mental health and substance abuse disorder. Services can be provided to beneficiaries in their homes, the community and other locations.

Recovery and Wellness Centers

The MHP operates a Wellness Center which is a non-clinical drop-in center for adults and Transitional Age Youth with mental illness and/or co-occurring substance use disorders. The Wellness Center encourages their members who work together to help each other develop success in friendships, community living, employment and education. The Wellness Center offers a variety of self-help groups, educational groups and classes, as well as social, recreational and community based activities.

Adult Residential Treatment/Social Rehabilitation Facilities

The MHP has contracts with several out-of-county Adult Residential Treatment/Social Rehabilitation facilities which provide treatment services in residential settings to beneficiaries with chronic or sub-acute psychiatric impairments and whose adaptive functioning is moderately impaired. Adult Residential Treatment/Social Rehabilitation Facilities are licensed facilities, generally 16 beds or less and provide a home-like environment and structured programs designed to improve, maintain or restore independence and functioning. Rehabilitation services include skill-building activities (e.g., life and community skills, socialization with others, recreation, etc.). Some adult residential treatment facilities also provide psychotherapy, and medication support services. Facilities can be transitional programs with an 18 month, maximum length of stay or they may offer longer term programs.

Mental Health Rehabilitation Centers

MHP has contracts with out-of-county MHRCs. MHRCs can be locked or unlocked 24-hour care facility programs, but they all offer intensive support and rehabilitation services to beneficiaries 18 years or older who, because of the severity of their mental illness, would otherwise be placed in a state hospital or other locked mental health facility. Services are designed to assist beneficiaries in developing symptom management, self-

care, social, and independent living skills to become self-sufficient and capable of increasing levels of independent functioning.

Institute for Mental Disease (IMD)

The MHP covers all medically necessary acute inpatient and IMD services for all age groups of Medi-Cal beneficiaries as outlined in the Bronzan-McCorquodale Act. While there are no IMD's or acute inpatient facilities in Mariposa County, the MHP maintains contracts for services. IMD also known as Specialty Treatment Programs in Skilled Nursing Facilities, and they provide intensive inpatient treatment programs and close supervision provide medication, psychiatric, rehabilitation, and therapy services to persons with sub-acute psychiatric impairments or chronic and persistent psychiatric impairments. IMD services include psychiatric and medication services, therapy, psychological testing, psychosocial education and skill building groups, and recreational activities.

Restoration of Competency (ROC) /Jail Based Competency Training (JBCT)

MHP contracts with the Sheriff's Department for the provision of the Department of State Hospitals contract to provide intensive involuntary mental health treatment in a highly supervised locked setting to adults whose psychiatric conditions require a higher level of care because they cannot be treated safely in other mental health treatment facilities. Misdemeanants are treated through the Restoration of Competency (ROC) program and Felons are treated through the Jail Based Competency Training (JBCT) program. Clients found incompetent to stand trial and placed at Mariposa County Adult Detention Facility are provided highly structured treatment environment for restoration of competency.

Behavioral Health Court (BHC)

Behavioral Health Court is an intensive team approach program designed to evaluate, monitor, and provide coordinated and comprehensive mental health services that provide integrated treatment for mental health and substance use disorders, with ancillary services. The goals are to improve outcomes for individuals and the community, including: increased public safety, a reduction in recidivism, a reduction in substance use disorders, and a reduction with law enforcement involvement.

NETWORK OF PROVIDERS

Most Specialty Mental Health Services are delivered by the MHP. There are Community Based Organizations (CBO) that also provided EPSDT services in County communities. These CBO's hold a special niche in our community and provide community-based services that specifically support underserved communities and clients with special needs. All EPSDT services are coordinated through MCBHRS or interagency collaborations such that beneficiary needs and CBO specialty offering are matched. With the CBO, MHP outpatient clinics, field-based programs and additional contracts with providers the MHP strives to provide a full array of valuable, evidence-based therapy services and programs to serve beneficiaries and the community. Data demonstrates that the proportion of beneficiaries served by age, gender, and race/ethnicity closely resembles the proportion of persons in our general population.

Pursuant to 42 CFR 438.206, the MHP ensures the availability and accessibility of an adequate and diverse number of providers of medically necessary services. The MHP monitors a network of providers that is supported by written agreements that is sufficient to provide adequate access to all services covered under these contracts.

AGE APPROPRIATE SERVICES

The MHP ensures that the needs of beneficiaries of all ages are appropriately addressed. Specifically, the MHP provides each beneficiary with services guided by policies that enable effective service provision in cross-cultural and age-appropriate settings to the extent within the medical necessity criteria. This population includes children (ages 0-15) and Transition Age Youth [TAY; (ages 16-25)]. Age-appropriate services are available, including individual/family therapy, group therapy, medication support, rehabilitation services, and case management services. MHP staff work closely with the schools and offer a range of services to meet the needs of children and their families by age, gender, race/ethnicity, and primary language. The MHP also ensures that each child/youth referred by foster care system receives appropriate services to meet their special needs. If there is a specialized service need for a beneficiary that the MHP cannot meet, the MHP oversees provision of the service through referral.

Infants and Preschool Children

The MHP has created and strengthened services that focus on serving children 0-5 years of age. These programs are available in all regions and use evidence-based practices for young children. The Positive Parenting Program uses the Triple P evidence-based practice to offer parenting support and education in Head Start Programs.

Transitional Age Youth (TAY)

The MHP has developed and implemented services and programs that target the specialized needs of TAY. These include education and support, skill development, employment, and educational support services; and a creation of specific age and developmentally appropriate enhanced outpatient mental health services for persons 18-25 years of age in multiple outpatient mental health clinics throughout Mariposa County.

Older Adult Services

The MHP has implemented programs to ensure services to older adults with mental health issues. Older adults who have challenges accessing MHP services may be referred to the Older Adult FSP program. The Older Adult Program provides community based,

mobile, in-home services including psychiatric treatment, case management (linkage to housing, benefits, health care) rehabilitation services, skill building services to decrease functional impairments, individual and group treatment crisis intervention, Recovery and Wellness Programs, and advocacy and referrals for medical, dental, legal, benefits support services and community agencies. Older adults that are victims of suspected abuse or neglect will be referred to the Adult Protective Services unit via an Elder/Dependent Abuse Report. In addition to the community based services, the Older Adult Program has an intensive socialization program, providing an opportunity for isolated older adult beneficiaries to interact with their peers in regularly scheduled wellness groups facilitated by Peer Support Specialists, and rehabilitation and psychotherapy groups facilitated by Behavioral Health Clinicians. Older adults may also be referred to the In-Home Supportive Services (IHSS), DRAIL program, outpatient clinics, or Inpatient Psychiatric Unit (IPU) for assessment and treatment and appropriate referrals for older adult case management may be made to Adult Protective Services. Once an older adult is enrolled in the MHP, his/her care coordinator may facilitate necessary referrals and follow-up. Many outpatient programs have added Older Adult Specialists in effort to increase access for and outreach to this population.

CULTURAL AND LINGUISTIC COMPETENCE PLAN

The MHP strives to deliver culturally and linguistically appropriate services to beneficiaries and their families. Toward that end, the MHP will maintain a Cultural Competence Plan and update the plan annually. In addition, the MHP has adopted standards and processes for providing and monitoring culturally and linguistically appropriate services, including an Advisory Committee, promotion of the National Standards on Culturally and Linguistically Appropriate Services (CLAS), and staff and interpreter training.

The MHP Cultural Competence Plan guides the development and improvement of programs and outreach efforts for underserved groups. The plan represents an opportunity to reduce disparities by establishing accountability, identifying service gaps, transforming the implementation of cultural competency and guiding resource allocation.

Culturally Diverse Populations

The MHP actively addresses the 15 National CLAS standards through the Cultural Responsiveness Committee. Together they recommend goals, policies and practices that promote cultural awareness, provide cultural sensitivity education and training for MHP staff, increase beneficiary access to services through bilingual hiring and language assistance services, serve as community liaisons, and monitor progress toward engaging culturally and linguistically diverse populations. Beneficiaries are offered the opportunity of selecting a provider with consideration to cultural and linguistic factors. In addition, the MHP has policies in place that prohibit the expectation that families will provide interpreter services. Providers' assessment documentation is monitored to ensure that the needs of diverse populations are addressed in screening and referral activities. Beneficiaries also have the right to request a change of provider, based on cultural and linguistic needs.

ADMISSIONS TO NON-CONTRACTED HOSPITALS

Title 9, Chapter 11, Section 1810.310(a)(8)

For planned admissions to non-contract hospitals, the following must be submitted to the MHP's Deputy Director or designee; within 14 days of discharge:

1. A written request for MHP payment authorization
2. Supporting documentation indicating that the beneficiary meets medical necessity criteria for reimbursement of psychiatric inpatient hospital services
3. A statement describing the need for the planned admission

The Deputy Director or designee is responsible for the authorization for payment of inpatient services. The Deputy Director or designee reviews authorization requests for hospital services admissions and makes the final determination on all inpatient Treatment Authorization Requests.

QUALITY IMPROVEMENT

The MHP Quality Assurance (QA) Unit is responsible for the coordination, planning, oversight, and communication of QA principles, projects, analyses, and findings department-wide to achieve the department's mission. The principles of wellness, recovery, resiliency, and cultural competency serve to direct all QI activities and projects.

Quality Improvement Goals

- Promote a department-wide commitment to quality of care and ongoing performance improvement by the active involvement of beneficiaries, family members, providers, managers, and vendors in QI processes;
- Continuous improvement and enhance quality of care through ongoing, objective, and systematic monitoring of data that addresses behavioral health care;
- Proactively identify opportunities for improvement in both clinical and administrative aspects of MHP operations;
- Implement change in a well-defined, systematic manner, and re-evaluate processes to ensure that improvement has occurred;
- Provide comprehensive oversight of delegated functions to ensure beneficiary care delivery is consistent with the values and standards of the MHP;
- Provide an objective and systematic approach to continuous improvement in compliance with community standards of care that meets applicable regulatory and accrediting requirements and standards;
- Ensure programs, processes, and vendors are in alignment with regulatory, and accreditation standards;
- Ensure a system of timely communication of results to both stakeholders and staff regarding quality improvement activities.

When possible, QI efforts and projects will incorporate the following QI process that stress the need for formalized assessment processes in the design, implementation, and evaluation of services:

- Collect and analyze data to measure against goals, standards, and/or prioritized areas of improvement that have been identified;
- Identify opportunities for improvement and determine which to pursue;
- Facilitate the design and implementation of interventions to improve performance;
- Measure the intervention effectiveness;
- Incorporate successful interventions in the MHP, as appropriate.

The scope of the MHP QA includes, but is not limited to, the following elements of beneficiary services:

- *Timeliness*: How quickly and easily do beneficiaries obtain necessary services?
- *Appropriateness of Care*: Do beneficiaries receive services appropriate to their individual needs and at the appropriate frequency?
- *Effective Care*: Are services effective in producing positive outcomes? Are there continuous initiatives to improve service effectiveness and clinical care outcomes?
- *Efficiency*: Are services provided in a manner that best uses the available resources for beneficiaries?
- *Coordination and Continuity of Care*: Is there coordination and continuity of care within the MHP services, including re-access to services, and between the MHP and community systems of care?
- *Wellness Recovery*: Are services designed to promote hope, choice, independence, and the development of functional competencies? Are beneficiaries improving the quality of their physical, mental, and life circumstances?
- *Beneficiary Satisfaction*: Are beneficiaries and family members satisfied with the quality of services they receive, the programs and providers that deliver them, and with their clinical outcomes?

- *Cultural Competency:* Are services provided in a culturally appropriate manner that effectively meets the needs of diverse beneficiaries? Are healthcare service disparities reduced?

Regulatory, Contractual and Policy Requirements

The MHP QA program is designed to meet regulatory and California Department of Health Care Services contractual requirements, as well as, Behavioral Health Branch internal policies and procedures which require that our program:

1. Be conducted under the direction of the MHP Director;
2. Department staffing should include a licensed mental health professional;
3. Report to the Board of Supervisors;
4. Document that the quality of care provided is reviewed, through a variety of methods, including surveys, audits, focused reviews, data analysis, beneficiary grievance review, and other methods designed to define quality care;
5. Identify quality of care problems;
6. Demonstrate a process which takes effective action to improve care where deficiencies are identified, and ensure through corrective action plan(s) and follow-up, that both specific as well as systemic quality of care issues are identified and are improved;
7. Address accessibility, availability, and continuity of care;
8. Monitor the provision and utilization of services to see that they meet professionally recognized standards of practice;
9. Regulations further require that the QI program be structured to ensure:
 - a. A level of care which meets professionally recognized standards of practice is being delivered to all MHP beneficiaries;
 - b. Quality of care problems are identified and corrected;
 - c. Appropriate care is not withheld or delayed for any reason;

- d. Beneficiary rights are supported and that they are advised of their rights as delineated in the Welfare and Institutions Code, Code of Federal Regulations Title 42. and California Code of Regulations Title 9, Chapter 11;
- e. The program is evaluated annually for and updated as necessary.

Organizational Structure and Responsibility

The governing body of the MHP Plan is the Board of Supervisors of Mariposa County. While the Board is responsible for establishing, maintaining and supporting the QA Program of the MHP, the Board delegates the ongoing responsibility for the development and implementation of the Program to the MHP.

Mental Health Director

The MHP Director has ultimate responsibility for administration of the MHP, oversight of the QA Program and for providing adequate resources and staffing for the program to function effectively.

Reporting to the Behavioral Health Advisory Board (BHAB)

The Behavioral Health Advisory Board (BHAB) provides input to the administration of the MHP and functions in an advisory capacity. The BHAB participates in the Quality Improvement Committee (QIC) by appointing a board member to the QIC. In addition, there is a direct reporting link to each of the BHAB subcommittees. QA reports generated through the oversight of the QIC are presented to BHAB on a quarterly basis for review and feedback. The annual Advisory Board report to the Board of Supervisors includes summaries and recommendations based on their review of the QI Program.

Quality Improvement Structure

QA utilizes the Quality Improvement Work Plan as a working document for the monitoring, implementation, and documentation of efforts to improve delivery of services to beneficiaries. The Work Plan is reviewed and updated annually. Goals and objectives as described in the plan are intended to be embedded at the operational

program level. Measurement of stated goals and objectives are based on data inputs and outputs provided by QA, which are measured against established goals. The implementation of the work plan is through an operational infrastructure which includes the QIC, QI work groups, and relevant department teams and providers. The intent of such infrastructure is to provide a framework by which the work plan, as well as related Performance Improvement Projects and research activities, can be implemented and facilitate accurate measurement of progress against benchmarks, standards of care, and/or applicable regulatory and accrediting requirements and standards.

Quality Improvement Committee

The QIC is responsible for the oversight of QI activities as presented in the Quality Improvement Performance Plan. The QIC meets bi-monthly and is comprised of community leaders, beneficiaries and family members, Mental Health Board members, and MHP staff.

Responsibilities

Oversight of Workgroup and Performance Improvement Projects:

- Review and approve QIC workgroup charter plans for workgroup activities.
- Review quarterly Workgroup and Performance Improvement Project work summaries, evaluate activities, assure completion, advise, make requests for further action, and sign off at the point of project closure.

UTILIZATION MANAGEMENT PROGRAM

The MHP's Access Unit is responsible for preauthorizing all non-emergency outpatient Specialty Mental Health Services for Medi-Cal beneficiaries who receive services through the FFS provider network. Beneficiaries without currently approved network services from the MHP are required to contact the Access Unit or one of the FFS providers for a screening of their service needs.

Following the initial assessment, which does not require preauthorization, the beneficiary's provider submits a treatment plan authorization for Specialty Mental Health Services. The treatment plan is reviewed for medical necessity criteria by a

licensed/waivered/registered member of the UM committee. Upon receipt of an approved plan, the FFS provider may initiate treatment services until the treatment service period expires or the pre-approved number of sessions has been exhausted. If these service contacts are sufficient to resolve the presenting problem, the provider closes the episode and submits to the MHP the required treatment documentation along with all relevant claims information. If these contacts are not sufficient, the provider must submit a new plan requesting reauthorization of services.

Reauthorizations are processed by following the same steps for review as the initial authorization. In the case of reauthorizations, UM staff also alert to the potential that the beneficiary may require a higher complexity of service delivery than the FFS provider can supply and, if this is determined, additional services and/or transition to more complex care, is coordinated at this time. In the event of an UM committee modification or denial, the appropriate Notice of Adverse Benefit Determination (NOABD) is issued.

Authorization Process for Day Treatment Services Provided Through MHP Clinics/Contract Agencies

When a MHP or contract agency indicates a desire to establish day treatment services for the beneficiary, an authorization request must be submitted to the Adult unit supervisor and Quality Assurance Unit.

1. In advance of service delivery when day treatment intensive or day rehabilitation will be provided for more than five days per week;
2. At least every three months for continuation of day treatment intensive.
3. At least every six months for continuation of day rehabilitation.
4. Access unit shall also require providers to request authorization for mental health services, as defined in California Code of Regulations, Title 9, Section 1810.227, provided concurrently with day treatment intensive or day rehabilitation, excluding services to treat emergency and urgent conditions as defined in California Code of Regulations, Title 9, Section 1810.216 and Section 1810.253.

These services shall be authorized with the same frequency as the concurrent day treatment intensive or day rehabilitation services.

The MHP does not delegate the payment authorization function to providers.

When MHP is the day treatment intensive or day rehabilitation provider, MHP assures that the payment authorization function does not include staff involved in the provision of day treatment intensive, day rehabilitation services, or mental health services provided concurrent to day treatment intensive or day rehabilitation services. In the event of a modification or denial, the appropriate NOABD is issued.

CONFIDENTIALITY

The MHP will require staff and providers operating within the MHP to follow a Code of Ethics that creates a framework for professional, ethical, responsible, and productive conduct. The Code of Ethics outlines professional conduct within Federal, State and County laws, within cultural competence regulations. The MHP has operating policies and procedures to ensure that beneficiary's protected health information (PHI) and privacy rights are secure and protected in accordance with HIPAA requirements. Furthermore, through the office of Compliance appropriate administrative, technical, and physical safeguards are in place to protect the privacy of PHI from any unnecessary and prohibited disclosure.

A Compliance Hotline is accessible to beneficiaries to report any suspected activity which may be a breach of beneficiary's rights to confidentiality. Upon enrollment, beneficiaries are provided with "Notice of Privacy Practices" to inform them of their rights and the legal obligation of the MHP to maintain confidentiality and privacy practices with respect to PHI.

HIPAA Policies and Procedures

All staff hired by the MHP must review and sign an acknowledgement of understanding for all HIPAA Policies and Procedures prior to having contact with beneficiaries or their confidential information. The policies encompass all Federal, state and county

regulations pertaining to the confidentiality of PHI. The policies contain detailed information including electronic PHI and safeguards required to protect information in this capacity as well. These policies and procedures not only inform the MHP staff about appropriate regulations regarding beneficiary confidentiality, but also include procedures for reporting breaches in confidentiality and sanctions for these types of breaches. The MHP Compliance Officer is responsible for overseeing and investigating HIPAA violations and to ensure compliance with Federal, state and county regulations.

Compliance/HIPAA Training and Annual Review

All MHP staff are required upon hiring, and annually thereafter, to train on “*HIPAA Privacy and HIPAA Security*” to provide awareness and education on confidentiality. This training reviews regulations for the protection of PHI. Staff must complete and pass an examination demonstrating their comprehension of covered materials. Each staff member must sign and comply with a Confidentiality and the Code of Conduct agreement to maintain their employment with the MHP.

Informed Consent

MHP staff are required to obtain informed consent from beneficiaries prior to the receipt of services, and annually thereafter. Informed consent includes the limits of confidentiality. PHI will not be released without formal authorization, except in situations where Federal and state regulations allow releasing PHI information without a formal authorization, and only then information will be released on a need to know basis.

For more information, refer to policies and procedures in the Compliance Manual and the Mariposa County Behavioral Health Compliance Policy and Procedures.