



Department of
Health Care Services



MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES 101

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Health Care Services

Welcome and Overview for the Day

Service - Accountability - Innovation

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California Institute for Behavioral Health Solutions

Established in 1994 as the California Institute for Mental Health (CIMH)

- Consultation, Training and Implementation Support
- Statewide: Contractor to DHCS; Fiscal Leadership Institute, Care Coordination Learning Collaborative; Pathways to Mental Health/Katie A; Evidence-based Practices Symposium; Drug Medi-Cal Waiver Support
- Regional: Regional Partnerships/Workforce Development Projects in the Greater Bay Area and Central Region (OSHPD); Peer Leadership Institute
- Counties/CBOs: Implementation of Evidence-based Practices; customized implementation, training and technical assistance



Learning Objectives

- Understand the core elements of Medi-Cal Specialty Mental Health Services (SMHS)
- Understand the requirements that providers must meet in order to become an SMHS provider
- Understand the Therapeutic Foster Care (TFC) Service Model
- Understand the Short-term Residential Therapeutic Program (STRTP) Mental Health Program Approval



Opening Remarks

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Content

- **Overview of Medicaid and Medi-Cal**
- **Overview of California's 1915(b) Freedom of Choice Waiver for Specialty Mental Health Services**
- **Specialty Mental Health Services (SMHS)**
- **Medical Necessity Criteria**
- **Therapeutic Foster Care (TFC) Service Model**
- **Continuum of Care Reform (CCR)**



Content (cont.)

- **Providers of SMHS**
- **Rates and Claiming for SMHS**
- **Documentation Requirements**
- **County Mental Health Plan Perspective**
- **Short-term Residential Therapeutic Program (STRTP) Mental Health Program Approval**
- **Resources and Helpful Links**



Overview of Medicaid and Medi-Cal

What is Medicaid?

- An entitlement program created in 1965 under Title XIX of the Federal Social Security Act (SSA)
- Makes available medically necessary health care services (including mental health services) for low income families, children, pregnant women, seniors and persons with disabilities who meet criteria for program services
- Is a Federal-State partnership which plays a key role in health care delivery systems
- Makes available federal funding, known as Federal Financial Participation (FFP) for programs that are in compliance with applicable federal Medicaid statutes, regulations and policies





Overview of Medicaid and Medi-Cal (cont.)

What is Medi-Cal?

- Medi-Cal is California's version of Medicaid established in 1966 under the Welfare & Institutions Code, starting at Section 14000
- Is administered by DHCS, which serves as the Medicaid Single State Agency and is responsible for ensuring the program is administered in accordance with applicable federal and State statutes, regulations and policies
- Medi-Cal program regulations are found under the California Code of Regulations, Title 22, Division 3



Overview of California's 1915(b) Freedom of Choice Waiver for Specialty Mental Health Services

- California administers a Section 1915(b) Freedom of Choice waiver to provide Specialty Mental Health Services (SMHS) using a managed care model of service delivery
- The SMHS waiver program has been in effect since 1995
- The current waiver term is **July 1, 2015 through June 30, 2020**
- DHCS operates and oversees this waiver





Overview of California's 1915(b) Freedom of Choice Waiver for Specialty Mental Health Services (cont.)

- The SMHS waiver program is administered locally by each county's mental health plan (MHP) and each MHP provides, or arranges for, SMHS for Medi-Cal beneficiaries
- Beneficiaries freedom of choice is waived
- The SMHS waiver population is all Medi-Cal beneficiaries. Therefore, all Medi-Cal beneficiaries have access to SMHS if they meet medical necessity criteria
- To meet SMHS medical necessity criteria, a beneficiary must have an included diagnosis, and must meet specific impairment and intervention criteria



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Binding Covenants (DHCS/MHP Contract)

- DHCS contracts with each county MHP for the provision of SMHS
- A contract is required pursuant to state and federal law
- Delineates the MHP's and DHCS's responsibilities and requirements in the provision and administration of SMHS
- Conforms with federal requirements for Prepaid Inpatient Health Plans (PIHPs); MHP's are considered PIHPs and must comply with federal managed care requirements (Title 42, CFR, Part 438)
- The current MHP contract term is: May 1, 2013-June 30, 2018.

http://www.dhcs.ca.gov/services/Pages/Medi-cal_SMHS.aspx



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Binding Covenants (State Plan)

- The official contract between the Single State Medicaid Agency (DHCS) and the Centers for Medicare and Medicaid Services (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 the Medicaid program 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 policies

http://www.dhcs.ca.gov/services/Pages/Medi-cal_SMHS.aspx



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Binding Covenants (Statutes and Regulations)

- Title 42, Code of Federal Regulations
<http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>
- California Welfare and Institutions Code (WIC) commencing with 14700 et seq.
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14700&lawCode=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>



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Specialty Mental Health Services (SMHS)

- Mental health services (assessment, plan development, rehabilitation, collateral, individual and group therapy)
- Crisis intervention services
- Crisis stabilization services
- Day treatment intensive services
- Day rehabilitation services



Specialty Mental Health Services (SMHS) (cont.)

- Adult residential treatment services
- Crisis residential treatment services
- Medication support services
- Psychiatric health facility services
- Psychiatric inpatient hospital services
- Targeted case management
- Therapeutic behavioral services
- Pathways to Well-being services (Intensive care coordination, Intensive home based services, and the Therapeutic foster care service model)



Medical Necessity Criteria

- SMHS are provided to children and youth up to age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit
- Mandated under the Medi-Cal program pursuant to federal law (42 U.S.C. § 1396d, subds. (a)(4)(B) and (r)) for beneficiaries up to age 21 who meet medical necessity criteria and are eligible for the full scope of Medi-Cal services



Medical Necessity Criteria (cont.)

- Medical necessity criteria for impairment and intervention for Medi-Cal SMHS differ between children and adults
- For children and youth, under EPSDT, the “impairment” criteria component of SMHS medical necessity is less stringent than it is for adults; therefore, children with low levels of impairment may meet medical necessity criteria for SMHS whereas adults must have a significant level of impairment



Medical Necessity Criteria (cont.)

- To receive SMHS, Medi-Cal children and youth must have a covered diagnosis and meet the following criteria:
 - Have a condition that would not be responsive to physical health care based treatment; and
 - the services are necessary to correct or ameliorate a mental illness and condition discovered by a screening conducted by a managed care plan, the Child Health and Disability Prevention Program, or any qualified provider operating within the scope of his or her practice, as defined by State law regardless of whether or not that provider is a Medi-Cal provider.



Therapeutic Foster Care Service Model

- The Therapeutic Foster Care (TFC) service model allows for the provision of short-term, intensive, highly coordinated, trauma-informed and individualized SMHS service activities (plan development, rehabilitation and collateral) to children and youth who are placed with trained, intensely supervised, and supported TFC parents.
- Available as an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to full scope Medi-Cal children and youth up to age 21 who meet medical necessity criteria for SMHS



Therapeutic Foster Care Service Model (cont.)

SMHS service activities (plan development, rehabilitation and collateral) provided through the TFC service model may be appropriate to address a child's or youth's mental health needs if the child or youth is at risk of losing his/her placement and/or being removed from his/her home as a result of the caregiver's inability to meet the child's or youth's mental health needs and *either*:

- There is a recent history of services and treatment (for example ICC and IHBS) that have proven insufficient to meet the child's or youth's mental health needs, and the child or youth is immediately at risk or residential inpatient, or institutional care; *or*



Therapeutic Foster Care Service Model (cont.)

- In cases where the child or youth is transitioning from a residential, inpatient, or institutional setting to a community setting and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the child or youth, support effective rehabilitation, or avoid the need to initiate or continue a more intensive level of care in a more restrictive setting



Therapeutic Foster Care Service Model (cont.)

- The TFC parent provides one or more of the following TFC service model SMHS service activities:
 - Plan development (limited to when it is part of the CFT): The TFC parent will participate as a member in the CFT in care planning, monitoring, and review processes. The TFC parent also will observe, monitor, and alert the TFC Agency and members of the CFT about changes in the child's or youth's needs



Therapeutic Foster Care Service Model (cont.)

- Rehabilitation: The TFC parent will implement in-home informed practices which include trauma-informed rehabilitative treatment strategies set forth in the child's or youth's client plan. Examples of services to be provided include: providing skills-based interventions (including coaching and modeling); developing functional skills to improve self-care; and improving self-management in areas of anger management or self-esteem or peer relations
- Collateral: The TFC parent will meet the needs of the child or youth in achieving his or her client plan goals by reaching out to significant support person(s) and providing consultation and/or training for needed medical, vocational, or other services to assist in better utilization of SMHS by the child or youth



Therapeutic Foster Care Service Model (cont.)

The TFC Parent must:

- Must be at least 21 years old
- Must meet California's Medicaid rehabilitation provider qualifications for "other qualified provider" (i.e., has a high school degree or equivalent) and meet provider qualifications and other requirements and oversight as established by the MHP
- Must meet and comply with all basic foster care or resource parent requirements
- Must meet and comply with all requirements related to the role as a TFC parent
 - Initial and ongoing training (40 hrs. initial training; 24 hrs. annually)
 - Annual TFC parent evaluations



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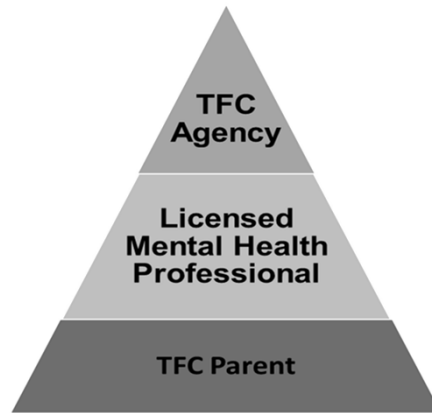
Therapeutic Foster Care Service Model (cont.)

- The TFC parent serves as a key participant in the therapeutic treatment process of the child or youth.
- Will provide trauma-informed interventions to assist the child or youth achieve client plan goals and objectives; improve functioning and well-being; and help the child or youth to remain in a family-like home in a community setting, thereby avoiding residential, inpatient, or institutional care
- Be available 24 hours/7 days per week so that services are timely and meet the individual needs of the child or youth
- The TFC parent will receive extensive training prior to rendering services under the TFC Agency, and will receive extensive support under the direction of an LMHP



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Therapeutic Foster Care Service Model (cont.)



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Therapeutic Foster Care Service Model (cont.)

The TFC Agency must be both:

- A California Foster Family Agency (FFA)

AND

- A Medi-Cal Specialty Mental Health Services Provider



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Therapeutic Foster Care Service Model (cont.)

TFC Agency Role:

- Recruits, approves and annually re-approves foster parents (following Resource Family Approval (RFA) process and Medi-Cal SMHS requirements)
- Actively participates on Child and Family Team (CFT)
- Provides training, direction and support
- Monitors child's/youth's progress
- Maintains progress note documentation
- Provides Medi-Cal related reports to county MHP, as appropriate
- Provides or arranges for provision of non-TFC SMHS (if included in the TFC Agency's contract with MHP and as set forth in the client plan)



Therapeutic Foster Care Service Model (cont.)

Employs a Licensed Mental Health Professional (LMHP) to:

- Provide direction of the TFC parent
- Ensure the TFC parent is following the client plan
- Act as the team leader
- Provide ongoing direction of service delivery or the review and approval of individual client plans



Therapeutic Foster Care Service Model (cont.)

At a minimum, must be consistent with the County MHP's policies and procedures and contract between DHCS and County MHP

- TFC parent must write and sign a daily progress note
- The LMHP must review and co-sign the daily progress note
- TFC Agency's must comply with mental health documentation requirements
- TFC services provided must be reflected in child's/youth's client plan



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Therapeutic Foster Care Service Model (cont.)

Reimbursement Methodology:

- SMHS service components provided through the TFC service model will be reimbursed at a per diem rate



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Therapeutic Foster Care Service Model (cont.)

The TFC service model does not include:

- Reimbursement for room and board costs
- Other foster care program related services
 - Assessing adoption placements
 - Serving legal papers
 - Home investigations
 - Administering foster care subsidies
- Parenting functions (e.g., providing food, transportation, etc.)



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Therapeutic Foster Care Service Model (cont.)

Services provided through the TFC service model are NOT reimbursable:

- When the child or youth is receiving psychiatric inpatient hospital services, psychiatric health facility services, or psychiatric nursing facility services, EXCEPT for the day of admission to these facilities
- While the child or youth is detained in juvenile hall; or
- While the child or youth is in a Group Home, Short-term Residential Therapeutic Program or other residential setting



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Therapeutic Foster Care Service Model (cont.)

Next Steps

- Information notice to provide information related to claiming
- Update the Medi-Cal Manual for ICC, IHBS and TFC services
- Additional trainings (webinars)



Therapeutic Foster Care Service Model (cont.)

Resources

- Information Notices
 - MHSUDS IN #16-002/CDSS ACIN #1-06-16
 - MHSUDS IN #16-031E/CDSS ACIN # I-52-16E
 - MHSUDS IN #16-004
- CIBHS TFC Website: <http://www.cibhs.org/therapeutic-foster-care-tfc-services>
- [CDSS Resource Family Approval Fact Sheet](#)



Continuum of Care Reform (CCR)

Implementing Legislation

- AB 403 enacted major CCR components (Chapter 77, Statutes of 2015)
- AB 1997 further implements CCR recommendations (Enrolled August 31, 2016)
- Requires Group Homes to transition to Short Term Residential Therapeutic Programs (STRTPs)
- Expands the role of a Foster Family Agency (FFA)
- Enhances FFA licensing standards
- Develops and defines the functions of the Child and Family Team
- Requires all new families to be approved as Resources Families
- Establishes a new rate structure and level of care protocol



Laws that Govern FFAs

EXISTING

- **Community Care Facilities Act**
 - Commencing with 1500 of the Health and Safety Code, et seq.
- **Regulations**
 - Ch. 8.8 Foster Family Agencies (Article 1-8)
 - Ch. 9.5 Foster Family Homes (Apply to Certified Family Homes)

NEW

- **AB 403**
 - (Stats. 2015, Ch. 773)
- **AB 1997**
 - (Stats. 2016, Ch. 612)
- **AB 404**
- **FFA Interim Licensing Standards**
 - Article 9, CCR
 - Subchapter 1, RFA



LAWS THAT GOVERN STRTPs

EXISTING

- **Community Care Facilities Act**
 - Commencing with 1500 of the Health and Safety Code, et seq.
- **Regulations**
 - General Licensing Requirements (Title 22, Div. 6, Ch. 1)
 - Group Homes (Title 22, Div.6, Ch. 5)

NEW

- **AB 403**
 - (Ch. 773, Stats. 2015)
- **AB 1997**
 - (Ch. 612, Stats. 2016)
- **AB 404**
 - **STRTP Interim Licensing Standards**
 - General Licensing Requirements (Title 22, Div. 6, Ch. 1)
 - Nonminor Dependents are incorporated in these ILS



CORE SERVICES AND SUPPORTS

(ILS, Art. 9.7, Section 88278.1)
(ILS, Art. 6, Section 87078.1)

FFAs and STRTPs are required to have the:

- Ability to meet the differing needs of children and nonminor dependents
- Capacity to provide core services and supports that are need by both children and nonminor dependents which are trauma informed and culturally relevant





Core Services and Supports

(ILS, Art. 9.7, Section 88278.1)

(ILS, Art. 6, Section 87078.1)

Core services and supports include:

- Medi-Cal Specialty Mental Health Services for children and non-minor dependents who meet medical necessity criteria
- Transition support services
- Education and physical, behavioral, and mental health supports , including extracurricular activities and social supports
- Activities designed to support achieving a successful adulthood
- Services to achieve permanency



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Core Services and Supports

(ILS, Art. 9.7, Section 88278.1)

(ILS, Art. 6, Section 87078.1)

In addition STRTP's shall:

- Have up to 12 months from the date of licensure to obtain in good standing a mental health program approval that includes a Medi-Cal mental health certification (**Health and Safety Code 1562.01**)
- Have up to 12 months to obtain a contract, subject to an agreement on rates and terms and conditions, with a county mental health plan to provide specialty mental health services (**Welfare and Institutions Code 11462.01**)



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Core Services and Supports

(ILS, Art. 9.7, Section 88278.1)

(ILS, Art. 6, Section 87078.1)

In addition STRTP's shall:

- Demonstrate the ability to meet the therapeutic needs of each child, as identified in any of the following:
 - A mental health assessment
 - The child's case plan
 - The child's needs and services plan
 - Other documentation demonstrating the child has a mental health need



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Access to Mental Health

(ILS, Art. 9.9, Section 88289.1)

(ILS, Art. 6, Section 87078.1)

Both FFAs and STRTPs shall ensure children and nonminor dependents have access to mental health services consistent with the child or nonminor dependent's case plan, any other assessment, or documentation identifying a mental health need

- Mental health services may be accessed through a Medi-Cal managed care plan, county mental health plan, or a fee for service providers



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Access to Mental Health (cont.)

(ILS, Art. 9.9, Section 88289.1)

(ILS, Art. 6, Section 87078.1)

- An FFA **may provide** Medi-Cal specialty mental health services **directly** to a beneficiary only if they hold a current Medi-Cal site certification and a contract as an organizational provider of that beneficiary's county mental health plan (MHP)
- An FFA that has not obtained a Medi-Cal certification and contract, **shall arrange** for medically necessary Medi-Cal mental health services for children and non-minor dependents as needed
- A STRTP certified by DHCS or by a county mental health plan shall provide direct mental health services



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Access to Mental Health

(ILS, Art. 9.9, Section 88289.1)

Program Statement

- Describe whether or not your agency has a direct contract to provide Medi-Cal specialty mental health services, if so for what services
- Describe how your agency will engage and collaborate with counties, including in the Child and Family Team process, to access mental health services for children and NMD
- Identify relationships with county mental health plans to ensure access Medi-Cal specialty mental health services for children and NMD
- Describe the active efforts your agency will take to ensure children and NMD receive mental health services



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What Must Group Homes Do to Transition to STRTPs

- Attend an STRTP Orientation
- Complete STRTP application and supporting documents
- Prepare a detailed plan of operation and program statement
- Obtain one letter of recommendation in support of your program from a county placing agency
- Ensure your GH administrator completes the mandatory training required to be certified as an STRTP administrator
- Submit application package to your local CCLD Regional Office

Upon Licensure:

- Commence Accreditation Process
- Begin Mental Health Program Certification



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Placement Eligibility

(WIC Sections 11462.01 & 4096)

An STRTP may accept for placement a child who:

Meets both of the following criteria:

- Does not require inpatient care in a licensed health facility
- Has been assessed as requiring the level of services provided in an STRTP in order to maintain the safety and well-being of the child or others due to behaviors **OR** prevent the effective delivery of needed services and supports provided in the child's own home or in other family settings, such as with a relative, guardian, foster family, resource family, or adoptive family



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Placement Eligibility

(WIC Sections 11462.01 & 4096)

AND

Has been assessed by interagency placement committee as meeting one of the following:

- Has been assessed, as meeting the medical necessity criteria for Medi-Cal specialty mental health services
- Has been assessed, as seriously emotionally disturbed, as defined in WIC Section 5600.3(a)
- Has been assessed as requiring the level of services provided by the STRTP program in order to meet his/her behavioral or therapeutic needs



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Emergency Placement

(WIC Code Section 11462.01)

A child or youth may be placed into an STRTP on an “**emergency basis**” prior to a determination by the interagency placement committee (IPC)

Within 72 hours of the child or youth’s emergency placement, a licensed mental health professional must make a determination that the child/youth requires the level of services and supervision provided by the STRTP in order to meet his or her behavioral or therapeutic needs

- **Within 30 days of emergency placement**, the IPC shall make a determination, with recommendations from the child and family team, as to whether or not the STRTP placement is appropriate
- **If it determines that an STRTP placement is not appropriate**, the IPC shall, with recommendations from the child and family team, make a recommendation as to the child’s or youth’s appropriate level of care and placement to meet his or her service needs
- The necessary IPC representative(s) shall **participate in any child and family team meetings** to refer the child or youth to an appropriate placement, as specified
- The child may remain in the placement for the amount of time necessary to identify and transition the child to an alternative, suitable placement



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Questions & Answers



Break



SMHS Providers

Provider Types

- **County Owned and Operated Providers**
 - County staff provide services
- **Organizational Providers**
 - Community based organizations operate SMHS programs including administrative and direct care services
- **Individual Providers**
 - County MHP contracts with individual licensed providers to provide services only



SMHS Providers (cont.)

Organizational Provider Requirements

- Contract with county mental health plan(s) for specific SMHS
- Medi-Cal provider certification and tri-annual re-certification
- Minimum certification requirements are provided by DHCS based on the need to comply with federal law.
- County mental health plans can include additional requirements to meet local requirements



SMHS Providers (cont.)

- For organizational providers, the term “provider” applies to those facilities delivering mental health services. A provider **must** have a Legal Entity identification number and must also have an NPI number, if the provider will be billing Medi-Cal
- “Legal Entity” applies to a corporation, individual, or county that directly owns a facility offering public mental health services. Many providers in California are owned by a corporation or individual (entity) that owns more than one provider



SMHS Providers (cont.)

- The NPI is a 10-digit numeric identifier which is assigned to a service facility location and is assigned to each provider number along with the county code, which is used for claiming in the Short-Doyle/Medi-Cal System. NPI information can be found at:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Many counties may use the same provider, but each county will have its own provider number for that provider



SMHS Providers (cont.)

- Once a Provider File is established, a site certification must be conducted
- A “Head of Service”, fire clearance, and program description must be in place prior to the provision of services
- For county owned and operated providers, DHCS will perform the site certification
- For county contract organizational providers, the county mental health plan will perform the site certification



SMHS Providers (cont.)

Organizational Provider Certification Elements

- Head of service
- Fire Clearance
- Program Description
- Beneficiary Informing Materials (i.e., required posted notices, brochures, and problem resolution process)
- Physical plant review/tour (i.e., clean, sanitary, and in good repair)

* CCR, Title 9, Section 1810.435 (c) (3)



SMHS Providers (cont.)

- Policies and Procedures (i.e., general operating procedures; disaster/evacuation; unusual occurrence reporting; confidentiality/HIPAA; service delivery (assessment, intake, discharge), maintenance; and referral to a psychiatrist)
- Additional requirements specific to type(s) of services being certified (i.e., medication support, day treatment, and crisis stabilization)



SMHS Providers (cont.)

- Once the initial site certification is done, site re-certifications are required every 3 years thereafter
- A new site certification may be required depending on the action being requested. For example, a new site certification is required for an address change in order to certify the new location



SMHS – Direct Service Providers

- **Physicians ****
- **Licensed/Waivered Psychologists ****
- **Licensed/Registered/Waivered Clinical Social Workers ****
- **Licensed/Registered/Waivered Professional Clinical Counselor ****
- **Licensed/Registered/Waivered Marriage and Family Therapist ****
- **Registered Nurse ****
- **Certified Nurse Specialist**
- **Nurse Practitioner**
- **Physician Assistant**
- **Pharmacist**

**** = Can be head of service (CCR, Title 9, Section 622 through 630)**



SMHS - Direct Service Providers (cont.)

- **Licensed Vocational Nurse (LVN)****
- **Licensed Psychiatric Technician (LPT)****
- **Mental Health Rehabilitation Specialist (MHRS)****
- **Occupational Therapist**
- **Other Qualified Provider**

- If a LVN, LPT, or MHRS is the Head of Service they must be under the direction of a physician or a licensed, waived or registered psychologist, social worker, MFT, LPCC, RN, Certified Nurse Specialist or a Nurse Practitioner within their scope of practice. If under the direction of a waived or registered professional, the waived or registered professional must be under the direction of a LPHA.

**** = Can be head of service (See CCR, Title 9, Section 622 through 630)**



SMHS - Direct Service Providers (cont.)

Waivered / Registered Professional

- An individual who has a waiver of psychologist licensure issued by DHCS or has registered with the corresponding state licensing authority for psychologists, marriage and family therapists, clinical social workers, or professional clinical counselors, to obtain supervised clinical hours for psychologist, marriage and family therapist, clinical social worker, or professional clinical counselor licensure
- If a waived or registered professional is the head of service or directs services, the waived/registered professional must be under the direction of a LPHA.



SMHS - Direct Service Providers (cont.)

Mental Health Rehabilitation Specialist (MHRS)

- An individual who meets one of the following requirements:
 - Has a baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment
 - Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis
 - Up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting
- A MHRS may function as the "Head of Service" (Refer to slides 61-62)



SMHS - Direct Service Providers (cont.)

Other Qualified Provider

- An individual at least 18 years of age with a high school diploma (or equivalent) determined to be qualified to provide the service by the MHP

May provide the following services under the direction of a licensed, registered, or waived LPHA:

- Mental health services (including contributing to Assessment, but excluding Therapy)
- Day rehabilitation or day treatment intensive services,
- Crisis intervention services
- Targeted case management
- ICC, IHBS, TFC



SMHS - Direct Service Providers (cont.)

Graduate Students / Interns

- An individual participating in a field internship/trainee placement while enrolled in an accredited and relevant graduate program
- No minimum experience required for graduate students
- Works “under the direction” of a licensed, registered, or waived staff. If under the direction of a waived or registered staff, the waived / registered staff must be under the direction of a LPHA
- Can complete the following “under the direction” of the LPHA:
 - Comprehensive assessments including mental status exams (MSE) and diagnosis, complete client plans, conduct individual and group therapy
 - Write progress notes
 - Claim for any service within the scope of practice of the discipline of his/her graduate program



Claiming for SMHS - General Provisions

- MHPs submit claims to DHCS
- Providers work directly with MHPs
- Reimbursement for SMHS is separate from CDSS' room and board rates
- The MHP certifies that it has incurred a cost to provide Medi-Cal SMHS using local funds and the costs are eligible for Federal Financial Participation (FFP)



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Claiming for SMHS - General Provisions

- The MHP must assure that the following requirements are met for all service functions:
 - Medi-Cal provider requirements are met
 - Contacts with significant support persons are directed exclusively to the mental health needs of the child or youth
 - When services are provided by two or more persons at one point in time, each person's involvement is documented in the context of the mental health needs of the beneficiary
 - Services are provided within scope of practice and under the direction of appropriate providers



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Claiming for SMHS – Units of Service

SMHS are reimbursed on one of the following units of services:

- Per minute
- Hourly
- Daily (half/full day)

*Each SMHS has an established unit of service



Building Rates

Items to Consider

- Direct costs
- Indirect costs
- Productivity (How many units of time a provider can produce in a period of time?)

Rate Example

- $(\text{Direct costs} + \text{indirect costs}) / \text{productivity}$





Claiming for SMHS - Interim Payments

- Contractor provides a service to a Medi-Cal beneficiary
- MHP pays the contractor for the service rendered
- MHP submits claims to DHCS for reimbursement
 - Payments are based on established interim rates or based upon the amount the MHP certifies to the State as public expenditures
- DHCS reimburses the MHP the federal share of the MHP's cost, while the non-federal share comes from a variety of sources, for instance, Realignment funding



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Claiming for SMHS - Interim Settlement

- MHPs must submit a cost report package to DHCS by 12/31 following the close of a fiscal year
- The cost report package includes a cost report for the county and all contract providers
- The cost report package determines the actual cost incurred to provide all Specialty Mental Health Services



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Non-Reimbursable Activities

Non-reimbursable SMHS activities include but are not limited to the following:

- SMHS for which medical necessity criteria requirements are not met
- No service provided (i.e. missed appointment)
- Solely academic/educational services
- Solely vocational services that have as a purpose actual work or work training
- Solely recreation
- Solely socialization, if it consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors of the child or youth involved



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Non-Reimbursable Activities

- Solely clerical, solely transportation (i.e., of a beneficiary to/from a service), or solely payee related activities
- Supervision of staff (including clinical internship, clinical hours, discipline, etc.)
- Personal care services provided to the child or youth (i.e. grooming, personal hygiene, assisting with medication, and meal preparation when performed **for** the child)
- Services provided to child or youth residing in juvenile hall when ineligible for Medi-Cal (if the client has been adjudicated and is just awaiting placement, services may be provided)



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Questions & Answers



Lunch



Documentation Requirements

- Medical Necessity Criteria
- Assessment
- Client Plan
- Medication Consents
- Progress Notes



Documentation Requirements Medical Necessity Criteria

- Must have a covered diagnosis
- Must have at least one of the following impairments:
 - A significant impairment in an important area of life functioning;
 - A reasonable probability of significant deterioration in an important area of life functioning;

*Except as provided in section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate. For the purpose of this section, a child is a person under the age of 21 years of age

- The beneficiary has a condition that would not be responsive to physical health care based treatment
- The focus of the proposed interventions is to address the identified impairment(s) above



Documentation Requirements Medical Necessity Criteria (cont.)

The expectation is that the proposed intervention(s) will:

- Significantly diminish the impairment; or
- Prevent significant deterioration in an important area of life functioning, or
- Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate
- For a child who meets the criteria of Section 1830.210(1), also meet the criteria of Section 1830.210(b) and (c):
 - The condition would not be responsive to physical health care based treatment
 - When the requirements Section 1830.205 and 1830.210 are met, beneficiaries shall receive SMHS for a diagnosis included in Subsection (b)(1) even if a diagnosis that is not included in Subsection (b)(1) is also present



Documentation Requirements: Assessment (cont.)

- The **foundation** for development of goals and interventions
- Must be **current**
- Must be **comprehensive**
- **Substantiate the qualifying diagnosis**
- **Substantiate qualifying MH functional impairment(s)**
- Direct relationship to the qualifying diagnosis
- Reason for potential for deterioration



Documentation Requirements: Assessment (cont.)

Required Elements: Ensure that the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed

The following elements are required by the MHP Contract:

- Presenting problem
- Relevant conditions and psychosocial factors
- Mental health history
- Medical history
- Medications
- Substance exposure/Substance use



Documentation Requirements: Assessment (cont.)

The following elements are required by the MHP Contract: (cont.)

- Strengths
- Risks
- A mental status examination
- Most current ICD 10 diagnosis (and should also include corresponding DSM diagnosis)
- Additional clarifying information, as needed



Documentation Requirements: Assessment (cont.)

Examples of Risks

- A history of Danger to Self (DTS) or Danger to Others (DTO), are examples of “risks” that are to be evaluated as part of the assessment
- Additional examples are previous inpatient hospitalizations for DTS or DTO; prior suicide attempts; lack of family or other support systems; prior arrests; currently on probation; history of alcohol/drug abuse; history of trauma and victimization; history of self-harm behaviors, e.g., cutting; history of assaultive behavior; and physical impairment which makes him/her vulnerable to others, e.g., limited vision, deaf, wheelchair bound



Documentation Requirements: Client Plan (cont.)

Pursuant to the MHP Contract

The contractor shall ensure that Client Plans:

- Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary’s mental health needs and functional impairments as a result of the mental health diagnosis;
- Identify the proposed type(s) of intervention/modality including a detailed description of the intervention to be provided;



Documentation Requirements: Client Plan (cont.)

The Contractor shall ensure that Client Plans: (cont.)

- Have a proposed frequency and duration of intervention(s);
- Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., Title 9, § 1830.205(b)); have interventions that are consistent with the client plan goal; and
- Be consistent with the qualifying diagnoses



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Documentation Requirements: Client Plan (cont.)

Staff signatures – For client plans without interventions that require licensed staff, the client plan must be developed, signed (or electronic equivalent) and dated by either:

- The person providing the services,
- A person representing a team or program providing services, or
- A person representing the MHP providing the services



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Documentation Requirements: Client Plan (cont.)

Client plans where there are interventions provided by or under the direction of an approved staff category (licensed/registered/ waived staff) must be co-signed by one of the following staff. In these cases these client plans may have one or two required signatures

- A physician
- A licensed/waivered psychologist
- A licensed/registered /waivered social worker
- A licensed/registered/waivered marriage and family therapist
- A licensed/registered/waivered professional clinical counselor
- A registered nurse (except in the case of TBS client plans) including but not limited to NP and clinical nurse specialists

Effective date is the latest date of the required staff signature(s)



Documentation Requirements: Client Plan (cont.)

Beneficiary Participation in and Agreement with Client Plan

- **There must be documentation of the beneficiary's or their legal representative's participation in and agreement with the client plan by any of the following:**
 - Reference to agreement documented in the client plan
 - Beneficiary's or their legal representative's signature on the client plan
 - Description of participation documented in the medical record, (i.e., progress notes)



Documentation Requirements: Client Plan (cont.)

A beneficiary signature is required when:

- Beneficiary is expected to be in long term treatment* as defined by the MHP AND
- The client plan provides that the beneficiary will be receiving more than one (1) type of SMHS
- The MHP written standard requires signature

**The MHP is required to have a written definition of what constitutes a long term beneficiary*



Documentation Requirements: Client Plan (cont.)

Beneficiary refusal to sign client plan:

- If a beneficiary refuses or is unavailable for signature, the client plan shall include a written explanation of the refusal or unavailability. There should be documentation of concerted efforts by the staff to obtain the beneficiary's signature

Copy of client plan offered:

- There shall be documentation in the client plan that a copy of the client plan was offered to the beneficiary or their legal representative



Documentation Requirements: Client Plan (cont.)

Timeliness and Frequency

Per MHP contract: The MHP shall establish standards for timeliness and frequency of the client plan, including, for the initial client plan and for the review and updates of the client plan

- **If** the MHP **does not** have established standards:
 - Best practices; INITIAL client plan **completed within 60 days** of intake unless there is documentation supporting need for more time
 - UPDATED client plan must be reviewed and updated on at least an **annual** basis
 - **Remember:** It is permissible for MHPs to establish additional requirements **but the contract standards are the required minimum**



Documentation Requirements: Medication Consents

Providers must **obtain** and **retain** a written medication consent form signed by the beneficiary:

- Agreeing to the administration of psychiatric medications;
- For every psychiatric medication prescribed;
- If new medications are added to the current consent form there must be a **new signature**;
- **NOTE:** Each MHP determines timeliness and update frequency of its medication consents



Documentation Requirements: Medication Consents (cont.)

The **beneficiary must** be provided with sufficient information by the physician prescribing such medications:

- Reasons for taking such medication;
- Reasonable alternative treatments available, if any;
- Type, range of frequency and amount (including PRN orders), method (oral/injection), and duration;
- Common side effects;
- Additional side effects after taking such medication beyond three months/long term; e.g. Tardive dyskinesia (persistent involuntary movement of the face or mouth, trunk and extremities); and
- Consent, once given, may be withdrawn at any time



Documentation Requirements: Medication Consents (cont.)

For children and adolescents who are wards of the court

- A completed JV220 is not sufficient to administer or to continue the psychotropic medications a child is currently taking and is not signed by the beneficiary or anyone authorized to consent on the minor's behalf
- A JV-220 form is an application for a court order regarding psychotropic medications that is filed in situations where a court order is required to administer psychotropic medications to a minor





Documentation Requirements: Medication Consents (cont.)

- A court order on such an application (JV-223) may be sufficient if it alone or in combination with the application contains all the elements required under the MHP contract. However, in its current form, neither the JV-220 or JV223 require information on the following that are required by the MHP Contract: 1) method of administration (oral or injection), or 2) additional side effects if the child or youth was to take the medication for more than 3 months
- Youth have a right to give informed consent to medication
 - Same guidelines apply
 - Be mindful of putting information in a way that can be understood by the youth



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Documentation Requirements: Progress Notes

Progress Notes must:

- Be clear, concise and succinct;
- Describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan;
- Reflect how the **INTERVENTION** relates to the MH functional impairment and qualifying diagnosis; and
- Indicate the beneficiary's response to the intervention



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Documentation Requirements: Progress Notes (cont.)

MHP Contract Requirements

- Progress Notes
 - Progress notes must describe how the service provided reduced impairment; restored functioning; or prevented significant deterioration in an important area of life functioning outlined in the client plan.

Items that shall be contained in the client record related to the beneficiary's progress in treatment include:

- Timely documentation of relevant aspects of beneficiary care, including documentation of medical necessity;



Documentation Requirements: Progress Notes (cont.)

- Documentation of the beneficiary encounter, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions;
- Interventions applied, beneficiary's response to the interventions and the location of the interventions;
- The date the service was provided;
- Documentation of referrals to community resources and other agencies, when appropriate;



Documentation Requirements: Progress Notes (cont.)

- Documentation of follow-up care, or as appropriate, a discharge summary; and
- The amount of time taken to provide services; and
- The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title



Documentation Requirements: Progress Notes (cont.)

Progress notes should reflect the following:

- Individual or group therapies **and** interventions designed to:
 - Reduce mental disability
 - Restore, improve or maintain functioning
 - Consistent with goals of learning, development, independent living and enhanced self-sufficiency
 - Meet medical necessity requirements



Documentation Requirements: Progress Notes (cont.)

- Progress Note Frequency
- **Every service contact:**
 - Mental health services (assessment, plan development, rehabilitation, therapy, collateral)
 - Medication support services
 - Crisis intervention
 - Targeted case management
- **Daily:**
 - Crisis residential
 - Crisis stabilization (one per 23 hour period)
 - Day treatment intensive (DTI)
 - Therapeutic foster care (TFC) services



Documentation Requirements: Progress Notes (cont.)

- **Weekly:**
 - Day treatment intensive (DTI) – weekly clinical summary
 - **NOTE:** MHS including individual therapy are inclusive and not separately billable during DTI hrs. However, TBS services may be claimed if delivered by staff other than the DTI staff.
 - Day rehabilitation (DR)
 - Adult residential





Documentation Requirements: Maximum Claimable Amounts

- **Certain SMHS have maximum claimable amounts as follows:**
 - **Medication support** (max claimable amount: **4** hrs. per 24 hour period)
 - **Crisis intervention** (max claimable amount : **8** hrs. per 24 hour period)
 - **Crisis stabilization** (max claimable amount : **20** hrs. per 24 hour period)



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Documentation Requirements

- **All entries** in the medical record must include:
 - The **date of service**
 - The **signature of the person providing** the service (or electronic equivalent); including:
 - The person's type of professional degree, licensure or job title
 - The relevant identification number, if applicable.
 - The **date the documentation was entered** in the beneficiary record



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Documentation Requirements: Electronic Health Records

The MHP must have a **policy** for electronic signatures which includes the processes for:

- **Electronic signature agreements**
- How **electronic signatures are identified**
- How **beneficiaries** sign documents



Oversight and Monitoring

- The MHP is responsible for oversight of its contracted organizational providers and may conduct activities similar to those conducted by DHCS or additional monitoring activities of its providers which would be clarified in the contract between the MHP and the organizational provider





Oversight and Monitoring

DHCS conducts oversight and monitoring activities of the MHPs including but not limited to:

- Site certification of county owned and operated providers
- Triennial re-certifications of the above providers
- Triennial system reviews of county MHPs
- Triennial outpatient chart reviews of county MHP (NOTE: FFA and STRTP client records may be pulled as part of the random sample of records pulled for these reviews and out of compliance issues related to chart reviews may result in disallowances)
- Triennial inpatient chart reviews of Short Doyle / Medi-Cal Hospitals



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Oversight and Monitoring: Chart Reviews

- The MHP must submit a Plan of Correction for all items identified as being out of compliance
- DHCS may conduct enhanced monitoring activities of the MHP as a result of significant or continued out of compliance issues and high chart disallowances
- DHCS Enhanced monitoring activities may be conducted as desk reviews of information submitted by the MHPs to the department or by additional onsite reviews and may include, but are not limited to, targeted training and technical assistance, focused reviews, POC validation, and additional chart reviews (either onsite or by desk review)



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Questions & Answers



County MHP Perspective

Kim Suderman, LCSW, CCR Consultant, CBHDA



Questions & Answers



STRTP Mental Health Program Approval Protocol Overview



Information Notice

- DHCS will be implementing and administering the STRTP Mental Health Program Approval processes through a DHCS Information Notice (IN) which is expected to be released in the next few weeks
- STRTPs have 12 months from the date of licensure to obtain the Mental Health Program Approval that includes a Medi-Cal Certification



Comment Period

- IN will provide information on the Mental Health Program Approval process and will also be a “call for comments”
- IN will include:
 - Interim STRTP Mental Health (MH) Program Approval Protocol
 - DRAFT STRTP Regulations
 - STRTP MH Program Approval Application Form
- At least 30 days will be allowed for the comment period



Minimum Services

- At a minimum, STRTPs must be Medi-Cal Certified to provide the following SMHS as medically necessary:
 - Mental Health Services (assessment, plan development, collateral, therapy, rehab)
 - Crisis Intervention
 - Medication Support
 - Targeted Case Management
- STRTPs must also provide access to other mental health services based on individual need (i.e., day treatment services)



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Provision of Services

- The MHP and STRTP may share service delivery (examples as follows):
 - Individual therapy provided by the MHP
 - Group therapy provided by the STRTP
 - Medication support/as needed and 24/7 provided by STRTP
 - Medication support/psychiatrist provided by MHP
 - Case Management provided by both the STRTP and the MHP



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STRTP Mental Health Program Approval Components

- Delegation of program approval/certification process
- Application process
- Provisional approvals
- Onsite review
- Annual onsite renewal of Mental Health Program Approval
- Triennial onsite renewal of Medi-Cal Certification



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Combined Protocol

- The STRTP Mental Health Program Approval and Medi-Cal Certification protocols were combined in an effort to:
 - Decrease duplication
 - Reduce two (2) onsite reviews into one (1) simultaneous site visit for the initial review
 - Thereafter the Mental Health Program Approval will be done annually and Medi-Cal Certification components will be included every 3 years



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Key Elements

- Application content, process, and timelines
- Written program statement and required contents
- Notification to the department if there is a change to the program statement
- Record Retention
- Documentation requirements including timelines



Key Elements

- Psychotropic medication control (i.e. monitoring, documentation, timelines)
- Clinical review and continued stay determinations
- Staff characteristics, qualifications, duties
- In-service education requirements for staff
- Personnel records



Key Protocol Changes

- “Program Director” to “Head of Service”
- The Head of Service (HOS) is required to be employed 40 hours per week and is responsible for managing the STRTP therapeutic program in compliance with the protocol and applicable laws and regulations
- The Head of Service may also serve as the Administrator of a STRTP

** Also refer to Slides 61-62 regarding Head of Service



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Key Protocol Changes

Regarding questions about whether a HOS may serve as the HOS for multiple STRTPs this may be considered on a case-by-case basis but would depend on consideration of a number of variables, including but not limited to:

- The number of STRTPs involved
- The number of children in each STRTP and the total number of children in all STRTPs
- The number of hours the HOS would spend at each site
- The ability of the HOS to effectively carry out their very important role and responsibilities across STRTPs to ensure compliance with all STRTP requirements



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Key Protocol Changes

- Day treatment services as optional
- Although a STRTP is not obligated to provide day treatment services, the STRTP is obligated to ensure this service is available if needed by a child



Key Protocol Changes

- A Licensed Mental Health Professional (LMHP) must complete a mental health assessment within 5 days of admission, however, the STRTP may rely on an assessment performed up to sixty (60) calendar days prior to admission unless the LMHP determines it is more clinically appropriate to complete a more current assessment



Key Protocol Changes

- Previous requirement was for the prescribing physician to complete a written medication review for each child prescribed psychotropic medication as clinically appropriate, but at least every 30 days
- New requirement is that a direct service program staff within their scope of practice (i.e., RN, LVN, LPT) may complete the written review that the prescribing physician must sign as clinically appropriate, but at least every 45 days



Key Protocol Changes

- Requirements related to Seclusion and Restraint have been removed from the Mental Health Program Approval Protocol as the CDSS Licensing Standards contain an entire section on “Emergency Interventions”, which includes Seclusion and Restraint



Key Protocol Changes

- Previous requirement was that a psychiatrist shall review the course of treatment for all children who are not on psychotropic medication at least every 30 days
- This requirements has been changed from every 30 days to every 90 days



Key Protocol Changes

- The previous requirement was for a psychiatrist to be on premises or on call 24 hours per day
- The revised requirement is that a psychiatrist will be on premises ***or available*** 24 hours per day



Key Protocol Changes

- Mental Health Program Approval requires that there be one (1) full-time equivalent (FTE) for each six (6) children or a fraction thereof admitted to the program from the following list:
 - Physician, licensed/waivered Psychologist, licensed/registered/waivered Social Worker, MFT, or LPCC; RN, LVN, LPT, Occupational Therapist, Mental Health Rehabilitation Specialist



Key Protocol Changes

- Of the one (1) FTE above, one half-time equivalent must be a licensed mental health professional
- The LMHP employed to meet this requirement may also be the Head of Service if employed at least 40 hours per week





Provisional Approvals for Current RCL 13 or 14 Group Homes

- From January 1, 2017 until December 31, 2017, for applicants that are group homes that are currently certified for Rate Classification Levels (RCL) 13 or 14, the Department or delegate may issue provisional approvals without conducting an onsite review if the submitted application and supporting documentation demonstrates that STRTP mental health program approval requirements are met
- The Department or delegate shall conduct an onsite review prior to issuing a subsequent (non-provisional) approval (likely within 180 days).



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Provisional Approvals for New STRTPs

- For a new STRTP where no children are admitted to the facility at the time of the initial onsite review, the Department or delegate may issue a provisional approval if the submitted application, supporting documentation, and initial onsite review demonstrates that STRTP mental health program approval requirements are met
- During the initial review, DHCS or the MHP will check that basic requirements are met, determine implementation readiness, and provide technical assistance for the full site review
- The Department or delegate will conduct a subsequent onsite review after the applicant begins to admit children (likely within 120 days)



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Medi-Cal Certification Basic Requirements

- Head of service
- Fire clearance
- Program description
- Beneficiary information materials
- Facility inspection
- Policies and procedures
- HIPAA/confidentiality



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Acceptance of Evidence

- DHCS and/or the MHP will accept any evidence obtained from the Licensure process that is already covered as part of the licensing requirements to satisfy applicable Mental Health Program Approval or Medi-Cal Certification requirements, i.e., fire clearance, relevant policies and procedures, MOUs, letters



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Enforcement and Due Process

- **DHCS/MHPs may enforce the mental health program approval standards by taking any of the following actions against a non-compliant STRTP:**
 - Suspend or revoke a mental health program approval
 - Impose monetary penalties
 - Place a mental health program on probation
 - Require a mental health program to prepare and comply with a corrective action plan
- DHCS/MHPs shall provide STRTPs with due process protections when taking any of the actions above
- DHCS/MHP shall notify CDSS immediately upon the termination of any mental health program approval



Questions & Answers



Resources and Helpful Links

- SMHS waiver, contract and state plan
 - http://www.dhcs.ca.gov/services/Pages/Medi-cal_SMHS.aspx
 - http://www.dhcs.ca.gov/services/Pages/Medi-cal_SMHS.aspx
 - http://www.dhcs.ca.gov/formsandpubs/laws/Documents/09-004_ApvPkg.pdf
- SMHS Medi-Cal Billing Manual
 - http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Mental%20Health%20Medi-Cal%20Billing%20Manual_POSTED_1_28_14doc.pdf



Resources and Helpful Links (cont.)

- CDSS CCR
 - <http://www.cdss.ca.gov/cdssweb/PG4869.htm>
- Questions on Katie A. (ICC, IHBS, TFC)
 - KatieA@dhcs.ca.gov
- Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care Services
 - http://www.dhcs.ca.gov/services/Documents/Medi-cal_manual_9-22-16.pdf



Closing Remarks and Wrap-Up

Send Feedback, Questions, Comments to:
ccr@cibhs.org

