State of the State

California Department of Health Care Services

Mental Health Services Division

California Quality Improvement Coordinators Annual Meeting
March 14, 2018

Presentation Outline

- Mental Health Updates
- Medicaid Managed Care and Parity Updates
- 1915(b) SMHS Waiver Special Terms and Conditions
- Administrative and Financial Sanctions
- Compliance and Monitoring
- Questions and Open Discussion

Mental Health Updates

Specialty Mental Health Services (SMHS) Audit

- Office of Inspector General (OIG)

Mental Health Services Act (MHSA) Audit

- CSA Audit

MHP Technical Assistance Calls

- Monthly All MHP Calls – 3rd Tuesday of Each Month
- Monthly Individual MHP Calls

Mental Health Updates

Children's Services

- Presumptive Transfer
- Pathways to Wellbeing
- Children's Crisis Residential Programs
- Continuum of Care Reform

MHP Contract and Beneficiary Handbook

- CMS approved the MHP contract boilerplate
- Revised beneficiary handbook
- Parity amendment forthcoming
- Other amendments

Managed Care and Parity Updates

Information Notices

- Network Adequacy
- Grievance and Appeal Systems
- Statewide Uniform Credentialing Policy
- Provider Directory Requirements
- Claiming for Eligible Costs Related to Managed Care and Parity
- Forthcoming Guidance

Network Adequacy

- Network Adequacy Certification Tool and Supporting Documentation due March 30, 2018

Parity in Mental Health and Substance Use Disorder Services

- Compliance Plan – Posted October 2, 2017
- Authorization of SMHS
- Continuity of Care
- Uniform Method for Determining Ability to Pay (UMDAP) Statute

1915(b) SMHS Waiver Special Terms and Conditions

Special Terms and Conditions

Current Dashboards*

- Adult SMHS - Statewide
- Adult SMHS - County
- Children/Youth SMHS - Statewide
- Children/Youth SMHS - County

Upcoming Dashboard Elements

- Timeliness Metrics/ Reporting
- Interpretation and Translation Capability

Transparency & Quality

- Plans of Correction
- EQRO Performance Improvement Project Reports
- Beneficiary Problem Resolution
- Quality Improvement Work Plans

* http://www.dhcs.ca.gov/services/MH/Pages/SMHS_Performance_Dashboard.aspx

Administrative and Financial Sanctions

Sanctions Authority

- DHCS may impose administrative and financial sanctions for non-compliance pursuant, but not limited, to the following:
  - California Code of Regulations, Title 9, Sections 1810.380 and 1810.385;
  - California Welfare and Institutions Code (WIC) Section 14712(e).

Reasons for Imposing Sanctions

- Any threat to health and safety that has the potential to endanger beneficiaries
- Non-compliance with any applicable federal or State laws or regulations
- Non-compliance with the contract between DHCS and the MHP, 1915(b) SMHS Waiver, or any specified Special Terms and Conditions
- Non-compliance with MHP reporting requirements

Reasons for Imposing Sanctions

- Not providing or arranging for medically necessary covered SMHS in a timely manner
- Repeated and uncorrected findings of non-compliance
- Lack of achievement in meeting DHCS' performance standards

Factors DHCS May Consider

- The nature, scope, and gravity of the violation
- The MHP's history of violations
- The willfulness of the violation
- The nature and extent to which the MHP cooperated with DHCS' investigation of the violation
- The nature and extent to which the MHP aggravated or mitigated any injury or damage caused by the violation
- The nature and extent to which the MHP took corrective action to ensure the violation did not recur
- Whether the violation was an isolated incident

Types of Sanctions

- Any actions deemed necessary to ensure contract and regulatory compliance, including but not limited to:
  - Plans of Correction
  - Withholding of payments due to the MHP
  - Monetary sanctions
  - Contract termination

Compliance and Monitoring

Inpatient Disallowances Fiscal Years 2013-2016

Fiscal Year	# of Hospitals Reviewed	% of Acute Days Disallowed	% of Administrative Days Disallowed	% of Total Days Disallowed
2013-2014	6	56%	49%	55%
2014-2015	6	50%	58%	54%
2015-2016	6	57%	63%	55%
2016-2017	6	31%	17%	30%
Averages	6	49%	47%	49%

The disallowance rate for acute days ranges from 31% to 57%, with an average disallowance rate of 53%. For administrative days, disallowance rates range from 17% to 63% with an average rate of 69%. This rate was lower in FY16/17 than it was in FY13/14 for the same hospitals. The total days disallowed ranges from 30% to 55%, with an average rate of 49%.
***Green denotes average rates for 2 consecutive triennial reviews of the same group of hospitals.**

Outpatient Disallowances Fiscal Years 2013-2016

Fiscal Year	# of MHPs Reviewed	# of Claims reviewed	# of Claims Disallowed	% of Total Claims Disallowed
2013-2014	19	7439	3508	47%
2014-2015	20	7623	3803	50%
2015-2016	17	7615	1383	18%
2016-2017	19	6524	637	10%
3-Year Cycle	56	21762	5823	27%

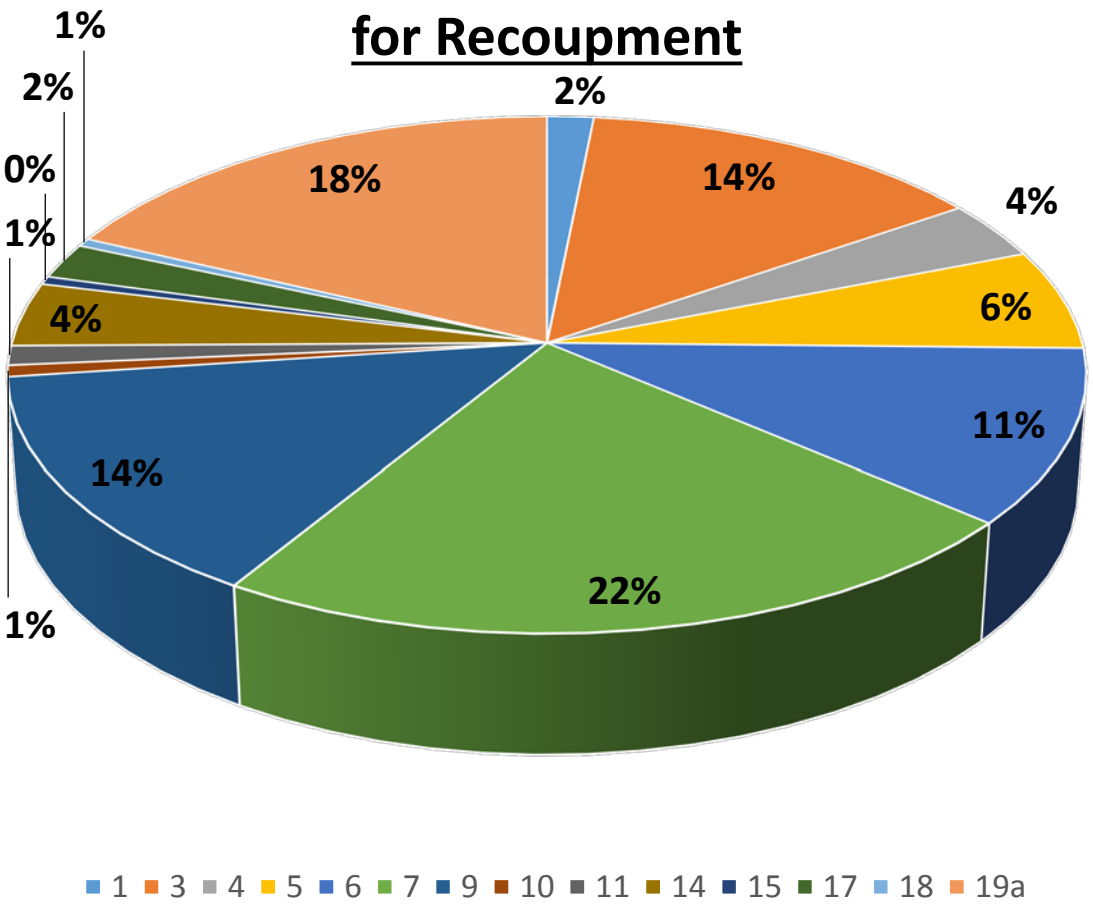
This table shows the disallowance rates for a complete three-year review cycle (all 56 county MHPs). The percentage of total claims disallowed decreased from 47% in FY13/14 to 10% in FY16/17. ***Green denotes average rates for 2 consecutive triennial reviews of the same group of MHPs.**

Reasons for Recoupment

Reasons for Recoupment

RR #7: No documentation of beneficiary participation (22%)
RR #19a: No service provided (18%)
RR #3: Focus of proposed intervention to address condition (14%)
RR #9: No progress note (14%)
RR #6: Client plan not completed annually (11%)
RR #5: Initial client plan not completed timely (6%)
RR #4: Expectation of proposed intervention (4%)
RR #14: Group activity apportionment (4%)
RR #17: Solely clerical (2%)
RR #1: No Included diagnosis (1%)
RR #10: Time claimed greater than documented (1%)
RR #11: Beneficiary ineligible for FFP due to setting (1%)
RR #15: Progress note not signed (1%)
RR #18: Solely payee related (1%)

FY12/13 Disallowances by Reason for Recoupment



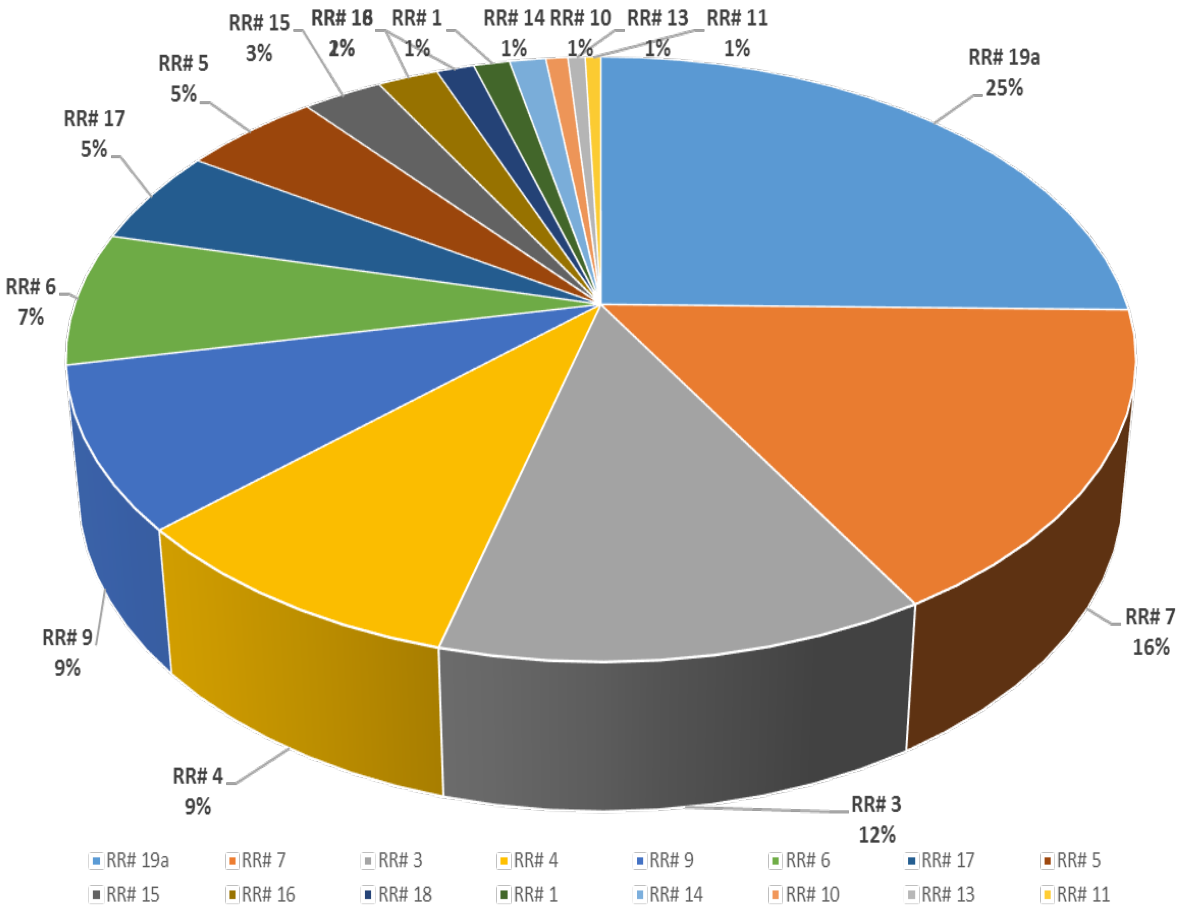
Total Claims Reviewed = 6,286
Percent of Claims Disallowed = 35%

Reasons for Recoupment

Reasons for Recoupment

RR #19a: No Service Provided (25%)
RR #7: No beneficiary participation CP (18%)
RR #3: Intervention does not address mental health condition (12%)
RR #4: Intervention would not diminish impairment or prevent deterioration (9%)
RR #9: No progress note (9%)
RR #6: CP not completed at least on an annual basis (7%)
RR #17: Solely clerical (5%)
RR #5: Initial CP not completed within timelines (5%)
RR # 15: No signature (or electronic equivalent) of person providing service (3%)
RR #16: Solely transportation (2%)
RR #18: Solely payee-related (1%)
RR #1: No included diagnosis

FY 13/14 Disallowances by RR



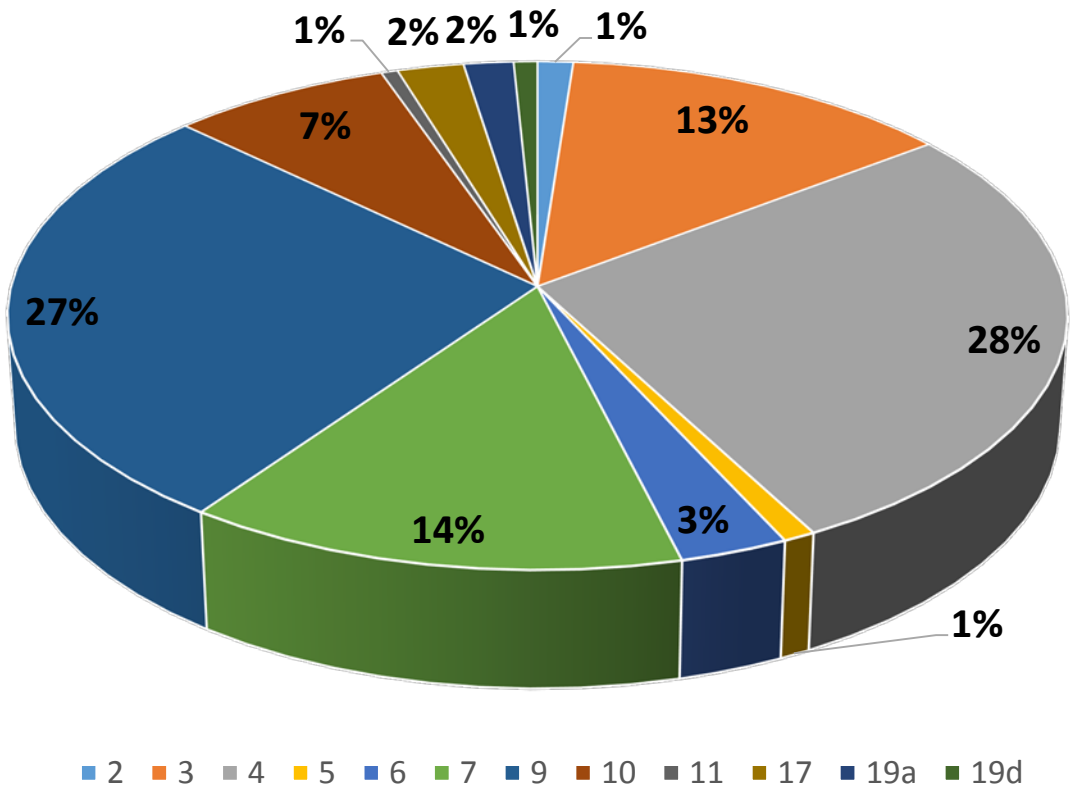
Total Claims Reviewed = 6,174
Percent of Claims Disallowed = 51%

Reasons for Recoupment

Reasons for Recoupment

RR #4: Expectation of proposed intervention (28%)
RR #9: No progress note (27%)
RR #7: No documentation of beneficiary participation (14%)
RR #3: Focus of proposed intervention to address condition (13%)
RR #10: Time claimed greater than documentation (7%)
RR #6: Client plan not completed annually (3%)
RR #17: Solely clerical (2%)
RR #19a: No service provided (2%)
RR #2: Impairment as a result of mental disorder (1%)
RR #5: Initial client plan not completed timely (1%)
RR #11: Beneficiary ineligible for FFP due to setting (1%)
RR #19d: Not within scope of practice (1%)

FY 15/16 Disallowances by Reason for Recoupment



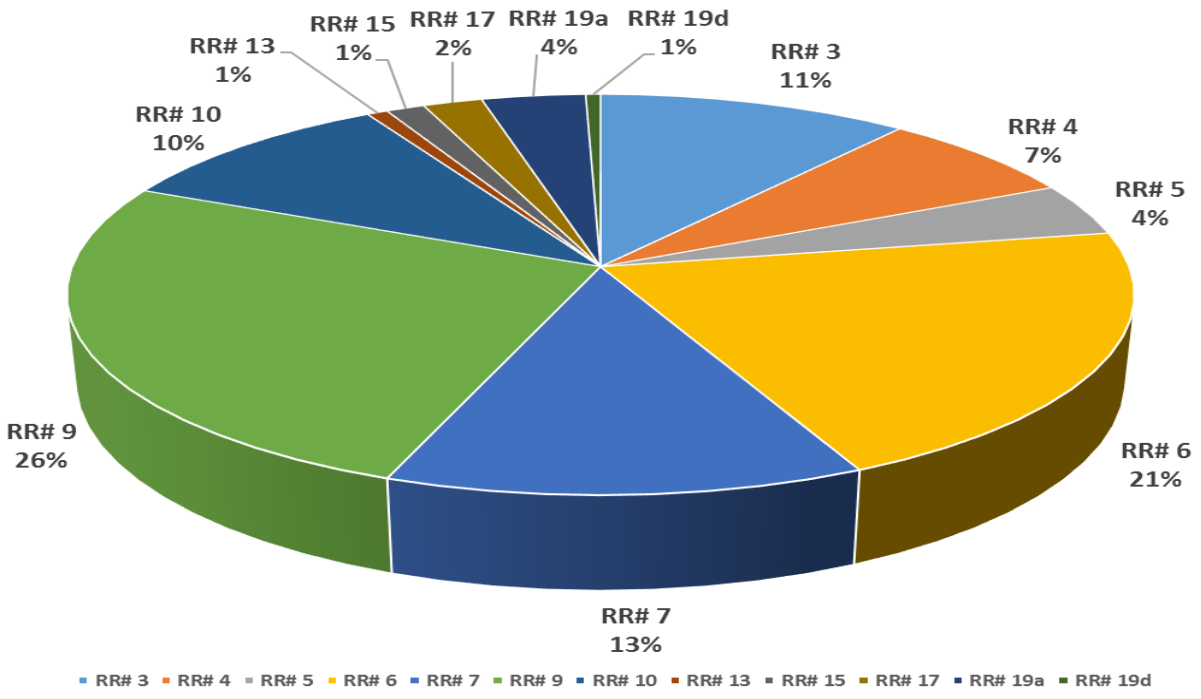
Total Claims Reviewed = 7,615
Percent of Claims Disallowed = 18%

Reasons for Recoupment

Reasons for Recoupment

RR #9: No progress note was found for service claimed (**26%**)
RR #6: CP not updated timely, Interventions not on updated plan (**21%**)
RR #7: No documentation of beneficiary participation in CP (**13%**)
RR #3: Focus of intervention does not address impairment (**11%**)
RR #10: The time claimed was greater than the time documented (**10%**)
RR #4: Intervention will not improve or diminish impairment (**7%**)
RR #5: Initial CP not completed timely (**4%**)
RR #19a: No service was provided (**4%**)
RR #17: The service provided was solely clerical (**2%**)
RR #13: Service provided was solely for Academic, Vocational, Recreation, Socialization (**1%**)
RR #15: The progress note was not signed (**1%**)
RR #19d: The service was not provided within the scope of practice of the person delivering the service (**1%**)

FY 16/17 Disallowances by RR



Total Claims Reviewed = 7,623
Percent of Claims Disallowed = 10%

Non-Compliance Trends Fiscal Year 2016/2017

Chart Component Reviewed	Non- Compliance % (300 Charts Reviewed)
Medical Necessity - focus of the proposed and actual intervention(s) is to address the mental health condition	12%
Assessments - completed within established timeliness and frequency standards	21%
Medication Consents – reasonable treatment alternatives	13%
Medication Consents – range of frequency	18%
Medication Consents – dosage	17%
Medication Consents – method of administration	23%
Medication Consents – duration of taking the medication	18%

Non-Compliance Trends Fiscal Year 2016/2017

Chart Component Reviewed	Non- Compliance % (300 Charts)
Medication Consents – possible side effects (longer than 3 mos)	10%
Medication Consents – consent may be withdrawn	12%
Client Plans - specific, observable, and/or specific quantifiable goals/treatment objectives	19%
Client Plans - proposed type(s) of intervention/modality including a detailed description of the intervention to be provided	32%
Client Plans - proposed frequency of intervention(s)	25%
Progress Notes - timely documentation of relevant aspects of client care	52%
Progress Notes – timeliness of documentation	20%

System Compliance Fiscal Years 2013-2016

Fiscal Year	# of MHPs Reviewed	Total # of Items in the Annual Protocol	Average % Out or Partial Compliance	% Range Out of Compliance
2013-2014	19	114	11%	3%-29%
2014-2015	20	151	12%	0%-33%
2015-2016	17	187	5%	0%-19%
2016-2017	19	200	6%	1%-12%
3-Year Cycle Average	56	538	8%	0%-21%

This table shows the rates of non-compliance (including out-of-compliance and partial compliance) items in the System Review (Sections A – J and the Attestation) protocol. While the total number of items in the System Review Protocol has increased, the average rate and range of non-compliance decreased from FY13/14 to FY16/17. ***Green denotes average rates for 2 consecutive triennial reviews of the same group of MHPs.**

Non-Compliance Trends Fiscal Year 2015/2016

Component Reviewed	Compliance % (17 counties)
Cultural Competence Training - Contractors	65%
Ownership Disclosures - Contractors	65%
Written Log of Requests	66%
24/7 Access Line	68%
NOA-As	75%
Implementation Plans	76%
Service Verification	76%
Cultural Competence Training - Tracking	76%

Non-Compliance Trends Fiscal Year 2016/2017

Component Reviewed	Compliance % (19 counties)
24/7 Access Line – Info about SMHS	32%
24/7 Access Line – Problem Resolution	47%
TARs – 14 days	53%
24/7 Access Line – Urgent Condition	58%
Written Log of Requests	58%
Interpretation Requirements – Minor Children	68%
NOA – C	74%
Grievances Resolved Timely	74%

Enhanced Monitoring Activities

- Triennial Reviews
- POC Validations
- Statewide or Regional TA and Training
- MHP Submission of Evidence of QI Actions
- Targeted MHP Specific Trainings
- POC Validation Visits
- Focused Desk Reviews
- Focused, Modified or Comprehensive Onsite System and Chart Reviews
- Administrative and Financial Sanctions

MHP Tier Distribution
(as of 3/14/18)

Tier	Criteria	System Review	Outpatient Chart Review
Tier 1	**100-95% Compliance Rate** No Long-Standing/Significant Findings	25 MHPs	11 MHPs
Tier 2	**94-90% Compliance Rate** Long-Standing/Significant Findings	10 MHPs	8 MHPs
Tier 3	**89-80% Compliance Rate** Long-Standing/Significant Findings	18 MHPs	13 MHPs
Tier 4	**79-70% Compliance Rate** Long-Standing/Significant Findings	1 MHPs	8 MHPs
Tier 5	**69-60% Compliance Rate** Long-Standing/Significant Findings	2 MHPs	4 MHPs
Tier 6	**59-50% Compliance Rate** Long-Standing/Significant Findings	0 MHPs	3 MHPs
Tier 7	**49-0% Compliance Rate** Long-Standing/Significant Findings	0 MHPs	9 MHPs

Hybrid Reviews

- FY 17/18 Pilot test for hybrid reviews – 2 counties
- Chart review and system review
- Secure MoveIT Server
- Hybrid review would include:
  - Entrance conference
  - Submission of documentation
  - Desk review of documentation
  - Ongoing communication with MHP
  - Onsite facilitated dialogue with MHPs
  - Exit conference

Training and Technical Assistance

- Chart documentation E-learning modules:
  - Overview: Recovery and Documentation
  - Assessments
  - Client Plans
  - Progress Notes
  - Medication Consents
  - Day Programs
  - Preparing for a Compliance Review
  - Supervising Documentation Practices
- Developing a Successful Plan of Correction

Questions and Open Discussion

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