Professional Development & Training Series: Behavioral Health Quality Assurance (BHQA) Staff

Workshop #2: California’s Medicaid State Plan: Specialty Mental Health Services & Expanded Definitions

June 2017

San Francisco Department of Public Health
Behavioral Health Services
Quality Management
Clinical Documentation Improvement Program (CDIP)

Staff contact: Joseph A Turner, PhD (joe.turner@sfdph.org)
• **Build a binder for workshop materials:**
  
  • **Powerpoint**: steal these slides for your training!
  
  • **CDIP Medicaid State Plan**: a must-have reference for a true QA professional
  
  • **CDIP Comparison of Service Definitions**: better understanding of the intention of services
  
  • **Bonus Materials**: Issue Brief from Families USA—excellent review of State Plans and mechanisms for updates (Waivers & State Plan Amendments)

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Recap on the Series

- **Problem: People Do Not Understand...**
  - Quality assurance...
  - Managed care...
  - BHQA staff deserve education, training & support:
    - **Workshop 1**: don’t have to memorize CCR Title 9, do have to understand purpose, structure and medical necessity
    - **Workshop 2 (today)**: don’t have to memorize State Plan, but need to understand...
Recap on the Series

Federal

State

County

Provider

Workshop #1

Workshop #2

State Plan

Workshop #3

Boilerplate Contract

Workshop #4

1994 SDMC Manual

Workshop #5

Medi-Cal Certification

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6/8/2017
Jargon Check: Quality Assurance

Quality Management

Quality Assurance

...retrospective comparison against a standard

Quality Improvement

...real-time investigation of processes

...organized system to monitor & improve quality
Specialty Mental Health Services are defined in regulation...

...what do those words mean?

...what resources can help me understand?
"Outpatient"

- Outpatient is jargon: "Hospital" and "Non-Hospital" are the technical words of DHCS

- "Outpatient Bundle" is BHS short hand for:
  - Non-Hospital
  - Mode 15 (billing by minutes)
  - "Mental Health Services" (assessment, plan development, therapy, rehabilitation, collateral)
  - Targeted Case Management
  - Medication Support Services
  - Crisis Intervention

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“GO TO” resource for service definitions...

- **CCR Title 9, Division 1, Chapter 11**: remember Workshop #1...

<table>
<thead>
<tr>
<th>Domain</th>
<th>Detail</th>
<th>CCR Title 9 Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Necessity (Non-Hospital)</td>
<td>• Medi-Cal criteria (diagnosis, impairments, interventions)</td>
<td>§1830.205 &amp; §1830.210</td>
</tr>
<tr>
<td></td>
<td>• EPSDT criteria</td>
<td></td>
</tr>
<tr>
<td>Definitions of Services</td>
<td>• Definition of assessment, plan development, etc.</td>
<td>§1810.204</td>
</tr>
</tbody>
</table>
SMHS “Outpatient Bundle” Service Definitions

CDIP Tools-Outpatient Service Definitions

- Slides
- Checklist
- Table

BHS Clinical Documentation Improvement Program (CDIP)
Basic Documentation Tools (created from source documents that include CCR Title 9, MHP Boilerplate Contract, DHCS Audit Protocol):

- Outpatient Bundle Services -- Definitions In Slide Format
- Outpatient Bundle Services -- Definitions In Checklist Format
- Outpatient Bundle Services -- Definitions In Table Format
- Assessment Requirements - Slide Format
- Assessment Requirements - Table Format
- TPOC Requirements - Slide Format
- TPOC Requirements - Table Format
- Progress Note Requirements - Slide Format
- Progress Note Requirements - Table Format
- CHBS PIRP Notes - Slide Format
- CBHS PIRP Notes - Checklist Format

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Barriers to Understanding

- **Regulation**: the definitions and words from regulation can be hard to read and digest

- **Prior Learning**: the definitions from past learnings (e.g., in school) make it hard to understand definitions and words from regulation

- **Insufficient Knowledge**: lack of general knowledge of managed care compounds difficulty
Facilitators to Understanding

- **Context and background**: it’s easier to learn about something if you know the history, background, culture and context

- **Opportunities to compare and contrast**: as we explore the similarities/differences among things, our understanding deepens

- **Thorough and in-depth analysis**: taking the time and effort to conduct a complete analysis leads to knowledge
Specialty Mental Health Services are explicated in other areas...

...say what?!

...isn’t Title 9 the center of the SMHS Universe?
California’s Medicaid State Plan

- Medicaid is a federal program that is jointly implemented by the Federal and State governments.

  - “Jointly Implemented” = every state creates a Medicaid State Plan that outlines the terms and agreements of the contract—Federal government approves plan.

- Since DHCS is the California “single state agency” responsible for Medicaid, our State Plan is posted at the DHCS website.

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California’s Medicaid State Plan

www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx
**Document Structure:**

- **Four sections**
  - **Section 1:** Single State Agency Organization
  - **Section 2:** Coverage and Eligibility
  - **Section 3:** Services
  - **Section 4:** General Program Administration

*we are a tiny portion!*
Where do SMHS get defined/addressed?

Section 3: Services

- **Attachment 3.1-A**: Amount, Duration & Scope of Medical & Remedial Care & Services Provided to the Categorically Needy

- **Supplement 1 to Attachment 3.1-A**: Targeted Case Management

- **Supplement 3 to Attachment 3.1-A**: Rehabilitative Mental Health Services

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Assessment

"Assessment" means a service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes one or more of the following: mental status determination, analysis of the beneficiary's clinical history, analysis of relevant **biopsychosocial** and cultural issues and history, diagnosis, and the use of testing procedures.

*bold/italics* = unique language
Plan Development

"Plan Development" means a service activity that consists of one or more of the following: development of client plans, approval of client plans and/or monitoring of a beneficiary's progress.
"Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.
Rehabilitation

"Rehabilitation" means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.
Collateral

"Collateral" means a service activity to a significant support person or persons in a beneficiary's life for the purpose of providing support to the beneficiary in achieving client plan goals. Collateral includes one or more of the following: consultation and/or training of the significant support person(s) that would assist the beneficiary in increasing resiliency, recovery, or improving utilization of services; consultation and training of the significant support person(s) to assist in better understanding of mental illness and its impact on the beneficiary; and family counseling with the significant support person(s) to improve the functioning of the beneficiary. The beneficiary may or may not be present for this service activity.
Crisis Intervention

Crisis Intervention is an unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting. Crisis intervention may be provided face-to-face, by telephone or by telemedicine with the beneficiary and/or significant support persons and may be provided in a clinic setting or anywhere in the community. This service includes one or more of the following service components: Assessment, Collateral, Therapy, Referral.
Medication Support

Medication Support Services include one or more of the following: prescribing, administering, dispensing and monitoring drug interactions and contraindications of psychiatric medications or biologicals that are necessary to alleviate the suffering and symptoms of mental illness. This service may also include assessing the appropriateness of reducing medication usage when clinically indicated. Medication Support Services are individually tailored to address the beneficiary's need and are provided by a consistent provider who has an established relationship with the beneficiary.

Services may include: providing detailed information about how medications work; different types of medications available and why they are used; anticipated outcomes of taking a medication; the importance of continuing to take a medication even if the symptoms improve or disappear (as determined clinically appropriate); how the use of the medication may improve the effectiveness of other services a beneficiary is receiving (e.g., group or individual therapy); possible side effects of medications and how to manage them; information about medication interactions or possible complications related to using medications with alcohol or other medications or substances; and the impact of choosing to not take medications. Medication Support Services supports beneficiaries in taking an active role in making choices about their mental health care and helps them make specific, deliberate, and informed decisions about their treatment options and mental health care.

Medication support services may be provided face-to-face, by telephone or by telemedicine with the beneficiary or significant support person(s) and may be provided anywhere in the community.

This service includes one or more of the following service components: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; medication education including instruction in the use, risks and benefits of and alternatives for medication; collateral; plan development.
Outpatient Bundle Service Definitions in State Plan

Targeted Case Management

Targeted Case Management (TCM) means services that assist a beneficiary to access needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities include (dependent upon the practitioner's judgment regarding the activities needed to assess and/or treat the beneficiary): communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development:

TCM may be provided face-to-face, by telephone, or by telemedicine with the beneficiary or significant support person and may be provided anywhere in the community. TCM contacts with significant support persons may include helping the eligible beneficiary access services, identifying needs and supports to assist the eligible beneficiary in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible beneficiary's needs (42 CFR 440.169(e)).

TCM includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for establishment or continuation of TCM services to access any medical, educational, social, or other services. These assessment activities include:
   a. Taking client history;
   b. Identifying the individual's needs and completing related documentation, reviewing all available medical, psychosocial, and other records, and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the individual; and
   c. Assessing support network availability, adequacy of living arrangements, financial status, employment status, and potential and training needs. Assessments are conducted on an annual basis or at a shorter interval as appropriate.

2. Development and Periodic Revision of a Client Plan that is:
   a. Based on the information collected through the assessment;
   b. Specifies the goals, treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical, social, educational, and other services needed by the individual;
   c. Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals;
   d. Identifies a course of action to respond to the assessed needs of the eligible individual; and
   e. Develops a transition plan when a beneficiary has achieved the goals of the Client Plan.

3. Referral and Related Activities:
   a. To help an eligible individual obtain needed services including activities that help link an individual with medical, alcohol and drug treatment, social, educational providers or other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual;
   b. To intervene with the client/others at the onset of a crisis to provide assistance in problem resolution and to coordinate or arrange for the provision of other needed services;
   c. To identify, assess, and mobilize resources to meet the client's needs. Services would typically include consultation and intervention on behalf of the client with Social Security, schools, social services and health departments, and other community agencies, as appropriate; and
   d. Placement coordination services when necessary to address the identified mental health condition, including assessing the adequacy and appropriateness of the client's living arrangements when needed. Services would typically include locating and coordinating the resources necessary to facilitate a successful and appropriate placement in the least restrictive setting and consulting, as required, with the care provider.

4. Monitoring and Follow-Up Activities:
   a. Activities and contacts that are necessary to ensure the Client Plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met: (1) Services are being furnished in accordance with the individual's Client Plan; (2) Services in the Client Plan are adequate; and (3) There are changes in the needs or status of the individual, and if so, making necessary adjustments in the Client Plan and service arrangements with providers.
   b. Activities to monitor, support, and assist the client on a regular basis in developing or maintaining the skills needed to implement and achieve the goals of the Client Plan. Services would typically include support in the use of psychiatric, medical, educational, socialization, rehabilitation, and other social services. Monitoring and update of the Client Plan is conducted on an annual basis or at a shorter interval as appropriate.

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6/8/2017
**Outpatient Bundle Service Definitions in State Plan**

- **How to Make Use?**
  - These definitions are dense!
  - You have to explore the words and mull them over!
  - Use the CDIP method…
Outpatient Bundle Service Definitions in State Plan

- **CDIP Method = Disaggregate Sentences**

  - **the goals of “therapy”**
  - **theoretical models that drive “therapy”**
  - **categories of activities in therapy**
  - **targets of “therapy” interventions**

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**THERAPY: a Therapeutic Intervention/Activity**

- **Primary Foci**
  - Symptom Reduction
  - Restoration in Functioning

- **Goals Include**
  - Improve Coping & Adaptation
  - Reduce Functional Impairments

- **Interventions Apply Strategies**
  - Cognitive Strategies
  - Affective Strategies
  - Interpersonal Strategies
  - Behavioral Strategies
  - Nutritional Strategies

- **Interventions Based in Principles**
  - Development
  - Wellness
  - Adjustment to Impairments
  - Recovery & Resilience

- **Therapy Assists Client to Acquire Functioning**
  - Personal Functioning
  - Interpersonal Functioning
  - Community Functioning

- **Therapy Assists Client to Modify Something**
  - Thought Processes
  - Conditions
  - Attributes
  - Behaviors

- **The Thing Being Modified is Ineffective**
  - Emotionally Ineffective
  - Intellectually Ineffective
  - Socially Ineffective
**CDIP Method = Disaggregate Sentences**

- Therapy: a Therapeutic Intervention/Activity
  - Primary Focus Issues
  - Goals Include
  - Interventions Applied Strategies
  - Interventions Based in Principles
  - Therapy Assists Client to Acquire Functioning
  - Therapy Assists Client to Modify Something
  - The Thing Being Modified is Ineffective

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The beginning of a new tool that helps people understand the intent of “therapy”
CDIP Tools for QA Professionals!!

Professional Development & Training Series for Behavioral Health Quality Assurance (BHQA) Staff:
California’s Medicaid State Plan (Section 3.1, Attachment 3.1-A, Supplement 3)

SUMMARY

- This document outlines the structure of one section of California’s Medicaid State Plan. Specifically, this is the section where ‘Rehabilitative Mental Health Services’ and ‘Targeted Case Management’ are described (i.e., Specialty Mental Health Services).
- In the outline below, page numbers refer to the printed pages of the State Plan, Attachments, Supplements, etc.
- California’s Medicaid State Plan is updated periodically (via Waivers and State Plan Amendments; SPAs). You can access the most current State Plan at http://www.dbcs.ca.gov/formsandpubslaws/Pages/CaliforniaStatePlan.aspx

California’s Medicaid State Plan

- Section 1: Single State Agency Organization
- Section 2: Coverage and Eligibility
- Section 3: Services:
  - Section 3.1: Amount, Duration & Scope of Services (ps 19-28)
    - Attachment 3.1-A: Amount Duration & Scope of Medical and Remedial Care & Services Provided to the Categorically Needy (ps 1-13)
      - Supplement 1 to Attachment 3.1-A: TCM Services—Individuals Diagnosed with a Developmental Disability and Medi-Cal Beneficiaries that Meet Medical Necessity Criteria for TCM Covered as Part of the Specialty Mental Health Services Program (ps 1-17)
      - Supplement 3 to Attachment 3.1-A: Rehabilitative Mental Health Services (ps 1-25)

- Section 4: General Program Administration

SFDPH-BHS Clinical Documentation Improvement Program (CDIP)
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...compare/contrast the two definitions
You need to understand the State Plan and related processes...

…how does the State Plan get updated and/or modified?
- States have lots of flexibility to implement their Medicaid programs.

- There are **two ways** that States can change their Medicaid program:
  - **Waivers**
  - **State Plan Amendments**
### Comparing Amendments vs. Waivers.

<table>
<thead>
<tr>
<th>Element</th>
<th>State Plan Amendment</th>
<th>Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission to CMS</td>
<td>Proposed change to Medicaid Plan</td>
<td>Formal request to have certain federal Medicaid requirements waived</td>
</tr>
<tr>
<td>What States Can Ask For</td>
<td>Can address any aspect of Medicaid program administration (eligibility, benefits, services, provider payments, etc.); must comply with federal Medicaid requirements</td>
<td>Must relate to an area specified in the Medicaid statute. Main waiver types:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1915(b) Managed Care Waivers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1915(c) Home- and Community-Based Care Waivers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Combined 1915(b) and (c) Waivers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1115 Demonstrations</td>
</tr>
<tr>
<td>Budget Requirements</td>
<td>no cost or budget requirement</td>
<td>Must be cost effective or cost neutral; calculations depend on the waiver type</td>
</tr>
<tr>
<td>Approval Process</td>
<td>90-day clock that can be suspended if CMS submits information requests to the state</td>
<td>Process for 1115 waivers must be transparent; other waivers posted on Medicaid.gov but not subject to transparency requirements</td>
</tr>
<tr>
<td>Duration of Approval</td>
<td>Permanent</td>
<td>Time limited depending on waiver type--can be renewed</td>
</tr>
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## Waivers

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915(a) Managed Care Contract</td>
<td>Establish a voluntary managed care program (via contracts with managed care plans; must be competitive bidding process to select the managed care plans; CMS must approve before the state can make payments to the plans). This waives Medicaid requirements related to provider choice for individuals who elect to enroll in the managed care program.</td>
</tr>
<tr>
<td>1915(b) Managed Care Waiver</td>
<td>Establish managed care programs that do one or more of the following: (a) restrict choice of health care providers; (b) allow a county or local government to act as a broker to help people in Medicaid select a managed care plan; (c) restrict the number and type of providers for specific Medicaid services, such as the number of companies providing transportation services; or (d) allow the state to use the savings achieved through the managed care system to provide additional services to people in Medicaid. With this authority, a state can also require that all Medicaid enrollees in the state or a particular area enroll in managed care.</td>
</tr>
<tr>
<td>1915(c) Home-and Community-Based Care</td>
<td>Provide home- and community-based services in the Medicaid program. Allows State to provide additional services not typically covered in Medicaid if the service will help an individual remain in community vs. being placed into a nursing home. States can target certain groups (e.g., TBI, children with developmental disabilities). Programs are limited to individuals who would need institutional care if the waiver servicers were not available.</td>
</tr>
<tr>
<td>Combined 1915 (b) and (c)</td>
<td>Ability to combine (b) and (c) for long-term services in a managed-care setting. This could include a nursing home, home health, or personal care services.</td>
</tr>
<tr>
<td>1115 Research &amp; Demonstration Project</td>
<td>A pilot or experimental project to promote the objectives of the Medicaid program. States can try new health care delivery approaches or payment methods.</td>
</tr>
</tbody>
</table>
“Famous” State Plan Amendments:

- **#12-025**: added professional counselors (LPCC) to the list of eligible providers
- **#14-011**: initial attempt to have Therapeutic Foster Care included as a rehabilitative mental health service.

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Parting Thoughts…

California’s Medicaid State Plan is your friend!
SFDPH-BHS-CDIP Website:

- Not a “buffet” (i.e., take what you want)
- Is “pre fixe” (i.e., the chef gives you)

https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSQualityMgmt.asp