



MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Implementation Plan Update July 2017

Monterey County Health Department
Behavioral Health Services Bureau

The Implementation Plan is required by CCR Title 9, Chapter 11, § 1810.310. In accordance, with § 1810.310(c)(1), an MHP shall submit proposed changes in the policies, processes or procedures that would modify the MHP's current Implementation Plan prior to implementing the proposed changes.

INTRODUCTION

OVERVIEW OF MONTEREY COUNTY BEHAVIORAL HEALTH

Monterey County is one of 58 counties in the state of California. The United States Census reported the 2010 population to be estimated at 433,898. Covering 3,322 square miles, Monterey County is comprised of 12 incorporated cities, and is divided into the following regions: Monterey Peninsula (Monterey, Pacific Grove, Carmel-by-the-Sea, Carmel Valley, Seaside, Marina, Sand City, Del Rey Oaks and Pebble Beach); Big Sur; North County (Marina, Moss Landing, Prunedale and Castroville); and the Salinas Valley (Salinas, Soledad, Gonzales, Greenfield and King City). The economy is primarily based upon tourism and agriculture. The largest racial/ethnic group is Hispanic/Latino (57%) followed by White (31%). U.S. Census noted 20.3% of families with related children under 18 years of age lived in poverty (15.7% in 2010). The number of persons per household was 3.24 with a median household income of \$58,582

Salinas is the largest city in the county. 40% of adults living in the city of Salinas do not have a high school diploma or General Education Diploma (GED); 30% of adults have less than 9th grade education (U.S. Census Bureau, 2009-2011).

Monterey County Behavioral Health (MCBH) is organized into three geographic regions: Salinas Valley, Coastal Region, and South County. All regions provide services to children, adults, and older adults. During Fiscal Year 2016-2017 MCBH provided services to 11,960 consumers. The number of consumers served during Fiscal Year 2015-2016 was 10,482 (increase of 14%).

Behavioral Health is one bureau with the Monterey County Health Department. The Behavioral Health Bureau provides and oversees a range of mental health and substance use programs for children, adults, and older adults. MCBH is administered by the Director of Behavioral Health who reports to the Director of the Department of Health.

Behavioral Health services are provided in California with a variety of funds including those appropriated under the Bronzan-McCorquodale Act; Medi-Cal (State/Federal) funds; Federal and State grants, funds appropriated under the 2011 Realignment Plan; Substance Abuse Prevention and Treatment Block Grant funds; Mental Health Services Act funds; and County general funds.

Monterey County MCBH is charged with the responsibility of developing and coordinating a comprehensive system of programs to meet its residents' mental health and substance use needs. These programs address the problems of acute and chronic mental disorders, of life crises, and other disabilities that occur concurrently with mental health and substance use issues. Services may be provided directly by County staff or under county contract with private practitioners or service agencies. MCBH services are primarily available to Monterey County residents who meet medical necessity for services, and are Medi-Cal beneficiaries or who are

uninsured with low incomes. Emergency psychiatric services are provided regardless of insurance and income. Generally, fees are based on the client's ability to pay, and range from zero charge (if fully covered by Medi-Cal) to full charge.

IMPLEMENTATION PLAN CONTEXT AND PURPOSE

As required by the California Code of Regulations, Title 9, Chapter 11, § 1810.310, each MHP must submit an Implementation Plan in order to be designated as a Mental Health Plan (MHP) and contract with the Department of Health Care Services (DHCS) to provide or arrange for the provision of specialty mental health services to all eligible Medi-Cal beneficiaries residing in the MHP's county. All MHPs submitted their original Implementation Plans soon after the Medi-Cal specialty mental health services program began in Fiscal Year 1997-98.

Title 9, § 1810.310(c) requires that "An MHP shall submit proposed changes to its approved Implementation Plan in writing to the Department for review." Furthermore, § 1810.310(c)(1) requires that "An MHP shall submit proposed changes in the policies, processes or procedures that would modify the MHP's current Implementation Plan prior to implementing the proposed changes." This Implementation Plan Update is to fulfill the MHP's requirement to submit proposed changes since the last approved Implementation Plan.

Title 9, § 1810.310(a)(1) through (11) provides the content requirements for the Implementation Plan: In accordance with this regulation, the Implementation Plan shall include:

- (1) Procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.
- (2) A description of the process for:
 - (A) Screening, referral and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing and vocational rehabilitation services.
 - (B) Outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP.
 - (C) Assuring continuity of care for beneficiaries receiving specialty mental health services prior to the date the entity begins operation as the MHP.
 - (D) Providing clinical consultation and training to beneficiaries' primary care physicians and other physical health care providers.
- (3) A description of the processes for problem resolution as required in Subchapter 5.
- (4) A description of the provider selection process, including provider selection criteria consistent with Sections 1810.425 and 1810.435. The entity designated to be the MHP shall include a Request for Exemption from Contracting in accordance with Section 1810.430(c) if the entity decides not to contract with a Traditional Hospital or DSH.
- (5) Documentation that demonstrates that the entity:

- (A) Offers an appropriate range of specialty mental health services that is adequate for the anticipated number of beneficiaries that will be served by the MHP, and
 - (B) Maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries that will be served by the MHP.
- (6) A description of how the MHP will deliver age-appropriate services to beneficiaries.
 - (7) The proposed Cultural Competence Plan as described in Section 1810.410, unless the Department has determined that the Cultural Competence Plan will be submitted in accordance with the terms of the contract between the MHP and the Department pursuant to Section 1810.410(c).
 - (8) A description of a process for planned admissions in non-contract hospitals if such an admission is determined to be necessary by the MHP.
 - (9) A description of the MHP's Quality Improvement and Utilization Management Programs.
 - (10) A description of policies and procedures that assure beneficiary confidentiality in compliance with State and Federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.
 - (11) Other policies and procedures identified by the Department as relevant to determining readiness to provide specialty mental health services to beneficiaries as described in this Chapter.

The Monterey County Behavioral Health Implementation Plan Update addresses all the required elements outlined in the California Code of Regulations (CCR), Title 9, §1810.310. Care was taken to follow the structure established in the regulation, to ensure all the necessary descriptions of policies, procedures and processes, are included. Elements that were required in the original Implementation Plan but are not applicable to the update are so noted.

The time frames for review, approval and implementation of the proposed changes in this Implementation Plan Update are outlined in § 1810.310(c)(3) through (5):

- (3) If the changes are consistent with this Chapter, the changes shall be approved by the Department.
- (4) The Department shall provide a Notice of Approval or a Notice of Disapproval, including the reasons for disapproval, to the MHP within 30 calendar days after the receipt of the notice from the MHP.
- (5) The MHP may implement the proposed changes 30 calendar days from submission to the Department if the Department fails to provide a Notice of Approval or Disapproval.

IMPLEMENTATION PLAN UPDATE IMPLEMENTATION PLAN - Update

Procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.

Payment Authorization for Psychiatric Inpatient Hospital Services

In accordance with Title 9, § 1820.220, MCBH has designated a Point of Authorization (POA) where psychiatric inpatient hospitals submit written requests for MHP payment authorizations for Medi-Cal psychiatric inpatient hospital services provided to Monterey County beneficiaries. The contact information for the MCBH POA is:

Monterey County Behavioral Health- Quality Management
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906
Phone: (831) 755-4545
Fax: (831) 755-4350

The procedures for payment authorization by the POA is by review of a Treatment Authorization Request (TAR) from the psychiatric inpatient hospital where a Monterey County beneficiary is admitted, through a retrospective review. This is a review of medical records and other supporting documents. Timely response to the initial TAR occurs within 14 days of receipt of the TAR. Entry of TAR information in the MCBH data base supports a timely response.

- Timing for receipt of the TAR in relation to the hospital discharge event can vary. The response to a payment authorization request must occur within 14 days of receipt of the TAR.
- A timely TAR response to a TAR received with a first-level appeal is either within 30 days of the date of the first-level appeal determination or, if no determination is made, at 60 days after receipt of the TAR. The TAR includes notation of receipt with a first-level appeal, indicating the date the appeal was received and the 60-day response due date. If the hospital has not submitted a TAR with the appeal but submits a TAR after notification of the appeal determination, the MHP must respond to the TAR within 14 days of receipt of the TAR.
- Retroactive Medi-Cal eligibility is approved. The hospital must submit a TAR within 60 days of discovery of eligibility. MCBH responds within 14 days of receipt of the TAR.
- Retroactive MCBH responsibility occurs (Private insurance/ Medicare- claims processing concludes and Medi-Cal becomes the next responsible payer). The hospital must submit a TAR within 60 days of discovery of eligibility. MCBH responds within 14 days of receipt of the TAR.

The same payment authorization policy applies to psychiatric inpatient hospital services provided by Short-Doyle Medi-Cal (SD/MC) hospitals, as well. For SD/MC hospitals, the MCBH

Short Doyle authorization form is used instead of a TAR. Initial prior approval of Short Doyle authorization is provided through the Crisis Team- 24/7 and the remainder of the stay is approved based on medical necessity.

Further detail about the POA payment authorization process for psychiatric inpatient hospital services can be found in MCBH Policy 112, Processing of Acute Psychiatric Hospital Treatment Authorization Request, including MCBH Policy 112, which are included as Exhibits 1, 2 and 3 to this Implementation Plan, respectively.

Payment Authorization for Outpatient Services

Authorization for outpatient specialty mental health services is accomplished by the Case Coordinator authorizing the Client Plan. Documentation of authorization is done via progress note. The procedure is described in more detail in the MCBH Clinical Documentation Guide that can be found on the MCBH website at <http://qi.mtyhd.org/index.php/home/>. There are separate procedures for authorization of Day Treatment, Therapeutic Behavioral Services (TBS) and Wraparound Services, which are described below.

Payment Authorization for Day Treatment

The Division Director or designee(s) will authorize payment for Day Treatment and additional specialty mental health services for Monterey County beneficiaries only when it has been determined that both medical necessity and service necessity exist.

Prior authorization by the Division Director or designee(s) is required for Day Treatment Intensive, Day Rehabilitation, Medication Support Services, TBS and all other allowable specialty mental health services that will be provided in conjunction with Day Treatment. Initial authorization will be for up to 90 days for Day Treatment Intensive and up to 180 days for Day Rehabilitation. Providers will not be reimbursed for any services that are provided without prior authorization from the Division Director or designee.

Requests for reauthorization should be submitted the Division Director or designee(s) prior to the expiration of the existing authorization. Reauthorizations are monitored for goals and progress toward goals as related to the mental health needs of the child.

Payment Authorization for Therapeutic Behavioral Services

Typically, referrals come from clinicians, Child and Family Service, MCBH Child Services Division and community based organizations (CBOs), although anyone can make a referral. Referrals may also come directly from TBS providers.

The client first must be confirmed as a member of the certified class for TBS and the referral form is approved by the MCHB care coordinator. TBS is typically pre-approved for a 30-day assessment period. The first authorization request, after the assessment, is to be submitted 7

days before the end of the 30-day period. Reauthorizations are to be submitted 10 days prior to requested start of services.

Payment Authorization for Wraparound Services

Referrals to wraparound providers come from child welfare, juvenile probation and MCBH. Referrals are accepted as wraparound clients by the intake committee which meets every two weeks or more frequently if needed in order to ensure immediate response. The intake committee, specifically the MCBH supervisor, provides pre-authorization for the provider to initiate the assessment for services. The provider submits completed treatment plan to MCBH supervisor for authorization within a 60-day time line. Dates of services to authorize will start from date of episode opening and ending in six months.

A description of the process for:

Screening, referral and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing and vocational rehabilitation services.

Integrated Mental Health and Substance Use Services

MCBH is an integrated Behavioral Health system that provides mental health and substance use disorders services. As the Mental Health Plan, MCBH provides Specialty Mental Health Services (SMHS) to adult Medi-Cal beneficiaries with serious and persistent mental illness and to children and youth beneficiaries with moderate to severe emotional disturbances. SMHS are provided by MCBH staff and community based contractors. With the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS), MCBH has expanded both MCBH and contractor operated substance use treatment services, including case management.

Screening, Referral and Coordination with Physical Healthcare Providers

Central California Alliance for Health (CAAH) administers the Medi-Cal Managed Care Plan (MCP) in Monterey County and is responsible for physical health care, as well as providing the mental health benefit for beneficiaries with “mild or moderate” mental health issues. Care coordination and effective communication among providers including procedures for exchanges of medical information are already included in the existing Memorandum of Understanding (MOU) between MCBH and CCAH.

Effective January 1, 2014, the following new mental health services are covered by MCPs to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders, that are outside of the primary care physician’s (PCP) scope of practice (MCPs continue to be responsible for the provision of mental health services within the PCP scope of practice):

- Individual and group mental health evaluation and treatment (psychotherapy);
- Psychological testing, when clinically indicated to evaluate a mental health condition;
- Outpatient services for the purposes of monitoring drug therapy;
- Psychiatric consultation; and,
- Outpatient laboratory, drugs, supplies and supplements (excluding medications as described in DHCS All Plan Letter 13-021).

In Monterey County, coverage of Medi-Cal mental health services to beneficiaries with mild to moderate impairments is the responsibility of CCAH. CCAH sub-contracts with Beacon Health Options (Beacon) to arrange for these services through a network of providers.

Access to Treatment

Monterey County Behavioral Health (MCBH) offers an integrated mental health and substance use treatment point of entry for services through the Access Team. The Access Team provides 24/7 information, screenings and referrals by phone as well as walk-in face to face assessments during business hours for adults and children. The Access Team provides referrals and authorizations for Specialty Mental Health Services that may be provided by county programs and/or a network of organizational and individual providers. Callers requesting mental health and/or substance use treatment services may be provided screening, referral, and coordination with services from other entities (such as educational, housing and vocational rehabilitative services) if the nature and severity of the mental health and/or substance use impairment of the individuals does not require specialty services. Callers may be referred to CCAH for primary care or the appropriate Medi-Cal managed care plan mild or moderate services as warranted. The 24/7 Access Team Call Center is operated by MCBH staff during business hours and through a contractor after-hours and on weekends/holidays. Call center staff log all initial requests for specialty mental health services, including the name of the beneficiary, the date of the request, and the initial disposition of the request.

Screening and referral for adjunct services occurs at Access as well as every other point along the treatment continuum, since these needs can arise at any and all points of treatment.

For callers seeking substance use treatment services, the Access Team provides information, screening and referral services. Individuals may seek these services directly from the treating providers, and are not required to enter services through the Access Team. The Access Team or designees are, however, responsible for providing authorization for residential substance use treatment services provided through the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver, and responds to the authorization requests within 24 hours of receipt of the request.

Phone: 1-888-258-6029 (24 hours/7 days a week)

Please refer to MCBH Access to Treatment Protocols: <http://qi.mtyhd.org/wp-content/uploads/2017/09/Call-Center-Protocol-2017-09-18.pdf>.

(2) A description of the process for:

Outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP.

In accordance with the contractual agreements between Monterey County Behavioral Health (MCBH) and the Department of Health Care Services (DHCS), MCBH develops, implements and maintains written policies that address the beneficiary's rights in accordance with State and Federal regulations and the MHP Contract, and communicates these policies to its beneficiaries and providers.

MCBH provides its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service or a substance use disorder treatment service from the MHP or its contract providers, as described in MCBH Policy 129 and within the [Monterey County Behavioral Health Clinical Documentation Guide](#) and [DMC-ODS Provider Manual](#). This responsibility applies to the beneficiary's receipt of any specialty mental health service or substance use disorder treatment service, including an assessment/evaluation. The content of the booklet and provider list are updated as required by Title 9 § 1810.360(f) and (g). The beneficiary booklet (Guide to Medi-Cal Mental Health Services), Welcome Guide are available on our website: [Mental Health](#) and [Substance Use Disorder](#) services. The [Medi-Cal Provider List](#) are provided are available on our website:

The MCBH Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2018-2019 describes the outreach efforts utilized through the MHSA stakeholder and public meeting process, which obtains input on MHSA programs and also serves to provide information to beneficiaries, providers and the public regarding access to specialty mental health services. This includes suicide prevention outreach materials, housing programs, prevention and early intervention, through forums such as recovery fairs, public hearings, fliers, newsletters, and the Community Intervention Program targeting historically under-served populations through targeted outreach. The [MHSA Plan Update](#) including specific outreach materials are available on the MCBH website. The MHSA Plan also describes many innovative programs serving cultural and age-specific groups that were historically under-served.

(2) A description of the process for:

Assuring continuity of care for beneficiaries receiving specialty mental health services prior to the date the entity begins operation as the MHP.

Of note, the Medi-Cal population has significantly expanded due to the Affordable Care Act, we include information here about continuity of care for clients transitioning between the MHP and Medi-Cal Managed Care Plans for mental health services to treat clients with mild to moderate functional impairments.

As described in response to content requirement (2)(A), CCAH administers the Medi-Cal Managed Care Plan in Monterey County and is responsible for providing the mental health

benefit for beneficiaries with “mild or moderate” mental health issues.

Effective January 1, 2014, the following new mental health services are covered by MCPs and FFS/MC to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders, that are outside of the PCP’s scope of practice (MCPs continue to be responsible for the provision of mental health services within the PCP scope of practice):

- Individual and group mental health evaluation and treatment (psychotherapy);
- Psychological testing, when clinically indicated to evaluate a mental health condition;
- Outpatient services for the purposes of monitoring drug therapy;
- Psychiatric consultation; and,
- Outpatient laboratory, drugs, supplies and supplements (excluding medications as described in DHCS All Plan Letter 13-021).

In Monterey County, coverage of Medi-Cal mental health services to beneficiaries with mild to moderate impairments is the responsibility of CCAH. CCAH sub-contracts with Beacon to arrange for these services through a network of providers.

A description of the process for:

Providing clinical consultation and training to beneficiaries’ primary care physicians and other physical health care providers.

As discussed above, Monterey County has one managed care health plan operating within the County, CCAH. As required by Title 9 § 1810.370(a), MCBH and CCAH have entered into an MOU. The MOU addresses referral protocols between the two plans. In accordance with § 1810.370(a)(2), MCBH provides the availability of clinical consultation, including consultation on medications, to the CCAH for beneficiaries whose mental illness is being treated by the CCAH or its sub-contractors.

A description of the processes for problem resolution.

Consumer Problem Resolution Processes

MCBH has made the problem resolution process accessible and easy for beneficiaries. MCBH requires that all MCBH service sites including contract providers post notices in their lobbies with information about the problem resolution process and client rights, and have forms with self-addressed envelopes available to complete, without having to make a verbal or written request to anyone. There is also information about the availability of the problem resolution process, including Notices of Adverse Benefit Determination (NOABD), appeals, grievances and State Fair Hearings in the “Guide to Medi-Cal Mental Health Services” beneficiary informing materials brochure.

The MCBH policies and procedures for the consumer problem resolution process are consistent with State and Federal requirements. More detailed information about the Monterey County grievance and appeal process can be found in MCBH Policy 128, Consumer Grievance Resolution. Please refer to Problem Resolution process.

<http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/client-resolution-process>. For additional details, please refer to MCBH Policy 120, Notice of Adverse Benefit Determination (NOABD) to Medi-Cal Beneficiaries.

Grievance, appeal and expedited appeal data is collected, categorized, assessed and analyzed by MCBH Quality Management Staff to look for trends, systemic issues, training needs, and ways to make improvements in services. Findings will be presented to the MCBH Quality Improvement Committee (QIC). The QIC focuses specifically on the following areas of analysis:

- A. Designated MCBH Quality Management staff compiles data and reports on the number, types and dispositions of grievances, appeals and State Fair Hearings. The QIC makes recommendations for improvement.
- B. MCBH submits an annual report to DHCS that summarizes beneficiary grievances, appeals and expedited appeals filed during a fiscal year by beginning of the second quarter (October 1) of the following fiscal year. The report includes the total number of grievances, appeals and expedited appeals by type, by subject areas established by the Department, and by disposition.
- C. Designated MCBH Quality Management staff tracks the Consumer Grievance and Appeal Resolution Process using the Grievance Log and submits an annual report to the QIC for review.

Notice of Adverse Benefit Determination (NOABD) policies and procedures are consistent with Title 9, § 1850.210 and 1850.212. The appropriate NOABD is provided to beneficiaries in the following circumstances:

- A. When after a face-to-face assessment, it is determined that the beneficiary does not meet medical necessity requirements for Medi-Cal specialty mental health services.
- B. Whenever MCBH denies or modifies a payment authorization request from a provider for a specialty mental health service to a beneficiary.
- C. Whenever MCBH denies or modifies a payment authorization request from a provider for a specialty mental health service that has already been provided.
- D. When MCBH fails to act within the established timeframes, set out in CCR, Title 9, for disposition of standard grievances, standard appeals, or expedited appeals.
- E. If MCBH fails to provide a covered specialty mental health service within the established timeframe for delivery of the service.

Both individual and organizational providers may contact MCBH at any time by phone (831) 755-4545 (Quality Management) or (888) 258-6029 (24/7 Access Line) or by mail to begin the problem resolution process. The mailing address is:

Monterey County Behavioral Health
Quality Management
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906

MCBH staff will work with the providers to resolve problems and concerns as quickly and as easily as possible. The provider may institute an appeal at any time during this process. Providers may appeal denied requests for authorization or payment, in writing, directly to MCBH Quality Management at the above address. A written appeal shall be submitted to MCBH Quality Management within 60 calendar days of the date of receipt of the non-approval of the request for authorization or payment. MCBH Quality Management shall have 30 calendar days from receipt of the appeal to inform the provider, in writing, of the decision and its basis. MCBH Quality Management shall use personnel not involved in the initial decision to respond to the provider's appeal.

A description of the provider selection process

Managed Care "Network" Providers

1. Providers will meet the requirements of Title 9, § 1810.435(b) and be credentialed and approved by Quality Improvement/Quality Management (QI/QM) prior to acceptance into the MCBH network. The approval will be based on information received from the county-contracted credentialing provider.
2. When it is determined that there is a need for the addition of a provider with particular qualification, then Management Analysts in conjunction with Program Managers will determine whether minimum eligibility requirements are met. Once determination has been made, the QI/QM team will conduct credentialing verification. If MCBH declines to include the provider in the network, then Management Analyst will notify the applicant as to the reasons for the decision.
3. Credentialing requires that the following be on file for each provider or member of a group:
 - a. Completed application with liability statements
 - b. Copy professional license
 - c. Copy DEA certificate (serves as verification)
 - d. Copy liability insurance (serves as verification)
 - e. Curriculum Vitae/Resume
 - f. Educational Commission for Foreign Medical Graduates (ECFMG) - certificate number for graduates of foreign medical schools.
 - g. Education/Medical School Graduation is assumed by license.
4. In order for an individual to contract with MCBH and meet the MCBH credentialing standards, the following conditions will be met:
 - a. Providers will be licensed to practice psychotherapy independently:
 - i. Psychiatrists (M.D. and D.O.) Physicians who have successfully completed an

- accredited psychiatric residency program and have a current DEA certificate.
 - ii. Registered Nurses with a Master's Degree in Psychiatric Nursing (MSN), such as a Clinical Nurse Specialist in Community Mental Health.
 - iii. Psychologists (PhD, Psy.D and Ed.D).
 - iv. Licensed Clinical Social Workers (LCSW).
 - v. Marriage and Family Therapists (MFT).
 - vi. Licensed Professional Counselors (LPC).
 - b. Providers will have minimum professional liability insurance of the following:
 - i. Psychiatrists--\$1,000,000 individual occurrence/\$3,000,000 aggregate.
 - ii. All other allied mental health professionals \$1,000,000/\$3,000,000.
 - iii. Group Providers --\$1,000,000/\$3,000,000.
 - c. Providers will be in good standing with the appropriate licensing board.
 - d. Medical providers will be in good standing with Drug Enforcement Agency (DEA).
 - e. Providers will have clinical privileges in good standing at the institution designated by the provider for those providers who have privileges.
 - f. Providers will have graduated from an accredited professional school and/or highest training program applicable to the academic degree, discipline and licensure of the provider.
 - g. Providers will have Board certification if provider states he/she is board certified.
 - h. Providers will have not been identified as an excluded/suspended or ineligible entity or individual on any of the Federal or State Exclusions lists including:
 - i. www.oig.hhs.gov/exclusions - LEIE Federal Exclusions.
 - ii. www.sam.gov/portal/SAM - GSA Exclusions Extract.
 - iii. www.Medi-Cal.ca.gov – Suspended & Ineligible Provider List.
 - iv. www.ssdmf.com/ – Social Security Death Master File.
 - i. Providers will be of good moral character as evidenced by the absence of such issues: conviction of a felony; termination of hospital privileges; dismissal from hospital employment for conduct; and other areas as are deemed necessary.
 - j. Providers will have prior experience working with populations served by MCBH and this will be verified through answers to the question in the application along with review of the Curriculum Vitae.
 - k. Providers with actions by their licensing Board and/or outstanding malpractice claims will be evaluated on a case-by-case basis.
5. Responsibilities - Providers will agree to comply with all conditions of MCBH contract, participate in the MCBH Quality Management Program, and meet the quality standards of MCBH including:
- a. Providers will maintain a safe facility in accordance with State and Federal standards.
 - b. Providers will store and dispense medications according to State and Federal standards.
 - c. Providers will maintain client records in a manner that meets State and Federal standards.

- d. Providers will provide access to client records for clinical and financial audits within the guidelines of State and Federal standards for confidentiality.

Organizational Providers

Organizational Providers will meet the requirements of Title 9, § 1810.435(c). Organizational provider are contractually responsible to ensure written policies and procedures are in place for selection, retention, credentialing and re-credentialing of providers according to MCBH contract and State and Federal regulations.

MCBH additionally requires Organizational Providers to:

1. Have a head of service that meets Title 9 requirements.
2. Use only licensed, registered and waived providers for services to Medi-Cal beneficiaries.
3. Have sound accounting/fiscal practices that meet the standards of MCBH and DHCS requirements.
4. Provide initial and ongoing staff credentialing.
5. Will certify that all staff and/or subcontractors have not been excluded/suspended or sanctioned from Federal or State Medicare or Medicaid services. Specific requirements of the databases and frequency of these checks are outlined in the Professional Services Contract.
6. Will certify that all staff are in good standing with licensing boards at time of hire and verify at time of licensure renewal.
7. When requesting staff ID for their staff, the organization will submit a New User Request form and include information necessary for verification of credentialing, to the MCBH QI/QM program.

MCBH staff

1. MCBH program Managers, Supervisors, or designee will submit a New User Request for all new employees to the QI/QM program.
2. Upon receipt of the New User Request and the supporting documentation, QI/QM designated staff will confirm that the correct taxonomy has been selected, verify license status using California State BreEZe website and National Plan and Provider Enumeration System (NPPES), and will assign scope of practice guidelines. Information Technology staff will generate staff accounts and provide access to the Electronic Health Record (EHR) as is appropriate to licensure, role and scope of practice, in accordance with Title 9. (<https://www.breeze.ca.gov> <https://nppes.cms.hhs.gov/>)
3. After initial verification, QI/QM staff maintains a list of MCBH staff licensure information and expiration dates; sends due date notice reminders to MCBH employees and verifies current licensure annually on the California State BreEZe website.

Each MCBH provider staff meets all the criteria listed above. In the event that a current provider is found on an excluded list, MCBH stops claiming State and Federal funds for this provider and may terminate their employment.

Hospital Selection Requirements

The MCBH hospital selection process requires that each hospital:

1. Comply with Federal Medicaid laws, regulations and guidelines and State statutes and regulations and not violate the terms of the MHP contract between MCBH and DHCS.
2. Sign a provider agreement with DHCS.
3. Provide psychiatric inpatient hospital services, within its scope of licensure, to all beneficiaries who are referred by MCBH, unless compelling clinical circumstances exist that contraindicate admission, or MCBH negotiates a different arrangement with the hospital.
4. Refer beneficiaries for other services when necessary.
5. Not refuse an admission solely on the basis of age, sex, race, religion, physical or mental disability, or national origin.

MCBH may also consider but is not limited to any or all of the following in selecting hospitals:

1. History of Medi-Cal certification, licensure and accreditation.
2. Circumstances and outcomes of any current or previous litigation against the hospital.
3. The geographic location(s) that would maximize beneficiary participation.
4. Ability of the hospital to:
 - a. Offer services at competitive rates.
 - b. Demonstrate positive outcomes and cost effectiveness.
 - c. Address the needs of beneficiaries based on factors including age, language, culture, physical disability, and specified clinical interventions.
 - d. Serve beneficiaries with severe mental illness and serious emotional disturbances.
 - e. Meet the quality improvement, authorization, clinical and administrative requirements of MCBH.
 - f. Work with beneficiaries, their families and other providers in a collaborative and supportive manner.

MCBH Inpatient Credentialing Requirements

1. The credentialing of inpatient providers performing professional services for acute psychiatric hospital services will be delegated to the hospitals which are accredited by the Joint Commission. MCBH reserves the right to enroll only the number of providers it deems necessary to meet the service needs of its beneficiaries.
2. MCBH accepts hospital credentialing for professional services on inpatient psychiatric units.
3. Contract hospitals of MCBH will inform MCBH Quality Management of the hospital's credentialing standards and liability insurance requirements.

If MCBH decides not to contract with a Traditional Hospital or Disproportionate Share Hospital (DSH), during the appropriate time of year when hospital contracts are negotiated, MCBH will submit a Request for Exemption from Contracting to DHCS including the information required

by Title 9, § 1810.430(c).

Documentation that demonstrates that the entity:

Offers an appropriate range of specialty mental health services that is adequate for the anticipated number of beneficiaries that will be served by the MHP, and

Maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries that will be served by the MHP.

Range of Specialty Mental Health Services

Consumers and the general public may access information about the range of specialty mental health services offered by MCBH on the web page

<http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health>.

Below is a summary of the types of services that are available:

Crisis Services

[Access to Treatment Team](#)

The Access Team provides information and screening for mental health and substance use services over the phone and in person as needed. The team assesses the needs of clients and provides referrals and authorization for treatment.

[Adult Residential Detoxification Services](#)

Sun Street Center is a non-medical detoxification program where adults under the influence of drugs and/or alcohol can safely withdraw from the ill effects of intoxication.

[Interim, Inc Manzanita House \(Crisis Residential Unit\)](#)

Manzanita is Residential Unit located in Monterey County. This unit serves to provide an alternative to Locked Acute Psychiatric Inpatient Care.

[Crisis Intervention Team \(CIT\)](#)

CIT program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness related behaviors. It also promotes officer safety and the safety of the individual in crisis. Additional information on [CIT](#) can be found on the MCBH website.

[Critical Incident Stress Management Team \(CISM\)](#)

The team consists of specially trained Behavioral Health staff and others who are available to individuals, first responders, organizations and employers in the community to facilitate

debriefings following a critical or traumatic incident. Traumatic incidents can include learning about the sudden death of a co-worker, or witnessing a tragic event, etc. The CISM team provides crisis intervention, assists people to work through the initial stages of grief and provides self-care tips and resources.

[Behavioral Health Crisis Negotiation Team \(BHCNT\)](#)

This program provides supportive services to Law Enforcement. When requested, a licensed clinician, member of the BHCNT, will respond to a crisis negotiation situation to offer clinical insight on crisis situations, mental illness and supportive suggestions on intervening with the individuals experiencing crisis. This can include, but is not limited to, suicidal subjects, barricaded individuals, hostage situations and domestic violence incidents.

[Mobile Crisis Team](#)

The mobile crisis team operates seven days a week. This team is comprised of a licensed mental health practitioners. The team will be able to respond to individuals in the community who present in a crisis.

[Outreach and Engagement Team](#)

Provides long term outreach to individuals suffering from a mental illness and who are not wanting supports or service, but could benefit from assistance.

Children, Adolescents and Families

[“Pathways to Wellbeing” \(Katie A.\) Implementation](#)

For those children who meet the criteria, Children’s Mental Health staff and Child Welfare System staff meet with the family and form the Child Family Team (CFT) where they discuss possible/recommended services, such as EPSDT services, TBS, Therapeutic Foster care and Wraparound with the family. More information about Katie A. implementation is provided in the response to content area 6 of this Implementation Plan Update, a description of how the MHP will deliver age-appropriate services to beneficiaries.

[Parenting Classes](#)

Classes offered year-round, co-led by a clinician and Family Partner. These parenting classes are offered in both Spanish and English.

[School Age Prevention and Early Intervention](#)

CBOs are working with schools (Kindergarten through eighth grade) to prevent mental health concerns, as well as identify and respond to mental health concerns early in their emergence.

Adults 18+

Immediately below is a graphic illustration that shows the service flow for MCBH clients in the Adult System of Care:

[Additional Services for Justice-Involved Adults](#)

Creating New Choices (CNC): A cognitive behavioral therapeutic curriculum designed to facilitate behavior change through addressing the underlying thought processes that precede behavior.

[Adult Continuing Care & Case Management](#)

Case management support for adults, age 18 and above, who struggle with severe mental health symptoms.

[Adult Outpatient Medication Support](#)

These services are made available to individuals in need of psychiatric medication treatment.

[Adult Outpatient Therapy](#)

this service provides individual and group psychotherapy for clients with Medi-Cal or no insurance utilizing various models such as Motivational Interviewing, Triple P (parenting focus) and Cognitive Behavioral Therapy (CBT)

[Co-Occurring Mental Health and Substance Use Services Programs](#)

Early Intervention and Outpatient Drug Free Counseling: Monterey County Substance Use Disorder (SUD) treatment system provides individual and group counseling services to participants with co-occurring substance use and mental health disorders.

[Pajaro Wellness Center, Interim Inc](#)

Managed and staffed entirely by mental health consumers, the Pajaro Wellness Center promotes a strengths-based, harm-reduction approach and offers clients a one-stop central location to access and receive services such as socialization activities, peer counseling, mentoring, psycho-educational activities, and support groups.

[Family Support Groups](#)

These no-fee drop-in meetings are open to families and friends of adults living with a serious mental illness. Staffed by MCBH mental health staff, the meetings offer on-going support, education, coping/problem-solving strategies and information about local resources.

[Homeless Outreach Full Service Partnership Programs](#)

These programs are intended to support adults, age 18 and above, who struggle with severe mental health symptoms and, as a result, are homeless.

[Outreach and Engagement Team](#)

Provides long term outreach to individuals suffering from a mental illness and who are not wanting supports or service, but could benefit from assistance.

[Full Service Partnership Program](#)

These programs serve adults who have a serious and persistent mental illness at risk of losing their community placement. They are at risk of institutionalization and could benefit from intensive case management and mental health services. The services are intended to maximize their participation and enhance their quality of life in the greater community.

[Therapeutic Justice Programs](#)

Monterey County has developed and implemented several collaborative justice courts.

- Adult Drug Court
- Veterans Court
- Juvenile Drug Court
- Restorative Court

[Transitional Age Youth \(TAY\) Full Service Partnership \(FSP\)](#)

The Transition-Age Youth (TAY) program is provided by MCBH and provides services to young men and women, ages 16-25, who are struggling with mental health challenges. The TAY is a Full-Service Partnership program, meaning that staff provides a complete range of services using a “whatever it takes” approach for up to 20 young people at any given time.

[Supportive Employment and Educational Services \(SEES\)-Interim, Inc.](#)

SEES is an employment program that offers support services, including job development and job coaching services, to adults with severe and chronic mental illness to assist them in overcoming challenges to employment.

Growing a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of beneficiaries that will be served by the MHP

Please refer to the [MCBH Medi-Cal Provider list](#), which is located on the website. MCBH has ensured that the number, mix and geographic distribution of our network of providers and the range of services offered is sufficient to meet the needs of the beneficiaries who we will be serving. The diversity of an organization’s staff is necessary, but not a sufficient condition for

providing culturally and linguistically appropriate health care services. Although hiring bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization.

A description of how the MHP will deliver age-appropriate services to beneficiaries.

Child Adolescent Needs and Strengths

The MCBH Children's System of Care (CSOC) utilizes the Child Adolescent Needs and Strengths (CANS) tool for use at treatment initiation and yearly and as necessary, thereafter. The CANS is a multipurpose assessment tool which supports care planning and level of care decisions, as well as monitoring outcomes of services. CANS information is entered in the health record which allows for immediate scoring and flexible use of CANS data to guide individual treatment, program oversight and outcomes reporting. Effective 10/1/2018, MCH will implement the use of CANS-50, per DHCS information notice.

Katie A Implementation

As a result of the Settlement Agreement in Katie A. vs. Bonta, the State of California agreed to take a series of actions that transformed the way California children and youth who are in foster care, or who are at imminent risk of foster care placement, receive access to mental health services.

MCBH has implemented the Pathways to Wellbeing (Katie A. Settlement Agreement) to serve children and youth who are eligible for Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) services, including those who have been identified as Katie A. subclass members. MCBH provides ICC and IHBS under the Core Practice Model (CPM) for beneficiaries under the age of 21 who are eligible for full scope Medi-Cal, when medically necessary.

The CPM is a set of practices and principles that promotes a set of values shared by all who seek to support children, youth and families involved in child-serving agencies including, but not limited to, the child welfare system, special education, probation, drug and alcohol and other health and human services agencies or legal systems with which the child or youth is involved. To effectively provide ICC and IHBS, MHPs utilize the principles of the CPM. Specifically, the services must be provided in conjunction with a Child and Family Team (CFT).

Katie A. Shared Management/System Collaboration and Coordination

The MCBH CS system has many examples of shared management and system collaboration. The management of the Monterey County Child Welfare System (CWS) and MCBH CSOC, along with respective staff who provide Katie A. services participate in monthly meetings where general

procedures and challenging cases are discussed. This has been a very successful format for consistent and effective communication and collaboration. Procedures for Katie A. were jointly written and implemented between CWS and CSOC and are updated as needed through this forum.

CWS and CSOC are located on the same campus and hold many formal and informal meetings among staff regarding the care and support of foster children in our system. These meetings also provide a forum for discussing and applying updated DHCS and CDSS regulations regarding foster children. CSOC clinician function as the case coordinator for Katie A clients, participate in CFT meetings and ensure children/youth receive the services they need. ICC and IHBS are provided as appropriate.

The proposed Cultural Competence Plan as described in Section 1810.410, unless the Department has determined that the Cultural Competence Plan will be submitted in accordance with the terms of the contract between the MHP and the Department pursuant to Section 1810.410(c).

The Monterey County Cultural Competence Plan was submitted in accordance with the terms of the MHP Contract and DMH Information Notice No. 10-02. As required by Title 9 § 1810.410, MCBH updates its Cultural Competence Plan annually. The [2017 Cultural Competence Plan Update](#) can be located on our website.

A description of a process for planned admissions in non-contract hospitals if such an admission is determined to be necessary by the MHP.

Planned admissions to non-contract hospitals occur very rarely or not at all, but if they do, they will be arranged by contacting the MCBH Point of Authorization described under “Procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization,” which may be found in the first section of this Implementation Plan Update. Medical necessity criteria for acute psychiatric inpatient services apply to planned admissions.

A description of the MHP's Quality Improvement and Utilization Management Programs.

The MCBH Quality Improvement (QI) Department is an integrated Mental Health and Substance Use department, responsible for providing Quality Improvement (QI) and Quality Management (QM) support to the delivery of Behavioral Health Services and to all areas of MPH operations by providing oversight, monitoring and quality improvement functions. The QI Department's activities are guided by the relevant sections of Federal and California State regulations, including the Code of Federal Regulations Title 42, the California Code of Regulations Title 9, the California Code of Regulations Title 22, Welfare and Institutions Code, as well as the DHCS/MCHB DMC-ODS Intergovernmental Agreement, DMC-ODS Standard Terms and Conditions, and MHP contract and performance contract with DHCS.

The Quality Improvement Manager, who reports to the Behavioral Health Director, is responsible for ensuring that MCBH fulfills all State and Federal requirements regarding quality of care, including but not limited to: DHCS contract compliance, provider credentialing, site certifications, utilization review and management, initiating performance improvement projects and monitoring and maintaining the accessibility, timeliness and quality of clinical care. The Quality Manager or designee chairs the Quality Improvement Committee (QIC).

The QI Department's includes licensed staff who perform utilization review, administrative support staff, and information technology (IT) staff. The QI clinical staff facilitate the monthly Quality Improvement Committee (QIC) meeting. The QIC is comprised of a diverse group of stakeholders, including representatives from MHP administration and clinical programs, peers/family members, the patient rights advocate, and contractors/community partners. The QIC reviews findings from a range of compliance and quality improvement activities, policy, and provides input into these and other areas for improvement.

To track and monitor continuous quality improvement (QI) activities within MCBH and in meeting the requirement for a QI Work Plan in the MHP Contract with DHCS, MCBH develops a Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The purpose of the MCBH QI Work Plan is to create systems whereby data relevant to the performance of the MHP is available in an easily interpretable and actionable form. The current [QI Work Plan](#) is available on the MCBH website. This year's plan will continue to build on the foundation of the previous plan's work of improving the MHP's data collection and analysis capabilities. Improving accessibility to timeliness, outcomes, and other data by all levels of staff is a continuing focus. The intent is to provide resources to all levels of staff so that they may utilize continuous quality improvement principles in their daily work of supporting the recovery and resiliency of the consumers we serve.

In anticipation of the implementation of the Drug Medi-Cal Organized Delivery System waiver, the QIC membership expanded to include both mental health and substance use providers, and activities included examining opportunities for improved coordination of care between these treatment areas during crisis care episodes. This work will be extended and enhanced this year as the Quality Improvement activities of substance use and mental health services become further integrated.

The Monterey County Behavioral Health (MCBH) Utilization Review (UR) Program exists within the overall Quality Improvement program. The responsibilities of the UR program include:

- Evaluation of medical necessity and the appropriateness of services
- Assessment of service capacity including the monitoring of number, type, and geographic distribution of services
- Assurance that Medi-Cal beneficiaries have access to appropriate specialty mental health services
- Monitoring quality of care

The Monterey County MHP abides by and complies with all applicable State and Federal laws and regulations regarding confidentiality. MCBH, its offices, programs and facilities have in place policies and procedures for appropriate administrative, technical and physical safeguards to reasonably protect health information from intentional or unintentional unauthorized use or disclosure. This applies to protected health information (PHI) held in any medium including paper, electronic, oral, or visual. The most stringent California law or other Federal law provisions, including HIPAA, are applied to the handling of protected client health information.

Please visit the [Monterey County Behavioral Health](#) Quality Improvement website for additional information.