Santa Barbara County Mental Health Plan

Inpatient Consolidation Implementation Plan

Submitted by

Santa Barbara County
Alcohol, Drug and Mental Health Services

Revised 1/25/11

Santa Barbara County Alcohol, Drug and Mental Health Services (ADMHS) provide acute inpatient psychiatric services to county residents who meet medical necessity criteria for inpatient psychiatric hospitalization. ADMHS operates the only Acute Psychiatric Adult Inpatient unit in Santa Barbara County that provides services to Medi-Cal Beneficiaries and individuals on involuntary hold status. The Psychiatric Health Facility (PHF) has 16 acute beds available and an active community re-entry program. The PHF refers patients post-discharge to various community services, arranging on-going psychiatric care for discharged patients. In addition to Medi-Cal beneficiaries, the PHF also provides services to individuals with Medicare, Medi-Medi, private insurance and the indigent. For those individuals needing acute inpatient care which is not or cannot be provided at the county operated PHF, ADMHS authorizes and/or arranges for care in an alternative hospital.

A. Access

The Santa Barbara County Mental Health Plan has established an Access Team with county-wide "path-finding" responsibilities. Access Team staff screen requests for service and link beneficiaries to the appropriate level of care.

The Access Team responds to telephone or faxed correspondence and conducts a telephone triage. The need for specialty mental health services and appropriate level of care is determined during the telephone interview.

- Individuals requiring brief care receive services from Network Providers. The Quality Care Management Team authorizes outpatient services and links the beneficiary to the providers.
- Individuals requiring ongoing levels of care receive an appointment at the Crisis and Response Emergency Services (CARES) sites and/or are referred to the appropriate regional ADMHS child or adult clinic.
- Individuals who are experiencing a psychiatric emergency are evaluated by clinicians in the clinic setting, the field, by the CARES and/or CARES Mobile Crisis Teams. The CARES and CARES Mobile Crisis teams are fixed and mobile response teams that conduct evaluations throughout the County including in homes, schools, and emergency rooms. Individuals requiring urgent services are scheduled for services at regional clinics or CARES sites. Individuals walking into regional clinics requiring emergency or urgent services will be immediately referred to the CARES sites or to the regionally located hospital emergency rooms where they are evaluated by the CARES Mobile Crisis staff. Walk-ins not requiring emergency or urgent services will be assisted to telephone the Access Team.
- The point of access is responsible for making necessary referrals for non-mental health services like housing, employment, health. For un-enrolled clients who have only received an emergency evaluation or inpatient care, an emergency care screening and referral is provided.

Access from the beneficiary's perspective

- ***Beneficiary served in Adult or Children's System of Care*** *- All necessary services are coordinated/brokered by the client's care manager, who is the "single point of contact." During business hours an emergency or urgent condition is evaluated by the care manager or designated clinician. Transportation for acute hospitalization is provided by Clinic staff or coordinated through CARES or CARES Mobile Crisis Teams. After-hours, an urgent or emergency condition is managed by CARES Mobile Crisis Teams.*
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug, and Mental Health Services walks in to Santa Barbara County Alcohol, Drug, and Mental Health Services adult or child clinic in an urgent or emergency condition*** *- Clinic staff address immediate needs and then link with the Access Team.*
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug, and Mental Health Services walks in to a hospital emergency room*** *- The emergency room staff evaluate if the client is experiencing an emergency or urgent psychiatric condition. The CARES Mobile Crisis Team is contacted by Emergency Room staff as appropriate.*
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug, and Mental Health Services experiencing an emergency anywhere in the County*** *- The 24 hour Access line is contacted at 1-888-868-1649 or 884-6850. Calls can be made by the client or other on behalf of the client.*
- ***Beneficiary known or unknown to Santa Barbara County Alcohol, Drug, and Mental Health Services experiencing emergency outside of the County*** *- Client accesses emergency services as available in that County.*
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug and Mental Health Services experiencing an urgent condition in or out of County*** *- Quality Care Management staff will authorize outpatient services.*
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug and Mental Health Services requesting services for a non-emergency, non-urgent condition either by telephone, faxed written referral, or walk-in*** *- Client receives a telephone triage. When level of care required is brief, Access Team authorizes Outpatient Provider Network services and facilitates scheduling an appointment. When level of care is ongoing, simple or complicated, the client will receive an appointment with a Santa Barbara County Alcohol, Drug, and Mental Health Services CARES site and appropriate treatment referral will be made.*

B. Description of Provider Selection Process

Within the County of Santa Barbara, there are currently two acute psychiatric inpatient facilities in operation. The County-operated Psychiatric Health Facility is operated by Santa Barbara County Alcohol, Drug and Mental Health Services. Cottage Hospital has an acute Psychiatric Unit, however, does not serve Medi-Cal Beneficiaries or patients who are on an involuntary hold status. Santa Barbara

County ADMHS contracts with Aurora Vista Del Mar Hospital in neighboring Ventura County for additional acute adult and psychiatric inpatient beds.

1) Santa Barbara County Mental Health Plan selects inpatient hospital Network Providers based on the following selection criteria:

   a) Agree to comply with all applicable Federal Medicaid laws, regulations and guidelines and all applicable State statutes and regulations.

   b) Sign a provider agreement with the Department of Health Services.

   c) Provide psychiatric inpatient hospital services, within its scope of licensure, to all beneficiaries who are referred by the Santa Barbara County Mental Health Plan, unless compelling clinical circumstances exist which contra-indicate admission, or the Santa Barbara County Mental Health Plan negotiates a different arrangement with the provider.

   d) Refer beneficiaries for other services when necessary.

   e) Agree not to refuse an admission solely on the basis of age, sex, race, physical or mental handicap, or national origin.

2) Santa Barbara County Mental Health Plan may also consider the following in selecting providers:

   a) Medi-Cal, certification, licensure and accreditation history

   b) Circumstances and outcomes of any current or previous litigation against the provider

   c) The geographical location(s) that would maximize beneficiary participation

   d) Ability to:

      i) Offer services at competitive rates.

      ii) Demonstrate positive outcomes and cost effectiveness as defined by Santa Barbara County Mental Health Plan.

      iii) Address the need of the local population such as age, language, culture, physical disability, and specified clinical interventions;

      iv) Serve individuals with severe and persistent mental illness and children with serious emotional disturbances;

      v) Meet the quality improvement, authorization, administrative, and clinical requirements of Santa Barbara County Mental Health Plan;

      vi) Meet the immediate medical needs of beneficiaries while in their facility;

      vii) Work with beneficiaries and families/support persons in a collaborative manner.

Provider selection criteria used will not discriminate among hospitals on grounds unrelated to their demonstrated effectiveness and efficiency in providing services.

3) Request for Exemption (if any)

No request for exemption from contracting with a traditional hospital is being submitted at this time.

C. Screening, Referral and Coordination

Santa Barbara County Mental Health Plan is premised the belief that best outcomes, both clinical and financial, are directly related to the appropriate match between client strengths and needs and the level of care provided. In the absence of an appropriate and precise match a client will be over-served or underserved. The adverse consequences of over-serving or under-serving are outlined below.

Overserving Consequences	Underserving Consequences
Limited Positive Outcomes	Absence of Outcomes; Increase in Impairment
Exposes Client/Family to Overly Intrusive Restrictive Interventions	Wasted Expenditure of Time and Resources
Unnecessary Cost	Unrealized Hopes
Fosters Dependence on Service Providers and Undermines Autonomy	Loss of Confidence in Effectiveness of Future Interventions

A well matched delivery system will result in the lowest true cost of care for a given outcome. It is for this reason that well-matched systems are at the same time good systems of care and good managed care. The requirements for a delivery system are defining characteristics of the Santa Barbara County Mental Health Plan.

Characteristics of Matching Level of Service to Strengths and Needs

- Evaluation to identify client strengths and needs, and to guide service plan development
- Comprehensive continuum of services to ensure that necessary interventions are available to achieve the "best fit."
- Process to ensure the development of a plan that emphasizes the "best fit," ongoing coordination of services and service accessibility, and elimination of duplication.
- Outcome-based service allocation that uses ongoing evaluation to guide needed adjustments in the service plan.

D. Procedures for Santa Barbara County Mental Health Plan (SBCMHP) Authorization for Payment of Non-PHF Psychiatric Inpatient Hospital Services

1. Fee-For Service/Medi-Cal (FFS/MC) Hospital Providers

a) Point of Authorization

The Point of Authorization for acute psychiatric inpatient hospital services/payment is the Quality Care Management, Utilization Review branch of the Santa Barbara County Department of Alcohol, Drug & Mental Health Services. Santa Barbara County Utilization Review Contacts are as follows:

315 Camino Del Remedio, Room 257
Santa Barbara, Ca. 93110
Phone: (805) 681-5113

FAX: (805) 681-5117

b) Supporting Documentation for Treatment Authorization Request (TAR)

The following supporting documentation is required to be submitted with the Treatment Authorization Request (TAR) by providers:

- Financial Face Sheet
- Admission History/Assessment
- Physician Progress Notes
- Discharge Summary
- Discharge Aftercare Summary

c) Timelines for Submission of Treatment Authorization Request

1. Providers shall submit a separate written request for payment authorization for psychiatric inpatient hospital services to the Quality Care Management Office for each of the following:

a) Prior to the planned admission of a beneficiary; and,

b) Within 14 calendar days after:

1. Ninety-nine (99) calendar days of continuous service to a beneficiary if the hospital stay exceeds that period of time;

2. Discharge;

3. When a beneficiary has requested Medical Assistance Pending Fair Hearing (Aid Paid Pending);

4. Administrative day services are requested for a beneficiary.

2. Short-Doyle/Medi-Cal (SD/MC) Hospital Providers

a) Payment Authorization

1. Santa Barbara County Mental Health Plan will use the Quality Care Management Team as the POA to authorize payment.

(a) The process will be the same as outlined in A1 above.

2. The format for the written request by the provider for payment authorization is HCFA Form 1500, or equivalent.

3. The Short Doyle/Medi-Cal claims processing system will be utilized.

4. Santa Barbara County Mental Health Plan will not use the Providers' utilization review process for authorization of payment.

5. For admissions to the Santa Barbara MHP acute SD/MC facility, the process for performing payment review and authorization follows CFR criteria, and does not follow the POA process.

3. Description of Process for Planned Admissions in Non-Contract Hospitals
(*Planned Admissions**: An admission of a beneficiary to an acute psychiatric inpatient hospital for the purpose of providing medically necessary treatment that cannot be provided in another setting for a lower level of care and is not an emergency admission.)*

a) The criteria used by Santa Barbara County Mental Health Plan to determine when a non-contract hospital is used include:

1. The beneficiary has specialized needs that can not be accommodated at one of the Provider facilities.

2. The beneficiary is located out-of-county and it would not be efficient, cost effective or clinically feasible to transport the beneficiary to a contract hospital.

b) Approval Process for Non-Contract Hospitals

1. The Quality Care Management Team approves or denies the use of non-contract hospitals and documents the justification for their decision according to regulatory standards.

2. Pre-authorization is required for reimbursement of planned admissions to a psychiatric inpatient facility other than the county operated PHF.

3. Pre-authorization shall be obtained prior to admission through submission of a Treatment Authorization Request (TAR).

4. The TAR will be reviewed by the S.B. County Quality Care Management Utilization Reviewer. If the medical necessity criteria for acute psychiatric inpatient hospital services are met the reviewer shall approve the TAR for the first 24 hours.

5. Authorization for payment for the remaining hospital stay shall be determined retrospectively.

6. The second TAR must be submitted to S.B. County within 14 calendar days of discharge.

E. Access and Cultural Competence

Santa Barbara County Mental Health Plan is committed to providing culturally competent services. The Cultural Competence Plan includes hiring of multilingual staff, training of staff, and access to multicultural and multilingual Providers. As a result of this plan, integration of cultural competence into the systems of care has been accomplished with the help mandatory, annual cultural competency training.

F. Problem Resolution Processes

Problem resolution will consist of an Informal Complaint Process and a Formal Grievance Process. Informal complaints are communicated verbally or other non-written communication by the client or an individual selected by the client to raise the concern on their behalf. Informal complaints are initially directed to the Point of Authorization (POA). Clients with Santa Barbara County Alcohol, Drug, and Mental Health Services, Adult or Children's Systems of Care or will direct their

complaint to the Case Manager, Program Manager, Patients Rights Advocate or Quality Assurance Beneficiary Concerns at the preference of the client.

Grievance: Formal grievance may be initiated at any time. The first level is initiated by the submission of a written document of grievance. If the client needs help Santa Barbara County Alcohol, Drug, and Mental Health Services Patients Rights Advocates, Psychiatric Health Facility staff or Quality Assurance Beneficiary Concerns will assist in writing the grievance form. The grievance will be reviewed by the Quality Assurance Beneficiary Concerns Liaison who is a Licensed Professional of The Healing Arts and/or by the Patients' Rights Advocate as appropriate. The beneficiary is noticed in writing of the resolution.

All grievances are logged for quality improvement review. Grievance resolution from Quality Improvement is expected within 30 days without written documentation of factors preventing a more timely resolution. The Patients' Rights Advocate will assist the client in filing grievances or appeals as requested and/or needed.

Appeal: An appeal is initiated by written submission using the MHP's Appeal form. Beneficiaries are informed of this option through the Santa Barbara MHP Beneficiary Brochure, and by the inclusion of this option in the format of the "Response to Grievance" letter.

The Appeal is logged into the Appeal Log upon receipt. The log entry contains the name of the beneficiary, the date of appeal receipt, the nature of the problem, the time period allowed for problem resolution (30-days), and the party responsible for resolution. The Appeal is resolved within thirty (30) calendar days. Should circumstances present that prevent resolution within the thirty-day period, the beneficiary, provider, and designated representative shall receive written notification as to the circumstances within the 30 day period.

State Fair Hearing: Beneficiaries may file for a State Fair Hearing when services are denied, reduced or terminated. They may also file for a State Fair Hearing if they are unsatisfied with the resolution following Appeal.

Quarterly, the issues identified in the Problem Resolution Process are reported back to the MHP's quality improvement committee. As trends are identified, these are reported back to the Santa Barbara MHP's Executive Committee, for review and possible action.

The Problem Resolution Process is described in the beneficiary brochure and all staff/providers will be trained the process.

The problem resolution process meets the requirements of Title IX, Section 1795, of the California Code of Regulations for Medi-Cal Specialty Mental Health Services.

Requests for change of clinicians are routinely accommodated and not considered a complaint unless the client is denied the request and files a complaint. At the request of a beneficiary, the MHP will provide for a second opinion by a licensed staff employed by, contracting with or otherwise made available to the client. The MHP shall determine whether the second opinion requires a face-to-face encounter with the beneficiary.

G. Mental Health Plan Information

Written information on services and programs are available in English and Spanish, including: The Beneficiary Brochure; educational materials; and registration forms including Release of Information, and Treatment Authorization.

1. **Standards for Determination of Print Language**

   Written information will be translated when 5 percent or more of the beneficiaries read or speak another language and are not fluent in English. Multilingual staff or translators will assist beneficiaries with other language needs.

2. **Visual and Hearing Impairments**

   General information for persons with visual and hearing impairments will be provided with staff assistance or other community resources, such as, The Braille Institute, California Relay Service, and HANDS Interpreter Referral Service. A list of employees who use sign language is maintained with those who speak and read other languages. Compact disc recorded beneficiary brochures are available in English and Spanish for those individuals with visual or literacy challenges.

H. Interagency Agreements/Memorandums of Understanding

1. American Medical Response (AMR)
   a. Ambulance Transportation
2. Tri-Counties Regional Center
   a. Collaboration on the treatment of dually diagnosed clients
   b. Development of crisis response capabilities for TCR clients
3. Pharmerica
   a. Pharmaceutical services for PHF

I. Quality Improvement, Utilization Management Programs

1. Quality Improvement Program

Quality Improvement is a countywide program which has as its aim assurance and improvement of accessible, quality services that are fiscally responsible and responsive to the needs of the beneficiaries served by ADMHS. The program monitors services delivered by organizational and individual contract practitioners of the agency, as well as services directly provided by Santa Barbara County Alcohol, Drug, and Mental Health Services staff, assessing for appropriateness, medical necessity, quality, and continuity of care. The Quality Improvement Work Plan is reviewed annually and updated as necessary. The Quality Improvement Program will produce reports to the Santa Barbara County Mental Health Plan Director on a quarterly basis and provide an annual summary of findings and recommendations.

a) Role, Structure, Function and Meeting Frequency

The Quality Improvement Program describes the Mental Health Plan Quality Improvement Committee (QIC) which operates under the guidance of the Quality Assurance Manager, a licensed Mental Health staff person, who chairs the quarterly meetings, is responsible for providing quarterly and annual reports to the Director, and ensures targeted areas are monitored.

The Quality Improvement Committee meets quarterly, with an annual wrap-up meeting which is intended to review year-end findings, create a year-end report to the Mental Health Director and Mental Health Commission and establish priorities for the next year activities.

b) Composition

The Quality Improvement Committee is composed Quality Care Management staff, who are specialists in quality of care and utilization management issues, a Mental Health Plan clinical manager, a representative of the consumer and family stakeholder groups who are recruited by the Mental Health Commission, a representative from the contracted provider network , a representative from Cen-cal Health, ADMHS Division Chiefs, the PHF Manager, the ADMHS Deputy Director, the ADMHS Medical Director, the MIS Manager, the Medical Records Manager, the Consumer Empowerment Manager and Patients Rights Advocates.

c) Delegated Functions

No quality improvement functions are delegated to outside agencies or organizations.

d) Other Descriptive Elements

i. The Quality Improvement Committee oversees and is involved in quality improvement activities.

ii. Quality Improvement Committee recommends policy decisions, and reviews and monitors the activities of the quality improvement staff that pursue studies at the quality improvement committee's direction.

iii. Quality Improvement Committee ensures follow-up of quality improvement activities.

iv. Quality Improvement Program performance monitoring activities**:**

1. Client and system outcomes, utilizing state DMH recommended outcome measure and client satisfaction instruments

2. Utilization management information, including trends and authorization patterns

3. Network Provider credentialing patterns and issues

4. Beneficiary & provider complaint and grievance patterns and appeals

5. Beneficiary and provider satisfaction with authorization process

6. Clinical records review that explores compliance with documentation and process standards

7. Coordination of care

8. Provider appeals studies

e. Quality Improvement Sub-Committees

i. Physician's Peer Review: Comprised of medical staff that are members of the Medical Practices Committee, the Medical Director, the QA Psychiatrist and the QA Manager, reviews medical services of cases randomly selected from both inpatients (PHF) and outpatient cases. Adherence to clinical process standards, quality and coordination of care standards, and documentation standards is assessed. Failure to meet clinical standards shall result in corrective feedback, training or other interventions as appropriate.

ii. PHF Quality Improvement/Utilization Review Committee: Comprised of the PHF Manager, the QA Manager, the Medical Director, the QA Psychiatrist, the PHF Psychiatrists, the PHF Social Workers, the PHF Forensic Liaison, the PHF Nursing

Supervisor, the QA Utilization Review Nurse and the QA Analyst, the Committee meets bi-monthly to weekly and provides quality management/utilization review and quality improvement activities specific to the PHF. The Committee reviews data and identifies trends. The Committee makes recommendations for quality improvement activities specific to the PHF.

J. IMPLEMENTATION PLAN CONTACT PERSON

The contact person for this Implementation Plan is Jeanie Sleigh, MS, LMHP, CADC II. She can be reached by telephone at (805) 681-5287.