



**LAKE COUNTY
BEHAVIORAL HEALTH SERVICES
MENTAL HEALTH PLAN**

**Specialty Mental Health Services
Implementation Plan Update
Fiscal Year 2020-2021**

FINAL 10/15/2021
UPDATED 07/06/22

Lake County Behavioral Health Services – Mental Health Plan
Specialty Mental Health Services Implementation Plan Update
FY 2020-2021

Table of Contents

A. Introduction..... 1

B. MHP System Standards 3

1. Service and Payment Authorization Processes..... 3

2. Screenings, Referrals, and Coordination with Other Services 11

3. Outreach Activities 12

4. Continuity of Care..... 13

5. Clinical Consultations and Training for Primary Care 14

6. Client Problem Resolution Process..... 15

7. Provider Selection, Retention, and Credentialing..... 19

8. Array of Specialty Mental Health Services 22

9. Provider Network and Network Adequacy..... 23

10. Age-Appropriate Services..... 24

11. Cultural and Linguistic Competence Program..... 24

12. Concurrent Review of Inpatient and Residential Services 26

13. Quality Improvement and Utilization Management Programs..... 27

14. Client Confidentiality..... 29

C. Implementation Plan Approval Process 30

Lake County Behavioral Health Services – Mental Health Plan Specialty Mental Health Services Implementation Plan Update FY 2020-2021

A. Introduction

1. Purpose Statement

The purpose of Lake County Behavioral Health Services (LCBHS) is to improve the quality of life for the people of Lake County experiencing mental illness or substance use disorders by offering recovery-oriented services.

2. System Values and Goals

The LCBHS Mental Health Plan (MHP) system is based upon respect for individuals as its central value, including consumer choice, satisfaction and quality, and confidentiality. LCBHS is committed to developing and maintaining a system of care that is culturally competent and consumer guided. The following goals provide the basis for improving quality of care and maintaining culturally-competent and age-appropriate services:

Goal 1: Improve client access to mental health and substance abuse treatment services

Goal 2: Work with clients and other health care providers to arrange for quality care

Goal 3: Be sensitive to each client's needs

Goal 4: Deliver cost-effective services to clients to help them manage their mental health and substance abuse issues

3. County Overview

Lake County is a small county (population 64,665) that lies in the north central part of California. It is named after freshwater Clear Lake, the dominant geographic feature in the county and the largest natural lake wholly within California. A county of 1,329 square miles, Lake is bordered by Mendocino County to the northwest; Sonoma County to the west; Napa County to the south; and Glenn, Colusa, and Yolo Counties to the east. The most populated city in Lake County is Clearlake, with a population of 15,250 (US Census Bureau). The county seat is Lakeport (2010 US Census population of 4,753). There are also a number of small, rural communities located in the county.

Of the 64,665 Lake County residents, 17.2% are children ages 0-14; 11.7% are Transition Age Youth (TAY) ages 15-24; 45.5% are adults ages 25-59; and 25.7% are older adults ages 60 years and older. The majority of persons in Lake County are Caucasian (74.1%). Persons who are Hispanic represent 17.1% of the population, and persons who are Alaska Native/American

Indian represent 2.4% of the population. Persons who are two or more races represent 3.1% of the population. There are the slightly more males (50.2%) than females (49.8%) in the county.

4. Original Implementation Plan 1997-1998

LCBHS developed the initial Implementation Plan in FY 1997-1998 to meet the requirements of Medi-Cal Specialty Mental Health Services Phase II Consolidation. At that time, Senate Bill 485 directed the State Department of Health Services to expand implementation of Medi-Cal managed care. In 1994, Assembly Bill 757 established plans for Medi-Cal managed mental health care. LCBHS worked with the Mental Health Advisory Board, beneficiaries, providers, family members, patients' rights advocate, staff, community members, and outside agencies to assist with the development of the original Implementation Plan.

5. Significant Developments in MHP System (Since 1997-1998)

Over the past 20+ years, LCBHS has implemented and maintained compliance with federal and state standards to improve services for children, Transition Age Youth (TAY), adults, and older adults who need specialty mental health services in Lake County.

In 2005, LCBHS began implementing the Mental Health Services Act (MHSA). The first component, Community Services and Supports (CSS), created the Full-Service Partnership (FSP) program, and provided the opportunity to develop our wellness centers. In 2009, LCBHS implemented the Prevention and Early Intervention (PEI) programs; and in 2011, the first Innovation Project. LCBHS has utilized Workforce Education, and Training (WET) funds for promoting staff training and educational opportunities, and paying stipends for interns to work at LCBHS.

LCBHS has fully implemented its Katie A program, expanding and coordinating services with Child Welfare to ensure that all children in foster care and/or at risk of out-of-home placement receive medically necessary mental health services. LCBHS has a strong coordinated system that promotes Child and Family Teams and delivers Intensive Care Coordination and Intensive Home-Based Services. Services continue under Katie A./Pathways to Wellbeing.

With the development of the Affordable Care Act (ACA), LCBHS has expanded the number of persons receiving Medi-Cal benefits and improved access to health and mental health care. Under the County Organized Health Systems (COHS) model, LCBHS contracts with the California Department of Health Care Services (DHCS) to administer the Managed Care Plan in Lake County. LCBHS works to ensure that all persons who need mental health services receive the appropriate level of care.

B. MHP System Standards

LCBHS currently provides specialty mental health services in compliance with state and federal standards and regulations around access; authorization and utilization; quality and appropriateness of care; medical necessity; accurate documentation; client protection; program integrity; and funding requirements. Key activities are listed below to demonstrate the consistent and timely implementation of all state and federal requirements and standards as an MHP.

1. Service and Payment Authorization Processes

LCBHS has designed its authorization process to ensure timely access to the system and an appropriate utilization of services.

Outpatient Services

Emergency Crisis Response

- Crisis services (including crisis intervention and crisis stabilization) do not require prior authorization.
- Emergency crises during regular business hours are immediately referred to clinical staff.
- The after-hours telephone response service manages all calls after regular business hours, and during weekends and holidays, by referring crisis requests to the LCBHS on-call staff.

Outpatient Services Timeliness Standards

- Initial Assessment Appointment: Ten (10) business days
 - It is the goal to allow all individuals requesting planned services to be offered an initial assessment appointment as soon as possible, but no later than ten (10) business days after the request for services.
 - If the client requests a specific provider, there may be a delay in scheduling.
- Access Team Authorization: Five (5) business days
 - For outpatient services that REQUIRE prior authorization: Access Team authorization occurs within five (5) business days of the initial assessment appointment.
 - This timeframe may be extended up to 14 additional calendar days if the client or the provider requests the extension, or if LCBHS justifies and documents the need for additional information and that the extension is in the client's interest.

- If the standard timeframe could seriously jeopardize the client’s life or health, or their ability to attain, maintain, or regain maximum function, LCBHS will make an expedited authorization decision and provide notice as quickly as the client’s health condition requires, but no later than 72 hours after the request for service has been received.
 - LCBHS may extend the 72-hour time period by up to 14 calendar days if the client or the provider requests an extension, or if LCBHS justifies (and documents) a need for additional information, and how the extension is in the interest of the client.
- Urgent Care Appointments
 - Urgent care appointments for services that do NOT require prior authorization – clients are seen as soon as possible, but no later than within 48 hours of the request for an appointment.
 - Urgent care appointments for services that REQUIRE prior authorization – clients are seen as soon as possible, but no later than within 96 hours of the request for an appointment.
- First Service Appointment: Ten (10) business days
 - For outpatient services that do NOT require prior authorization: For individuals eligible to receive planned services, a scheduled appointment date with a clinic service provider will occur within ten (10) business days from the date of the initial assessment appointment.
 - For outpatient services that REQUIRE prior authorization: For those individuals authorized to receive planned services, a scheduled appointment date with a clinic service provider will occur within ten (10) business days from the date of authorization.
- Client Treatment Plan: 60 business days
 - In order to provide treatment that is appropriate and effective, Client Treatment Plans must be completed within 60 business days of the initial assessment appointment.
- Psychiatry/Telepsychiatry Appointments: 15 business days
 - Appointments with a psychiatrist will occur within 15 business days from the date of request/determination of need.

- Outpatient Follow-Up Appointments after Inpatient Discharge
 - For new clients, the goal is to schedule and complete an initial assessment within seven (7) business days after an inpatient hospital discharge. New client will be placed in a crisis initial assessment slot.
 - For existing clients, the goal is to schedule and complete a follow-up appointment with assigned staff within seven (7) business days after an inpatient hospital discharge.
- *For more information, see policy #103 (Intake Process for Outpatient Mental Health Services); #104 (Authorization Process for Outpatient Mental Health Services); and #143 (Client Treatment Plans)*

Routine Authorization Process (Non-Crisis)

- Services that do NOT require prior authorization: If the assessment indicates that a client may benefit from any of the following services, prior authorization is not required:
 1. Mental Health Services
 2. Medication Support Services
 3. Targeted Case Management (TCM)
 4. Intensive Care Coordination (ICC)
 - Although authorization is not required for the services listed above, LCBHS requires that these services are included, as appropriate, in the Client Treatment Plan.
 - LCBHS requires review and approval of the Client Treatment Plan prior to the delivery of therapy services (individual, group, and family), collateral services, and rehabilitation services (individual and group).
 - See policy #143 (Client Treatment Plans) for more information.
- Services that REQUIRE prior authorization: Authorization review is conducted by the LCBHS Access Team. If the assessment indicates that clients may benefit from any of the following services, prior authorization is required, via Access Team review:
 1. Day Treatment Intensive (Policy #106)
 2. Day Rehabilitation (Policy #107)
 3. Intensive Home-Based Services (IHBS) (Policy #108)
 4. Therapeutic Behavioral Services (TBS) (Policy #160)
 5. Therapeutic Foster Care (TFC) (Policy #108)
 - The assessment information is forwarded to the Access Team, which reviews and determines authorizations for planned services.

- Access Team approval documents the amount, scope, and duration of services authorized.
 - Once the Access Team has reviewed and approved services, the provider is notified and medically-necessary services may be delivered per the Client Treatment Plan.
 - LCBHS requires that providers request payment authorization for the continuation of these services per the standard authorization period specific to the type of service.
- *For more information, see #104 (Authorization Process for Outpatient Mental Health Services); and #143 (Client Treatment Plans); #108 (Pathways to Well-Being Services/KTA); #106 (Day Treatment Intensive); #107 (Day Rehabilitation Services); and #160 (Therapeutic Behavioral Services/TBS).*

Authorization Process Standards

- LCBHS has authorization mechanisms in place to ensure consistent application of review criteria for authorization decisions, and consults with requesting providers when appropriate.
- LCBHS ensures that all medically-necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished.
- LCBHS does not arbitrarily deny or reduce the amount, duration, or scope of medically-necessary covered SMHS solely because of diagnosis, type of illness, or condition of the client.
- LCBHS ensures that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested is made by a licensed health care professional who has appropriate clinical expertise in addressing the client's behavioral health needs.
- LCBHS notifies clients in writing, via the NOABD process, of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. See policy #118 (Notices of Adverse Benefit Determination/NOABDs).
- Compensation to individuals or entities that conduct authorization or utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically-necessary services to any client.
- *For more information, see policy #104 (Authorization Process for Outpatient Services).*

Retrospective Authorization Requirements

- LCBHS conducts retrospective authorization of SMHS under the following limited circumstances:
 - Retroactive Medi-Cal eligibility determinations;
 - Inaccuracies in the Medi-Cal Eligibility Data System;
 - Authorization of services for clients with other health care coverage pending evidence of billing, including dual-eligible clients; and/or,
 - Client’s failure to identify payer (e.g., for inpatient psychiatric hospital services).
- In cases where the review is retrospective, the LCBHS authorization decision is communicated to the client, or to the client’s personal representative, within 30 days after receiving the information necessary to make the authorization decision (assessment, etc.).
- Retrospective authorization decisions are communicated to the affected provider per standard LCBHS practice.
- *For more information, see policy #104 (Authorization Process for Outpatient Services).*

Communicating Authorization Standards and Procedures

LCBHS communicates the authorization standards and requirements to clients, contract providers, the California Department of Health Care Services (DHCS), and the general public, as follows:

- Notifies contracting providers and DHCS in writing of all services that require prior or concurrent authorization, and ensures that all contracting providers are aware of the procedures and timeframes necessary to obtain authorization for these services.
 - Notification to providers occurs through the Provider Manual, which is given to providers upon contract execution and renewal.
 - Notification to DHCS occurs through policy submission, as requested by DHCS.
- Offers telephone access 24-hours a day, 7-days a week for providers to make admission notifications and request authorization for inpatient acute psychiatric hospital services and/or to request expedited authorization of an outpatient service requiring prior authorization.
- Ensures that a physician is available for consultation and for resolving disputed requests for authorizations.
- Upon request, discloses to DHCS, providers, clients, and members of the public the authorization and utilization management policies and procedures that LCBHS uses to authorize, modify, or deny services.
 - LCBHS may post documentation online, or may provide electronic copies via email, upon request.

- Ensures that the Beneficiary Guide to Medi-Cal SMHS includes the procedures for obtaining benefits, including the LCBHS requirements for service authorizations and/or referrals for SMHS.
- Provides written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.

Inpatient Services

LCBHS authorizes psychiatric inpatient services, as needed, from out-of-county providers.

- Clients who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current LCBHS protocol.
- Inpatient services for both adults and youth are provided through contracts with approved hospitals, whenever possible.
- The Quality Improvement (QI) Coordinator is responsible for the authorization for payment of inpatient services. The QI Coordinator reviews authorization requests for hospital services admissions and makes the final determination on all inpatient Treatment Authorization Requests.
 - The first 24 hours of an emergency admission do not require authorization.
 - Hospitals have 10 days to notify LCBHS of an inpatient admission, unless otherwise specified in contract.
- Concurrent review and authorization for all psychiatric inpatient hospital services and health facilities services are required following the first day of admission.
- Inpatient Discharge Follow-up
 - For new clients, the goal is to schedule and complete an intake assessment within 7 business days after an inpatient hospital discharge.
 - For existing clients, the goal is to schedule and complete a follow-up appointment with assigned staff within 7 business days after an inpatient hospital discharge.
- *For additional information, refer to policies #117 (Treatment Authorization Requests-TARs) and #105 (Crisis Response); and #162 (Authorization and Concurrent Review of Inpatient and Residential Services).*

Residential Treatment and Out-of-County Cases

1. *Adults in Residential Placements:* For adults that LCBHS refers to Crisis Residential Treatment Services (CRTS) or Adults in Residential Treatment Services (ARTS), LCBHS is required to conduct concurrent review and authorization of services.
 - a. The referral serves as the initial authorization.

- LCBHS must specify the parameters of the authorization/referral (e.g., number of days authorized)
- b. LCBHS reauthorizes medically-necessary CRTS and ARTS, as appropriate, concurrently with the client’s stay and based on the client’s continued need for services.
 - c. In the absence of a referral by LCBHS, LCBHS conducts concurrent review after the first day of admission (or as soon as LCBHS is notified of the admission) through discharge.
 - d. If continued authorization is denied, the NOABD process is completed.
 - 1) If services are denied or modified due to medical necessity or other allowable reasons, Lake is responsible for arranging for the client to obtain a second opinion about their mental health condition, if requested. A second opinion is provided at no cost to the client.
2. *Children/Youth placed in Lake County under AAP or Kin-GAP Aid Codes:* LCBHS is responsible for providing medically-necessary specialty mental health services to a child/youth in an Adoption Assistance Program (AAP) or Kin-GAP aid code whose adoptive parent or guardian reside in Lake County.

However, LCBHS is not responsible for authorizing these services. The authorization of these services is the responsibility of the county that placed the child/youth.

- a. LCBHS submits a request for service authorization to the child’s county of origin, utilizing a DHCS SAR or equivalent.
- b. The county of origin notifies LCBHS of its authorization decision within 72 hours following the date of receipt of the request for services. The county of origin will likely authorize LCBHS two (2) sessions for completing the assessment materials.
 - If additional information is required to determine the individual’s need for services, an extension may be granted for up to three (3) business days from the date that the additional information is received, or 14 calendar days from the receipt of the original request for services, whichever is less.
- c. Upon receipt of the completed assessment, the county of origin determines the need for specialty mental health services. LCBHS is notified of the authorization decision for services.
 - When authorization to deliver services is denied, the NOABD process is completed by the county of origin.
 - If services are denied or modified due to medical necessity or other allowable reasons, the county of origin is responsible for arranging for the individual to obtain a second opinion about their mental health condition, if requested, and at no cost to the client.

- d. The MHP in the child's county of origin must make payment arrangements with LCBHS within 30 business days of the date that the MHP authorized services.
 - e. Authorization requests, timeframes, and resolutions are logged in the SAR Tracking Log, which is maintained by designated QI staff.
3. *Out-of-County Cases*: The responsibility of authorization depends on the type of case and the type of services involved:
- a. Depending on the type of service needed, LCBHS may be responsible for authorizing services for the following cases:
 - 1) Lake clients are treated by an out-of-network provider, because Lake cannot directly deliver a medically-necessary service.
 - LCBHS assesses clients per policy #142 (Clinical Assessments) and authorizes medically-necessary services per this policy, depending on the type of service needed.
 - Service referrals to out-of-county or out-of-network providers occurs after any necessary service authorization.
 - 2) A Lake child/youth is placed in foster care in another county, and presumptive transfer IS WAIVED (Lake retains responsibility).
 - LCBHS assesses clients per policy #142 (Clinical Assessments) and authorizes medically-necessary services per this policy, depending on the type of service needed.
 - Service referrals to out-of-county or out-of-network providers occurs after any necessary service authorization.
 - See policy #163 for information.
 - 3) A child/youth from another county is placed in foster care in Lake County, and presumptive transfer is NOT WAIVED (Lake assumes responsibility).
 - LCBHS assesses clients per the assessment policy #142 (Clinical Assessments), and authorizes medically-necessary services per this policy, depending on the type of service needed.
 - See policy #163 for information.
 - b. LCBHS is required to conduct concurrent review (but not prior authorization) in the following cases:
 - 1) Lake refers an adult client to a residential facility. See below for concurrent review process.
 - 2) Lake places a Lake client in an out-of-county inpatient facility.
 - See the Concurrent Review policy #162 for more information.

c. LCBHS is not responsible for authorizing services for the following out-of-county cases:

- 1) A child/youth is adopted from another county and their adoptive parent or guardian resides in Lake County (Adoption Assistance Program [AAP] or Kin-GAP aid codes).
 - In this instance, Lake is not responsible for authorizing services, but is responsible for providing services. See below for SAR process.
- 2) An Lake child/youth is placed in foster care in another county, and presumptive transfer is not waived (county of residence assumes responsibility). See policy 163 for information.
- 3) A child/youth from another county is placed in foster care in Lake County, and presumptive transfer is waived (the MHP of jurisdiction/origin retains responsibility). See policy 163 for information.

NOTE: Lake ensures that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by an LPHA who has appropriate clinical expertise in addressing the client's behavioral health needs. Lake will notify the requesting provider, and give the client written notice, of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

4. *For more information, see policies #104 (Authorization Process for Outpatient Mental Health Services); #163 (Presumptive Transfer); #105 (Crisis Response); and #119 (Second Opinions).*

2. Screenings, Referrals, and Coordination with Other Services

Screening, referral, and coordination with other services are critical components to providing excellent care to clients. The processes for coordinating with other divisions, agencies, and service providers are as follows:

- Substance Use Treatment Services – Behavioral Health staff are trained in identifying the need for mental health and substance use referrals. If the mental health assessment determines a need further to evaluate an alcohol or substance use-related issue(s), staff refer the client for further evaluation. Individuals who need withdrawal management and residential treatment are scheduled for an assessment appointment with an LCBHS intake therapist, who determines the appropriate level of care. Behavioral Health therapists coordinate referrals to a residential and withdrawal management treatment provider, if applicable.
- Education – If the mental health assessment determines that the client could benefit from coordinated care with an educational facility (e.g., schools, community college), LCBHS

staff refer/link the client with the appropriate educational professional staff. LCBHS staff work closely with the school system to provide specialty mental health services.

- Health – If the mental health assessment determines that there is a need for health care services, LCBHS strives to coordinate and integrate physical health care and behavioral health care. LCBHS collaborates extensively with the local clinics, FQHCs, and hospitals that provide physical and behavioral health care to clients.
- Housing – If the mental health assessment determines that the client requires assistance in obtaining or changing housing, LCBHS staff will assist the client and/or family to secure housing. As appropriate, the client may be enrolled in the Full Service Partnership (FSP) program to provide additional financial supports to meet housing needs.
- Social Services – If the mental health assessment determines that the client requires assistance in obtaining the services of Public Assistance, Employment Services, Child Welfare Services, or Adult Protected Services, LCBHS staff help the client to access these services.
- Probation/Courts – If the mental health assessment determines that the client requires assistance in coordinating with Probation Services or the Lake County court systems, LCBHS staff work with Probation and the courts as appropriate.
- Vocational Services / Employment – If the mental health assessment determines that the client is interested in obtaining or changing employment, LCBHS staff help the client to develop a resume; and enhance interviewing skills, job-seeking skills, and work-related skills. Referral to the Lake County Department of Social Services Employment Training program may also be provided.

3. Outreach Activities

LCBHS is committed to offering Specialty Mental Health Services (SMHS) to all populations in the county, including underserved persons; Latino and Native American communities; homeless and impoverished individuals; the LGBTQ+ community; and hard-to-reach persons.

LCBHS assertively works to identify, assess, and engage those individuals who are in need of mental health treatment, but are reluctant to use services or are unaware how to access them.

The goal of LCBHS outreach services is to educate, assist, and facilitate linkage of these individuals to appropriate services, supports, and treatment, including alternatives and options for cultural and linguistic services and programs.

- LCBHS provides informational presentations and exhibits during community events throughout the year. Examples of these events include, but are not limited to: Health Fair; County Fair; and Safe Night Out.
 - These presentations/exhibits focus, as appropriate, on underserved persons; Latino and Native American communities; homeless and impoverished individuals; the

LGBTQ+ community; and hard-to-reach persons. The information also demonstrates the culturally-sensitive services that LCBHS delivers.

- In addition, the information focuses on educating the general community about mental illness, to reduce stigma and information the community about the availability of services and treatment options.
- In an effort to reach homeless and other hard-to-reach individuals, LCBHS distributes informational materials to the community through various agencies and organizations, including the local food pantry and community centers.
- All LCBHS brochures and informational notices required under Medi-Cal are available in English and in Spanish; and in large print (18+ point font).
 - Brochures include information regarding clinic hours; patient's rights; available services, including alternatives and options for cultural and linguistic services; informed consent; and medication information.
 - Brochures are easy to read and understand.
- On a regular basis, clerical staff ensure that an adequate supply of the LCBHS written materials are available for distribution at the key points of referral in the community.

For more information, see policy #116 (Community Outreach and Awareness).

4. Continuity of Care

LCBHS is responsible for coordinating SMHS to ensure that LCBHS clients have an ongoing source of care that is appropriate to their individual needs. Client need is determined through a timely assessment process; comprehensive treatment planning outlines appropriate services; and case management ensures that the client has access to additional supports to achieve their treatment plan goals.

- LCBHS offers an array of SMHS to meet the needs of LCBHS clients. Services that are not directly offered by LCBHS are provided via contract with organizational providers. LCBHS coordinates with services that LCBHS clients receive from other providers, in order to meet clients' needs and avoid duplication of services. In addition, LCBHS conducts appropriate discharge planning for clients released from psychiatric inpatient stays, linking clients to services to help them remain stable in the community.
- Each provider of SMHS is required to maintain and share, as appropriate, a client health record in accordance with state and professional standards. Each provider of SMHS is also required to protect clients' privacy and confidentiality per federal and state standards, including HIPAA, while coordinating services.
- LCBHS routinely monitors all providers to ensure the provision of high quality and clinically-appropriate services, and to ensure that treatment and documentation are in compliance with federal and state regulations and standards for SMHS.

Care coordination ensures that clients have access to needed services, including medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

- LCBHS designates Case Managers as the individuals primarily responsible for coordinating SMHS that are accessed by clients.
- All eligible LCBHS clients who meet medical necessity criteria for SMHS have the right to request continuity of care.

For more information, see policy #229 (Coordination and Continuity of Care for Medi-Cal SMHS).

5. Clinical Consultations and Training for Primary Care

LCBHS medication support staff and psychiatrists are available 24/7 for consultation to primary care providers (PCPs) regarding Medi-Cal beneficiaries, whether or not the beneficiary is receiving Specialty Mental Health Services (SMHS) from LCBHS. General training and education is also available upon request.

- LCBHS may provide clinical consultation and training, including consultation and training on medications, to a PCP for beneficiaries whose mental illness is not being treated by LCBHS; or for beneficiaries who are receiving treatment from another health care provider, in addition to receiving SMHS from LCBHS.
- LCBHS arranges appropriate management of a beneficiary's care, including the exchange of medical information, with a beneficiary's other health care providers or providers of specialty mental health services.
 - LCBHS maintains the confidentiality of medical records in accordance with state and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.
- LCBHS coordinates with pharmacies to assist beneficiaries to receive prescription drugs and laboratory services prescribed through LCBHS, including ensuring that any medical justification of the services required for approval of payment to the pharmacy or laboratory is provided to the authorizing entity in accordance with the authorizing entity's procedures.

LCBHS encourages medication support staff and the contract psychiatrist to respond to PCP consultation requests. Clinical consultations and training with PCPs promote collaboration between systems and help to improve client care.

For more information, see policy #123 (Clinical Consultation and Training for Primary Care).

6. Client Problem Resolution Process

LCBHS works to resolve any problem(s) identified by clients in a sensitive and timely manner, utilizing the Client Problem Resolution Process. This resolution process includes procedures for addressing grievances, standard appeals, and expedited appeals, for mental health (MH) services.

Clients and LCBHS have rights and responsibilities specific to each type of process. These rights and responsibilities relate to how a problem is filed; notification and documentation requirements; and timeframes for filing and responding. LCBHS has the responsibility to ensure that all grievances and appeals are handled and resolved in a timely and professional manner.

Clients are not discriminated against for filing a request for problem resolution, and services are not denied or terminated based on filing. LCBHS adheres to this policy to ensure that clients' rights are upheld at all times.

The client and/or LCBHS may consult with the Patient's Rights Advocate at any time during this process.

The LCBHS Client Problem Resolution Process also encompasses issues related to the activities of the MHSA program, including stakeholder complaints regarding the local MHSA planning process; appropriate use of MHSA funds; inconsistency between an approved MHSA Plan and actual implementation; and client access to MHSA programs. For additional information about the MHSA issue resolution process, refer to policy #137 (MHSA Issue Resolution Process).

General Process Policies

- A client may authorize another person, including their attorney, to act on their behalf.
 - In the appeal process, the client may also select a provider as their representative.
 - LCBHS requires that clients sign a Release of Information (ROI), authorizing LCBHS to release their Protected Health Information (PHI) to an attorney or a personal representative.
- Information regarding grievances and appeals is maintained in a confidential manner and is only discussed with those directly involved in the matter, or as required by state or federal laws or regulations.
- LCBHS does not subject any client who may file a request for problem resolution to discrimination or penalty. Any report of retaliatory behavior by LCBHS staff is investigated and may be cause for disciplinary action, including possible dismissal, depending on the seriousness of the retaliatory action.
- LCBHS does not take punitive action against a provider who requests an expedited resolution or supports a client's request for an expedited appeal.

- LCBHS has designated specific staff member(s) to aid clients in the problem resolution process. This individual will also provide status of a client’s grievance or appeal, upon request.
- LCBHS has authorized the Quality Improvement (QI) Coordinator, or a designated supervisor, to make decisions regarding grievances and appeals. These individuals are not involved in any previous review or decision-making.
 - Clinical Decisions: If the situation is clinical in nature, the person(s) making the decision must be a Licensed Practitioner of the Healing Arts (LPHA) with the appropriate clinical expertise in treating the client’s condition. Such situations requiring clinical expertise include:
 - Appeals based on lack of medical necessity;
 - Grievances regarding denial of expedited resolution of an appeal; and/or
 - Grievances/appeals that involve clinical issues.
- Clients must exhaust the one-level county Problem Resolution Process before filing a State Fair Hearing.
- An LCBHS designee confidentially maintains a Grievance and Appeal Log for tracking problems reported by clients, as well as MHSA issues.
 - The log includes, but is not limited to:
 - Date and time of receipt of the grievance, standard appeal, or expedited appeal;
 - Date that the grievance, standard appeal, or expedited appeal was logged;
 - Name of the LCBHS staff logging receipt;
 - Name of the client;
 - For MHSA issues only: stakeholders may choose to remain anonymous when filing an MHSA issue. Contact information is considered optional.
 - A description of the complaint or problem;
 - Date that the acknowledgement-of-receipt letter was sent to the client;
 - Review date and review staff name;
 - A description of the action taken by LCBHS to investigate and resolve the grievance or appeal;
 - The resolution/decision, or explanation of reasons if there was not a resolution;
 - The name of LCBHS staff responsible for resolving the grievance or appeal;
 - The date that notification of the resolution was sent to the client; and
 - The date that a copy of the client’s resolution notification was sent to the relevant provider.
- The LCBHS appeal process is only one level. Clients have a right to request a State Fair Hearing after filing an appeal with LCBHS and receiving notice that the ABD has been upheld. Information about filing a State Fair Hearing is included in the Notice of Appeal

Resolution (NAR) that is sent to the client. See below in “Section E, Documentation Standards” for details about the contents of the NAR.

- The QIC reviews the documentation related to new grievances, standard appeals, and expedited appeals. The QIC reviews the decisions and focuses on the appropriateness of the LCBHS response or other concerns. Overall trend issues are analyzed as part of the QIC monitoring process. QIC recommendations and findings are documented in the QIC minutes for Behavioral Health Director/Director review and delegation of plans of action, including system changes as necessary.
- LCBHS is required to report to the CA Department of Health Care Services (DHCS) a summary of total grievances, appeals, and expedited appeals received by LCBHS.

Process Timeframes

Grievance Process Timetable		
Timeline	Responsible Party	Activity
At any time	Client or their representative	Grievance is filed orally or in writing
Within 1 business day of receipt	QI Coordinator or designee	Log Grievance
Within 5 calendar days of receipt	QI Coordinator or designee	Acknowledge receipt of Grievance in writing – <i>Grievance Acknowledgment Letter is available in English and Spanish</i>
Within 60 calendar days, but no more than 90 calendar days, of receipt* (<i>Exception: 30 calendar days for grievances related to authorization extensions</i>)	QI Coordinator or designee	Notify client in writing of resolution decision – <i>NGR is available in English and Spanish</i>
		Notify providers, staff, and other affected parties in writing
Upon disposition of Grievance	QI Coordinator or designee	Log resolution of grievance, notification activities, and dates

Standard Appeals Time Table		
Timeline	Responsible Party	Activity
Within 60 calendar days of the date of the NOABD	Client or representative	Appeal is filed orally or in writing
Within 1 business day of receipt	QI Coordinator or designee	Log Appeal
Within 5 calendar days of receipt	QI Coordinator or designee	Acknowledge receipt of appeal in writing – <i>Appeal Acknowledgment Letter is available in English and Spanish</i>
Within 30 calendar days of receipt.* <i>(The date of oral appeal starts the clock, but written appeal is required.)</i>	QI Coordinator or designee	Notify client of resolution decision in writing – <i>Notice of Appeal Resolution is available in English and Spanish</i>
		Notify providers, staff, and other affected parties in writing
Upon resolution of appeal	QI Coordinator or designee	Log resolution of Appeal, notification activities, and dates

Expedited Appeals Timetable		
Timeline	Responsible Party	Activity
Within 60 calendar days of the date of the NOABD	Client or representative	Appeal is filed orally or in writing
Within 1 business day of receipt	QI Coordinator or designee	Log Appeal
ASAP, but no later than within 5 calendar days of receipt	QI Coordinator or designee	Acknowledge receipt of appeal in writing – <i>Appeal Acknowledgment Letter is available in English and Spanish</i>

Expedited Appeals Timetable		
Timeline	Responsible Party	Activity
2 calendar days	LCBHS Director or designee	Notify client orally and in writing if LCBHS denies a request for an expedited resolution of an appeal – <i>Notification template available in English and Spanish</i>
Within 72 hours of receipt*	QI Coordinator or designee	Notify client in writing of resolution decision – <i>Notice of Appeal Resolution is available in English and Spanish</i>
		Notify providers, staff, and other affected parties in writing
Upon resolution of appeal	QI Coordinator or designee	Log resolution of expedited Appeal, notification activities, and dates

*This timeframe may be extended by up to 14 calendar days if the client requests an extension, or LCBHS determines and documents that there is a need for additional information and that the delay is in the client’s interest. If the extension is due to a LCBHS request for a delay, LCBHS will make reasonable efforts to give the client prompt oral notice of the delay and notify the client of the extension and the reasons for the extension in writing within two (2) calendar days of the decision to extend the timeframe.

For more information, see policy #121 (Client Problem Resolution Process).

7. Provider Selection, Retention, and Credentialing

a. Hospital Selection Criteria

LCBHS requires that each contract hospital:

- Complies with federal Medicaid laws, regulations, and guidelines, and state statutes and regulations, and does not violate the terms of the contract between LCBHS and DHCS
- Signs a provider agreement
- Provides psychiatric inpatient hospital services, within its scope of licensure, to all beneficiaries who are referred by LCBHS, unless compelling clinical circumstances exist that contraindicate admission, or LCBHS negotiates a different arrangement with the hospital
- Refers beneficiaries for other services when necessary

- Does not refuse an admission solely on the basis of age, sex, race, religion, physical or mental disability, or national origin

In addition to the conditions specified above, LCBHS may consider any or all of the following in selecting contract hospitals:

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

b. Individual, Group, and Organizational Provider Selection Criteria

In order to ensure delivery of the highest quality SMHS, LCBHS is committed to selecting and retaining qualified providers that meet strict standards and regulations surrounding client care, availability of services, cultural competence, and client rights.

LCBHS credentials selected providers to ensure that providers are licensed and certified as required by state and federal law. LCBHS does not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act [42 C.F.R. 438.214(d)].

- LCBHS requires that providers are licensed, or registered/waivered, per California standards related to their practice or scope of work.
- In addition to licensing standards, all contract providers must:
 - Possess the necessary license or certification to practice independently. Each individual practicing as part of a group must possess the necessary license or certification;
 - Comply with timely access and documentation requirements;
 - Maintain hours of operation for services provided to Medi-Cal clients that are no less than the hours of operation during which the provider offers services to non-Medi-Cal clients;
 - Maintain a safe facility;
 - Store and dispense medications in compliance with all applicable state and federal laws and regulations;
 - Maintain client records in a manner that meets state and federal standards;

- Meet the standards and requirements of the LCBHS QI Program; and
- Meet any additional requirements that are established by LCBHS as part of a credentialing or evaluation process.
- Organizational providers must also:
 - Possess the necessary California license to operate;
 - Provide for appropriate supervision of staff;
 - Have as Head of Service a licensed mental health professional or other appropriate individual as described in state regulations;
 - Possess appropriate liability insurance;
 - Maintain a safe facility;
 - Store and dispense medications in compliance with all applicable state and federal laws and regulations;
 - Maintain client records in a manner that meets state and federal standards;
 - Meet the standards and requirements of the LCBHS Quality Improvement Program;
 - Have accounting and fiscal practices that are sufficient to comply with its obligations pursuant to state code; and
 - Meet any additional requirements that are established by LCBHS as part of a credentialing or evaluation process, including an on-site review at least every three (3) years.
- LCBHS credentials providers as follows:
 - Prior to contracting, LCBHS reviews the full credentials of potential providers.
 - At least every three (3) years, LCBHS reviews the full credentials of existing contract providers.
 - Monthly, LCBHS reviews contract providers against various exclusion and status lists.
- In addition to credentialing, LCBHS conducts a review of various exclusion and status lists, to ensure that its providers have not been barred or suspended.
 - LCBHS is responsible for verifying individual and organizational/entity contract providers, LCBHS staff, and LCBHS applicants. Verification documentation is maintained by designated LCBHS staff.
 - If state or federal agencies determine that there is a reasonable possibility of fraud or similar risk, the state or federal agency may inspect, evaluate, and audit the subcontractor/provider at any time.
- LCBHS will not employ or contract with providers that are excluded from participation in federal health care programs, or that are otherwise found to have adverse credentialing results.
 - Providers that do not comply with LCBHS contract terms, state and federal regulations, or standards of care may be terminated.
 - LCBHS will provide a written notice to the provider seven (7) calendar days prior to the termination.

- In addition, LCBHS will make a good faith effort to provide all affected beneficiaries with written notice of the termination of a contracted provider within 15 business days after receipt or issuance of the termination notice.
 - DHCS must also be notified when a provider contract has been terminated, either by the provider or by LCBHS.
- LCBHS does not discriminate against particular providers who service high-risk populations or specialize in conditions that require costly treatment. A provider is not excluded from eligibility solely based on the type of license or certification that the provider possesses.

For more information, see policy #125 (Individual and Organizational Provider Selection, Retention, and Credentialing).

8. Array of Specialty Mental Health Services

As a county Medi-Cal Mental Health Plan (MHP), LCBHS is required to comply with state and federal service delivery and network adequacy standards for outpatient mental health services. These standards include time, distance, and timely access standards; service availability and network certification requirements; and monitoring and reporting activities.

To fulfill the service availability and time/distance standards, LCBHS provides or arranges for an array of Medi-Cal Specialty Mental Health Services (SMHS), including outpatient treatment and inpatient psychiatric hospital services. In addition, LCBHS uses 1991 Realignment funding to provide an array of community mental health services to target populations, including acute psychiatric inpatient hospital services provided in Institutions for Mental Disease (IMDs). LCBHS may also contract with outside providers to deliver these services.

LCBHS directly provides at least the following mental health services:

- A. **Mental Health Services (MHS):** assessment; plan development; individual, group, and family therapy; individual and group rehabilitation services; and collateral services.
- B. **Medication Support Services:** assessment of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; medication education; collateral services; and plan development.
- C. **Crisis Intervention Services:** assessment; therapy; collateral; and referral services.
- D. **Targeted Case Management Services (TCM):** assessment; plan development; referral services; and follow-up activities.
- E. **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):** assessment, plan development, and therapy; medication support services; crisis intervention.

LCBHS also ensures that other services are available, as medically necessary, through provider contracts and/or referrals, including:

- Crisis residential treatment services
- Crisis stabilization services
- Day rehabilitation services
- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS)
- Day treatment intensive services
- Adult residential treatment services
- Psychiatric inpatient hospitalization
- Psychiatric nursing facility services
- Services provided in Institutions for Mental Disease (IMDs) (NOTE: Medi-Cal covers clients under the age of 21, and ages 65 years and older; 1991 Realignment funding covers all other ages, regardless of Medi-Cal eligibility)
- Services provided in Psychiatric Health Facilities (PHFs)
- Short-Term Residential Therapeutic Programs (STRTPs)
- Therapeutic Behavioral Services (TBS)
- Therapeutic Foster Care (TFC)

SMHS are provided by Medi-Cal-certified mental health organizations or agencies, and by mental health professionals who are credentialed according to state requirements; or by non-licensed providers who agree to abide by the definitions, rules, and requirements established by DHCS, to the extent authorized under state law. All SMHS are delivered from Medi-Cal-certified Mental Health sites.

For more information, see policy #101 (Array of Medi-Cal MH Services and Service Provision Standards) and policy #161 (Network Adequacy Standards, Monitoring, and Reporting).

9. Provider Network and Network Adequacy

LCBHS must maintain and monitor a provider network (within applicable scopes of practice) that is adequate to serve its client capacity, for both adults and children/youth.

- LCBHS must meet or exceed network capacity requirements and proportionately adjust the number of network providers as needed to support any anticipated changes in enrollment.
 - If the LCBHS provider network is unable to provide timely access to necessary services within the applicable time and distance standards, LCBHS must cover these services out-of-network for the client. LCBHS must permit out-of-network access for as long as its provider network is unable to provide the services in accordance with the standards.

- If at any time, LCBHS determines that it is unable to maintain its time and distance standards, LCBHS must submit a request for alternative access standards to DHCS.

For more information, see policy #161 (Network Adequacy Standards, Monitoring, and Reporting).

10. Age-Appropriate Services

LCBHS ensures that the needs of each age category are addressed. Age-appropriate services are available, including individual/family therapy, group therapy, medication support, rehabilitation services, and case management services.

- LCBHS staff work closely with the schools and offer a range of services to meet the needs of children and their families by age, gender, race/ethnicity, and primary language.
 - LCBHS ensures that each child/youth in the foster care system receives appropriate mental health services depending on the child's needs. This population includes children (ages 0-15) and Transition Age Youth (ages 16-25).
- LCBHS provides each client with services guided by behaviors, attitudes, and policies that enable effective service provision in cross-cultural and age-appropriate settings to the fullest extent within the medical necessity criteria.
 - If there is a specialized service need for a client that LCBHS cannot meet, LCBHS oversees provision of the service through a contracted provider, usually located in another county.

11. Cultural and Linguistic Competence Program

LCBHS strives to deliver culturally- and linguistically-appropriate services to clients and their families. This approach is reflected in the department's mission statement, world view, informing materials, and client care plans. Cultural discussions are an integrated component of the child, youth, adult, and older adult service delivery systems.

LCBHS has adopted specific standards and processes for providing and monitoring culturally- and linguistically-competent services, including a Cultural Competence Committee (CCC); annual Cultural and Linguistic Competence Plan (CLCP) updates; promotion of the National Standards on Culturally and Linguistically Appropriate Services (CLAS); and staff and interpreter training.

- The CCC is a cross-agency committee that has representatives from mental health, substance use, and public health services. Approximately 8-10 people attend each meeting. The CCC meets at least twice each year, and reviews data; plans activities to support the development of culturally- and linguistically-proficient services; and identifies training and outreach activities. The CCC goal is to contribute to the overall planning and implementation of services in the county. The standard CCC Agenda

includes relevant statements around cultural competency to promote the vision of the department and set the focus of each meeting.

- The CCC oversees the development of an annual report and plan update in accordance with state standards. The CLCP provides an overview of the LCBHS cultural competence program, including a description of cultural and linguistic competence services and activities; data illustrating the cultural and linguistic aspects of the county and the LCBHS client base; an analysis of the data that identifies trends and disparities; a list of goals and objectives for the program, based on identified trends, disparities, and needs; a staff and service provider assessment that highlights staff race/ethnicity, language proficiencies, and cultural competency; and an accounting of staff cultural competence training from the previous year.
- At least annually, LCBHS provides cultural competence training to staff, including administrative and management staff, direct service providers, and clerical/front office staff.
 - Training disseminates the CLAS Standards; enhances cultural and linguistic respect and sensitivity; and promotes culturally- and linguistically-appropriate services to ensure positive outcomes.
 - Training may be conducted via online sources or on-site instruction.
 - Topics covered may include cultural diversity and sensitivity; using an interpreter; culture-specific approaches to treatment and recovery; understanding client culture; and other subjects.
 - Each bilingual/bicultural person who functions as an interpreter for clients receiving behavioral health services obtains training prior to serving as an interpreter.
 - Interpreters are tested for bilingual competency by a designated staff member, prior to receiving a county bilingual pay differential.
 - For staff who are not interpreters, annual training is scheduled on the use of bilingual/bicultural staff and other interpreters to address the cultural and linguistic needs of clients.
 - Training on the Language Line is available any time through a video and an instructional handout, and is included as part of initial training for all new staff.
 - Completed training is documented in the Training Log, which is maintained by a designated QI staff member.
 - Periodic review of the Training Log by the CCC and QIC help to assess staff training needs.
- LCBHS contract providers are also expected to train their staff in cultural competency, and report these training events to LCBHS quarterly.

For more information, refer to policy #111 (Cultural Competence Program) and the most recent Cultural and Linguistic Plan Annual Update.

12. Concurrent Review of Inpatient and Residential Services

The following processes are valid for planned and unplanned admissions to both contract and non-contract hospitals for psychiatric inpatient care. LCBHS works with hospital providers to serve Lake County residents for this level of acute care, as medically necessary, regardless of provider contract status, or emergency/unplanned or planned admission status.

LCBHS is required to conduct concurrent review and authorization for psychiatric inpatient hospital services and psychiatric health facility services, as follows:

- LCBHS conducts concurrent review of treatment authorizations following the first day of admission.
 - LCBHS may elect to initially authorize multiple days, but each day of treatment must meet medical necessity and/or continued stay criteria.
- For Medi-Cal reimbursement of psychiatric inpatient hospital services, the client must meet medical necessity criteria for admission to a hospital for psychiatric inpatient hospital services, which requires:
 - Have an included diagnosis;
 - Cannot be safely treated at a lower level of care, except that a client who can be safely treated with crisis residential treatment services or PHF services for an acute psychiatric episode is considered to have met this criterion; and,
 - Requires psychiatric inpatient hospital services, as the result of a mental disorder, due to one of the following:
 - Represent a current danger to self or others, or significant property destruction.
 - Prevent the client from providing for, or utilizing, food, clothing, or shelter.
 - Present a severe risk to the client's physical health.
 - Represent a recent, significant deterioration in ability to function.
 - Requires admission for one of the following:
 - Further psychiatric evaluation.
 - Medication treatment.
 - Other treatment that can be reasonably provided only if the client is hospitalized.
- Continued stay services in a hospital are reimbursed when a client experiences one of the following:
 - Continued presence of indications that meet the medical necessity criteria;
 - Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization;
 - Presence of new indications that meet medical necessity criteria; and,
 - Need for continued medical evaluation or treatment that can only be provided if the client remains in the hospital.

- LCBHS ensures that services furnished to clients are medically necessary and are compliant with all requirements necessary for Medi-Cal reimbursement.
- Decisions to approve, modify, or deny provider requests for authorization concurrent with the provision of SMHS to clients is communicated to the client’s treating providers (including the hospital and treating physician) in writing, within 24 hours of the decision.
- Outpatient Follow-Up Appointments after Inpatient Discharge
 - For new clients, the goal is to schedule and complete an initial assessment within seven (7) business days after the discharge.
 - For existing clients, the goal is to schedule and complete an initial assessment within seven (7) business days after the discharge.
- *For additional information, refer to policies #117 (Treatment Authorization Requests-TARs); #014 (Crisis Response); and #162 (Authorization and Concurrent Review of Inpatient and Residential Services).*

13. Quality Improvement and Utilization Management Programs

Quality Improvement Program

The Quality Improvement (QI) Program improves outcomes through structural and operational processes and activities that are consistent with current standards of practice and professional knowledge. The QI Program conducts performance monitoring activities, including but not limited to, client and system outcomes; utilization management; provider appeals; credentialing and monitoring; and resolution of client grievances.

The activities of the QI Program include at least the following:

- Identifying opportunities for improvement and determine which opportunities to pursue;
- Collecting and analyzing data to measure against goals or prioritized areas of improvement;
- Designing and implementing interventions to improve performance;
- Measuring the effectiveness of interventions; and
- Integrating successful interventions in the service delivery system, as appropriate.

Quality Management Committees and Sub-Committees

The key functions of the QI Program are overseen by the following entities:

1. The Quality Improvement Committee (QIC) is charged with implementing and overseeing the quality improvement activities of the agency. The QIC collects, reviews, evaluates, and analyzes data; and implements actions that frequently involve handling sensitive and confidential information. The QIC recommends policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of QI projects. The QIC meets quarterly, for a total of four (4) meetings annually. The QIC documents all activities through dated and signed minutes to reflect all QIC decisions and actions.

- a. QIC Sub-Committees
 - i. Cultural Competency Committee – This committee identifies cultural variations and satisfaction with/use of services across cultures; identifies culturally-relevant issues surrounding the design and delivery of services; develops staff cultural competency; develops and implements the CLCP; and provides quarterly reports to the QIC and BH Director/Director. Meeting minutes are recorded and maintained.
 - ii. Medication Monitoring – This committee meets quarterly and reviews a sample size of the medication services provided by the psychiatrist and/or other medical staff; maintains the medication room safety environment; and monitors medication practices. Results are directly reviewed with the contracted provider, psychiatrist, medication support staff, and the Compliance and QI Coordinator. A summary report is also shared with the QIC.
 - iii. Special Incident Sub-Committee – This committee meets as needed to respond to requests for review of special incidents/unusual occurrences. The committee may initiate and/or conduct a peer review of the event. A Log of Unusual Occurrences is maintained by the QI Coordinator.
2. The Compliance Program Committee is charged with ensuring that Medi-Cal services are billed appropriately and in compliance with all state and federal regulations. Please refer to the LCBHS Compliance Plan for the roles and responsibilities of this Committee.
3. The Lake County Behavioral Health Services Advisory Board meets at least ten (10) times annually. The Board receives information from the QIC and provides feedback on access findings and policy change proposals. The comments from this forum are documented in the meeting minutes and reported back to the QIC.

Annual QI Work Plan

LCBHS maintains an annual QI Work Plan that includes the following:

1. An annual evaluation of the overall effectiveness of the QI Program, utilizing data to demonstrate that QI activities have contributed to meaningful improvement in clinical care and client service;
2. Objectives and activities for the coming year;
3. Progress on previously-identified issues, including tracking issues over time through data analysis; and
4. Activities for sustaining improvement.

The most recent QI Work Plan is posted on the LCBHS website for public awareness and is available upon request. The QI Work Plan is also provided to the External Quality Review Organization (EQRO) during its annual review of the LCBHS system; and to the Department of Health Care Services (DHCS) during the LCBHS triennial Medi-Cal review.

Utilization Management Program

The LCBHS Utilization Management (UM) Program is a resource management process that consists of reviewing client charts for medical necessity and appropriateness of care, and ensures that documentation is compliant with established standards.

The UM Program encompasses SMHS provided to eligible Lake County Medi-Cal clients. The goals of the UM Program are to ensure that: a) services are medically necessary and provided at the appropriate level of care; b) services are provided in a timely manner; c) available resources are utilized in an efficient manner; and d) admission criteria, continuing stay criteria, and discharge planning criteria are used to assure that maximum benefit is obtained by consumers at each level of care, and that transitions between levels of care and program services occur in a coordinated manner.

The UM Program integrates with other LCBHS quality improvement measures, such as peer chart reviews, and ensures that staff receive continuous supervision with corrective training as appropriate. The UM Program improves the quality of clinical record documentation; minimizes error rates; and ensures appropriate utilization of services.

For more information, refer to policy #131 (Quality Improvement Program) and #140 (Utilization Management Program).

14. Client Confidentiality

LCBHS ensure client confidentiality through compliance with state and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, through the following documentation and activities:

- HIPAA Policies and Procedures – All staff hired by the LCBHS must review and sign an acknowledgement of understanding for all HIPAA policies and procedures before they make any contact with clients or their confidential information. In addition, staff sign a confidentiality agreement. The policies encompass all state and federal laws and regulations pertaining to the confidentiality, privacy, and security of Protected Health Information (PHI). The policies have been updated with detailed information to include electronic PHI and safeguards required to protect information in this capacity as well. These policies and procedures not only inform LCBHS staff about appropriate state and federal regulations regarding client confidentiality, but also include how to report breaches in confidentiality and sanctions for these types of breaches.
- HIPAA Training and Annual Review – All LCBHS staff are required upon hiring, and annually thereafter, to take a course in HIPAA policy, which reviews federal and state standards around the confidentiality, privacy, and security of PHI. Staff must complete and pass an examination indicating their comprehension of covered materials.
- Compliance Program Training and Annual Review – All LCBHS staff are required upon hiring, and annually thereafter, to complete a compliance program training, of which confidentiality standards are a major component. Each LCBHS staff member must both

pass a exam on compliance topics; and must sign a Code of Ethics to adhere to compliance and ethical standards while maintaining employment with LCBHS.

- Consents – LCBHS staff are required to obtain consent from clients prior to the onset of services, and annually thereafter. Consent forms include the limits of confidentiality.
- Group Services and Confidentiality Statements – All group services provided by LCBHS require signed confidentiality statements by participants. This ensures the confidentiality of information shared during group is to be kept private. This agreement is also to inform group members of the importance of confidentiality, as participants may not be held to the same legal standards as LCBHS staff.

For more information, refer to HIPAA policies; policy #110 (Consent for Services and Consent for Treatment with Medications); the most recent Compliance Program Plan and related policies; and the LCBHS Code of Ethics.

C. Implementation Plan Approval Process

Per California Code, LCBHS will obtain written approval from DHCS prior to making any changes to the Implementation Plan, as approved by DHCS.

- LCBHS may implement the proposed changes if DHCS does not respond in writing within 30 calendar days of the request for review.