

STATE OF CALIFORNIA  
**Budget Change Proposal - Cover Sheet**  
 DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4260	Department Health Care Services	Priority No.
Budget Request Name 4260-013-BCP-DP-2016-GB		Program 3960010	Subprogram

Budget Request Description  
 Specialty Mental Health Services Oversight and Monitoring

Budget Request Summary

The DHCS, Mental Health Services Division (MHSD), requests thirteen (13.0) full-time, permanent positions and expenditure authority of \$1,925,000 (\$866,000 General Fund/\$1,059,000 Federal Fund) for FY 2016-17 and \$2,128,000 (\$972,000 General Fund/\$1,156,000 Federal Fund) on-going. The permanent resources requested, includes \$400,000 for contracted clinicians, will work to meet the Special Terms and Conditions (STCs) required by the Centers for Medicare and Medicaid Services (CMS). CMS placed this as a condition of the renewal of DHCS' Medi-Cal Specialty Mental Health Services (SMHS) Waiver authorized under Section 1915(b) of the Social Security Act.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

FSR       SPR      Project No.      Date:

If proposal affects another department, does other department concur with proposal?     Yes       No  
*Attach comments of affected department, signed and dated by the department director or designee.*

Prepared By <i>Karen Baylora</i>	Date <i>1-5-16</i>	Reviewed By <i>[Signature]</i>	Date <i>1/7/16</i>
Department Director <i>[Signature]</i>	Date <i>1/7/16</i>	Agency Secretary <i>[Signature]</i>	Date <i>1-7-16</i>

**Department of Finance Use Only**

Additional Review:     Capital Outlay     ITCU     FSCU     OSAE     CALSTARS     Dept. of Technology

BCP Type:       Policy       Workload Budget per Government Code 13308.05

PPBA <i>Carla Costanzo</i>	Date submitted to the Legislature <i>1-8-16</i>
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# BCP Fiscal Detail Sheet

BCP Title: Specialty Mental Health Services Oversight and Monitoring

DP Name: 4260-013-BCP-DP-2016-GB

## Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	13.0	13.0	13.0	13.0	13.0
<b>Total Positions</b>	<b>0.0</b>	<b>13.0</b>	<b>13.0</b>	<b>13.0</b>	<b>13.0</b>	<b>13.0</b>
Salaries and Wages						
Earnings - Permanent	0	736	938	938	938	938
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$736</b>	<b>\$938</b>	<b>\$938</b>	<b>\$938</b>	<b>\$938</b>
Total Staff Benefits	0	356	453	453	453	453
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$1,092</b>	<b>\$1,391</b>	<b>\$1,391</b>	<b>\$1,391</b>	<b>\$1,391</b>
Operating Expenses and Equipment						
5301 - General Expense	0	66	52	52	52	52
5302 - Printing	0	20	26	26	26	26
5304 - Communications	0	26	26	26	26	26
5320 - Travel: In-State	0	90	90	90	90	90
5322 - Training	0	10	13	13	13	13
5324 - Facilities Operation	0	117	117	117	117	117
5340 - Consulting and Professional Services -	0	400	400	400	400	400
5344 - Consolidated Data Centers	0	13	13	13	13	13
539X - Other	0	91	0	0	0	0
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$833</b>	<b>\$737</b>	<b>\$737</b>	<b>\$737</b>	<b>\$737</b>
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$1,925</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>

## Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	866	972	972	972	972
0890 - Federal Trust Fund	0	1,059	1,156	1,156	1,156	1,156
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$1,925</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$1,925</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>

## Program Summary

Program Funding						
3960010 - Medical Care Services (Medi-Cal)	0	1,925	2,128	2,128	2,128	2,128
<b>Total All Programs</b>	<b>\$0</b>	<b>\$1,925</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>	<b>\$2,128</b>

**Personal Services Details**

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
1139 - Office Techn (Typing) (Eff. 01-01-2017)				0.0	1.0	1.0	1.0	1.0	1.0
4800 - Staff Svcs Mgr I (Eff. 01-01-2017)				0.0	1.0	1.0	1.0	1.0	1.0
5393 - Assoc Govtl Program Analyst (Eff. 01-01-				0.0	2.0	2.0	2.0	2.0	2.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-				0.0	1.0	1.0	1.0	1.0	1.0
8195 - Nurse Consultant II (Eff. 07-01-2016)				0.0	2.0	2.0	2.0	2.0	2.0
8336 - Hlth Program Spec II (Eff. 01-01-2017)				0.0	1.0	1.0	1.0	1.0	1.0
8336 - Hlth Program Spec II (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	1.0
8336 - Hlth Program Spec II (Eff. 09-01-2016)				0.0	2.0	2.0	2.0	2.0	2.0
8338 - Hlth Program Spec I (Eff. 09-01-2016)				0.0	2.0	2.0	2.0	2.0	2.0
<b>Total Positions</b>				<b>0.0</b>	<b>13.0</b>	<b>13.0</b>	<b>13.0</b>	<b>13.0</b>	<b>13.0</b>
<b>Salaries and Wages</b>									
	<b>CY</b>	<b>BY</b>	<b>BY+1</b>	<b>BY+2</b>	<b>BY+3</b>	<b>BY+4</b>			
1139 - Office Techn (Typing) (Eff. 01-01-2017)	0	19	38	38	38	38			
4800 - Staff Svcs Mgr I (Eff. 01-01-2017)	0	36	71	71	71	71			
5393 - Assoc Govtl Program Analyst (Eff. 01-01-	0	62	124	124	124	124			
5393 - Assoc Govtl Program Analyst (Eff. 07-01-	0	62	62	62	62	62			
8195 - Nurse Consultant II (Eff. 07-01-2016)	0	206	206	206	206	206			
8336 - Hlth Program Spec II (Eff. 01-01-2017)	0	37	75	75	75	75			
8336 - Hlth Program Spec II (Eff. 07-01-2016)	0	75	75	75	75	75			
8336 - Hlth Program Spec II (Eff. 09-01-2016)	0	125	150	150	150	150			
8338 - Hlth Program Spec I (Eff. 09-01-2016)	0	114	137	137	137	137			
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$736</b>	<b>\$938</b>	<b>\$938</b>	<b>\$938</b>	<b>\$938</b>			
<b>Staff Benefits</b>									
5150350 - Health Insurance	0	177	227	227	227	227			
5150600 - Retirement - General	0	179	226	226	226	226			
<b>Total Staff Benefits</b>	<b>\$0</b>	<b>\$356</b>	<b>\$453</b>	<b>\$453</b>	<b>\$453</b>	<b>\$453</b>			
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$1,092</b>	<b>\$1,391</b>	<b>\$1,391</b>	<b>\$1,391</b>	<b>\$1,391</b>			

**Analysis of Problem**

**A. Budget Request Summary**

The Department of Health Care Services (DHCS), Mental Health Services Division (MHSD), requests thirteen (13.0) full-time, permanent positions and expenditure authority of \$1,925,000 (\$866,000 General Fund/\$1,059,000 Federal Fund) for FY 2016-17 and \$2,128,000 (\$972,000 General Fund/\$1,156,000 Federal Fund) on-going. The permanent resources requested, includes \$400,000 for contracted clinicians, who will work to meet the Special Terms and Conditions (STCs) required by the Centers for Medicare and Medicaid Services (CMS). CMS placed this as a condition of the renewal of DHCS Medi-Cal Specialty Mental Health Services (SMHS) Waiver authorized under Section 1915(b) of the Social Security Act.

While the SMHS Waiver has previously been approved for only two years at a time, CMS has approved the SMHS Waiver for five years. This is the first time CMS has granted a five year SMHS Waiver renewal to California. However, CMS approved the Waiver on the condition that DHCS meets newly imposed STCs, which involve current functions as well as new functions and increased workload. Failure to comply with these STCs places the SMHS Waiver, and up to \$2 billion federal funds at risk. In order to develop and implement the infrastructure to implement new functions and maintain additional workload, 13.0 new positions are needed within the Program Oversight and Compliance Branch (POCB; 6.0 positions) and the Program Policy and Quality Assurance Branch (PPQAB; 7.0 positions). The resources will address the increased workload related to oversight and monitoring of the 56 County Mental Health Plans (MHPs) throughout California. The 13.0 positions will be phased-in per the following chart:

<b>Branch</b>	<b>Classification</b>	<b>Effective Date</b>
POCB	1.0 Nurse Consultant II	7/1/16
POCB	2.0 Health Program Spec II 2.0 Health Program Spec I	9/1/16
POCB	1.0 Office Technician	1/1/17
PPQAB	1.0 Nurse Consultant II 1.0 Health Program Spec II 1.0 AGPA	7/1/16
PPQAB	1.0 Health Program Spec II 2.0 AGPA 1.0 Staff Services Manager I	1/1/17

**B. Background/History**

On June 24, 2015, CMS issued an approval of the five-year SMHS Waiver and indicated their concerns continue to be program integrity monitoring and compliance. This renewal is effective July 1, 2015 through June 30, 2020. The STCs will require a substantial increase in workload, over and above current workload. As in prior years, ongoing non-compliance issues and chart review disallowances by the County MHPs remain; these issues have recently triggered an audit by the Office of the Inspector General (OIG), which is currently underway. In the renewal, CMS has given specific expectations for DHCS to attain compliance with federal and state regulatory requirements as well as the MHP contract requirements, including a process for levying fines, sanctions, and penalties on MHPs that have continued, significant non-compliance issues. While meeting the STCs involves current functions and workload for which resources are needed, it also involves completely new functions and a substantial increase in workload that requires additional resources.

### Analysis of Problem

One new function is development and ongoing reporting on a mental health dashboard, using data from External Quality Review Organization (EQRO) and other relevant sources. This is an entirely new function for MHSD, and requires additional resources to design, develop, and post the first mental health dashboard and regular updates. The first dashboard is due by September 1, 2016. During this time, DHCS will also be working with CMS each month to discuss the identified action plans and milestones to ensure they meet CMS' expectations prior to implementation. Without additional resources, MHSD will not be able to finalize, implement, and monitor the STC action plans, or perform the required dashboard reporting. A related request is included in the Medi-Cal Local Assistance Estimate to support the county workload associated with the mental health dashboard. Failure to comply with these STCs places the Waiver at risk.

During FY 2016-17 current MHSD management and designated staff will develop a work plan with milestones that we will implement during the year, pursuant to the STCs.

The POCB in MHSD performs a number of different reviews to determine compliance with state and federal policies, regulations and statutes, as well as the MHP contract. These reviews include, but are not limited to the following:

- Triennial system reviews of MHPs to determine whether they are operating in accordance with all applicable policies, regulations, and statutes.
- Medi-Cal provider certifications and re-certifications for SMHS.
- Triennial outpatient medical record reviews to ensure compliance with medical necessity criteria (per Sections 1830.205 and 1830.210 of Title 9 of the California Code of Regulations (CCR)).
- Triennial inpatient medical record reviews to ensure compliance with medical necessity criteria for hospital days (per Section 1820.205 of Title 9 of the CCR), or, where applicable, for administrative day services (per Section 1820.230 of Title 9 of the CCR).
- Targeted reviews (on a single MHP or a single Medi-Cal provider) as needed, when indicated by a pattern of improper claiming or violations of regulations or statutes.

These reviews have reflected elevated rates of disallowance and/or non-compliance:

- The average non-compliance rate for system reviews of MHPs for Fiscal Years 2011-2012, 2012-2013, and 2013-2014 was 17%.
- The average disallowance rate for outpatient medical record reviews for Fiscal Years 2011-2012, 2012-2013, and 2013-2014 was 38%.
- The average disallowance rate for the 18 Short-Doyle/Medi-Cal acute psychiatric inpatient hospitals resulting from inpatient medical record reviews from 2002 to the present was approximately 50%.

Based on a review of the triennial monitoring reports, CMS has identified three major concerns with DHCS' ability to assure that MHPs comply with the waiver requirements. First, DHCS currently only requires MHPs to repay funds back to the state for compliance issues associated with a beneficiary's clinical chart. Thus, MHPs do not face fiscal repercussions for other types of violations

### Analysis of Problem

that may significantly impede beneficiaries' access to care, such as the required statewide, toll-free 24/7 telephone access line, available in all languages spoken by beneficiaries of the county. Though there are high rates of non-compliance with this regulatory requirement, there are no sanctions, fines, or penalties for these or other violations not associated with beneficiary clinical charts.

Second, in cases where DHCS recoups the reimbursement from MHPs for claims associated with a beneficiary's clinical chart, many of the same compliance issues repeat throughout the triennial reviews. The Department's approach (i.e. recoupment for chart disallowances) has not adequately addressed the consistently high error and disallowance rates. While there is existing authority for sanctions, there is not enough analytical and clinical staff to develop and implement sanctions.

Third, the error rates found in chart reviews are not currently extrapolated to the MHPs entire population, in contravention to general auditing principles. DHCS does not extrapolate error rates to the Specialty Mental Health population for the county, and thus MHPs are only required to recompense the state for compliance issues that are identified for specific charts included in the audit sample during triennial reviews.

CMS is concerned about the continued and long-standing MHP noncompliance issues and the consistently elevated rates of disallowance resulting from inpatient and outpatient medical record reviews. As such, CMS will be carefully analyzing the State's monitoring activities and corrective action plans to ensure all necessary actions are implemented and improvement occurs. Furthermore, these error rates triggered CMS to notify the Office of the Inspector General (OIG), which has begun a review.

The County Support Unit (CSU) within PPQAB in MHSD provides training and technical assistance to MHPs and evaluates critical areas of system performance. The CSU reviews Medi-Cal Oversight reports and Plans of Correction, EQRO reports, and documents developed by MHPs including Quality Improvement Work Plans. The CSU obtains evidence of correction from MHPs, and participates with POCB in system reviews and focused reviews.

The Quality Assurance Unit within PPQAB works with the EQRO and MHPs to enhance quality improvement processes, manages the EQRO contract, develops Cultural Competence Plan (CCP) requirements, and makes determinations for chart review, and system review appeals.

The Policy Section of PPQAB works with both MHPs and CMS to establish policy for the SMHS program and will lead the development and publication of the dashboards required under the STCs of the Waiver.

**Specialty Mental Health Services Oversight and Monitoring**  
**4260-013-BCP-DP-2016-GB**

**Analysis of Problem**

**Resource History**  
*(Dollars in thousands)*

<b>Mental Health Services</b>					
<b>Program Budget</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
Authorized Expenditures	DMH*	DMH*	23,898	23,295	25,284
Actual Expenditures	DMH*	DMH*	19,579	21,696	23,736
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	DMH*	DMH*	95.0	125.0	138.0
Filled Positions	DMH*	DMH*	73.3	105.6	138.0
Vacancies	DMH*	DMH*	21.7	19.4	0.0

*\*Mental Health Services Division transitioned from the former Department of Mental Health (DMH) to DHCS in FY 2011-12. Budget details are not currently available for the pre-transition period.*

**Workload History**

**Program Oversight and Compliance Branch**

<b>Workload Measure</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
System Reviews	20	17	18	20	17	17
Outpatient Chart Reviews	20	17	18	20	17	18
Inpatient Chart Reviews	6	6	6	6	6	6
Focused Reviews	2	0	1	1	0	2-4
Medi-Cal Site Certifications	60	60	65	80	100	100
Respond to inquiries from County MHPs pertaining to chart documentation and clinical issues	Average 15 inquiries/month x 12 months = 180	180	180	180	180	180
Statewide Training for MHPs	5	5	5	5	6	8

**Specialty Mental Health Services Oversight and Monitoring  
4260-013-BCP-DP-2016-GB**

**Analysis of Problem**

**Program Policy and Quality Assurance Branch**

<b>Workload Measure</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
Respond to technical assistance calls from counties	Approx. 3,168 calls per year.	Approx. 3,168 calls per year.	Approx. 3,802 calls per year.			
Monitor progress following Medi-Cal oversight reviews	N/A	N/A	18 counties (review reports)	18 counties (monitor county MHP status)	18 counties (monitor county MHP status)	18 counties (monitor county MHP status)
Monitor progress following EQRO reviews	N/A	N/A	56 MHPs (review reports)	56 MHPs (review reports)	56 MHPs (review reports)	56 MHPs (review reports)
Review, approval, and technical assistance to MHPs on Implementation Plan Updates.	3-5 MHP Impl Plans	3-5 MHP Impl Plans	Approx. 5 Impl Plans	Approx. 5 Impl Plans	Approx. 5 Impl Plans	Approx. 50 Impl Plans
Review technical assistance to MHPs on QIPs.	N/A	N/A	3-5 QIPs	3-5 QIPs	3-5 QIPs	56 QIPs
Review approval and technical assistance to MHPs on CCP Updates.	N/A	N/A	N/A	N/A	N/A	56
Special MHP Technical Assistance (TA) visits	0	0	0	0	2	2
MHP Focus Reviews	0	0	0	1	1	2
Appeals Received / Processed	20	20	10*	10*	10*	20*
Policy development / clinical expertise required**	N/A	N/A	N/A	N/A	N/A	N/A

\*Decrease attributed to reports issued late and no longer extrapolating EPSDT chart review disallowances. With increased frequency of reviews per this proposal, there will be a commensurate increase in the number of appeals.

\*\*This will be a newly established workload function within PPQAB.

## Analysis of Problem

### C. State Level Considerations

Without the approval of this BCP, the Department will be unable to further its Strategic Plan. Approval of this BCP can support DHCS' progress in achieving the following commitments:

- Commitment 1: to ensure access to high quality health care when/where needed. Under the STCs DHCS must require each county MHP to commit to having a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers. DHCS will need to establish a baseline of each and all counties that includes the number of days and an average range of time it takes to access services in their county. If county MHPs are not able to provide this information, then this will be accomplished through a statewide PIP for all county mental health plans. In addition, a PIP to measure timeliness of care will be required for those counties who are not meeting specified criteria. The criteria will be developed collaboratively between DHCS and CMS. This has significant potential for improving patient care, population health, and reducing per capita Medicaid expenditures.
- Commitment 4: to develop effective, efficient and sustainable health care delivery systems. The state must, within the timeframes specified in law, regulation, or policy statement, come into compliance with any changes in federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this Waiver approval period, unless the provision being changed is expressly waived or identified as not applicable.
- Commitment 6: to maintain effective, open communication and engagement with the public, partners, and stakeholders; and Commitment 7, to hold providers, plans, and ourselves accountable for performance. All information to be published pursuant to the STCs will be placed in a standardized and easily accessible location on DHCS' website. In addition, on an annual basis, DHCS must make readily available to beneficiaries, providers, and other interested stakeholders, a MHP dashboard that is based on performance data of each MHP included in the annual EQRO technical report and/or other appropriate resources. Each MHP dashboard must be posted on the state's and the MHP's website. Each dashboard will present an easily understandable summary of quality, access, timeliness, and translation/interpretation capabilities regarding the performance of each participating mental health plan. The dashboards must include the performance of subcontracted providers.
- Commitment 8: to be prudent, responsible fiscal stewards of public resources. Both DHCS and MHPs will publish the MHPs Quality Improvement Plan (QIP) so that MHPs' goals for quality improvement and compliance are visible to all. DHCS and the MHPs will provide CMS the Annual Grievance and Appeals Reports by November 1 of each year. DHCS is in the process of revising the reporting form and the first report will be provided by January 31, 2016.

### D. Justification

MHSD requests approval for the following 13.0 new positions: 6.0 full-time, permanent positions for POCB and 7.0 full-time, permanent positions for PPQAB. These resources will develop and implement the STCs for the SMHS Waiver, and the enhanced systems for oversight and monitoring, including the levying of sanctions, fines, and penalties. The resources required for the STCs and enhanced oversight and monitoring are much more extensive and for different activities

### Analysis of Problem

than those for the resources granted for increased monitoring during previous years before the STCs were required. Besides the dashboards and other STC requirements, CMS will expect MHSD to demonstrate measurable improvement in MHP performance, which has not been possible using existing resources.

#### POCB

- 1.0 Nurse Consultant II (NC II) to develop and implement a new, tiered review system, which will increase the intensity, scope, and frequency of compliance reviews from every three years to every two years or every year based on out-of-compliance thresholds.
  - The new, tiered review system, which will increase the number of reviews that need to be conducted and additional focused reviews where counties continue to have significant out-of-compliance issues. The NC II will also provide consultation in making determinations for the levying of fines, sanctions, and penalties for compliance issues related to chart documentation, medical necessity, and other clinical issues.
  
- 4.0 specialist positions (2.0 Health Program Specialist II (HPS II)/2.0 Health Program Specialist I (HPS I)) to establish a new unit to conduct oversight activities and oversee corrective action plan processes, including processes for data compilation and analysis, and for levying sanctions, fines, and penalties on county Mental Health Plans (MHPs) with continued, significant compliance issues.
  - HPS II: The staff will conduct complex research and project management tasks. They will lead and participate in System Reviews and provide specialized research and complex analytical support in detailed review of regulations, requirements, and data resulting from the reviews, identifying trends and patterns, preparing detailed reports and complex data display, and making recommendations to upper management regarding needed system changes. The HPS IIs will facilitate oversight activities by performing ongoing data surveillance activities, which will provide early indications that additional oversight and/or an MHP or other provider needs technical assistance. The HPS IIs will independently identify oversight and compliance issues and bring them to the attention of upper management in order to ensure issues are resolved.
  - HPS I: The staff will implement and oversee the corrective action processes, including levying and tracking fines, sanctions, and penalties to MHPs continuing to have significant and continuing non-compliance issues. This will include responsibility for establishing a database and an ongoing monitoring process for issue identification and resolution. The two HPS I's are needed to establish a new unit that will implement and oversee the corrective action continuum processes which will include levying and tracking of fines, sanctions, and penalties to MHPs continuing to have significant and continuing out-of-compliance issues. The HPS Is will be responsible for all aspects of coordinating this process including establishing a database for tracking of fines, sanctions, or penalties that are levied against the MHPs, analyzing data over time, identifying issues with the system and making recommendations for resolution to upper management.
  
- 1.0 Office Technician (OT) to perform administrative support for the work associated with the increased reviews, including preparation activities, correspondence, incoming/outgoing mail, and assisting with the new system for levying fines, sanctions, and penalties.
  - The OT provides mission critical clerical support essential to implement the increased monitoring and oversight, System Reviews, and corrective action processes. The OT will

### Analysis of Problem

schedule webinars, meetings, and surveys, prepare meeting materials (e.g., copying, assembling, and disseminating), perform data entry, prepare draft and final reports, and organize, route, and track distribution of draft and final reports.

In addition, there will be an increase in the provision of consultation, training, and technical assistance to the MHPs in order to support increased compliance. Staff providing consultation, training, and technical assistance will need to also attend compliance reviews in order to determine the areas of deficiencies and how best to assist the counties.

### PPQAB

#### **County Support**

The 1.0 Health Program Specialist II (HPS II), for the County Support Unit, will lead focused reviews of MHPs that are not able to provide evidence of correction for long standing system review plans of correction. The staff will also identify trends for areas of noncompliance; provide guidance and recommendations to MHPs, stakeholders, consumers, other entities, and DHCS management to identify and develop the specific conditions that will require fines, sanctions, and civil penalties, consistent with all applicable federal and state statutes, regulations and policies; and develop protocols for focused reviews of MHPs.

The 2.0 Associate Governmental Program Analysts (AGPA) will act as County Support Liaisons to counties throughout the State of California, by providing support, technical assistance and training, and participate on site reviews; following-up on Plans of Correction for identified deficiencies and monitor for evidence of adequate correction; and participating in focused reviews of MHPs found that are not able to provide evidence of correction for long standing system review plans of correction.

The 1.0 Staff Services Manager I will provide direct supervision and oversight of the County Support Unit and leadership and supervision during the most sensitive and complex focused reviews of MHPs found that are not able to provide evidence of correction for long-standing system review plans of correction.

#### **Quality Assurance**

The 1.0 HPS II, for Quality Assurance, will work collaboratively with MHPs and the EQRO to establish statewide PIP baselines, procedures and systems for tracking and measuring timeliness of care, including wait times to assessments and wait times to providers, and developing statewide PIPS on timeliness of care as required. The position will provide guidance and direction to other DHCS staff and the MHPs to establish a baseline of each county that includes a common definition and measurement for the number of days and average range of time it takes to access services in the MHP. The HPS II will be the lead staff on establishing the timeliness tracking mechanism, implementing procedures, monitoring results, and providing technical assistance to improve outcomes.

The 1.0 AGPA, for Quality Assurance, will lead the effort to publish all baseline and dashboard data as required by the STCs on the DHCS website. This will include analysis of current data resources, identification of new data sources, and collaboration with DHCS and MHP staff to ensure publication of accurate and understandable dashboard information.

## Analysis of Problem

### Quality Assurance/Appeals

The 1.0 Nurse Consultant II, for Quality Assurance, will conduct clinical reviews of supporting evidence and make appeal determinations for inpatient chart review, outpatient chart review, and system review appeals, and to provide clinical technical assistance and expertise regarding appeals processes and requirements.

### E. Outcomes and Accountability

Expected outcomes of the approval of these positions would include the following:

- Retention of a five-year Medi-Cal SMHS Waiver by providing the staff resources needed to meet the STCs and implement program improvements required by CMS.
- Increased intensity of primary oversight functions, including more frequent MHP system reviews and outpatient medical record reviews.
- Reduction in the average non-compliance rate for system reviews of MHPs.
- Reduction in the average disallowance rate for outpatient medical record reviews.
- Reduction in the average disallowance rate for the 18 Short-Doyle/Medi-Cal acute psychiatric inpatient hospitals resulting from inpatient medical record reviews.
- Increased number of approved POCs and implemented POCs, through increased training/technical assistance.
- Improved tracking, monitoring and improvement of timeliness of care, access to care, and MHP and subcontractor grievances and appeals.
- Improved transparency of communication with CMS and stakeholders through availability of dashboard MHP performance and subcontractor information.
- Decreased number of MHPs with low compliance levels.
- Establishment of a system for the levying of sanctions, fines, and penalties for identified levels of continued non-compliance (role for Policy Section).
- Provision of utilization data to CMS
- Compliance with changes in federal law, regulation, or policy affecting the Medicaid or CHIP programs that occur during this waiver approval period within the timeframes specified in law, regulation, or policy.

**Specialty Mental Health Services Oversight and Monitoring  
4260-013-BCP-DP-2016-GB**

**Analysis of Problem**

**Projected Outcomes**

**Program Oversight and Compliance Branch**

<b>Workload Measure</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
System Reviews	25	25	25	25	25
Outpatient Chart Reviews	25	25	25	25	25
Inpatient Chart Reviews	9	9	9	9	9
Focused Reviews	6	8	8	10	10
Medi-Cal Site Certifications	150	150	150	150	150
Site-specific, statewide, and targeted training (QICs, CalQIC, Documentation Training, etc.)	8-10	8-10	5-10	5-10	5-10

**Projected Outcomes**

**Program Policy and Quality Assurance Branch**

<b>Workload Measure</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Respond to technical assistance calls from counties	56 MHPs				
Monitor progress following Medi-Cal oversight reviews	56 MHPs				
Monitor progress following EQRO reviews	56 MHPs (monitor progress)				
Review, approval, and technical assistance to MHPs on Implementation Plan Updates.	56	56	56	56	56
Review technical assistance to MHPs on QIPs.	56	56	56	56	56
Review approval and technical assistance to MHPs on CCP Updates.	56	56	56	56	56
Special MHP TA visits	10	10	10	12	12
MHP Focus Reviews	6	8	8	10	10
Appeals Received / Processed	30	30	30	30	30
Policy development / clinical expertise required	5-10 issues				

## Analysis of Problem

### F. Analysis of All Feasible Alternatives

**Alternative 1:** Approve 13.0 permanent positions and expenditure authority of \$1,925,000 (\$866,000 General Fund/\$1,059,000 Federal Fund) for FY 2016-17 and \$2,128,000 (\$972,000 General Fund/\$1,156,000 Federal Fund) on-going. The requested resources will develop and implement the STCs.

**Pros:**

- Compliance with STCs of the five-year Medi-Cal SMHS Waiver.
- Reduces non-compliance issues through improved oversight, monitoring, and technical assistance to county MHPs.
- Supports development and implementation of a system for levying fines, sanctions, and penalties.
- Supports development of a performance data dashboard across counties.
- Increases transparency by providing resources needed for the ongoing analysis and posting of all information requested in the STCs.
- Reduces high levels of non-compliance and disallowance resulting from POCB reviews.
- Supports development, implementation, and maintenance of the appeals review process.
- Increases public credibility in the fairness of the appeals process.
- Improves program integrity.
- Compliance with changes in federal law, regulation, or policy.

**Cons:**

- Provides an increased oversight of county MHPs, which may be viewed as “increased administrative burden” by counties.
- Enhanced oversight may result in increased amounts of disallowed claims in the short-term (i.e., before MHPs and hospitals have made successful corrections to their operating guidelines and procedures).
- Statutory restrictions limit contracting for services that can be provided by civil service classifications.

**Alternative 2:** Approve 13.0 permanent positions and expenditure authority of \$1,525,000 (\$666,000 General Fund/\$859,000 Federal Fund) for FY 2016-17 and \$1,728,000 (\$772,000 General Fund/\$956,000 Federal Fund) on-going. No funding for contract services.

**Pros:**

- Compliance with STCs of the five-year Medi-Cal SMHS Waiver.
- .
- Supports development and implementation of a system for levying fines, sanctions, and penalties.
- Supports development of a performance data dashboard across counties.
- Increases transparency by providing resources needed for the ongoing analysis and posting of all information requested in the STCs.
- Reduces high levels of non-compliance and disallowance resulting from POCB reviews.
- Supports development, implementation, and maintenance of the appeals review process.
- Increases public credibility in the fairness of the appeals process.
- Improves program integrity.
- Compliance with changes in federal law, regulation, or policy.

### Analysis of Problem

**Cons:**

- Provides an increased oversight of county MHPs, which may be viewed as "increased administrative burden" by counties.
- Enhanced oversight may result in increased amounts of disallowed claims in the short-term (i.e., before MHPs and hospitals have made successful corrections to their operating guidelines and procedures).
- Does not provide resources for clinical staff to provide oversight and monitoring of the MHPs.

**Alternative 3: Do nothing. Status Quo.**

**Pro:**

- Would not require additional funding or positions.

**Cons:**

- May result in adverse action by CMS.
- Would impact the department's ability to meet the STCs required for the five-year waiver.
- No clinicians would be available to conduct appeal review resulting in decreased public credibility relating to the fairness of the appellate process.

**Alternative 4: Redirect staff resources**

**Pros:**

- No cost to State for new positions/staff.
- Utilizes existing resources.

**Cons:**

- Redirection of staff would adversely affect other critical workload.
- Limits ability to meet STCs for the SMHS Waiver.
- May leave DHCS vulnerable to federal audit and potential loss of FFP.
- No clinicians available for redirection of staff to conduct appeal reviews.
- Delays timely and accurate processing of appellate reviews as no clinicians would be available to conduct appeal review resulting in decreased public credibility relating to the fairness of the appellate process.
- Decreases providers' rights to due process.

**Alternative 5: Request some or all positions on a limited-term basis.**

**Pros:**

- Provides for temporary, improved oversight, monitoring, and technical assistance to county MHPs.
- Temporarily addresses high levels of non-compliance and disallowance resulting from POGB reviews.
- Temporarily allows DHCS to meet regulatory and contractual requirements in relation to ensuring MHPs have current and accurate Implementation Plans, QIPs, and CCPs during the time the limited term positions are in place.

**Cons:**

- Increase in state personnel resources on a temporary basis only.
- The workload is ongoing and does not provide for the development of departmental expertise for these waiver requirements.
- Limits ability to improve the oversight strategies sufficiently to meet CMS requirements.

**Analysis of Problem**

**G. Implementation Plan**

As the single state agency for the Medicaid Program, DHCS is responsible for ensuring the program and the expenditures of federal funds comply with the State Medicaid Plan, as well as all applicable federal and state statutes, regulations, and policies. Specific regulatory authority for State oversight of the 56 county MHPs is given in Section 1810.380 of Title 9 of the CCR.

By hiring and training the requested 13.0 positions, as soon as positions are established, DHCS will begin addressing the concerns raised by CMS. After successful hiring of the clinical staff, DHCS will increase the quality and frequency of oversight and monitoring. This is the first step in demonstrating to CMS that DHCS takes its recommendations seriously and are committed to a high level of program integrity and oversight of the State Medicaid SMHS Program.

The following table illustrates the milestones and projected implementation timelines:

<b>MILESTONE</b>	<b>TIMELINES</b>
Recruitment, selection and hiring of new staff	June 2016 – Dec 2016
Develop, post, and execute contracts for clinical psychologists.	July – Sept. 2016
Orientation and training new staff, including in the field reviews	July – Nov. 2016
Develop new tiered review system including focused reviews	Nov. – Jan. 2017
Develop specific conditions for fines, sanction, civil penalties	Nov. – Jan. 2017
Develop and conduct targeted training on chart documentation compliance issues	Dec. 2016 - ongoing
Provide enhanced mental health training/TA to PPQAB staff	Oct. 2016 - ongoing
Establish procedures and systems for tracking and measuring timeliness of care	July 2016 - ongoing
Plan, organize and conduct focused reviews of MHPs with long standing system review plans of correction (POCs)	Oct. 2016 - ongoing
Conduct oversight and approval of POCs, including processes for data compilation and analysis	Oct. 2016 - ongoing
Provide monitoring of POC implementation including evidence of correction for non-compliant system review findings	July 2016 - ongoing
Provide monitoring of POC implementation including chart review disallowances	Oct. 2016 - ongoing
Conduct clinical reviews of appeal disallowances, make appeal determinations, and provide technical assistance regarding appeals	July 2016 - ongoing
Work collaboratively with the EQRO to establish statewide PIP baselines	Oct. – Dec. 2016
Develop guidelines for statewide PIPs on timeliness of care if required by the waiver Special Terms and Conditions (STCs)	July – Sept. 2016
Implementation and monitoring of statewide PIPs on timeliness if required by waiver STCs	Oct. 2016 - ongoing
Analysis of current data, identification of new data sources to ensure development of accurate, understandable dashboard information as required by the STCs	July – Sept. 2016
Develop and publish standardized baselines and dashboards required by the STCs on the DHCS website	Sept. 2016 - ongoing

## Analysis of Problem

### H. Supplemental Information

FY 2016-17 (one-time): Cubicle build-outs including cabling for the new positions totals \$91,000.

FY 2016-17 (on-going): DHCS requests \$90,000 permanent expenditure authority for in-state travel.

FY 2016-17 (on-going): \$400,000 to contract out for clinicians.

### I. Recommendation: Alternative 1

Approve 13.0 permanent positions and expenditure authority for the MHSD.

This proposal addresses the resource needs to meet the STCs of the Medi-Cal SMHS Waiver, and concerns communicated from CMS over the current level of program integrity monitoring and compliance being conducted by DHCS in regards to mental health. CMS cited the significantly elevated levels of non-compliance and claims disallowance, and expects that DHCS will take effective remedial action immediately.

If this proposal is denied, DHCS' ability to comply with the CMS waiver requirements will be limited and it is possible that CMS will impose sanctions against DHCS, refuse to grant further renewals of the Medi-Cal SMHS Waiver without additional STCs, and possibly terminate approval of the current waiver since it is contingent on implementing the STCs.

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Oversight and Compliance Branch**  
**1.0 FT Perm Nurse Consultant II 806-430-8195-XXX**  
**Effective 7/1/16**

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Leads the development and implementation of increased scope, frequency, and intensity of oversight and monitoring activities, including the development of criteria for the levying of fines, sanctions, and penalties.	1	24 x 12	288
Leads and participates in Outpatient Chart Reviews of the 56 County MHPs including all associated work, e.g., preparation, compilation, and analysis of findings, and writing reports.	15	60	900
Leads and participates in Inpatient Chart Reviews of the Short Doyle / Medi-Cal Hospitals including all associated work, e.g., preparation, compilation and analysis of findings, and writing reports.	3	60	180
Leads and participates in Focused Reviews of County MHPs where there is continued significant non-compliance including all associated work, e.g., preparation, compilation and analysis of findings, and writing reports.	3	60	180
Provides Clinical Nursing Consultations to other Divisions / Work Groups / Special Projects, including consultation regarding levying of fines, sanctions, and penalties.	24	4	96
Conducts the most complex and sensitive Medi-Cal Provider Site Reviews and Certifications particularly related to Medication Support Services.	5	24	120
Internal Clinical Training/Meetings and follow-up.	30	2	60
Participates in conducting documentation and Medical Necessity training for staff, contractors, and MHPs.	5	40	200
General all staff meetings and clinical staff meetings.	30	2	60
<b>Total hours worked</b>			2,084
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>			1.0

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Oversight and Compliance Branch**  
**2.0 FT Perm Health Program Specialist II's 806-430-8336-xxx**  
**Effective 9/1/16**

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Leads and participates in conducting System Reviews, including all associated tasks.	12	60	720
Performs high-level research and provides technical consultation regarding new systems and processes being developed, as well as conducting research when inquiries are received to ensure appropriate and accurate responses are provided.	5 per month x's 2 staff = 10 x's 10 mos. = 100	8	800
Coordinates development of new processes and policies and procedures; assists in the planning, conducting and evaluation of field projects, i.e., system and chart reviews, site certifications, focused reviews; as well as evaluation of in-house projects and effectiveness of outcomes.	1	60 hrs. per mo. x's 2 staff = 120 x 10 mos. = 1200	1,200
Participation in training and meetings for the other MHSD branches and for the County MHPs.	6	24	144
Medi-Cal Provider Site Certifications	8	24	192
General all staff meetings.	75	4	300
<b>Total hours worked</b>			<b>3,356</b>
<b>1,500 hours = 1 Position for 9 months</b>			
<b>Actual number of Positions requested</b>			<b>2.0</b>

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Oversight and Compliance Branch**  
**2.0 FT Perm Health Program Specialist Is 806-430-8338-xxx**  
**Effective 9/1/16**

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Participates in System Reviews.	10	40	400
Develops, implements, and maintains database for inputting and tracking all fines/sanctions/penalties levied against counties.	1	960	960
Applies criteria and provides technical consultation in order to make fine, sanction, and penalty determination recommendations for review.	15	10	150
Ongoing compilation, analysis, and display of data related to system reviews, inpatient chart reviews, outpatient chart reviews, and focused reviews with recommendations made to supervisory / management staff regarding any identified issues in order to improve processes.	1	60 hrs. mo. x's 2 staff = 120 hrs. x 10 mos. = 1200	1,200
General all staff meetings.	75	4	300
Prepares reports and information for posting to the department's website.	50	4	200
Participation in training and meetings for other MHSD branches and the County MHPs.	6	24	144
Analyzes proposed legislation, assists in writing regulation packages, and policies and procedures, and develops processes.	6	16	96
<b>Total hours worked</b>			<b>3,450</b>
<b>1,500 hours = 1 Position for 9 months</b>			
<b>Actual number of Positions requested</b>			<b>2.0</b>

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Oversight and Compliance Branch**  
**1.0 FT Perm Office Technician (Typing) 806-430-1139-xxx**  
**Effective 1/1/17**

Activities	Number of Items Weekly, Monthly, Etc.	Hours per Item	Total Hours
Provides administrative support needed for the increased volume of reviews: prepares materials, announcement letters, copies forms and audit materials, faxes and emails.	20	16	320
Proofreads and edits all reports, draft letters and information notices, and other outgoing correspondence to ensure final review and accuracy before distribution.	50	4	200
Tracks supply inventory and orders, organizes and tracks supplies and materials.	1	24 x 6	144
Organizes and files documents; archives documents and tracks documentation for records retention/destruction time lines.	1	100	100
Schedules, tracks, and participates in various meetings, i.e., process development meetings, branch meetings, work group meetings; prepares materials; takes and distributes minutes.	4 per month x's 6	6	144
General all staff meetings.	24	2	48
<b>Total hours worked</b>			956
<b>900 hours = 1 Position for 6 months</b>			
<b>Actual number of Positions requested</b>			1.0

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Policy and Quality Assurance Branch**  
**1.0 FT Perm Health Program Specialist II 806-420-8336-xxx**  
**(County Support)**  
**Effective 1/1/17**

Activities	Number of Items Weekly, Monthly, Etc.	Hours per Item	Total Hours
Provides consultation and TA to the more complex MHPs on implementation of Medi-Cal SMHS, EPSDT services, and other local mental health services. Develops partnerships with county mental health staff and management to address local county mental health issues.	100	1	100
Collaborates with other CSU staff and provides guidance on MHP inquiries concerning departmental policies, information notices, state and federal regulations, and the MHP contract.	75	2	150
Serves as lead staff for onsite county visits when necessary to assess county services and program resources related to Medi-Cal mental health services and other community mental health programs.	3	20	60
Works with EQRO, MHP staff, and DHCS staff to establish baselines, procedures, and systems for tracking performance measures, such as timeliness of care and wait times for assessments and treatment.	56	3	168
Assists in the development of statewide PIPs and provides technical support to departmental staff.	1	56	56
Participates on-site for assigned counties and those with more complex needs in Program Oversight and Compliance system reviews – estimated six reviews annually.	6	20	120
Participates on-site in one complete EQRO review annually.	1	20	20
In consultation with other staff, the HPS II determines the need for focused reviews of local programs where program operations deviate from state or federal policy.	5	2	10
Participates on-site in any focus reviews.	3	20	60
Attend regional Quality Improvement Committee meetings.	6	5	30
Advises CSU staff on providing TA to MHPs for development of Implementation Plan Updates. Lead for review, approval, or requests for additional information in response to submitted updates.	7	4	28
Coordinates CSU TA to MHPs to ensure completion of annual QI Work Plans. Leads the review of QI Work Plans and advises CSU staff regarding consultation with MHPs.	7	4	28
Serves in a lead role for review and approval of CCP Updates. Provides technical assistance to MHPs to ensure completion of successful CCP Updates.	7	4	28

## Attachment A

Activities	Number of Items Weekly, Monthly, Etc.	Hours per Item	Total Hours
Prepares issue papers, briefing documents, and reports.	5	2	10
Represents the department on task forces and committees.	6	2	12
Assists other units with gathering information for special projects, sitting on RFP panels, etc.	5	6	30
<b>Total hours worked</b>			910
<b>1,800 hours = 1 Position (half year position for 2016-17)</b>			
<b>Actual number of Positions requested</b>			1.0

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Policy and Quality Assurance Branch**  
**1.0 FT Perm Health Program Specialist II 806-420-8336-xxx**  
**(Quality Assurance)**  
**Effective 7/1/16**

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Works with EQRO, MHP staff, and pertinent DHCS staff to establish baselines, procedures, and systems for tracking performance measures such as timeliness of care and wait times for assessments and treatments.	50	10	500
Assists in the development of statewide PIPs and provides technical support to departmental staff.	6	50	300
Conducts stakeholder meetings to provide updates to the public, state and MHP staff, and other interested stakeholders.	3	50	150
Conducts workgroup meetings pertinent to the development of statewide PIPs and other PIPs as needed.	12	13	156
Conducts webinars and conference calls with MHPs to discuss important findings regarding and provide technical assistance when needed.	12	13	156
Tracks and monitors performance trends and outcomes and provides management with relevant updates.	12	13	156
Works with departmental staff to address any issues related to access regarding vulnerable populations.	4	50	200
Works with departmental staff on developing policies and procedures regarding performance measures and PIPs to establish documentation manuals that departmental staff can follow in the future.	4	50	200
<b>Total hours worked</b>			1,818
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>			1.0

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Policy and Quality Assurance Branch**  
**1.0 FT Perm Staff Services Manager I 806-420-4800-xxx**  
**(County Support)**  
**Effective 1/1/17**

Activities	Number of Items Weekly, Monthly, Etc.	Hours per Item	Total Hours
Supervises County Support Unit staff and performs other management functions such as hiring, training, evaluating, and monitoring performance.	5 staff	20	100
Directs CSU staff and provides guidance for consultation and technical assistance (TA) to MHPs on implementing SMHS and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services.	5	30	150
Directs CSU staff and provides guidance for monitoring progress following Medi-Cal oversight systems reviews. Ensures CSU staff are trained and knowledgeable to make determinations on adequacy of evidence of correction and provision of TA to ensure successful MHP implementation of plans of correction.	5	60	300
Directs CSU staff and provides guidance for monitoring MHP progress in implementing EQRO recommendations. Ensures staff training and knowledge to document progress and provide TA to ensure successful MHP response to recommendations.	5	15	75
Directs CSU staff and provides guidance for focused reviews and other onsite visits to assess county services and program resources related to SMHS and EPSDT services.	5	10	50
Directs CSU staff and provides guidance and leadership for review of MHP documents, including QIPs, Implementation Plans, and CCP Updates	5	30	150
Unit, Supervisory, and Management meetings and follow-up (4 per month X 12 = 48)	24	2	48
Represents the department on task forces and committees (avg. 2.5 per month X 12)	15	2	30
<b>Total hours worked</b>			<b>903</b>
<b>1,800 hours = 1 Position (half year position for 2016-17)</b>			
<b>Actual number of Positions requested</b>			<b>1.0</b>

Total hours = number of items x hours per item

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Policy and Quality Assurance Branch**  
**2.0 FT Perm Associate Governmental Program Analysts 806-420-5393-xxx**  
**(County Support)**  
**Effective 1/1/17**

Activities	Number of Items Weekly, Monthly, Etc.	Hours per Item	Total Hours
Provides consultation and technical assistance to MHPs on implementation of Medi-Cal SMHS, EPSDT services, and other local mental health services. Develops partnerships with county mental health staff and management, collaboratively addresses local county mental health issues, and provides technical assistance based on assessment of local needs.	200	1	200
Responds to MHP inquiries concerning departmental policies, information notices, state and federal regulations, and the MHP contract.	150	2	300
Conducts onsite county visits when necessary to assess county services and program resources related to Medi-Cal mental health services and other community mental health programs.	1	60	60
Reviews Program Oversight and Compliance system review reports and plans of correction. Completes monitoring documentation. Monitors progress in assigned counties following Medi-Cal oversight systems reviews, obtains evidence of correction, and provides technical assistance. Shares successful strategies from other counties.	7	60	420
Reviews EQRO reports and recommendations. Completes monitoring documentation. Monitors progress in assigned counties following EQRO reviews and provides technical assistance. Shares successful strategies from other counties.	7	16	112
Participates on-site for assigned counties in the Program Oversight and Compliance system review – estimated three reviews per staff annually.	3	40	120
Participates on-site in one complete EQRO review annually.	1	30	30
In consultation with other staff, the AGPA determines the need for focused reviews of local programs where program operations deviate from state or federal policy.	4	5	20
Participates on-site in any focused reviews for assigned counties.	1	60	60
Attend regional Quality Improvement Committee meetings.	6	10	60
Provides technical assistance to MHPs on completion of Implementation Plan Updates. Reviews and approves or requests additional information in response to submitted updates.	7	16	112

## Attachment A

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Provides technical assistance to MHPs to ensure completion of annual QIPs. Reviews the QIP and consults with the county to facilitate adherence to the plan.	7	16	112
Reviews and approves (or requests additional information on) CCP Updates. Provides technical assistance to MHPs to ensure completion of successful CCP Updates.	7	16	112
Prepares issue papers, briefing documents, and reports.	10	2	20
Represents the department on task forces and committees.	10	2	20
Prepares responses to controlled correspondence.	10	2	20
Maintains and updates MHP contact information (MH Director and Point of Authorization lists).	10	2	20
Prepares responses to notifications of new Mental Health Directors and Acting Directors.	3	5	15
Assists other units with gathering information for special projects, sitting on RFP panels, etc.	5	6	30
<b>Total hours worked</b>			<b>1,843</b>
<b>1,800 hours = 1 Position (two half year positions for 2016-17)</b>			
<b>Actual number of Positions requested</b>			<b>2.0</b>

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Policy and Quality Assurance Branch**  
**1.0 FT Perm Associate Governmental Program Analyst 806-420-5393-xxx**  
**(Quality Assurance)**  
**Effective 7/1/16**

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Identifies and analyzes issues regarding publication of data and data dashboards on departmental website.	10	15	150
Consults with staff from the Director's Office and ensures data, dashboards, and reports to be published are compliant with DHCS privacy and confidentiality standards and protocols.	10	15	150
Consults with relevant staff to ensure publication of accurate and understandable dashboard information.	5	20	100
Publishes data dashboards as required by STCs on DHCS website.	5	20	100
Follows publication and privacy guidelines according to departmental policies and procedures.	5	20	100
Works with EQRO, MHP staff, and pertinent DHCS staff to establish baselines, procedures and systems for tracking performance measures such as timeliness of care and wait times for assessments and treatments.	3	50	150
Assists in the development of statewide PIPs and provides technical support to departmental staff.	5	50	250
Assists with preparing for stakeholder meetings to provide updates to the public, state and MHP staff, and other interested stakeholders.	3	20	60
Assists with preparing for workgroup meetings pertinent to the development of statewide PIPs and other PIPs as needed.	5	50	250
Assists with conducting webinars and conference calls with MHPs to discuss important findings regarding and provide technical assistance when needed.	5	50	250
Assists with tracking and monitoring performance trends and outcomes and provides management with relevant updates.	3	25	75
Assists the Quality Assurance Section staff with addressing any issues related to access regarding vulnerable populations.	3	30	90
Works with departmental staff on developing policies and procedures regarding performance measures and PIPs to establish documentation manuals that departmental staff can follow in the future.	3	25	75
<b>Total hours worked</b>			<b>1,800</b>
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>			<b>1.0</b>

**WORKLOAD STANDARDS**  
**Mental Health Services Division**  
**Program Policy and Quality Assurance Branch**  
**1.0 FT Perm Nurse Consultant II 806-420-8195-xxx**  
**(Quality Assurance/Appeals)**  
**Effective 7/1/16**

<b>Activities</b>	<b>Number of Items Weekly, Monthly, Etc.</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Reviews and analyzes appeals and supporting documents, including requests for additional information.	50	2	100
Consults/meets with relevant MHSD staff regarding recommended appeal decision for each item/claim when questionable or when discrepancies are identified	30	3	90
Make an appellate decision on each item/claim appealed.	100	1	100
Outline whether the item/claim is to be upheld or reversed, including rationale and authority.	100	2	200
Drafts appellate decisions, outlining each item/claim.	50	8	400
Drafts cover letters to MHP and/or providers.	50	2	100
Circulates for appropriate final reviews.	50	8	400
Finalizes decisions & letters to MHP and/providers.	50	1	50
Develops summary reports for DHCS Management.	12	4	48
Responds to post-appeal inquiries/correspondence.	30	4	120
Conducts clinical and consultative activities associated with request for formal appeals.	15	4	60
Provides clinical consultation to finalize regulations package for formal appeals.	1	40	40
Consults with Office of Legal Services (OLS) on formal hearings.	1	40	40
Consults with staff from MHPs and Administrative Law Judges on appropriate resolution to State Fair Hearing issues.	50	1	50
Discusses pertinent State Fair Hearing concerns and trends and monthly Quality Circles with CDSS staff (including preparation for meetings).	1	30	30
<b>Total hours worked</b>			1,828
<b>1,800 hours = 1 Position</b>			
<b>Actual number of Positions requested</b>			1.0