General Comments

The Draft is too complicated and long. The major headings are confusing and the Department's Standards for Access to Care do not begin until page 15. The central purpose of the strategy for improving consumer access to quality mental health care is lost in the first 14 pages. In other words, repeating the federal guidelines for a state quality strategy is not productive and confusing. The Dept. could state that a quality strategy is mandated pursuant to the BBA of 1997; Section 1932(c)(1) of the Social Security Act and 42 CFR § 438.200, et seq. The state expects BHO's to meet the following standards in order to ensure Medicaid enrollees' have access to quality care and services; including the availability of services; assurances of adequate capacity and services; coordination and continuity of care; and coverage and authorization of services. The standards should then be clearly stated. The state standards expressed in the final quality improvement strategy should be incorporated by reference in all BHO contracts.

Response:

The Department of Health Care Policy and Financing (the Department) understands that the document is long and has tried to make it easier to understand. The goal was to give the reader an easy overview of the federal regulations without asking the reader to look up the regulations. The beginning of the Behavioral Health Quality Strategy gives the reader an overview about the federal regulations and the Behavioral Health Quality Strategy. The headings are similar to the federal regulations 42 CFR 438.200 - 206. The standards in the Behavioral Health Quality Strategy are also in the Behavioral Health Organizations' (BHOs') contracts.

Although consumer language is included in many sections of the document, consumer involvement in the actual performance review or in the design of the measurement and intervention strategies are minimal. I believe that including consumers in strategic planning, program evaluation and outcome measurement to be critical. There is some discussion of Continuity of Care in the plan. Please consider enhancing that area by specifically addressing Discharge Planning and the expectation that BHOs follow the State requirement prohibiting discharge to the street or shelters.

Response:

The Department agrees that consumer input into the Colorado Medicaid Community Services Mental Health Program (the Mental Health Program) is important. The Department will continue to work with consumer groups on making changes. Many of the BHOs have consumers on their quality committees. All BHOs must send out information about their quality programs to their consumers upon request.

The Department agrees that BHOs shall follow state and federal laws during discharge planning. Most of the goals and statements in the Behavioral Health Quality Strategy are broad to allow for many important items such as discharge

planning to be incorporated without listing each one. Language that says the BHOs have to follow laws about the treatment of mental health consumers has been added to the Behavioral Health Quality Strategy under Coordination and Continuity of Care.

Section I, Background

Page 2 Department Responsibilities: Waiting three years to report on the effectiveness of the strategy is too long. If the BBA of 1997 requires annual evaluations of a Managed Care Organization, then annual reports based on the evaluation's findings should be prepared in order to timely assess whether the strategy for improving the quality of services is effective and producing positive results.

Response:

The Department agrees that the Behavioral Health Quality Strategy should be evaluated more than every three years. While the Department has to report on the implementation and effectiveness of the Behavioral Health Quality Strategy at least every three years, the Department can report more often. Each year the Department monitors each BHO by seeing how well it follows federal and state requirements. The Department also makes sure each BHO follows its contract. A report is prepared each year that lists ways for improving the quality of the BHO's services. The Department makes sure the BHO makes any needed changes. These reports are available to the public.

Section II, Behavioral Health Quality Strategy Scope

Page 4 Behavior Health Quality Strategy Scope All HCBS-MI waiver services should be specifically set out. Expand the list of providers, facilities and services beyond physicians and hospitals to include peer support services, club houses, consumer family services, transitional services for children leaving RTC's, etc., and use the correct names of the providers, facilities and services so there are no ambiguities created.

Response:

The Home and Community Based Services Mental Illness (HCBS-MI) waiver is not part of the Mental Health Program. Because it is a separate program, services in the HCBS-MI waiver are not included in the Behavioral Health Quality Strategy.

Each BHO may have different alternative services that it offers. The alternative service categories are listed here. The Behavioral Health Quality Strategy says that the alternative services that each BHO listed in its proposal are included in the services available to consumers.

Section III, Behavioral Health Quality Strategy Description

Page 5 Behavioral Health Quality Strategy Description: Include a hyperlink to the document on the HCPF website in all electronic versions of the Quality Improvement Strategy. The effective date of April 1, 2005 for the strategy to be finalized may be too quick. The finalization process calls for the input of recipients and stakeholders in the development of the strategy followed by a period for public comment, See 42 CFR § 438.202(b). It appears the strategy is in the development stage, once finalized then it should be published for public comment.

Response:

The Department agrees to add a hyperlink to the Behavioral Health Quality Strategy Web page. The amount of time to finish an updated Behavioral Health Quality Strategy is tight. The Department will ask consumers and other stakeholders to comment on the Behavioral Health Quality Strategy and the Mental Health Program into the future. The Department will consider these comments as it reviews the Behavioral Health Quality Strategy and makes future improvements.

Section IV, Department Mission, Goals and Objectives

Page 6 Department Mission, Goals and Objectives: The Department's stated mission only speaks of purchasing cost-effective health care and doesn't mention quality accessible mental health care. Make the objective to improve access to quality care services by ensuring all BHO's are providing comprehensive mental health care services to Colorado Medicaid members through contract compliance. Delete the remainder of the objectives stated, as they are not consumer friendly nor are they indicative of quality.

Response:

The Department agrees that improving quality of care and access to care is important and is in the Behavioral Health Quality Strategy. The Department's current mission, guiding principles and goals have been added to the Behavioral Health Quality Strategy and the objectives have been removed. The principles include evaluating success by using consumer input, outreach efforts and surveys. The principles also say that the Department will look for ways to improve quality and accessibility. These goals can be further defined in the Work Plan.

Section V, Behavioral Health Quality Strategy Purpose

Page 7 #3. Consider adding, to assure culturally competent services are available/provided.

Response:

The Department agrees that culturally competent services are important. The BHOs are required to deliver culturally competent care. Although culturally competent services are not talked about in this section because the headings are

broad, the requirements are addressed under Section IX, Contract Provisions and Department Standards for Access to Care and under Appendix A, Enrollee Materials.

Section VI, Behavioral Health Quality Strategy Goals and Objectives

Page 8 Behavioral Health Quality Strategy Goals and Objectives: Include an objective for consumer access to new psychotropic medications.

Response:

The Department agrees that access to new psychotropic medications is important. The goals and objectives listed on page 8 are broad and access to new psychiatric medications could be measured under objective 1, 3, 4, 7 and 8. The Department is developing a Work Plan for the Behavioral Health Quality Strategy that will get into specific ways to reach the broad objectives of the Mental Health Program. Access to new psychotropic medications can be included in the Work Plan.

Section VII, Behavioral Health Quality Strategy Functions and Activities

Page 10 Behavioral Health Quality Strategy Functions and Activities: Include a Function and Activity to publish and distribute to enrollees a consumer information brochure on complaints, grievances, appeals and fair hearing rights and procedures.

Response:

The Department agrees and the BHOs are required to send out easily understood materials with grievance and appeal information to all enrollees. Publishing and distributing consumer information on complaints, grievances, appeals and fair hearing rights and procedures will be added to the "Functions and Activities" table on page 10.

Section VIII, Behavioral Health Quality Strategy Tactics

Page 11 VIII 1. a. Performance Improvement Projects Consider adding to "Measurement of performance using objective quality indicators," at both pre and post intervention intervals, Page 11 VIII 1. c. Consider adding to "Evaluation of the effectiveness of the intervention" by comparing the pre and post intervention objective quality indicators.

Response:

The Department agrees that pre and post intervention measurement is very important. The elements listed on page 11 are broad and are meant to include the elements of pre and post test. The specific ways to assess improvement can be included in more detail in the Work Plan that will be developed.

Page 12 - Regarding 3. Performance Measures. BHOs must calculate additional performance measures when they are developed by CMS. Can we insert something re: response timeframe to avoid having to comply with additional CMS performance measures as soon as they're developed, without adequate time to implement any changes necessary to accommodate the measure? Maybe say we're committed to working with CMS on implementing additional performance measures on an annual basis?

Response:

The language in the Behavioral Health Quality Strategy about required performance measures is a federal Centers for Medicare and Medicaid Services (CMS) requirement, so it has to remain. Currently there are no performance measures required by CMS.

Pages 12 and 13 Monitoring BHO Compliance Corrective Actions: involving access to or quality of care will be completed within 30 days in routine cases and immediately in emergency cases. All other corrective actions will be completed within a reasonable time.

Response:

The Department agrees and will put in additional language regarding quality of care concerns. The Department requires immediate corrective action for serious or emergent quality of care concerns. Corrective actions for other concerns are expected to be corrected as fast as possible. Consumers can also complain about quality of care concerns as outlined in 10 C.C.R. 2505-10 Section 8.209.

Page 13 Comparative Information on All BHO's: If the Department identifies a trend that BHO performance significantly falls below the median, the Department will take swift and immediate action to remedy the problem.

Response:

The Department agrees. Language has been added to the Behavioral Health Quality Strategy saying that if Department sees a trend that BHO performance significantly falls below the median, corrective actions will be required if appropriate.

Page 14 The last paragraph states "After the new system is reviewed, assessed and strengths and weaknesses are identified, the Department will develop action steps to enhance the process for collecting race, ethnicity and primary language information." It might be helpful to understand why the collection of this data is important and how it is related to quality improvement.

Response:

The Department agrees. Language about the importance of collecting race, ethnicity and primary language information has been added to the Behavioral Health Quality Strategy.

Section IX, Standards for Access to Care

Page 15 Availability of Services: BHO's should be required to post all services required by the contract stating time frames, etc. in a conspicuous location on their premises so that consumers are made aware of their right to treatment. Policies and procedures should not be focused solely on the provision of interpreter services for the deaf and hard of hearing. Although sign language interpreters can be effective in mental health settings, it is encouraged to contract providers/professionals with the cultural/linguistic background who can communicate directly with the consumer. There are cases where Deaf individuals found therapy to be uncomfortable because they were forced to share their thoughts while communicating through a third party. See the Position Statement on mental health services for people who are deaf and hard of hearing in its Open Letter to the Mental Health Community and Allied Service Providers, by The Board of the National Association of the Deaf (NAD), staff and Mental Health Committee.

Response:

The Department agrees that it is important for consumers to be aware of their rights and that it is best if consumers can communicate directly with their therapist without an interpreter.

The BHOs must send out information to all consumers with their rights and responsibilities. The BHO usually gives this information in its member handbook. This is noted on page 19 of the Behavioral Health Quality Strategy.

BHOs must deliver culturally competent quality care and offer interpreter services. It would be best for consumers to communicate directly with their therapists, but such communication may not always be possible. The Department would like to work further with consumers and the BHOs to see how this could best be done.

Page 15 - BHOs are required by contract to have policies and procedures for ensuring access to appropriate services 24 hours per day, seven (7) days per week for all members. In addition, routine services must be scheduled within seven (7) days; urgent care must be scheduled within 24 hours of the BHO's notification; and emergency care must be provided by phone within 15 minutes of initial contact and in-person within one hour in urban/suburban areas and within two

hours in rural/frontier areas. In very rural (frontier) areas, 100% compliance can be very difficult to achieve.

Response:

The Department understands that it may be difficult in very rural areas to ensure access to services in the required timeframes. But, the access and availability standards are from the BHO contract so they cannot be changed in the Behavioral Health Quality Strategy at this time. This issue could be looked at in the future with the Department, BHOs, consumers and other stakeholders.

Page 16 Paragraph one: states that BHOs shall consider including Essential Community Providers. I thought that they were required to include Essential Community Providers. Last paragraph; consider adding; BHO must comply with all state and federal (HIPPA) regulations and laws governing confidentiality.

Response:

The Department agrees. The BHOs have to offer contracts to essential community providers. The sentence is supposed to mean that BHOs consider including other providers also. The sentence has been revised to be clearer.

The Department agrees that confidentially is important. The BHOs' confidentially requirements are more specifically addressed on page 20, where it says the BHOs must comply with 45 CFR Parts 160 and 164. The Department will include more language to make it clearer that BHOs must comply with all state and federal regulations and laws about confidentiality.

Page 16 - In some of the areas that speak to confidentiality (e.g., last paragraph on page 16, or section on page 20) you may want to include something about "exceptions granted by federal regulations (HIPAA)", or "Exceptions would be disclosures permissible under federal regulations (HIPAA)."

Response:

The Department agrees that the BHOs must follow the HIPAA regulations. The confidentiality language on page 16 came from the BHO contract.

Also, HIPAA requirements are on page 20 where it says that the BHOs have to comply with 45 CFR Parts 160 and 164.

Page 16 Assurance of Adequate Capacity and Services: In addition to geographic location, BHO's should maintain a network of providers that are physically accessible to people with disabilities, including means for deaf and hard of hearing clients to access telephone/messaging system. Page 16 Coordination and Continuity of Care BHO's must provide or arrange for the

provision of all medically necessary mental health services including auxiliary aids and services to members seeking mental health services. The types of Supportive Services necessary to obtain medical care should be identified and enrollees and their care takers should be given notice. Supportive services should also include assistive technology devices such as medication reminders.

Response:

The Department agrees that it is important for consumers to have auxiliary aids in order to make therapy more meaningful. The BHOs must provide services for consumers with communication disabilities. The Behavioral Health Quality Strategy has this requirement on page 15, under Availability of Services.

The Behavioral Health Quality Strategy says that BHOs must work with other health care agencies and providers. This would include obtaining auxiliary aids.

Page 17 Consider adding; a number 13. Emergency Services

Response:

Services covered during an emergent situation include the services under the Mental Health Program as listed here. Emergency services are talked about on page 19, under Section X, Contract Provisions and Department Standards for Structure and Operations. Under Member Information, the Behavioral Health Quality Strategy says that the BHO must tell consumers what an emergency medical condition is and how to get emergency care after hours. The BHO must tell consumers that emergency services do not require prior authorization.

Pages 17-18 Coverage and Authorization of Services: All HCBS-MI waiver services, transitional and consumer services, etc., should be specifically identified in the list of included services and the services should correspond to the services identified under the Behavioral Health Quality Strategy Scope, page 4. Included in the list should be medication management services including medication reminders and other appropriate assistive technology devices. The member's right to a second opinion from a qualified health care professional within or without the network at no cost to the enrollee, and the procedure to follow should be set out in this section. See 42 CFR § 438.206(b)(3).

Response:

Because it is a separate program, services in the HCBS-MI waiver are not included in the Behavioral Health Quality Strategy.

On page 17, the item "medication management services" (item number 9 under Coverage and Authorization of Services) is meant to include the different types of services that may occur within medication management.

The Department agrees that it is important to add the information regarding second opinions. It has been added to the Behavioral Health Quality Strategy on page 15 under Availability of Services.

Section X, Standards for Structure and Operations

Page 19 Member Information: Written information should be provided to members in alternate formats, including Braille, audio tape, large print and electronic formats. Page 21 Complaints, Grievances and Appeals: BHO's must provide complete grievance and appeal rights notices to consumers. For example: The notice must tell the consumer that they have the right to designate the Medicaid managed care ombudsman to be their Designated Client Representative (DCR), to file and pursue complaints, grievances and expedited reviews under the BHO's complaint, grievance and appeal procedures. State authority found at CRS 26-4-117(b); and 10 CCR 2505-10 § 8.209.6 B. 2., requiring DCR services and representation. Federal authority found at 42 C.F.R.§ 438.402 (a) The grievance system. Instead of reviewing a random sample of BHO grievance and appeal files, all grievance and appeal files should be reviewed.

Response:

The Department agrees that member information has to be provided in alternate formats. Language has been added on page 19 to say that alternate formats includes large print, audio tape, Braille and electronic formats.

Members have the right to an independent advocate. The Medicaid Managed Care Ombudsman assists the consumer with the system when they have a complaint or appeal. The Ombudsman is not a designated client representative.

The Department performs annual comprehensive site reviews. But, the Department cannot review all grievance and appeal files and address all the other important contract standards during the on site review. If the Department identifies a concern, the Department can review more appeals and grievance files. If it is determined that a BHO is not following the rules, the Department will have the BHO complete a corrective action.

Page 19 - BHOs are also required to provide periodic updates to member materials when needed to explain changes to policies. Prior to printing, the BHO must submit the updated materials to the Department for review and approval at least 30 calendar days prior to the targeted printing date and notify the member regarding changes in information at least 30 days prior to the change effective date. Minimum requirements for information to be included in the member materials are listed in Appendix A. Essentially, this says we have to have member materials ready 60+ days prior to any change. 30 days for Department review, the print and mail them 30 days prior to the effective date of the change. It's sometimes difficult to know of a major change 60+ days in advance.

Response:

The Department agrees that it may be difficult for the BHO to get information about a major change 30 days in advance if the Department must review it first. Depending upon the issue that BHO is trying to send out in the consumer material, the Department can work with the BHO to review the material in a faster manner.

Section XI, Standards for Quality Measurement and Improvement

Page 23 Practice Guidelines Enrollees should also be informed of service authorizations and denials.

Response:

The Department agrees that consumers should be told of authorizations and denials. Telling consumers about service denials is required under the Department's grievance and appeals rule at 10 C.C.R. 2502-10, Section 8.209. See page 21 of the Behavioral Health Quality Strategy, Complaints, Grievance and Appeals and Appendix A, Enrollee Materials. Practice guidelines are based on clinical practices, such as the best way to treat depression, so this is why appeals were not talked about here.

Page 23 Quality Assessment and Performance Improvement Program, second paragraph, after the second sentence. Consider adding; The investigation must include the consumer's perspective. Page 24 Health Information System #1. Consider adding d. Provide feedback to providers demonstrating how the data is used to determine program effectiveness and instigate systems change.

Response:

The Department agrees that quality of care reviews should be fully looked into. Quality of care reviews are generally done by a medical record review and performed by a professional other than the treating professional. The appropriate professional should contact the consumer when needed. Language has been added to the Behavioral Health Quality Strategy to say the professional should contact the consumer if needed.

On page 24, this means that BHOs must monitor and make sure that the data submitted is correct. Provider perception of the process would not be looked at here.

Page 23, under Quality Assessment and Performance Improvement Program, regarding quality of care concerns: "the outcome review must include whether or not the issue was found to be a quality of care issue and what action the BHO intends to take." State and federal law provides for protection of the confidentiality of professional review outcomes for clinical quality of care

concerns. In September 2004, Colorado Access met with HCPF to discuss this issue, and it was agreed that the outcome of the professional review did not need to be disclosed. We believe that it is possible to respond to the Department's requests to investigate and to communicate back to the Department in a satisfactory way, without disclosing protected information. We would like to request a reconsideration of this statement in the Quality Strategy.

Response:

The Department agrees. Language saying that the BHOs are not required to disclose any information that is confidential by law has been added to the Behavioral Health Quality Strategy

Section XII, Intermediate Sanctions

Page 25 Intermediate Sanctions: There should be a sanction added to address discrimination on the basis of disability.

Response:

The Department agrees that the BHOs cannot discriminate against consumers based on their disability. This is included in the BHOs' contract. The sanctions listed in the Behavioral Health Quality Strategy are broad and can be applied when a BHO is not in compliance with its contract such as discriminating against a consumer.

Section XIII, Behavioral Health Quality Strategy Monitoring and Evaluation

Page 27 Department Annual Behavioral Health Quality Strategy Evaluation: The Departments annual report that assesses the effectiveness of the behavioral health quality strategy with supporting data should be published on the Department's website.

Response:

The Department agrees. The annual report will be published on the Department's Web site.

Page 28. Consider adding; The EQR may take into consideration any other member satisfaction surveys or focus group results completed by the BHOs.

Response:

The Department agrees that BHOs must monitor consumer perception of services. This is included in the BHOs' contract and has to be sent to the Department. Consumer perception is monitored by methods including consumer surveys, focus groups, complaint data and others. This language has been added to the Behavioral Health Quality Strategy.

Appendix A Enrollee Materials

Page A-1 Appendix A – Enrollee Materials: All information provided to enrollees must be easily understood and accessible in alternate formats. Page A-2 Appendix A – Enrollee Materials: Identify what benefits are available to enrollees that are not covered under the BHO contract and how the enrollee obtains access to these services. Member rights to an independent advocate should include the right to designate the Medicaid Managed Care Ombudsman to be the Designated Client Representative. Page A-3 Appendix A – Enrollee Materials: Procedures for requesting accommodations for special needs, including written materials in alternate accessible formats and appropriate auxiliary aids and services.

Response:

The Department agrees and page A-1 says that the BHO is required to make sure that enrollee material is in an easily understood language and format and is available in alternative formats.

The Department agrees and on page A-2 means that BHOs have to information on how and where to access any benefits that are available under the State Plan.

The consumer has the right to an independent advocate. The Medicaid Managed Care Ombudsman can assist consumers who have an appeal or grievance to work through the system. The Medicaid Managed Care Ombudsman is not a designated client representative.

The Department agrees that accommodations for special needs are very important. On page A-3 the BHO has to list procedures for requesting accommodations for special needs. BHOs are required to help coordinate services for clients which would include auxiliary aids.