

*Rehabilitation Option Meeting
CCPA and CAN*

August 17, 2006

What is the current timeline?

- SPA submitted by DSS to CMS by Dec 31, 2006
- Estimated Earliest Implementation Date of October 1, 2007

What is the timeline for decreases in grant dollars?

- Formulas for changes in grant dollars are not complete.
- The goal is not to de-stabilize the system, so the discussion is how to manage the dollars concurrent with the changes.
- The goal is that the total dollars able to be received by any provider should remain consistent for the first year.

What programs are included in the Rehabilitation Option?

- We are currently visiting and discussing this with providers so that we have a better understanding as to how programs have been implemented.
- MRO will cover Assertive Community Treatment and Community Support services.
- In general, current grant-funded programs for case management, intensive case management, supported housing and ACT will definitely be effected.
- In the future, we will be buying services and not programs.

Cont...What programs are included in the Rehabilitation Option?

- Peer Supports as a stand alone Medicaid reimbursable service is still being considered. But It may not be implemented as an MRO service during the first year.
- The Department is discussing how to look at peer supports now and what funding has been applied previously.

Are psychosocial programs covered?

- Clubhouses, social programs, and other facility-based programs are not included as part of either Community Support or ACT.

Will state providers provide MRO services?

- Yes, they will, as they provide Medicaid clinic option services now.
- Medicaid requires that all providers delivering the services be held to the same standards and requirements.

What are the proposed service definitions?

- Drafts of both the ACT and Community Support service definitions may be found on the DMHAS website.
- These drafts were developed with provider and consumer input through a workgroup process last fall and winter.
- Minor edits in these service definitions are being considered now to facilitate service implementation. Revised versions should be available within the next 4-6 weeks after review by workgroup.

Is transportation a billable service? If not, how will providers be paid?

- Transportation is never a billable service under the Medicaid Rehabilitation Option.
- There are two ways that transportation is reimbursed in other states:
 - Configured into the rate
 - Paid for 100% by state/grant funds (not billed to Medicaid)

What is the responsibility of the LMHA if the client refuses but still needs services?

- In a recovery model, the client has the ultimate decision on which, if any services, to receive.
- Our job as providers is to listen to the client's goals and help to link their goals and our assessed needs with services that the client wants.
- LMHA has the ultimate responsibility to work to engage the client in services that s/he wants and needs.

What training will DMHAS make available to private providers?

- All providers – private or public – will have access to essential training to succeed in the MRO process.
- Some providers will receive additional training and technical assistance based on certain criteria:
 - Service specific (for example ACT)
 - Clinical versus specialty providers (due to the readiness information)
 - Providers identified through assessment processes to need specialized assistance.

What are the findings from the Provider Readiness Survey?

- Report will be reviewed by the Provider Readiness Workgroup next week and then will be available on DMHAS website.
- Major findings:
 - Overall, DMHAS providers are more ready than is found in most states.
 - Bi-modal distribution: Clinical providers are well prepared; specialty providers are poorly prepared and will need additional assistance.

Readiness Findings, cont.

- Key categories of needed readiness attention
 - Cash Flow support (including requisite billing and tracking systems)
 - Clinical and service provision training & support (including service definitions, documentation, assessment, treatment planning)
 - Infrastructure (including IS, staffing, internal systems, other tools)
 - Operations (includes items such as precursors of compliance such as quality assurance, reporting, monitoring; toolkits with samples of processes and forms); supervision; productivity management; key performance indicators; standardized reports.)
 - Transition issues including business model assessment and decision tools, pilot programs to develop and test models and tools, client transition issues, and DMHAS network support functions.

Who participated in Survey?

- ALSO-Cornerstone
- My Sisters' Place, Inc.
- Bridge House Inc
- New Haven Home Recovery, Inc
- Bridges.
- Northwest Center for Family Service and Mental Health
- C.N.V. Help, Inc
- Norwalk Hospital
- CCC YMCA
- Pathways, Inc.
- Chrysalis Center, Inc.
- Regional Network of Programs, Inc.
- Connecticut Mental Health Center
- Reliance House, Inc.
- Community Health Resources
- River Valley Services
- Community Mental Health Affiliates
- Sound Community Services, Inc.
- Gilead Community Services, Inc.
- Stamford Hospital Outpatient Behavioral Health
- Hall-Brooke Behavioral Health Services
- Southwest Community Mental Health System
- Harbor Health Services
- United Services, Inc
- Intercommunity Mental Health
- Valley Mental Health Center
- Interlude
- Western Connecticut Mental Health Network
- Mental Health Association of CT
- Southeastern Mental Health Authority
- Fellowship Place
- Capitol Region Mental Health Center
- Rushford Center Inc

Who is on the Provider Readiness Workgroup?

- ❑ Karen Evertson – Western Connecticut Mental Health Network*
- ❑ Cheryl Jacques – SMHA*
- ❑ Luis Perez – CRMHC*
- ❑ Rick Persky – CRMHC
- ❑ Sharon Castelli -- Chrysalis
- ❑ Sue Niemitz– Hartford Behavioral Health
- ❑ Bert Mercado: Mental Health Association
- ❑ Diane Manning - United Services
- ❑ Barry Kasden – Bridges
- ❑ Margaret Beglinger – Reliance House
- ❑ Patrick McCabe – Norwalk Hospital
- ❑ Bob Walsh – CNV Help
- ❑ Mary Gillette - CMHA

What are the findings from the LOCUS survey data?

- Preliminary report available on DMHAS website.
- Additional analysis continuing to identify geographical distribution, and compare with other clinical indicators.
- Including adult and young adult clients who were surveyed, roughly 1,200 clients met criteria for ACT or a higher level of care.
- Geographical distribution centers shows largest clusters in cities and near sites of closed hospitals.
- Some clients who might qualify clinically for an ACT team will be served by Community Support because there are insufficient numbers to support an ACT team in their community.

Where is DMHAS at with developing a rate?

- Site visits have helped to quantify that current data about services does not correlate well to requirements of new services. Other tools will need to predict utilization and service intensity.
- Salary survey and the most recent Annual Financial Review (AFR) is assisting in defining costs. CMS requires that rates be based on costs.
- Maximus has submitted a preliminary report that outlines a variety of rate setting methodologies and factors.
- DMHAS has collected information from other states, of actual rates; rate methodologies and models; and other tools.

Will DMHAS consider piloting the MRO?

- This is still under discussion: DMHAS would like to use this methodology to test the readiness, it would be before CMS approval and it would be done with detailed planning on the use of resources and the ability to provide the training we need.
- DMHAS plans for real-time evaluation and communication of Pilot findings and results to providers. How best to communicate the issues needs your help.

Will there be an ASO or will each provider have to obtain billing software?

- All providers will need to be able to bill Medicaid directly for Medicaid services. This can be done with their software (as many group homes do) or with billing software.
- A list of IS systems and their functionality, including billing systems, has been developed and is available on the DMHAS website.
- Meeting with a local software specialist in both implementation and selection processes on: Thursday 9/14 at 1PM

Will there be an ASO . . .

- DMHAS is considering an ASO to assist with the network support functions such as monitoring grant-funded services, reporting, auditing, and provider training.

Since there is an administrative cap, how does DMHAS expect providers to cover costs for a compliance officer, and other administrative costs?

- Specific requirements for key positions, such as compliance officer have not been finalized. These will be specified in the certification requirements. It is not expected that any provider will be required to add a full-time compliance officer to meet MRO certification.
- DMHAS is planning to work with providers on collaborative and cooperative models to share specialized resources. CCPA and CAN may also encourage that kind of cooperation.
- In other states, providers find that they can restructure to meet clinical and service requirements and administrative requirements without changing the ratio.