

# Provider Meeting

Medicaid Rehabilitation Option or  
MRO: An Update

# Service Definition: Committee and Process

- ACT was released in December for comments and questions: discussion at the Trade Organizations?
- CSP Definition is ready in draft form today and we would like a review and comments on this
- The Community Support Definition was written by the Service Definition Committee using the same procedure that was used for ACT: evaluating other state's definitions and a working group of providers and clients discussing what works for Connecticut.
- The committee is awaiting DSS's input and actions.

# Community Support Definition

- Focus Points:
  - Highly individualized services and interventions
  - For individuals who need active support and assistance, structured within hours that accommodate to the clients schedule: all programs must have day and evening hours.
  - Excludes ACT and MH Group Homes, as well as some clinical exclusions
  - Requires 60% Face To Face (FTF), 60% out in the community, and two FTF contacts in a 90 day period.
  - Much more..

# Next Steps

- Read and comment, any questions or concerns to
- [Susan.graham@po.state.ct.us](mailto:Susan.graham@po.state.ct.us)
- *We are looking for input....*

# Client Profile (CP) Committee

- The LOCUS Tool was used to evaluate almost 2000 clients and we are currently hoping to get the same information on the 700 YAS clients.
- The LOC Committee is reviewing the ACT clients or ACT-like clients to determine what services and the intensity and duration of services that are being provided to this population now.
- The information will tell us how many clients need an ACT Level of Care or how many ACT Teams may be needed on a state-wide basis.
  - **Currently we are creating demographic spreadsheets for each client so that we can match clients, their services, and other information about them – e.g age, location, gender and so forth – and get a more complete picture of who these individuals are.**
    - **All providers who submitted spreadsheets will be asked to verify the accuracy of this data before we complete the analysis -so expect a spreadsheet back from us with basic demographics. We will make the changes in the relevant DMHAS database**

# Client Profile Workgroup

- Once the data is completed we will have information available that show where the ACT clients are located, their numbers in each location, and so forth.
- This information will be available to providers to assist them in making their decisions about ACT once it converts to MRO. DMHAS will also use this data to predict utilization, cost, accessibility, etc.
- The Committee will meet again as soon as we get the data ready for review.

# Consumer Activities

- Establishing a committee to educate Consumers on what the MRO is and how it will affect them.
- The goal is to have enough people informed so they can populate the committees and bring the information back to their sites.
- 2/9 from 9-11 in the Middletown Room at CVH, for state advocates and other peers.
- Being led by Karen Kangas, Ronna Keil and Sue Graham

# Finance Work plan

- The Work Plan
  - Research From Other States
  - Review Of TCM Data And Other Medicaid Programs/ What Data is Available?
  - Determine The Rate Methodology
  - Determine The Conversion Strategies For Grant To FFS
  - Model Conversion Costs For Both Provider And State
  - Determine The Financing Issues/Publish The Information

# Overview of the TCM Information

- Submission of data to DSS from 45 Private agencies and 6 State-operated agencies
- In one year there were almost 47,000 months of data submitted as a total number for the year. BUT:
- 17,000 or 37% were missing Medicaid numbers
- 6,000 or 12% had a deferred (799) diagnostic code or a missing diagnosis

# Prior Training for TCM

- Training was in several large group forums, with additional small group forums & individualized access to the TCM point person.
- Still much data is ***missing***, so we need to be sure that the MRO training we do now will be effective and inclusive .
- We are beginning with a provider readiness review and survey in early March.
- Review the Readiness process and decide how to best assimilate this into your organizations.

# Why this is relevant?

- This is Medicaid Billing Data and if they were direct bills to EDS they wouldn't be paid,
- It says that almost 50% of the data is missing or wrong.
- Now, this has no internal consequences but it could have huge dollar consequences in a year, particularly if this is an extraction from a billing tape.
- Is it possible to monitor/create error reports so this data starts to be more accurate?

# PNP Provider Readiness

- **Structured Self-Assessment Process** focusing on core operational competencies to succeed under Fee-for Service with the Medicaid Rehabilitation Option

# Process Includes

- Training on Core Competencies
- A Self-Assessment Tool
- An aggregate report on all providers so that they compare the total to their own agency's responses.

# One-Day Training

- Offered two different times:
- March 14<sup>th</sup> 9 AM at CMHC and March 15<sup>th</sup> at CVH;
- Targeted to CEOs, Clinical Directors, and Financial Directors of agencies considering ACT and Community Support
- Focus on key competencies needed for a successful transition to MRO
- Detailed instructions for using readiness self-assessment tool
- Will replace March provider meeting

# Self Assessment Focus Areas

- **The Core Competencies:**
  - Governance and Leadership
  - Access and Intake
  - Clinical Operations & Services
  - Billing and Financial Management
  - Compliance
  - Management Information
  - Outreach

# Self Assessment Tool

- Will be reviewed at on-site training
- Will involve an on-line data reporting system
- Will need access to internet; can be done from any location; will be password protected

# State-Operated Providers

- Are engaged in a parallel assessment process.
- Reviewing financial, billing processes, registration for clients etc.
- Reviewing clinical services, treatment planning processes eligibility assessments, internal UM etc.

# Registration for the Training in March

- Registration materials: We will e-mail them within the next week
- Return them by e-mail to [carol.r.smith@po.state.ct.us](mailto:carol.r.smith@po.state.ct.us) or call and leave a phone confirmation at 418-6844,
- Pick the site and then list the
- Name of attendees, agency and phone number