



Rehab Option Provider Meeting

June 28, 2006

Review

- Authorized by Legislation to re-write the Medicaid State Plan Amendment (SPA) and create the Rehab Option, notably ACT and CSP
- Date: SPA is due on December 31, 2006
- CMS takes 90 days to review and send back their questions and it's 90 days for CT to answer; earliest date is Aug or Sept of 07.
- DMHAS is focusing on what is needed to implement the Rehab option within the Department and the Provider network.
- The Rehab Option (itself) is goal focused rehab treatment paid for partially by Medicaid and partially through DMHAS dollars

[Staff Additions]

- Wayne Dailey 418-6918
- Jim Sieminowski 418-6810
- Abel Rommer 418-6763

Client Profile Review

- LOCUS Review (A. Assoc., of Community Psych)
- Evaluating 6 dimensions:
 - Risk of harm
 - Functional Status
 - Co-morbidities
 - Recovery Environment
 - Treatment and Recovery History
 - Engagement
- **Clients were rated in these dimensions and a high score potentially meant an ACT Level of Care.**

Results

- 2,153 clients were reviewed: both adults and young adults;
- 1100 clients were identified as needing ACT services: some because of the total score and some because the risk of harm/functional status and co-morbidities was rated high.
- In this group were clients that are currently being seen in other programs such as crisis or case management, homeless teams and jail re-entry programs as well as the current ACT teams

ACT Teams

The decision where to house ACT teams has not been made but;

- The largest number of ACT clients are in the Cities or where the hospitals have closed.
- We anticipate both small and large teams and monitor the number of clients and the services: We think 10 to 12 teams
- Our concerns: Recovery and Resiliency and how to foster re-entry to CSP teams when needed.

**The clients on ACT can only get services on ACT teams so the linkages back to the community need to be well thought through.

Fiscal and Service Data

- In order for rates to be set we need to determine what it is costing us now to buy similar services;
 - Contract amounts
 - Client contacts or service data
 - Time studies
 - Site visits
 - Salary Survey
 - Billable vs. non billable services, best guess
 - Fiscal Spreadsheet

[Visit Tool]

- Questions:

- Review of 5 medical records to determine codes and current documentation
- What are you using grant monies for? What programs is it supporting?
- Service numbers
- Same process discussion for case management/ACT/Housing programs/YAS
- Best guess on Medicaid Billable vs. non-billable

[Provider Readiness Review]

- Draft Recommendations: 40+ providers
 - Review all IS capacity
 - Develop a local process to discuss IS issues
 - Begin to develop a resource library
 - Identify regional partners and regional cooperation for solutions to “Back Office” functions
 - Develop a Training Plan.
 - Continue to work on policy and design issues
- Strategy Board Request

[System Design Issues]

- Development of Core Clinical Providers and Specialty Providers,
- Certification in one of these entities by DMHAS,
- Issue of clinical home and medical necessity,
- Development of Treatment plans with broad recovery goals for core agencies and specific recovery goals for rehab service providers,
- Contracts and affiliation agreements between agencies that allow for the flow of treatment information
- Use of an ASO to manage client flow and service needs and collect system data

[New Thinking]

- Pilots: given the amount of time and the number of changes should we create several pilot situations
- State operated LMHA's with affiliated agencies and PNP agencies
- Providers would be evaluated as to what's needed
- Training etc.
- Go-live in Jan (maybe)

Peer Supports

- Training using the SAMHSA toolkit
- By SAMHSA staff
- Have the use of the SAMHSA staff for 10 days prior to October
- Continuing to develop: peer job descriptions, mutual support definitions, peer ethical statements, consumer businesses, etc