

MRO Provider Meeting

May 2006



Time Line Reminder

- SPA by December, 2006
- Submitted to CMS, who have 90 days to respond
- CT has another 90 days to respond to their questions
- Earliest date for implementation is August of 2007

System Issues

- Clinical Home for clients in comprehensive agencies where treatment plans are developed and monitored
- Linkages between clinical homes and specialty rehab providers
- Only one agency can provide community support to a client at one time, how can this process be maintained or monitored

Provider Readiness Survey Data

32 agencies
responding



Services

- 26 provide case management
- 12 provide intensive case management
- 11 provide ACTT
- 10 provide Young Adult ACTT
- 20 provide Supported Housing

Clinical Providers That do Assessments

- Only 6 (of 20) include all 4 elements in assessment
 - 16 use a consistent form
 - 16 complete within 30 days of admission
 - 6 use a functional assessment
 - 16 have all 5 DSM axis
- 18 include diagnosis AND preliminary tx recommendations (could serve as MTP for initial referral)
- 12 can provide assessment appointment with 10 days of first call/referral

Billing HIPAA compliant forms

- YES: 25 of 32 do some billing
- BUT,
 - 6 state-operated LMHAS bill through DAS
 - 7 agencies only use EDS software for billing
- Of the 8 with no billing and 7 with only EDS, all are specialty
- SO, Only 1/3 have significant billing experience and software/infrastructure

Billing & Cash Flow

- 75% of services turned in with 2 business days? 12
- Cash Reserves
 - At least 30 days: 17
 - At least 60 days: 14
- Only 8 have calculated costs per unit
- 17 have productivity standards; 13 have actual productivity of 50% or more

Compliance

- 15 have a compliance plan
- 14 ensure that all services are on a tx plan
- 12 have a process to ensure notes for billed services
- 14 have process to monitor compliance with payor/regulatory requirements
- 12 have Written plan to ensure medical necessity
- 19 have Process to ensure credentials consistent with payor requirements

Information Systems

- 23 can track client demographics & billing info
- 80% employees have access to work station & email : 26
- 14 Track tx plan dates
- 21 includes payor & eligibility
- 14 deliver productivity reports within 15 days
- 14 have sufficient resources for *ad hoc* reporting

CM & SH Treatment Plans

- 19 of 25 that offer supported housing develop treatment plans from assessment & diagnostic data.
- 20 coordinate CM & SH plans with a client's other treatment plans
 - 18 through case management as part of a master treatment plan
 - 15 through sharing individual treatment plans
 - 16 through a meeting

So What Can Providers Do Now?



Changes Needed:

- All agencies need to be able to move to a fee for service environment (FFS);
- All agencies must learn how to bill; develop an infrastructure and change clinical practice;
- All consumers must have a clinical home;
- Clinical homes must be comprehensive agencies.

Changes

- Monitor staff productivity and not caseloads or slots
- Monitor assessments, treatment plans and on-going reviews
- Practice changes to include rehabilitative activity;
- Documentation is goal oriented and based on the treatment plan
-

Improve Documentation

- **What goal are you working on?**
- **What was the intervention?**
- **How did the consumer respond?**
- **What are the next steps?**

Now!!!

- Learn how to do functional assessments
- Learn how to create treatment plans that are based on client's functional needs
- Learn how to create incremental rehab programs for individual clients and create goals that reflect this information

Move to Clinical Supervision

- Identify who in your organization can do clinical supervision;
- Use scheduling systems to book and track clients;
- Use clinical tracking sheets and treatment plans to supervise;

Consumer Training & Input



Consumer Training and Input

- 41 Consumers are in 5 days of training this week in a curriculum that is used to certify consumers as service providers
- This cohort will establish a similar curriculum and process for Connecticut to actually certify consumers
- Continuing work on growing peer supports as a service, eventually as a Medicaid billable service