

# Provider Readiness Survey Workgroup

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Meeting April 27, 2006

# Workgroup Purposes

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- Review and analyze data from provider readiness survey process
  - Make recommendations on priorities for infrastructure support
    - Develop criteria
    - Identify categories and types of support
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# Context

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- Legislative mandate, state plan amendment by December 31, 2006
  - Two services: Assertive Community Treatment and Community Support
  - DMHAS now also exploring possibility of adding Peer Support
    - Stand alone service
    - Credentialed staff
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# Work to Date

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- Services Workgroup
    - Drafts of two services, available on DMHAS website
    - Included providers, consumers, and OOC staff
  - Client Profile Workgroup
    - LOCUS
    - Data being analyzed now from adult ACT clients, other “high utilizers”, and YAS clients
  - DMHAS & DSS Policy work – ongoing
    - Incorporates self-education & research
    - Identifying direction & how it fits in with overall vision of DMHAS
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# Readiness Self-Assessment & Data Process

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- Three trainings on operational competencies (slides on website)
  - Survey completed by providers, entered into web
    - Some faxed to NCCBH for entry because of difficulties
  - Data being extracted for initial analysis and presentation
  - Workgroup evaluate
  - Ongoing use of data for training and planning
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# What we have learned in other states: Cash Flow

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- ❑ Highly dependent on state contracts/\$\$
  - ❑ Limited liquid assets/cash reserves
  - ❑ Serve high levels of Medicaid recipients
  - ❑ Limited productivity management
  - ❑ Financial analysis & skills for FFS market
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# What we learned in other states: Medical Necessity

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- Compliance systems underdeveloped
  - Internal controls underdeveloped
  - Entire process -- assessment, treatment planning, intervention planning, documentation – underdeveloped
  - Documentation insufficient
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# What we learned in other states: Change practice

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- ❑ Recovery and resiliency concepts not well integrated into practice
  - ❑ Supervision strategies ineffective for changing practice
  - ❑ Clinical process and links among providers around treatment plan need strengthening
  - ❑ Limited community based services
  - ❑ Incorporate skill building, functional assessments and other rehab methodologies
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# What we learned in other states: Infrastructure

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- ❑ Limited billing systems
  - ❑ Limited IS resources
    - Reports
    - Schedulers
    - Tracking internal controls
  - ❑ Half to two-thirds of providers, with TA, training, and ongoing supports, will be well prepared for transition
  - ❑ About 1/3 – 1/2 of providers significantly unprepared for transition and will require intensive supports over time
  - ❑ Business Office Practices
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# What we learned in other states: Capacity Management

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- Waiting Lists
  - Long Intake Times
  - Closed Back Doors
  - Staffing Patterns
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