Points of Entry: Role of the LME/MCO in Helping People Access the Right Mental Health Care

Leza Wainwright, CEO
East Carolina Behavioral Health
January 24, 2014

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Topics

- Functions of the LME/MCO that relate to access to the appropriate care
- Other ways people may access care – preferred and not
- How LME/MCOs coordinate with other systems to help people access care

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

LME/MCO Functions/Departments Related to Access

- Call Center/Access Department/Screening, Triage and Referral (STR)
- Care Coordination/ Transitions to Community Living (DOJ)
- Customer Service
- Utilization Management
- Network Operations
- System of Care

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Call Center/Access/STR

- LME/MCOs operate 24/7/365 Call Centers staffed with licensed clinicians
  - LME/MCOs respond to an average 42,000 calls monthly from people seeking access to services
  - Perform telephonic assessments, determine the urgency of the caller's needs, and arrange for services
    - May involve direct telephonic crisis counseling if person reports homicidal or suicidal thoughts
- Access standards:
  - Emergent: face-to-face emergency care within 2 hours
  - Urgent: face-to-face assessment within 48 hours
  - Routine: face-to-face assessment within 10 days

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Care Coordination

- Licensed clinicians serving as mental health/substance use disorder care coordinators work to help people become actively engaged in treatment.
  - Assess individual's needs and determine appropriate level of care for referral to service providers
  - Follow up on individuals with multiple ED visits who do not routinely access community-based care
  - Participate in discharge planning activities for individuals in inpatient/residential level of care to ensure linkage back to community provider.
  - Follow up on all inpatient readmissions to determine why previous discharge plan did not prevent readmission and assist people with locating the right provider to meet their needs and continue with the person until they are actively engaged
  - Track medication utilization and access to physical healthcare to intervene to prevent future crisis events

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Transitions to Community Living

- TCL (DHHS/DOJ Settlement) staff are a specialized subset of care coordinators
  - Focus on people who are living in Adult Care Homes or who may be admitted to an ACH following a hospitalization.
  - In addition to licensed clinicians, team includes peer support specialists who provide the benefit of lived experience

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Customer Service

- Assist consumers and families to "navigate" the system and engage in services
  - Provide information on providers and explain options
- Receives and investigates complaints against providers and the LME/MCO to ensure quality
- Maintains "Registry of Unmet Needs" to document people waiting for specific services
  - Predominantly people with I/DD waiting for an Innovations Waiver slot, but occasionally may include a request for a residential option for a person with a mental health need.

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Utilization Management

- Much more robust function than simply approving or denying treatment authorization requests
- Licensed clinicians monitor effectiveness of treatment and recommend alternative services if treatment goals are not being met
- Through Peer Reviews, LME/MCO physicians and psychologists discuss individual consumer treatment needs with provider clinical leadership
- Also track medication and medical services utilization for individuals assigned a care coordinator

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Network Operations

- Ensures adequate network of qualified providers
  - Performs network capacity study and gaps and needs analyses to identify gaps in service access and availability
- Monitor providers for quality and for ease of access
  - Ensure providers are not "cherry picking" – denying access to care for reasons that are not clinically legitimate
- Work with providers to increase utilization of and access to Evidence-Based Practices to provide most effective treatment
- As Waiver implementation matures, work with providers to design alternative payment methodologies that ease access to services for consumers by reducing administrative burden

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

System of Care

- All LME/MCOs have child SOC coordinators; some have expanded to include adults as well.
- Work to coordinate the activities of all agencies serving children (and adults, where applicable)
- Work to educate community partners on ways people may access services
- Problem-solve barriers to access in individual communities; encourage agencies to pool/coordinate resources to address barriers.
- Educate community to reduce the stigma of accessing services; goal to encourage people to seek services when needs are lower, rather than wait for crisis

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Other Ways People Access Care

- Preferred:
  - Approach a provider directly, without going through the LME/MCO – "no wrong door"
    - All LME/MCOs offer a certain number of outpatient visits that do not require prior authorization so people may see a therapist with no action required by the LME/MCO. Some LME/MCOs make other services available without PA to assist in access.
  - Contact Mobile Crisis directly in emergency situations
    - All LME/MCOs have contracts with MC providers
    - 6 month "snapshot" at ECBH, 1035 MC calls:
      - 868 (84%) stabilized "in place" and referred for community treatment follow-up
      - 86 (8%) admitted to community inpatient bed
      - 40 (4%) referred to hospital ED
      - 33 (3%) to detox or FBC
      - 8 (<1%) to State hospital

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Non-Preferred Way to Access Care

- Emergency Department
  - Roughly 50% of hospital ED admissions for mental illness are people who were previously unknown to the system
  - Some people go to ED for reasons other than treatment
    - Clean, safe, temperate environment with food
    - Drug-seeking behavior
  - EMTALA issues make it extraordinarily difficult to divert someone to lower level of care once in ED
  - Per DMH/DD/SAS reports, between 2.9% - 3.6% of admissions in community EDs each quarter from July 2008 – June 2013 were for primary MH/DD/SA diagnosis

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

How LME/MCOs coordinate with other agencies to improve access to appropriate care

- Hospital Inpatient units
  - Emergency care for Medicaid recipients is mandatory under the Waiver, so even if a LME/MCO does not have a contract with a particular hospital, they must cover the cost of the emergency inpatient stay for a Medicaid recipient
    - As a result, most LME/MCOs have entered into contracts with most in-state and border hospitals
  - 3-Way hospital funds have strengthened LME/MCO relationships with hospitals for indigent care
  - Care Coordinators work with hospital social work staff on discharge planning
  - Some LME/MCOs and hospitals working together to plan for special needs populations

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

- Hospital Emergency Departments
  - LME/MCOs responsible for paying for care by Medicaid recipients in EDs – has greatly increased communication
  - Most LME/MCOs have a mechanism to alert them to people "stuck" in the ED awaiting treatment; care coordinators and other staff work to assist ED personnel to find appropriate disposition
    - ECBH leadership receives twice daily "watch list" of people who have experienced or may be expected to experience a lengthy ED stay
    - Most common reason for long ED waits:
      - Children/Adolescents – shortage of child/adolescent inpatient beds
      - People with mental illness/behavioral issues and I/DD – challenging to serve, many providers not equipped to handle

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

- Law Enforcement
  - Crisis Intervention Training (CIT) – all LME/MCOs offer program to train law enforcement on how to deal with people in crisis
    - Goal to ensure safe, humane contact and prevent incarceration whenever possible
    - ECBH implementing a multi-week CIT training to make it easier for small departments to participate
  - Many LME/MCOs engage in other kinds of jail diversion activities
  - LME/MCOs assist sheriff's departments and municipal law enforcement to access treatment for incarcerated individuals with treatment needs.

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

- Courts
  - Special programs to offer alternatives to incarceration for certain populations, i.e. TASC and MAJORs
  - Recruit and arrange training for clinicians to serve as forensic evaluators
  - Work with courts to identify appropriate treatment alternatives, especially for children
- Social Services
  - Collaborate through Work First initiative to secure SA screens and treatment for individuals with SA needs
  - Ensure children in Foster Care and Special Needs adoptees receive appropriate treatment
  - Collaborate to appropriately respond to Adult Care Home issues
  - Primary partner, with schools, in Child SOC collaboratives

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

- Schools
  - With DSS, primary partners in Child SOC
  - Work with schools to secure appropriate treatment for children identified with needs
    - ECBH has developed program of embedding clinicians in schools – eases transportation problems and stigma
  - Network Department ensures that providers offering Day Treatment programs collaborate appropriately with school
  - Care Coordinators work with schools to ease transition for children returning from out-of-community placement
- Public Health Departments
  - Collaborate to access physical healthcare for indigent consumers
  - Identify consumers at risk of MH/SA issues to prevent escalation, i.e. pregnant, substance abusing women

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Summary

- LME/MCOs' primary goal is to assist people with mental illness and substance use disorders to achieve recovery and for people with I/DD to achieve the maximum degree of independence.
  - Achieving that goal begins with access to care.
  - Mantra: right service, for the right person, at the right time and in the right amount.
- LME/MCOs work with a variety of partners to open access to services.
- This presentation focused on access to treatment, but we know that access to other services – housing, employment, social engagement – are key to recovery and independence and we work with multiple partners to achieve those goals, as well.

ecbh
EAST CAROLINA BEHAVIORAL HEALTH

Questions?

ecbh
EAST CAROLINA BEHAVIORAL HEALTH