

The Implementation of Local Management Entities

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Content of the Presentation:

- Background for the review
 - Major findings and recommendations
 - Answer questions from the LOC members regarding the review report
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Background:

- ❑ The DMHDDSAS requested the LME review
 - ❑ Scope of work: environmental scan and targeted review of LME implementation experience
 - ❑ Issues outside the scope of work
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The Environmental Scan

- Selection criteria
 - States selected: Georgia, Ohio, Pennsylvania, and Texas
 - Other examples: New Mexico, Arizona, and Washington
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The Environmental Scan: Major findings

- ❑ No state has a perfect model nor has had trouble-free reform
 - ❑ Level of authority between state and counties is not always balanced
 - ❑ Managing Medicaid and non-Medicaid
 - ❑ Major barriers to reform
 - ❑ Comparison: clarity of governance, balance of power, managing change, improved services to consumers
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The Environmental Scan: Lessons

- ❑ Most system reforms take time, and the result may not be realized for years
 - ❑ Managing service gaps requires strong state stewardship
 - ❑ Involving counties is critical to the reform success
 - ❑ The need to develop expertise in public/private partnership
 - ❑ Managing provider network requires serious attention
 - ❑ Old habits do not disappear
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The LME Review: Background

- ❑ Criteria: geographic and structural diversity, varied history of development, not in the process of merger
 - ❑ Selected LMEs: Durham, OPC, Five-county, Southeastern, Crossroads, Sandhills, Western Highland
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Focused LME Implementation Tasks:

- Planning
 - Consumer Access
 - CFAC development
 - Divestiture
 - Provider network development and oversight
 - Consolidation
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Unresolved issues:

- A common vision for LMEs
 - UR function for Medicaid funded MHDDSAS services
 - Consumer Access
 - Other issues to be identified by the public partners
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Findings: Strengths

- More funding support
 - CFAC development and consolidation
 - Small and incremental improvements
 - Creative solutions at the local level
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Findings: Weaknesses

- ❑ Taking eyes off consumers
 - ❑ Pace of change—too fast and not well managed
 - ❑ Uneven LIME performance and inadequate tools to be effective
 - ❑ LMEs need to develop common agenda
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Recommendations: Immediate

- ❑ Open dialogue, improve communication among the public partners
 - ❑ Consolidate LME functions, beginning with business functions
 - ❑ Develop program solving agenda
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Recommendations: Short-term

- Improve consumer access
 - Improve state hospitals/facilities and LME collaboration
 - Increase capacity for SA providers and crisis services
 - Review the status of LMEs yet to be divested
 - Address DD issues
 - Develop workforce for urban and rural NC
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Recommendations: Mid-term

- Develop rural delivery model
 - Study the pros and cons of pursuing additional Medicaid waiver
 - Undertake regulatory reform and paper work reduction
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Issues not addressed in the report:

- How are all the 25 LMEs doing?
 - What is the extent of capacity building at the state and local level?
 - How can counties become more engaged?
 - Are there multiple strategies to implement the system reform?
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THANKS!
