

LME Role in the Closure of Level III and Level IV Group Home Facilities Statewide

The State Legislature currently has a provision in Senate Bill 202 calling for the elimination of Residential Level III and Level IV services for both Medicaid and state funded children and adolescents. Although these closures were precipitated by the current economic crisis, they closures are in line with best practice guidelines and demonstrate the state moving forward to implement best practices with this population. However, the closure of these group homes across the state has the potential to create placement crises for mentally ill children if discharge planning is not conducted in a systematic, coordinated manner.

The Local Management Entity (LME) needs to take the leadership role in the community to oversee the transition for these youth. The LME is the entity with the knowledge and understanding of the local market, capacity and service limitations within the system. Strong leadership will be required to ensure that all children receive medically necessary services in a timely manner with minimal disruption. It is imperative that child-serving agencies such as DSS, DJJDP, community support providers and the Juvenile Court System partner with the LME to identify all available resources and placement alternatives and assist in the transition efforts. It will be imperative to develop additional capacity within community based services and identify the resources available to facilitate this development.

The network development function needs to be addressed by each LME specific to their catchment area.

The following represents a proposed timeline of activities required for all LMEs:

By the end of July:

System Actions

- Identify and notify each Level III and Level IV provider, via the attached proposed letter, regarding the special legislative provision and timelines
- Request updated authorization information from DMA including name of current community support provider.
- Individually assess each Level III and Level IV provider in your LME area to determine:
 - How many children are they currently serving
 - Ongoing viability plans
- Schedule July meetings with local DJJDP, DSS and Juvenile court personnel to discuss the special provision, local community response including potential service limitations in each catchment area
- Identify Level III and Level IV out of state placements utilized by your LME and begin to develop alternative placement plans

Individual Consumer Actions:

- Identify community support provider for each consumer
- LME Care Coordination/Care Management staff to triage consumers by severity of need – this may include the review of the PCP and/or ITR or other clinical information gathered by the LME
 - SOC coordinators and Care Coordination staff to work jointly to manage the process
 - SOC coordinators to provide regular updates to state SOC Coordinator
 - Once clinically triaged, this targeted group will require continued LME monitoring throughout the transition

- LME Care Coordination staff to contact CS providers of high needs consumers to request updated PCP using the proposed attached letter and to provide clinical consultation regarding appropriate placement alternatives. Care coordinators will inform CS staff of additional 24 hours of community support over 90 days to develop discharge plan and to coordinate Child and Family Team Meeting. Care coordinators will ensure CS providers' awareness of expedited VO process for authorizations.
- LMEs will participate in the CFTs convened by the community support providers on an as needed basis determined by the triage process
 - SOC Coordinators to provide guidance to providers on the CFT process that maximizes family involvement and considers short timeline for planning
 - LMEs will track outcome of all CFT meetings
- Notify DSS regarding children in custody who will need an alternative placement via the attached letter
 - LME staff will need to work closely and collaboratively with DSS and DJJDP as well as other involved agencies
- Publicize with providers VO process for service authorization "fast tracking" process

By the end of August:

System Issues:

- Develop a data base designed to track timelines, locations and placements for all Level III and IV consumers
- Identify and meet with Intensive in-home, day treatment and Level II providers to assess capacity for additional consumers and determine ability and timeframes to increase capacity.
 - Communicate expedited process for VO authorization for consumers entering services as a result of stepping down from a Level III or IV placement
- Meet with DSS to determine ability of regular foster families to become therapeutic providers
- Identify one to two Level III providers who are nationally accredited and have a positive reputation who could become a short term crisis stabilization resource for selected difficult to place consumers as part of a transition plan post October 2009
- Develop authorization process for local crisis beds with selected Level III providers (if IPRS payment will be utilized)
- Identify and develop a plan in conjunction with potential Level IV providers who could convert to PRTF and/or child facility based crisis

Requests from VO:

- Link list of consumers to community support providers
- Expedited process for authorizations for Level II, day treatment, intensive in home for consumers transitioning
 - Clearly communicate with all providers the processes developed

Request from DMA

- Licensing process for crisis beds
- Payment for crisis beds
- Confirmation of process from VO of fast tracking authorizations

- Manage any legal response from providers based on the closing of homes
- Identify guidelines regarding EPSDT

Considerations:

- There needs to be a primary authority that is clearly identified by DMH/DD/SAS and DMA as having strategic control of process i.e. the responsible LMEs
- Time lines must be consistent with proven transitions strategies – LMEs need to share knowledge and experiences on topic
- Inherent costs of transition need consideration:
 - Additional CSS hours
 - Expansion of alternative levels of care e.g. Level II's, Intensive In-Home, MST, etc
 - Consideration of delay of rate reductions for specific services identified as alternative resources
 - Possible cost shifting from Medicaid to State and/or County funding
- Possible streamlining or elimination of the PCP due to the eventual elimination of community support providers