

Accessing MH/DD/SA Care

To This Point

- January 19, 2006 the first Implementation Memo was released announcing the implementation of the new enhances services.
- Enhanced services became effective March 20, 2006
- Since the implementation there have been many accomplishments
 - Expanded access and served more consumers
 - Implemented full array of best practices, evidence based mh/sa services
 - Implemented a provider endorsement process
 - Use of authorization data, paid claims, outcome data to guide policy and provide foundations for discussions
 - Implemented a person centered approach to service delivery
 - Addressed Due Process

To The Point (cont.)

- Over the last 15 months, the system has faced challenges as well
 - Learning new services
 - Endorsement procedures
 - Medical Record Audits
 - Statewide Authorization vendor issues
 - Post payment reviews
 - Questionable quality of providers
 - Rates
 - Barriers to accessing various services
 - Training requirements and access to training

Today

- DMH/DD/SA and DMA have worked together on reviewing all aspects of mh/dd/sa services
- There have been a variety of means to gather feedback from stakeholders – and the feedback has been both positive and negative
 - Meetings, conferences, focused workgroups, review of documents, public forums,
 - Complaint investigations, onsite reviews
 - Review of data, provider profiling, utilization patterns
- Take Action
 - Recommitment to Transformation

Objectives

- Participants will:
 - increase their knowledge of person centered thinking
 - increase their knowledge of “nuts and bolts” of accessing mh/dd/sa care.
 - understand the role of Screening, Triage and Referral
 - understand the role of assessments in the development of a person centered plan
 - understand timelines and requirements of prior authorization and utilization review
 - understand the minimum requirements for compliance for payment
 - increase their knowledge of EPSDT (Early Periodic Screening Diagnostic and Treatment)
