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MCO Communication Bulletin #J118

Date: January 12, 2015

To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA

Subject: Access to Care Report

The purpose of this bulletin is to clarify and revise the LME-MCO Call Center Access to Care Report instructions and template, in order to improve the quality and comparability of the data reported. Clarifications and the new template are attached.

In January, 2014, the Access to Care report was streamlined to focus on timely access for persons in need of MH/DD/SA services who contact the LME-MCO call centers. DMH/DD/SAS staff worked with LME-MCOs during 2014 to understand the data and how LME-MCO business practices impact the report. LME-MCO participation has been strong, and an indispensable part of this process.

Data reported in the revised format has continued to show variances due to differences in business practices and interpretations of the report instructions. Based on a series of individual and group conference calls, the attached LME-MCO Call Center Access to Care Report Clarifications and Revisions document was developed (see attached). DMH/DD/SAS is striving for consistency of data reported across LME-MCOs, and will then revise the performance standards for timely access to care for Emergent, Urgent and Routine callers.

Access to Care performance measures are intended to reflect how well individuals can access services across the entire system of care managed by the LME-MCO. Positive treatment outcomes and engagement in services have been attributed to timely access to care. Therefore, the Division considers these measures very important. During the individual conference calls, LME-MCOs described many techniques they are using to improve the timeliness of access to care, including:

- sufficient and timely intake capacity within the provider network;
- providers who are able to do intake assessments on a same-day basis, after hours and/or on weekends;
- providers who are in geographically accessible locations;
- positive consumer engagement and motivational interviewing to promote follow-through;
- good follow-up and reminder procedures by LME-MCO call centers and providers; and
- timely access performance requirements for providers.

Please review the attached document for clarifications and revisions to reporting. There was general agreement for most of these items.

- Item D had less consensus, but the DMH/DD/SAS continues to support the face-to-face contact requirement found in statute and our contract.
- Several LME-MCOs recommended resuming reporting of appointments offered but not accepted by the caller. This was not added as it is not part of the performance standard, and an effort is being made to keep reporting as streamlined as possible. This data may be useful internally to the LME-MCO, but is not needed at the state level.
- Regarding item C, some LME-MCOs requested that the Triage Status be allowed to change if the responding provider assesses the situation differently. A decision was made to report the Call Center triage assessment. Behavioral Health Urgent Care providers report their Triage Status on the Behavioral Health Urgent Care report, and Mobile Crisis providers will report their Triage Status when the Mobile Crisis report is revised and resumes.

There were also many requests to change the Urgent call timeframe from two to three days. However, the Department continues to support requiring the provision of services within two days for individuals who "present a moderate risk or incapacitation in one or more areas of safety or physical, cognitive, or behavioral functioning related to MH/DD/SA problems," as specified in the contract. More specific guidelines for triaging *Emergent*, *Urgent* and *Routine* are being developed for consideration with input and documents supplied by LME-MCOs and crisis providers.

The revised instructions and template are to be utilized for the January-March 2015 reporting period (for the report due April 30, 2015).

- It is understood that, depending on current business practices, not all changes may be in effect January 1, 2015.
- LMEs should describe in the report *Note* section any areas where the data does not reflect the revised instructions. For example, if the call center begins separating Emergent-Community Provider from Emergent-911 effective February 1, 2015, it should be noted that this is the case and Emergent-911 triage is included with the Community Provider numbers for January's events.

The DMH/DD/SAS' intent is to have all LME-MCOs reporting consistent data beginning with the full period of SFY15-Q4, and to achieve this by implementing the changes and resolving any issues during the January-March reporting period. Once there is consistent reporting, new performance standards will be set. DMH/DD/SAS staff will arrange a follow-up conference call in late January to get an update on progress. Thank you for the significant time your LME-MCO staff have spent participating in conference calls regarding this report.

If you have questions or concerns, please contact Spencer Clark at Spencer.Clark@dhhs.nc.gov or (919) 733-4670, or Patsy Coleman at patsy.coleman@dhhs.nc.gov or 919-733-0696.

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