DMH Crisis Care System Utilization Management

Utilization Management Technical Assistance Call

February 26, 2013

Review of DMH Intent

DHS/DMH's intention is to replace the services previously provided by the SOHs with a re-balanced service system that is:

- Focused on individualized, person-centered services aimed at realizing the recovery of each individual receiving services and his/her integration into their home community;
- Guided by tenets of trauma-informed care;
- Outcome-validated;
- Designed with incentives for intervening in mental health crises or potential crises at the earliest opportunity possible in order to minimize exacerbation of symptoms and problems for the individual as well as system reliance on more restrictive and expensive services;
- More community-based with services provided in the most normalized and least restrictive environment possible, achieving, over time:
  - Reductions in presentation to community hospital emergency departments for mental health/psychiatric services;
  - Reductions in mental health institutional, hospital and residential treatment admissions.

Challenges during initial implementation

- Lack of infrastructure
- Emergency Department physicians insistent on hospital level of care

Experience since implementation

- Utilization of hospital level of care is exceeding projections based on analysis of population
- Utilization of lower levels of care is far less than expected
- EDAs report that they need support for referring to lower loc's

Clarification of Exclusionary Criteria for CHIPS

- The individual's response to current treatment reflects that a less intensive or less restrictive psychiatric treatment program would not be adequate to provide safety for the individual or others or to improve the individual's functioning.

This means that if an individual can be safely maintained and effectively treated at a less intensive level of care, authorization for reimbursement of a higher level of care will not be provided.

Clarification of Exclusionary Criteria for CHIPS

- The individual has significant medical conditions which are poorly controlled or potentially life threatening.
- The individual has been diagnosed with serious mental illness, but is NOT experiencing an acute exacerbation of the illness which would require inpatient care.
- The primary problem is social, economic (e.g. housing, family conflict, etc.) or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care.

New enforcement of LOCUS recommended level of care

- Consistent with the design of LOCUS, DMH has instructed the Collaborative to begin to utilize the recommended level of care scores as follows:
- Level Four – Medically Monitored Non-Residential Services = Acute Community Services
- Level Five – Medically Monitored Residential Services = Crisis Residential
- Level Six – Medically Managed Residential Services = CHIPS or SOH

Reminder of Appeal Process

EDA &CCM

- Clinical Care Manager (CCM) informs EDA that individual does not meet MNC for LOC authorization
- EDA appeals the decision

CCM &SOH

- CCM calls State Operated Hospital physician to provide clinical details
- SOH physician contacts EDA/ED physician to discuss details

SOH &EDA

- SOH physician makes decision
- SOH physician informs CCM, EDA of decision within 90 minutes