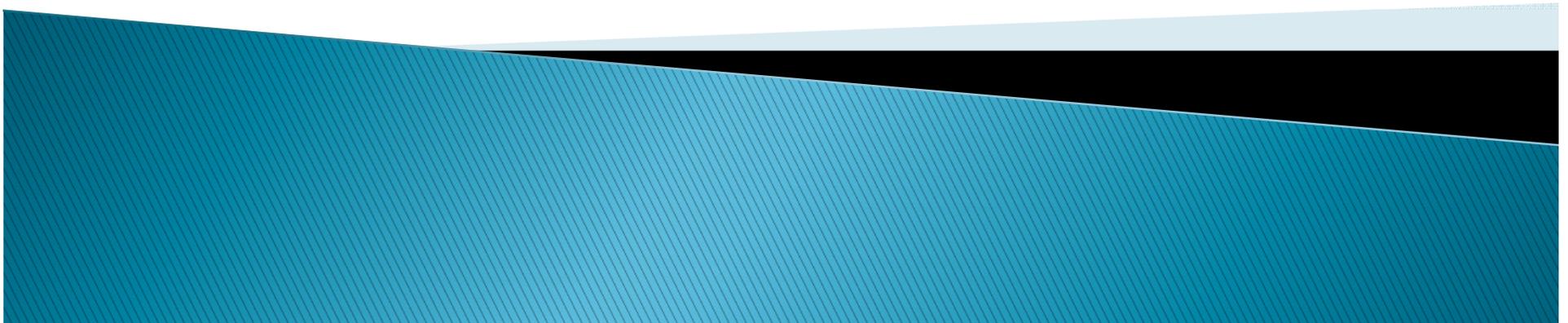


Manage Care Delivery System Medicaid Mental Health Services

NAMI Idaho
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Assessment and Eligibility

Eligibility—current Medicaid eligibility with no loss of service.

- Establish Seamless re-enrollment practices.
- Establish policies that work to quickly determine eligibility in times of mental health crisis.

Assessments

- Qualified mental health professionals.
- Current DSM IVR criteria.
- No barriers to necessary and timely treatment.



Necessary Services

Idaho Medicaid mental health services should value and support services that:

- Emphasizes community based, recovery oriented services.
- Encourage peer and family empowerment.
- Invest in evidence based promising practices.
- Support integration of physical health, mental health and substance use disorder treatment.



Necessary Services

- Establish standards of care including choice of providers, geographic access, and medical necessity definition.
- Support people in crisis and help them to re-establish a life of recovery.
- Cover services that are clearly defined and easy to access.
- Addresses issues of rural and frontier areas.



Necessary Services

Maintain open access to mental health medications.

- Medications are a powerful tool in treating mental illness.
- One size does not fit all.
- Safety and healing should drive treatment.



Provider Qualifications and Delivery Systems

The provider network should include well trained mental health providers in numbers and locations adequate to provide timely and accessible services.

- Idaho has been identified as a mental health professional shortage area.
- Use of Peer Specialist.
- Reimbursement rates must be adequate to ensure availability of quality services in all regions.



Quality Assurance and Data

Must have specific criteria that are measurable for determining the quality of the services.

- **System Performance** – availability of services, utilization levels, and rate of critical incidents.
- **Clinical Performance** – symptom improvement, hospital diversion rates, quality of life improvement (housing, employment, relationships).
- **Administrative Performance** – consumer satisfaction surveys, service appeals, service denials, complaints/grievances.
- Data reports must be made available in a timely fashion.



Financial Accountability

- Medical Loss Ratio.
- Prompt claim payment standards.
- Incentives that support quality of care.
- Incentives to reinvest earnings.
- Pay for performance.
- Bench marks.
- Sanctions and penalties.



Stakeholder Engagement

- Engage peers and families as advisors and subject matters experts.
- Use peers and families to educate others on health plan practices, member rights and responsibilities.



Transition is Key to Success

Implementation of managed care system must be carried out pursuant to a well developed transition plan that:

- Establishes a transition structure.
- Follow communications protocol.
- Train consumers and providers on the system.
- Ensures existing individual in the current system successfully transitions without disruption treatment.
- Transition closely monitored by DHW.



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