

MISSOURI HOSPITAL ASSOCIATION
PSYCHIATRIC NETWORK
MINUTES OF MEETING
2 p.m. Wednesday, November 10, 2015
Tan-Tar-A Resort

MEMBERS/REPRESENTATIVES PRESENT

Marsha Morgan, Chair
Carri Compton
Al Greimann
Alyson Wysong-Harder
Angela Igo
Christinia Jepsen
Amanda Larsen
Cara Macaleer
Helen Miller
Mickey Mitchell
Patty Morrow
Teri Ragsdale
Regina Shaffer
Tom Stalf
Lesa Stock
Tracie Walker
Julie Wanager

TELECONFERENCE

Dennis Anderson
John Eiler
Dayna Harbin
Virginia McConville
Susan Mathis
Robert Reitz
Terry Trafton
Felix Vincenz
Roy Wilson
Bonnie Woods

OTHERS PRESENT

Kara Wilson-Bauer, DSS
Sharon Burnett, MHA
Rick Gowdy, DMH
Valerie Huhn, DMH
Daniel Landon, MHA
Carla Mitani, DMH
Steve Renne, MHA
Kathy Schafer, DMH
Crystal Wilson, DSS

WELCOME AND INTRODUCTIONS

Marsha Morgan, Chair, convened the meeting at 2 p.m.

MINUTES OF THE JULY 5, 2015 MEETING

Minutes were reviewed and approved as written.

ELECTION RESULTS

Morgan announced the results of the Psychiatric Network steering committee election.

- Al Greimann, Co-chair
- Helen Miller, District 1 representative
- Cara Macaleer, District 2 representative
- Bob Reitz, District 3 representative
- Felix Vincenz, District 4 representative

- Alyson Wysong-Harder, District 5 representative
- Teri Ragsdale, District 6 representative

OLD BUSINESS

PASRR, DD, and DCS Discharge Placement Issues

Cara Macaleer and Patty Morrow provided an overview of the issues that hospitals, especially psychiatric providers, are experiencing when discharging developmentally disabled patients, children and adolescents under Children and Youth Services and other delays that are a result of state-appointed guardians or Preadmission Screening and Resident Review issues. They verbalized that the incidences are increasing and resulting in uncompensated long lengths of stay. Most of the delays are because of behavioral problems not psychiatric conditions.

Kathy Schafer, Registered Nurse Clinical Operations of the Department of Mental Health, provided the following update. In Missouri, MO Healthnet is the oversight agency for PASRR. Department of Health and Senior Services Central Office Medical Review Unit owns the rule and the form (DA124). COMRU completes the level of care and the level I screen. COMRU completes the LOC and the level II screen in 1-2 business days. DMH reviews the level two referrals and contracts with Bock & Associates for the level two evaluations. Currently DMH completes 99 percent of evaluations within 7-9 business days (required timeline) and the annual average is 5 business days. DMH understands the PASRR regulation is more than 20 years old, the length of hospital stays have decreased and there is need for timelier turnaround. DMH has made a number of changes to shorten the timeline and will continue to make other improvements. Schafer encouraged the attendees to call her when they experience a delay or problem with PASRR evaluations. DMH also is exploring the option with Bock & Associates to do the level II screen using teleconferencing whenever possible to decrease timelines. Burnett also reported that many states now are using an automated DA124 for the level of care and level I screen which also would decrease the timelines. When Burnett contacted Ammanda Ott, COMRU Supervisor with DHSS, she was informed they did not have the funding to purchase the necessary software.

Valerie Huhn, Director of Division of Developmental Disabilities with DMH, reported on methods they are employing to decrease boarders coming from state-funded providers. These include requiring 30-days notice before a provider can discontinue services and authorizing additional nursing services for direct-care support upon hospital discharge. The department also is reviewing strategies to improve service delivery to the MI/DD population.

Crystal Wilson and Kara Wilcox-Bauer, Program Development Specialists, for the DSS, Division of Children's Services, acknowledged the issues and provided some insight into the reasons for delays. They recommended that hospitals provide specific examples to the department for further review and to escalate up the chain of command early and often. Participants asked DCS if they have trend data on foster home placements. (See additional meeting materials for resources and contacts provided by DMH, DCS and DYS.)

Steve Renne, Vice President of Childrens Health and Medicaid Advocacy, spoke on the SSM Cardinal Glennon Children's Hospital and St. Louis Children's Hospital medical home for foster children demonstration in St. Louis. Both hospitals are working with the Department of Social Services to provide a comprehensive exam for children entering Foster Care in St. Louis City and County. The hospitals will maintain medical records for these children and ultimately serve as a

medical home for foster children. The objective is to create a model system that can be replicated statewide.

Action Items: Explore further using teleconferencing for level II screens and an automated DA124 process. Obtain hospital admission and discharge placement data from DCS and DYS. Hospitals are to provide DMH, DCS and DYS with case examples of discharge delays and track data to determine extent and causes of the delays.

Managed Care Issues Brief and Survey Results

Alyson Wysong-Harder led the discussion on the expansion of Medicaid Managed Care and provided an overview of the survey results. She also compared the differences in ALOS, denial rates, coverage, credentialing, level of care/utilization and appeal for all the MC plans to FFS Medicaid.

Action Item: Harder stressed the need for everyone to advocate for the following:

- standardized and shared LOC tools — CALOCUS/CASII and training
- use of provisionally licensed, APRN's etc., for clinical services
- ensuring that the contractors have adequate outpatient resources to meet the complex needs of patients and can demonstrate "proof" and specializations
- parity by requesting evidence that supports that criteria for levels of care are consistent and comparable across MH/SUD benefits and Medical/Surgical benefits
- disallow carve out of behavioral health management to a separate MCO, require the MCO to manage the medical and behavioral health of the consumer(s)

Al Greimann said that MCOs are only required to publically report medical denials not administrative denials. An administrative denial can occur for reasons as simple as a physician not returning a call to the MCO physician within 30 minutes. He said that MCOs must provide CALOCUS scores when requested and if they do not, hospitals should notify Dr. Parks, MO Healthnet director. Also, if an MCO denies an inpatient stay and refers the patient to an Intensive Outpatient Program, they must tell you the name of the IOP within a 30 mile radius. Participants also talked about psychiatrists/psychologists not staying in Missouri for residency because it takes up to 10 months after their residency to get certified.

Psychiatric Network MHA Board Representation

Burnett reported that the MHA Board will consider MHA board representation during their June board retreat.

MHA UPDATE

Daniel Landon, Senior Vice President of Governmental Relations of MHA, reviewed pending federal legislation affecting behavioral health, including reauthorization of the lapsed Medicaid Emergency Psychiatric Demonstration for IMD facilities. MHA recently organized a congressional advocacy trip involving more than 40 hospital executives, governing board members and medical staff. Behavioral health was among the briefing topics. Congressional committees are holding hearings on several comprehensive mental health bills. Landon provided an update on state action on Medicaid and the proposed expansion of Medicaid managed care to new regions of the state, as well

as summarized the MHA board's discussion of these topics. The attached regulatory update was provided by Sharon Burnett.

Steve Renne provided an overview of proposed changes to Medicaid Managed Care. The CMS has filed a regulation updating Medicaid managed care guidelines to be followed by state Medicaid agencies. MHA submitted comments. The biggest concern is language that appears to limit payment to providers outside of the capitated payment rate. This includes hospital add-on payments, made possible by the hospital provider tax. Some states have successfully passed these payments through the managed care companies, but the proposed regulation seems to limit the ability of a Medicaid agency to require this.

The MO HealthNet Oversight Committee is established by statute. The statutory language calls for the oversight committee to review and approve any care management proposals developed by the agency. The committee has voted twice on the proposed expansion of Managed Care in Missouri. The first vote encouraged the MO HealthNet agency to delay implementation of the expansion. The second vote called for the MO HealthNet agency to seek approval from the Oversight committee before proceeding. Dr. Parks said he would consult with his legal team since the statutory language has not previously been invoked.

DMH UPDATE

Rick Gowdy, Ph.D, Director of Behavioral Health of DMH, reported that the department is seeking a Medicaid waiver to provide early intervention, treatment and community support services to Missourians ages 19-35 who are identified as having a behavioral health crisis, via Governor Nixon's Strengthening Missouri's Mental Health Initiative entry points;

- community mental health liaison referrals from law enforcement officers and the judicial system, and
- emergency room enhancement referrals for diversion of individuals who present to one of the more than 60 hospital emergency rooms and health centers in seven regions across the state.

Through the waiver, the DMH intends to demonstrate that the provision of critical services early in an individual's illness will provide the necessary stability to allow the individual to seek education and employment and to ultimately avoid long-term Medicaid disability.

Gowdy also discussed the Excellence in Mental Health Act, introduced by Senator Roy Blunt that allows states to seek award of a demonstration program for the development of Certified Community Behavioral Health Clinics and a Medicaid Prospective Payment System for reimbursement of services. Missouri was one of 24 states that received a planning grant to develop the application for the demonstration program grant. Eight states will be selected for the demonstration program.

CCBHCs will provide services to individuals with serious mental illness and substance use disorders. CCBHCs will provide integrated, comprehensive care using evidenced-based practices. The PPS, which will include quality bonus payments, will promote and incentivize efficient and effective care while controlling over utilization of services. The application for the demonstration program is due October 2016, with eight states awarded the grant by the end of 2016. No funding is awarded with the demonstration program apart from the enhanced Medicaid match.

NEW BUSINESS

Review of Goals

Members agreed to continue to work on goals established at July 14 meeting.

2016 Behavioral Health Conference Planning

Members were encouraged to sign up to serve on the 2016 Behavioral Health Conference Planning committee. The conference will be held April 14 and 15.

ADJOURNMENT

The meeting adjourned at 4:20 p.m.



Marsha Morgan, Chair

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