Mental Health Study: Items for Possible DPHHS Action

Oct. 14, 2008

The following table lists recommendations identified by Chairman Clark and legislative staff as items that hold promise for improvements in the mental health system, that would be achievable in the near future, and that may be appropriate for the Department of Public Health and Human Services to pursue. The agency has been asked to provide its perspectives on the recommendations and to advise the committee whether legislative support would be needed for the agencies to pursue recommendations they believe would move the mental health system forward.

In some instances, similar recommendations are consolidated into one item. The table identifies the recommendation and where it is located in the Summary of Recommendations. The table contains columns to indicate whether the agency wants to pursue the recommendation, whether legislative action would be needed to do so, and what type of action would be preferable.

DPHHS is not limited to this list when developing its responses to the study recommendations and may identify additional recommendations it would like to pursue. The table contains room for committee members or agency personnel to note additional actions they may want to take.

Recommendations: Service Needs and Gaps	**Pursue? Y/N**	**Committee Action? Y/N**	**Details**
1. Develop a plan for funding crisis response and stabilization for children that is consistent with 72-hour presumptive eligibility for adults (p.1)			
2. Define a Medicaid procedure that adequately reimburses assessment/ treatment for some CFSD children to obtain federal match (pp. 1 and 4)			
3. Increase Medicaid application rates by requiring Medicaid application for a person seeking renewal of MHSP eligibility (p.1)			
4. Suspend Medicaid enrollment for people eligible for Medicaid who are incarcerated, so they qualify for services immediately upon release (p.1)			
5. Develop short- and long-term strategies for enhancing collaborations with IHS and tribes to maximize Medicaid enrollment and reimbursement and to identify mental health needs of tribal members (pp. 2 and 5)			
6. Allow crisis providers to bill Medicaid for substance abuse interventions for people served under the 72-hour presumptive eligibility program (p.2)			
7. Build telemedicine capacity at Montana State Hospital to support local crisis management (p.3)			

Recommendations: Service Needs and Gaps (cont.)	Pursue? Y/N	Committee Action? Y/N	Details
8. Redesign and reissue an RFI or RFP for telemedicine capacity at the State Hospital, based on additional market research (p.3)			
9. Consider using enhanced rates under Medicaid to reimburse operating costs for telemedicine capacity, if that would increase its use (p. 3)			
Recommendations: Financing Options	**Pursue? Y/N**	**Committee Action? Y/N**	**Details**
1. Establish consistent co-payment and cost-sharing requirements for child and adult services (pp. 4 and 5)			
2. Review claiming and rate-setting methods for AMDD and CMHB targeted case management services to meet the goals listed on p. 5			
3. Assess exposure and risk of lost revenue in targeted case management services if proposed federal regulations are adopted (p. 5)			
4. Continue working with IHS on enrolling tribal members in Medicaid (p. 5)			
5. Collaborate with IHS to determine whether additional items can be billed to Medicaid (p. 5)			
6. Study the use and adequacy of Medicaid in supporting peer provider services and modify the Medicaid State Plan to allow Medicaid billing for peer specialists (p. 5)			
7. Retain a grant writer to help identify and seek grant opportunities (p. 6)			

Recommendations: Organizational Issues	Pursue? Y/N	Committee Action? Y/N	Details
1. Require the CHIP third-party administrator to report on the use and funding of mental health services (p. 6)			
2. Develop plans over the next five years to move toward a more integrated and comprehensive information system that allows reports on clinical outcomes and other quality measures (p. 6)			
3. Find methods to cover KMA case service planning activities as administrative expenses under Medicaid (p. 7)			
4. Expand Extraordinary Case Review initiative; implement statewide telephonic support for individuals not receiving case management but needing education, support, referral, and follow up (p. 7)			
5. Designate a small pool of state general fund to be used for a pilot project on performance contracting (p. 7)			
6. Develop provider reporting that includes key performance measures of client outcomes and can inform quality improvement with specific and periodic measures (p. 7)			
7. Develop more specific contract and licensing service standards and performance requirements and monitor provider performance more closely based on performance measures (p. 7)			
8. Give CMHB more authority over the mental health benefit and coordination of care within CHIP and for the CHIP extended benefit for SED youth (p. 8)			
9. Co-locate AMDD and CMHB management staff and share certain administrative functions (p. 8)			