



Medicaid Funded Behavioral Health Services

Behavioral Health Services and Managed Care

Overview of this presentation

Main Topics

- ▶ Basic structure of managed care
- ▶ Adult mental health services and providers
- ▶ Adult substance use disorder services and providers
- ▶ Making a referral for services



Overview of Managed Care

Managed care since 2012

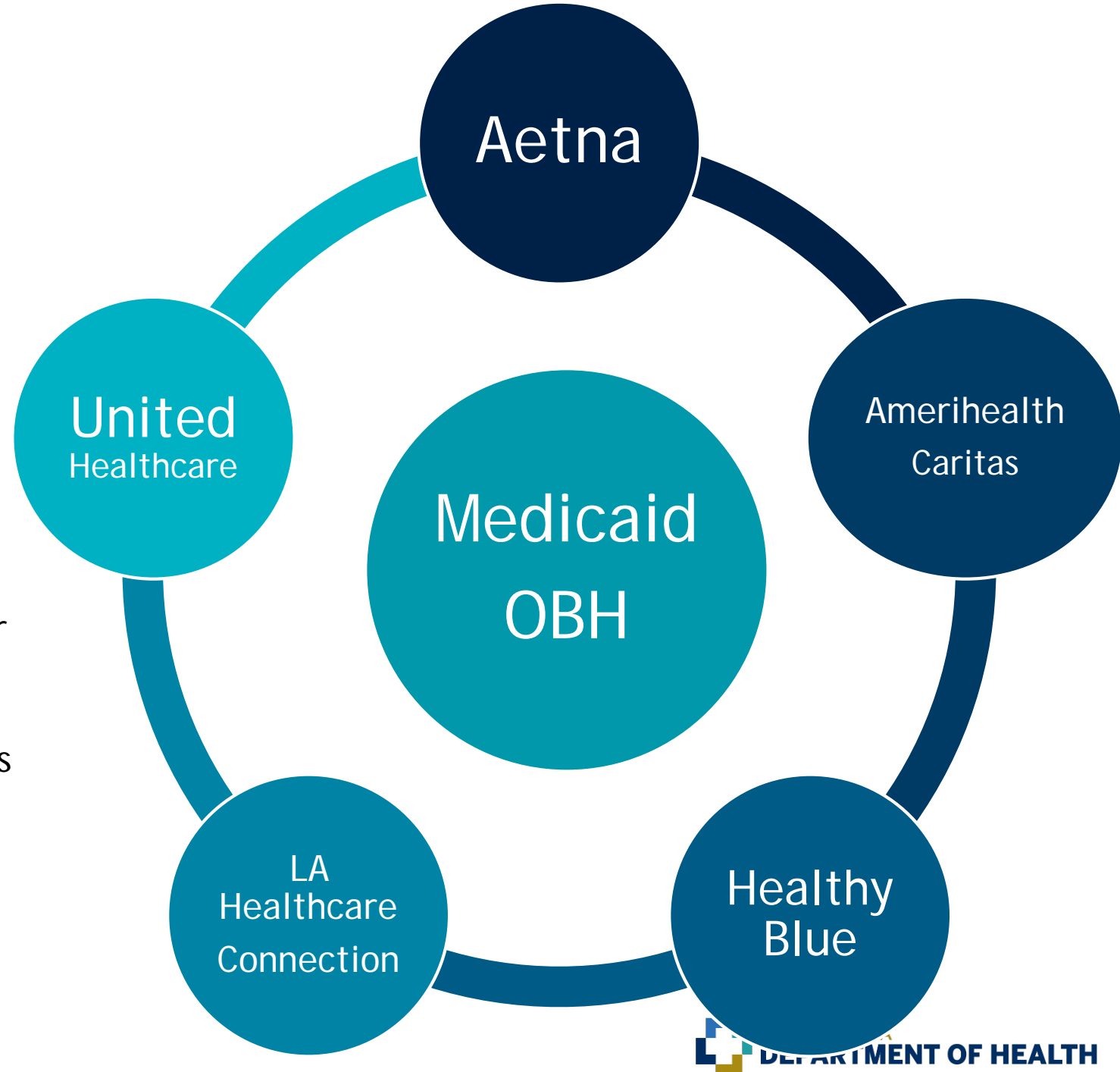


- ▶ Medicaid enrollees are enrolled in one of 5 managed care organizations (MCO).
- ▶ Medicaid has the primary responsibility within the Louisiana Department of Health (LDH) to oversee the MCO contracts. The Office of Behavioral Health (OBH) is responsible for the portions of the contracts related to behavioral health.



Contracted Managed Care Organizations

- ❖ Medicaid pays a monthly premium per member
- ❖ Each MCO:
 - ❖ offers the same core services
 - ❖ contracts with many of the same providers
 - ❖ has their own prior authorization process
 - ❖ has their own medical necessity criteria (based on state rules)



Managed Care-For more information

Visit: www.makingmedicaidbetter.com. Select I am a member and I am a provider

The screenshot shows the Louisiana Department of Health website's 'Provider & Plan Resources' page. The browser address bar shows 'http://ldh.la.gov/index.cfm/subhome/6'. The page header includes the Louisiana Department of Health logo and the name of the Secretary, Rebekah E. GEE, MD, MPH, with a 'BACK TO LDH' button. The main heading is 'PROVIDER & PLAN RESOURCES' in large white letters on a dark blue background. Below this is a teal navigation bar with the breadcrumb 'Louisiana.gov > LDH > Provider & Plan Resources'. On the left, a vertical menu lists categories: 'WHAT IS HEALTHY LOUISIANA?', 'I AM A...', 'DENTAL', 'PHARMACY', 'BEHAVIORAL HEALTH', 'INFORMATIONAL BULLETINS', and 'REPORTING AND ACCOUNTABILITY'. The central content area features a large image of a hand holding a smartphone with the text 'Apply by Phone' overlaid. Below the image are four teal buttons: 'Apply Online', 'Apply by Phone', 'Apply In Person', and 'Apply by Mail'. Underneath these buttons is a 'Helpful Information' section with two links: 'Healthy Louisiana »' and 'Medicaid Behavioral Health Provider Resources »'. On the right side, there is a 'GET MORE INFORMATION' section with the 'Healthy Louisiana' logo, phone number '1-855-229-6848', email 'Healthy@La.Gov', 'ZIKA info' logo, and 'ACTION CENTER' section featuring the 'text4baby' logo and a list of links: 'Subscribe to Newsletter', 'Send Us Feedback', 'See RFP Resources', and 'Report Fraud'. A vertical 'FEEDBACK' button is located on the right edge of the page. The bottom right corner shows a 'HEALTH' logo and a 'CALENDAR' section with a 'View our Calendar of' link and a '100%' zoom indicator.

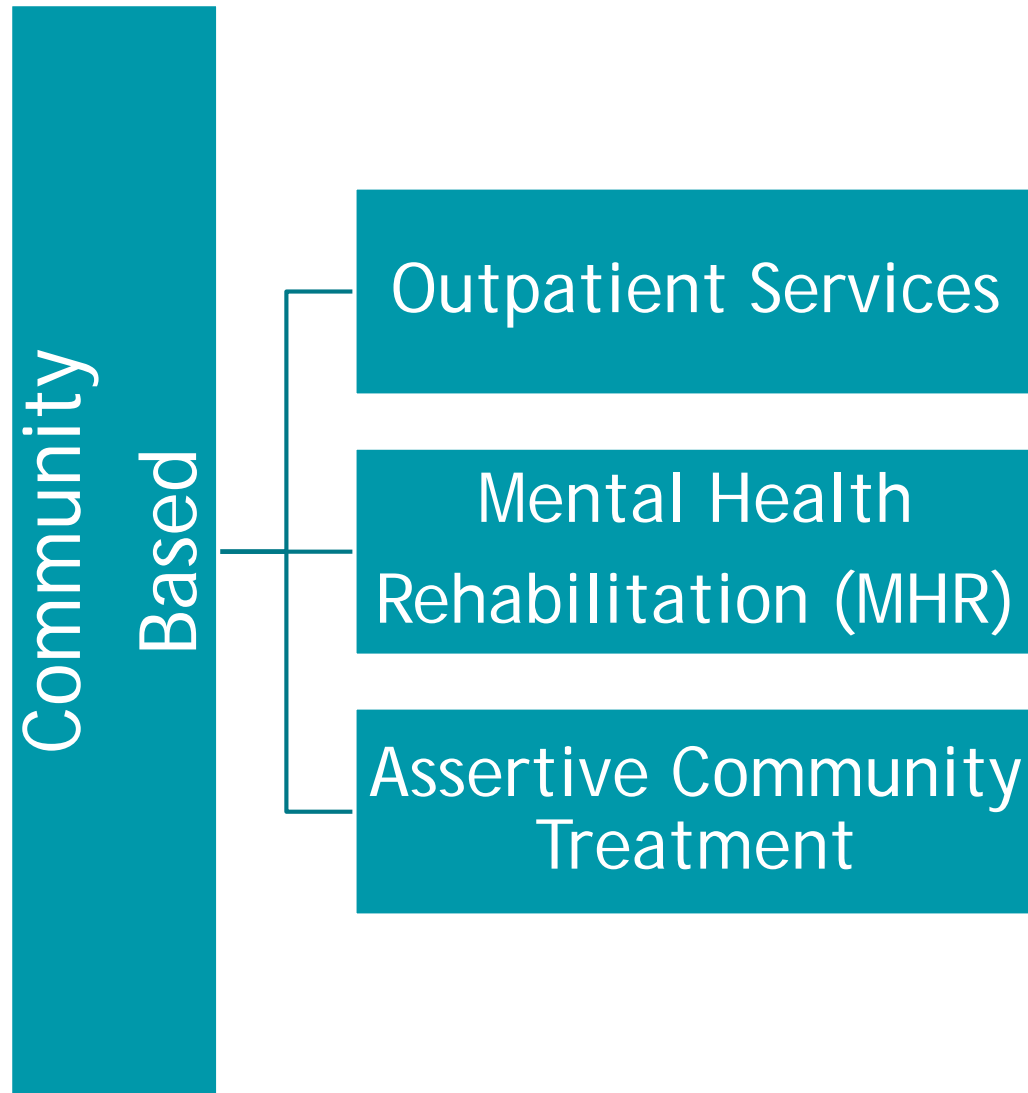


For a description of all mental health and substance use disorder services visit the link below

www.lamedicaid.com

(choose Provider Manuals then choose Behavioral Health Services)

Adult Mental Health Services-Community Based



Adult Mental Health Services-Community Based



Outpatient Services

- ▶ Assessment, medication management, individual, family and group therapy, and psychological testing
- ▶ Provider Types: Mental health rehabilitation Agencies, Federally Qualified Health Centers, or Licensed Practitioners (individual or in a group)
- ▶ Licensed practitioners and physicians are often employed by agencies that offer outpatient services as well as other mental health services, particularly mental health rehabilitation services.

Adult Mental Health Services-Community Based

Outpatient Services



- ▶ Outpatient services can and **should be used in combination** with other medically necessary services including permanent supportive housing and MHR services.
- ▶ For some enrollees, outpatient services such as medication management or individual therapy **may be the only service** they need or choose.
- ▶ Most MCOs **do not require outpatient services to be prior authorized**. Some MCOs have **service limits**. It's up to the providers to understand the authorization requirements for each MCO.

Adult Mental Health Services-Community Based

Mental Health Rehabilitation (MHR) Services



- ▶ MHR services are available throughout the state with approximately **325 providers**. The number varies between MCOs.
- ▶ All MHR providers are required to be **licensed** by LDH Health Standards, must be accredited, and meet other **LDH requirements** in order to contract with one or more of the MCOs.

Adult Mental Health Services-Community Based

MHR Services



- ▶ The primary goal is **recovery** and to prevent the **over utilization** of emergency room, inpatient psychiatric hospitalizations, and institutional care.
- ▶ Services are delivered in the enrollee's home, provider office, or in the community.
- ▶ MHR services are often delivered in combination with outpatient services and employ a variety of licensed and unlicensed staff.

Adult Mental Health Services-Community Based



MHR Services

- ▶ Services are **led by a licensed mental health practitioner (LMHP)**, LCSW, LPC, LMFT, etc. LMHP staff conduct the assessment, oversee the development of the treatment plan, oversees the delivery of services, and provides the supervision of unlicensed staff.
- ▶ All adults are assessed prior to an initial determination of eligibility for MHR services and **at least annually using a standardized assessment tool** known as the Level of Care Utilization System, LOCUS.
- ▶ The MCO must determine if the **member meets medical necessity**. The eligibility process from referral to the provider to authorization of services **may take to 30 days**. All MHR services **must be prior authorized**. The length of the authorization varies **from 2-6 months** depending on the MCO.

Adult Mental Health Services-Community Based

MHR Services



- ▶ Regarding the **length of stay**, a member may receive MHR services for an extended period of time but at a decreasing level of intensity over time.
- ▶ All enrollees **must have a treatment plan**. The treatment plan must be submitted to the enrollee's MCO **no later than 30 days** after the initial prior authorization and must be updated as needed but at least once **per 364 days**. The enrollee, family, and other stakeholders should be a big part of the treatment planning process.

Adult Mental Health Services-Community Based

MHR Services-

- ▶ Community Psychiatric Support and Treatment
 - Development of a treatment plan
 - Individual supportive counseling
 - Skills building
- ▶ Psychosocial Rehabilitation
 - Individual skills training
 - Group skills training
- ▶ Crisis Intervention
 - Initial crisis response
 - Follow-up to the initial crisis



Adult Mental Health Services-Community Based



Assertive Community Treatment (ACT)-Evidenced Based Practice

- ▶ Assertive Community Treatment (ACT) services are therapeutic interventions that address the functional problems of individuals who have the **most complex and/or pervasive conditions associated with a major mental illness or co-occurring addiction disorder.**
- ▶ These interventions are strength-based and focused on promoting symptom stability, increasing the individual's ability to cope and relate to others and enhancing the highest level of functioning in the community.

Adult Mental Health Services-Emergency Room and Inpatient Hospitalization

- ▶ Emergency room (ER) and inpatient psychiatric hospitalization are managed by the enrollee's MCO.
- ▶ During a psychiatric emergency, the goal is to resolve the crisis using community based services to prevent an ER visit and an inpatient admission.

Adult Mental Health Services-Emergency Room and Inpatient Hospitalization

- ▶ There are psychiatric beds located throughout the state. Most inpatient psychiatric admissions start with a visit to an emergency room.
- ▶ The inpatient facility contacts the enrollee's MCO upon admission and throughout the hospital stay to obtain an initial authorization and a continued stay authorization.
- ▶ The enrollee's MCO is supposed to work closely with the inpatient facility to plan the enrollee's discharge.

Addiction Services

Overview

- ▶ Addiction services include an array of individual-centered outpatient, intensive outpatient (IOP), and residential services.
- ▶ IOP and residential services provide skills restoration and counseling using both individual and group treatment.

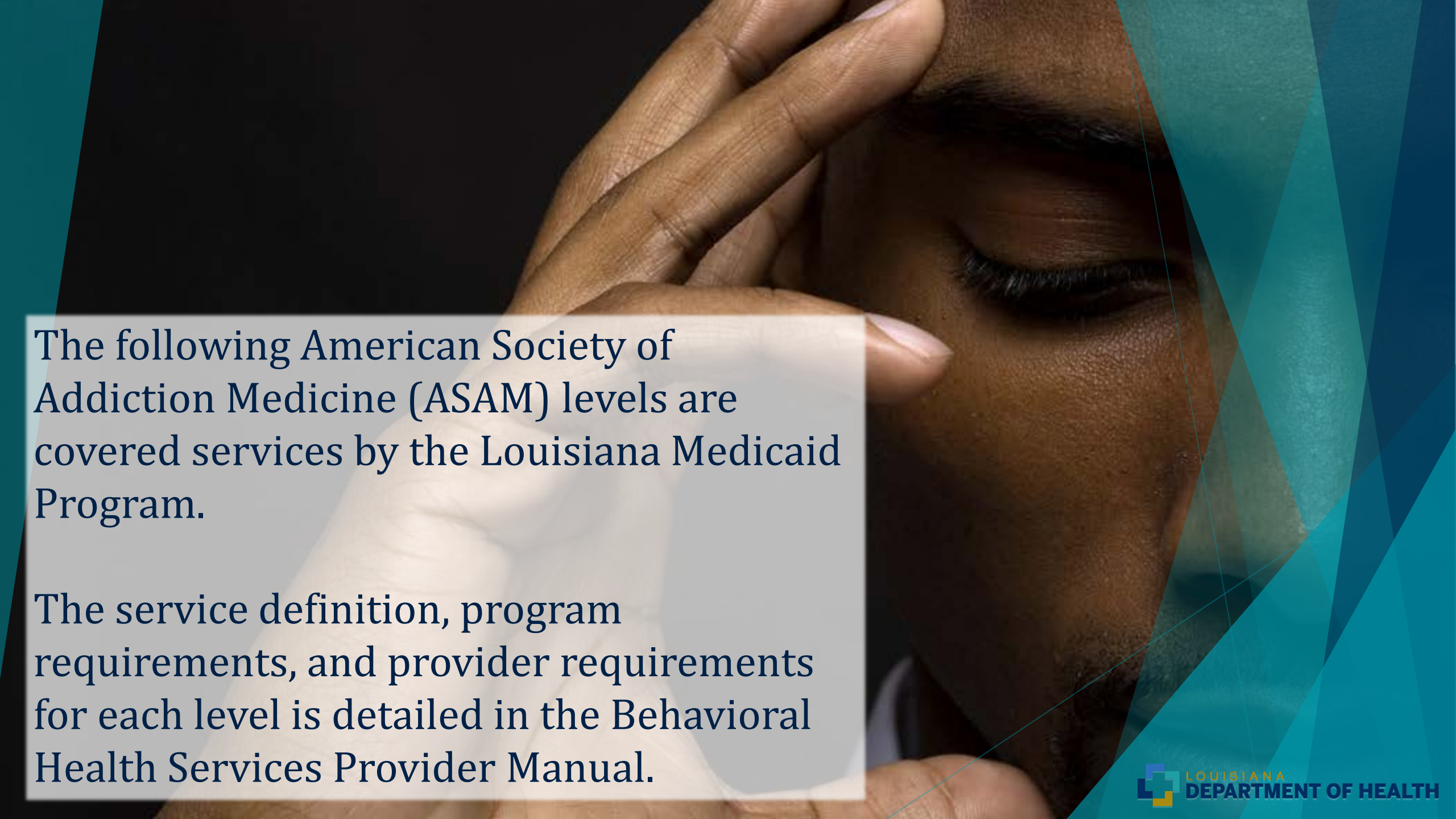


Addiction Services

Overview

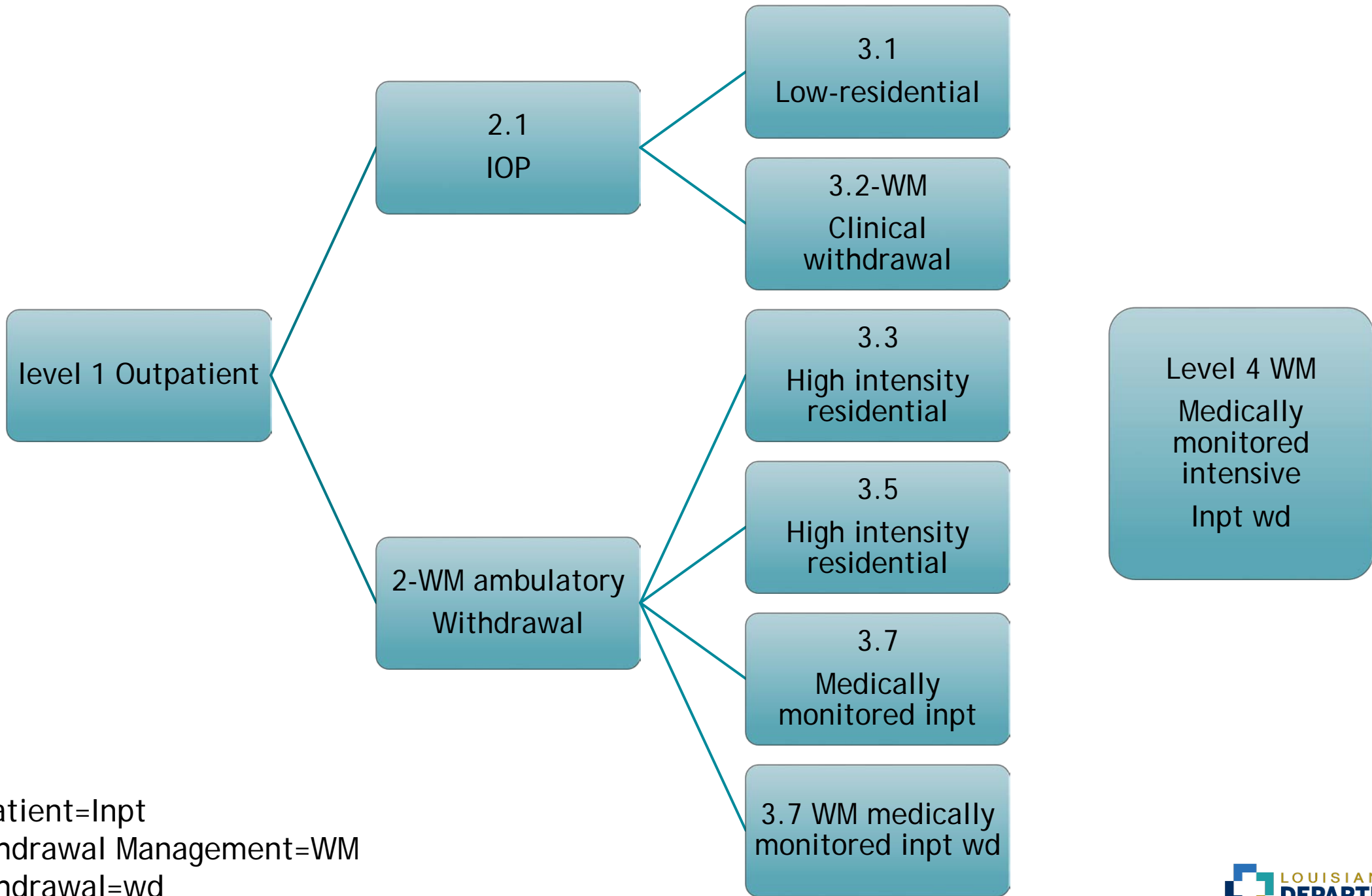


- ▶ All addiction services require prior authorization by the enrollee's MCO.
- ▶ Addiction providers must be licensed by LDH Health Standards and meet other standards established by LDH to contract with one or more of the MCOs.
- ▶ Addiction providers employ both licensed and unlicensed staff.



The following American Society of Addiction Medicine (ASAM) levels are covered services by the Louisiana Medicaid Program.

The service definition, program requirements, and provider requirements for each level is detailed in the Behavioral Health Services Provider Manual.



Inpatient=Inpt
 Withdrawal Management=WM
 Withdrawal=wd

Making a Referral to an MCO for Services



- ▶ The member can call their MCOs to discuss service options and providers in their area.
- ▶ There are links for each MCO at www.makingmedicaidbetter.com. The most direct way to the member pages is to select, I am a provider. Select “for members”.
- ▶ It may be helpful to keep a list of MCO phone numbers with you. Members should have their MCO’s number on their insurance card as well.

Making a Referral to an MCO for Services



- ▶ A referral can be made directly to a provider. The provider will begin the assessment process and authorization request.
- ▶ Since you're working with individuals living in nursing homes, they are considered a part of the special healthcare needs population.
- ▶ This group, along with others, are able to access case management provided by their MCO.
- ▶ Make sure you help the residents understand how important it is to communicate with their MCO if they want case management.