


BEHAVIORAL HEALTH SERVICES FOR CHILDREN & ADOLESCENTS

COMMISSION ON MENTAL HEALTH

February 26, 2008

What were the drivers of system change in C&A services?



- Philosophical: We believe that children are better served in their homes, schools and communities

- External drivers
 - DCH instituted managed care (Spring-Fall 2006)
 - Commission for a New Georgia directed Fee-For-Service and Single Point of Entry (April 2007)
 - CMS required the “unbundling” of LOC (July 2007)

Features of the Old C&A System



- MHDDAD served primarily Medicaid eligible and un-insured parental custody children
- Children in DFCS custody received treatment primarily through Level of Care System
- Many children in hospitals
- Little crisis response capability
- Limited outpatient “Core” service providers
 - Core providers primarily CSB’s
- Limited in-home, intensive family intervention providers
- Providers paid through annual contracts
- Multiple points of entry to system

Features of the New C&A System

- MHDDAD serves uninsured parental custody and DFCS custody children
- CMO's serve Medicaid-eligible parental custody children
- Fewer children in hospitals
- More crisis response capability
- More "Core" providers
 - ▣ More community-based services provided
- More "IFI" providers; more in-home services provided
- Providers paid on Fee-For-Service basis
- Single Point of Entry

How are Children Covered in the New System?



- MHDDAD covers children:
 - ▣ in parental custody with no insurance
 - ▣ with SSI
 - ▣ in DFCS custody
- DCH covers children:
 - ▣ in their parent's custody who are Medicaid eligible
 - ▣ DFCS or DJJ involved who are Medicaid eligible

What services are covered?

- **Core Services**

- Diagnostic Assessment
- Community Support
- Physician Assessment
- Nursing Assessment
- Individual Counseling
- Family Counseling/Training
- Group Counseling/Training
- Medication Administration

What services are covered?

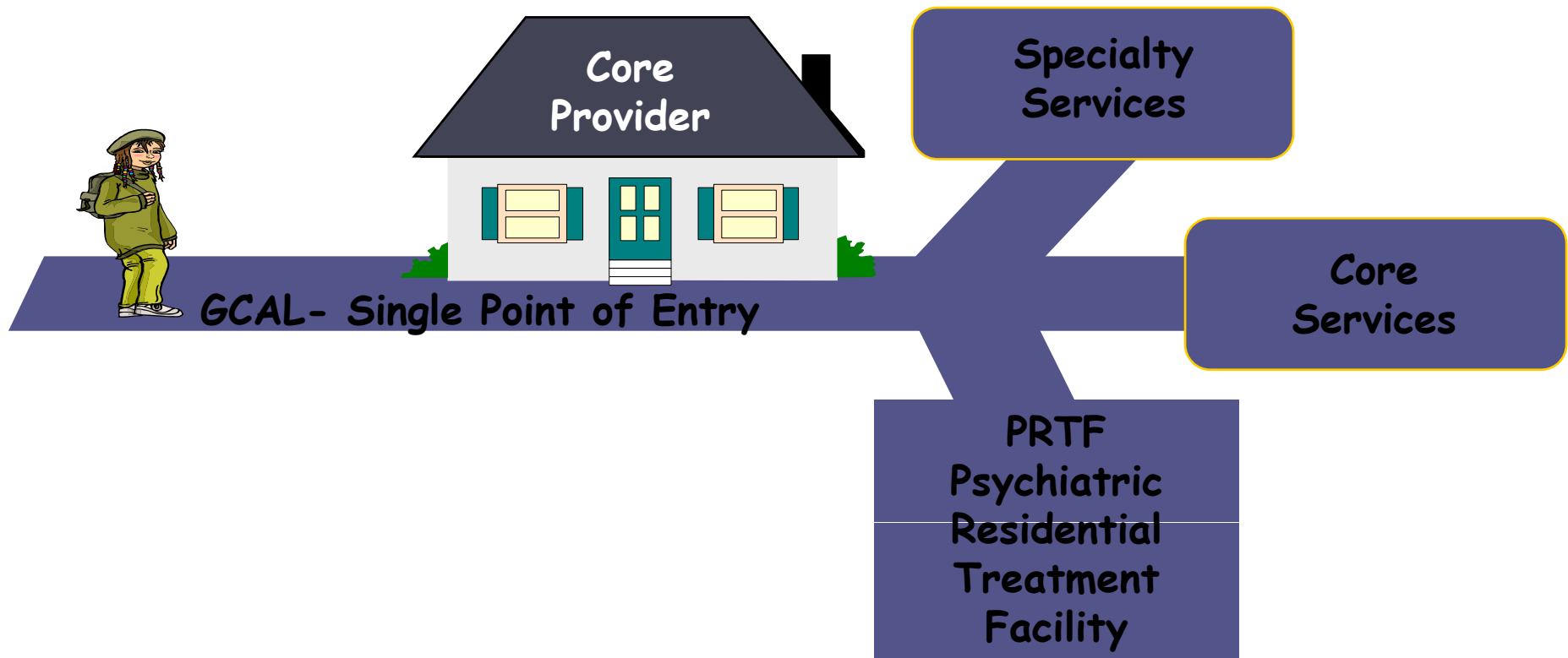


■ **Specialty Services**

- Crisis Stabilization Program Services
- SA Residential
- Respite
- Consumer/Family Assistance
- Intensive Family Intervention

Major System Changes: Better Access to Services

- Single point of entry to Core Services, Specialty Services, PRTF



BHL C&A Service Linkages

Service Linkages	1st Quarter FY07	2nd Quarter FY08
Mental Health	1,078	2,207
Substance Abuse	57	85
Co-occurring	63	155
Total	1,198	2,447

Major System Changes: Fewer Kids in Hospitals

Two short-term hospital units

- GRH-Atlanta
 - GRH Atlanta serves adolescents age 15 and older and juvenile forensics (28 beds)
- CSH-Milledgeville
 - CSH serves young children & adolescents up to age 15 (28 beds)

	FY2006	FY2007
Average Daily Client Load	42.4	40.2
Numbers Served	1,659	1,313

Major System Changes: Increased Crisis Stabilization Capacity

- Crisis Stabilization Programs (CSP's)
 - Savannah 16 beds (opened FY2006)
 - Columbus 16 beds (operating 8) (opened FY2007)
 - Rome 10 beds (not yet opened)
 - Augusta 16 beds (open February 2008)
 - Metro mix of crisis, acute and respite beds; mobile crisis services (contract with GRN CSB)

Major System Changes: Opened Provider Pool

- Changed the payment system for C&A to Fee-For-Service in April 2007

<u>Provider types</u>	<u>Before</u>	<u>After</u>
Core Providers	38	108
Specialty Providers	69	115

Major System Changes: Consolidated DHR Behavioral Health System



- One MH/AD system for children and adolescents within DHR

LOC Transition--History



- Georgia has operated a Level of Care system of treatment for children
 - System assigned children to 1 of 6 levels
 - Children were in DFCS Custody, Parental Custody, DJJ custody, or Joint DJJ/DFCS Custody

Transition of Level of Care

- 2005: CMS audits the Level of Care (LOC) program

- 2006: CMS notifies Georgia that substantial changes must be made to LOC
 - *“Unbundle” the per diem rate*
 - *Georgia’s solution: room/board/watchful oversight with treatment services provided through the MRO/MHDDAD FFS*
 - *DFCS transfers \$33 million to MHDDAD for treatment services for children in care*

Transforming Level of Care



- **Unbundling the rate**
 - Room, Board & Watchful Oversight
 - Outpatient Treatment Services
 - Medicaid Rehab Option/ State Fee-for-Service
 - Authorization
 - Utilization Management
- **PRTF**
 - MHDDAD added service to state Medicaid plan
 - Six former Level 6 providers
 - Bundled daily rate

LOC Transition: Where are we Now?

LOC to MRO Providers

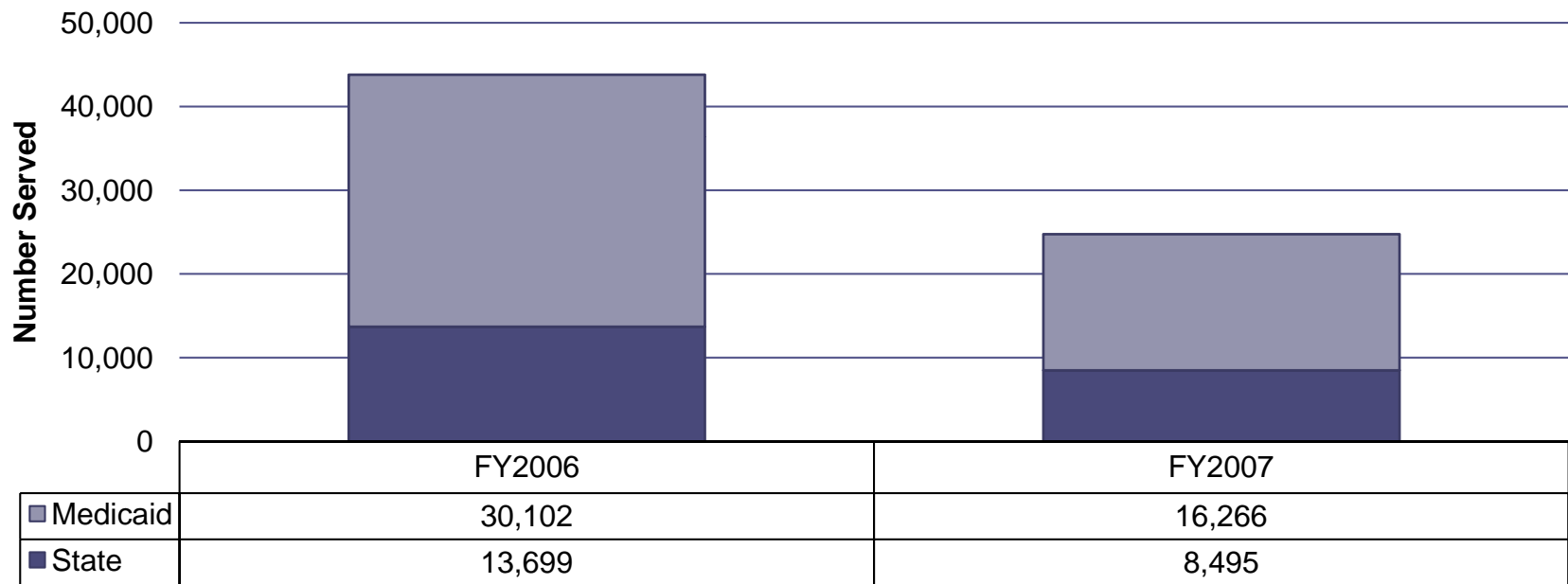
<u>All LOC Applicants</u>	<u>Feb.</u>
Applied	78
Approved	61
Ready for Business	55
Billing	29

How many Kids?

- 6,266 youth provided RBWO services from 7/1-10/29/07
- 2,882 46% authorized for MH/AD services in MHDDAD system

Is DMHDDAD serving fewer kids in the new system?

Number Served in DMHDDAD C&A Mental Health/Addictive Disease Services, FY2006 and FY2007

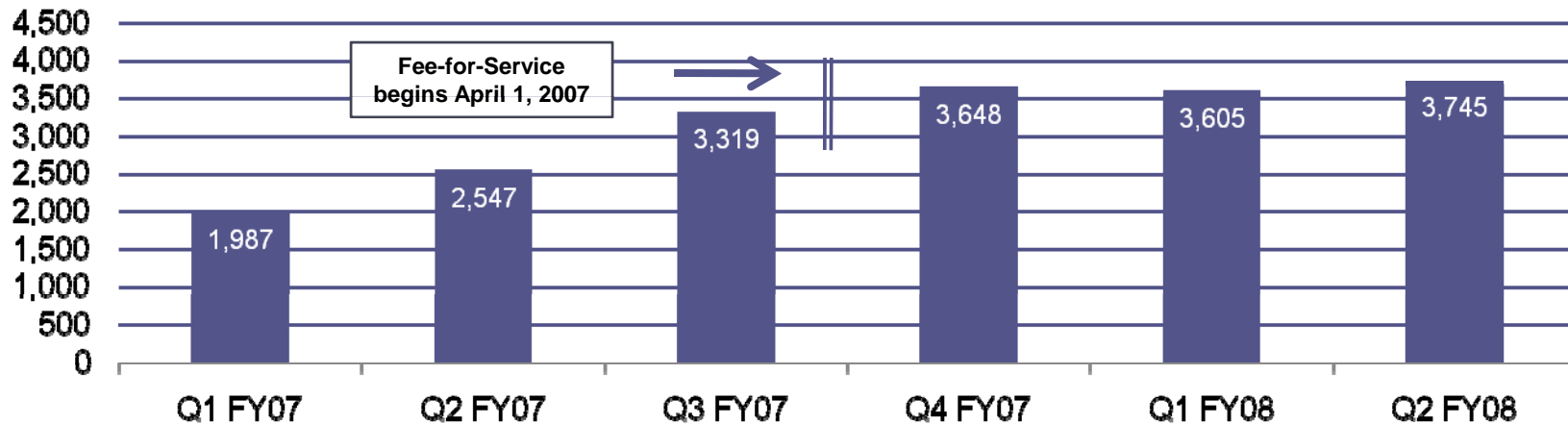


Why the drop in FY2007?

1. CMO became the behavioral health care provider for ~14,000 C&A consumers
2. Change in data collection – 2007 numbers based upon actual number served during year. Prior to 2007, counts based upon number of consumers enrolled.

Impact of Fee for Service

**State-Funded C&A MH/AD Consumers with Service Encounters, Q1
FY07 – Q2 FY08**



More C&A state funded consumers served after the implementation on fee-for-service