Potential Areas for Council Recommendations

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1. The Super-User Project

• Identify heaviest users of inpatient beds, E.D. visits, and jail beds

• Create low-caseload support
  – High-intensity system plus housing
  – Mental Health Courts
  – PACT teams

• Annual Cost? © $20,000 per consumer per year – Total cost is $6 million
The Super-User Project

• Note: This would include housing slots
• Need to maximize reimbursement possibilities
  • e.g., Establish Health Homes?
• Could be greatly reduced through federal reimbursement
• Benefits: Reduction in jail days, ER visits, and inpatient days
Definition of Super-User

• SMI diagnosis
• 2 or more hospitalizations with 30 days or less in between (rapid readmit)
• 2 or more jail within year

(Note -- unable to use ER visits as a criterion because data is aggregate only – not individualized.)
2. Increase Capacity for Short-Term Crisis Triage Service

- Community Triage Center
- Includes short-term housing
- Alternative to jail, E.D., and inpatient
- Services: Sobering Centers, Respite Care, Crisis Beds
- Funding issues – State, County and Hospitals
- Space appears to be available
- Requires contribution from State, County, and Hospitals
- Is there a way to make it reimbursable?
- Benefits: Reduction in jail, ER, and inpatient admissions
3. Inpatient Bed Capacity

• Buildings 3 and 3 A (done)
• General hospital psychiatry units
  – Increase Medicaid rates
  – Space
  – Start-up costs (e.g., capital improvements)
  – Liability limits for Medicaid patients/services
• Private IMD
• Reconsideration of IMD exclusion is crucial
• Other options
• Liability limits for Medicaid patients
4. IMD Exclusion

- Was effective and necessary to prevent “warehousing” of people with mental disabilities
- Especially appropriate for ID/DD
- Less appropriate for SMI, due to severe exacerbations requiring acute inpatient care
- 16 beds is horribly inefficient and wasteful
- CMMS Pilot: 8 states 26 hospitals – 2 year pilot
- “We don’t have time for a stinkin’ pilot”
- Can the state waive IMD exclusion?
- Recommend for Sen. Reid
5. Workforce

• Include all clinical disciplines
• Increase salaries for state-employed psychiatrists
  – 27 of 58 jobs filled
  – Incremental increases?
• Consider amending the no-moonlighting provision for psychiatrists
• Shift differential?

(See next slide)
Workforce (cont.)

- Create private partnerships to enhance federal reimbursement (e.g., Upper Payment Limits - UPL)
- Increase residencies (GME), internships, practica, and other training slots
- Create reimbursable post-doctoral fellowships
6. Appropriate MHP’s in Public Schools

- Direct service and referral for kids with SED
- Suicide Prevention
- MH Screening, Intervention, Referral
- Child Protection: Identification, service, and referral of maltreated children
- Possibly supported by (district) psychologists

(See next slide)
Appropriate MHP’s in Public Schools (cont.)

• Consultative support for teachers
• Can these services be reimbursable?
  – Combined with School Based Health Centers
• Consistent with Safe Schools, Healthy Kids Initiative
• Offer resource to school districts
  – Strict requirements for how money is used
  – If they decline, direct state service

(See next slide)
7. Other Services for Children

• Residential Services for Children: Licensure issues to reduce expensive out of state placements (in progress)
  – Reimbursable?
• K-12 subcommittee not necessary
• Present recommendations from Regional and State Consortia to Council
8. Changes to Legal 2000 Process

- Need for more clarity
- Allow non-physicians to decertify
  - Psychologists
  - Mid-level providers
- Add mid-level providers to certify/decertify
- Liability limits for services to Medicaid patients
- Tracking of L2K’s via Scope or other method
  - Law enforcement only or other providers?
  - Mandatory or voluntary?
  - Confidentiality v. continuity of care and public safety
- Other issues?
9. EMT’s and Paramedics

• Train EMT’s and allow them greater discretion
  – Allow EMT to triage without transport in SMI cases that do not require ED
  – Change state Medicaid plan to pay for non-transport services?

• Other issues?

• Limit liability for Medicaid patients?

• Need Medicaid rate for not transporting
10. Anti-Stigma and Suicide Prevention Campaign

- Public service announcements
  - TV and Radio
- Billboards
- Target audience
  - Employers
  - Public
  - Youth (esp. re: suicide prevention)
- Seek donated services
  - Ad agencies
  - Multi-Dept. Student teams (anti-stigma contest?)
11. Tele-psychiatry and PCP Consultation

- Requires change to state Medicaid plan
- Need to reimburse in urban region
- Assists in all areas of workforce development
- Tele-psychiatry to renew “bridge” medications between discharge and first appointment
- Telephonic consultation on psychopharmacology
  - Medical school service using supervised residents
  - 4-8 hours per day – 5 days per week
  - Can this be a reimbursable service?
- Develop consultation billing code
12. Enhancing Peer Services

- Training and certification
- Reimbursable service?
  - Change State plan to remove requirement of physician referral
- Training program for intensive case managers
- Provides cultural expertise
- Ready source of person-power
- Includes peer-to-peer and family-to-family
13. Re-Create Urgent Care

- Space
- Must be reimbursable
- Funding
  - Start-up
- Hiring staff
- Community involvement – What do you need the state for, since it’s all reimbursable?
- Opportunity for an entrepreneur
14. Discharge Planning

• In-state and out of state

• Standards
  – Assess patient safety for transportation
    • In-state and out-of-state
    • Travel alone or arrange for supervision
    • Must be documented!
  – Schedule first appointment with outpatient provider
  – Plan for adequate prescription medications to last until first outpatient appointment
15. Medicaid and Jail

- Termination v. suspension of eligibility
- Bill for services provided while out of jail
- New ACA standards suggest possibility of billing Medicaid for “unadjudicated”
  - Does this include all pre-trial?? (Unclear)
16. Liability Limits for Private and Not-for-Profit Providers of Services to Medicaid Patients

- Current cap is $100,000
- Would enhance hospitals’ and other providers’ willingness to create psychiatric beds and serve public patients
17. Co-Occurring Disorders

- Enhancement of workforce skills in providing integrated treatment
- Provide consultation and free CME to Nevada psychiatrists
- Create fellowships
18. Seek Change in IMD Exclusions

• IMD exclusion was really aimed at MR/DD/ID populations which tend to be non-acute, with chronic needs that could be met in small, community residences
• SMI has acute exacerbations
• 16 beds is inefficient size for care
• Unfairly demonizes free-standing psychiatric hospitals
• Change should be incremental – not all or nothing – (16 beds is arbitrary)
19. Miscellaneous Important Issues

- Enhance ability of SAPTA providers to bill third party payers (including Medicaid)
- Advanced MH directives
  - ??Sec. of State Lockbox??
- Crisis planning for individuals with SMI
  - This is a recommendation to clinicians
  - Need for training?
20. One-Way Information Portal for Family Members

• One-way information portal from parents and loved ones to hospitals
• Allows family members to help without implicating confidentiality rights
• Providers need not confirm or deny presence of the client
21. Future Consideration after May 31

• Prison Mental Health
  • Complicated issue
  • Requires careful attention and assessment

• Children Mental Health and Wellness

• Forensic MH Services
  • 10 year rule for incompetent defendants
  • Status reports on new capacity in Las Vegas for forensic inpatients

• Senior MH Issues
  • Dementias
  • Other issues