

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