STREAMLINING INITIATIVE
IMPLEMENTATION REPORT
JAN 27, 2016

This Implementation Report is a working document to be viewed along with the Streamlining Initiative Final Report and Recommendations (June 30, 2014) for the purposes of monitoring progress toward implementation of recommendations stated in the final report.

The purpose of the Streamlining Initiative was to provide concrete recommendations to behavioral health providers and the Department of Health and Social Services (DHSS) on ways to consolidate information gathering and documentation practices that comply with federal and state law, regulation, and policy while reducing administrative burden.

Recommendations (overview):

1) Eliminate the Requirement of Grantees to Submit Quarterly AKAIMS Summary Reports
2) Eliminate Logic Models in Grant Application and Reporting Process
3) Eliminate Requirement that All Grantees Submit Quarterly Community Action Plan Reports
4) Eliminate Pro Forma Quarterly Narrative Reports
5) Return to 6-month CSR Schedule OR Decouple Administration of the CSR from Mandatory Treatment Plan Updates (Adults Only)
6) Eliminate Required AKAIMS Reporting for Services Not Funded by DHSS
7) Expand Annual Service Limits for Behavioral Health Medicaid Services Pursuant to 7 AAC 135.040
8) Develop Clear and Consistent Standards and Policies for DHSS Audits, Site Visits
9) Align DHSS Quality Assurance Processes with Accreditor Processes to Eliminate Duplication of Effort
10) Eliminate Requirement for Enrollment Prior to Brief (Non-Emergency) Services
11) Eliminate Discharge Requirement for SMI Clients

Update:

1.	**Eliminate Requirement of Grantees to Submit Quarterly AKAIMS Summary Reports**
Lead:	
Governing Guidance:	COMPLETED
Progress:	

2.	**Eliminate Logic Models in Grant Application and Reporting Process**
Lead:	
Governing Guidance:	COMPLETED
Progress:	

3.	**Eliminate Requirement that All Grantees Submit Quarterly Community Action Plan Reports**
Lead:	
Governing Guidance:	COMPLETED
Progress:	

4.	**Eliminate Pro Forma Quarterly Narrative Reports**

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

DBH adjusted the quarterly narrative reports in FY15 to allow for a better focus on the specific successes and challenges different treatment providers face. DBH expects staff to review the quarterly narrative reports and provide assistance when requested.

Further discussion between providers and DBH is necessary to help determine the utility of the information provided; benefits; and frequency necessary.

Next Step: By the beginning of FY17 quarterly reporting, DBH should have fully implemented this recommendation (100% completion). We were asked to develop a narrative report whose format is flexible enough to permit the grantee to share with DBH a true picture of the context and environment in which the grantee is functioning, with grantees continuing to provide the minutes/records of full board and board committee meetings to DBH. We initiated this change in part during FY16, by adjusting the questions to be more agency focused, rather than requesting general feedback. We anticipate the revised FY17 Narrative Report format to meet the intent of this recommendation for all agency quarterly reports.

5.	**Return to 6-month CSR Schedule OR Decouple Administration of the CSR from Mandatory Treatment Plan Updates (Adults Only)**

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

Changing the current frequency of the Client Status Review (and requisite Treatment Plan update) as it was prior to Dec 2011 requires a regulatory change. Although there has been some discussion about balancing perceived standards of care against costs associated with the more frequent review, no definitive information is available that the change will be included in any pending change in regulation.

DBH Response:

The Division supports a return to the 6-month CSR schedule.

The CSR is one of the three instruments we utilize as part of the Performance Management System.

The current requirement for conducting a client status review every 90 - 135 days was implemented in part to provide a change-over-time measure. Approximately 63% of all new recipients remain in treatment for six months to a year or more. The remaining 37% of new recipients drop out of treatment prior to conducting a second CSR.

The proposed change to 180 days should still allow us to collect the same amount of change-over-time data that we currently collect.

6. Eliminate Required AKAIMS Reporting for Services Not Funded by DHSS

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

Requests to DBH, and to behavioral health treatment providers, for data from all payer sources is administratively burdensome and costly. More work needs to be done to identify the nature of the requests, the response, and the associated costs and benefits to determine more beneficial alternatives.

DBH Response:

The state does not have flexibility in this area due to our need to meet the National Outcomes Measurement System (NOMS) reporting requirements of the federal government's Substance Abuse Prevention & Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG). Under 7 AAC 78.200 the grantee is obligated to meet the minimal data set for all clients as outlined below in 7 AAC 78.200.

7 AAC 78.200, entitled "Reports," reads:

(a) To receive grant money under this chapter, a grantee must

(1) submit financial and progress reports in accordance with the requirements of the grant agreement; and

(2) if requested by the department,

(A) furnish the department with confidential information about the recipients of services paid for, in whole or part, by the grant and comply with applicable state and federal statutes and regulations, including department regulations, regarding the submission of that information; and

(B) provide other information that the department considers necessary to evaluate the efficacy of service delivery or compliance with applicable state and federal statutes and regulations .

(b) The grantee shall submit reports required under (a) of this section in accordance with instructions provided to the grantee by the department.

7. Expand Annual Service Limits for Behavioral Health Medicaid Services

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

Data analysis from Health Care Services' MMIS payment system can help inform this discussion. Data analysis capability was unavailable as HCS, Xerox, and DBH focused on billing system issues and system changes associated with Medicaid Expansion. The Division of Behavioral Health has hired a contractor to assist in policy review including examining this issue.

DBH Response:

DBH has taken steps to increase service provision by recommending that the regulations be revised to allow Comprehensive Community Support Services (CCSS) to be provided to a family, and also to allow Peer Support Services (PSS) to be provided in a group setting.

DBH has already researched the need for an increase in service limits for Individual, Family, and Group Psychotherapy. New service limits have been recommended for each of the psychotherapy services, and the proposed changes are currently under review by the department.

DBH will also explore service limit increases for the following services*:

- Case Management (T1016)
- Therapeutic Behavioral Health Services for Children (H2019, H2019-HQ, H2019-HR, H2019-HS)
- Comprehensive Community Support Services (H2015, H2015-HQ)

NOTE: The consideration to increase the psychotherapy limits was dropped under Director Stone. In agreeing to explore an increase to service limits now, we are obviously obligating the Division to renew efforts to change the limits, an effort that will require collaboration with HCS/Xerox and the Office of Rate Review, and department approval.

**This effort will require development of a Fiscal Impact Statement (FIS).*

8. Develop Clear and Consistent Standards and Policies for DHSS Audits, Site Visits

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

As policy is being developed, DBH has reduced the number of site visits and audits conducted without cause. This issue requires a broader effort and current legislation is being considered that could begin to address it.

Next Step: DBH's reorganization plans, legislation presently before the Legislature, and a larger behavioral health system re-design effort will address these issues. [Reference: SB74].

9.	**Align DHSS Quality Assurance Processes with Accreditor Processes to Eliminate Duplication of Effort**

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

DBH is currently working to identify overlap in QA as well as any necessary quality control measures that would need to be in place beyond the national accreditation requirement. Some discussion about granting accredited providers "deemed status" has been underway. Larger QA changes (such as creating a class of providers with deemed status) may require regulatory change.

Next Step: The Division believes that within the next few years the efforts to redesign the state's behavioral health system will greatly impact this issue. Additionally, in the immediate future, the Division will address these issues as a part of its continuing discussions around the division's reorganization.

10.	**Eliminate Requirement for Enrollment Prior to Brief (Non-Emergency) Services**

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

Existing regulation may allow for this service. DBH policy needs to be developed and released clarifying allowable practice.

DBH Response:

Providing the information for the AKAIMS Minimal Data Set is a requirement for each individual receiving care in CBHC programs. We do see flexibility in the use of Crisis Intervention Services for clients who may only be seen once or twice and who can be treated with a Brief Intervention Model. We are working on Division policies to clarify how the Crisis Intervention Services form can be used to manage this situation. We do understand the need for short term treatment without-full enrollment in AKAIMS. In addition, we want to mention that providers may use the SBIRT (Screening, Brief Intervention, and Referral to Treatment) model to deliver services. Though currently limited to substance use disorder treatment, SBIRT allows for multiple contacts for "brief intervention services." SBIRT services can be delivered outside of the primary care setting.

11. Eliminate Discharge Requirement for SMI Clients

Progress:

20%	40%	60%	80%	100%
green = progressing	yellow = some difficulty	red = stalled/challenge		

This recommendation may require additional discussion and consideration. An approach allowing for greater flexibility to a segment of those receiving treatment may be more appropriate than a more universal policy.

DBH Response:

The Division has federal reporting requirements and quality of care issues that make this problematic; we are required to report discharge data on all substance abuse treatment clients. Especially under some of the recommendations in the Medicaid Redesign report, discharge information is key to managing a system of behavioral health care.

The Division will provide formal guidance and technical assistance on a streamlined process for re-opening a closed record for the agencies. We are willing to continue to discuss this matter with providers, but we are looking for acknowledgement here that formally discharging clients in AKAIMS is important.

Bottom line: federal reporting requires Admission and Discharge reporting of all recipients, and an update status at least once per year if the recipient is not discharged. For year-end service counts, all recipients must be currently enrolled in a program and have received at least one service as reported through the Encounter Note data within AKAIMS.

We are most willing to continue to discuss the DBH's needs around recipient discharge and a discharge CSR.