



2017 Change Agent Conference
November 30



Randall Burns and Friends!

The Division's Continuing Reorganization

- ▶ Created a Deputy Director Position (to be posted soon)
- ▶ Transferred two (2) Prevention & Early Intervention Staff to the Office of Substance Misuse and Addiction Prevention (OSMAP) and moved the other two positions to another Section; there is no longer a separate P&EI Section at DBH
- ▶ Stacy Toner, the Division's Operations Manager, is retiring on January 5
- ▶ *The Division's Legislative Liaison is Lauree Morton*
- ▶ *The Division's Regulations Master is Rick Calcote*
- ▶ *Systems & Policy Section - Shaun Wilhelm is Chief*
 - ▶ The Research & Analysis Unit (Grant Rich is Lead)
 - ▶ The AKAIMS Unit (Michael Walker is Lead)
 - ▶ The HIE and Provider Onboarding Projects
- ▶ *Quality Assurance & Prevention Services – Brita Bishop is Chief*
 - ▶ Adult Services Unit (Deedee Raymond is Lead)
 - ▶ SUD & Prevention Services Unit (Katie Chapman is Lead)
 - ▶ Recovery Support Services Unit (Susan Musante is Lead)
 - ▶ Children & Adolescent Services Unit (Brita)



The Division's Continuing Reorganization

- ▶ ***Medicaid Provider Assistance Services*** – Terry Hamm is Chief
 - ▶ Department Approval for Providers
 - ▶ Medicaid Technical Assistance
 - ▶ Provider On-Site Reviews
 - ▶ Prior Authorization Reviews
- ▶ ***Administrative Services*** – Linda Brazak is Chief
 - ▶ Northern Support Office (Angela Asplund is Lead)
 - ▶ Juneau Support Office (Dave Nugent is Lead)
- ▶ ***Justice-Involved Services*** – Tony Piper is Chief
 - ▶ *The ASAP Unit* (Susan Draveling is Lead)
 - ▶ *The Therapeutic Courts Unit* (Stacy Schamber is Lead)
- ▶ ***Tobacco Unit*** – Joe Darnell is Lead



The Newest DHSS Program: OSMAP

- ▶ **The Office of Substance Misuse & Addiction Prevention**
 - ▶ Organized directly under the Department's Chief Medical Officer (Dr. Jay Butler)
 - ▶ OSMAP Lead: Andy Jones
 - ▶ Mission
 - ▶ The State's lead agency in the Governor's Response to the Opioid Crisis
 - ▶ Staffing and roles of OSMAP Team



The Division's Continuing Reorganization

And last but most definitely not least:

- ▶ *Alaska Psychiatric Institute – Ron Hale is CEO*
 - ▶ *Dr. Tony Blanford is the Chief of Psychiatry*
 - ▶ *Gavin Carmichael is the COO*
 - ▶ *Sharon Bergstedt is the Director of Nursing*
 - ▶ *Jacqueline Adelman is the Quality Assurance Director*
 - ▶ *Mark Kraft is the Chief of Social Work and the API Admissions Screening Office Lead*



API Construction Project and Staffing Issues

- ▶ Alaska Psychiatric Institute (API) is regularly inspected by a national accreditation organization, the Joint Commission. Accreditation from the Joint Commission is required for Medicaid and Medicare reimbursement.
 - ▶ While API passed its inspection, the Joint Commission is now holding hospitals to a level of patient care standard that requires retrofitting patient bedroom doors and bathroom fixtures.
 - ▶ In order to make these changes and meet the new requirements, the project has been split in two phases, involving all five of the hospital's patient units:
 - ▶ Phase 1: December 2017 – April 2018, API will reduce its adult admissions by 10 beds to refurbish three wings of the hospital.
 - ▶ Phase 2: (If necessary) Fall 2018 – API will reduce its adult admissions by up to 18 beds to refurbish its two remaining wings.
 - ▶ API will continue to follow its normal admissions procedures and accept referrals to the hospital. Court-ordered involuntary patients awaiting a bed at API will also be referred to the mental health units at Bartlett Regional Hospital in Juneau and Fairbanks Memorial Hospital as happens now.
 - ▶ API will use these required closures as an opportunity to address some of the existing deferred maintenance needs. In addition, staff and volunteers will add murals to the walls in the adolescent wing.
 - ▶ Project updates and notice of unit closures will be available on [the API website](#) beginning December 1.
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Bed Capacity Concerns

- ▶ Please keep us informed:
 - ▶ Length of stays of court-ordered individuals awaiting transfer to API or the two DET hospitals (Bartlett or FB Memorial)
 - ▶ Persons awaiting transfer from a jail cell
 - ▶ Difficulties with local community hospitals/Emergency Departments
 - ▶ Difficulties with local magistrates or judges
 - ▶ We have heard – because of our notice to the Court System and all four of the courts area administrators of the bed reduction at API – that some magistrates are not signing orders for hospitalization because of the known transfer delays, denying the petitions for hospitalization, and seeking instead a “screening investigation” by a local BH center provider or a contract “investigator”
 - ▶ How the “evaluation every 24 hours” is impacting your PES staff



Recently Approved CONs for Psych Beds

- ▶ **MatSu Regional Hospital – building a 36 bed psychiatric hospital as an addition to its existing hospital**
 - ▶ Should Open in 2021 at the latest
 - ▶ Will apply to become a DET hospital (accepting court-ordered involuntary patients)
 - ▶ Will also set aside up to 9 beds for medically managed withdrawal management (ASAM 3.7)
 - ▶ Not subject to the IMD exclusion



Recently Approved CONs for Psych Beds

- ▶ Alaska Regional Hospital – will have 24 psychiatric beds as a result of remodeling an existing floor within its hospital
 - ▶ Will apply to make half of its beds DET beds
 - ▶ Will also provide some level of withdrawal management
 - ▶ Will also provide a mental health day treatment program for persons discharged from their inpatient unit (to help keep an affordable length of stay for the hospital and to avoid filling up with difficult to place individuals)
 - ▶ Should open up in early 2019
 - ▶ Considering some substantial renovations to its ED as well



Concerns for Providers in these Areas

- ▶ Significantly additional pressure on local providers to accept new patients as a part of the discharge planning with these MH Units' social work staff
 - ▶ A need for local residential treatment beds for persons coming out of withdrawal management who agree to seek longer term treatment
 - ▶ A need to work with these hospitals to help them respond to any ongoing community pressure to become something that they are not – for example, the CONs did not suggest that either of these hospitals are going to function as large withdrawal management programs for persons with opioid addictions – they are mental health hospitals with some limited short-term (5 days) medically managed withdrawal capacity
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Quality Assurance & Prevention Section

- ▶ Supplemental PES Grant Award Process
- ▶ Program Sustainability
 - ▶ FY18 Medicaid Accountability Reviews
 - ▶ Billing Capabilities
- ▶ Best Practices with a Focus on Accountability
 - ▶ Adolescent & Family BH Conference w/Early Childhood Mental Health Institute
 - ▶ Annual School Support (including special Matrix Model Training)
 - ▶ SBIRT and Motivational Interviewing
- ▶ Updates to the Program Service Type Documents
- ▶ DBH Website is in the process of being updated
- ▶ SUD residential bed availability and Psychiatric Acute Care availability website will soon be active (replacing the more static Comprehensive Daily Census Report)
- ▶ Other matters



Medicaid Provider Assistance Services

▶ Section Updates:

- ▶ Complex Behavioral Collaborative
- ▶ Problem solving: DBH and Providers have to partner to find solutions for very complex, difficult to place children and adults with multiple diagnoses, including dually diagnosed IDD and MH individuals, TBI, FASD, severe trauma victims, etc.
- ▶ Limits on the Number of Random UAs – a Work Around is Coming
- ▶ Out of State RPTC Referrals (and Planning for Client Returns to AK)
- ▶ Use of DBH Medicaid Provider Assistance Website to Get Your Questions Answered
- ▶ Provider Technical Assistance – On Site Visits
- ▶ Other Matters



The Behavioral Health Medicaid Rebasing Project

- ▶ The BH Medicaid Rebasing Project will be publicly noticed by the Office of Rate Review early in the new year (2018)
- ▶ The notice will state the cost to the State of its share of the Medicaid match (slightly less than 50%) resulting from increases in the BH Medicaid rates
- ▶ The current intent remains that in the fiscal note to the regulations announcing the new Medicaid BH rates that DHSS will affirm that it will pay for the State's share of the cost of the Medicaid rebasing by a reduction in the Division of Behavioral Health's grants line



Regulation Project Updates

- ▶ Autism Services Regulations
- ▶ RSS Regulations
- ▶ Regulations recognizing the impact of SB 74 (non grantee participants providing services to BH Medicaid clients)
- ▶ 1115 Waiver Demonstration Regulation Impacts



How DBH Will Change Over the Next 18 months

- ▶ DBH staff will be focused on writing the ASO contract
 - ▶ DBH staff will be forming teams to work on key areas, many of which involve provider input and discussion:
 - ▶ Working with providers to identify the EBPs that will be a part of the new system
 - ▶ Community outreach and engagement
 - ▶ Licensing and credentialing
 - ▶ Rate Setting
 - ▶ Program Standards
 - ▶ Workforce Development
 - ▶ Financial
 - ▶ Data
 - ▶ Quality Monitoring
 - ▶ DBH staff will begin shifting our focus to ensuring we have the capability of successfully monitoring the ASO
 - ▶ We want to be sure that we are comfortable that consumers and providers will have the supports they need during the transition of the 1115 waiver and the introduction of an ASO to assist us in managing the reformed system
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