



Increasing Timely Access to Intensive Care Coordination

- Facilitated by Tara Fischer/MBHP

What We'll Cover Today

- Our commitment to timely access to care
- MCEs' persistent outreach, network management and technical assistance activities & target goals
- Tips for timely access
- "To do list"

CBHI Strategic Priorities

1. Increase timely access to appropriate services
2. Expand array of community-based services
3. Reduce health disparities
4. Promote clinical best practice and innovation
5. Establish an integrated behavioral health system across state agencies
6. Strengthen, expand, and diversify workforce
7. Mutual accountability, transparency, and continuous quality improvement

The 3 Day ICC Service Specification

- “ICC staff offer a face-to-face interview with the family, which shall occur within three (3) calendar days to assess their interest in participation and gain consent for service”

This means that:

- Any youth/family that has not been offered an ICC appointment within 3 days of contact with the family is on the waitlist

Guideline for Medicaid Timely Access & Wraparound Engagement

- **Medicaid:** Once offered an initial appointment the youth/family is no longer considered waiting (*regardless of whether the family takes the appointment*).
- **Wraparound:** CSA is persistent in making multiple attempts to meet with the family as part of the Engagement Phase of Wraparound

Give The Family Options To Support Informed Choice Around Waiting

- In the event a neighboring CSA is able to see the family within 3 days , offer to coordinate with the other CSA to see the family within 3 days
- For families seeking a preferred staff, offer them the option of the first available appointment with the first available care coordinator as appropriate
 - In your CSA Monthly Data workbook Record:
 - this date as the “date initial appointment offered”
 - “referral status” as “waiting for preferred staff”

Engagement

...this phase provides an opportunity to begin to shift the family's orientation to one in which they understand they are an integral part of the process and their preferences are prioritized."

- E. J. Bruns & J. S. Walker (Eds.),
- *The resource guide to wraparound*

Use Any Means Necessary To Offer The Family An Appointment

- Voicemail
- Letter
- Outreach

- In your CSA Monthly Data workbook
 - Record this date as the “date initial appointment offered” (*even when the family doesn’t take this appointment*)
 - When indicated record referral status as “family not yet reached”

The 3 Day ICC Service Specification: Data and Wait Targets

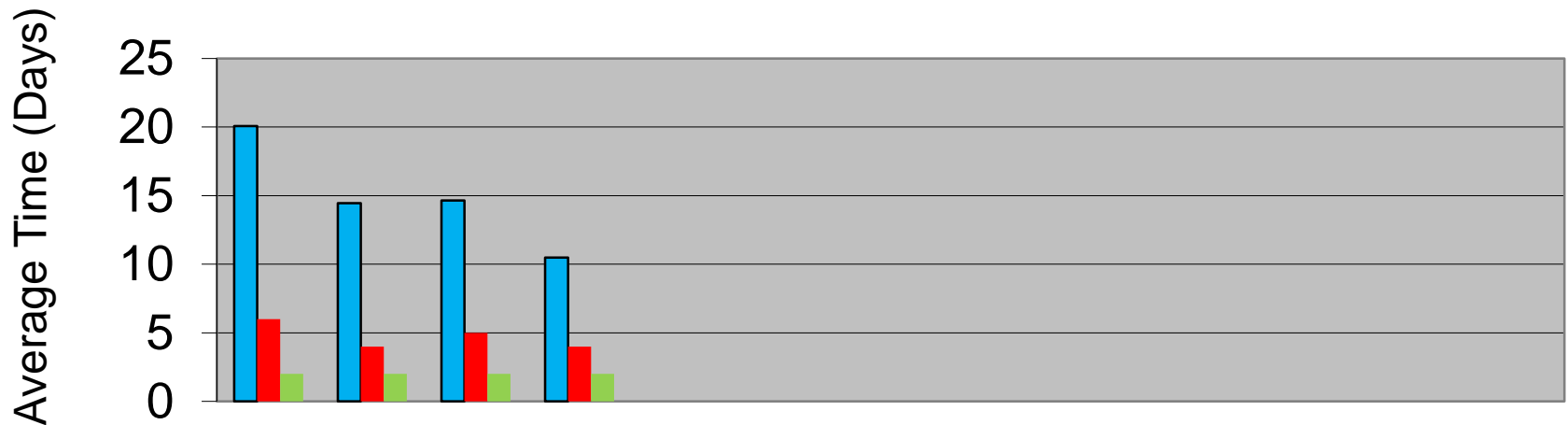
- Focus: Every youth waiting over the target number of days for ICC
 - **Target #1:** 30 days (Oct) 20 days (Nov) 10 days (Dec)

- Focus: Average time it takes to offer families an ICC appointment
 - **Target #2:** 3 days or less

“Cooperation is the thorough conviction that nobody can get there unless everybody gets there.”
~Virginia Burden



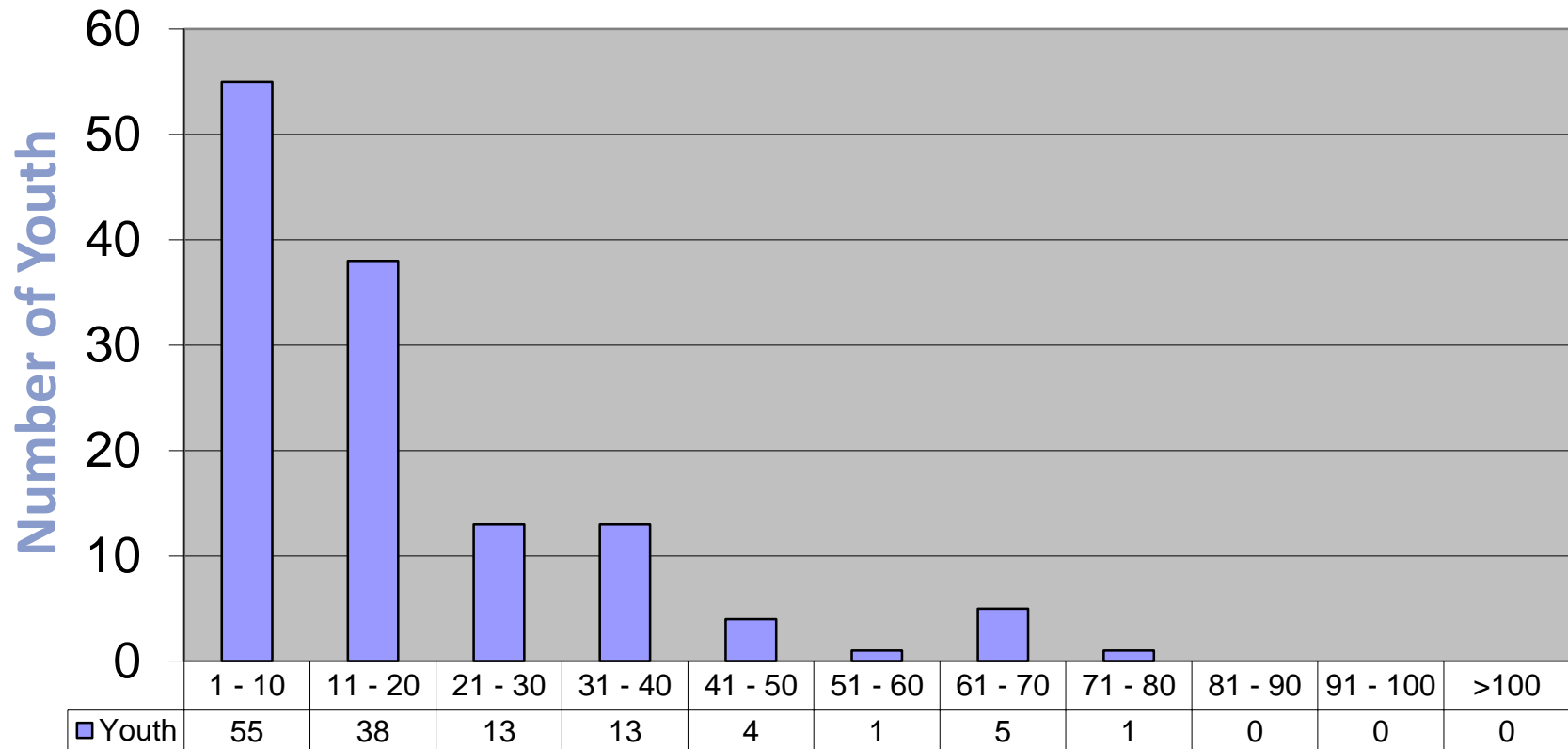
Average Time From Family Request To Date Offered For Initial Appointment To Occur For Youth Starting ICC In Fiscal Year 2012



		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	Average Time (Days)	20.1	14.4	14.6	10.5								
	Median Time (Days)	6.0	4.0	5.0	4.0								
	Mode Time (Days)	2	2	2	2								
	Youth	369	377	328	366								

Distribution Of Youth Waiting For ICC

By Days Waiting - October 2011



Number of Days

Tips From CSAs on Promoting Timely Access to ICC Services

- Offering 1st available appointment
- Documenting 1st available appointment
- Hiring Process
- Creating A Culture Of Timely Access

Tips On The Initial Call To The Family And Offering The First Available Appointment

- ❑ Assign referrals right away
- ❑ Keep a running tab of who is closing and who has openings on a white board
- ❑ When the CC/FP is out, check their schedules and offer the family an appointment with that worker within the 3 days
- ❑ Have the CC's reserve specific intake times in their schedule
- ❑ Use an intake coordinator to schedule first available appointments with first available CC
- ❑ Establish a protocol for when there are no ICC appointments available in the next 72 hours
 - ❑ Have the Sr. ICC or Program Director offer a time
 - ❑ Have the Program Director find an ICC who can accommodate the appointment time
- ❑ Have office manager gather referral /demographic information & run insurance eligibility. Then immediately transfer call to a Senior CC to schedule.
- ❑ When you reach an answering machine leave a message with the first available appointment time

Tips On Documenting First Available Appointment In The CSA Monthly Workbook

- Once the CC has been assigned, s/he documents when the appointment was offered

Tips On Trigger For Starting The Hiring Process

- ❑ Be flexible in expanding and hiring
- ❑ Prioritize not having a waitlist and gain permission to hire ahead of time
- ❑ Establish a process to analyze referral flow/caseload lists/productivity
- ❑ Interview when there are a few (~6) openings left & no one ready to graduate
- ❑ When a staff resigns, or the current staff is almost full (10 slots left among all the staff) immediately send the staff requisition letter to HR
- ❑ Even if the referrals slow down keep an open position available so you can hire quicker when a staff vacates their position
- ❑ When you interview more applicants than open positions, ask if they would like to be considered for a future position. Don't complete a full interview when you call them back – expedite the process

Tips On Creating A Culture Of Timely Access To Care

- ❑ Stress seriousness of mandates to staff, set staff expectations to comply with them
- ❑ Discuss fidelity dates, programmatic requirements, and mandates during new staff training
- ❑ Review fidelity dates, programmatic requirements, and mandates during coaching, group supervision and staff meetings
- ❑ Establish a weekly internal report to review fidelity data for referrals and allow for transparent checks and balances

CSA To Do List – All CSAs:

- Send CSA Monthly Data Workbooks to MBHP on the 8th of the month. Please Ensure:
 - Data is accurate
 - Program Director:
 - is aware of the number of youth and length of wait reported to the MCEs & to MassHealth
 - is actively addressing access to care issues at the youth and system level

CSA To Do List – CSAs With Youth Waiting Over The Target Number Of Days

- Complete CSA Follow up spreadsheet for youth waiting over the target # of days & Send to YNM
- If there are youth waiting (over the target) **because there is no provider with availability nearby:**
 - ▣ Send TA team updated Development Plan that includes tasks/timeline to address screening, referral, & triage processes, as well as staffing & hiring patterns, etc within 5 days of request

MCE To Do List – When CSA Has Youth Waiting (Over The Target) **Because There Is No Availability Nearby:**

- TA Team contacts CSA to troubleshoot:
 - Screening to be sure the youth is waiting for ICC
 - Whether there is a neighboring CSA that could see the family within 3 days
 - Triaging referrals to other behavioral health services on a timely basis and
 - Ensuring ICC caseload and staffing pattern promote access and quality of care

MCE To Do List – When CSA Has Youth Waiting (Over The Target) **Because There Is No Availability Nearby:**

- TA team requests/reviews Development Plans and provides technical assistance as needed:
 - Linkage with CSAs who have had success in developing agency infrastructure to support timely access to care
 - Review MCE Guidelines for Managing Referrals to ICC
 - Review MCE Guidelines for Timely Access to Care
 - Review Tips From CSAs on Promoting Timely Access to ICC Services
- MCE Outreach to family to ensure access to other behavioral health services when indicated

What To Expect If Your CSA Experiences Persistent Untimely Access

- Urgent phone or in person conference between TA team and CSA Director, which may result in a revised Development Plan and/or:
 - Urgent in person or phone conference between TA team, CSA Director and one or more of the following:
 - CSA agency CEO or other senior staff
 - MBHP Statewide Youth Network Manager or Regional Director
 - MCE Behavioral Health Directors
- Formal written corrective action plan



The bad news is time flies.

*The good news is
you're the pilot.*

- Michael Altshuler