Levels of Care

Are You Ready to Launch your Levels of Care?

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Under a MCO Management Model the **Value** of Behavioral Health Service providers will depend upon:

1. Accessibility (Fast Access to all Needed Services)
2. Efficiency (High quality Services at Lowest Cost)
3. Electronic Health Record capacity to connect with other providers in the BH/IDD arena and quickly with physical health providers MCOs.
4. Focus on Episodic Care Needs and Treat to Target Models
5. Ability/Willingness to participate in Bundled/Case Rate Shared Risk Payment Models
6. Produce Outcomes!
   - Engaged patients using natural support networks
   - Help patients self manage health, wellness and recovery
   - Reduce need for emergent/high-cost services
Workforce Shortages

SAMHSA reports the U.S. needs about **4.5 million additional behavioral health professionals**\(^1\).

The current behavioral health professional workforce is about 700,000 individuals.

The estimated need for that workforce is 5.17 million, a shortage of 87%.

Shortages are most pronounced among behavioral health of 1.1 to 1.4 million

- Peer Support 98% Shortage
- Addiction Psychiatry 97%

Florida Health Behavioral Health Association \(^2\)
Innovation
• It all starts with an assessment/evaluation of identified needs and strengths.

• Treatment begins with an evaluation of the person’s current mental health, their ability to perform daily living skills, and overall safety of self and others.

• The emphasis is on symptoms and function with measurable targets to improve function in domains that are measurable.
A set of objective and evidence-based behavioral health criteria used by both provider organizations and health plans to standardize coverage determinations, promote evidence-based practices, and support a person's recovery, resiliency and wellbeing.
Transitions Across Levels of Care

• As the client responds to treatment, the ICD-10 Diagnosis is modified to indicate the changes using data (e.g. Dx code). A simple example: Client begins treatment with a MDD, Recurrent, Severe with Psychotic Features TO a MDD, Recurrent, Moderate without Psychotic Features after 60 days of treatment using an EBP.

• The Discharge or Transition Criteria are focused on improved or changes in symptoms and functioning.
Levels of Care Rationale

Consider These Challenge Questions

- Assess your readiness as a provider:
  - Can you show effectiveness along meaningful outcomes?
  - Is the client/consumer experience positive?
  - Care when client wants/needs it?
  - Is the care efficient/cost-effective?
  - Is all the care coordinated among a team of providers to eliminate redundancies, create synergy and improve care outcomes?
  - Partnership with clients/consumers?
Medical necessity is defined as serious symptoms and serious impairment in functioning, e.g., daily living activities.

Based on assessed needs (DLA-20) and approved diagnosis (ICD-10, DSM-5), services are designed to improve (or prevent worsening of) functioning and symptoms, as reflected within an individualized plan of service; a qualified practitioner identifies and targets, at an appropriate intensity and duration, clinically appropriate services and interventions.

Commonly referred to as “the Golden Thread,” these areas are “sewn” throughout the assessment, treatment planning, and progress notes; further reassessments repeated over time to measure outcomes.

Source: (Recovery: Federal Register, Section 1905(a)(13) of the Act and 42 CFR § 440.130(d))
Actual stays/services may be lower or higher than in guidelines. Length of stay/services varies per individual and is based on medical necessity.
LOC and Recovery

All services, interventions, and resources aim towards a state of health and recovery, and to help maintain that while in their home/community.
How Level of Care Can be Used

• Required by network providers to utilize

• Standardizes the guidelines-reduces variance

• Consistent with the Triple Aim and Medical Necessity—Improved outcomes, cost—effectiveness, and improved experience of healthcare

• Could resolve rate disputes and be outcome driven for greater value.
Poll Question #1

What is the percentage of Evidenced Based Practices in your center?
Crosswalk from Average Composite DLA-20 Scores to ICD-10 Severity of Illness and DSM-5 Counts of Serious Disturbances (Strengths>=5)

- DLA-20 >= 6.0 = Adequate Independence; No significant to slight impairment in functioning

- DLA-20: 5.1- 6.0 = Mild impairments, minimal interruptions in recovery
  - ICD 10 4th digit modifier = 0 Severity Index
  - DSM-5 # symptoms: few and mild (mGAF tallies)
  - WHODAS 2.0 Self-report average score <=2
  - LOCUS (generally crosswalks) Level 1
Crosswalk from Average Composite DLA-20 Scores to ICD-10 Severity of Illness and DSM-5 Counts of Serious Disturbances

- DLA-20 4.1- 5.0 = Moderate impairment in functioning
  - ICD 10 4th digit modifier = 1 severity index
  - DSM-5 count of serious symptoms: 1-3 serious symptoms/disturbances
  - WHODAS 2.0 Self report average score 3
  - LOCUS (generally crosswalks) level 2 or ASAM Level 1
### Sample LOC Benefit Design

**CMHC Benefit Package Design – Level of Care Guidelines**  
**Adult Services**

#### Level of Care # 3

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>AMOUNT</th>
<th>AVERAGE COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diagnosis/Assessment</td>
<td>Maximum of 2 contacts</td>
<td></td>
</tr>
<tr>
<td>2. Crisis Interventions</td>
<td>As medically necessary</td>
<td></td>
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<tr>
<td>3. Counseling/Psychotherapy</td>
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</tbody>
</table>
   - Individual: Up to 8 sessions per 90 days AND/OR  
   - Family Therapy: Up to 8 sessions per 90 days AND/OR  
   - Group: Unlimited as needed | |
| 4. Medication/Somatic Services | 2-3 contacts per 90 days (exceptions for medication protocols as needed) | |

#### Program-specific Criteria:
- Evaluation for SPMI
- Evaluation for Psych Rehab (PR)

#### Possible Descriptors:
- No imminent danger to self or others
- Moderate structure and supports in his/her life
- Everyday functioning is seriously impaired, meaning serious impairment in work, school, stable housing, relationships, law - or -
- Impairments in judgment, thinking, mood, anxiety - or -
- Impairment due to anxiety, other symptoms (hallucinations, delusions, severe obsessive/rituals), passive suicidal ideation
- Potential for compliance is good

#### Transition/Discharge Criteria:
- Stable on medications
- Self-administers medications
- Means of obtaining meds when discharged
- Community integration
- Community support
- Medical needs addressed
- Moderate symptoms
- Moderate impairments in functioning
- Client is goal directed
- Employed or otherwise consistently engaged (volunteer, etc.)
- Client has a good understanding of illness
- Family or significant other(s) understand and support the client and the illness

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Presented by: MTM Services
LOC Uses in Open Access

- Ensures the consumer will receive the correct services at the needed frequency, intensity and duration.
- Discharge planning begins at the intake appointment.
- Caseloads can be balanced based on acuity.
- Establishes a commitment and treatment partnership through transparency.
LOC in Open Access

Level of Care Criteria
Adult Services

Date: ____________________________________________
To: ____________________________________________

was screened at the Access Center on ____________. They are scheduled with
__________________________________________ on _____________. Their level of care is calculated at a 1.

<table>
<thead>
<tr>
<th>Level of Care #1</th>
<th>Service</th>
<th>Amount</th>
<th>Add-Ons</th>
<th>Average Cost</th>
</tr>
</thead>
<tbody>
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</table>

**Indicators of Level:**
- DSM-5 Axis I Diagnoses (V-codes excluded), And
- DLA 5.1 or Higher

**Possible Descriptors:**
- No recent history of hospitalizations
- No imminent danger to self or others
- Good structure and support in home/living setting
- Some difficulty in a single area but generally functioning pretty well
- Potential for compliance good to strong
- Person presents as stable other than presenting behavior
- No crisis management typically required

**Discharge Criteria:**
- Client is goal directed and has good understanding of problems
- Evidence of natural community support
- Stability on medications (if prescribed)
- Medical needs addressed by PCP if needed
- Ability to demonstrate coping skills/problem solving
- No substance abuse
- Employed or otherwise engaged in the community
- Family member or significant other understands the illness

<table>
<thead>
<tr>
<th>Level</th>
<th>Service</th>
<th>Recommended Length of Services</th>
<th>Add-Ons</th>
<th>Average Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diagnosis/Assessment</td>
<td>Maximum of 2 contacts</td>
<td>+ Prevention</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Crisis Interventions</td>
<td>As needed, no maximum</td>
<td>+ Hotline Services</td>
<td></td>
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<tr>
<td>3.</td>
<td>Counseling/Psychotherapy:</td>
<td>Individual: Up to 8 Sessions</td>
<td>Psychiatric Evaluation,</td>
<td>Mental Health</td>
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<tr>
<td></td>
<td></td>
<td>Group: As needed</td>
<td>completed within 1 week</td>
<td>Education and</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>of admission if needed</td>
<td>Referral</td>
</tr>
<tr>
<td>4.</td>
<td>Medication/Somatic Services</td>
<td></td>
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LOC Uses in Supervision

- Implementing and/or evaluating effectiveness of EBP within the LOC.
- Regular monitoring of progress over time resulting in updating and adjusting care as needed
  - Positive change - Achieved and being removed from the treatment plan.
  - Positive change - Continue current interventions to improve functioning further and ensure stability.
  - Partial response/No response/ or decline in functioning - reevaluate goals and interventions with consumer to determine what changes are necessary based on the data.
- Caseload management
  - Severity
  - Exceptions due to slower than expected treatment responses.
Example of Exception Form

Request for Additional Sessions

- Client Name: __________________
- MRN:_____________________
- Date of Request: ____________
- Requesting Provider: __________
- Admission DLA-20 Score: ______________
- Current DLA-20 Score: ______________
- Current Level of Care: ______________
- Total Sessions Completed to Date: ___________

List all services the client is receiving:
1. ___________________________
2. ___________________________
3. ___________________________

Current Treatment Plan Goals
1. ___________________________
2. ___________________________
3. ___________________________

Response to Treatment for each Treatment Plan Goal listed above (include progress and motivation for each goal):
1. ___________________________
2. ___________________________
3. ___________________________

Describe Level of Compliance with Current Treatment Recommendations:

Describe Current Support System for Client and Changes in any Areas of Functioning:

Justification for Additional Services based on Medical Necessity. Additionally what interventions will be implemented to assist the Client in achieving the goal:

How many additional sessions are being requested? __________
Target DLA-20 score in the functional area being addressed? __________

Clinician Signature: __________________

Director of Outpatient Services
Approved: [ ] Additional number of services approved: [ ]
 Denied: [ ] Reason for Denial: ______________

Signature of Outpatient Director: __________________

Presented by: MTM Services
LOC Uses for Leadership

• Analyze the acuity and trends of the population served and if their needs are being met with the current service delivery models.
• Manage community needs vs capacity by using resources and care more efficiently.
• Greater knowledge of costs associated with each LOC.
• Prepares you for integrated service arrangement with the broader healthcare system (health homes, MCO’s, etc.).
Barriers to MBC and LOC Implementation

American Psychological Association: The Need for a Measurement Based Care Professional Practice Guidelines

• Three Levels of Barriers to Address:
  • Patient Level
  • Provider Level
  • Organizational Level
Barriers to MBC and LOC Implementation

• Patient Level
  • Perceived burden of too much paperwork or too many questions being asked.
  • Not relevant to treatment
  • Fear the results will impact treatment decisions.
Barriers to MBC and LOC Implementation

- Provider Level
  - Concerned with resources (time, billable activity, etc.)
  - Lack of understanding of MBC/LOC and its importance in the treatment process.
  - Concerned with how the data might be used beyond treatment decisions.
  - Change Fatigue/Overload
Barriers to MBC and LOC Implementation

• Organizational Level
  • Lack of an EMR or automatic feedback system
  • Increased administrative time burden
  • Financial costs associated with the EMR or MBC tool
  • Turn over of staff
  • Lack of support at the leadership level
Poll Question #2

• What level has the most barriers for your organization as it relates to successful implementation of MBC and LOC?
Keys to Success

- Identify, remove and/or minimize any barriers that will prevent compliance with MBC and LOC.
- **Clarify roles of staff**
- Assess and address training needs to ensure technical and core competency expertise.
- Provide frequent and honest communication opportunities with staff.
- All staff must demonstrate fluency in MBC=cultural shift!
Questions, Feedback and Contact Information:

• Questions ???

• Contact Information:

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