

APPENDIX A: RECOMMENDATIONS



Methods for achieving the recommendations below may include:

- ❖ A state-level forum where information can be shared and “best practices” discussed.
- ❖ Discussion with other states to learn about their protocols and policies around EBIs, which could provide insight into new ways that Pennsylvania can effectively support EBI implementation and sustainability.
- ❖ The development of cross-systems “best practice” guidelines and policies for counties, BH-MCOs, and other stakeholders, which take into consideration issues such as funding, utilization, and timely access to services, and provide a comprehensive approach to supporting the sustainability of EBIs statewide.
- ❖ The inclusion of provider and perhaps family representatives to ensure guidelines meet the challenges faced “in the field.”
- ❖ Distribution of information through the EPISCenter newsletter for county leadership and other avenues where county and MCO stakeholders are the audience.

CHALLENGE	RECOMMENDATIONS: STATE LEVEL	RECOMMENDATIONS: COUNTY LEVEL	RECOMMENDATIONS: PROVIDER LEVEL
Underutilization (capacity exceeds use)	<ol style="list-style-type: none"> 1. Provide Juvenile Probation Offices and Juvenile Court Judges with information about where each EBI “fits” with the YLS. 2. Targeted TA from a team of state partners to counties that continue to place a high number of youth, yet are underutilizing existing EBIs. 3. Ensure the state is not imposing client eligibility criteria that are more restrictive than the models’ criteria, except where necessary by regulation. 4. Collaborate with the Department of Drug and Alcohol Programs to expand providers’ ability to serve youth with substance use issues, consistent with the model(s). 5. (Address barriers with regard to access to funding and delayed start of services, which impact utilization.) 	<ol style="list-style-type: none"> 1. Develop proactive processes for facilitating referrals to EBIs. 2. Utilize local collaborative boards to identify and overcome barriers to referrals. 3. Utilize county-level data to ensure local capacity is matched to a clear need. 4. Eliminate any local limits on the referral population. 	<ol style="list-style-type: none"> 1. Share outcome data that effectively communicates with stakeholders and collaborative boards how the local community benefits from the EBI. 2. Communicate referral challenges and successes to local collaborative boards / stakeholder groups. 3. Develop avenues for communicating “success stories” to local referral sources. 4. Continue to develop strong, collaborative relationships with key stakeholders at the local level.

CHALLENGE	RECOMMENDATIONS: STATE LEVEL	RECOMMENDATIONS: COUNTY LEVEL	RECOMMENDATIONS: PROVIDER LEVEL
Delayed start of services	<ol style="list-style-type: none"> 1. Develop best practice guidelines that encourage BH-MCOs to pre-certify EBIs and offer a clear process for doing so. 2. Provide counties with clear information, shared through multiple avenues, regarding the role that county funding plays in supporting youths' immediate enrollment in treatment. 3. Work with the Office of Income Maintenance to develop a policy supporting expedited MA- enrollment of youth referred to EBIs. 	<ol style="list-style-type: none"> 1. Allocate sufficient county funds to EBI services, so that youth who are not yet MA-enrolled or for whom services are not promptly authorized for MA payment can begin services immediately. 	<ol style="list-style-type: none"> 1. Work with BH-MCOs to establish a process for accessing retro-eligibility for youth with MA, which would allow billing from the date the MA application is submitted as opposed to the date it is processed.
Focus on quantity over quality of services	<ol style="list-style-type: none"> 1. Promote reimbursement policies that are consistent with the evidence-based models, by keeping direct service requirements to a minimum while providing an incentive for good outcomes. 2. Develop specific guidelines regarding reasonable productivity expectations for each service, based on clearly identified billable activities and provider data. 		

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Administrative demands that overwhelm existing resources	<ol style="list-style-type: none"> 1. Provide best practice guidelines that propose stream-lined processes for accessing both MA and county funding. 2. Programs need staff to coordinate and monitor MA enrollment and access funding. This could be supported through increased rates that allow providers to hire additional support staff to perform these roles. Another possibility is a flat “case management fee” paid by counties for the costs incurred by providers. 3. Move EBIs out of the Program Exception category by developing EBI-specific regulations that are consistent with the models and provide clear guidance around issues such as client eligibility, staff qualifications, training, authorization, and funding. 4. Identify ways that other states have minimized additional documentation while remaining compliant with federal Medicaid guidelines. 	<ol style="list-style-type: none"> 1. Stream-line processes for accessing both MA and county funding for services. 	<ol style="list-style-type: none"> 1. Network with other providers to determine what has worked for others.
Financial Losses	<ol style="list-style-type: none"> 1. Establish written guidelines for counties regarding the necessary county contribution for an EBI to be sustainable, both in terms of service activities that must be covered even in the presence of MA funding and overall level of county funding necessary to sustain a program. Consider best practice guidelines that encourage a “supplemental rate” to cover costs that are not MA-allowable. 2. Develop a clear policy regarding what aspects of the service are MA billable and 	<ol style="list-style-type: none"> 1. Block Grant pilot counties: Maintain existing levels of funding to EBIs. 2. Partner with providers to identify specific aspects of the service that need county funding and ensure funding matches need. 3. Eliminate limits on the number of youth that can be MA funded, where such limits exist. 	<ol style="list-style-type: none"> 1. Report information about sustainability needs and challenges to local collaborative board. 2. Track financial impact of EBIs through monitoring of placement rates.

encourage consistency across BH-MCOs regarding billable activities. This would facilitate recommendations 3 and 4.

3. Higher rates of reimbursement that take into account current information about billable activities and the unique challenges of administering an EBI compared to traditional mental health services.
4. Revisit the Fee-for-Service rate for MST and FFT, which has not been changed since 2005.
5. Use current cost information to establish a range for adequate rates, based on clear billable activities and reasonable productivity guidelines.
6. Identify ways to reinvest underspent Special Grant funds in order to support EBIs.
7. Closely monitor the impact of Human Services Block Grants on county support of EBIs.
8. Develop additional funding sources that cover non-MA-allowable costs for youth who are not county referred (e.g., referrals from schools or the mental health system).