

Consent Decree Agreement Overview

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February 23, 2021



New Compliance Standards

- 17 objective, measurable, & attainable standards
- Focused on:
 - Timely access
 - Management and enforcement of contracts & rules
 - Effective use of Riverview Psychiatric Center capacity
 - Reporting
- Agreement of the Parties
- Definition of substantial compliance

Timely Access

Measure: Days between referral to a Private NonMedical Institution (PNMI; MaineCare Section 97 Appendix E) and acceptance of Department referrals for clients who are inpatient.

Standards:

Acceptance decisions are communicated within 5 business days of referral for at least 80% of referrals.

Except in cases where Department approval for refusal is granted, at least 80% of referrals are accepted within 5 business days from referral or from rejection of authorization to refuse referral.

Measure: Days between referral and admission to PNMI for clients who are inpatient.

Standard:

Excluding situations when discharge is delayed due to inpatient adult not being clinically ready for discharge, at least 80% of referrals are admitted to a PNMI bed within 30 calendar days from the date of referral.

Measure: Length of time on waitlist for Bridging Rental Assistance Program Voucher.

Standard:

Vouchers are issued on average within 14 calendar days for eligible adults discharging from a psychiatric facility, those who are categorized as homeless based on United States Housing and Urban Development (HUD) definition of literal homelessness, and those who are being released from incarceration.

Timely Access

Measure: Days between referral and initial face to face assessment for Community Integration services.

Standards:

Face-to-face assessment occurs within 7 business days of referral for at least 60% of referrals, excluding those who agree to be put on hold for service.

Face-to-face assessment occurs within 30 calendar days of referral for at least 85% of referrals, excluding those who agree to be put on hold for service.

Measure: Days between referral and initial face to face assessment for Assertive Community Treatment services.

Standard:

Face-to-face assessment occurs within 7 business days of referral for at least 60% of referrals, excluding those who agree to be put on hold for service.

Face-to-face assessment occurs within 30 calendar days of referral for at least 85% of referrals, excluding those who agree to be put on hold for service.

Measure: Days between referral and admission of adults to Behavioral Health Home (BHH).

Standards:

Admission occurs within 7 business days of referral for at least 60% of referrals, excluding those who agree to be put on hold for service.

Admission occurs within 30 calendar days of referral for at least 85% of referrals, excluding those who agree to be put on hold for service.

Timely Access

Measure: Days between Department referral and admission for Medication Management.

Standards:

At least 75% of adults referred by the Department will be provided medication management service within 7 calendar days of discharge from psychiatric inpatient treatment.

At least 85% of adults referred by the Department will be provided medication management service within 14 calendar days of discharge from psychiatric inpatient treatment.

Measure: Percent of adults who are readmitted within 30 calendar days of discharge from Crisis Stabilization Units (CSU).

Standard:

Adults are readmitted to a CSU within 30 calendar days from discharge less than 20% of the time.

Measure: Psychiatric inpatient admission within 30 calendar days of discharge from Crisis Stabilization Units.

Standard:

No more than fifteen percent (15%) of adults discharged from Crisis Stabilization Units are admitted for inpatient psychiatric treatment within 30 calendar days.

Timely Access

Measure: Response times to requests to Maine Crisis Line (MCL).

Standard:

In at least 90% of cases, phone calls are responded to within 10 seconds, and texts/SMS and emails are responded to within 120 seconds.

Measure: Time from determination of need for face-to-face contact or when adult in crisis was ready and able to be seen to Initial face-to-face contact as a result of call to the MCL.

Standards:

More than half of adults determined to need face-to-face assessment are seen within 2 hours of referral to mobile crisis.
At least 85% of adults determined to need face-to-face assessment are seen within 3 hours of referral to mobile crisis.

Measure: Time between completion of Initial face-to-face Crisis Assessment contact and Final Disposition/Resolution of crisis.

Standard:

More than half of adults have disposition/resolution within 3 hours of completion of initial face-to-face crisis assessment.

Measure: Percent of adults involuntarily admitted for psychiatric treatment as the final disposition from a call to the MCL.

Standard:

Less than 5% of adults in crisis are involuntarily admitted for psychiatric treatment as the final disposition from a call to the MCL.

Management and Enforcement

Measure: Number of requests for rejection of referral granted for reasons other than staffing ratios, capacity, or not meeting eligibility criteria per MaineCare rule.

Standard:

Less than 5% of requests to reject referral for reasons other than staffing ratios, capacity, or not meeting eligibility per MaineCare rule are granted.

Measure: Number of referral rejections or terminations of services without authorization that result in sanctions.

Standard:

Violations of contract provisions or MaineCare rule provisions requiring prior approval before rejecting referrals or terminating services result in sanctions at least 95% of the time.

State Hospital

Measure: Riverview Psychiatric Center makes effective use of its capacity for inpatient hospitalization.

Standards:

RPC maintains licensing, accreditation by the Joint Commission, certification by the United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS), and maintains funding levels calculated to meet those accreditation and certification standards.

70% who remain ready for discharge discharged within 7 calendar days of determination maximum medical benefit from inpatient care

80% remain ready for discharge discharged within 30 calendar days of determination maximum medical benefit from inpatient care

90% who remain ready for discharge discharged within 45 calendar days of determination maximum medical benefit from inpatient care

Reporting

Measure: The Department provides timely quarterly reports on each standard to the Court Master and Plaintiffs' Counsel.

Standard:

Reports are provided no later than 60 calendar days after the end of each quarter.

Agreement of the Parties

- Definition of substantial compliance: meet all standards at least 4 quarters out of 6 consecutive quarters
- Expand DRM Scope of Work into community (in addition to State Hospitals) to assist with obtaining timely access to services, providing training & education regarding rights; assisting with administrative hearings; & bringing any concerns to the attention of OBH regarding providers' compliance
- Maintain funding for Consumer Council System of Maine
- Office of Behavioral Health designated person & phone number to assist with challenges accessing services

Implementation

- MaineCare Rule to include “Protections for Persons with Serious Mental Illness”
 - Complete for Section 65 (medication management and crisis)
 - In progress for Section 97 (PNMI E)
 - Soon to follow for Section 17 (ACT, CI, etc) & Section 92 (BHH)
- Authorization portals in Kepro Atrezzo system for permission to decline referrals & terminate services; will facilitate tracking
- Development of “hold” status in Atrezzo
- OBH staff identified & number available
- Budget initiative to expand DRM contract

Questions?

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