

2007 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 07-S-400KADULTRECOVERY

Please provide the following information, adding space as necessary:

State: Oklahoma

Assign Program Category (applicant): Health and Human Services (Use list at end of application)

1. **Program Name:** Adult Recovery Collaborative
2. **Administering Agency:** Oklahoma Department of Mental Health and Substance Abuse Services/Oklahoma Health Care Authority/Oklahoma Department of Human Services.
3. **Contact Person (Name and Title):** Dan Alcorn, Adult Recovery Collaborative Project Manager
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9. **Please provide a two-sentence description of the program.**

This project seeks to transform the behavioral health service delivery system for the State of Oklahoma. There are multiple components involved among various agencies, including program development, administrative and direct services to consumers, and benefits in administration, as well as information systems.

10. How long has this program been operational? Note: the program must be between 9 months and 5 years old on April 2, 2007, to be considered. July 2003

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

The mental health and substance abuse service system has evolved, piecemeal, over time into a complex and often fragmented system containing a number of different agencies and providers. Primary responsibility for mental health and substance abuse services to low-income adults is shared between Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma Health Care Authority (OHCA) with eligibility for Medicaid services determined by Oklahoma Department of Human Services (OKDHS). This splintering of responsibilities presents Oklahomans with a confusing and often uncoordinated process for obtaining assistance and creates situations where consumers often do not receive the most appropriate clinical and support services they need. Due to uncoordinated care, accesses to Medicaid services is sometimes delayed and in some cases Oklahomans who might be eligible for Medicaid services do not get enrolled in the program at all.

Providers have different contracts, service authorization processes, claims filing and reporting requirements for each system.

The current systems do not permit evaluation of combined treatment outcomes or support cross-system care coordination. Data elements are not easily integrated; there no common IDs for providers, consumers or services and there is no immediate access to combined data for planning and analysis. Communication processes between providers and agencies is not consistent.

The Adult Recovery Collaborative was formed to develop a comprehensive and cost-effective solution for delivering mental health and substance abuse services to Oklahoma adult consumers. The mission of ARC is develop and implement modifications to the outpatient behavioral health delivery system serving Oklahoma adults that will enhance the quality of services provided, focus those services upon recovery and the needs of the consumer, and ensure that state and federally funded health care is purchased in the most efficient and comprehensive manner.

12. Describe the specific activities and operations of the program in chronological order.

2003 – Agencies conducted variety of meetings for planning, discussion and information gathering with staff and representatives of consumer advocacy organizations. Framework of recovery system developed.

2004 – An ARC Project paper was created that described the mission, goals and objectives for ARC. A project management structure was established. A Steering Committee and Workgroup members were identified.

2005 – A fulltime, designated Project Manger was identified and allocated to the ARC. A Planning Advanced Planning Document (P-APD) was submitted and approved by the Centers for Medicare and Medicaid Services providing enhanced federal financial participation for planning activities for ARC. Work groups were given assigned tasks; meetings were conducted to identify issues and make recommendations. Stakeholder meetings were conducted to garner input for possible enhancements to the service delivery system.

Program of Assertive Care Team (PACT) was implemented statewide; Family Psycho-Education and Illness Management and Recovery, evidenced-based practices were developed; 73 Recovery Support Specialists (individuals in recovery with lived experiences) were certified as part of our goal to develop and implement statewide consumer workforce.

2006 – Work Group meetings continued. Mapping business processes began, as well as, initial System Requirements Gathering meetings. Statewide meetings with stakeholders were held to develop and implement statewide streamlined intake and assessment function to simplify access to services. ODMHSAS and OHCA worked to standardize service definitions, rules, rates, screening and assessments and submitted rule changes to each agency for Board approvals.

ARC presentations were made at national conferences.

13. Why is the program a new and creative approach or method?

The program involves the coordination of three independent state agencies to make program, policy, system, and functional changes to operate more efficiently, and effectively, to serve Oklahomans in need.

Oklahoma through ARC is planning an interoperable behavioral health (mental health and substance) data collection, claims payment and processing system that will integrate ODMHSAS into the Medicaid Management Information System (MMIS) claims processing system. Oklahoma has received approval of the P-APD from CMS for enhanced federal funding for the planning phase of the project.

As an initial step in the integration of MMIS, DMHSAS has established connectivity to MMIS for certain users which allow real time access to Medicaid data for analyzing and reconciliation.

While some states are utilizing the web application process for certain agency specific services, the development and planned implementation of web-based

application process for Medicaid and mental health and substance abuse services (across agencies as well as, consumers and providers) is unique to Oklahoma.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

Costs thus far have been reallocation of salaries and benefits for those agency staff who are assigned and working on ARC activities. In 2005 a fulltime project manager was hired and is also supported by several administrative staff. These planning activity costs are supported by federal financial participation with each agency paying the state share match in accordance with the state's cost allocation plan.

15. What are the program's annual operational costs?

\$400,000 for staff resources

16. How is the program funded?

ARC is funded by each of the three agencies state appropriations. The state is eligible to receive federal financial participation from CMS at the enhance rate (90/10) for ARC planning activities in accordance with the state's cost allocation plan and the approved P-APD.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

None required.

18. What equipment, technology and software are used to operate and administer this program?

The Project is still in the planning and early system development stage and no equipment has been purchased. The project is utilizing a software mapping tool developed especially for behavioral health.

Once fully implemented the project will be purchasing a range of technology products including reusable commercial off-the-shelf software, as well as re-engineering the MMIS software and hardware to support the design.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Originated and unique to Oklahoma.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

We are not aware of any similar programs in other states.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

No. Some elements have been implemented but others are still in progress. Major activities still in progress include integrating the claims payment systems and creating the web-enabled eligibility application. Specific activities include completion of Requirements Gathering and decisions of the final system design; finalization of Implementation Plan, training development and stakeholder coordination.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Although the project is still in the planning stage, the state has recognized the benefits of state agencies coming together, increasing communications and identifying current processes needing transformation and what can be achieved on a short term basis while developing the longer term solution.

23. How has the program grown and/or changed since its inception?

Since inception the project has expanded to include the web-based application process for both Medicaid reimbursable services and behavioral health services paid by ODMHSAS with state appropriations, private and federal grants.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Coordination and consensus from multiple state agencies having responsibility for state programs including the state Medicaid program.

In Oklahoma, mental health and substance abuse services are under the auspices of one agency, ODMHSAS, which allow for a single agency decision making. OHCA, as the single state agency for Medicaid by statute is required to contract with DHS for the determination of Medicaid eligibility. States that have a more diverse or fragmented organizational structure for these responsibilities may have barriers in building consensus and collaboration to develop a broad

transformation for program behavioral health service delivery system and system integration into MMIS.