

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Weber

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Access & Eligibility for Mental Health and/or Substance Abuse Clients

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

The Weber Human Services (WHS) Executive Management team continues to review all potential financial resources to determine our ability to "open" mental health services to the residents of our catchment area. For the current fiscal year, we have had the ability to deliver services to the following groups: 1) Anyone (adult or youth) in Weber or Morgan County who has Medicaid is eligible for all Medicaid covered Mental Health services (covered services may vary by Medicaid eligibility type); 2) In Morgan County we are able to provide in county outpatient services to all Medicaid and unfunded youth. We continue to have discussions with the Morgan County Council to identify other treatment gaps; 3) Civilly Committed individuals are eligible for all medically necessary outpatient mental health services within funding availability but we do not pay for non-Medicaid inpatient services; 4) 24 hour phone crisis services are available to all Weber and Morgan county residents through the Utah Crisis Line with warm hand-off follow-up services as needed through the WHS MCOT; 5) In person crisis services are available during normal business hours to all Weber and Morgan County residents; 6) On occasion, as uninsured youth inpatient cases arise that are causing significant impact on our community, we will coordinate with our community partners and use resources such as outplacement dollars to cover critical mental health services (actual services depends on the individual case); 7) MCOT services are available to all residents of Weber and Morgan Counties; 8) WHS provides direct services to the unfunded/underfunded of our community with the primary focus of unfunded/underfunded services being with those on a civil commitment, a few with Medicare only (limited slots), and those who have recently lost Medicaid; 9) Any non-Medicaid adults seeking outpatient mental health services will be screened by a WHS therapist and if they determine that the client most likely has a mental health diagnosis, the individual will be given a voucher to access an evaluation and initially 4 individual therapy sessions (additional individual therapy sessions can be given on a case-by-case basis and within funding limits--funding currently provided by the WHS Foundation); 10) Non-Medicaid youth can be served using unfunded, MHBG, County Funds, Early Episode Psychosis, Early Intervention, State General Funds or through the SMR team as authorized through the SMR hierarchy.

Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?

Within funding, all Weber and Morgan County residents are eligible to receive outpatient and intensive outpatient substance use disorder services with a qualifying diagnosis. Limited residential services are available through the WHS Men's Residential Facility, the WHS Women's and Children's Residential Facility, and occasionally through contracts with First Step House and Odyssey House. Individuals are screened and evaluated for appropriate ASAM level placement. We do not currently have a cap or wait list for outpatient or intensive outpatient services. In the event that capacity is reached and funding limits do not allow for additional expansion of resources, individuals seeking services who are low risk

and do not meet priority population criteria, may be placed on a wait list if they decide not to access services elsewhere.

WHS offers same day access appointments for clients to complete the assessment and to begin the treatment process at one time. Clients are typically able to have a follow-up appointment with their provider within 8 days of their initial session.

WHS also provides medication assisted treatment (MAT) to approximately 120 individuals per year. These services are provided at WHS and other contracted community MAT providers (Clinical Consultants, Aloha Behavioral, Discovery House, and BAART).

In the event that there is a need for inpatient detox services, clients are screened and referred for treatment on a single case agreement with Ogden Regional ACT. Financial resources are severely limited for this purpose and are used only when absolutely necessary. Social detox services are available through a contract with the Lantern House and through our Men's Residential facility (based on funding).

Recovery support services are also available to all treatment clients, within budget limits, and PATR authorized individuals.

What are the criteria used to determine who is eligible for a public subsidy?

A potential client must first meet eligibility criteria for admission (see above). If the potential client appears to meet the income eligibility requirements for Medicaid but has not yet applied for Medicaid, WHS will assist the individual in applying for Medicaid. Once the Medicaid application is finished (including any follow-up required by Medicaid), if the individual is denied Medicaid, they will be eligible for services under the sliding fee schedule.

If the individual appears to meet Medicaid eligibility criteria but refuses to apply for Medicaid, and is not civilly committed nor an individual who meets the federal block grant priority population definition, they will be denied services and will NOT be eligible for a public subsidy.

Crisis services will still be available for all Weber and Morgan County residents.

If an individual seems to be impaired to the point that they are unable to reasonably make a decision about applying for Medicaid or other insurance, they will be considered for a public subsidy on a case-by-case basis.

Any individual that does not appear to be eligible for Medicaid will receive a public subsidy based on their income and family size. This is applied through the sliding fee scale.

How is this amount of public subsidy determined?

Sliding fee schedule.

How is information about eligibility and fees communicated to prospective clients?

Customer services staff attempt to verify and document a person's income to apply it to the sliding schedule. The fee resulting from this calculation is then written on the client's Rights and Responsibilities statement, which is then signed by the client and a copy is given to the client and the original scanned into the client's clinical record.

Are you a National Health Service Corps (NHSC) provider? YES/NO

In areas designated as Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.

No

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.**

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

WHS maintains very few subcontracts for treatment services. The WHS Compliance Supervisor, or designee, is responsible for initiating, maintaining and monitoring all subcontracts for treatment of a mental health or substance use disorder, including MAT. She maintains a log of all contracts to track the contract expiration date (if applicable), the DHS treatment license expiration date (if applicable), and the liability insurance expiration date. She will contact the subcontractor when those dates are approaching to determine if the contract needs to be continued and if so to update the supporting documentation. The WHS Compliance staff conduct an annual audit of a sample of services reimbursed to the contractor to ensure that the services are appropriately delivered and documented in compliance with Medicaid and DSAMH standards.