Human Services Research Institute

Using the 1915(i) SPA to Fund Behavioral Health Services

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Black Tie Optional Session

Agenda

- Key Features of 1915(i)
- Current Gaps in Behavioral Health Service Coverage
- Target Populations and Needs-Based Criteria
- Current Behavioral Health Services Covered by 1915(i) by State
- Stakeholder Engagement
- Behavioral Health Self-Direction

Questions

- How many people attended the Monday intensive on the new regulations for 1915(c) and 1915(i) SPA on Tuesday or the session just before this one?
- How many people attended the Wednesday session on the new regulations for 1915(c) and 1915(i) SPA focusing on Person Centered Planning?
- How many people here have 1915(i) currently approved in their state?
- How many are having discussions on pursuing a 1915(i) SPA to cover mental health or substance abuse services?

1915(i) State Plan HCBS — Key Features

- Section 1915(i) established by DRA of 2005. Effective January 1, 2007
- State option to amend the state plan to offer HCBS as a state plan benefit
- Unique type of State plan benefit with similarities to HCBS waivers
- Breaks the “eligibility link” between HCBS and institutional care now required under 1915(c) HCBS waivers
- 1915(i) was modified through the Affordable Care Act with changes that became effective October 1, 2010

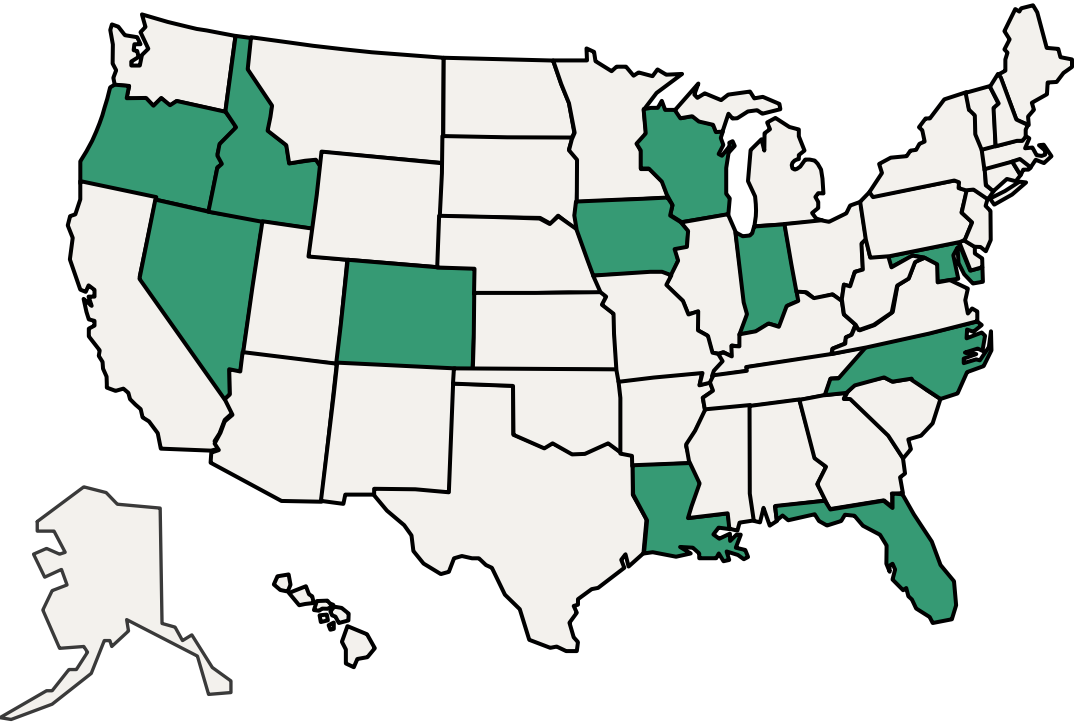
Benefits of 1915(i)

- Expands coverage to services/items not traditionally covered by Medicaid
- Adding Section 1915(i) with services specifically targeted to SMI population expands the array of services available to these individuals
- Opportunity for innovative payment strategies (case rates, etc.) and administrative simplification

Benefits of 1915(i)

- States can phase in services or individuals over 5-year time span
- Opportunity to pay for entire EBPs; not just certain components
- Has more requirements related to quality and beneficiary rights than other state plan options
- Initial 1915(i) can have a limited array of services; states can expand later

States with 1915(i) SPAs with a Mental Health Focus

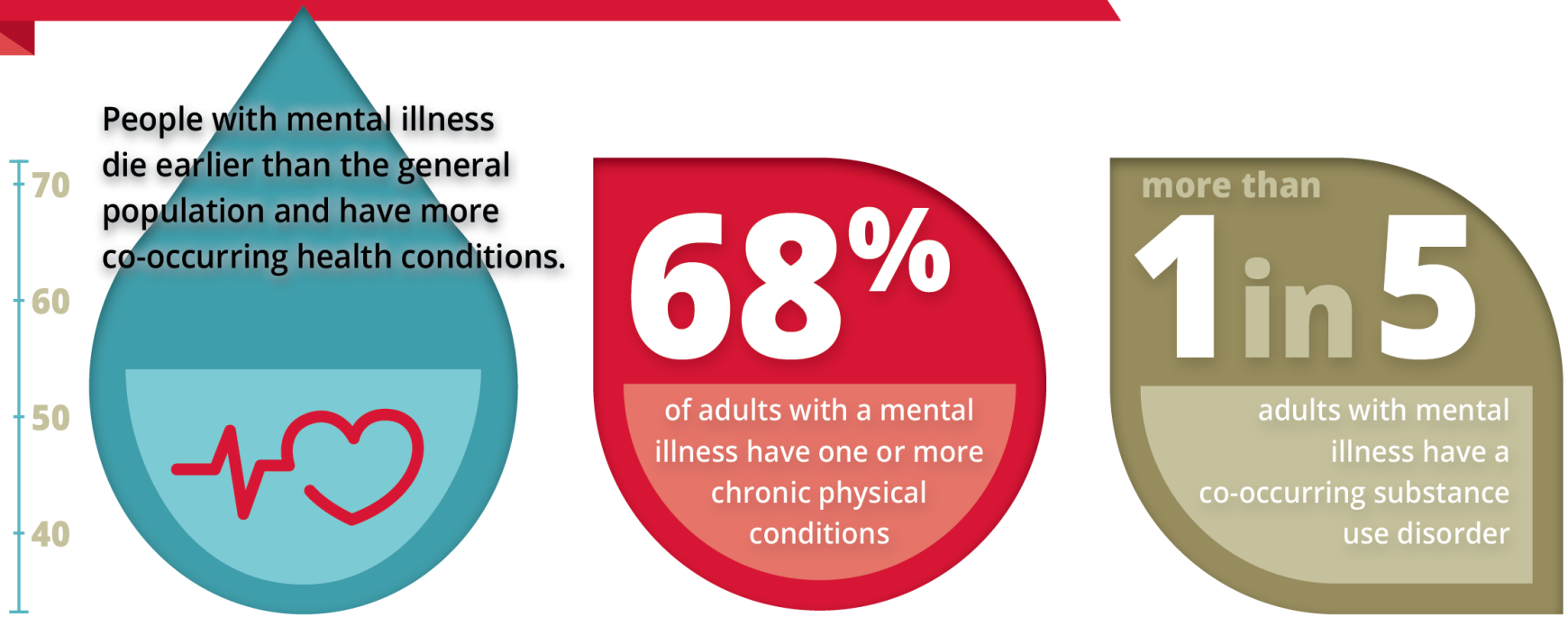


- Iowa
- Nevada
- Colorado
- Wisconsin
- Idaho
- Florida
- Indiana
- Louisiana
- Maryland
- Montana
- North Carolina
- Oregon

Many states in the planning process

Mental Health System Planning: See the Whole Puzzle

The PROBLEM



Slide from the SAMSHA-HRSA Center for Integrated Health Solutions

SAMHSA's "Good and Modern" Behavioral Health Service Domains

- Health Homes
- Prevention and Wellness Services
- Engagement Services
- Outpatient and Medication Assisted Treatment
- Community Supports and Recovery Services
- Intensive Support Services
- Other Living Supports
- Out-of-Home Residential Services
- Acute Intensive Services

SAMHSA's "Good and Modern" Behavioral Health Service System

Supported Employment	Supported Housing	Motivational Interviewing	Peer Support	Self-Direction
Crisis Support	Medication Management	Assertive Community Treatment	Outpatient Therapy	Health Homes
Education and Outreach	Screening and Brief Intervention	Intensive Inpatient	Case Management	Residential Support
Substance Abuse Treatment	Wellness Recovery Support	Wraparound Services	Psychiatric Rehabilitation	Assessment and Evaluation

Medicaid State Plan Services

Supported Employment	Supported Housing	Motivational Interviewing	Peer Support	Self-Direction
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State Challenges

- Financial Risk
  - Challenge of predicting numbers who may use the new service(s) and projecting utilization patterns
- “Conflict of Interest” standards
  - Mental health system structure makes this challenging for some states
- Integrated setting requirements

HCBS Rules

To ensure that individuals receiving long-term services and supports have:

- Full access to benefits of community living, and
- The opportunity to receive supports in the most integrated setting

Affect Home and Community Based Services (HCBS) Programs programs under 1915(c), 1915(i), and 1915(k) Medicaid authorities

1915(i) Needs-Based Criteria

- Determined by an individualized evaluation of need (e.g., individuals with the same condition may differ in ADLs)
- May be functional criteria such as ADLs
- May include State-defined risk factors
- Needs-based criteria are not:
  - Population characteristics
  - Institutional levels of care
- Needs based criteria can be combined with targeting (e.g. age, diagnosis or condition)

Independent Assessment

1915(i) requires an Independent Assessment and Individualized Care Plan

- Face-to-face
- Determines necessary level of services & supports
- Evaluates functional needs
- Consults individual as well as family/significant others & treating providers as well as individual
- Reviews consumer history
- Establishes individualized plan of care

Individualized Care Plan

Person-centered care plan development:

- Based on the independent assessment
- Developed in consultation with individual, treating providers or others
- Identifies necessary home & community-based services to be delivered
- Should prevent inappropriate care
- Beneficiaries must be reevaluated at least every 12 months to see if service needs have changed

Provider of the services may not conduct evaluation, assessment, or care plan development.

Populations Currently Covered by the 1915(i)

Youth Populations

- Youth with serious emotional disturbance
- Justice-involved youth with SED
- Youth with SED residing in the community

Adult Populations

- Adults with serious mental health conditions
- Adults 35 and older with primary mental health diagnosis
- Adults 19 and older with primary mental health diagnosis
- Adults with acute mental health stabilization needs
- Adults with psych rehabilitation needs

Needs Based Evaluation Process Examples

- DJJ conducts evaluations and six-month reevaluations for eligibility
- Medical Services Unit performs evaluations
- Assessments conducted by site and submitted to operating agency with the process overseen by state agency
- Evaluations performed by an Administrative Services Organization (ASO)

Needs–Based Criteria: State Examples

- Needs daily assistance due to a mental health issue with at least two ADLs at least one hour per day
- Demonstrated BH need, demonstrated impairment in self-management, lack of natural supports for MI management, not a danger to self or others, ANSA level 4 or higher for intensive community-based care
- Functional impairment in ADL/IADLs, risk of harm, need for supervision, or functional deficits secondary to cognitive and/or behavioral impairments

Needs-Based Criteria: Youth Assessment Tool Examples

- Positive Achievement Change Tool (PACT)
- Child and Adolescent Needs and Strengths (CANS)
- Early Childhood Service Intensity Instrument (ECSII)
- Child and Adolescent Service Intensity Instrument (CASII)

Needs-Based Criteria: Adult Assessment Tool Examples

- Adult Needs and Strengths Assessment (ANSA)
- Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)
- 1915(i) Home and Community Based Services Universal Needs Assessment Tool
- Functional Eligibility Screen for Mental Health and Mental Health and AODA (Co-Occurring) Services

1915(i) Services

Any of the statutory 1915(c) services:

- Case management
- Homemaker
- Home Health Aide
- Personal Care
- Adult Day Health
- Habilitation
- Respite Care

- For Chronic Mental Illness:
  - Day Treatment or Partial Hospitalization
  - Psychosocial Rehab
  - Clinic Services

Through changes under the Affordable Care Act, States can also offer "Other" services

Services Currently Covered by the 1915(i)

Services	Services
• Individual and group therapy • 24-hour crisis therapeutic support • Case coordination and management • Supported employment • Child mental health wraparound	• Addiction counseling • Peer support • Medication training and support • Physical and behavioral health care coordination • Psychiatric rehabilitation • Supported housing

Sample State Draft 1915(i) Services

- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment (CPST)
- Mobile Crisis Intervention
- Peer Supports
- Habilitation Services
- Residential Supports in Community Settings
- Short-term Crisis Respite
- Intensive Crisis Respite
- Family Support and Training
- Non-Medical Transportation
- Supported Employment
- Supported Education
- Self-Directed Services

Sample State 1915(i) Services

Child Mental Health

- Wraparound facilitation
- Habilitation
- Respite care
- Family support & training for unpaid caregivers

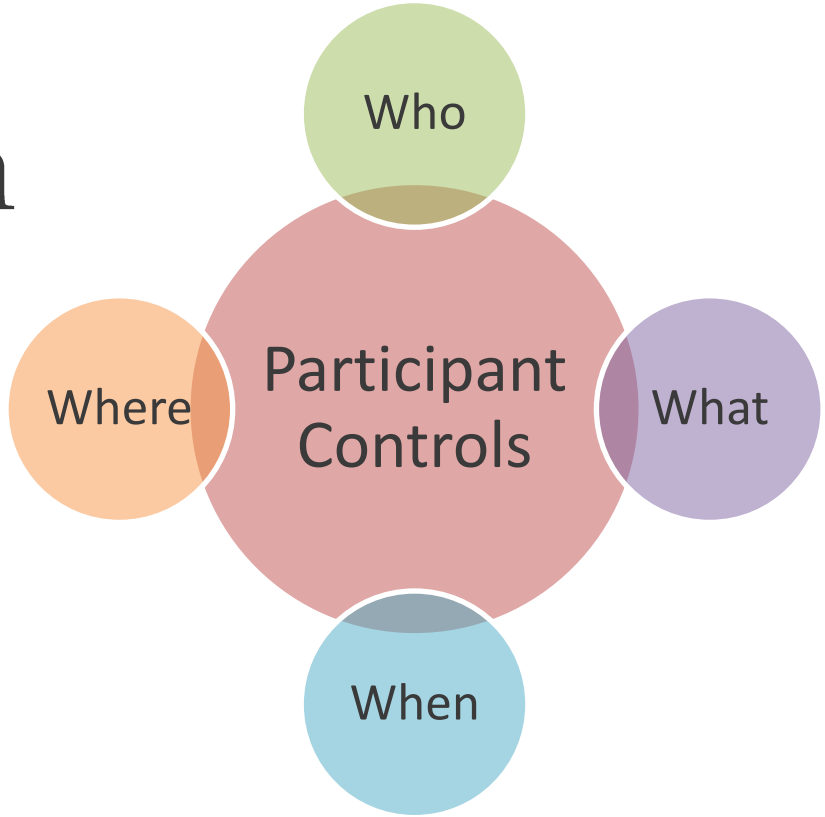
Adult Mental Health

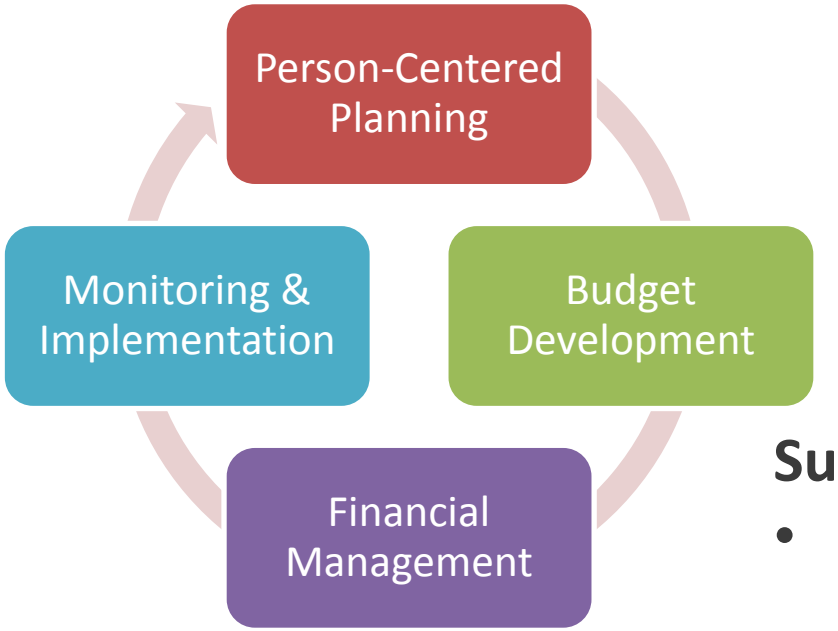
- Group and individual HCB habilitation and support
- Respite care
- Individual and group therapy
- Addiction counseling
- Peer support
- Supported community engagement
- Care coordination
- Medication training
- BH and PH care coordination

Stakeholder Engagement Sample State Process

- Soliciting written feedback
- Public hearings / focus groups
- Informational webinars
- Convening workgroups

Self–Direction in Behavioral Health





Support and Facilitation

- Supports brokerage – assist participant in planning and budget development
- Fiscal intermediary – hold and disburse funds, monitor purchases

Self–Directed Mental Health Programs

Florida SDC	• Largest and longest-standing, 330 participants in two sites • Funded through state general revenue
Delaware County, Pennsylvania	• Randomized study with 75 people self-directing, partnering with Magellan managed care • Program coordinator and support brokers are peers
Texas Northstar	• Uses braided Medicaid, state, and local funding • ValueOptions serves as fiscal intermediary
Michigan Self-Determination	• Available to all mental health service users in Michigan • Minimal take-up thus far though enrollment is increasing
Other Programs	• Use primarily supplementary budgets for discretionary funds • Fewer than 50 participants in Oregon and Maryland

Final Thoughts

- State's should seriously consider the 1915(i) option to fund mental health and substance abuse services and:
  - Bring federal funds to replace state dollars
  - Reduce or more appropriately reallocate costs over time
  - Fund inexpensive services that greatly enhance recover (e.g. peer support, respite)
  - Provide for State control over services covered, functional eligibility criteria, providers that are deemed qualified and the phase-in timetable

HCBS TA Available

- Determining what authority will best meet your objectives
- Providing guidance on major features of §1915(i), including developing needs-based criteria and self-directed services
- Providing guidance on major features of Section 1915(j), including the services to be self-directed and development of a person-centered service and budget plan
- Advice on integrating §1915(i) with other services, such as 1915(c) waiver services
- Providing clarification and assistance with the application process
- Identifying and addressing common barriers to implementation

HCBS TA Examples of Topics

- HCBS (1915(i) and 1915(c))
- Self-Directed Personal Assistance Services State Plan Option (1915(j))
- Community First Choice option (1915(k))
- Self-Directed Services
- Person-Centered Systems
- Supported Employment
- Individual Budgeting
- Need Assessment
- Positive Behavioral Supports
- Community Integration
- Rate Structures
- Managed Care
- Other Areas as Needed by States

Where to Find Help

- To request TA:

  http://www.hcbs-ta.org/request.aspx
- For additional information:

  http://www.hcbs-ta.org

Resources Referenced

Description of a Good and Modern Addictions and Mental Health Service System

http://beta.samhsa.gov/sites/default/files/good_and_modern_4_18_2011_508.pdf

Consumer Engagement Toolkit

http://www.communitycatalyst.org/resources/tools/meaningful-consumer-engagement

Resources Referenced

Coverage and Service Design Opportunities for Individuals with Mental Illness and Substance Use Disorders

http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-12-03-12.pdf

Summary of Key Provisions of the Final Rule for 1915(i) SPA

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/1915i-fact-sheet.pdf

Last Slide! Questions?