Addressing Complex Behavioral Support Needs in Residential Care

2023 Home and Community-Based Services Conference

Introductions

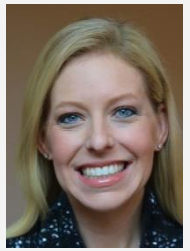
Gwyn Volk
Senior Healthcare Consultant
Milliman
gwyn.volk@milliman.com

Grant Cummings
Director, Bureau of Rate Setting
Division of Medicaid Services
Wisconsin Department of Health Services
GrantR.Cummings@dhs.wisconsin.gov

Paula Stone
Director of Office of Substance Abuse and Mental Health
Arkansas Department of Human Services
paula.stone@dhs.arkansas.gov

Dr. Dan Baker
Positive Support Specialist and Olmstead Agency Lead
Minnesota Department of Human Services
daniel.baker@state.mn.us

Sharla Scullen
Community Supports Fiscal Policy Lead
Minnesota Department of Human Services
sharla.c.scullen@state.mn.us



Melissa Weatherton
Division Director, Developmental Disabilities Services
Arkansas Department of Human Services
Melissa.Weatherton@dhs.arkansas.gov

Agenda

- Welcome and introductions
- Behavioral supports – range of strategies and related payment structures
- State Experience
  - Wisconsin: Using assessment data to identify variation in costs
  - Minnesota: Tailored payment rate buildup and applied positive support strategies
  - Arkansas: Residential care within the broader behavioral health service continuum

Behavioral Supports Overview

Behavioral supports apply to a wide variety of individuals, including those with needs related to:

- Behavioral health
- Aging
- Physical disabilities
- Intellectual and developmental disabilities
- Serious mental illness

Behavioral supports include a wide range of strategies, for example:

- Behavioral support plan development and oversight
- Direct care worker training/coaching on behavioral support strategies
- Direct care by behavioral support specialists
- Additional staffing (e.g., more than one direct care worker supporting an individual)

Challenges Facing States

- Workforce – training of existing direct care workers, ability to hire behavioral support specialists
- Effective use of assessment data to identify individuals in need of behavioral supports, and the intensity of those supports
- Existing payment structure that may not recognize the need for these supports
- Broader understanding of the need for these supports (e.g., by providers, state legislators)

Poll Question:

What are the most notable challenges in your state related to behavioral supports (top 2)?

- Funding
- Payment rate strategy
- Workforce capacity
- Sufficiently trained staff in regards to behavioral supports
- Provider willingness to provide behavioral supports to individuals with I/DD
- Other?

Examples of Payment Approaches Used for Behavioral Supports in Residential Settings

Tiers that recognize variation in intensity of supports

Add-on(s) to a residential care per diem

Separately billable hourly service

Negotiated , e.g., for highly specialized needs

Waiver service combined with services available under the state plan/managed care plan

Evolving: Value-based payment structures

WISCONSIN DEPARTMENT of HEALTH SERVICES

Behavioral Interventions and Provider Reimbursement

Grant Cummings
Director, Bureau of Rate Setting
Division of Medicaid Services

Background

- Wisconsin's American Rescue Plan Act plan included the development of a minimum fee schedule for 4 HCBS residential settings.
- MLTSS includes aging, individuals with physical, developmental, or intellectual disabilities.
  - Currently 4 managed care organizations (MCOs)
  - MCOs negotiate adult HCBS provider rates
    - Rates vary greatly, from $20 to over $600 per day
- Implementation is currently dependent on legislative approval.

Initial Assumptions

- Created 6 rate tiers for each residential provider type
  - Providers would qualify for 1 of 6 rates according to a members' needs for assistance with activities of daily living, medical, and behavioral interventions
- Developed criteria for initial 6 tiers with state quality staff, consultants, and provider work groups

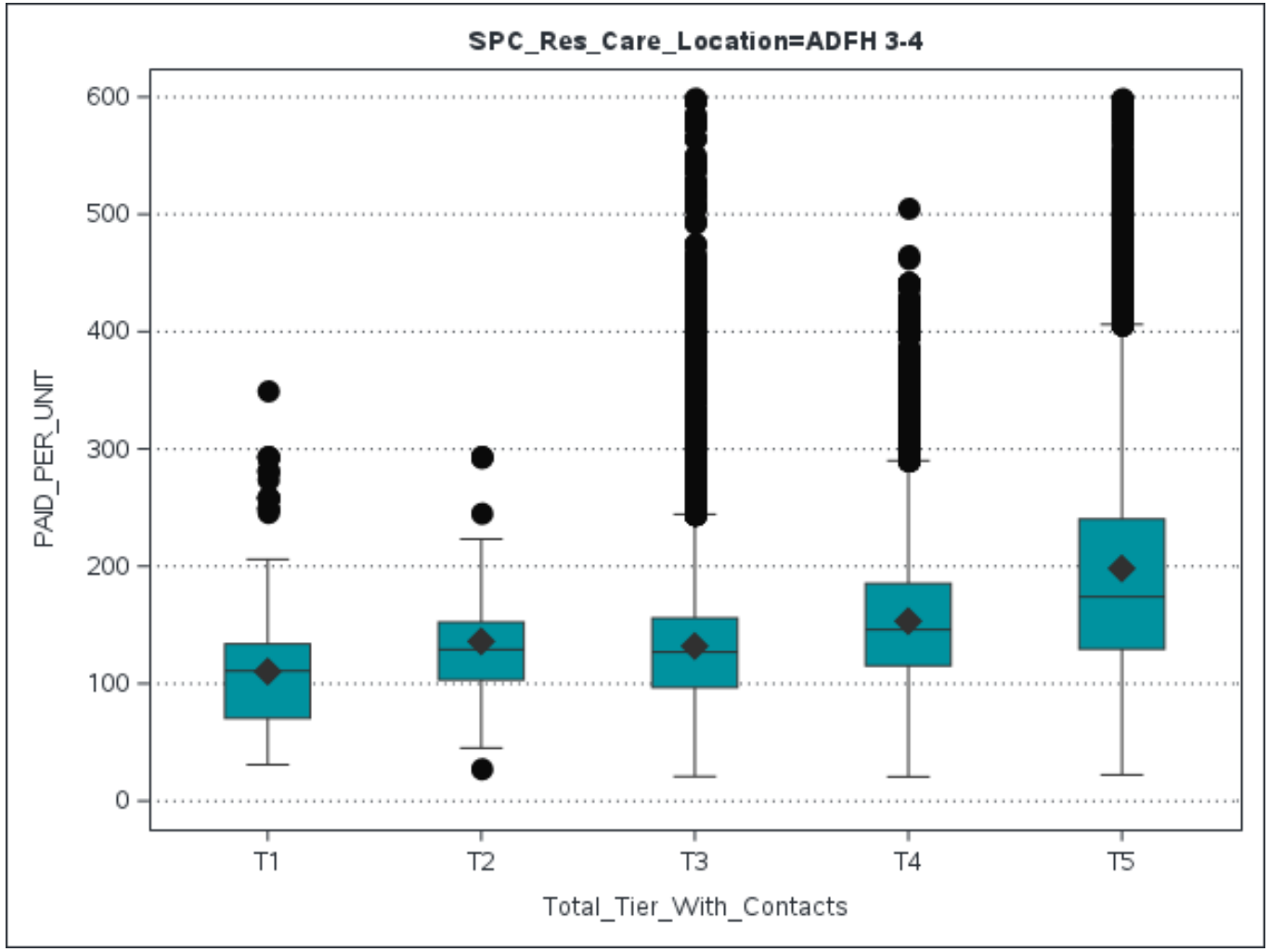
Validate with Data

- Long Term Care Functional Screen (LTCFS)
  - Eligibility assessment for WI's adult HCBS services
  - Collects information on member diagnoses and needs for assistance with activities of daily living, instrumental activities of daily living, and behavioral interventions
- Monthly MCO rates for each member by provider type
  - Removed outliers of less than $20 and more than $600
  - $600 per day was estimated as the cost for 24-hour 1-on-1 supervision that would be negotiated by MCO and provider

Issues with Initial Six Tiers

- Median rates for each tier did not always increase as tiers increased
- Some tiers had very few members
- 6 tiers per provider type was too many
  - Each provider type focused on part, but not all, of the range of member needs
  - Larger facility types had less variation in rates because they served mostly lower acuity members

Initial Tiers



Impact of Behavioral Needs

- Three specific behavioral needs (Wandering, Self-Injurious and Violent/Offensive) created results that most consistently met the goal of increasing current reimbursement across three tiers
  - Values as documented in LCTFS: No intervention, 2-6 times per week or 1-2 times per day, intensive one on one multiple times per day
  - The values of these needs clearly translate into marked increases in staffing
- Wisconsin used the three specific behavioral needs as the framework for building out a new 3 tier structure

Behavioral Base Tiers

Tier 1	Tier 2	Tier 3
• **Wandering:** No wandering	• **Wandering:** Daytime wandering but sleeps nights	• **Wandering:** Wanders during night or both day and night
• **Self-injurious behaviors:** Weekly intervention or less	• **Self-injurious behaviors:** Intervention 2-6 times per week or 1-2 times per day	• **Self-injurious behaviors:** Intensive one-on-one interventions more than twice a day
• **Offensive/violent behaviors:** Weekly intervention or less	• **Offensive/violent behaviors:** Intervention 2-6 times per week or 1-2 times per day	• **Offensive/violent behaviors:** Intensive one-on-one interventions more than twice a day

Adding Needs to Tiers

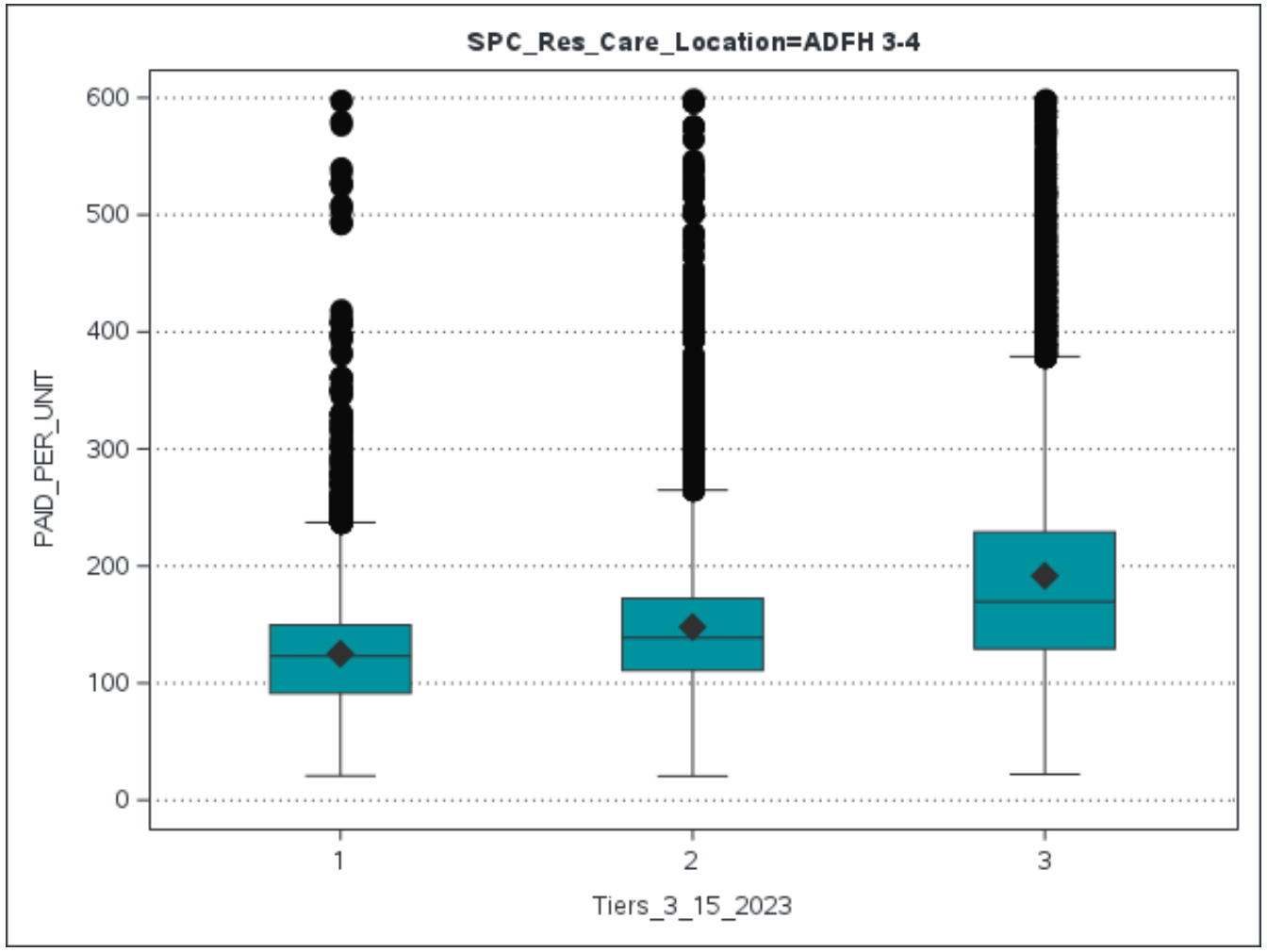
- Focused on other needs that should require direct staff time by the nature of the specific tasks involved
  - Responses indicating that the helper needs to be present throughout the entire task
- Removed members with severe behavioral needs (Tiers 2 and 3) to control for behavioral needs that were making it difficult to identify other needs impacting provider rates
- Goal to make sure providers are not underfunded for members we know will be high-cost

Adding Needs to Tiers (cont.)

- Compared the median payment rates of members with these conditions to the medians of each behavioral tier
- 8 additional needs had median provider rates higher than the Tier 2 or Tier 3 medians for the behavioral base tiers
- These 8 needs were added to the highest tier their rates were higher than

Tier 2 Variables	Tier 3 Variables
Dressing help – Helper present	Transfer with Mechanical Lift needed
Toileting help – Helper present	Tracheostomy exists
Ostomy exists	Tube Feeding exists
Transfer help – Helper present	Positioning in Bed or Chair – 3+ times per day

Final Tier Structure (cont.)



Lessons Learned

- Focus on needs that have a clear and significant staffing impact based on the work involved or how the need is defined in the assessment
- Create a framework based on the most common and predictive cost drivers, then focus on adding other less common needs to that framework
- Control for co-occurring conditions by separately analyzing the impact of the first condition among members that do not have the second condition
- Understand the care continuum and what that means for how your rates need to vary based on acuity

DEPARTMENT OF HUMAN SERVICES

Minnesota's Disability Waiver Rate System

Sharla Scullen

Fiscal Policy, Aging and Disability Services Administration

Minnesota Disability Waiver Rate System

- DWRS
  - In use since 2014; full statewide implementation in 2020
  - 80% of service spending is part of the DWRS, including residential, day, and positive supports service
  - Rates are adaptable based on a person's assessed needs and provider staffing
- DWRS Rate Exceptions
  - Allows for further modification of the rate
  - Based on individual need
  - Follow same methodology as framework rate

Minnesota DWRS

- Ensures uniformity in rate setting process while allowing for person-centered and person–specific support planning.
- Personalized
  - Staffing inputs (shared and individual; asleep and awake)
  - Customization (Deaf/Hard of Hearing)
  - Regional Variance
  - Transportation

DWRS Framework

- Framework calculations available on [MN DHS webpage]

Direct Staffing

Step 1. Determine wage for direct care worker

Base hourly wage	$ 15.60
Competitive Workforce Factor (CWF)	4.70%
Total wage per hour of service	$ 16.33

Step 2. Add hours for SHARED DAYTIME On-Site Awake staff

Staff Type	CWF Wage	Hours per Day	Amount per Day
Total Daytime Shared Staffing	$ 16.33		$ -

Step 3. Enter Number of Residents

Total Shared Staffing Daytime Amount	# of Residents	Total individual amount for daytime awake shared staffing
$ -	1	$ -

Step 4. Add hours for SHARED OVERNIGHT staff

Staff Type	Wage	Hours per Day of Shared Overnight Staff	Total individual amount for overnight shared staffing
Total Overnight Shared Staffing	$ 10.59	0.00	$ -

Step 5. Add staffing customization for individuals who require SHARED AWAKE OVERNIGHT staff

Does the individual require SHARED AWAKE overnight staff?	Total # of Residents Requiring Shared Awake Overnight Staff	Total Awake Overnight Customization per Day
NO	1	$ -

Step 6. Add hours for SHARED REMOTE Staff

Staff Type	CWF Wage	Hours per Day	Amount per Day
Remote Shared Staff	$ 16.33	0.00	$ -

Step 7. Enter number of individuals who receive remote shared staff

Total Remote Shared Staff Amount	# of Residents	Total individual amount for Remote Shared Staff
$ -	1	$ -

Step 8. Add hours for INDIVIDUAL on-site awake staff

Staff Type	CWF Wage	Hours per Day	Amount per Day
On-site Primary Staff/Awake Hours	$ 16.33	0.00	$ -

Minnesota DWRS Rate Exceptions

- Increased adaptability
- Based on individual needs
- Exceptional need
- Component values most often adjusted via rate exception:
  - Direct care staff wage
  - Program support
  - Supervisor wage, span of control

Applied Positive Support Strategies

Dan Baker, Ph.D., NADD-CC, CCEP Olmstead Agency Lead

Positive Supports in Minnesota

- System change driven by legal action
- Statement of Dignity and Respect
- Positive Support embraces:
  - Positive Behavior Support
  - Person-centered Thinking
  - Trauma-informed Care
  - Motivational Interviewing

Guidance on Positive Support

- Developed the Positive Support Rule
- Updated HCBS service standards for IDD support
- Created the Positive Support Manual

Supports

- Variety of training options
  - MN Department of Human Services (multiple entities)
  - Regional support
  - University of MN – positive support webpage
- Technical assistance (multiple entities)
- Payment of positive behavior support specialists
- Workforce consideration
  - Initiatives to address the workforce
  - Recruitment and Retention Toolkit

Dan Baker, Ph.D., NADD-CC, CCEP

daniel.baker@state.mn.us

Sharla Scullen

sharla.c.scullen@state.mn.us

Medicaid Behavioral Health and Intellectual/Developmental Disabilities Service and Support System

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Arkansas Department of Human Services

8/7/2023

System Transformation for Medicaid Beneficiaries with Intellectual Disabilities, Adults with Serious Mental Illness and Children/Youth with Serious Emotional Disturbance

- Analysis of data showed 74% of traditional Medicaid claims were for the aged, blind, disabled population with claims falling heavily under institutional care categories and services to high-risk populations and included additional medical costs.
- Key health value improvement programs (Patient Centered Medical Home and Episodes of Care) did not address the costs incurred by the population.
- Institutional care accounted for 1/3 of total developmental disabilities claims.
- Need for new home and community-based services (HCBS)
- Use of Behavioral Health (BH) services to fill HCBS gap
- Rising cost of care without improved service outcomes
- No coordination of care for specialty populations with high needs
- Lack of primary care access for those with high needs

Provider-led Arkansas Shared Savings Entity (PASSE)

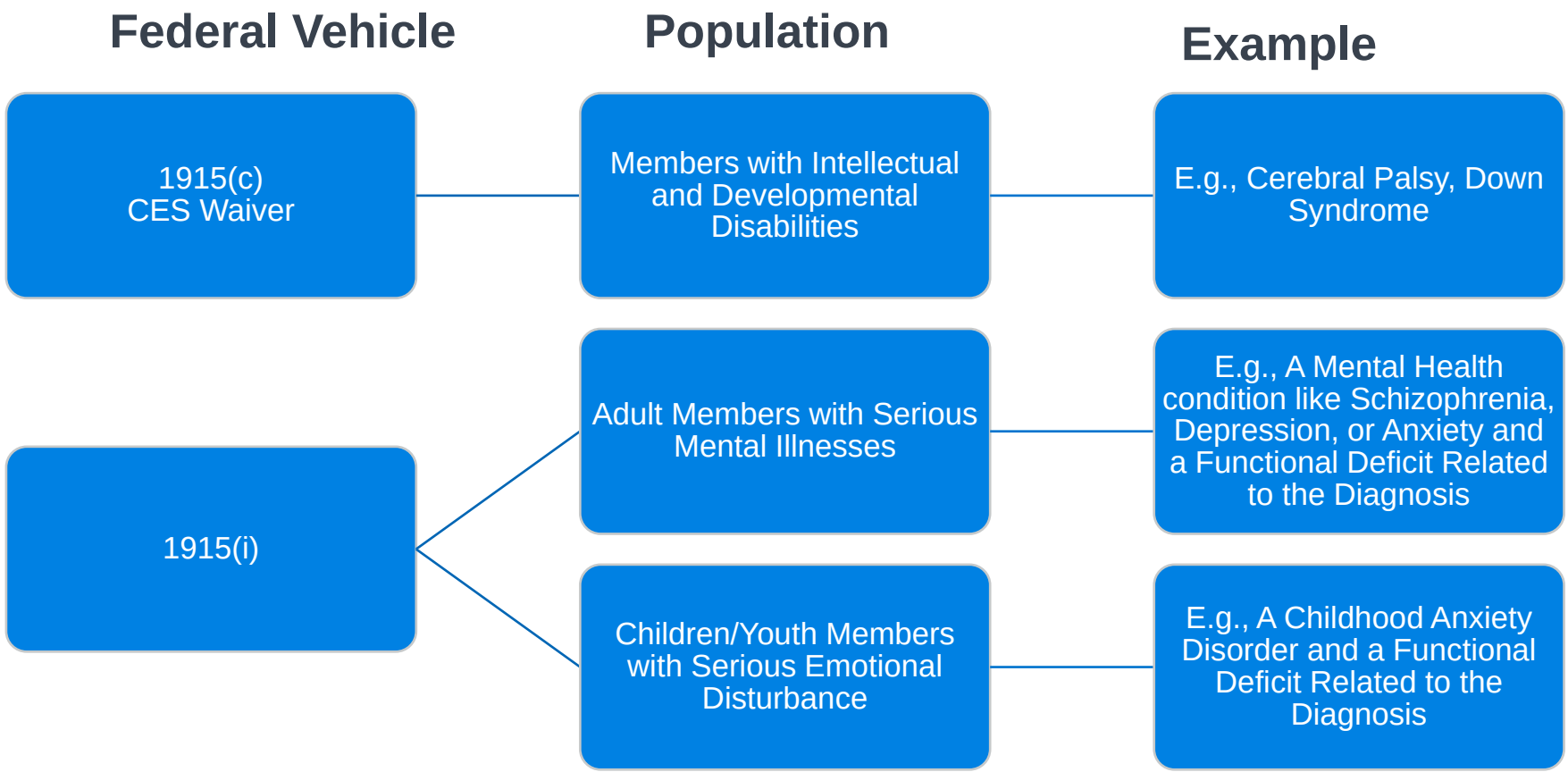
- The Provider-Owned Arkansas Shared Savings Entity (PASSE) is Arkansas model of organized care using 1915(b) managed care organization authority.
- AR service providers entered into new partnerships with each other and an experienced organization that performs the administrative functions similar to insurance companies such as claims processing, member enrollment, and grievances and appeals.
- Providers retain majority ownership (at least 51%) of each PASSE.
- The governing body of each PASSE must include several types of providers including:
  - Developmentally Disabled Specialty Provider,
  - Behavioral Health Specialty Provider
  - Hospital
  - Physician
  - Pharmacist

AR Independent Assessment (ARIA)

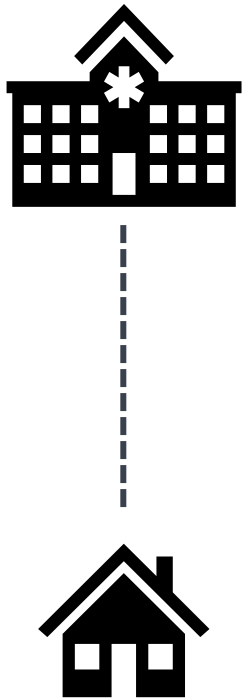
- Arkansas procured a vendor to perform independent assessments for various specialty populations including IDD and BH beneficiaries.
  - We developed a tailored tool called MN Choices to assesses the beneficiaries functional ability rather than diagnosis.
  - The tool utilizes branching logic to place beneficiaries into tiers.
  - For the BH population the tool determines eligibility to the PASSE as well as the tier.
  - For the IDD population the tool determines the tier only because all IDD beneficiaries referred for the IA have already met Institutional Level of Care.
  - Results of the independent assessments are used to develop a Person-Centered Service Plan (PCSP).
- For both populations, Tier results are linked to a rate cell only.

Accessing HCBS Through PASSEs

Several client populations in the State receive HCBS through PASSEs. Clients access HCBS through federal Medicaid vehicles known as “waivers” and “state plan options.” PASSE client populations fall under two federal vehicles.



PROs to HCBS



Home and Community Based Services (HCBS) are an alternative to clients receiving services in institutional settings such as hospitals and residential facilities. Clients receive services in their home and community. HCBS has several benefits.

PROS

- ✓ More cost effective as clients are routed away from higher cost institutional services
- ✓ CMS estimates HCBS services as less than half the cost of institutional equivalents on average[1]
- ✓ Overall reflects clients' preferences, who would rather receive services in familiar settings
- ✓ Supports clients to remain integrated in their communities

1. https://www.cms.gov/outreach-and-education/american-indian-alaska-native/aian/ltss-ta-center/info/hcbs

DHS Community Support System Provider (CSSP) Program Goals

1. **Align Provider Types with the PASSE Model**
   - The PASSEs serve members who have met eligibility criteria and receive 1915(i) and 1915(c) intellectual and developmental disability and behavioral health services. The CSSP certification permits agencies to provide services to both populations of Arkansans.
2. **Improve Service Delivery for Clients to Full Range of Services**
   - The CSSP certification allows clients to have a “one stop shop” for their service needs. Having one provider type can improve efficiencies in service delivery, ultimately increasing access in underserved areas, including rural areas.
3. **Increase Business Opportunities for Providers**
   - The CSSP certification gives providers the opportunity to increase the array of services they are providing.

Community Support System Providers

- A Community Support System Provider (CSSP) is a type of provider eligible for Arkansas Medicaid participation. CSSPs are certified to provide home and community-based services for Medicaid clients with behavioral health and/or intellectual and developmental disability (IDD) service needs.
- CSSPs are a provider type certified to provide both IDD and BH HCBS services. CSSP is not a type of service in and of itself.
- CSSPs are certified at three increasing levels of service complexity: Base, Intensive, and Enhanced. The HCBS services CSSPs are certified to provide are different under each level.
- Services under the CSSP program can be found in the Home and Community Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Manual.

HCBS Services by Provider TYpe

The CSSP program combines services under the CES Waiver, existing services under the 1915(i) (OBHAs), and new services added to 1915(c) and (i).

CES Waiver

- Adaptive Equipment
- Community Transition Services
- Consultation
- Environmental Modifications
- Respite
- Specialized Medical Supplies
- Supplemental Support
- Supported Employment
- Supportive Living

New Services

- Assertive Community Treatment
- Complex Care Home
- Intensive In Home for Children

*Acute Crisis Units are an OBHA only certified service.

CSSP

BASE

- Adaptive Equipment
- Adult Life Skills Development
- Community Transition Services
- Consultation
- Environmental Modifications
- Pharmacological Counseling by RN
- Respite
- Specialized Medical Supplies
- Supplemental Support
- Supported Employment
- Supportive Employment
- Supportive Living
- Supportive Housing
- Supportive Life Skills Development
- Therapeutic Host Home

INTENSIVE

- Aftercare Recovery Support (Substance Abuse)
- Assertive Community Treatment
- Behavioral Assistance
- Child and Youth Support Services
- Crisis Stabilization Intervention
- Family Support Partners
- Intensive In Home for Children
- Peer Support
- Professional Counseling Services

ENHANCED

- Adult Rehabilitation Day Treatment
- Complex Care Homes
- Partial Hospitalization
- Residential Community Reintegration
- Substance Abuse Detox (Observational)
- Therapeutic Communities

1915(i) BH

- Acute Crisis Units*
- Adult Life Skills Development
- Adult Rehabilitation Day
- Aftercare Recovery Support (SU)
- Behavioral Assistance
- Child and Youth Support Services
- Crisis Stabilization Intervention
- Family Support Partners
- Partial Hospitalization
- Peer Support
- Pharmacological Counseling by RN
- Professional Counseling Services
- Residential Community Reintegration
- Substance Abuse Detox (Observational)
- Supportive Employment
- Supportive Housing
- Supportive Life Skills Development
- Therapeutic Communities
- Therapeutic Host Home

CSSP – Location Flexibility and One Certification

1 Location Flexibility

CSSPs do not need a physical facility in every county in which they are providing services. One certification covers all of Arkansas.**

** Enhanced level services are certified on an individual facility by facility basis.

2 One Certification

The CSSP provider type streamlines the certification process, requiring only one certification to provide IDD and BH services.

Using Rate Setting to Drive Provider Behavior

- Rates for existing HCBS were reset using rate build up methodology.
- Rate build up method established a baseline and buy in from HCBS providers around the cost for paraprofessional services, travel, overhead and training.
- Used comparison rates to develop rates for “base services” allowing PASSEs to pay varying rates based on special needs.
- Allowed PASSEs to build out new service with new payment methodology for individuals with IDD and challenging behaviors.
- We are working through the delivery of this service that includes provider training in multiple settings.

Discussion Questions

1

What aspect of the approach(es) used by your state do you think is the most impactful? Most notable challenges?

2

What advice would you have for states as they consider changes to their residential care payment approaches for behavioral supports?

3

What is on the horizon for your state in addressing behavioral supports in residential care settings?

Thank you!

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