

Using Medicaid Waivers to Finance Home and Community-Based Services NWI Webinar

Presenter:

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Today's Presentation

- Medicaid Waivers/Options for funding children services
- Overview the Home and Community Based Waiver for children with a Serious Emotional Disturbance Waiver (1915 C SEDW)
- Overview of Blended Braided Funding and the Child Care Fund (CCF)
- Overview of our DHS SEDW Pilot
- Discussion of how the SEDW Braided Funding may benefit your community
- Lessons learned and tips for implementation



What do Waivers Let you Do

- Title XIX permits the Secretary of Health & Human Services - through CMS - to waive certain provisions required through the regular State plan process:
 - Comparability (amount, duration, & scope)
 - State-wideness
 - Freedom of choice of all willing and qualified providers
 - Income and resource requirements

- Authorities that enable provision of intensive home and community based services.



Choosing the right waiver

- Who do you want to serve?
(target population)
- What do you want to do?
(needs/services that may be needed for target population)
- What do you want to impact?
(outcomes/results)
- What is the best way to do that?
(Medicaid waiver/other funding options)

State Options for Serving Individuals with Mental Disorders

Most Common Waivers

- Section 1915(b) waiver for managed mental health care
- Section 1915(c) waiver for children or adults
- Combination (b)(c) waivers
- 1115 Demonstration waivers




Additional Waiver Options

- Section 1915(a) authority for voluntary managed care contracts
- Section 1915(i) to provide services to those with chronic mental illness

Section 1915(c)Waivers


- Enacted under the Reagan administration, Katie Becket
- Permits States to provide HCBS to people who would otherwise require Nursing Facility (NF), Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) or hospital Level of Care (LOC)
- Is the major tool for meeting rising demand for long-term services and supports
- Serves diverse target groups – including those with mental disorders





Section 1915(c) Waivers

- Permits states to provide intensive community based services as an alternative to institutional settings such as a Nursing Facility (NF), Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) or hospital Level of Care in addition to state plan services. (wraparound, respite, family support services and others)
- Must be cost neutral and are renewable for 5 years after the initial 3-year approval period.
- Cannot waive freedom of choice



Concurrent 1915(b)/(c) Waivers

- States use the 1915(b) authority to mandate enrollment in a Medicaid plan and limit freedom of choice and/or
- Selectively contract with providers
- 1915(c) authority is used to target eligibility for the program and provide home and community based services
- Using both authorities allows states to provide long term services and supports in a managed care environment and allows states to limit the pool of providers



Providing Long Term Services and Supports in a Managed Care Delivery System

- http://www.cms.gov/CommunityServices/5_5_ManagedHCBS.asp



Michigan's Mental Health System

- 1915 b waiver (state plan capitated model)
- 1915b3 services provide alternative services to state plan services (WA, respite, parent to parent, CLS, etc)
- Michigan has a 1915c waiver for children with a developmental disability (this waiver is state-wide and the state provides the state match)
- In 2005, Michigan applied for a 1915c waiver to serve children with a serious emotional disturbance (the state did not have the match requirement due to budget issues so the participating local communities needed to commit to providing the state match requirement)

CANDY BREAK!

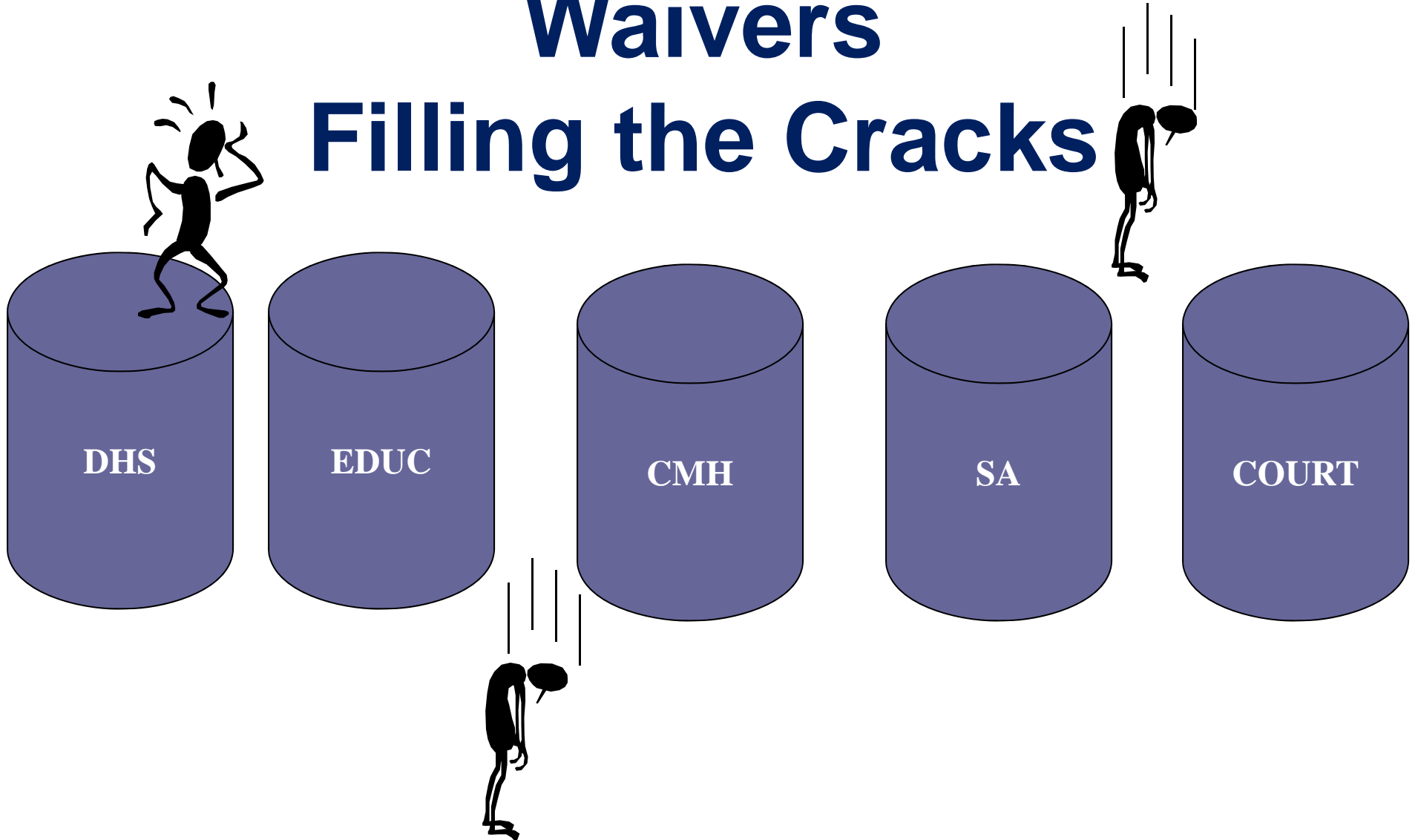


Michigan 1915 c SED Waiver

A collaborative effort to achieve better outcomes for children with mental health needs in children serving systems



Why utilize 1915C Waivers Filling the Cracks





Why do Blended Braided Funding?

- Helps you build local systems of care and builds statewide capacity for systems of care.
- Helps sustain SAMSHA grants
- Builds capacity and trust across systems
- Cost share vs. Cost shift
- Shares gate-keeping of high need children
- Brings additional state and federal revenue to your community
- Makes children eligible for Medicaid who would not otherwise be eligible

Common Funds Sources for Children's Services

- Mental Health: Medicaid, Medicaid Waivers, General funds, Federal Mental Health Block Grant
- Child Welfare: Strong Families/Safe Children, Child safety permanency planning, Child protection/Child Permanency (IVB), General funds, Child Care Funds
- Juvenile Justice: County Child Care Funds, Local dollars, some counties have juvenile justice millage
- SAMSHA System of Care Grants
- Foundations
- United Way
- Local Dollars





Purpose of 1915 (c) Waiver

Provide Medicaid coverage to children who:

- Without the provisions of this waiver would require hospitalization or institutionalization
- Would otherwise not be Medicaid eligible while residing with their birth or adoptive families (or for our DHS pilot, foster care children awaiting permanency)

Purpose...con't.

The waiver provides:

- Services that are enhancements or additions to Medicaid State Plan coverage
- Federal match funds to support collaborative service delivery in a child's community





SEDW in Michigan

- Received federal approval as of October 1, 2005 for three years
- Had renewal approved in 2009 through FY 2013
- Provide community based services and supports to children under age 20 with serious emotional disturbance who meet criteria for admission to a state inpatient psychiatric hospital (i.e., Hawthorn Center)
- Limited to counties whose CMHSP has a SEDW plan approved by the MDCH, and have demonstrated:
 - strong collaboration with community partners
 - the capacity to provide intensive community-based services with good outcomes
 - fiscal capacity to manage interagency funding

Accessing the
SEDW Technical
Assistance Manual
(currently being
revised)



http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_7145-168285--,00.html

MDCH - Children with Serious Emotional Disturbances Waiver - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Mail Print

Address www.michigan.gov/mdch/0,1607,7-132-2941_4868_7145-168285--,00.html Go Links SnagIt

MDCH Department of Community Health Michigan.gov The Official State of Michigan Website

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Mental Health & Substance Abuse

Mental Health & Developmental Disability

Hospitals and Centers

Developmental Disability

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Community Mental Health Services

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Recipient Rights

Mental Health Statistics & Reports

Customer Services

Mental Health Programs & Practices for Adults

Psychiatric Advance Directive

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Requests for Proposals & Grants

MDCH Site Reviews

Traumatic Brain Injury

Drug Control & Substance Abuse

Integrated Treatment for

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Children with Serious Emotional Disturbances Waiver

The Michigan Department of Community Health (MDCH) received approval from the Centers for Medicare and Medicaid Services (CMS) for the Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance (SEDW), which began in October 2005. The SEDW is currently available in a limited number of counties and Community Mental Health Services Programs (CMHSPs).

The Children's SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children up to age 18 with SED, who are enrolled in the SEDW. The MDCH operates the SEDW through contracts with the CMHSPs. The SEDW is a fee-for-service program administered by the CMHSP in partnership with other community agencies.

Key Provisions

The SEDW enables Medicaid to fund necessary home and community-based services for children under age 18 with SED who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and are at risk of hospitalization without waiver services. The CMHSP is

MI Business One Stop

Departments/Agencies

Online Services

Surveys

RSS Feeds

Related Content

- Social Emotional Health and School Readiness
- Community Collaboratives
- Introduction
- A Family Guide to Respite for Children in Michigan
- ParentsMedGuide.org
- Social-Emotional Development in Young Children
- Local Mental Health Services
- Infant Mental Health
- Integrated Services for Children of Parents with Mental Illness
- Services to Children with Developmental Disabilities
- Insurance Advocacy

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Waiver Slot –FY 2010

■ Added:

- 91 traditional enrollment (Match provided by CMHSP or Child Care Funds (local court))
- 266 DHS referred children (Pilot) (DHS provides the match requirement through interagency agreement)
- Total 357 slots





SEDW Current Eligibility Criteria

■ The child must:

- Be under the age of 20,
- Reside with his/her birth/adoptive parents(s), a relative who is the child's legal guardian, or in foster care with a permanency plan
- Have a primary DSM Axis I mental health diagnosis
- Be in need of and receive at least one Waiver service per month
- Meet CMHSP contract criteria for and is at risk of inpatient hospitalization in the state psychiatric hospital



Inpatient Admission Criteria: Children Through Age 21

“Inpatient psychiatric care may be used to treat a child or adolescent with mental illness or serious emotional disturbance who requires care in a 24-hour medically structured and supervised facility. The SI/IS criteria for admission are based on the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments and manifesting a level of clinical instability (risk) that are, either individually or collectively, of such severity that treatment in an alternative setting would be unsafe or ineffective.”



Eligibility Criteria...continued

- The child must have at least one of the following:
 - Severe psychiatric signs and symptoms
 - Disruptions of self-care and independent functioning
 - Harm to self or others
 - Drug/Medication complications or co-existing general mental condition requiring care
 - Special consideration: If Substance Abuse diagnosis is present, Psychiatric condition must be primary



Eligible Criteria ... continued

- The child must:
 - Demonstrate serious functional limitations that impair his/her ability to function in the community (functional criteria is identified using the Child and Adolescent Functional Assessment Scale [CAFAS])
 - CAFAS score of 90 or greater for children age 12 or younger; or
 - CAFAS score of 120 or greater for children age 13 to 18; or
 - For children age 4 to 7: PECFAS subscale scores indicating severe impairment in the areas of self-harmful behaviors, mood/emotions, thinking/communicating and behavior towards others in addition to scores indicating impairment in the home, school/daycare and/or community sub scores



Recent SEDW Amendment Approval

CMS amendment request

- Requested effective date 1-1-2010
- Requested changes
 - Additional CMHSPs/counties
 - Revised Eligibility Criteria



Revised Eligibility Criteria

■ The child must:

- Be under the age of 18 when approved for the waiver, but can remain on the waiver until age 20 if other eligibility requirements are met.
- Live in a participating county, or live in foster care in a non-participating county pursuant to placement by MDHS or the court of a participating county, with SEDW oversight by a participating county's CMHSP, and
- reside with the birth/adoptive family or have a plan to return to the birth or adoptive home, or reside with a legal guardian, or in a foster home with a permanency plan, or be age 18 or 19 and live independently with supports. (must be community-based)

Stretch Break



Interagency Collaboration Through SED Waiver

- Department of Community Health(DCH) and Department of Human Services (DHS)
 - Children’s Services Administration and Mental Health and Substance Abuse Administration-a true equal partnership
 - DHS providing 1.76 million in funding to draw down additional Medicaid funds
 - Infrastructure that supports this partnership to ensure smooth implementation and accountability to outcomes





DHS Target Population

- Children in DHS foster care:
 - with extensive mental health needs
 - who are in the “permanency backlog” (have been awaiting reunification or adoption for over a year)
 - Expand population to children in foster care working toward reunification or permanency
 - meet all SEDW eligibility requirements



Purpose

Purpose of the DHS Pilot:

- Implementation of Expanded Home and Community-Based Services for Children with Serious Emotional Disturbance (SED) in the DHS Foster Care System through expansion of the SED Waiver (SEDW)
- Through an interagency agreement at the state level (DCH and DHS), 1.76 Million was redirected from DHS to DCH to serve 266 children across eight counties in Michigan



How Did We Get Here?

- Children in child welfare have not received adequate mental health service to support their needs
 - Supported by:
 - Michigan's Child Welfare Reform effort and federal Consent Decree
 - Recommendations of the MDHS Child Welfare Improvement Task Force, and
 - Federal Child and Family Service Reviews

Outcomes for Children

- As mandated in the Dwayne B. vs. Granholm Consent Decree we will:
 - Work to ensure that children in the child welfare system obtain services that will result in better outcomes, such as:
 - Improved functioning across life domains
 - Achieve permanency with a family, preferably their own
 - Reside in the community



Systems Outcomes: Maximizing Fiscal Efficiencies

- Identify and implement cost-effective opportunities to increase access to mental health services for children served by DHS
- Maximize federal match dollars with General Fund provided by DHS





Systems Outcomes: Maximizing Fiscal Efficiencies

- Reduce impediments to improving local collaboration by:
 - Implementing a system of care
 - Streamline service opportunities
 - Use of braided funding
 - Generating positive conversations in the local community and building bonds with local mental health services providers
 - Engaging the courts in addressing services in addition to placement needs

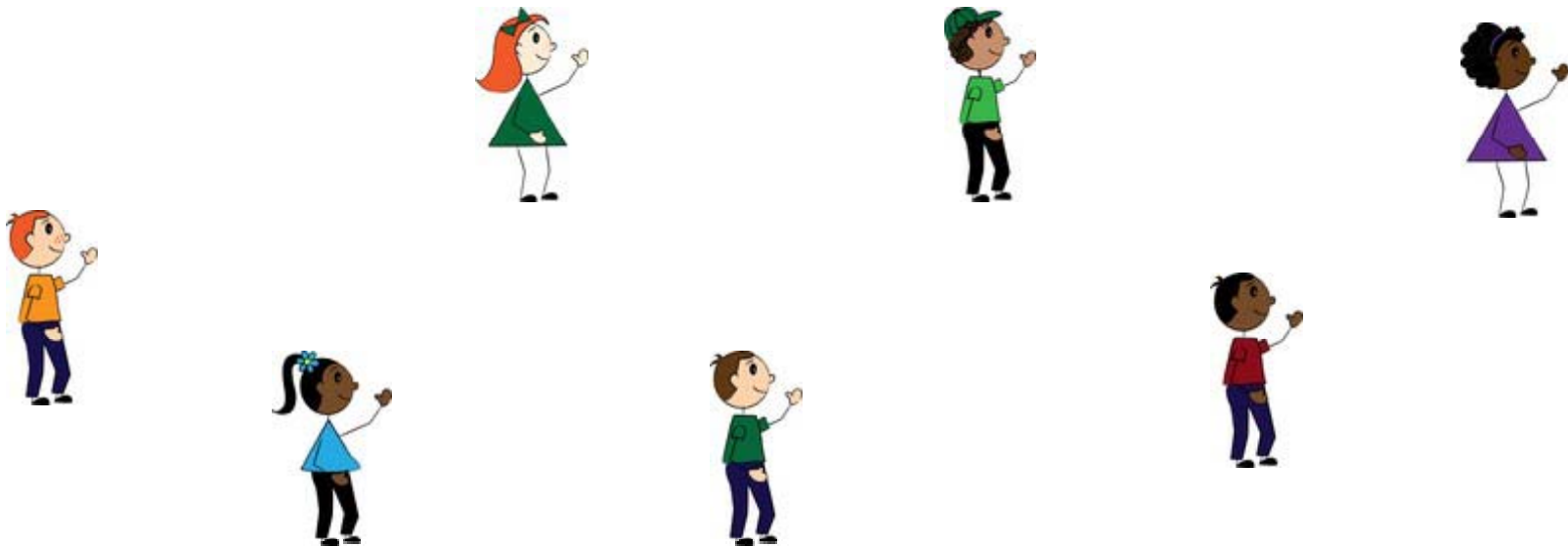


Funding for DHS SEDW Pilot

- Consent Decree requires the re-direction of funds to improve mental health services
- DHS funds will be transferred to DCH to be used as match for:
 - Services to DHS children enrolled in the DHS SEDW Pilot
 - A web based application and data base for managing the waiver

Funding for DHS SEDW Pilot


- Expect to use GF made available pursuant to federal consent decree



How Do We Get There?

- Improve communication and collaboration between DHS and DCH/CMHSP at state and local levels
- Build upon existing collaborative efforts in several communities
- Expand the Home and Community-Based Waiver for Children with SED





Desired Outcomes for DHS SEDW Pilot

- Maximized fiscal efficiencies across service systems
- Children to live in the least restrictive family setting in the community
- Children are able to achieve permanency with a family
- Children have improved functioning across life domains



Review Process: Lessons Learned

- DHS can do a preliminary assessment to categorize due to risk factors but children should not be eliminated for consideration based on this preliminary assessment
- DHS and the CMH representative should have regular meetings to review children and determine if they need further assessment or process SEDW application with current information
- Triage children based on risk/immediate need five to ten at a time and work through process to application
- To assist with the identification and screening of children, each site received funding for one full time access person that is housed at DHS. This person determines SED waiver eligibility or creates a more seamless way to receive other services.

WRAPAROUND is a required waiver service of our SED waiver





What is Wraparound?

- Wraparound is a planning process: It is about ACTION
- The planning process identifies strengths, needs, strategies (staffed services and non-staff items) and outcomes.
- A team process
- A way to organize help more effectively and keep planning more focused on outcomes

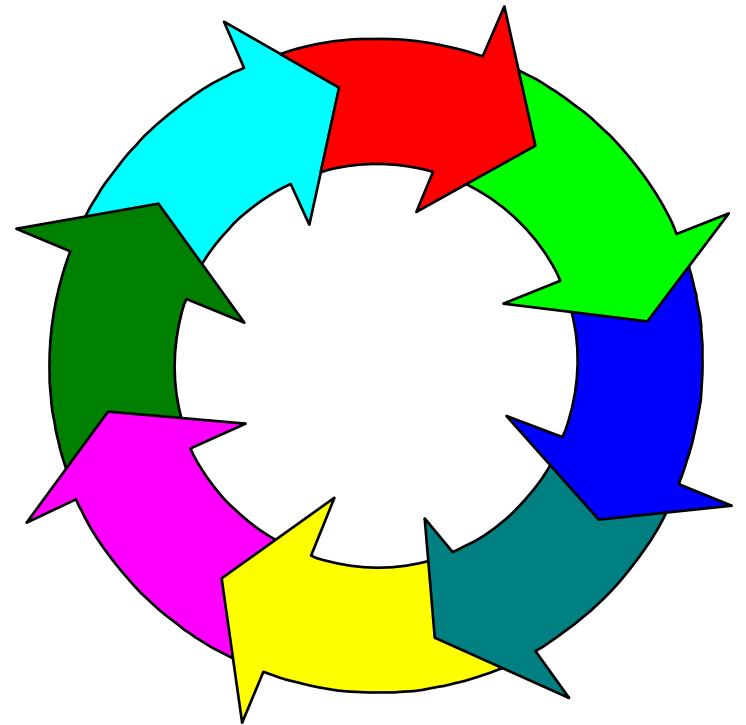


Key Features

- Child and Family Team
- Team Facilitator
- Holistic Planning: Strengths and needs across life domains
- Family access, voice and ownership
- Unconditional Commitment
- Cultural Competency
- Creativity
- Monitoring/evaluation: Outcome oriented
- Ensuring safety

Wraparound – When It Works Well

- Collaborative infrastructure
- Team accountability
- Outcome driven intervention
- Strength based and culturally relevant plans
- Holistic needs explorations across all areas of a child, youth's and family's life
- Reduction of risk
- Increase in skills/confidence





Community Teams Are...

- A requirement when utilizing wraparound in Michigan
- Instrumental in identifying priorities and holding systems accountable to work together effectively
- Charged with helping to implement the wraparound plan financially and by supporting their staff and identifying community resources
- Agency, community and family members that support wraparound, monitor outcomes, review plans and referrals
- Not just people that meet but people committed to supporting the families outside of meetings

Role of CMHSP and DHS Leadership

- Participate on Community Team
- Support Child and Family Team
- Address Barriers and Challenges
- Ensure successful waiver outcomes for children





Covered Services

■ Waiver Services

- Wraparound Services
- Community Living Supports
- Family Training (Professional service)
- Respite Care
- Therapeutic Child Foster Care
- Therapeutic Overnight Camp
- Transitional Services

New services effective May 1, 2010

- Therapeutic Services: Music, Art and Recreational Therapy
- Family Support and Training: Parent to Parent Support Model



Other Services

- Mental Health State Plan services that can be billed to Medicaid on a fee for service basis by the CMHSPs
- In-kind services provided by community agencies
- Natural supports



Mental Health State Plan Services

- Psychotherapy
- Home-based Services
- Medication Management
- Speech Evaluations & Therapy
- Psychological Testing
- Occupational Assessment
- Sensory Integration
- Medical Nutrition Therapy
- Alcohol and Drug Assessment
- Mental Health Assessment
- Nursing Assessment
- Etc.

Billing and Reimbursement

- Outside the Mental Health Managed Care System
- Fee - For- Service
- As part of application an individualized budget is submitted which indicates State Match Source





Quality Assurance & Improvement

- DCH - SEDW staff conduct:
 - State level reviews of all applications and re-certifications, and
 - On-site reviews:
 - Use a SEDW quality management protocol to ensure that federal requirements and assurances of quality are met
 - Wraparound Model Fidelity Assurance
 - Are conducted bi-annually
 - Report of the findings
 - Plans of correction



SEDW Pilot Evaluation & Reporting

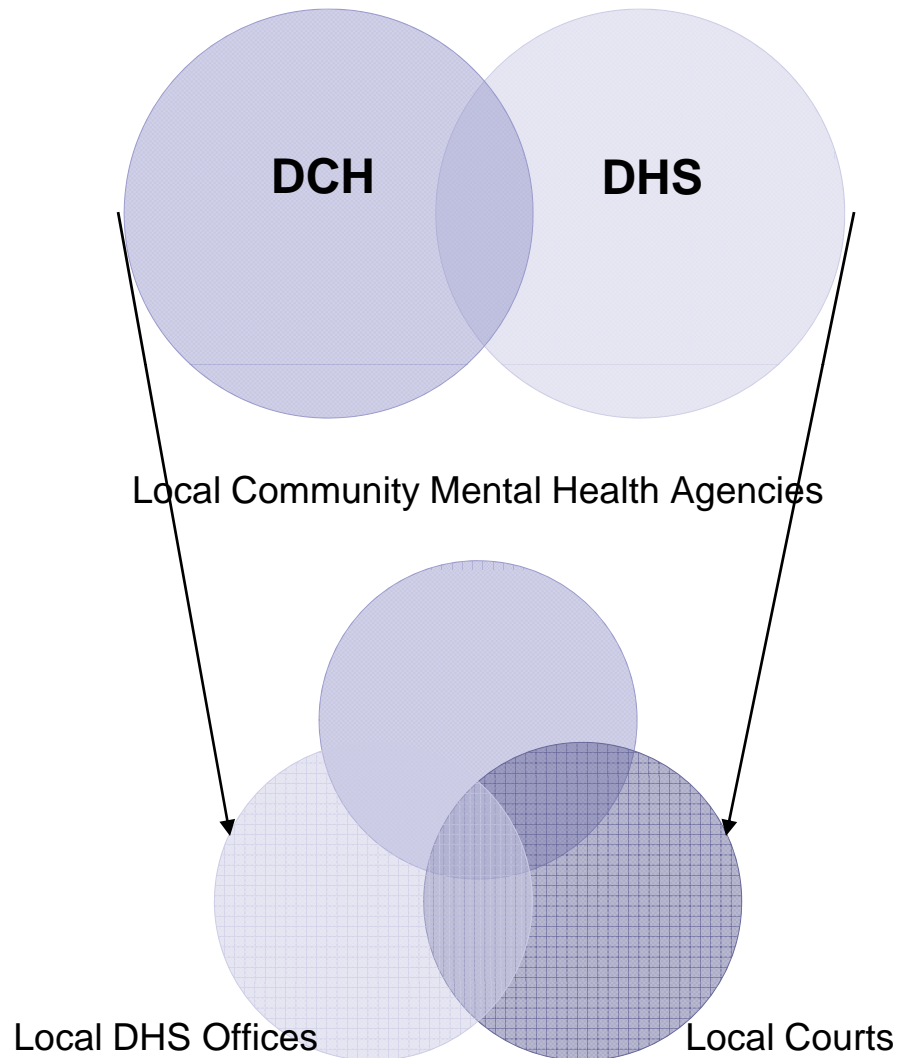
- Evaluation plan using agreed upon outcomes: CAFAS at intake, quarterly, annually and exit
- Wraparound Program Evaluations
- Development of fiscal, legislative & program reports:
 - Based on data analysis using a web-based application and data base
 - Progress
 - Implementation
 - Outcomes
 - Cost effectiveness

Technical Assistance

- DHS and DCH staff will work with local communities on successful implementation of the DHS SEDW Pilot
- Service model fidelity training, coaching and support



Interagency Collaboration



- High-level collaboration acting as catalyst for local collaboration
- Creating a 'ripple effect' – SEDW has led to more efforts to help children and families



Lessons Learned:

Tips for Implementation

- Understand the regulations and limitations of Medicaid waivers: The waiver cannot be your only option
- Create a common language
- Executive level local oversight is essential to ensure support for a smooth process and accountability
- The details are important
- Develop the model that maximizes your strengths
- Create a rich array of community based services that compliment family-driven/youth-guided principles and practice.

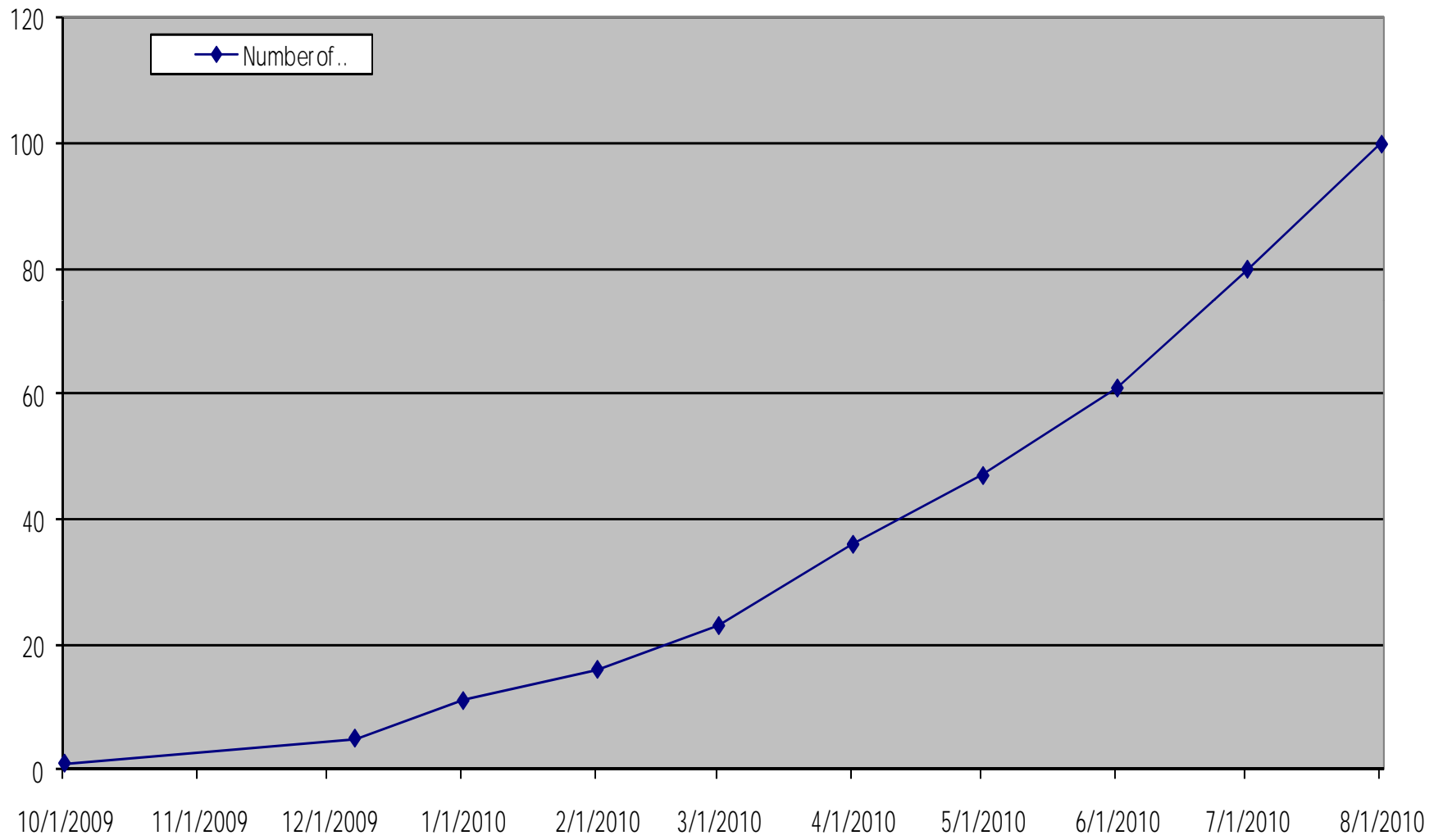


Implementation Challenges

- Identifying children that meet eligibility
- Local oversight and accountability
- Service capacity
- New service model development
- Ensuring model fidelity
- Evaluation
- Strong partnership with Legislature and Executive Branch
- Site review process
- Application process and approvals
- Communication
- State and local partnership and leadership
- Cross-system translation
- Maintaining funding during difficult economic times



Number of Children in Care By Month





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Questions?

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