



National Technical
Assistance Center for
Children's Mental Health

GEORGETOWN UNIVERSITY CENTER FOR
CHILD AND HUMAN DEVELOPMENT

Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions

Webinar Website:

<http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html>

Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions

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CERTIFICATION COMMISSION

For Family Support

The National Federation of Families for Children's Mental Health

Joint CMCS and SAMHSA Informational Bulletin

Purpose is to assist states to design a benefit that will meet the needs of children, youth, and young adults with significant mental health conditions

<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf>

Components of Informational Bulletin

Background

Benefit Design

Medicaid Authorities and Demonstrations

Quality Measures

Background for Development of Informational Bulletin

Substance Abuse and
Mental Health Services
Administration's
(SAMHSA) Children's
Mental Health Initiative
(CMHI)

Centers for Medicare and
Medicaid (CMS)
Psychiatric Residential
Treatment Facility
(PRTF) Waiver
Demonstration Program

Benefit Design

Intensive Care
Coordination:
Wraparound
Approach

Parent and Youth
Support Services

Intensive In-
Home Services

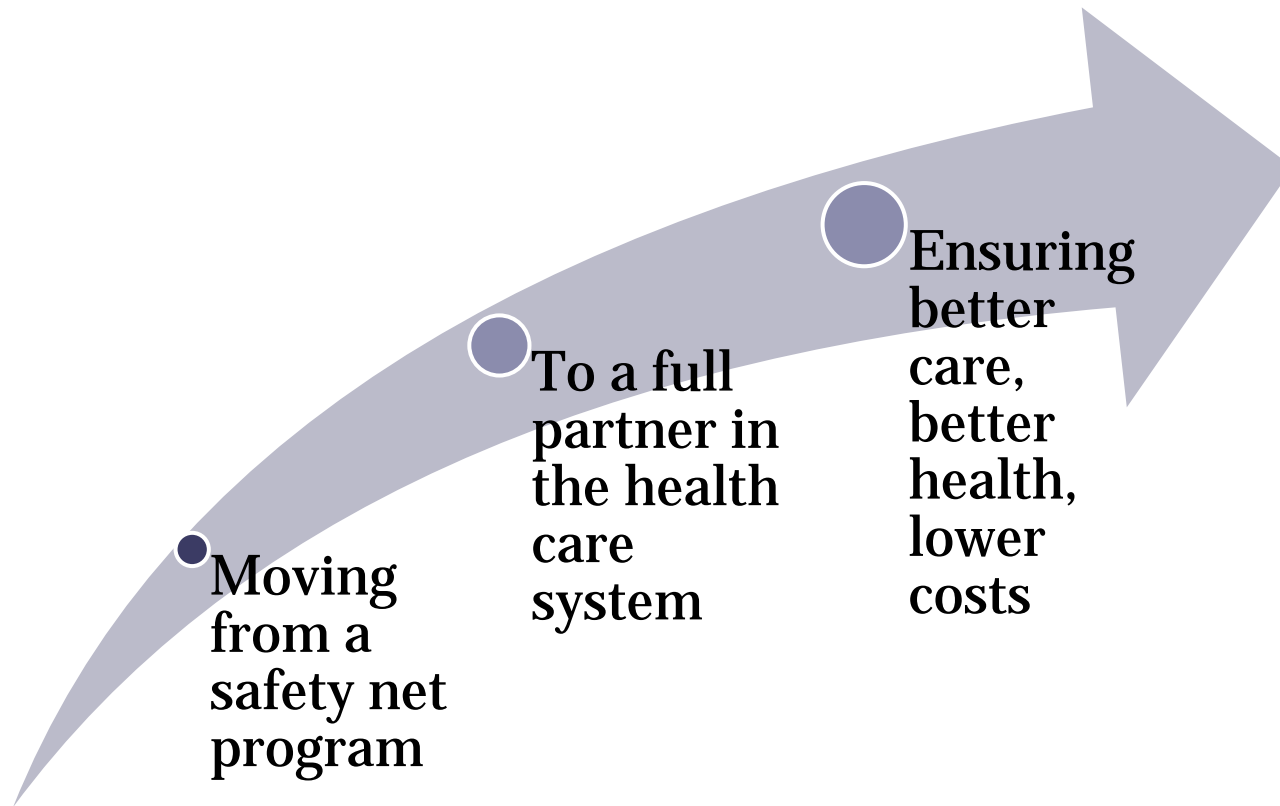
Respite

Mobile Crisis
Response and
Stabilization

Flex Funds

Trauma Informed Systems and
Evidence-Based Treatments
Addressing Trauma

CMS: Partnering with States to Achieve a High Performing Medicaid Program



Promoting Better Care

- Almost eight percent of youth 12-17 in the Medicaid/CHIP program had a major depressive disorder in 2009.
- This number is significantly higher for youth in child welfare (18.1 percent).
- American Indian/Alaska Native youth have almost three times the rate of suicide than the general population.
- The rate of current illicit drug use among all youth (Medicaid and non-Medicaid) aged 12 to 17 is 10.1 percent.
- Children exposed to trauma, exhibit symptoms consistent with individuals diagnosed with post-traumatic stress disorder and other mental health conditions.

Better Health: EPSDT

- **Early and Periodic Screening, Diagnostic and Treatment Services**
 - **Provides: Preventive and comprehensive health services for Medicaid eligible individuals under age 21**
 - **States must provide medically necessary treatment whether or not such services are covered under a State's Medicaid plan.**

Services

Section 1905(a) of the Act specifies: “Medical assistance means payment of part or all of the cost of the following care and services...”

- **Mandatory Services**

- Inpatient/outpatient hospital care
- Physicians services
- Nurse midwife services
- Pediatric & family nurse practitioner services
- Federally qualified health center/Rural health clinic
- Lab and x-ray
- Prenatal care
- Family planning
- Skilled nursing facility, age 21+
- Home health care
- EPSDT
- Medical and surgical dental services
- Vaccines for children
- Tobacco cessation, pregnant women

Optional Services

- Licensed practitioners
- Private duty nursing
- Nurse practitioner
- Clinic
- Dental
- Physical; occupational; speech, hearing, language therapies
- Prescribed drugs
- Prosthetic devices, dentures, eyeglasses
- Diagnostic, screening, preventive
- Rehabilitative
- Case management
- Respiratory care
- Inpatient hospital services to individuals age 65+ in an Institution for Mental Diseases (IMD)
- Nursing facility services, under age 21
- ICF/IDD
- Inpatient psychiatric, under age 21
- Hospice care
- Personal care
- Transportation, emergency and critical access hospitals
- Optometric
- End-stage renal
- Preventive

Medicaid Authorities and Demonstration Programs

1915(a) Authority

1915 (c) Authority

1915(b) Authority

1115 Authorities

1915(i) State Plan Amendment

Section 2703 Health Homes

Money Follows the Person Rebalancing Demonstration (MFP)

Balancing Incentive Program

Programs Waiving Certain Medicaid Statutory Provisions: “Waivers”

- **1915(a):** Waives compliance with the “freedom of choice” for individuals who elect to obtain services from a certain organization
- **1915(b):** Waives compliance with the “freedom of choice” and “statewideness” requirements
- **1915(c):** Allows State Medicaid programs to offer special services to beneficiaries at risk of institutionalization in a NF or ICF/IDD
- **1115 Demonstrations:** enables States to demonstrate different approaches to promoting the objectives of the Medicaid program through waivers of certain 1902 provisions

Health Home Services

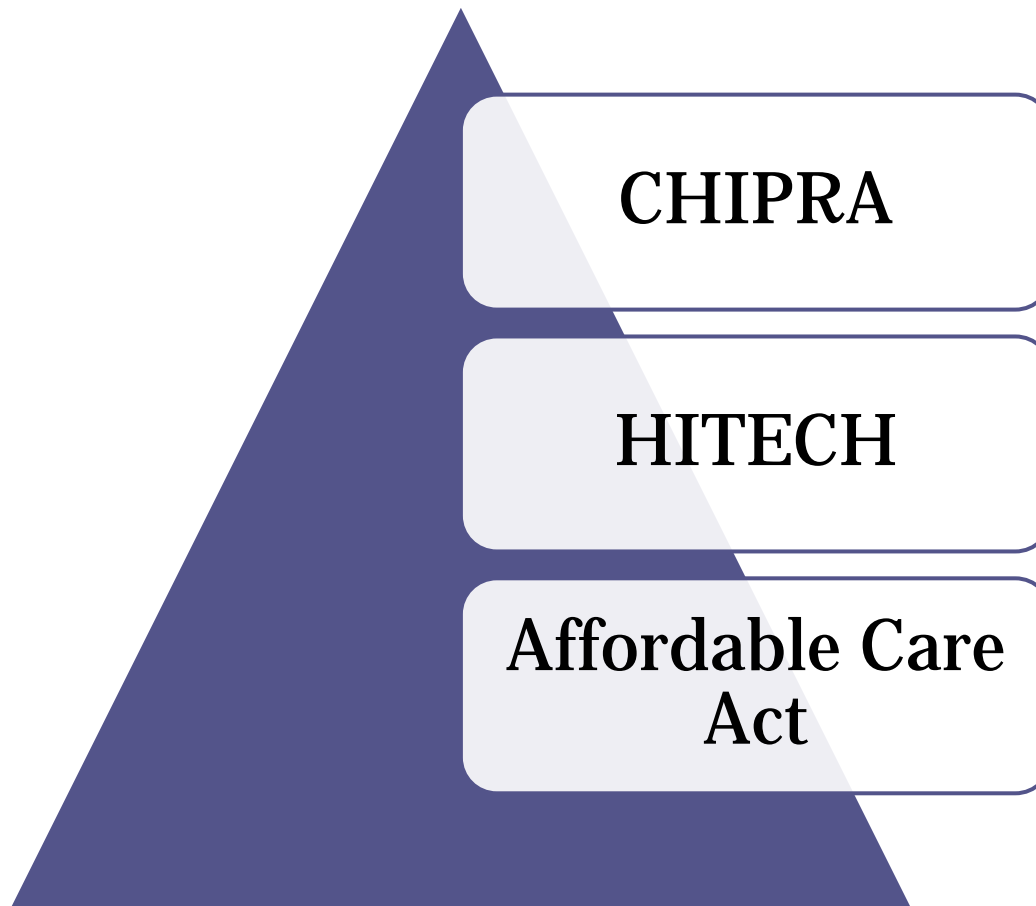
➤ *Health home services include:*

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings;
- Individual and family support;
- Referral to community and social support services;
- Use of health information technology, as feasible and appropriate.

1915(i) State Plan Home & Community-Based Services

- Section 1915(i) established by the Deficit Reduction Act [DRA] of 2005 and amended through the Affordable Care Act of 2010
- State option to amend the state plan to offer HCBS as a state plan benefit with similarities to HCBS waivers
- Individuals do not have to meet institutional Level of Care [LOC]
- Services may include respite care, case management, personal care, behavioral interventions, skills training, supported employment, mentoring, parent and youth support partners.

Quality Reporting



Better Health: Lower Costs

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and the Affordable Care Act promoted new

- Clinical quality reporting programs adding to existing Medicare quality reporting programs
- Measure sets that may be used by state Medicaid programs and private plans.
- Core measure sets which include measures related to hospital readmission rates for children and youth with mental health and substance use conditions.

Benefit Design in Mississippi's PRTF Waiver Demonstration: MYPAC

Case Management

Wraparound Services

Respite

Flex Funds

Benefit Design in Montana's PRTF Waiver Demonstration

- 1. Caregiver Peer-To-Peer Support (Peer Specialist)**
- 2. Consultative Clinical and Therapeutic Services**
- 3. Customized Goods and Services**
- 4. Education and Support Services**
- 5. Family Support Specialist**
- 6. In-Home Therapy**
- 7. Non-Medical Transportation**
- 8. Respite Care**
- 9. Wraparound Facilitation**

Medicaid Authorities used in Mississippi

1915(a) Authority

1915 (c) Authority

Money Follows the Person Rebalancing
Demonstration (MFP)

Balancing Incentive Program

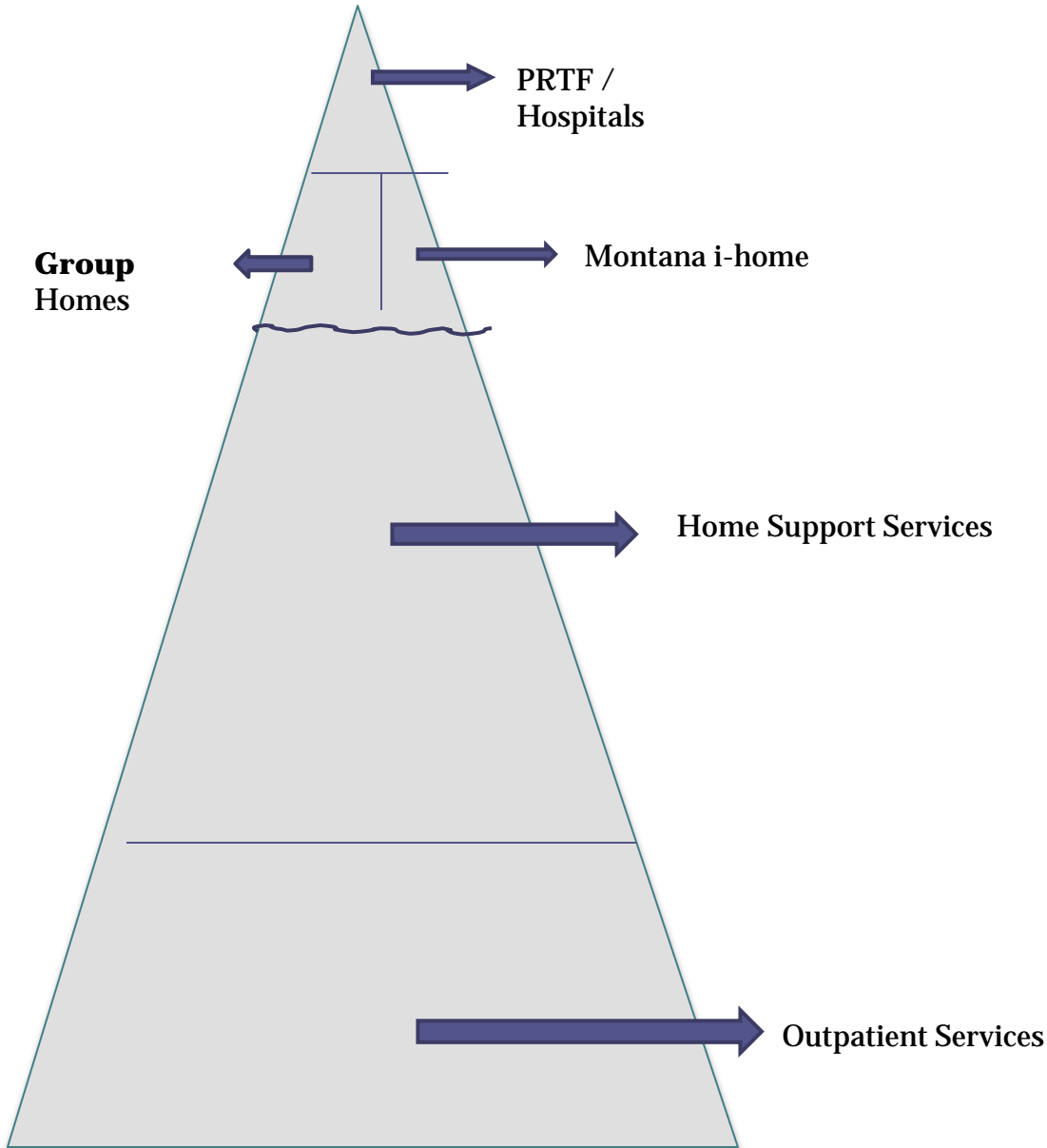
Medicaid Authorities Used in Montana

- **1915(c) HCBS “Bridge” Waiver (for those youth who were on the PRTF Demonstration Waiver on 9/30/12)**
- **1915(i) HCBS State Plan Amendment, effective 1/1/13**
- **Money Follows the Person (Operational Protocol not officially approved by CMS)**

Montana's Explanation (next slide)

There was concern that youth at lower levels of care were going to be served by the 1915(i) HCBS SPA. The needs-based eligibility criteria appears to be targeting youth who were either in a PRTF or acute hospital (behavior health), or at risk of PRTF placement, and receiving 3 or more outpatient services.

Indeed the youth currently enrolled in the 1915(i) are not the lower levels of care youth.



This pyramid represents Medicaid reimbursed services for youth with Serious Emotional Disturbance with the top tier being the most intense level of care. The second level includes therapeutic group homes or Montana i-home. I-home is for a small percentage of Medicaid eligible youth who have needs for services in the home and community setting. The next level, Home Support Services, is a program of services delivered in the home and community where youth have needs for services but not as intensively as Montana i-home. However, some youth may receive Montana i-home services and Home Support Services. The bottom level is outpatient services where youth are able to be served in outpatient settings, including schools.

Sustainability in Mississippi

- Intensive Outpatient Psychiatric
- Wraparound Facilitation
- Community Support Services

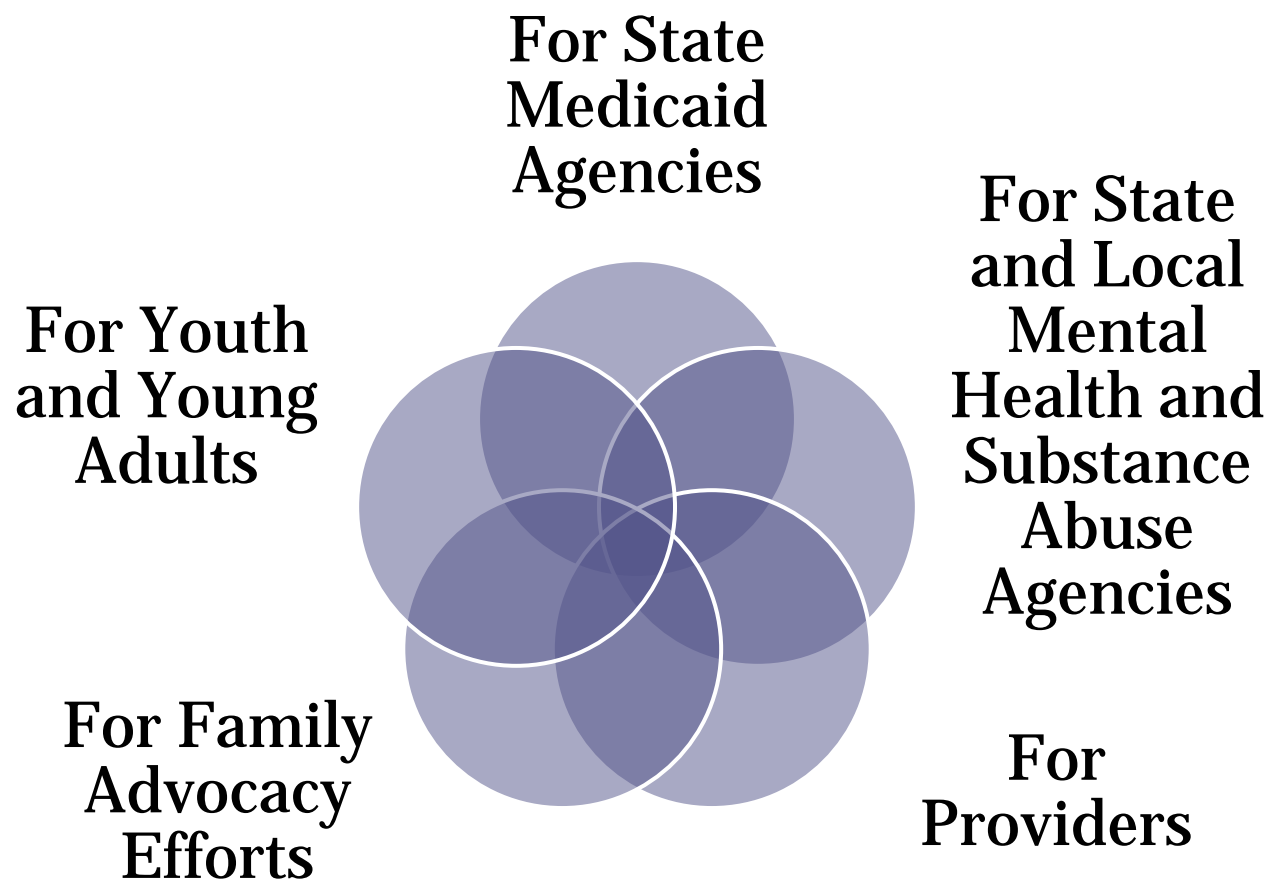
Sustainability in Montana

- **1915(c) Bridge Waiver (youth who were enrolled in the PRTF Demonstration Waiver on 9/30/12)**
- **1915(i) HCBS SPA – effective 1/1/13; needs-based eligibility criteria less stringent than PRTF LOC**
- **Train/implement CANS (build a database)**
- **EBP training**
- **Contracted for high fidelity wraparound facilitation training (facilitators and coaches)**

Montana - continued

- Contracted for Peer-to-Peer training (peers and coaches)
- Contracted with an entity skilled in rate setting methodology for some of the services included in the 1915(i) and the Bridge Waiver
- Wellness Recovery Action Planning through the Copeland Center – train the trainer
- 100% federal funding for personnel dedicated to the Bridge Waiver and the 1915(i) HCBS SPA

Importance of Informational Bulletin



Certified Parent Support Provider

The only national standard in parent-to-parent or caregiver support requires

- Personal experience parenting a child who experiences emotional, developmental, behavioral, substance use, or mental health challenges
- 88 contact hours of training (8 in each domain)
- 1, 000 supervised hours of parent support experience (paid or unpaid)
- Disclosure of past/current legal involvement
- Adherence to the Code of Ethics
- Passage of national exam
- Payment of fees
- Re-certification in 2 years

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IMPORTANT LINKS

Evaluation Form:

<https://www.surveymonkey.com/s/TACenterWebinarEvaluation>

Webinar Website:

<http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html>

Data Matters: <http://www.gucchdgeorgetown.net/data/>