

INDEPENDENT ASSESSMENT

WHO, WHY AND WHEN

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Why System Transformation

- *Analysis of 2015 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 (PCMH and Episodes of Care) did not address the costs incurred by the population*
- *Institutional care accounted for 1/3 of total developmental disabilities claims*
- *Over 2,900 people who were on waiver waitlist for I/DD services and this accounts for \$32 million in Medicaid costs for 2,640*
- *96% of spending for individuals receiving I/DD services was supportive living*
- *The mental health system was highly siloed and fragmented and dually diagnosed clients were not receiving appropriate services in either system*

Why System Transformation

- *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*
- *Specialty service providers reluctance to accept difficult clients*
- *A fragmented and siloed approach to clients who are dually diagnosed with IDD and behavioral health needs*
- *Delayed access to behavioral health counseling services*

Total ID/DD and BH Populations 2016

ID/DD

- ***Estimated Total Enrollees***
 - ***55,145***

Behavioral Health

- ***Estimated Total Enrollees***
 - ***101,718***

Tier 2 and Tier 3 Estimates 2016

ID/DD

- ***Estimated Total Enrollees***
 - ***7,437***

Behavioral Health

- ***Estimated Total Enrollees***
 - ***20,344***

Behavioral Health Full System of Care

- *A system of care to meet the needs of AR Medicaid eligible beneficiaries includes:*
 - *Easily accessible counseling services provided by a well trained masters level clinician*
 - *Counseling services that can be provided frequently and can be increased for acuity*
 - *Services that are different for adults and children*
 - *Home and Community Services provided by paraprofessionals used for beneficiaries who have a functional deficit related to their mental health condition*

The AR Independent Assessment (ARIA)

- *Arkansas procured and has a current contract with Optum to perform independent assessments for various specialty populations including IDD and BH beneficiaries*
- *Optum utilizes an Arkansas tailored tool called MN Choices*
- *The tool assesses the beneficiaries functional ability rather than diagnosis*
- *The tool utilizes branching logic to place beneficiaries into tiers*

Medical Vs. Functional

- *Prior system was based on a medical model, whereby services were driven by diagnosis and beneficiaries had access to a limited array of individual services under a fee for service program.*
- *New system is based on impact of the behavioral health diagnosis on the daily functioning of the beneficiary and the provision of an array of home and community based services designed to reduce the need for higher levels of care and keep beneficiaries in the least restrictive home and community based setting possible.*

Functional Impairment

- *Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in their environment.*

Long Term Chronicity Vs Acuity or Intermittent Acuity

- *Acuity is a general term which can be used to describe a range of symptoms involving problems with feelings, behaviors, emotions and thoughts. Beneficiaries often present to outpatient settings when these symptoms lead to distress or temporarily impact functioning. Symptoms usually resolve with outpatient treatment by a licensed professional.*
- *Intermittent acuity would include episodes of acuity due to ongoing environmental or emotional factors, such as divorce, grief, trauma, etc. Beneficiaries present for treatment as needed to address symptoms and maintain functioning in the community.*
- *Long term chronicity is present when the beneficiary, due to the symptoms of a mental health disorder, is unable to function in multiple settings within the community and the impact of the mental illness causes daily ongoing distress that requires home and community based interventions in order to reduce the need for higher levels of care such as inpatient or residential services.*

OBH Program Exclusions

- *Traumatic Brain Injury*
- *Dementia*
- *Long Term Care Facility*
- *HDC*

Should I refer for an Independent Assessment?

- *The beneficiary has experienced functional limitations due to emotional disturbance or mental illness for over a year on a continuous or intermittent basis. For SED determination the functional problems must include at least two of the following areas: self-care, family life, self-direction/self-control, or learning ability. Or within the past 30 days the child or youth must have experienced: serious suicidal symptoms, significant psychotic symptoms, serious harm to others or behavior caused substantial risk for removal from the home environment.*
- *For SMI determination of the functional problems must include at least two of the following areas: basic daily living skills, role functioning in instrumental living skills, main productive role (work or school), or social/intimate relations. Or within the past 30 days the consumer must have experienced: serious suicidal symptoms, significant psychotic symptoms, or serious harm to others.*

Acute Inpatient IA Referrals

- ▶ *DHS has implemented a process by which Acute Inpatient Psychiatric Facilities may submit requests for expedited assessments for eligible beneficiaries.*
- ▶ *Requirements for expedited assessments:*
 - ▶ *Age 18 or older*
 - ▶ *Beneficiaries have active Medicaid and if assessed as tier 2 or tier 3, would be eligible for Home and Community Based Services under the PASSE or the Adult Behavioral Health Service for Community Independence Medicaid Program Manual (ABHSCI).*
 - ▶ *Beneficiary is not engaged with an outpatient behavioral health provider*

Myth

Clients need an independent assessment in order to receive weekly or biweekly MHP services.

- *Providers may request an EOB for services based on clinical need.*
- *Counseling Level services were designed with ease of access in mind and only require a PCP referral*

MYTH

Beneficiaries may only receive one Individual Behavioral Health Counseling session per month.

- *Services should be provided at frequencies and duration deemed to be medically necessary and clinically appropriate based on clinical assessment. Extension of benefits is available based on documentation of medical necessity.*

BH Services for Medicaid beneficiaries not enrolled in PASSE

- *Children/youth with a behavioral health diagnosis who need only counseling services and/or medication management will not be in the PASSE*
- *Beneficiaries can access services directly from Medicaid enrolled BH service providers without an Independent Assessment*

Counseling Services Vs. Home and Community Based Services

- *Counseling services are those interventions, therapies or services provided by a mental health professional in an outpatient setting such as clinic, home, or school, directed at a specific behavioral health disorder. These services would include individual, family and group counseling, as well as medication management by a physician.*
- *Home and community based services include an array of supportive services provided by a mental health paraprofessional to the beneficiary, family, guardian, school, or natural supports within community settings such as home, school, work, etc. which support the recovery of the individual and address specific functional impairments related to a chronic mental health diagnosis. These services including skills development, monitoring, and supports designed to maintain the beneficiary in the least restrictive environment within the community.*

BH Services for Medicaid beneficiaries not enrolled in PASSE

- ▶ *BH services available include:*
 - ▶ *Mental Health Diagnosis*
 - ▶ *Interpretation of Diagnosis*
 - ▶ *Individual Behavioral Health Counseling*
 - ▶ *Group Behavioral Health Counseling*
 - ▶ *Marital/Family Behavioral Health Counseling*
 - ▶ *Psychiatric Assessment*
 - ▶ *Pharmacological Management*
 - ▶ *Psychological Evaluation (related to BH diagnosis)*
 - ▶ *Substance Abuse Assessment*
 - ▶ *Multi-Family Behavioral Health Counseling*
 - ▶ *Psychoeducation*
- ▶ *All services have a annual benefit limit, but additional services can be authorized based on medical necessity*

HCBS Services Adding the (i)

CES Waiver Services

- *DD Waiver Services*
- *CES Supported Employment*
- *Supportive Living*
- *Caregiver Respite*
- *Adaptive Equipment*
- *Community Transition Services*
- *Consultation*
- *Crisis Intervention*
- *Environmental Modifications*
- *Supplemental Support*
- *Specialized Medical Supplies*

1915(i)HCBS Services

- *Behavioral Assistance*
- *Adult Rehabilitative Day Services*
- *Peer Support*
- *Family Support Partners*
- *Supportive Life Skills Development*
- *Child and Youth Support Services*
- *Supportive Employment*
- *Supportive Housing*
- *Partial Hospitalization*
- *Mobile Crisis Intervention*
- *Therapeutic Host Home*
- *Therapeutic Communities*
- *Residential Community Reintegration*
- *Planned and Emergency Respite Services*

HCBS and LTSS Services

- *Creation of new provider types using PASSEs for credentialing*
- *Right services for needs of a dually diagnosed population*
- *Rescuing people that have fallen through the cracks*
- *Utilizing a rural state workforce*
- *Creating access to needed services*
- *Motivating providers to offer the services that people need not the ones that are easiest to provide-an opportunity to document and get paid for what you actually do!*

Expectations for PASSE Model

- *Development of new provider types and specialization*
- *Freeing beneficiaries caught in the paper trap*
- *Creative new services and service delivery*
- *Increased service collaboration at community level for PASSE builds infrastructure for others to use*
- *Get out of the Medicaid “black box”*
- *Demonstrate the value of truly organized and integrated care; uncoordinated sector silos that are merely consolidated on paper should not be confused with the true target of reform*
- *Affirm the proposition that cost of health care is not the fundamental issue of concern (Medicaid already provides low reimbursement rates for community-based care); efforts aimed at the excess cost (over-utilization, over-use of institution-based care, under-utilization, fragmentation among medical and nonmedical services and supports) will yield greatest results.*

QUESTIONS?