

# Medicaid Populations and Mental Health Services

## Traditional Medicaid Beneficiaries

**Total Child eligibility 0-211% FPL 473,094 Adult eligibility 0-17% FPL or other categories 299,899**

- Need outpatient counseling services provided in an office, clinic or school setting
- Need medication management by a psychiatrist or primary care physician
- Can be stabilized quickly in a hospital and connected to outpatient counseling and medication management

## **PASSE Beneficiaries**

**BH children 34,151 BH Adult 14,848 IDD children 1,626 IDD adult 5,810**

- Are not responding to outpatient counseling services
- Have functional deficits due to mental health diagnosis
- Need home and community-based services or services in residential or institutional settings

## ARHOME Beneficiaries

**Total 340,941 healthy adults aged 19-64 19-133% FPL**

- Can access outpatient counseling and full range of SUD services through Qualified Health Plans

# HCBS and the Medical Model

- Under RSPMI paraprofessionals were considered “service extenders” who carried out components of the treatment plan reinforcing skills obtained during counseling
- Paraprofessionals provided “Intervention” directly to clients in outpatient settings and delivered Day Rehabilitation services in a facility. “Collateral” was used to obtain and provide information to individuals who interacted with the client.
- Services were seen as clinical in nature and were used to address the symptoms of a diagnosed mental health condition
- In 2018 with the implementation of OBH and in 2019 with the implementation of the PASSE system, we moved from a medical model to the blended clinical / functional model.

# Medicaid Waiver Programs: HCBS is the PASSE System

- Waiver programs allow states to choose groups of people with particular needs and health conditions to receive tailor-made healthcare options at home or within the community
- States can implement HCBS waivers that do not cost more than the same service in a healthcare facility, ensure a person's health and welfare, provide reasonable and adequate standards to meet a person's needs and uses an individualized plan of care centered on the person
- CMS defines HCBS as types of person-centered care delivered in the home and community to address the needs of people with functional limitations who need assistance with everyday activities.
- HCBS are designed to enable people to stay in their homes, rather than moving to a facility for care.
- Arkansas has created a combined program that allows individuals who have a mental health diagnosis and at risk of services in an institutional setting or IDD diagnosis and meet institutional level of care to receive HCBS reimbursed through the PASSE
- The PASSE is responsible for care coordination, identification of the HCBS that meets the member's need and connection to appropriate HCBS providers and services

# HCBS for Intellectually/Developmentally Disabled & Behavioral Health Populations

- Traditionally the HCBS provided to individuals with IDD have been supportive living, supportive employment, respite and adult day treatment
- Consultation was used to support providers of IDD service in managing behavioral issues or symptoms of a mental health condition
- IDD individuals were also referred to an Outpatient Behavioral Health Agencies (OBHA) for medication management and counseling
- Historically, Medicaid beneficiaries with behavioral health needs were treated solely within an OBHA.
- The PASSE model has shifted the focus to not treating the person based on diagnoses but treating the symptoms of the person and addressing the resulting functional deficits, regardless of BH or IDD.
- Said differently, the same HCBS model developed for the treating behavioral symptoms caused by mental health needs is being used to treat those same symptoms for individuals with IDD

# Child/Youth BH Continuum – Current Services

Increasing intensity of services 

Counseling	Home & Community Based Services (HCBS)	Residential HCBS	Psychiatric Residential Treatment Facility (PRTF)	Psychiatric Hospital Sub-Acute Unit
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> <li>• Group</li> <li>• Crisis Intervention</li> </ul> <p><i>Provider types:</i> OBHA or ILP/ILP groups</p>	<ul style="list-style-type: none"> <li>• Behavioral Assistance</li> <li>• Child and Youth Support</li> <li>• Life Skills Development</li> <li>• Planned Respite</li> <li>• Family Peer Support Partner</li> <li>• Crisis Stabilization Intervention</li> </ul> <p><i>Provider types:</i> OBHA or CSSP</p>	<ul style="list-style-type: none"> <li>• Residential Community Reintegration Program</li> </ul> <p><i>Provider types:</i> OBHA or CSSP</p>	<ul style="list-style-type: none"> <li>• Residential Treatment Center</li> </ul> <p><i>Provider types:</i> U21 Inpatient Psychiatric RTC</p>	<ul style="list-style-type: none"> <li>• Residential Treatment Unit</li> <li>• Inpatient Stay (short-term stabilization)</li> </ul> <p><i>Provider types:</i> U21 Inpatient Psychiatric RTU, psych hospital or hospital with psych unit</p>


**Crisis Services**

**Acute crisis unit beds**

# Adult BH Continuum – Current Services

Increasing intensity of services 

Counseling	Home & Community Based Services (HCBS)	Transitional Housing	Residential HCBS	Hospital
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> <li>• Group</li> <li>• Crisis Intervention</li> </ul> <p><i>Provider types:</i> OBHA or ILP/ILP groups</p>	<ul style="list-style-type: none"> <li>• Adult Rehab Day Service</li> <li>• Supportive Employment</li> <li>• Supportive Housing</li> <li>• Adult Life Skills Develop</li> <li>• Peer Support</li> <li>• Aftercare Recovery</li> <li>• Assertive Community Treatment</li> <li>• Crisis Stabilization Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Not a Medicaid reimbursable service but often needed to for individuals who don't meet the level of need for Therapeutic Communities but need housing and additional supports</li> </ul> <p><i>Provider types:</i> OBHA or CSSP</p>	<ul style="list-style-type: none"> <li>• Therapeutic Communities</li> </ul> <p><i>Provider types:</i> OBHA or CSSP</p>	<ul style="list-style-type: none"> <li>• Inpatient Psychiatric Units in General Hospitals</li> </ul> <p><i>Provider types:</i> General Hospital</p>



# New HCBS Provider Type: Evolution of CSSP

- The Outpatient Behavioral Health Agency provider certification was pulled over from the RSPMI certification
- The RSPMI certification was developed to have an agency that provided counseling services, paraprofessional services overseen by a professional, and medical service provided by a psychiatrist / Medical Director.
- The additional certification requirements built into the regulations were to ensure that services delivered by a paraprofessional to people who needed more than counseling were driven by and overseen by a professional
- Now that we transitioned with the PASSE system from a medical model to a functional model, we need the provider type to align with the services being delivered
- We need paraprofessional services delivered to people in home and community settings and overseen by appropriate professional staff
- These paraprofessionals need to be able to address behavioral issues that are symptoms of a mental health condition OR behaviors related to an intellectual disability
- The goal of the service continues to be to address and improve the behaviors that are placing the individual at risk of requiring institutional care and stabilizing the individual within the least restrictive setting.

# Medicaid BH Certified Provider Type Progression

## RSPMI Providers

- Certified to provide both counseling and paraprofessional services to Medicaid beneficiaries with mental health diagnosis
- Used professionals to provide counseling services and develop treatment plans
- Treatment plans included both professional and paraprofessional services
- Agencies provided training, certification and supervision of paraprofessionals (MHPP)

## OBHA and ILP

- OBHA certified to provide both counseling and paraprofessional services to Medicaid beneficiaries with mental health diagnosis and to those with mental health diagnosis and functional deficit
- OBHA continued to provide both counseling services as well as professional supervision of QBHPs and used treatment plans
- ILPs were added for individuals with independent licenses to provide counseling service individually or as part of a group of ILPs

## CSSP Intensive

- Will allow agencies to employ professionals and paraprofessionals to deliver HCBS with the needed professional to lead a team to deliver services to address functional deficits of individuals with a mental health diagnosis and behavioral needs of individuals with an IDD diagnosis
- Professional team lead would not be limited to counselors and psychiatrists but could include other professionals experienced in treating conditions causing the functional deficit



# Community Supports Systems Provider (CSSP)

- Currently two levels of CSSP that combined the HCBS provided by OBHA and CES Waiver providers
- Must have a provider type that can provide HCBS overseen by a professional. We must relink clinical and functional again.
- Propose 3 levels of CSSP
  - Base-HCBS that do not need professional oversight
  - Intensive-HCBS that need professional oversight
  - Enhanced-Therapeutic Communities, Residential Community Reintegration Program, Acute Crisis Units and 8 Bed IDD Group Homes
- OBHA providers would transition to CSSP Intensive
  - Mimic many requirements from OBHA certification
  - With CSSP Intensive , the core services of the CSSP provider type are the HCBS services
  - OBHA providers who are currently certified to provide those services included in the enhanced level would transition to enhanced level of CSSP

# CSSP Certification: Three Levels

## Enhanced

- Therapeutic Communities
- Residential Community Reintegration Program
- Outpatient Acute Crisis Units
- 8 Bed IDD Group Homes

## Intensive

- Assertive Community Treatment (ACT)
- Peer Support
- Aftercare Recovery Support
- Intensive In Home Services (ACT like service for children/youth)
- Behavioral Assistance
- Child and Youth Support
- Family Support Partners
- Crisis Stabilization Intervention

## Base

- Adult Life Skills Development
- Supportive Employment
- Supportive Housing
- Life Skills Development Individual and Group
- Planned Respite
- Supportive Living
- Supplemental Support

# Counseling Level Services: Licensed Professional (LP) /LP Group

- In 2018, Medicaid allowed an independently licensed practitioner (ILP) to bill Medicaid with the vision that this would align with the way commercial insurance credentialed and reimbursed for counseling services. This was to improve access for Medicaid beneficiaries who needed counseling only services.
- This proposal would remove the term ILP and going forward, call all licensed mental health therapists, Licensed Professionals and to align the Medicaid enrollment of professionals with other professional service providers and allow licensing boards to apply rules for provision of services.
- AR Medicaid currently reimburses providers directly for individuals outside of a PASSE who need counseling services and would be able to enroll licensed professionals as individuals or groups and reimburse for counseling services.
- PASSEs would be able to reimburse credentialed licensed professionals to provide a counseling service and would allow PASSEs to reimburse CSSP intensive providers for team based approaches led by licensed counselors and other professionals as team leads.
- Graduates with a provisional licensure will be added as allowable provider in OBH Services Manual.

# Themes from Stakeholder Feedback Regarding Challenges Under the Current System



## Structure of PASSE Program Policy and Regulations

- Policy and regulations are restrictive and complicated.
- There are currently unresolved service gaps, e.g., team-based delivery of home and community based services to address behavioral issues
- Overall process and paperwork are administratively burdensome.



## Workforce Challenges

- Difficulty in hiring and retaining BH workforce, primary due to:
  - Lower wage levels that are not keeping pace with the market
  - Challenging clients as compared to clients covered by private health insurance
  - Excessive paperwork
- High turnover leads to increased time training and supervising new employees



## Desired Changes

- Revise and streamline BH policies and regulations, particularly regarding provider types able to provide a service
- Overhaul BH payment rates across the continuum
- Increased transparency regarding DHS' strategy to address challenges

# Policy Changes Through AR Medicaid Manual Changes



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## Outpatient Behavioral Health Agency Certification Manual

- Move current service provider requirements to new CSSP level

## Independently Licensed Practitioner Certification Manual

- Sunset and allow providers to enroll

## Outpatient Behavioral Health Services Manual

## Physicians Manual

- Integrate behavioral health providers



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## Community Service and Supports Provider (CSSP) Certification Manual

- Create 3 provider levels
- Match service provider certification to align with HCBS array
- Separate requirements for services that are overseen by professional

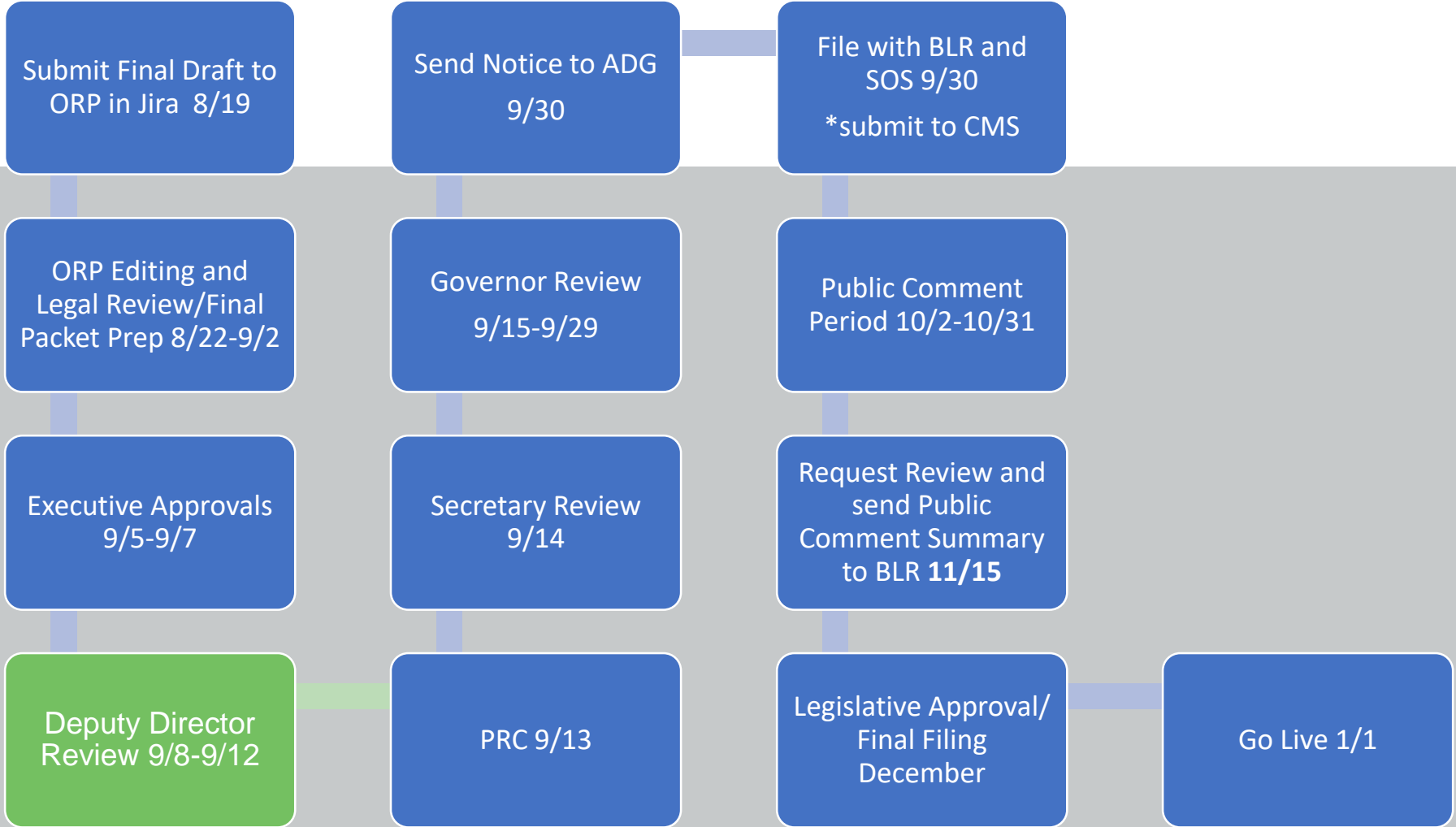


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## Under 21 Inpatient Psychiatric Services Manual

- Add quality requirements
- Add specialty populations

# Promulgation Timeline



# DHS Payment Rate Strategy Across the BH Continuum

July 2022

January 2022

## Comparison payment rate development for targeted PASSE member services

- Targeted individual services
- New team-based service that includes targeted individual services and crisis services
- PRTF services

## Regulations and provider manual review and updates

**Continued assessment** of the need for additional changes to payment approaches across the BH continuum

## Crisis services planning

- Development of a plan for a behavioral health statewide integrated crisis system
- Stakeholders will include but not limited to behavioral health providers, developmental disabilities providers, hospital providers, emergency transport providers, schools and law enforcement

Consideration of stakeholder feedback, including feedback raised in legislatively-coordinated BH workgroups

# Counseling Service Payment Rate Update

- DHS will consider the following to determine the appropriate update:
  - Provider survey, was released by July 11
  - Payment rates used for similar services by:
    - Other states in Region 6 (Louisiana, New Mexico, Oklahoma, and Texas and other similar states)
    - Medicare
  - Arkansas Medicaid access and utilization data

## *Timeline*

- *DHS distributed survey to AR mental health service providers July 8, 2022*
- *Providers will respond by July 25, 2022*
- *Review will be completed by August 31, 2022*
- *Rate updates will be submitted to CMS by September 15, 2022*
- *Rates will be published and applied as approved by CMS and state legislature*



# Other Issues identified in workgroups addressed through Medicaid rate and policy work

- Prevention and Early Intervention
  - Update physician's manual to allow behavioral health integration
- Workforce Development
  - Move counselors into team lead for high need PASSE members
- Access to High Quality Services
  - New certification for PASSE members with specialized training for PASSE sub-populations
- Substance Abuse/Co-occurring Disorders
  - Allow substance abuse licensed counselors to provide SUD services in Medicaid OBH manual
- Suicide Prevention
- Services for Special Population
  - Rate changes and new provider for high need, complex Medicaid beneficiaries in PASSE
- Rates, Regulations, Efficiencies and Bed Availability
  - Rates for Outpatient counseling, PRTF, team-based HCBS approach
  - Addressing quality in U21 Inpatient Psychiatric Hospital (PRTF) manual