Bayou Health Behavioral Health Integration

EXECUTIVE OVERVIEW OF SPECIAL TOPICS

FRIDAY, JULY 24, 2015

Welcome

J. Ruth Kennedy

Louisiana Medicaid Director

DEPARTMENT OF HEALTH AND HOSPITALS

Agenda

- Intensive Community Based Services for Adults: 1915(i) Overview
- Psychiatric Residential Treatment Facility (PRTF)/In-Patient Psych
- Co-occurring Conditions: Intellectual/Developmental Disabilities (IDD) and Behavior Health
- Permanent Supportive Housing (PSH)
- Pre-admission Screening and Resident Review (PASRR) and Behavioral Home Services for Nursing Facilities
- Wrap-up and Next Steps

Intensive Community Based Services for Adults

1915(i) STATE PLAN AMENDMENT OVERVIEW

Presented by: Darrell Montgomery, Kenneth Saucier, Dr. James Hussey & Charlene Gradney

Overview

- Operating Agency—The Office of Behavioral Health (OBH)
- CMS Approval Period-5 years **(3/1/12 to 2/28/2017)**
- The 1915(i) includes **mental health services only**
- The independent assessment and plan of care are **completed by the MCO or sub-contractor(s)**
- These services may **not duplicate** other services
- Members must live in a **Home and Community** Based Setting
- Members may receive basic behavioral health services and/or specialized mental health services

Basic vs. Specialized Services

Eligible Medicaid adults should receive the 4 basic services if medically necessary. In addition to the basic services, adults may quality for specialized services in the 1915(i).

- 4 Basic Services - Services available to all Medicaid Adults
  1. Physician
  2. Inpatient
  3. Pharmacy
  4. Substance Use Treatment
- Specialized Mental Health Services - Additional home and community based services through the 1915(i).
  1. Treatment by a Licensed Mental Health Professional (LMHP)
  2. Community Psychiatric Support and Treatment
  3. Psychosocial Rehabilitation Services
  4. Crisis Intervention

50 Foot View: Basic Flow

- MCO Screening — *if likely eligible*
- MCO conducts an Independent Assessment - *if eligible*
- The independent assessor develops a Plan of Care (POC)
- MCO reviews the assessment and POC - *if approved*
- Notify Medicaid of clinical eligibility
- MCO notifies provider(s)
- MCO authorizes services

The current process of how MCOs will notify Medicaid is under review. The goal is to ensure the process is as efficient as possible.

Eligibility Criteria

To be eligible for the 1915(i), a member must meet all of the following:

1. Age 21 years or older
2. Meet at least one of the **Target Groups as indicated on the** Targeting and Level of Need Determination Form currently being used by Magellan
3. Meets **Needs Based Criteria** as indicated by the Level of Care Utilization System (LOCUS) score

Target Group and Needs Base Criteria

1. Acute Stabilization Needs
   - **Target Group**: Mental health symptoms that are consistent with a diagnosable mental disorder.
   - **Needs Based Criteria**: At least a score of **3 and no more than a score of 4 on the LOCUS Risk of Harm** subscale and/or **at least a score of 4** on the LOCUS Functional Status subscale.

2. Major Mental Disorder
   - **Target Group**-Mental health symptoms that are consistent with a diagnosable mental disorder including only: Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Major Depressive Disorder
   - **Needs Based Criteria**-At least a composite LOCUS total **score of 14 to 16**, indicative of a Level of Care of **2 (low intensity community based services)**

Target Group and Needs Base Criteria

3. Serious Mental Illness (SMI)
   - **Target Group-**The person with SMI has at least one diagnosable mental disorder, which is commonly associated with higher levels of impairment. (federal SAMHSA definition of Serious Mental Illness as of 12/1/2011)
   - **Needs Based Criteria-** At least a composite LOCUS total score of **17 to 19**, indicative of at least a Level of Need of **3 (High intensity community based services)**
4. An adult who has previously met the above criteria and needs subsequent medically necessary services for stabilization and maintenance.

Evaluation/Re-evaluation

- Eligibility for the 1915(i) must be determined through a **face to face** independent evaluation of each member.
- The independent evaluation/reevaluation is conducted by a **Licensed Mental Health Professional** (**LMHP**) (psychologist, LCSW), LPC, (LAC,) LMFT, and APRN RN) operating within the scope of their license.
- Needs-based eligibility reevaluations are conducted at least **every twelve months**.

Person Centered Planning

- Based on the independent assessment, there is a person-centered plan of care (POC) for each member determined eligible for 1915(i) services.
- The development of the plan of care must be done **face to face**.
- Responsibilities for developing the POC
  - The POC will be developed by a **psychiatrist, LMHP** or an interdisciplinary team that includes either a psychiatrist or LMHP.
  - The **interdisciplinary team includes** the participant; his or her legal representative if applicable; the case manager; and any other persons the participant chooses, which may include service providers. Individuals that are not Medicaid providers are not reimbursed for their participation.

Person Centered Planning

- The team identifies the member's:
  - Strengths
  - Needs
  - Preferences
  - Desired outcomes

The case manager informs the participant of all available **Medicaid and non-Medicaid services**.

The participant is encouraged to choose goals based on his or her **own desires** while recognizing the need for supports to attain those goals.

MCO Considerations

- **Training MCO staff** (care management, Utilization Management/Case Management (UM/CM), member services, quality assurance, and network staff on the requirements of the 1915(i) and the needs of the covered population.
- **Training LMHPs** to conduct the independent assessment. Training should include:
  - Completing the assessment form
  - How to scoring the LOCUS
  - Other necessary behavioral health topics as determined by each MCO
- **Develop forms** (standardized forms are strongly recommended). Current forms include:
  - Independent Behavioral health Assessment (psycho-social, mental status, risk assessment, cultural considerations, strengths, and summary)
  - LOCUS Worksheet (dimensions, current score, criteria to support the score, composite score, and level of care recommended)
  - Targeting and Level of Need Determination Form
  - Freedom of Choice Form

MCO Considerations
CMS "boilerplate" language for 1915(i)

- **Conflict of Interest Standards.** The state assures the independence of persons performing **evaluations, assessments, and plans of care.** Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:
  - Related by blood or marriage to the individual, or any paid caregiver of the individual
  - Financially responsible for the individual
  - Empowered to make financial or health-related decisions on behalf of the individual
  - Providers of State plan Home and Community Based Services (HCBS)for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except, at the option of the state, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified entity in a geographic area, and the state devises conflict of interest protections. *(If the state chooses this option, specify the conflict of interest protections the state will implement)*

MCO Considerations
Conflict of Interest Standards

To meet this requirement, the MCO….

- may **conduct the independent assessments** and develop the POC but the staff performing these functions must be separate and under a different line of authority from the UM/CM staff within the MCO.
- may contract with **individual LMHPs** who meet the professional and training requirements.
- may **contract with an agency.**
- may **propose a different option** to the Department.

MCO Considerations

- **Recruiting independent assessors** considering the limited availability of LMHPs in some areas of the state
- Developing **training material** for MCO staff and independent assessors
- Developing **internal processes and procedures** to screen, assess/reassess, and authorize services
- Developing and **conducting quality assurance** activities related to the evaluation and reevaluation process

1915(i) Services

1. Treatment by an LMHP (individual, family and group therapy)
2. Community Psychiatric Support and Treatment (CPST) (individual skills building, supportive counseling, case coordination)
3. Psychosocial Rehabilitation Services (individual and group daily living skills training)
4. Crisis Intervention (face to face crisis services)

Assertive Community Treatment (ACT)

- ACT is an intensive community based evidenced based practice that is available to very high need adults. This service is provided as an intervention under CPST.
- ACT is a critical part of the full array of services.

MCO Considerations

- Developing **authorization guidelines**
- **Training** MCO staff on the requirement of the 1915(i)
- Developing **policies and procedures** to minimize **inpatient care** including outreach to members during discharge. This should include the utilization of 1915(i) services.
- Please note, an independent assessment can be done while a member is in the hospital. MCOs should also consider **"In Lieu of" therapeutic services** upon discharge while an independent assessment is conducted. This will help to bridge the gap in services.

MCO Considerations

- Nursing Home Residents
  - 1915(i) services **are not permitted** while a member is living in a nursing home.
  - An independent assessment can be done as part of the member's **discharge planning**.
  - It is expected that this would be done approximately **30 days prior** to discharge to ensure services are in place for the member.
  - Currently, nursing home residents may receive therapeutic services as an **In Lieu** of agreement so that he/she may participate in individual, family, or group therapy. These services are also critical during the transition process and during the independent assessment.

Providers

- Mental Health Rehabilitation Providers
- Local Governing Entities (Clinics)

MCO Considerations

- Developing and maintaining a provider network in both **urban and rural** areas of the state
- Developing and delivering **provider training**
- Maintaining a **website** with useful information for providers
- Providing **geo access mapping** to the Department
- Ensure providers **meet all state requirements**
- **Training MCO** network staff

Quality Management

- The 1915(i) includes a Quality Improvement Strategy (QIS).
- The Office of Behavioral Health and Medicaid will partner with the MCOs to ensure the Department is meeting all of the performance measures approved by CMS

Quality Management

The QIS includes required assurances related to the following:

1. Determining eligibility Level of Care (LOC)
2. Developing a plan of care
3. Provider qualifications
4. Home and community settings
5 Claims payment
6. Preventing abuse, neglect, and exploitation including the use of restraints

Quality Management: Sample Measures

- LOC1: Number and percent of initial participants that were determined to meet level of care requirements prior to receipt of services.
- LOC2: Number and percent of initial participants whose level of care determination forms/instruments were completed correctly.

MCO Considerations

- Developing the **internal capacity** to collect and **report data** to the Department on required performance measures.
- Internal capacity includes, but is not limited to, having **IT systems** to pull claims data, provider reports, tracking and reporting health and safety incidences, and conducting and reporting onsite provider reviews.

Next Steps

To effectively implement community based services for adults through the 1915(i), the following MCO staff will need more training:

1. Member Services
2. UM/CM
3. Provider Network
4. Quality Management
5. Independent Assessors
6. Financial Staff (optional)

QUESTIONS & COMMENTS

Psychiatric Residential Treatment Facility (PRTF)/In-Patient Psych

Presented by: Dr. James Hussey & Dr. Kristin Savicki

DEPARTMENT OF HEALTH AND HOSPITALS

Topics

- **Psychiatric Residential Treatment Facilities (PRTF)**
  - History and Definition
  - PRTF Authorities, Rules and Regulations
    - PRTF Licensing
    - Certificates of Need
    - 1915(b) waiver
  - Facility Numbers
  - PRTF Utilization
  - Priority PRTF Issues
- **Inpatient Psychiatric Hospitals**
  - Number of facilities and beds statewide
  - Inpatient Psych Hospital Utilization
  - CON's and 1995 Inpatient Psych Services Rule
  - Priority Inpatient Psychiatric Hospital Issues
- **Other/Reporting**
  - Network Management
  - Utilization and Care Management
  - Quality Management

Psychiatric Residential Treatment Facility

History

- Pre-LBHP, long-term hospital stays for behaviorally-disordered youth.
- PRTFs were a controversial inclusion in LBHP, as some concerns about "warehousing," etc. However, they were felt to be a necessary part of the continuum.
- As a result, there is much emphasis on active treatment, quality plans of care that involve families.
- Current PRTFs "converted" to the newly-defined LA model from pre-existing group homes or hospitals.

PRTF Service Definition

PRTF's must ensure comprehensive med, psych, social and developmental needs of residents are met while admitted.

- Professionally developed and supervised individual Plan of Care (POC) that is developed and implemented no later than 72 hours after admission and designed to achieve the recipient's discharge from inpatient status at the earliest possible time.
- The PRTF must ensure that the resident receives all treatment identified on the active treatment plan and any other medically necessary care required for all medical, psychological, social, behavioral and developmental aspects of the recipient's situation – in or out of the facility
- Incorporate research-based models for programming
- Incorporate trauma-informed programs

Plan of Care Requirements

- Based on **diagnostic evaluation conducted in 1st 24 hours** of admission in consultation with the child and the parents/legal guardian ; include examination of medical, psychological, social, behavioral and developmental aspects ; reflect need for inpatient psychiatric care.
- Developed by team of professionals **in consultation with the child and the parents, legal guardians or others** in whose care the child will be released after discharge.
- State treatment objectives.
- Prescribe **integrated program of therapies, activities and experiences** designed to meet the objectives.
- Include, at an appropriate time, **post-discharge plans** and coordination of inpatient services, with partial discharge plans and related community services to ensure continuity of care with the recipient's family, school and community upon discharge.
- Review **as needed(minimum every thirty days)** by facility treatment team to:
  - Determine that services being provided are or were required on an inpatient basis.
  - Recommend changes in plan, based on overall adjustment as an inpatient.

PRTF Licensing Rules

- **PRTF Licensing –LAC 48: I. Chapter 90**
  - *Accreditation Requirements (CARF, COA or TJC)*
  - *Active Treatment Planning*
  - *Minimum professional and general staffing requirements, staffing ratios, etc.*
  - *Minimum Policy and Training Requirements*
  - *Behavior Management Policies and minimum service requirements (e.g., minimum number therapy sessions per week totally 120 minutes, etc.)*
  - *Environment of care requirements*
  - *Much more… (149 pages!)*

Certification of Need Requirements: § 441.152

A Certificate of Need (CON) is required to assure:

- Ambulatory care resources **available** in the community do not meet youth's needs
- Proper treatment requires inpatient services **under the direction of a physician**
- Services reasonably expected to **improve** youth's condition

Certification of Need Requirements: § 441.152

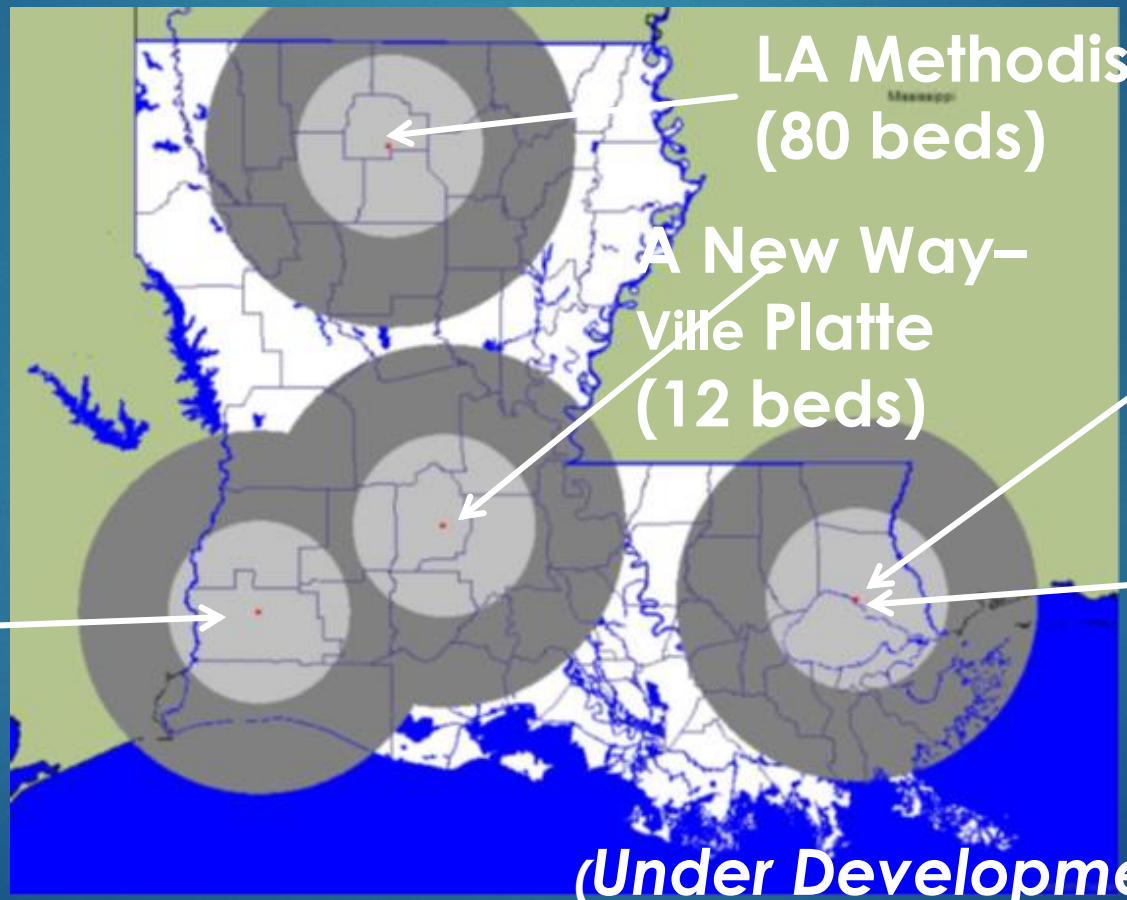
- **CFR regarding Certification of Need Requirements:**
  - § 441.152 Certification of need for services
  - § 441.153 Team certifying need for services
  - §441.156 Team Developing the individual plan of care.
  - **Member of independent team cannot be employed by admitting hospital.**
  - **Last date on the independent team/admitting team certification established first date for payment within inpatient psychiatric hospital settings.**
  - Emergency provision allows CON to be faxed next business day for limited emergency situations.
- **MCO Staffing Considerations:**
  - BH CMO, BH Coordinator & BH Children's System Administrator, BH Medical Management Coordinator, Case Management Administrator/Manager, BH Case Management Supervisor should all understand PRTF scope of services, Plan of Care and CON requirements.

1915(b) Waiver

- MCOs at risk for all inpatient psych care
- Louisiana DHH expects that there will be fewer hospital admissions and residential placements and more effective community-based and outpatient services.

Psychiatric Residential Treatment Facilities

Current: 5 facilities at 4 locations, 158 Beds Statewide



LA Methodist – Ruston (80 beds)

A New Way– Ville Platte (12 beds)

LA Methodist– Mandeville (20 beds)

Northlake– Mandeville (22 beds)

LA Methodist– Sulphur (24 beds)

(Under Development) Seaside– New Orleans 70 beds projected spring 2016)

PRTF Utilization

- 63 days/thousand average for Jan-Dec 2014
- 0.33 admits/thousand January-Dec 2014
- 237.7 days ALOS January-March 2015. *This is an increase from 2014 at 138 during same period 2014.*
- Overall PRTF Utilization decreased somewhat due to Methodist/Ruston remodeling and much Care Management time spent on locating alternative placements for these youth.
- Insistence on CFT/WAA meetings and planning has decrease utilization somewhat.
- Department of Children & Family Services (DCFS) Custody youth driving up ALOS, and difficulty getting responses from DCFS workers contributes to this.

PRTF ISSUES

- Limited available PRTF resources in-state for intellectual disabilities (legacy issue) and specialized behavioral and medical needs
- Growing ALOS due to court-involved and DCFS cases, declining DCFS resources.
- "Logjam" in PRTF level of care when lower levels of care are unavailable
  - Court/agency involved youth with placement rather than treatment needs
  - Slow development of Therapeutic Group Home LOC in the state (multiple new TGHs under development)
  - Under-development of Therapeutic Foster Care LOC, particularly to meet the needs of behaviorally disordered youth
  - Authorization of higher levels of care when a lower level of care cannot be accessed.

PRTF and Court-Ordered Youth

- Youth more or less being court-ordered into PRTF placement
- Related concern relative to the types of behavioral needs PRTFs are being asked to treat

PRTF Priorities

Cultural Shift: Residential Treatment for Youth is *Treatment, not Placement*

An Intervention, not a Destination

Vision:

- PRTF a small, well-integrated component within a larger system of care for children
- Short lengths of stay used for stabilization
- Youth remains involved with family and community during PRTF stay, including continued contact with Wraparound-facilitated Child and Family Team before, during, and after PRTF stay.

PRTF Priorities

We want: Post-discharge outcomes (6-12 month stability/functioning in the community)

"The outcome research has demonstrated that post-discharge changes depend on family involvement, community supports, and aftercare services." (Hair, 2005)

To achieve strong post-discharge outcomes, **we need**:

- Programming that can translate to home settings (i.e. moving away from points and levels, and towards youth and family skills-building)
- High level of family involvement throughout PRTF stay (for youth with identified family)
- Coordination with DCFS, including family finding, search and engagement (for youth without identified family)
- **Comprehensive and continuous** discharge planning

MCO Role

- Manage entry
  - Authorize only when outpatient/HCBS not sufficient to meet youth need
    - Care management focusing on youth's true treatment needs
      - Collaboration with state agencies (DCFS,OJJ, DHH) to reduce unnecessary use of PRTF
      - Identify and fully consider other, lower LOCs (MST, FFT, CSoC, TFC) – especially if they have not yet been considered or tried
      - Educate court system about treatment options matching youth's needs (i.e. why PRTF is not necessary)
    - Ensure completion of CON
      - Most appropriately completed by treating psychiatrist, can be completed by MCO staff when necessary

MCO Role

- Manage exit
  - Periodic review to ensure youth continue to benefit
    - Consider frequency of review: ensure enough frequency to ensure youth don't get "lost," but avoid abrupt transitions and ensure well-planned discharges.
  - Avoid eject problem (one solution: 14-notice)
  - Collaboration with courts and state agencies (DCFS,OJJ, DHH) to reduce unnecessary lengths of stay (success with weekly, cross-agency staffings)
  - Coordinate discharge planning (CSoC)

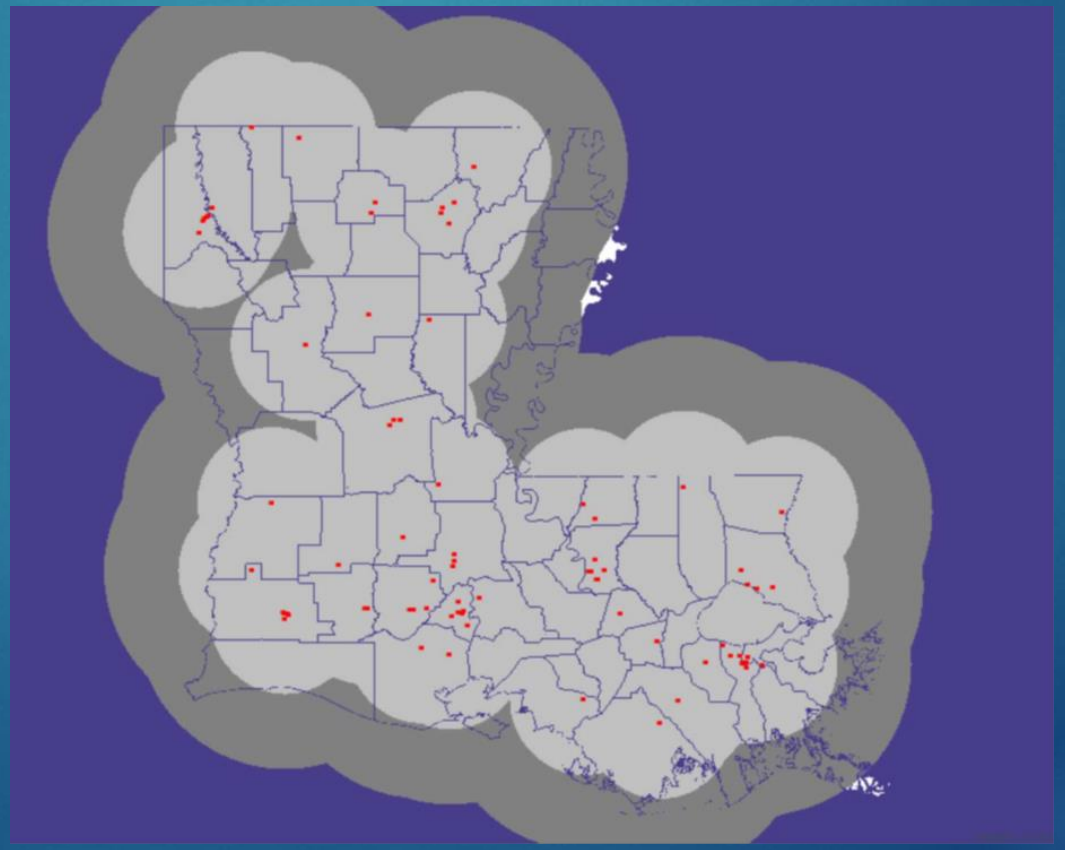
MCO Role

- Manage network
  - Guard against "If you build it, they will come" – Louisiana needs not more beds, but more:
    - Specialty treatment (i.e. DD youth)
    - Geographic access to facilitate family/community involvement (70 new beds now under development in New Orleans)
    - Programming according to best practices
    - System **coordination**, including continuous Wraparound planning.
- Manage and measure quality
  - Collaboration vs. Coercion (reduce restraints and seclusions)
  - Trauma-informed, family-driven, and youth-guided
  - Emphasis on post-discharge outcomes

Inpatient Psychiatric Hospitals

Free Standing Psych Hospitals

According to Magellan's Network Services Report from April 2015, there are 84 FS-IP Psych Hospital providers 82 locations.



Inpatient Adult Psychiatric Hospital Utilization

- 46.4 Adult Inpatient Pysch admissions per thousand for -January-March 2015 – slight trend down
- 234 Adult Days per thousand for inpatient psych each month Jan-March 2015 – slight trend down
- 5.4 day ALOS for Adult inpatient psych for Jan-March 2015 – down about 1 day compared to same quarter last year.

Inpatient Child Psychiatric Inpatient Hospital Utilization

- 10.8-12.4 admits/thousand each month child inpatient psych from Jan-March 2015. *Slight increase compared to one year ago.*
- 69.7-87.7 Child days per thousand each month Jan-March 2015. *Steady.*
- 6.6 day ALOS for inpatient child psych during January-March 2015. *Steady.*

1995 Inpatient Psych Services Rule

- A.K.A.: Louisiana's Certification of Need Rule, based on danger to self, others and grave disability.
- 1995 Louisiana Inpatient Psychiatric Services Rule
  - includes pre-admission CON requirements for inpatient psych hospitals for all persons under 21.
  - Requires *independent team* to certify need for inpatient treatment for those who are Medicaid-eligible,; allows hospital-based interdisciplinary team to conduct CON for non-Medicaid-eligibles.
  - Consistent with CFR § 441.152 Certification of need for services, § 441.153 Team certifying need for services, §441.156 Team Developing the individual plan of care.
- MCO Staffing Considerations:
  - BH CMO, BH Coordinator & BH Children's System Administrator, BH Medical Management Coordinator, Case Management Administrator/Manager, BH Case Management Supervisor should all be familiar with CON regulations, related CFR requirements, and the difference between this and Precertification.

Inpatient Psych Hospital Issues and Priorities

- Certification of Need: apart from precert/prior auth criteria, all youth under 21 must also have CON before going to PRTF or inpt psych hospital.
- Hot-spotting sources of ED referrals and/or inpatient psych hospitalization –pre-emptive care coordination – *a contract amendment item*
- Authorization of inpatient psych hospital days, when PRTF alternate and lower levels of care not available.
- **Care Coordination and Transition, including pharmacy authorizations** between inpatient and community service transitions
- Utilization Management (UM) and Monitoring (e.g., over and underutilization) – *a contract amendment item*

Other/Reporting

Utilization Management (UM) Reporting

- Quarterly reports of admits, readmits, ALOS, hospital days, Number of members accessing higher LOC because appropriate LOC not available, etc.

UM Staffing

- Care Managers:
  - Inpatient Psychiatric Precertification and concurrent authorizations
  - PRTF Precertification and concurrent authorizations
  - Intensive Care Management
  - Outpatient triage
  - Physician Reviewers
  - Appeals (can be time-consuming)

Quality Management

Quality Management

- e MCO shall investigate and intervene, as appropriate, when utilization and/or **quality of care issues** are identified.
- Utilization of **out-of-network providers** –MCO shall maintain a procedure to identify and evaluate member out-of-network provider referral utilization
- Mechanisms for detecting poor quality care, and objectively, systematically monitor and evaluate quality and appropriateness of care and services in psych hospitals and PRTF's. Provide data reports, ad hoc reports,
- Mechanisms to detect issues related to access to medically necessary services, including **lack of alternative levels of care** for those otherwise receiving residential and inpatient services. (I.e., lack of access to core benefits and services)
- **Some Examples of Required Reports Unique to Behavioral Health:**
  - Quality of Care Concerns and Adverse Events, including sentinel events, suicide, homicide, ER services while in-patient, injury reporting, restraint, seclusion, elopement, abuse, exploitation, death, etc.
  - Out of state placement/utilization

QUESTIONS & COMMENTS

Co-occurring Conditions: Intellectual/Developmental Disabilities (IDD) and Behavior Health

Presented by: Mark Thomas, Dr. Brandi Kelly & Julie Foster

DEPARTMENT OF HEALTH AND HOSPITALS

Intellectual/Developmental Disabilities (IDD): Louisiana's Definition

- Severe chronic disability attributable to intellectual or physical impairment (or combo)
  - likely to continue indefinitely
  - not attributed solely to mental illness (MI)
- Substantial functional limitations in 3 major life areas;
- Manifests prior to 22 years of age (YOA).

IDD Eligibility Process

- Applicant presents to a Local Governing Entity (LGE) for eligibility determination
  - Face to face interview with the applicant/family/other caregivers
    - obtaining developmental and educational history/information
    - completion of the ICAP (an adaptive behavior assessment)
  - Obtain any documentation/evaluations available for review
  - Assists applicant/family to obtain any additional needed assessments or documents
  - All information obtained in the above are reviewed/considered
- If criteria are clearly met, a statement of approval (SOA) is issued
  - If needed, an entry team review is conducted which includes a psychologist to determine if an SOA or statement of denial (SOD) is to be issued
- If criteria are not met, an SOD is issued and the applicant/family receives notice of right to appeal and timeframe within which to do so
- Appeal is heard by an administrative law judge

Dual Diagnosis

- Prevalence of behavioral health needs
  - Research estimates 20-70%
  - National Core Indicators (NCI)
    - 43% some/extensive support behavioral issues
    - 77% at least 1 psychotropic medication
    - Higher rates associated with youth, male gender, more significant disability and ID
- Behavioral support needs
  - Co-existing MI
  - Medication/Medical Induced
  - Environmental Impacts
  - Underlying Medical discomfort/pain
  - Poor decision making

Overview Louisiana IDD Service System

- Long Term Supports and Services System
  - Focus is on day to day supports needed to live, work, play, etc.
  - No acute service options
  - No emergent services
- IDD supports can be provided in conjunction with most other supports
  - Any Medicaid State Plan or 1915(i) service
  - Within various living situations including DCFS foster homes
  - Some limitations (OCDD waiver and CSoC; not while in hospital/residential program)

IDD Support Options

- Early Steps
  - 0-3 years old services
  - Menu of services to remediate/mitigate developmental delay
- State Funded Services
  - Temporary support funding within a prioritization system
  - Limited funds; re-application yearly
  - Operated/dispersed/approved by the local governing entity (LGE)
- Waiver Services: Children's Choice Waiver (CCW), Supports Waiver (SW), Residential Options Waiver (ROW), New Opportunities Waiver (NOW)
  - Waiting lists for all waiver options
  - Emergent waiver options (NOW; ROW crisis diversion)
  - Limited professional supports in these waivers
  - Provides community based supports (staff/nursing/equipment/technology) in home, community, school/work settings
- Private ICFs/IDD (Intermediate Care Facility)
  - Provides active treatment
  - Access to basic behavioral health services but no specialized services
  - Most are small 6-8 bed homes in community neighborhoods
  - Limited youth/adolescent options
- Cooperative Endeavor Agreements (CEAs)
  - Privately operated state beds; no youth/adolescents
  - In process of downsizing to small ICF/IDDs

Pinecrest Supports & Services Center (PSSC)

- State operated ICF/IDD
- Can provide more intensive behavioral health services
  - Not analogous to PRTFs or Hospitals so consideration needs to be given to each individual's needs.
  - Cannot emergently admit or PEC to PSSC
- As an ICF will be viewed as institutionalization of an individual
  - Must consider and follow Olmstead
- Limitations to Admission/Services
  - PSSC does not serve youth (under age 12)
  - Cannot admit registered sex offender
  - Not secure facility
  - Do not have on staff psychiatric services (contracted)

OCDD Resource Centers

- Primary focus on building community provider and professional capacity to support individuals with complex needs
- Employ clinicians across array of disciplines
- Role of Resource Centers
  - Consultation and technical assistance
  - Crisis diversion activities
  - Forensic/court ordered evaluations on behalf of DHH
  - Direct service in high risk situations
  - Transition follow up/technical assistance

Current System Challenges

- Youth with DD and MH needs (especially under age 12) who truly need out of home treatment
- Those with offender status
- Those in competency restoration for particular crimes (rape/murder/assault) for whom the legal process has not yet played out
- Those needing a secure setting for other reason
- Adult/adolescents necessitating a level of inpatient care PSSC cannot provide
- Lack of clinicians with expertise in dual diagnosis assessment/treatment

Opportunities to Partner

- Resource Center consultation to professionals, hospitals, other providers
  - Education and proactive identification of IDD
  - Notice early in hospitalization/residential placement to assist in planning and transition
  - Shadowing/mentoring for professionals
- Development of joint POCs with combination of IDD and behavioral health supports
- Higher level coordination for complex situations
- Cross training of staff/providers

For More Information:

Louisiana DHH Office for Citizens with Developmental Disabilities (OCDD)

- Julie Foster, deputy assistant secretary OCDD
- Julie.Foster@la.gov 225-342-8765
-
- Brandi Kelly, PhD, LA OCDD Clinical Director
- Brandi.Kelly@la.gov 225-343-7912

QUESTIONS & COMMENTS

An Overview of the Louisiana Permanent Supportive Housing (PSH) Program

Presented by: Robin Wagner & Michell Brown

DEPARTMENT OF HEALTH AND HOSPITALS

What is Permanent Supportive Housing?

In Louisiana

- Louisiana Housing Corporation/Louisiana Housing Authority
  - Provides the housing!
  - Operates state Low Income Housing Tax Credit program
  - Administers PSH vouchers
- Louisiana Department of Health and Hospitals
  - Provides the services!
  - Manages client outreach, application, and eligibility
  - Assures sustainability through Medicaid
  - Refers applicants to housing units

State of Louisiana PSH

- Dual Policy Goals
  - Prevent and reduce homelessness among people with disabilities
  - Prevent and reduce unnecessary institutionalization among people with disabilities

- Cross Disability Focus
  - 48% mental illness
  - 10% developmental disability
  - 31% physical disability or disabling chronic condition
  - 11% none/other (majority substance abuse disorder)
  - 70% have multiple disabling conditions
  - 40% have 3 or more conditions

State of Louisiana PSH (continued)

- Largest cross-disability PSH program in US
  - 3,248 PSH Units
    - 2,469 units on line today
  - Variety of housing subsidy vouchers
    - Rent and utilities set at 30% of tenant income
  - Currently in South Louisiana with majority of units in Greater New Orleans
- In process of going statewide with additional 300+ units for persons with disabilities under the age of 62

Multiple Funding Streams

PSH is a service under:

- Five (5) 1915(c) HCBS waivers
  - NOW, ROW, Supports, and Children's Choice waivers for DD population
  - Community Choices Waiver for older adults and persons with adult-onset disabilities
- **1915(i) for people with SMI**
  - **Billed under CPST and PSR codes**
- Ryan-White, CAHBI, CDBG, ATR

What is the Service?

- Housing Support Teams (HSTs)
  - Community Support Specialists
  - Peer Support Specialists
- 13 regionally-based provider agencies around the state
- All providers are cross-trained to work with all populations

Most Common PSH Services Needed/Received

- Pre-Tenancy & Move in
  - Engagement
  - Assistance with housing applications, documentation
  - Assessment of housing support & service needs
  - Education on tenancy rights & lease requirements
  - Assistance with security deposits & household items

- Ongoing Support/Stabilization
  - Engagement
  - Medication supports
  - Service linkage/coordination (mental health services, health services & transportation most frequent)
  - Crisis intervention

Phases of PSH

Pre-tenancy

- Housing application
- Eligibility requirement & addressing housing barriers
- Understanding role of tenant
- Engagement & Planning for support needs once living in PSH
- Housing search & choosing a unit

Move-in

- Arrangement for actual move
- Ensuring unit & individual are ready for move in
- Initial adjustment to new home and neighborhood

On-going Tenancy

- Sustained, successful tenancy
- Personal satisfaction: Relationships, employment/education,
- Flexing the type, intensity, frequency & duration of services based on needs & preferences

Housing First

- Housing First means housing is not contingent on certain conditions (e.g. clean & sober for x months)
- Supportive services are available -- but not required -- for maintaining housing.
- Individual assumes the rights (and responsibilities) of tenancy

Housing: Mainstream, High Quality

- To date, over 90% of units are in large, multi-family projects with no more than 15% of units set aside for PSH
- HUD Housing Quality Standards
- Some use of "Common Ground" model with 50% of units PSH and services on site

Program Eligibility

- Eligibility
  - Extremely low-income
  - Member of households must have a disability and need tenancy supports to access and maintain housing
  - Must be in a qualified Medicaid service
- Preference points
  - Transitioning from an institution
  - Chronically homeless
  - Displaced by Hurricanes Katrina or Rita

Roles within PSH Program

Role of DHH PSH Program Management

- Takes and processes applications
- Places applicants on appropriate housing wait list(s)
- Assures adequate outreach through partners
- Receives and oversees resolution of critical incidents
- Provides Tenant Service Management (landlord mediation, services for clients during lapse in Medicaid coverage)
- New Unit Development
  - Works with Louisiana Housing Authority (LHA) to reach out to and recruit property managers and facilitates contracting with property managers for the kinds of units and locations most needed for PSH tenants.
- Development of Provider Network
  - Outreach and recruitment of PSH service providers
  - Delivers initial and annual certification training for all PSH service providers.

Role of DHH PSH Program Management

- Partners with LHC/LHA on day-to-day program operation
- Monitors service providers for compliance with HUD Community Development Block Grant (CDBG) requirements
- Assures coordination across populations and program partners
- Convenes and staffs all regular meetings of program partners
  - Executive Management Council
  - Weekly provider calls
  - Quarterly Round Table with LHA Administrator
  - Outreach Implementation Team

Role of MCO

- Timely 1915(i) assessments, authorizations, and reauthorizations
- Making sure PSH services get written into the service plan/plan of care
- Linking the individual to a PSH service provider
- Making sure that provider has all the information needed about the person to begin providing services
- Outreach to qualified members
- Assisting members to complete application
- Contract with the 13 PSH providers
- Participate in weekly provider phone call
- Inform provider if client selects a new service provider
- Report on timeliness of IA, service authorization, and service initiation

MCOs are NOT Responsible For:

- Finding housing
- Entering into relationships with landlords
- Processing applications
- Handling rents and deposits
- Recruiting new PSH service providers
- Training PSH service providers on PSH

Who to Train?

- PSH Liaison
- Assessors??
- CM/UM staff??
- Provider relations staff??

For More Information:

Louisiana DHH Office of Aging & Adult Services

- Michell Brown, PSH Program Director
  Michell.Brown@la.gov
- Robin Wagner, Deputy Assistant Secretary
  Robin.Wagner@la.gov

QUESTIONS & COMMENTS

Pre-Admission Screening & Resident Review (PASRR) & BH Services for Nursing Facility (NF) Residents

Presented by: Tara Delee, Mary Norris & Linda Sadden

DEPARTMENT OF HEALTH AND HOSPITALS

Overview

- The Need for Integration
- The Purpose & Importance of PASRR (Preadmission Screening and Resident Review)
- Roles of Agencies
- Contact Information

The Need for Integration

DHH Focus Areas

- Compliance with *Olmstead*
  - Title II of the ADA of 1990, 42 U.S.C. § 12132; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 and
  - The Supreme Court decision of *Olmstead v. L.C.*, 527 U.S. 581 (1999)
    - Two main requirements for states per *Olmstead*
      1. Eliminate unnecessary segregation of persons with disabilities
      2. Ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs.
  - Tracking individuals with MI in NF
    - Ensure placement & services are appropriate
  - PASRR independent assessments

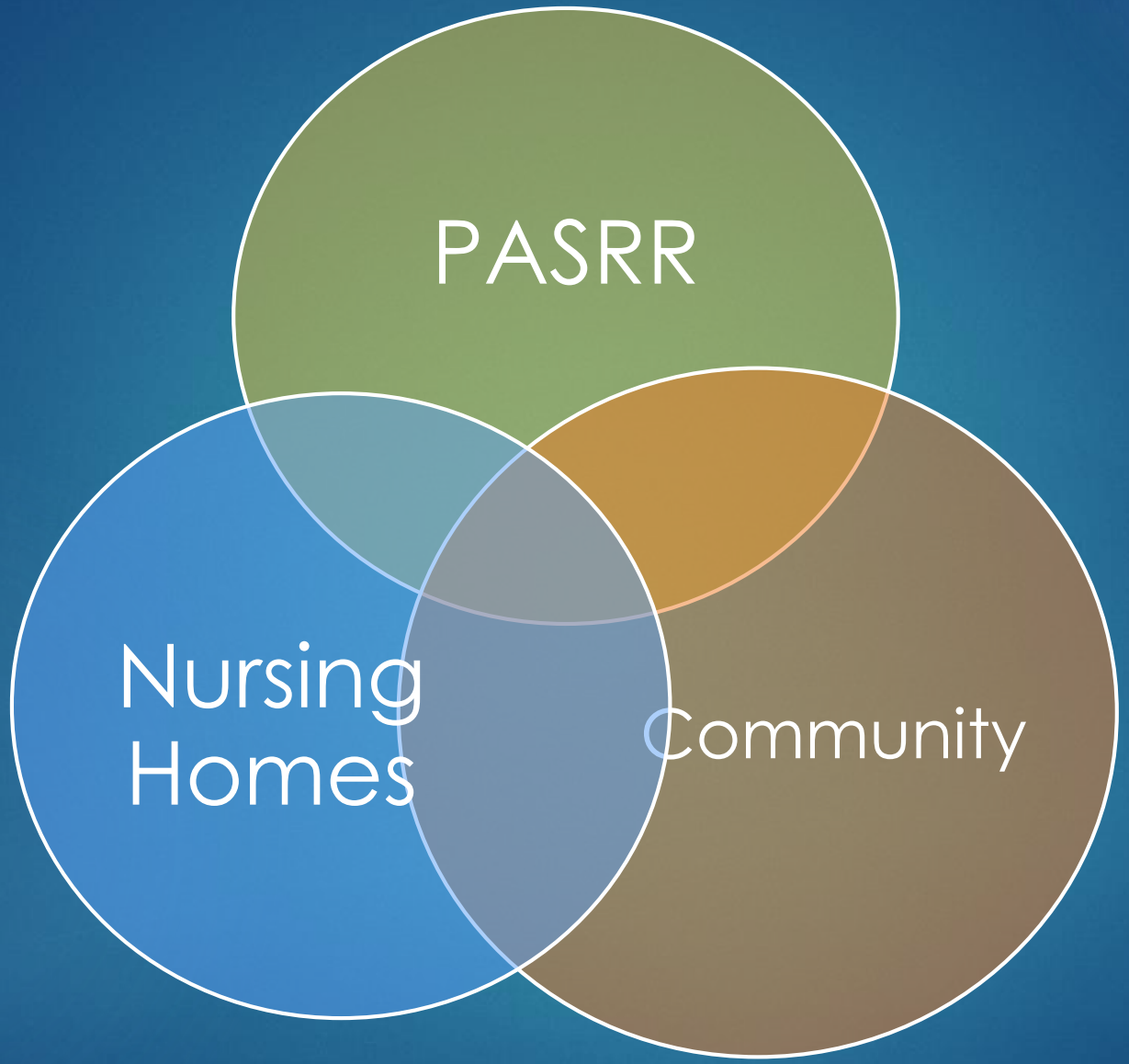
Behavioral Health Needs of Older Adults

- 1 in 4 persons aged 55 and over will experience behavioral health disorders not part of normal aging process.
- Older adults less likely to receive mental health treatment compared to younger adults.
- Older adults may not recognize e benefits of treatment or do not seek treatment because of stigma.
- Behavioral Health problems such as depression, anxiety, and medication and alcohol misuse are associated with higher health care use, lower quality of life, and increased complexity of illnesses, disability and impairment, caregiver stress, mortality, and risk of suicide.
- Large number of individuals in nursing homes with behavioral health needs *(sometimes 3-5Xs greater than the general population)*
- Persons with mental illness more likely to remain in nursing home longer than those without a mental illness.

Purpose & Importance of PASRR

The Importance of PASRR

- PASRR is a federal requirement created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). Three goals:
  - Ensure that individuals are evaluated for evidence of possible mental illness (MI) and/or intellectual disabilities and related conditions (ID/RC).
  - See that individuals are placed appropriately, in least restrictive setting possible.
  - Recommend that individuals receive services they need, wherever they are placed.
- Mandated to be part of our Medicaid State Plan
- Important tool for states to use in rebalancing services and complying with *Olmstead v. L.C.* (1999)


PASRR
Nursing Homes
Community

Who Does PASRR Apply to?

- All persons seeking admission to Medicaid certified Nursing Facility (NF)including:
  - Individuals who are private pay
  - Individuals whose stay will be paid by insurance
  - Individuals whose stay will be paid by Medicare
  - Individuals whose stay will be paid by Medicaid

Roles of DHH Agencies in PASRR

- Bureau of Health Services Financing (Louisiana Medicaid) has ultimate authority over PASRR and delegates the following roles through MOUs:
  - Level I review to OAAS.
  - Level II review
    - for Mental Illness (MI)to OBH.I
    - for Intellectual and Developmental Disabilities (ID/DD) to OCDD.

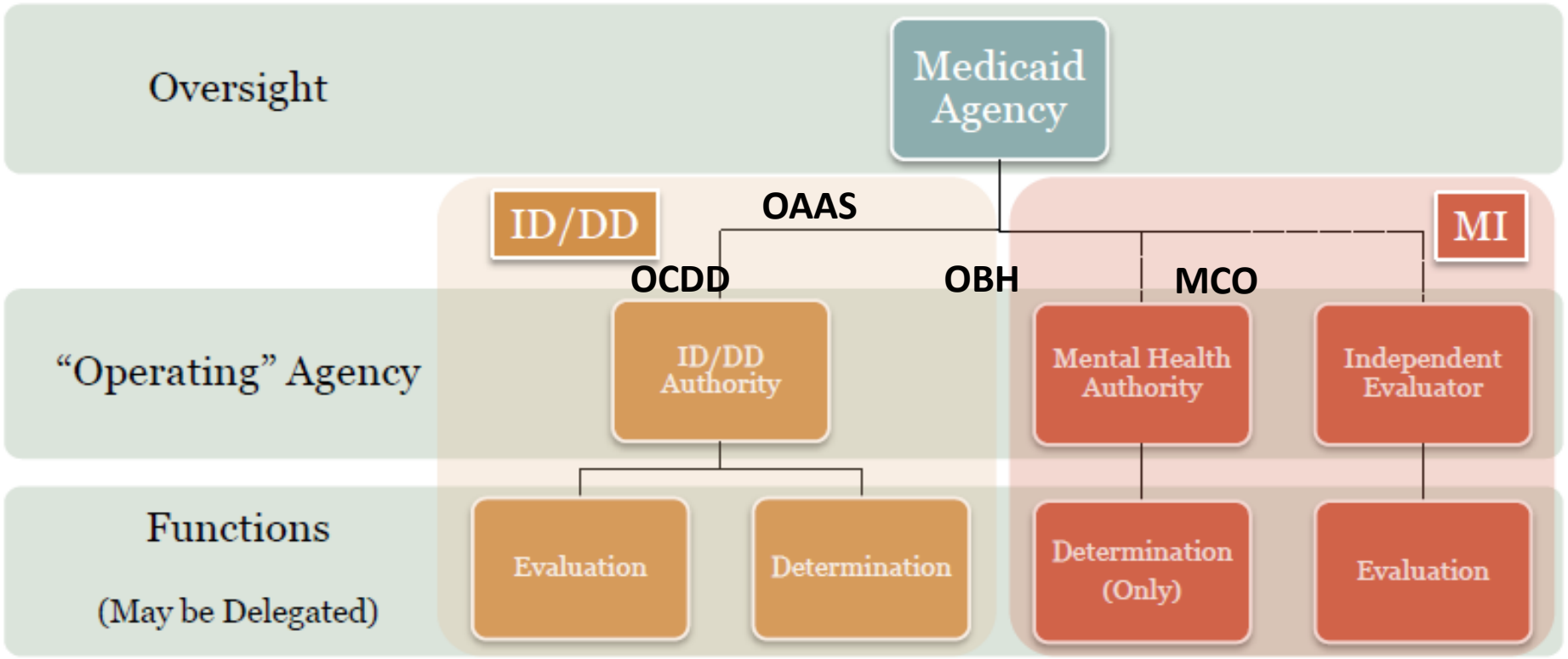
PASSR Level I: Broad screening by OAAS

- Applies to every admission to every Medicaid certified Nursing Facility
- Screen person for any/all signs of MI, ID or related condition (RC)
- Typically done by hospital/health care entity who is referring the person (*e.g.*, NF, referring hospital or MD, or contracted health services agencies)
- Applicants who show signs of MI, ID/RC in Level I, and who do not have previous evaluations that can render determination, must undergo Level II PAS

PASRR Level II: In-Depth Evaluations and Determinations

- Individuals identified by the Level I authority as possibly having MI/ID/DD are referred for a Level II evaluation.
- Level II evaluations are conducted by an independent entity of OBH for MI and by OCDD for ID/DD.
- Level II determinations are conducted by OBH and OCDD.
- If, at any time during the Level II, the individual being evaluated does not have MI/ID/DD, the evaluation ends.
- Individuals with MI & ID/DD will have concurrent evaluations with OCDD making final placement decision.

Roles & Responsibilities



PTAC
PASRR Technical Assistance Center

Types of Level II PASRR Requests

- Pre-admission Screening (PAS) - prior to Nursing facility placement
- Resident Reviews (RR) –f or individuals already in nursing facilities who have a change in condition
- Extension Requests-treated like a RR when a nursing facility is requesting to extend a temporary nursing facility authorization.

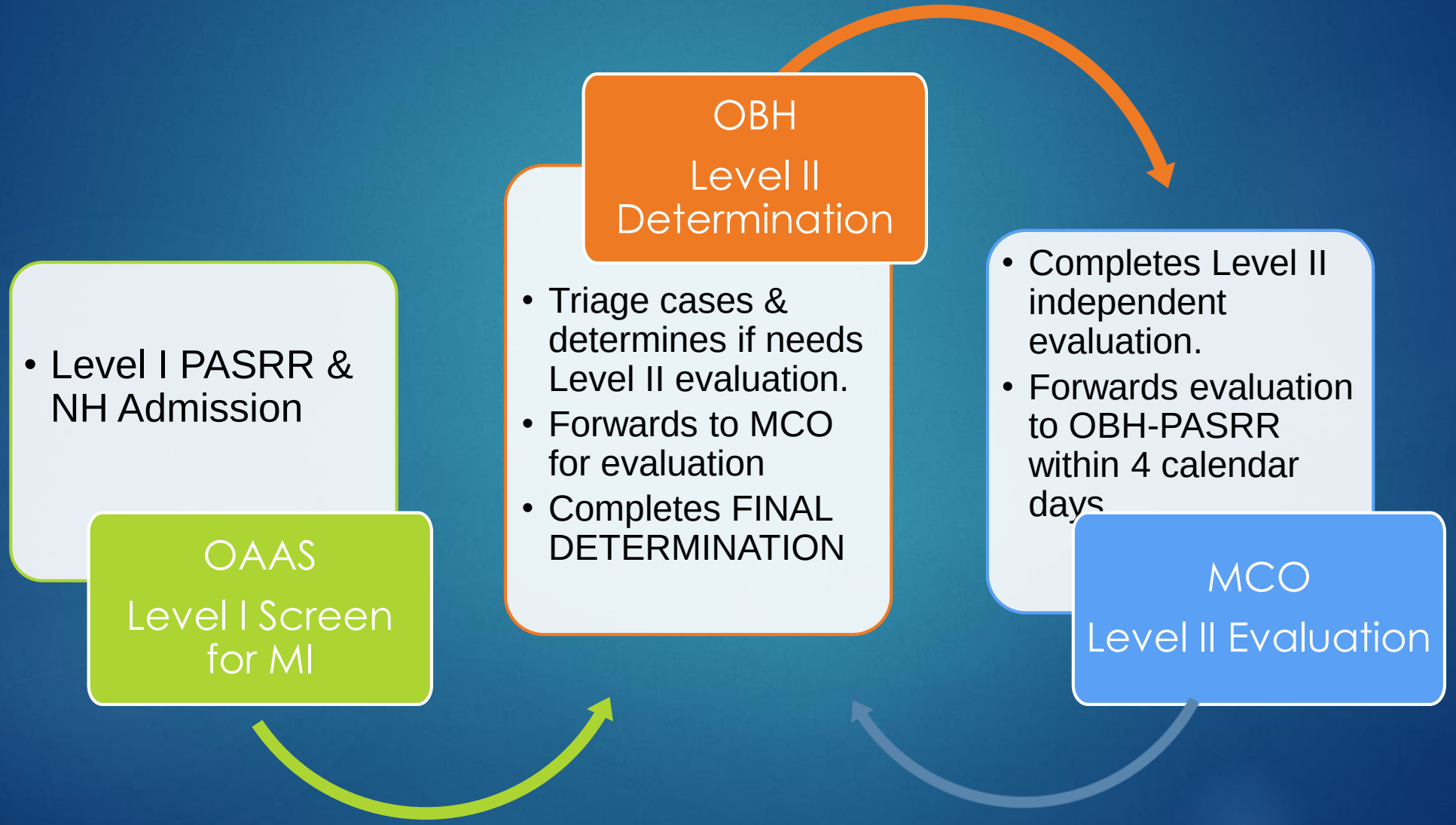
Specialized Services Pursuant to PASRR

- Any service or support recommended by an individual Level II determination that a particular nursing facility resident requires due to mental illness, intellectual disability or related condition, that supplements the scope of services that the facility must provide under reimbursement as nursing facility services.
  - Must be provided to residents of NFs or individuals residing in the community (not individuals in acute care psychiatric hospitals or ICF/IIDs)
  - Not limited to what particular payer will cover (i.e. not just Medicaid services); and
  - Can't be finite set; must include disability- specific services person needs.
- State must provide or arrange for the provision of the Specialized Services needed by the individual while he or she resides in the NF. [§ 483.116(b)]
  - State sets up the mechanism to pay for these services and see that needs are met. (Part of NF services, NF SRS, or defined as Specialized Services)

OBH PASRR Determinations and MCO Evaluation Projections

- OBH conducted 2795 Level II determination for individuals suspected of having a MI FY 2015.
  - 1930 were for new admissions
  - 865 were resident reviews after nursing facility admission.
  - Steady increases in referrals for Level II determinations since 2010.
- OBH anticipates that ~2000 will be referred to the MCOs for an independent evaluation.

MCO Role in Evaluations & Determinations



Additional MCO Role in Evaluations

- MCOs will only receive PASRR referrals that are Medicaid eligible and require a mental health evaluation.
- Standardized form and training provided by Medicaid and OBH.
- Individuals that are suspected of both MI & ID/DD require an evaluation by MCOs for MI and separate Medicaid contractor for ID/DD.
  - MCOs will coordinate assessments for dual clients.
  - Independent evaluations will be sent to OBH for final determination of behavioral health services.

MCOs Role/Responsibility in Specialized Services (SS)

- Case Management for NF members determined by OBH as needing SS (special needs population)
  - Contact must be made within 30 days of NF admission.
- Provide & Arrange for Behavioral Health Services
  - Does not include 1915(i) services in a NF.
  - Includes arranging for Medicare services for dual-eligibles
- Tracking of individuals and services
- Resource to NFs especially in discharge planning.

Medicaid Services for Residents in NF

- Members residing in NF have access to following Medicaid services:
  - Pharmacy
  - Inpatient Psychiatric Hospitalization
  - Substance Use Services
  - Physician Services
- Non-physician LMHP professional services including individual, family and group therapy may be provided as an in lieu of agreement for members in a NF under the "physician" services. This agreement may be useful for community transition.
- 1915(i) services **CAN NOT** be provided in a NF.
  - Members may be assessed 30 days prior to planned NF discharge to determine 1915(i) eligibility.

MCOs Role/Responsibility in Tracking

- Independent evaluations
- Case Management
  - Only for those deemed as a specialized population of members determined by OBH to need specialized services.
  - Ensure services are provided and arranged.
- Referrals and follow-up
  - Where are they getting services and what services are they receiving? Where are they located/living?

PASRR Contact Information:

- Mary Norris, Medicaid
  - 225-342-1796 mary.norris@la.gov
- OBH Level II PASRR Program

  Main # 225-342-4827 obh.pasrr@la.gov

  Tara Delee 225-342-4344 tara.delee@la.gov

  Fax# 877-652-4995
- OCDD Level II PASRR Program
  - Herman Bignar
    - 225-342-8538 herman.bignar@la.gov
  - Dr. Amy Greer
    - 225-342-0095 amy.greer@la.gov
- Linda Sadden, OAAS
  - 225-219-0214 linda.sadden@la.gov

PASRR Websites

- CMS PASRR technical assistance center

  www.pasrrassist.org
- OBH presentations

  http://new.dhh.louisiana.gov/index.cfm/page/100/n/117

Next Steps??

- Designation of work groups
- Further training by DHH of MCO employees

QUESTIONS & COMMENTS

Wrap-Up & Next Steps