

Delivering Medicaid Supportive Housing Services Through the Behavioral Health System

Washington Low Income Housing Alliance

The Source for
Housing Solutions



Our Mission

Advancing housing solutions that:



Improve lives of
vulnerable
people



Maximize public
resources



Build strong,
healthy
communities

Your Presenters

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Poll!



Webinar Purpose and Overview

Today's Content

1. Brief overview of Supportive Housing, Medicaid, and the Proposed Benefit

2. Introduction to Managed Behavioral Health Care

3. Eligible Beneficiaries through the Behavioral Health System

4. Benefit Implementation: State licensing and BHO contracting

1. Overview of Supportive Housing, Medicaid, and the proposed Supportive Housing Services Benefit

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Quality Supportive Housing

Targets the most vulnerable people.

Is affordable.

Requires only standard lease obligations.

Engages tenants in voluntary services.

Coordinates among partners.

Is integrated into the community.



Health
Insurance

Medicaid & Supportive Housing Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CMCS Informational Bulletin

DATE: June 26, 2015

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

SUBJECT: Coverage of Housing-Related Activities and Services for Individuals with Disabilities

This Informational Bulletin is intended to assist states in designing Medicaid benefits, and to clarify the circumstances under which Medicaid reimburses for certain housing-related activities, with the goal of promoting community integration for individuals with disabilities, older adults needing long term services and supports (LTSS), and those experiencing chronic homelessness¹. Consistent with statute, CMS does not provide Federal Financial Participation (FFP) for room and board² in home and community based services,³ but can assist states with coverage of certain housing-related activities and services.

This Bulletin underscores CMS' commitment to help states expand home and community-based living opportunities consistent with the Affordable Care Act, the implementation of the Home and Community Based Services (HCBS) settings final rule governing Medicaid's 1915(c) HCBS Waiver program, 1915(i) HCBS State Plan Option, and 1915(k) Community First Choice State Plan Option⁴, as well as the Americans with Disabilities Act and the Supreme Court's decision in *Olmstead v. L.C.*⁵ The information in this Bulletin is based on evidence from studies demonstrating that providing housing-related activities and services facilitates community integration and is cost effective. This Bulletin is also intended to help states design benefit programs that acknowledge the social determinants of health, and contribute to a holistic focus on improvement of individual health and wellness.

Describing Housing-Related Activities and Services

Most broadly, housing-related activities include a range of flexible services and supports available to individuals with disabilities and older adults needing LTSS, as well as collaborative efforts among key Medicaid and housing agency staffs and stakeholders. In recent years, the

¹ CMS and SAMHSA are working on providing additional guidance to clarify the circumstances under which Medicaid reimburses for certain housing-related activities and services for persons experiencing chronic homelessness.

² Room and board also includes capital funds used for new construction or rehabilitation of housing.

³ There are two exceptions that are described in the paragraph on 1915(c) waivers on page 5.

⁴ Final Rule - CMS 2249-F - 1915(i) State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, Setting Requirements for Community First Choice, and CMS 2296-F 1915(c) Home and Community-Based Services Waivers, published January 10, 2014, available at <http://www.medicaid.gov/HCBS>

⁵ Americans with Disabilities Act and as interpreted in the U.S. Supreme Court's 1999 decision in *Olmstead v. L.C.* (*Olmstead*). For details: Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* http://www.ada.gov/Olmstead/ada_Olmstead.htm

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Eligible Supportive Housing Services

- **Housing transition services that provide direct support to help individuals obtain housing, including:**
 - Housing assessment and development of a plan to address barriers.
 - Assistance with applications, community resources, and outreach to landlords.
- **Housing tenancy sustaining services that help individuals maintain their housing, including:**
 - Education, training, coaching, resolving disputes, and advocacy.

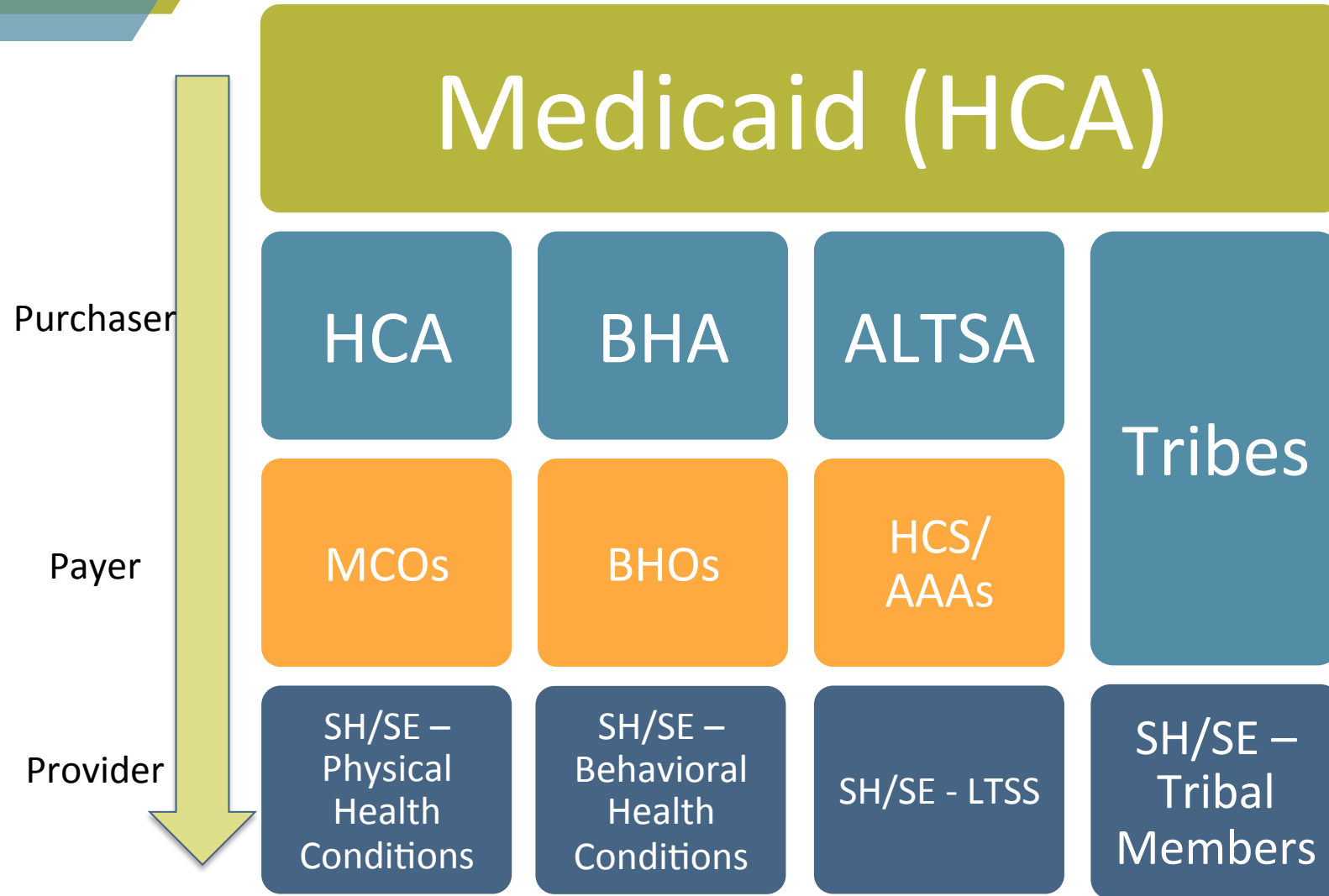


2. Introduction to Managed Behavioral Health Care

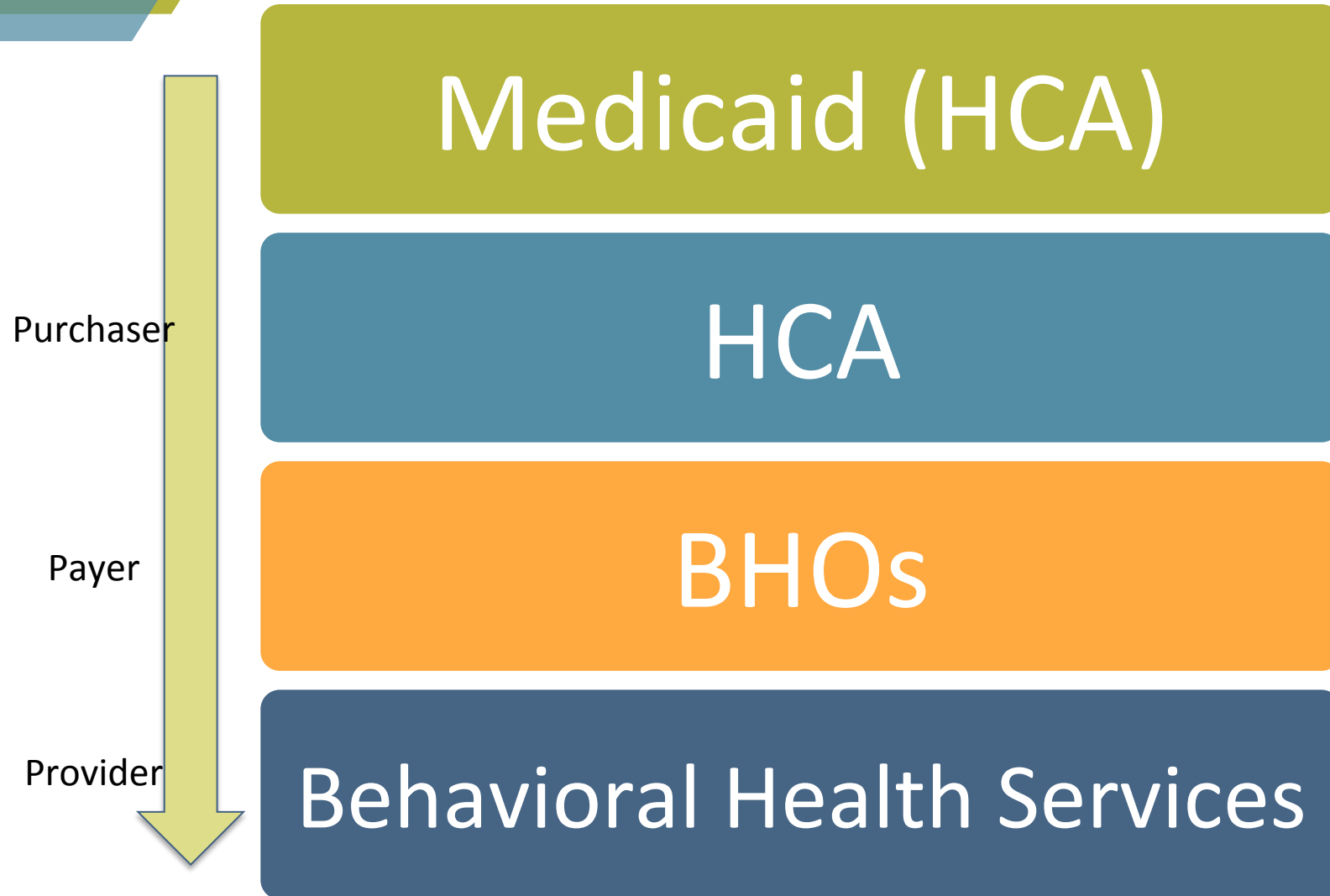
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Initiative 3: Medicaid Funds Flow

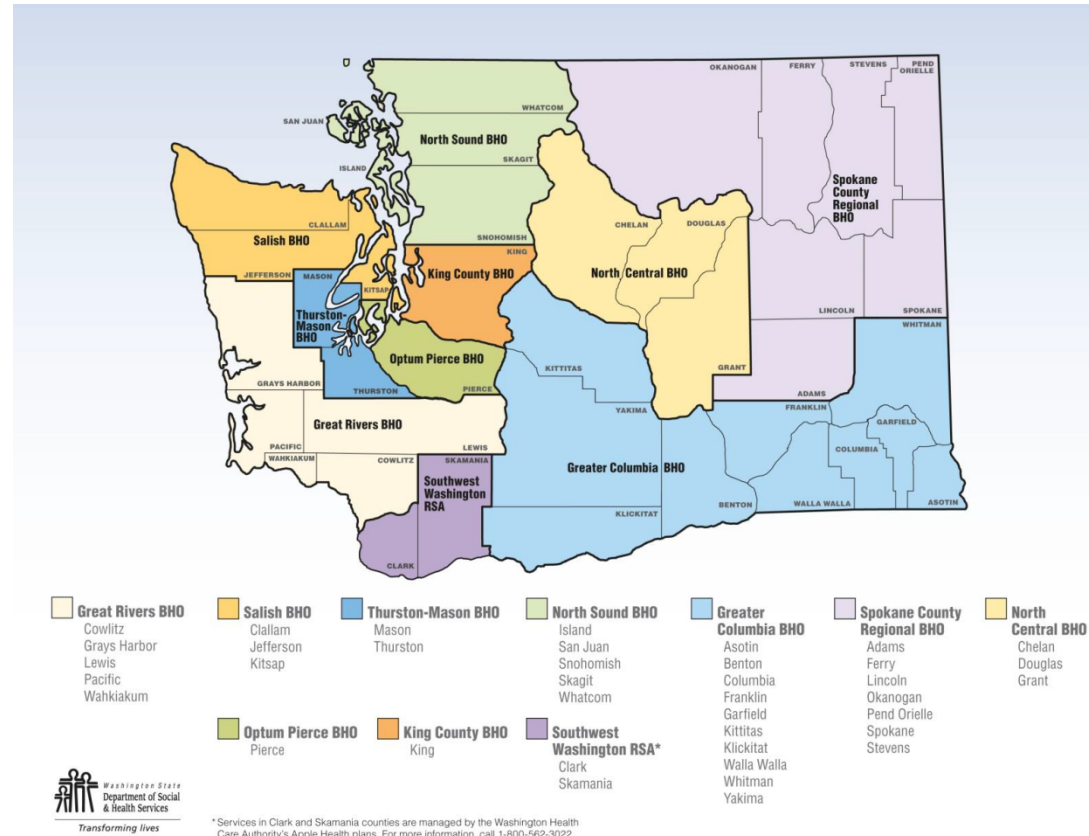


Behavioral Health Organizations (BHOs)



Managed Behavioral Health Care Overview

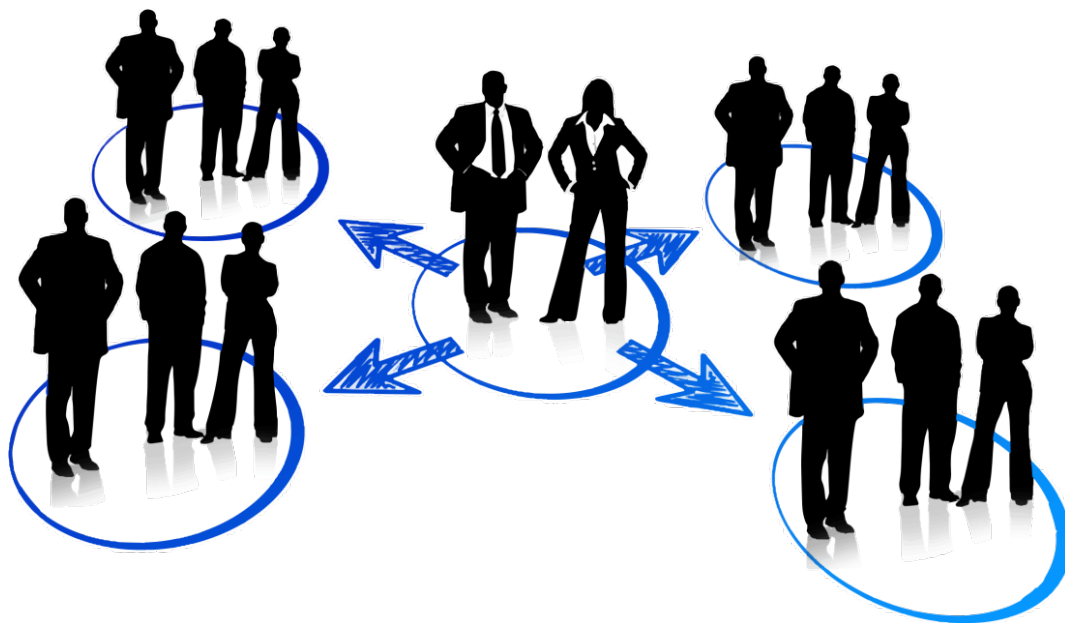
- Managed Care is a health care delivery system organized to manage cost, utilization and clinical and service quality.
- In April of 2016 Washington State moved the administration of mental health and substance use disorder services to a managed behavioral health care system.



There are 9 BHOs located within newly formed Regional Service Areas in the state (except SW WA).

What specifically do BHOs do?

- BHOS pay for both outpatient and residential treatment costs.
- BHOs are responsible for setting all rates of payment to providers.
- BHOs are responsible to establish and fund treatment networks of providers that provide all “medically necessary” services to Medicaid enrollees.



BHOs also provide crisis services and treatment services within available resources the non enrolled, low-income persons.

3. Eligible Beneficiaries

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Benefit eligibility



Access to Care Standards



Medical Necessity

Medical Necessity Criteria for Substance Use Disorder Services

The individual has a substance use disorder (SUD) as determined by a Chemical Dependency Professional (CDP), or a Chemical Dependency Professional Trainee (CDPT) under the supervision of a CDP, in a face-to-face assessment in accordance with WAC 388-877 and 388-877B. The diagnosis must be included in the list of SUD Covered Diagnoses.

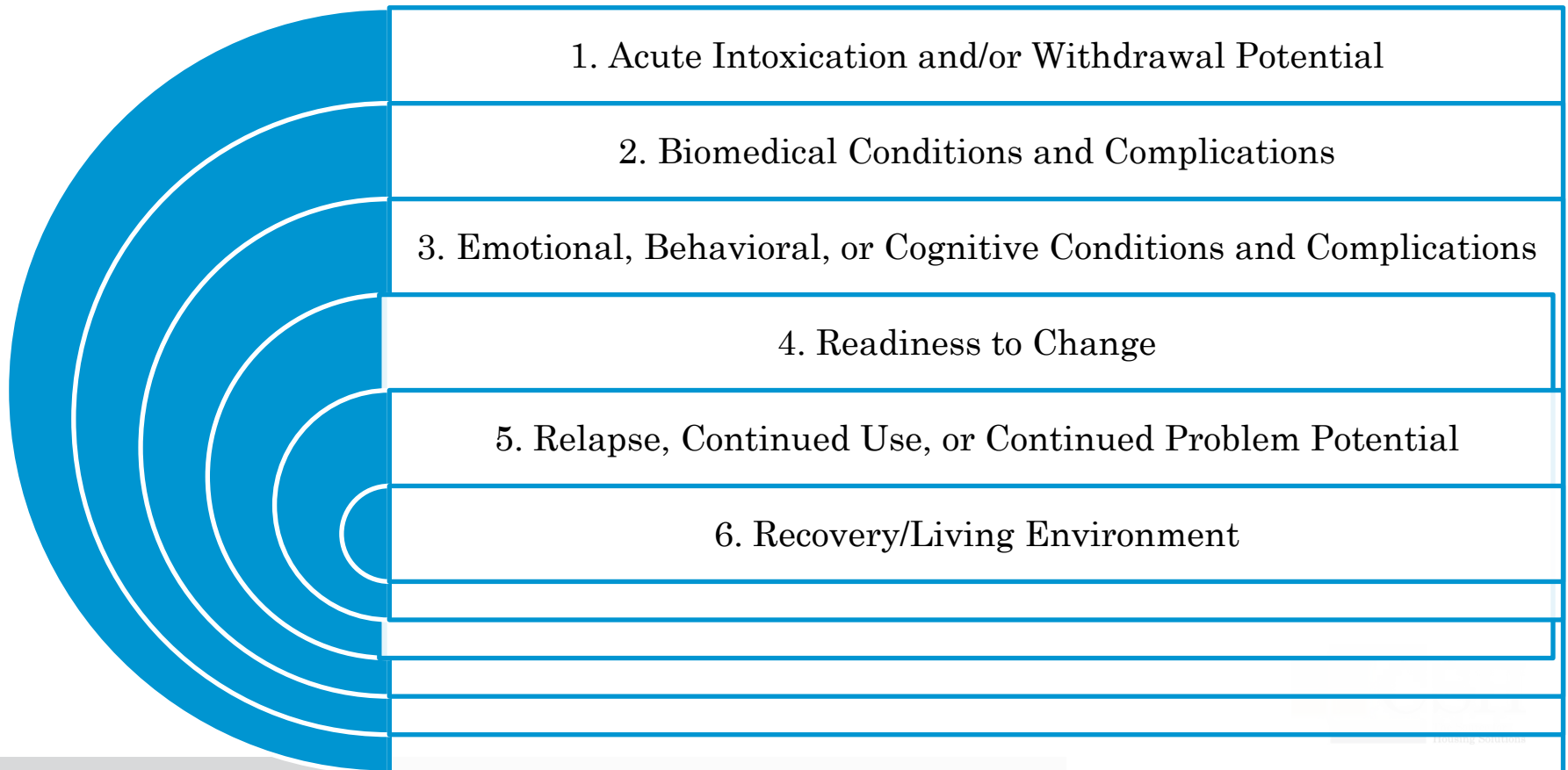
Using the American Society of Addiction Medicine (ASAM) Criteria a multidimensional assessment of the individual's risk(s), impairments(s) and corresponding need(s) are documented. Additional medical necessity criteria are included in ASAM Criteria.



Functional Criteria for Substance Use Disorders

Functional Criteria for substance use disorders is demonstrated by meeting American Society of Addiction Medicine (ASAM) criteria.

The 6 ASAM Dimensions:



Medical Necessity Criteria for Mental Health Services

For mental health authorizations only, these five medical necessity criteria apply:

1. The individual has a mental illness as determined by Mental Health Professional (MHP) in a face-to-face intake/assessment. The diagnosis must be included in the list of Mental Health Covered Diagnoses;
2. The individual's impairments(s) and corresponding need(s) must be the result of a mental illness. The individual must meet **the Functional Criteria** for Serious Mental Illness (SMI)
3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness.
4. The individual is expected to benefit from the intervention and the need cannot be met elsewhere.
5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal system of support.

Functional Criteria for Mental Health Services

To meet functional Criteria for serious mental illness, a person must have, as a result of a covered diagnosis, current dysfunction in at least one of the following four domains:

Inability to live in a independent or family setting without support

A risk of serious harm to self or others

Dysfunction in role performance

Risk of deterioration

Examples of Current BH Services

MENTAL HEALTH	SUBSTANCE USE DISORDER
Crisis Services	Integrated Crisis Services
MH Involuntary Commitment	SUD Involuntary Commitment * Revised law process in development
Evaluation and Triage Centers	Acute and Subacute Detox Services
Psychiatric Hospitalization	SUD Residential Treatment
Psychiatric Residential Treatment	Outpatient Services
Outpatient Services, ACT Services	Medication Assisted Treatment

Quality of Services

- **Medically Necessary**
- **Recovery Orientation**
 - Treat the whole person
 - Individual/Family Voice - Partnership
 - Strength-based
- **Best Practices & Science/Evidence Based**
 - Innovative
 - Appropriate
 - Continual Training – Staff Competency
- **Culturally Competent**
 - Special Population Consultations
 - Interpreters and Translators



4. Licensing and Contracting

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State Licensing Overview

Agencies must have specific agency policies and procedures in place in accordance with WAC 388-877-0500

Certification and licensing activities reduce health risks for patients and family members by ensuring that treatment agencies are:

- Surveyed within 12 months of initial approval and every 3 years.
- In compliance with regulations.
- Evaluated rapidly when complaints are received.

State Licensing Procedures

Visit the DSHS website for the application for licensure
<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/licensing-and-certification-behavioral-health-agencies>

Submit this application to the DBHR Provider Request Manager
dbhrproviderrequests@dshs.wa.gov

A licensing and certification specialist will contact you for next steps.

To contract with a BHO you must..



Be a licensed Behavioral Health Agency



Be certified in the services you are proposing



Have a license in good standing



Not be excluded from participating in federal programs



Have the capacity to provide the services (staff, facilities, infrastructure)



Comply with the requirements in the respective contract (insurance, policies, RCW/WAC, etc.)

How do BHOs provide oversight regarding services?

- Clinical –chart review for quality of care
- Utilization review
- Encounter Validation ensure encounters data submissions are complete and accurately reflect services provided
- Administrative - Bi-annual
- BHO will develop criteria, and orient and train providers to assist in audit preparation



More Information & Next Steps

- Webinar series
- Medicaid Academy for SH service providers (focus on MCO and BHO implementation)
- ALTA provider meetings
- Resources on WLIHA's website



Questions?

