

HCBS Mental Health Waiver Services Stakeholder Input Call

Illinois Department Healthcare & Family Services
Illinois Department of Human Services
~Division of Mental Health~

September 27, 2010



Overview

Today's Agenda:

- I. Purpose of the HCBS MH Waiver
- II. Overview of MH Waiver application development and implementation timeline
- III. Overview of services needs assessment process
- IV. Preliminary service taxonomy
- V. Input/questions

Invited Stakeholders

- Primary consumers of mental health services
- Family and significant others
- Former residents of NF/LTC
- NAMI
- DMH contracted vendors
- Representatives of Long Term Care trade organizations
- Representatives of community mental health trade organizations
- Other community-based vendors (non-DMH contracts)
- Representatives of the Illinois Mental Health Planning and Advisory Council
- Legislative and Governmental liaisons
- American Indian Health Services of Chicago, Inc.
- Equip for Equality

On the Phone

□ Presenters

- Brenda Hampton – DHS/DMH
- Lee Ann Reinert – DHS/DMH
- Rusty Dennison – Parker Dennison & Associates

□ Participants

- Marilyn Arnold – DHS/DMH
- Barb Ginder – HFS
- Dennis Smith – HFS
- Mary Smith – DHS/DMH
- Jean Summerfield – HFS



Purpose of HCBS MH Waiver

- The Home & Community Based Services (HCBS) Medicaid Waiver is being developed to address enhanced community-based service needs for individuals with mental illnesses who are transitioning from nursing facility level of care or who would require this level of care if enhanced services were not available.

Opportunities with the Waiver

- ❑ Provides Medicaid funding for services that otherwise would not qualify for reimbursement under the State Plan
- ❑ Focuses exclusively on community integration & required supports
- ❑ Provides intensive, focused, and independent transition support, advocacy, and oversight

MH Waiver Timeline

- ❑ Involves model development, application development, federal CMS negotiations & approval, procurement of core administrative functions, and implementation
- ❑ Spans July 2010 – October 2011 with full implementation no later than November 1, 2011

Services Needs Assessment

- Three primary steps to date:
 1. Review of service taxonomies from other HCBS waivers (other states, IL DD/Aging)
 2. Needs review of current NF residents with mental illnesses (chart review, resident interviews w/ Recovery Specialists) of 100 residents
 3. Crosswalk of identified needs/other waiver services with existing Rule 132 & other State Plan services to avoid duplication

Notable Findings – 100 NF Resident Reviews

- ❑ Continuous residential/NF – mean 8.56 years
- ❑ Top 3 diagnoses – schizophrenia, schizoaffective disorder, bipolar
- ❑ 72% have at least one medical need
- ❑ Medications – psychiatric (99%), other prescription (82%)
- ❑ 26% need for co-occurring substance abuse services

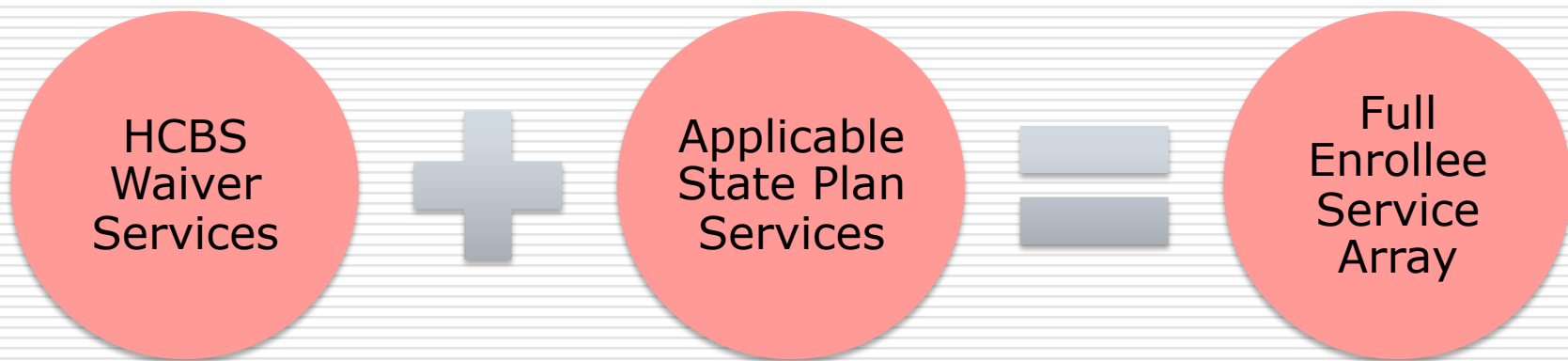
Notable Findings – 100 NF Resident Reviews

- ❑ 48% had history of medication/tx compliance/participation issues
- ❑ 22% had severe medical issues
- ❑ 33% had lack of \$ resources for needs
- ❑ 16% evidencing current MH exacerbation
- ❑ 11% current excessive use of substances
- ❑ 32% risky behavioral issues
- ❑ 8% criminal justice history
- ❑ 34% significant cognitive impairment
- ❑ 41% evidenced need for pre-DC skills training

Notable Findings – 100 NF Resident Reviews

- ❑ 80%++ can do personal care w/supports
- ❑ 75% have families & other significant relationships
- ❑ 29% express interest in finding work
- ❑ Majority have history of difficulty engaging in services & recovery planning
- ❑ 45% would prefer own housing w/intensive supports
- ❑ 17% would prefer to remain in NF

Waiver Enrollee Community Based Service Array



All services must be based on need, follow all applicable Medicaid rules, and be on an approved service plan

Available Community Based Service Array – Waiver Enrollee

All Rule 132 including

- Community Support (All Types)
- ACT
- PSR
- Case Man. (All Types)
- Therapy/Counseling
- Medication Admin, Training, Monitoring
- Crisis intervention
- Assessment
- Tx Plan Develop.

All Other State Plan including

- Home Health Services:
 - Skilled nursing
 - Home Health Aide
 - Speech Therapy
 - Occupational Therapy
 - Physical Therapy
- Substance Abuse Services:
 - Individual, group therapy
 - Intensive OP
 - Residential rehab
 - Day treatment
 - Medically monitored detoxification

HCBS

- Supported Employment
- Recovery Assistant/Peer Support
- Community Transition Services
- Non-Medical Transportation
- Respite – Family Care Giver

Continuous Review & Comment

- <http://www.dhs.state.il.us/page.aspx?item=51565>
 - Announcements, calendars, drafts, frequently asked questions (FAQ), other information
- Dedicated email box – watch web page above
 - Comments, input, questions