



Behavioral Health Home Update

MAAC Meeting
January 14, 2013

Concept Paper

- A Concept Paper is required before the Behavioral Health Home (BHH) State Plan Amendment (SPA) is submitted to CMS
- The **Draft** NJ Concept Paper presents many of the system integration activities happening in the State and how the BHH will fit into the current system
- Outlines the intention for NJ's SPA

Target Population

- Health Homes being developed through the HMOs
- The NJ SPA(s) will be focused on BHH and target individuals with Serious Mental Illness (SMI) or a Substance Use Disorder with a co-occurring chronic condition
- We anticipate from our current review of data that there will be additional requirements for BHH eligibility, most likely around service utilization
- Will serve individuals with Intellectual/Developmental Disabilities and SMI

Role within the Current Behavioral Health System

- BHH is a new service in the Medicaid State Plan
- The BHH will not replace any existing services such as Targeted Case Management (TCM)
- Consumers receiving BHH will not be eligible for a TCM service

Current Plan

- Implementation:
 - We will implement by region or county
 - After the first SPA is implemented we will measure outcomes and impacts on costs
 - Subsequent SPAs can be developed for additional regions/counties
 - We plan to implement the BHH service prior to the roll out of the ASO

Capacity

- We plan to support the provider capacity through a Learning Collaborative
- Startup funding
- Will reach out to providers of I/DD services for inclusion in capacity building efforts

Next Steps

- We anticipate submitting the Concept Paper to CMS by early February
- We will then submit the concept and get approval from SAMHSA
- The SPA can then be submitted to CMS
- The eight quarters of 90/10 match for the services begins at the time the SPA is approved, not at the time that the service is implemented
- The SPA will be timed with the implementation



QUESTIONS???



Division of Developmental Disabilities (DDD)

DDD's New Vision for Support Across the Life Course



Vision for 2013 & Beyond: Support Across the Life Course

- ❑ Recent Changes/Developments
 - ❑ Children's Services – Realignment
 - ❑ Comprehensive Medicaid Waiver (CMW)
- ❑ A New Service Delivery System for Adults
 - ❑ Transition (Ages 16 – 21)
 - ❑ Supports Program
 - ❑ Community Care Waiver
 - ❑ Aging Adults



Children's Services

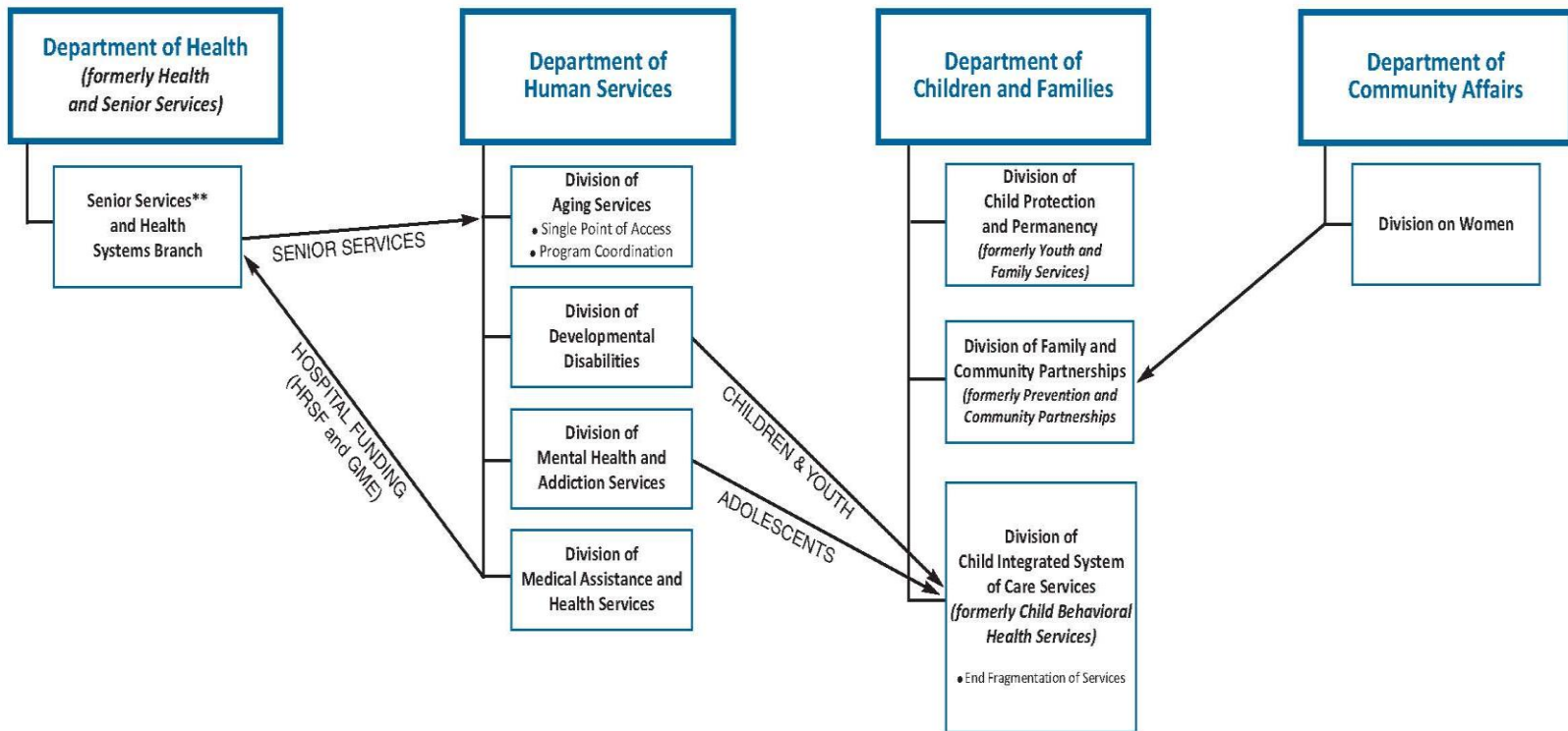
FY13 State Budget Realignment:

- ❑ Children with developmental disabilities will be served by the Department of Children & Families (DCF) until age 21



FY13 State Budget – Realignment

SFY 2013 Proposed Realigning, Streamlining and Restructuring Services for Seniors and Children*





Children's Services

Services are being transitioned over to DCF in two phases:

- July 1, 2012 – Children requiring residential or intensive in-home services
- January 1, 2013 – Family support services



Comprehensive Medicaid Waiver

- ❑ Approved by CMS on **October 1, 2012**
- ❑ Statewide reform of New Jersey's Medicaid system – strategic plan for change
- ❑ Focus on community-based services v. institutional services
- ❑ Allows New Jersey to draw down increased federal matching funds for services for individuals with developmental disabilities



Transition (16 – 21)

- ❑ Beginning at age 16, DDD will provide transitional planning:
 - ❑ Series of training modules & resources
 - ❑ Help with visioning for the future
- ❑ Eligibility for DDD adult services at age 18
 - ❑ Eligibility tied to **Medicaid**
 - ❑ Services will be delivered by DCF until 21



Transition (16 – 21)

- ❑ Focus on **“Employment First”**
 - ❑ Creates an expectation that people with disabilities, like everyone else, will have to “opt out” of employment rather than “opt in”
 - ❑ Presumes that people with disabilities can and should work in their communities
 - ❑ Benefits are the safety net that supplement employment, not the other way around.



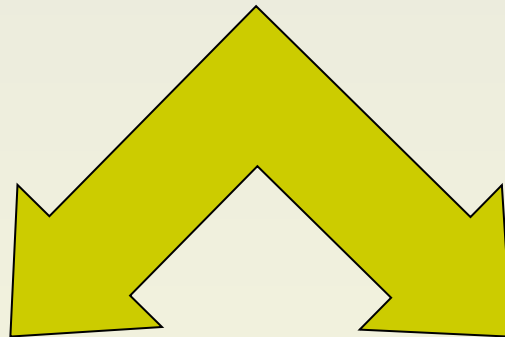
Eligibility for DDD Services

- ❑ 18 years of age
 - ❑ You can apply at 18 but services begin at 21
- ❑ Resident of New Jersey
- ❑ Functional criteria for meeting the definition of having a “developmental disability”
- ❑ Medicaid eligibility (must be continually maintained)



DDD System

Eligible Adults (21+)



**Supports
Program**

CCW



Supports Program - Highlights

- ❑ Provides support for individuals living in their own homes or with their families
- ❑ Individual budget based on assessed level of need:
 - ❑ Employment services and day services to supplement employment
 - ❑ Individual & family support services (\$5,000, \$10,000, \$15,000)



Supports Program - Highlights

- ❑ Eligibility: Must meet all DDD Eligibility Criteria
 - ❑ Adult (21+), **Medicaid eligible**, functional criteria
- ❑ No Waiting List anticipated
- ❑ Cannot be enrolled on the CCW and the Supports Program simultaneously



Supports Program - Services

- ❑ Respite
- ❑ Assistive Technology
- ❑ Vehicle Modifications
- ❑ Environmental Modifications
- ❑ Personal Emergency Response System
- ❑ Natural Supports Training
- ❑ Behavioral Management
- ❑ Occupational Therapy
- ❑ Physical Therapy
- ❑ Speech, Language and Hearing Therapy
- ❑ Interpreter Services
- ❑ Cognitive Rehabilitation Therapy (CRT)
- ❑ Supported Employment – Individual
- ❑ Supported Employment – Small Group
- ❑ Prevocational Services
- ❑ Career Planning
- ❑ Community Based Supports
- ❑ Community Inclusion Services
- ❑ Transportation
- ❑ Goods & Services
- ❑ Day Habilitation
- ❑ Supports Brokerage
- ❑ Support Coordination
- ❑ Financial Management Services (Fiscal Intermediary)



Supports Program - How will individuals access services?

- ❑ Individuals will have a **Support Coordinator** to:
 - ❑ Assist in writing their Individual Service Plan;
 - ❑ Help identify their service needs; and
 - ❑ Link them to the appropriate services.
- ❑ **Waiver Assurance Coordinators** (DDD staff) will approve the plan, authorize the service, and provide quality assurance
- ❑ Individuals who wish to self-direct their services will have access to a **Fiscal Intermediary**



Supports Program - Who will provide the services?

- ❑ In order to provide services in the Supports Program, a provider must:
 - ❑ Meet the qualifications for each service as defined by DDD
 - ❑ Be an approved Medicaid provider (depending on the service)
 - ❑ Non-traditional providers, including self-hires, do not have to be Medicaid providers. They can bill for their services through the FI. However, they still have to meet all DDD qualifications.



Supports Program - Benefits

CURRENT

- ❑ State-Only Funding
- ❑ Limited Service Options
- ❑ Limited Support Budgets
- ❑ Limited Flexibility
- ❑ Slots/Referrals
- ❑ Waiting Lists
- ❑ Multiple Assessments

THE SUPPORTS PROGRAM

- ❑ Federal Match – Medicaid Eligible
- ❑ Expanded Service Options
- ❑ Expanded Support Budgets
- ❑ Increased Flexibility
- ❑ Individual Choice
- ❑ Access to Services
- ❑ Single Assessment



Supports Program - Benefits

CURRENT

- ❑ Multiple Service Plans
- ❑ Inconsistent Policies
- ❑ Multiple Rates
- ❑ Contract Reimbursement

THE SUPPORTS PROGRAM

- ❑ Single Service Plan
- ❑ Consistent Policies
- ❑ Consistent Rates
- ❑ Fee For Service



Supports Program – Getting Started

- ❑ What can individuals and families do now to prepare for the Supports Program?
 - ❑ Become Medicaid eligible.
 - ❑ Familiarize yourself with the services offered in the Supports Program & identify those that would meet your needs.
 - ❑ Talk to any providers you are currently working with about what services they are planning to provide in the Supports Program.
 - ❑ Become familiar with other potential service providers.
 - ❑ Become familiar with the roles of support coordination and fiscal management.



Supports Program - Opportunities for Input

- ❑ Provide input into implementing policies for services & service limits.
- ❑ Provide input into provider qualifications for services and quality assurance.
- ❑ Provide feedback on the draft Individualized Service Plan.
- ❑ Participate in the development of the Supports Program manual.
- ❑ Assist in the development of training and related materials.



Supports Program - Questions

Additional Information can be accessed on
DDD's website at:

<http://www.state.nj.us/humanservices/ddd/programs/supportsprgm.html>

Questions about the Supports Program
can emailed to:

DDD.SuppProgHelpDesk@dhs.state.nj.us



Community Care Waiver (CCW)

- ❑ Individuals whose needs cannot be met on the Supports Program will be served on the CCW
 - ❑ Must meet functional criteria and be Medicaid eligible
 - ❑ Must meet DDD's "emergency" criteria or reach top of CCW Waiting List
- ❑ Residential, in-home supports, and employment & day supports are all available



Community Care Waiver (CCW)

- ❑ Services can be provided in-home or in residential settings
- ❑ Intended to serve individuals with more intensive needs
- ❑ CCW Waiting List – reform needed



Aging Adults

- ❑ Individuals with developmental disabilities who require “specialized services” will continue to access their Supports Program or CCW services as they age.
- ❑ Individuals with developmental disabilities in nursing homes will access their services via MLTSS
 - ❑ Under the CMW, all long-term care services (including HCBS & Nursing Facility) for seniors and individuals with physical disabilities are shifting into managed care.



Support Across the Life Course

QUESTIONS?

2012 CAHPS[®] 4.0 Summary

Highlights from the Consumer Assessment of Healthcare Providers and Systems

Medical Assistance Advisory Council Meeting
January 14, 2013

Structure and Response Rates

- The adult survey included the required core as well as 26 supplemental questions
- The child survey included the required core as well as 8 supplemental questions
- The 2012 response rates decreased from last year
 - 11.6% for the adult survey (17.0% in 2011) and 14.4% for the child survey (19.1% in 2011) – from a total sample of 32,109 individuals
 - CMS suggests a minimum of 300 responses per plan or 100 responses per plan per question for validity
 - Most questions reached the standard of 100 responses
 - The questions that didn't meet the minimum were mostly in the supplemental questions – half of the supplemental questions didn't reach the validity standard
 - 13 adult questions and 4 child questions

Overall Ratings

- Enrollees are satisfied with Medicaid managed care programs - general ratings of healthcare services remain high
 - 76% of adults and 87% of caregivers rated their child's health care highly (last year was 75% of adults and 87% of caregivers)
 - Enrollees usually or always can access needed services
- 2012 was the first year that it was necessary to adjust for case-mix differences because of age, education, general health status, or outpatient utilization showed significant differences between health plans.
 - Amerigroup respondents contained significantly older adults, while Healthfirst's respondents were younger
 - For the child survey, adult respondents in Amerigroup and United had more education than Healthfirst respondents
 - Healthfirst adult respondents had significantly more Hispanics, while Amerigroup and United had less
 - For the child survey, Healthfirst had more Hispanics and less Asians, while Horizon and United had less Hispanics

Source: 2012 NJ CAHPS® Health Plan Survey

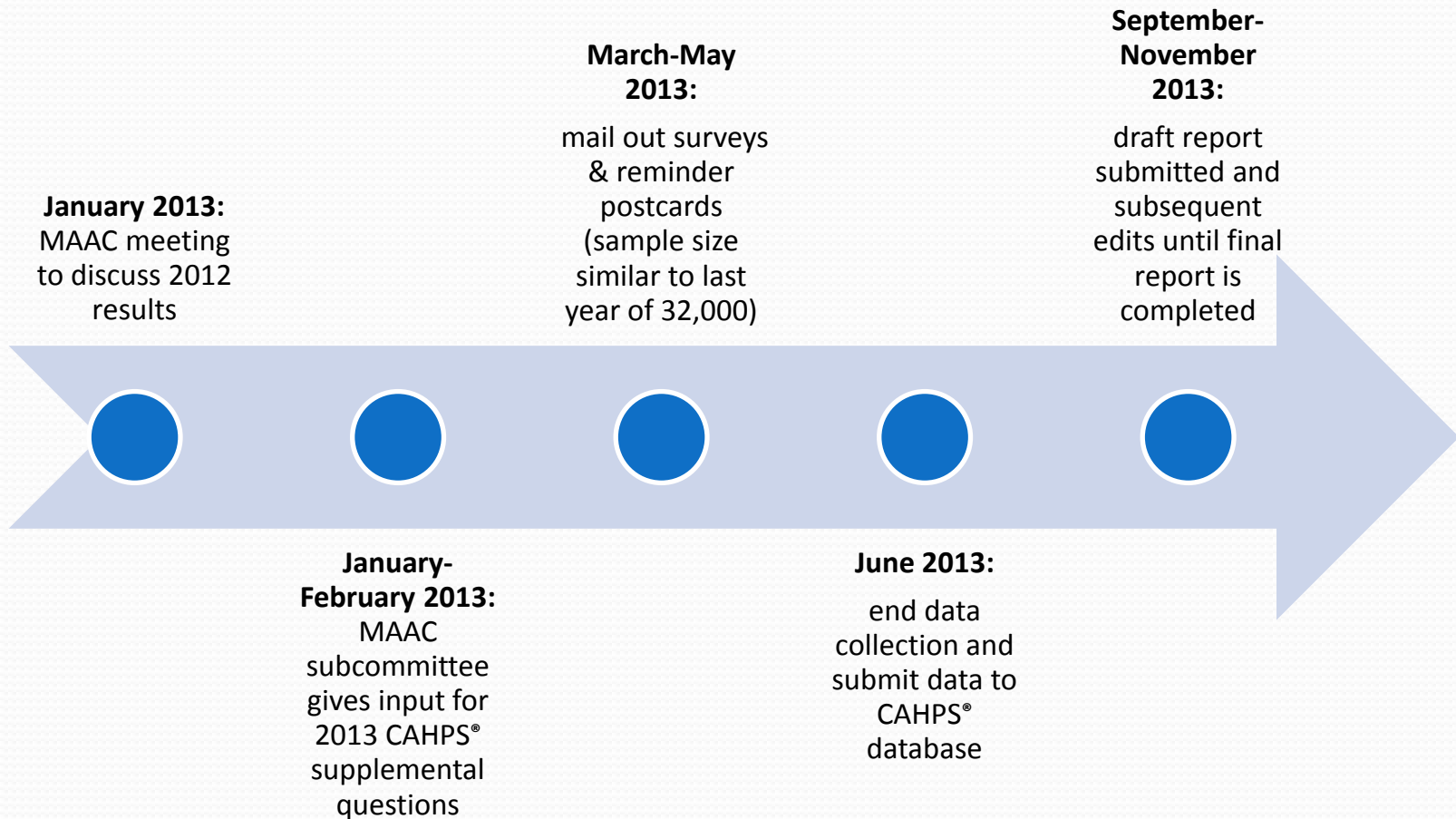
Eligibility Categories

- 3 categories were surveyed:
 - Aged, Blind, or Disabled (ABD)
 - New Jersey Family Care (NJFC)
 - Temporary Assistance for Needy Families (TANF)
- Significant differences among the adult populations included:
 - The ABD segment scored higher on getting care quickly, whereas TANF scored lower
 - ABD is more likely to have a chronic condition, make an appointment with a specialist, take prescription medication, and use mobility equipment than the TANF and NJFC segment
- Significant differences among the child populations included:
 - NJFC rated their health plan lower and had less doctor visits, specialists visits and dental visits
 - Again, the ABD segment scored higher on getting care quickly and higher on utilizing health care services

Health Plans

- Health plans were equal in most areas including overall rating of all health care, getting needed care and doctor's effectiveness in communication.
- Significant differences among the health plans included:
 - Healthfirst had higher ratings for mental treatment/counseling and discussing with doctors different choices of treatment, however members accessed care less
 - Horizon had higher ratings for getting needed care quickly, coordination of care, and receiving a flu shot
 - Amerigroup and Healthfirst scored high on ease of mobility equipment repairs, whereas Horizon scored low
 - In the child survey, Horizon scored lower in the overall rating of personal doctor, but scored high in trying to make an appointment with a specialist and accessing services

Current Timeline -2013 CAHPS



Note: 2013 includes a new section on special needs children