



Medicaid Rehabilitation Option Provider Forum

Tuesday, December 20, 2005

Purposes

- **Provide an Overview of the Medicaid Rehabilitation Option**
- **Describe the planning process**
- **Discuss communication strategies and approaches**
- **Outline next steps**

The Legislation: PL 05-280

- **Sec 83. On or before December 31, 2006, the Commissioner of Social Services, in consultation with the Commissioner of DMHAS and the Mental Health Strategy Board . . . shall take such action as necessary to amend the Medicaid state plan to include assertive community treatment teams and community support services within the definition of optional adult rehabilitation services.**



Overview of the Medicaid Rehabilitation Option

What is Medicaid and the Rehab Option?

- **Medicaid is a health insurance program financed through a combination of federal and state dollars which funds services.**
- **Medicaid serves low income people or people whose illness is catastrophic as compared to their salary or ability to earn.**
- **Medicaid finances services through a match of state and federal funds. Thus for every 50 cents that CT spends on a Medicaid service, the federal government will match 50 cents.**

Medicaid Rehab Option

- Medicaid funds behavioral health services through the Clinic Option, Targeted Case Management or the Psychiatric Rehabilitation Option.
- The Psychiatric Rehabilitation Option is often known as the “Rehab Option” or the “MRO.”
- The MRO/Rehab Option pays for services rather than programs.
- Providers will have to bill for these services on a client by client basis
- The amount that a provider can bill is based on the client’s assessed needs as outlined in a treatment plan and the actual services that are delivered.

Clear Rules

- **The Rehab Option has clear rules for delivering, billing, and documenting services.**
 - **Services must be related to a mental health diagnosis that is outlined in an assessment, with goals and objectives specified on a treatment plan.**
 - **Documentation focuses on the interventions delivered to meet the goals and objectives, the consumer's response to the interventions, and the consumer's progress toward meeting goals and objectives.**

Consumer & Recovery Focus

- **Within the rules, the MRO encourages a focus on recovery and consumer-centered services.**
- **The client goals and needs will drive the priorities within the treatment plan. Clients will be reviewing their services and their progress toward goals with providers on a regular basis. The client must participate and work towards measurable goals with the right amount of provider support.**
- **Staff must empower the client towards goal completion. They must believe in recovery.**

Empowering

- **The MRO service approach moves away from “doing for a consumer” to helping clients do for themselves.**
- **The MRO stresses the provision of services at times and places that are convenient for clients, with an emphasis on services in natural settings.**
- **The MRO focuses on helping the consumer develop and maintain natural support systems, and minimizing reliance on the DMHAS system.**

The background of the slide is a close-up, artistic photograph of a glass filled with a golden-brown liquid, likely whiskey. The glass is partially filled, and the liquid has a smooth, slightly rippled surface. The lighting is soft and warm, creating a bokeh effect in the background. The text "The Planning Process" is centered over the lower half of the image.

The Planning Process

The Legislation: PL 05-280

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Roles

- **DSS: Medicaid oversight agency responsible for: CT. Medicaid State Plan**
 - **SPA: state plan amendment needed for the MRO changes**
 - **Due 12/31/06, could be done prior to - or the last day**
 - **Approval and negotiations with CMS (Feds)**
- **DMHAS: Clinical Oversight, Provider Certification and Provider Readiness and Contract Changes**

Before December 31, 2006 . . .

- **Clarity about the needs, location, and current services that will be effected by the change.**
 - **Baseline survey of current ACTT programs (spring 2005)**
 - **Current client profiling activities using the LOCUS tool and associated system information**
 - **Data collection and contract review on current case management programs, services, and clients**

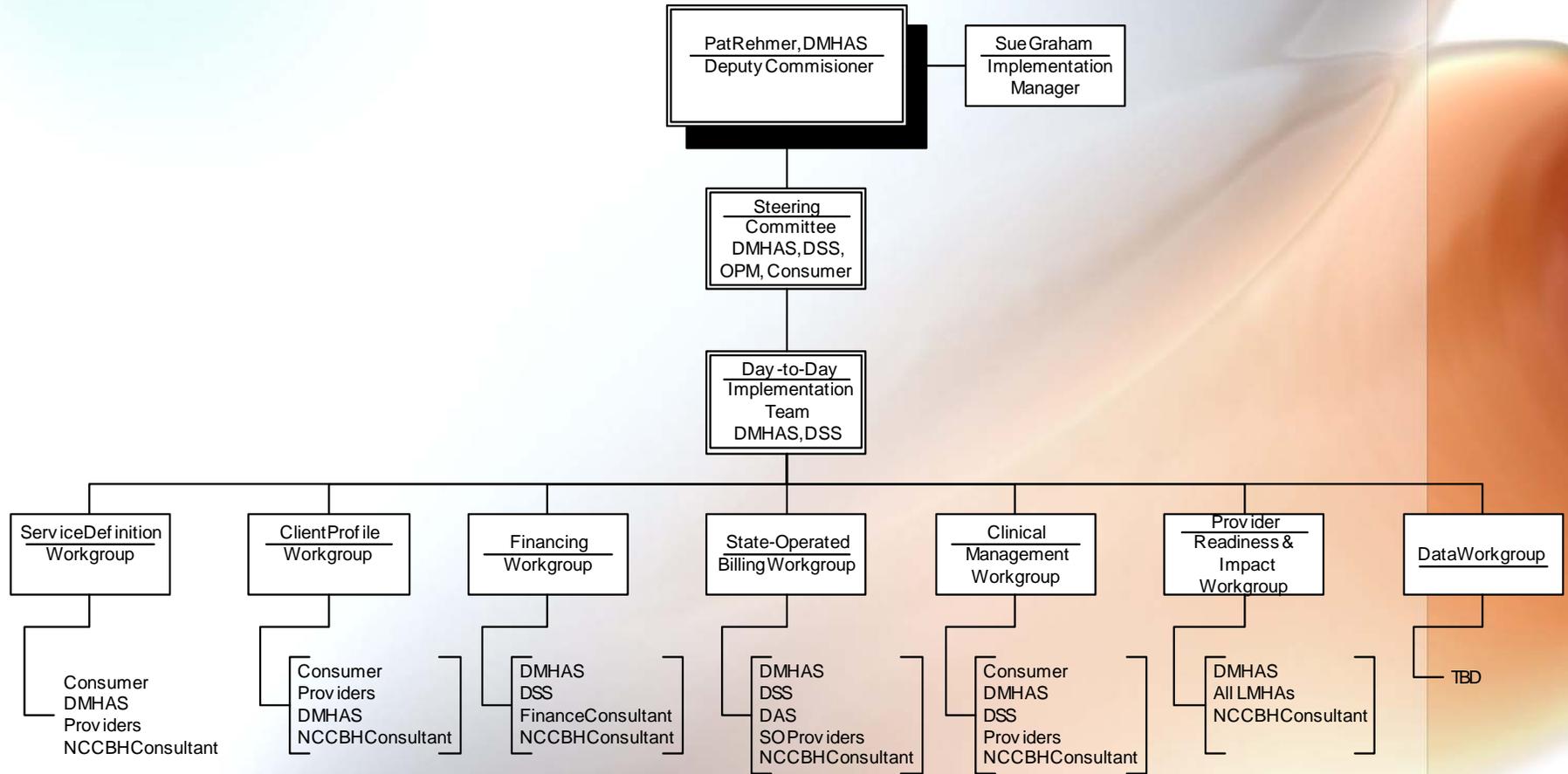
Before December 31, 2006 . . .

- **Development of service descriptions, staffing requirements, programmatic requirements and other issues**
 - **Service definition workgroup currently working on drafts of ACT and community support**
 - **Definitions incorporate best practice & evidence-based practice, recovery principles, and history of recent, Medicaid-approved services in other states.**

Before December 31, 2006 . . .

- **Clarity about rate methodology for Medicaid payments (required for State Plan Amendment) as well as predictions of expected Medicaid utilization of services.**
- **Planning for financing services for non-Medicaid clients, as well as transitional financing for providers.**

Planning Structure



New MRO Services

ACT

- Intensive treatment for clients who have difficulty engaging with a traditional service system
- All services by one team
- Community supports with treatment and rehabilitative services
- A “can-do” approach to treatment in which the provider does whatever it takes to keep the client engaged.

Community Support

- Community-based, rehabilitative and environmental support considered essential to assist an individual in gaining access to necessary services and in restoring him or herself to the best possible functional level with the greatest degree of life quality enhancement, self efficacy, and recovery/resiliency, illness self-management, and symptom reduction possible.

Assertive Community Treatment

- **What was used to build the definition:**
 - **National Standards for ACT:**
<http://www.dmhas.state.ct.us/medicaid/ACT.CSP.htm>
 - **Evidenced-based practice. Toolkits and fidelity measures from SAMHSA and others.**
 - **Review of other state's Medicaid Rehabilitation option definitions.**
 - **Workgroup and Stakeholder Discussion**
- **DSS role**

ACT Service Definition Input

- Review current draft of definition
- Submit feedback and/or questions to Sue Graham
(susan.graham@po.state.ct.us)
- Feedback and questions will be reviewed by workgroup and incorporated into draft definition. Frequently asked questions will be incorporated into an FAQ.
- Once service definition is final, training will be offered on the service definition.

Community Support Definition

- **Same Workgroup still developing CSP draft.**
- **Expected presentation in a provider forum next month.**
- **Same process: review and return feedback**
- **DSS's Role**

A close-up, artistic photograph of a glass filled with a golden-brown liquid, likely whiskey or cognac. The glass is partially visible on the right side of the frame, with a white object, possibly a lid or part of a bottle, at the top right. The background is a soft, out-of-focus gradient of light colors, creating a warm and elegant atmosphere.

Communication Strategies and Approaches

Provider-Focused Communications

- **Monthly forums to provide updates, input, and describe process and time lines: next meeting: January 24th**
- **Specific technical assistance and training schedule; will include operational readiness, service definitions, and key competencies. Expect schedule early in 2006.**
- **DMHAS website will incorporate news, updates, tools and resources.**

Consumer Communications

- **Special area of DMHAS website**
- **Presentations and forums for specific consumer and advocacy groups**
- **Assistance with developing templates for communication tools and processes that providers can use with the clients they serve**

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Next Steps

Expectations

- **Major change is slow, rarely linear, and requires patience and perseverance by all participants**
- **DMHAS commits to communicating clearly – even when the message is “we don’t know yet”**
- **Success requires managing our own anxieties so that together we can provide structure and assistance for clients through the change process.**

DMHAS Changes

- **Revitalize the ACT Teams and the service system so that there is more rehab focus and recovery focus;**
- **Develop a better treatment planning process that pushes recovery focused supports or treatment system wide;**
- **Provide on-going focused evaluations of the individualized planning process;**
- **Ensure there is individual involvement in goals and process.**
- **How do the State Operated Programs evolve.**

Consumer Issues

- **Be involved in the process of planning**
- **Understand that the system is changing.**
- **Think about your own recovery process and what you need to succeed; be clear to the providers**
- **Work with the staff to develop natural supports**
- **Think about a job, a home and relationships and decide how the staff can support these goals.**

Provider Issues

- **Must understand the new Rules and Regulations about the work: more rehabilitative focus**
- **This may create a different agency focus which may produce new issues for staffing, schedules and supervision**
- **Must understand the new rules about the medical record documentation**
- **Must develop a billing system, in some cases where there is none.**
- **Must monitor so that the documentation must match the bills.**
- **There may be an oversight component, such as ABH or DSS.**