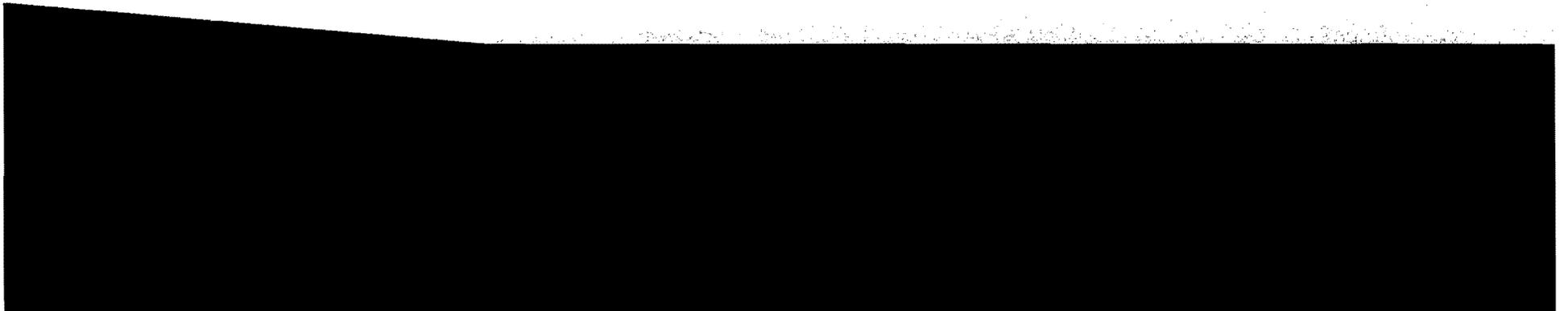


Effectively Serving Dually Diagnosed Individuals

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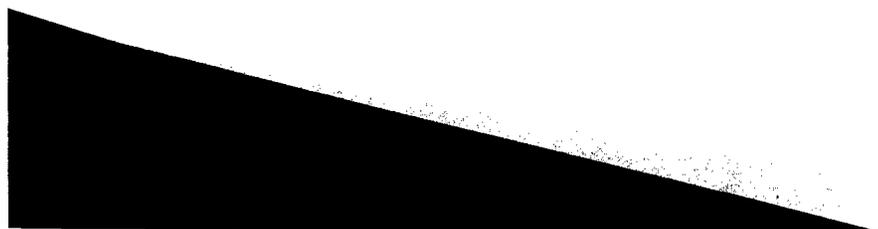
Survey of Current System

- ▶ Community-Based 0208 Providers
- ▶ Targeted Case-Managers –
contracted and State
- ▶ Developmental Disabilities
Program Staff – Central Office and
Regional Offices
- ▶ Montana Developmental Center
Staff



Survey Question

- ▶ Describe the ways the DDP-funded service system could better meet the needs of adults with severe and challenging behaviors who fall into one or more of the following categories:
 - Currently at MDC and on the referral list for DDP funded community services
 - In DDP-funded waiver services and in crisis
 - In crisis and not receiving DDP funded waiver services



Survey Results / Key Factors

- ▶ Reimbursement: rates methodology and resource allocation tool.
- ▶ Crisis Response: in-home and out-of-home.
- ▶ Increased flexibility in utilization of the funding allocation.



What have other States done?

- ▶ According to CMS, as recently as 2013, all 50 states had at least one ICF/IID facility
- ▶ Crisis Services
- ▶ Resource Allocation Tool/Assessment
- ▶ Rates Methodology
- ▶ Flexibility in utilization of resource allocation
- ▶ Eligibility Criteria/Target Population
- ▶ Exit Criteria
- ▶ Provider Qualifications
- ▶ Settings in which services are delivered



What we learned

- ▶ Reimbursement:
 - Individual Resource Allocation:
 - Supports Intensity Scale–Adults (SIS)
 - Rates Methodology developed
 - Using the SIS to identify needed supports

- ▶ Flexibility in utilization
 - Approved methods for billable units

- ▶ Target Population
 - How are states identifying the individuals with significant and challenging behavior



What we learned

▶ Crisis Response:

- Many states offer crisis response as a waiver service, can be both in-home and out-of-home.
 - Waiver can only be billed when services are being utilized.
 - For out-of-home crisis response, the “bed” is held using funding other than waiver funding.
 - States use mobile crisis teams, available 24-hours day/365 days a year
 - Qualified provider process is key
 - Developed process for backing out the crisis supports.
 - Some states offer crisis hotlines.
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State Examples

- ▶ **Washington Community Protection Waiver:**
 - Therapeutic residential support for up to 463 individuals who are at least 18 and meet the criteria for the “community protection program”.
 - Individuals have been assessed to require 24-hour, on-site staff supervision to ensure the safety of others.
 - Individuals may or may not be adjudicated by the court.
 - Individuals are at risk of harm to self or others.



State Examples

▶ Nebraska:

◦ Behavioral Risk Services

- Complex behavioral needs that require continuing care and treatment.
- Using a Risk Screen, eligibility is determined by designated staff at the Division of Developmental Disabilities central office.
- Services are delivered in provider controlled and operated settings, considered to be continuous (24/7) services.
- Behavior Risk Services are a bundled daily rate, including residential services, work/day services, behavioral support services and transportation services.
- Services are overseen by a licensed clinician.



State Examples

- ▶ Tennessee:
 - Comprehensive Aggregate Cap (CAC) Waiver
 - Intensive Behavioral Residential Services (IBRS): designed to be flexible enough to respond to the changing level of need and the level of risk presented by the person's current behavior.
 - Leadership of IBRS is provided by the agency Clinical Director.
 - The State Central Office Clinical Review Committee: reviews and approves persons referred for this service.



State Examples

- ▶ Georgia: non-waiver services
 - Georgia Crisis Response System: a new system of care for individuals with DD who are experiencing a behavior-related crisis.
 - 1-800 hotline: Georgia Crisis Access Line
 - Options: telephonic resolution, hospital referral, law enforcement referral, dispatch mobile crisis team.
 - Mobile crisis team support can include intensive in-home or out-of-home support not to exceed 7 days.

