

SDMI WAIVER PROVIDER TRAINING

Addictive and Mental Disorders (AMDD)

OUR MEMBERS

- Institutional Level of Care
- Qualifying SDMI Diagnosis
- 18 years of age or older
- Involuntary Commitment

- *Long-term supports at a level typically provided in a nursing facility.*
- *Significant difficulty in community living without supportive treatment or services of a long-term or indefinite duration.*
- *Chronic and persistent symptoms resulting in impaired functioning due to a qualifying diagnosis.*
- *Who has been involuntarily committed for at least 30 consecutive days because of a mental disorder at Montana State Hospital or the Montana Mental Health Nursing Care Center.*

Services Available in the SDMI Waiver

Transition/ Supportive Services	Independent Living Services	Habilitative Services	Other Services
Community Transition	Behavioral Intervention Assistant	Adult Foster Care	Adult Day Health
Consultative Clinical and Therapeutic Services	Personal Assistance Services	Adult Group Home	Non-Medical Transportation (mileage)
Environmental Accessibility Adaptations	Life Coach	Mental Health Group Home	Peer Support
Health and Wellness	Self-directed Personal Assistant Services	Intensive Mental Health Group Home	Respite
Pain and Symptom Management	Private Duty Nursing	Assisted Living	
Personal Emergency Response System	Supported Employment		
Specialized Medical Equipment	Homemaker Chore		

Community First Choice (CFC)

The CFC program provides medically necessary long term in-home personal care services to Medicaid members whose health condition cause them to have functional limitations performing activities of daily living.

CFC Program Summary

- State Plan Medicaid Benefit
- Two Service Options:
 - Self-Directed and
 - Agency Based
- Program authorizes time for a direct care worker to assist the member in completing Activities of Daily Living (ADL)
 - Assist = prompting, cueing and hands-on assistance
- Program provides limited assistance with Instrumental Activities of Daily Living (IADL) that are performed in conjunction with ADL tasks, medical escort and PERS

CFC/PAS:



Activities of Daily Living (ADLs)

Bathing, dressing, grooming, toileting, transferring, positioning, mobility, meal preparation, eating, exercise, medication assistance.



Instrumental Activities of Daily Living (IADLs)

Light housekeeping, laundry, shopping for groceries and pharmaceuticals, community integration, yard hazard removal and correspondence assistance.



Medical Escort

For Medicaid members who need assistance en route or at the destination of medical appointments

NOTE: Member must have ADL services to qualify for IADL and Medical Escort support.

Self-Direct Additional Services

- Health Maintenance Activities (HMA)
 - Bowel Program
 - Urinary Systems Management
 - Wound Care
 - Medication Administration
- There is an exemption in the Nurse Practice Act that allows a member to direct these tasks in the SD CFC/PAS program

Role of Mountain Pacific Quality Health (MPQH)

- MPQH completes authorization for CFC services
- MPQH Nurse conducts a review with member to determine his/her medical need for service, and evaluate informal supports, member choice, home environment supports/equipment
- MPQH nurse applies program parameters to determine service authorization
- Time is authorized for time it takes a worker to assist member (prompting, cueing, hands-on assistance).
- Time is not authorized for supervision/socialization/coaching/habilitation.

Role of Provider Agency

Agency-Based

- Nurse oversees personal care attendant (PCA) training and member care
- Agency handles all PCA matters
- Agency responsible for following the program rules
- Agency handles all PCA disciplinary issues
- Agency assumes Medical liability
- Agency Nurse Supervisor conducts initial, 180-day and annual visits

Self-Directed

- Member/PR hires, trains, supervises and schedules the PCA
- Member/PR responsible for following the program rules
- Member/PR must deal with PCA issues
- Member/PR assumes all medical liability
- Member/PR obtains Health Care Professional Authorization annual
- Agency program oversight staff conducts initial, 180-day and annual visits with member/PR

Service Limits-

- ADL Task Caps
 - Bathing limit – 3 times a week
 - Meal Preparation-360 minutes a week
 - Exercise- 210 minutes per week
 - MPQH may authorize additional time, with medical necessity review
- IADL Task (Hard Limit)
 - Cannot exceed 1/3 of total time or 10 hours biweekly, whichever is less
 - May only authorized when a member is authorized for ADL tasks
- Total CFC Time (Hard Limit):
 - 84 total hours biweekly
 - Note: Medical Escort may exceed this limit



Questions

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Personal Assistant Service

Personal Assistant Service (PAS) are provided when the scope, amount, or duration of the State Plan, CFC/PAS is insufficient in meeting the needs of the member.

PAS may include:

- Supervision for health and safety reasons.
- Escort and transportation for non-medical reasons.
- Socialization supervision for those members who require personal assistance to physically access the community.



PROPOSED

Addictive and Mental Disorders Division

Home and Community Based (HCBS) Waiver for Severe and Disabling Mental Illness (SDMI)

Date effective:

July 1, 2020

Date revised:

Policy Number:

SDMI HCBS #XXX

Subject:

Personal Assistant Service (PAS)

Definition

Personal Assistance Service are range of assistance services to enable members to accomplish activities of daily living and instrumental activities of daily living tasks that they would normally do for themselves if they did not have a functional disability. This assistance may take the form of:

- (a) direct hands-on assistance, actually performing the task for the member;
- (b) cueing and prompting; and
- (c) functional assistance with navigation of public services and supports to enhance independence.

If the member has behavioral health needs that require specialized behavioral interventions, see Behavioral Intervention Assistant services, Policy # XXX.

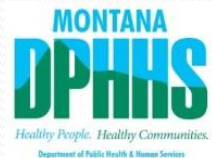
Medical Necessity Criteria

Personal Assistant Services are services provided when Community First Choice/Personal Assistant Service (CFC/PAS) provided in state plan are insufficient in meeting the functional needs of the member.

- (1) Member must have a documented need that requires:
 - (a) hours in addition to the 42 bi-weekly hours available under CFC/PAS; or
 - (b) a provision of service not available under CFC/PAS, such as assistance outside of the members residence or supervision in the member's community.

Provider Requirements

- (1) Providers may be a home health agency, a CFC/PAS provider, or a member who is self-directing services as a co-employer.



- (2) All PAS must be supervised by registered nurses.
- (3) Relatives or legal guardians that provide PAS services must be employed by a provider agency.
- (4) Members may self-direct PAS services. (See Policy #XXX, Member Direction of Services).

Service Requirements

- (1) PAS must be provided by entities that are licensed and insured to deliver personal care services.
- (2) PAS may include the following as determined by the member's person-centered recovery plan:
 - (a) assistance with activities of daily living;
 - (b) assistance with instrumental activities of daily living;
 - (c) supervision for health and safety reasons;
 - (d) socialization that does not require extensive behavioral supports; and
 - (e) community integration, including socialization and non-medical escort, within the provision of the PAS service.
- (3) The PAS must:
 - (a) be at least 18 years of age;
 - (b) receive training, within 30 days of hire in:
 - (i) abuse reporting;
 - (ii) incident reporting;
 - (iii) client confidentiality; and
 - (iv) any specialty training required or needed to sufficiently address the entire needs of the member to provide whole person care;
 - (c) possess the ability to complete documentation requirements of the program; and
 - (d) possess a valid driver's license and proof of auto liability insurance if transporting the member.
- (5) The provider must document the completion of all required training in the personnel file of the staff or in the provider's staff training file which includes the following:
 - (a) title of training;
 - (b) date of training;
 - (c) name and title of trainer;
 - (d) type or topic of the training;
 - (e) agenda of training;

- (f) hours of training; and
 - (g) signature and date of the staff who received the training.
- (5) PAS cannot be billed just for the provision of transportation itself; it must address a physical need and require hands-on assistance of the PAS.
 - (6) Mileage may be billed separately if the PAS is providing community integration utilizing their own vehicle.
 - (7) The provider must complete a progress note each member receiving PAS services as required in ARM 37.85.414.
 - (8) PAS may not be provided in a residential habilitation setting.

Utilization

- (1) Prior authorization is not required.
- (2) Retainer days are limited to 30 days per year when a member is hospitalized or on vacation. Case management teams must manage the number of retainer payments utilized.

Behavioral Intervention Assistant

- Behavioral Intervention Assistant (BIA) services are habilitative services
- BIA must possess specialized skills to address the challenging behaviors of members with a Severe and Disabling Mental Illness (SDMI).
- BIA services may be provided episodically or continuously.



PROPOSED

Addictive and Mental Disorders Division

Home and Community Based (HCBS) Waiver for Severe and Disabling Mental Illness (SDMI)

Date effective:

July 1, 2020

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SDMI HCBS #XXX

Subject:

Behavioral Intervention Assistant

Definition

Behavioral Intervention Assistant (BIA) services are habilitative services provided when Medicaid State Plan Community First Choice/Personal Assistant Service (CFC/PAS) provided in state plan and Personal Assistant Services (PAS) provided in the waiver are insufficient in meeting the behavioral health needs of the member and assistance is required in activities of daily living, instrumental activities of daily living, and/or social, behavioral, and adaptive skills.

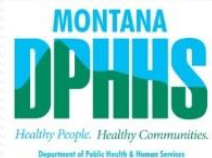
BIA differs in scope and nature from CFC/PAS and waiver PAS in that the BIA's must possess specialized skills to address the challenging behaviors of members with a Severe and Disabling Mental Illness. This includes redirecting inappropriate and unsafe behaviors, providing supervision to address a member's safety, and extensive cuing to prompt.

Medical Necessity Criteria

- (1) The member's need for BIA Service is represented by the need for assistance with coping mechanisms and/or exhibiting maladaptive behaviors including harm to self or others and limited skill and participation in ADLs and IADLs, as documented in the Level of Impairment.
- (2) The member meets at least the level of moderate impairment in Area 6: Mood/Thought functioning and at least a moderate impairment in one of the following areas:
 - (a) Area 1: Self-Care; or
 - (b) Area 2: Basic Needs.
- (3) The member may need BIA long-term or intermittently.

Provider Requirements

- (1) The BIA Services must be provided by entities that are licensed and insured to deliver personal care services and does not have a self-directed option.



- (2) All BIAs must be supervised by registered nurse or a licensed mental health professional.
- (3) The BIA must:
 - (a) be at least 18 years of age;
 - (b) receive training, within 30 days of hire in:
 - (i) abuse reporting;
 - (ii) incident reporting;
 - (iii) client confidentiality; and
 - (iv) any specialty training required or needed to sufficiently address the entire needs of the member to provide whole person care;
 - (c) possess the ability to complete documentation requirements of the program; and
 - (d) possess a valid driver's license and proof of auto liability insurance if transporting the member.
- (4) A BIA must complete 8 hours of mental health training within six months of hire then annually thereafter in order to possess specialized skills to address the challenging behaviors of members. (See reporting details in Training below.)
- (5) The provider may use the following options for specialty mental health training:
 - (a) use the state approved mental health training resources located at:
<https://dphhs.mt.gov/amdd/mentalhealthservices/severedisablingmentalillness-sdmi-homeandcommunitybased-hcbs-waiverprogram>; or
 - (b) submit quality trainings that feature best practices or evidence-based practices to the state for approval. To submit a training to the state for approval the provider must submit supporting documentation sufficient enough to support the request to the Community Program Officer within their region. Examples of needed documentation includes research, data, syllabus and/or detailed agenda, available continuing education units etc.
- (6) The provider must document the completion of all required training in the personnel file of the staff or in the provider's staff training file which includes the following:
 - (a) title of training;
 - (b) date of training;
 - (c) name and title of trainer;
 - (d) type or topic of the training;
 - (e) agenda of training;
 - (f) hours of training; and
 - (g) signature and date of the staff who received the training.

- (7) The provider must retain training documentation in the staff's records and submit the documentation to the department annually which includes all staff that have been employed within the past year, regardless of the current employment status.

Service Requirements

- (1) BIA Services must be the member's choice and guided by behavioral goals established by the member, Case Management Team (CMT), individuals selected by the member, and behavioral health providers.
- (2) BIA may not be provided concurrently with CFS/PAS or waiver PAS.
- (3) The CMT must:
- (a) assess the member's needs to determine the amount of BIA units a member needs. This may need to be adjusted as the member's needs change, if the member is not utilizing all approved BIA units, or if the member/provider inform the CMT that the units authorized are not sufficient.
 - (b) complete and enter the member's behavioral goals in the Person-Centered Recovery Plan (PCRP) and review the goals with the member quarterly;
 - (c) monitor member's progress towards meeting their goals as identified in the PCRP;
 - (d) coordinate and communicate with the provider to ensure members needs and goals are being appropriately met.
- (4) BIA may include the following as determined by the member's person-centered recovery plan:
- (a) direct hands-on assistance with ADLs and IADLs, actually performing the task for the member;
 - (b) cueing and prompting to complete ADLs and IADLs;
 - (c) assistance with social, behavioral, and adaptive skills;
 - (d) functional assistance with navigation of public services and supports to enhance independence;
 - (e) supervision for health and safety reasons; and
 - (f) community integration, including socialization and non-medical escort, within the provision of the BIA service.
- (5) BIA cannot be billed just for the provision of transportation itself; it must address a behavioral or physical need and require hands-on assistance of the BIA.
- (6) Mileage may be billed separately if the BIA is providing community integration utilizing their own vehicle.
- (7) The provider must complete a progress note each member receiving BIA services as required in ARM 37.85.414.

- (8) The provider must submit a quarterly report to the CMT which includes the progress on member's identified goals and the methodologies/activities used by the BIA to assist the member in achieving the goals.
- (9) BIA may not be provided in a residential habilitation setting except as described in (2) below.

Utilization

- (1) Prior authorization is not required when BIA is provided in the community.
- (2) Prior authorization is required from the department when BIA Services are needed in a residential setting on a short-term basis to assist in the transition to a new facility, or as authorized by the Addictive and Mental Disorder Division (AMDD).
- (3) BIA may not be provided concurrently with Personal Assistance Service (PAS) or Supported Employment Services.

Life Coach

Life Coach is a holistic approach to addressing the social determinants of health that impact a member's overall health and well-being and addresses the obstacles that impede a member's progress towards self-sufficiency, improved health, and well-being.

Seven Social Determinants of Health (SDoH)

- Money Management
- Employment
- Public Services
- Housing and Neighbors
- Education
- Social Relationships
- Food and Nutrition

	<p><u>PROPOSED</u></p> <p>Addictive and Mental Disorders Division</p> <p>Home and Community Based (HCBS) Waiver for Severe and Disabling Mental Illness (SDMI)</p>
	<p>Date effective: July 1, 2020</p> <p>Date revised:</p>
<p>Policy Number: SDMI HCBS #XXX</p>	<p>Subject: Life Coach</p>

Definition

Life Coach is a holistic approach to addressing the Social Determinants of Health (SDoH) that impact a member’s overall health and well-being and addresses the obstacles that impede a member’s progress towards self-sufficiency, improved health, and well-being. Life Coaches aim to motivate, offer emotional support, create confidence, and to be an accountability partner for the member. The Life Coach educates, guides, inspires, and supports the member in developing independent living skills and reaching the member’s full potential based upon the member’s goals.

Medical Necessity Criteria

The case management team must assess the member must have an SDoH assessment with identified needs.

Provider Requirements

- (1) Life Coaches may be provided by Independent Living Centers, home health agencies, fiscal management agencies, or other entities and must be approved by the department.
- (2) Life Coaches must have at least 8 hours of specialized behavioral health training annually, approved by the department.
- (3) The provider may use the following options for specialty mental health training:
 - (a) use the state approved mental health training resources located at: <https://dphhs.mt.gov/amdd/mentalhealthservices/severedisablingmentalillness-sdmi-homeandcommunitybased-hcbs-waiverprogram>; or
 - (b) submit quality trainings that feature best practices or evidence-based practices to the state for approval. To submit a training to the state for approval the provider must submit supporting documentation sufficient enough to support the request to the

Community Program Officer within their region. Examples of needed documentation includes research, data, syllabus and/or detailed agenda, available continuing education units etc.

- (4) The provider must document the completion of all required training in the personnel file of the staff or in the provider's staff training file which includes the following:
 - (a) title of training;
 - (b) date of training;
 - (c) name and title of trainer;
 - (d) type or topic of the training;
 - (e) agenda of training;
 - (f) hours of training; and
 - (g) signature and date of the staff who received the training.
- (5) The provider must retain training documentation in the staff's records and submit the documentation to the department annually which includes all staff that have been employed within the past year, regardless of the current employment status.
- (6) A Life Coach providing fiscal services must be an employee of a licensed business entity and insured to deliver professional financial services. The Life Coach must have money management skills such as:
 - (a) understanding forms of money;
 - (b) setting a budget for spending and saving;
 - (c) handling credit and debt;
 - (d) planning for emergencies;
 - (e) understand how adding to income could affect disability benefits; and
 - (f) how to pay bills.

Service Requirements

- (1) A Life Coach must set goals for members based upon the SDoH assessment.
- (2) SDoH addressed with a Life Coach include:
 - (a) Economic Stability: Access to financial literacy to assist the member in building money management and budgeting skills; Access to long term employment, adult education, and job training (this may include connecting the member to the supported employment service if it identified in the Person-Centered Recovery Plan; and navigation of public services.
 - (b) Housing and Neighbors: Access to safe affordable housing and improved environmental conditions.
 - (c) Education: Access to extracurricular activities and mentoring, enrollment in job training.

- (d) Social Relationships: Social cohesion, civic participation, perception of discrimination and equity. Food and Nutrition: Regular and consistent access to healthy foods, education on nutrition and overall health impacts.
- (3) The provider must submit a quarterly report to the CMT which includes the progress on member's identified goals and the methodologies/activities used by the Life Coach to assist the member in achieving the goals.
- (4) Payee services may not be provided on the SDMI Waiver.
- (5) Life Coach Services may not duplicate services provided under Behavioral Intervention Assistant (BIA).

Utilization

- (1) Life Coach does not require prior authorization.

IN A NUTSHELL

Which service fits the members' need?

- *PAS*
- *BIA*
- *LIFE COACH*

PAS/PAA

Member has functional limitations to perform ADL/IADL or live independently.

BIA

Member is exhibiting disruptive behaviors that limits their ability to perform ADL/IADL or live independently.

LIFE COACH

Member wants to learn new skills that will increase their ability to function at higher levels within the *Social Determinants of Health*.

Program Oversight

- Performance Measure
- Documentation

Claims must have adequate documentation that services were rendered.

ARM 37.85.414
Maintenance of Records
and Auditing

Feedback and Resource

- Please send any feedback to AMDD by November 6, 2020 to hhsamdemail@mt.gov
- Draft Policies and today's presentation will be posted at:
<https://dphhs.mt.gov/amdd/mentalhealthservices/severedisablingmentalillness-sdmi-homeandcommunitybased-hcbs-waiverprogram>

Questions?