HEART INITIATIVE AND MEDICAID

WHAT IS HAPPENING?

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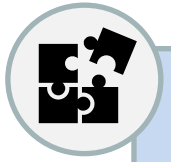
Overview

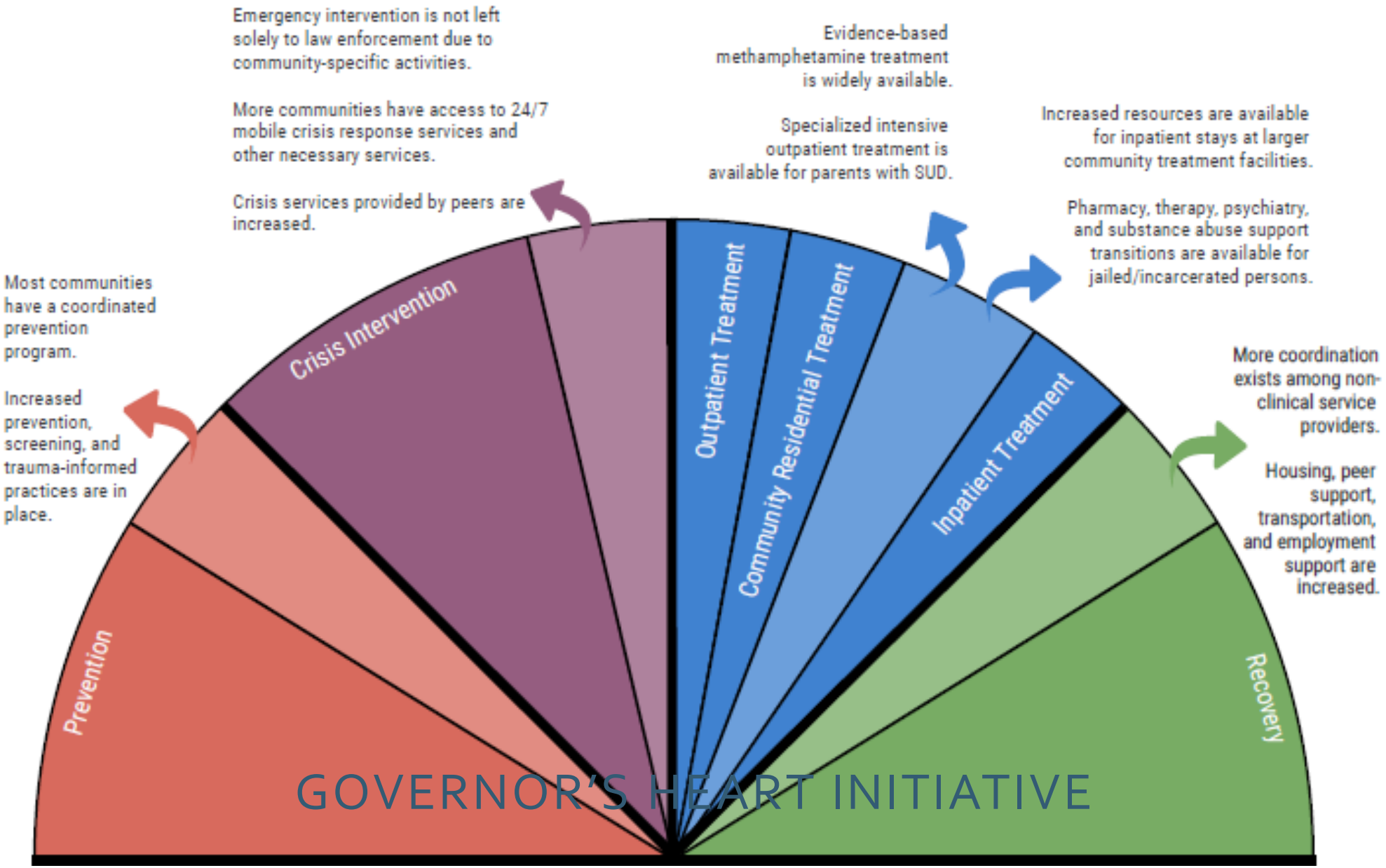
DPHHS is requesting a Section 1115 Demonstration to build upon the strides made by the state over the last decade to establish a comprehensive continuum of behavioral health—mental health and substance use disorder (SUD)—services for its Medicaid members.

This demonstration, known as the HEART Waiver, is a critical component of the state's commitment to expand coverage and access to prevention, crisis intervention, treatment and recovery services through Governor Gianforte's HEART Initiative.



While the implementation of Medicaid expansion in 2016 significantly improved access to Medicaid covered mental health and SUD services, gaps in access to critical behavioral health services remain.

The HEART Waiver builds upon the strides made by the state over the last decade to establish a comprehensive continuum of behavioral health services for its Medicaid members.



HEART initiative: AFTER

Background On Section 1115 Waiver Authority

- Under Section 1115 of the federal Social Security Act, the Secretary of Health and Human Services has authority to approve a state's requests to waive compliance with provisions of federal Medicaid law.

- An 1115 Waiver must be:
  - ✓ An experimental, pilot or demonstration project;
  - ✓ Likely to assist in promoting the objectives of the Medicaid program;
  - ✓ Budget neutral to the federal government; and
  - ✓ Limited in duration to the extent and period necessary to carry out the demonstration.

- States must provide a public process for notice and comment on proposed demonstration applications and extensions.

Source: Social Security Act (SSA) § 1115.

Addressing Care Management

DPHHS is interested in **designing a comprehensive care coordination approach embedded at the provider level** that reflects the needs of Medicaid members with behavioral health needs and is tied to aspects of implementing the HEART Initiative.

Medicaid members with behavioral health needs are mostly served now through **Targeted Case Management (TCM).**

- Targeted populations include
  - Youth with severe emotional disturbances;
  - Youth and adults with substance use disorders; and
  - Adults with severe disabling mental illness.
- TCM provides services to assist members in gaining access to needed medical, social, educational, and other services.

Features of Care Coordination

- Team based, person centered approach to **improve the overall health of enrollees across physical, behavioral health, long-term services and supports, pharmacy and other needs**
- Includes:
  - Conducting a needs assessment;
  - Development of a care plan;
  - Care coordination;
  - Ongoing reassessment and consultation; and
  - Transitional care management.

Addressing Care Management *cont'd*

DPHHS is exploring several options, which can be used separately or in combination, for how comprehensive care management could be delivered to address the needs of Medicaid members across the state with behavioral health needs.

Care Management Agency that DPHHS contracts with on a statewide basis to deliver care management.

Primary Care Based Care Management where primary care practices, including rural health centers and federally qualified health centers, that have experience with and treat Medicaid members with behavioral health needs provide care management.

Bundled Care Management payment added to specialty behavioral health treatment services. As an example, residential SUD services would include a care management payment.

HEART Section 1115 Demonstration

DPHHS is seeking a federal waiver to implement HEART initiatives over a five-year period from January 2022* through December 2026.

- **DPHHS is seeking authority through this Demonstration to authorize**:
  - Evidence-based stimulant use disorder treatment models, including contingency management;
  - Tenancy supports;
  - Services for justice-involved population 30-days pre-release; and
  - Reimbursement for short-term residential and inpatient stays in IMDs
- **DPHHS intends to add the following services to its Medicaid State Plan:**
  - SUD Clinically Managed Population Specific High Intensity Residential (ASAM 3.3) for adults only;
  - SUD Clinically Managed Residential Withdrawal Management (ASAM 3.2-WM) for adults only;
  - Home visiting services for pregnant and parenting people; and
  - Mobile crisis response services.
- **DPHHS also intends to expand allowable provider types to deliver SUD services.**
- **The Section 1115 demonstration application is the draft application. A final application will be submitted to CMS after the 60 days public notice period.**

**Pre-release services for justice-involved populations will begin in January 2023*

Evidence-based Stimulant Use Disorder Treatment Models

DPHHS is seeking authority to provide **evidence-based stimulant use disorder, including contingency management** to expand access to treatment for Medicaid members with stimulant disorder and address the rise in stimulant and methamphetamine-related deaths, hospitalizations and emergency department visits throughout the state.

Demonstration Proposal

- **Overview.** This Demonstration will expand and pilot TRUST, a **comprehensive outpatient treatment model** that combines **evidence-based interventions** including **contingency management**, motivational interviewing, community reinforcement, exercise and cognitive behavioral therapy
  - Contingency management allows individuals in treatment to earn small motivational incentives for meeting treatment goals (e.g., negative urine drug screens)
  - Contingency management **is the only treatment that has demonstrated robust outcomes** for individuals with stimulant disorder, including reduction or cessation of drug use and longer retention in treatment
- **Eligibility.** Medicaid members ages 18 and older with stimulant use disorder (e.g., cocaine, methamphetamine and similar drugs)

Tenancy Support Services

Tenancy Supports will help people with SMI/SUD who are experiencing housing instability or homelessness to find and keep stable housing.

Demonstration Proposal

Overview. This Demonstration will **provide coverage for a tenancy support services pilot program**, which will include pre-tenancy supports and tenancy sustaining services to support an individual's ability to prepare for and transition to housing, as well as assist individuals in maintaining services once housing is secured *(see next slide for more details).*

Eligibility. Medicaid members aged 18 and older with at least one of the following needs-based criteria and at least one risk factor.

- *Needs-based criteria:*
  - SMI diagnostic criteria, and/or
  - SUD
- *Risk factors:*
  - At risk of homelessness;
  - Homelessness;
  - History of frequent or lengthy stays in an institutional setting, institution-like setting, assisted living facility, or residential setting;
  - Frequent ED visits or hospitalizations;
  - History of involvement with the criminal justice system; or
  - Frequent turnover or loss of housing as a result of behavioral health symptoms.

Tenancy Support Services *cont'd*

Tenancy Supports will help DPHHS better connect people with SMI/SUD who are more likely to face housing instability and homelessness to, and maintain them, in housing.

Demonstration Proposal

Covered Services:

- **Pre-tenancy Supports.** Activities to support an individual's ability to prepare for and transition to housing, such as:
  - Completion of person-centered screening and assessment to identify housing preferences and barriers related to successful tenancy;
  - Development of an individualized housing support plan based on the assessment;
  - Development of an individualized housing support crisis plan;
  - Housing search services including assisting with rent subsidy, collecting required documentation for housing application, and assistance with searching for housing; and
  - Move-in support services such as assisting individuals in identifying resources to cover expenses related to move-in (e.g., security deposits and move-in costs) and with the move (e.g., ensuring housing unit is safe and ready for move-in).

Tenancy Support Services *cont'd*

Tenancy Supports will help DPHHS better connect people with SMI/SUD who are more likely to face housing instability and homelessness to, and maintain them, in housing.

Demonstration Proposal

Covered Services:

- **Tenancy Supports.** Services to assist individuals in maintaining services once housing is secured, such as:
  - Relationship building with the property management and neighbors through education and training on the roles, rights and responsibilities of the tenant and landlord and assistance resolving disputes with landlords and/or neighbors;
  - Assistance with the housing recertification process;
  - Coordinating with the member to review, update and modify their housing support, including the development of a rehousing plan, as appropriate, and crisis plans;
  - Advocacy and linkage with community resources to prevent eviction;
  - Early identification and intervention for behaviors jeopardizing housing;
  - Assistance with credit repair activities and skill building;
  - Housing stabilization services; and
  - Continued training and tenancy and household management.

Medicaid Benefits for Inmates in State Prisons in the 30 Days Prior to Release

Justice-involved individuals experience disproportionately higher rates of physical and behavioral health diagnoses and than people who have never been incarcerated. DPHHS is seeking coverage of limited benefits pre-release to connect individuals leaving prisons who are **particularly vulnerable to poorer health outcomes.**

Demonstration Proposal

Overview. Provide targeted Medicaid services to eligible justice-involved populations 30 days pre-release from State prisons, including

- In-reach care management services;
- Limited community-based clinical consultation services provided in person or via telehealth;
- 30-day supply of medication for reentry to community; and
- Coverage of certain medications for chronic conditions.

Eligibility. Eligible Medicaid members ages 18 and older incarcerated in a state prison with SUD and/or SMI

Waiver of the Institutions of Mental Disease (IMD) Exclusion

DPHHS is seeking federal authority to **reimburse for short-term acute inpatient and residential stays** at institutions for mental disease (IMD) for individuals diagnosed with SUD, SMI, or SED, to expand access to community-based settings, improve the quality of residential and inpatient care, reduce time spent on waitlists, and to ensure Montanans can access the right level of care at the right time.

Demonstration Proposal

- Waving the IMD exclusion will enable Montana to reinvest state savings into **expanding and improving community based behavioral health continuum,** which it is required to do as a condition of approval, including the following activities:
  - Improve **linkages to community-based care** following stays in acute care settings
  - Ensure a **continuum of care** is available to address more chronic, on-going mental health and SUD care needs of beneficiaries with SMI, SUD, SED;
  - Provide a full array of **crisis stabilization services and access to critical levels of SUD care**; and
  - **Engage beneficiaries** with SMI or SED in treatment **as soon as possible**

SUD and SMI/SED Demonstrations Implementation Plan

In accordance with CMS requirements, DPHHS will describe its approach and project implementation plan for meeting SUD and SMI/SED specific milestones.

SUD Milestones

1. Access to Critical **Levels of Care** for OUD and Other SUDs
2. Use of Evidence-Based, SUD-specific **Patient Placement Criteria**
3. Use of Nationally Recognized SUD-Specific Program Standards to Set **Provider Qualifications** for Residential Treatment Facilities
4. Sufficient **Provider Capacity** at Critical Levels of Care including for Medication Assisted Treatment for OUD
5. Implementation of **Comprehensive Treatment and Prevention Strategies** to Address Opioid Abuse and OUD, including development of a SUD Health Information Technology (HIT) plan
6. Improved **Care Coordination and Transitions** between Levels of Care

MH Milestones

1. Ensuring **Quality of Care** in Psychiatric Hospitals and Residential Settings
2. Improving **Care Coordination and Transitions** to Community-Based Care
3. Increasing **Access to Continuum of Care** Including Crisis Stabilization
4. Earlier **Identification and Engagement in Treatment** Including Through Increased Integration

Other requirements:

- Financing Plan
- Health IT Plan

HOW CAN YOU HELP?

Support the IMD Exclusion Waiver

Written public comment period 7/9/21-9/7/21

Assessment and referral to substance use disorder treatment services

Medication Assisted Treatment in the ED

Ways To Provide Public Comments

Submit public comments by email, regular mail, or in-person until midnight on September 7.

A hard copy of the draft waiver application and public notice documents are available at the DPHHS Director's Office, 111 North Sanders St, Room 301, Helena, MT.

By Phone	(406) 444-2584
By Email	dphhscomments@mt.gov
By Regular Mail	Medicaid HEART Waiver Director's Office PO Box 4210 Helena, MT 59604-4210
In Person	Public Hearings

QUESTIONS?