Montana Department of Public Health and Human Services (DPHHS)

HEART Section 1115 Demonstration

July 29, 2021

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Agenda

1. Background

2. Proposed Demonstration and Waiver Requests

3. Timeline and Submission of Public Comment

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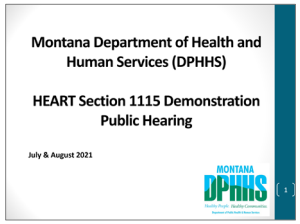
Objective of Today's Presentation

In today's presentation we will:

- **Provide an overview of Montana's efforts to improve access to behavioral health care services and supports;**
- **Review the HEART Section 1115 Waiver Request; and**
- **Provide an opportunity to ask questions and/or comment**

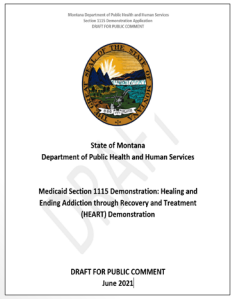
Accessing Montana HEART Materials

Information on Montana HEART Waiver can be found on the DPHHS web page:
https://dphhs.mt.gov/heartwaiver



This Presentation

The Public Notice



The Montana HEART Waiver Application

Submitting Public Comments

The HEART Waiver public comment period is currently ongoing. To be considered prior to CMS submission, public comments must be received by 11:59 MT on September 7.

Mail. Indicate "Medicaid HEART Waiver" in the address line

Department of Public Health and Human Services
Director's Office
Room 301
PO Box 4210
Helena, MT 59604-4210

Email. Indicate "Medicaid HEART Waiver" in email's subject line

dphhscomments@mt.gov

Presentation Order

1. **Background**
2. Proposed Demonstration and Waiver Requests
3. Timeline and Submission of Public Comment

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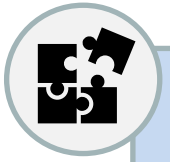
Overview

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.

This Demonstration will Support Implementation of the HEART Initiative

Overview

The HEART Initiative, included in the recently passed H.B. 701, will invest significant state and federal funding to expand the state's behavioral health continuum to:

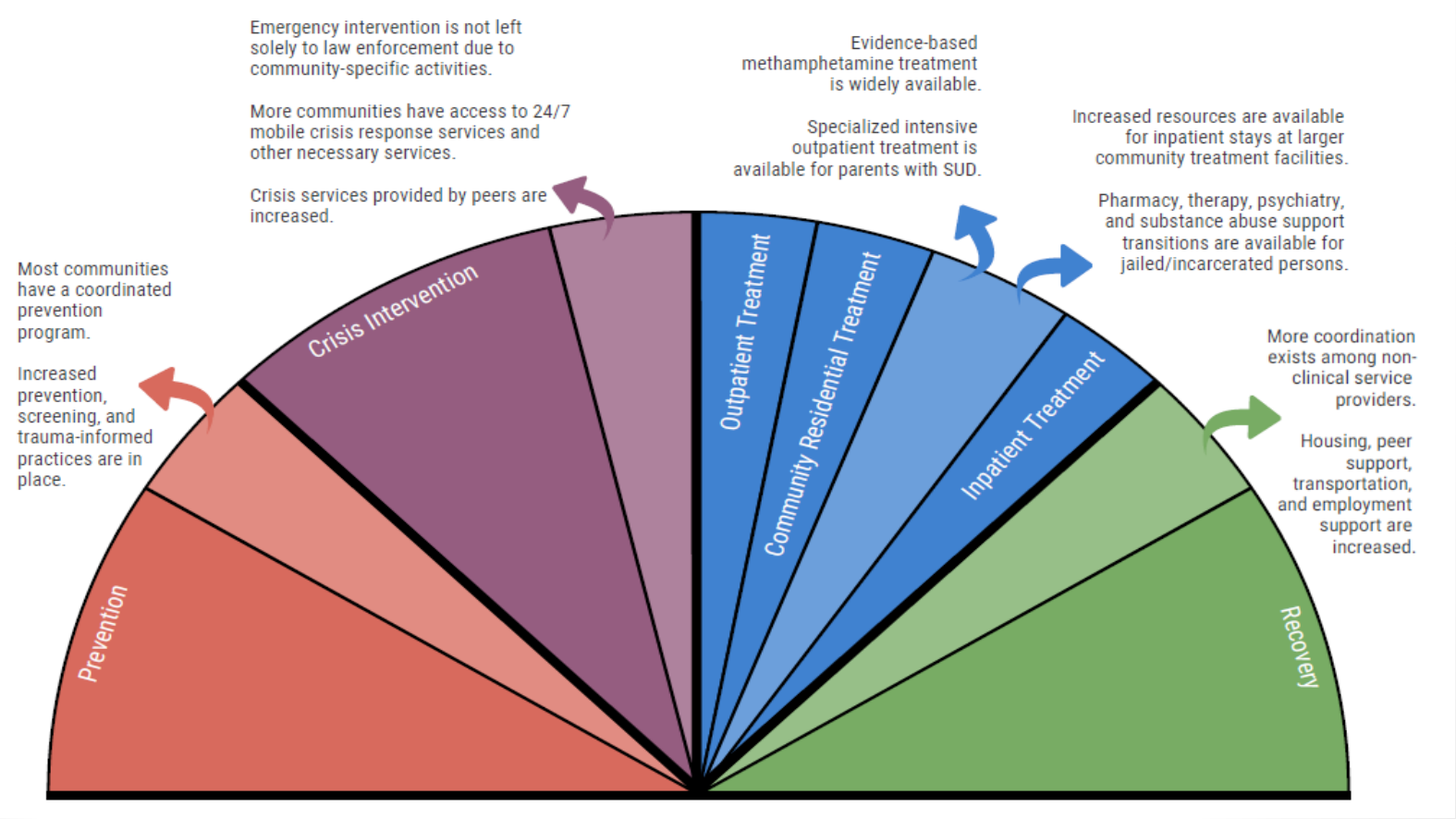
- Expand efforts to strengthen state's **evidence-based behavioral health continuum of care** for individuals with a SUD, Serious Mental Illness (SMI), or a Serious Emotional Disturbance (SED);
- Enable **prevention and earlier identification** of behavioral health issues; and
- Monitor the quality of care delivered to members with behavioral health needs all settings through **improved data collection and reporting.**

Tools

- **Substance Abuse Block Grant**
  - Medicaid expansion shifted payment for SUD treatment from grant to Medicaid, freeing up funds for the state to invest in prevention.
- **HEART Fund ($6 million in state funding)**
  - Changes to Medicaid benefit plan, including HEART Section 1115 Demonstration
  - Grants to jails
  - Grant to tribes

Continuum of Care under HEART Initiative

DPHHS' Section 1115 HEART Demonstration will enable Montana to maximize federal funding and target state spending to critical areas of the continuum of care.



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 115 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 institutions of mental disease (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*

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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 the TReatment of Users with STimulant Use Disorder (TRUST) model, 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 people with SMI/SUD who are experiencing housing instability or homelessness to find and keep stable 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 people with SMI/SUD who are experiencing housing instability or homelessness to find and keep stable 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 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.**

Demonstration Eligible Populations

- **All children ages 18-20 years old and adults eligible to receive full Medicaid benefits** under the Montana State Plan, Alternative Benefit Plan or Medicaid 1115 waivers, as well as children aged 18 eligible for the CHIP program, will be included in this Demonstration.
- Medicaid members will qualify for services outlined in this Demonstration based upon their medical and/or behavioral health need for services.
- Medicaid member eligibility requirements will not differ from the approved Medicaid State Plan, Alternative Benefit Plan and Medicaid 1115 waivers.
- **DPHHS is not proposing changes to Medicaid eligibility standards in this Demonstration application.**

Delivery System, Benefits and Cost Sharing

Health Care Delivery System and Benefits:

- **There are no proposed changes to the Medicaid delivery system as part of this application.**
- Montana plans to continue using a fee-for-service delivery system for all Medicaid services, including behavioral health services.

Cost Sharing:

- Montana currently does not apply cost sharing to any of its Medicaid members and therefore **no cost sharing will be imposed under this 1115 Demonstration.**
- All monthly premiums will be consistent with the HELP 1115 Waiver and Cost Sharing State Plan.

Enrollment Projections and Annual Expenditures

- The state is not proposing any changes to Medicaid eligibility requirements in the Section 1115 Demonstration request. As such, **the Demonstration is not expected to affect enrollment trends.**
- The authorities requested in the demonstration renewal **do not represent new spending but instead represent spending that would otherwise be expected under the Montana Medicaid State Plan**.

Projected Expenditures (in dollars)					
Expenditure Authorities	**DY 1** 1/1/22–12/31/22	**DY 2** 1/1/23–12/31/23	**DY 3** 1/1/24–12/31/24	**DY 4** 1/1/25–12/31/25	**DY 5** 1/1/26–12/31/26
IMD Exclusion for SUD	$733,032	$762,573	$793,305	$825,275	$858,534
IMD Exclusion for SMI/SED	$13,750,134	$13,887,636	$14,026,512	$14,166,777	$14,308,445
Tenancy Supports	$11,782,355	$12,257,184	$12,751,149	$13,265,020	$13,799,600
30-Days Pre-Release Coverage	$63,768	$64,406	$65,050	$65,700	$66,357
Evidence-Based Stimulant Use Disorder Treatment Models	$1,686,624	$1,737,223	$1,789,340	$1,843,020	$1,898,310
Total	$28,015,914	$28,709,022	$29,425,355	$30,165,793	$30,931,247

Requested Waiver Authority

The proposed services in the HEART Waiver will require the following authorities:

Requested Waiver Authority	Use for Waiver	Currently Approved Waiver Request?
§ 1902(a)(1) Statewideness	To enable the state to provide tenancy supports and stimulant use disorder treatment including contingency management on a geographically limited basis.	**§ 1902(a)(1)** Statewideness
§ 1902(a)(10)(B) Amount, Duration, and Scope and Comparability	To enable the state to provide tenancy supports, and stimulant use disorder treatment including contingency management that are otherwise not available to all members in the same eligibility group.	**§ 1902(a)(10)(B)** Amount, Duration, and Scope and Comparability

Requested Expenditures Authority

The proposed services in the HEART Waiver will require the following authorities:

Expenditure Authority	Use for Expenditure Authority
Expenditures related to IMDs	Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment or withdrawal management services for SUD or primarily receiving treatment for SMI, who are short-term residents/inpatients in facilities that meet the definition of an IMD.
Expenditures related to state prison inmates	Expenditure authority as necessary under the pre-release Demonstration to receive federal reimbursement for costs not otherwise matchable for certain services rendered to incarcerated individuals 30 days prior to their release.
Expenditures related to evidence-based stimulant use disorder treatment models	Expenditure authority to provide contingency management small incentives via gift cards to individuals with qualifying psycho-stimulant disorders who are enrolled in a comprehensive outpatient treatment program.
Expenditures related to tenancy supports	Expenditure authority to provide tenancy supports to qualifying individuals with behavioral health needs.

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Timeline & Next Steps

Milestones	Proposed Timeline
Conduct 60-day State public comment	***July 9 – September 7, 2021***
Public Hearing (1 of 2)	July 20, 2021 (1:00 – 3:00 PM MT)
Public Hearing (2 of 2)	July 21, 2021 (10:00 AM – 12:00 PM MT)
Tribal Consultation	August 26, 2021
Review public comments and finalize documents for CMS submission	August – September 2021
Submit HEART Waiver	***By September 30, 2021***
CMS conducts federal 30-day public comment period	October 2021
Negotiations with CMS	November- December 2021
Effective date of HEART Waiver	***January 1, 2022***

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