Oregon's Proposal for a 1915(i) Home and Community-Based Services State Plan Amendment

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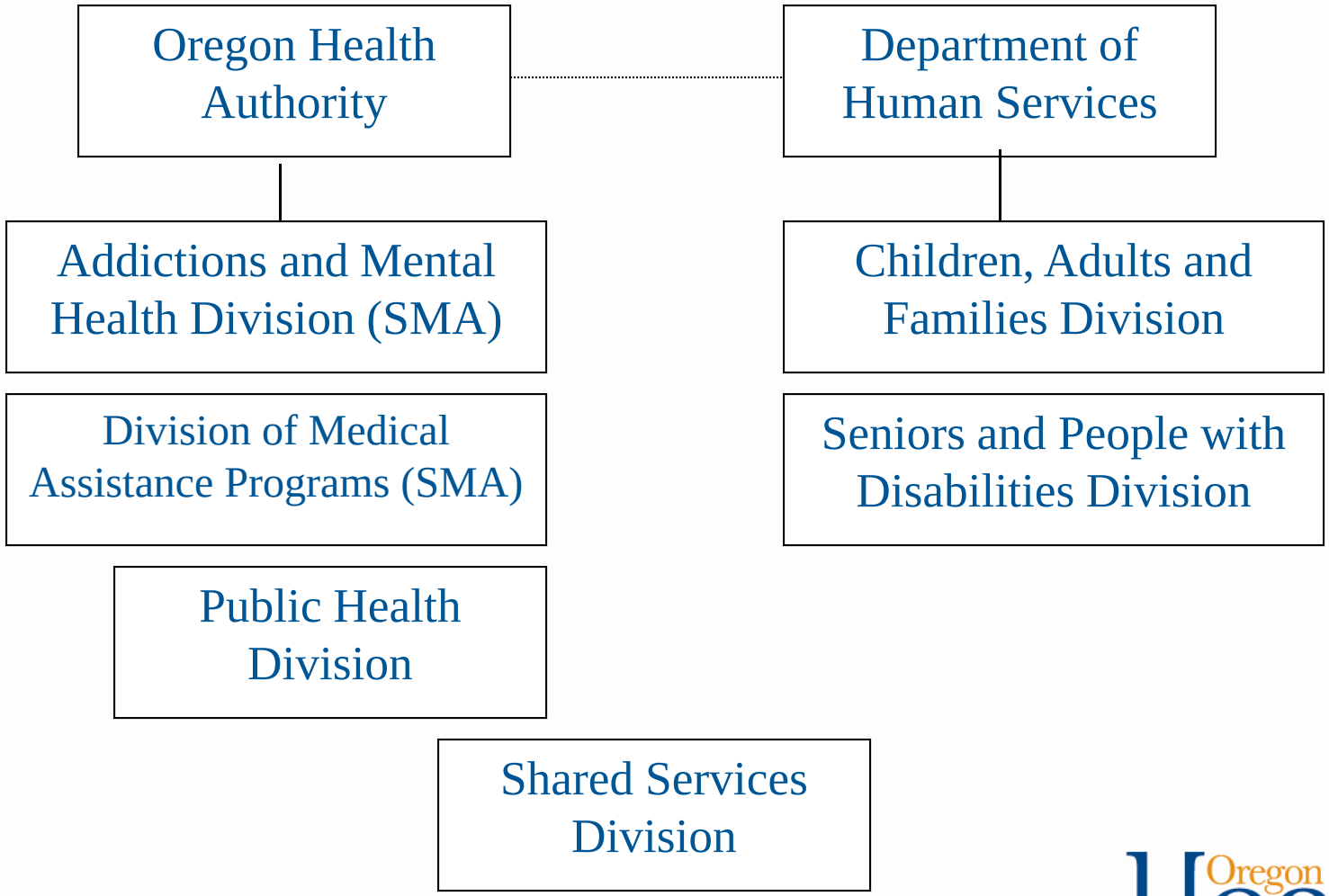
Oregon's Organizational Structure



Oregon Population Facts

- 3.8 million Oregonians (12% increase from 2000 to 2009)
- 105,500 served in publicly funded mental health system (630,000 Medicaid eligibles)
- 2,500 Residential beds
  - AFH
  - RTH/(S)RTF
- 715 State Hospital Beds on 3 campuses

1915(i) Planning in Oregon

- Seniors and People with Disabilities (SPD) assign staff to investigate opportunity
- AMH approaches SPD to be included and joint work begins
- SPD determines benefits for their intended population could be more easily achieved under current 1915(c) Waivers
- AMH proceeds as lead

Addictions and Mental Health 1915(i) Planning

- Conducted community forums to understand the ideas of our providers, individuals served and other partners
- Focused on individuals with significant personal care and mental health needs as most likely to benefit from services
- Community-based residential treatment system is currently undergoing a transformation

Licensed Community-Based Transformation Changes

- System managed by local mental health organizations (93% Medicaid enrollment) rather than state operated
- Financial reform including reimbursement based on individual's need for services
- Services focused on individual rather than program's milieu
- Residential settings defined as a temporary treatment setting for the individual rather than an individual's home.

1915(i) Objectives

- Foster Recovery in the individuals receiving services
  - Reimburse the provider based on the needs of the individual rather than the setting within which they are served
- Achieve administrative simplification for the providers
  - Utilize non-traditional reimbursement strategies such as daily, monthly or case rates
- Support a more complete system of care
  - Medically appropriate habilitative services and supports that aren't themselves intended to improve or maintain functioning may be covered

Additional strategy

Request authority to pay a Third Party

- Use local mental health organization to assure individuals are moving to most independent setting possible

Current Residential Treatment Services

Rehabilitative Services

- Assessment
- Therapy
- Case management
- Consultation
- Skills Training

Personal Care

- Basic Personal Hygiene
- Nutrition
- Medication Preparation
- Medication Management
- Cuing

State General Fund

- Services not covered by Medicaid

Proposed Residential Treatment Services

1915 (i) Home and Community Based Services

- Assessment
- Therapy
- Case management
- Consultation
- ADLs and assistance

❖ Recreation

❖ Socialization

❖ Community Survival skills

❖ Residence Acceptance / Social Interaction

Independent Review

- Oregon to use a Professional Review Organization to make eligibility determinations
  - Managed care has financial incentive to have services paid for in addition to the capitation
  - Provider has incentive as services reimbursed at a higher rate as compared to traditional outpatient
- Oregon to use the Mental Health Organization, managed care entity, to provide utilization review of medical necessity of services requested by the provider.
- Oregon clarified to CMS the state's value of integrating the service delivery with assessment and service planning.

Quality Improvement

- Similar to requirements in the 1915(c) waivers as opposed to other SPAs
- Standards are more prescriptive
  - 11 assurances for which the state must develop measures
- Oregon utilized the technical assistance through the National Quality Enterprise that CMS offered
- Working with CMS on requirements to integrate 1915(i) requirements into healthcare system requirements
- Heavy focus of CMS Region X

Oregon's QI measures

- Percent of new evaluations during the measurement quarter that are consistent with AMH's interpretation of the HCBS eligibility criteria.
- Percent of HCBS participants who received an annual redetermination within 12 months of their last evaluation when services continued for more than 12 months.
- Percent of HCBS participants' determination forms/instruments that were completed as required by the state.
- Percent of participants reviewed who had service plans that were adequate and appropriate to their needs as indicated in the assessment.
- Percent of service plans that address participants' personal goals as indicated in the clinical record.
- Percent of service plans that meet state requirements of: 1) appropriate staff; 2) reflects the involvement of the participant; and 3) includes measurable and observable intended outcomes.
- Percent of service plans that were reviewed, and (1) revised as warranted based on the participants changing needs; and/or (2) revised within 12 months of their last evaluation when services continued for more than 12 months.
- Percent of participants reviewed who received services in the type, amount, frequency and duration specified in the service plan.
- Percent of HCBS participant records reviewed with participant involvement in planning the service through the provision of information of the service to be provided, alternative services available, risk, if any, and the client's right to refuse the service.
- Percent of HCBS participant records reviewed who received the necessary health care services identified in their service plan
- Percent of HCBS complaints resolved within required guidelines
- Percent of HCBS participants who received at least one physical appointment with their FCHP during the past year.
- Percent of agency providers whose direct staff had timely criminal background and registry checks.
- Percent of Provider agencies receiving HCBS reimbursement with current license/ certificate of approval through AMH.
- Percent of provider trainings conducted in accordance with state requirements and the approved waiver.
- Percent of HCBS claims reviewed that were submitted for participants who were enrolled in the HCBS program on the date the service was delivered.
- Percent of eligibility determinations completed and responded to within established timeframes during the review quarter.
- Number of critical incidents experienced by HCBS recipients per 1,000 recipients.

Why in this economy?

Budget neutral for Oregon

- Our proposed 1915(i) SPA is a repackaging of existing services to gain efficiencies such as:
  - Administrative simplification for providers
    - Since we can not raise rates, we are looking for ways to meet the needs of the individual in more cost effective ways by reducing administrative requirements
  - Payment Reform
    - Use matched Medicaid funds when appropriate
    - Daily, monthly and case rates

Economy continued

- Delivery System Efficiency
  - Use existing Medicaid Managed Care System to increase the number of individuals living independently and decrease the length of stay in licensed 24hr/7day settings
  - Increase the number of individuals receiving services with existing provider capacity
  - Increase the accountability of the community in following up with individuals discharged from State operated institutions including those individuals covered by the Olmstead decision

Partnering with CMS

- Submitted transmittal form and 1915(i) Plan in mid August
- Had informal conversation with CMS mid-September and received formal questions
- CMS requested that we rescind our application to allow work to continue “off the clock”
- Communications both in writing and in scheduled weekly telephone conferences
- Informal requests for additional information and clarification continue

Implementation Planning

- After approval, Oregon plans to:
  - Hold additional community forums to discuss the 1915(i) as approved
  - Work with partners to develop a locally influenced implementation plan
  - Disseminate information to service recipients and providers on implementation of HCBS services

Lessons Learned

- Wish we would have started the process with more understanding of 1915(c) waiver programs operated by Oregon.
- Wish we would have anticipated more accurately the length of time negotiations to reach approval with CMS would take.
- Wish we could have anticipated more accurately the changing landscape:
  - Affordable Care Act
  - 1915(c) Proposed Regulations

Questions and Answers