

Social Security Act Non-Grant Funded Options for Sustainability for Care Management Entities & Wraparound Service Delivery Models

June 2011

Note: Depending on the current structures, State Plan, and priorities of the State, all of these options will not be available or feasible to each State.

Medicaid—Title XIX¹

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

States are required to cover regular and periodic exams for all eligible children under age 21 and provide any medically necessary services prescribed by the exams, even if they are not covered by the state's Medicaid plan.

Psychiatric Rehabilitation Option

One of the options in Medicaid that incorporates rehabilitative, community-based services to individuals with psychiatric and co-occurring psychiatric-substance abuse diagnoses. Also known as the Medicaid Rehabilitation Option or MRO.

Targeted Case Management

Case management services that will assist individuals eligible under the state Medicaid plan in gaining access to needed medical, social, educational and other services.

Fee-for-Service & Essential Benefits Package

Individual services available under the state's Medicaid plan for those who meet medical necessity criteria. Under health reform, HHS is defining the essential benefits that should be required in all plans under the Health Exchanges as well as under all State Plans.

Waivers:

1915(b)

Waiver authority that permits states to implement a primary care case-management system or a specialty physician services arrangement which restricts the provider from (or through) whom an individual can obtain medical care services (other than in emergency circumstances), if such restriction does not substantially impair access to such services of adequate quality where medically necessary and share (through provision of additional services) with recipients of medical assistance under the State Plan cost savings resulting from use by the recipient of more cost-effective medical care.

1915 (c)

^{1 1} Information obtained from multiple sources including Armstrong, Pires, McCarthy, Stroul, Wood, & Pizzigati (2006); SMDL #10-013; Social Security Act; Administration for Children and Families website; and presentations at the CMS Community-Based Alternatives for Children and Youth 2010 National Conference.

Waiver authority that permits states provide services based on the determination that but for the provision of such services the individuals would require the level of care provided in a hospital or a nursing facility or intermediate care facility for the mentally retarded that would have been provided under the State Plan. Rules regarding statewideness, comparability, and income and resources limits can all be waived.

1915 (i)

Waiver authority that permits states to provide home- and community-based services to a specified population of individuals based on needs-based criteria. States cannot limit the number of participants or waive statewideness, but they may target multiple different populations and the criteria do not have to be tied to institutional levels of care or cost neutrality. While individuals served in this new eligibility group must be eligible for home and community based services under a 1915(c), (d), or (e) waiver or 1115 demonstration program, they do not have to be enrolled and receiving services in either waiver program. For this eligibility group, States are also permitted to use institutional eligibility and post-eligibility rules in the community, in the same manner they would under a 1915(c) waiver. There can be multiple benefit packages based on the eligibility criteria established.

1115

Waiver that gives HHS broad authority to authorize experimental, pilot, or demonstration projects likely to assist in promoting the objectives of the Medicaid statute. Flexibility under Section 1115 is sufficiently broad to allow states to test substantially new ideas of policy merit. These projects are intended to demonstrate and evaluate a policy or approach has not been demonstrated on a widespread basis. Some states expand eligibility to individuals not otherwise eligible under the Medicaid program, provide services that are not typically covered, or use innovative service delivery systems. Projects are generally approved to operate for a five-year period, and states may submit renewal requests to continue the project for additional periods of time. Demonstrations must be "budget neutral" over the life of the project, meaning they cannot be expected to cost the Federal government more than it would cost without the waiver.

Money Follows the Person

Provides enhanced federal match for 365 days for qualified home and community based services for each qualified individual transitioned from a qualified institution to a qualified community setting. The individual must reside (and have resided) for a period of not less than 90 consecutive days in an inpatient facility – which may include PRTFs. The individual may be either community Medicaid-eligible or institutionally eligible (i.e. family of one). Services include home and community-based services, demonstration services, and supplemental services. The enhanced match must be used to support a rebalancing initiative.

Health Home Pilot

Provides 90% Federal Medical Assistance Percentage (FMAP) for two years for health home-related services of comprehensive care management, care coordination and health promotion, comprehensive transitional care, referral to community and support services, and use of Health Information Technology (HIT) to link services. The requirement for statewideness is waived and states can target specific populations based on diagnosis. It is unlikely that states will be able to target populations by age, but can target by diagnosis. The enhanced FMAP is only for

the first eight quarters after implementation, so states should be ready to fully implement prior to drawing down any enhanced FMAP to ensure greatest benefit. After first eight quarters, FMAP returns to regular rate.

Social Services Block Grants—Title XX

Social Services Block Grant (SSBG) funds are to enable each state to furnish social services best suited to meet the needs of the individuals residing within the state. Such services may be, but are not limited to: daycare for children or adults, protective services for children or adults, special services to persons with disabilities, adoption, case management, health-related services, transportation, foster care for children or adults, substance abuse, housing, home-delivered meals, independent/transitional living, employment services or any other social services found necessary by the State for its population. Each state determines the services that will be provided and the individuals that will be eligible to receive services. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.

Sustainability Option	Do we currently use this option at all (for any population, incl. the PRTF population)? If yes, how?	How could this option be used to impact the population of youth we serve under the PRFT Demonstration?			Is this a realistic option for our state? Would it help us to achieve our goal of sustainability for the PRTF Demonstration?
		Would we be able to serve the same financially eligible youth?	Would we be able to serve the same youth based on medical necessity?	Would we be able to serve youth for the same length of time?	
EPSDT					
Psych Rehab Option					
Targeted Case Management					
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