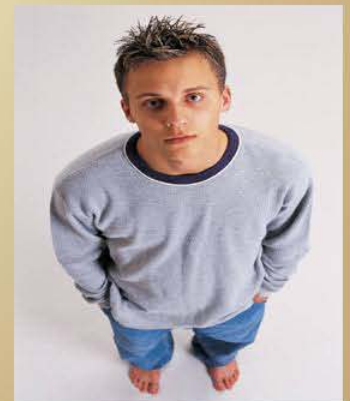
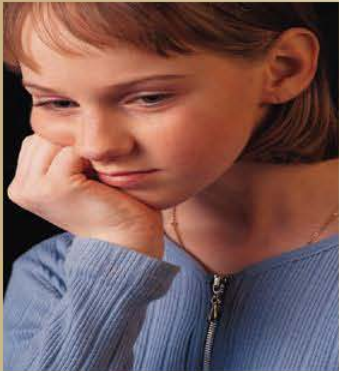


Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant Program November 2011

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Transformation



Psychiatric Residential Treatment Facilities (PRTF)

- The definition of a PRTF and subsequent regulations regarding the implementation of this benefit are prescribed in the Psychiatric under 21 benefit.
- PRTFs must comply with Conditions of Participation on the use of restraint and seclusion.



Purpose of the Demonstration

§ 6063 of the Deficit Reduction Act of 2005

- To allow demonstration States to provide home & community-based waiver services (HCBS) as an alternative to institutionalization in PRTFs.
- PRTFs are not recognized as a institutional level of care under the 1915 (C) wavier authority.
- This demonstration permits states to use the HCBS waiver program/authority to provide HCBS services to children and youth in the community who are enrolled in this demonstration.

Purpose of the Demonstration

- To help States to divert children from admission to a PRTF level of care, if home and community-based services are available to serve them
- To keep children and youth in their homes and communities with HCBS services they require to help prevent institutionalization and reinstitutionalization.

Appropriations

\$217 million in Grant funds through FY 2011,
\$1 million for the National Evaluation Contract
All but approximately \$5,000 was awarded.



This demonstration provided for Federal medical assistance percentage (FMAP) to the States for services and administrative costs that are approved under the demonstration for qualified home and community-based services. The final awards under the grant were made this fiscal year.










CMS awarded States between \$6 million and \$57 million over the five year demonstration period to each State.

Demonstration Time Frame

- The waivers, began upon approval of the 1915(c) waiver applications in FY 2007 and 2008. Funding will be available to provide for waiver services through fiscal year 2012 and payment of those services through FY2014.



State Demonstration Sites

<i>Maryland</i>		<i>Mississippi</i>	
<i>Virginia</i>		<i>Indiana</i>	
<i>South Carolina</i>		<i>Kansas</i>	
<i>Alaska</i>		<i>Montana</i>	
<i>Georgia</i>			

Number of Children Served

**Presently there have been over
4,500 children
enrolled.**

**It is anticipated that over 1,500 more children will be
served in year 5
Average length of stay is less than 365 days.**

Demonstration Objectives

- Test the effectiveness in improving or maintaining a child's functional level in the community in relation to a residential setting.
- Test the cost effectiveness of providing HCBS alternatives for children and youth enrolled in the Medicaid program under Title XIX, in relation to the costs of providing services to children and youth in a PRTF.

Demonstration Results through Year 3

- The FY 2011 National PRTF Evaluation report documents that:

There is strong evidence that the Demonstration services cost substantially less than the institutional alternatives. In most cases, waiver costs were 20 percent of the average per capita total Medicaid costs for services in institutions, an average per capita saving of \$20,000 to \$40,000,

Demonstration Results through Year 3

In response to the first question set by Congress, overall, the Demonstration has had measurable successful outcomes. Children and/or youth have either maintained or improved their functional status while in the Demonstration.

1). Children show statistically significant improvements across time in the domains of mental health and juvenile justice.

Demonstration Results through Year 3

2) We also observed the maintaining of functioning for school and family.

3) Data showed the maintaining and/or deterioration in only one domain: alcohol and other drug use. There is some evidence that an improvement in substance abuse behavior may require different strategies and that these strategies are now being examined to help influence better outcomes in reducing relapse of substance abuse as the Demonstration continues.

Demonstration Results through Year 3

4) Children with the most severe functional impairments based on their baseline functional assessment scores show statistically significant improvement across almost all domains and over time . This finding is consistent across all functional assessment instruments- CAFAS, CANS and CBCL.

*The Child and Adolescent Needs and Strengths (CANS)
Child & Adolescent Functional Assessment Scale (CAFAS)
Child Behavioral Checklist (CBCL)*

Continuity of Medicaid Coverage

Upon termination of a demonstration project for the children enrolled on the last day of the demonstration, a State may choose to:

- Continue to provide medical assistance for coverage of home and community-based alternatives to PRTF for the child in accordance with section 1915(c) of the Social Security Act.
- Expenditures incurred for providing such medical assistance shall be treated as a HCBS waiver program under section 1915(c) of the Act for purposes of payment under section 1903 of the Act.

Serving children & youth beyond the Demonstration

States who have a Money Follows the Person Grant Demonstration Program (MFP) may revise their Operational Protocols to include serving children institutionalized in PRTFs using the following options to meet continuity of care requirement after 365 days in MFP.

- Create a 1915c waiver for those participants on the waiver on the last day**
- Develop a 1915i State Plan amendment**
- Transition children into State Plan Services**

Serving children & youth beyond the Demonstration

- **Create a 1915i State Plan Amendment without the overlay of an Money Follows the Person Demonstration Grant program.**
- **Amend the State Plan to add specialized services from the demonstration waiver**
- **Provide the specialized services developed under the demonstration with State only dollars.**

PRTF CMS Contact

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More Information;

http://www.cms.gov/CommunityServices/25_PRTF.asp#TopOfPage



Children with Co-occurring developmental and emotional disorders

- ❑ Co-morbidity is very common
- ❑ Often not identified, so often not addressed
- ❑ At system level, most difficult and very expensive to serve. Services provided across the child serving systems (DJJ/Child welfare/Education/DD/MH) These children are high cost/high users of services
- ❑ These children are constantly in and out of emergency rooms, residential and inpatient services. Their length of stay is greater when admitted to institutional beds
- ❑ Burden on families that try to keep their children at home without coordinated services

High prevalence of psychiatric disorders in children with ID

- Prout (2005) reviewed sixteen studies that reported between 25% and 48%
- Dykens (2000) cites studies that give estimates from 10-70%
- Einfeld, et. al. (2006) in Australian study of children with ID, 31-41% had major psychopathology or definite psychiatric disorder at start

Significant issue among children referred for MH services

- About 8.5% enrollees in the SAMHSA System of Care sites (with serious emotional disorders) also had DD (total N = 29,594) (Carleton, ., ICFI, 2010)
 - significant learning disabilities
 - intellectual disabilities
 - autism spectrum disorders
 - Many with multiple diagnoses.

Access to Appropriate Services and Eligibility

- Screening is inadequate, resulting in lost opportunities for early identification of these disorders and for prevention of unnecessary and costly institutional placements.
- Often, restrictive eligibility criteria preclude children with these dual diagnoses from receiving needed services. For example, in some places the mental health system will not accept children with mental retardation, and in others the developmental disabilities system will not accept children with mental health issues.
- Other restrictive eligibility criteria may relate to IQ or age.
- Continuity of care is a major issue across age transitions—from early childhood to school age or from adolescence to adulthood.
- In addition, families are not adequately involved in decision making around services for their children.
- Access to services is further impaired by waiting lists for services
- Many times families face custody relinquishment to get services in the community.

Effective Cross-System Approaches

- Children's services should be integrated across agencies
- Provide Integrated care coordination
- Commitment to interagency planning
 - Team building process
 - Language and culture
- Standing committees for multi-system cases

With a coordinated, person-centered approach we can effect change





Money Follows the Person: Advancing Community Living through Systems Transformation

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MFP: Program Overview

Significant investment in Medicaid LTC

- Section 6071 of the Deficit Reduction Act of 2005 provided \$1.75 billion over 5 years through awards in 2011.
- The ACA amends the DRA and provides **an additional** \$2.25 billion through Federal Fiscal years (FFY) 2016. Any unused portion of a State grant award made in 2016 would be available to the State until 2020.

Part of a comprehensive, coordinated strategy to assist States, in collaboration with stakeholders, to make widespread changes to their long-term care services and support systems.

Principal Aims

- ❑ **Reduce** reliance on institutional care
- ❑ **Develop** opportunities for community-based long-term care
- ❑ **Enable** people with disabilities to participate fully in their communities
- ❑ **Create** a more balanced long-term care system



Goals of MFP

- ❑ Transition **qualified individuals** from **qualified institutions** to **qualified community-based residences**.
- ❑ Rebalance the long-term care system from being institutionally-based and provider-driven to “person-centered” and consumer-controlled.
 - **Eliminate barriers or mechanisms that restrict the use of Medicaid funds so that individuals receive support for LTC services in settings of their choice**
 - **Goal of increasing HCBS rather than institutional, long-term care services**
- ❑ Assure HCBS quality procedures are in place and provide for continuous quality improvement.



Home- and Community-Based Services (HCBS)

- ❑ **Qualified HCBS:** HCBS state plan and waiver services that beneficiaries would have received regardless of his or her status as an MFP participant.
- ❑ **Demonstration Services:** Optional services that States may opt to cover under existing Medicaid authorities but have not done so yet under their HCBS waivers or state Medicaid plan.
- ❑ **Supplemental Services:** One-time or limited-duration services associated with transitioning to the community and would normally not be covered by Medicaid.



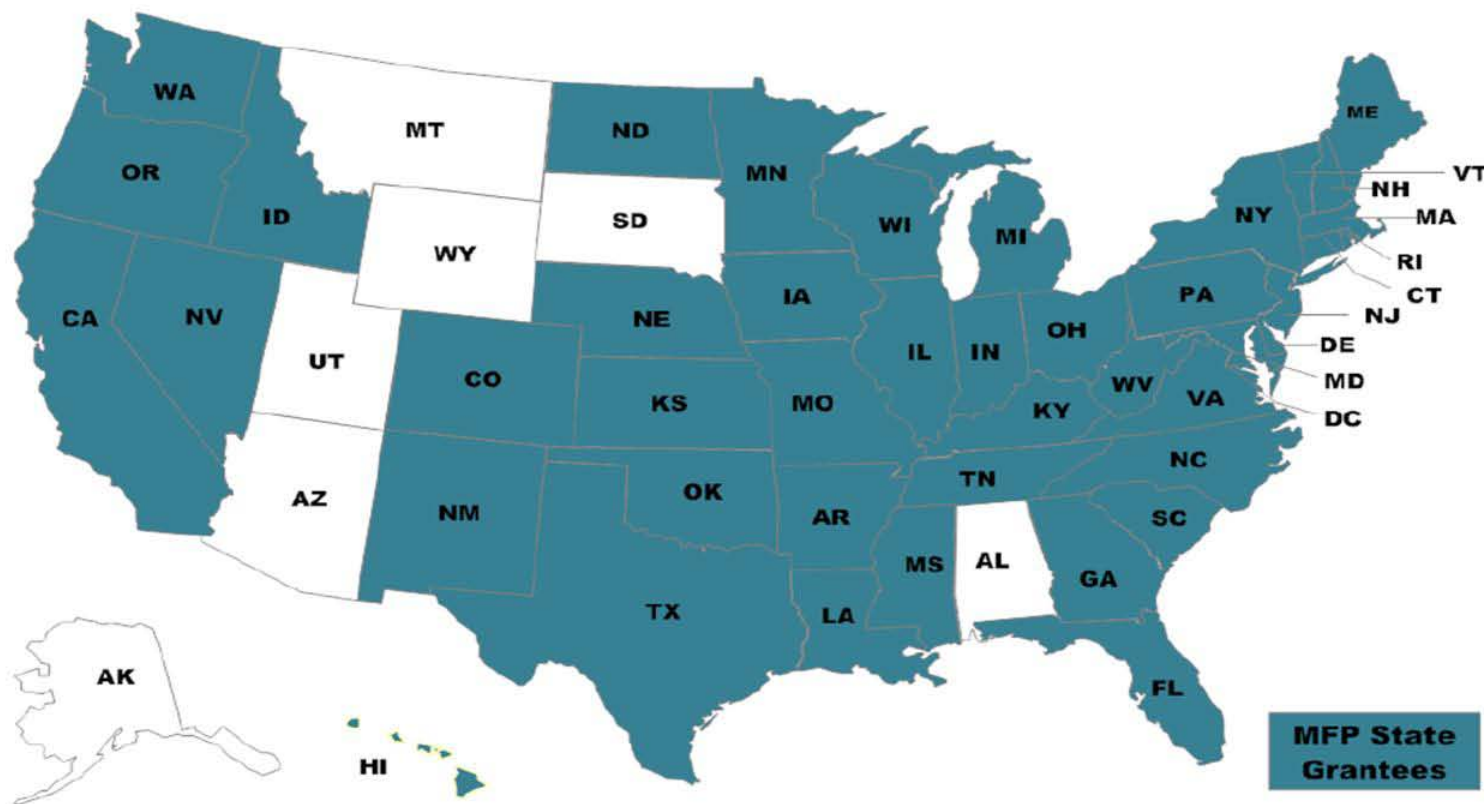
Demonstration Services

- ❑ 24-Hour Nurse Helpline
- ❑ 24 Hour In-home Monitoring
- ❑ Telemedicine
- ❑ Intense Transitional Management
- ❑ Social habilitation / community integration counseling
- ❑ Consumer / family / caregiver education on HCBS
- ❑ Intensive home modification & assistive technology
- ❑ Transition Service (start up costs)
- ❑ Behavioral Crisis Management Services



Money Follows the Person Rebalancing Demonstration Program 43 States & the District of Columbia

(As of February 28, 2011)



MFP State Grantees

Supporting Community Living

To date, close to than 15,800 have transitioned from institutional settings to home and community-based settings:

- Former nursing home residents < 65 are largest group of MFP participants.**
- Sixty-four percent of MFP participants are working age adults (21-64).**
- Men and women are equally represented in the program.**
- By CY2016, close to 67,000 individuals will have transitioned to home and community based settings.**



Additional Information



CMS MFP Website

[www.cms.gov/CommunityServices/20_MFP.
asp](http://www.cms.gov/CommunityServices/20_MFP.asp)

MFP Technical Assistance Website

www.mfp-tac.com

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