

Connecticut Department of Mental Health and Addiction Services

*Presentation To The Medicare Care Management
Oversight Council ABD Subcommittee*

April 29, 2011

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Home and Community Based Waiver Services

Home and Community Based Waiver Services

- DMHAS/DSS were approved by CMS for a mental health waiver start date on April 1, 2009
- Provides services for individuals with serious and persistent mental illness
- Permits community based care in lieu of institutional (nursing home) care
- Goal: 72 people per year x 3 years = 216 total people

Home and Community Based Waiver Services

- Individual funding cannot be any more than what is being paid for nursing home care
- 85 individuals enrolled to date with 20 engaged in planning
- Average age of participants = 53
- Average service plan cost = \$63,386

Waiver Services

- **Assertive Community Treatment (ACT)** – intensive clinical and rehabilitative care provided by an interdisciplinary team.
- **Community Support Program (CSP)** – a flexible, team-based approach to community rehabilitation.
- **Peer Support** – a “step-down” and follow-up to ACT or CSP provided by a trained and certified peer specialist (i.e., a person who understands mental illness and recovery from his/her own personal experience).

Waiver Services

- **Supported Employment** – an effective array of mental health supports designed to help participants find and sustain competitive employment.
- **Recovery Assistant** – homemaker, companion, personal care, and in-home respite services designed to help a participant maintain his/her own home.

Waiver Services

- **Transitional Case Management** – services provided during the weeks prior to, and immediately following discharge from a nursing home, to help locate and set up a suitable apartment or other living arrangement.
- **Short Term Crisis Stabilization** – services designed to stabilize a participant in an emerging crisis situation.

Waiver Services

Other Ancillary Services:

- Specialized Medical Equipment
- Home Accessibility Adaptations
- Non-medical Transportation

Autism Waivers

Autism Waiver Target Population

- DDS Adults who are currently receiving services in the Adult Service Pilot Program and meet waiver eligibility
- DCF children receiving DCF services who meet waiver eligibility
- DMHAS adults who are currently receiving services from DMHAS and who meet waiver eligibility

Eligibility

- Have a diagnosis of an autism spectrum disorder
- Be developmentally delayed in 3 areas of major life activity
- Have an IQ = or > 70
- Be on Medicaid
- Be a CT resident
- Impairment prior to age 22
- Impairment expected to continue indefinitely

Services and Supports

- There are 3 Tiers in the Autism Waiver
- Tier 1-least amount of services needed, cap of \$35,000.
- Tier 2 - increased availability of services, cap of \$80,000.
- Tier 3- most intensive services provided, over \$80,000.

Services and Supports

- Tier 1: 7 clients in year 1, \$227,498 annual cost.
- Tier 2: 10 clients in year 1, \$658,980 annual cost.
- Tier 3: 4 clients in year 1, \$1,006,811 annual cost.
- Total: 21 clients in year 1, \$1,893,289 annual cost

Services and Supports

Tier 1 Services

- Services used to support the highest functioning clients.
- It is expected that the majority of clients will utilize the following services:
 - Life Skills Coach
 - Personal Supports (Mentor)
 - Supported Employment
 - Job Coaching

Services and Supports

Tier 2

- Clients at this level will utilize similar services as Tier 1 but will also have additional needs. It is anticipated that most clients will utilize the following services:
- Life Skills Coach
- Personal Supports (mentor)
- Job Coach
- Supported Employment
- Clinical Behavioral Supports
- Community Transition Services

Services and Supports

Tier 3

- The clients in Tier 3 require the most support and skills teaching. It is expected that most clients will utilize the following services:
 - Continuous Residential Supports
 - Job Coaching
 - Supported Employment
 - Clinical Behavioral Supports
 - Community Transition Services

Primary and Behavioral Health Pilot Integration Initiatives

Challenges in Seeking Health Care

- Limited available transportation
- Some Primary Care Providers unwilling to accept Medicaid
- Limited knowledge of health care needs and resources available
- Limited community supports to assist in connecting to care

Primary and Behavioral Health Pilot Integration Initiatives

- 2 Pilot Initiatives with 4 PNP local mental health agencies:
 - Communicare: Birmingham Group, Bridges, Harbor Health
 - Community Mental Health Affiliates (CMHA)
- Funding awarded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to integrate primary and behavioral health services

Pilot Models

- **Communicare model:** includes co-location of primary care services within each of the three (3) local mental health agencies, in partnership with a federally qualified health center (FQHC) – Cornell Scott Hill Health Center.
- **CMHA model:** includes partnering with a The Hospital of Central Connecticut for primary care integration.

State-Operated Pilot Initiatives

- Two (2) State-Operated local mental health authorities (LMHAs):
 - Southwestern CT Mental Health System's Dubois Center in Stamford
 - Western CT Mental Health Network in Waterbury
- Partnership with federally qualified health centers (FQHCs) to co-locate primary care services within the LMHA service site.
 - Optimus Health Care in Stamford
 - StayWell Health Care in Waterbury

Questions