

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: June 19, 2012

TO: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: From the Director, Department of Health and Human Services, Requesting Permission for Milwaukee County to be Added to the State of Wisconsin - Department of Health Services Medicaid State Plan Amendment for Community Recovery Services

Issue

Milwaukee County currently provides Community Support Programs (CSP) as its only psychosocial rehabilitation benefit for Medicaid eligible individuals. Targeted Case Management (TCM) is also available to a “targeted” population of persons with a severe and persistent mental illness and all individuals within that group are eligible to receive that service. CSP is the most comprehensive and intensive community treatment service model and TCM provides primarily referral and monitoring services that include coordination of community-based services. There is a very wide clinical gap between these two services, and for the past few years the Behavioral Health Division (BHD) has been exploring the addition of another psychosocial rehab benefit to smooth the transition between CSP and TCM and create a “ramp” instead of a very large step down in service intensity and delivery. This report is requesting permission to take the first step toward adding Community Recovery Services (CRS) to the array of community services BHD provides.

Background

In 2010, the Health and Human Needs (HHN) Committee heard an informational report from BHD on the benefits and concerns of adding a new CRS, 1915(i), to the continuum of community-based services. This was also at the time when 1915(i) became an entitlement due to the introduction of the Affordable Care Act (ACA) instead of a “capped” Medicaid benefit as it was originally conceived. The entitlement aspect of this benefit led the HHN committee to request further exploration by BHD on ways of limiting the county’s fiscal exposure due to the potential high number of eligible individuals within the county. Because the ACA made CRS an entitlement, the State Department of Health Service (DHS) proposed moving CRS from a 1915(i) waiver to a § 1937 Benchmark Plan via a state plan amendment (SPA) of the Wisconsin Medicaid plan. Since the ACA eliminated the enrollment caps and geographic targeting, a § 1937 Benchmark Plan can potentially add both back. DHS has requested that interested counties submit a letter to them indicating their desire to be included in CRS by July 1, 2012.

A § 1937 Benchmark SPA was submitted by DHS in November 2011 and is currently undergoing revisions for submission to the Centers for Medicaid and Medicare (CMS) services later in July 2012. The State is holding their SPA until after the July HHN Committee meeting to determine if Milwaukee County will be participating in CRS. Some of the differences between the original 1915(i), Post ACA 1915(i) and the § 1937 Benchmark SPA are listed below:

1915(i) Classic	Post – ACA 1915(i)	Proposed CRS 1937 Benchmark Plan
Enrollment Caps	No Enrollment Caps	Enrollment Caps*
Geographic Opt-out	Statewide	Geographic Opt-in
Children & Adults	Children & Adults	Age 14 & Older
<= 150% FPL	<= 150% FPL	<= 150% FPL
CCS Functional level	COP Functional level	CCS or COP Functional level**
Rehabilitative and Habilitative Services	Rehabilitative and Habilitative Services	Rehabilitative Services only

*Unresolved with CMS.

**Will be based on participating county consensus and may be contingent upon CMS’ decision regarding enrollment caps.

Note: “Rehabilitative” services is the process of relearning skills lost through disease or injury, versus “Habilitative” services, the process of acquiring new skills.

Discussion

Approximately 7,000 clients are receiving community-based mental health or substance use disorder services on a daily basis from BHD in Milwaukee County. Initial estimates identified 1,760 current BHD clients that meet the criteria for CRS. Due to the high number of individuals eligible for this benefit, administering CRS is very similar to a managed care program like Family Care. There is an automatic risk reserve statutorily allowed for Family Care yet nothing similar for psychosocial rehabilitation benefits. In May, 2012 the BHD Administrator, BHD staff and Milwaukee County stakeholders met with the State Department of Health Services Administrators from the Divisions of Health Care Access and Accountability and Mental Health and Substance Abuse Services to discuss ways to reduce the County’s fiscal exposure by adding an additional psychosocial rehab benefit and there was a willingness from the State to work with Milwaukee County to address these concerns. Ideas include the development of a risk reserve similar to Family Care. A letter requesting the establishment of a risk reserve was sent to Department of Health Services Secretary Dennis G. Smith (see attached). Obviously, the County Board needs to provide us with approval before moving forward with this program, but we wanted to get some assurance from the State to allow us to set-up a reserve to help mitigate our financial exposure if the board gives grants us authority to move forward.


In addition, the Mental Health Redesign Task Force has recommended strengthening community services and pursuing CRS is a step in that direction. CRS adds a service array that doesn't currently exist by including Supported Employment, Community Living Supportive Services, and using peers as providers. Implementing CRS allows BHD to move the model from sustaining care to a recovery-oriented system of care. In addition, it begins the creation of a true continuum of care in community-based services and adds needed services for clients currently participating in CSP and TCM and creates a recovery path.

Recommendation

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to allow Milwaukee County to be added to the State of Wisconsin - Department of Health Services Medicaid State Plan Amendment for Community Recovery Services.

Fiscal Effect

There is no direct tax levy impact related to this action. A fiscal note form is attached.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
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