

Implementing a Medicaid 1915(i) Program for Adults with Severe and Persistent Mental Illness in Ohio

Introduction

As a result of the new single disability determination process proposed in the Executive Budget, people whose income will be above the Medicaid needs standard adopted under the new system will no longer be eligible for Medicaid. A significant number of these individuals are adults with severe and persistent mental illness (SPMI). These Ohioans will have access to basic health care services through Medicare or private insurance. However, neither Medicare nor private insurance pay for a range of service coordination and community support activities currently covered in the Medicaid program. To ensure continued access to these services, Ohio Medicaid is preparing a state plan amendment under section 1915(i) of the Social Security Act to provide eligibility for adults with SPMI who meet the financial, clinical, needs, and risk eligibility criteria specified below. These new eligibility requirements will be in effect in January 2016.

Eligibility and Assessment Requirements

Financial: Adults 21 years and older whose income does not exceed 300% of the SSI payment amount and a \$20 personal needs disregard (\$2,219 in CY 2015) will be financially eligible for 1915(i) services. Disabled adults whose income is below the SSI payment amount plus a \$20 personal needs disregard (\$733+\$20=\$753) and who are within resource limits and meet all other requirements will be eligible under the Medicaid eligibility category for people with disabilities.

Clinical and Needs: Clinical eligibility requirements include diagnostic and needs assessment criteria. Eligible individuals will be adults 21 years and older with a diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders-Severe. In addition, these individuals must also have a minimum score of 2 on at least one of the items in the “behavioral health needs”, “risk behaviors”, or “life domain functioning” sections of the Adult Needs and Strengths Assessment (ANSA) tool.

Risk: Risk criteria is included as a factor for potential 1915(i) eligibility. Risk criteria will include potential loss of eligibility for Medicaid but for the provision of HCBS plan services to sustain community living - 1915(i) eligibility will be targeted to those people who are not otherwise eligible under another Medicaid category.

Current estimates project about 4,000-6,000 individuals will meet the 1915(i) eligibility requirements.

Clinical assessments will be conducted by community mental health agency clinical staff. Needs assessments for potentially eligible individuals will be conducted by Person Centered Care Planners (PCCPs) within a community mental health agency that are distinct from clinical staff.

Both the clinical and needs assessments as well as the person centered plan of care must be validated by an independent entity contracted with the Department of Mental Health and Addiction Services.

1915(i) Services

Covered 1915(i) services include the following:

- Recovery Management and Behavioral and Primary Healthcare Coordination;
- IPS Supported Employment; and
- Peer Recovery Support.

Recovery Management and Behavioral and Primary Healthcare Coordination services will be provided by PCCPs. All three of these services will be subject to person centered planning and conflict of interest requirements of the new federal Home and Community Based Services (HCBS) regulations.

Because of the HCBS conflict of interest requirements, community mental health agencies performing the clinical and needs assessments cannot also provide the IPS Supported Employment and Peer Recovery Support services, unless that agency is the only entity within the region available and willing to provide those services.

The Independent Entity validating the assessments will also train and certify PCCPs on the ANSA tool and patient centered care planning, authorize services, and perform utilization review and quality improvement functions.

1915(i) State Plan Amendment

The 1915(i) State Plan Amendment will be issued for public review and comment not later than May 1, 2015 and will be submitted to CMS in early June, 2015.

Outreach

The Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) will work with provider organizations to identify individuals currently receiving Medicaid and that are potentially eligible for the 1915(i) program. ODM and OhioMHAS will share information about potentially eligible individuals with the provider organizations serving those individuals and will ask the provider organizations to review their caseloads to identify other individuals who appear to meet the eligibility requirements.

These outreach efforts will begin in May 2015 and assessments will be conducted and validated prior to the January 2016 effective date so there will be no gap in services for eligible individuals.