SFY23 Adult 1915(i) Annual Review and Updates

Indiana FSSA/Division of Mental Health and Addiction
Adult 1915(i) State Evaluation Team
September 20, 2022

Agenda:

- Staff Updates
- Continued Impact of COVID-19
- AMHH Updates and Overview
- BPHC Updates and Overview
- Critical Incident Reporting
- HCBS – settings, legal guardian information, re-certification and CAHPS Survey

Staff Changes

Contact Name/Title	Contact Info
Julia Allen Program Specialist, 1915(i) Adult Services	Cell: 317-954-4487 Email: julia.allen@fssa.in.gov
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Continued Impact of COVID-19

Public Health Emergency

- 10/16/22
- Purpose: To prevent interruption in coverage
- 60-day notification of end of PHE
- January 31, 2020, CMS declared a Public Health Emergency (PHE) related to the outbreak of COVID-19, making certain temporary allowances available to states for the duration of the PHE. Among these, CMS temporarily disallowed activities that would result in the loss or reduction of Medicaid coverage. To this end, auto-renewals of expiring Medicaid program packages - including AMHH and BPHC - were instituted.

Adult Mental Health Habilitation (AMHH)

Updates and Review

AMHH SPA Updates

Effective 7/1/22, the AMHH State Plan Amendment (SPA) allows for licensed clinicians to sign off on AMHH applications in addition to HSPPs.

Not yet changed in DARMHA

AMHH Diagnosis Updates

Please monitor the AMHH webpage for updates to list of
Eligible diagnoses

Anticipated in October of 2022

FSSA: DMHA: Adult Mental Health Habilitation Services (in.gov)

Overview of AMHH

AMHH is an HCBS program consisting of 8 supportive services designed to habilitate skills necessary to live in the community to the highest standard of living.

- All services are automatically assigned in a package
- Meant for adults living with SMI and/or substance use disorders
- Focused on habilitating skills for those at high risk for institutionalization to remain integrated in the community.
- Provides services to support both the member and family/non-professional caretaker(s)
- Cannot be provided to clients receiving MRO services
- Can be used in conjunction with BPHC
- Packages 360 days
- PA available to request additional units
- Service unit maximums are consistent across Levels of Need (LON)

AMHH Member Eligibility

Potential Members

- Adults living in/transitioning to an HCBS-eligible setting
- Adults that have reached maximum benefit from rehabilitative services
- Adults that need/want habilitation to continue their recovery and sustain and/or improve their quality of life in the community
- Adults at risk of deterioration and institutionalization without services

Eligibility Criteria

- Enrolled in Medicaid
- Individual aged 19 or older
- Individual has AMHH-eligible primary mental health diagnosis
- Adult Needs and Strengths Assessment (ANSA) score 3 or highter
- Individual meets needs-based criteria as outlined in the Indiana Administrative Code (IAC)

AMHH and MRO

AMHH and MRO are mutually exclusive programs designed to address different populations with different needs.

MRO is *rehabilitation* – focused on regaining lost abilities

AMHH is *habilitative* – focused on attaining and maintaining abilities necessary for community-integrated living.

AMHH is designed for individuals who, due to developmental hindrances, either:

a) Have not developed the skills necessary to live independently in the community, or
b) Are at significant risk of deterioration and/or institutionalization without supports

AMHH is ideal for transitioning long-term consumers of rehabilitative services with little progress on goals to focus on maintenance of goals.

AMHH and MRO Services Comparison

MRO = REHABILITATION

Restoring a pre-existing skills to previous levels of functioning

- Intensive Outpatient Treatment
- Psychosocial Rehabilitation (Clubhouse Services)
- Case Management
- Adult Intensive Rehabilitation Services
- Skills Training and Development
- Behavioral Health Counseling and Therapy
- Addiction Counseling
- Medication Training and Support

AMHH = HABILITATION

Acquiring and maintaining daily living skills that may not have developed as expected.

- Adult Day Services
- Supported Community Engagement
- Care Coordination
- Respite Care
- HCB Habilitation and Support
- Therapy and Behavioral Counseling
- Addiction Counseling
- Medication Training and Support

For additional information regarding the application process, crisis planning guidelines, and clinical documentation requirements, please reach out to the SET for agency-specific training.

Behavioral and Primary Healthcare Coordination (BPHC)

Updates and Review

Purpose of BPHC

BPHC is an HCBS program designed to support those at risk of institutionalization in managing and coordinating their primary healthcare and behavioral health needs.

- BPHC is a single service, care coordination, which supports client whose mental health symptoms impede their ability to effectively and independently manage their physical health needs

- To allow clients living with SMI to receive care in community-integrated settings to a similar level as those not receiving HCBS

- Concerned with supporting client in goal achievement to attain their maximum level of independence and community engagement.

Mental Health Diagnosis

The Applicant must have a BPHC eligible diagnosis as their Primary Diagnosis.

The following are requirements for describing the diagnosis in an application:

- Symptoms associated with the BPHC Eligible Primary Diagnosis must be provided in list format
- List should consist of symptoms experienced by the client that disrupt their ability to independently manage healthcare needs
- Do not list additional diagnoses, physical health needs, intellectual and developmental delays/disability, or any information that does not directly pertain to the symptomology of the Primary Diagnosis *(Additional information could constitute a violation of HIPAA standards)*

Mental Health Diagnosis (continued)

Lists can be formatted in the following ways:

1. Insomnia
2. Isolative behavior
3. Avolition
4. Anhedonia

Insomnia, isolative behavior, avolition, anhedonia

The client endorses the following symptoms of Major Depressive Disorder:

Insomnia, isolative behavior, avolition, anhedonia

The complete list of BPHC-eligible diagnoses can be found at: [*http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Behavioral_and_Primary_Healthcare_Coordination_Codes.pdf*](http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Behavioral_and_Primary_Healthcare_Coordination_Codes.pdf)

Physical Health Issues

Provide any physical health issues faced by the client that they have difficulty managing on their own.

Reported physical health issues:

- Do not have to be formally diagnosed but should be presently impacting them.
- Historical injuries/illnesses that result in present-day complications are eligible.
- Physical health issues or injuries from which the client is fully recovered and does not experience complications are not eligible.
- Lack of history of accessing health care is an allowable health condition.

BPHC Service Activity (Renewal Applications Only)

Effective 10/1/2020, provide three (3) dates the client received BPHC care coordination services with a brief description of the support provided.

- One of three services can be re-application
- If fewer than three services were provided:

- Provide adequate rationale for lack of engagement **and**

- Provide a plan for increasing engagement over next package period (can be agency-wide or client-specific)

- ***Chronic, ongoing underutilization may result in denials following the expiration of the PHE***

Justification of Need

The justification narrative should link the symptoms associated with the primary diagnosis to the behaviors that impede the Applicant's ability to manage their physical health needs on their own.

- The narrative should **only** include information necessary to provide the SET with insight into the challenges the client faces in managing their health care.

- Personal history, family details, description of other services received, additional mental health diagnoses, or any other information not directly related to the symptoms or impeding behavior should not be included.

Justification of Need (continued)

Justification format

[**Applicant**]'s symptom of [**insert symptom of primary diagnosis**] causes [**Applicant**] to [**describe the behavior caused by the symptom and the resulting difficulty**].

Example: Dorothy's symptom of paranoia causes her to not trust healthcare providers and follow provider recommendations.

Goals

The goal(s) in the IICP should describe a behavior modification, achievement, improvement in health, etc. The client would like to work towards or accomplish over the course of the eligibility period.

- Preferably written in client's own words
- Reflects client's personal desires
- Should link back to the identified physical and/or mental health needs
- Supports client reaching their desired level of independence
- Ideally can be measured against

Example Goals

I would like to lose 30 lbs.

I want to be able to walk to the store without using my inhaler.

I want to have fewer panic attacks

Objectives

Describes the steps or actions necessary for **the client** to take in order to achieve their previously identified goal(s).

- Should build upon the client's strengths, preferences, and any existing natural supports.
- Should not be passive in nature -- "Client will do" **not** "Client will allow"
- Clearly linked to the goal(s) listed in the IICP
- Personalized to the client
- Must be measurable

Example Objectives

Goal: I would like to lost 30 lbs.

Objectives:

-- Client will attend meetings with dietician once a month to plan healthy meals.

-- Client will walk to mailbox once a day to increase physical activity.

-- Client will reduce soda intake from 3 cans a day to 1 can per day.

Strategies and Eligible Activities

Describe how only BPH Care Coordination activities will be utilized over the package period to support the client in achieving their identified goals and achieve their desired level of independence. Medication Rehabilitation Option (MRO) and other services should not be included.

- Coordination of care within and across systems
- Oversight of the entire case/logistical support
- Linkage to services/providers
- Advocacy
- Education
- Physician consults
- Serving as a communication conduit
- Notification of changes in medication regimens and health status
- Coaching for more effective communication with providers

Provider Reference Module available at: https://www.in.gov/medicaid/providers/files/dmha-bphc.pdf

Service Documentation Requirements

Progress note documentation for services provided to the client must:

- Reflect progress towards the goal(s) from the member's IICP
- Be provided within the eligibility period
- Document the duration of service
- Accurately and adequately describe the service rendered
- Be written and signed by the agency staff rendering services
- Support coordination or management of identified health needs and services
- Identify member strengths utilized
- Incorporate natural supports (where available)
- Describe the service's benefit to the client

Services on Behalf of Client

BPHC service activities can be provided on behalf of the client without the client present if the service benefits the client in the management/coordination of their physical and/or mental health needs as described in the IICP.

Progress note documentation for services provided on behalf of the client must also:

- List names of all persons attending the session AND each person's relationship to the member
- Describe the benefit to the member
- Describe how the service assisted the member in reaching the IICP goal(s)
- Strengths and progress should also be documented.

Non-Billable/Non-Covered Service Activities

BPHC consists solely of care coordination and only service activities that fall under the scope of the program as defined in the Final Rule are billable for reimbursement.

- Provision of medical services or treatments including, but not limited to, weight checks, blood pressure screenings, and blood sugar checks.
- Individual, group, or family therapy services
- Any service not described or supported by the client's IICP
- A service provided simultaneously with another service of the same scope and nature
- Leisure/recreational activities
- Life skills, medication, and/or Activities of Daily Living (ADL) training

PHE and Documentation

- Specify how the service was provided: telehealth, face-to-face, or on behalf of

- If completing an application via telehealth, please indicate on the Attestation and RSST in some way that verbal authorization/agreement was obtained and the date
  - Ensure the corresponding progress note matches the documentation of how the service was provided and date

ANSA/App Draft Process/Tips

- ANSA must be completed within 60 days of submission of a BPHC application.
- If both the BPHC application and ANSA are completed on the same day, if the BPHC application is submitted first, DARMHA links it to the date of the last ANSA which is typically more than 60 days prior.
- Applications are frequently pended for this issue.
- The SET recommends completing the ANSA in DARMHA before commencing the BPHC application.

Critical Incident Reporting

Critical Incident Reporting

Critical Incident Reports (CIR) are expected...

….what should be reported

…..when should the CIR be submitted

…..is the CIR completed corrected

Types of Incidents

Residential Settings

- Injury
- Fire
- Suicide Attempt
- Emergency Room Visit
- Elopement
- Police response
- Alleged exploitation, abuse, or neglect
- Suicide
- Death
- Assault
- Seclusion and restraint (BPHC/AMHH)
- Medication Error (BPHC/AMHH)
- Other

Community Based/Own Home

- Injury
- Suicide Attempt
- Suicide
- Death
- Homicide
- Alleged exploitation, abuse or neglect (BPHC/AMHH)
- Medication Error (BPHC/AMHH)
- Other

Performance Measures

- Number and percent of provider agencies who have policies and procedures to prevent incidents of abuse, neglect, exploitation
- Number and percent of incident reports involving medication errors resolved according to policy
- Number and percent of incident reports involving seclusions and restraints resolved according to policy
- The State identifies and addresses incident reports involving death
- Number and percent of incidents reported within required timeframe

Medication Errors

- "A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use."

The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP)
http://www.nccmerp.org;

Medication Errors.....

Documentation.....how was the incident addressed

Preventive measures to decrease likelihood of incident reoccurring

When the prescriber was contacted and what instructions were given to address the medication error

Reporting Time Frames

- Residential Settings
  24 hours
- Outpatient/Community Setting/Client's Home
  72 hours

Reporting Compliance

GOAL= 86%

	SFY19	SFY20	SFY21	SFY22
TIMELY	117	189	214	208
TOTAL	167	220	247	228
	70%	86%	87%	91%

Compliance Process

HOW IT WORKS

- BPHC: Began September 1, 2019
- AMHH: Began October 1, 2019
- Each CMHC receives a report of compliance for each quarter
- Reports are provided 15 days from end of quarter
- Reports Includes any additional follow-up forms provided to the CMHC

QUARTERS

	BPHC		AMHH
1st	June 1- August 31	1st	October 1- December 31
2nd	September 1- November 30	2nd	January 1-March 31
3rd	December 1- February 28 (29)	3rd	April 1-June 30
4th	March 1-May 31	4th	July 1-September 30

Informal Adjustment (IA)

After first 90 day non-compliant CIR review:

- Verbal or email guidance to the provider and the primary contact or provider supervisor as deemed most appropriate by QA/QI staff.
- DMHA will provide data to show compliance issues including incident date and staff member that submitted CIR

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation

Educational Letter (EL)

After second 90-day non-compliant CIR review

•A “Formal Notice” is sent via email (with read receipt or including a request to respond confirming receipt) to the CEO and identified primary contact of the provider

•DMHA will provide data to show compliance issues including incident date and staff member that submitted CIR

•The education letter will identify the next steps if a third 90-day non-compliance review occurs.

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation

****NOTE: If after two quarters since EL, compliance falls below 86%, an Informal adjustment will be issued again**

Corrective Action Plan

This occurs after the third 90-day non-compliant CIR review
DMHA Notice: A "Formal Notice" letter written on FSSA letterhead requiring corrective action and an accompanying Corrective Action Plan (CAP) are sent to the provider for response.

The CAP must include the following information:

- Responsible party
- Timeframe for completion
- A way for DMHA to verify the CAP has been completed
- Plan to prevent reoccurrence
- Be effective

****NOTE: If after two quarters since CAP, compliance falls below 86%, an Educational Letter will be issued again**

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation

Additional Action Steps

- Mandatory re-trainings
- Increase visits based on progress
- Increase request for documentation
- Staff member must be re-trained before providing service going forward

Graduated Sanctions

- Decertification of specific staff members
- Referral to FSSA Audit
- Program Integrity

Resource: 405 IAC 1-1.4-4 Sanctions against providers; determination after investigation

HCBS Updates and Review

Settings
Legal Guardian Information
CAHPS Survey

HCBS Settings and Final Rule

Please review the training previously conducted and posted here:

SFY21 HCBS Final Rule Review and Updates *4/8/21*

Legal Guardian Contact Information

- The DMHA State Evaluation Team (SET) is moving to collecting phone numbers for legal guardians on AMHH and BPHC applications
- While preparing for the CAHPS survey, it was observed that DMHA does not have consistent and accurate ways to reach legal guardians, if needed
- While we understand not all individuals will have an email address, guardians should be reachable by phone, if needed
- In the future, applications that use the provider phone number will be pended to be updated to capture the legal guardian phone number

Ongoing QA Reviews

- DMHA is in the process of streamlining Quality Assurance Reviews across teams

- Reviews CMHCs typically undergo for QA review will be conducted simultaneously with HCBS reviews; **the following will be simultaneous:**

  - Notifications and preparations
  - Reviews will be conducted with blended teams
  - Reporting and outcomes relayed

HCBS Re-Certification & a New Data System

- Re-certification occurs every three (3) years
  - Letters will be sent within the next two weeks to complete the process for this certification period
  - New Data System – PLACID – Provider, License, Audit, Certification, Incidents, Data
    - Roll out over time, CIR to start hopefully around the end of the year. To be continued…

Overview of the HCBS CAHPS Survey

CAHPS Home and Community Based Services Survey | Medicaid

Consumer Assessment of Healthcare Provider and Systems Survey

The survey was designed by the Centers for Medicare and Medicaid Services and is intended for use within HCBS.

The HCBS CAHPS survey measures participant experience instead of satisfaction.

The results from the HCBS CAHPS survey enable HCBS program administrators to identify areas for quality improvement and to provide stakeholders with comparisons across HCBS programs within a state or across states.

All phases of the survey implementation adhere to confidentiality and security requirements.

Experience vs Satisfaction

Participant experience measures whether a particular experience that should have happened in a healthcare setting occurred, and how often.

This is in contrast with participant satisfaction, which measures whether a participant's expectations were met or not; two participants receiving the same care may have different participant satisfaction levels if their expectations and experiences are different.

Survey Details

The survey will take about 30 minutes to complete and will be done by telephone.

Topics covered by the survey include acquiring needed services, communication with providers, case management, choice of services, personal safety, community inclusion and empowerment.

Sample Questions

1. In the last 3 months, did you get help from {*program specific term for case manager services*} to help make sure that you had all the services you needed?

2. Sometimes staff cannot come to work on a day that they are scheduled. In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that {*personal assistance/behavioral health staff*} could not come that day?

3. In the last 3 months, how often did {*personal assistance/behavioral health staff*} treat you with courtesy and respect? Would you say . . .

4. In the last 3 months, did {*personal assistance/behavioral health staff*} explain things in a way that was easy to understand? Would you say . . .

Implementation in Indiana

- DMHA and OMPP have been receiving Technical Assistance to prepare for the HCBS CAHPS survey implementation for over a year from the Lewin Group, Westat, and CMS

- DMHA is working with WISE Indiana (Wellbeing Informed by Science and Evidence in Indiana) to implement the survey

- The Indiana University Center for Survey Research will be conducting the telephone interviews

Implementation in Indiana

- Adult 1915i programming has not thoroughly assessed the recipient experience since commencement of programming in 2014
- The survey will take place over several months beginning in early autumn 2022 and reporting is anticipated for early autumn 2023
- Except for individuals in NON-CMHC settings, all Adult 1915i Recipients will have contacts attempted to maximize responses
- There will be an initial test pilot of the interview process

Implementation in Indiana
The Recipient Experience

- Individuals will be sent a letter explaining the survey and notifying them a professional interviewer will be contacting them

- Recipients are encouraged to respond themselves, but can use a Proxy respondent instead
  - A Proxy can be an unpaid family member, friend, or neighbor

- Legal Guardians will be asked to provide permission prior to conducting the survey

Implementation in Indiana

Outcomes

This is the first time DMHA has conducted a CAHPS survey.

It is also the first time the HCBS CAHPS survey has been utilized in behavioral healthcare, even though it is also intended for behavioral health.

We expect to use the information from the HCBS CAHPS survey for program evaluation.

DMHA will either host a statewide presentation of outcomes or follow up with CMHCs individually.

Communication Flyer

Division of Mental Health and Addiction

HCBS CAHPS SURVEY

Indiana DMHA's Adult Home- and Community-Based Services 1915i team will implement a Consumer Assessment of Healthcare Provider and Systems survey. The survey was designed by the Centers for Medicare and Medicaid Services and is intended for HCBS purposes. This flyer is intended to help care coordinators explain to individuals who will be surveyed what the survey is about and what to expect. Their health care coverage and services *will not* be impacted.

Goal

Following the CAHPS Technical Assistance Guidance, 1915i consumers will be surveyed to obtain feedback. The outcomes will be compiled, and a report produced to support program decision-making. DMHA will use the results of the survey to guide potential improvements in HCBS programming.

What are CAHPS surveys?

CAHPS surveys ask program participants to report on their experiences with a range of healthcare services at multiple levels of the delivery system. The HCBS CAHPS survey measures participant experience instead of satisfaction. Participant experience measures whether a particular experience that should have happened in a healthcare setting occurred, and how often. This is in contrast with participant satisfaction, which measures whether a participant's expectations were met or not; two participants receiving the same care may have different participant satisfaction levels if their expectations and experiences are different. CAHPS uses measurements to objectively assess participant experience.

The survey will take about 30 minutes to complete and will be done by telephone. Professional interviewers from the Indiana University Center for Survey Research will administer the survey. Topics covered by the survey include acquiring needed services, communication with providers, case managers, choice of services, medical transportation, personal safety, community inclusion and empowerment. The results from the HCBS CAHPS survey enable HCBS program administrators to identify areas for quality improvement and to provide stakeholders with comparisons across HCBS programs within a state or across states.

Contact Information for the CAHPS Survey

Questions for the research team and other information can be directed to:

800-258-7691 or csr@indiana.edu

Questions for DMHA:

DMHAAdultHCBS-fssa@state.in.us

Survey Overview: https://survey.indiana.edu/hcbssurvey/

Questions?