

Integrated Children's Services Initiative and Medical Assistance Funding

Stakeholder's Meeting

July 26, 2005

1:00 PM - 3:00 PM

Agenda

- Vision
- Overview of Initiative
- Specific issues by program area
 - Office of Children, Youth and Families
 - Office of Mental Health & Substance Abuse Services
 - Office of Medical Assistance Services
- Working with Stakeholders
- Questions and Answers



Vision

Vision of Integrated Children's Services

- Ensure that Children have access to a comprehensive range of high quality services available through the public systems, regardless of how the child enters the system.

“No Wrong Door”

What are We Trying to Accomplish

- To be child and family focused by enhancing access
- To build systems that serve and protect children through increased accountability; and
- Increase the quality of behavioral health services children receive
- To maximize the use of federal rather than state or local funding for services that are eligible for federal reimbursement.

Guiding Principles as Articulated in Bulletin

- Creating an integrated system for children to provide access to a continuum of child welfare and juvenile justice services;
- Putting the child's needs first in providing timely access to behavioral health treatment services to children in the child welfare and juvenile justice systems;
- Delivering behavioral health services through coordinated planning processes that involve the behavioral health, child welfare and juvenile justice systems
- Paying for medically necessary behavioral health treatment services through the Medical Assistance Program for children who are eligible for Medical Assistance;
- Enhancing the quality and monitoring of the delivery of behavioral health treatment services to assure successful treatment outcomes.
- Recognizing that the behavioral health treatment services available to children in the juvenile justice system are delivered in the context of providing balanced attention to the protection of the community, holding children accountable for offenses committed, and to the development of competencies to enable children to become responsible and productive members of their communities



Overview of the Initiative

How We Are Getting There: 2004 - 2005

Goal:

Pursue Medicaid enrollment of child welfare providers in a few pilot counties (Allegheny, Philadelphia, York, Bucks) to lay groundwork and plan for statewide roll-out.

How We Are Getting There: 2004 – 2005 Results

Providers:

- Targeted residential providers enrolling as RTFs
- 20+ new providers enrolled in Medical Assistance

Financials

- No budget assumptions or targets
- Small percentage of dollars shifted from Child Welfare to Medical Assistance in targeted counties
- Ripple effect in non-targeted counties
- HealthChoices supplemental payments

How We Are Getting There: 2005 - 2006

Goal:

Statewide roll-out of initiative. All counties will see shift of programs and resources from Children and Youth to Medical Assistance.

How We Are Getting There: 2005 - 2006

Providers:

- Continue to enroll RTFs as appropriate; heavy focus on in-home providers
- Handful of new providers (3-5) already enrolled in Medical Assistance this year

Financials

- County-specific targets; each county budget assumes shift of dollars from Children and Youth to Medical Assistance
- Represents 4% of overall C&Y resources
- Continue to monitor ripple effect in non-targeted counties
- HealthChoices methodology, build into capitation rates



Program Office Perspective

Children and Youth Issues

- Limited change in way we do business
- Budget assumes county-specific targets
- Working county by county to meet targets
- Continue relationships with providers; child welfare funding streams still available

OMHSAS Issues

- HealthChoices methodology
 - 2004-2005
 - 2005-2006

OMHSAS Issues: Provider Enrollment

- DPW regional teams in concert with the DPW consultant work together with county staff and providers to identify clinical services
- Provider submits a program description; reviewed by service description review team; if approved; MA reimbursement is available to date of service description submission
- Enrollment packet submitted by provider; Enrollment team reviews information, tracks submission and communicates enrollment status.
- DPW communicates to provider and counties regarding enrollment of provider and availability of provider to network.

OMHSAS Issues: Provider Enrollment

- Residential Programs
 - Must be licensed by C&Y as a 3800 facility
 - Accredited programs must meet all Federal requirements; providers who are already accredited by COA or CARF can request a waiver of the current requirement that limits accreditation to JCAHO
 - Must be credentialed by the County BH-MCO
 - Federal regulations require that placement in an accredited residential treatment facility must be recommended by a psychiatric evaluation; for a non-accredited facility, a psychological evaluation may be obtained;
 - DPW will issue guidance on transitioning children currently at facilities becoming enrolled

OMHSAS Issues: Provider Enrollment

- In- Home Services
 - Programs must be approved or licensed by OMHSAS; examples include:
 - Psychiatric Evaluations
 - Psychological Evaluations
 - Mental Health Counseling Services for Sexually abused children
 - Multi-Systemic Therapy (MST)
 - Family Functional Therapy (FFT)
 - Family Based Mental Health Treatment
 - Day Treatment (with a mental health component)
 - Practitioners must be licensed by the Commonwealth
 - Must be credentialed by the County BH-MCO
 - DPW will issue guidance on transitioning children currently at programs becoming enrolled

OMHSAS Issues: Medical Necessity Still Applies

- Medical Necessity is a clinical determination based on the presenting facts in each individual child/adolescent's situation to establish a service or benefit which will and is reasonably expected to:
 - Prevent the onset of an illness, condition or disability;
 - Reduce or ameliorate the physical, mental behavioral, or developmental effects of an illness, condition, injury, or disability
 - Assist the individual to achieve or maintain functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities appropriate for individuals of the same age.
- HealthChoices: Appendix T
- OMAP : FFS
- Appeal Process in Place

OMAP Issues

- Role in Provider Enrollment
- Rate Setting – FFS
- The budget matters



Working with Stakeholders

Working with Stakeholders

- Periodic meetings
- Documents posted to website
 - 1) www.dpw.state.pa.us
 - 2) Services for Children
 - 3) Integrated Children's Services Initiative
- How can we help you realize integrated children's services?
- How can we engage families at the county level?
- What else can we do to help you?



Questions and Answers