



Medicaid 101 to 1101



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Medicaid 101 to 1101

- What is a Waiver?
 - The SSA
 - 1915(b) and (c)
- How waivers work?
 - Legislation
 - Financing
- Why or Why not?
 - Benefits
 - Risk
- PBH Waiver
 - Structure
 - *(b)(3) services*
- NC Waivers
 - Current
 - Proposed
- Wrap Up
 - Questions
 - References

What is a Waiver? The Technicalities

- ❑ 1965 amendments to the Social Security Act (SSA) established the Medicaid program.
- ❑ Section 1902 of the SSA describes how states operate a Medicaid Plan.
- ❑ Section 1915 of the SSA contains information on waiver requirements.
- ❑ Under 1915 (b) & (c) states may waive certain provisions of Section 1902 of the SSA.

Underlying Legislation

1915 (b) components

- ❑ 1915(b) Managed Care/Freedom of Choice Waivers
- ❑ Sections of 1902 waived for 1915(b) waivers include:
 - ❑ comparability of services
 - ❑ State-wideness
 - ❑ freedom of choice
 - ❑ participation

Underlying Legislation

1915 (b) components

- There are four types of authorities under Section 1915(b) that States may request:
 - • (b)(1) implements a Primary Care Case Management system
 - • (b)(2) utilizes a "central broker"
 - • ✓(b)(3) uses cost savings to provide additional services
 - • ✓(b)(4) limits number of providers for services.

Underlying Legislation 1915 (b) components

- Waiver cannot negatively impact
 - Beneficiary Access
 - Quality of services
- Must be cost effective
- No evaluation requirement as necessary for 1115 waiver
- Requires Independent assessments
- Approved for 2 yr time periods

Underlying Legislation

1915 (c) components

- 1915(c) often called Home and Community-Based Services Waivers (HCBS)
- Sections of 1902 waived for 1915(c) waivers include:
 - comparability of services
 - state-wideness
 - income and resource rules in the community

More about 1915(c)

- ❑ Individuals who qualify for Medicaid-funded institutional care (ICF-MR) can be cared for in the community
- ❑ Cost neutrality
- ❑ Waiver approved for 3 yr time period initially, then renewed 5 yrs thereafter

More about 1915(c)

- State can
 - determine the number of consumers to serve in a HCBS
 - decide on non-medical services i.e. respite, case management, environmental modifications
- Waiver has provider directed and consumer directed options

How the waiver differs from the “State Plan”

□ Regular Medicaid State Plan

- discrete package of services
- Fee for Service
- Not risk based
- All qualified providers
- Managed at state level

□ 1915 (b) and (c) Waivers

- Same State Plan services but more
- Capitated
- At risk
- Choice of Providers limited
- Delivered through Managed Care Organization (MCO), Pre-paid Inpatient Health Plan (PIHP)

Financing-How the \$ works

- Capitated
 - Monthly amount
 - Prospective
 - Number of Medicaid recipients
 - Per Member Per Month
- At Risk
- Must be
 - cost effective for (b) waiver
 - cost neutral for (c) waiver
- Rate setting authority

Benefits of a Waiver

- Provides means for managing behavioral healthcare
 - Increases access to services
 - Increases accountability
 - Decreases use on inappropriate inpatient care
- Improvements in service system
 - Culturally competent services
 - Improve quality
 - Can expand service array
- Offers local control over Medicaid funding

Risk of a waiver (pitfalls)

- ❑ Denying care to save money
- ❑ Providing inadequate treatment to save money
- ❑ Delayed access
- ❑ Inconsistent outcomes due to variations in quality across region
- ❑ Not appropriately managing cost

The PBH Waivers

- Concurrent 1915 (b) and (c) waivers
 - Piedmont Cardinal Health Plan (b) waiver
 - Innovations Waiver (c) waiver
- Operates as a PIPH
- (b) (3) services added in 2nd renewal of waiver

More about PBH's waiver

- Began in April 2005
- Started as a pilot for a limited geographic region
- Covers 5 counties (Cabarrus, Davidson, Rowan, Stanly, Union)
- All community based services
- Psychiatric Inpatient and ICF-MR in institutions
- (b)(3) services
 - Respite
 - Crisis Respite
 - Supported Employment
 - Personal Care/Individual Support
 - Psychosocial Rehabilitation/Peer support

Role of State with Waiver

- ❑ Submit waivers to CMS
- ❑ Approve policies
- ❑ Intradepartmental Monitoring Team (IMT)
 - DMA, DMH/DD/SAS, other DHHS divisions
 - Meets quarterly
 - Assure accountability
 - Monitoring expectations, etc.

Current NC Waivers

- NC Family Planning
- NC PBH
- CAP for Children
- CAP Choice IP
- CAP DA
- Supports Waiver
- Comprehensive Waiver



NC's new waiver

- ❑ NC MH/DD/SAS Health Plan and NC Innovations Waiver
- ❑ New Waiver submitted to CMS 12/09
- ❑ Amends current PBH waiver
 - Effective 7/1/10-3/31/11
 - No longer a pilot for a single capitated provider in a limited geographic area
- ❑ Plans phase in
 - from FFS to statewide capitation (b waiver) and
 - from Supports and Comprehensive HCBS to NC Innovations HCBS waiver

NC's New Waiver

□ 1915(b) waiver changes

- ER services reimbursed by capitated PIHP
- Minimum level of urgent and outpatient services prior to authorization
- Cost effective alternative services in MH & SA
- Cost reporting changes
- Utilization control incentives for pharmacy services
- Includes all psychiatric services
- Care Coordination for SED/SPMI will occur between FQHCs and PIHPs

□ 1915 (c) waiver changes

- Expands (c) waiver services previously not available at PBH
- Plans development changes for high-needs, high-risk consumers
- Modifies how slots are allocated
- DD Level of Care reviews performed by Murdoch Center
- Individual budgeting tied to acuity
- Cost controls implemented
- Facility size increase

References

- ❑ http://www.ssa.gov/OP_Home/ssact/title19/1915.htm
- ❑ <http://www.cms.hhs.gov/QuarterlyProviderUpdates/Downloads/cms2104f.pdf>
- ❑ http://www.dhhs.state.nc.us/dma/lme/MH_Waiver.htm
- ❑ ncqa.org/Portals/0/HEDIS2009/2009_Measures.pdf
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