

Med-QUEST Division Behavioral Health Protocol

I. OVERVIEW

The Med-QUEST Division (MQD) is responsible for providing behavioral health services to all its beneficiaries. MQD provides standard behavioral health services to all beneficiaries and specialized behavioral health services to beneficiaries with serious mental illness (SMI), serious and persistent mental illness (SPMI), or requiring support for emotional and behavioral development (SEBD).

Regardless of the type of behavioral health service a beneficiary receives or where the beneficiary receives his/her behavioral health services, the beneficiary continues to have access to all of the other services for which he/she is eligible, including:

- Primary and acute care services from his/her health plan;
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services if he/she is under the age of 21;
- Home and community based services/long-term supports and services (HCBS/LTSS) services under the section 1115 demonstration waiver; and
- Services or under the Developmental Disabilities or Intellectual Disabilities (DD/ID) 1915(c) waiver.

All beneficiaries have access to standard behavioral health services through the contracted managed care health plans. The standard behavioral health services include inpatient psychiatric hospitalization, medications, medication management, psychiatric and psychological evaluation and management, and alcohol and drug dependency treatment services.

Beneficiaries with SMI, SPMI, or SEBD may be in need of specialized behavioral health services. For children (individuals <21), the SEBD services are provided through the Department of Health (DOH) Child and Adolescent Mental Health Division (CAMHD); for adults (individuals ≥21) the SMI/SPMI services are provided through the DOH Adult Mental Health Division (AMHD), the MQD's behavioral health program Community Care Services (CCS), or the managed care health plans. Regardless of how adults with SMI/SPMI access specialized behavioral health services, all have access to the same services, and MQD ensures no duplication. The available specialized services include:

- For children: multidimensional treatment foster care, family therapy, functional family therapy, parent skills training, intensive home and community based intervention, community-based residential programs, and hospital-based residential programs, and
- For adults: crisis management, crisis and specialized residential treatment, intensive care coordination/case management, psychosocial rehabilitation, clubhouse, peer

specialist, representative payee, supportive employment, supportive housing partial or intensive outpatient hospitalization, and therapeutic living supports.

See Addendum A for an overview of the behavioral health services delivery systems for individuals with SMI, SPMI, or SEBD; and see Addendum B for a detailed description of the services provided by CAMHD, AMHD, CCS, and the managed care health plans.

II. RECEIPT OF BEHAVIORAL HEALTH SERVICES BY CHILDREN (INDIVIDUALS <21 YEARS)

A. Clinical Criteria

Beneficiaries <21 years old with a diagnosis of SEBD are eligible for additional behavioral health services within CAMHD if meeting the following criteria:

- The beneficiary is age three through twenty (3-20) years;
- The beneficiary falls under one of the qualifying diagnoses (see Addendum C);
- The beneficiary demonstrates presence of a qualifying diagnosis for at least six (6) months or is expected to demonstrate the qualifying diagnosis for the next six (6) months; and
- The beneficiary's Child and Adolescent Functional Assessment Scale (CAFAS) score is > 80.
- Beneficiaries who do not meet the eligibility criteria, but based upon assessment by the CAMHD medical director that additional behavioral health services are medically necessary for the member's health and safety, shall be evaluated on a case-by-case basis for provisional eligibility.

B. Service Delivery

MQD has a Memorandum of Understanding (MOU) with CAMHD to provide services to Medicaid beneficiaries. The CAMHD is responsible for providing SEBD services to all individuals age three through twenty (3-20) years who meet eligibility criteria. CAMHD provides services to approximately 900 children. CAMHD had previously functioned as a Pre-paid Inpatient Health Plan (PIHP) but changed to billing these services to MQD through a fee-for-service (FFS) process effective October 1, 2008.

The health plan can make a referral to CAMHD through use the SEBD Referral Form developed by CAMHD. The health plan will continue to provide behavioral health services even after CAMHD admits the individual into their program. In these cases, the health plan will not provide services offered by CAMHD, and CAMHD will not provide services offered by the health plan. The MQD informs the health plans, via the 834-transaction file, when an individual is receiving services through the CAMHD program. When a child is no longer eligible for services through CAMHD, CAMHD will coordinate transition of care with the child's health plan. The health plan will be notified that the individual is no longer receiving services via CAMHD via the 834-transaction file.

Referrals to CAMHD can also occur through the school, parent, child, or the health plan. CAMHD considers all referrals through an assessment process. Even if a child qualifies for SEBD services, parents can choose to have their children's behavioral health services provided through the child's health plan. However, the health plans are only able to provide the behavioral health services identified in their contract. CAMHD would need to be involved for any specialized behavioral health services. These additional behavioral health services include both intensive case management and targeted case management and are distinct from the services provided through the health plans.

III. RECEIPT OF SPECIALIZED BEHAVIORAL HEALTH SERVICES BY ADULTS (INDIVIDUALS \geq 21 YEARS)

A. Clinical Criteria

Beneficiaries \geq 21 years old with a SMI or SPMI are eligible for specialized behavioral health services if they meet the following criteria:

- The beneficiary falls under one of the qualifying diagnoses (see Addendum C);
- The beneficiary demonstrates presence of a qualifying diagnosis for at least twelve (12) months or is expected to demonstrate the qualifying diagnosis for the next twelve (12) months; and
- The beneficiary meets at least one of the criteria below demonstrating instability and/or functional impairment:
 - Global Assessment of Functioning (GAF) $<$ 50;
 - Clinical records demonstrate that the beneficiary is currently unstable under current treatment or plan of care (ex. multiple hospitalizations in the last year and currently unstable, substantial history of crises and currently unstable to include but not limited to consistently noncompliant with medications and follow-up, unengaged with providers, significant and consistent isolation, resource deficit causing instability, significant co-occurring medical illness causing instability, poor coping/independent living/problem solving skills causing instability, at risk for hospitalization); or
 - Beneficiary is under Protective Services or requires intervention by housing or law enforcement officials.
- Beneficiaries who do not meet the requirements listed above, but based upon an assessment by a programmatic medical director, that additional behavioral health services are medically necessary for the member's health and safety, shall be evaluated on a case-by-case basis for provisional eligibility.

B. Service Delivery

The current organization for the delivery of specialized behavioral health services is largely historical. Around the time that the QUEST program was implemented in the mid-1990's, for which specialized behavioral health services were carved out, the CCS program was created due to the lack of

behavioral health services for Medicaid beneficiaries with a SMI/SPMI. (AMHD had a limited service package at that time.) In the early 2000 timeframe, AMHD expanded its services significantly, largely modeling the CCS services, due to a mandated court decree that was withdrawn in 2006. However, MQD continued to offer its CCS program despite the expansion of services within AMHD.

CCS predominately served non-Aged, Blind and Disabled (ABD) individuals, and AMHD largely served ABDs. When QExA was implemented as managed care for the ABD population, specialized behavioral health services remained carved out. Over the years as individuals were offered choice, an increasing number of non-ABDs began to receive their services through AMHD, and an increasing number of ABDs began to receive their services through CCS.

In an effort to improve integration between medical and behavioral health care, effective July 1, 2010, the MQD transitioned all behavioral health services provided to QUEST adult beneficiaries by AMHD and the CCS program into the QUEST health plans. MQD observed that neither behavioral health outcomes nor medical outcomes were improved for this population, and the fragmentation among multiple health plans created confusion for patients and providers alike.

Effective March 1, 2013, CCS will be converted from primarily a third party administrator contract to a Pre-paid Inpatient Health Plan (PIHP), and MQD intends to transition all adults to receive their specialized behavioral health services through CCS. The following describes the current alternative service delivery options for adults until all adults can be transitioned to the CCS program to receive their specialized behavioral health services as described in this protocol.

1. AMHD

MQD had a MOU with AMHD to provide services to Medicaid beneficiaries. Currently, AMHD provides specialized behavioral health services to approximately 1,200 Medicaid ABD adults, until this population can be transitioned to the CCS program. AMHD bills specialized behavioral health services to the MQD through a FFS process.

Referrals to AMHD occur through either the beneficiary (self-referral) by calling the AMHD access line, or by beneficiary choice after a health plan referral and determination of eligibility. AMHD considers all referrals through an assessment process and uses the same criteria as listed in section A above. If the individual meets criteria, AMHD will notify MQD, develop an individual service plan, and begin providing services.

Currently, the QExA health plans make referrals for adult members identified with a SMI/SPMI. All referrals are reviewed by a MQD

physician for eligibility. Eligible beneficiaries can choose to receive their specialized behavioral health services through AMHD or CCS, until the transition at which time they will only be able to receive the specialized behavioral health services through CCS.

The specialized behavioral health services provided by AMHD include both intensive case management and targeted case management. These services are distinct from the services provided through the managed care health plans.

2. CCS

The CCS program provides specialized behavioral health services to approximately 900 Medicaid ABD adults. MQD awards the CCS program to a contractor through a Request for Proposals (RFP) to provide specialized behavioral health services to eligible adults as a PIHP. Certain new services may be reimbursed on a fee-for-service basis until able to be incorporated into the capitation rates.

Currently, the QExA health plans make referrals for adult members identified with a SMI/SPMI. All referrals are reviewed by a MQD physician for eligibility. Eligible beneficiaries can choose to receive their specialized behavioral health services through AMHD or CCS, until the transition at which time they will only be able to receive the specialized behavioral health services through CCS. Once enrolled in CCS, CCS performs an assessment and develops an individual service plan.

3. Managed Care Health Plans

All managed care health plans provide all their beneficiaries with first line behavioral health services. Currently, the QUEST health plans also provide approximately 2,000 adults with specialized behavioral health services, until this population is transitioned to receive specialized behavioral health services through CCS. Payment to the health plans is incorporated into their capitation rates. The health plans identify adult members with a SMI/SPMI and perform an assessment to develop an individual service plan. Certain specialized services are provided by CCS instead of the health plan.

Regardless of the specialized behavioral health service delivery option an adult utilizes, the individual will have access to the same specialized behavioral health services. This will be clear, and the delivery system will be more integrated, once MQD successfully transitions all adults with SMI/SPMI to receive their specialized behavioral health services through the CCS program.

IV. COVERED SPECIALIZED BEHAVIORAL HEALTH SERVICES

The standard behavioral health services are State plan services. The covered specialized behavioral health services include those covered under the State plan and those covered under the section 1115 demonstration. These services may be provided through CAMHD or through AMHD, CCS, or health plans. The State plan services are listed below with details available in the State plan. The 1115 demonstration services are described in detail below, and these services are not available through the health plans. Individuals receiving specialized behavioral health services through the health plans in need of these additional services can receive them either through AMHD or CCS.

A. State Plan Standard Behavioral Health Services

1. Acute Psychiatric Hospitalization
2. Diagnostic/Laboratory Services
3. Electroconvulsive Therapy
4. Evaluation and Management
5. Methadone Treatment
6. Prescription Medications
7. Substance Abuse Treatment
8. Transportation

B. State Plan Specialized Behavioral Health Services

1. Assertive Community Treatment (intensive case management and community-based residential programs)
2. Biopsychosocial Rehabilitation
3. Crisis Management
4. Crisis Residential Services
5. Hospital-based Residential Programs
6. Intensive Family Intervention
7. Intensive Outpatient Hospital Services
8. Therapeutic Living Supports and Therapeutic Foster Care Supports (Addendum D includes the State plan pages for these Community Mental Health Rehabilitative Services)

C. 1115 Demonstration Specialized Behavioral Health Services

1. Clubhouse
 - a. A Clubhouse is a local community center that offers people who have mental illness opportunities to achieve their full potential by forming a community of people who are working together to achieve a common goal. A Clubhouse is organized to support people living with mental illness.
 - b. Clubhouse is an organization accredited by International Center for Clubhouse Development (ICCD). ICCD is an organization that provides resources for communities to create solutions for people with mental illness.
 - c. MQD would reimburse this service utilizing half-day and full-days attending Clubhouse.
2. Peer Specialist

- a. The peer specialist works in collaboration with interdisciplinary team members to assist beneficiaries to:
 - i. Understand recovery and the value of every individual's recovery experience;
 - ii. Identify strengths and needs for recovery;
 - iii. Understand and set goals for recovery;
 - iv. Determine the objectives needed to reach beneficiary-centered recovery goals; and
 - v. Help beneficiaries create, maintain and utilize their own recovery plan.
 - b. Peer specialists shall be certified by AMHD as part of their Hawaii Certified peer specialist (HCPS) program. Peer specialists are persons who have self-identified themselves as receiving (or previously received) mental health services for their own personal recovery.
 - c. These individuals help SMI beneficiaries by providing support to others who are facing a similar situation they have faced in the past. Peer specialists promote self-determination, personal responsibility, and community integration for beneficiaries.
3. Representative Payee
- a. A representative payee is an individual or organization that is chosen for a beneficiary that cannot manage or direct someone else to manage his or her money. This benefit is only for those without access to the social security representative payee program.
 - b. The main responsibilities of a payee are to use the beneficiary's income to pay for the current and foreseeable needs of the beneficiary and properly save any income not needed to meet current needs. A payee must also keep records of expenses. Reports shall be provided quarterly on each beneficiary's account.
4. Supportive Employment
- a. Supported employment includes activities needed to obtain and sustain paid work within the general workforce by beneficiaries and includes assisting the participant in locating and acquiring a job, or working with an employer to develop or customize a job on behalf of the beneficiary, transitioning the beneficiary from volunteer work to paid employment, and assisting the beneficiary in maintaining an individual job in the general workforce at or above the state's minimum wage.
 - b. Supported employment support is conducted in a variety of settings to include self-employment. With regard to self-employment, individual employment support services may include:
 - i. Aiding the beneficiary to identify potential business opportunities;
 - ii. Assisting in the development of a business plan, including potential sources of business financing and other assistance in including potential sources of business financing and other assistance in developing and launching a business;
 - iii. Identifying the supports that are necessary in order for the beneficiary to operate the business; and
 - iv. Providing ongoing assistance, counseling and guidance once the business has been launched.

5. Supportive Housing

- a. This is housing-based care management focused on ensuring housing stability, recognizing housing's role as an essential platform for recovery and improved health.
- b. The service will include assisting individuals with finding and retaining housing such as Section 8, Section 811, other Housing and Urban Development (HUD) programs, and public housing.
- c. Available to previously homeless individuals or others in public housing.