The Texas Department of State Health Services (DSHS), the state’s mental health and substance abuse authority, developed a continuity of care task force to recommend a range of reforms.

- Identified individuals that require specialized home and community-based supports to successfully attain and maintain independence in the community.

These recommendations led to legislative direction and appropriation of funds to establish a Home and Community Based Services program for adults with severe mental illness and extended inpatient stays.

The Legislature further directed that Health and Human Services Commission (HHSC) and DSHS seek a Medicaid state plan amendment under the Social Security Act § 1915(i) to obtain federal Medicaid matching funds for the Home and Community-based Services-Adult Mental Health (HCBS–AMH) program.
The purpose of the Home and Community-Based Services–Adult Mental Health Program (HCBS-AMH) is to provide home and community-based services to adults with extended tenure in state mental health facilities in lieu of them remaining as long term residents of those facilities.

- These individuals no longer require an inpatient level of treatment, but need specialized supports so that they may return to the community and function successfully.

- Such supports currently are not available through existing community-based mental health and disability programs.

- The HCBS-AMH program provides an array of services, appropriate to each individual’s needs, to enable these individuals to live and experience successful tenure in their community.
  - Services provided in individual’s chosen community
  - Services that support long term recovery from mental illness
Must be 18 years of age or older

Diagnosis of serious mental illness (SMI);

Extended tenure (three or more cumulative or consecutive years) in an inpatient psychiatric hospital during the five years prior to enrollment;

Meet functional and financial eligibility

Services provided in the program can reasonably be expected to improve the condition of the individual or prevent further regression

Individual is not eligible if participating in any other HCBS program:

- Long-term Services and Supports (LTSS);
- Community Living Assistance and Support Services (CLASS);
- Deaf Blind with Multiple Disabilities (DBMD);
- Home and Community-based Services Waiver (HCS);
- Texas Home Living Waiver (TxHml); or
- STAR+PLUS HCBS Waiver.
Independent Evaluation and Assessment

- Individuals who evaluate eligibility and/or assess the level of services and supports needed by an individual will be independent of those providing services.

- Both the initial and annual assessments will be completed in a face-to-face interview by qualified mental health professionals who are not providers of HCBS-AMH services.
  - DSHS employee or independent qualified agent

- The evaluations and assessments will be conducted using a standardized assessment tool that includes uniform assessment criteria developed by DSHS.
  - Adult Needs and Strengths Assessment (ANSA)
  - ANSA is designed to support recovery planning, facilitate quality improvement, and to allow for the monitoring of clinical outcomes.
  - The ANSA was developed from a communication perspective and can facilitate a relationship between the assessment process and the development of individualized recovery plans—including the application of evidence-based practices.
HCBS-AMH Services

- Host Home/Companion Care;
- Supported Home Living;
- Supervised Living Services;
- Assisted Living;
- HCBS-AMH Rehabilitation services;
- Employment Services
  - Supported employment;
  - Employment assistance;
- Minor home modifications;
- Home-delivered meals;
- Transition assistance;
- Adaptive aids;
- Transportation services (non-duplicative of state plan medical transportation);
- Community Psychiatric Supports and Treatment
- Peer support;
- Respite care (short term);
- Substance use disorder services;
- Nursing;
- Recovery Management; and
- Flexible Funds
Billing and Rates

- HCBS-AMH enrollees are served through a fee-for-service delivery system where providers are paid for each service.

- Providers must be Medicaid providers and will bill DSHS directly.

- Rates are posted at Health and Human Services Commission’s website at http://www.hhsc.state.tx.us/rad/long-term-svcs/amh/index.shtml
HCBS-AMH Provider Agency:
- Provider agency shall ensure that all HCBS-AMH services are available to all individuals enrolled in the provider agency’s service area.

Recovery Managers:
- Provide an intensive level of case management
- Each individual will be afforded the services of an independent Recovery Manager, who will support the individual in all aspects of their recovery process, including:
  - Assisting the individual in gaining access to needed services and other resources;
  - Making informed choices according to individual needs and preferences;
  - Resolving issues impeding recovery;
  - Developing strategies/resources to promote recovery; and
  - Monitoring and coordinating the provision of all HCBS-AMH services provided to the individual
- Provide transitional services to individuals transitioning from the SH to community
  - Services vary from 3 to 6 months
  - Case rate and per diem rate
  - Helps ensure a smoother transition of individuals into the community
  - Money Follows the Person Pilot Program
An individual can be referred to HCBS-AMH from the state hospital or the community.

Eligibility determinations are made by DSHS.

Once an individual is referred, DSHS conducts an independent evaluation that verifies the individual meets:

- initial criteria;
- has an anticipated benefit from HCBS-AMH services; and
- meets functional and financial eligibility.

Individuals determined eligible shall be enrolled in the program (by DSHS).
DSHS will contract with HCBS-AMH Recovery Management Entities and HCBS-AMH Provider Agencies through a separate OE and independent provider agreement.

- Centers for Medicaid and Medicare Services (CMS) require conflict free case management, therefore, Recovery Management must be provided independently of all other HCBS-AMH services.

DSHS will be working with Health and Human Services Commission’s Procurement and Contracting Services (PCS) Division in the enrollment of providers. PCS will be the point of contact for the procurement of the OE.

All procurement related questions should be referred to Procurement and Contract Services (PCS). Questions concerning requirements relating to the dates of submission and the completion of required forms should be forwarded to PCS at pcs_cst_hhsc@hhsc.state.tx.us.
PERSON-CENTERED RECOVERY PLANNING

The Centerpiece of HCBS-AMH
What is PCRP?

- PCRP is the collaborative process resulting in a recovery oriented plan
- Utilized by all HCBS-AMH service providers throughout the provision of services.
- Is directed by the individual with the individual in the driver’s seat of their own recovery
- Produced in partnership with care providers and natural supporters for treatment and recovery
- A shift from the “traditional” treatment planning process
- For additional information on PCRP, visit Texas Mental Health Resource (viaHope) website at [http://www.viahope.org/](http://www.viahope.org/)

The Individual Recovery Plan (IRP) is developed for each individual receiving HCBS-AMH services using Person Centered Recovery Planning.

Creation of an individualized recovery plan (IRP) is the responsibility of the individual and recovery manager.

The IRP shall be developed with the full participation of:
- The individual;
- LAR;
- Natural supports;
- Individual’s interdisciplinary team (IDT); and
- Service providers.

The IRP must be approved by DSHS prior to the provision of HCBS-AMH services.
Via Hope partnered with HCBS-AMH to develop online and in person trainings.

Currently, three online modules available that provide an overview of recovery and an introduction to PCRP.

In person PCRP trainings are anticipated to begin in August 2015

For access to online modules, visit http://www.viahope.org/
Future Plans for PCRP

- Via Hope to provide six in person trainings in FY15 and FY16
- DSHS staff to be trained in PCRP
- DSHS to be a resource for technical assistance to centers utilizing PCRP
HCBS-AMH services are provided in “home and community-based settings”, including:

- Individual homes;
- Apartments;
- Adult foster homes;
- Assisted living facilities; and
- Small (3-4 bed) community-based residences.

HCBS-AMH settings do not include the following:

- A nursing facility;
- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities;
- A hospital providing long-term care services; or
- Any other locations that have qualities of an institutional setting.
In accordance with Code of Federal Regulations §441.530 Home and Community-Based Settings qualifications include:

- The setting is integrated in and supports full access to the greater community;

- The setting is selected by the individual and documented in the Individual Recovery Plan (IRP) and is based on the individual's needs, preferences, and resources available for room and board; and

- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint

Code of Federal Regulations §441.710:

- [http://www.ecfr.gov/cgi-bin/text-idx?SID=0d6b4b979e777ae9ee1a8502dc64111c&mc=true&node=se42.4.441_1710&rgn=div8](http://www.ecfr.gov/cgi-bin/text-idx?SID=0d6b4b979e777ae9ee1a8502dc64111c&mc=true&node=se42.4.441_1710&rgn=div8)
One of the biggest barriers for individuals is finding safe and affordable housing.

HCBS-AMH partnered with Texas Department of Housing and Community Affairs (TDHCA) for Project Access and Section 811.
10 Section 8 Housing Vouchers Funded by TDHCA

ELIGIBILITY:

- An applicant must be either a current resident of a state funded hospital bed, or have discharged from a state funded hospital bed within 60-days of the date of application.
- No recent felonies (must be older than 5 years, multiple misdemeanors okay) – will be screened twice; once at TDHCA and again at local PHA.
- Must be connected to ongoing service provider.
REFERRAL PROCESS:

• Recovery Manager completes application
• Submit referral directly to TDHCA
• Ensure appropriate contact person listed on Application Cover Sheet
• Ensure LMHA providers are notified (not just documented in chart)
• Requires person be able to leave Hospital to attend appointments in community and/or search for housing

- For more information on Project Access, see www.tdhca.state.tx.us/section-8/project-access/index.htm
15 metropolitan statistical areas (MSAs)
- Austin-Round Rock
- Brownsville-Harlingen
- Dallas-Fort Worth-Arlington
- El Paso
- Houston-The Woodlands-Sugar Land
- McAllen-Edinburg-Mission
- San Antonio-New Braunfels

Project Based housing (vouchers are tied to specific projects)
Specifically for those with disabilities and Medicaid eligible
Implementation to begin summer 2015.
For more information on becoming a property owner in Section 811, visit www.tdhca.state.tx.us/section-811-pra/index.htm
Housing First

Gives individuals what they need most, homes!

Community benefits of providing housing to identified populations:
- Reduce costs
- Reduce re hospitalizations
- Reduce incarceration rates
- Reduce homelessness
Money Follow the Person-Behavioral Health Pilot (MFP BH)

MFP BH has been an integral pilot in shaping the HCBS-AMH program

- The MFP BH Pilot is a federally funded pilot designed to assist Medicaid eligible individuals successfully transition to the community from nursing homes.
  - 180 days pre-transition; 365 days post-transition MFP-BH services
  - Services include Cognitive Adaptation Training (CAT) and Substance Abuse Treatment, specialized for individuals leaving institutions

- MFP BH targets adults who have lived in facilities for at least three months to several years, meets nursing facility medical criteria and have mental illness and/or substance use disorders.

- Individuals transition to live in apartments, homes, and assisted living facilities and receive home and community-based services via their Medicaid managed care organization.
In alignment with HCBS-AMH program goals

- Transition adults with severe mental illness and/or substance abuse disorders from nursing facilities and state hospitals to the community

- Successfully support individuals in the community by integrating mental health and substance abuse services with long term care services and supports

- Result in positive, long-term changes to the Medicaid system
Behavioral Health Pilot Results

Over 70% of those that transitioned from to the community under the pilot have maintained independence in the community.

Participant Perspective: Real stories illustrating the impact of the Pilot on people who have successfully relocated back to their communities.
Lessons Learned from MFP-BH

Helped inform development of the HCBS-AMH array:

- Coordination / management of services/supports is critical
- Individuals have multiple challenges: physical, cognitive, psychological, requiring a flexible range of services
- Cognitive challenges of mental illness can be mitigated using services such as CAT, increasing self-reliance
- Housing and residential services sensitive to the needs of people with SMI are important and can be challenging to find / arrange
- Substance use disorders must be addressed as part of promoting independence
In 2010 DSHS initiated a small pilot at the San Antonio State Hospital (SASH)

The Pilot provides some MFP services (CAT, SUD, relocation assistance) to individuals seeking to leave extended commitment

DSHS is working with UT Austin Addiction Research Institute to evaluate lessons learned in the SASH Pilot
COMMUNITY LIVING SKILLS PROJECT

- Project to provide support to 10 individuals in San Antonio and Austin State Hospitals that meet similar HCBS-AMH initial eligibility criteria.

- Individual cases were reviewed to determine if functional and clinical needs could be improved by building upon the individual’s community living skills.
CLS Services

CLS services were intended to foster skill development necessary for transition to life in the community and included the provision of the services listed below, as clinically indicated:

- Recovery management (RM);
- Rehabilitation services; and
- Psychiatric supports and treatment.
Rapport building in addition to case management and Cognitive Adaptive Training (CAT) will assist long term residents of a SH successfully transition to the community.

Working in the SH 1:1 and in conjunction with the SH IDT will assist the individual develop increased skills for independent living.

Consistency with the same RM from SH to community will aid in successful transition and foster individuals in maintaining independence.
Rapport building timeframes between RM and individual varied

Initial interactions with an individual influences their level of engagement throughout the process and can affect positive treatment outcomes

Immediate supports were identified to ensure the individual could transition to the community within 3-6 months:
- Documents to apply for benefits
- Housing
- Utilizing PCRP to assist individual in realistic goal setting
Early involvement and education of family and LAR (if applicable) was beneficial

Process for RM and HCBS-AMH providers to work in SH was identified
Moving Forward

- SS Pre-Release agreement has been executed with DSHS.

- SPA has been formally submitted and is in negotiations with CMS.
  - Funded through general revenue until negotiations with CMS are finalized.

- Recovery Management and Service Provider Open Enrollments have been posted.
  - Slow Roll Out
  - Program Benefits

- Expansion
  - Rider 61b. Expansion of base budget to serve additional populations:
    - Divert populations from jails and ERs into community-based treatment programs
Please visit the HCBS-AMH website for an overview of the program and a list of services and service descriptions:

http://www.dshs.state.tx.us/mhsa/hcbs-amh/

Program email: HCBS-AMH@dshs.state.tx.us

Referral and Enrollment Liaison:
Joy Kearney, MA, BC-DMT
Program Specialist
Home and Community Based Services-Adult Mental Health
Mental Health Substance Abuse Division
(512)206-5877
joy.kearney@dshs.state.tx.us

Recovery Management Liaison:
Kristin Shilson
Program Specialist
Home and Community Based Services-Adult Mental Health
Mental Health Substance Abuse Division
(512)206-4852
kristin.shilson@dshs.state.tx.us

Provider Liaison:
Amy Pedersen, MPH
Program Specialist
Home and Community Based Services-Adult Mental Health
Mental Health Substance Abuse Division
(512)206-4580
amy.pedersen@dshs.state.tx.us
Questions?
Thank you!