

APPENDIX I: FOUNDATIONAL COMMUNITY SUPPORTS PROGRAM

Washington State Medicaid Transformation Project Section 1115(a) Medicaid Demonstration Approved January 9, 2017

1. Community Transition Services Description

1. A. Community Transition Services (CTS). One-time supports designed to assist eligible clients transitioning out of institutional settings, or prevent eligible clients from entering institutional settings. Supports cover expenses necessary to enable an eligible client to obtain an independent, community-based living setting. These expenses do not constitute room and board. CTS eligibility criteria include Medicaid clients age 18 and older, who meet the following criteria:

- a. But for the provision of such services, the client would require admission into an institutional setting, or,
- b. Is transitioning out of an institutional setting and, but for the provision of such services, would not be able to access and maintain a community-based setting.
- c. Exhibit one or more of the following characteristics:
 - a. Chronically homeless, as defined by the US Department of Housing and Urban Development
 - b. Frequent or lengthy institutional contacts,
 - c. Frequent or lengthy adult residential care stays,
 - d. Frequent turnover of in-home caregivers,
 - e. Have a Predictive Risk Intelligence System (PRISM) Score of 1.5 or above
 - i. PRISM integrates medical, social service, behavioral health and long-term care data to assess an individual's projected service needs.
- d. For the purposes of CTS, institutional settings include:
 - a. Settings requiring a nursing facility level of care, or
 - b. Inpatient medical hospitals, or
 - c. Inpatient behavioral health hospitals and facilities

1. B. CTS benefits package. Administered by the state, or its delegate, the CTS benefit package will be offered to eligible clients through a person-centered planning process where eligible services are identified in the plan of care, up to an appropriate limit as specified by the state. CTS consists of the payment of expenses that would otherwise be allowable under a Section 1915(c) authority, and are determined to be necessary for an eligible client to transition to, or remain in, a community setting. Eligible expenses include:

- a. Security and/or rental deposits (not to exceed the equivalent of two month's rent) that are required to obtain a lease on a home or apartment;
- b. Essential furnishings such as a bed, a table, chairs, window blinds, eating utensils and food preparation items;
- c. Moving expenses required to occupy a home or apartment;

- d. Set-up fees or deposits for utility or service access such as telephone, electricity, and heating; and
- e. Health and safety assurances such as pest eradication, allergen control or one-time cleaning prior to occupancy.

This benefit does not include:

- a. Ongoing payment of rent or other room and board costs;
- b. Capital costs related to the development or modification of housing;
- c. Ongoing expenses for utilities or other regular occurring bills; and
- d. Goods or services intended for leisure or recreation.
- e. Services that are duplicative of other federal programs.

2. Community Support Services Description

2. A. Community Support Services (CSS). Ongoing supportive services designed to support an eligible client's placement in an independent, community-based setting, as established in the eligible client's functional needs assessment and person-centered service plan. CSS eligibility criteria include Medicaid clients; age 18 or older; who are in need of Community Support Services, as determined by a functional needs assessment. The assessment must determine that one or more of the following characteristics are present:

- a. Chronically homeless, as defined by the US Department of Housing and Urban Development
- b. Frequent or lengthy institutional contacts as defined in the functional needs assessment
- c. Frequent or lengthy adult residential care stays as defined in the functional needs assessment
- d. Frequent turnover of in-home caregivers as defined in the functional needs assessment
- e. Have a Predictive Risk Intelligence System (PRISM) Risk Score of 1.5 or above
 - a. PRISM integrates medical, social service, behavioral health and long-term care data to assess an individual's projected service needs

2. B. CSS benefits package. Administered by the state, or its delegate, CSS benefit package will be offered to eligible clients through a person-centered planning process where eligible services are identified in the plan of care up to a specified limit as defined by the state. CSS includes services that would otherwise be allowable under a Section 1915(c) or 1915(i) authority, and are determined to be necessary for an individual to obtain and maintain an independent community placement. CSS may include one or more of the following components:

- a. Restoration, rehabilitation and support to develop skills to locate, rent and keep a home, landlord/tenant negotiations, selecting a roommate and renter's rights and responsibilities.
- b. Solution focused, person-centered interventions with the goal of assisting in the development of social interpersonal, self-care, daily living and independent living skills to address functional needs and adapt to community living.

- c. Identify strategies or treatment options associated with the eligible client's functional needs associated with daily living, financial management, housing, personal recovery or resilience, interpersonal relationships and community integration.
- d. Utilize strengths based planning and services and treatments.
- e. Services that allow eligible individuals to maintain community placement of their choice. Once tenancy is secured, services will focus on early intervention for behaviors that might jeopardize the individual's tenancy, training and coaching on roles, responsibilities, and rights of tenancy and landlord and relationship-building with managers, and neighbors as well as on-going training and support in household management.
- f. Crisis prevention and crisis management planning, including seeking other supports to restore stability and functioning.
- g. Transportation (only in conjunction with the delivery of an authorized service)

The CSS benefit does not include:

- a. Ongoing payment of rent or other room and board costs;
- b. Capital costs related to the development or modification of housing;
- c. Ongoing expenses for utilities or other regular occurring bills; and
- d. Goods or services intended for leisure or recreation.
- e. Duplicative services from other state or federal programs

3. Supported Employment Service Description

3. A. Supported Employment - Individual Placement and Support (IPS). Ongoing supports to participants who, because of their disabilities, need intensive assistance to obtain and maintain an individualized job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

IPS eligibility include Medicaid clients; age 16 or older; who are in need of IPS, as determined by a functional needs assessment. The assessment must determine that one or more of the following characteristics are present:

- a. Enrolled in the state Housing and Essential Needs (HEN) or Aged, Blind or Disabled (ABD) program
- b. A diagnosed Serious and Persistent Mental Illness (SPMI)
- c. Multiple instances of inpatient substance use treatment
- d. Co-occurring mental and substance-use disorders
- e. Working age youth, age 16 and older, with a behavioral health diagnosis
- f. Receiving long-term services and supports

3. B. IPS Benefits Package. Administered by the state, or its delegate, the IPS benefit package will be offered to eligible clients through a person-centered planning process where eligible services are identified in the plan of care up to a specified limit as defined by the state. IPS includes services that would otherwise be allowable under a Section 1915(i) authority, and are determined to be necessary for an individual to obtain and maintain employment in the community. IPS services are individualized and may include any combination of the following services:

- a. Pre-vocational/job-related discovery or assessment
- b. Person-centered employment planning
- c. Career advancement services
- d. Individualized Job development and placement
- e. Negotiation with and follow along supports to employers
- f. Job analysis
- g. Job carving
- h. Job coaching
- i. Benefits education and planning
- j. Transportation (only in conjunction with the delivery of an authorized service)
- k. Asset development
- l. Follow-along supports

The IPS benefit does not include:

- a. Generalized employer contacts that are not connected to a specific enrolled individual
- b. Employment support for individuals in subminimum or sheltered workshop settings
- c. Habilitation services
- d. Wage or wage enhancements for individuals
- e. Duplicative services from other state or federal programs

4. HCBS requirements

4. A. Person-Centered Planning. The state agrees to use person-centered planning processes to identify eligible clients' Foundational Community Supports needs, the resources available to meet those needs, and to provide access to additional service and support options as needed.

4. B. Conflict of Interest. The state agrees that the entity that authorizes the services is external to the agency or agencies that provide FCS services. The state also agrees that appropriate separation of assessment, treatment planning and service provision functions are incorporated into the state's conflict of interest policies.

4. C. Home and Community-Based Setting Requirements. The state will assure compliance with the characteristics of home and community-based settings for those services that could be authorized under sections 1915(c) and 1915(i).

5. Reimbursement

5. A. Methodology. Reimbursement for authorized FCS services shall be based on Medicaid fee schedules established by the state. FCS rates are determined based on other comparable programs providing similar services.

5. B. Standards for Payment.

- a. Providers must meet qualifications for participation in the program as established by the state, and be contracted to provide program services by the state's delegate.
- b. Client receiving services must be determined to be eligible for program based on a functional needs assessment
- c. All services must be prior authorized and consistent with the individual's person-centered plan
- d. Contracted providers may subcontract for delivery of services, in compliance with relevant state and federal regulations

6. Administrative Approach. The state shall delegate administrative functions of FCS to an administrative entity responsible for:

- a. Building and maintain provider networks for FCS services
- b. Confirming client functional eligibility via independent evaluation
- c. Authorization of services
- d. Distribution of reimbursement payments
- e. Reporting service and outcome data
- f. Administration of a statewide waitlist
- g. Coordination with MCOs, BHOs, LTSS providers
- h. Quality and utilization management