

Department of Human Services

OAR Narratives by Strategic Initiative

Behavioral Health & Addiction

Expand access to community-based behavioral health supports through 1915i Medicaid State Plan amendment

This OAR would expand access to community-based recovery supports for Medicaid enrollees age 18 and older who have a behavioral health condition and/or brain injury and currently are experiencing one or more of the following needs-based criteria: housing instability, intensive service utilization such as frequent emergency room (ER) visits, and/or criminal justice involvement.

For persons who qualify, services proposed under this 1915i Medicaid State Plan amendment include supports for housing, employment, education, transitions out of homelessness or institutional living, and peer support. Housing supports include tenancy support services to help individuals access and maintain stable housing in the community; employment supports include individualized services to assist individuals to obtain and keep competitive employment at or above the minimum wage. Educational supports assist persons who want to continue their education or formal training with a goal of achieving skills necessary to obtain employment.

Transition supports include coverage for goods and services specified in an individual's person-centered plan to address barriers to recovery and to support community integration and may include: security deposits, furniture and transportation. Peer supports include services delivered by trained and certified individuals who have experience as recipients of behavioral health services and share personal, practical experience, knowledge and first-hand insight to benefit service users. Funding these community-based services and supports through Medicaid has the advantage of leveraging existing payor infrastructure while securing over 50% federal match for services.

To implement this solution, the state will submit the 1915i state plan amendment to the Centers for Medicare and Medicaid Services (CMS) and expects to spend about 12 months developing the state plan, securing the stakeholder input, and working with CMS to gain approval.

Implementation is expected at the start of State Fiscal Year 2021.

Accompanying this implementation, DHS also expects that increased costs for community-based services will be partially offset by decreases in the costs of treatment and other health-care expenditures such as emergency department utilization and inpatient psychiatric treatment.