Improving Behavioral Health Services in Rural Communities through Medicaid

July 26, 2023
For over 35 years, the National Academy for State Health Policy (NASHP) has been a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.
Challenges in Behavioral Health Care Access for Rural Communities

People living in rural areas face multiple challenges when seeking behavioral health care, including:

• Workforce Shortages: Limited availability of mental health professionals and facilities in rural regions.
• Travel Distance: Need to travel longer distances to access behavioral health services, leading to logistical and financial burdens.
• Stigma: Greater social stigma surrounding mental health issues, inhibiting help-seeking behavior.

Impact on Rural Communities:

• Higher Rates of Unmet Needs: Limited access to care results in a higher proportion of untreated mental health conditions.
• Higher Suicide Rates: Inadequate access to support contributes to elevated suicide rates in rural populations.
Today’s Guests

Monica Haugen
1915(i) Program
Administrator, North Dakota
Behavioral Health

Malissa McEntire
Senior Director of Adult
Outpatient Services,
Oklahoma Department of
Mental Health and
Substance Abuse Services
1915(i) Medicaid
Community Behavioral Health Support
What is the 1915(i)?

- Fills gaps in behavioral health service delivery throughout ND; supporting people in their homes and in their community of choice
- Allows for the provision of Home and Community-Based Services that previously didn’t exist, or were not previously billable to Medicaid
Individual Eligibility Criteria

- Ages 0+
- Enrolled in Medicaid or Medicaid Expansion
- Household income at or below 150% of Federal Poverty Level
- Qualifying Behavioral Health diagnosis
- WHODAS 2.0 Assessment score of 25 or higher
- Meet requirements of Home and Community-Based Settings Rule
Target Population

- Individuals enrolled in Medicaid or Medicaid Expansion
- Individuals with behavioral health needs
- Individuals eligible for 1915(i) services
1915(i) Services

- Care Coordination (All ages)
- Peer Support (18+)
- Non-Medical Transportation (All ages)
- Housing Support (17.5+)
- Benefits Planning (All ages)
- Pre-Vocational Training (17.5+ or has GED/Diploma)
- Supported Employment (14+)
- Supported Education (5+)
- Respite (0-21)
- Training and Support for Unpaid Caregivers (All ages)
- Family Peer Support (0-18)
- Community Transition Service* (All ages)
Care Coordination

Individual → Care Coordinator

1915(i) Service #1

1915(i) Service #2

1915(i) Service #3

1915(i) Service #4
Current Flexibilities
Expanded Conflict of Interest Exemptions
EHR Diagnosis Verification
Future Flexibilities
Revisiting Provider Enrollment
Implementing Rural Differential Rate
Increasing Remote Service Delivery
Innovations and insights into leveraging Oklahoma’s CCBHC model to better serve individuals in rural communities needing to access behavioral healthcare.

Presenter
Malissa McEntire, Senior Director Adult Outpatient Services
History of CCBHC implementation in Oklahoma

- 2015 Ok Health Homes SPA
- 2016 CCBHC Planning Grant Implementation
- 2017 CCBHC 2-year Demonstration Grant
- 2019 Oklahoma State Plan Amendment for CCBHC
- Onboarded all 13 CMHCs to CCBHC model
- 2022 operating statewide with 13 CCBHCs
Statewide CCBHCs
(Certified Community Behavioral Health Centers)

- Red Rock
- NorthCare/Red Rock/*Hope-July 1
- NorthCare
- Grand Lake
- CREOKS
- Green Country
- The Lighthouse
- Family & Children’s Services/
  Recovery & Counseling Services
- Carl Albert CMHC
- Jim Taliaferro CMHC
- Central Oklahoma CMHC
- NW Center for Behavioral Health

Oklahoma
Tulsa

[Map of Oklahoma showing locations of CCBHCs]
• Oklahoma uses a Prospective Payment System (PPS2) for services delivered by a CCBHC.

• PPS2 is a cost-based, per clinic monthly rate that applies uniformly to all CCBHC services rendered by a certified clinic.
<table>
<thead>
<tr>
<th>Required Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Services</td>
</tr>
<tr>
<td>Screening, Assessment and Diagnosis</td>
</tr>
<tr>
<td>Primary Care Screening and Monitoring</td>
</tr>
<tr>
<td>Comprehensive Integrated Care Planning</td>
</tr>
<tr>
<td>Outpatient Mental Health &amp; Substance Use Services</td>
</tr>
<tr>
<td>Targeted Case Management</td>
</tr>
<tr>
<td>Psychiatric Rehabilitation</td>
</tr>
<tr>
<td>Peer Support &amp; Family Support Services</td>
</tr>
<tr>
<td>Veterans Services</td>
</tr>
<tr>
<td>Care Coordination</td>
</tr>
<tr>
<td>Outreach &amp; Engagement</td>
</tr>
<tr>
<td>Housing &amp; Employment Services</td>
</tr>
<tr>
<td>Integrated Care &amp; Health Promotion</td>
</tr>
</tbody>
</table>
Overview

ODMHSAS is building a comprehensive crisis response continuum to enhance services Oklahomans receive when experiencing a psychiatric emergency with the goal of providing immediate access at the lowest level of care.
Crisis response

URC & Crisis Center | Update

This map displays URC & Crisis Centers that are existing or scheduled to open soon.

- FY22 (Existing or Opening)
- FY23 (Opening)

Urgent Care and Crisis Centers

Urgent Care and Crisis Centers are places of stabilization and offer the community a no wrong door access to mental health and substance use care.

These facilities provide assessment and support, and are staffed 24/7/365 with a multidisciplinary team.
988 and statewide mobile response

Mobile Crisis Team

When needed, the 988 call center will dispatch statewide mobile crisis teams to the situation for further assessment and intervention. Approximately 70% of crisis situations can be resolved at this touchpoint.
Integrated Technology

Every law enforcement officer across the state will be equipped with 24/7 access to a licensed behavioral health practitioner to assist with assessment, evaluation, and connection to treatment.

Integrated Technology
Tablets continue to be dispersed among first responders, consumers, and staff across Oklahoma. On any given month, over 317 hours are provided via these integrated devices!
Thank you!

Presenter
Malissa McEntire, Senior Director Adult Outpatient Services
mmcentire@odmhsas.org
To Ask a Question:
- Click on the Raise your Hand icon to be unmuted
- Type your question into the Chat Box
BOSTON

#NASHPCONF23

IT'S A MARATHON
NOT A SPRINT
NASHP Resources

• The Rural Behavioral Health Crisis Continuum: Considerations and Emerging State Strategies

• Strategies Used by States to Link Medicaid Managed Care Plan Payment to Performance in Behavioral Health Service Delivery

• How North Dakota Uses 1915(i) to Provide Supportive Services to People with Behavioral Health Conditions in Rural Areas

• State Innovations in Medicaid Managed Care for Mobile Crisis Services
Thank you!

Please take a moment to complete our short survey.