

# Improving Behavioral Health Services in Rural Communities through Medicaid

July 26, 2023



NATIONAL ACADEMY  
FOR STATE HEALTH POLICY

[nashp.org](https://nashp.org)

# About NASHP

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

NORTH  
**Dakota** Be Legendary.

Health & Human 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



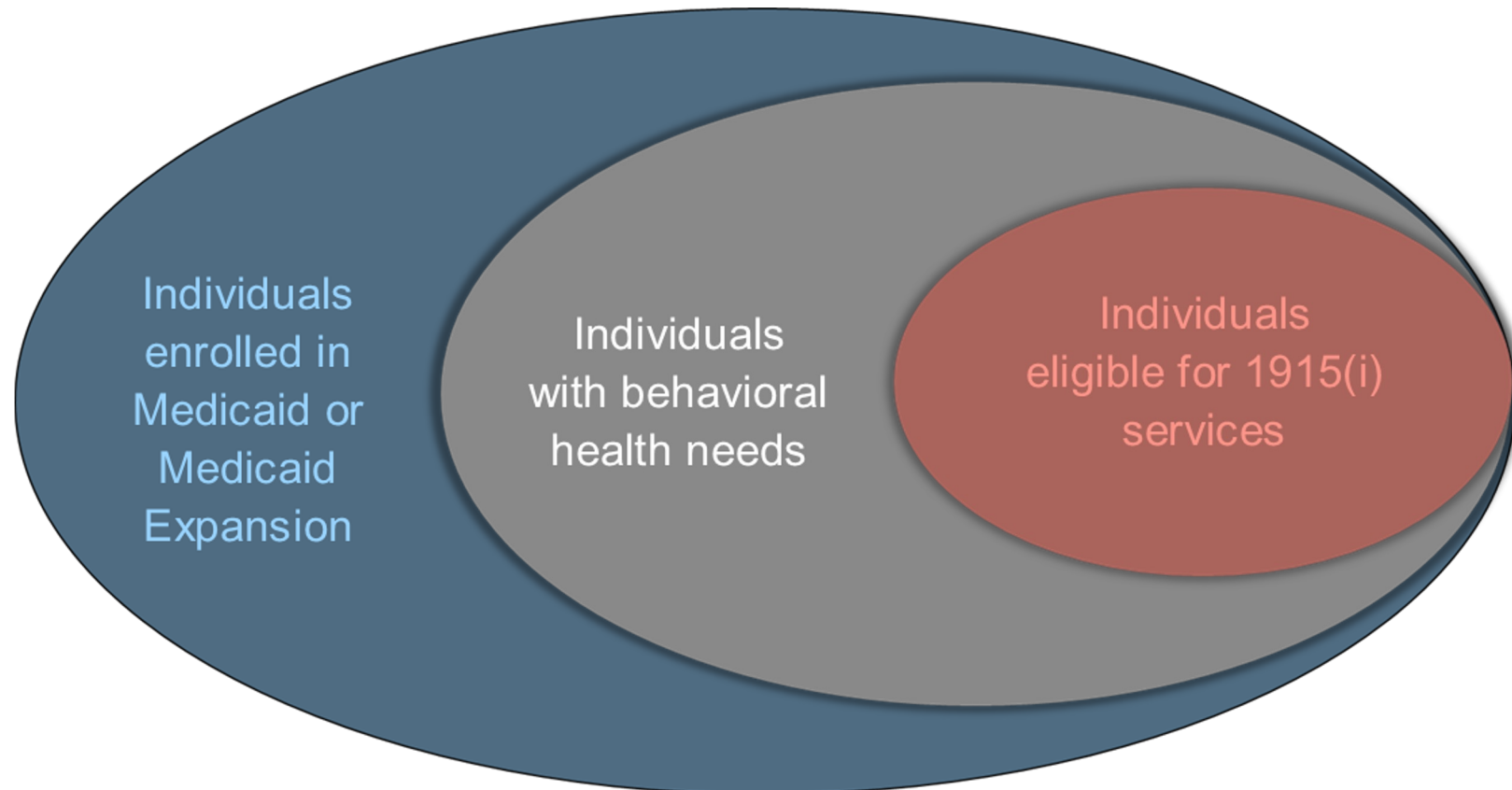


# Individual Eligibility Criteria

- 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





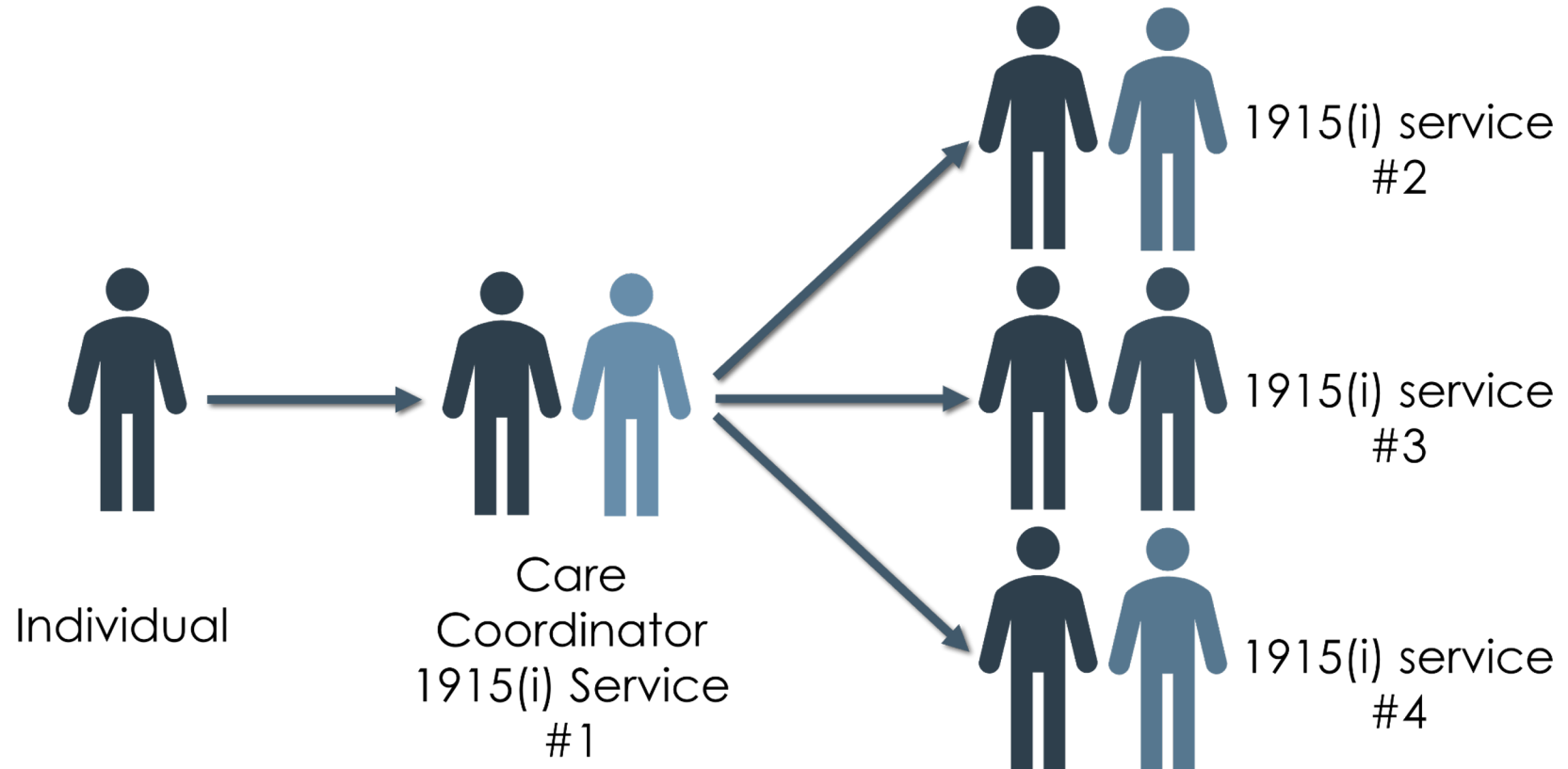
# 1915(i) Services

- 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



# Current Flexibilities



# Expanded Conflict of Interest Exemptions



# EHR Diagnosis Verification



# Telehealth WHODAS Administration



# Future Flexibilities



# Revisiting Provider Enrollment





# Implementing Rural Differential Rate



# Increasing Remote Service Delivery



# More Information



[mohaugen@nd.gov](mailto:mohaugen@nd.gov)  
[hhs.nd.gov/1915i](https://hhs.nd.gov/1915i)



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**OKLAHOMA**  
**Mental Health &  
Substance Abuse**

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SERVICES WITHIN REACH

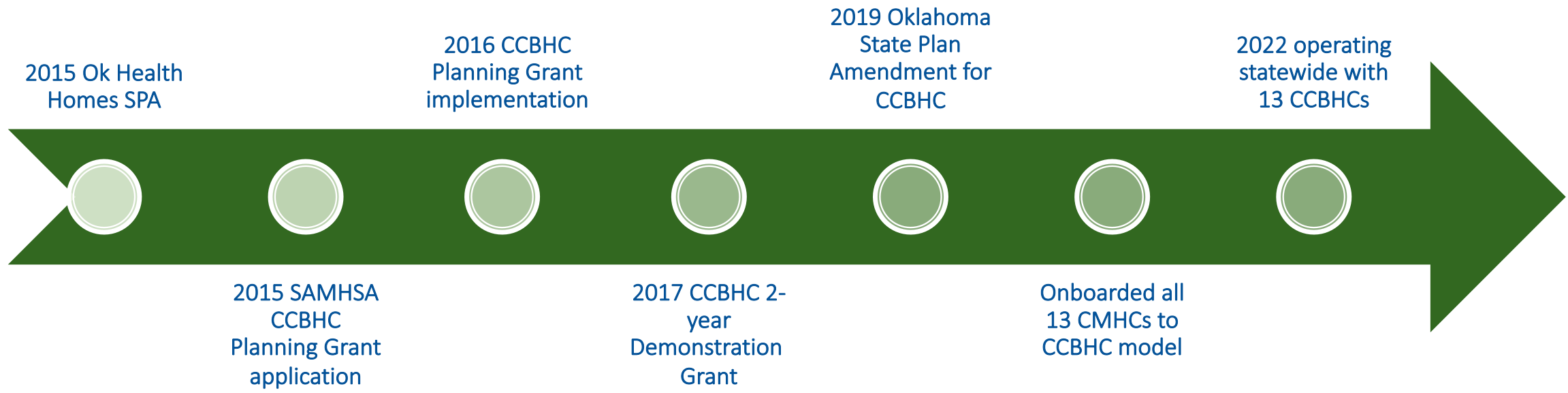
Innovations and insights into leveraging Oklahoma's CCBHC model to better serve individuals in rural communities needing to access behavioral healthcare.

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**Presenter**

Malissa McEntire, Senior Director Adult Outpatient Services

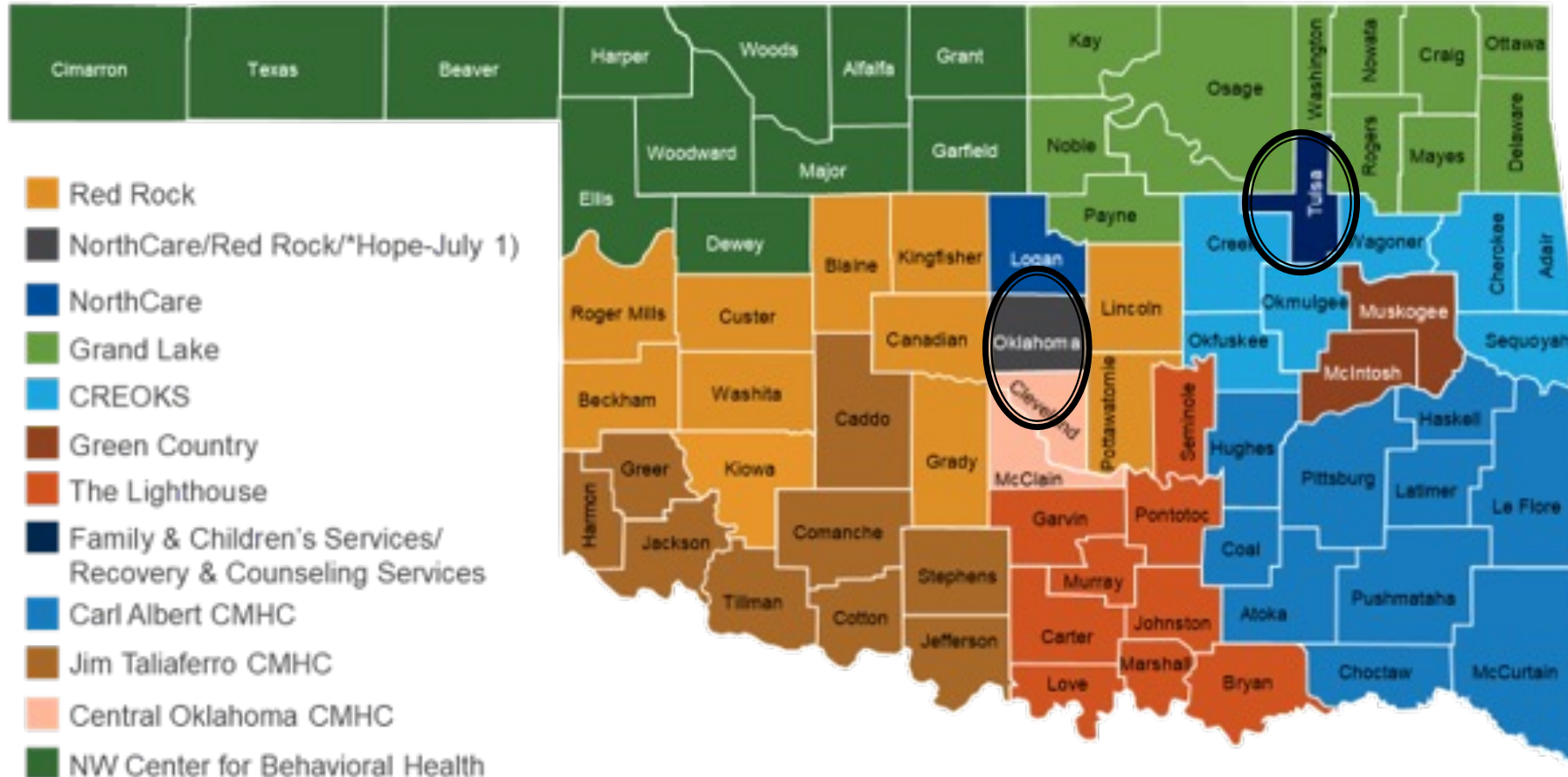
# History of CCBHC implementation in Oklahoma





# Statewide CCBHCs

(Certified Community Behavioral Health Centers)



# PPS2



- 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.





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Required  
Components

Crisis Services

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Screening, Assessment and Diagnosis

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Primary Care Screening and Monitoring

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Comprehensive Integrated Care Planning

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Outpatient Mental Health & Substance Use Services

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Targeted Case Management

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Psychiatric Rehabilitation

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Peer Support & Family Support Services

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Veterans Services

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Care Coordination

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Outreach & Engagement

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Housing & Employment Services

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Integrated Care & Health Promotion

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# 988 and statewide crisis response



## 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.

**OKLAHOMA's**  
Comprehensive  
Crisis Response 

# Crisis response



## URC & Crisis Center | Update

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

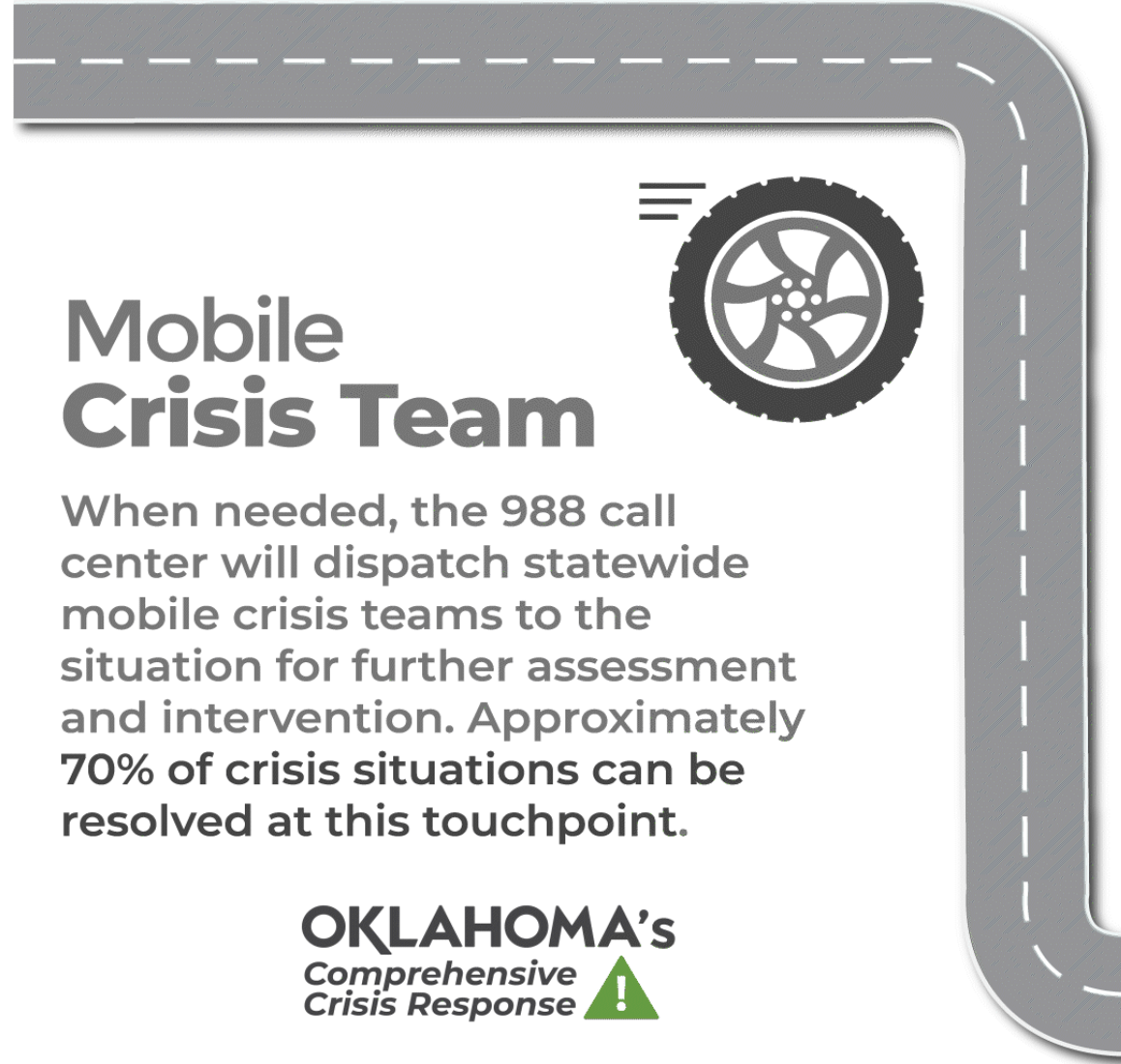


### Urgent Care and Crisis Centers

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.

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*Comprehensive  
Crisis Response* 

# Tablets



## Integrated Technology

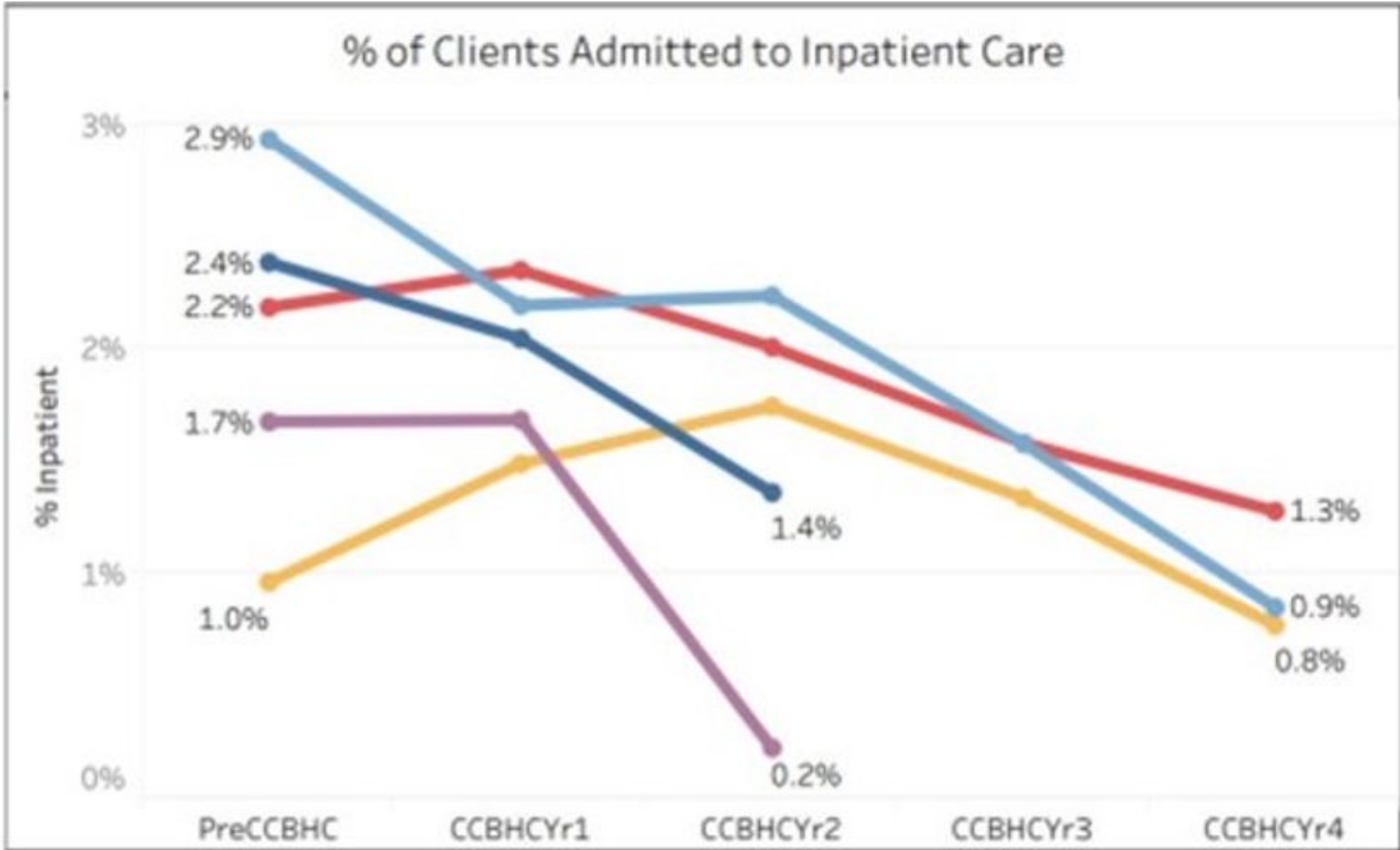
Every law enforcement officer across the state will be equipped with 24/7 access to a licensed behavioral health practitioner to assist with assessment, evaluation, and connection to treatment.

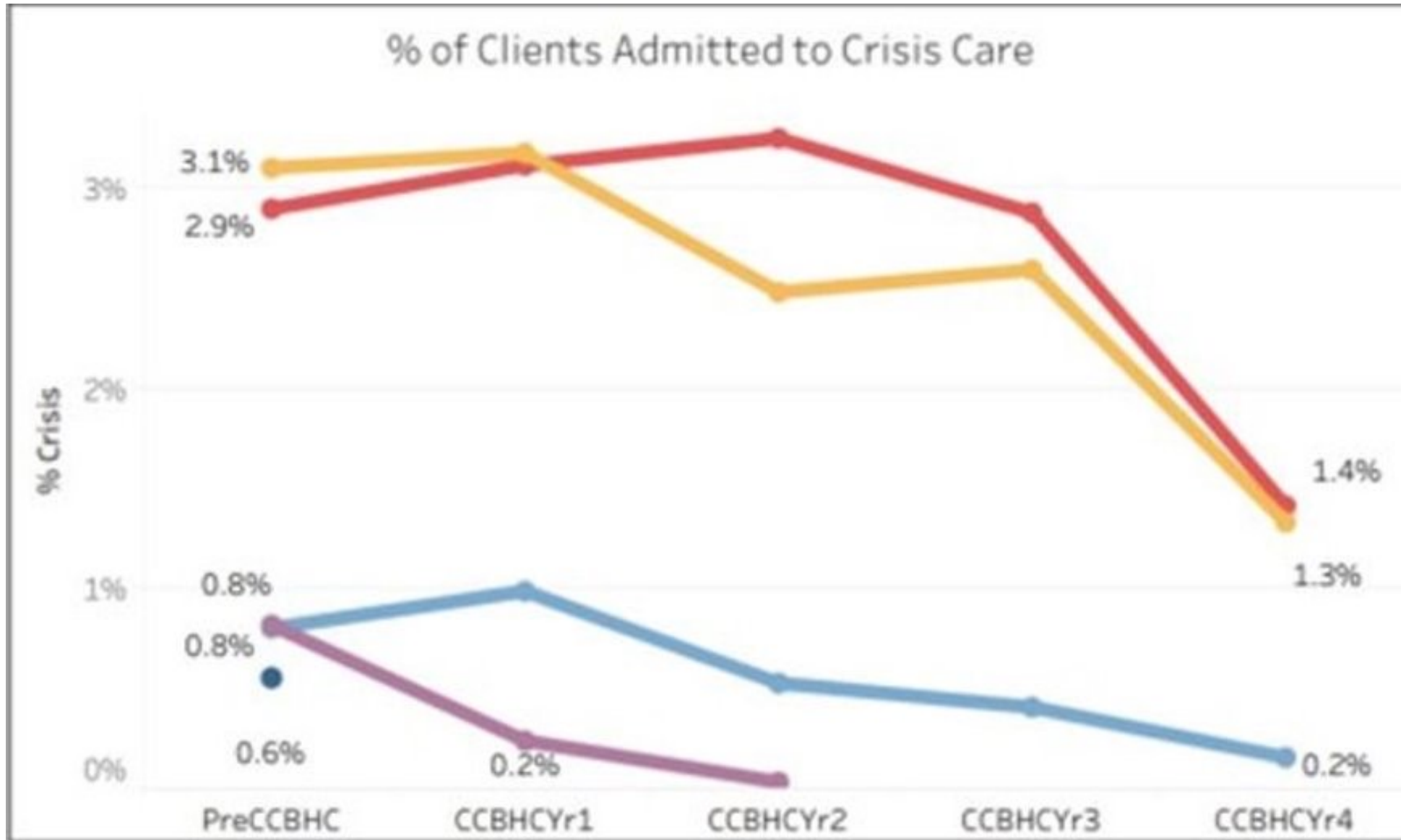
### Integrated Technology

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!

**OKLAHOMA's**  
*Comprehensive  
Crisis Response* 









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**Substance Abuse**

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SERVICES WITHIN REACH

Thank you!

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Presenter

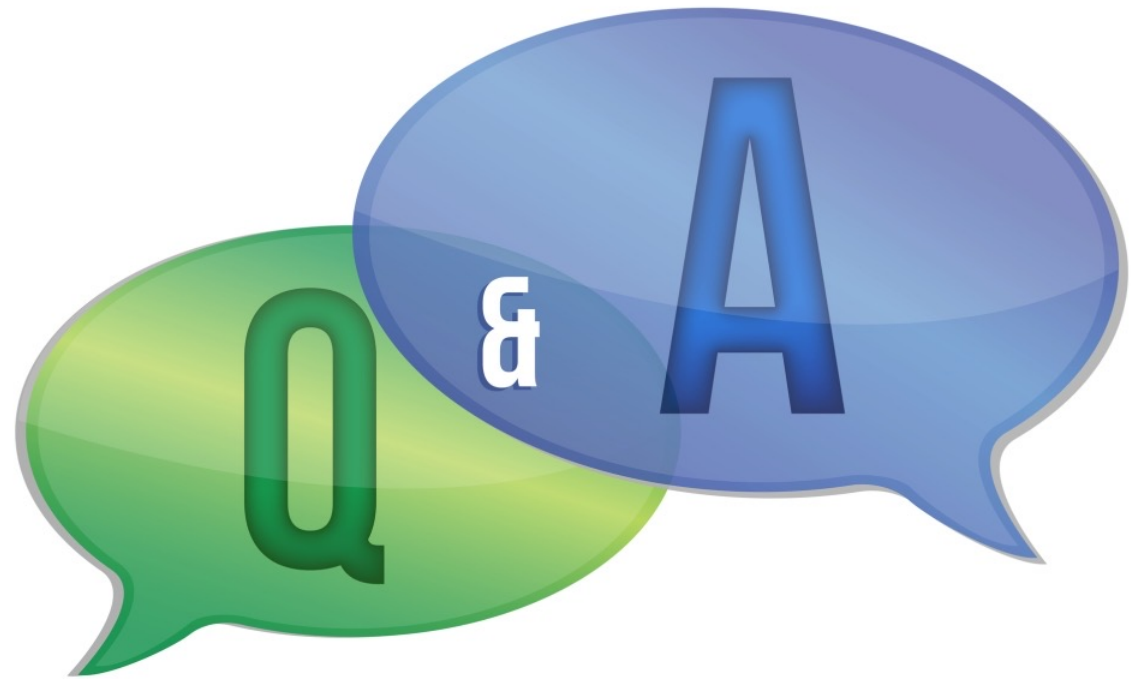
Malissa McEntire, Senior Director Adult Outpatient Services

[mmcentire@odmhsas.org](mailto: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**

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**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.



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