



Interagency Council on Homelessness (ICH) ❖ Strategic Plan Implementation Coordination of Primary and Behavioral Health, and Wraparound Services

WORKGROUP #3 MINUTES

January 11, 2016

Via Teleconference with Public Access Located At:
4126 Technology Way,
Second Floor Conference Room
Carson City, NV 89706

1. **Introductions, Roll Call, and Announcements**

Michael McMahon called the meeting to order at 10:01 a.m. A quorum was determined by roll call.

Members Present

Kelly Marschall
Tony Ramirez
Betsy Aiello
Michael McMahon

Members Absent

Kathleen Sandoval
Ellen Richardson-Adams

Others Present

Ambrosia Crump
Sarah Yeats Patrick

Staff Present

Meg Matta

There were no announcements.

2. **Public Comment**

Ms. Marschall shared information about One Truckee River Management Plan, whose goal is to promote natural ecology, sustain wildlife and provide opportunities for recreation and regeneration along the length of the Truckee River. The collaborative seeks to identify and address issues and challenges across all sectors and to engage in projects to creatively and actively provide solutions. The collaboration includes locally elected officials; law enforcement; tribal councils; local, state, and federal governments and commissions; businesses; non-profit organizations and providers; and private citizens. One Truckee River stakeholders have identified nine issues that need to be tackled, one of which is Social. This group, chaired by Sheila Leslie, has identified homeless camping along the river as an issue of concern. The top three actions they are working towards are:

- Increasing housing options community wide
- Creating a multi-jurisdictional case management component
- Same-day access to mental health/addiction stabilization services with a warm handoff to longer term treatment.

Ms. Marschall wanted this workgroup to be aware of this other group working in the homeless continuum, toward similar goals; and suggested Ms. Leslie may be invited to engage in this workgroup.

3. Review and Approval of the 10/21/15 Minutes

Ms. Aiello moved to accept the minutes with correction. Mr. McMahon seconded and the motion carried.

4. Updates on Action Items from Previous Meeting

Ms. Aiello provided information she gathered from another group she works with which is initiating work on the development of a budget request to expand habilitative services through the use of 1915(i) funds. This would be a new service program for Nevada Medicaid and would require legislative funding in the Medicaid budget to cover the services. 1915(i) is generally a needs based program that requires a needs assessment to make a person eligible for the services, at which time a person centered care plan would be developed. The population may be further limited diagnostically with increased program requirements and limited time frame for the authority which then requires renewal. The program service package needs to be determined, and rates set (per diem, unit based). The rates must be based on national billing code and service descriptions. The projected intensity of service utilization must be determined. Yearly costs for each service will be calculated using the following equation:

(Number of persons receiving service) x (service utilization) x (service rate) per month. Not all of the people receiving services will want to use all available services, so the costs need to be projected.

She needs strong justification for the program and is looking to the Workgroup to contribute to definitions of the population to be covered, needs assessments to determine eligibility for services, a defined program service package, rates, and a projected intensity of service utilization. Beyond justification for the 1915(i) service package, justification also needs to be developed for each service. People from Clark County are expected to bring service, population and utilization ideas to the next meeting. Until that time, the Division of Health Care Financing and Policy will follow up with a budget concept paper, and will identify proper billing codes and potential rates.

A service wish list was proposed by the Cooperative Agreement to Benefit Homeless Individuals/People Assisting the Homeless (CABHI/PATH) grant recipients which included targeted case management, non-medical transportation, child care/babysitting, routine drug tests, and peer support services.

The H2 meeting will focus on technical assistance from Centers for Medicare and Medicaid Services (CMS), Substance Abuse and mental Health Services Administration (SAMHSA), and Housing and Urban Development (HUD). Ms. Aiello's group will ask what 1915(i) services for homeless provide the best outcomes for their cost; what the service definitions are; and what the expected utilization of services is. They will also confirm that the case load methodology used in Nevada appears sound and consistent with other states. Other questions regarding 1915(i) are if the state is able to get a second, population based 1915(i) and how to work in habilitation services for behavioral health clients who are not homeless.

Ms. Aiello said this work could be used to target the Workgroup #3 goal of 3.1.1, which is to advocate to Medicaid to expand habilitative services through 1915(i) funds; and the goal of 3.1.2, which is to research expanding Targeted Case Management (TCM) billing to benefit all Medicaid providers. She added that TCM has a federal definition of what is allowed, and encouraged everyone to be aware of the limitations. In the Medicaid Service Manual there is a definition for TCM, which requires development of a care plan, and referring the client on to a direct service provider. It only allows linking and coordinating. Do we want to add a new target group to TCM; or do we want a different kind of case management that will allow direct services to be provided?

Mr. Ramirez suggested the information be shared with the Continuums of Care (CoC). Ms. Aiello said she would email the information, as the more input and help they can get the better. Her goal is to have the

budget concept papers in to Department of Health Care Financing and Policy (DHCFP) by April as the process needs to begin early. She is still uncertain if the budget will be Medicaid's budget or not. Mr. Ramirez a draft budget concept would need to come before the ICH for review by April. Mr. McMahon said there are other budget requests coming in from the other Workgroups; if they need to be included in a legislative request they need to figure out how to get them into the budget request and what the path will be get approval.

Ms. Aiello said she has not seen outside budget requests put forward through DHCFP, so the budget request may need to come through ICH or a different channel. To get the budget concept paper done by April, she needs to know the definition of the people who would qualify for case management – chronic homeless (meaning x-number of days a year), or immediately from the first day of homelessness.

Ms. Marschall said the HUD definition for chronically homeless is becoming narrower. She suggested using the Vulnerability Index (VI-SPDAT) scores of 10 or higher. She says the VI_SPDAT measures both health and behavioral health concerns and identifies people suffering from both who may be more at risk for dying on the street without services. In northern and southern Nevada, the coordinated entry systems are now tracking and identifying folks who score a 10 or higher. These people need to be placed in permanent supportive housing or at least on a wait list as there is a shortage of that type of housing. Ms. Aiello added that the homeless in VI-SPDAT need to be Medicaid eligible. She said the Supplemental Nutrition Assistance Program (SNAP) also tracks beneficiaries who are homeless, and they must be Medicare eligible to qualify. Ms. Crump said the VI-SPDAT records instances of homelessness based on HUD's definition. Medicaid eligibility is not specifically asked in the assessment, but is included in the interview process. She identified a person in Clark County Social Services who could access that data and provide it to Ms. Aiello's group.

Ms. Aiello will include available information in a draft budget request with comments and get it before the ICH for further definition and input. She will find out what the path for the budget request should be.

5. Presentation by the Nevada SOAR (SSI/SSDI Outreach, Access and Recovery) Project Coordinator

Ambrosia Crump provided an introduction and overview of SOAR to inform the members of the efforts pertaining to wraparound services to meet goal 2, strategies 3.2.1 and 3.2.2: which are to coordinate and provide two training opportunities quarterly for personnel in southern, northern, and rural Nevada who are not appropriately credentialed – and – for personnel to develop a person-centered plan for each homeless or at risk of homeless individual at intake.

Through CABHI state funding, SOAR helps increase access to Social Security Administration (SSA) benefits for people who are experiencing or at-risk of homelessness; and who have a mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is practiced in all 50 states. Nationally, only about 30 percent of those who apply for SSI/SSDI are approved, and for people who are homeless and have no one to assist them with paperwork, the percentage is cut by more than one half. Appeals can take an average of one year to complete, during which a homeless individual may become frustrated and give up hope. Due to their social isolation, many chronically homeless persons receive little, if any medical attention, and incur high expense through emergency room visits, incarceration, and run-ins with the law. One study found it costs \$30,000 to \$50,000 per year to maintain one homeless person in the community. SSA disability benefits can provide access to income, housing, health insurance, treatment and other supportive services. For people with disabilities, SSI/SSDI can be a critical step towards ending homelessness and promoting recovery.

There is an online course for anyone wanting to become a SOAR caseworker. SOAR caseworkers then receive intensive, Nevada-specific training and technical assistance to process medical summary reports, which tell the full story of the applicant, clearly linking their diagnoses to functional impairments and is co-signed by a medical doctor or Ph.D. psychologist so that it is considered medical evidence. This medical report is unique to SOAR. Statistics indicate that once the medical summary report is submitted for an individual, their benefits will be approved. The approval rate has climbed from nearly 15% up to 65%, and the turn-around rate has been lowered from close to a year to 60 to 90 days; so it is a significant improvement. The caseworker will also collect data which Nevada Health Information System (NHIS) will integrate into outcome reporting to SAMHSA.

The SOAR critical component is the case manager who is in the middle, representing the claimant, submitting medical records on behalf of the claimant, writing the report and participating with quality improvement that helps get the claim approved.

6. Review Workgroup Critical Issues and Goals

Mr. McMahon summarized Workgroup #3's progress with the assigned strategic goals and strategies.

- Goal 1, strategy 3.1.1 - the Workgroup has advocated to Medicaid to expand habilitative services through 1915(i) funds and Ms. Aiello's multi agency budget concept task force has asked Workgroup #3 to contribute to definitions of the population to be covered, needs assessments to determine eligibility for services, a defined program service package, and a projected intensity of service utilization.
- Goal 2, wraparound services have begun through SOAR. Ms. Crump's presentation explained that CABHI sponsored training is well underway and produced significant improvement. There is still much to be done and more caseworkers are needed to train and become appropriately credentialed.
- Strategic issue 5 - the coordination of public and behavioral health. Efforts are underway by Kathryn Baughman's group to review and define for Medicaid purposes, the needs of long term supportive services in behavioral health to be included in Ms. Aiello's budget concept.

The time-sensitive elements are being addressed. Mr. Ramirez added that goal 2; strategy 5.2.3 calls for collaborating with the Governor's Council on Behavioral Health and Wellness to implement the Super User Project by 2017. Ms. Marschall said the Council made recommendations to the Governor regarding the Super User Project and this is a coordination piece to ensure a unified direction. Mr. McMahon will ask the point of contact in Public and Behavioral Health, Dr. Green, to facilitate a meeting with the staff to discuss coordination.

Mr. Ramirez moved to have Ms. Marschall extend an invitation to Sheila Leslie From Clark County Social Services to provide in the subcommittee. Ms. Aiello seconded and the motion carried.

7. Review Decision Making Guidelines

This item was combined with item 9 below.

8. Review Meeting Schedule

The next meeting will be on Monday, February 8th at 10:00 a.m.

9. Action Items/ Assignments: Invite Participants in Workgroup

Mr. McMahon asked members to review the minutes from October 21, 2015 and the list of names to contact to determine who would be the best point of contact for that invitation. He asked members to also think about the decision making guidelines and what types of conversations could be had to better understand the issue and the resources to bring to the table.

Action items:

- A link to targeted case management will be sent for member's review and input at next meeting.
- Ms. Aiello's notes on her budget concept meetings will be sent out as information to the members.
- Input on specific items for inclusion in the budget concept should be forwarded to Ms. Aiello for a sub paper for February 8th.
- Ms. Aiello will send a draft of the budget concept to CoCs

10. Public Comment

There was no public comment.

11. Adjournment

There being no further business to come before the members, the meeting was adjourned at 11:20 a.m.