

# An Introduction to the RTC Waiver

Community Treatment and Support for Maryland Children and  
Youth with Intensive Mental Health Needs

*Maryland's 1915(c) Community Alternatives to Psychiatric Residential  
Treatment Facilities Demonstration Waiver*

Presented by

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# Objectives for today

- Gain an overall understanding of the RTC Waiver
- Learn about eligibility requirements and the service delivery model
- Explore the components of the national and state evaluation
- Discover what services and supports will be available under the waiver



# Residential Treatment Center (RTC) Waiver

- Medicaid 1915 (c) Community Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration Waiver.
- 1915(c) waivers encourage care in the community instead of in hospitals, nursing homes or ICF/MR (intermediate care facility for the mentally retarded).
- Five-year demonstration waiver, authorized by the Deficit Reduction Act of 2005.
- Demonstration began Federal Fiscal Year 2008 (October 1, 2007) and ending in 2012



# Residential Treatment Center (RTC) Waiver

- Maryland is one of nine states with a waiver. The other states are Alaska, Georgia, Indiana, Kansas, Mississippi, Montana, South Carolina, & Virginia.
- The purpose of the waiver is to provide home and community-based services for children and youth under age 21 who require an RTC-level of care.
- At the end of the demonstration period, Congress may choose to make the waiver a permanent option for states.



# Who Will the Waiver Serve?

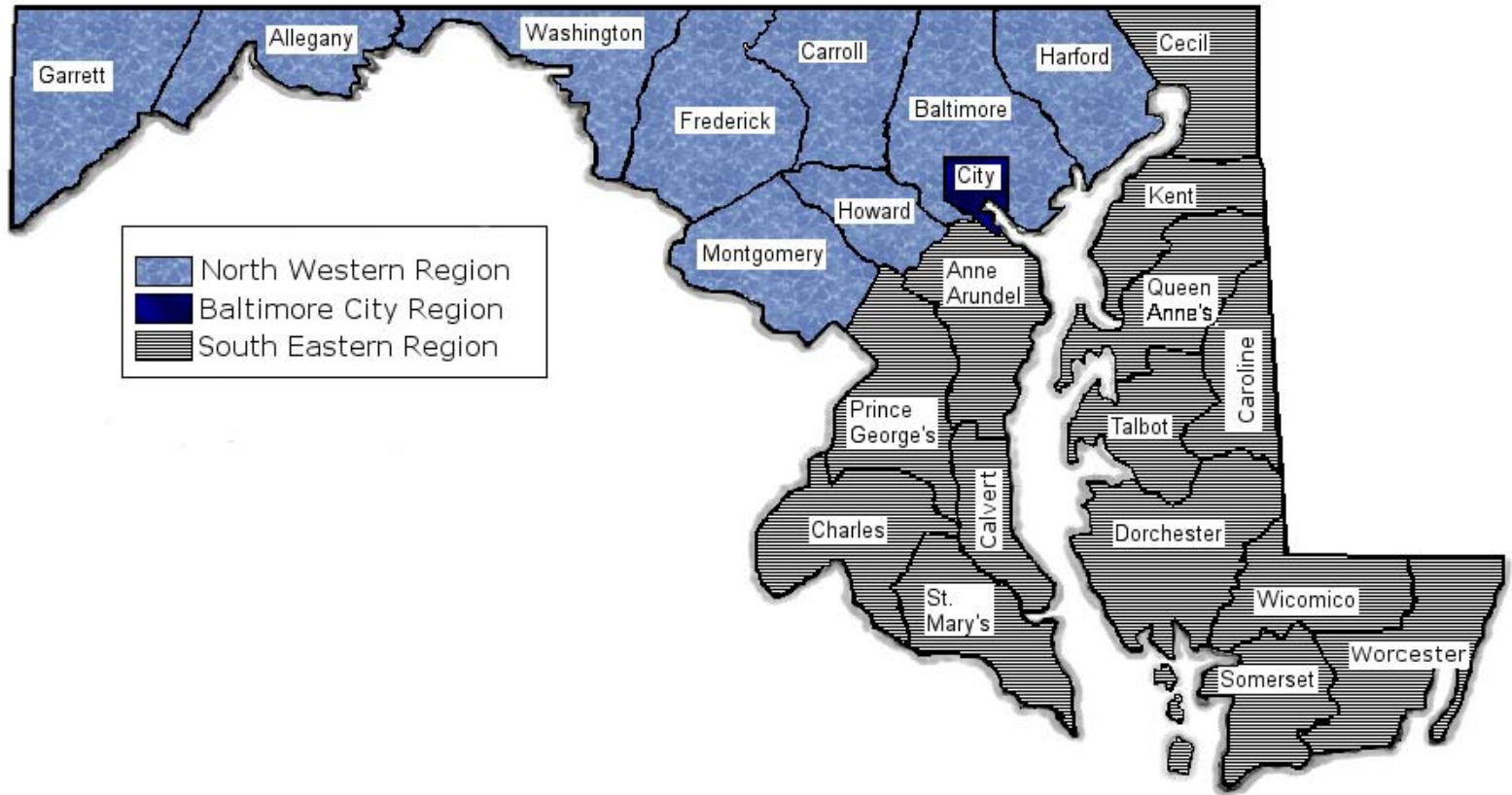
- Children and youth who
  - Are 20 years old or younger (must be under 20 to enroll)
  - Meet Certificate of Need (Medical Necessity) to enter an RTC
  - Can safely and appropriately be served in the community with waiver services and supports
  - Choose (along with their family) to enter the waiver instead of an RTC
  - Reside in one the designated service areas
  - Meet Medicaid waiver financial eligibility requirements (community-Medicaid eligible or eligible under Family of One)



# Where will the Waiver be available?

- Initially in Baltimore City, Montgomery County, St. Mary's County and Wicomico County
- After new CME contracts are awarded, the waiver will be rolled out statewide.
- There are a limited number of slots available, based on the availability of the matching funds, which come from the Children's Cabinet Interagency Fund.





# Value Structure and Systems Design of the Waiver

- Value Structure: Systems of Care Principles
  - Family-driven
  - Youth-guided
  - Culturally and linguistically competent
  - Community-based
  - Flexible and individualized
- The waiver is designed to be cost-neutral—to cost equal to or less than the cost to serve the same children and youth in a residential treatment facility
- The projected length of stay in the waiver is 14-18 months.
- Waiver Participants Receive:
  - Care coordination embedded in care management entities (CME) with a practice model of High Fidelity Wraparound—Every participant will have a care coordinator and a Child Family Team.
  - Access to the public mental health system
  - Access to HealthChoice
  - Access to 7 new Medicaid-reimbursed home- and community-based services and supports



# Operating Structures for the Waiver

- The **Mental Hygiene Administration** within the Department of Health and Mental Hygiene (DHMH) will be the operating agency for the waiver.
- The **Medicaid Division of Waiver Programs**, the single State Agency for Medicaid within DHMH, is responsible for oversight of the waiver and ensuring compliance with federal laws and regulations relating to the operation of the waiver.
- Daily project management and evaluation for the waiver is conducted by the **Maryland Child and Adolescent Mental Health Institute at the University of Maryland, Baltimore**.
- After the new contracts are in place, **Care Management Entities** will serve as the entry point to the waiver, assisting youth and their families with the enrollment process, including the assessments and documentation needed for the medical eligibility and financial eligibility for the waiver. (Currently, the **Core Service Agencies** are serving as the entry point into the waiver.)



# Waiver Evaluation



- There are two components to the evaluation:  
National and State
- National evaluators are
  - IMPAQ International, LLC
    - Project Director: Oswaldo Urdapilleta, Ph.D
  - Westat
    - Technical Assistance Contact: Joshua Noda
- State evaluators are
  - Lead Evaluator: Sharon Stephan, Ph.D
  - Research Supervisor: Jennifer Mettrick, MHS, MS



# Evaluation Design

- Data Collection Time Points: Intake, Every six months and at Discharge
- Data collection will include demographics, mental health hx, utilization of services, environmental factors, fidelity to the Wraparound model and child functional outcomes
- The evaluation will include youth receiving services in the community through the CME compared to those youth receiving services in an RTC



# Components of the Minimum Data Set (*Core Data Elements*)

- Demographic and family data
  - Gender, Race/Ethnicity, Age
  - Current Caregiver, current living arrangement, family income level, Medicaid eligibility
- Health and healthcare history
  - Diagnoses
  - PRTF admissions
- Environmental variables
  - Diversion or Transition from PRTF
  - Foster care system involvement
  - Special Education, Psychosocial Rehabilitation
  - Admission and Discharge Dates for the Waiver



# Components of the Minimum Data Set (*Functional Outcomes*)

- Common functional assessment elements
  - Days in PRTF, out of home placements
  - School absences
  - Substance Abuse/Use
  - Arrests/Law Enforcement involvement
  - Child Protective Services involvement
- Child and Adolescent Strengths and Needs (CANS) elements  
([www.cans.umaryland.edu](http://www.cans.umaryland.edu))



# Components of the Minimum Data Set (*Services Data*)

- Days youth received services in the waiver
- Reason for discharge
- Types of services provided (Respite, In-home supports, companion services, training/counseling for unpaid caregivers, environmental modifications)
- Unit of services
- Frequency of services



# Components of the Minimum Data Set (*Wraparound Fidelity Monitoring*)

- Wraparound Fidelity Index, 4<sup>th</sup> edition (WFI-4)
  - Based on the Ten Principles of Wraparound
  - Telephone Interviews with up to three different team members including caregivers, youth, family support partners, therapists, etc...
  - WFI-4 is conducted every six months



# Components of the Minimum Data Set (*Satisfaction Data*)

## – Youth Services Survey (YSS)

- Overall Satisfaction with services (Youth Perspective)
- Satisfaction with access to care, participation in treatment, cultural sensitivity, appropriateness

## – Youth Services Survey for Families (YSS-F)

- Overall Satisfaction with services (Caregiver Perspective)
- Satisfaction with access to care, participation in treatment, cultural sensitivity, appropriateness



# Waiver Evaluation: National Evaluation

- Goals of the National Evaluation: To determine if the provision of home and community-based services to youth under this demonstration:
  - Results in the maintenance or improvement in a child's functional status (mental health, community living, school, juvenile justice, alcohol and other drug use, and family functioning).
  - On average, costs no more than anticipated aggregate PRTF expenditures in the absence of the demonstration.
- Questions are asked within states, across states, and between comparison groups.



# Other National Evaluation Questions

- What are the characteristics of the children/youth served in the demonstration program?
- What are the various sub-groups (e.g., age, race/ethnicity, diagnosis, those discharged) served and how do they differ on outcomes?
- How satisfied are children/youth, families, and providers with the demonstration program?
- To what degree are states' demonstration programs implemented with fidelity to the Wraparound Service Model?
- What services are received and to what extent do they relate to outcomes?



# Maryland's State Evaluation

- **Comparison group:**
  - RTCs
  - Key Question: Which youth do better in which setting
  - All evaluation tools except the WFI-4 will be conducted with comparison youth and families
  - We hope to examine state administrative data to assess longitudinal outcomes of both groups of youth
  - We are still looking to enroll additional RTCs in the comparison group



# Maryland's Evaluation Cont'

- Topics under consideration:
  - Exploring fidelity and outcomes related to peer to peer support
  - Cost-benefit analysis
  - ...What are your thoughts?



# Waiver Services

- All services are fee-for-service, and all waiver participants will have access to all services that are a part of the regular public mental health system and will be enrolled in Health Choice, Maryland Medicaid's managed care program.
- There are 7 new waiver services that are available for Medicaid reimbursement *only* to waiver participants.



# Caregiver Peer-to-Peer Support

- Provided to the caregiver of a Waiver participant by a family support partner (FSP) who:
  - Assists in describing the program model
  - Supports the family and/or participant to participate effectively in the Child and Family Team (CFT) meetings and in the POC development and implementation;
  - Works with the Care Coordinator, participant and family to develop the plan of care; and,
  - Assists in accessing services and removing barriers to care.
- Are **legacy family members** (individuals who have current or prior experience as a caregiver of a child with Serious Emotional Disturbance (SED) or a young adult with Serious Mental Illness (SMI) who are 21 or older, have completed the required training programs, and are employed by a **Family Support Organization**)



# Youth Peer-to-Peer Support

- Provided to a Waiver participant by a youth support partner (YSP) who:
  - Assists in describing the program model
  - Supports the family and/or participant to participate effectively in the Child and Family Team (CFT) meetings and in the POC development and implementation;
  - Works with the Care Coordinator, participant and family to develop the plan of care; and,
  - Assists in accessing services and removing barriers to care.
- Are individuals with experience with State or local services and systems as a **consumer** who has had emotional, behavioral or mental health challenges, are 18-26 years old, have completed the required training programs, and are employed by a **Family Support Organization**.



# Family & Youth Training

- Training based on approved curriculum.
- Designed to promote skill development which will assist participants and their families in making educated POC decisions and eventually transition out of waiver services.
- Can be individual or group
- Must directly support individualized and particular needs of the caregiver or youth as identified in the POC.
- Provided by legacy family members or youth who are employed by *either* a Family Support Organization *or* an RTC Waiver Service Provider



# Crisis & Stabilization Services

- Interventions for participants with urgent mental health needs and their families
- Short-term services that assist in de-escalating crises and stabilizing children and youth in their home and community setting
- Include face-to-face crisis intervention for at least two hours per day & an individualized plan for stabilization.
- Addresses immediate safety concerns and risk factors.
- Provided by an organization that has
  - A current formal written agreement with a local core service agency to serve as a crisis response system;
  - Capacity to provide or arrange for services 24 hours a day, 7 days per week, including face-to-face clinical care; psychiatric consultation, and person-to-person phone coverage.



# Respite Services— In-Home & Out-of-Home

- Temporary care services provided in the participant's home or community (in-home respite) or in a temporary community based alternative living situation (out-of-home respite)
- Provides enhanced support to the caregiver or temporarily relieves the caregiver from the responsibility of caring for the participant.
- In-Home *and* Out-of-Home Respite Providers must:
  - Meet the requirements of COMAR 10.21.27
  - Ensure that respite care specialists are (1) At least 21 years old and have a high school diploma; or (2) Between 18 and 20 years old and in possession of at least an associate or bachelor's degree from an accredited school in a human services field.
- Out-of-Home Respite Providers must, where applicable, deliver services in accordance with COMAR 14.31.05—14.31.07.

Note: COMAR 10.21.27 requires that programs be approved by DHMH as a PRP, OMHC, or MTS provider and then be approved by DHMH as a respite provider. Only programs that are approved by DHMH as a respite provider under COMAR 10.21.27 will be approved as an RTC Waiver Respite Provider.



# Expressive & Experiential Behavioral Services

- Services that involve creative arts as a form of expression and are used as an adjunct to traditional therapy
- Include Art, Dance/Movement, Equine-Assisted, Horticultural, Music, and Psychodrama/Drama
- Providers must have a bachelor's or master's degree from an accredited college or university and current registration in the applicable association
- This is the only service where an *individual* must enroll, even if they are employed by an organization.



# Interested in providing an RTC Waiver Service?

1. Review the requirements for each of the RTC Waiver Services.
2. If you meet the requirements, begin the process to enroll as an RTC Waiver Provider, which will include *enrolling* as a Medical Assistance Program Provider (even if you are already an MA provider of a public mental health system service!).
3. All forms are available online at [www.medschool.umaryland.edu/innovations/RTC\\_Waiver.asp](http://www.medschool.umaryland.edu/innovations/RTC_Waiver.asp)

**Individual technical assistance is available!**

**If you are already an MA provider** and wish to continue to serve youth enrolled in the Waiver with your current services (non-Waiver Services), you do not need to apply! You do not need to do anything different for these youth in order to receive authorizations or submit claims. ValueOptions will be looking for your authorization request to be consistent with the youth's Plan of Care. You should engage in the Wraparound process, including participating on Child and Family Teams.



# What if I do not meet the requirements to provide any of the PMHS or Waiver Services?

- There will still be some services that are paid for through other sources of funding, including discretionary funds administered by the CME.
- It is still in your interest to work with the CME to develop a relationship—don't forget, there are other populations of youth being served by the CME too!



# True or False?

1. I am a provider that is funded with state-only or discretionary dollars, so even though I'm eligible to become an RTC Waiver Service Provider, I don't need to bother enrolling. **False!**
2. I will be required to prioritize RTC Waiver Participants over other youth. **False!**
3. My organization must be a 501(c)3 non-profit organization in order to provide RTC Waiver Services. **False!**



# Other Common Concerns...

- RTC Waiver participants have intensive needs, and I'm worried about my responsibilities in working with them. *You're part of a team that includes a care coordinator, mental health professional and others!*
- The application process is too complicated. *The enrollment process is very streamlined and can take as little as 1 month from the time when a complete packet is submitted to when you are enrolled! Once you are enrolled, you can serve the entire state without having to re-enroll. Plus, individualized technical assistance is available to you throughout the entire application process—in-person, telephonically, or over e-mail.*



# In Summary...Eligible providers should enroll as RTC Waiver Service Providers because...

- Enhanced fiscal sustainability—you've just added a funding source that has Medicaid Reimbursement in the fund source.
- Youth need you to enroll and serve them so that they can remain in their homes and communities!
- The State needs you to help in expanding the continuum of services and supports for youth and families with intensive mental health needs.
- You have an opportunity to build or enhance your organization's relationship with the CME and with other providers and individuals in the community.
- You will be part of a major federal initiative to examine how we can serve youth with mental health needs in the community and may contribute to making this Waiver permanent—and available to the other 40 states.



# Questions? Comments? Want more information? Contact us!

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