Washington State Department of Social and Health Services

BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION



T.R. Settlment Implementation

2015-17 BIENNIAL BUDGET

Request	FY16	FY17	15-17
FTE	0.0	0.0	0.0
GF-State	\$4,304,000	\$12,248,000	\$16,552,000
Total	\$8,608,000	\$24,497,000	\$33,105,000

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA) requests intensive mental health services for high needs youth in order continue to implement the commitments set forth in the T.R. Settlement Agreement. By funding this request, BHSIA is expected to accomplish the year three and four commitments set forth in the T.R. Settlement Agreement and provide services.

PROBLEM STATEMENT

EPSDT and Litigation History

- T.R. v. Dreyfus is a federal class action filed on behalf of all Medicaid-eligible youth requiring intensive mental health treatment. The lawsuit claims that our state Medicaid system is not providing sufficient intensive mental health services in the community, resulting in unnecessary institutionalization of mentally ill youth (through age 21).
- --The Early Periodic Screening Diagnosis and Treatment (ESPDT) provision of the federal Medicaid statute requires States to provide all medically necessary Medicaid-covered services to youth up to the age of 21, regardless of whether the services are covered under the Medicaid state plan, 42 U.S.C. § 1396d(r)(5). Intensive Home and Community Based Mental Health Services can be covered by Medicaid as a "rehabilitative service," 42 U.S.C. § 1396d(a)(13). These services fit within the broad rehabilitative definitions of Washington's Medicaid state plan. Therefore, no state plan amendment is necessary.
- --The lawsuit is also brought under the Americans with Disabilities Act, which requires States and local governments to provide services in the most integrated and least restrictive settings. Community-based services are now legally required where institutional settings such as inpatient hospitalization or staffed residential homes used to be the norm. See Olmstead v. L.C., ex rel Zimring, 527 U.S. 581 (1999).



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--Numerous States have been subject to lawsuits where plaintiffs have sought coverage of intensive home and community based mental health services. The other states include Arizona, Arkansas, California, Idaho, Louisiana, Massachusetts, Mississippi and Tennessee.

PROPOSED SOLUTION

Children Served and Services Included in the Settlement Agreement

- --The class includes youth in need of intensive mental health treatment who are in out of home placement or treatment, or who are at risk of needing such placement or treatment without access to intensive mental health treatment.
- --An evidence-based screening tool, called "CANS" will determine which children will benefit from intensive home and community based services.
- --The covered services include clinically relevant and cost-effective intensive home and community-based interventions, provided through evidence based process called Wraparound. The program will be known as Wraparound with Intensive Services (WISe), and will specifically include:
- 1) Intensive Care Coordination;
- 2) Intensive Home and Community based services; and
- 3) Mobile Crisis Intervention and Stabilization services.

EXPECTED RESULTS

The budget request supports DSHS Goal 1: Health – Each individual and each community will be healthy

The decision package is essential to implementing the BHSIA's Strategic Objective 1.3: Increase the number of youth (under age 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.

STAKEHOLDER IMPACT

Implementation of the T.R. Settlement will have far reaching impacts across the child serving system. The state partners most affected (Health Care Authority, Children's Administration, and Juvenile Justice and Rehabilitation Administration) have been involved in the settlement process. Both providers and Regional Support Networks will have major impacts to the services they provide. BHSIA will develop an implementation and communication plan to fully address the impacts to all affected groups.



DSHS VISION
People are healthy • People are safe • People are supported • Taxpayer resources are guarded
DSHS MISSION
To transform lives

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service