

PENNSYLVANIA SECTION 1115 MEDICAID DEMONSTRATION

Fact Sheet
June 28, 2018

Name: Pennsylvania Medicaid Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder Demonstration

Waiver Number: 11-W-00308/3
Date Proposal Submitted: April 28, 2017
Date Approved: September 29, 2017
Date Implemented: October 1, 2017
Date Expires: September 30, 2022

Amendment 1 Submitted: March 9, 2018
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Summary

The Pennsylvania Medicaid Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder section 1115 demonstration authorizes the Commonwealth of Pennsylvania to provide Medicaid coverage to out-of-state former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe in such other state when they turned 18 (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Social Security Act (the Act)), were enrolled in Medicaid at that time, and are now applying for Medicaid in Pennsylvania.

The demonstration also authorizes the Commonwealth of Pennsylvania to provide high quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMD). The demonstration will also build on the Commonwealth's existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other nationally recognized assessment and placement tools that reflect evidence based clinical treatment guidelines.

During the approval period, the state will test whether the demonstration is likely to assist in promoting the objectives of Medicaid by achieving the following result:

- Increased rates of identification, initiation, and engagement in treatment;
- Increased adherence to and retention in treatment;
- Reductions in overdose deaths, particularly those due to opioids;
- Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
- Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and

- Improved access to care for physical health and behavioral health conditions among beneficiaries

Eligibility

Eligibility for the Former Foster Care Youth Component of the Demonstration.

Individuals eligible for this demonstration are limited to “out-of-state former foster care youth” who are defined as youth under age 26 who were in foster care under the responsibility of a state other than Pennsylvania or a tribe in such other state when they turned age 18 (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Act), were enrolled in Medicaid at that time, are now applying for Medicaid in Pennsylvania, and are not otherwise eligible for Medicaid.

Eligibility for the SUD Component of the Demonstration.

All affected groups derive their eligibility through the Medicaid state plan, and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid state plan.

Benefits

Benefits Provided under the Former Foster Care Youth Component of the Demonstration.

Out-of-state former foster care youth ages 18, 19, or 20 will receive the same Medicaid state plan benefits as set forth in the state plan for all other beneficiaries under 21 years of age, i.e., the children. Out-of-state former foster care youth age 21 to 26 will receive the same Medicaid state plan benefits as set forth in the state plan for beneficiaries 21 year of age and older, i.e., adults.

Benefits Provided under the SUD Component of the Demonstration

The OUD/SUD benefit package for Pennsylvania Medicaid recipients will include OUD/SUD treatment services, including services provided in residential and inpatient treatment settings that qualify as institutions for mental diseases (IMDs), which are not otherwise matchable expenditures under section 1903 of the Act.

Residential Treatment Services

Treatment services delivered to residents of an institutional care setting, including facilities that meet the definition of an institution for mental diseases (IMD), are provided to Pennsylvania Medicaid recipients with a SUD diagnosis when determined to be medically necessary by the Behavioral Health Managed Care Organizational (BH-MCO) utilization review staff and in accordance with an individualized service plan.

- a. Residential treatment services are provided in an Pennsylvania Department of Drug and Alcohol Programs (DDAP)-licensed facility that has been enrolled as a Medicaid provider and assessed by DDAP as delivering care consistent with ASAM or other

nationally recognized, SUD-specific program standards for residential treatment facilities.

- b. Residential treatment services can be provided in settings of any size.
- c. The implementation date for residential treatment services is July 1, 2018.
- d. Room and board costs are not considered allowable costs for residential treatment service providers unless they qualify as inpatient facilities under section 1905(a) of the Act.

Covered services include:

- a. Clinically-directed therapeutic treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies.
- b. Addiction pharmacotherapy and drug screening;
- c. Motivational enhancement and engagement strategies;
- d. Counseling and clinical monitoring;
- e. Withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, or biomedical distress resulting from, or occurring with, an individual's use of alcohol and other drugs;
- f. Regular monitoring of the individual's medication adherence;
- g. Recovery support services;
- h. Counseling services involving the beneficiary's family and significant others to advance the beneficiary's treatment goals, when (1) the counseling with the family member and significant others is for the direct benefit of the beneficiary, (2) the counseling is not aimed at addressing treatment needs of the beneficiary's family or significant others, and (3) the beneficiary is present except when it is clinically appropriate for the beneficiary to be absent in order to advance the beneficiary's treatment goals; and,
- i. Education on benefits of medication assisted treatment and referral to treatment as necessary.

CMS Contacts:

Felix Milburn (Central Office)

Felix.Milburn@cms.hhs.gov

Mary McKeon (Philadelphia Regional Office)

Mary.McKeon@cms.hhs.gov