

Developmental Disabilities Crisis System Improvement Project

Legislative Report 2022

JANUARY 2022

**Idaho Department of Health and Welfare
Division of Family and Community Services**



**DIVISION OF
FAMILY &
COMMUNITY
SERVICES**

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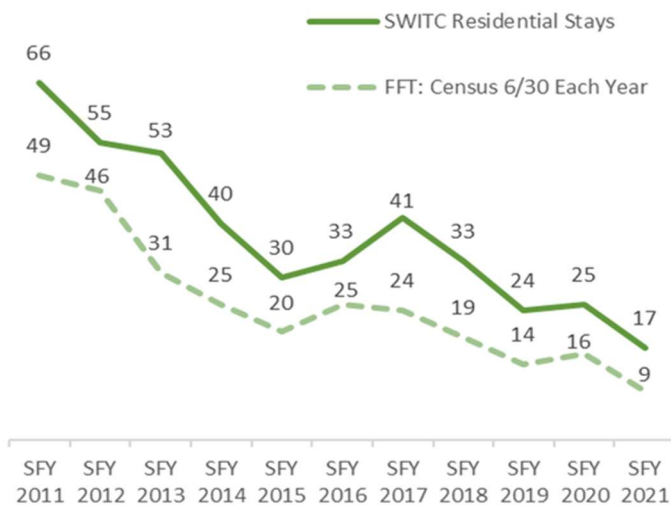
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Introduction/Historical Reminder

Idaho’s Crisis System that supports individuals with Developmental Disabilities (DD) has been evolving for decades. In 2009, the state-operated Southwest Idaho Treatment Center (SWITC), was directed by the legislature to reduce its population. This direction resulted in SWITC downsizing rapidly from a census of 75 clients in 2008 to nine clients in 2021. The purpose for this transition was to support individuals with DD in their communities whenever possible. In 2009, the mission of SWITC also changed from being a long-term care setting to a short-term stabilization and treatment center for individuals in crisis. Additionally, regional, community-based Court Prevention and Court Service (CPCS) teams, and community-based crisis beds operated by the department were created to better support individuals in crisis to remain in their communities.

The department fulfills its mission to downsize SWITC. The population at SWITC continues to decrease.



With these changes, the state was effective in reducing placements at SWITC. However, with that reduction, the profile and treatment needs of those who remain at SWITC and those who receive services in the community also has changed. Residents at SWITC are now individuals with some of the most complex behavioral needs in the state.

All SWITC residents have significant DD, often in combination with mental illness, and aggressive and/or self-abusive behaviors that preclude them from being supported in the community for extended periods. Presently, individuals only come to SWITC and remain at the facility when there are no viable community options or placements available to them.

Although the population changed, when SWITC downsized, it maintained its current license as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The ICF/IID license is designed for long-term residential care for the general population of individuals with DD. Although this licensure is effective in treating the general population of individuals with DD, it is not designed to effectively deal with individuals who are involuntarily committed, those with acute mental illness, aggressive behaviors, or significant self-abusive behaviors, which are exhibited by the residents at SWITC.

The residents at SWITC all have unique and complex needs.

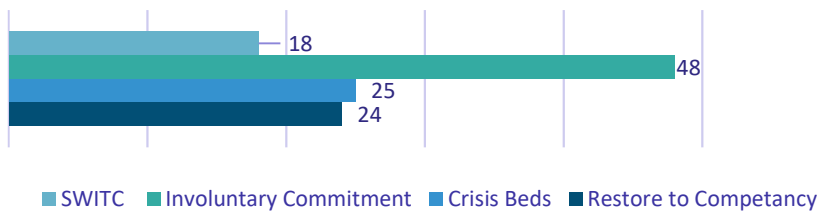
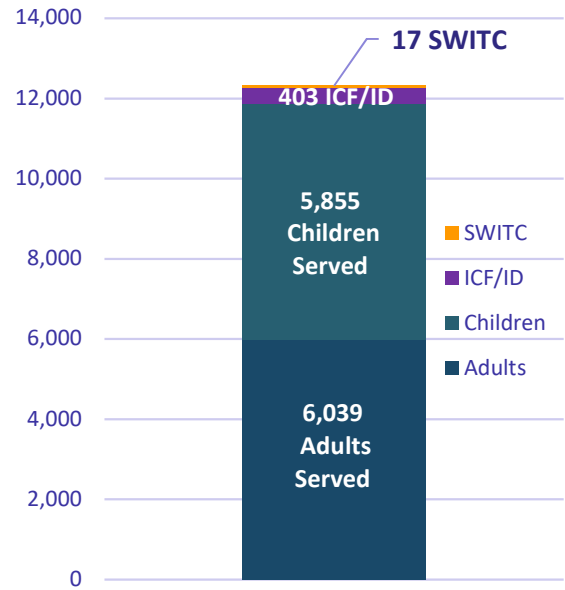
100%
of the residents
have the following:

Intellectual Disability (mild, moderate, severe or profound impairment)
Mental Health Diagnosis (bipolar, psychosis, major depression, anxiety)
Dangerous Behavior (physical aggression or self injurious behavior)

Today 99.8 percent (over 12,000 individuals) of clients with identified developmental limitations in Idaho are effectively and successfully served in community placements or in their own homes with resources and services through Medicaid. In SFY 2021, only 0.15 percent (17 individuals) required residential placement at SWITC.

Much of the state’s success in maintaining community placements can be attributed to the CPCS team. In SFY 2021, the CPCS team served approximately 683 individuals. Of those individuals, approximately 115 had needs that exceeded traditional community-based services as evidenced by:

- a SWITC placement
- an involuntary commitment
- a short-term placement in a community crisis bed
- a restoration to competency to stand trial



It is this small group whose needs exceed traditional community-based services, that represent those who would be better supported by a new care model.

Long-Term Vision for Individuals with Developmental Disabilities and Complex Needs

The Director of the Department of Health and Welfare convened a SWITC Advisory Board in the fall of 2018 and tasked it with making recommendations and exploring options for the right treatment model to serve individuals with DD and complex needs. The advisory board recommended a new model, which includes a more robust crisis continuum of care.

A cross-divisional Crisis System Improvement Project team (formally the SWITC Project team) comprised of department staff from the divisions of Family and Community Services, Behavioral Health, Medicaid and Licensing and Certification was developed to implement the model. This collective effort is based on the foundational belief that individuals with DD must receive appropriate treatment, whether they are living on a state-owned campus, in the community, or transitioning from a campus setting to the community.

To best provide the department’s mission of strengthening the health, safety and independence of Idahoans, this new treatment model supports individuals with DD in their communities whenever possible. The project has focused on the following objectives:

- Improving crisis prevention and intervention services for individuals with DD
- Building capacity of community providers who work with individuals with DD and complex needs, specifically for those individuals with Autism or specialized medical needs
- Enhancing coordination of care for individuals with DD in crisis
- Providing individuals with DD who are in crisis access to experts in mental health and DD services
- Developing new campus-based services, including transitioning SWITC away from an ICF/IID licensure

New Treatment Model

To meet the project's objectives, new components will be added to Idaho's continuum of care for individuals with DD and complex needs. New components are described below.

Specialized Clinical Teams: The new model will consist of two levels of crisis prevention and intervention. Crisis teams will continue to assist individuals with DD and their families or caregivers in a wide variety of areas including consultation, referrals and training. In addition to the existing crisis teams, new Specialized Clinical Teams will be created to support those individuals whose needs cannot be met using traditional community or crisis services. These Specialized Clinical Teams will provide expert services including biopsychosocial assessment, cross system intervention planning, interdisciplinary collaboration and emergency supports. The clinical makeup of the Specialized Clinical Teams will be based on the unique needs of each individual served. Specialized clinical teaming will be available to individuals in all care settings, whether they live on a state-owned campus, in the community, or are transitioning from a campus setting back to the community. The Specialized Clinical Teams will receive advanced training in supporting individuals with DD and mental health needs and will be nationally certified in best practices.

Assessment, Observation, and Stabilization Unit (AOS): This care setting will be for individuals in crisis who need intensive and urgent psychiatric intervention and behavior analysis. The individual's Specialized Clinical Team will work with them to assess their needs and develop individualized interventions and services. Individuals may continue receiving services at this care setting for three to six months until they can be transferred to a less restrictive setting. This new care setting will be located on the existing SWITC campus.

Step-Down Housing: This care setting will be for individuals whose crisis has stabilized. Step-Down Housing will model community living with residents living in apartment-like units with one or two individuals per unit. Significant psychiatric and behavioral services will still be available, but the primary focus will be to assist residents in developing the skills needed for a successful transition to services in the community within three years. This new care setting will also be located on the existing SWITC campus.

Community Crisis Beds: The state currently operates crisis beds for individuals with DD in four locations throughout the state including the SWITC campus, Coeur d'Alene, Boise, and Ammon. Outside of the SWITC campus, these beds are in community-based homes and are supported by contracted Residential Habilitation staff. Placement in these short-term crisis beds allows for individuals to remain in the community while the crisis team conducts assessments and oversees intervention in order to stabilize the crisis. These important resources will remain in the new model as the state continues to prioritize keeping individuals in their communities whenever possible. Enhancements to the current crisis beds have been identified, including adding the ability to offer short-term respite stays for individuals experiencing a crisis or for those who have a history of experiencing frequent or intense crisis events.

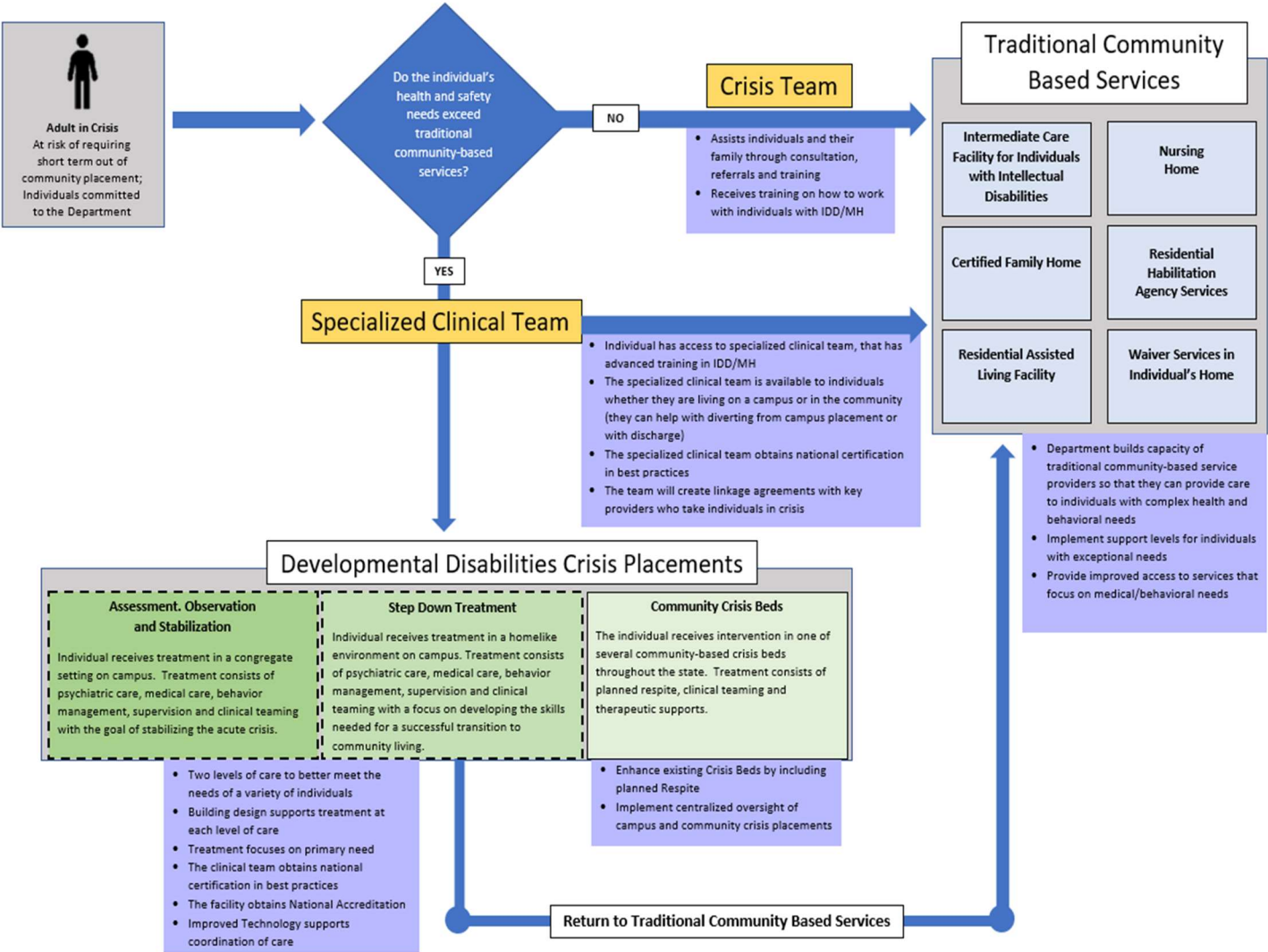
Community Capacity Building: Capacity building of the Home and Community Based Services (HCBS) provider network could result in more individuals being able to remain in the community and therefore reduce the number of people needing to utilize campus-based services, especially for those individuals with Autism or specialized medical needs.

To increase the capacity of HCBS providers, the department will pursue the following tasks:

- Develop support levels in the new HCBS Adult Budget Methodology for individuals with exceptional medical and/or behavioral needs.
- Improve access to existing HCBS services that focus on medical and behavioral needs (Skilled Nursing and Behavior Consultation) by unbundling Residential Habilitation.

- Require increased qualifications and/or training for providers serving individuals with exceptional medical or behavioral needs.
- Improve access to housing by creating an HCBS provider owned and controlled housing option so that individuals with exceptional medical and/or behavioral needs can live alone.
- Create a joint Medicaid and FACS process for individuals transitioning from campus-based services to HCBS services.
- Develop an expedited Medicaid verification process of “exceptional medical support” and/or “exceptional behavioral support” needs for individuals transitioning from campus-based services.
- Define an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) process to address unmet needs for children with Autism and severe behaviors.

Below is a visual representation of the new treatment model, with added components to Idaho’s continuum of care represented by boxes with dashed lines. The purple boxes describe design elements that will be implemented as part of the project.



Strategy to Establish the New Treatment Model

To add new components to Idaho's continuum of care for individuals with DD and complex needs, the department must identify oversight mechanisms, funding authorities, best practice guidelines and service locations. To support this work, the department included this project in its Strategic Plan. To date, the project has been adequately resourced, operated within its allocated budget, and has successfully met 100 percent strategic task deadlines.

Over the past year, the project has focused on developing a service delivery strategy that would allow for federal support through Medicaid reimbursement. This strategy involves enhancing existing infrastructure, obtaining new Medicaid funding authorities and transitioning away from ICF/IID licensure and reimbursement.

Having completed the initial planning phase (2020), the project team is wrapping up the exploration phase (2021) and transitioning into initial implementation phase (2022). The team hopes to establish the new long-term system of care with the launching of key design elements during this initial implementation phase.

Department mission: Dedicated to strengthening the health, safety, and independence of Idahoans
Strategic Goal 2: Protect children, youth, and vulnerable adults
Objective 2.3: Establish a long-term system of care for individuals with developmental disabilities who exhibit severe behaviors by July 1, 2022.

Launching of the Model

The department is pleased to report the launching of some design elements of the model. These elements will help the team gauge readiness and identify barriers. All design elements will be evaluated, and the team will make necessary adjustments before moving to the final implementation phases.

Clinical Best Practices

The project team researched national trends and best practice models—specifically, to identify a certification entity for teaming services provided to individuals with co-occurring DD and Mental Health needs. One potential certification aligns most closely with our goals and needs. This certification is offered by the Center for START Services at the University of New Hampshire Institute on Disability.¹ The team is discussing this certification option with stakeholders to determine if this would be a good match for the Specialized Clinical Teams. Additionally, the department is completing a contract with the University of New Hampshire to provide IDD/MH training to key Crisis and SWITC staff that will begin in February 2022.

Organization Change

The project team is in the process of completing a staffing and cost analysis for the Assessment, Observation and Stabilization Unit and Step-Down Housing. This analysis includes conducting interviews with states that have similar services and will be used as a foundation for future organizational changes. Currently, a workgroup comprised of SWITC staff, policy specialists and crisis team members are reviewing national accreditation options that detail clinical standards necessary to operate this level of care on campus. Understanding these standards will allow the team to better forecast operations and staffing costs.

¹ The START (Systemic, Therapeutic, Assessment, Resources, Treatment) model was implemented in 1988 by Dr. Joan B. Beasley and her team to provide community-based crisis intervention for individuals with IDD and mental health needs. The model is evidence-informed and utilizes a national database.

Participant Outcome Tracking

The project team researched and identified best practices for participant outcome tracking including the identification of a survey tool. After the completion of an options analysis, leadership selected the Essential for Living² to be piloted in the crisis beds on SWITC campus. This functional assessment will be used to detect an individual's primary needs for intervention and identify target skills and behaviors that matter most to successfully transition back to the community. Additionally, development of therapeutic interventions based on the Essential for Living assessment, will allow for systematic tracking of participant outcomes and will be used to demonstrate progress towards discharge.

Medicaid Policy - Health Home State Plan Amendment (SPA)

The department will seek federal approval from the Centers for Medicare and Medicaid Services (CMS) for an Intellectual Disability/Mental Illness (ID/MI) Health Home Medicaid benefit. This service will support payment for the Specialized Clinical Team for individuals who have DD, a Serious Mental Illness (SMI), and an acuity exceeding existing community services. Necessary services included in this benefit are crisis intervention, behavior analysis, psychiatric treatment, medical treatment, comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support services, and referral to community and social support services. The Medicaid team has drafted a SPA and will be initiating conversations with CMS to receive preliminary feedback early in 2022.

Medicaid Systems – Advanced Planning Document

The project team submitted to CMS an Advanced Planning Document (APD) that will allow the team to receive enhanced federal funding at a 90/10 match rate for all work associated with the policy and system design components of the project. In the fall of 2021, the Medicaid team received approval from CMS and the team has begun coding time to the appropriate Program Cost Account (PCA) codes.

Community Capacity Building

The project's HCBS community capacity building plan includes efforts to build the capacity of traditional HCBS community-based service providers so that they can provide care to individuals with complex health and behavioral needs. Two of these strategies are led by the project team working to make changes to the Adult DD program related to the KW Lawsuit. Through their work, Medicaid has:

- Proposed support levels in the new Home and Community Based Services (HCBS) Adult Budget Methodology for individuals with exceptional medical and/or behavioral needs, and
- Worked to improve access to existing HCBS services that focus on medical and behavioral needs (Skilled Nursing and Behavior Consultation) by unbundling Residential Habilitation.

Rules related to these changes have been drafted and the department conducted negotiated rule making, with the comment period from November 3 through November 26, 2021. It is anticipated that the notice of temporary and proposed rulemaking will publish in the Administrative Bulletin on May 4, 2022.

² Essential for Living by **Patrick McGreevy (Author), Troy Fry (Author), Colleen Cornwall (Author)** is a functional skills curriculum, assessment, and skill tracking instrument for individuals with moderate-to-severe disabilities, including, but not limited to autism. It is especially useful for learners with limited communication repertoires, minimal daily living skills, or severe problem behavior.

Stakeholder Outreach and Communications

In November 2021, project leadership approved a comprehensive communication plan to support informing stakeholders about upcoming crisis system changes. This plan provides department staff with consistent messaging to use when discussing the project with stakeholders and delineates responsibility for the dissemination of information to ensure internal and external stakeholders are given clear, accurate and timely information. As part of this plan, the project name was changed from the SWITC Project to the Crisis System Improvement Project (CSIP) to better reflect the full spectrum of work that is being completed.

The communication plan also creates a clear structure that supports a two-way communication strategy. It focuses on ways to distribute information as well as ways to get valuable feedback. Some highlights of the project's communication efforts include:

Staff

The project communicates monthly with SWITC and CPCS Team staff. Through these communications, the project offers status updates and is currently establishing regular feedback loops to learn how staff want to be engaged and what their communication preference is. Since July 2021, the project has solicited feedback on the project name change, released video and email messages on the transition to a new system of care and conducted an in-person outreach to direct care staff at SWITC.

Advocates

Beginning in October 2021, the project began monthly collaboration meetings with advocacy groups that represent individuals with DD. These groups include the Idaho Council on Developmental Disabilities, DisAbility Rights Idaho, Center on Disabilities and Human Development and the Idaho State Independent Living Council. Meetings have focused on giving project updates, discussing the new treatment model, receiving feedback on best practice certification options and discussing ways for collaboration to improve crisis services for individuals with DD.

State and Program Interviews

In 2021, the project team arranged for listening sessions to learn more about best practice in these areas:

- Medicaid Health Home Authority – met individually with representatives from Michigan, Rhode Island, and Delaware
- Crisis Prevention and Intervention Services – met individually with representatives from Tennessee, Washington, North Carolina, and Oklahoma
- Certification in ID/MH – met with National Association for Dual Diagnosis and The Center for START Services



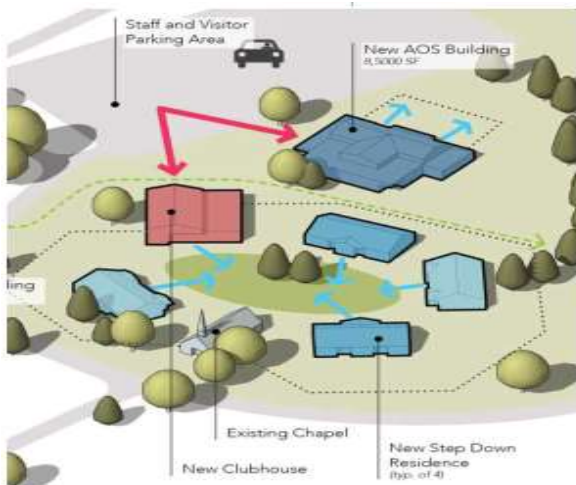
Project representatives met with the SWITC night shift on Monday, December 6.

Legislative Action

With legislative approval for the items below, the department can move forward with its plan to transition to the new model of care.

Architectural Study and Associated Budget Request

The need for two care settings has been identified for the new treatment model. The Assessment, Observation and Stabilization Unit and Step-Down Housing are anticipated to serve up to 16 individuals.



The department is requesting \$13,150,000 in state general funds for the building of these new care settings. This is a one-time supplemental budget request, which is a necessary investment as part of a new treatment model.

The request is supported by an Architectural Feasibility Study that provided confirmation, analysis, and recommendations for future development needed to deliver the highest quality of care. The study was the result of a comprehensive effort that included a steering committee and user groups comprised of administrators, facility residents, maintenance teams, advocates, and care providers.

Medicaid Management Information Systems Changes and Associated Budget Request

The department is also requesting a one-time transfer of \$46,600 in general funds and federal fund spending authority of \$416,400 for the implementation of policy, operations, and claims system changes related to implementation of the new treatment model. The Medicaid Management Information System (MMIS) changes will allow data from new service providers to be accepted and integrated into the system to pay claims and will allow that data to be captured and verified to report on federal quality measures.

Proposed Changes to Idaho Code

The department is presenting two bills this legislative session that impact SWITC.

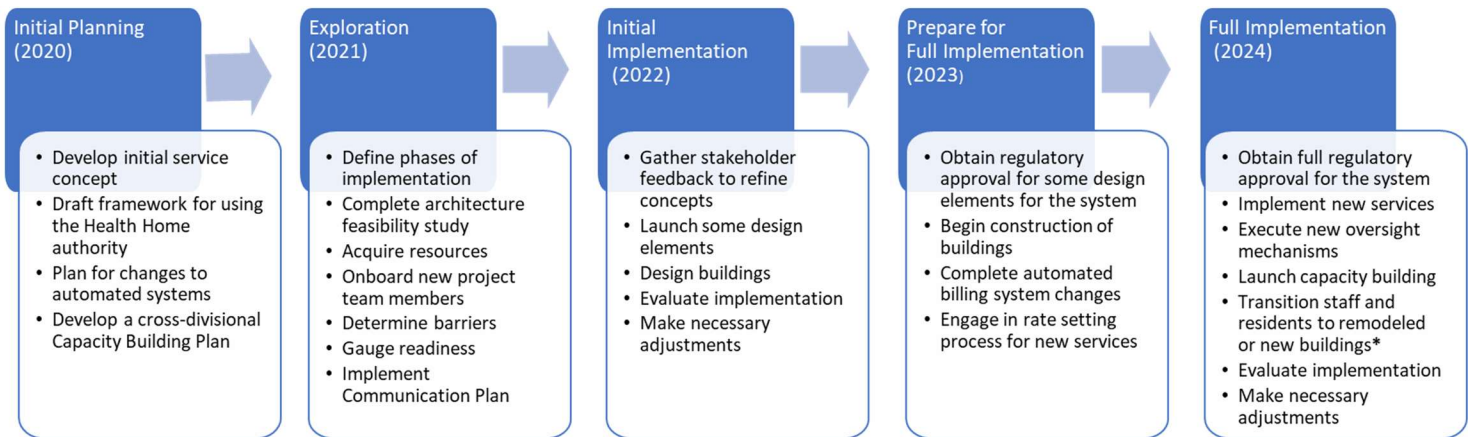
Idaho Code § 56-234: This bill allows SWITC to continue to serve individuals with DD while pursuing an alternative to the ICF/IID license as part of the project. The bill proposes eliminating the description of SWITC as an ICF/IID facility in Idaho Code; however, the department does not intend to immediately vacate the ICF/IID license if the legislation is passed. Before any change to the licensing and oversight structure occurs, another oversight system must be found and approved. This process may require both legislation and rules that would likely take two years to implement. Pursuing this first step now will allow for greater feedback and analysis from stakeholders as part of the process. In addition, the SWITC advisory board meetings and the advocate meetings will continue to occur to provide transparent communication, as well as oversight, feedback, and input about the department's progress on the new structure.

Idaho Code §§ 56-203, 56-235, 56-1003, 56-1004, 56-1408, 36-401: This bill is intended to clean up conflicting provisions in Idaho Code related to authority of the Department of Health and Welfare and the Board of Health and Welfare about state hospitals and treatment centers and to provide appropriate references to the hospitals and centers throughout the code.

A Phased Approach to Full Implementation

The department is using a phased approach to full implementation of the new treatment model. The initial planning phase has been completed and the exploration phase is wrapping up. The project is transitioning to the initial implementation phase in 2022. Because new care settings likely will not be completed until 2024, the initial implementation phase will include launching design elements of the new model within existing SWITC buildings and licensure. These elements will create a foundation for a philosophical shift to the new services.

Below is a graphic describing the phases and associated tasks needed for full implementation:



*Transition of settings is dependent on the completion of a new building project which is anticipated to take approximately 30-36 months from formation. This building project could extend into 2025.

Appendix

Developmental Disabilities Crisis System Improvement Project - Legislative Report Highlights

In 2020, the DD Crisis System Improvement Project (formally the SWITC Project) was developed to implement a new treatment model for individuals with intellectual disabilities and complex needs.

Key Achievements from 2021

- Changed project name to better align with the philosophy of the crisis system changes
- Conducted outreach to other states and identified best-practice approaches
- Implemented a Communication Plan that prioritizes two-way communication
- Completed an architectural study that discussed the feasibility of building new care settings on the SWITC campus
- Drafted a State Plan Amendment (SPA) that will be used to initiate conversations with the Centers for Medicare and Medicaid Services (CMS) on a new funding authority
- Selected, researched and prepared for initial implementation of key design elements
- Submitted, and received approval for enhanced federal funding at a 90/10 match rate for all work associated with the policy and system design

Highlights of the New Service Delivery Strategy

- SWITC, as it currently operates, will be phased out over the next several years
- Two small care settings; the Assessment, Observation Unit and Step-Down Housing will replace SWITC
- Department and contracted staff will operate the new care settings
- Specialized Clinical Teams will be created to support individuals whose acuity exceeds traditional services
- These specialized teams will provide expert services to individuals whether they live on the state-owned campus or in the community
- New services, care settings and funding authorities will require federal and legislative approval
- Services will be based on best practice guidelines from nationally recognized programs



2022 Legislative Action

- The Department is requesting \$13,150,000 in state general funds for the building of new care settings. This is a one-time supplemental budget request is a necessary investment as part of a new treatment model.
- The department is also requesting a one-time transfer of \$46,600 in general funds and federal fund spending authority of \$416,400 for the implementation of policy, operations, and claims system changes related to implementation of the new treatment model.
- The department is presenting two bills this legislative session that will create a foundation for the new treatment model.

Phases of Implementation

The project team has completed the initial planning phase and are wrapping up the exploration phase as we transition to initial implementation. Full implementation is planned for 2024 with new buildings and new services.

