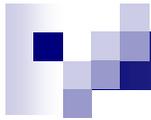


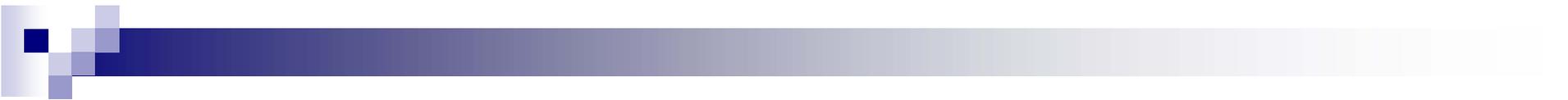
HOPE, RECOVERY AND LIFE IN THE COMMUNITY | CHOOSE

Managed Care Delivery
System & Idaho Medicaid



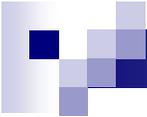
“The purpose of the mental health system is not to treat mental illness, but rather to help people have better lives.”

Mark Ragins, M.D., The Village ISA



Develop A Responsive System that Includes the Following

- Recovery and Wellness - Main focus and intent of services provided
- Trauma informed care and environments
- Creating services that honor consumer/survivors' strengths and using those strengths in service/program development
- Self-Determination and Choice
- Integration of physical and mental healthcare



Participant Assessment and Eligibility

- Eligibility – current Medicaid enrollment and meets the diagnostic criteria set forth in Medicaid eligibility rules.
- Income standards that include non-working and working recipients
- Educating recipients of services about eligibility, income guidelines and their role and responsibility as a recipient of Medicaid services.

Recovery & Wellness Plan: *Nothing about us without us*

- Person-Centered: Plan is written using member's own words
- Strengths-Based/Strengths-Focused: Assets rather than deficits
- Recovery and wellness planning should include member being present at each step of the planning process.
- Self-Determination and Choice
- Community Focused: Plan is inclusive of member's identified communities in which they participate in or the desired communities they would like to participate in. **Recovery happens in the context of community – Connection and Relationship.**
- **Move away from status quo and move towards possibilities and opportunities.**



Recovery Planning Opportunities

- Incorporate evidence-based and promising practices.
- Utilization of peer support services
- CMS's administrator stated in a letter to all state Medicaid Administrators,
“Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders.” August 15, 2007
- Peer Support Specialists play an integral part in assisting Medicaid members in the development of their Recovery & Wellness Plan
- Utilization of peer support providers is an essential component needed to demonstrate commitment to recovery and resiliency.



Re-Define and Re-Design Crisis Services

- Utilization of Peer Support Providers and Peer Advocacy Services have a direct impact on consumers who are reporting crisis.
- Marked decrease in hospitalizations and re-hospitalizations:
 - Recovery Innovations: 56% reduction in re-hospitalizations*
 - PeerLink (Tennessee): 73% decrease in number of hospital bed days*
- Peer-run Respite: Peer Support Community vs Hospitalization



Enhancing Services Beyond Required Core Services

- Utilize Peer Support Providers in a variety of settings:
 - Peer Support and Wellness Centers
 - Supported education and/or employment
 - Peer-run Respite Centers
 - Connectors to Community-Life opportunities
- Recovery and Resiliency: Utilize recipients of services to evaluate programs and services provided in regards to recovery/resiliency outcomes.



Provider Qualifications and System Delivery Standards

- Provider qualifications and standards set forth by Center on Medicare/Medicaid Services and IDAPA rules
- Qualifications and standards should also accommodate and reflect demographic area - Urban and rural/frontier areas
- Ensure services are evidence-based and best practices with outcomes focused on recovery, resiliency, and life in the community as determined by the recipient.
- Peer Support Providers should be a provider of services and system delivery standards could reflect what other states have used but developed for Idaho's demographic make-up and other state specific requirements.



Quality Assurance

- Demonstrate commitment to recovery and wellness by moving beyond status quo and incorporating evidence-based recovery practices
- Ensure that recipients are educated in and participate in informed decision making and shared decision making.
- Ask recipients of services to determine benchmarks for measuring effectiveness of services.
- Generate consumer-designed satisfaction survey opportunities with written outcomes. Outcomes should include recipient of services rights, provider attitudes and behaviors, recipients involvement in developing their recovery & wellness plan, implementation of the plan and progress as they engage in their self-determined recovery plan.
- Outcomes should be provided to service recipients, families, the State Planning Council on Behavioral Health and DHW-Medicaid.



Local Community Engagement

Receiving and Resolving Conflicts, Concerns, & Input

- Develop and utilize a Review Board consisting of recipients of services, families and stakeholders
- Provide written documentation of conflicts, concerns and inputs to the Review Board.
- Review Board provides written documentation regarding actions taken by the Board in responding to conflicts/concerns/inputs.
- Written documentation of Review Board's activities are to be provided to the State Planning Council on Behavioral Health, service recipients, families, and stakeholders.
- Utilize focus groups as an on-going practice to better inform recipients of services, families, the managed care organization, providers, and the community-at-large of services provided as well as a method of improving services.



HOPE as the Foundation

Dr. Jerome Groopman, M.D. writes in his book “The Anatomy of Hope: How People Prevail in the Face of Illness”,

“... we are just beginning to appreciate hope’s reach and have not defined its limits. **I see HOPE as the very Heart of Healing.**”

“HOPE is as vital to our lives as is the very oxygen that we breathe.”

Jerome Groopman, M.D



A Shared Vision & Mission

To create opportunities and environments
that empower people to recover,
To succeed in accomplishing their goals,
and to reconnect to themselves, others,
and meaning and purpose in life.

Recovery Innovations