Commonwealth of Massachusetts
Executive Office of Health and Human Services

Chapter 257 of the Acts of 2008

Stakeholder and Provider Engagement Session: Community Based Flexible Supports

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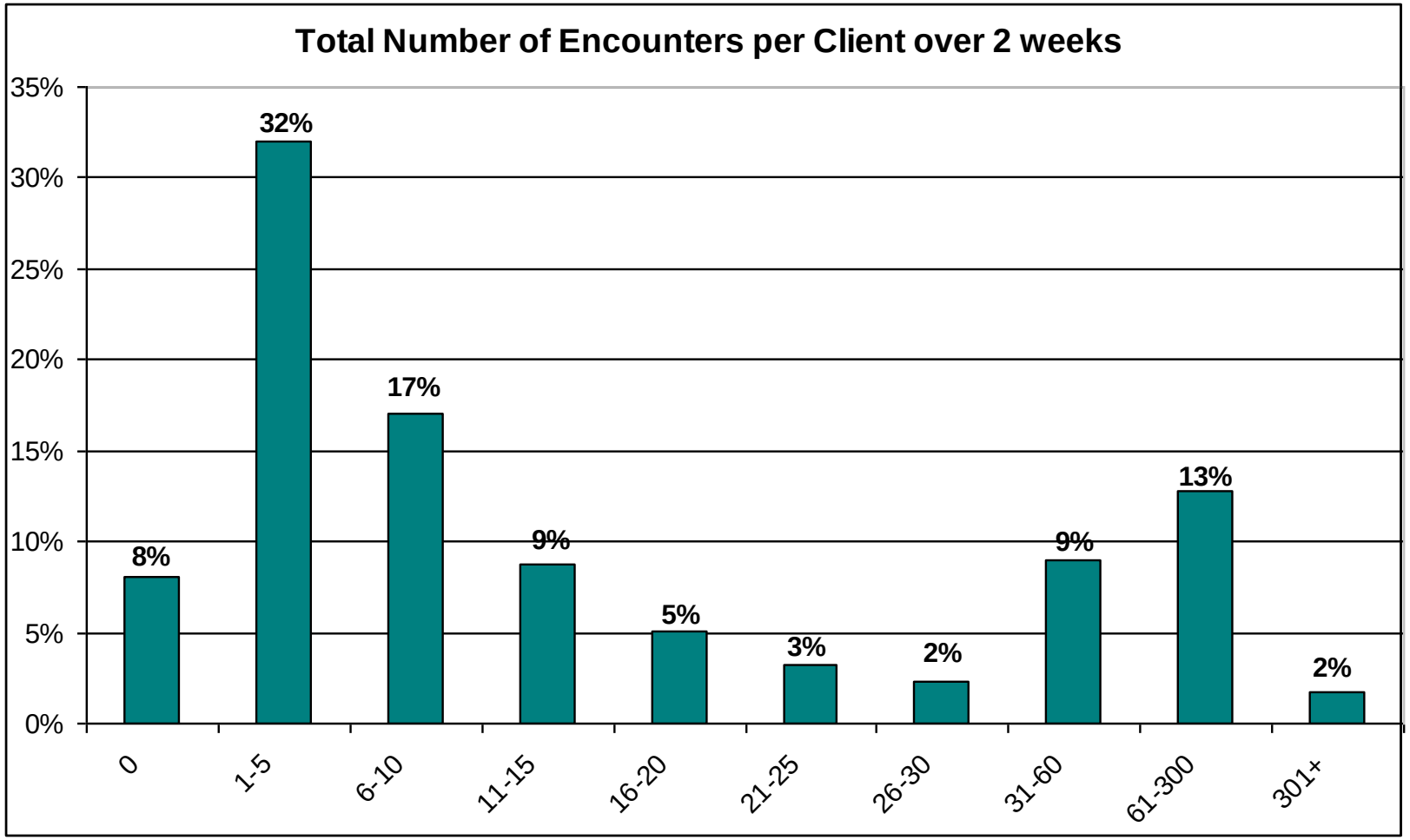
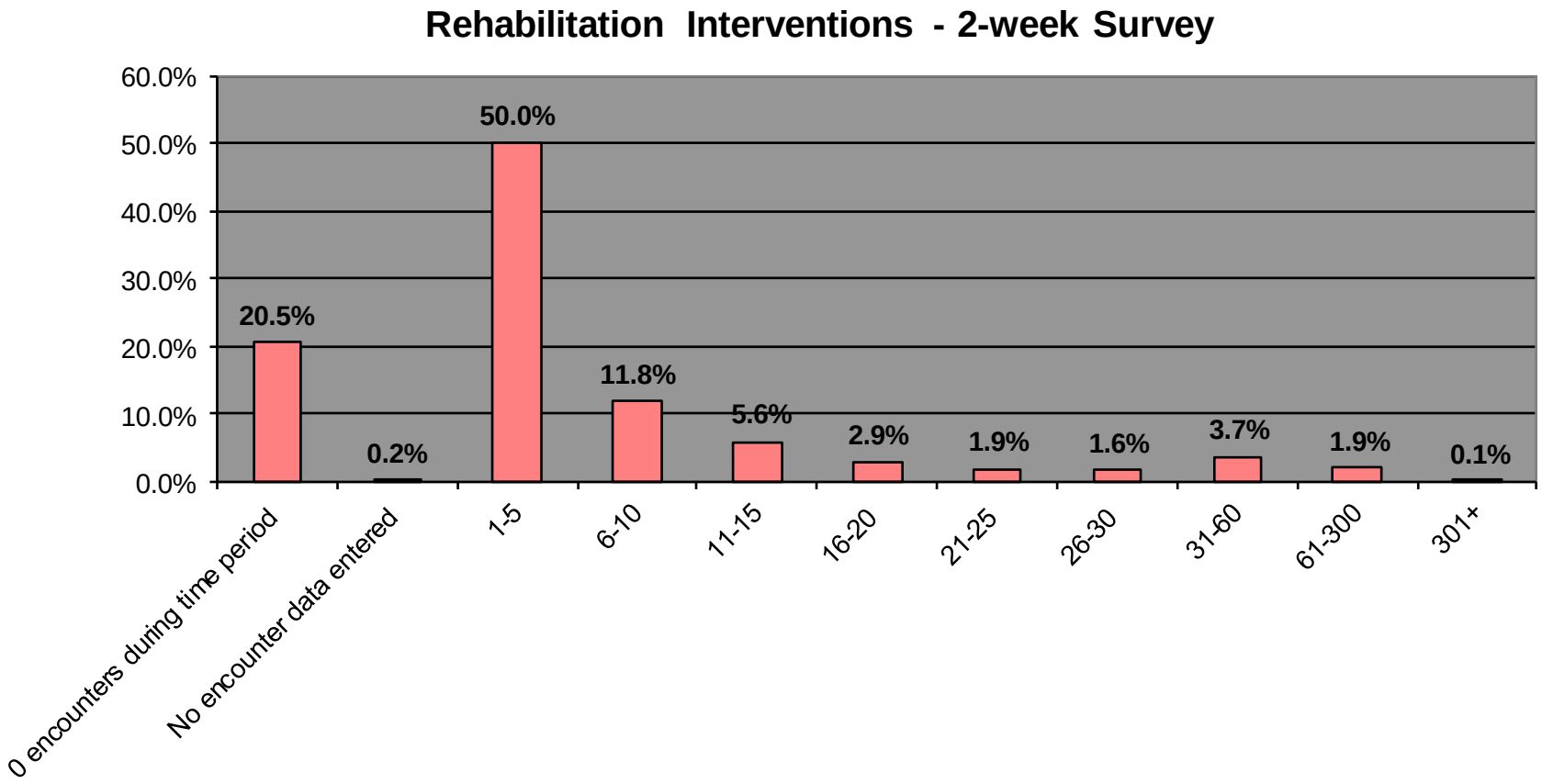
Agenda

- Stakeholder Discussion
  - Review Key Points from Encounter Surveys, Proposed Rate Layers
  - Review Proposed Staffing by Service Type
  - Occupancy Cost Adjustments
  - Key Changes
    - Structural
    - Programmatic
- Next Steps

CBFS – Low Client Encounters



CBFS – Rehab Option



CBFS – Proposed Layers of Care

Other Community-Based Services

Non-Rehab CBFS Services

Rehab CBFS Services

Group Living Environments (GLEs)

Specialty Services

CBFS – Staffing Levels

The adjoining table represents the staffing patterns incorporated into the Non-Rehab and Rehab Services model budgets. Both services are meant to function as a team.

** The roles in italics will be required in provider contracts.*

CBFS Staffing Levels		
CBFS Function	**Non-Rehab**	**Rehab Services**
Capacity:	100	100
Management		
*Program Director**	-	1.00
*Assistant Director (LICSW level)**	1.00	1.00
Program Functional Manager	-	0.35
Medical and Clinical		
*Psychiatrist**	-	0.05
*LPHA**	-	4.00
*RN**	0.10	2.00
Substance Abuse Counselor	-	2.00
Direct Care		
DC Blended (DC I + II + III)	5.00	10.00
Housing Coordinator	0.25	0.50
Vocational Coordinator	-	1.00
Peer & Family Specialist	2.00	2.50
Relief	0.38	0.75
Support		
Prog Secretarial / Clerical	0.75	1.00
Consulting Services		
Psychologist (Ph.D Level)		55 hours
Occupational Therapist		55 hours
Total Program Staff	**9.48**	**26.15**

CBFS – GLE Staffing Patterns

The chart below shows the change in staffing pattern as GLE capacity increases.

	Capacity		
	4 to 6	**7 to 9**	**10 to 12**
Site Manager	1.00	1.00	1.00
Direct Care (DC I + II)	6.00	6.50	8.75
Relief	0.92	1.00	1.35
Total	7.92	8.50	11.10

This represents double coverage during day and evening hours.

CBFS – GLE Staffing Patterns

The chart below shows the change in staffing pattern in GLEs with a capacity greater than 13.

Capacity	Direct Care Title	24/7 Staffing	No Overnight
13 to 16	Site Manager	1.00	1.00
	DC Blended	6.00	4.60
	Relief	0.92	0.71
	Total Staff	7.92	6.31
17 to 25	Site Manager	1.00	1.00
	DC Blended	6.00	4.60
	Relief	0.92	0.71
	Total Staff	7.92	6.31
26 to 35	Site Manager	1.00	1.00
	DC Blended	8.80	7.40
	Relief	1.35	1.14
	Total Staff	11.15	9.54

Specialty Service Staffing

Specialty Function	Medically Intensive	Intensive Behavioral Specialty	Behavioral Assessment		Fire Safety	Clinically Intensive		DBT Intensive
Capacity:	**6**	**6**	**6**	**12**	**4**	**5**	**8**	**7**
Management								
Supervising Professional	1	1	1	2.2	1	1	2	1
Medical and Clinical								
Psychologist	-	-	0.25	0.5	0.12	-	-	-
LPHA	-	-	0.5	0.75	0.05	1	1	1.5
RN	1	-	-	-	-	-	-	-
LPN	-	-	0.2	0.4	0.2	-	-	0.25
Certified Nursing Assistant	3	-	-	-	-	-	-	-
Occupational Therapist	-	-	-	-	0.12	-	-	-
Direct Care								
DC Evening Supervisor	-	1	-	-	0.5	-	-	-
DC Blended (DC I + II + III)	6	10	7	9.2	8.62	11.2	15.6	10.5
Vocational Coordinator	-	-	-	-	-	-	-	0.2
Peer & Family Specialist	-	-	-	-	-	-	-	0.2
Relief	0.92	1.54	1.08	1.42	1.33	1.72	2.4	1.62
Total Program Staff:	**11.92**	**13.54**	**10.03**	**14.47**	**11.94**	**14.92**	**21**	**15.27**
Consulting Services - Hours								
Occupational Therapist	26	-	-	-	-	-	-	-
LPHA	26	-	-	-	-	-	-	-
Psychologist/Psychiatrist	-	52	104	208	-	32.5	52	-

Occupancy Costs – Adjustments from Last Session

- At our last provider session, there was considerable discussion around GLE Occupancy costs, and concerns about adequately reflecting provider costs.
- In response, staff spent a considerable amount of time analyzing the average per bed costs by GLE size, and have now changed the models to move away from a single per-bed benchmark to one that is based on size.
- The updated values more closely represent actual provider costs reported in the provider survey.

GLE Size	Original Per Bed Cost	Revised Per Bed Cost
4-6 beds	$19.94	$25.10
7-9 beds		$18.56
10-12 beds		$16.54
13+ beds		$14.53

Key Changes

The new rate construct will require various changes throughout the continuum –

- Structural
- Programmatic

Structural Changes

- **Break out specialty programs from CBFS to make them a statewide service**
  - Specialty programs will be managed as a related service that is contracted separately from CBFS and will be reimbursed with a single per day enrollment rate associated with that specific specialty type.
- **Establish a consistent range of services in each CBFS continuum**
- **Some realignment**
  - Specialty programs will be re-aligned to provide for improved geographic access.
  - There may be some adjustments to the CBFS continuums to achieve maximal benefit of resources.
- **Some specified staffing for specialty and CBFS programs**
- **Review of certain CBFS enrollments to determine if disenrollment is appropriate**
  - Clients enrolled in other DMH services (not including Clubhouses)
  - Clients whose needs could be met by enrollment in other DMH services (e.g., ASO, DMH Case Management)

Programmatic Changes

Referral Process

- Providers will continue to complete a comprehensive assessment and clinical formulation which will be used to recommend a level of care.

- DMH will enroll clients into one or more CBFS Levels of Care:
  - Rehab
  - Non-Rehab
  - Group Living (enrollment will be to a specific size)

- New enrollments into CBFS will be at the Rehab rate for the assessment period

- If provider unable to contact client within the 72 hours, DMH may authorize continuing outreach at Non-Rehab rate

Programmatic Changes

Changes to Level of Care

- DMH authorization will be required to change service level or to initiate a referral to a specialty program

- Request for service level changes may be initiated by providers and will be reviewed by DMH.

- DMH will adjust service levels as needs of clients change or as a result of utilization review.

Reprocurement – FY2016

- Due to the level of change needed to incorporate the proposed rate structure, the need to coordinate with the procurement for Specialty contracts, and prior Ch. 257 experience that it is easier to start a new rate construct with a fresh contract, DMH will be re-procuring both the CBFS and Specialty services once rates are final.

- Procurement planning has already begun within DMH, and sessions are planned with providers to get input on details.

- Current goal is to finalize rates by the end of the year, to allow for the RFR to be issued in December. Awards would be finalized in the Spring, allowing 2-3 months to make any necessary transitions to the new contracts and rates.

CBFS – Next Steps

- Discuss provider feedback internally
- Recommend final rate proposal to executive staff
- Propose rates via a draft regulation
- Public hearing – oral and written testimony
- Review submitted testimony, revise rates as needed
- Finalize rates
- Issue procurements

Questions/Feedback

Today's meeting materials will be posted on the Chapter 257 website:

www.mass.gov/hhs/chapter257

Comments and questions regarding the Chapter 257 process can be sent to:

EOHHSPOSPolicyOffice@state.ma.us