



STATE OF DELAWARE  
**STATE COUNCIL FOR PERSONS WITH DISABILITIES**

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**MEMORANDUM**

DATE: October 26, 2018

TO: Ms. Nicole Cunningham, DMMA  
Planning & Policy Development Unit

FROM: Nick J. Fina, Ed.D - Chairperson  
State Council for Persons with Disabilities

RE: 22 DE Reg. 262 [DMMA Proposed Regulation Medicaid State Plan Amendment for Health Home Services (10/1/18)]

The State Council for Persons with Disabilities (SCPD) has reviewed the Division of Medicaid and Medical Assistance's (DMMA) proposed state plan amendment ("SPA") seeks to expand the Delaware Assertive Community Integration Support Team ("ACIST") program which supports individuals who have both severe and persistent mental illness ("SPMI") and intellectual and developmental disabilities ("ID/DD"). The ACIST program has been run as a "pilot" to provide intensive supports to 50 adults with both SPMI and ID/DD (as defined by DDDS). The proposed SPA will allow DDDS to leverage federal matching funds to support the ACIST program. There is an enhanced federal match for the first eight quarters of the program of 90%/10%. This proposed regulation was published as 22 DE Reg. 262 in the October 1, 2018 issue of the Register of Regulations.

Health Home Services were authorized as a state Medicaid optional benefit under the Affordable Care Act and have been used to provide comprehensive care coordination for individuals on Medicaid with chronic conditions. All beneficiaries who are eligible for Medicaid under the state plan are eligible for the health homes program provided they meet program criteria (having both SPMI and ID/DD). Enrollment is optional. Services that are provided under the health homes program cannot be funded by other Medicaid programs (i.e. PROMISE or Lifespan Waiver). Funding will be provided on a fee for service "Per Member Per Month" formula.

There are six primary health home programs:

1. Comprehensive care management
2. Care coordination
3. Health promotion
4. Comprehensive transitional care/ follow up
5. Patient and family support; and
6. Referral to community and social support services.

One cannot really tell from the SPA document whether health home funding will pay for direct services under the ACIST program or only the six services listed above. The SPA does describe a treatment team which includes clinicians as well as case managers, which suggests that it will, but the language with regards to this could be clearer. There is a fair amount of discussion on how the state will avoid double dipping with other Medicaid programs, specifically PROMISE, Lifespan Waiver and DSHP.

As a general matter, a program that specializes in meeting the needs of individuals with both SPMI and ID/DD is a very positive development. This particular group of individuals have been subjected to a large degree of “siloeing” with the end result of poorly coordinated and sometimes inappropriate services that creates a greater risk of institutionalization, both in state and out of state. For children and their families, this need is particularly critical.

While the SCPD endorses the SPA in principle, it does so with the following concerns.

First, it is entirely unclear whether children are included in this program. CMS guidance has consistently been that state’s cannot exclude Medicaid populations based on age for this program, but the SPA criteria does not include serious emotional disturbance (“SED”) in their definition of mental health condition, which is typically how childhood mental health disorders are described. Children do not easily fit the SPMI criteria. Rhode Island developed two separate Health Home Service options, one for adults with SPMI and one for children with SED. This was acceptable to CMS; however, one program just for adults would probably not pass muster, and shouldn’t. Children with both ID/DD and SED are very much an underserved population in Delaware. Families struggle to find the combination of services that their children need and frequently find themselves in crisis. Until fairly recently, DPBH would not even accept children with dual diagnoses or any child with autism, and it is unclear whether they have the developed sufficient expertise or staff to serve these children. It is vital that families with children with SED and ID/DD have access to these services.

Second, while the Health Home program’s primary thrust is care coordination, the SPA is short on information about how the program will coordinate with MCOs and other payment

and service systems. Sometimes there can be “too many cooks in the kitchen” to make coordination possible. It will be crucial that every provider and funding source knows its role and who is in charge of assisting the individual and the family when accessing care according to the person-centered plan of care.

The SCPD is recommending that language be added that makes clear that children with serious emotional disturbance are one of the populations with chronic conditions included in this proposed regulation.

Thank you for your consideration and please contact SCPD if you have any questions.

cc: Mr. Robert Dunlevy, DSCYF/DPBHS  
Ms. Laura Waterland, Esq.  
Governor’s Advisory Council for Exceptional Citizens  
Developmental Disability Council

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