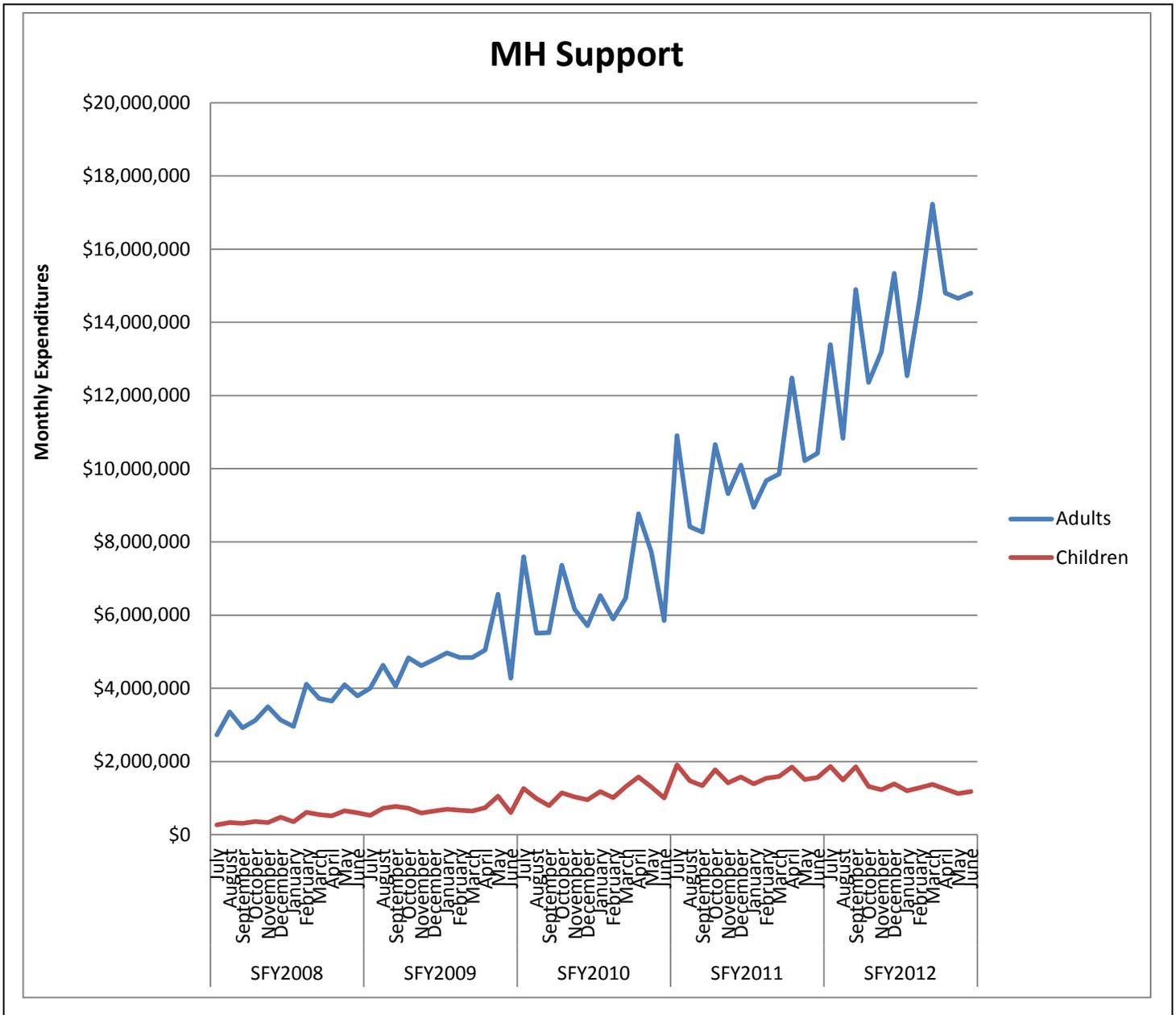


AGENDA
MHSS STAKEHOLDERS MEETING
AUGUST 2, 2012

- Welcome and Introductions
- Why Are Changes Needed?
 - Brief comments from DMAS and DBHDs
- Summary of Comments Received
- Review of Proposed Changes
 1. Restricting MHSS eligibility to individuals with serious mental illness, or serious emotional disturbance, using DBHDS criteria, and who also meet one of the elements below:
 - i. prior history of psychiatric hospitalization or residential crisis stabilization ; or
 - ii. a prescription for psychotropic medications within the past 12 months. (For these purposes, psychotropic medications shall be limited to antipsychotics or mood stabilizers.)
 2. Requiring an Independent Clinical Assessment for all individuals prior to receiving MHSS. (Currently a VICAP is required for individuals under the age of 21; the proposal is to also require a VICAP for individuals age 21 and over.)
 3. Reducing the number of units allowed per day from 4 per day (7+ hours) to 2 per day (up to 5 hours). The total annual limit will remain at 372 units.
 4. Prohibiting MHSS for individuals who are enrolled in ID or DD waivers. Prohibiting individuals receiving personal care services from receiving MHSS concurrently.
 5. Prohibiting MHSS for individuals who reside in nursing homes. Prohibiting duplication of services by not allowing MHSS to be provided inside ALFs or other mental health residential settings. MHSS services may be provided to residents of ALFs or other mental health residential settings provided that the services are offered in the community, that is, not on ALF or institutional property. MHSS services also cannot be duplicative of services that are already provided by the ALF or other mental health residential settings.

Need for MHSS Revisions



	FY2010 Expenditures	FY2011 Expenditures	FY2012 Expenditures	FY2010-2011 % Growth	FY2011-2012 % Growth
MHSS – Under 21	\$13,520,663.52	\$18,950,184.62	\$16,578,042.04	+40.15%	-12.5%
MHSS – Adults	\$79,054,549.84	\$119,324,915.21	\$168,672,581.42	+50.9% (approx \$40 million increase)	+42.4% (approx \$50 million increase)
MHSS – Total	\$92,575,213.36	\$138,275,099.83	\$185,250,623.46	+49.3%	+33.9%

MHSS recipients (approximate calculations):

FY	FY Recipients (all ages)	Percent change
2010	12,829	
2011	15,711	+22.4%
2012	18,807	+19.7%

Who are the providers of MHSS?

1. FY 2012 – Recipients Under the Age of 21

FY	Under 21 total \$	Under 21 rendered by CSBs	Under 21 rendered by private providers	Under 21 percent by CSBs	Under 21 percent by private providers
FY12	\$16,578,042.04	\$2,155,111.00	\$14,422,931.04	13%	87%

2. FY 2012 – Recipients Over the Age of 21

FY	Age 21 and over total \$	Age 21 and over rendered by CSBs	Age 21 and over rendered by private providers	Age 21 and over percent by CSBs	Age 21 and over percent by private providers
FY12	\$168,672,581.42	\$28,354,512.90	\$140,318,068.52	16.8%	83.2%

3. FY2010-FY2012 – All Recipients (All Ages)

FY	Total MHSS – all ages	All ages rendered by CSBs	All ages rendered by private providers	Total MHSS – percent by CSBs	Total MHSS – percent by private providers
FY12	\$185,249,453.46	\$30,508,453.90	\$154,740,999.56	16.5%	83.5%
FY11	\$138,190,634.83	\$31,235,611.26	\$106,955,023.57	22.6%	77.4%
FY10	\$92,629,548.06	\$28,018,406.24	\$64,611,141.82	30.3%	69.7%