

The Cash and Counseling Model in Mental Health

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Why was mental health left behind?

- 1915(c) waiver eligibility
- Limited opportunity elsewhere in Medicaid
- Personal care not a major focus for mental health
- Skepticism and stigma relating to individual capacity

Current state activities

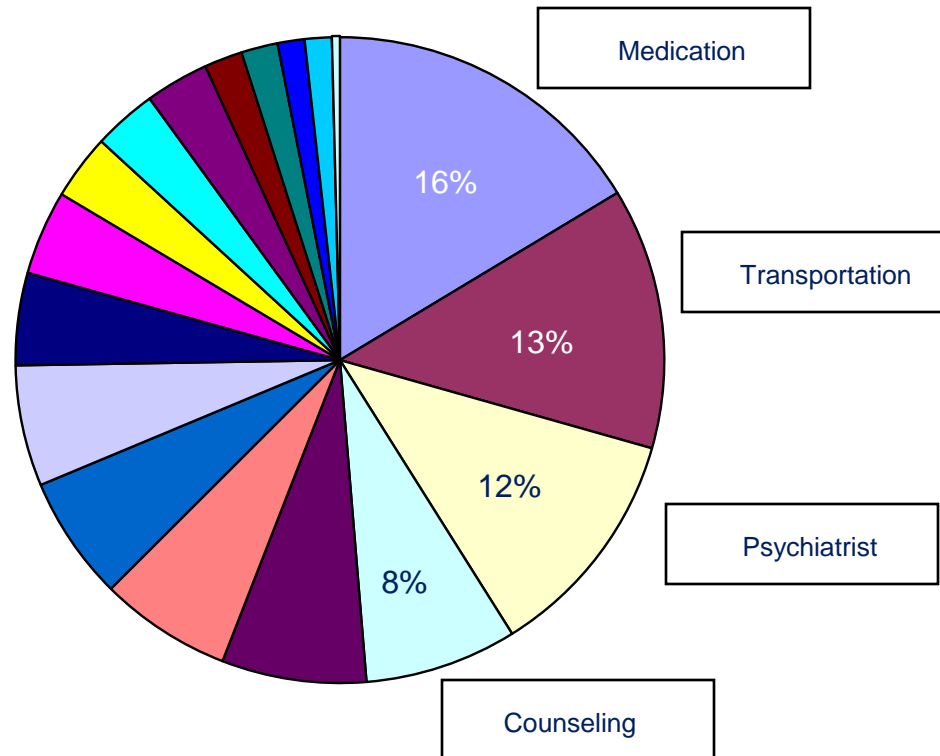
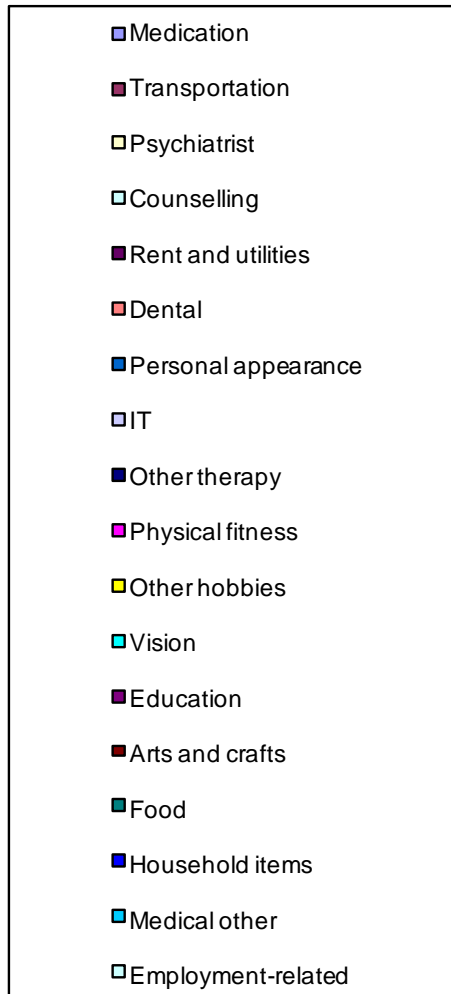
State	No. Participants	Size of budget	Scope of services	Funding source
Florida	c. 500	\$3700	Traditional + support services	Medicaid/ GR
Iowa	25	\$2000	Psych rehab services	1915(b) reinvestment funds
Maryland	30	No fixed amount	Support services	GR + SAMHSA grant
Michigan	20	Variable	Traditional + support services	Medicaid 1915b(3)
Oregon	40	\$3000	Support services	County funds + state grant
Tennessee	70	\$2000	Support services	Magellan Behavioral Health

Source: Alakeson (2007)

Differences from C&C model

- Limited use of Medicaid funding
- Flexible budget supplements rather than replaces traditional services
- Counselors are generally trained peers
- Limited use of fiscal intermediary services

What do consumers purchase?



Evidence of impact from state programs

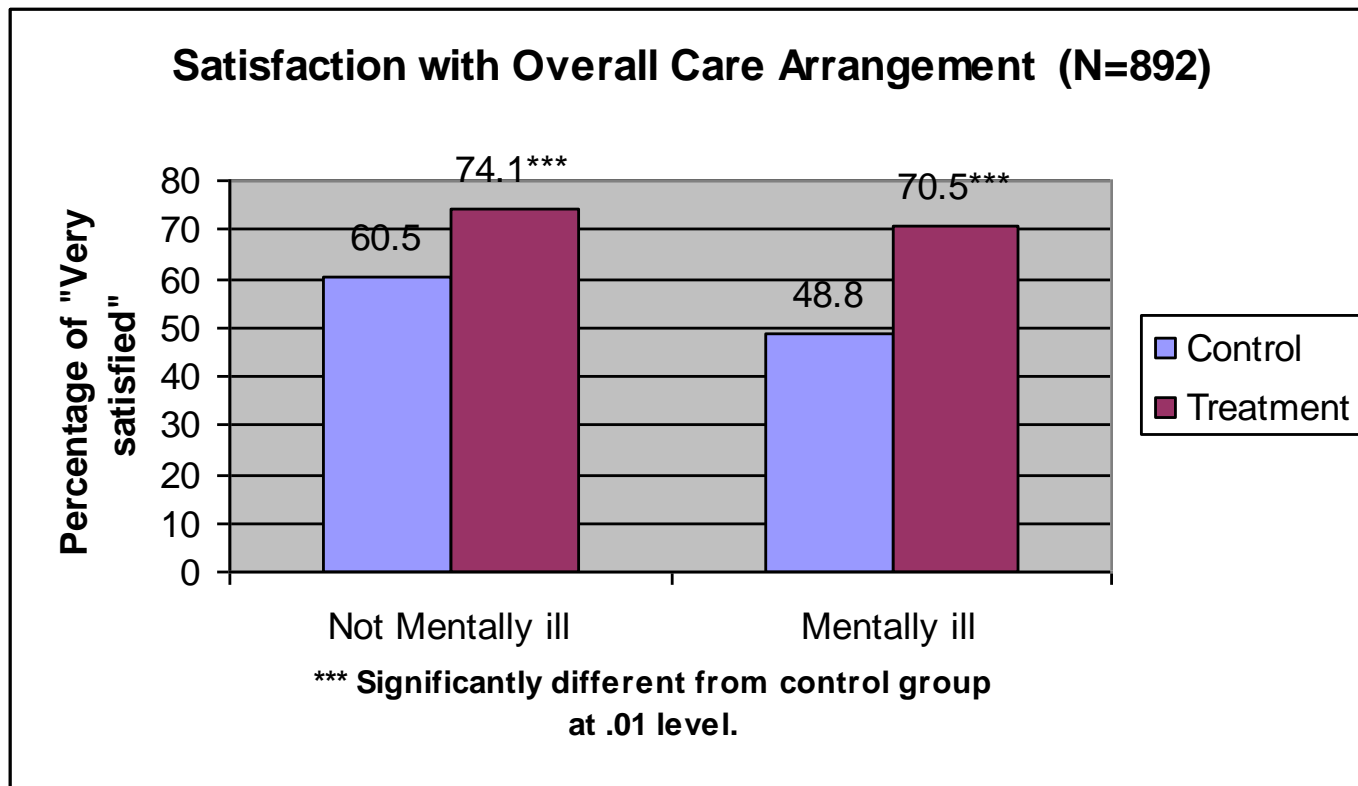
- Consumer satisfaction with services improves
- Consumers report improvements in quality of life
- Limited evidence of shift in service use towards routine care and early intervention
- Limited evidence of improvements in functioning and greater community integration

Sources: Cook et al, (2008) *Psychiatric Services*; Sullivan (2006); Florida DCF (2007)

Evidence from NJ C&C analysis

- Working age adults in NJ C&C program with a mental illness:
 - More satisfied with paid caregiver reliability, schedule, performance, relationship, overall care arrangement and with quality of life in general.
 - Fewer unmet needs in terms of household activities, transportation and routine health care at home.
 - No more injuries or other adverse health outcomes.
 - No significant differences in total expenditures for services than those without mental illness.
 - Able to manage the cash option to hire caregivers and purchase care-related services and goods.

Evidence from AR C&C analysis



Source: Shen et al. (2008) *Gerontologist* 48:1, pp. 93-104

New option for C&C model in mental health

- HCBS state plan option – 1915(i)
- Breaks to eligibility link between HCBS and institutional care
- Eligibility up to 150% of FPL and based on needs
- Day treatment or partial hospitalization, psychosocial rehabilitation and clinic services included for chronic mental illness

Source:

http://www.cms.hhs.gov/MedicaidGenInfo/08_Medicaidregulations.asp

Issues for the future

- Need to test the flexibility of 1915(i) option
- Need to identify appropriate scope for self-direction in mental health – all outpatient services, only rehab services, inpatient services included?
- Need for more rigorous evaluation with this population

THANK YOU

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