

# PROMOTING EFFECTIVE IDENTIFICATION OF MEDICALLY FRAIL INDIVIDUALS UNDER MEDICAID EXPANSION

MEDICALLY FRAIL

**NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH**

■ STATE ASSOCIATIONS OF ADDICTION SERVICES ■

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ISSUE BRIEF

# TABLE OF CONTENTS

Executive Summary .....	2
Summary Of Recommendations .....	2
Medicaid Expansion And Benefit Design .....	5
The Medically Frail Exemption To Mandatory Enrollment In Alternative Benefit Plans .....	5
State Methods For Identifying Medically Frail Individuals .....	6
Early Alternative Benefit Plan Adopters: Arkansas And Iowa .....	7
Recommendations And Models .....	11
Recommended Attestation Questions On Eligibility Application .....	12
Recommended Health Screening Questions .....	13
Future Directions .....	16
Resources .....	17
Appendix 1: Guiding Policy and Process Questions .....	17
Appendix 2: Roles For Community Organizations, Providers And Consumer Advocates .....	18
Appendix 3: Iowa Medicaid Member Survey .....	19
Appendix 4: Arkansas Health Screening Questionnaire .....	21
Appendix 5: Iowa Medically Exempt Attestation and Referral Form .....	24
Appendix 6: Iowa Benefits Package Comparison .....	28

**Community Catalyst** is a national, non-profit consumer advocacy organization founded in 1998 with the belief that affordable quality health care should be accessible to everyone. We work in partnership with national, state and local organizations, policymakers, and philanthropic foundations to ensure consumer interests are represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill. For more information, visit [www.communitycatalyst.org](http://www.communitycatalyst.org). Read our blog at <http://blog.communitycatalyst.org>. Follow us on Twitter @healthpolicyhub.

**The National Council for Behavioral Health** is the unifying voice of America's community mental health and addiction treatment organizations. Together with our 2,200+ member organizations employing 750,000 staff, we serve our nation's most vulnerable citizens — more than eight million adults and children living with mental illnesses and addictions. We are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life.

The National Council pioneered Mental Health First Aid in the U.S. and has trained 400,000 individuals to connect youth and adults in need to mental health and addictions care in their communities.

## EXECUTIVE SUMMARY

The National Council for Behavioral Health and Community Catalyst champion the goal that all Americans have timely access to effective treatment for mental health and substance use disorders. The decision by states to expand Medicaid coverage, setting the income threshold for eligibility to 138 percent of the federal poverty level, presents a tremendous opportunity to expand access to care for millions of low-income individuals and families.

States that choose to expand Medicaid may either provide the newly eligible beneficiaries health care services covered by the existing state Medicaid benefit, or offer an Alternative Benefit Plan that meets standards promulgated by the federal government.

This flexibility to enroll more individuals and create Alternative Benefit Plans requires careful implementation. States must consider how to define new eligibility determination and enrollment approaches to ensure compliance with federal regulations that require exempting vulnerable populations, including those defined as “medically frail,” from mandatory enrollment in new benefit plans. The clarity and consistency of such policies is vital to ensuring that medically complex individuals – including those with disabling mental health and substance use disorders – can access benefit plans that provide the services necessary to meet their health needs.

*Medically Frail individuals are those with more complex medical needs who may require more intensive or longer duration services.*

This Issue Brief offers guidance to state policymakers as they consider changes affecting Medicaid expansion. The National Council and Community Catalyst offer recommendations on effective design and implementation of a screening and benefits determination approach for medically frail individuals, based on the experience of early-adopter states such as Arkansas and Iowa. This guidance focuses on defining this population and ensuring that their access to coverage is best suited to the unique and comprehensive health needs of persons with mental health and substance abuse disorders.

### Summary of Recommendations

1. State definitions of medically frail individuals must explicitly include and broadly define individuals with disabling mental disorders and chronic substance use disorders.
2. States should allow beneficiaries to self-identify or attest to being medically frail via a questionnaire or survey that explicitly asks about substance use disorders and mental health and other chronic conditions. Follow-up assessment by providers may also occur to ensure eligibility determination is best suited to medical need.
3. Self-assessments or surveys used to determine eligibility should be written in plain language at no more than a 6<sup>th</sup> grade level.
4. States should make assistance available to individuals completing such self-assessments. These assessors should receive training in order to adequately support consumers in the completion of self-assessments. Completion of such assessments should be allowable by beneficiaries or with consent of the beneficiary, family members, caregivers, or legal guardians. States should consider roles for community organizations in providing such support at the request of or with consent of the beneficiary.

5. States should allow referral or attestation by providers that identify individuals meeting criteria for medically frail status with the consent of the individual.
6. Individuals deemed medically frail should be referred to optional choice counseling through a community-based organization<sup>1</sup> to guide them through benefit options. This meets the requirement that they be offered traditional Medicaid or Alternative Benefit Plans that may meet their medical needs.
7. States must define a clear process allowing beneficiaries to opt out.
9. States must provide a clear, simple comparison of benefits available via the traditional Medicaid state plan and those in an Alternative Benefit Plan option. Ideally, such comparison tools are available in multiple formats and languages, including online.
10. States should conduct retrospective claims review to identify high-utilizers that are potential medically frail beneficiaries who may be better served in traditional Medicaid or high-risk benefit plan. Such review optimally occurs with existing beneficiaries at the inception of Medicaid expansion program and, for those who are assigned to an Alternative Benefit Plan (including the newly eligible), at least annually thereafter to ensure appropriate evaluation and reassignment.
11. States should design a consistent and objective process for reassessment of medically frail determination, including timeline, role of provider attestation and claims data, and criteria (e.g., diagnoses, utilization thresholds, severity “scores”<sup>2</sup>).
12. States should include consumers and stakeholders with experience in the disability, behavioral health and substance use community in planning and implementation of processes to identify and assess medically frail individuals within Medicaid expansion programs and to provide feedback on how processes are working for consumers.
13. State audit and public reporting requirements should be in place to monitor compliance with waiver terms (if applicable), ensure transparency of the implementation process and review demographics of enrolled populations and medically frail cohorts.<sup>3</sup>

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1 Defined as “organizations that contract with the state and have demonstrated experience in serving Medicaid populations, aged and those with behavioral health and substance use disorders.”

2 Iowa uses Global Assessment Functioning (GAF) scores and DSM-V criteria. National Council additionally recommends the Daily Living Activities (DLA)-20 Functional Assessment, accessed at <http://www.thenationalcouncil.org/wp-content/uploads/2012/11/DLA-Sample.pdf>.

3 For example, in Arkansas, a January 2014 legislative audit reviewed initial enrollment in the Medicaid Private Option program and reviewed enrollee demographics that found approximately 6,000 medically frail individuals were identified from October 1-November 30, 2013. Report ID: SASR50213 accessed at [www.arklegaudit.gov](http://www.arklegaudit.gov).

## MEDICAID EXPANSION AND BENEFIT DESIGN

To date, more than half the states and the District of Columbia have opted to implement expanded Medicaid coverage for individuals up to 138 percent of the Federal Poverty Level (FPL). The majority of states accomplished this through state plan amendments that expand income eligibility to allow access to the existing traditional Medicaid state plan, or a modified Alternative Benefit Plan (ABP).<sup>4</sup>

Alternative Benefit Plans must include services in each of the ten “Essential Health Benefits” categories (e.g. preventive, ambulatory, emergency, behavioral health, etc.), but states are ultimately responsible for designing the ABP. As a result, such alternative plans may be less comprehensive than the state’s traditional Medicaid plan and less appropriate for those with chronic health conditions or disabilities.

*CMS requires that “Exempt Individuals” must have the option to receive the full state Medicaid plan benefit package.*

Several states have modified their ABP benefit package to offer more robust benefits to individuals with behavioral health conditions. For example, Hawaii, Maryland, Nevada, New Jersey, Ohio and Washington each added habilitative services or enhanced mental health and substance use benefits in accordance with federal parity laws.

Arkansas and Iowa, meanwhile, are among the five states that received federal approval for non-traditional expansion plans via §1115 waivers. Such plans expand Medicaid populations, but also give states the flexibility to impose premiums and limit some required benefits.

As more states consider Medicaid expansion options, it is important that such proposals include benefit plan options that ensure access to the long-term care and rehabilitative services vital for individuals with chronic disability and health conditions, including mental health and substance use disorders.

### The Medically Frail Exemption to Mandatory Enrollment in Alternative Benefit Plans

In an effort to ensure access to appropriate benefits for newly eligible adults with additional medical needs, the Centers for Medicare and Medicaid Services (CMS) requires that certain “Exempt Individuals” must have the option to receive the full state Medicaid plan benefit package in lieu of the state-defined Alternative Benefit Plan.<sup>5</sup>

Per regulations expanded in 2013, a state’s medically frail definition must encompass the following at a minimum:<sup>6</sup>

- **Disabling mental disorders**
- **Chronic substance abuse disorders**
- **Serious and complex medical conditions**

4 States that opt to expand Medicaid can determine what benefits are offered to newly eligible beneficiaries, called an “Alternative Benefit Plan” (ABP). ABP benefits must be benchmarked to particular plans in the state (e.g., existing Medicaid plan, a small group market equivalent). Section 2001(c) of the Affordable Care Act modifies the benefit provisions of section 1937 of the Social Security Act, which was established by the Deficit Reduction Act of 2005, by adding mental health benefits and prescription drug coverage to the list of benefits that must be included in benchmark-equivalent coverage; requiring Essential Health Benefits (EHBs) beginning in 2014; and directing that section 1937 benefit plans that include medical/surgical benefits and mental health and/or substance use disorder benefits comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). <https://www.statereform.org/Tracking-State-Medicaid-Alternative-Benefit-Plans> and <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

5 42 CFR 440.315

6 42 CFR 440.315(f)

- Physical, intellectual, or developmental disability that impairs one or more activities of daily living (ADLs)
- Disability determination (Social Security or state plan)
- Supplemental Security Income (SSI) program participants, disabled, and foster children

In addition, states have the flexibility to add other categories of medically frail individuals who may be better served by a full state Medicaid plan benefit package.

Regulations require that states not automatically enroll people who are medically frail in Alternative Benefit Plans. Medically frail individuals must be allowed to choose either the Alternative Benefit Plan or an equivalent Medicaid state plan benefit, even if they are eligible for Medicaid through the new adult expansion group.

### State Methods for Identifying Medically Frail Individuals

While the basic categories of medically frail individuals have been outlined in regulation, the Centers for Medicare and Medicaid Services (CMS) does not mandate a standardized methodology for identifying qualifying individuals. CMS has suggested that states employ a combination of several methods:

- Eligibility category (for example, those in a disabled or foster child eligibility category may be automatically deemed medically frail)
- Historical medical encounter data (e.g., for current enrollees)
- Self-identification, as on a questionnaire/screening tool

While eligibility categories may offer a starting place for states, not all eligible individuals are likely to be identified using this approach alone. Likewise, using claims data or encounter data may offer an effective screening approach for existing Medicaid enrollees, to ensure they are enrolled in the best plan for their medical needs. However, new enrollees, or existing enrollees who are not currently receiving care, will not be identified via this method as they will not have a claims history.

States with successful approaches in this area should use a concurrent approach that combines several methodologies, including:

- Self-identification on Medicaid application with clinical follow-up
- Eligibility category prioritization with clinical assessment; and
- Periodic, retrospective review of historical claims data for high utilization and/or diagnosis codes commensurate with medically frail definition.

The next section explores the approaches in Arkansas and Iowa as a means of identifying best practices in identifying and guiding medically frail individuals to choose the best benefit package to meet their health needs.

#### Exempt Individuals

- Pregnant women
- Blind or disabled
- Medicare-eligible
- Receiving hospice care
- Receiving long-term care
- **Medically frail**
- Receiving foster care and adoption assistance
- Breast and cervical cancer patients
- Tuberculosis patients
- Emergency services patients
- Medically needy

## EARLY ALTERNATIVE BENEFIT PLAN ADOPTERS: ARKANSAS AND IOWA

**Arkansas** expanded Medicaid coverage in January 2014 to all low-income adults up to 138 percent of the FPL.



This was achieved through the enactment of the Health Care Independence Act in April 2013, followed by the state plan amendment and approval of a “private option” Section 1115 demonstration waiver.<sup>7</sup>

The private option uses federal funds to purchase marketplace qualified health plans (QHPs) for low-risk participants meeting the expanded eligibility requirements.<sup>8</sup>

Eligible adults complete an online health questionnaire (see Appendix 4) to determine their status as medically frail or eligible for private health plan coverage (equivalent to silver level qualified health plans in the Arkansas insurance market).

The state Department of Human Services (DHS) worked with researchers from the University of Michigan and the federal Agency for Healthcare Research and Quality (AHRQ) to develop the 12-question screening tool. The Arkansas screening tool does not currently include a specific question about substance use disorders, but key questions included in the questionnaire (see Appendix 2) address the following:

- Self-assessment of health status and mental health status;
- Living situation (e.g., private home, assisted living, group home)
- Assistance with activities of daily living (ADL)
- Hospitalizations within six months, including hospital stays related to mental health;
- Emergency Room (ER) use in last six months;
- Frequency of clinic visits and mental health visits in six months;
- Health conditions assessment; and
- Self-statement related to disability

Individuals in the expansion population who do not complete the screening are automatically enrolled in the QHP, with a 30-day grace period to complete the health-screening questionnaire for re-assignment to traditional Medicaid if they are deemed medically frail.<sup>9</sup>

*Over 22,300 adults eligible for Arkansas’ “private option” coverage have been diverted to traditional Medicaid coverage under the “medically frail” determination.*

The Arkansas Department of Human Services recently reported enrollment data showing that 211,611 individuals were enrolled as of September 30, 2014. Of those, 204,811 completed enrollment into private insurance plans or Medicaid. The numbers include 22,372 people listed as medically frail who are enrolled in traditional Medicaid to better serve their exceptional health care needs.<sup>10</sup>

7 Arkansas Medicaid, Health Care Independence §1115 Waiver Final (August 2, 2013), available at <https://www.medicaid.state.ar.us/general/comment/demowaivers.aspx>.

8 Journal of Health Politics, Policy and Law, Vol. 39, No. 5, October 2014, 1089-98.

10 <http://www.arkansasmatters.com/story/d/story/latest-private-option-signup-total-211611/16424/LHly0Ar10GQMofPvSZIA>, accessed 10/15/14.



In **Iowa**, the Iowa Health and Wellness Plan (Figure 1) offers an Alternative Benefit Plan with market-based coverage to individuals up to 138 percent of the FPL. The state Medicaid program established a three-prong strategy to identify “Medically Exempt”<sup>11</sup> individuals and offer a choice of health plans to meet their medical needs (Figure 2), as required by federal law. This strategy allows initial screening on enrollment, referral for exemption by a provider or other entity with treatment or payer relationship to the individual and retrospective claims review on a quarterly basis using a state-defined algorithm.

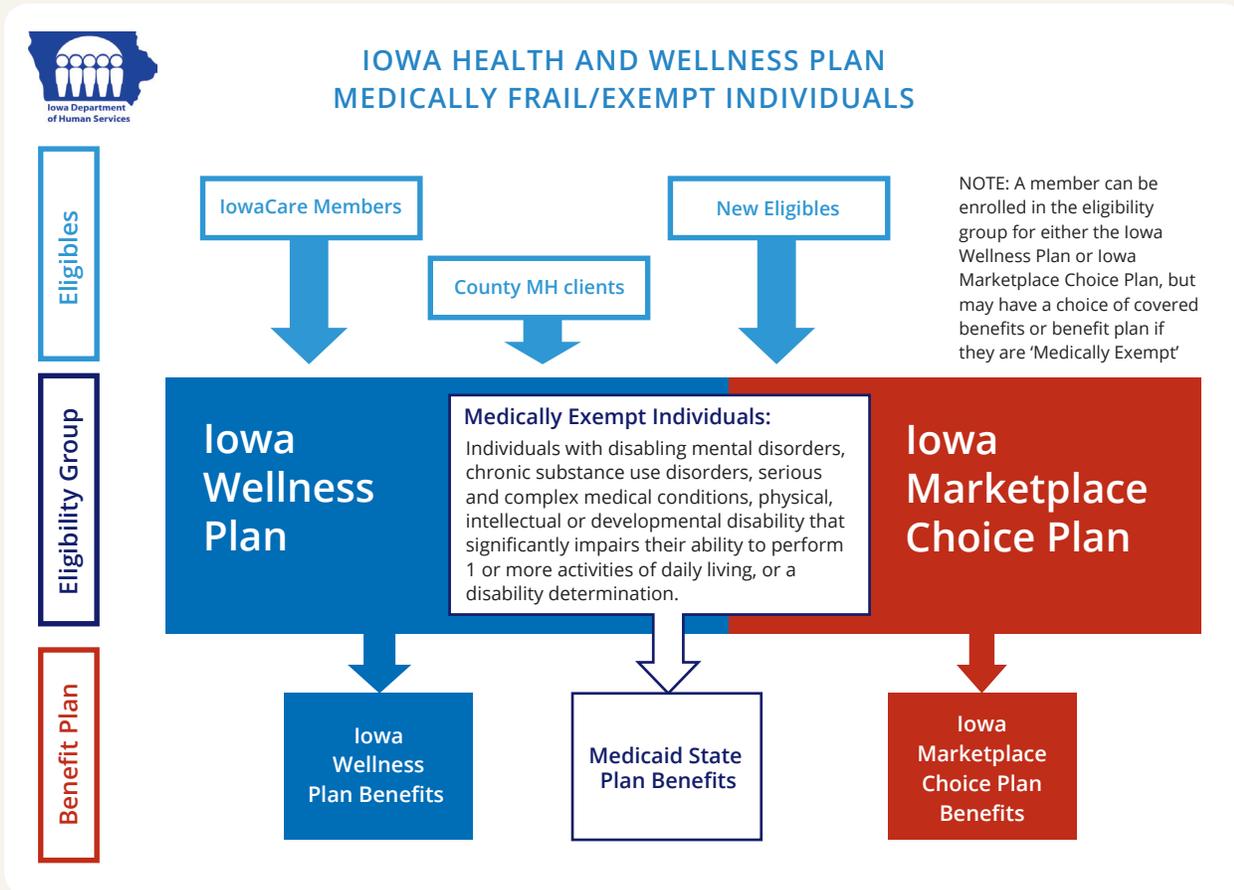


Figure 1: Iowa Coverage Options

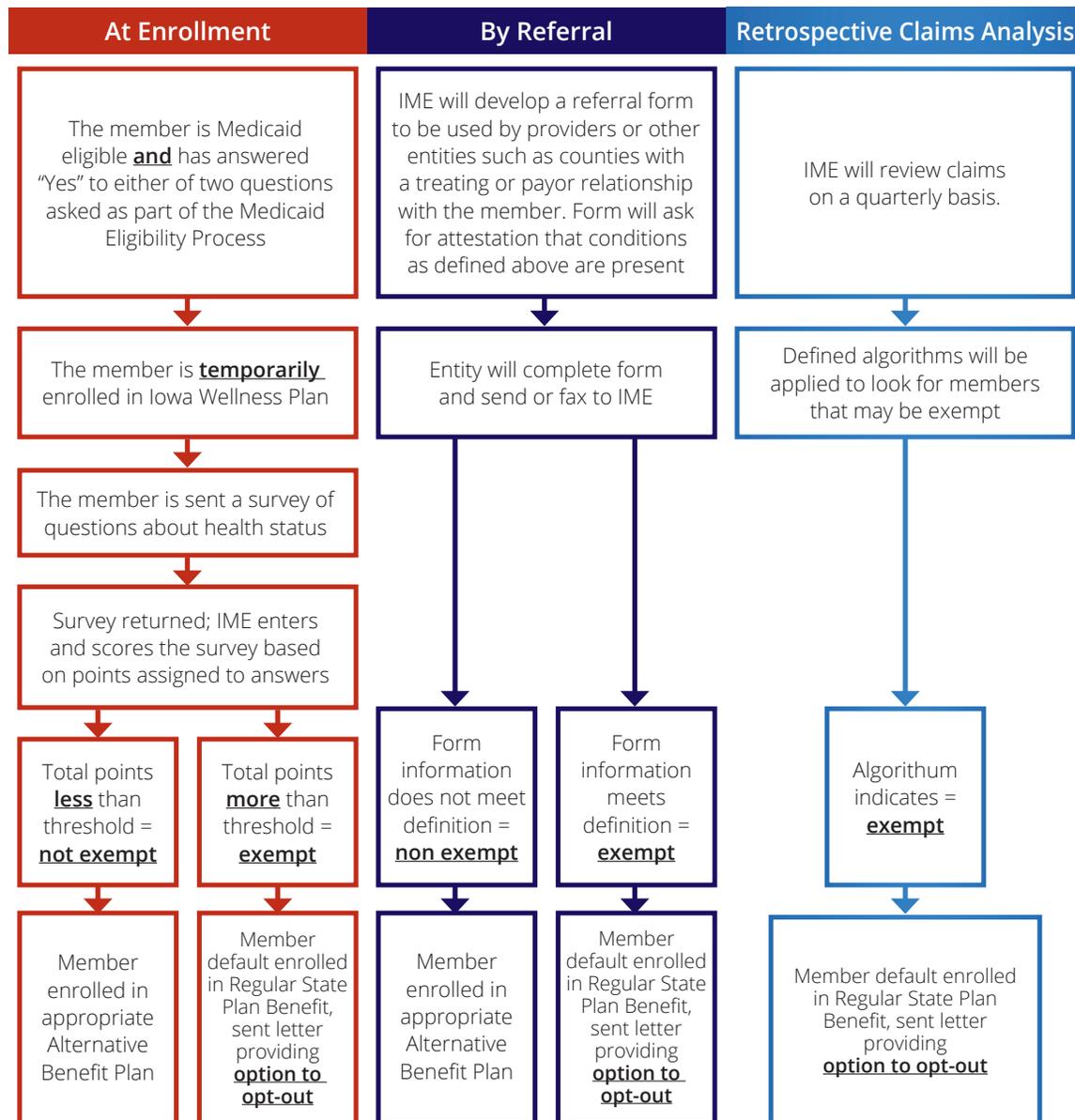
Individuals are offered a form upon assignment to a Medicaid health plan that screens them based on health status, review of assistance for Activities of Daily Living (ADLs), hospitalization and ER usage and disability. Completion of the form can be done in hard copy or over the phone with support from the Iowa Medicaid Member Services. Iowa’s screening questionnaire is unique in evaluating the impact of substance use and mental health disorders on ADLs. The form includes the following specific questions:

- “If you use drugs or alcohol, how often does it keep you from doing your daily activities?” (Never/Sometimes/Often/Always)
- “If you experience sadness, depression or nervousness, how often does it keep you from doing your daily activities?” (Never/Sometimes/Often/Always)

11 Iowa uses “Medically Exempt” to define the federal definition of medically frail.

Providers completing an attestation or referral on behalf of an individual must obtain written consent of the member to provide information to Iowa Medicaid. Attestation to a mental health disorder diagnosis automatically “exempts” an individual from assignment to a market plan and diverts them to traditional Medicaid coverage. Individuals with a diagnosis of substance use disorder must also meet severity or intensive inpatient criteria.<sup>12</sup>

**PROCESS** for Identifying Exempt Individuals: The Iowa Medicaid Enterprise (IME) will use three strategies to identify exempt individuals and provide for choice of plans. The intent of the process is to ensure that individuals are enrolled in the benefit plan that will best meet their needs.



Iowa Department of Human Services: November 6, 2012

**Figure 2: Iowa Process for Identifying “Medically Exempt” Individuals**

12 “Severe substance abuse disorder level on the DSM-V Severity Scale by meeting six or more diagnostic criteria, OR “medically monitored or medically-managed intensive inpatient criteria of the Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions published in 2013 by American Society of Addiction Medicine (ASAM). Referenced on Iowa Medicaid form 470-5198.

A Medically Exempt determination ensures access to traditional Medicaid (Traditional State Plan Benefit). However, a beneficiary can opt-out and receive benefits from one of two Alternative Benefit Plans: the Iowa Wellness Program (via state contract with Magellan) or the Marketplace Choice Plan.<sup>13,14</sup>

Community based organizations have assisted in enrolling individuals in appropriate coverage. Retrospective claims review by Iowa's contracted mental health managed care company, Magellan, also identified eligible individuals according to diagnosis. While this is not an ongoing process, this supplemental effort ensured existing Medicaid beneficiaries were appropriately "medically exempt" under the program criteria.

At the time of this issue brief, Iowa state officials have not clarified a process for ongoing review and renewal of medically exempt status. Current policy confirms that Medicaid eligibility requires renewal and redetermination every 12 months.<sup>15</sup> In addition, the state Medicaid agency will review claims beginning in 2015 to identify members accessing specific services on a regular basis to determine if they could qualify to be Medically Exempt.<sup>16</sup>

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13 Iowa's Wellness Plan combines benefits of the state employee and Medicaid plan benefits. The Iowa Marketplace Choice Plan is benchmarked to the largest small group plan in Iowa, plus dental under Medicaid state plan. Summary at <https://www.statereforum.org/Tracking-State-Medicaid-Alternative-Benefit-Plans>

14 Iowa released an RFP February 15, 2015 for management of its High Quality Healthcare Initiative. The state intends to keep its Medically Exempt determination process in place and requires beneficiaries to be enrolled in the Medicaid State Plan, unless they opt-out and receive coverage under the Iowa Wellness Plan. See RFP at [http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp\\_id=11140](http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp_id=11140)

15 Iowa Medicaid Renewal Fact Sheet, November 2014, accessed at <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan> and [http://dhs.iowa.gov/sites/default/files/MedicaidRenewalFactSheet\\_EnrollmentAssisters.pdf](http://dhs.iowa.gov/sites/default/files/MedicaidRenewalFactSheet_EnrollmentAssisters.pdf)

16 Minutes of November 2013 meeting of Iowa Hospital Association Patient Centered Health Advisory Council, accessed at: <http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=FEB36427-3BC1-4D47-9603-4B05A090B19F>

## RECOMMENDATIONS AND MODELS

As states consider new means for expanding Medicaid, including waiver demonstrations that include private coverage options, there are significant policies and implementation issues to consider that will aid in ensuring effective identification and placement of medically frail beneficiaries in appropriate benefit plans. The National Council and Community Catalyst have identified recommended best practices for implementing a medically frail assessment and enrollment process. This section presents existing examples and suggested resources to guide policy discussion and implementation. Additionally, key policy questions and roles for community organizations are outlined in Appendices 1-2.

### ■ The Medically Frail Definition Must Be Clear and Specific

State definitions of medically frail individuals should explicitly include and broadly define individuals with disabling mental disorders and chronic substance use disorders.

*Example: Iowa specifies diagnoses and outlines severity indices to define the state's Medically Exempt category (see Figure 3).*

CATEGORY	DEFINITION
Individuals with Disabling Mental Disorder	<p>The member has a diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> <li>● Psychotic disorder;</li> <li>● Schizophrenia;</li> <li>● Schizoaffective disorder;</li> <li>● Major depression;</li> <li>● Bipolar disorder;</li> <li>● Delusional disorder</li> <li>● Obsessive-compulsive disorder</li> <li>● Or member is identified to have a chronic behavioral health condition and the</li> <li>● Global Assessment Functioning (GAF) score is 50 or less (a lower score indicates lower functionality)</li> </ul> <p>(Definition consistent with eligibility for the Integrated Health Home)</p>
Individuals with chronic substance use disorder	<p>Individuals with a chronic substance use disorder:</p> <ul style="list-style-type: none"> <li>● The member has a diagnosis of substance use disorder, <b>AND</b></li> <li>● The member meets the Severe Substance Use Disorder level on the DSM-V Severity Scale by meeting six or more diagnostic criteria, <b>OR</b></li> <li>● The member's current condition meets the Medically-Monitored or Medically-Managed Intensive Inpatient criteria of the ASAM criteria</li> </ul> <p>"DSM-V" means the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. "ASAM criteria" means the 2013 edition of <i>The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions</i> published by the American Society of Addiction Medicine.)</p>

Figure 3: Iowa Definition of Medically Frail - Detail on Mental and Chronic Substance Use Disorders

## Individuals Must Be Able to Self-Identify Medically Frail Status

States should allow beneficiaries to self-identify or attest to being medically frail via a questionnaire or survey. Follow-up assessment by providers may also occur to ensure eligibility determination is best suited to medical need.

*Examples: Arkansas allows individuals to attest to the following on the health-screening questionnaire (see Appendix 4):*

*Do any of the following statements apply to you today?*

- *I have major financial problems due to unpaid medical bills.*
- *I am not able to work, even part time, due to a physical health condition, mental illness, or drug/alcohol problem.*
- *My family/close friends feel overwhelmed by my physical health condition, mental illness, or drug/alcohol problem.*
- *I consider myself medically frail*

## Questions Identifying Potential Mental Health or Substance Use Needs Must Be Detailed

State assessment tools should explicitly ask about substance use disorders and other mental health conditions. States should assess past use of mental health or substance use treatment services, impairment (e.g. impact on daily activities, employment) and past diagnoses. State screening tool examples are provided in Appendices 3-4.

### Recommended Attestation Questions on Eligibility Application

- *Compared to others your age, how would you rate your mental health? (Excellent, Good, Fair, Poor)*
- *If you use drugs or alcohol now or in the past, how often does it keep you from doing your daily activities? (Never, Sometimes, Often, Always)*
- *If you experience sadness, depression or nervousness, how often does it keep you from doing your daily activities? (Never, Sometimes, Often, Always)*
- *Has a doctor, nurse or other medical professional EVER told you that you had any of the following? (Note: in addition to other chronic health conditions, such a question should include the following specific mental health and substance use related diagnoses):*
  - *Depression*
  - *Obsessive Compulsive Disorder*
  - *Panic Disorder*
  - *Post-Traumatic Stress Disorder*
  - *Psychotic Disorder*
  - *Schizophrenia or Schizoaffective Disorder*
  - *Substance Use or Drug Addiction*
  - *Alcoholism*

## Recommended Health Screening Questions

While some of the questions below are currently used by states as part of self-screening tools, National Council recommends such detailed questions be used as part of health screening by clinical provider or caseworker following initial self-attestation by an eligible beneficiary, or determination for further screening based on high utilization.

- *In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time? (Never, Once a week, 2-3 times a week, More than 3 times during the week)*
- *In the last 30 days, how often have you felt tense, anxious or depressed? (Almost every day, Sometimes, Rarely, Never).*
- *Are you concerned about your use of alcohol or drugs? (Yes/No)*
- *Is a friend, relative or anyone else concerned about your use of alcohol or drugs? (Yes/ No)*
- *Do you use drugs or medications (other than exactly as prescribed for you), which affect your mood or help you relax? (Almost Every Day, Sometimes, Rarely, Never)*
- *In the last six months how many times did you stay one or more nights in a hospital? (Number) If hospitalized, were any of these hospital stays related to mental health or substance use? (Yes/No)*
- *In the last six months, how many times have you been seen by a mental health professional in a clinic?*

### Health Screening Tools Must Be Easy to Use and Assistance Must Be Available

Self-assessments or surveys should be written in plain language at no more than a 6th grade level. Consumers should also be informed about how the results of the screening may affect their coverage options. Processes should allow for assistance to be offered and provided to individuals completing such self-assessments, with their consent. Completion of such assessments should be allowable by beneficiaries, family members, caregivers, or legal guardians with authorization of the beneficiary.

*Examples: Iowa enrollees can complete assessments with assistance from family, caregivers or other supporters.*

### Provider Entities Should Have The Ability to Refer or Attest to An Individual's Eligibility for Medically Frail Status

States should include a process of referral or attestation by providers that identify individuals meeting criteria for medically frail status. Such a process should ensure confidentiality and consent of the individual beneficiary.

*Example: Iowa developed a referral and attestation process by which providers, human services and corrections department officials, and county health personnel can identify individuals eligible for Medically Exempt status. Evidence of written consent by the beneficiary is required for the provider referral form to be valid. See sample form in Appendix 5.*

### States Must Provide Clear Information About Benefit Plan Options and Offer Guidance to Enrollees

Individuals deemed medically frail should be referred to choice counseling through a community-based organization to guide them through benefit options. This meets the requirement that they be offered traditional Medicaid or Alternative Benefit Plans that may meet their medical needs.

In addition, states must provide a clear, simple comparison of benefits available via the traditional Medicaid state plan and those in an Alternative Benefit Plan option.

*Example: In Iowa, beneficiaries can access a detailed side-by-side comparison of the Medicaid, Iowa Wellness Plan and Iowa Marketplace Choice Plan benefits (see Appendix 6).*

### ■ States Must Define Clear Processes Allowing Beneficiaries to Opt Out

States must allow beneficiaries to opt out of enhanced coverage plans and should outline clear processes to ensure informed consent for doing so.

*Example: In Arkansas, those deemed medically frail may choose FFS coverage of the same ABP plan offered to newly eligible group or an ABP that includes the Medicaid state benefit package. Those determined medically frail after auto enrollment in a qualified health plan (QHP) can be disenrolled from premium assistance and reassigned to other Medicaid coverage. In Iowa, individuals deemed Medically Exempt may opt out of state Medicaid plan coverage and be assigned instead to the Iowa Wellness Plan benefits.*

### ■ States Should Institute Retrospective and Ongoing Claims Review to Identify Potential Medically Frail Individuals

States should conduct retrospective claims review to identify high-utilizers that are potential medically frail beneficiaries who may be better served in traditional Medicaid or a high-risk benefit plan. Such review optimally occurs with existing beneficiaries at the inception of a Medicaid expansion program and upon annual redetermination thereafter to ensure appropriate evaluation and reassignment. States may opt to conduct such review more frequently as they refine medically frail criteria and assessment procedures.

*Example: In Iowa, managed care provider Magellan provided claims data review to help identify individuals potentially eligible for Medically Exempt status due to diagnoses or high service utilization. While the state indicated intent to implement claims review as part of the process for determining Medically Exempt status, further delineation of such a process has not occurred and a recent Medicaid management RFP references only the survey and attestation/referral processes to determine Medically Exempt status.*

### ■ States Should Clearly Define Reassessment Criteria and Timeline

States should specify an explicit process for reassessment of medically frail determination, including timeline, role of provider attestation and claims data, and criteria for further evaluation and/or reassignment. Data points that may inform such criteria include, but are not limited to the following:

- *New or changed diagnoses,*
- *Severity “scores” (e.g., on Global Assessment of Functioning (GAF), DSM-V Severity Index or DLA-20 Functional Assessment)*
- *Utilization thresholds (e.g., >24 primary care provider (PCP) visits in 12 months)*
- *Psychiatric or substance use treatment admission within 12 months*

## ■ Process Development and Implementation Should Include Consumer and Community Stakeholder Input

Medicaid agencies should invite participation and input from consumer advisory bodies and behavioral health and disability community entities in process development and implementation planning. Inclusion and transparency also ensure an important feedback pathway to ensure processes are working optimally for the individuals they are intended to benefit.

## ■ Oversight Review of Compliance and Enrollment Should Occur Regularly

State audit and reporting requirements should be in place to monitor compliance with waiver terms (if applicable) and publicly report and review demographics of enrolled populations and medically frail cohorts. This may occur via legislative audit review, as well as through Medicaid oversight councils or advisory bodies and patient-focused councils created by stakeholder organizations.

*Example: In Arkansas, the Legislative Audit Oversight Committee reviews programmatic information and enrollment data to ensure compliance with state statute.<sup>18</sup> In Iowa, state Medicaid officials interact with hospital and other stakeholder groups via advisory councils to monitor implementation and identify issues related to program rollout. CMS requires public forums within six months of waiver approval and annually thereafter.*

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18 For example, in Arkansas, a January 2014 legislative audit reviewed initial enrollment in the Medicaid Private Option program and reviewed enrollee demographics that found approximately 6,000 Medically Frail individuals were identified from October 1-November 30, 2013. Report ID: SASR50213 accessed at [www.arklegaudit.gov](http://www.arklegaudit.gov).

## FUTURE DIRECTIONS

As implementation of the ACA continues to evolve, states committing to expansion of Medicaid are seeking creative methods to achieve sustainable growth and improve health status of their citizens. It is vital that such program changes account for the ongoing health care needs of individuals with chronic conditions, including those with mental health and substance use disorders.

Research clearly demonstrates that without access to necessary care, such individuals experience poor health outcomes, leading to increased costs in the health care system due to inappropriate use of emergency services, and readmissions for high-cost inpatient care. Consider the data:

- In 2011, 9 million adults had mental illness that affected daily living, or serious impairment, and nearly 20 million adults had a substance use disorder.<sup>19</sup>
- More than one in three adults with serious mental health impairment received no treatment in the past year.<sup>20</sup>
- Just 10 percent of adults with substance use disorder receive treatment in a year.<sup>21</sup>
- Over 55 percent of adults with co-occurring mental health and substance use disorders did not receive any treatment in a year.<sup>22</sup>

The National Council and Community Catalyst believe that Medicaid expansion efforts and waiver demonstration programs have the potential to improve access to care for such individuals.

Early implementers of novel private coverage strategies – including Arkansas and Iowa – recognize that identifying medically frail individuals is imperative to:

- Ensure most suitable benefits packages are available to high-risk individuals and those with potential high utilization of intensive services related to chronic illness and mental and substance use disorders;
- Improve health status of individuals with chronic mental health, substance use and other health disorders by ensuring access to appropriate intensity of services and providers;
- Align the quality metrics and financial incentives for plans covering a disproportionate share of high-need / high cost beneficiaries.

State policymakers and community organizations have a unique and important opportunity to collaborate on the design and implementation of effective and transparent processes that identify medically frail individuals. Done well, such processes can ensure broader access to benefits that support the health and recovery of individuals with behavioral health and substance use disorders. The dissemination of promising practices in this area is just one way that the National Council and Community Catalyst intend to further such collaboration.

For additional information, refer to the Resources section of this document or contact Chuck Ingoglia, Senior Vice President Policy and Practice Improvement at [chucki@thenationalcouncil.org](mailto:chucki@thenationalcouncil.org), or Alice Dembner, Project Director, Substance Use Disorders at [adembner@communitycatalyst.org](mailto:adembner@communitycatalyst.org).

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19 The Business Case for Effective Mental Health Treatment, National Council for Behavioral Health, 2014.

20 Ibid.

21 The Business Case for Effective Substance Use Disorder Treatment, National Council for Behavioral Health, 2014.

22 Ibid.

## RESOURCES

- Fact Sheet on Medically Frail <http://www.nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/fact-sheet-8/>
- Kaiser Commission on Medicaid and the Uninsured. The ACA and Medicaid Expansion Waivers (February 2015), available at: <http://kff.org/medicaid/issue-brief/the-aca-and-medicaid-expansion-waivers/>
- Kaiser Commission on Medicaid and the Uninsured, Status of State Action on the Medicaid Expansion Decision (May 26, 2015), available at <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>.
- Kaiser Commission on Medicaid and the Uninsured, Medicaid Expansion in Arkansas (February 2015), available at <http://kff.org/medicaid/fact-sheet/medicaid-expansion-in-arkansas/>
- Kaiser Commission on Medicaid and the Uninsured, Medicaid Expansion in Iowa (February 2015), available at <http://kff.org/medicaid/fact-sheet/medicaid-expansion-in-iowa/>
- Arkansas Health Care Independence Program (Private Option), CMS Special Terms and Conditions (Sept. 27, 2013), available at <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ar/ar-private-option-ca.pdf>
- Arkansas Medicaid, Health Care Independence §1115 Waiver – FINAL (August 2, 2013), available at <https://www.medicaid.state.ar.us/general/comment/demowaivers.aspx>
- Case Study (Indiana) on Identification of High Risk Individuals, Milliman Associates (May 2014) accessed at <http://us.milliman.com/uploadedFiles/insight/2014/identification-high-risk-Individuals.pdf>
- Iowa Definition of Medically Frail Exemption: [http://dhs.iowa.gov/sites/default/files/Medically%20Frail%20Defintion\\_FINAL\\_110613.pdf](http://dhs.iowa.gov/sites/default/files/Medically%20Frail%20Defintion_FINAL_110613.pdf)
- Iowa State-Developed Toolkit: <http://dhs.iowa.gov/sites/default/files/Medically%20Exempt%20Toolkit.pdf>
- Healthy Indiana Plan 2.0 Special Populations presentation accessed at: [http://c.ymcdn.com/sites/www.indianapca.org/resource/resmgr/Outreach\\_&\\_Enrollment/HIP\\_2\\_0\\_Training\\_-\\_Special\\_P.pdf](http://c.ymcdn.com/sites/www.indianapca.org/resource/resmgr/Outreach_&_Enrollment/HIP_2_0_Training_-_Special_P.pdf)
- Healthy Michigan Plan Information: <http://www.michigan.gov/healthymiplan>
- Kaiser Commission on Medicaid and the Uninsured, Medicaid Expansion in Indiana (February 2015), available at <http://kff.org/medicaid/fact-sheet/medicaid-expansion-in-indiana/>
- Kaiser Commission on Medicaid and the Uninsured, Medicaid Expansion in Pennsylvania (Oct. 2014), available at <http://kff.org/medicaid/fact-sheet/medicaid-expansion-in-pennsylvania/>
- North Dakota Department of Human Services, Medically Frail Questionnaire (March 2015), available at: <http://www.nd.gov/eforms/Doc/sfn01598.pdf>

## APPENDIX 1: GUIDING POLICY & PROCESS QUESTIONS

- What prompts a screening assessment for newly eligible individuals? When and how does a screening assessment occur?
- What resources are provided to guide the individual or provide support in completing any screening tool?
- What is the scope of screening? (e.g., are activities of daily living, diagnoses, prior service utilization and self-attestation components of screening?)
- How are existing Medicaid eligible individuals screened for inclusion in medically frail category if private coverage is an option?
- Is clinical assessment or verification required after such self-screening and if so, within what timeframe? By what clinical providers?
- How are individuals notified of medically frail status and what choice options are presented for retaining traditional Medicaid benefits versus electing private option coverage if available?
- Are individuals offered choice counseling? Is it provided by a community-based organization?

- Is a parallel clinical referral or attestation process in place to identify individuals with diagnoses or health services utilization that meets the state's definition of medically frail?
- How often is eligibility reassessed?
- Similarly, what criteria are used to recertify eligibility? (e.g., utilization data, clinical attestation, diagnostic codes)
- Is auto enrollment used for existing and/or newly eligible Medicaid beneficiaries? What options are presented to apply for medically frail determination after auto assignment?
- What process is used for reassignment based on determination of medical need?
- Will the state (or its designated vendor(s)) review existing utilization data to identify potential medically frail individuals within the Medicaid population? Will such utilization review occur on a periodic basis?
- Does the state have relationships with private payers or providers (e.g., hospitals) that will mine data to identify utilization patterns for target Medicaid expansion populations?
- How are consumer advocates and other mental health/substance use stakeholders engaged in planning and implementing medically frail screening, assistance and reassessment processes?
- What mechanisms exist for review and public disclosure of the medically frail screening process and statistics resulting from that process?

## APPENDIX 2: ROLES FOR COMMUNITY ORGANIZATIONS, PROVIDERS AND CONSUMER ADVOCATES

Community organizations and traditional providers for individuals with mental health and substance use disorders have several significant roles to play in these developments. They include, at a minimum:

- Contributing to the design and implementation of screening tools and processes for identifying medically frail individuals.
- Participating in outreach and benefit counseling to ensure individuals complete any required screening tool for determination as medically frail.
- Collaborating with provider organizations and other community service organizations to publicize expansion plans and opportunities for beneficiaries to receive benefits most appropriate to their medical needs.
- Where allowable by state design, and with consent of the beneficiary, complete attestation documentation on behalf of beneficiaries who may be eligible for medically frail determination.
- Providing choice counseling to individuals who may qualify as medically frail.
- Advocating for improved processes, clear documentation and communication with affected beneficiaries.
- Monitoring and communicating impact of policy and process changes to state agency and legislative oversight bodies.

## APPENDIX 3: IOWA MEDICAID MEMBER SURVEY



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

Date \_\_\_\_\_

«Name» \_\_\_\_\_

«Address\_Line\_1» \_\_\_\_\_

«Address\_Line\_2» \_\_\_\_\_

«City\_State\_Zip» \_\_\_\_\_

Name: \_\_\_\_\_ Medicaid Member ID # \_\_\_\_\_

### Please Answer the Following Questions and Return

You may have already been notified that you have been assigned to a Medicaid health plan. However, by answering the questions on the other side of this form you will help us ensure you are enrolled in the plan that best fits your medical needs. Your answers may lead to a change in your health plan assignment to better meet your medical needs.

**Completing and returning this form is optional.** If you choose to respond, please answer all of the questions on the other side in pencil or blue or black ink and return the form.

#### **Three ways to return this form:**

1. Use the enclosed postage paid envelope OR
2. Fax it to the Iowa Medicaid Enterprise at: 515-725-1351, OR
3. Call Iowa Medicaid Member Services at at **1-800-338-8366** or locally at 515-256-4606 to complete the survey over the phone.

#### **Need help?**

If you have any questions, please call Iowa Medicaid Member Services at **1-800-338-8366** or locally at 515-256-4606 between 8 a.m. and 5 p.m., Monday through Friday.

Si necesita informacion en espanol porfavor llamenos al servicio de miembros  
1-800-338-8366.

### Turn Page Over: Questions on the Back Page

100 Army Post Road, Des Moines, IA 50315

Name: \_\_\_\_\_ Medicaid Member ID # \_\_\_\_\_

Please Answer the Following Questions and Return

**Completing and returning this form is optional.** If you choose to respond, please answer all of the questions below.

1. **Compared to other people your age, how would you rate your physical health?**  
Excellent      Good      Fair      Poor
2. **Compared to other people your age, how would you rate your mental health?**  
Excellent      Good      Fair      Poor
3. **How often do you need help from another person in doing activities like: bathing, walking, eating, managing your medications?**  
Never      1-2 times a week      3-4 times a week      Every day
4. **Other than for pregnancy, in the last six months, how many times have you stayed overnight as a patient in a hospital?**  
None      1 time      2 time      3 or more times
5. **In the last six months, how many times have you used an emergency room?**  
None      1 time      2 times      3 or more times
6. **In the last six months, how many times have you been seen by a doctor/nurse practitioner/physician assistant (count office/clinic visits and home visits; do not count emergency room or hospital visits)?**  
None      1-2 times      3-5 times      More than 5 times
7. **If you use drugs or alcohol, how often does it keep you from doing your daily activities?**  
Never      Sometimes      Often      Always
8. **If you experience sadness, depression or nervousness, how often does it keep you from doing your daily activities?**  
Never      Sometimes      Often      Always
9. **Do you receive Social Security disability benefits?**  
Yes      No

**Questions? Call Iowa Medicaid Member Services at 1-800-338-8366 or locally at 515-256-4606.**

Form 470-5194 (11/13)

## APPENDIX 4: ARKANSAS HEALTH SCREENING QUESTIONNAIRE

First are some questions about your general health and needs:

1. In general, compared to other people your age, how would you rate your health (select only one)?
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  
2. In general, compared to other people your age, how would you rate your mental health (select only one)?
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  
3. What is your current living situation (select only one)?
  - a. In a private home, apartment, or rented room
  - b. In assisted living
  - c. In a nursing home or other institution
  - d. In a group home for persons with physical, mental, or intellectual disability
  - e. Currently homeless
  
4. Are you currently receiving help on a **daily basis** from family or friends for any of the following activities (answer each question)?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Personal hygiene/grooming</b> —such as brushing teeth, washing face, combing hair
<input type="checkbox"/>	<input type="checkbox"/>	<b>Assistance walking</b> or if you use a wheelchair, help once seated in chair
<input type="checkbox"/>	<input type="checkbox"/>	<b>Help transferring from one place to another</b> —such as moving from chair to bed, chair to toilet or bed to standing position
<input type="checkbox"/>	<input type="checkbox"/>	<b>Help eating</b> -- Using a feeding tube or someone needing to feed you with a fork or spoon
<input type="checkbox"/>	<input type="checkbox"/>	<b>Managing medications</b> —includes help with reminders to take medicines, opening bottles, taking the correct dosage, giving injections

5. Are you currently receiving services on a **daily basis** from any agency or provider for any of the following activities (answer each question)?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Personal hygiene/grooming</b> --such as brushing teeth, washing face, combing hair
<input type="checkbox"/>	<input type="checkbox"/>	<b>Assistance walking</b> or if you use a wheelchair, help once seated in chair
<input type="checkbox"/>	<input type="checkbox"/>	<b>Help Transferring from one place to another</b> --such as moving from chair to bed, chair to toilet or bed to standing position
<input type="checkbox"/>	<input type="checkbox"/>	<b>Help Eating</b> -- Using a feeding tube or someone needing to feed you with a fork or spoon
<input type="checkbox"/>	<input type="checkbox"/>	<b>Managing medications</b> --includes help with reminders to take medicines, opening bottles, taking the correct dosage, giving injections

---

**Now we want to ask about your use of hospitals, emergency rooms, and clinics:**

6. In the **last six months**, how many times did you stay one or more nights in a **hospital**?
- Not been hospitalized in the last six months
  - One time
  - Two times
  - Three or more times
7. If hospitalized, were any of these hospital stays related to **mental health**?
- Not hospitalized in last six months
  - None for mental health problem
  - One time for mental health problem
  - Two times for mental health problem
  - Three or more times for mental health problem
8. In the **last six months**, how many times have you used an **emergency room**?
- Not used emergency room in the last six months
  - One time
  - Two times
  - Three or more times
- 
9. In the **last six months**, how many times have you been seen in a **clinic** by a doctor or nurse practitioner or physician assistant for a health concern?
- No visits in last month
  - One time
  - Two times
  - Three times
  - Four times
  - Five to nine times
  - Ten or more times

10. In the last six months, how many times have you been seen by a mental health professional in a clinic for a mental health concern?
- No visits in last month
  - One time
  - Two times
  - Three times
  - Four times
  - Five to nine times
  - Ten or more times

Finally, we have some questions about conditions and special needs to get you better care:

11. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, select "Yes," "No," or you're "Not sure."

YES	NO	Don't Know / Not Sure	
			Diabetes
			Severe joint pain
			Asthma
			Cancer
			Stroke
			Heart disease
			Emphysema
			HIV or AIDS
			Sickle Cell Disease
			Obesity
			High cholesterol
			High blood pressure
			Kidney disease
			Depression

12. Do any of the following statements apply to you today (answer all that apply):

YES	NO	
		I have major financial problems due to unpaid medical bills.
		I am not able to work, even part time, due to a health/mental health condition.
		My family/close friends feel overwhelmed by my health/mental health problems.
		I consider myself "medically frail."

23 Options for Q3 related to living situation include: private home, assisted living, nursing home or other institution, group home for persons with physical, mental or intellectual disability, and currently homeless.

24 North Dakota also adopted an identical screening questionnaire in December 2013, see <http://www.nd.gov/eforms/Doc/sfn01598.pdf>

# APPENDIX 5: IOWA MEDICALLY EXEMPT ATTESTATION & REFERRAL FORM

## Member Information

Iowa Medicaid must identify individuals who are eligible for enrollment in the Iowa Health and Wellness Plan and who have enhanced medical needs. These individuals are considered 'Medically Exempt' and may be eligible for more benefits by getting coverage under the Medicaid State Plan.

'Medically Exempt' includes individuals who have a:

- Disabling mental disorder (including adults with serious mental illness)
- Chronic substance use disorders
- Serious and complex medical conditions
- Physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living
- Disability determination based on Social Security criteria

The table below provides more detailed definitions of the categories of Medically Exempt individuals.

**Instructions:** If you have a patient that you believe may meet the definition of a Medically Exempt individual, please fill out the information below and complete each question on the form. Incomplete forms will not be accepted. **Please note that you must obtain the individual's (or legal guardian's) written consent before conveying this information to the Medicaid program.**

Member Name

Date

Address

City

State/Zip

Telephone

Cell Phone

State ID

Date of Birth

County of Residence

Please complete each question. If the condition does not apply to the individual, please check not applicable at the top of each question. Incomplete forms will not be accepted. Please note, in order to be consider complete, each category must be appropriately marked.

**1. Individuals with disabling mental disorder**

**Not Applicable**

The member has a diagnosis of at least one of the following: psychotic disorder;  
schizophrenia;  
schizoaffective disorder;

major depression;  
bipolar disorder;  
delusional disorder obsessive-compulsive disorder

identified to have a chronic behavioral health condition and the Global Assessment Functioning (GAF) score is 50 or less

**2. Individuals with chronic substance use disorder**

**Not Applicable**

Individuals with a chronic substance use disorder:  
The member has a diagnosis of substance use disorder, **AND**

The member meets the severe substance abuse disorder level on the DSM-V Severity Scale by meeting 6 or more diagnostic criteria, **OR**

The member’s current condition meets the medically-monitored or medical-ly-managed intensive inpatient criteria of the ASAM criteria.

*“DSM-5” means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. “ASAM criteria” means the 2013 edition of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions published by the American Society of Addiction Medicine.*

**Important Note:** Individual must have a substance use disorder and meet one of the additional criteria. Please check the applicable criteria.

**3. Individuals with serious and complex medical conditions**

**Not Applicable**

The individual meets criteria for hospice services, **OR**

The individual has a serious and complex medical condition **AND**

The condition significantly impairs the ability to perform one or more activities of daily living (ADLs) (**Go to Box 7 to describe the impairment in ability to perform ADLs**).

**Important Note:** If individual has complex medical condition, must check all applicable criteria.

**4. Individuals with a physical disability**

**Important Note:** If individual has a physical disability, must check all applicable criteria.

**Not Applicable**

The individual has a physical disability **AND**

The condition significantly impairs the ability to perform one or more activities of daily living (ADLs) (**Go to Box 7 to describe the impairment in ability to perform ADLs**).

**5. Individuals with an intellectual or developmental disability**

**Important Note:** If individual has a developmental disability, must check all applicable criteria.

**Not Applicable**

The individual has an intellectual or developmental disability as defined in IAC 441-24.1. This definition means a severe, chronic disability that:  
Is attributable to a mental or physical impairment or combination of mental and physical impairments;

Is manifested before the age of 22; Is likely to continue indefinitely;

Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; **AND**

Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

**AND**

The condition significantly impairs the ability to perform one or more activities of daily living (ADLs)\* (see below for details on ADLs).

(**Go to Box 7 to describe the impairment in ability to perform ADLs**).

**6. Individuals with a disability determination\***

**Not Applicable**

**\*Do NOT check this box if the individual has applied for, but not yet received a disability determination**

The individual has a current disability designation by the Social Security Administration standards.

**7. Use the box below to describe the activities of daily living (ADLs) the member needs assistance with and the frequency of that need. (Examples of ADLs may include but are not limited to bathing and showering, bowel and bladder management, dressing, eating, feeding, functional mobility, personal device care, personal hygiene and grooming and/or toilet hygiene.)**

## Provider, Worker, or Referring Entity Information

To submit this form, you must be a provider with a current National Provider Identified number, an employee of the Department of Human Services, a designee from a mental health region or a designee from the Department of Corrections.

Provider/Worker/Entity: Agency or Business Name (Please Print)

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Provider/Worker/Entity Name: Individual Completing this Referral (Please Print)

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Provider NPI#/Worker License and Type

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Telephone

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Email

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Signature and Date (check the statement below):

I certify that by signing this document I understand that any false statement, omission, or misrepresentation may result in prosecution under state and federal laws. I also certify that I have obtained the individual's written consent to provide the Medicaid program this information.

**Use the "Submit Referral Form" button above to submit this form electronically. You may also use the methods below to contact the Iowa Medicaid Enterprise regarding this form.**

<b>Telephone</b>	Toll Free – (800) 338-8366 In Des Moines (515) 256-4606
<b>Mail</b>	Iowa Medicaid Enterprise Member Services (Attn: Medically Exempt) PO Box 36510 Des Moines, IA 50315
<b>Fax</b>	(515) 725-1351
<b>Email</b>	IMEMBERSERVICES@dhs.state.ia.us
<b>Website</b>	www.ime.state.ia.us

Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315

## APPENDIX 6: IOWA BENEFITS PACKAGE COMPARISON<sup>25</sup>

### MENTAL HEALTH, SUBSTANCE ABUSE TREATMENT, AND SUPPORT SERVICES

PLAN BENEFITS	MEDICAID STATE PLAN	IOWA HEALTH AND WELLNESS PLAN	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
		<i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i>	<i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i>
<b>Mental Health and Substance Use Disorder Services</b>	Covered — Inpatient/Outpatient services including services provided by: <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Social Workers</li> <li>• Family and Marital Therapists</li> <li>• Licensed Mental Health Counselors</li> </ul>	Covered — Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Social Workers</li> <li>• Family and Marital Therapists</li> <li>• Licensed Mental Health Counselors</li> </ul> *Mental Health Parity Required	Covered — Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Social Workers</li> <li>• Family and Marital Therapists</li> <li>• Licensed Mental Health Counselors</li> </ul> *Mental Health Parity Required
<b>Other Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Behavioral Health Intervention services</li> <li>• Assertive Community Treatment (ACT)</li> </ul>	Not Covered	Not Covered
<b>Additional B3 services covered because of savings from the Managed Care Iowa Plan Waiver</b>	<ul style="list-style-type: none"> <li>• Intensive psychiatric rehab</li> <li>• Community Support Services</li> <li>• Peer Support</li> <li>• Residential Substance Abuse Treatment</li> </ul>	Not Covered	Not Covered

25 Excerpt from <http://dhs.iowa.gov/sites/default/files/Medically%20Exempt%20Toolkit.pdf>, pp. 9-12. Also at [http://dhs.iowa.gov/sites/default/files/ExemptBenefitComparison\\_IASStatePlanvsIHAWP.pdf](http://dhs.iowa.gov/sites/default/files/ExemptBenefitComparison_IASStatePlanvsIHAWP.pdf); and

## MENTAL HEALTH, SUBSTANCE ABUSE TREATMENT, AND SUPPORT SERVICES

PLAN BENEFITS	MEDICAID STATE PLAN	IOWA HEALTH AND WELLNESS PLAN	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
		<i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i>	<i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i>
<b>Habilitation — 1915i Home and Community Based Services</b>	<ul style="list-style-type: none"> <li>• An individualized, comprehensive service plan</li> <li>• Home-based habilitation</li> <li>• Day habilitation</li> <li>• Prevocational habilitation</li> <li>• Supported Employment</li> </ul>	Covered after a Medically Frail/Exempt determination; person is moved into regular Medicaid	Covered after a Medically Frail/Exempt determination; person is moved into regular Medicaid
<b>Managed Care</b>	<p>Mental Health and Substance Abuse services covered through the Iowa Plan, 1915(b) managed care plan (Magellan) – all populations except Medically Needy</p> <p>Iowa Plan benefits are the benefits described above</p>	<p>Mental Health and Substance Abuse services covered through the Iowa Plan</p> <p>Benefits provided through the Iowa Plan are the benefits described above, unless the person is Medically Exempt, in which case benefits are equal to the Medicaid State Plan</p>	<p>Per QHP plan contracts if applicable</p> <p>Benefits are provided by the QHP per QHP plan contracts. Benefits are as described above, unless the person is Medically Exempt, in which case the person will receive Medicaid State Plan benefits through Medicaid and the Iowa Plan</p>
<b>Integrated Health Home</b>	<p>Eligibility based on specified mental health diagnosis</p> <p>IHH provides health home services, including peer support, care coordination, etc. through IHH providers</p>	Only covered under the Medicaid State Plan after a Medically Frail/Exempt determination; person is moved into regular Medicaid	Only covered under the Medicaid State Plan after a Medically Frail/Exempt determination; person is moved into regular Medicaid
<b>Provider Network</b>	Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies	Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies	QHP contracted provider network; QHP reimbursement methods and contracts