Minnesota Department of **Human Services**

MEMO

Date: April 16, 2014

To: Mental Health and Disability Service Stakeholders

From: Glenace Edwall, Interim Director, Adult Mental Health
Alex Bartolic, Director, Disability Services Division

Re: Transition to Community Initiative

Dear Interested Stakeholder:

We are writing to clarify how to get funding to help transition adults served by Anoka Metro Regional Treatment Center (AMRTC) and the Minnesota Security Hospital (MSH) to community settings, as provided in 2013 legislation.

Overview

The 2013 Legislature approved $8.2 million in new funding and granted DHS authority to spend $2 million in existing funds to allow more timely discharges from state treatment centers to more integrated, community-based settings as soon as clinically appropriate for the individual. This is consistent with state policy and also respondsto the Supreme Court decision (*Olmstead v L.C.*) requiring public services to be provided in the most integrated setting appropriate to the individual. With the right supports, people can successful move to community living following treatment. Overall, community integration costs less and ensures that highly specialized treatment facilities are used for people who need a higher level of care and treatment.

A September 17, 2013, memo highlighted efforts underway then to use new funds to help transition people from AMRTC or MSH. The 2013 legislation provided for several distinct funding streams, each with its own parameters for use. For the purposes of this communication, the funds will be explained as either *MA available funding* or *grant funding.*

MA available funding (waiver and mental health service expansion)

Waiver funds

As outlined in the September 17, 2013, memo, new Brain Injury (BI), Community Alternatives for Disabled Individuals (CADI), Developmental Disabilities (DD) waiver resources were provided for individuals for whom a current allocation is insufficient.

Additional funding for Home and Community Based (waiver) service programs may be available to lead agencies for people who:

- Meet all eligibility requirements for the BI, CADI or DD Waiver programs; AND,
- Are transitioning to the community from AMRTC or MSH.

Additional funding may be in the form of an additional allocation for use by the person transitioning to the community or additional dollars in the respective lead agency's waiver budget.

To access additional waiver funding for people who are waiver-eligible to transition from AMRTC or MSH, lead agencies should:

- Identify individuals needing a waiver but for whom the current waiver allocation is insufficient to support community placement.
- Ask the DHS Disability Services Division for help to determine if current allocated waiver funding can meet the identified needs or if new funding is needed.
- Apply for additional waiver funding for persons transitioning from AMRTC or MSH by contacting Annette Gutter, DHS Disability Services Division regional resource specialist at Annette.guetter@state.mn.us or 507-342-2282.or her designee with the Disability Services Division.

The lead agency's waiver budget will then be reviewed and the availability of additional funding for that lead agency will be determined.

Mental Health Service Expansion

The 2013 legislation also increased funding for existing Medicaid-reimbursable mental health services. These funds can be used to expand Assertive Community Treatment (ACT) and Intensive Rehabilitative Treatment Service (IRTS) but not for a new service. Counties interested in starting or expanding either one of these services are encouraged to contact DHS Transition Team members Carol Labine or Lynette Studer (contact information found on pg. 3 of this memo).

Grant funding

People who do not meet waiver eligibility requirements may be able to access flexible funding to facilitate a timely discharge from AMRTC or MSH. Grant funds currently are available to help individuals transition to the community and resolve individual barriers to discharge.

To access grant funding, lead agencies, AMRTC or MSH staff or the DHS Transition to Community Initiative Team should:

- Identify individuals that may be eligible for grant funding.
- Document on Transition to Community Initiative Funding Request for Individuals form:
    - Clinical information (diagnosis, past functioning, person's choice for discharge plan/recovery goal and vision, strengths, current issues influencing discharge, biopsychosocial status, risk, environmental concerns, barriers, screenings/assessments (CADI/DA/LOCUS/FA/ILS/CD/R20)
    - Needs of individual to make discharge plan successful/current challenges to discharge. (Discharge plans must be driven by individual in collaboration with county, tribe, or providers.)

- Funding sources considered (e.g., Bridges RTC; Bridges; Adult Mental Health Initiative (AMHI) grants; waiver services; Group Residential Housing; Medical Assistance eligibility; mental health services, including ACT, IRTS, Adult Mental Health Rehabilitative Services, adult foster care, targeted case management, etc.)
- Responses to current challenges
- What is the funding request made for? What is the duration of the funding? What is the long-term plan for sustainability of funding?

Once the form is submitted, the DHS Transition to Community Initiative Team will make a determination of eligibility. During this time, DHS will continue to discuss discharge planning with lead agencies and various providers.

If the person is found ineligible for the grant funding, the referring individual, county or facility will be notified.

If an individual at AMRTC or MSH has been identified as eligible for grant funding, the county of fiscal responsibility will be awarded funds to facilitate discharge based on the specified needs of the individual. The DHS Transition to Community Initiative Team, along with county/tribe providers and AMRTC/MSH staff will negotiate the grant fund award, including the duration of funding. The county will be awarded the negotiated amount of funding via an amendment to their AMHI grant.

The process for county reimbursement of costs includes that 1) the county will incur costs for the identified individual and, 2) then report BRASS codes expenditures on a Transition to Community 2895 Form.

Fund Readiness options for counties/tribes

We are aware that some counties must have county board approval to accept new grant funding. If a county currently has or expects to have client(s) within AMRTC and/or MSH-St. Peter that may be eligible for this grant funding, a county may ask DHS to help thembecomeready to accept these specific grant funds. Our assistance is specific to helping counties start the process of working with their county boards so county approval to accept funds does not unduly delay an individual's discharge from AMRTC or MSH.

If a county would like assistance with fund readiness, the county should contact a member of the DHS Transition Team, Carol LaBine or Lynette Studer.

If you have specific questions about the initiative, please contact the lead project manager for the initiative, Lynette Studer, MSSW, or Carol LaBine, MSW, LICSW at DHS Adult Mental Health Division.

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