

STATE OF WISCONSIN  
Department of Health Services  
Division of Mental Health and Substance Abuse Services

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Information Memo DMHSAS 2011-02

To: DMHSAS Listserv

For: Area Administrators/Assistant Area Administrators  
Bureau Directors/Section Chiefs  
County Departments of Community Programs Directors  
County Departments of Developmental Disabilities Services Directors  
County Departments of Human Services Directors  
County Departments of Social Services Directors  
County Mental Health Coordinators  
Tribal Chairpersons / Human Services Facilitators

From: Linda Harris, Administrator  
Division of Mental Health and Substance Abuse Services

Subject: Invitation to a Statewide Web Meeting to Discuss the Proposed Transition of Community Recovery Services (CRS) from a §1915(i) State Plan Amendment to a §1937 Benchmark Plan

### **Document Summary**

This memo describes the proposed transition of the Community Recovery Services (CRS) Medicaid Benefit from a §1915(i) State Plan Amendment (SPA) to a §1937 Benchmark Plan, to provide greater flexibility related to statewideness and capped enrollment; and announces a statewide meeting of stakeholders via the Internet to discuss the proposed §1937 Benchmark Plan.

### **Statewide Stakeholder Discussion via *MediaSite***

The Department has scheduled a two hour *MediaSite* discussion for Wednesday, September 28<sup>th</sup> at 1:00 p.m. The meeting will originate in room 751 at 1 W. Wilson Street, Madison, WI. There is a limited amount of seating available on a first come, first served basis at the meeting site itself. Others should plan to attend via their personal computer. Please contact Michael Jones, CRS Coordinator at the address, telephone, or email below to RSVP a seat at the meeting site.

Additional details and presentation materials will be available through the CRS website as the meeting date approaches: [http://dhs.wisconsin.gov/MH\\_BCMH/crs/index.htm](http://dhs.wisconsin.gov/MH_BCMH/crs/index.htm) .

### ***MediaSite* Connection Details**

Shortly before the beginning of the discussion, the following *MediaSite* link will be enabled for those attending via the Internet: <http://dhsmedia.wi.gov/main/Viewer/?peid=79aceb8c16c847578f0175b2c06eb8c5&autoStart=true>

Those attending via the Internet will see and hear the presenters, and be able to send their questions and comments via text message, where they will be read and answered by the panel in the order received.

### **Background**

CRS is a recently created (1/15/10) Medicaid State Plan service in Wisconsin. Through CRS, Medicaid eligible individuals with a severe and persistent mental illness who meet certain functional criteria may receive certain psychosocial rehabilitative services. The goal of CRS is to promote recovery for these mental health consumers, and enable them to live more independently. A unique feature of CRS is the ability for counties and tribes to bill Medicaid for the service portion of the cost of eligible consumers residing in Community Based Residential Facilities (CBRFs) and Adult Family Homes (AFHs).

The Affordable Care Act (ACA) enacted March 23, 2010 made changes to the requirements of section 1915(i) that impacted the CRS State Plan Amendment. Under the ACA, states were allowed to continue to specify needs-based eligibility criteria, but they were no longer permitted to limit the number of eligible individuals who can receive services. Additionally, states were no longer able to limit the availability of services under a §1915(i) SPA to specific geographic areas.

These changes were discussed with counties at a meeting/video conference on May 25, 2010 and with the Wisconsin County Human Service Association Behavioral Health Policy Advisory Committee on June 25, 2010. At the time, DHS was not considering the possibility of transitioning CRS from §1915(i) to §1937. At that time, the consensus of the stakeholders involved was that in order to blunt the effect of the new ACA requirements (statewide and no capped enrollment), and safeguard county and tribal financial interests, the functional requirements for eligibility should be made more stringent. Based in part on input from these meetings, on *December 16, 2010*, DHS submitted a new §1915(i) SPA to bring CRS into compliance with the ACA requirements.

Under the original §1915(i) SPA, individuals were found functionally eligible for CRS using the same functional criteria as the Comprehensive Community Services (CCS) Medicaid benefit. Under the new §1915(i) SPA, the functional eligibility criteria were changed to be consistent with the functional criteria used for Community Options Program (COP) funds for persons with mental illness and substance use disorders. In addition, individuals were required to have a diagnosis of a mood disorder, schizophrenia, or other psychotic disorder. However, even with these more stringent eligibility criteria, a significant number of Wisconsin counties who had expressed early interest in CRS indicated that they would not participate over concerns that the potential financial risk outweighed the potential benefit.

### **§1937 Benchmark Plans - A New Way Forward**

Although submitted timely and in good form, the new §1915(i) SPA remains unapproved by the Centers for Medicare and Medicaid Services (CMS) over questions related to Cost Reporting.

During the process of addressing the cost reporting questions raised by CMS relating to the new §1915(i) SPA, DHS staff considered whether it might be feasible to transition CRS to a §1937 Benchmark Plan in order to break free of the now more restrictive provisions of §1915(i). The flexibility that Benchmark Plans provide could enable the Department to refashion CRS into its original image, including capped enrollment and county/tribal "opt in".

Following further study, concerted interdivisional efforts, and consultation with CMS, a CRS §1937 Benchmark SPA was drafted. It is at this juncture, that the Department is prepared to convene a statewide meeting of county stakeholders to explore the possibility of transitioning CRS to a §1937 Benchmark Plan, and to gain insight and constructive input into its final form.

### **Principal Documents**

[DRAFT §1937 Benchmark SPA](#)  
[DRAFT Attachment A](#)

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### **MEMO WEBSITE:**

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