

Behavioral Health

Behavioral Health Section 1115 Demonstration Waivers and Waiver Extensions



ABOUT HMA

Health Management Associates (HMA) is a national leader in supporting states with the design, development, negotiation and implementation of Section 1115 demonstration waivers and waiver extensions. HMA has assisted more than 20 Medicaid departments directly with their state plan amendments, waivers, and other demonstration projects – and most recently supported Alaska, Colorado, Delaware, Indiana, Missouri, and Oklahoma.

HMA's behavioral health team is currently working with multiple Medicaid agencies on the development of substance use disorder (SUD), serious mental illness (SMI), and serious emotional disturbance (SED) specific 1115 waivers.

We pair our behavioral health and Medicaid subject matter experts to support states with:

- + Developing and applying for SMI/SED and SUD Section 1115 demonstration waivers.
- + Implementing SMI Section 1115 demonstration waivers.
- + Providing an assessment of the requirements under the Section 1115 demonstration waiver and Medicaid managed care "in lieu of" authorities, including requirements for average length of stay, provider oversight, and monitoring, as well as other considerations.
- + Reviewing managed care contract requirements and providing applicable Medicaid managed care contract language for states that are utilizing "in lieu of" authority to provide reimbursement for inpatient or residential stays in IMDs.
- + Technical assistance with developing administrative infrastructure to monitor utilization, including adherence to length of stay requirements under the waiver and "in lieu of" options. CMS' SMI Section 1115 demonstration waiver guidance prohibits states from receiving Federal Financial Participation (FFP) for any IMD stays that exceed 60 days. In cases where states do not meet this metric, CMS can reduce this maximum length of stay (LOS) to 45 days or less. HMA understands it is important for states to have utilization management (UM) strategies in place to identify these instances and minimize the state's financial risk, and can therefore provide examples of state UM strategies, as well as incentives to manage inpatient and residential LOS while maintaining access to medically necessary services.
- + Supporting design of data capture and reporting functions for meeting waiver requirements.
- + Serving as the independent evaluator for approved SUD and/or SMI/SED 1115 waiver demonstrations.

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