

Becoming a Medicaid Provider of Family and Youth Peer Support Considerations for Family Run Organizations

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care access and quality for low-income Americans and people with chronic illnesses and disabilities. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. Its work focuses on: enhancing access to coverage and services; advancing quality and efficiency through delivery system reform; integrating care for people with complex needs; and building Medicaid leadership and capacity.

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GETTING STARTED: HOW TO USE THIS RESOURCE

This resource provides guidance to family run organizations that are considering whether to become Medicaid providers of family and youth peer support. It uses examples from three states – Arizona, Maryland, and Rhode Island – to illustrate key aspects of this decision and process in becoming a Medicaid family and youth peer support provider.

The content is divided into five sections:

1. [Before Becoming a Medicaid Provider – Weighing the Options](#): Highlights key considerations for family run organizations to explore prior to becoming Medicaid providers, including how this process may impact the mission, funding, service delivery environment, and advocacy role of the organization.
2. [Understanding State Medicaid Programs](#): Outlines considerations for family run organizations concerning the structure and requirements of a state’s Medicaid program and how this may impact the delivery of Medicaid-funded family and youth peer support services.
3. [Working with State and Local Governments and Provider Systems](#): Explores how family run organizations can work in partnership with state and local government stakeholders to maintain integrity to core missions, and meet Medicaid provider requirements. Includes subsections on: (1) increasing the prominence of youth/family voice; (2) balancing roles; and (3) developing a practice model, designing training, and hiring staff.
4. [Understanding Key Staffing Considerations](#): Covers key considerations related to staffing for family organizations becoming Medicaid providers of family and youth peer support, including: (1) training needs; (2) hiring and retaining staff; (3) choosing a staffing model; and (4) ensuring staff capacity for meeting Medicaid’s federal reporting requirements.
5. [Establishing Medicaid Billing and Rate-Setting Processes](#): Describes how family organizations can establish Medicaid billing procedures and rates for family and youth peer support provision, which also helps organizations to determine staff salaries and benefits.

Readers are encouraged to dip into the sections as needed, rather than reading the resource cover-to-cover. Each section starts with a brief overview to guide readers through the document. Additionally, at the end of this resource, you will find:

- An [“Agency Readiness Tool”](#) containing questions that can be used to assess whether or not an organization is ready to become a Medicaid provider; and
- An [at-a-glance list of pros and cons](#) to be weighed by organizations considering becoming Medicaid providers of family and youth peer support services.

INTRODUCTION

Family run organizations across the country are lead providers of family and youth peer support services. Most are grassroots organizations developed and run by the parents and caregivers of children, youth, and young adults affected by serious emotional, behavioral, and mental health challenges. The mission of most family run organizations includes family support, education, public awareness, and local and state policy advocacy to ensure that an effective and evidence-based service delivery infrastructure is in place. Family run organizations also ensure the family and youth voice is prominent in shaping a state's system of care infrastructure.

The Affordable Care Act (ACA) provides a critical opportunity for family run organizations to expand their scope, achieve sustainable funding, and become established Medicaid providers. An informational bulletin issued by the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) in May 2013 provided states guidance in designing benefits for children with behavioral health needs. The bulletin identifies parent and youth peer support as a service that significantly enhances positive outcomes for children and youth.ⁱ In addition, nearly all of the Psychiatric Residential Treatment Facility waiver demonstrationⁱⁱ states and many state and local system of care initiatives funded by the federal Comprehensive Community Mental Health Services for Children and Their Families Programⁱⁱⁱ have included peer-to-peer support services for youth with mental health conditions and their parents, guardians, or caregivers. Family run organizations are now ideally positioned to become Medicaid providers that are reimbursed for family and youth peer support services.

What Do Family and Youth Peer Support Providers Do?

- Develop and link children, youth, and parents/caregivers with formal and informal supports;
- Instill confidence;
- Assist in the development of goals;
- Serve as advocates, mentors, or facilitators for resolution of issues;
- Teach skills necessary to improve coping abilities;
- Help families to secure basic needs, and access health insurance or social service benefits;
- Provide peer support and system navigation by phone and in person;
- Increase parent knowledge for meeting their child's educational, and social/emotional health needs;
- Advocate and promote systems transformation;
- Provide transportation;
- Participate in care planning and supporting court ordered concerns; and
- Ensure the safety, permanency, and well-being of children and youth.

Who Can Serve as Family and Youth Peer Support Providers?

Family and youth peer support providers are typically community members with "lived experience" who have personally faced the challenges of coping with serious mental health conditions, either as a consumer or a caregiver.

This resource provides guidance to family run organizations that are considering whether to become Medicaid providers of family and youth peer support. It uses examples from three states – Arizona, Maryland, and Rhode Island – to illustrate key aspects of this decision and process in becoming a Medicaid family and youth peer support provider.



The Role of Family Run Organizations in Arizona

In Arizona, family run organizations serve many functions in the community in addition to delivering parent and youth peer support, including:

- Developing parent and youth leaders for system of care committees/workgroups and projects;
- Participating in the development of the system’s practice model;
- Establishing and coaching family education groups to complement in-person support;
- Providing input on requests for proposals for the service provider network;
- Developing and delivering training for family members and the behavioral health workforce; and
- Participating in quality assurance processes.

For family run organizations already providing peer support services through grant or state funding, becoming a Medicaid provider means the funding source for these services will change, as well as eligibility and reporting requirements. Family run organizations may also encounter limitations on the populations served, length of service, and components of service, in addition to training and credentialing requirements. However, becoming a Medicaid provider does not have to change an organization’s identity; rather, an organization can expand its services and promote itself as an enhanced provider, making it eligible for increased funding and allowing for growth.

Culture Shift

Family run organizations that are considering becoming Medicaid providers must ask the fundamental question:

Does becoming a Medicaid provider fit with our mission?

For some the answer may be “no” or perhaps “not right now.” However, if the answer is “yes,” it should be anticipated that becoming a Medicaid provider may require (or create) a significant culture shift for both the board and staff. Across the organization, there must be awareness and understanding of the parameters for billing Medicaid, and how these may limit the frequency or duration of services, as well as the number of families that may be served.

Becoming a Medicaid provider may require an organization to overhaul its existing policies and procedures, as well as modify the services currently provided and the population of families served. Family run organizations that are not currently billing Medicaid may want to consider two important questions:

1. *Does becoming a Medicaid provider change how families view the organization and staff? If so, how?*
2. *How dramatically does becoming a Medicaid provider change or limit the services provided by the organization? Will the organization’s primary identity shift from that of a family organization to a provider organization?*

Funding Shift

If an organization is already providing family and youth peer support services with non-Medicaid funding, the addition of a Medicaid contract expands its capacity to serve additional families or offer a broader array of services. It does not necessarily mean that the organization can no longer provide parent and youth support through grant, foundation, volunteer, or state appropriation funding. An organization’s leadership must explore whether becoming a Medicaid-funded provider of peer support services means that other state or grant dollars would go away. In Arizona for example, about 40

percent of the revenue for its family run organization, the Family Involvement Center, comes from Medicaid provider contracts. The remaining 60 percent comes from other sources and covers system transformation activities, including front line and system leadership training; quality management; and other non-billable family support services.

To become a Medicaid provider, an organization must ensure it has the infrastructure capacity to hire staff for administrative, supervisory, and peer support provider roles. Additionally, the organization must be able to develop, implement, and evaluate its peer support provider program. It will need to seek other funding development opportunities to support the organization’s mission and goals, including: (1) public awareness and education; (2) family and youth leadership; (3) system transformation; (4) and policy reform.

SECTION 1: BEFORE BECOMING A MEDICAID PROVIDER – WEIGHING THE OPTIONS

OVERVIEW

Read this section for a summary of key considerations that family run organizations should explore prior to becoming Medicaid providers, including how this process may impact the mission, funding, service delivery environment, and advocacy role of the organization.

A family run organization must weigh multiple considerations before becoming a Medicaid provider, including how this process may impact the mission, funding, service delivery environment, and advocacy role of the organization. These considerations are outlined below. Also see Appendix A for an [Agency Readiness Tool](#) with key questions to address.

CONSIDERATION: Mission

Family run organizations across the country have diverse organizational structures and missions. For some, advocacy, training, or coordination of other local family organizations – rather than direct delivery of peer supports – are the primary focus. In these instances, becoming a Medicaid provider may not align with the organization’s mission. If a key mission, however, is to provide direct services to families, becoming a Medicaid provider may be a good option for sustainability and peer workforce development that cannot be achieved solely through grant or state funding.

CONSIDERATION: Funding Diversification and Sustainability

Family run organizations must evaluate the need for funding diversification in the context of sustainability. An organization that is already providing family and youth peer support with non-Medicaid dollars will need to determine whether the current funding sources will still be available if it becomes a Medicaid provider. If not, the organization may be more limited in whom it can serve, as Medicaid services are linked to and offered as part of an individual child’s plan of care, and require a specific intake, assessment, and eligibility determination process. In most states, Medicaid funding for peer support is targeted to high-need, multi-system-involved families, so a family run organization must consider whether that consumer focus fits with its current program approaches.

CONSIDERATION: Financing

Family run organizations must consider the ebb and flow of funds based on billable hours. Unlike a block or discretionary grant, billing Medicaid under a fee-for-service arrangement does not guarantee a fixed amount of money to the organization each month. The reimbursement amount may fluctuate month-to-month, depending on the caseload and the number of billable hours. Therefore, an organization must

consider whether it has sufficient funds in reserve to sustain it during the start-up phase of billing, and over the course of a year when Medicaid billing may fluctuate.



Financing for Arizona’s Family Involvement Center

Arizona’s family run organization – the Family Involvement Center in Maricopa County – became a Medicaid provider in 2005, after three years of experience providing family support services with non-Medicaid funding. Funded through the same type of contract as traditional service providers in Maricopa County, the organization receives 12 monthly payments (the “block purchasing” method). This funding structure allows the Center time to build up the base of families it serves throughout the year and reach the total annual service contract amount – even with fluctuations in referrals for Medicaid reimbursable services. If the organization does not believe it will reach the contract amount, or is exceeding the contract due to demand, it can adjust staffing and other costs, set aside the anticipated funding surplus, and return it to the managed care organization at the end of the contract year.

Like other behavioral health providers in Maricopa County, the Family Involvement Center receives monthly reports from the managed care organization of billable, paid claims, which allows the center to monitor the contract as it would any other contract with set deliverables. Additionally, the center now has a block purchase contract with another managed care organization in Arizona. This grant supports the process of “self-referral,” by which the family of a Medicaid eligible child or young adult can contact the Family Involvement Center directly. The Center then works with the intake agencies to obtain the appropriate documentation and authorization to begin providing family support services. This contract also includes a fee-for-service option to provide additional family support-related services not included in its contract with the managed care organization. Dollars for these additional services come from local providers, which simplifies the process of coordination and service planning with families.

Block purchase contracts with managed care organizations help providers manage ongoing expenses by establishing a strong foundation of operating capital. In states with managed care delivery systems, Medicaid agencies and their contracted managed care organizations work with new providers to communicate provider standards related to service delivery, record keeping, reporting, billing, and other requirements through the credentialing process, prior to negotiating a contract.

CONSIDERATION: Training and Service Delivery

As a Medicaid provider, the staff responsible for managing and delivering peer support services must be trained on Medicaid rules relating to documentation, administration, and coordination of care across the provider network, including how peer support complements clinical services in a plan of care. Typically, state Medicaid guidelines describe how service providers must work together for the good of the child and family. Family run organizations must work closely with other providers and translate referrals into services for a child’s or family’s plan of care. The family run organization must become more conscious of different administrative demands, including increased documentation and potentially constrained billable timeframes. An organization must be fully comfortable with this role before deciding to become a Medicaid provider. Such understanding also helps the organization to be a stronger advocate and policy advisor.

CONSIDERATION: Management Information Systems and Electronic Health Records

Family run organizations must take into account the capacity of their management information systems and will need to determine whether and how their hardware, software, and data collection, management, and storage processes may need to change in order to meet Medicaid provider and payer reporting requirements. The use of electronic health records (EHRs), which help standardize data, terms, and forms is growing in prevalence and is the basis for health information exchange. EHRs allow for the tracking and reporting of data and outcomes related to care, at both individual and aggregate levels. This capability is desired—and increasingly, required—of providers by managed care organizations and state Medicaid agencies. Electronic record keeping has implications for Medicaid auditing and federal data reporting guidelines (both discussed in other sections of this guide); and moving from paper files to electronic record keeping and reporting will likely be necessary in the short term. Family run

organizations must consider the implications for this transition in terms of both costs for equipment as well as staffing and training needs.

CONSIDERATION: Advocacy Role

Family run organizations play an important role in bringing the voices of children and families to policymaking tables. Becoming a Medicaid provider may impact the way an organization fulfills this advocacy role and may also change how families perceive the organization. Families often have negative experiences with public systems, including Medicaid. When a family run organization becomes a provider, it runs the risk of being perceived as having become part of ‘the system’ and losing its credibility as an advocate for families.

It may seem that becoming a Medicaid provider would restrict the family run organization from its advocacy role; however, because family advocacy is one of the functions of a Certified Peer Support Provider,^{iv} an organization that employs peer support staff may expand its advocacy to the service delivery and policymaking arenas. Family run organizations that advocate *and* provide services can inform practice, program, systems and policy. At the service delivery level, peer support providers model self-advocacy and children and families are coached by peer support providers on how to advocate for themselves. A family run peer support provider that is also a Medicaid provider is helping to develop a peer support workforce that is embedded in the service delivery system. These individuals, most often with personal experiences, bring advocacy to the practice model (e.g., as part of their role on child and family teams, in wraparound), which helps raise awareness more broadly of child and family needs at program and policy levels.

Policy Note

When a family run organization has access to both Medicaid and non-Medicaid funding to provide family and youth peer support services, the organization can use non-Medicaid funds to assist families in learning about and enrolling in services available through the public behavioral health system. In addition, the organization can provide a more enhanced continuum and/or extended period of support (e.g., Medicaid pays for peer supports while the child is enrolled with the organization through a referral for Medicaid-funded services, and other funds are used to continue support if the child is no longer Medicaid-eligible).

These key considerations can help family run organizations explore the decision to become a Medicaid provider. The following sections address:

- Understanding state Medicaid programs;
- Working with state/local governments and provider systems;
- Understanding key staffing considerations; and
- Establishing Medicaid billing and rate-setting processes.



Rhode Island’s Parent Support Network

Parent Support Network of Rhode Island recently contracted directly with the provider network for the first time, after having contracted only with the state for peer support services for the last 10 years. Rhode Island has used state appropriations, state mental health block grant funds, and federal Title IV-B funds to fund peer support. The state’s provider networks are beginning to work with the state to bill Medicaid for the delivery of wraparound by network care coordinators and family support partners and the networks participate in ongoing Medicaid reviews and audits to ensure compliance.

Rhode Island state agencies provided the Parent Support Network with start-up funds to help prepare for entering into a cost reimbursement contract with the provider network. Currently, peer support reimbursement is part of a bundled rate for the network provider, and the family run organization is paid through a cost reimbursement contract with the network provider.

Parent Support Network of Rhode Island is participating in a Medicaid feasibility study which has included working with the state to develop a family and youth peer support service definition that can be used for peer mentor and family support partner programs operated by the organization. Parent Support Network of Rhode Island has furthered the development of their management information system used to document and report on the work of all family and youth peer support services and child and family outcomes. This work includes enhancing their management information system to track the amount of potentially billable time for the array of services provided, which helps to justify need and make the case for these services to be deemed billable. Features now include higher levels of security for electronic records to ensure HIPAA compliance, printable records and progress notes, and detailed report submissions based on performance and outcomes.

Parent Support Network staff must adhere to Medicaid documentation standards and all of this data and information is submitted to and reviewed by the state’s Medicaid division.

SECTION 2: UNDERSTANDING STATE MEDICAID PROGRAMS

OVERVIEW

Read this section to gain an understanding of how the structure and requirements of a state’s Medicaid program may impact the delivery of Medicaid-funded family and youth peer support services, including state funding mechanisms for peer supports and auditing requirements.

Because Medicaid operates differently in each state, it is important to understand the structure of a particular state’s Medicaid program before moving ahead with a decision. Some states use managed care arrangements in the provision of Medicaid, while others operate as fee-for-service, and both arrangements have implications for Medicaid providers.

Family run organizations must determine if the state will finance family and youth peer support services as part of the Medicaid state plan, or whether it will finance these services through a Medicaid waiver, as both have implications for the number and types of children and families the organization may serve. This process involves researching state policies and engaging with state partners—especially the Medicaid agency.

Medicaid funds are used differently from state to state. In some states, family run organizations may bill the state directly as Medicaid providers, while in others, these organizations provide direct peer support services through sub-contracts with traditional providers who do the Medicaid billing. In some states (e.g., New Jersey), the family run organization may be funded with Medicaid administrative dollars, which is not technically considered ‘billing’ Medicaid. There are also states (e.g., Massachusetts), in which family and youth peer support is a stand-alone service, and states (e.g., California) in which peer support is a component of another service (e.g., community support, or case management). Still other

states are piloting programs to test different payment arrangements for the family run organization before it begins delivering and billing for Medicaid eligible services.^v



Collaborating to Define and Sustain Family and Youth Peer Support Services in Arizona

Arizona's Family Involvement Center worked with the state mental health department, managed care organizations, and the state Medicaid office to determine how it, and other organizations, could provide Medicaid-funded peer support services in a sustainable manner. States generally have different clinical and licensing guidelines to define the services that can be provided by family and youth peer support workers based on their qualifications. In Arizona, these workers are considered direct support providers, able to offer a broad array of home- and community-based services. The array of supportive services that family run organizations will provide, which typically include family support, peer support, and behavioral health promotion and prevention, are negotiated in contracts.

State Medicaid Funding for Family and Youth Peer Support

At the state level, reimbursement for the services provided by family run organizations under Medicaid can occur in different ways. As noted above, some states, like New Jersey, finance family and youth peer support services through administrative federal financial participation dollars. California, on the other hand, provides Medicaid funding for family and youth peer support under other service titles, like community support, case management, or resource development. Other states use state Medicaid plans and waivers as funding mechanisms for these services.

Coverage through the State Medicaid Plan

State Medicaid plans serve as the contract between a state and the federal government whereby the state agrees to administer the Medicaid program in accordance with federal law and policy. The plan outlines the scope of the Medicaid program, including covered groups and services, and payment policy. Under the Medicaid state plan, states can include family and youth peer support as a billable service, allowing any Medicaid-eligible child to receive this service. Arizona, Kentucky, Massachusetts, and Oklahoma are examples of states that provide family and youth peer supports in this way.

Coverage through a Medicaid Waiver

Waivers are vehicles that states can use to test new or existing models of service delivery and payment, allowing Medicaid to pay for additional services not covered in the state plan or otherwise ineligible for the federal match. Some states fund family and youth peer support services through 1915(c) home- and community-based services (HCBS) waivers, which allow for the provision of long-term care services in home- and community-based settings.^{vi} States can provide a combination of standard medical and non-medical services through HCBS waivers, and can propose services to divert and/or transition individuals from institutional settings into their communities. Waiver dollars include both state and federal money, and the Medicaid waiver plan must be approved by CMS. Georgia, Indiana, Kansas, and Maryland use Medicaid waivers to provide family and youth peer support services.^{vii}

Auditing

Medicaid requires meticulous attention to billing and payment. Because states are matched or reimbursed with federal funds, CMS has the authority to review a state's Medicaid provider actions, audit claims, and identify overpayments. In addition, depending on the service delivery and financing arrangement, family run organizations may be audited by a state office of behavioral health licensing, a managed care organization, or a provider with which it is contracted, underscoring the need to develop internal processes for compliance. In some ways this process is not much different than the internal financial audits that family run organizations are required to have each year; however, the audits become more complex as the organization's budget grows and its contracts are diversified.

Audit Medicaid Integrity Contractors

Audit Medicaid Integrity Contractors (Audit MICs) are entities with which CMS contracts to conduct post-payment audits of Medicaid providers throughout the country. The overall goal of provider audits is to identify overpayments and ultimately decrease the number of inappropriate claims paid by Medicaid. The audits ensure that Medicaid payments are for covered services that were actually provided and properly billed and documented. Any Medicaid provider may be audited, including, but not limited to, fee-for-service providers, institutional and non-institutional providers, and managed care entities. As a Medicaid provider, in the event of a Medicaid audit, a family run organization may have to pay back money if there is insufficient documentation or there are inaccuracies in billing.

SECTION 3: WORKING WITH STATE AND LOCAL GOVERNMENTS AND PROVIDER SYSTEMS

OVERVIEW

Read this section to explore how family run organizations can work in partnership with state and local governments and providers to maintain integrity, while meeting Medicaid program requirements.

Effective working relationships with state agencies and provider systems are imperative for family run organizations looking to become Medicaid providers. Ideally, the transition to becoming a Medicaid provider will not impact relationships that have already been built, but will in fact enhance them. Family run organizations in Maryland and other states reported that established relationships with the state mental health department and the Medicaid managed care organization greatly facilitated implementation of family and youth peer support services.



Defining and Developing Peer Support Services in Rhode Island

Rhode Island's Department of Children, Youth and Families is working with its Medicaid agency to develop an approved definition for family and youth support services. The family run organization has worked with the state Medicaid staff to develop a document that specifies roles and responsibilities. The organization is also leading the development and delivery of a family support partner curriculum and certification model, which is now endorsed and utilized by the state's Child Welfare Institute.

Family run organizations are gaining increased recognition by state and county agencies and provider networks as leaders in all aspects of family and youth peer support, including: defining the roles of peer support providers; training and certification; recruitment and hiring; and coaching and supervision. Organizations interested in becoming Medicaid providers should have experience contracting and partnering with state and county agencies and provider networks in the delivery of family and youth peer support services. In particular, knowledge of Medicaid financing within a state's service delivery system is key. Additionally, the organization must examine its own expertise and capacity in: (1) implementation and supervision of a practice model, as required by Medicaid; (2) financial management and billing; (3) management information systems, documentation, and records; and (4) quality assurance processes.



Building Relationships in Arizona

In Arizona, a lawsuit settlement resulted in a demonstration pilot (in Maricopa County), that established the framework for the managed care organization (MCO) to provide funding to the Family Involvement Center for non-Medicaid family support, family voice, and system transformation activities. The plan was for the Center to also provide Medicaid funded parent and youth services. In addition, Medicaid funding for the delivery of parent support services flowed through the MCO to other providers.

Subsequently, the state provided funds, earmarked from federal grants, to the family run organizations throughout the state to enhance and establish a better infrastructure for family voice across the children's behavioral health system. In Maricopa County, the Family Involvement Center received training dollars for workforce development, quality monitoring/practice review, a warm-line/parent assistance center open to system-enrolled families and the general community of family members of children with behavioral health needs. Through this approach, the Family Involvement Center and partners such as the MCO, the provider community, and parent and youth leadership from Maricopa County worked together from 2002-2004 to plan and implement the family/youth support model and subsequent contracts for Medicaid funding.

Initially, the Family Involvement Center became a contracted Community Service Agency (CSA), which was not licensed by Arizona's Office of Behavioral Health Licensing, but rather certified by the state mental health agency to provide a limited model of family/youth support. Within one year of implementing this model, the Family Involvement Center and its contractors agreed that the CSA contract was limiting the Center's ability to provide family/youth support effectively. The Center then became a state licensed Medicaid provider, allowing it to offer parent support by phone and in person; as well as other requested services, such as parent-led, curriculum-based group training that could be billed under the behavioral health promotion and prevention code. The ability to provide this type of training supported the Center in bringing together parents for group trainings, which was very effective in building natural support relationships between participating families.

Increasing Prominence of Youth and Family Voice

Family run organizations often have a prominent role working with state and county governments and service delivery networks to increase family and youth voice in service planning and quality assurance. This relationship is usually defined through a contract similar to those held by traditional service providers. As part of the contract, a family run organization is evaluated on the number of families and youth participating on advisory, policy, and quality assurance boards. It is also evaluated on its ability to increase the knowledge of family and youth leaders participating in these activities. State agencies and provider networks that have embraced the value of family and youth voice and lived experience are more prepared to build a workforce inclusive of family and youth support service positions.



Advocating for Families at the Policy Level in Maryland

As part of Maryland’s 2012 budget, the state’s General Assembly asked the Department of Health and Mental Hygiene to convene a workgroup and provide recommendations “to develop a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues.” In summer 2011, Maryland began a process to integrate its mental health and substance abuse administrations, establishing a new Behavioral Health Unit in the state Medicaid office that would play a major role in financing decisions and system design. The Maryland Coalition of Families for Children’s Mental Health (MCF), along with other advocacy groups, organized a meeting with the executive director of the Office of Health Services and the new director of the Behavior Health Unit to discuss the needs of children and families.

At the meeting, MCF emphasized the principles of a system of care, particularly a family-driven and youth-guided system, and the importance of family support. Service providers were also invited to the meeting to underscore the importance of coordinating care through a care management entity approach, and the need for services such as respite care, crisis intervention, and school-based mental health services. The director of child and adolescent services for the Mental Hygiene Administration also attended the meeting demonstrating the strong partnership between the state and MCF, the statewide family organization. The meeting focused on the needs of children and families rather than providers and was a success in many respects: (1) families were front and center at the meeting; (2) the concept of a system of care, and its critical values and components were evident across various providers; and (3) the strong partnership between MCF, the state agencies, and providers was demonstrated.

Timing of the meeting was critical. It was important to meet with the new director of Behavioral Health early in the process before new policies and decisions were made. As the statewide family organization, MCF was in a unique position to lead this meeting and validated the critical role of families in the system of care in service design and public policy. This was an example of the family organization walking the fine line between being an advocate and being a provider. It worked as a result of the foundation of mutual respect and trust established over many years.

Balancing Roles in the Development of a System of Care

Family run organizations play a role in the development of services with the state and local system of care. These organizations can be key advisors on system of care development, particularly around family-driven care and family support services. It is therefore important to educate and plan with the state, managed care organizations, and providers as to how this role as a collaborative system partner can be maintained when the organization also becomes a Medicaid provider.

There is an opportunity for the organization to be both a valued advisory group that partners with managed care and provider systems, and assists the state with policy development; as well as a provider that partners in improving outcomes for children and families at the service level. Becoming a Medicaid provider enhances an organization’s perspective in helping to resolve system issues. This is the case in Arizona, where the family run organization is engaged with the state, both as a provider of parent and youth support services, and in an advisory role, providing the family voice for policy and program design.



Distinguishing Family Run Organizations from other Providers in Arizona

In Arizona, the family run organization brings parent and youth leaders – who have been service recipients themselves – to advisory tables, along with the organization’s leadership staff, to partner on continual system improvement efforts. In family run organizations, it is important to clearly define the differences between family/parent/youth support service provision (whether provided through Medicaid funding or other sources), and parent/youth leadership in advisory and quality monitoring roles. Striving to be a partner with the provider networks also assists family run organizations in bringing additional parent/youth leaders to the table and supporting their growth and development in additional leadership roles.

Establishing a Practice Model, Designing Training, and Hiring Staff

Family run organizations that want to become Medicaid providers must be able to demonstrate staff productivity and skill competency based on defined models of effective and evidence-based practice. This requires working with state and county agencies to recognize one or more models of family and

youth support service delivery, and designing training and certification for peer support providers. An organization must decide if it will hire a supervisor with experience in both the practice model and the coaching skills to work on building required skill sets with staff. Some organizations enter into subcontract arrangements with consultants or provider agencies in order to help with supervision, training, and certification.

Most family run organizations have hired family leaders based on their unique experiences, which often include raising children and youth with serious emotional, behavioral, and mental health challenges, and navigating social services, behavioral health, child welfare, and other public systems. These individuals are often excellent resources to other provider organizations. In addition, a family run organization can look to the families and youth it serves to determine how to structure its peer support services. Arizona's Family Involvement Center, for example, learned early on that parents want their children's needs met before they can focus on their own support needs. The center responded by establishing peer support services for youth, and providing simultaneous parent and youth peer support services for families.



Rhode Island's Parent Support Help Line

Parent Support Network of Rhode Island's peer mentor programs offer a toll-free help line that parents can call to receive support and guidance from a parent peer with similar lived experience. Families that call in do not have to go through an eligibility process to receive help by telephone, and those seeking mentorship and advocacy support through education or care planning meetings must demonstrate need, but are not required to meet any eligibility criteria. This service helps to inform the state of gaps in the system and trends experienced by families across Rhode Island, which supports system transformation efforts.

SECTION 4: UNDERSTANDING KEY STAFFING CONSIDERATIONS

OVERVIEW

Read this section to gain an understanding of key staffing considerations for family run organizations, including: (1) training needs; (2) hiring and retaining staff; (3) choosing a staffing model; and (4) ensuring staff capacity for meeting the federal reporting requirements of the Medicaid program.

Staffing at family run organizations varies from state to state, and these organizations may have only a small number of employees. Family run organizations are staffed primarily by individuals with lived experience as parents and/or caregivers for children with severe behavioral health needs who are, to varying degrees, well acquainted with the child serving systems in their particular state. It is easier to recruit parents for peer support positions when they themselves have used the services of a parent support provider. In Arizona, for example, parent support providers tend to remain in their positions longer than their traditional behavioral health provider peers. The assumption is that parent support providers have a more personal commitment to supporting other parents, which translates into stability and sustainability for this segment of the workforce.

Training

Like other Medicaid providers, staff at family run organizations must learn new skills and processes; for example, documentation, which includes writing progress notes, developing support plans, and composing monthly summaries. This can be challenging for individuals who provide excellent family

support, but may not have the educational or related work background. Working in this field requires ongoing training due to policy and program changes that can affect how support plans are developed and Medicaid billable services are delivered. Additionally, peer support provider staff and supervisors must participate in certification programs, such as the Certified Parent Support Provider program through the National Federation of Families for Children’s Mental Health,^{viii} or a state’s own program. Medicaid also requires completion of training and, in some states, certification within specified time frames. Though staff training is a part of the family run organization’s operating budget, it is not a Medicaid-billable activity, which means organizations must devise cost-effective ways of delivering training to staff, including virtually, through webinars and online learning.

Hiring and Retaining Staff

A family run organization must be able to meet the challenge of continuing to serve families until new staff are hired and trained. The selection and development of supervisors who have firsthand experience in providing peer support services is essential. Staff turnover can be a concern in the early years, because this is a relatively new position in most states and the job responsibilities are significant. Peer support providers may spend a good deal of time traveling to families’ homes or communities, and documenting the scope of services provided to the family, neither of which are billable activities. A lack of professional advancement opportunities in the organization may also impact staff retention, and opportunities for promotion are typically only available if one leaves a direct service position. Finally, pay rate scales impact an organization’s ability to attract and retain staff. While some provider agencies (non-family organizations) have increased peer support provider salaries based on the observed value of these services, this is not a standard practice.



Arizona’s Staffing Strategies

Arizona’s family run organization has developed staffing strategies to ensure that staff who work on non-Medicaid funded family support programs are cross-trained to work under the Medicaid contract. The organization also has a well-staffed training department that provides training for Medicaid providers who employ peer support staff. The organization has developed strategies like hiring more staff on a part-time and contract basis, and therefore, can fill gaps in staffing to handle fluctuations in referrals. During times when the family run organization receives fewer service referrals, service delivery staff who are cross-trained can work on other agency programs. The organization has also negotiated arrangements with funders of Medicaid billable services to adjust contracts at several points during the year, which is common throughout Arizona’s behavioral health system.

Choosing a Staffing Model

Determining the staffing model for family and youth peer support service providers is critical. Organizations can hire peer support providers as full or part-time employees with benefits, or as contractual employees who are paid depending upon how much time they work. It is important to understand a state’s labor laws to ensure compliance with all laws pertaining to hiring and benefits.

Since models of delivery of family and youth peer support can vary, supervision for peer support providers needs to be a consideration for family run organizations. The organization must decide on whether to build (or maintain) internal clinical capacity, obtain external consultation, or develop co-supervision models with other providers. Additionally, it must examine current supervisory partnerships (if they exist) with providers who may be overseeing key peer support staff working on child and family teams.



Family and Youth Peer Support Supervision in Rhode Island

Rhode Island’s family run organization, the Parent Support Network, is implementing a co-supervision model in partnership with a lead network provider that is implementing wraparound with children, youth, and families formally involved with child welfare. In this co-supervision model, the family run organization supervisor works in partnership with a wraparound clinical supervisor to co-supervise a Family Support Partner and a Network Care Coordinator assigned to each family. Individual supervision takes place with each staff member every week. Additionally, every other week, the two supervisors, family support partner, and network care coordinator meet together for team supervision to review and discuss their assigned families.

Ensuring Staff Capacity for Compliance with Federal Data Reporting Requirements

As peer support providers, family run organizations collect and report information about the children and families they serve and are required by Medicaid to be in compliance with documentation and reporting requirements under HIPAA (the Health Information Portability and Accountability Act).^{ix} These requirements include ensuring privacy and confidentiality; securing all appropriate releases; mandating reporting; establishing and maintaining grievance procedures; and collecting progress notes and detailed demographic and personal information in secure electronic data systems. The organization will need designated staff or consultants to compile these data and reports to submit for Medicaid reimbursement.

SECTION 5: ESTABLISHING MEDICAID BILLING AND RATE-SETTING PROCESSES

OVERVIEW

Read this section for information about establishing Medicaid billing procedures and rates for family and youth peer support provision.

State Medicaid authorities determine the types of services that are reimbursable, establish billing codes, and set rates for each billing code. Rates cover various components of services and guide family run organizations in determining staff salaries, benefits, sick leave, holidays, and vacation (when they are not billing for services, but need to pay for salaried staff). Travel and administrative time are not Medicaid reimbursable, and therefore, rarely covered, and often have limits if covered. Rates may also include limits on the number of allowable or billable contacts (e.g., hours per day or times per week), which are determined by a state’s Medicaid plan, waiver, or both.



Rates and Billing in Arizona

Arizona uses the state’s Department of Health Services Division of Behavioral Health Services [Covered Services Guide](#) that include identified allowable services and appropriate billing codes for all providers for each type of service delivered. Family run organizations and direct service providers all adhere to the same rate schedule. This is the information that a family run organization utilizes in planning and monitoring its first year budget. In Arizona, family run organizations provide input to the state on rates for support and rehabilitative services, including family and youth peer support.

The family run organization’s peer support staff utilizes an electronic billing system designed in partnership with other providers of direct support services outside the family run organization. Providers track all administrative functions, travel, and group or one-on-one support that is provided to parents or children/youth. Staff are expected to manage their time so that 60 percent is spent providing Medicaid-billable services. Their remaining work hours are spent in training, supervision, documentation, and short distance travel, which are non-billable activities. For group family education classes and other events that fit within service plan guidelines, and referrals for helping parents and youth connect to natural supports, the organization bills group service codes.

Two Essential Steps for Billing Medicaid

Billing Medicaid involves two components, each of which is essential to getting paid. First, staff must complete and submit accurate documentation. Medicaid billing policies and procedures are very exact and provide organizations with guidelines to establish training, documentation, and reporting functions. Proper documentation may require extensive training and monitoring of staff that may not have had prior experience in writing contact (progress) notes or plans of care. In addition, because Medicaid regularly audits its providers, if documentation is inaccurate or incomplete, the organization may be required to return funds to the state Medicaid agency.

Second, the organization must have staff dedicated to billing functions, and must develop organizational procedures around billing. A family run organization may either hire billing staff to perform this task internally, or outsource this function to an agency. Directly hiring billing staff creates additional organizational capacity, and these employees may work on other projects as needed. On the other hand, it is costly to continually support billing staff in staying current with ever-changing Medicaid guidelines. Outsourcing billing may be more cost effective. Billing Medicaid may also involve acquiring and training staff to use new software.

Medicaid pays claims 90 days after submission, so a three-month delay in payment for services rendered must be factored in to the cash flow for the organization, unless there is the potential for block purchase contracting as described for Arizona. It is unlikely that billing Medicaid alone will sustain a family run organization and the ability to bill Medicaid must be viewed as one component of a diversified funding strategy for the organization. The organization must have reserves or be prepared to request additional financial support from the state or foundations that can help it through the initial transition and first year of billing, as well as cover additional expenses for technology, software, and non-billable activities.



Billing Medicaid in Arizona

Learning the basics about the billing codes, rates, and the number of units needed to be billed monthly to meet the costs of operating the program is essential. In Arizona, the family run organization contracts with a billing service to which it submits electronic claims.

Examples of billable services include:

- Peer support (individual and group);
- Family support;
- Translation;
- Case management;
- Living skills (individual and group);
- Respite;
- Behavioral health promotion; and
- Transportation.

The referral received by a family run organization to provide peer support services may dictate some service and billing parameters (e.g., frequency of work with a family). Staff at Arizona's family run organization attend child and family team meetings where a parent partner or youth mentor plans specific goals with the team. The activities that peer support staff are undertaking must be directed by a support plan from the referring agency. The family run organization also prepares its own support plan based on first meetings with a family, and is able to bill once the support plan is entered into its electronic system.

Understanding Medicaid Rates

A family run organization must develop a good understanding of what is allowable (i.e., what can be billed) under its Medicaid contract. Depending on the Medicaid environment in a particular state—fee-for-service or managed care—rates may be set by 15-minute increments within select codes that can be

used to bill as a peer parent support provider. Alternatively, the services may be capitated and paid in a monthly, per member per month amount. Depending on the state, parent or family partners may be able to bill a wide array of billing codes with different rates.

CONCLUSION

Family run organizations fulfill many roles, often serving as the lead providers of peer support services in the communities in which they operate. Many family run organizations across the country have experience developing peer support roles within their organizations, and most have been able to directly receive federal, state, and/or county funds in order to provide peer support services to families. As traditional service providers and state partners recognize the importance of peer supports in serving families and youth, family run organizations may want to consider becoming part of the formal Medicaid service delivery system. This decision carries with it many considerations for family run organizations, which must be weighed carefully in order to maintain the integrity and sustainability of the organization.

APPENDIX A

AGENCY READINESS TOOL FOR FAMILY RUN ORGANIZATIONS Key Questions for Exploring Whether to Become a Medicaid Provider of Family and Youth Peer Support Services

Family run organizations and their boards can use the questions below as a guide for making an informed decision about becoming a Medicaid provider.

Mission

1. In what ways does becoming a Medicaid provider fit or not fit with our mission?
2. In what ways would becoming a Medicaid provider change how families view our organization and staff?
3. How would it change our role in system of care development, as policy advisors, etc.?
4. Will our primary identity shift from that of a family run organization with multiple functions to a provider organization?
5. In what ways will becoming a Medicaid provider impact our ability to advocate for programs and policies in our state on behalf of families?

Practice

1. Will becoming a Medicaid provider detract from the organization's ability to serve a range of families?
2. Is our state's definition of family and youth peer support consistent with our vision and understanding?
3. Under our state's Medicaid regulations, who is authorized to provide family and youth peer support services (e.g., caregivers only, member of broader community with lived experience)?
4. How will becoming a Medicaid provider change or limit the services we provide?
5. What skills do staff have for providing family and youth peer supports as a Medicaid-funded service?
6. What additional training will our staff require in order to meet Medicaid requirements, such as certification and documentation?
7. Do we have a family and youth peer support program foundation in place that gives us the experience to consider offering this program with Medicaid funding?

Administration

1. From an operations perspective, how will becoming a Medicaid provider change the way the organization manages and delivers family and youth peer support services?
2. Does our organization have the administrative staff with the time and skills to do billing or will additional staff be needed?
3. If additional staff are required, what are the positions needed and is the funding we will receive from Medicaid sufficient to cover the additional positions?
4. What technology (hardware and software) will be required for Medicaid billing?
5. Does our organization have the necessary professional insurances in place (e.g. liability)?

Financing Structure and Rates

1. How is our state currently funding family and youth peer support (e.g., waiver, state plan amendment, or other type of state appropriation)?
2. If our organization begins providing family and youth peer support with Medicaid funding, will other state funding continue, in order to serve families not eligible for services under Medicaid?

3. Will our organization bill Medicaid directly, through a subcontract with a traditional provider, or through a firm that provides Medicaid billing services? What is the availability of external agencies and competencies?
4. Does our organization have sufficient funds in reserve to sustain it during the start-up phase of billing, and over the course of a year when billing may fluctuate?
5. What do we have to learn about contracting methods, start-up costs, etc.?
6. How will family and youth peer support staff be paid (e.g., as contractors, employees)? If we choose to pay our staff as employees, are we complying with all federal and state labor laws relating to hiring, benefits, etc.?
7. What rate is Medicaid paying for family and youth peer support in our county or state? How was it determined and does it vary by region within the state? If so, why?
8. Does the Medicaid rate for peer support cover the cost of providing this service and result in a small profit that can go back into building our organization?
9. What services are included and can be billed for (e.g., phone calls with families, care coordinators, others on the child and family team; attendance at school meetings, court hearings, support groups; or training)?
10. What is not included and cannot be billed for (e.g., travel time, documentation, administrative costs, supervision time, training) and will the rates we receive cover these expenses?
11. What other expenses can we anticipate (e.g., mileage costs, non-billable staff hours - holidays, training, vacation, sick leave)?
12. Do we have other funding sources that will cover expenses not covered by Medicaid?
13. What are the billing increments (e.g., 15 minutes, 30 minutes, one hour)? Are there limits to the number of hours we can bill in one day/week per family?

Fund Diversification and Sustainability

1. Will Medicaid funding increase the organization's capacity to serve multi-system involved children and youth by allowing peer support staff to participate on child and family teams and in wraparound care planning – in a manner that is not feasible cost-wise to cover with non-Medicaid funding?
2. Can the organization provide peer support services with different funding sources and eligibility criteria?
3. How will the two types of parent and youth peer support services be handled in our agency (i.e., Medicaid-funded vs. funded by other means)?
4. Do state leaders understand the differences in parent peer support and youth support delivered by a family run organization compared with a traditional clinical services provider or a non-family run organization?

APPENDIX B

At-a-Glance: Pros and Cons of Becoming a Medicaid Provider

PROS
Medicaid fee-for-service billing is not capped in ways that grant funding may be.
It may be easier to manage service delivery under a contract, as there is consistency, unlike with grant funding, which has start and end dates.
Organizations that become Medicaid providers may be able to assist a greater number of families—both those who are eligible for Medicaid-funded services and those who are not.
Family run organizations can develop a unique understanding of the complexities of delivering a needed service while effectively advocating for improvements from a solution driven perspective.
Family run organizations bring advocacy to service planning for children and families through their peer support role. ^x
Family and youth peer support workers bring firsthand knowledge and insight as to how the system works that helps families identify and ask for the services and supports they need.
Family run organizations that become Medicaid providers have a unique perspective and understanding that adds value in designing the service delivery system.
At the program and policy level, parents and youth who work in peer support roles are able to participate and provide input into agency planning and help to identify service gaps, training needs, and other insights that facilitate continual improvement in services and the practice delivery model.
Becoming a Medicaid provider allows a family run organization to bring its expertise to broader system redesign and quality improvement activities.
Family run organizations are able to get higher rates of involvement with parents/ caregivers and young adults who are willing to complete family satisfaction and other service delivery surveys or focus groups; and have the experience necessary to identify and support family leadership development in the families they work with, expanding workforce capacity and participation on policy and quality assurance boards.
Becoming a Medicaid provider can lift the organization and individuals delivering peer support to a new level of professionalism, as the work becomes more organized and purposeful with an emphasis on accountability and outcomes.
The practice of peer support becomes more focused and outcomes driven.
Organizations that provide family and youth peer support facilitate a focus on the importance of formal parent-to-parent support.
Family run organizations that are part of the Medicaid service delivery system have greater capacity to gather data and impact the utilization of family and youth peer support services.
Family run organizations increase the knowledge and leadership skills of youth and families to promote system transformation and effective and evidence-based service delivery.
By becoming providers, organizations have the opportunity to raise the understanding and value of the expertise that parents hired for parents support positions provide. The value of a parent’s “life experience” as a caregiver should be factored into the education or work experience that determines the rate for Medicaid reimbursable services. While there is still confusion about the role and qualifications of family and youth peer support providers, national certification standards have been developed and several states, working with their own family run organizations, are establishing standards. The more stringent requirements set forth by Medicaid for its providers, including background checks etc., that have not historically been required for organizations doing family support work under grants, have served to raise the bar in family run organizations and many use the same criteria, whether it is for Medicaid funded positions or family support positions funded by other sources.

CONS
<p>Most family run organizations started out of common experience and a passion to help other families, but becoming a Medicaid provider may shift the organization’s focus from service provision to administrative processes. It is important to not allow being a Medicaid provider to “take over” every aspect of the organization, but to find the balance; to continue providing services beyond scope of Medicaid; and to host events that are broader than Medicaid, such as Children’s Mental Health Awareness Week events, providing training and family education, and promoting informal family-to-family networking.</p>
<p>Traditional providers may lack understanding of, or respect for family run organizations as professional providers of services. The process of becoming a Medicaid provider is a long-term investment of the organization that will require establishing and fostering ongoing partnerships with county and state agencies and an infrastructure that supports the operations of Medicaid billing.</p>
<p>Family run organizations are frequently viewed differently by payers than traditional providers.</p>
<p>Family run organizations must understand payment methodologies and the parameters for negotiating rates for family and youth peer support services (i.e., billing codes and the array of family support service categories that can be billed varies by state/county and may include only a few or many of the following: peer support, family support, respite, transportation, living skills training, case management, behavioral health promotion and prevention, translation or interpretation, for groups or individual support, in addition, rates may be different based on location of service - in-office, vs. in-home or community, etc.).</p>
<p>Family run organizations must be continuously involved in policymaking discussions, as practice models are always changing. The organization’s leadership must become a partner in system design and implementation as a form of advocacy.</p>
<p>As with any new contract, start-up costs and funding must be negotiated in order to make it financially feasible. The organization needs to understand whether it will have to use its own funds for start-up, or if that can be negotiated as part of their response to an RFP and development of a scope of work with a Medicaid funder. Things like professional liability insurance, office space, copy machines, technology including internet access and cell phones need to be factored into potential start-up costs.</p>
<p>Becoming a Medicaid provider may mean operating in a cost reimbursement environment based on documentation of performance and outcomes achieved.</p>

Endnotes

ⁱCenters for Medicare & Medicaid Services and Substance Abuse and Mental Health Services Administration. *Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions*. May 7, 2013. <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-05-07-2013.pdf> (accessed June 7, 2013)

ⁱⁱ Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Alternatives-to-Psychiatric-Residential-Treatment-Facilities-Demonstration-PRTF.html> (accessed December 17, 2013).

ⁱⁱⁱ Children's Mental Health Initiative http://www.samhsa.gov/grants/2009/sm_09_002.aspx (accessed December 17, 2013).

^{iv} The National Federation of Families for Children's Mental Health has a certification for peer support providers. For more information, visit: <http://certification.ffcmh.org/>. States also have the option determine their own certification guidelines for family and youth peer support (Georgia is one example). For more information on this, see the Center for Health Care Strategies' resource: [Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs](#).

^v Center for Health Care Strategies. "Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs." May 2012. Available at: http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261373.

^{vi} For additional information on 1915(c) HCBS waivers, visit: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html>.

^{vii} For additional information about Medicaid waivers, visit: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>.

^{viii} For more information on the National Federation of Families for Children's Mental Health's certification program for peer and parent support providers, visit: <http://certification.ffcmh.org/>.

^{ix} "Understanding Health Information Privacy." U.S. Department of Health and Human Services. Available at: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>.

^x K. Lazear, R. Anderson, E. Boterf. *Quick Guide for Self Assessment of Family-Run Organizations in Systems of Care*. The Research & Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida <http://rtckids.fmhi.usf.edu/rtcpubs/FamExp/Familyquickguide.pdf> (accessed December 17, 2013).