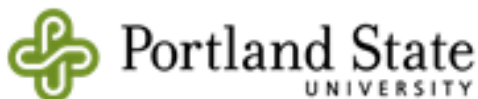


Becoming a Medicaid Provider:

Considerations for Family-Run Organizations

April 1, 2014



Presented By



Acknowledgements

- Substance Abuse and Mental Health Services Administration
- Center for Medicare and Medicaid Services
- National Technical Assistance Network for Children's Mental Health
- Center for Health Care Strategies
- This webinar is based on a recent Center for Health Care Strategies resource, [*Becoming a Medicaid Provider of Family and Youth Peer Support: Considerations for Family Run Organizations*](#)

Presenters

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- **Dayana Simons**, Center for Health Care Strategies
- **Jane Kallal**, Family Involvement Center, Arizona
- **Lisa Conlan**, Rhode Island Parent Support Network
- **Jane Walker**, Family Run Executive Director Leadership Association (FREDLA)



Federal Support for Parent and Youth Peer Support Services

John O'Brien

Centers for Medicare and Medicaid Services

Federal Support for Parent and Youth Peer Support Services

- ▶ Parent and youth support services include developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching skills necessary to improve coping abilities
- ▶ The providers of peer support services are family members or youth with “lived experience” who have personally faced the challenges of coping with serious mental health conditions, either as a consumer or a caregiver. These peers provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth
- ▶ Almost all of the PRTF demonstration states and many CMHI projects included peer-to-peer support services for the parents, guardians, or caregivers of children and youth with mental health conditions, as well as peer-to-peer support services for youth
- ▶ The CMS guidance regarding the use of peer supports for peer to peer services for parents, guardians and caregivers can be found at:
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Clarifying-Guidance-Support-Policy.pdf>



Understanding State Medicaid Programs

Dayana Simons

Center for Health Care Strategies

Medicaid Payment and Delivery

Managed Care

Fee-for-Service

Medicaid Financing for Family Peer Support

- State Plan
 - ▶ *Arizona, Kentucky, Massachusetts, Oklahoma*
- Waiver(s)
 - ▶ *Georgia, Indiana, Kansas, Maryland*

Medicaid Payment

- Medicaid Provider
 - ▶ Direct payment through Medicaid
- MCO Network Provider
 - ▶ Payment through managed care organization (MCO)
- Subcontractor
 - ▶ Payment through another provider who is paid either by Medicaid or MCO
- Medicaid Administrative Dollars

Medicaid Auditing

- Because states are matched or reimbursed with federal funds, CMS has the authority to:
 - ▶ Review a state's Medicaid provider actions
 - ▶ Audit claims
 - ▶ Identify overpayments

Get to Know Medicaid in Your State

- Research state policies
- Engage with state partners
 - ▶ Especially the Medicaid agency

Resources

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

http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261625

- **Joint CMCS and SAMHSA Informational Bulletin**

<http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf>

- **Medicaid Waivers**

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>



Before Becoming a Medicaid Provider

Lisa Conlan

Rhode Island Parent Support Network

Before Becoming a Medicaid Provider

- **MISSION:** Alignment with the family-run organization's mission (parent/youth support, education, and advocacy)
- **SERVICE DELIVERY:** Experience and foundation for a parent/youth peer support practice model and match to Medicaid service definitions, training, and certification

Before Becoming a Medicaid Provider

- **INFRASTRUCTURE:** Business administration experience and skills for clinical supervision, policies, electronic medical records, billing, and quality assurance
- **FINANCING:** Cash flow, negotiated payment rate, and cost reimbursement
- **STAFF TRAINING:** Medicaid regulations, documentation

Before Becoming a Medicaid Provider

- **POPULATION SERVED:** Eligibility criteria may expand or limit population to be served. Ability to provide a level of parent/youth support that can be accessed by the parent/youth free of charge or based on formal referral or eligibility criteria.
- **ADVOCACY:** Ability to continue to organize parents and youth to have voice in shaping policy and practice for system transformation.



First Steps to Becoming A Medicaid Provider

Jane Kallal

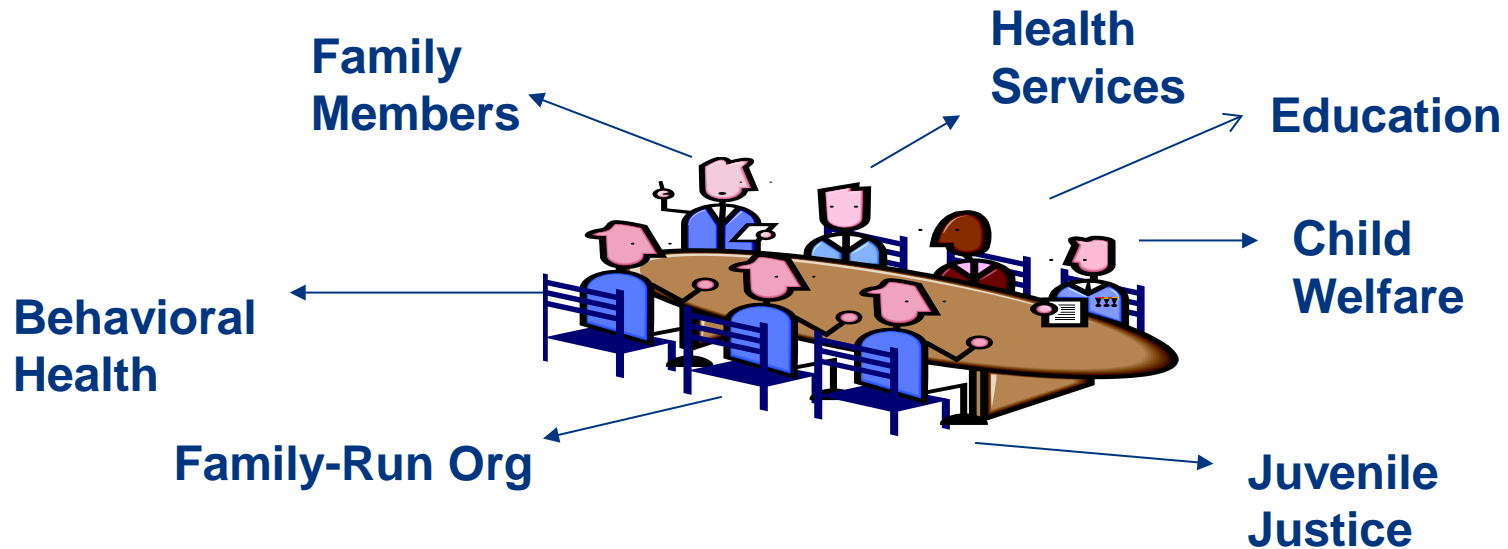
Family Involvement Center, Arizona

First Steps to Becoming A Medicaid Provider

Getting Started – Getting to Know Your New Partners

- Build or strengthen relationships with State Mental Health, Medicaid and Licensing Agencies; Managed Care Organizations; Providers and Community Family Member Leaders or Advocates
- Effective family and youth support services are built and sustained when all system partners are at planning tables where decisions are made.

Learning with Partners and Charting Course



Moving to Becoming a Medicaid Provider

Family-runs and community family leaders/advocates learn

- Workings of Medicaid system - how rates are set service descriptions, billing codes, documentation, electronic health records, required audits, and staff qualifications
- What licensing rules will apply
- Functions of managed care organizations, providers methods of contracting and categories of funding

Moving to Becoming a Medicaid Provider

Through partnering in development, systems leadership learns about the many functions of family-runs

- Developing family and youth leaders for systems advocacy
- Providing universal family support (before and after a family receives Medicaid funded services.)
- Role in training and developing frontline non-family workforce on engaging families and family driven care workforce,

Balancing Two Primary Roles

Strategies to balance being BOTH a Medicaid provider of parent and youth support services and a System Partner in providing the family voice for policy and program design

- Becoming a training and technical assistance resource for family-professional partnerships
- Diversify funding so that less than half revenue goes to Medicaid funded service delivery
- Empower Board and family leadership to represent the linkage between the two primary roles

Steps to Becoming a Medicaid Provider

Within your family-run organization:

- Develop a business plan with input of Board and community input from parent and youth leaders
- Define parameters to stay true to mission and maintain system advocacy
- Define practice model - mix of Medicaid funded family support and other family support
- Develop plan with safeguards to ensure sustainability of vital non-service delivery programs

Steps to Becoming a Medicaid Provider

With systems partners:

- Explore contracting options with managed care organization , provider network or both
- Present your costs for service delivery, start-up and on-going, compare with set rates, understand options including negotiation of rates
- Define and agree on how parents/caregivers and youth will access your services, relationships with other service providers, with goal of improving access, voice and choice

Valued Non-service Delivery Functions

What are these functions:

- A community or state hub of universal family support options
- Building the cadre of diverse family and youth leaders at all levels of the system
- Workforce development – parent and youth support roles and team facilitators and often system administrators
- Quality Monitoring: partnering to conduct practice reviews, survey families



Pros and Cons

Jane Walker
Family Run Executive Director Leadership Association (FREDLA)

Cons

- Culture shift
- Becoming a Medicaid provider could shift the family-run's focus from service provision to administrative processes
 - ▶ Important to not allow Medicaid to “take over” every aspect of the organization and to maintain other aspects such as Children's Mental Health Awareness events, training, and celebrations
- Traditional providers may not understand or respect family-run organizations as professional providers

Cons

- Family-run organizations must understand payment methodologies and rate negotiation and what services are covered, such as phone calls, transportation, training
- Family-run organizations must have the financial resources to absorb start-up costs and be able to ride through the periods when cash flow could be a problem

Cons

- Payors may view family-run organizations differently and pay lower rates
- Strict adherence to Medicaid regulations is required and may be challenging for staff, such as learning documentation procedures

Pros

- Becoming a Medicaid provider raises the level of professionalism for family-run organizations
- Peer support becomes more focused and outcomes driven
- Being a Medicaid provider means that family-run organizations and parent support services are part of the service delivery system and there is the ability to collect data on utilization of parent support services

Pros

- Depending upon how the state has structured its payment, the population of families served could expand greatly
- Medicaid fee-for-service is not capped as grant funding is
- It may be easier to manage service delivery under a contract, as there is consistency and no start or end date or uncertainty about future funding

Are you Ready??

- Lots to consider
 - ▶ Mission
 - ▶ Practice
 - ▶ Administration
 - ▶ Financing and rates
 - ▶ Fund diversification and sustainability
- Agency readiness tool for family-run organizations
 - ▶ *Becoming a Medicaid Provider of Family and Youth Peer Support: Considerations for Family Run Organizations*
http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261625

Access Webinar Slides and Recording

- University of Maryland Institute for Innovation and Implementation – www.theinstitute.umaryland.edu
- FREDLA - www.fredla.org
- Center for Health Care Strategies - www.chcs.org

Q&A

Thank you for your participation!

Q&A