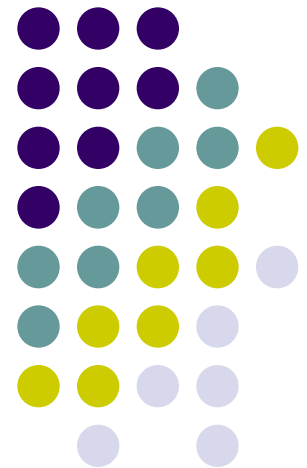


Maximizing Medicaid Options for Children with Serious Emotional Disturbance

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Genesis of Project

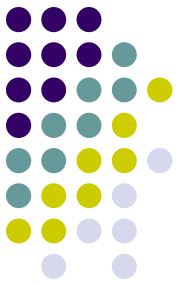


- **Since 1992, 121 CCMHSP grants and cooperative agreements**
- **Goal to sustain systems-of-care**
- **Medicaid largest payer of public mental health services**
- **Medicaid is a third party payer similar to private insurance**



Goals

- **Describe how grantee sites use Medicaid as part of a larger strategy to achieve sustainability**
- **Describe these practices in the context of states' Medicaid Plans**
- **Disseminate findings to system of care communities**



Medicaid

- **Medicaid is a jointly managed federal and state program to provide health care to low income Americans**

Federally mandated Medicaid services



- **Inpatient hospital care**
- **Clinical services**
- **Outpatient hospital services**
- **Physician services and services of other licensed professionals**
- **Early Periodic Screening, Diagnosis and Treatment**

Optional Medicaid Services and Eligibility Groups



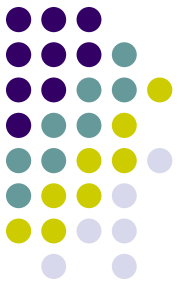
- **Rehabilitation services**
 - Used by many states to offer a wide range of services in community settings as opposed to more medical settings
- **Clinic Option**
 - Reimburses for preventive, therapeutic, diagnostic services delivered in a medical, outpatient facility

Optional Medicaid Services and Eligibility Groups



- **Targeted case management services**
 - Assists a Medicaid eligible individual in gaining access to needed medical educational, social, and other services
- **1915 Home and Community-based Services Waiver**
 - Allows for alternatives to providing long-term care in institutional settings. May be used to meet the needs of specifically defined groups, illnesses or conditions

Optional Medicaid Services and Eligibility Groups



- **1115 Research and Demonstration Project Waiver**
 - Gives states authority to conduct experimental, pilot or demonstration projects that test new ideas of policy merit
- **1915(b) – Freedom of Choice Waiver**
 - Allows states to waive statewideness, comparability of services, and freedom of choice

Optional Medicaid Services and Eligibility Groups



- **Title XXI – State Children’s Health Insurance Program**
 - Enacted by Congress in 1997 to provide for low-income, uninsured children under the age of 19 who are not eligible for Medicaid
 - Relationship btw SCHIP and Medicaid varies among states



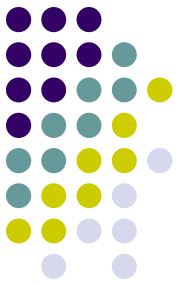
Methods

- **Surveyed 92 active/graduated sites from Oct 2003 roster**
- **Consulted with National Advisory Group**
 - Identify site selection criteria
 - Select 6 sites for visits
 - Develop site visit protocol
- **Conducted site visits**



Survey Responses

- **60% (38 active, 17 graduated)**
 - 41 states and territories
- **A range of State Medicaid Eligibility, Options, and Waivers AND financing structures**
- **Approximately...**
 - 50% reported using managed care
 - 33% self identified as innovative
 - 50% expressed interest in participating



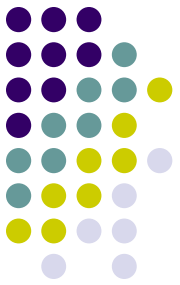
Site Selection

- **Primary Criteria**

- Range of Options/Waivers, Financing Structures, Demographics, Race/Ethnicity

- **Secondary Criteria**

- Geographic, Status (active/graduated)



Selected Sites

- **The Dawn Project (Indianapolis, IN)**
- **The Burlington Project (Trenton, NJ)**
- **Community Connections for Families (Allegheny County, PA)**
- **Bridges (Frankfurt, KY)**
- **Spirit of Caring (Contra Costa County, CA)**
- **Partnership with Families/Transitions (St. Charles County/Jefferson City, MO)**

Financing Strategies by Site



- **Bridges (KY)**

- Rehab Option

- Expansive definition of where services can be provided
- Strong utilization of Option to provide services in schools

- Targeted Case Management Services

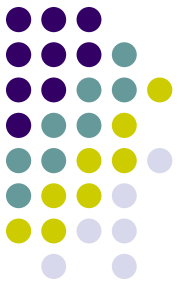
- For service coordination

Financing Strategies by Site



- **The Burlington Partnership (NJ)**
 - Pool and braid funds to leverage Rehab Option and EPSDT
 - Use of rate setting methodology to reflect market rates
 - Use of administrative claiming to fund parts of the Family Service Organization and Administrative Service Organization
 - Household-of-one designation
 - Presumptive eligibility

Financing Strategies by Site



- **Community Connections for Families (PA)**
 - Mental health portion of Medicaid carved out by state and administered at county level
 - Incremental mandatory state managed care program under 1915b Waiver
 - Use Clinic Option and EPSDT to expand services to include Mobile Therapist, Behavioral Specialist Consultant, and Therapeutic Staff Support
 - Bundle of services known as “wraparound”

Financing Strategies by Site



- **The Dawn Project (IN)**
 - Under Rehab Option services must be provided by CMHCs
 - Utilization of Clinic Option to pay for therapy and day treatment
 - Utilization of case rate – each referral source pays fixed monthly rate upon enrollment
 - IT system facilitates billing of Medicaid

Financing Strategies by Site



- **Partnership with Families/Transitions (MO)**
 - Part of Medicaid administered under 1115 and 1915b Waivers known as Missouri Care Plus (MC+)
 - Utilization of both Fee For Service and Managed Care systems based on geography
 - Rehab Option, known as Community Psychiatric Rehabilitation, is carved out under MC+ (used to provide in-home services)

Financing Strategies by Site



- **Spirit of Caring (CA)**

- Mental health portion of Medicaid (MediCal) carved out by state and administered at county level
- County serves as Medicaid managed care entity
- Child mh services carved out from physical health
- Rehab Option used to access MediCal funds for wraparound services
- Rehab Option offers broad array of community-based services and flexibility in location of service delivery

Findings



- **Essential prerequisites reported by sites**
 - Leadership and shared vision
 - Partnerships and collaboration
 - Understanding the Medicaid program

Leadership and Shared Vision



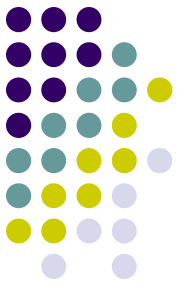
- **State-level leadership**

- Emergence of committed leadership at state level
- New Jersey
- Kentucky

- **Local-level leadership**

- Leadership committed to developing and implementing systems of care for children with SED initiated at local level and then used to stimulate change in state policies
- Indiana

Partnerships and Collaboration



- **Other interagency administrative relationships and partnerships identified as facilitating the maximization of Medicaid**
 - California
 - Pennsylvania

Partnerships with Families

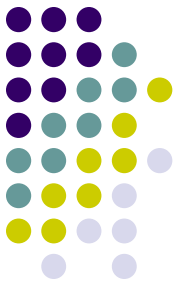


- **New Jersey developed a concrete plan for sustaining family support services/ participation beyond the life of the Federal grant**

Understanding the Medicaid Program



- **Importance of understanding constraints of Medicaid as a 3rd party insurance program**
- **Challenges noted by sites**
 - Inherent difference in the theoretical groundings of the Medicaid system and the system of care/wraparound approach



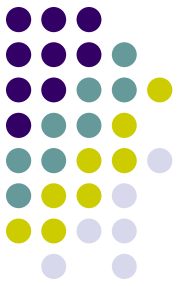
Challenges Noted by Sites

- **Inherent difference in the theoretical groundings of the Medicaid system and the system of care/wraparound approach**
- **Complexity of Medicaid system**
- **Providers vary in their capacity to access and utilize Medicaid as a reimbursement source**



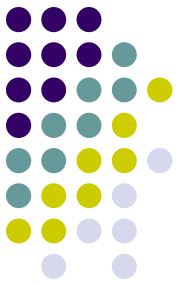
Lessons Learned

- **1) Achieving consensus on a common vision amongst key stakeholders at state and local levels**
- **2) Using legislation as a strategy**
- **3) Developing strong partnerships/ relationships and collaboration with Medicaid at the state level**



Lessons Learned

- **4) Creating an interagency entity with decision-making power**
- **5) Partnering with families**
- **6) Forming partnerships to create innovative funding streams**
- **7) Developing infrastructure related to information technology**



Lessons Learned

- **8) Emphasizing Medicaid eligibility**
- **9) Understanding Medicaid's rules to work effectively within them and propose changes when necessary**
- **10) Utilizing Options and Waivers to maximize flexibility**

Concluding Thoughts



- **Study revealed that the federal Medicaid program has been used effectively by a number of states to pay for expanded, community-based services within the framework of systems of care for children with SED**
- **This is consistent with priorities found in the Report of the President's New Freedom Commission on Mental Health**

Concluding Thoughts



- **Study found very little reliance on SCHIP to assist this population**