




# Home Visiting and Medicaid Financing

House Early Learning and Human Services Committee  
January 16, 2018

Stacey Bushaw & Todd Slettvet  
Family Health Care Services, Community Services  
Medicaid Program Operations and Integrity



# Health Care Authority & Department of Early Learning collaboration

- Health Care Authority (HCA) and Department of Early Learning (DEL) jointly funded a position to explore and identify Medicaid financing options for home visiting
- Final recommendations report (2017) identified key alignment strategies and finance options
- Moving forward, HCA will continue supporting early learning services—including home visiting

## Federal policy guidance

- Not all home visiting program model component services meet Centers for Medicare & Medicaid Services (CMS) requirements for Medicaid funding
- Federal funds can be paired with state and local funds to support full package of services for pregnant women, families, infants, and young children

Source: March 2016 HRSA and CMS Joint Bulletin

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-02-16.pdf>

☐ CMS services approval

- ✓ Comparability
- ✓ Freedom of choice
- ✓ Statewide

☐ Qualified medical providers

- ✓ Licensed
- ✓ Credentialed

☐ State matching funds

- ✓ Identified
- ✓ Allocated

Benefit package

Source: <https://www.medicaid.gov/medicaid/benefits/index.html>

# Comparing models

| Early Learning and Home Visiting Models  | Home-Based Medicaid Services   |
|--|--|
| <ul style="list-style-type: none"> <li>• Comprehensive package of services and supports for parents and children</li> <li>• Programs <u>each</u> have different requirements and focus areas</li> <li>• Programs typically funded with private/public dollars and multiple reporting and billing requirements</li> <li>• Services typically funded on per-enrollment slot basis for specific period of time</li> </ul> | <ul style="list-style-type: none"> <li>• Specific, discrete services provided by a licensed or credentialed professional</li> <li>• Medicaid-funded services must be medically necessary and approved by CMS</li> <li>• State matching funds must be identified and allocated</li> <li>• Providers are reimbursed based on established rates per unit of discrete service</li> </ul> |

# Key alignment strategies

- Build strong foundations
- Focused leadership
- Careful, intentional
- alignment

ACH Regions Map



# Key alignment strategies

**FEW** women or other parents/caregivers offered specialized, therapeutic home visiting services, such as PCAP, SBSM, or home-based child welfare services.

**SOME** women or other parents/caregivers offered longer-duration, comprehensive home visiting services, such as NFP, PAT, PCHP or home-based EHS.

**ALL** low-income, Medicaid-eligible women offered shorter duration, interdisciplinary home-based services as soon as possible in pregnancy; or at any point post-partum through the infant's first year of life; such as First Steps/Maternity Support Services (MSS) and Infant Case Management (ICM).

# Infant case management (ICM)

- Home visiting providers can enroll with HCA as ICM providers
- ICM allowed under Targeted Case Management authority
- ICM helps families access needed medical, social, educational, and other services through:
  - Comprehensive in-person screening and assessment
  - Care plan development
  - Monitoring and referral to services
  - Client advocacy



# Contract with Managed Care Organizations

- Home visiting programs can help:
  - Strengthen care coordination
  - Reduce adverse maternal and infant health outcomes
  - Support education, career, and life goals that help maintain improved health outcomes
  - Assist Managed Care Organizations (MCOs) in meeting health outcomes that earn value-based incentive payments (increasing well child exam rates)

# 1915b selective contracting waiver

A 1915b waiver has the potential to fund home visiting by:

- Braiding Medicaid, state match, and private funds
- Using a selective contracting process
- Targeting specific populations

# Medicaid Administrative Claiming (MAC)

- Governmental entities can qualify for partial reimbursement of certain Medicaid administrative activities. This option can:
  - Increase DEL's capacity to participate in cross-sector program development and planning that involves Medicaid activities
  - Partially reimburse DEL and its vendors engaged in qualified Medicaid administrative activities

## What's next?

- Develop implementation work plan by January 31, 2018 which requires:
  - Gathering stakeholder input; and
  - Identifying broad action steps and developing timeline for each financing option

# Questions?

Todd Slettvet, MA

Community Service Section Manager

Medicaid Program Operations and Integrity

[todd.slettvet@hca.wa.gov](mailto:todd.slettvet@hca.wa.gov)

Tel: 360-725-1626

Stacey Bushaw, MS

Family Health Care Services Supervisor

Medicaid Program Operations and Integrity

[stacey.bushaw@hca.wa.gov](mailto:stacey.bushaw@hca.wa.gov)

Tel: 360-725-1829