

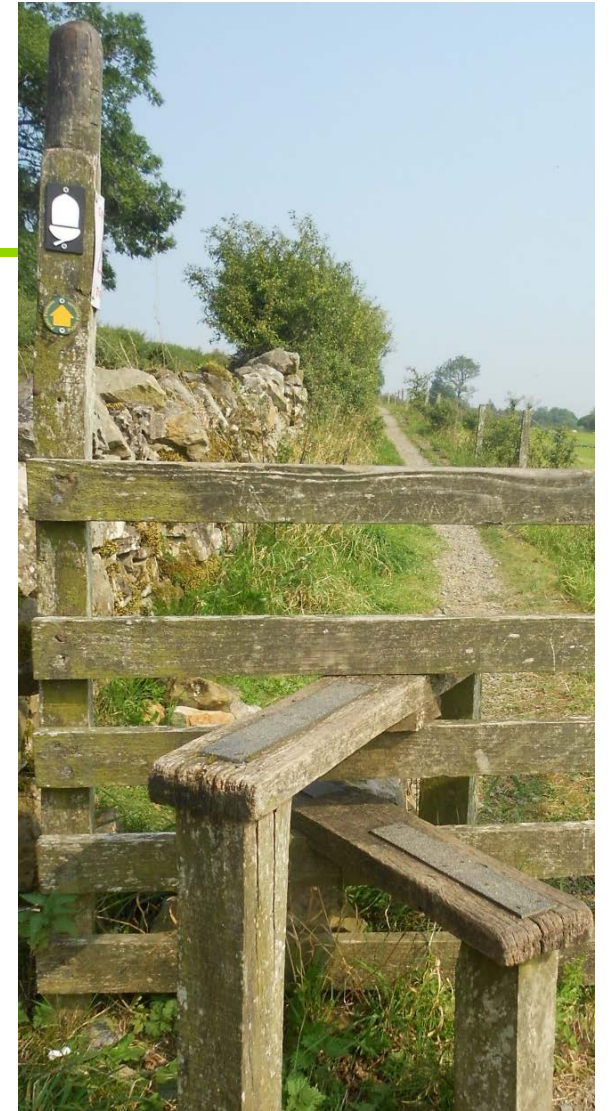
A man with dark hair, wearing a bright green ribbed sweater, is holding a young child with curly hair, wearing a blue jacket and denim shorts, up in the air. The child is smiling and looking towards the camera. The background is a bright, out-of-focus outdoor setting, possibly a beach or park.

Home Visiting and Medicaid Financing

Fall 2019 Update

Where We've Been

- ▶ Finding connection points
- ▶ Identifying gaps
- ▶ Developing home visiting financing options
- ▶ Collaborating on other early childhood and Medicaid initiatives



Developing a Shared Understanding

Cross-sector and cross-system work offers both great opportunities and functional challenges. It's critical to take time to develop a shared understanding and guiding principles.



Alignment is Critical

Focused leadership to increase coherence between state policy, regional project planning and local service delivery by developing:

- ▶ A common language
- ▶ Shared understanding
- ▶ Guiding principles

FEW provided specialized, therapeutic home visiting services such as Triple P, Project Safe Care or Promoting First Relationships..

SOME offered voluntary, longer-duration home visiting services, such as Nurse-Family Partnership, Parents as Teachers or Family Spirit.

ALL expecting and parenting Medicaid-eligible and enrolled clients offered shorter-duration, interdisciplinary home-based services through First Steps/Maternity Support Services (MSS) and Infant Case Management (ICM).

The HCA and DCYF Connection

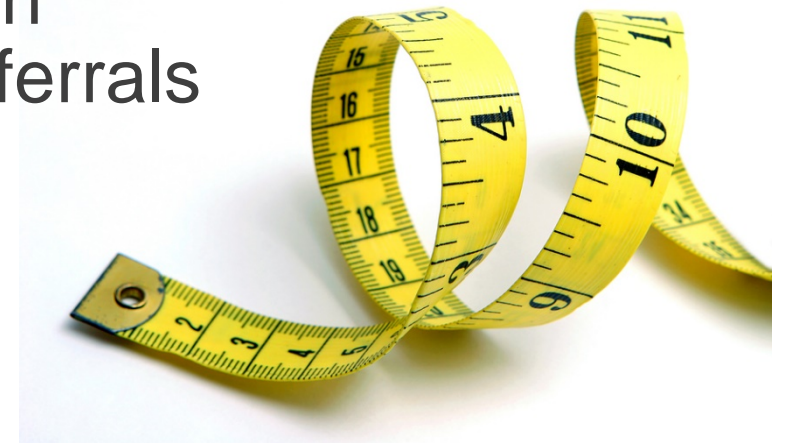
- ▶ Shared population
- ▶ Shared vision
- ▶ Shared goal



A **healthier Washington** where **every child** enters kindergarten with a **solid foundation** for success in school and life.

Common Goals, Similar Measures

- ▶ Access to primary care and continued coverage
- ▶ Increased breastfeeding rates
- ▶ Tobacco and substance use cessation
- ▶ Maternal depression screenings and referrals
- ▶ Timely developmental screens, referrals, well-child exams
- ▶ Reduced rates of child injury, ER admission
- ▶ Intimate partner violence screening and referrals



What is Medicaid Financing?



A combination of federal and state dollars that pays for *medically necessary* services as part of a benefit package.

Who defines medical necessity?

- ▶ **Each State** by law, administrative code and Medicaid State Plan.
- ▶ Medicaid State Plans **may not contradict or be more restrictive** than CMS federal statutes (Authorities) describing:
 - ▶ What medical services are approved; and,
 - ▶ Who can deliver the approved services.
- ▶ States work to **control costs** when defining medical necessity.
 - ▶ Washington's definition at WAC 182-500-0070
 - "reasonably calculated"
 - "no other equally effective, more conservative or substantially less costly course of treatment"
 - "mere observation" or "where appropriate no treatment at all"

Medicaid Benefit Package Requirements

- ❑ ***CMS services approval***

- ✓ Comparability
- ✓ Freedom of choice
- ✓ Statewide

- ❑ ***Qualified medical providers***

- ✓ Billing/Rendering
- ✓ Licensed/Credentialed

- ❑ ***State matching funds***

- ✓ Identified
- ✓ Allocated



Benefit Package

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

Exceptions?

If approved by CMS, states can . . .

- ▶ tailor medically necessary services to:
 - ▶ specific populations
 - ▶ specific regions
- ▶ restrict provider type and/or provider pool
- ▶ include non-clinical services

targeted case management

1115 research & demonstration waiver

1915(b) managed care waiver

1915(c) home & community based waiver

concurrent waivers

Straight from the federal government . . .



Not all home visiting program model component Services meet CMS requirements for Medicaid funding.

However, federal funds can be paired with state and local funds to support a full package of services for pregnant women, families, infants, and young children.

March 2016 Health Resources and Services Administration (HRSA) and the Centers for Medicare & Medicaid Services (CMS) Joint Bulletin
<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-02-16.pdf>

How we define and describe home visiting matters!

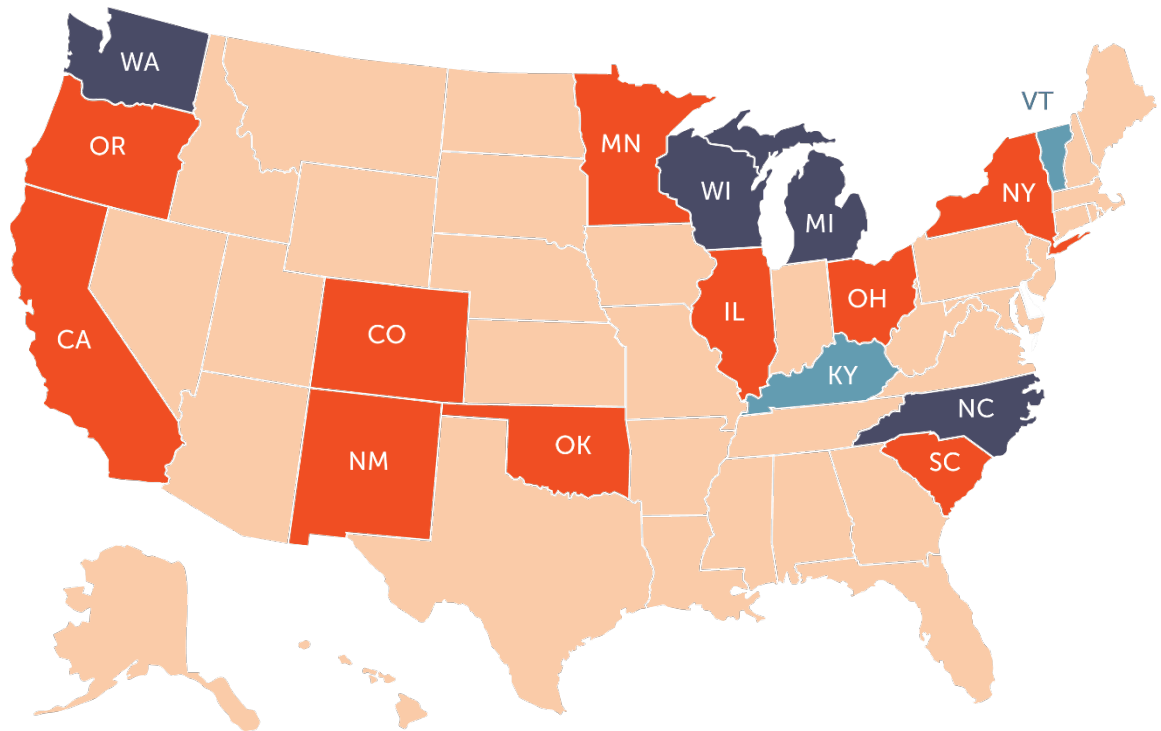
Proprietary Home Visiting Models	Home-Based Medicaid Services
Comprehensive package of services to directly support pregnant women and families in raising physically, socially, and emotionally healthy children ready to learn.	Distinct medical services provided to patients in the home environment. The service is delivered in response to a specific diagnosed health care need.
Home visiting programs must meet specific model fidelity elements. Fidelity requirements vary by model. Changes to the home visiting model must be approved by the developer.	Services must be medically necessary and approved by CMS. Mandatory and optional services are described in each state's Medicaid plan. Changes to a Medicaid state plan require CMS review and approval.
Model developers set provider requirements which generally address education and model-specific training, and may include a medical credential or license.	States set and monitor medical provider licensing and credentialing rules. Only specific medical providers are federally allowed to bill for medical services.
Comprehensive services are typically funded "at-cost" based on a set budget determined by the number of enrollment slots a home visiting program can reasonably serve over a specific period of time. Home visiting programs contract with funders for monthly reimbursement based on the number of slots served.	Distinct medical services are typically reimbursed by Medicaid at less than cost and must have an assigned diagnosis and billing code. Services may be reimbursed under a fee-for-service arrangement or as part of a capitated rate. Non-billing providers must work under Medicaid billing providers to receive reimbursement.

Typical requirements

- ▶ Provider's need at least an associate's degree plus experience and supervision
 - ▶ Some models require licensed/registered nurses
 - ▶ Some models require licensed mental health professionals
 - ▶ Some models require the home visitor to be a trusted member of the community
- ▶ Home visiting model affiliation in good standing
- ▶ Certification as a case management agency
- ▶ Medicaid enrollment with State Medicaid Agency
 - ▶ National provider identification (NPI) number
 - ▶ Medicaid billing provider



What our research across states has shown us . . .



Proprietary home visiting models such as **Nurse Family Partnership, Parents as Teachers, or Family Connects** that receive some Medicaid reimbursement for allowable services.

State-developed Medicaid maternal-infant case management programs provided in both the home and clinic setting such as WA's First Steps MSS & ICM or Michigan's MIHP, fully funded by Medicaid.

State-developed maternal-infant case management programs funded by Medicaid that also meet Department of Health and Human Services' **Home Visiting Evidence for Effectiveness (HOMVEE)** criteria for **Maternal, Infant, and Early Childhood Home Visiting (MIECHV)**, such as Kentucky HANDS or Vermont's MESCH.

Most Commonly Used Financing Strategies

- ▶ Targeted Case Management state plan amendment
- ▶ Medicaid Administrative Claiming
- ▶ 1915b Medicaid Waiver
- ▶ Managed Care approaches
 - ▶ Coordination and referrals most common
 - ▶ Enhanced nursing fee if also certified in evidence-based model
 - ▶ Other possibilities:
 - Optional “slot” coverage as an incentive
 - Mandated by states and included in PMPM (after in state plan)

Home visitor suggested financing criteria

▶ Medicaid financing options ideally should:

- ▶ Promote a high level of coordination at local and state levels;
- ▶ Limit (or reduce) administrative burden on home visitors;
- ▶ Promote sustainability and increase continuity of care;
- ▶ Serve prenatally through the child's fifth birthday;
- ▶ Expand services to more families; and,
- ▶ Provide flexibility and equity for rural/urban settings and other specialized population needs.



▶ Top two preferred financing strategies:

- ▶ Develop a state plan amendment specific to early childhood home visiting for targeted case management services under a fee-for-service structure allowing services prenatal through age five.
- ▶ Require managed care organizations to contract for allowable home visiting services including clinical, behavioral health and targeted case management services provided by HVSA home visiting programs.

Where are we at today?

- ▶ Pursue alignment & coordination between home visiting and Medicaid
- ▶ Negotiate state plan amendment for allowable home visiting services
- ▶ Strengthen existing Medicaid maternal and infant health case management program





Questions?

Contact:

Shannon Blood, MA

Medicaid Early Childhood & Home Visiting

shannon.blood@hca.wa.gov

360-725-0730