

Exploring Funding, Certification, and Reciprocity for Parent/Family Peer Support

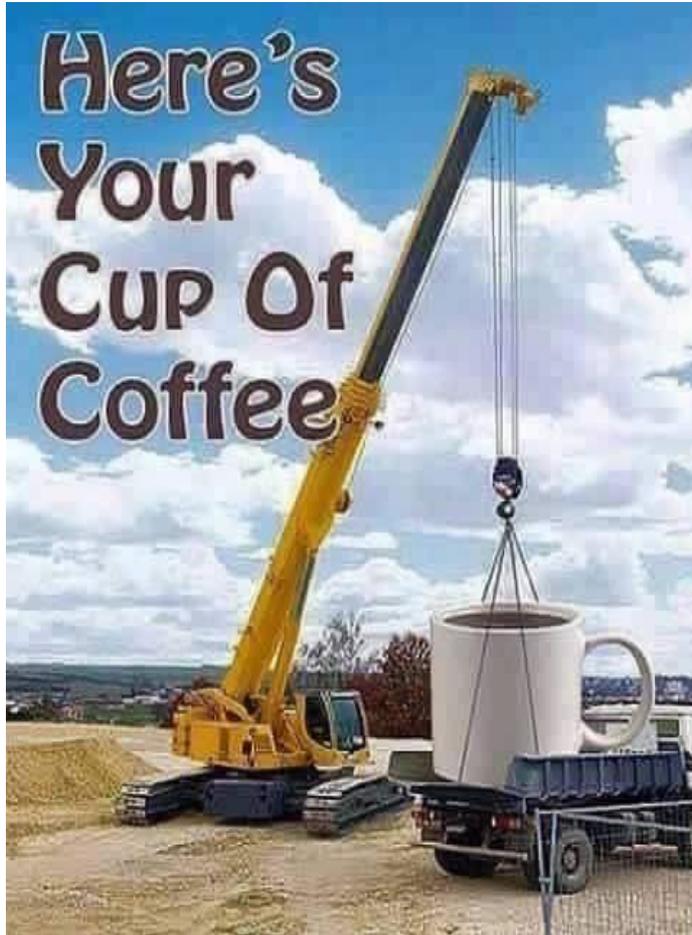
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*National Federation of Families
for Children's Mental Health*

Preconference, November 9, 2017

Morning Session Agenda



- Inform participants of the results of the state survey
- Identify the various financing options in Medicaid to fund Family/Parent Peer Support
- Identify the requirements for creating a medicaid covered service definition
- Identify the challenges in using Medicaid to fund Family/Parent Peer Support

Funding of Family/Parent Peer Support

- The NFFCMH engaged Cansler Collaborative Resources, Inc. (CCR) to:
 - Identify states that are currently reimbursing for Parent Peer Support through Medicaid and those states interested in pursuing Medicaid reimbursement
 - Identify the certification process used by states for Parent Peer Support and assist in providing outreach on the advantages of reciprocity agreements and national certification of Parent Peer Support
 - Provide outreach, via webinars or learning communities, to states in addressing funding sustainability by providing technical assistance in Medicaid funding options

What We Found

- There are 36 states with some type of Family/Parent Peer Support service funded through various sources.
- Many states fund the service with multiple revenue sources, thus there are duplicate counts in the following table.
- Many of the state officials contacted report their state is in the process of submitting/implementing waiver applications (e.g. 1115, 1915c HCBS for children with severe emotional disturbances) or are in the midst of total reform of their Medicaid program and see the value of adding parent peer support.
- Some states provided information regarding future plans for implementation of Family/Parent Peer services.
- The data collected is accurate as of the date we received the information (April-July 2017). Some states may have implemented changes in funding at the time of this report given the approval of submitted Medicaid waivers or State Plans.

The survey work was conducted by Beth Nelson, Program Services Specialist with CCR

Funding Sources

Funding Source	# of States Per Funding Source	Future Plans for Funding
Medicaid:		
Medicaid (not specified)	4	1
State Plan Amendment (SPA)	8	1
EPSDT (Early and Periodic Screening, Diagnostic and Treatment)	1	
Medicaid Waivers:		
1115	4	3
1915(b) or (b)(3)	3	
1915(c)	9	
Rehab Option	2	
Child SED/PRTF Waiver	8	1
Part of High Fidelity Wrap Around, Integrated Health Home Svcs	5	
Block Grants/State Funds	3	
System of Care Grants	3	
Other Grants	1	
Local Funds	1	
Public Health Department	2	
Juvenile Justice	1	
Social Services	2	
Lawsuit Settlements/Legislative Mandates	3	
Children's Health Insurance Program (CHIP)	1	

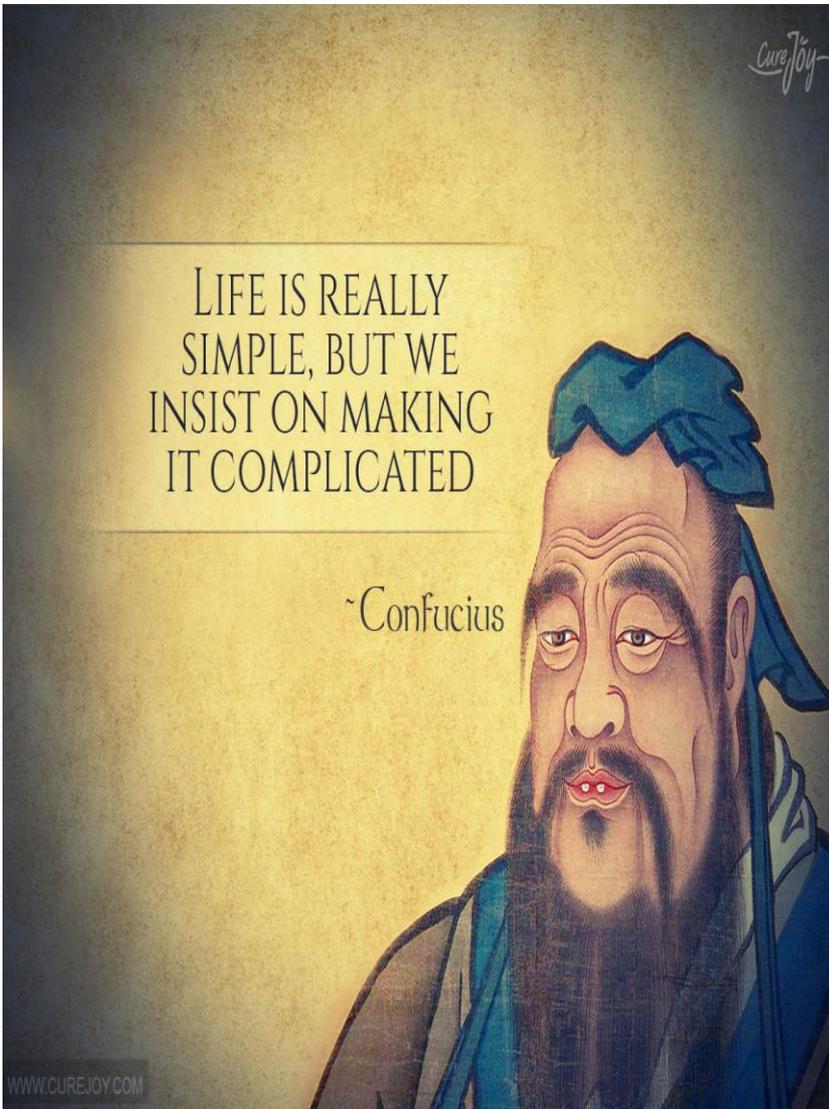
What We Discovered

- We conducted two (2) webinars
 - *Family/Parent Peer Support (Part 1), National Certification and Reciprocity Webinar*
 - *Family/Parent Peer Support (Part 2), National Certification: An Effective Tool for Parent/Family Support Sustainability*
 - As a result of the feedback received during or after the webinars, the Federation realized that additional technical assistance and “drill down” was needed about Medicaid.

Know About Medicaid

- Medicaid is different in every state. We say in the Medicaid world, if you've seen one state Medicaid program, you've seen one state.
- CMS sets many of the rules but many of the rules include that the state shall...
 - Meaning, CMS establishes the broad framework and the States are responsible for establishing the details and "how to do it"
- But don't be mislead, CMS will ask many, many questions about the "how to do it" and ultimately have the final say

Know About Medicaid



- In Medicaid, we don't even pretend...it is complicated. There are many, many nuances that will change the outcome of approval or acceptance both by the States and CMS
- Don't be surprised if you hear – “It Depends.”

What Are The Questions?

- How can the Medicaid agency be a driver of supporting and sustaining Family/Parent Peer Support thus helping individuals live healthy and productive lives?
- What are the roles of individuals, families and qualified providers in driving policy development with Medicaid?
- How can managed care companies be prepared to provider services and supports to individuals with mental health, substance use AND/OR Intellectual and other developmental disabilities?

Considerations to Use Medicaid as a Funding Option

- Medicaid has requirements linked to the provision of services, funding of the service and enrollment of the providers
 - Providers may need time and technical assistance to become a proficient quality Medicaid provider
 - Funding requires various levels of Federal or State approval prior to implementation
- The service becomes an entitlement
- The design of the model will determine which Medicaid option is best

The State Agencies

- The Medicaid Agency
 - Outline scope of delegation to the program division
 - Have internal subject matter expertise since it is not unusual for IDD to be managed by another state agency
 - Outline clear outcomes, program objectives including non-negotiables
 - The single state Medicaid agency, by federal law, can't render their accountability to another state agency...so, the buck stops with the Medicaid agency
- The IDD or Behavioral Health Division
 - Communicate desired outcome – don't be as concerned about means to fund but getting the activity covered in the benefit plan
 - Be willing to compromise
 - Be willing to bring the state share as match if needed
 - How will it help or address outcomes in the Medicaid agency

Adding Family/Parent Peer Support to the Medicaid Option

- Know the current Medicaid environment in your state
 - Medicaid Transformation and Value Based Purchasing arrangements
 - Budgetary
 - Status of Managed Care for behavioral health/LTSS
- Educating and communicating about the return on investment (ROI) for the service
 - Data Driven

The Medicaid Environment in States

- Most states are going through various forms of Medicaid transformation due to:
 - Federal and state move to Value Based Purchasing (VBP) or pay for performance (P4P) in managed care or in fee for service
 - State legislative and federal issues around Medicaid driving the cost of federal and state budgets
 - Change in policy about the use of Medicaid

The Medicaid Environment in States

- What is the Return on Investment (ROI)
 - Will there be outcomes that drive quality of care?
 - Will there be savings?
 - Savings may be in other “line of the budget”
- The resistance may be due to timing, other priorities and the environment

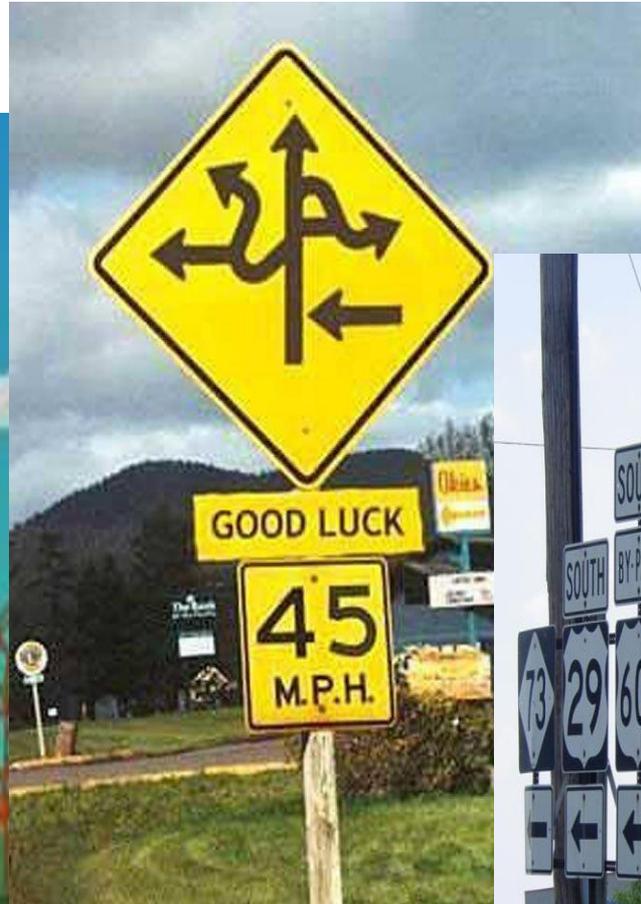
Adding Family/Parent Peer Support to the Medicaid Option

- The various Medicaid options have requirements unique to the particular option or authority.
 - We'll discuss the various options
- However, there are common themes among all the options:
 - Service scope or definition written and have the proper approvals
 - Have provider qualifications and providers meet the standards
 - Have documentation requirements
 - Have an established rate and payment process

Overview of Medicaid Options

- CMS supports Family/Parent Peer Support
- If a state is covering Family/Parent Support, they are probably using or could use one of the following:
 - **Waivers** and subsets of managed care waivers such as (b)(3) or in lieu of definitions
 - **Fee For Service** – state plans and EPSDT
 - **Bundled options** within service definitions or benefit plans – embedded and not a stand alone benefit (wraparound, youth-in-transition, etc.)

Better Hope that Coffee Has Kicked In



The Options

- Fee for Service
- HCBS Waivers (home and community based services)
- Managed Care
- EPSDT – early periodic screening, diagnostic and treatment

Fee for Service

- State Plan Amendments
 - Must be statewide
 - Must enroll all qualified providers
 - Must have a state fee schedule
 - Must have documentation requirements used statewide
 - All aspects of the “management” must be the same across the state and populations eligible
 - Does not have to be renewed unless requirements change
- Rather open ended – will be the most difficult to gather support at the state level

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

- Provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.
- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

- https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf
- MUST cover if under fits under the “categories” listed in 1905(a) regardless if currently covered
 - May be called covered or non-covered State Plan services
 - True for FFS or managed care
- There is not a category called Parent/Family peer support but there may be another category to fit the service under.

HCBS Waivers – Multiple Options

1915 c – most common

- Freedom of choice is required absent a concurrent Medicaid authority that permits the state to waive this requirement.
- Can implement in limited geographic areas. Comparability of services with non-waiver enrollees is not required; however, services must be comparable within the waiver population.
- Must demonstrate cost neutrality.
- Must specify the maximum number of participants for each waiver year, and criteria for selection of entrants.
- May include individuals with income up to 300% of the Federal SSI benefit rate.

HCBS Waivers – Multiple Options

1915(I) HCBS State Plan Option

- Participants do not have to meet an institutional level of care.
- Income eligibility at or below 150% of FPL, but states can opt to also provide HCBS to individuals with incomes up to 300% of the Federal SSI benefit rate if eligible for HCBS under a 1915(c) or 1115 demonstration.
- Must specify needs-based eligibility criteria.
- Comparability of services is not required.
- No cost neutrality requirement.
- No waiting lists or limits on the number of participants.
- Cannot waive statewideness.

HCBS Waivers – Multiple Options

- There are other options of HCBS waivers but no state has used one of the other options to include family/peer support as a covered activity.

Managed Care Authorities

- State plan authority [Section 1932(a)]
- Waiver authority [Section 1915 (a) and (b)]
- Waiver authority [Section 1115]
- All three types of authorities give states the flexibility to not comply with the following requirements of Medicaid law outlined in Section 1902:
 - Statewideness: Lets states implement a managed care delivery system in specific areas of the state (generally counties/parishes) rather than the whole state.
 - Comparability of Services: Lets states provide different benefits to people enrolled in a managed care delivery system.
 - Freedom of Choice: Lets states require people to receive their Medicaid services from a managed care plan.

Managed Care Authorities

- Most States are using the 1115 waiver and the 1915 (b) or 1915 (b/c) waiver
- 1115 waiver
 - Must further the objectives of the Medicaid program.
 - Requires some eligibility or benefit expansion, quality improvement, or delivery system restructuring to improve program.
 - Must have a demonstration hypothesis that will be evaluated with data resulting from the demonstration.
 - Provides most flexibility of all Medicaid authorities to waive Medicaid requirements.
 - Comparability of services, freedom of choice, and statewideness are not required.
 - Must be budget neutral.
 - Managed care enrollment may be voluntary or mandatory

Managed Care Authorities

1915(b) Waiver

- Allows for mandatory managed care or PCCM enrollment for dual eligibles for Medicaid services through 1915(b)(1) authority.
- Locality may act as a central enrollment broker through 1915(b)(2) authority.
- May provide additional, health-related services through 1915(b)(3).
- Allows for selective contracting under 1915(b)(4) authority.
- Can identify excluded populations.
- Comparability of services, freedom of choice and statewideness are not required.
- Must be determined to be cost-effective and efficient.
- Waiver requirements are more administratively burdensome than 1915(a) or 1932(a).

I understand

- The Medicaid authority that is being used to deliver and pay for behavioral health/IDD services are being delivered in my state
- And just when I thought I did understand, there can be waivers that get stacked under and over waivers.
- Managed care companies may have different rules among the various companies or payers

The Next Consideration for adding Family/Parent Peer Support to the Medicaid Option

- Who are the audiences that need to be informed of the benefit?
- What are the desired outcomes and how can the service support the outcome?
 - How to link the outcomes to match the Medicaid activity in the state (VBP, transformation, budget, etc.)
- What is the work plan for adding the service?
 - Many states have legislative or prescribed administrative steps that have to be followed to implement a new Medicaid service
 - Those steps will drive timelines and the required activities

As a Provider



- Medicaid comes with strings.
 - Strict documentation requirements
 - There will be audits and reviews
- Cost reports or cost modeling may be required
- Funding may come in forms of subcapitation or alternative payment structures
- There will be INTENSE focus on provider responsibilities in the design of the service definition – for any authority used

What is the Appropriate Job Title and Name of the Service?

- Title is Intended to be broad enough to encompass all state and local titles
 - Very few states actually use the name Parent Support Provider
 - The work is done under many titles throughout the United States and internationally
- Examples: Family/Parent Peer Specialist, Parent Partner, Family Partner, Family Support Partner, Parent Navigator, Family Navigator, Family Systems Navigator, Parent Advocate, Family Advocate, Parent Support Specialist, Family Support Specialist
- For purposes of this discussion, National Certification is for a “Parent Support Provider” (PSP)
- Certified Parent Support Providers can use the local/state title with National Certification and/or reciprocity

Advantages of National Certification to Meet the Provider Qualifications

- Standardization and Certification of PSPs gives assurance of the skills and training that the families will receive from the PSP.
- Allows the practice to be elevated to a level of accountability that encourages reimbursement and validates PSP as a job category in the healthcare field
- Works to elevate PSP to a higher or “support” level
- National certification allows for portability throughout all the states.

Advantages of National Certification

- Ensures uniformity of core knowledge by practitioners
- Endorses continuing professional development and credibility
- Advances uniform standards and scope of practice
- Promotes ethical practice
- Endeavors to protect the consumer

What are National Training Requirements?

- Must have the lived experience of being the parent or caregiver of a child experiencing emotional, behavioral or social challenges
- Training is available at the local and state level. Documentation of a minimum of 88 contact hours of training across the domains is required.
- The National Federation of Families for Children's Mental Health will continue to host a national conference, PSP Institutes, Policy Day, webinars and specialized training that provides training supplemental to local and state level training. The National Federation or other organizations may also develop applicable curricula or trainings.
- Each applicant is responsible for providing documentation to show which competency was met by a training or educational event. Applicant may contact the Certification Commission for Family Support's office about specific documentation concerns.

Recommended Areas of Training

- Effective use of lived experience
- Listening skills and cultural competence
- Confidentiality and ethics (including the Code of Ethics)
- Effective assertive written and verbal communication
- Mentoring leadership in others
- Cultural diversity and the use of family-driven and youth guided resiliency/recovery oriented approach to emotional health

Recommended Areas of Training

- Current issues in children's developmental, emotional, behavioral (including substance use) or mental health
- Parenting for resiliency and wellness
- Coaching for personal change and crises prevention
- Development and use of community resources, including natural support
- Advocacy across and within systems (education, health, public benefits, behavioral health etc.)
- Data collection, evaluation & achieving outcomes
- Networking
- Trauma informed activities/training is going to be a focus for any involvement with children and youth and thus family/parent peer support

State Certification Alignment

To ascertain if your state certification aligns with the National Parent Support Provider Certification, the following areas are evaluated:

- Candidate must have lived experience as a caregiver
- Minimum of 1000 hours in last 5 years in support capacity
- Minimum of 88 hours of training in the Core Competency Areas
- PSP Certification Exam
- Supervision verification and recommendations
- Code of Ethics for Parent Support Providers
- Ongoing education requirement of at least 44 hours in the competency areas for recertification every 3 years

Lessons Learned

- Cost

- It is important to know the true costs for serving these individuals. Cost could and probably will be different than the billing rate or allowable fee schedule.
- Providers must develop or access the infrastructure to perform cost analysis for risk based or pay for performance contracting
- Knowing that may lead to individual case rates or other funding arrangements
- The Medicaid agency will want cost of the service, overall cost for neutrality issues and will want projections for three(3) to five (5) years

Lessons Learned

- Infrastructure
 - Electronic Health Record (EHR) and Health Information Exchange (HIE)
 - Where is your state in requiring the sharing of data?
 - How is your state addressing whole person care through data sharing in means other than paid claims data?
 - Plan on activities to develop the infrastructure or provide guidance on how to obtain the required support.
 - States will want to know how Family/Parent Peer Support will assist in Whole Person Care

Lessons Learned



- Workforce Development
 - Behavioral health, IDD and physical health providers and practices will require training and consultation on the use of Family/Parent Peer Support
 - Be prepared to offer assistance to the State agency
 - That is one of the values of the national certification and reciprocity

Lessons Learned

- Timelines
 - Are there schedules for submissions to CMS that are trying to be met?
 - Is legislation required, if so, what are the timelines for department proposals or for moving forward without department approval
 - There are risks to be considered
 - Are there administrative timelines to be followed
 - Rules
 - Posting of drafts
 - Public comment
 - Notification to Tribes

**Our greatest glory is
not in never falling,
but in getting up
every time we do.**



IF you hear a no
the first time you
try for Medicaid
coverage, find out
why and be
prepared to keep
working

In Summary



- There are many options that can be used
- Know what is the current state of your state's Medicaid activity
- Be the subject matter expert
 - Content of the definition
 - Staff and agency qualifications
 - Cost of the service
 - Reasonable documentation and quality requirements
 - Propose outcomes or value based contracting criteria
- Be prepared to offer training or technical assistance



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Panel Discussion



Having fun yet?

Have a wonderful
THURSDAY



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Preparing a Work Plan and Service Definition

The Next Steps



Preparing to Meet with the State Agency(s)



- Do your homework
 - Know process
 - Know environment
 - Know if legislation is required
 - Be prepared to provide research citations – not just antidotal events
 - Be prepared to talk about the differences if asked between peer support and family/parent peer support
- Talking points – keep it simple and quick.
 - You must gather their attention within the first five (5) or ten (10)
 - Have a bulleted document or brief PPT

The Service Definition

- Describe the definition
 - What it includes
 - What are the exclusions – what it is NOT
- What is the entrance criteria
- What are the discharge criteria
 - Must include outcomes as a means of discharge
- Documentation requirements
- Provider Agency requirements
- Individual Staff requirements
- If prior authorization (PA) is required
- Length of authorization
- Length of stay or expected length of the service

Outcomes



- What are the expected outcomes
 - Initial startup may be about process
- What are the individual outcomes
- Outcomes will be a requirement for most states – how will there be measured and collected?
- What might the outcomes be for the system
 - Pay for performance?
 - Meeting the quality standards of integrated care?

The Financial Analysis

- What are the direct costs
- What are the indirect costs
 - Your medicaid agency may have a cost template for you to use
- What are the areas of expected savings
- What is the return on investment (ROI) and when will it be achieved?
- What are the projected cost avoidance

Sharing of Service Definitions...

Our work products



What are Your Parting Thoughts?



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