

Bringing Medicaid and Managed Care Partners into the Implementation Process

**Family First Prevention Services Act Part 7
CWLA March 28th, 2019 webinar**



Julie Collins, MSW LCSW
Vice President Practice Excellence, CWLA

Who You Will Be Hearing From Today

John Sciamanna, Vice President, Public Policy, CWLA

April Curtis, National Child Welfare & Juvenile Justice Consultant and CWLA
Mental Health Advisory Board Member

Lindsey Browning, Program Director for Medicaid Operations, National
Association of Medicaid Directors;

Cheryl Fisher, Staff Vice President, Foster Care, Medicaid Solutions, Centene;

Elizabeth Lee, Project Manager, Division of Family Services, Virginia
Department of Social Services

Laura Reed, Project Manager-Family First, Division of Family Services, Virginia
Department of Social Services

Alyssa M. Ward, Behavioral Health Clinical Director, Virginia Department of
Medical Assistance Services

The screenshot displays the GoToWebinar interface with the following elements:

- Attendee List (2 | Max 1001):** A window with a title bar containing "File View Help" and standard window controls. It has two tabs: "Attendees (1)" and "Staff (1)". The "Attendees (1)" tab is active, showing a table with the header "NAMES - ALPHABETICALLY" and one entry: "Nick Pav (Me)". A search bar is located below the table. A yellow arrow points to the top-left corner of this window.
- Audio:** A section with a collapse icon on the left. It contains two radio buttons: "Telephone" (selected) and "Mic & Speakers". Below these are the following details:
 - Dial: +1 (480) 297-0020
 - Access Code: 653-510-658
 - Audio PIN: 54A red banner contains the text: "If you're already on the call, press #54# now." Below this is a blue link: "Problem dialing in?". A mouse cursor is hovering over this link.
- Questions:** A section with a collapse icon on the left. It contains a large text input area with the placeholder text "[Enter a question for staff]". A "Send" button is located at the bottom right of this section. A yellow arrow points to the left side of this section.
- Footer:** A blue bar at the bottom of the interface with the text: "Webinar", "Webinar ID: 726-486-617", and the "GoToWebinar" logo.

- ✓ This webinar will be recorded and placed on the CWLA Members Only section of our website

- ✓ Handouts for the webinar can be found in the handouts section of the Go To Webinar panel for download during the webinar:
 - PDF of the slides for the webinar
 - BBI Family First informational document - *Comparison Of Federal Requirements For Qualified Residential Treatment Programs (QRTP) & Psychiatric Residential Treatment Facilities (PRTF)*
 - The Virginia Three Branch Plan

Additional Resources

- ✓ Casey Family Programs webinar series on Medicaid
 - <https://www.casey.org/medicaid-webinar-series/>
- ✓ **Training Institute session at CWLA Conference on Friday April 12th at 2:45 PM**
*- Achieving the Outcomes of the Family First Prevention Services Act (FFPSA):
Child Welfare-Behavioral Health-Medicaid Collaboration for Successful FFPSA
Implementation*
- ✓ **CWLA upcoming webinar series** specific to the QRTP requirements.
- ✓ Building Bridges Initiative (BBI) – new technical assistance program related to family-based residential substance use treatment that is targeted specifically for the congregate care providers that will be impacted by the requirements of the QRTP and might have an interest in shifting their services to help the state child welfare agency fill a gap in their service continuum for families impacted by substance use such as opioids. Contact: JuRon McMillan juronbbi@gmail.com

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FAMILY FIRST ISSUES AND UPDATES

**John Sciamanna,
Vice President, Public Policy,
CWLA**

Using Youth/Constituent Engagement Strategies With Medicaid and Managed Care Partners



April M Curtis, Foster Care Alumni of America

CWLA Young Professional Fellow

Adaptation of National FCAA presentation
on

**“Taking the steps to Effectively Engage
Youth and Alumni Voice and Choice in
Decision Making”**

Step 1: Connect & Communicate the Purpose of Engagement

Connect with constituents (via existing programs and partners locally and nationally)

Communicate with constituent(s) to discuss the desire to engage, shared goals, needs to effectively prepare for engagement, and any issues or concerns

Step 2: Prepare and Propose



Prepare and discuss

- the appropriate level of engagement
- the necessary trainings to develop the personal and professional involvement (i.e strategic sharing, trainings on the process of engagement)

Propose the appropriate methods of engagement by identifying engagement tools & techniques to meet the needs of the constituents to effectively engage

Appropriate Methods to Effectively Engage Constituents

Focus groups	Shared Projects	Surveys
Meetings/Conveinings	Advisory Groups	Case Planning (FTDMs, IL planning, reunification planning)
Newsletters/Social Media	Consulting	Peer to Peer
Panels/Presentations	Testimony	other....

Step 3: Ensure & Empower Constituent Voice & Choice

Ensure constituents:

- understand the process of engagement as this varies per the need
- understand their role (advisory, partner, decision-maker, etc.)
- understand how their contributions will be used

Empower constituents:

- To feel free to voice their opinions and concerns
- To engage in meaningful discussions around the topic of discussion
- To feel safe when engaging

Step 4: Clear Communication on Compensation for Engagement

Communicate to constituents the type of **compensations** being offered:

- Travel costs covered (in some cases paid up front)
- Per Diem (food)
- Honorarium
- Stipend
- Contract/MOU
- Acknowledgement of partnerships
- Note: not all engagements require monetary compensation

Step 5: Deliver, Debrief and Discuss

- **Deliver** on all proposed engagements, review all information and understand strategic direction for further engagements
- **Debrief** the engagement process, by summarizing the information and hosting a conference call or in person meeting
- **Discuss**
 - Information collected, issues of concerns and analysis.
 - Next steps, future collaborations & connections
 - Report successes, challenges and learnings
 - Wellbeing check in

Partnering with your Medicaid Program

March 28, 2019

Lindsey Browning
Program Director for Medicaid Operations



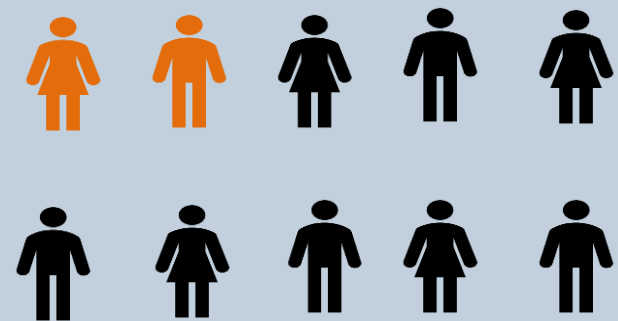
NAMID
National Association of
Medicaid Directors

National Association of Medicaid Directors

- Created in 2011 to support state and territorial Medicaid Directors
- Bipartisan and nonprofit
- Core functions:
 - Facilitating peer-to-peer learning;
 - Elevating Directors' perspectives in the federal policy process; and
 - Collecting and sharing data about the Directors and their programs.
- Led by a Board of 14 Medicaid Directors

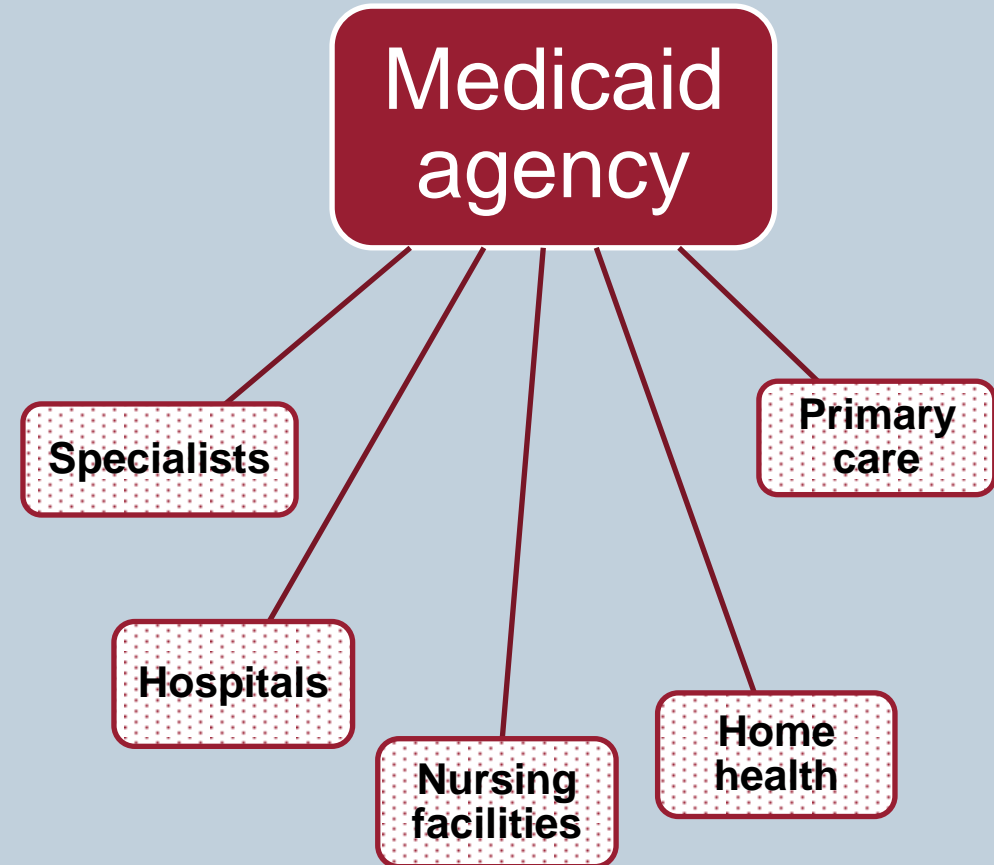
Medicaid 101

- Jointly funded by states and federal government
- Administered by states under federal rules
- Provides coverage to >70 million people with complex health care and social needs
- Accounts for 17% of national health care spending
- Largest payer of long-term care & behavioral health
- Rich benefits and minimal cost sharing

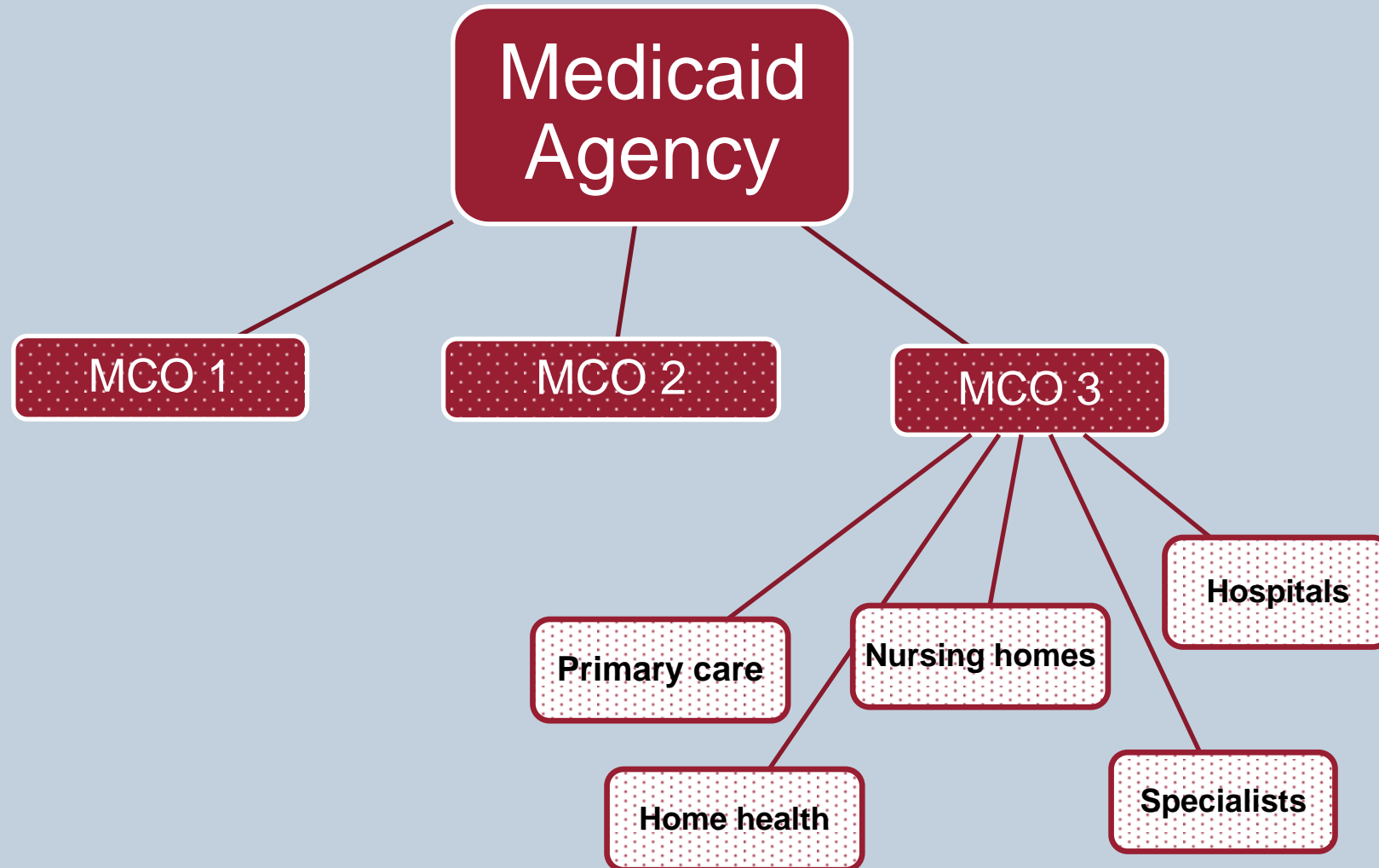


Fee-for-Service Delivery System

- Direct relationship with providers
- Pay providers a set fee for each covered service they deliver
- May use Administrative Services Organization to support some functions



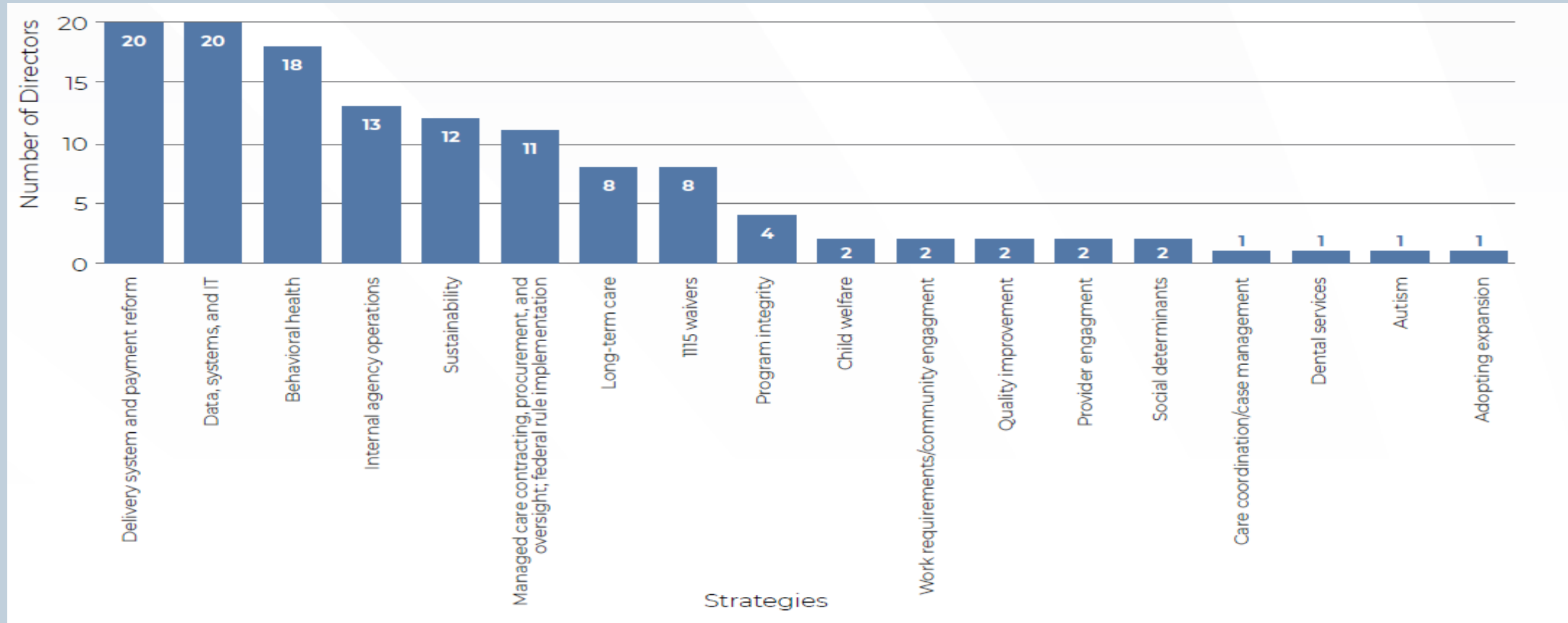
Managed Care Delivery System



Role of Medicaid Directors

- Deliver high-quality, coordinated care to beneficiaries
- Ensure financial sustainability of program
- Administer program in accordance with state and federal laws
- Effectively partner with state and federal policymakers and stakeholders
- Lead high-functioning teams that can deliver on the above goals

Strategic Priorities Reported by Directors



Strategic Priorities Reported by Directors

- Delivery system and payment reform
- Modernizing IT and data systems
- Behavioral health integration
- Improving agency operations
- Strategic sustainability

Working with your Medicaid Director

- Do your homework before meeting with the Medicaid Director
 - Program structure
 - Strategic direction of the program
 - What's in the Director's control and what's outside it
- Recognize the Medicaid Director's constraints
 - Budget realities
 - Staff resources
 - State law and regulation

Working with your Medicaid Director

- Find ways to align with the Director's vision
 - Behavioral health integration?
 - Payment reform?
- Be a resource. Offer your team's time and expertise.
 - Knowledge of new federal requirements
 - Quality measurement
 - Evidence-based practices
- Recognize your shared goals, and build the relationship.

Working with your Medicaid Director

- Be willing to collaborate with the MCOs
 - MCOs may be responsible for implementing some requirements
 - MCOs often have flexibility under their contract to be innovative
- Be thoughtful about when to engage the MCOs and when to engage the state

Questions?

Lindsey Browning

Program Director

National Association of Medicaid Directors

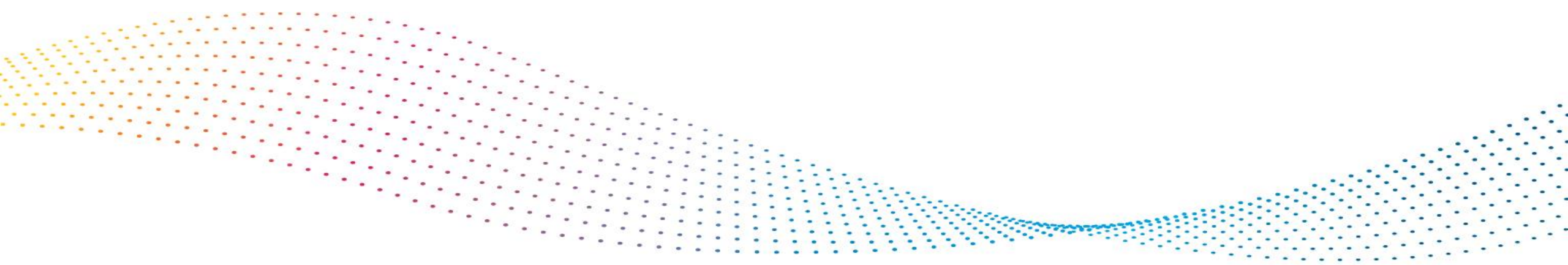
Lindsey.browning@medicaiddirectors.org

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Partnering with Managed Care

Cheryl Fisher, M.Ed, LPC



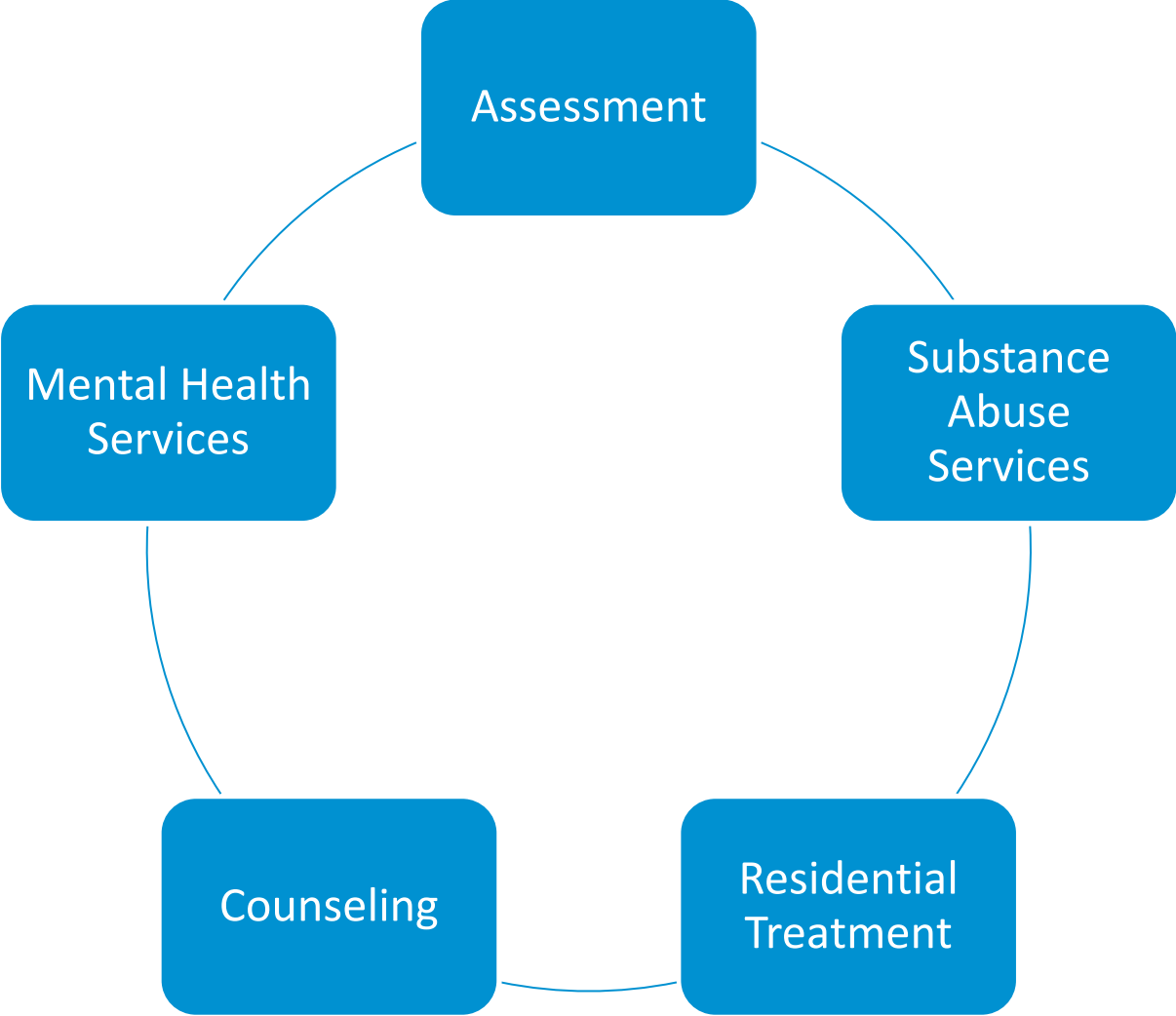
Medicaid Managed Care

1. Partnership
2. Services Covered by Managed Care
3. Managed Care and Residential Treatment
4. Engaging the Managed Care Organizations (MCOs)

Why is partnership with Managed Care Organizations (MCO) important for Family First implementation?

- Many of the prevention services referenced in Family First are Medicaid billable services.
- Guidance has been given that Medicaid must pay for services before using IV-E funds.
- Providers of Medicaid covered services will need to contract with the MCOs.

Services to Evaluate



Benefits of using managed care for prevention services not covered under Medicaid:

- Experience of building and managing a provider network.
- Offer support to the state in reporting requirements under Family First. (Service utilization, expenditures per child, etc)
- Care Coordination to ensure families receive services needed to prevent entry into foster care

Residential Treatment

QRTP – Placement setting funded with IV-E dollars

PRTF – Treatment setting funded with Medicaid dollars administered by MCOs in some states

MCOs must make medical necessity determinations in order to authorize payment for Medicaid covered services, including PRTF.

Facilities serving as both a PRTF and a QRTP could see funding streams shift from Medicaid to IV-E as a child's stay in the facility continues. Criteria for continued stay would shift as well.

Management of QRTPs

Does it make sense for MCOs to manage the QRTP stay?

Experience

Contracting with residential programs

Managing admission and continued stay in a residential level of care

Discharge planning and continuity of care

Learning Opportunities

Understanding of social necessity vs medical necessity

Need to develop and apply criteria that is child welfare related vs health care related

Managing varied funding streams
(Ex. Medicaid vs IV-E)

Does your state require that the MCOs build and maintain the provider network?

- Ensure providers delivering key services as part of Family First are part of the MCO networks.
- MCOs will need to develop a process for tracking provider trainings and certifications.
- The MCO could partner with the child welfare agency to increase capacity or develop providers who can implement services under Family First.

Engaging with the MCOs

- Reach out to your Medicaid Director to determine the process for contacting the MCOs.
- Ensure MCOs are educated about Family First.
- Include appropriate MCO leadership in conversations related to implementing Family First.
- Ensure a representative from your Medicaid office participates in meetings that include the MCOs.

Challenges when working with MCOs

- Getting the right people at the table
 - Coordinating with multiple MCOs
 - Developing standard processes
- **Engage with MCOs early in your planning for Family First**

Polling Question

Would you like more information about coordination with managed care organizations for implementation of Family First?



A Collaborative Approach to Implementing the Family First Prevention Services Act in Virginia



Elizabeth Lee, Project Manager, Virginia Department of Social Services
Laura Reed, Project Manager, Virginia Department of Social Services
Dr. Alyssa Ward, Behavioral Health Clinical Director,
Virginia Department of Medical Assistance Services

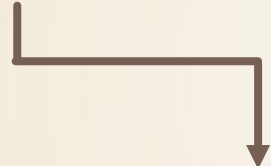
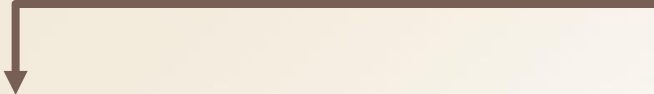


Public Law 115-123

DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT

Virginia Department of Social Services
(IV-E Funding Entity)

Virginia Office of Children's Services
(State Foster Care Funding Sources)



Three Branch Leadership Team
(Judicial, Executive and Legislative Branches of Government)



Three Branch Home Team



Finance

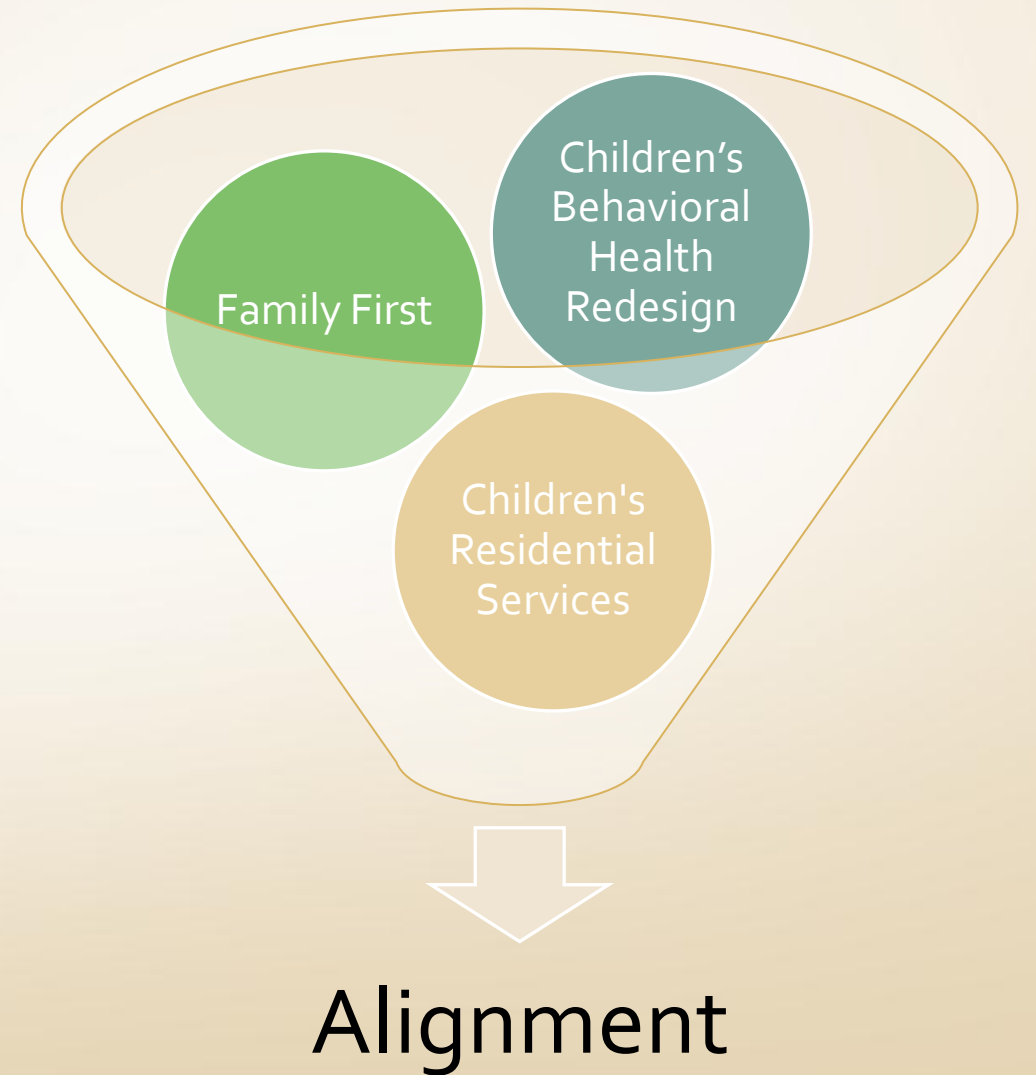
Prevention Services

Appropriate Foster Care Placements

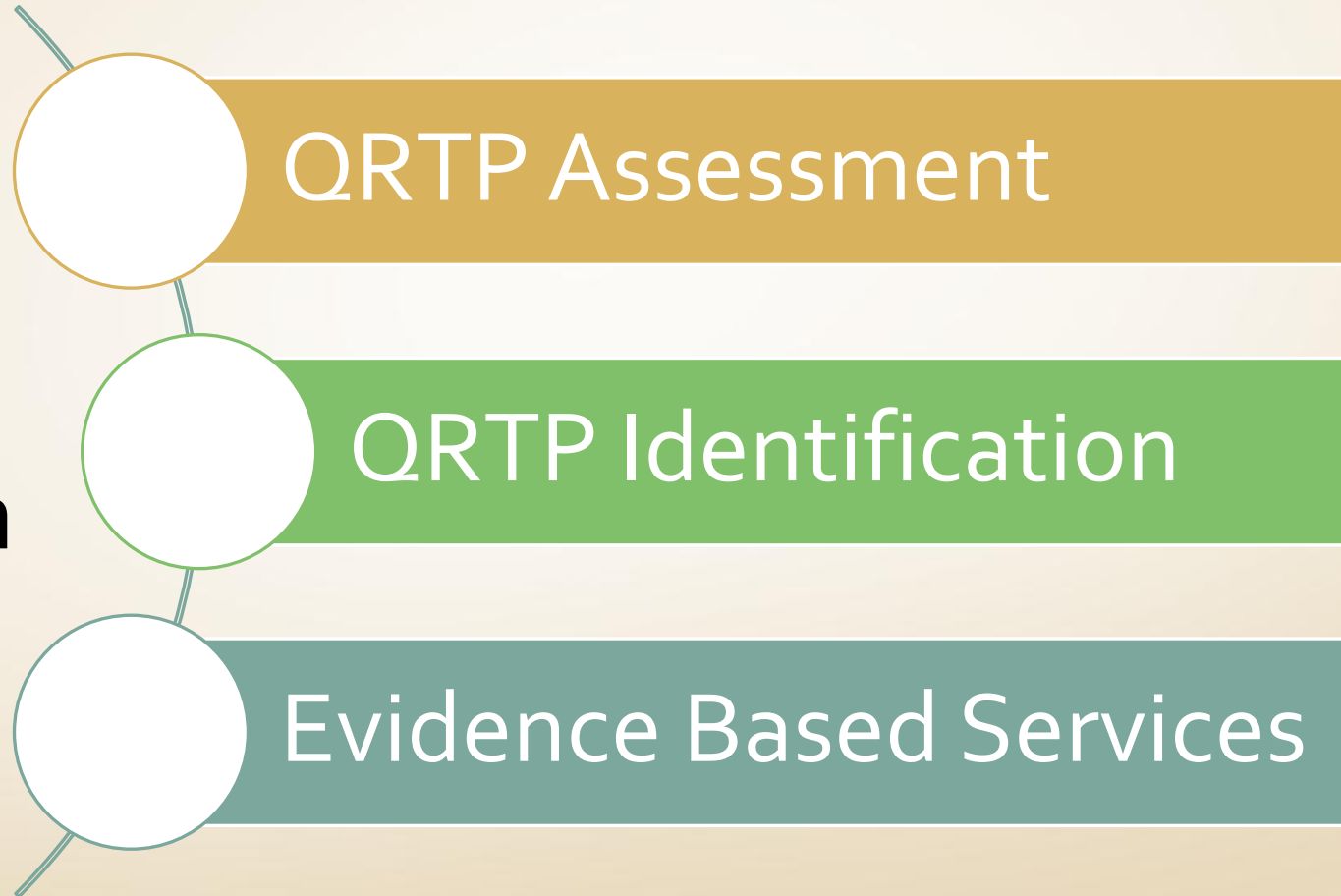
Evidence-Based Services

**A Collaborative Approach to Implementation:
The Three Branch Model**

The Collaborative Relationships



Family First Implementation



QRTP Assessments



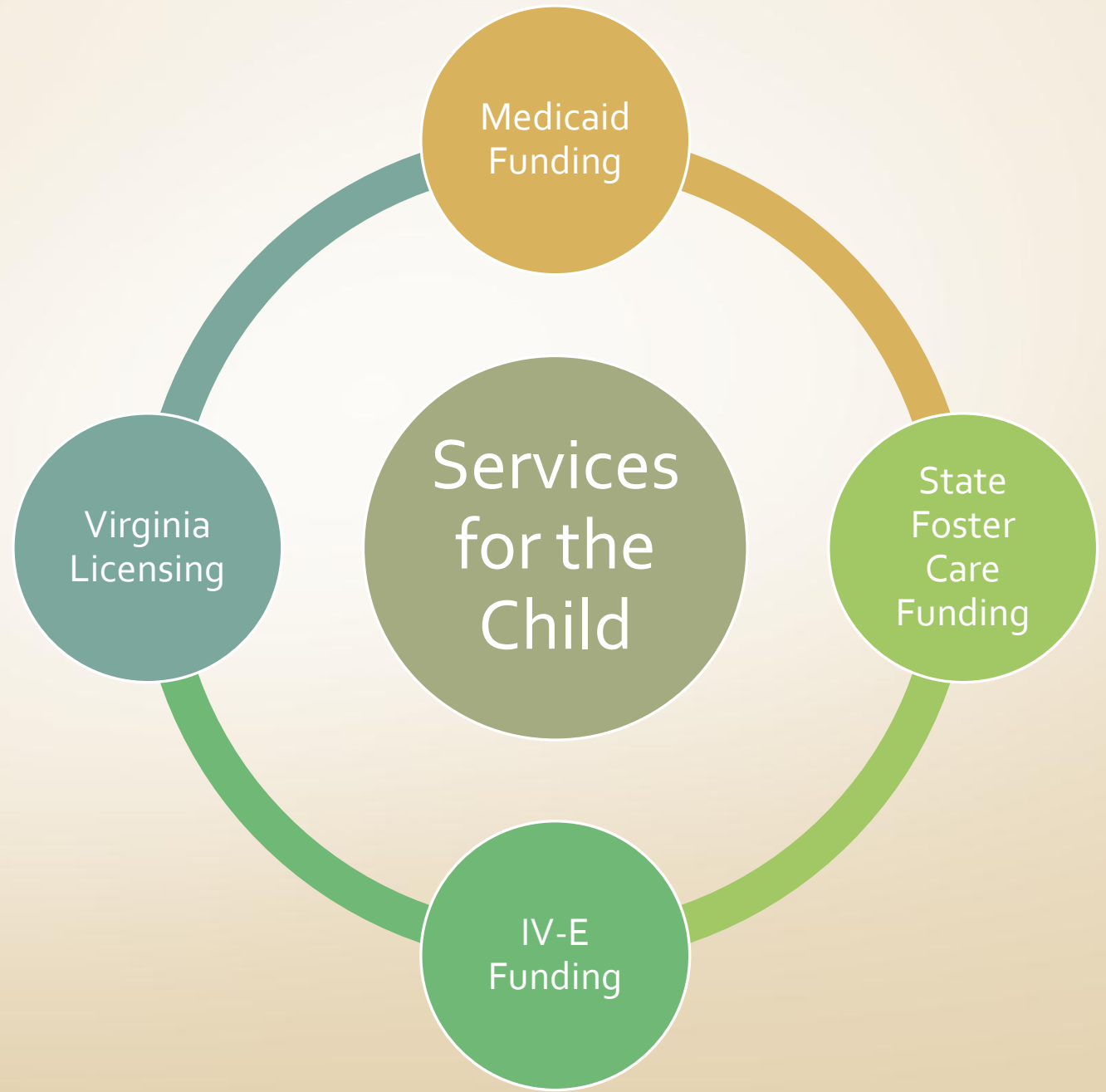
Reducing
Duplication



Strengthening
areas of
alignment



QRTP Identification





Evidence Based
Services



Children's
Behavioral
Health Redesign



Family First
Prevention
Services

Family First Implementation Challenges

- Payer of Last Resort
- Getting the right people to the table



Wrap Up



CWLA Conference

Hyatt Regency Capitol Hill, Washington, DC

Friday April 12th at 2:45 PM

Training Institute

*Achieving the Outcomes of the Family First Prevention
Services Act (FFPSA):*

*Child Welfare-Behavioral Health-Medicaid
Collaboration for Successful FFPSA Implementation*

<https://www.cwla.org/cwla2019/#training>





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