



**KENTUCKY 1915(i) RISE
MEDICAID ACADEMY
SUPPORTIVE HOUSING
AGENCY BUSINESS PLAN FORMAT**

I. Executive Summary

Note. Agencies will have multiple external and internal audiences for their Business Plan, and the executive summary of the Plan may change based on the audience. The Executive Summary will be a valuable tool to market your plan as it presents an introduction to your agency, identifies your mission and target population served and offers a brief and summary of how your agency will be successful in achieving its business goal. (In this case billing Medicaid). Leave this section as the last to write.

II. Provider Agency Overview

A. Mission Statement, Principles and Goals

B. Current Business Description (high level overview)

- i. Board and Staff (human assets)
 1. Governance structure
 2. Key staff unique to your agency, # of staff by function, professional staff credentials and business function backgrounds and levels as well as any reference to staff qualifications or requirements by fund source; number of paid peer staff
- ii. Current affiliations with networks and other health and behavioral health organizations

III. Agency Qualifications: Why is your agency uniquely qualified to succeed? What are the resources, connections, skills, and expertise at your fingertips to achieve your goal of delivering Supportive Housing Services that are billable under the 1915(i) RISE program? What outcomes does your agency achieve that are shared outcomes with your target audience and that align with the 1915(i) RISE program goals?

A. Summary of Current Agency Capacity (may include the following- but remember keep it brief)

- i. Programs and Services
 1. Description of services
 2. Demographics, Eligibility, Enrollment data and a summary of description of the levels of need for the target population(s) you serve
 3. Actual current # of people served by service type and fund source
 4. Performance management (indicators and measurement) capacity and experience
- ii. Operations and Technology Systems Infrastructure
 1. Data systems used to include information and billing systems, tracking capacity including capacity to track and report staff or program unit outputs; capacity to track (and assist consumers with) eligibility for public benefits including Medicaid, Medicare, SNAP and other programs.
 2. Quality improvement process: What outcomes is your agency achieving and tracking? What outcomes are you working to measure and achieve? Include how you

review service planning, conduct assessments and tying services back to Person Centered Services Plan (PCSP).

3. Quality Assurance Plan/Corporate Compliance: Does your agency have a quality assurance plan? Internal processes to measure and improve quality? o you have a current plan (plan should include clinical record documentation record reviews, reporting fraud and abuse, training, staff responsibility, internal and Board approval) Note: If not applicable to your organization, do not include

iii. Financial

1. Funders by type, name, amount and type of funding
2. Experience in business planning, change management processes, raising capital funds; current fund-raising activities
3. Current budget by fund source and expenditure categories.
4. 1915(i) RISE operating budget for the first 6 months
5. Financial statement, demonstrating that 6 months of expenses are covered, based upon the above budget.

PLEASE NOTE that #4 and #5 are required for 1915(i) RISE certification, per Level I 1915(i) RISE training. ¹

B. Trends: any significant business trends; any trends in service demand (see demographics above) or other trends that may impact your organization

IV. Marketing and Sales Strategy

A. Business Environment Analysis/ SWOT

- i. Potential fund source changes, by type and scope or new business options
- ii. Who are the payors in the future? What services do they want to buy? for which (priority) populations? and under what conditions? How does your program respond to state priorities?
- iii. Market for services (current and new--define your niche), include geographic and services footprints
- iv. Market risks (what is the likelihood that fund sources or service demand may change)

B. Internal Capacity Analysis

- i. Challenges for current staff, potential human resources issues including availability of qualified staff
- ii. Minimum requirements for change (infrastructure: tracking, monitoring for compliance and billing, (qualified) staffing, operations, available reserves, utilization reports)
 1. Data systems:
 - a. What data systems re currently in use?
 - b. What data systems are required by 1915(i) RISE? Provider will be required have a billing system that meets KY's Medicaid Management Information System (MMIS) requirements and use the state's [Therap systems for Electronic Visit Verification \(EVV\)](#)
 - c. Agencies will be required to have a case note documentation system that is HIPAA compliant. Ideally that system is or intersects seamlessly with your billing system.
 - d. QA/QI Department and/or Electronic Health Record have capacity to: verify client eligibility, track assessments, service/treatment planning with expirations, authorization eligibility review dates, and track requirement dates, review and respond to remittance advice, frequency

of client visits, type of client visit, client profiles include payer source, current eligibility, auth review dates, PCSP plan dates, contact and emergency contact information, health data, household data

2. Staff have access to technology (computers/tablets/wifi/cell phones) and ability to email and submit documentation electronically. If new investments are needed, how will they be funded?

iii. Staffing scenarios: current staff requirements vs. potential staff requirements including adjustments for how staff are currently assigned

1. Will current staff roles be revised to now be 1915(i) staff, or will new staff be hired?

2. Assess current documentation requirements versus staff submitting progress notes/documentation within 2 business days or 48 hours from DOS

3. Senior team qualifications--can you run this organization?

a. Ability to monitor and support staff compliance with documentation training and requirements (timeliness, accuracy, completeness, medical necessity, support program req and quality services)

V. Program , Staffing, Operations Plan

A. Proposed new business or services approach (e.g., serve different populations, develop new services, realign existing services, etc.) along with potential funding source

B. Key decisions and time frames

C. Proposed new or modified programs, contracts and/or affiliations

D. Description of internal changes to support programs, contracts and affiliations

E. Changes to meet any required staffing (by type)

F. Changes to meet operational requirements

G. Work Plan: tasks, time frames and responsibilities for A-F above

VI. Financial Plan (includes onetime costs and assumptions for revenues and costs over time). This supports your 1915(i) RISE certification required budget submissions above

A. Expected Revenues

B. Expected Expenses

C. Break even analysis

i. Return on investment in staffing, infrastructure, etc.

ii. Volumes of services/prices necessary to break even over time

iii. How much funding do you need and when do you need that funding

VII. Risk Mitigating Milestones

A. Event that when completed makes your company likely to succeed

i. Hiring and training staff #x staff

ii. Agency certification in X

iii. \$x revenue received by x date

iv. Start-up costs funded by x donors