



In partnership with the DMS and BHI Team, welcome to the

# Medicaid 101

we'll get started shortly.

For now, enjoy the music...



The views, opinions, and content expressed herein do not necessarily reflect the official position of the  
KY DMS.

Materials are drawn from national sources reflecting trends across the country in state Medicaid programs.

# Your Training Team Today



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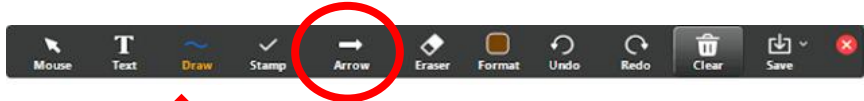


# About **CSH**

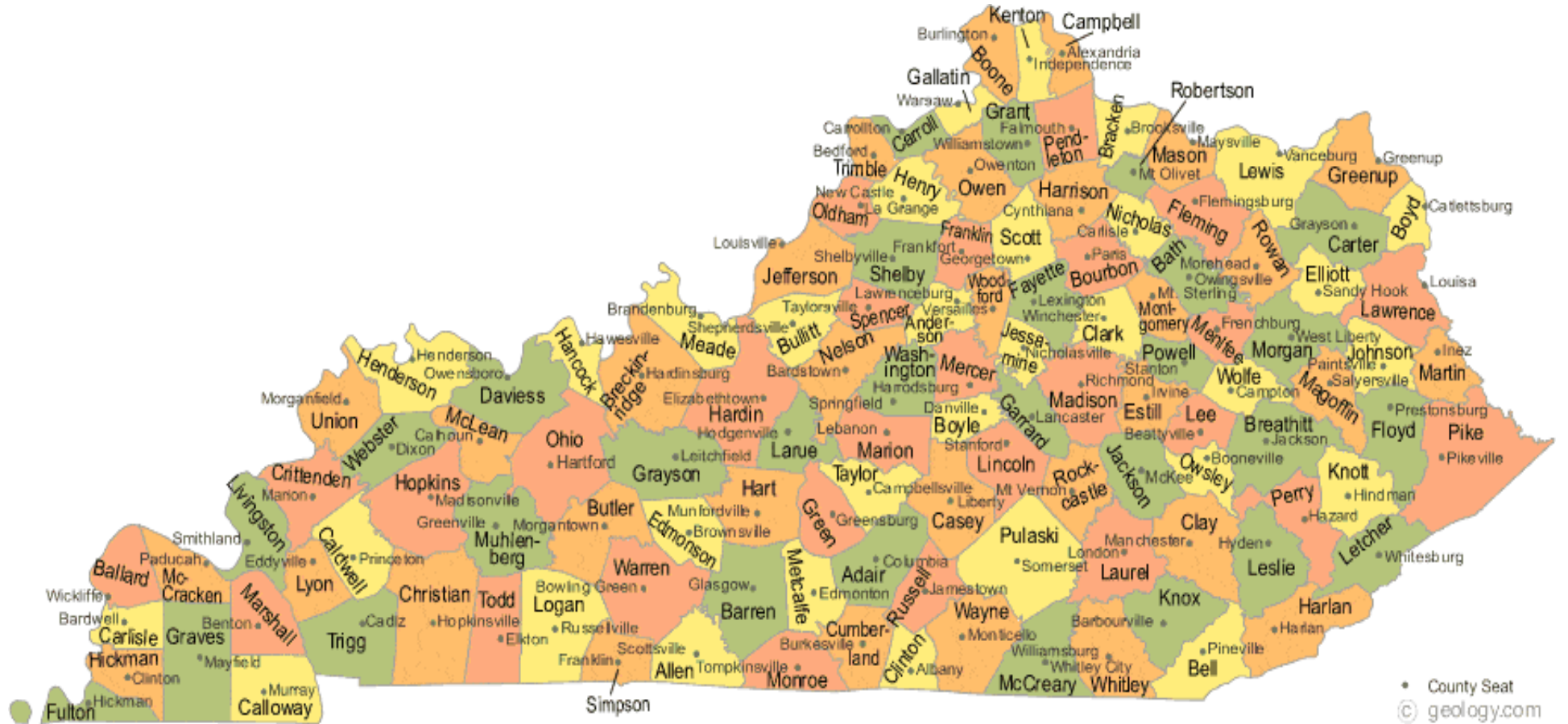
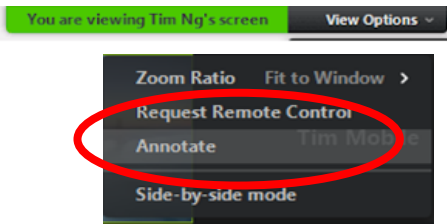
CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.



# Where are you located?



Annotation Tools  
(top of Zoom  
window)





# POLL:

## What is your organization's current status with billing Medicaid for any service?

1. Currently billing for supportive housing, behavioral health or other services
2. Partnering with organization(s) currently billing
3. Never billed, but have staff that have billed before
4. Never billed, and have no staff that have ever billed



# Discussion Topics

## What is Medicaid?

- ❑ History
- ❑ Structure
- ❑ Funding
- ❑ Players
- ❑ Landscape

## Why talk about Medicaid?

- ❑ The relationship between housing and health
- ❑ Healthcare financing and housing support services

## How can we leverage it?

- ❑ Services funding
- ❑ Ensuring Eligibility and Enrollment
- ❑ Billing and Claims



What is Medicaid?

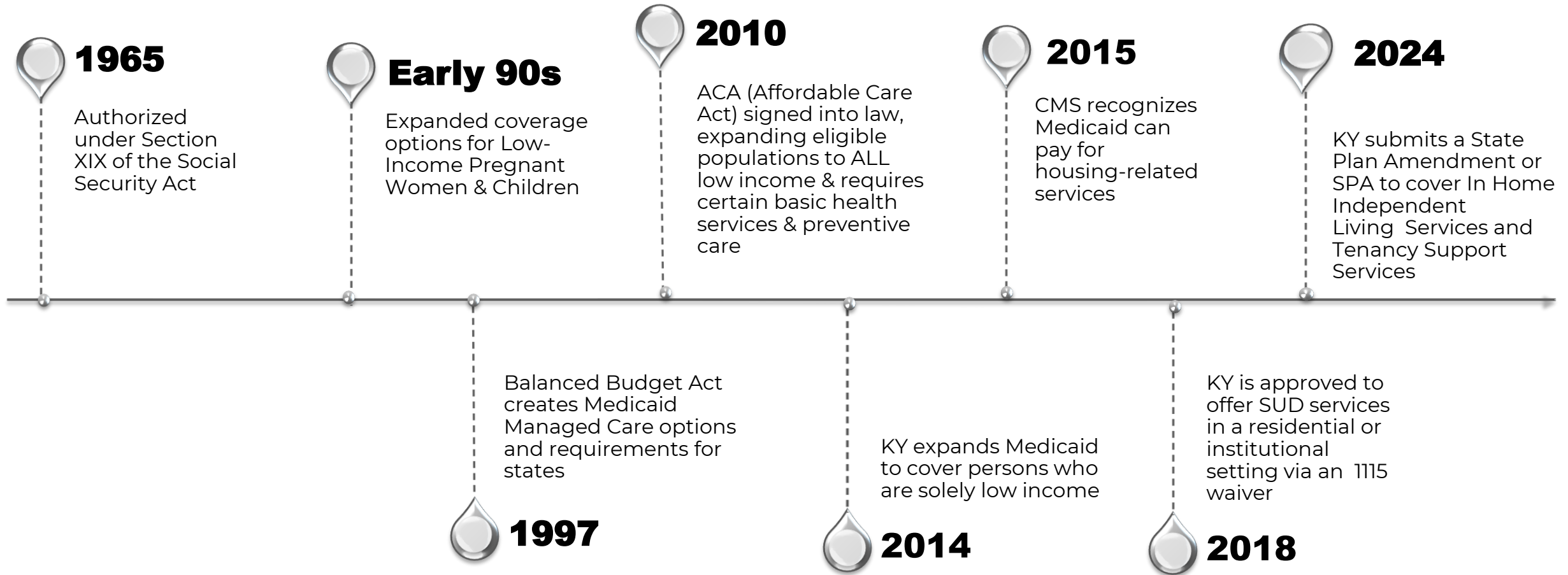
# What is Medicaid?

Medicaid provides free or low-cost health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.

## We will cover...

- History
- Structure
- Funding
- Players
- Landscape
  - Nationally
  - In KY

# Brief History of Medicaid



# Federal Financial Partnership



- Partnership between federal government and states
- Federal oversight and structure with significant state flexibility
- Each state is required to have a State Medicaid Plan that outlines how Medicaid works in that state
- For non-expansion recipients the feds pay 70% of the costs and the state pay 30%. For expansion recipients the feds pay 90% and the state pays 10%.

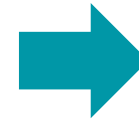
Kentucky's Medicaid program is called the Department for Medicaid Services

Federal/ state funding is approximate

Federal gov. funds 70%



State gov. funds 30%





### Federal Government: CMS

- <https://www.cms.gov/>
- Federal Regulations
- US Dept. Of Health and Human Services

### State Medicaid Agency

- [Department for Medicaid Services - Cabinet for Health and Family Services \(ky.gov\)](http://www.ky.gov/department-for-medicaid-services)

### Delivery System: WHO do you bill?

- The state has 6 Managed Care Organizations that operate statewide-
- Aetna, Anthem, Humana, Molina, United and Wellcare

# Medicaid **Eligibility**

## **Traditional Medicaid**

- Low Income AND
- Aged, Blind, Disabled (does not include SUD) OR
- Pregnant Women & Children

## **Medicaid Expansion**

- Low Income (below 133% of federal poverty level)
- No longer based on disability or special population
- Includes childless adults and SUD

**Eligible vs. Enrolled – Don't mistake the two!**

## **KY's Managed Care Organizations coverage includes the following benefits**



Medical  
Behavioral Health  
Prescription Drugs  
Dental and Vision

# What is a Certified Community Behavioral Health Clinic (CCBHC)?

CCBHC is a model of care that aims to improve service quality and accessibility. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age – including developmentally appropriate care for children and youth. CCBHCs do the following:



Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.



Offer the full array of CCBHC-required mental health, substance use and primary care screening services.



Coordinate care with other behavioral health, physical health, and social services systems in the community.

*The primary goal of the CCBHC program is to increase access to mental health and substance use care for underserved communities.*

**NATC**  
St. Louis, Misso

NATIONAL  
COUNCIL  
for Mental  
Wellbeing

# Scope of Services

## CCBHC

The CCBHC organization will deliver the **majority of services** under the CCBHC umbrella directly rather than through DCOs (i.e., a majority of total service volume delivered across the nine required services).



Crisis Services



Screening, Assessment and Diagnosis



Person-centered and Family-centered Treatment Planning



Outpatient Mental Health and Substance Use Services



Primary Care Screening and Monitoring



Targeted Case Management Services



Psychiatric Rehabilitation Services



Peer Supports and Family/Caregiver Supports



Community Care for Uniformed Service Members and Veterans

*Provision of all services are person- and family-centered.*

## NATCON24

St. Louis, Missouri

NATIONAL COUNCIL  
for Mental Wellbeing

# CCBHC Demonstration

- CCBHC Demonstration programs were funded to create, implement, and assess Certified Community Behavioral Health Clinics. They will be funded as part of Medicaid and must meet [all required criteria](#) for staffing, availability and accessibility of services, care coordination, scope of services, quality and other reporting and organizational authority.
- Kentucky originally applied to join the CCBHC demonstration in 2016 and was awarded a planning grant from SAMHSA. As a result of the passage of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, two additional states could participate.
- Kentucky was one of the states approved in the two-state expansion for the CCBHC demonstration, which goes until 2027. Currently only already approved CCBHC's can participate.
- In 2026, it is expected to add additional clinics that meet certification requirements.



# Partnership Possibilities with CCBHCs, Homeless Systems and Supportive Housing Providers

## Homeless Outreach

- CCBHCs engage in outreach and engagement of underserved populations
- Medicaid funded CCBHCs can include cost of outreach and engagement in Medicaid PPS rate

## Referrals

- CCBHCs are required to provide Care Coordination
- CCBHCs sign care coordination agreements with all sorts of providers, including housing and homeless services
- Agreements define 2-way referral systems, data sharing and “closing the loop”

CCBHCs provide outpatient services in housing

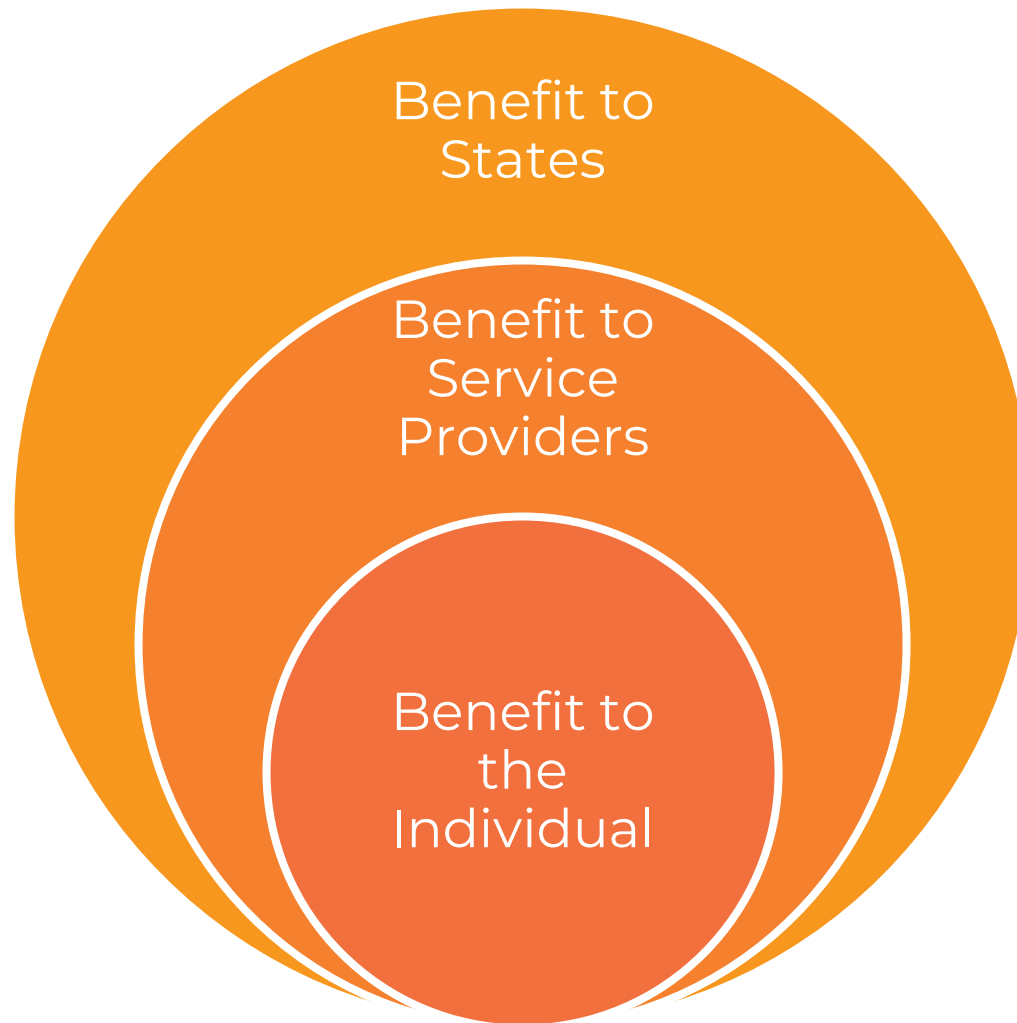
- CCBHC is a community-based model (not clinic-based)
- CCBHCs can bill the Medicaid CCBHC PPS rate for services provided in the community (i.e. homes, schools, jails, community centers...)
- CCBHCs are prohibited from providing residential or inpatient services
- For states that have both CCBHC and a Housing Support Service in Medicaid, they could make HSS an allowable service under CCBHC
- This would put the costs in the PPS rate calculation for the CCBHC
- There are just a few states (MN, OR, NJ) where this could be possible in the future

Medicaid Housing Support Services Benefit within CCBHC

# Why talk about Medicaid?

Why does housing care about Medicaid?

# But still... Why Medicaid?



- ✓ Federal Financial Partnership (federal \$\$)
- ✓ Growing service needs of participants and need to fund services
- ✓ Fiscal sustainability for service models – Medicaid is an entitlement
- ✓ With Medicaid Expansion, most people experiencing homeless and housing instability are now AHCCSS members
- ✓ Ability to customize services based on levels of acuity
- ✓ Medicaid is an entitlement service, not a grant service.

# Why does health care and Medicaid care about Housing?

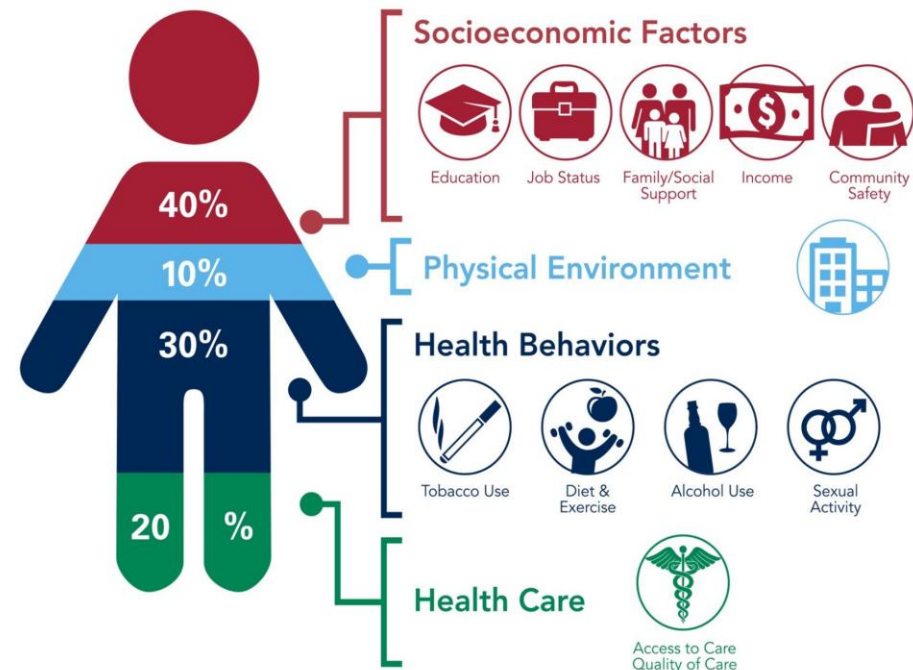
And Supportive Housing in particular?

# Factors Influencing Health and Well-Being

# The Social Determinants of Health

## IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



### SDOH Impact

- ➔ **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**
- ➔ The **physical environment, social determinants** and **behavioral factors** drive **80 percent** of health outcomes

# Health Related Social Needs

- Health Related Social Needs (HRSN) are the social and economic needs that affect the ability to maintain health and well-being.
- Examples include:
  - Housing
  - Food
  - Transportation
  - Utilities
  - Education
  - Employment



Healthcare

Social  
Services

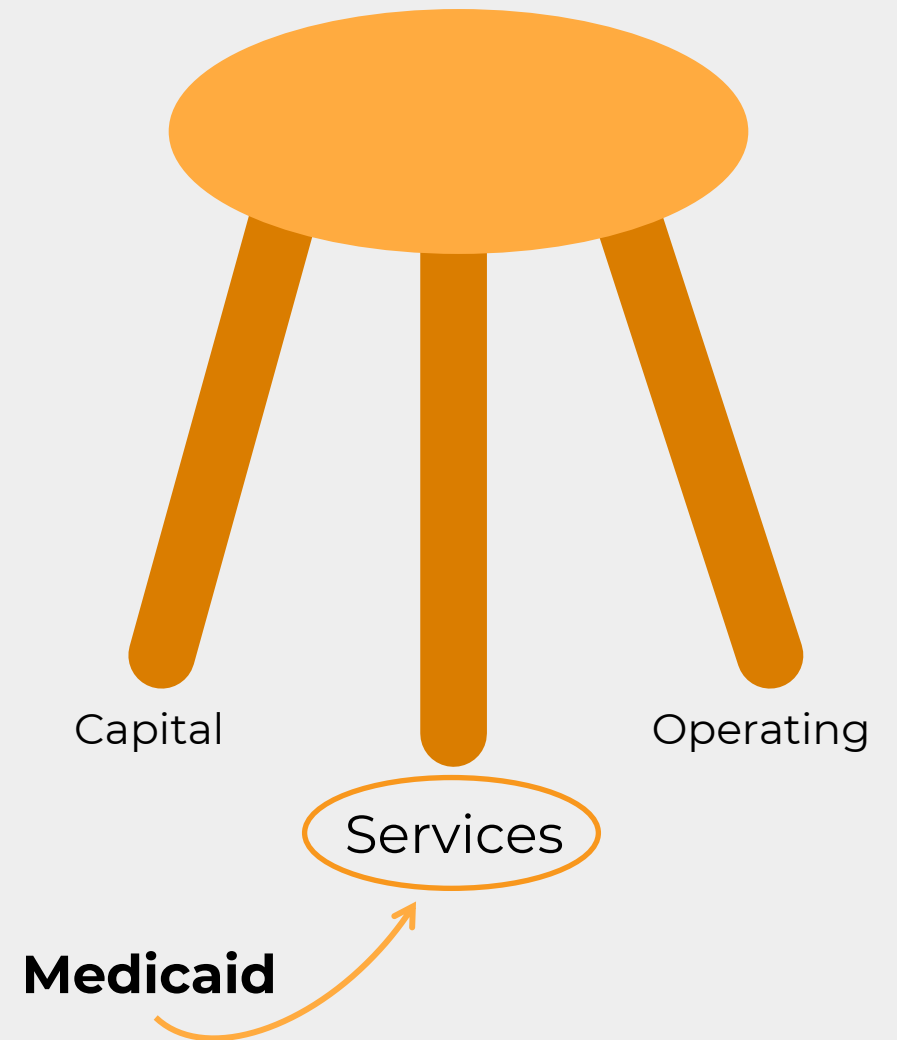
Multiple service  
systems attempting  
to serve the same  
people – need for  
better coordination

Homeless &  
Housing  
Systems



**Medicaid is a **key resource** that can pay for **Services!**\***

## Permanent Supportive Housing

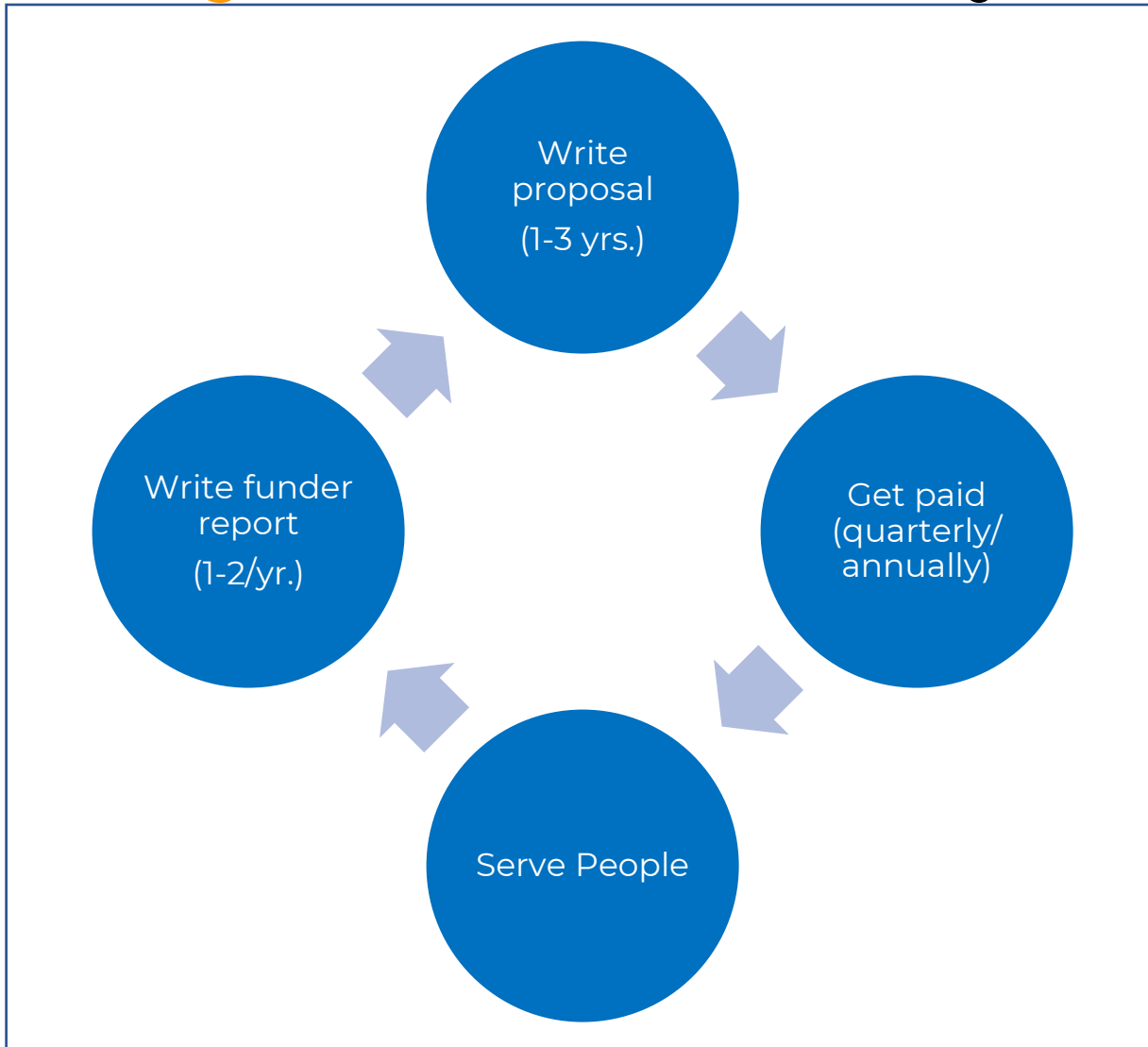




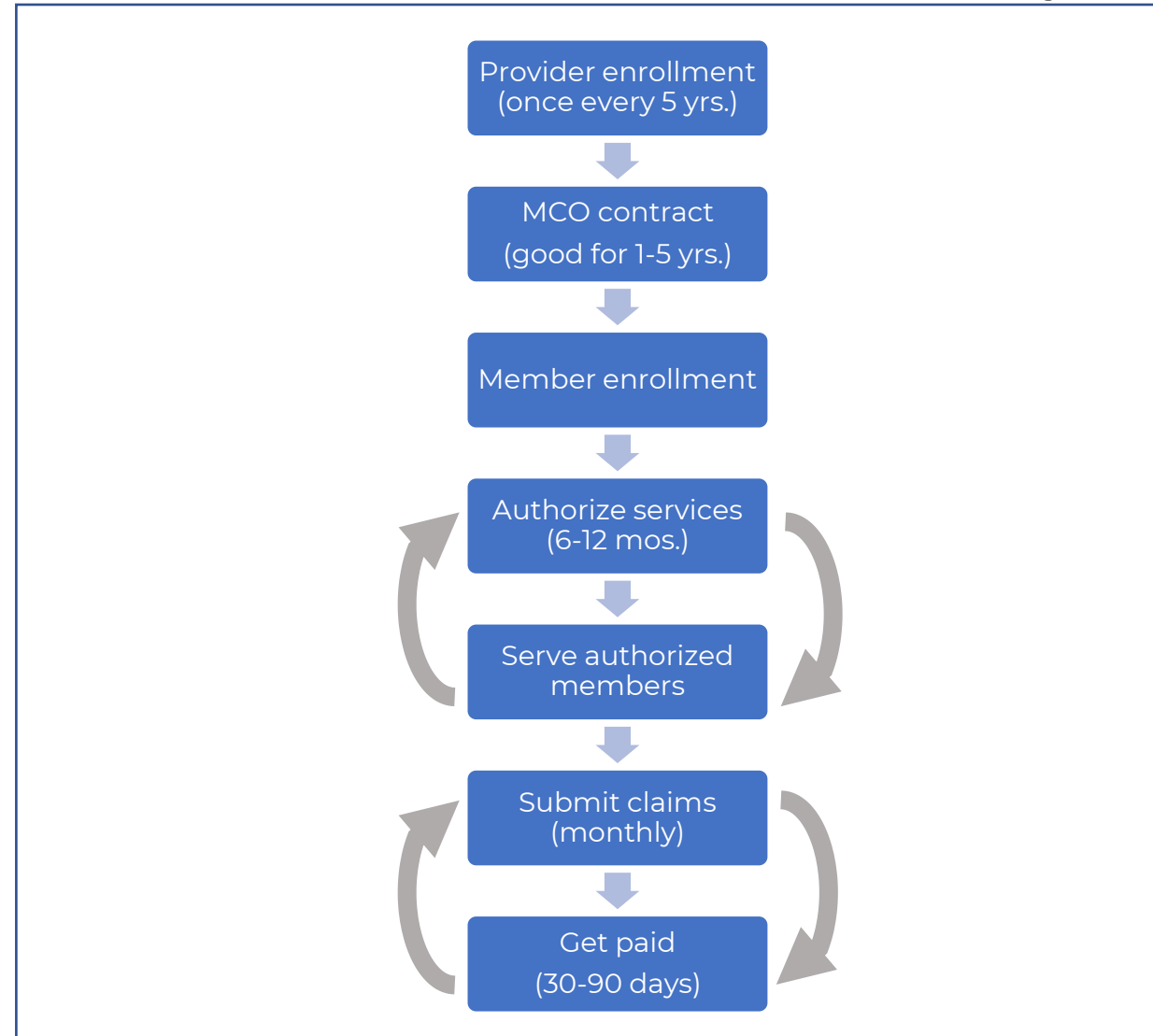
What to consider when looking  
into becoming a Medicaid provider



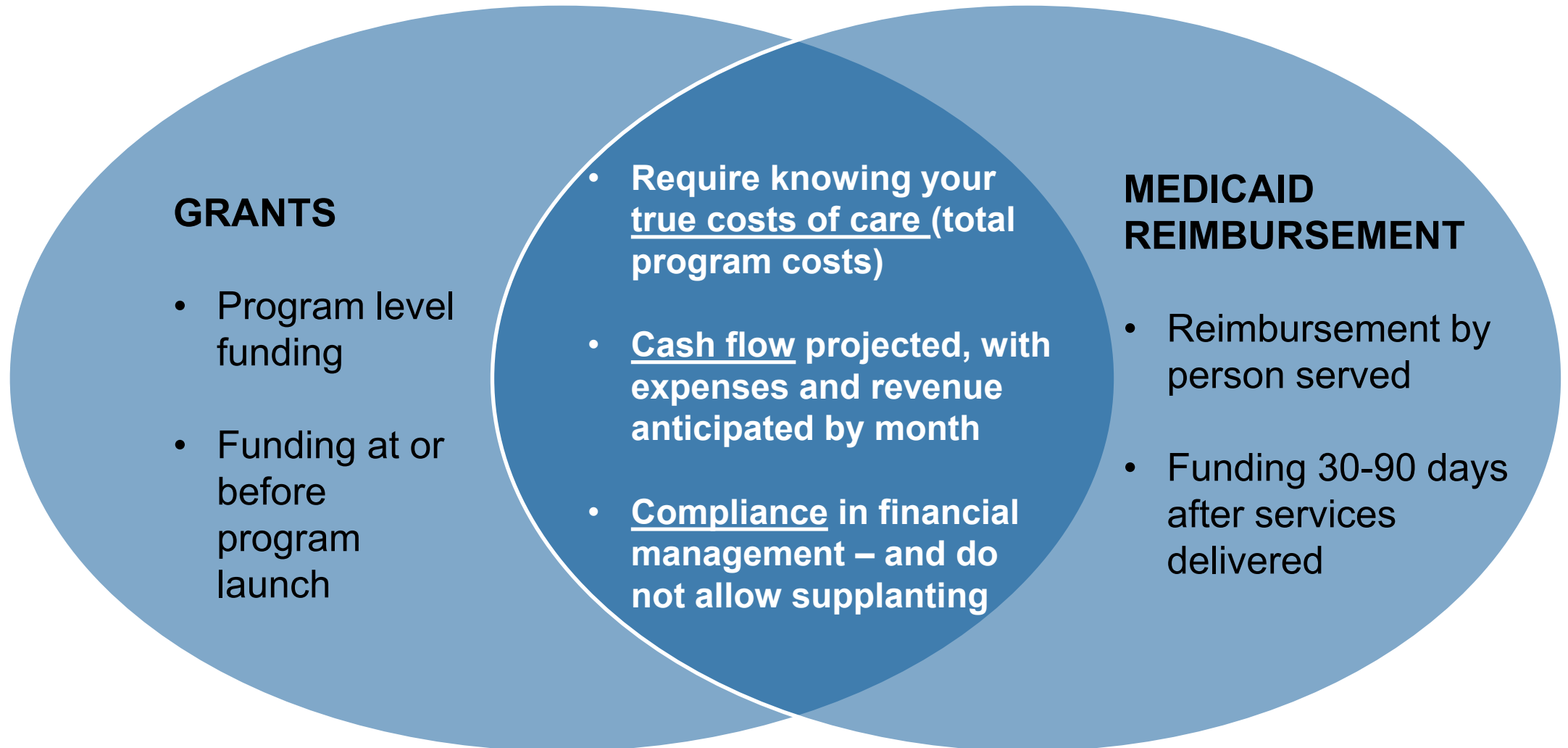
## The **grants** world administratively:



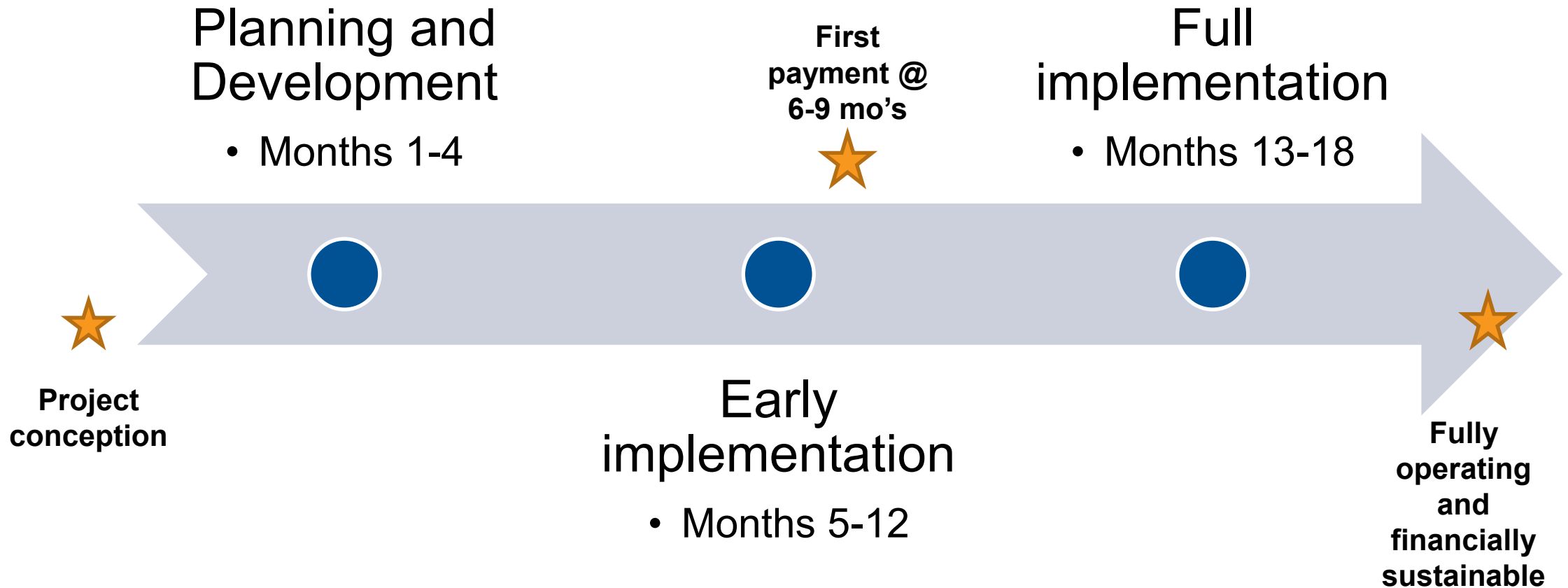
## The **Medicaid** world administratively:



# What both models have in common...



# Medicaid State Plan Amendment Implementation: Common Financial Planning Timeline





# Keys to Medicaid Funding for Service Providers

## Eligibility & Enrollment

- Is the person I want to assist **eligible** for Medicaid?
- Is the person **enrolled** in Medicaid?
- What is required to get them enrolled?

## Benefits

- What benefits are they eligible for?
- What services are offered in my State's Medicaid Plan?

## Provider Billing

- Is my agency enrolled in Medicaid to provide HHS services?
- Does my agency have a contract to provide HRS with the relevant MCO/TPA?

# The Four Lenses of Transitioning to Medicaid



Questions  
to get  
answered

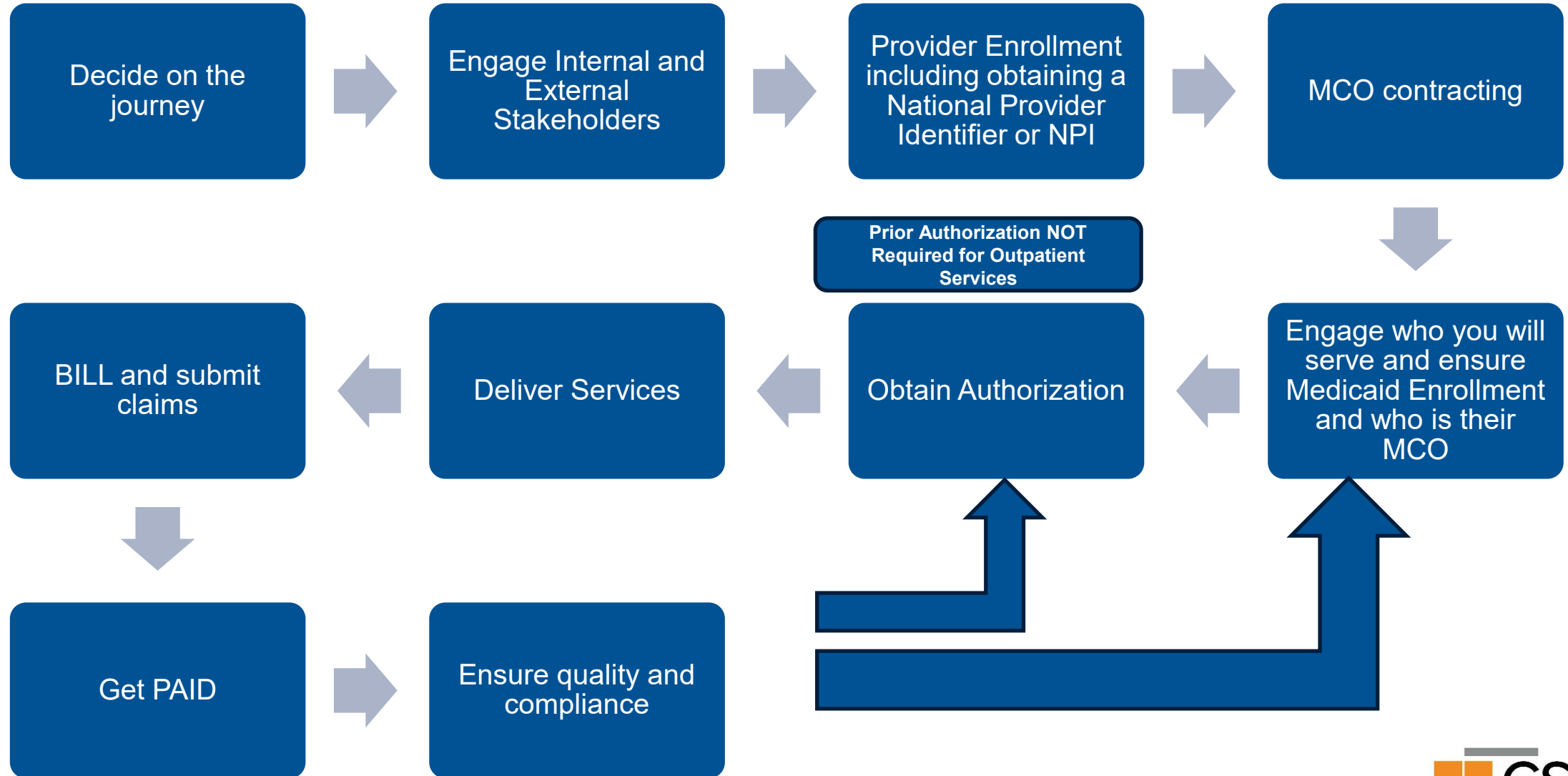
**“Who qualifies for services?”**

**How are services accessed?**

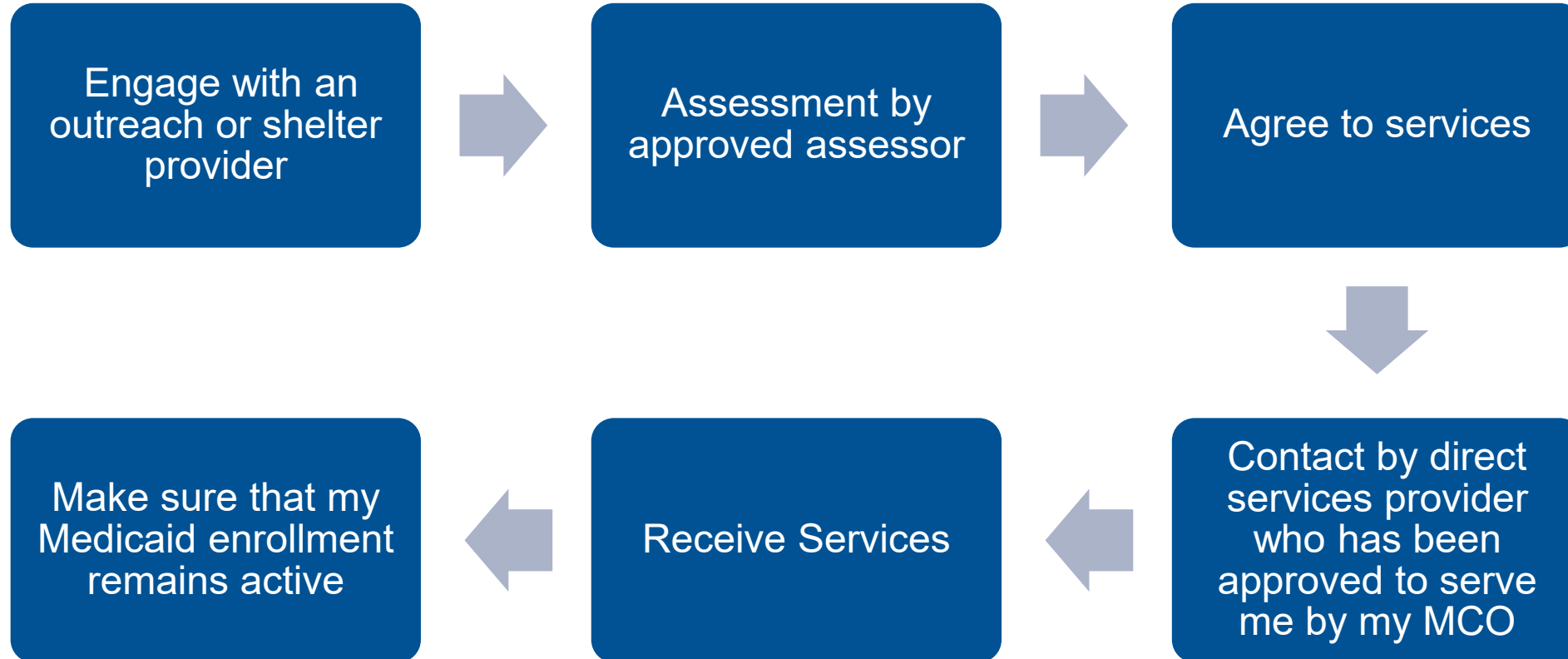
**Who needs to approve services?**

**How do you bill? WHO do you  
Bill?**

# Provider Journey



# Member Journey



# Start Up Costs to Consider



**PERSON-CENTERED  
DESIGN** (focus  
groups, lived  
expertise)



**TA or  
CONSULTANTS**



**NEW DATA  
SYSTEMS or  
SOFTWARE**



**HIRING  
BONUSES**



**LEGAL SUPPORT  
IN CONTRACTING**



**SALARIES  
FOR 3-5  
MONTHS**



**RAMP UP  
TO CASE LOADS**



**IT OR VENDOR  
SUPPORT**

# Ongoing Costs to Consider



**STAFF**



**TRAINING**



**BUSINESS SUPPORT**



**SUPERVISION**



**QUALITY  
IMPROVEMENT**



**IT, DATA PLANS**

# Medicaid Billing Readiness: **Do you have...**

✓ computer systems that can accommodate reporting requirements?

✓ Systems and policies to protect electronic and written documentation including applicable privacy requirements?

✓ enough qualified staff to deliver services that are potentially eligible for billing?

✓ A quality improvement plan that includes, at a minimum, program outcomes and goals?

✓ board and executive team who are thoroughly aware and supportive of investment into Medicaid transition?

✓ software to document and bill for unit cost services?

✓ financial audits at least every two years?

# What we know so far

- **Proposed 1915(i) SPA (ky.gov)**
- **This is for persons with Behavioral Health challenges ONLY**
- **Most of the Housing Related Services are covered**

# What we do not know

- **What provider Types will be allowed to offer these services?**
- **When will this start/ GO LIVE?**
- **Who will do the assessments and how will they be paid for that service?**
- **Who do you bill?**
- **Payment rates**
- **Payment mechanisms**
- **How will systems interact/ integrate?**





# Thank you!

[csh.org](http://csh.org)



# CSH Suggested Next Steps

1. Watch for SPA approval
2. Watch for state workgroups on implementation
3. Collect data on what MCOs cover the people you serve. Create relationship with those MCOs to prepare for 1915(i) implementation.

