

Maximizing Medicaid Options for Children with Serious Emotional Disturbance

Kathleen Biebel, Ph.D.
UMMS Center for Mental Health Services Research
&
Judith Katz-Leavy, M.Ed.
Consultant, Child and Family Mental Health

18th Annual Research Conference
Tampa, FL
March 7, 2005



Genesis of Project

- Since 1992, 92 CCMHSP grantee sites
- Goal to sustain systems-of-care
- Medicaid largest payer of public mental health services
- “Traditional” Medicaid doesn’t reimburse for system-of-care services (e.g., case management, peer-support, intensive in-home)



Goals

- Identify and describe innovative and exemplary mental health service interventions reimbursed by Medicaid
- Disseminate findings to system-of-care communities to share strategies contributing to sustainability



Timeline & Caveat

- 2 year project: Oct. 2003-Sept. 2005
- Data collection complete - analysis has just begun!!! These data are VERY PRELIMINARY...
- White paper in Sept. 2005



Methods

- Surveyed 92 active/graduated sites
- Consulted with National Advisory Group
 - Identify site selection criteria
 - Select 6 sites for visits
 - Develop site visit protocol
- Conducted site visits



Survey Parameters

- Identify State Medicaid Eligibility, Options, and Waivers
- Examine managed behavioral health care system for children
- Describe financing (i.e., capitation, case rate, fee for service)
- Identify innovative or exemplary practices financed by Medicaid
- Determine interest in participating in study



Responses

- 60% (38 active, 17 graduated)
 - 41 states and territories
- A range of State Medicaid Eligibility, Options, and Waivers AND financing structures
- Approximately...
 - 50% reported using managed care
 - 33% self identified as innovative
 - 50% expressed interest in participating

Site Selection

- Primary Criteria
 - Range of Options/Waivers, Financing Structures, Demographics, Race/Ethnicity
- Secondary Criteria
 - Geographic, Status (active/graduated)

Selected Sites

- The Dawn Project (Indianapolis, IN)
- The Burlington Project (Trenton, NJ)
- Community Connections for Families (Allegheny County, PA)
- Bridges (Frankfurt, KY)
- Spirit of Caring (Contra Costa County, CA)
- Transitions (Jefferson City, MO)

“We’ve maximized Medicaid by....”

- a) Building relationships
 - SMHA, behavioral health, managed care, oversight organization
 - Co-location and co-management
- b) Developing infrastructure
 - IT system
- c) Educating providers
 - TA to providers about billing Medicaid

“We’ve maximized Medicaid by....”

- d) Focusing on eligibility
 - Patient Financial Specialists
 - Blending/braiding funds
- e) Using a “Household-of-one” designation
- f) Expanding definition of outpatient services
- g) Seeking expert consultation

Preliminary results: What appears to work

- Funding of innovative services is possible under both managed care and fee for service structures
- Shared administrative structure
- Having a shared vision and commitment to system of care values facilitates innovative use of Medicaid