

## Home Visiting Task Force – Sustainability Workgroup Meeting

August 15<sup>th</sup>, 2013

Children's Home + Aid: 125 South Wacker, 14th Floor

Conference Call Line: 877-731-3469

Pass code: 236208#

**Meeting Participants:** Nancie Brown, Teresa Kelly (co-chair), David Lloyd, Chelsea Pearsall, Nancy Radner, Ana Maria Serrano, Mike Shaver (co-chair), Nancy Shier, Penny Smith, Joanna Su, Anna Torsney-Weir, Jay Young

### Minutes

#### I. **Review of June Meeting Notes**

- a. Jay Young motioned to approve the June 27<sup>th</sup> meeting minutes, Nancy Shier seconded the motion, and the June 27<sup>th</sup> meeting minutes were approved and passed with no changes.
- b. One of the follow-up activities was to identify which screening tools are currently billable under Medicaid. Once the FY14 ISBE e-grants are complete, Penny will share with the group which screening tools programs are using.

#### II. **Medicaid Provider Meetings: Debrief and Next Steps**

- a. We convened two meetings of representatives from agencies that both bill Medicaid for some maternal and child health services, and also are funded to provide home visiting programs: one meeting for representatives of health departments, and one for representatives of community-based agencies. The groups shared with us what they currently bill Medicaid for, which differed between the two groups: health departments bill for a variety of services, including screenings and assessments, while the community-based agencies mostly bill for mental health and child welfare services.
- b. Generally, the groups were supportive and excited about the concept and shared some of their concerns and reservations with us, which are outlined in the accompanying handout.
- c. One option is to provide mental health clinicians to home visiting programs so that they can provide mental health services to home visiting clients, which Children's Home and Aid has done. Home-based EHS providers also use mental health consultants in EHS to work with staff and provide services to parents and children, which they may bill to Medicaid.
- d. One question that remains unanswered is how much revenue would have to be generated by expanded Medicaid billing for home visiting services in order to make it worthwhile for agencies to begin implementing it. Mike suggested that we look into all Medicaid billing codes and how much revenue they generate.
- e. Next Step: Teresa will reach out to the contacts at HFS that Julie Doetsch suggested for us and will work towards setting up a meeting between HFS and Teresa, Anna, Jay, and Nancy before the Sustainability Workgroup's next meeting on September 26<sup>th</sup>. The purposes of this meeting are: to engage HFS in the work that we are doing on Medicaid financing for home visiting; to explain the two potential paths that we have identified (fee-for-service, and the managed care transition); and to discuss the implications of the Affordable Care Act.

#### III. **Learning from Other State Strategies**

- a. Ohio: Targeted Case Management under Fee-for-Service

- i. Ohio is in the process of rolling out its plan to allow home visiting agencies that receive funding from the Ohio Department of Health to bill Medicaid for targeted case management services provided within home visiting programs.
- ii. Through an amendment to the state's Medicaid plan, home visiting programs will be able to bill Medicaid for a range of services, such as parent education, transportation, screenings, assessment, and other services.
- iii. They are able to bill for home visitors to provide the services because they built a credentialing system that was approved by CMS. The credential, which requires home visitors to have an associate's degree and some specialized training, must be obtained by all home visitors billing Medicaid for targeted case management under the new system. The group noted that credentialing might be difficult in Illinois, but that there have been conversations at HFA about credentialing staff.
- iv. The workgroup feels that the Ohio model is one potential strategy for us to pursue in Illinois.
- v. Next Step: Anna will circulate the materials on Ohio, and will share information on how and what Ohio is billing for under parenting education.
- b. Minnesota and Michigan: Comprehensive Home Visiting Services under Managed Care
  - i. In Minnesota, financing for home visiting services under Medicaid is distributed via fee-for-service AND managed care. People enrolled in fee-for-service receive home visiting services via standard billing codes plus an additional code indicating the home as place of service. Most beneficiaries in Minnesota are enrolled in managed care. Medicaid managed care plans contract with local health departments to provide home visiting services, so that each plan has arrangements with many local health departments, and the departments contract with managed care organizations.
  - ii. In Michigan, all Medicaid-eligible pregnant women are mandatory Medicaid managed care plan enrollees. The state contracts with each Medicaid managed care plan to provide coordinated care, and required that managed care organizations develop agreements with home visiting providers to perform outreach and referrals. Reimbursable home visiting services include assessment, childbirth and parenting education classes, and transportation.
  - iii. Anna, Nancy, and Jay debriefed what they have learned about the plans for transitioning from fee-for-service to managed care in Illinois. One of the points to keep in mind is that managed care is a pay-for-performance system, so we should consider what outcomes we would be able to show for home visiting.
  - iv. Next Steps: Anna and Jay will conduct further research on these state examples to determine: who can do referrals to home visiting programs, what the reimbursement rates for the billing codes are, and whether there are any ramifications on the number of home visiting programs.
- c. These state examples provide us with two potential paths to pursue in determining how to bill Medicaid for home visiting services. The workgroup determined exploring both paths further.

**IV. Next Meeting:** Our next meeting is September 26<sup>th</sup> at 9am. If the smaller group is able to meet with representatives from HFS prior to the 26<sup>th</sup>, they will debrief that conversation and we will brainstorm next steps.