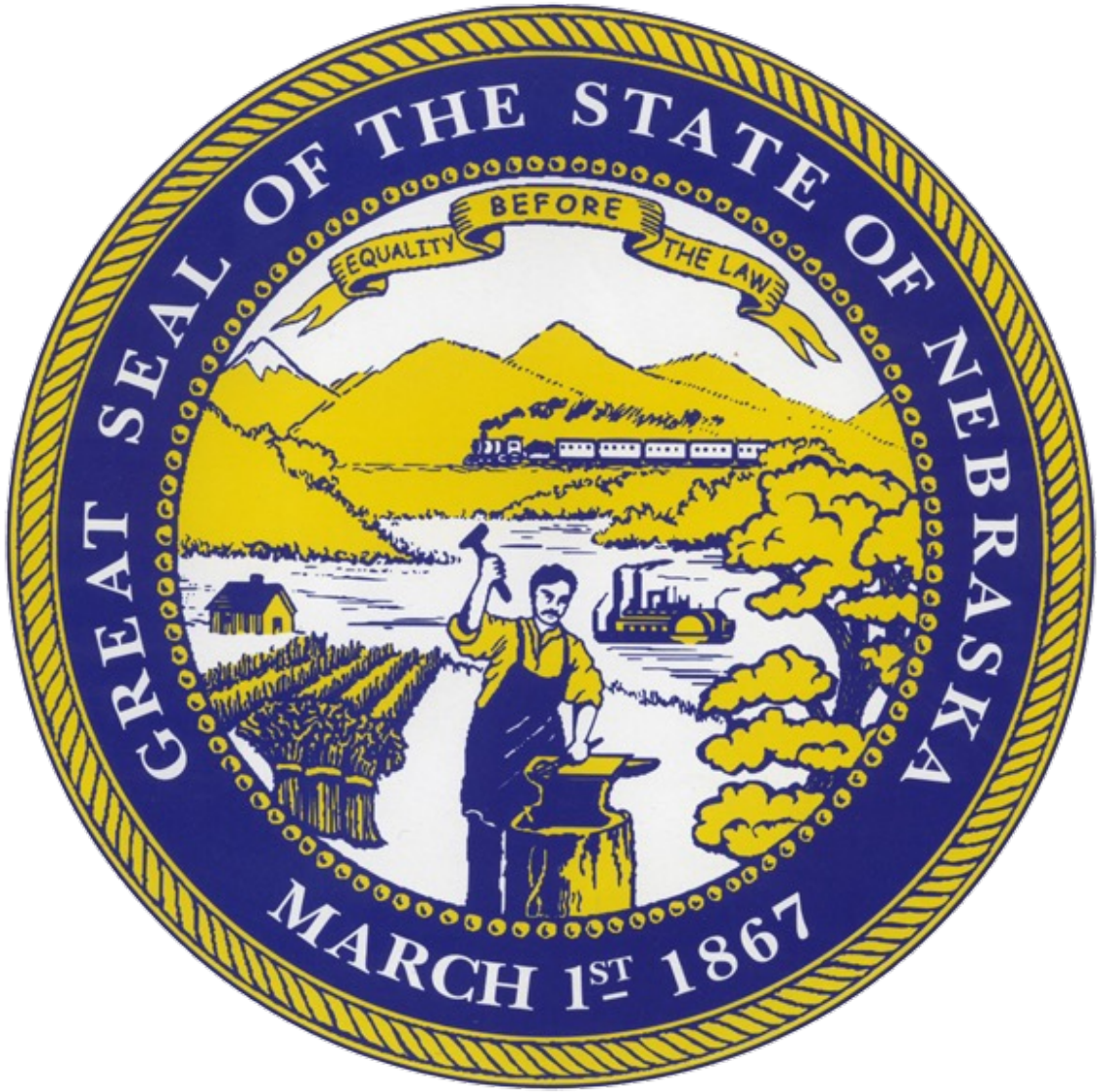
Nebraska LB 1173

Reimagining Child and Family Well-Being in Nebraska



Housekeeping

I. If you haven't yet, please sign in. We will circulate the sign-in sheets.
II. Mics are throughout the room and will capture side conversations, even whispers.
III. Identify yourself when speaking for the recorder and virtual attendees.

Workgroup Member Roll Call

Statutory Member Roll Call

I. Director of Behavioral Health of the Division of Behavioral Health or the director's designee: **Tony Green**
II. Director of Children and Family Services of the Division of Children and Family Services or the director's designee: **Dannette Smith**
III. Director of Developmental Disabilities of the Division of Developmental Disabilities or the director's designee: **Tony Green**
IV. Director of Medicaid and Long-Term Care of the Division of Medicaid and Long-Term Care or the director's designee: **Carisa Schweitzer Masek**
V. Director of Public Health of the Division of Public Health or the director's designee: **Charity Menefee**
VI. Commissioner of Education or the commissioner's designee: **Commissioner Deb Frison**
VII. State Court Administrator: **Corey Steel**
VIII. Representative of the Supreme Court appointed by the Chief Justice: **Corey Steel**
IX. Representatives from each federally recognized Indian tribe within the State of Nebraska, appointed by each tribe's Tribal Council or Executive Committee:
    I. **Miskoo Petite**, Winnebago Tribe
    II. **Danielle LaPointe**, Santee Sioux Tribe
    III. **Alexis Zendejas**, Omaha Tribe
    IV. **Stephanie Pospisil**, Ponca Tribe

Agenda

I. Call to Order
II. Approval of Previous Month
    I. Minutes
    II. Status Report
III. New Emerging Themes, John Stephen, The Stephen Group
IV. Medicaid
    a. Overview, Director Kevin Bagley, DHHS
        i. Current coverage benefits – care coordination and children's behavioral health, pharmacy
        ii. Therapeutic Family Care
        iii. Value-added benefits
        iv. Social Determinants of Health management efforts
        v. Future State – How Medicaid can help support 1173 goals and objectives
    b. MCO Presentation, Heath Phillips, Nebraska Total Care
    c. Medicaid Best Practice Presentation, Lorraine Martinez, The Stephen Group
        I. National Medicaid Initiatives
        II. Managed Care Organization Foster Care/Prevention
        III. Future Opportunities
V. Finance, David Destefano, The Stephen Group
VI. Future State Discussion, Carisa Schweitzer Masek

Approval of Minutes

Status Report Review

Themes

John Stephen

The Stephen Group

Common Themes – CFS Training Survey

Material/Content – Trainees understanding of the learning objectives and comprehension of the training material very high, but most did not feel that the curriculum prepared them for the daily demands of child welfare.

Instructor – Answering questions, engagement, presentation, and overall effectiveness of the trainer scored high.

Training – The pace of the training and time to complete was acceptable to the trainees, but the training relevance and application to the job scored low.

Overall Effectiveness – The training did not meet the expectations for most of the trainees, and they did not feel competent or confident after training to do their job.

Themes From Stakeholders

- For representatives of Winnebago, Santee, and/or Omaha tribes, common views of “community well-being” includes more community events (tournaments, dances, “carnivals”), cultural-based events and programs, and culture-centered activities, education, programs, families, and communities.
- For these tribes represented, community well-being is important to heal past trauma/break cycle of trauma, to bring communities together and support one another, to promote cultural identity, and to promote physical, mental, environmental, spiritual and cultural well-being.
- Prevention needs to be focus across all sectors: Substance Abuse, Mental Health, and Child Welfare; filing a petition should not be used as a way to get needed services
- Engaging and educating other entities involved in child welfare system can improve case management and reduce turnover: other parties can help provide families with support so families have more than caseworkers to turn to: schools, other legal parties to the case, law enforcement

Themes from Stakeholders (cont.)

- More focus needs to be paid to case worker safety in the field: “Everyone thinks CFS can solve all problems yet there is little support for CFS workers”
- Child care/early education access is a problem for many families and should be addressed–licensing requirements and sustainability for childcare providers are cited issues
- Creation of family/youth programs and community engagement events can help facilitate outcomes.
- There is a need for a statewide community resource page: statewide with county and community data that is streamlined, accessible with cultural translations on food banks, housing help, transportation, etc.
- Cycle of behavioral health crises in youth: children need specialized behavioral health services–access is an issue-crisis occurs and child ends up in residential placement. Law enforcement with behavioral health provider model works well to break cycle; mobile response is a great idea, but needs to be responsive, especially in rural areas.

Themes from Stakeholders (cont.)

- More collaboration needed between the agencies who are involved in the child welfare system. This includes legal parties, law enforcement, community stakeholders, probation, and education. More collaboration with all of Nebraska state services. Teamwork across the board; should be about the child and all involved.
- More support and training for Kinship placements; Address needs of grandparents raising their grandchildren; Respite for grandparents
- Gap in standardized training on cultural competency
- Trauma training needed for professionals
- Parenting and child development education prior to birth; pre-natal support; care and support groups for teens/parents after birth
- Improve specific services for the Transition age group
- Need for an accessible platform for individual youth advocacy; It is important that kids share what they think and that they are listened to.
- Streamline adoption process – start training upon adoption request.

Themes from Stakeholders (cont.)

- Engage Faith Based churches and organizations. Community Partners is working with three churches with Spanish ministries to train in Mental Health First Aid and Wellness Action Planning: we find families with mental health issues are unknown yet connected to their faith communities.
- Great opportunities to partner Prevention efforts with the business community – Chamber of Commerce. "The Community is the solution – the state should provide grants for community-based solutions ".
- There is a need for interpretive assistance for translators for all aspects of families involved with child welfare and, preferably, the same translator for the same case throughout the process to maximize family understanding of what is going on and what they need to do.
- Peer Support Early on.
- Professional Caseworkers – Military, Teachers, lived experience look in hiring.

Themes from Stakeholders (cont.)

- Multi-Disciplinary Team concept from beginning of case to end works well, especially in rural areas where resources are scarce
- Scottsbluff – Need for Foster Parents and placement options in close proximity to where children live. Children are often taken over 100 miles or more and even out of state just to find a placement. Local Judge is asking folks in community if they would be willing to become foster parents
- Need for more Mental Health services
- Frustration over visitation process and time it takes to locate visitation service agency so that parent can have controlled visits with children. This furthers the traumatizing impact for children. Often hard trying to find the time that works for everyone's schedule. "This is very sad for families" There seems to be a lot of red tape. This process needs to be more seamless
- Stability of workforce is key to success in Lancaster County Drug Court
- Trust is a major issue

Themes from Stakeholders (cont.)

- Uniform concern on enacting policies that impact entire child welfare process without real meaningful "engagement and collaboration with courts," This theme was also heard from law enforcement and county attorneys
- Concern over relaxing of CFS drug testing policy in 2017, including practice related to substance exposed newborns in a hospital setting
- Need for Title IVE Draw down for Legal representation for parents – current gap
- Family Treatment Courts in Lancaster is a best practice where teams are collaborating together with great outcomes
- Concerns over the Alternative Response policy and system in general – "not a lot of oversight and cases go on for too long. " "Cases often go on for 8 to 9 months and that is way too long a period of time"
- Courts agree with process where FFPSA Evidence Based Programs are used in most AR cases

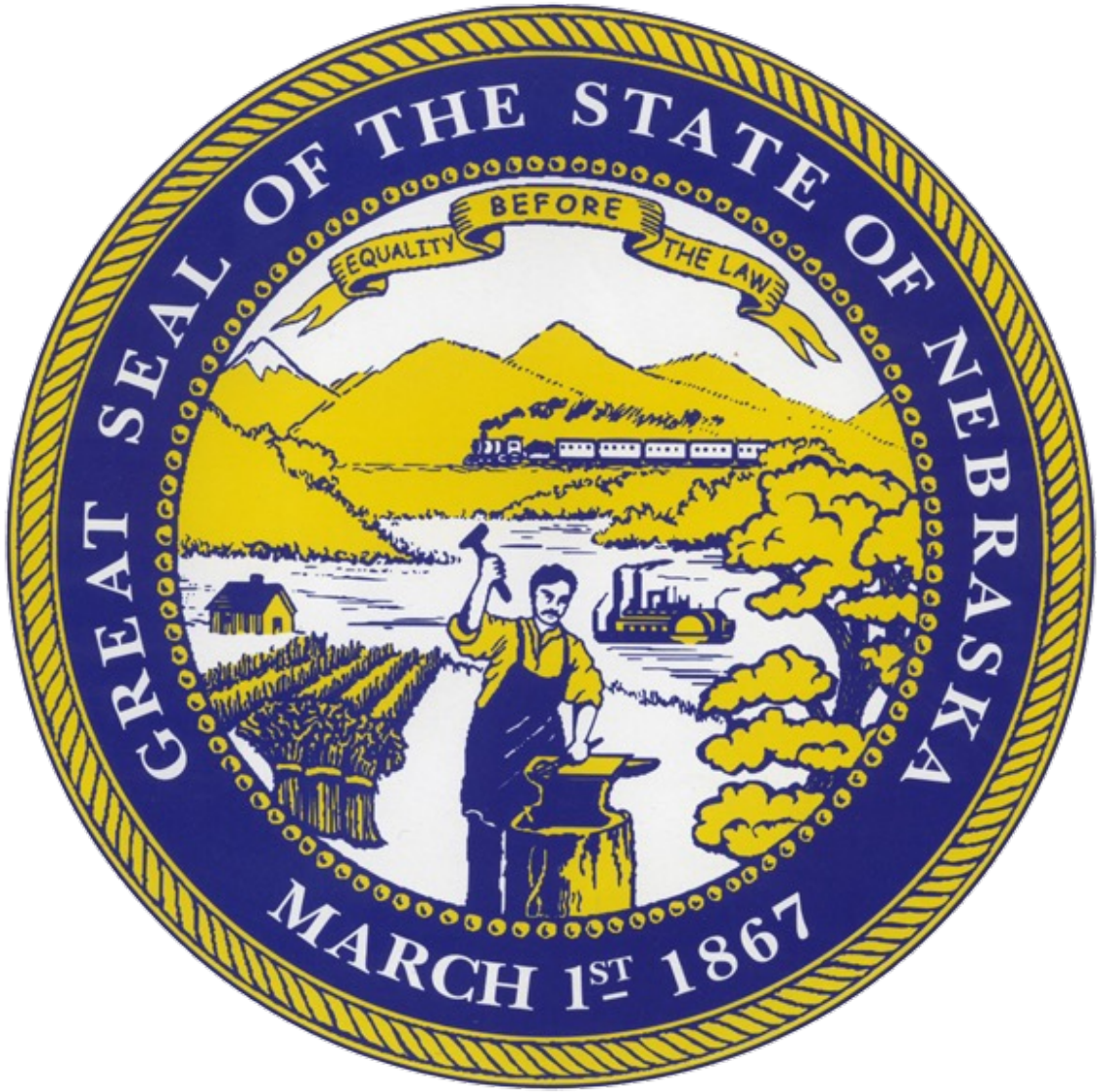
Themes from Stakeholders (cont.)

- Sarpy Court best practice – CFS supervisor comes into court with the Intake worker and is part of the court team – helps assure continuity and speeds up process
- In past, Douglas County School system superintendents met regularly with courts to discuss issues impacting children - good model where schools are a safe place for kids
- The Education Rights Council – Attorneys who represent individual families with children with disabilities in school systems to make sure they have their rights protected are an important asset.
- Need for more Mental Health services
- Family Peer Support is a positive resource when available to families and opportunities for same should be expanded

Questions around the room?

Questions on Zoom?

Understanding Nebraska's Medicaid Program



What is Medicaid?

- Joint State and Federal Health Coverage Program
  - Funded by State dollars with a Federal funds match
  - Match rate varies by state and is updated every year
  - Nebraska's Match Rate is about 60% Federal Funds
- States have mandatory and optional populations and services defined under Title XIX
- A State's authority to cover certain services is outlined in the "State Plan" or through specific "Waivers" to the State Plan.

Covered Services
(For children)

- Physical Health
  - Hospital (Inpatient/Outpatient)
  - Physician (including specialists)
  - PT / OT / Speech Therapy
- Behavioral Health
  - Therapies
  - Crisis Intervention
- Pharmacy
- Dental
- Vision
- Early Periodic Screening Diagnosis and Treatment

Service Delivery Structure

- Managed Care Organizations (MCOs)
  - Care Coordination and Case Management
  - Physical Health
  - Behavioral Health
  - Pharmacy
- Dental Benefits Management
  - To be integrated in MCOs 1/1/2024
- Financial Controls and Incentives
  - Capitated Payments
  - Distribution of Membership
  - Medical Loss Ratio (MLR)
  - Quality Incentives
  - Profit Cap

Integration Between CFS and Medicaid

- Coverage of services through Medicaid can infuse additional federal funds into a program.
  - Services must be clearly and consistently defined
  - Services must be offered statewide
  - Coverage generally cannot be population specific
- Some Medicaid authorities can waive requirements for statewide-ness and general population applicability
  - Home and Community-Based Services Waivers (HCBS)
  - Community-Based State Plan Options – 1915(i)
- Leveraging existing and new authorities may supplement existing funds by drawing down new federal dollars
  - Federal dollars cannot be used as match (e.g. IV-E funds)

Therapeutic Family Care (TFC) Program

- Proposed 1915(i) Authority
- Specific services available to children in Tiers 3+ who have functional limitations in ADLs
- Phase 1 – October 1, 2023
  - CFS Care Coordination team established to assess children's clinical needs
  - CAFAS Assessment conducted on children in Tiers 3+
  - Establish and maintain a child-specific care plan
- Phase 2 – January 1, 2024
  - Begin offering crisis stabilization services
  - Detailed proposal for comment this summer
- Future Phases
  - Identify additional services payable under this authority (e.g. respite)
  - Identify additional coverable populations

Future opportunities

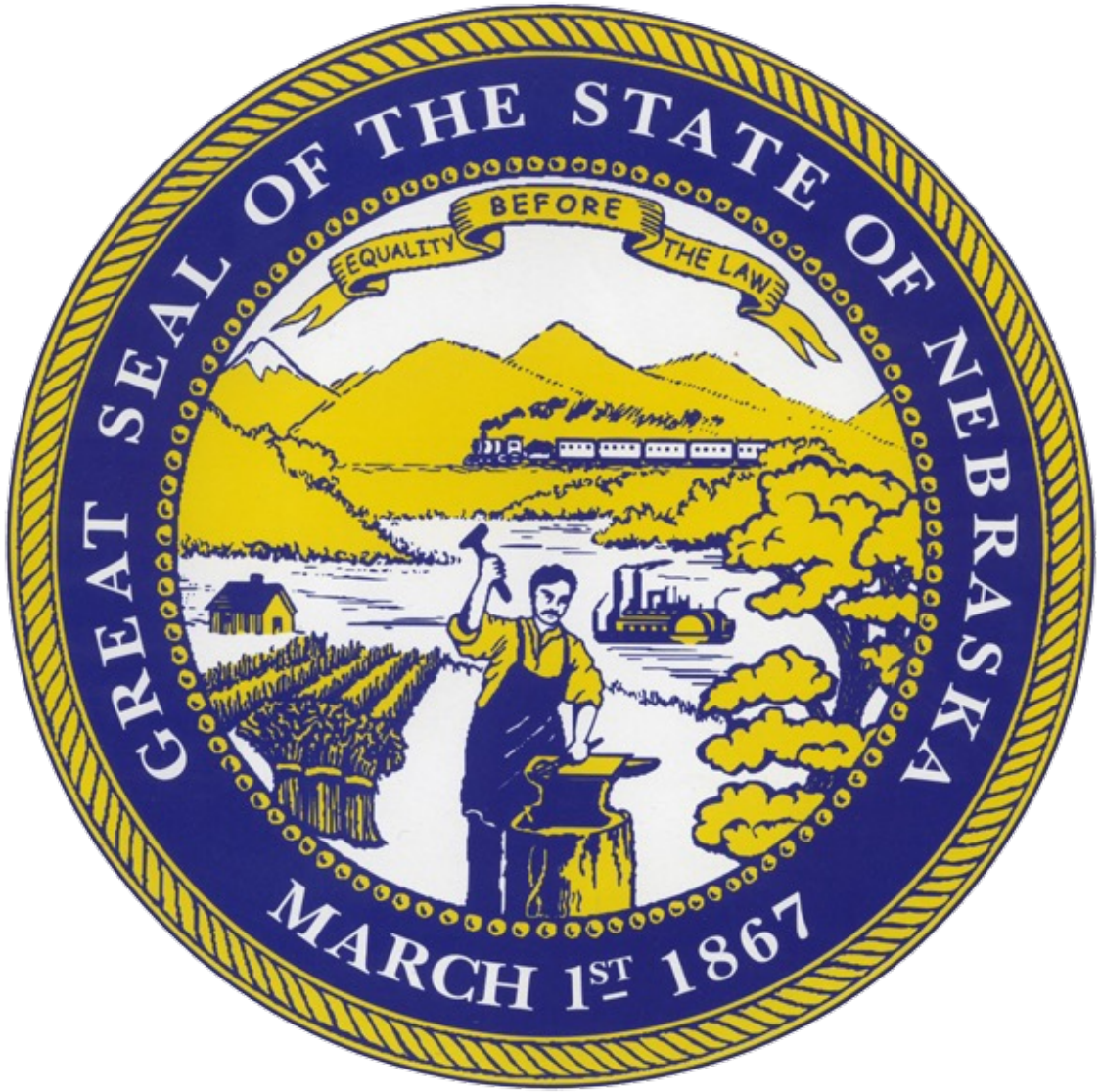
- States have begun to ask for waivers allowing coverage of social determinants of health (SDOH)
  - Housing supports
  - Food insecurity
- States are also exploring how to improve coordination with other agencies and programs
  - Juvenile Justice / Other justice-involved
  - SNAP / TANF / WIC
  - FFPSA Related Services
- In many cases these innovative flexibilities require specific waivers from the federal government (i.e. 1115 Demonstrations)
  - May take 18-24 months to receive approval / implement
  - Typically require careful planning between agencies

Questions around the room?

Questions on Zoom?

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

Heritage Health
Managed Care Organizations (MCOs)



Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Nebraska Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, is also referred to as HEALTH CHECK or a Well-Child Visit.

Nebraska's program is designed to ensure that individuals under the age of 21 who are eligible for Nebraska Medicaid, receive regular and periodic screenings with the overall goal to improve health outcomes.

The Recommendations for Preventative Pediatric Health Care established by the American Academy of Pediatrics are the suggested guidelines for frequency of EPSDT exams. A provider may establish an alternate schedule based on medical necessity.

Healthy Blue | Heritage Health

Heritage Health | nebraska total care

UnitedHealthcare Community Plan

Medically Necessary Services and EPSDT

Per Nebraska Administrative Code 471 Chapter 33.002.05, EPSDT is a federally mandated program for children under age 21 that requires states to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines.

This requires MCOs to work to optimize a member's health condition,
Compensate for a health problem,
Prevent a serious medical deterioration, and/or
Prevent the development of additional health problems

Medical Necessity guidelines for EPSDT are consistent across all three MCOs.

Healthy Blue | Heritage Health

Heritage Health | nebraska total care

UnitedHealthcare Community Plan

Covered Benefits

Medical services covered by the individual's Medicaid plan are consistent across all three MCOs.

Prescriptions/Medications
- Generic medications covered at 100%
- Brand name medications covered, with $3 copay in some cases
- 90-day prescription fill on select medications

Therapy
- Physical, occupational, and speech therapy

Vision Services

Hearing Services

Mental Health and Substance Use Treatment

Specialized Pregnancy Management

Non-Emergency Medical Transportation
- Transportation to and from appointment

Dental Coverage (currently provided through MCNA)

Healthy Blue | Heritage Health

Heritage Health | nebraska total care

UnitedHealthcare Community Plan

Working with MCOs

Member Education: Health plans provide a combination of written and oral methods designed to inform all EPSDT eligible individuals and/or their families about the EPSDT program within sixty (60) days of enrollment or as specified in State regulations establishing mandated timeframes.

- Member enrollment packets include information regarding EPSDT and how members are eligible to participate. As a federally mandated program, members do not have the option to opt in or opt out of the program.
- Members will continue to receive annual notification if they have not utilized EPSDT services.

Upon enrollment, using clear, plain language, the health plan provides each member access to the handbook/guide with information about the following:

- The services available under the EPSDT program and where and how to obtain those services;
- That the services provided under the EPSDT program are without cost to eligible individuals under eighteen (18) years of age, and if State requirement, to those eighteen (18) or older, up to age twenty-one (21), except for any enrollment fee, premium, or similar charge that may be imposed on medically needy recipients; and;
- In addition to the member handbook/guide, outreach initiatives and activities are conducted by the health plan and corporate level to ensure access and availability of EPSDT services.

Healthy Blue | Heritage Health

Heritage Health | nebraska total care

UnitedHealthcare Community Plan

Working with MCOs

Provider and Member Collaboration Health plans, members and providers work directly together in multiple ways to ensure members needs are met.

- Providers and members sit on various MCO committees to give feedback and inform MCO practices on service accessibility and working with health plans efficiently to meet member needs timely.
- Providers are able to request prior authorization for services covered under EPSDT when that is required.
- MCOs, providers and family members participate in member care coordination meetings when needed.
- MCOs have care management resources available for family members to work with to develop comprehensive and individualized care plans that support their provider identified treatment plans.
- ‘No Wrong Door’ approach for providers and families to interact, receive referrals from MCOs

Healthy Blue | Heritage Health

Heritage Health | nebraska total care

UnitedHealthcare Community Plan

Care Management Resources

Care Management provides direct support to members with complex health concerns, such as illnesses that require coordination of many services and children with special health care needs. Care Management teams can include Registered Nurses, Social Works, Behavior Health Counselors, and Community Health Workers. Together, they help educate and empower members to be successful in complex systems.

Care Management can help members
- Find providers and schedule appointments
- Identify community resources
- Arrange transportation
- Coordinate care between providers
- Work collaboratively with DHHS waiver programs
- Assist with care gaps and SDoH issues
- Address other needs to improve health, wellness, and quality of life

All three MCOs provide Care Management services as part of MCOs 'No Wrong Door' approach to receiving support

Healthy Blue | Heritage Health

Heritage Health | nebraska total care

UnitedHealthcare Community Plan

Coordination of Care

MCO's support care coordination with other DHHS Divisions, Probation, Providers and Community Resources

- DHHS Collaboration includes complex care coordination and regular service delivery meetings across departments including Child and Family Services, Division of Behavioral Health and Division of Developmental Disabilities
- MCO's regularly interact with Juvenile Justice services when they are involved in a member's care supporting resource identification and coordination as well as medically necessary treatment
- MCO Care Management also has a wealth of Wellness information, tools and resources availability to help families meet other needs, such as housing, food insecurity, career development and transitional age services as families and members navigate the approach towards adulthood

Healthy Blue | Heritage Health

Heritage Health | nebraska total care

UnitedHealthcare Community Plan

Contact Information

HealthyBlueNE.com
1-833-388-1405

NebraskaTotalCare.com
1-844-385-2192

UHCCommunityPlan.com/NE
1-800-641-1920

Questions around the room?

Questions on Zoom?

Medicaid Best Practice

Lorraine Martinez
Senior Consultant
The Stephen Group

Medicaid Best Practice

- **Front End Collaboration and State Medicaid Innovations**
  - OhioRise
  - New Hampshire Wrap Around Model
  - State Medicaid Innovations (Wisconsin, Colorado, Florida and New Hampshire)
- **MCO Foster Care Best Practice**
  - Centene/Superior HealthPlan
  - Aetna/Mercy Care
  - Anthem/Amerigroup
- **Nebraska Medicaid/MCO Opportunities**
  - Waiver/State Plan Considerations (MCO Utilization Triggers and Addressing SDoH)
  - Medicaid and MCO Training Considerations for Child Welfare Staff
  - Immediate MCO Opportunities

Front End Collaboration

OhioRise

Program Description

- 1915(c) Medicaid waiver
- Specialized Managed Care focus
- Intensive care coordination, new and enhanced behavioral health services, and statewide network of care management entities (CME)
- Enrollment count of children and youth enrolled 20,000 since July 1, 2022.

Funding

- Federal and State Funds
- Includes Governance and Oversight

Expected Outcomes

- Building capacity for new intensive, community-based services.
- Designing outcomes-based payment innovations.
- Serving as a single point of accountability.
- Collaborating with Medicaid's next-generation managed care organizations.

OhioRISE (Resilience through Integrated Systems and Excellence)

Ohio | Department of Medicaid

OhioRISE | Resilience through Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multisystem needs

Specialized Managed Care Plan

Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.

Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same children, youth, and families.

Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled children and youth.

Prevent Custody Relinquishment

OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Eligibility

Children and youth who may be eligible for OhioRISE:

- ✓ Are eligible for Ohio Medicaid (either managed care or fee for service)
- ✓ Are age 0-20, and
- ✓ Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient behavioral health hospital/psychiatric residential treatment facility admission

OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
- ✓ Intensive and Moderate Care Coordination *NEW*
- ✓ Intensive Home-Based Treatment (IHBT) *ENHANCED*
- ✓ Psychiatric Residential Treatment Facilities (PRTF) *LAUNCHING 2023*
- ✓ Behavioral health respite *ENHANCED*
- ✓ Flex funds to support implementing a care plan *NEW*
- ✓ 1915(c) waiver that runs through OhioRISE *NEW*
  - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Services (MRSS) *NEW*
  - Also covered outside of OhioRISE (managed care or fee for service)

Front End Collaboration (cont.)

New Hampshire's Wraparound Model

The Need:

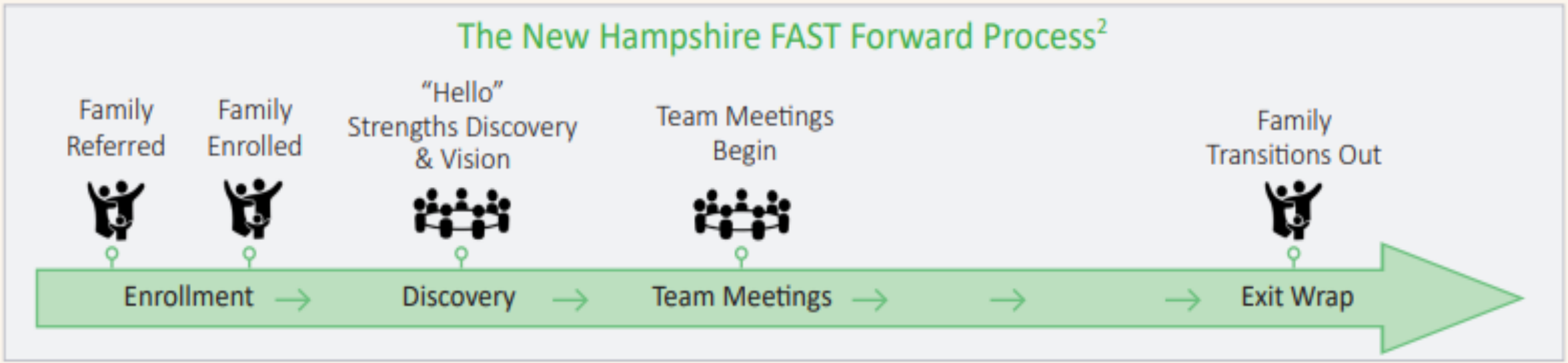
- Spending over $100,000,000 on children's behavioral health services annually.
- Many of these families accessing services need various behavioral health treatments across multiple systems.
- Eligibility for any child between ages of 5 and 21 experiencing severe and persistent mental illness

The Solution:

- Medicaid Waiver program not covered by MCOs, but by two statewide Care Management Entities contracted directly with DHHS, Division of Behavioral Health, Bureau of Childrens Behavioral Health
- Wraparound Model that is Evidence-based and family- and youth-driven.
- Designed to help families align the available services and supports more effectively based on their individual needs.
- Not designed to replace existing research or evidence–based treatments, services, or therapies.

Front End Collaboration(cont.)

New Hampshire's Wraparound Model



Values and Principles:

Collaborative, Team Based
Individualized
Community-Based

Keep Working Until Things Get Better
Strengths-Based
Natural Supports
Responsive to Cultural & Language Needs

Family-and Youth-Driven
Outcomes-Based
Guided by Underlying Needs

State Medicaid Innovations

Wisconsin & Colorado

- **Wisconsin: Special Needs Program (SNP) Model Expansion**
  - Utilized federal grant funding to integrate health services for children with medical complexities.
  - Department of Health Services tested an intervention to support families as the children transition between places they receive care.
  - Designated team supports care coordination across specialists, educating the family on care transitions, how to best care for their children at home, and communicating care plans with local primary care physicians.
  - Inpatient hospital days and costs decreased by more than 50% after children enrolled in the program.
- **Colorado: Regional Care Collaborative**
  - Delivered comprehensive, coordinated care to kids enrolled in Medicaid through its Accountable Care Collaborative Program.
  - PCP-led medical care and Regional Care Collaborative Organizations connected families to support services.
  - Children are almost twice as likely to receive well-child visits at the beginning of the program.
  - Pregnant women were also more likely to receive prenatal care.

State Medicaid Innovations

Florida & New Hampshire

- **Florida: RFP Requirements for MCO community partnerships and social service contract**
  - Managed Care Organization ITN 2023 (RFP) requires that MCOs "establish and maintain community partnerships with providers that create opportunities for reinvestment in community-based services."
  - RFP also requires contract agreements for social services not covered by Medicaid such as referrals, case planning, program development, information sharing and management, community awareness, group services, group education, individual services, and individual education.
  - *The Managed Care Plan is not reimbursed separately by the Agency for these services (409.966(3) and (4), F.S.).*

- **New Hampshire: MCO contracts for social service warm transfers and closed-loop reporting**
  - The MCO shall leverage and partner with New Hampshire's statewide, comprehensive information and referral service 2-1-1 NH to ensure warm transfers and the ability to report on closed-loop referrals.
  - Required reporting includes insight into closed-loop referrals and the overall effectiveness of the care coordination and types of social determinant-related services.

MCO Foster Care Best Practice

Texas STAR HEALTH/Centene – Superior Health Plan

- **3 in 30 (3-Day Medical Exam, EPSDT, and Texas CANS 2.0 within 30 days):**
  - Texas Legislature passed a law requiring children coming into conservatorship to receive a 3-Day medical exam through Medicaid.
  - MCO provided financial incentives to PCPs by providing a 3-day medical exam and ensuring all exams were completed on time.
- **Medicaid Inpatient Placement Days beyond Medical Necessity:**
  - The specialty contract requires MCO to cover up to three five-Day Medically Necessary extensions in a Psychiatric facility after completing treatment if a placement is pending finalization.
  - The MCO may not deny payment.
- **Health Passport**
  - Built using core clinical and claims information to deliver healthcare information to authorized users (state caseworkers, caregivers, foster parents, placement providers, healthcare network providers, and designated judicial officials/CASA.
  - Developed with a federal Medicaid Transformation Grant, ongoing support is paid for by Centene.
  - Utilization improves care coordination by eliminating waste and reducing errors by understanding a person's medical history and health interactions accessed through the Medicaid system.

MCO Foster Care Best Practice (cont.)

Aetna/Mercy Care (Arizona)

- **Increasing the Penetration Rate of Behavioral Health Services:**
  - MCO worked with the Department of Child Services to identify foster care youth inactive in behavioral health treatment.
  - Made a comparison against children/families with a rapid response assessment completed prior to foster care to identify individuals missed for outreach.
  - **Results:** Sustained improvements in service delivery for child welfare behavioral health services.
    - Increased from 39% to 69% in one year (2014-2015)
    - Stabilized to 78% since 2017, indicating a penetration improvement of 100 percent.
- **Reducing the Number of Children in Out-of-Home Care:**
  - MCO created programs and processes to have family support partners engage biological families early or as soon as DCS was involved.
  - MCO providers co-locate within Arizona DCS sites and partner with family-run organizations to connect with youths' families/caregivers at the time of removal.
  - **Results:** More than 12,000 children and youth were served in foster in 2014.
    - The number of children in out-of-home care safely reduced to 8,000 in 2019, with a continued decline.
    - Reducing the volume of children in foster care and out-of-home placements saves over an estimated $3.5 million per year.

MCO Foster Care Best Practice (cont.)

Anthem/Amerigroup

- **Enhanced Personal Health Care Value-Based Program:**
  - Focus on reducing health care costs with improved patient outcomes and consistent patient-provider relationships.
  - Incentivizes for providers to retain patients.
  - A four-year (2014-2017) analysis noted the increased savings, compliance, and outcomes:
    - $1.8 billion overall cost savings
    - 8.8% savings in avoidable ER visits
    - 2.2 times faster and 4.1% improved compliance rate for well-child visits
    - 6.2% fewer inpatient admissions
- **School-based Clinics (SBC)**
  - Members receive behavioral, oral, and physical healthcare “where they are.”
  - Created as an in-network provider for member and foster family convenience.
  - SBCs and the local education agencies (LEAs) were trained on Medicaid, covered services, claims, and billing requirements.
- **Adverse Childhood Events Provider Champion Program**
  - Increases resiliency and addresses ACEs through provider partners who serve as role models and mentors for other providers.
  - Provider Champion partners receive funding to accelerate and expand the impact of their innovative programming that does not replace existing Medicaid-reimbursable services or activities.
  - Funding totals are determined based on the project's anticipated scale and its intention to expand innovative strategies approved by Amerigroup.

Nebraska LB 1173 Medicaid Opportunities

Waiver/State Plan Considerations

- **Utilize Community Collaboratives to improve community well-being and increase competitive advantage amongst MCOs:**
  - Require MCOs to designated staff who support Community Collaboratives and CFS stages for ongoing and continuous support.
  - Request data tracking for MCOs to report on Member outcomes specific to collaborative partnerships and CFS stages.

- **Require MCOs to identify at-risk families pre and post-CFS involvement:**
  - Mobile Crisis
  - Intensive in-home services
  - Family Peer Support
  - Youth Peer Support
  - Inpatient Admissions 2+ within 90 days
  - Psychotropic Medication

Nebraska LB 1173 Medicaid Opportunities (cont.)

Waiver/State Plan Considerations - Addressing SDoH

Consider including housing support requirements to improve members' health.

- **Arizona, New Jersey and Louisiana**
  - Assist members in obtaining and sustaining housing that meets their needs and goals.
  - Require MCOs to hire a housing specialist to support members that are expiring homelessness and/or housing insecurity.
- **Hawaii, North Carolina, Virginia, and Washington**
  - Have integrated housing supports authorized through 1115 demonstrations into their Medicaid programs.
  - MCOs must collaborate and partner with community-based organizations (CBOs) that provide housing-related services and support to Medicaid members.
  - Hawaii's 1115 demonstration allows MCOs to cover certain tenancy supports for eligible populations, called "Community Integration Services" and "Community Transition Services," including Transitional housing case management services, First month's rent and security deposits, Home remediation, and Legal assistance.

Nebraska LB 1173 Medicaid Opportunities (cont.)

Waiver/State Plan Considerations – Addressing SDoH

- **California**
  - In Lieu of Services that allows 14 “pre-approved Community Supports” to address members’ unmet resource needs.
  - Seven of the 14 Community Supports focused on housing-related services: Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Short-Term Post-Hospitalization Housing, Recuperative Care (medical respite), Environmental Accessibility Adaptations (Home Modifications), and Asthma Remediation.
- **Arizona**
  - Requesting 1115 demonstration waiver authority (pending at the time of publication) to provide comprehensive housing support to qualifying Medicaid members.
  - Qualifying members include those who are homeless or at risk of becoming homeless and who have a qualifying condition (e.g., individuals with severe mental illness, those who are high-risk or high utilizers, individuals with chronic conditions, individuals who are pregnant, young adults who have aged out of the foster care system).
  - Comprehensive housing supports include Up to 18 months of short-term transitional housing, Housing move-in supports, and Eviction prevention, including back payment of rent.
- **Louisiana**
  - requires MCOs to partner with their Housing Authority to provide permanent supportive housing program to Medicaid members by identifying members who would benefit from the program, authorizing housing support services and contracting with housing providers to provide permanent supportive housing services.

Nebraska LB 1173 Medicaid Opportunities (cont.)

Medicaid and MCO Training Considerations for Child Welfare Staff

- **CFS Staff/MCO Coordination established touchpoints**
  - Intake (Case closure, no investigation assignment), Investigation, Family Preservation, Conservatorship and Permanency, Adoption, Aging Out

- **Designate Specialty Staff at CFS to work with MCOs (Texas CPS Best Practice)**
  - Well-Being Specialists – designated point of contact to work with MCO-designated staff to remove systemic barriers and help members get the needed Medicaid services timely.
  - Nurse Care Consultants – Licensed Registered Nurses provide consultation and education to CPS staff about healthcare issues related to children on their caseloads, including health advocacy, technical advice, and outcome evaluation.
  - Developmental Disability Specialist – Make referrals to community resources for children diagnosed with Intellectual and Developmental Disabilities (IDD) and placed in foster care.
  - Substance Abuse Specialists - Guide CPS practice in working with children and families with substance abuse issues throughout each stage of service.

- **Medicaid/MCO Collaborative On-Line Training Library for CFS Caseworkers and Foster Parents**
  - Medical Consent Training, PMUR, Discharge Planning (Medical and Behavioral) and Training to Support Placement Capacity Efforts

Nebraska LB 1173 Medicaid/MCO Opportunities (cont.)

Immediate MCO Opportunities for Nebraska

At-risk families are unknown before CFS involvement

MCOs can track and trend utilization data for outreach

Claims Utilization

General Health Screenings

Discharge Planning

MCOs can enhance family preservation and permanency efforts

MCOs can identify designated staff to support community collaboratives and CFS stages for ongoing and continuous support.

They can also track and trend data to report member outcomes and increase competitive advantage.

CFS caseworkers are SMEs but not in Medicaid

Medicaid can offer a basic Medicaid 101 overview of the state system.

MCOs can offer information on what additional services they provide that makes them different than their competitor such as Value Adds, In Lieu of Services, Pilots, Case by Case Services, etc.

Questions around the room?

Questions on Zoom?

Finance Update

David Destefano
Senior Consultant
The Stephen Group

Nebraska LB 1173 Finance Update
Workgroup Progress

- Workgroup and subcommittees
  - Subcommittees formed around three major topics
    - Title IV-E Revenue Maximization
    - Cross-Department Synergy and Collaboration
    - Provider Rates and Contracting
  - Recommendations developed by subcommittees and discussed with LB1173 Finance Workgroup
  - Workgroup finalizing preliminary draft of fiscal framework for presentation during next month's LB1173 Workgroup Meeting (August 3, 2023)
    - Meeting weekly through the month of July

Nebraska LB 1173 Finance Update Workgroup Progress

- Nebraska's Title IV-E Penetration Rates (percentage of children in out-of-home foster care) eligible for federal reimbursement
  - National average: 41%
  - Nebraska: 20%
- Seven Key Recommendations
  1. Work with federal legislative representatives to pursue change to Title IV-E lookback (AFDC) amount
  2. Licensing of relative caregivers / kinship homes
  3. Claiming for children placed through Letters of Agreement
  4. Administrative cost claiming and change to agency contracts
  5. Rate setting to ensure appropriate payment and
  6. Improve eligibility-related documentation
  7. Shared Living Providers
  8. Increasing IV-E eligible training opportunities to providers
- Increase to the penetration rate will allow Nebraska to rebalance the use of state funds and pre-invest in a prevention-focused system of care.

Nebraska LB 1173 Finance Update
Synergy and Departmental Collaboration

- Seven Key Recommendations
  1. Juvenile Probation Services Title IV-E Claiming
  2. Claiming for high-quality legal services for parents and children
  3. Developmental Disabilities
     - ✓ Cross-system claiming for DD homes
     - ✓ Licensing related barriers to overcome
  4. Community Pathway to Prevention
  5. Medicaid claiming for evidence-based behavioral health and substance abuse services (FFPSA)
     - ✓ Blended and braided funding opportunities
  6. Education
     - ✓ Establish cross-system ties and responsibilities especially as they relate to prevention activities
  7. Additional strategies
     - ✓ Federal grants to support EB service implementation and training
     - ✓ Leveraging SAMHSA & Mental Health
     - ✓ Leverage TANF dollars

Nebraska LB 1173 Finance Update
Provider Rates and Contracts

- Findings
  - Provider rates don't consistently cover the cost of providing services
    - ✓ 30%-50% of actual cost – especially surrounding FFPSA-related services
  - Other state agencies reimburse the same services at higher rates
    - ✓ Consistency in payments between state agencies
- Four Key Recommendations
  1. Contracts will lead to an upstream focus on prevention
     - Appropriateness and availability of services, placement options, and evidence-based interventions
     - Build capacity and provide technical assistance to community-based providers
     - Redesign of provider capabilities
  2. Technology enhancements
     - CCWIS integration
     - Need to build a robust contract management function, enabled and supported by a data management system
     - Eliminate duplication between referral and authorization of services
     - Electronic records management – enhance communication

Nebraska LB 1173 Finance Update
Provider Rates and Contracts

- Key Recommendations (Continued)
    3. Cost-based approach to rate setting for all services
        - Rate study and/or cost reimbursement
        - Frequency of rate setting
        - Adequate funding for new services (i.e. Kinship is underfunded)
    4. Performance based contracting
        - Mutually determined accountability metrics
        - Integration of a quality management approach
        - Timely payment

Nebraska LB 1173 Finance Update
TANF Investment

- Five Recommendations presented to the CEO for the use of surplus TANF funds
    1. Warm Line Development, Implementation, and Operation
    2. Statewide Family Resource Navigation and Support Coordination
    3. Community Collaboratives (Pathway to Prevention)
    4. Concrete & Economic Supports for Families in Need
    5. Closed loop referral system

Future State

Carisa Schweitzer Masek

Therapeutic Family Care (TFC) in Nebraska

- *TFC Program provided statewide for eligible children and adolescents in CFS Tier 3/4/5*

Phase 1: October 1, 2023

- TFC Comprehensive Care Coordination (CCC)
  - CCC team hired as DHHS CFS staff
  - Team consists of RNs and LCSWs
  - Roles:
    - Trained to conduct CAFAS
    - Develop person-centered plan of care
    - Provide on-going interdisciplinary care coordination

Phase 2: January 1, 2024

- TFC Crisis Response Service 24/7
  - CCCs will work with TFC program youth and families to develop a crisis plan
    - Crisis Response providers will be Medicaid enrolled and contracted with CFS as a provider of crisis services
    - Individual/Foster family has Choice in who provides services
  - The crisis plan, and crisis response provider of choice, will be documented in the plan of care
- ***Specific requirements documented in 1915(i) SPA application***

Program Administration

- Phase 1: TFC Care Coordination will be provided by DHHS CFS employees
  - CCCs team members will include a combination of RN and LCSW
  - Office specialists will support administrative tasks
  - ❑ CCC function qualifies for 75% federal match because it is categorized as a Medicaid administrative function

- Phase 2: TFC Crisis Response Service (TFC CRS) providers
  - ❑ DHHS will contract with community-based providers and set service expectations
    - FQHCs are an example of a provider that would be eligible to contract to provide this service
  - ❑ TFC Crisis Response providers will be paid on a per member per month rate
    - Service expectations will include virtual and in-person response

Eligibility Determination

- Process for an independent evaluation
  - ❑ Children and Youth in Foster Care (CYFC) who are assigned by CFS to Foster Care Tier 3, 4, or 5, on or after 10/1/23, will be assessed for eligibility for the TFC program.
  - ❑ The **CAFAS** individualized needs assessment tool will be used to determine eligibility
    - Tool will be administered by newly hired Comprehensive Care Coordinator team members (CCCs); employees of DHHS.
  - ❑ The threshold score for TFC program eligibility will be designed to align with the description of CFS Tier 3, 4, or 5; it is anticipated that most individuals in these tiers will be eligible for the TFC program.

NE TFC Regulations and Authorities

- TFC Comprehensive Care Coordination does not require any special state or federal authority
- TFC Crisis Response Service will require federal authority;
  - Will seek authority via a 1915(i) State Plan Amendment
  - TFC program and 1915(i) SPA will be available for public hearing in July 2023; submitted to CMS in August 2023
    - Communication plan will include a presentation to the Foster Care Rate & Reimbursement Committee

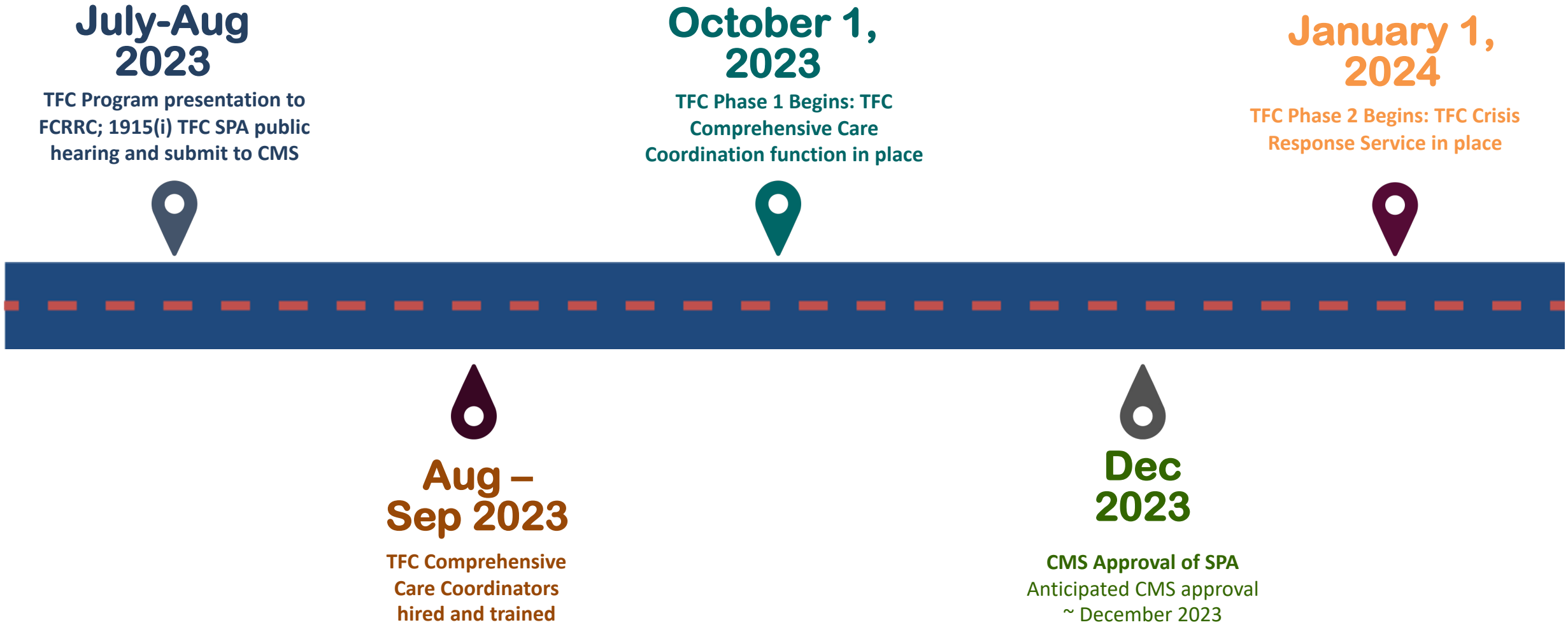
Quality Improvement Function

- How will quality of the 1915(i) covered TFC Crisis Response Service be ensured?
  - ❑ The responsible unit, and the actual measures and methods for monitoring and remediating each requirement must be determined and written in the SPA application
- CMS Quality Measures:
  - *Describe the state's quality improvement strategy.*
  - *For each requirement, and lettered sub-requirement, complete the table below.*

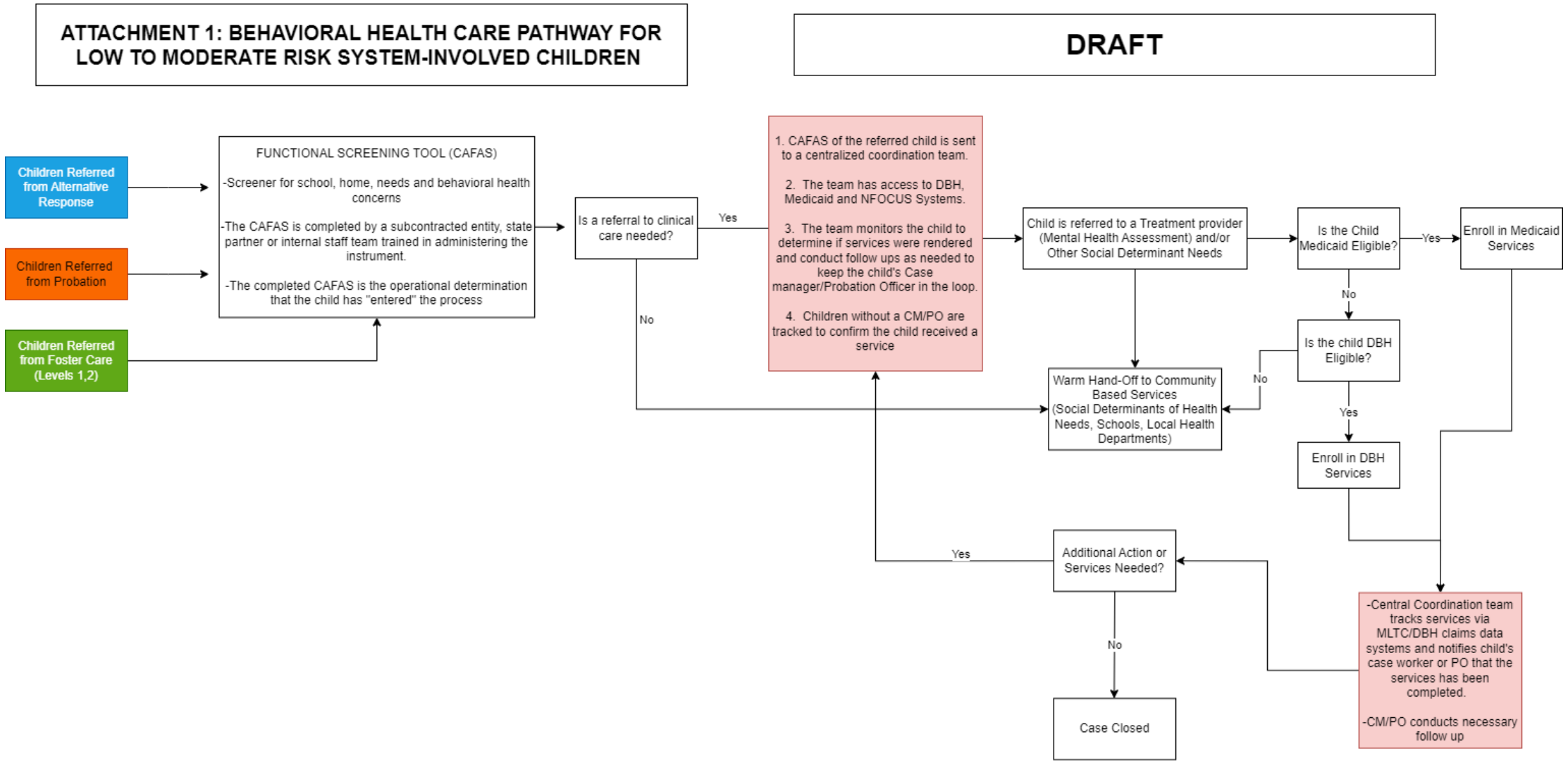
Requirements

1. Plan of Care a) address assessed needs of 1915(i) participants; b) are updated annually; and (c document choice of services and providers.
2. Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future; (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.
3. Providers meet required qualifications.
4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).
5. The SMA (State Medicaid Agency) retains authority and responsibility for program operations and oversight.
6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.
7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation

Therapeutic Family Care Program Timeline



Future State Discussion



Upcoming 1173 Events

Community Forums

- July 31, Scottsbluff
- August 1, North Platte
- September 6, Lincoln

Workgroup Meetings

- August 3
- September 7
- October 19
- November 7