

Recovery Community Organization Self- Assessment Framework: Assessing Your Potential Medicaid Pathways

RCO Sustainability Guide





Recovery Community Organization Self-Assessment Framework: Assessing Your Potential Medicaid Pathways

This tool is a companion learning framework for the content found herein. Self-Assessment questions are provided to assess how you as a RCO might consider whether specific Medicaid frameworks are possible and feasible alternatives for your agency within your state's Medicaid plan and culture.

RCO Self-Assessment Framework

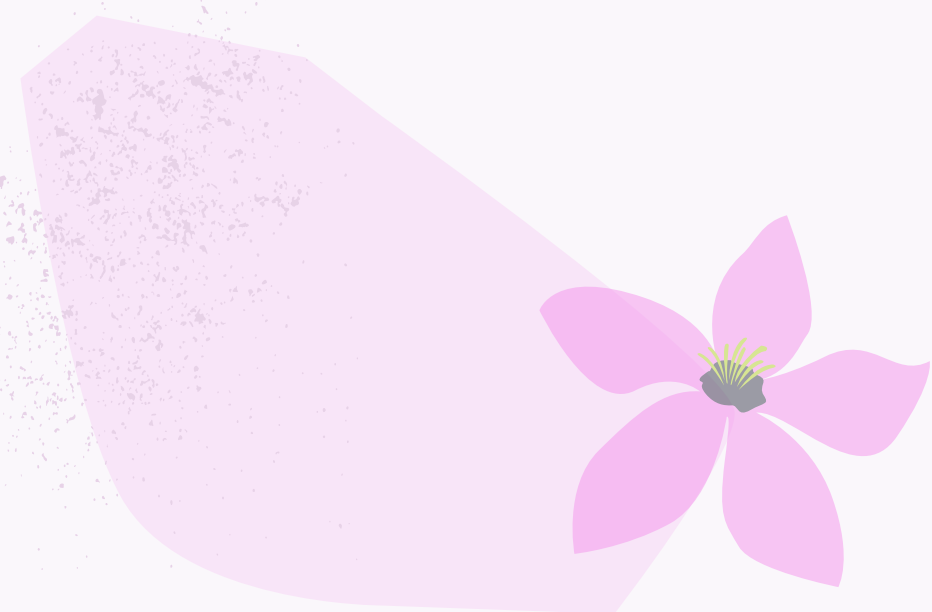




PART 1:

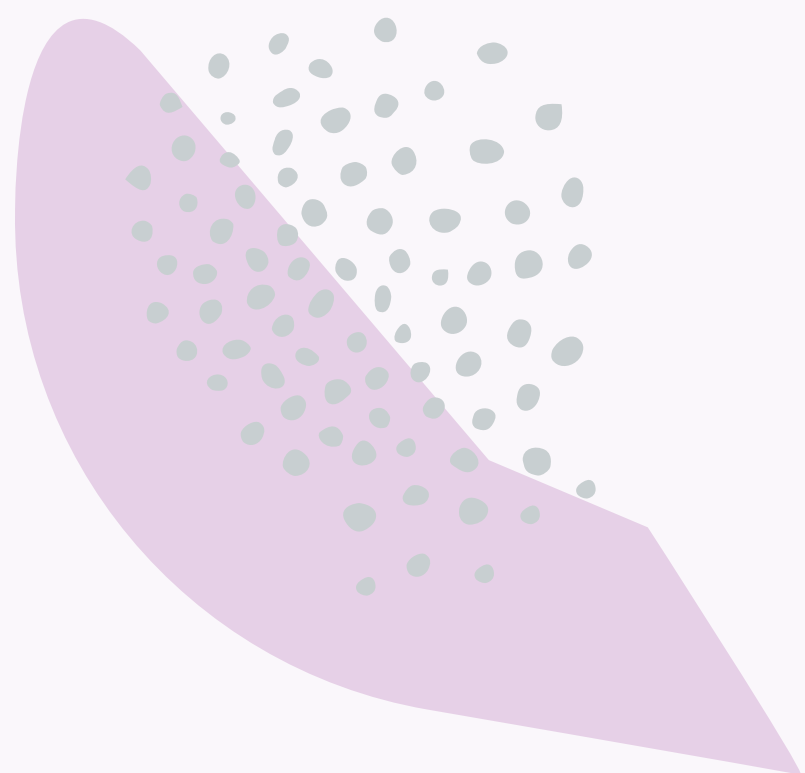
Self-Assessment Questions for the RCO to consider about the state's Medicaid model


Self-Assessment Questions	State Medicaid Model	Guiding Considerations	Agency Self-Reflections	Decision Points
Is there already some form of peer/recovery support or Peer Support Worker (PSW)-delivered service recognized?	Medicaid Fee-for-Service	A Medicaid State Plan must be transparent and details can be found at CMS Medicaid State Plan Amendments or at your local State Medicaid Agencies (SMA) website. Assess the gap between your RCO work and standing definitions.		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care	A Medicaid Managed Care Organization (MCO) must generally administer the same content in the Medicaid State Plan but may have in lieu of services and/or value-added benefits. Information on the state's MCOs can be found on SMA websites.		<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming	This may not be transparent, and would likely only emerge after you establish a working relationship with your state's Behavioral Health agency or SMA		<ul style="list-style-type: none"> • Yes • No • Other
Is your state leadership a recovery-oriented administration?	Medicaid Fee-for-Service	As you review policy and move within the recovery-community circles, do you see evidence of policy and finance which support pro-recovery practice. For example, are there other recovery-oriented services in the Medicaid plan, do PSWs work in multiple settings, are there state-level policies and recent indicators which promote recovery systems of care?		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care			<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming			<ul style="list-style-type: none"> • Yes • No • Other
What are the state's Provider Enrollment qualifications?	Medicaid Fee-for-Service	SMA's are generally quite specific about defining provider qualifications. National accreditation, clinical leadership, size, and scope are often factors defined. Assess these criteria to determine the gap between your qualifications and those that the SMA has set forth.		<ul style="list-style-type: none"> • Meet • Don't Meet • Other
	Medicaid Managed Care	MCOs are also generally quite specific about defining provider qualifications. National accreditation, clinical leadership, size, and scope are often factors defined. MCOs may also define their own criteria, so seek that information. Assess these criteria to determine the gap between your qualifications and those that the MCO has set forth. Remember that an RCO can negotiate to be a value-added service or in lieu of service outside current MCO standard provider qualifications.		<ul style="list-style-type: none"> • Meet • Don't Meet • Other
	Administrative Claiming	This would be uniquely discerned in a planning process alongside the SMA.		<ul style="list-style-type: none"> • Meet • Don't Meet • Other



Part 1: Self-Assessment Questions for the RCO to consider about the state's Medicaid model

Self-Assessment Questions	State Medicaid Model	Guiding Considerations	Agency Self-Reflections	Decision Points
Are there any unique requirements for staffing which differ from your current capacity?	Medicaid Fee-for-Service	Outside of Service Definitions, are there requirements for a diagnosis which require certain staff credentials? Does a service have to be ordered by a certain type of credentialed staff? Are there supervision requirements which demand a particular type of staff other than a PSW?		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care	Outside of Service Definitions, are there requirements for a diagnosis which require certain staff credentials? Does a service have to be ordered by a certain type of credentialed staff? Are there supervision requirements which demand a particular type of staff other than a PSW?		<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming	This would be uniquely discerned in a planning process alongside the SMA.		<ul style="list-style-type: none"> • Yes • No • Other
Are there defined audit expectations outlined by the SMA which need to be considered for our compliance and good standing with the Medicaid funds we earn?	Medicaid Fee-for-Service	Having researched this, does the RCO have a quality and compliance culture to practice rule adherence?		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care			<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming			<ul style="list-style-type: none"> • Yes • No • Other





PART 2:

Self-Assessment Questions for the RCO to ask of itself.

Self-Assessment Questions	State Medicaid Model	Guiding Considerations	Agency Self-Reflections	Decision Points
<p>Are there any gaps between current RCO qualifications and the Provider Enrollment criteria defined by the state?</p>	Medicaid Fee-for-Service	If yes, how significant are these gaps and can we easily achieve them (considering financial costs, human capital, leadership, etc.)?		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care	If yes, how significant are these gaps and can we easily achieve them (considering financial costs, human capital, leadership, etc.)? Remember that an RCO can negotiate to be a value-added service or in lieu of service outside current MCO standard provider qualifications.		<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming	This would be uniquely discerned in a planning process alongside the SMA.		<ul style="list-style-type: none"> • Yes • No • Other
<p>Are there any gaps between the current RCO PRS supervisory staff and the definition of supervision provided by the state?</p>	Medicaid Fee-for-Service	If yes, how significant are these gaps and can we easily achieve them? For instance, is an LCSW required for supervision of PSWs? Must this be available full-time, or can it be part-time or ad hoc? How much oversight changes our RCO culture and are we willing to adapt?		<ul style="list-style-type: none"> • No Gaps • Gaps • Other
	Medicaid Managed Care	If yes, how significant are these gaps and can we easily achieve them? For instance, is an LCSW required for supervision of PSWs? Must this be available full-time or can it be part-time or ad hoc? How much oversight changes our RCO culture and are we willing to adapt?		<ul style="list-style-type: none"> • No Gaps • Gaps • Other
	Administrative Claiming	This would be uniquely discerned in a planning process alongside the SMA.		<ul style="list-style-type: none"> • No Gaps • Gaps • Other



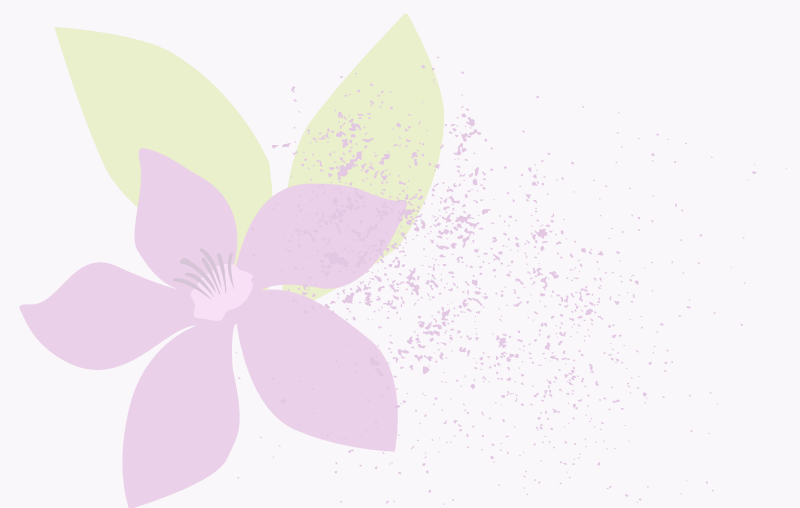
Part 2: Self-Assessment Questions for the RCO to ask of itself

Self-Assessment Questions	State Medicaid Model	Guiding Considerations	Agency Self-Reflections	Decision Points
Do we as an organization have an Electronic Health Record (EHR) to document fee-for-service interventions?	Medicaid Fee-for-Service	<p>If yes, does our product meet the needs of the SMA for documentation?</p> <p>If no, what is the cost for the product (considering not only purchase costs, but also regular upgrade costs, and the time that would be required by staff to record the actual note)?</p>		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care	<p>If yes, does our product meet the needs of the SMA for documentation?</p> <p>If no, what is the cost for the product (considering not only purchase costs, but also regular upgrade costs, and the time that would be required by staff to record the actual note)?</p>		<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming	This would be uniquely discerned in a planning process alongside the SMA but some record of service would likely be required.		<ul style="list-style-type: none"> • Yes • No • Other
Most SMAs require care coordination of all of their providers –do we have standing referral agreements with other Medicaid provider organizations to promote access to other treatment and recovery supports?	Medicaid Fee-for-Service	<p>In a fee-for-service environment, this will likely be required by the state in the absence of a care coordination function which often resides in a MCO.</p> <p>If we have informal processes, can we document these? If we have unwritten referral agreements, can we formalize these in writing with our partner.</p>		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care	<p>In a MCO environment, this will likely be coordinated by the MCO or delegated to a “health home.”</p> <p>If we have informal processes with any current “health homes,” can we document these? If we have unwritten referral agreements, can we formalize these in writing with our partner?</p>		<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming	This would be uniquely discerned in a planning process alongside the SMA.		<ul style="list-style-type: none"> • Yes • No • Other



Part 2: Self-Assessment Questions for the RCO to ask of itself

Self-Assessment Questions	State Medicaid Model	Guiding Considerations	Agency Self-Reflections	Decision Points
Does the RCO truly know the cost of delivering service so that it enters any of these arrangements with fiscal responsibility?	Medicaid Fee-for-Service	In a fee-for-service arrangement where there is a service which can be matched with RCO models, you will be reimbursed for RCO work; however, there is a cost for taking on the work defined herein. Has the RCO defined those costs in a way that clear decisions can be made that the reimbursement rate supports the service delivery?		<ul style="list-style-type: none"> • Yes • No • Other
	Medicaid Managed Care	In an MCO fee-for-service arrangement where there is a service which can be matched with RCO models, you will be reimbursed for RCO work; however, there is a cost for taking on the work defined herein. Has the RCO defined those costs in a way that clear decisions can be made that the reimbursement rate supports the service delivery?		<ul style="list-style-type: none"> • Yes • No • Other
	Administrative Claiming	This would be uniquely discerned in a planning process alongside the SMA.		<ul style="list-style-type: none"> • Yes • No • Other
Having discerned costs above, does the RCO have the business and legal supports needed to enter into sophisticated and complex contracts with MCOs?	Medicaid Managed Care (only)	MCOs, as large profit-or savings-driven firms, have sophisticated contracting infrastructure. Do we have business and/or legal support (professional or in-kind from board members) which can assist us in brokering a mutually beneficial agreement?		<ul style="list-style-type: none"> • Yes • No • Other
Other Self-Assessment Questions from Leadership/ Board Members				<ul style="list-style-type: none"> • Yes • No • Other
Other Self-Assessment Questions from Leadership/ Board Members				<ul style="list-style-type: none"> • Yes • No • Other



The RCO leadership and Board of Directors should carefully consider the following questions when thinking about becoming a Medicaid provider of Peer Recovery Support Services:

Mission

1. In what ways does becoming a Medicaid provider fit or not fit with our mission?
2. In what ways would becoming a Medicaid provider change how the recovery community views our RCO and staff?
3. Will our primary identity shift from that of a RCO with multiple functions to a provider organization?
4. In what ways will becoming a Medicaid provider impact our ability to advocate for programs and policies in our state on behalf of the recovery community?

Practice

1. Will becoming a Medicaid provider detract from the RCO's ability to serve a range of people?
2. Is our state's definition of peer recovery support services consistent with our vision and understanding?
3. Under our state's Medicaid regulations, who is authorized to provide peer recovery support services?
4. How will becoming a Medicaid provider change or limit the services we provide?
5. What skills do staff have for providing peer recovery support services as a Medicaid-funded service?
6. What additional training will our staff require in order to meet Medicaid requirements, such as certification and documentation?
7. Do we have a peer recovery support services program foundation in place that gives us the experience to consider offering this program with Medicaid funding?

Administration

1. From an operations perspective, how will becoming a Medicaid provider change the way the RCO manages and delivers peer recovery support services?
2. Does our RCO have the administrative staff with the time and skills to do billing, or will additional staff be needed?
3. If additional staff are required, what are the positions needed and is the funding we will receive from Medicaid sufficient to cover the additional positions?
4. What technology (hardware and software) will be required for Medicaid billing?
5. Does our RCO have the necessary professional insurances in place (e.g. liability)?

Financing Structure and Rates

1. How is our state currently funding peer recovery support services (e.g., waiver, state plan amendment, or other type of state appropriation)?
2. If our RCO begins providing peer recovery support services with Medicaid funding, will other state funding continue, in order to serve recovery community members not eligible for services under Medicaid?
3. Will our RCO bill Medicaid directly, through a subcontract with a traditional provider, or through a firm that provides Medicaid billing services? What is the availability of external agencies and competencies?
4. Does our RCO have sufficient funds in reserve to sustain it during the start-up phase of billing, and over the course of a year when billing may fluctuate?
5. What do we have to learn about contracting methods, start-up costs, etc.?
6. How will peer recovery support service staff be paid (e.g., as contractors, employees)? If we choose to pay our staff as employees, are we complying with all federal and state labor laws relating to hiring, benefits, etc.?
7. What rate is Medicaid paying for peer recovery support services in our county or state? How was it determined, and does it vary by region within the state? If so, why?
8. Does the Medicaid rate for peer recovery support services cover the cost of providing this service and result in a small profit that can go back into building our RCO?
9. What services are included and can be billed for (e.g., phone calls with participants, care coordinators, others on the peer recovery support services team; attendance at court hearings, support groups; or training)?
10. What is not included and cannot be billed for (e.g., travel time, documentation, administrative costs, supervision time, training) and will the rates we receive cover these expenses?
11. What other expenses can we anticipate (e.g., mileage costs, non-billable staff hours — holidays, training, vacation, sick leave)?
12. Do we have other funding sources that will cover expenses not covered by Medicaid?
13. What are the billing increments (e.g., 15 minutes, 30 minutes, one hour)? Are there limits to the number of hours we can bill in one day/week per participant?

Fund Diversification and Sustainability

1. Can the RCO provide peer recovery support services with different funding sources and eligibility criteria?
2. How will the two types of peer recovery support services be handled in our agency (i.e., Medicaid-funded vs. funded by other means)?
3. Do state leaders understand the differences in peer recovery support services delivered by an RCO compared with a traditional clinical services provider or a non-RCO?



