



Medicaid County Match Certification Program for Substance Abuse

Agency for Health Care Administration

January 23-24, 2008

Agenda

- **Overview of the Program**
- **Review of County Agreement with AHCA**
- **County Provider Agreement**
- **Certification and Billing Procedures**
- **Provider Enrollment Requirements**
- **New Substance Abuse Services**
- **Service Models**
- **Program Monitoring**

Medicaid Substance Abuse Services with County Certification of Match

➤ **Program Overview**

- Workgroup with AHCA, DCF, Florida Association of Counties and Florida Alcohol, Drug Abuse Association developed service descriptions and model agreements
- 2006 - letters sent to counties about opportunity and requesting intent to participate
 - Federal Requirement for statewide access was met by number of counties that responded
 - 2006 - State Plan submitted, then revised
 - Required major changes in funding flow and services
- 2007 - State Plan Amendment approved by CMS

Medicaid County Match Certification Program for Substance Abuse

➤ **Overview: Program Components**

- County will enter agreement with AHCA to reimburse these select substance abuse services delivered by substance abuse providers that:
 - Are under contract with the county
 - Are Medicaid enrolled
 - Are appropriately licensed
 - Have the administrative and staffing capacity to provide these services in line with Medicaid requirements
- County will develop agreement with providers to provide covered services and to seek reimbursement from counties.

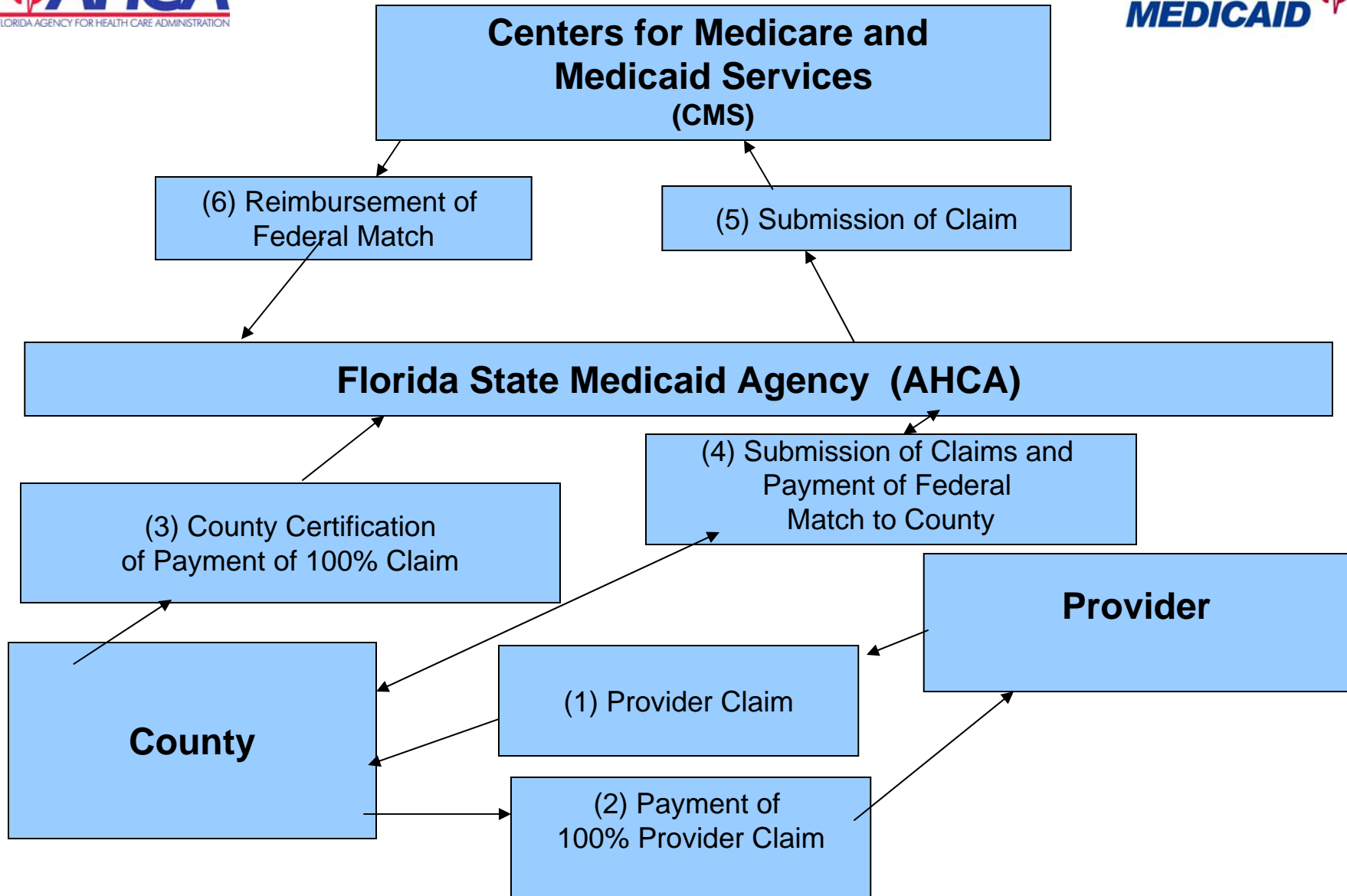
Medicaid County Match Certification Program for Substance Abuse

➤ **Overview: Program Components (con't)**

- Counties must certify quarterly to AHCA that they have reimbursed providers 100% of expenditures with public tax dollars in order to collect the federal portion of reimbursement for these services.
 - Counties will enroll as Community Behavioral Health Providers (Type 05) and submit claims to Medicaid for reimbursement of Federal Portion of expenditures for these services.
- AHCA will reconcile county certification with filed claims to assure local tax dollars have been utilized for all expenditures reimbursed with federal Medicaid funds.



Funding Flow Chart



Certified Medicaid Match Agreement Between AHCA and the County

1. General Principles

- Parties have common interest
- Agreement does not modify any existing responsibilities or authority of parties
- Agreement does not modify or override any other existing agreements or memoranda of understanding
- Subcontracted providers are bound to this agreement in terms of policies and procedures
- Any county acting as lead county is bound by agreement
- Agreement does not create any requirement for AHCA to reimburse services from AHCA's state funds

Certified Medicaid Match Agreement Between AHCA and the County

2. Terms: AHCA agrees to:
 - Develop list and description of services
 - Reconcile claims with county's certification of expenditures
 - Reimburse County for federal portion of certified expenditures
 - Develop procedure for recoupement of funds if necessary following audit

Certified Medicaid Match Agreement Between AHCA and the County

1. Terms: AHCA agrees to: (con't)
 - Monitor participating providers for compliance with service and documentation requirements, qualification of staff
 - Produce any Medicaid specific reports
 - Notify county of changes in match percentages
 - Designate an employee to act as liaison for counties and providers under Medicaid match program.

Certified Medicaid Match Agreement Between AHCA and the County

2. Terms: The County agrees to:
 - Reimburse the providers 100 percent of rate for delivery of services
 - Use funds for reimbursement comprised exclusively of locally generated unmatched tax revenues
 - Enroll in Medicaid as a Community Behavioral Health Services Provider (Type 05) if not already enrolled
 - Maintain ongoing management information system to ensure accountability of paid and reimbursed claims

Certified Medicaid Match Agreement Between AHCA and the County

2. Terms: The County agrees to: (con't)
 - Submit quarterly certification reports
 - Maintain and have providers maintain records relevant to these services and provide to CMS and/or AHCA for audit purposes
 - Void or otherwise pay back for any claims that are found to be ineligible for match due to an audit, deferral of denial as deemed appropriate (counties may make providers liable for errors.)
 - Designate an employee to act as liaison with AHCA for issues related to this agreement.

Certified Medicaid Match Agreement Between AHCA and the County

3. Confidentiality

- The county and identified providers agree to safeguard the use and disclosure of information pertaining to current or former Medicaid recipients, and
- Comply with all state and federal laws pertaining to confidentiality of patient information.

Certified Medicaid Match Agreement Between AHCA and the County

- Effective Date, Changes, Life of this Agreement
 - Effective date is date signed by both parties
 - Changes may be made in form of amendments signed by both parties
 - Changes in CMS matching rate or costs eligible for match will be applied pursuant to changes in Medicaid federal regulations as specified by CMS
 - Agreement will continue until terminated by one or both parties without cause with 30 day notice

Components of County Agreement with Provider

- Provider must maintain
 - Medicaid enrollment
 - Appropriate Substance Abuse license by the Department of Children and Families (recovery support is not licensed.)
- Provider has staff and programmatic capacity to provide services to Medicaid recipients
- Provider must agree to:
 - adhere to all Medicaid services standards and documentation requirements, including confidentiality
 - provide adequate supervision to staff

Components of County Agreement with Provider

- Provider agrees to (con't)
 - Have services authorized by a Medicaid enrolled treating provider
 - Submit claims for these services to the County and not bill Medicaid directly
 - Cooperate with County, AHCA and CMS audits and monitoring
- County agrees to reimburse providers in full, for services billed to the County, with unmatched public tax dollars
- Maintain accurate records of payment
- Monitor services delivery

Certification and Billing Procedures

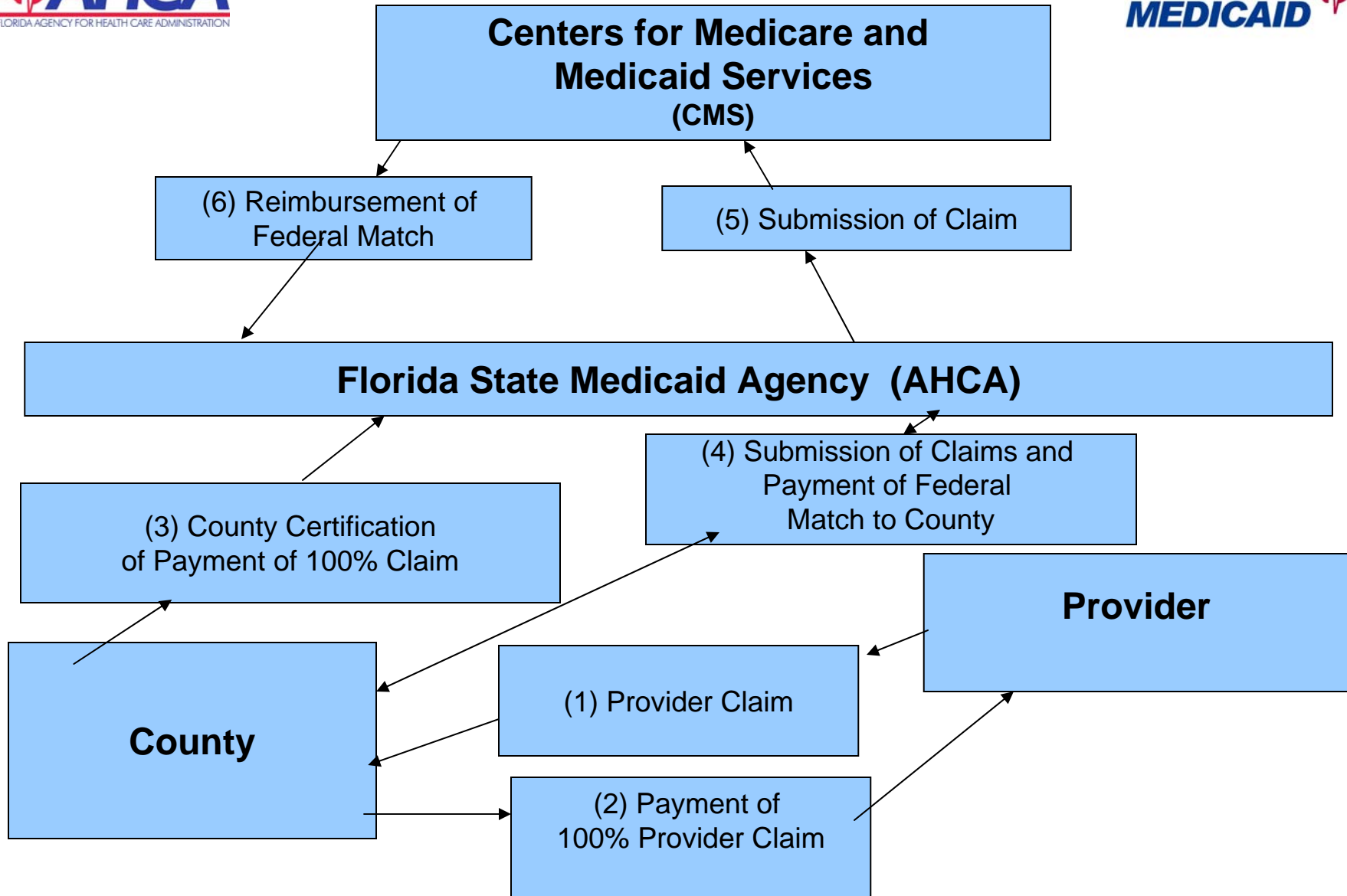
- Providers will bill County for services delivered and provider will receive 100% reimbursement with allowable non-matched public tax dollars.
- County will provide certification to AHCA on quarterly basis that the County has reimbursed providers 100 percent of fees for delivery of covered services for which county is seeking Medicaid reimbursement.
 - Certification amounts will be presented by specific provider for reconciliation purposes
- County will submit claims to AHCA through AHCA's fiscal agent, using County as pay-to-provider and provider agency's enrolled treating provider

Certification and Billing Procedures

- Possible Administrative Models
 - Counties will work with AHCA's fiscal agent to bill directly
 - Using free software or
 - developing own software that can interact with fiscal agent
 - Counties might explore using billing model similar to the County Public Health Units, i.e. through the Department of Health
 - Counties might chose to use a Medicaid enrolled billing agent to submit claims.
 - AHCA will research whether provider agency could also be billing agent.



Funding Flow Chart



Flow Chart Narrative for Substance Abuse Services Funding under Certified Match Process

- 1. The Provider submits a claim to the County for payment for provision of substance abuse services.**
- 2. The County reimburses the Provider 100 percent of the claim.**
- 3. The County certifies payment of 100 percent of claim to the State.**
- 4. The County submits claims to AHCA and AHCA reimburses the County for the Federal match portion of the amount paid to the Provider.**
- 5. The State submits a claim to the Centers for Medicare and Medicaid Services for reimbursement of the claim.**
- 6. The Centers for Medicare and Medicaid Services reimburses the State for the Federal match portion of the claim.**

Provider Enrollment Requirements

- **Enrollment of Counties as Provider Type 05- (CMHC)**
- **Exempt from employing or contracting with a psychiatrist or other physician**
- **Exempt from provider pre-enrollment certification review**
- **Substance Abuse programs must hold a regular license from DCF as defined in Chapter 397 of Fla.Statutes**
- **Providers contracted with the Counties must be Medicaid enrolled providers**
- **Effective date of enrollment- date the provider application is received at Medicaid Contract Management**

Alcohol and/or Drug Intervention

- **Service Code: H0022**
- **Description of Service: Early identification of SA problems and linkage to needed services to avoid more costly and intensive treatment levels.**
- **Rate/ Unit of Service: \$15 per 15 minute unit**
- **Who must provide: SA counselor (Bachelor's Degree) under the supervision of a licensed practitioner of the healing arts or a master's level CAP**
- **Reimbursement Limits: 120 units per recipient per year
May not be reimbursed on the same day as Community Support Services.**

Aftercare Services

- **Service Code: H2015 HN**
- **Description of Service: Clinical aftercare services directed toward individuals who have received and completed SA treatment and require continued therapeutic services to maintain recovery in the community.**
- **Rate/ Unit of Service: \$15 per 15 minute unit**
- **Who must provide: Bachelor's level SA counselor with the knowledge of support services in the community. Supervised by a licensed practitioner of the healing arts or a master's level CAP.**
- **Reimbursement Limits: 120 units per recipient per year. May not be reimbursed on the same day as Intervention services.**

Recovery Support Services for Substance Abuse

- **Service Codes: H2015 (Individual); H2015 HQ (Group)**
- **Description of Service: Provide therapeutic/peer support services to assist in strengthening/ regaining skills, develop environmental support, and aide in meeting life goals promoting recovery and resiliency.**
- **Rates/ Unit of Service: H2015- \$9.75 per 15 minute unit
H2015 HQ- \$2.44 per 15 minute unit**
- **Who must provide: Minimum of a high school diploma and 3 years of direct service experience in SA or MH. Personal recovery experience will be considered on a year for year basis for up to 2 years. Bachelor's degree may substitute for 2 years.**
- **Reimbursement Limits: 600 units per recipient per year. May not be reimbursed on the same day as Intervention services.**