Homeless & Housing Service Providers'

Medi-Cal Academy

Session #5: Money Matters 201, March 8, 2023

Link to recording

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This work is made possible because of funding from the

California Health Care Foundation

About CSH

CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.

Your Training Team Today

Alison Niemi

(she, her, hers)

Ambrosia Crump

(she, her, hers)

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(she, her, hers)

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(she, her, hers)

What content is covered?

Some Counties are holding contracts with MCPs and subcontracting to homeless service providers- in this case the sessions with the asterisks (*) will benefit providers most.

Topic	Audience	Timeline
Medicaid 101: Medicaid basics, including contracting, documentation, billing and CalAIM CS 101*	Providers, CoC, County Staff	January 11, 2023
Business Planning for Medi-Cal Housing-Related Community Supports	Providers	January 25, 2023
Evidence Based Practices in Housing-Related Community Supports and PSH*	Providers and MCPs	February 8, 2023
Money Matters 101: Services Costs, Cash Flow and Blended Funding	Providers	February 15, 2023
Money Matters 201: Tools for understanding Costs, Cash Flow and Blended Funding	**Providers**	**March 8, 2023**
Incorporating Community Health Workers and Peers into your Workforce*	Providers, County Staff and MCPs	April 5, 2023
MCP and Medi-Cal Compliance Requirements and Claims Processes*	Providers, CoC and County staff	April 12, 2023
Common Policies and Procedures for Medi-Cal Providers*	Providers and County Staff	April 26, 2023
Medi-Cal Documentation Standards and Processes*	Providers and County Staff	May 3, 2023
EHR Elements to Support Documentation, track funding source and medical necessity*	Providers, MCPs, CoC and County Staff	May 17, 2023

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Learning Objectives

Tools to estimate start-up, ramp-up, and ongoing costs

Using time studies to support estimates

Cash Flow & Simple Revenue Forecasting

Clarity on supplementing and not supplanting

Today we'll dig deeper into:

**Cost Estimates &
the CSH Services
Budget Tool**

**Simple Revenue
Forecasting Tool**
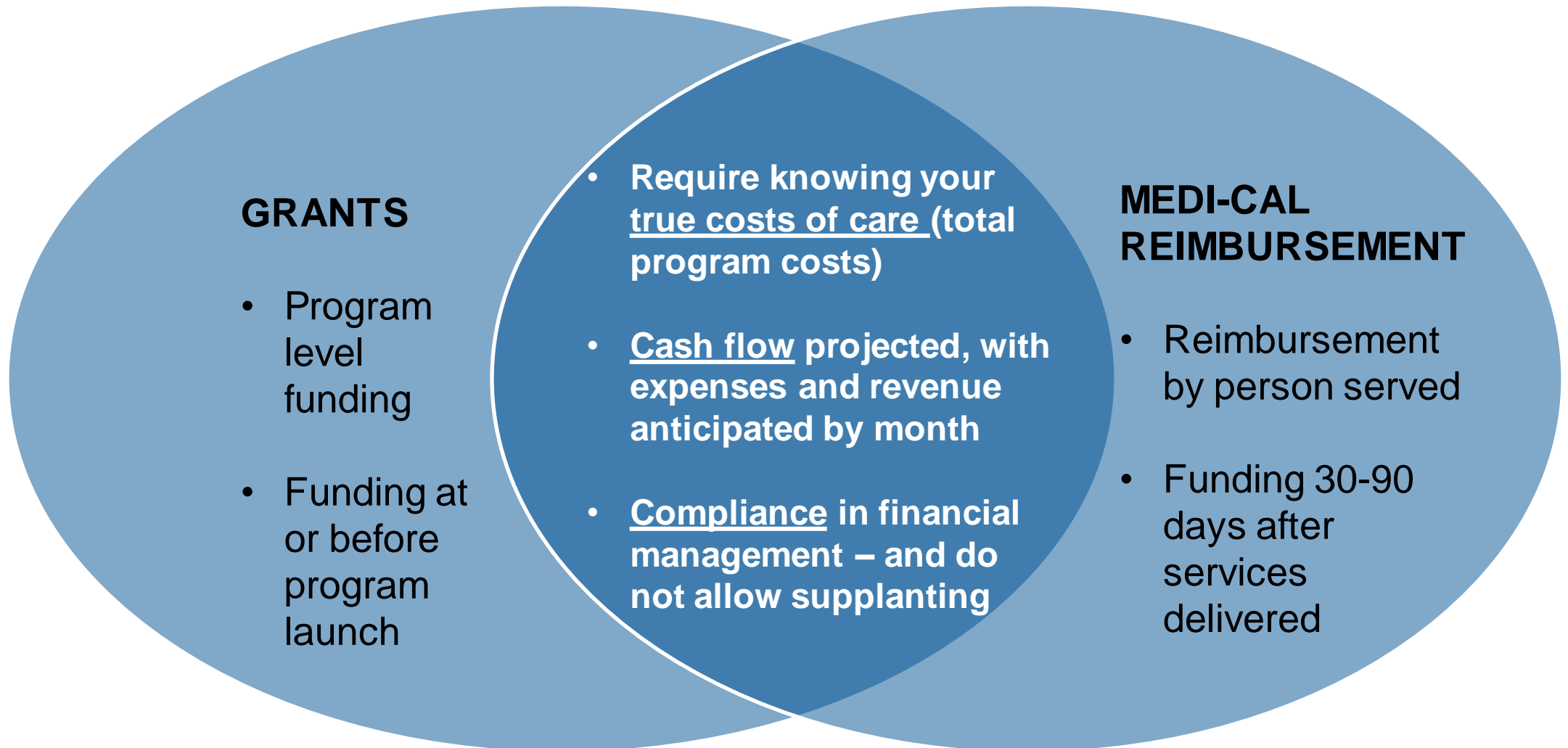
**Incorporating a
Staff Time Study**

**Promoting
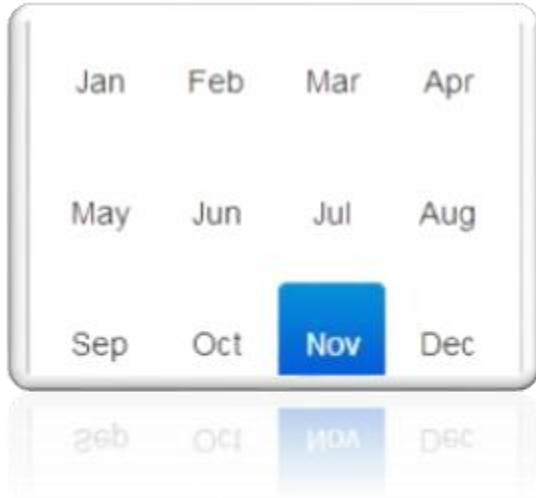supplementation &
avoiding
supplantation**

Key Concept Review from Money Matters 101

What both models have in common...

GRANTS

- Program level funding

- Funding at or before program launch

- Require knowing your true costs of care (total program costs)

- Cash flow projected, with expenses and revenue anticipated by month

- Compliance in financial management – and do not allow supplanting

MEDI-CAL REIMBURSEMENT

- Reimbursement by person served

- Funding 30-90 days after services delivered

Payment Mechanisms for Medi-Cal MCP Reimbursement

Bundled Payments

"Single, distinct payment per Member or case payable each month a person is enrolled with a Provider (regardless of specific level of services or number of interactions provided to that person)." Referred to as PMPM, or per member per month bundled payment.

Fee for Service

"Single, distinct payment for a discrete good or defined length of time (e.g., per hour, per diem) or other unit (e.g., per meal)."

Cost Reimbursement up to a Cap

"A cap on the total amount of services/goods that will be reimbursed for a specified service or set of services."
Ex: Housing Deposits

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Where to Begin

If you aren't sure where to begin in estimating the true cost of care:

Start with existing case load sizes, current salaries, current operating expenses

Then… add start-up and ongoing costs common to Medi-Cal service provision, including adjustments to current costs to account for what it will take to achieve excellent outcomes and retain staff.

Ongoing Costs to Consider

STAFF

TRAINING

BUSINESS SUPPORT

SUPERVISION

QUALITY IMPROVEMENT

IT, DATA PLANS

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Start Up Costs to Consider

PERSON-CENTERED DESIGN (focus groups, lived expertise)

TA or CONSULTANTS

NEW DATA SYSTEMS or SOFTWARE

HIRING BONUSES

LEGAL SUPPORT IN CONTRACTING

SALARIES FOR 3-5 MONTHS

RAMP UP TO CASE LOADS

IT OR VENDOR SUPPORT

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Step 3   Building out cost estimates by month

Medi-Cal Community Supports Implementation: Common Financial Planning Timeline

Planning and Development
- Months 1-4

First payment @ 6-9 mo's

Full implementation
- Months 13-18

Project conception

Early implementation
- Months 5-12

Fully operating and financially sustainable

CSH Services Budget Tool
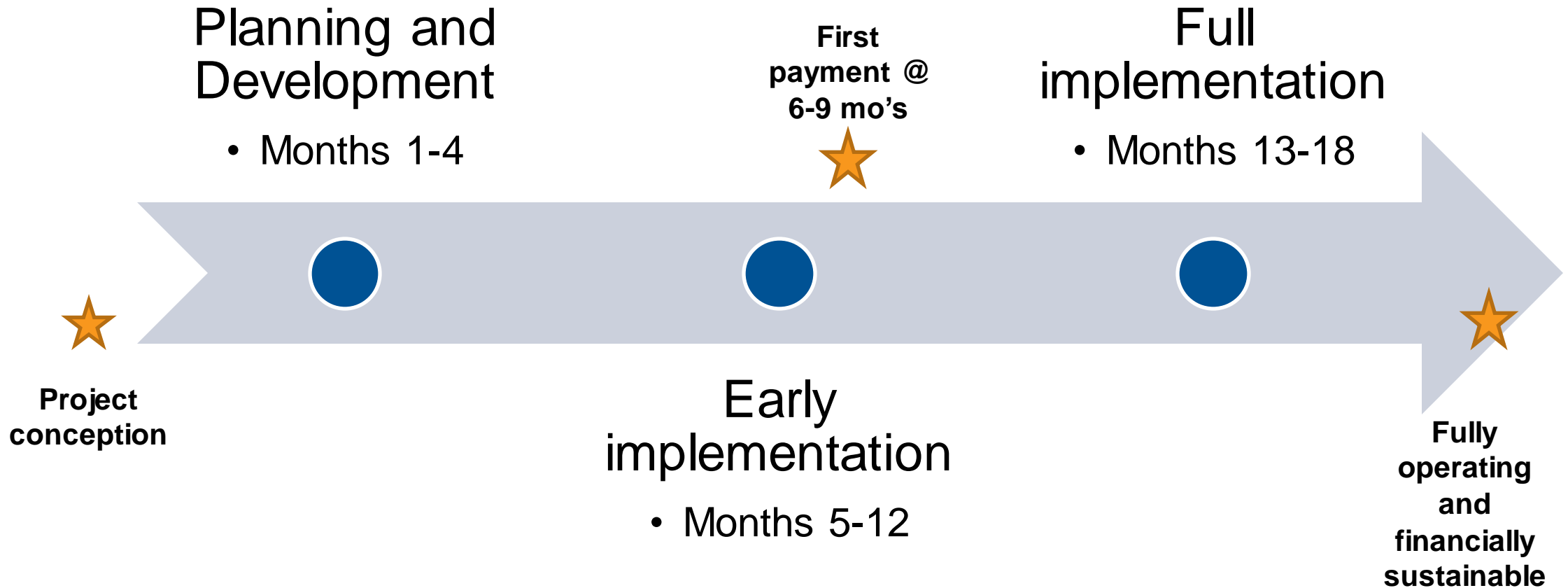
Services Budget Tool

Link to tools: https://www.chcf.org/resource-center/medi-cal-academy/

Budget Summary Output

The Budget Summary Output tab is intended to serve as the landing page of cost summaries by staffing model. The information in the green cells below are calculated from data entered into tabs 3-9 that then generate the totals in Columns D-G.

Summary Table Based on Inputs (Staffing Model Tabs 3-6)	Current Program	Intensive Case Management (multi-disciplinary team)	Housing Tenancy and Sustaining Services	Housing Navigation and Transition-CTI
Number of FTE Employees	5.00	13.25	9.65	6.3
Annual Program Budget (Year 1 + Tab 9. Medi-Cal ProviderOngoing Costs)	$544,521	$1,247,881	$920,891	$680,621
Start Up Costs (Tab 8 Start Up General and Tab 9 Start Up Medicaid)		$29,595	$29,595	$29,595
Total Number of Tenants	100	100	100	100
Total Units of Service, based on a standard 15 minute unit of service	16,848	27,120	32,544	29,832
Cost Per Unit (relevant only for Fee for Service 15 minute units)	$32.32	$46.01	$28.30	$22.82
Per Tenant Per Month Cost (does not include Start Up)	$453.77	$1,039.90	$767.41	$567.18
Per Tenant Per Year Cost (does not include Start Up)	$5,445.21	$12,478.81	$9,208.91	$6,806.21

See Tab 3. Basic Inputs & Assumptions for further detail

Estimating Case Load Sizes

"Caseload variation: An ILOS Provider might determine it is necessary to adopt a lower caseload per staff member than was assumed for purposes of the pricing guidance (e.g., if the Medi-Cal beneficiaries expected to receive the ILOS service have relatively intensive needs). This could result in a higher price, given that the time and costs of the staff member would need to be spread across fewer enrollees."

Non-Binding ILOS Pricing Guidance (ca.gov)

WHO ARE YOU SERVING?

WHAT BEST PRACTICE SERVICE MODEL ADDRESSES THE NEEDS OF YOUR TARGET POPULATIONS?

ARE INDIVIDUALS NEW TO SUPPORTIVE HOUSING?

ARE CASE MANAGERS NEW TO SUPPORTIVE HOUSING?

TENANT BASED (SCATTERED SITE) OR UNIT BASED (SITE BASED)?

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Review the DHCS Pricing Guidance

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

1. Housing Transition Navigation Service

High-level pricing approach: The pricing considers a housing care manager with a college degree providing services face-to-face in an office as well as in the community and via phone/other technology to a midpoint caseload of 1:35 individuals concurrently. The caseload range in the available research and based on stakeholder input varies from 1:20 to 1:50 individuals concurrently. Pricing also includes 1 housing specialist per 6 housing care managers and 1 supervisor per 10 housing care managers. The caseloads also reflect time spent on behalf of enrollees, such as coordination with landlords or housing research.

Service Rate

Midpoint Service Rate	$386
Rate Range	$324–$449
Unit of Service	PMPM
HCPCS Billing Code	H0043, H2016 (Modifier U6 for both)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Price	
Cost Drivers	**Assumptions**
Frequency (if applicable)	As needed
Duration (if applicable)	As needed

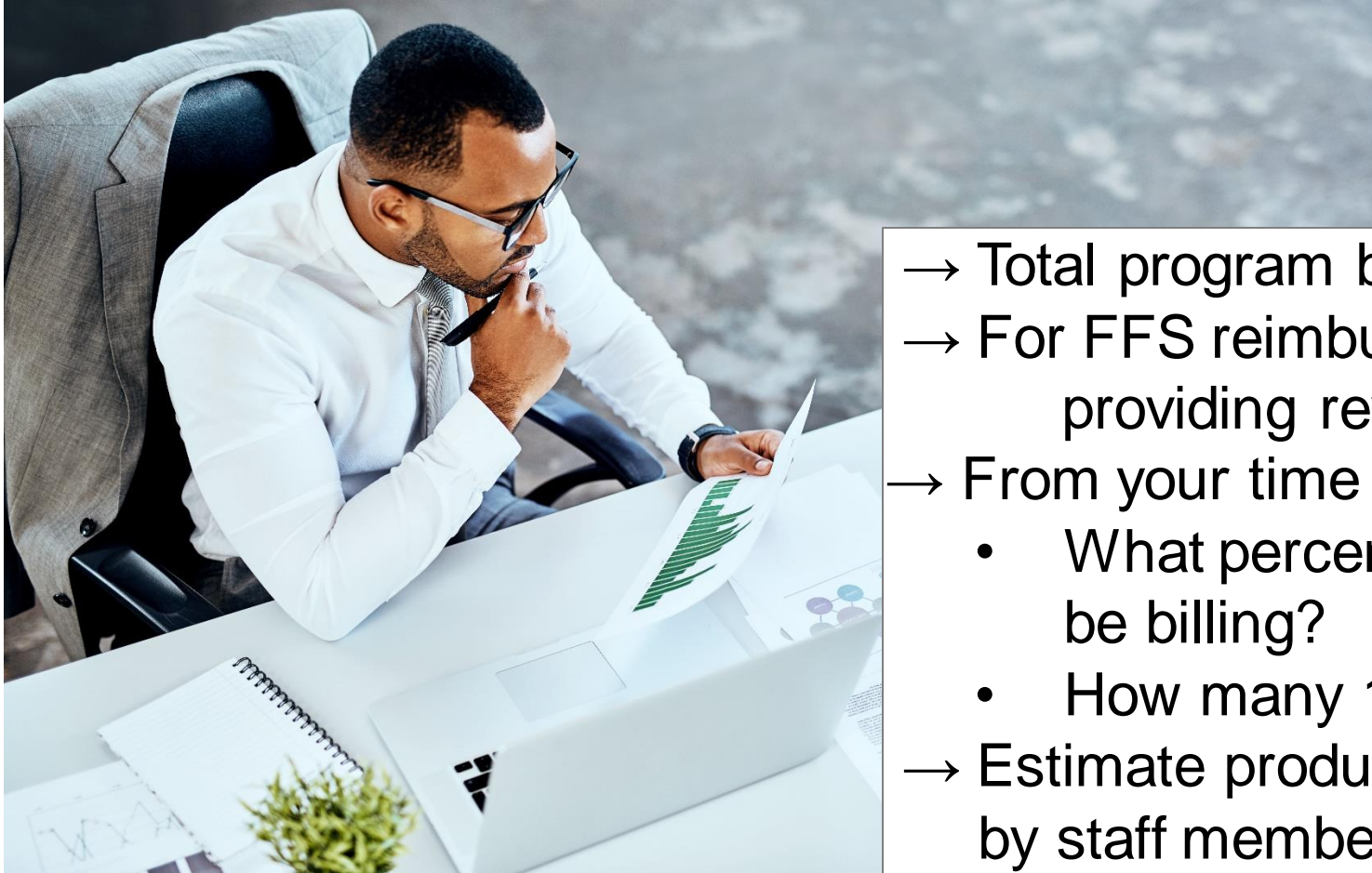Non-Binding ILOS Pricing Guidance (ca.gov)

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CSH Medi-Cal
Academy Link to Files

Putting It All Together- Budget Tool Tutorial:
Housing-Related Community Supports

Tailoring your Services Budget Tool - we can help!

→ Total program budget vs net program budget?
→ For FFS reimbursement: which staff are
      providing revenue generating services?
→ From your time study:
- What percentage of their time will your staff be billing?
- How many 15 minute increments is that?

→ Estimate productivity requirements
by staff member and rate

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Estimating Productivity for Fee for Service Reimbursement

Assume what is available is used

→ Time off: paid leave, sick time, bereavement, vacation
→ Administrative tasks
→ Non-billable services like outreach, collateral contacts
→ Lunch/breaks
→ New hire ramp-up
→ Training and professional development
→ Buffer for authorizations, rejected claims, quality assurance

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Programmatic: Staff Billable Time Study

Activity	Date	Begin and end time	Total number of hours/minutes	Is this an activity listed under housing-related Community Supports (HTNS, HD, or HTSS) See Policy Guide
Time with Molly Moo discussing where she want to live	4/5/23	9:00am – 9:45am	45 minutes	Y
- Calling Landlords in neighborhoods where Molly wishes to live on her behalf but without her Present (indirect contact)	4/5/23	10:00am – 11:00am	1 hour	Maybe
Travel	4/5/23	11:00am – 11:15am	15 minutes	N
Time with Jerry Jets Discussing the upcoming housing recertification process	4/5/23	11:15 – 12:15	1 hour	Y
Lunch	4/5/23	12:15 – 12:45 pm	30 minutes	N
Travel	4/5/23	12:45 - 1:00	15 minutes	N

- What percent of staff time might be covered by this new funding stream?

CSH Simple Revenue Forecasting

CSH Medi-Cal Academy File

Simple Budget Forecasting Tool

Revenue Forecasting Examples

HOUSING-RELATED CS SUPPORT EXAMPLES					
Position	Caseload per month	# of authorized clients for CS	MidPoint Rate	Total Annual Revenue	Total Monthly Revenue
Housing Supports Specialist	20	20	$ 444.00	$ 106,560.00	$ 8,880.00
Housing Supports Specialist	20	10	$ 444.00	$ 53,280.00	$ 4,440.00
Housing Supports Specialist	15	15	$ 444.00	$ 79,920.00	$ 6,660.00
Housing Supports Specialist	15	8	$ 444.00	$ 42,624.00	$ 3,552.00

Other Impacts on Revenue Projections

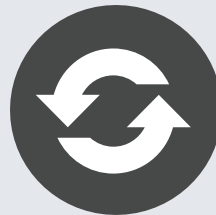**VARIATION AND FREQUENCY/DURATION OF VISITS- If FFS**
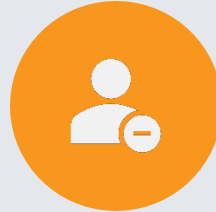
 # OF CLIENTS AGENCY REFERS TO MCP FOR CS

MEDI-CAL MEMBER ENROLLMENT RENEWED ON TIME

ACCURACY OF CLAIMS SUBMITTED ON FIRST ATTEMPT
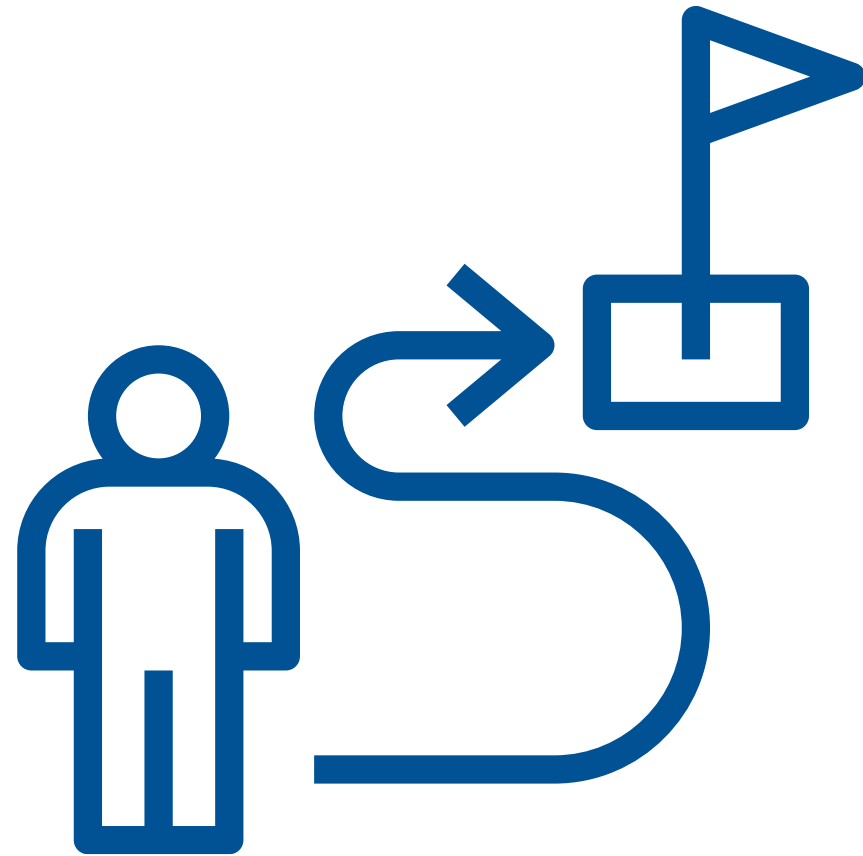
REAUTHORIZATION #s ALIGN WITH EXPECTATIONS

RESUBMIT CORRECTED CLAIMS FOR REIMBURSEMENT

Purpose

This section of the training will focus on ways to supplement services and document your actions.
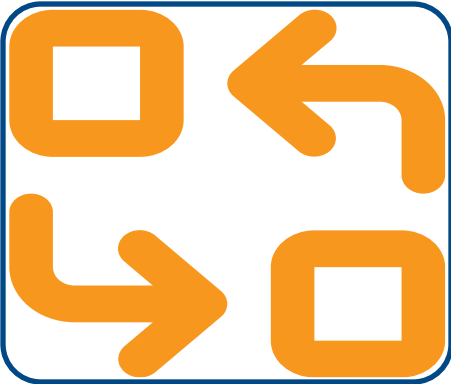
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Important Background to Consider

- Federal government creates parameters and collaborates with State government on setting thresholds and monitoring regularly

- These parameters or rules are set between Federal CMS and State Medicaid agencies
  - Always be on the look-out
  - It can change

Definitions

Supplanting funds – <u>replaces or takes the place of</u>; occurs when a state or unit of local government reduces state or local funds for an activity, specifically because federal funds are available to fund the same activity
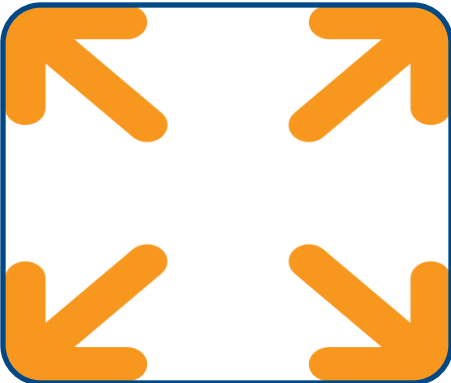
Supplementing funds – <u>to add to or build upon</u>; funds are used to expand or increase the level of services provided

"Medicaid-covered affordable housing supports should supplement, but not substitute existing housing funds. Ideally, Medicaid-covered housing supports should work seamlessly with available housing resources and programs."

https://www.medicaid.gov/resources-for-states/downloads/covid19allstatecall12062022.pdf (Slide 13)

DHCS CS Policy Guide

Pages 12, 15, 21

- "Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance."
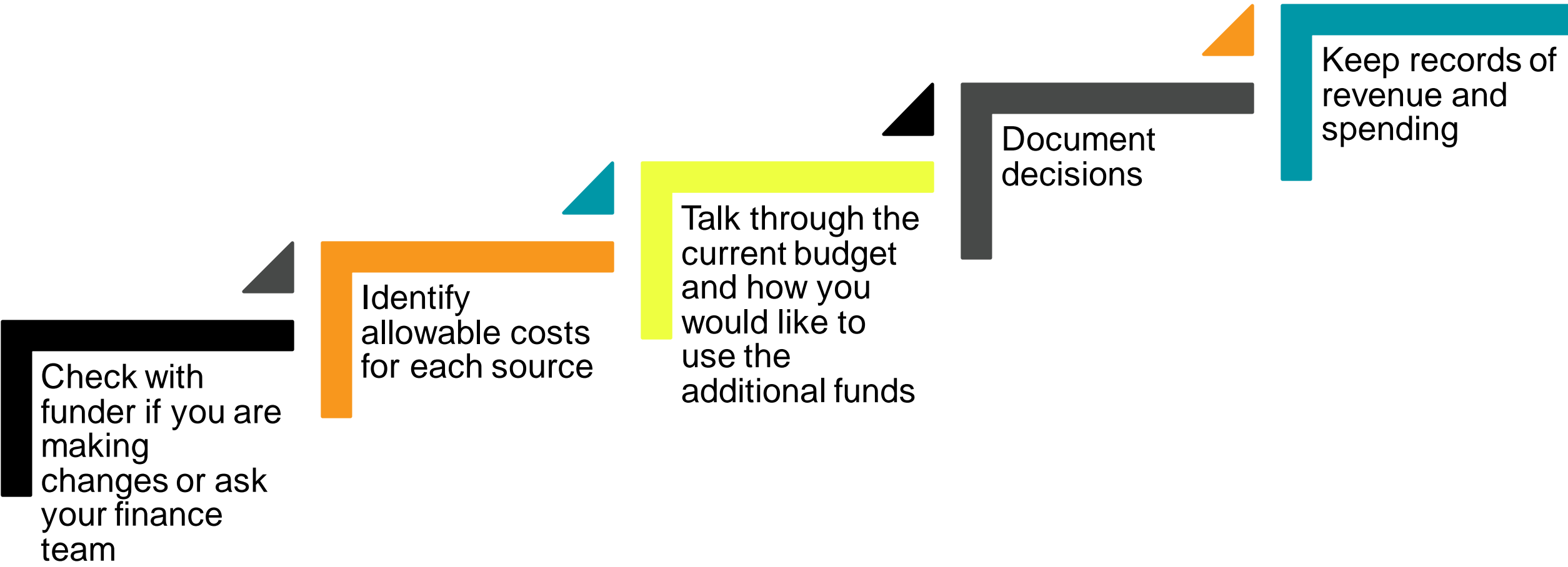
What supplementing means for housing providers?

- Fill gaps in services
- Expand service delivery
- Serve more individuals
- Pay professional wages (living wages)
- Manageable caseloads (reduce case load size)
- Other?

How to Supplement

Check with funder if you are making changes or ask your finance team

Identify allowable costs for each source

Talk through the current budget and how you would like to use the additional funds

Document decisions

Keep records of revenue and spending

Wrapping Up

Resource Spotlight

PHE Communication Toolkit 1.0

MEDI-CAL CONTINUOUS COVERAGE REQUIREMENT

Department of Health Care Services
Communication Toolkit Phase 1

Next Steps:
R.E.A.C.H.

Read
- Read on pages 1-5 About DHCS Medi-Cal Coverage Ambassador Program in the [Continuous Coverage Toolkit](#)

Explore
- [Medi-Cal Academy](#) tools, particularly the Time Study and Revenue Forecast Tool
- [PATH Funding](#)
- [TA Vendor Marketplace](#)

Attend
- Next Training Session!
  - Incorporating Community Health Workers and Peers into your Workforce
    - 4/5/23 1-3PM:

Complete
- The Services Budget Tool and email it to Academy TA team for support

Have ready
- Revenue and Cost projection questions for TA session

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Thank you!

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