



REQUEST FOR APPLICATIONS

2014 Medicaid Institute for Supportive Housing Agencies (MISHA)

Medicaid Institute

CSH is sponsoring the launch of the Medicaid Institute for Supportive Housing Agencies (MISHA). Representatives from approximately 8-10 selected providers of permanent supportive housing (PSH) in CT will meet seven times for a full day beginning from March through September 2014. CSH is working in conjunction with the Technical Assistance Collaborative (TAC) to deliver MISHA, in which participating agencies will:

1. Review the range of Medicaid services and programs providers of PSH are or may be eligible for beginning in 2014 and beyond.
2. Learn about service model and primary care/prevention approaches and results from these approaches.
3. Learn the processes for becoming eligible for Medicaid programs, how service agencies can assist participants to become eligible and maintain Medicaid eligibility.
4. Be able to assess needs and impact of Medicaid coverage for populations not previously covered.
5. Be assisted in conducting organizational assessments to determine if they should consider becoming a Medicaid provider or a referring/supporting organization (assuring participants gain access to needed services).
6. Learn about successful approaches to being full service partners with Medicaid providers for the benefit of PSH participants.
7. Develop business plans to either become a Medicaid billable organization or developing strategic partnerships with Medicaid providers in order to increase capacity of supportive housing services.

PSH providers who determine post self-assessment that they would want to become (or continue to be) a Medicaid services provider or would like to become a partner in another determined Medicaid initiative (such as Health Homes) will develop and implement plans to meet new and ongoing requirements. This could be in form of providers developing new business plans and preparing their staff for the future.

Institute Structure

- Each selected PSH agency will identify a Team Leader, who will attend every session, and Key Staff Participants to attend sessions as appropriate.
- Meetings will be scheduled to occur on one full day per month for seven sessions, commencing in March and ending with a seventh session held in September where agencies will present on the implementation of their Business Plan.
- Participants will be required to complete some relevant tasks between sessions (Technical Assistance provided).

2014 Sessions

- March 6th
- March 27th
- April 22nd
- May 22nd
- June 19th
- July 9th
- September 18th

Location:

Wethersfield Historical Society
Rotary Room
150 Main Street
Wethersfield, CT

Important Dates

Application Due.....February 13, 2014

Selection Notification.....February 20, 2014

MISHA Session Objectives

Session 1: Health Care Reform: Changing Eligibility and Benefits Impact on PSH Residents

This module will focus on Connecticut's Medicaid program structure and benefits from the perspective of both recipients and providers.

The objectives for this session are for Teams to learn:

1. The aims of the state's Medicaid program and its potential impact on PSH recipients and on PSH provider agencies;
2. The practical impact of the ACA for PSH recipients in Connecticut;
3. Medicaid benefits in Connecticut by program category and type and by each enrollee's eligibility and enrollment status;
4. The new model of coordination of care and how PSH providers may be included in this model;
5. The aims and potential benefit of the Institute for each participating PSH provider Team and their agency.

Session #2: Eligibility, Enrollment and Introduction to Business Planning

This module will cover Medicaid eligibility and enrollment, as well as eligibility for Medicare, Veteran's benefits and SSDI/SSI. Also a review of upcoming sessions and activities that will be focused on provider based Medicaid business planning and topics critical to business planning.

The objectives for this session are for Teams to learn:

1. necessary (across eligibility and enrollment types) eligibility and enrollment requirements applicable to PSH program recipients;
2. what resources related to Medicaid enrollment are available to the PSH providers and recipients;
3. what back-up documentation is necessary and where documentation can be accessed;
4. recipients' requirements for maintaining eligibility;
5. categorical disallowances by type of disallowance.; and
6. the Institute approach for provider based business planning development (with Plan format)
7. how to conduct a self-analysis of current provider capacity; and
8. how to conduct an assessment of readiness to become a Medicaid provider.

Session #3: Provider Options and Building Partnerships

This module will include basic information for PSH providers on requirements for becoming a Medicaid provider and/or a member of a network of providers providing services to Medicaid recipients and needed capacity and actions to maintain this status successfully overtime.

The objectives for this Session are for Teams to learn:

1. the basic Medicaid provider requirements, specific Connecticut provider requirements by Connecticut program type;
2. how they as a provider can become part of the recipient's health/behavioral health team;
3. applicable requirements for becoming part of a health/behavioral team in Connecticut; and
4. their initial assignment for developing a Medicaid provider based business plan as part of being an Institute participant.

Session #4: Building the Business Plan

Beginning with this session, a major focus of the Institute will be Institute teams building a comprehensive business plan encompassing their planning for clinical and supportive services practice and infrastructure and the necessary management and business enterprises either as a Medicaid provider or in partnership with Medicaid providers/ Medicaid network.

The objectives for this Session are for Teams to learn

1. the essential elements/requirements for a provider Medicaid business plan using the business plan template;
2. steps the team can take to complete their plan and where providers can access information helpful with completing their plan.
3. how to gather/or assist recipients to gather, use and help recipients use data to improve their health outcomes; and
4. how to assist recipients with wellness planning and illness self-management.

Module #5: Building the Business Plan and Measuring Success

This module is split between Team's presenting their "progress" with developing their business plan in a small group setting in the morning session and one topical presentation and discussion in the afternoon session.

The objectives for this Session are for Teams to:

1. receive feedback on their progress developing their business plan that they can use as they complete their business plan;
2. acquire information about how to gather and use data as part of their business plan implementation; and
3. acquire information on effective "high-utilizer" strategies.

Session #6: Building the Business Plan

Each team will make their "initial" full business plan presentation during the morning session using the business plan template they received in Session #3. Teams will get feedback from peers and preceptors as part of the discussion. Teams will also be asked to give a progress report on the number of recipients who are now enrolled in Medicaid and getting access to needed benefits, problems recipients have encountered getting enrolled and accomplishments providers and recipients have made with their enrollment strategies as part of this presentation.

The objectives for this session are for Teams to:

1. get feedback on their implementation progress;
2. get assistance with their implementation challenges;
3. get additional information to implement their Business Plan; and to
4. give and get feedback on recipients' progress on Medicaid enrollment, access to needed benefits and challenges recipients are facing.

Session #7: Business Plan Implementation

This session will be held two months after the 6th Session for Teams to make a final report on progress of recipients being enrolled in Medicaid and getting access to needed benefits and to make their first progress report provider Business Plan implementation. Teams will report on their progress to their Business Plan implementation and to describe the major challenges and successes recipients are having with enrollment and access to services.

The objectives for this session are for Teams to:

1. make their final report on their Business Plan
2. get feedback on their implementation progress from preceptors and peers;
3. get assistance with their implementation challenges; and for CSH, TAC and Institute Teams to:
 - a. get feedback on recipients' progress on Medicaid enrollment, access to needed benefits and challenges recipients are facing; and
 - b. get feedback on Institute approach and recommendations for future technical assistance and Institute approach.