Medicaid in Specialty Courts

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Historical Changes and Impacts

- Movement from federal, state, and local government funding to a focus on billing for services
- Continuing to see a decrease in funding outside of billing
  - Resulting in uncovered staffing and functional components
  - Difficulties in teams maintaining best practices for desired outcomes
- Historic underfunding of Behavioral Health, continued catch up, and variation by Payer
- Workforce Crisis
- Rates often do not reflect specialty team structures

Billable Criteria

- Members must:
  - Meet criteria for diagnosis
  - Meet medical necessity
  - Choose to engage
- Assessment and Treatment plan must have been completed
- Service must meet criteria for billing, and directly impacts the diagnosis listed
- UA’s

Common Non-Billables in Specialty Courts

- Relationship building or engagement prior to an assessment and treatment plan
- Referral Coordination
- Meetings
- Time spent in court
- Transportation
- Reporting and documentation
- Training and events
- Time spent in dual documentation

All represent critical practices that impact outcomes of treatment courts

Considerations for Team Based Approaches

- We know a multidisciplinary team is needed for a successful specialty court program. We also know that team needs a strong interface with the courts and other “secondary team” members
- Current approaches that only look at FTE, or only look at Billables v. Non-billables, do not capture the cost of quality engagement and desired outcomes
- You must staff for the program you want, not the enrollment and billables you have
- Administrative work is treatment