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The Impact of Medicaid Expansion on Private Behavioral Health Organizations

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Syreeta Mae Garner

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2021

Abstract

The Impact of Medicaid Expansion on Private Behavioral Health Organizations

by

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MSW, Norfolk State University, 2013

BS, Norfolk State University, 2006

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

September 2021

Abstract

Communities prosper when the mental health needs of community members are met, but unaddressed mental health problems can contribute to enormous social and economic cost. Behavioral health resources are integral to the successful mitigation of adverse implications associated with mental illness. This qualitative case study was conducted to determine if Medicaid expansion has provided benefits for individuals with behavioral health needs and if behavioral health providers have been able to continue to provide quality services, despite the increase in referrals. The organization identified for this study is located in the southeastern United States and is known for providing not only premier mental health skill-building services but also intensive in-home services. Primary data were obtained from semistructured interviews with 12 senior-level behavioral health staff from a single site. Results showed that the organization was not prepared for the influx of client referrals after Medicaid expansion and that the lack of preparation, partnerships, and community resources impacted the organization's ability to make appropriate referrals to similar providers in the area for individuals seeking outpatient mental health services. Research on the impact of Medicaid expansion on private behavioral health agencies since enactment of the Affordable Care Act has been scant. This study may contribute to positive social change by encouraging organizations to be proactive in identifying breakdowns in keeping up with the demand for mental health services, building more partnerships with other private mental health agencies, and offering more streamlined training for behavioral health providers and/or organizations.

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Section 1a: The Behavioral Health Organization

The Center for Behavioral Health Statistics and Quality (2014) reported that an estimated 18.1% (43.6 million) of U.S. adults ages 18 years and older experience some form of mental illness. Mental illnesses, particularly depression and anxiety, affect the ability of individuals to maintain appropriate family and interpersonal relationships, sustain well-being, and contribute to the community or society at large (Carrie & Sommers, 2018). Behavioral health providers offer evidence-based interventions for behavioral change, including motivational interviewing and cognitive and behavioral interventions, that may facilitate patient-directed lifestyle changes (Ward et al., 2016).

Behavioral Health Organization (BHO) X, a for-profit service provider for individuals with behavioral health needs, offers services to individuals starting at age 6 years and continuing into late adulthood (Organization website, 2020). For the purposes of this study, the internet address of BHO X was withheld from the references to ensure anonymity. According to the website, the organization offers clinical services, psychoeducation, and interventions that can be delivered in the home or community setting and through telephonic and telehealth sessions. BHO X is located in a southeastern American state, and details on the website indicate that it is one of many organizations providing mental health skill-building and intensive in-home services to clients. BHO X's website also states that the organizational mission is to improve the lives of individuals who have developmental, cognitive, and intellectual disabilities. The vision of BHO X is to empower individuals and their families by providing clinical

services, psychoeducation, and evidence-based interventions, according to the organization's website (2020).

Practice Problem

Buck (2011) explained that passage of the Affordable Care Act (ACA) was expected to reduce the gap between a lack of health insurance and barriers to treatment among low-income adults by expanding Medicaid. In 2018, the state government signed the Appropriation Act to expand Medicaid eligibility for up to 400,000 adults living in that state, with the new coverage beginning on January 1, 2019 (Joint Legislative Audit and Review Commission [JLARC], 2019). However, BHO X was not prepared for the influx of young adults and children who were suddenly eligible for Medicaid and in need of behavioral health services. The increase in client referrals for intensive in-home and mental health skill-building services led BHO X to hire more staff. I conducted this study to determine if Medicaid expansion provided considerable benefits to individuals with behavioral health needs and if behavioral health providers were able to continue to provide quality services, despite the demand or increase in referrals/number of individuals requesting services. The study was guided by one research question (RQ): Has Medicaid expansion through the ACA had an impact on BHO X?

Purpose

The purpose of this case study was to examine the impact of Medicaid expansion on a BHO in a southeastern American state and to ascertain if behavioral health providers were able to continue providing quality services after Medicaid expansion in the state in 2018. I used the Baldrige excellence framework (National Institute of Standards and

Technology [NIST], 2017) to guide this study. The framework focuses on core values and concepts, processes, results, linkages, and improvement. The Baldrige excellence framework was used to identify core values and concepts as well as identify guidelines to evaluate the processes and results of service delivery after the state's Medicaid expansion in 2018.

Significance

This study may impact BHO X by identifying barriers to the delivery of behavioral health services after Medicaid expansion. According to the JLARC (2019), the number of Medicaid cases grew by 20% in 2019. Behavioral health agencies that offered behavioral health services saw an increase in the number of clients seeking treatment (JLARC, 2019). The results of this study may encourage BHOs to develop relationships or partnerships with other BHOs to strengthen their resources and ensure that persons eligible for Medicaid who are seeking mental health treatment receive care in a timely fashion.

Giled and Jackson (2017) asserted that expanding Medicaid eligibility was a key element of the ACA strategy to achieve universal coverage, with Medicaid expansion providing more than half of the expected gains in health insurance coverage. Giled and Jackson projected that Medicaid expansion would increase the care options for persons with behavioral health needs and decrease the number of individuals with unmet substance abuse and behavioral health treatment needs. Through ACA, health insurance exchanges market plans will be developed as a subsidy for the purchase of individual coverage that will promote the behavioral health use of statistical data indicating that

approximately one in five adults in the United States has experienced some type of behavioral health disorder (Ali et al., 2014).

Summary and Transition

Mental illness is prevalent among many Americans. BHO X is a for-profit service provider of community-based mental health services. The expansion of Medicaid offered individuals access to affordable health care and treatment. I conducted this study to examine the influence of Medicaid expansion on BHO X's ability to provide services. This study was important to prepare BHOs for an even higher demand for services since the expansion of Medicaid. In Section 1b, I discuss key factors, treatment offerings and services, strategic direction, mission, vision and value, and governance structure of BHO X. Evidence to support the organizational profiles and key factors, and organizational background and context also are presented.

Section 1b: Organizational Profile

The expansion of Medicaid and enactment of the ACA gave American states the opportunity to expand eligibility to low-income adults or persons below 133% of the federal poverty level (Giled & Jackson, 2017). Beronio et al. (2014) noted that the ACA offered flexibility in expanding Medicaid to cover supportive services for individuals with significant behavioral health conditions. Jones et al. (2015) suggested that strong linkages to community-based behavioral health services are needed to ensure that the ability of community health centers to provide the efficient delivery of health care is not compromised.

Uninsured and Medicaid patients face barriers to accessing behavioral health care because some community-based behavioral health providers refuse to treat them (Blunt et al., 2020). Jones et al. (2015) found that one in three health center patients reported having an unmet need for mental health services because of the paucity of mental health professionals willing to provide care to the Medicaid population. I sought to determine if access to and the quality of mental health services in a southeastern American state has been impacted by Medicaid expansion. BHO X helped to answer the RQ: Has Medicaid expansion through the ACA had an impact on BHO X?

Organizational Profile and Key Factors

According to BHO X's governing policies, the organization opened in June 2011 and became the premier behavioral health service provider in the region. Since its inception, BHO X has been committed to improving the lives of individuals with developmental, cognitive, and intellectual disabilities, as well as those with mental health

disorders (Behavioral health leader [BHL], personal communication, July 2, 2020). According to the organizational website (2020), BHO X provides outpatient services to individuals ranging in age from school age to older adulthood and their families. The chief executive officer (CEO) of BHO X stated that the organization began providing services to one city in the region and has since expanded to six cities in the region (personal communication, July 2, 2020). The BHL explained that BHO X provides services to an average of 250 individuals and families, and works with several local agencies to ensure that their clients receive integrated and follow-up care (personal communication, July 2, 2020).

According to the BHO X website (2020), the organization provides mental health skill-building services as well as intensive in-home services in the state. BHO X's bylaws state that the organizational goal is to become the premier behavioral health provider in the region by improving the lives of individuals who are experiencing developmental, cognitive, and intellectual disabilities (BHL, personal communication, July 2, 2020). BHO X's brochure indicates that the vision of BHO X is to empower individuals and their families by providing them with clinical services, psychoeducation, and evidence-based interventions (Organization website, 2020).

BHO X is governed by the principal core content policies of empowerment, coaching and mentoring, safety, and relationship building, all of which were developed to enhance the capabilities of staff and improve the lives of clients (BHL, personal communication, July 2, 2020). The CEO expressed that BHO X is in the process of becoming certified by the Commission on Accreditation of Rehabilitation Facilities

(CARF, 2020; personal communication, July 2, 2020). This accreditation supports the commitment of BHO X to encourage feedback and improve its services to community members (CARF, 2020).

Assets

The BHL stated that BHO X is independent and privately owned (personal communication, July 2, 2020). According to the business license, BHO X is not owned by or affiliated with any large company with massive assets. Financial records also show that BHO X holds assets in cash, equipment suitable for a small office, office supplies, inventory that includes office furniture, and accounts receivable from managed care organizations (MCOs) for services rendered to their members.

Regulatory Requirements

According to documents provided by the BHO office manager and one of its administrative leaders, BHO X is guided by regulatory requirements from the [State] Department of Behavioral Health and Developmental Services (DBHDS, 2020). The DBHDS (2020) is one of the main regulatory bodies under which BHO X operates. The DBHDS licenses private and public providers of community services throughout the southeastern state that was the focus of this study. According to the DBHDS website, the department licenses services that provide treatment, training, support, and rehabilitation to individuals diagnosed with mental illness disorders, developmental disabilities, or substance abuse disorders. This client group also includes individuals who are receiving services under the Medicaid DD (Developmental Disabilities) Waiver or in residential facilities for individuals with brain injuries (DBHDS, 2020). BHO X has an active license

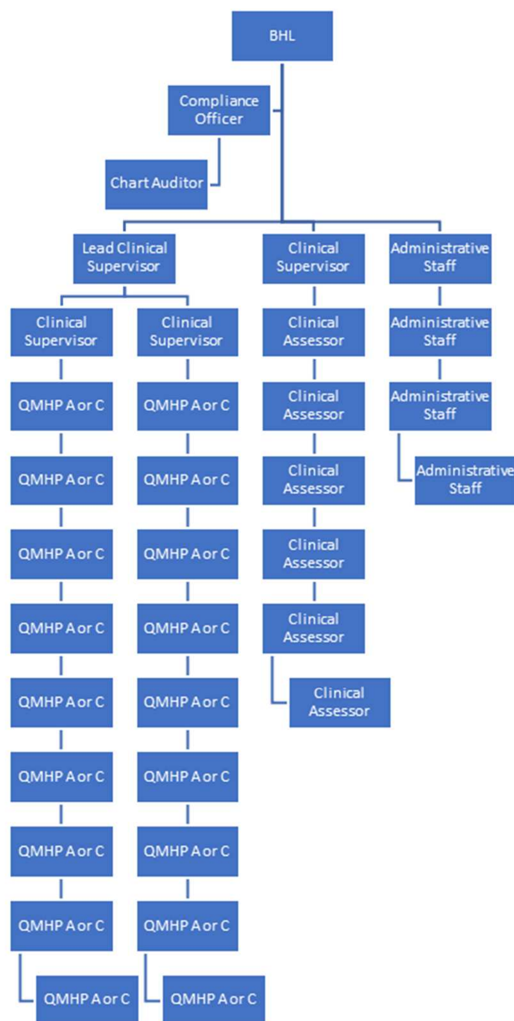
on file with the DBHDS that includes random audits and compliance reviews. Any provider of behavioral health services must obtain a license from the DBHDS to operate in the southeastern state.

Organizational Relationships

Ahmandy et al. (2016) defined organizational structure as the way that organizational activities are divided, organized, and coordinated. According to the organizational chart (see Figure 1), BHO X is primarily run by a small three-person administrative staff: One person completes the payroll, one person completes the billing, and one person pays the monthly expenses. Each administrative staff member reports to the owner/CEO; however, the CEO is not accessible at all times. The CEO explained that in his absence, staff report to the BHL (personal communication, July 2, 2020). Both the BHL and CEO acknowledged that each administrative staff member also has more than one job duty: Licensed mental health professionals review documentation and supervise qualified mental health professionals (QMHP-Adult and QMHP-C). The organizational chart is readily accessible to employees, visitors, contractors, and so on, but it needs to be updated with information about current employees. It was very difficult to identify the roles and responsibilities of current staff because their names have not yet been added to the organizational chart. The organizational structure could be directly related to service delivery and the inability of BHO X to adapt to the increased demand for services after Medicaid expansion.

Figure 1

Organizational Chart of BHO X



Suppliers and Partners

Credentialing documentation from several MCOs was provided by the BHL to show that BHO X has contracts with them to be reimbursed for behavioral health services rendered: Optima Health, [State] Premier, United Healthcare, and Magellan Complete Care. The review of bylaws and financial records of BHO X from inception in 2011 to the present showed that BHO X solely provides services that are a covered benefit of

Medicaid recipients. A contract between BHO X and a behavior modification trainer showed that BHO X has partnered with a company that provides behavior modification training that is offered annually to all employees. According to the employee handbook (Organization website, 2020), behavior modification training is offered as needed to ensure that all employees remain certified; however, each employee requires annual certification only. According to the policies of governing bodies, CPR and first aid training are other mandated certifications that all employees must have. The BHL expressed that to prevent delays in the certification process, BHO X has contracted a vendor to provide the service to new employees in need of certification and then every 2 years to keep employees' certification current (personal communication, July 2, 2020).

One administrative staff member noted that some housekeeping tasks are shared between administrative and office staff. The CEO confirmed that a cleaning company has been contracted through the owner of the building to perform some daily, weekly, and quarterly housekeeping tasks. BHO X hosts quarterly marketing events for staff and community members. Information obtained from brochures and flyers showed that BHO X also partners with some schools and community centers to host events to raise awareness about mental illness and the treatment options available.

Environment

The BHL reported that many BHOs provide mental health skill-building services and intensive in-home services in the area (personal communication, July 23, 2020). The CEO shared that a large number of Medicaid recipients in the area also have access to needed behavioral health services (personal communication, July 23, 2020). According to

the organization's website, BHO X is one of many providers of community mental health rehabilitation services (CMHRS) in this southeastern state. The BHL explained that this very competitive environment means that flexibility and marketing are important to BHO X's efforts to maintain its client base (personal communication, July 23, 2020). According to staff meeting notes and agenda items, staff members complete various marketing events throughout the year, and they use flyers, brochures, and other marketing strategies to remain viable in the behavioral health field.

The BHL expressed that the widespread severity of the COVID-19 pandemic has resulted in a decrease in BHO X's marketing strategies and events because of the restrictions prohibiting group events (personal communication, July 23, 2020). However, BHO X administrative staff routinely encourage clients, employees, and stakeholders to refer persons in need of behavioral health services to the organization. The competitive environment of BHO X provided some insight into the ways that leaders have kept doors open since the expansion of Medicaid and during the COVID-19 pandemic.

Strategic Context/Performance Improvement System

According to the BHL (personal communication, July 28, 2020) and documents secured by administrative staff, BHO X's strategic context and performance improvement system are extensive. BHO X strives to correlate its mission and vision to its core competencies by striving to improve the lives of clients by delivering professional, nonjudgmental, and goal-oriented services. The office staff ensure that all quality standards are met. BHO X staff also make monthly quality calls to assess client satisfaction with service delivery.

Information provided by the BHL indicated that BHO X uses annual performance reviews that include goal setting and feedback during biweekly individual supervision and monthly group supervision. BHO X critiques employees in various competencies, and if they rate below average, mandatory performance plans are developed for them. All employees, despite their performance, are required to set and attain two to five annual goals as well as maintain their professional credentials. Feedback is offered and solicited during biweekly supervision with employees to discuss performance strengths and areas in need of remediation. During group supervision, employees are trained on various topics and are offered the opportunity to make suggestions on self or agency improvement (BHL, personal communication, July 28, 2020).

Organizational Background and Context

Ali et al. (2014) estimated that an additional 970,000 individuals would seek mental health treatment and prescription medication for mental health disorders once Medicaid was expanded, with a great increase in the need for outpatient mental health services. According to the National Alliance on Mental Illness (2019), 19.1% of adults in the United States experience mental illness, 4.6% of adults experience serious mental illness, 16.5% of youth experience mental health disorders, and 50% of all lifetime mental illnesses begin by age 14 years and 75% by age 24 years. Medicaid expansion was signed into law to give individuals living 133% below the poverty level access to health care (Barnes et al., 2020). The U.S. Department of Health and Human Services (as cited in Dey et al., 2016) suggested that the expansion of Medicaid led to a reduction in the unmet need for the treatment of mental health and substance use disorders. Private BHOs

were needed to help to meet the demand for mental health services by newly insured individuals after Medicaid was expanded. Cole et al. (2018) asserted that the ACA would dramatically increase the number of BHOs as more individuals became eligible for Medicaid and Medicaid-based services.

According to the BHL and documentation of referrals, after Medicaid expansion, BHO X was faced with the dual challenges of maintaining an appropriate level of staff and not losing clients to competitors based on the influx of referrals and insufficient staff to meet the increased demand for services (personal communication, July 23, 2020). BHO X had to regroup and answer several questions:

1. How can we continue to remain the premier service provider for mental health skill-building and intensive in-home services in the region if we are unequipped to keep up with the demand for services?
2. What will we have to change in order to continue to provide quality services to those we serve?
3. What type of marketing strategies can we use to recruit qualified professionals?
4. Are other BHOs experiencing the same type of issues, and if so, how are they handling them?

Summary and Transition

Medicaid expansion was predicted to provide millions of individuals with needed health care services. BHO X is one of the many private BHOs in the region providing outpatient mental health services. Being a private BHO and providing services to more

than 200 clients, BHO X had to make rapid changes to remain relevant. Section 2 seeks to answer the RQ: Has Medicaid expansion through the ACA had an impact on BHO X? Specific supportive and relevant data to the RQ are explored in Section 2.

Section 2: Background and Approach

Medicaid expansion was signed into law to offer individuals living 133% below the poverty level access to health care (Barnes et al., 2020). Giled and Jackson (2017) suggested that expanding Medicaid eligibility was a key strategy of the ACA to achieve almost universal health insurance coverage. The ACA's core purpose was to improve access to health care among racial and ethnic minorities and people with behavioral health conditions (Creeden & Cook, 2016).

Carrie and Sommers (2018) contended that many individuals with behavioral health needs are treated by primary care physicians instead of being treated by mental health specialists who could provide high-quality care to individuals with severe depression and comorbidities. Having an inadequate number of mental health specialists to care for individuals newly insured under Medicaid became a concern because unlike primary care physicians, fewer unevenly distributed providers were willing to accept Medicaid (Carrie & Sommers, 2018). Approximately 5 times more uninsured individuals than privately insured individuals had unmet mental health needs prior to enactment of the ACA, which placed new strains on mental health professionals (Olfson, 2016). Section 2 provides an overview of the supporting literature regarding the functionality of BHOs after Medicaid expansion, the sources of evidence used in this study, leadership strategy and assessment of the organization, clients/populations serviced, and the analytical strategy that was used.

Supporting Literature

Medicaid is the largest public insurance program in the United States (Giled & Jackson, 2017). It provides insurance coverage as well as provider payments for low-income families and children, elderly individuals, and disabled Medicare beneficiaries (Giled & Jackson, 2017). The expansion of Medicaid has impacted BHOs in many ways, one of which has been an increase in health care services for adults with active symptoms of depression (Wen et al., 2015).

Mental health specialists are more geographically dispersed, an issue that was a significant concern prior to Medicaid expansion (Carrie & Sommers, 2018). To examine the impact of Medicaid expansion on private BHOs, I reviewed literature on behavioral health needs and service delivery before and after ACA. For this study, multiple databases to search for relevant research sources included, but were not limited to, Sage Publications, Google Scholar, and Walden University Library ProQuest. I gathered primary sources of information from peer-reviewed sources. Key search terms were *Medicaid expansion*, *Medicaid expansion and access to treatment*, *Medicaid expansion improving access to treatment*, *behavioral health and Medicaid expansion*, *Medicaid expansion and treatment options for behavioral health and Affordable Care Act and mental health treatment*, *affordable health care and behavioral health providers*, *behavioral health organizations and Medicaid expansion*, and *mental health and access to behavioral health care*.

In 2015, even though an estimated 43.4 million adults in the United States ages 18 years and older were experiencing behavioral health issues, a large number of them could

not afford or did not have access to health insurance (Andrilla et al., 2018). Olfson (2016) noted that the unmet need for mental health care was approximately 5 times greater for uninsured than for privately insured individuals and that the ACA placed new strains on mental health professionals because of the increased demand for services.

West et al. (2016) asserted that even though there have been prior studies of treatment available to persons diagnosed with mental illness, the results of these studies have consistently documented the use of waiting lists and disproportionate geographic distribution of access to treatment. West et al. examined the availability of mental health services prior to health care reform insurance expansions. Their study focused on treatment and accessibility in 2013, which was the year prior to implementation of the ACA. West et al. asked practitioners if there were problems providing or finding referral sources for community-based mental health services to individuals whom they had treated. The study highlighted reports of constrained availability of mental health treatments.

One strength of the study by West et al. (2016) was their use of a large probability sample of practitioners across the United States who were providing mental health care. One limitation of their study was that the researchers did not differentiate between treatment availability and accessibility. It is unclear if there was a deficit in community-based mental health services or if the practitioners were unaware of the services in their communities (West et al., 2016).

Blunt et al. (2020) argued that Medicaid reimbursement rates have stifled provider participation in the behavior health market, making treatment difficult for persons with

Medicaid and behavioral health needs. Blunt et al. investigated the health insurance expansion associated with the ACA and the availability of specialty mental health treatment. One strength of this study was its timeliness, because policymakers were concerned that an insufficient number of providers willing to accept Medicaid would impact behavioral health treatment after Medicaid expansion.

Blunt et al.'s (2020) study also had limitations examining the impact of Medicaid expansion on provider participation in the behavioral health market. One limitation was that the results did not show a great impact on behavioral health providers because reimbursement rates increased for some services, thus acting as an incentive for some organizations. Blunt et al. expressed having a "relatively short post expansion period and could not capture longer-term effects" (p. 624). The findings offer an understanding of how policies may influence patients' access to treatment and provider behavior.

Golberstein and Gonzales (2015) questioned the effects of Medicaid eligibility on mental health services. The participants in their study were uninsured or had to pay out-of-pocket expenses for mental health services. Golberstein and Gonzales noted that prior to their study, it was not clear how the increase in Medicaid eligibility would affect the use of mental health services. There was initial concern that the extant supply of mental health professionals was insufficient and unable to meet the increased demand for services after Medicaid expansion (Golberstein & Gonzales, 2015).

One strength of Golberstein and Gonzales's (2015) study was that the researchers evaluated the use of several mental health services. This evaluation facilitated the inclusion of recipients of public and private services in the study. Goldstein and Gonzales

did not find that Medicaid expansion led to a significant increase in the use of mental health services. One limitation of the study was that it was difficult to assess if the mental health services were used appropriately or if adequate quality was provided. Golberstein and Gonzales concluded that identifying the barriers to the access and use of mental health care after Medicaid expansion should be a key research priority.

Arnold et al. (2018) explored the impact of Medicaid expansion on people living with HIV with behavioral health needs because of initial concerns that programs that were implemented to integrate outpatient behavioral health and medical treatment for individuals living with HIV. Arnold et al. evaluated how the state's Medicaid program was expected to interrupt care and treatment for this cohort with psychiatric comorbidities. The researchers sought to increase the understanding of the impact of behavioral health care for individuals diagnosed with HIV after Medicaid expansion because individuals had to locate providers who were interested in providing community-based integrated care.

Arnold et al. (2018) found that some private BHOs had higher caseloads, which led to higher wait times. They also found that when patients could not receive same-day service, the wait for service often yielded high no-show rates. One weakness of Arnold et al.'s study was that the sample comprised participants from five diverse counties in the state used in the study rather than from the entire state. Another weakness was that the target population were entitled to services from the Ryan White Program, which offered more wraparound support to better meet their needs (Arnold et al., 2018). The researchers

feared that some states would reduce Medicaid enrollment to address the behavioral health care needs of people living with HIV.

Bunger et al. (2015) analyzed the constraints and benefits of child welfare contracts with behavioral health providers. They examined ways that service contracts with private BHOs caused a strain on referral making and access to services for children and families. Contractual relationships with private community-based BHOs were expected to bridge the access of care to children with behavioral health needs (Bunger et al., 2015). Bunger et al., who evaluated the effectiveness of private BHOs to provide quality services and meet efficiency demands, found that workers with contracts had more success linking their clients to behavioral health services because their clients were receiving priority with the organizations with whom they contracted. Bunger et al. also found that some workers had to locate providers outside of contracts and put their clients on wait lists to receive mental health treatment.

A strength of Bunger et al.'s (2015) study was their exploration of the accessibility of behavioral health services for private BHOs with and without contracts with child welfare agencies. One limitation was that only BHOs and child welfare agencies in a Midwestern state were included in this study (Bunger et al., 2015). It was unclear if private BHOs throughout the United States contracted with child welfare agencies to increase accessibility to mental health services, especially after Medicaid expansion (Bunger et al., 2015).

Dey et al. (2016) analyzed national behavioral health data and reviewed the ways that Medicaid expansion under the ACA contributed to the increase in the treatment of

individuals with behavioral health needs. Kino and Kawachi (2018) sought to determine if the expansion of Medicaid reduced socioeconomic inequalities in the use of health care services. Hall et al. (2019) contended that Medicaid recipients diagnosed with serious mental illness still had difficulty accessing services, even though they had insurance, and Creeden and Cook (2016) suggested that despite Medicaid expansion, mental health care did not increase for individuals experiencing substance use issues. Schuster et al. (2016) explored the ways that some MCOs offered specific behavioral health services with specialty expertise to deliver services to individuals with Medicaid. Their study presented an overview of the ways that care coordination improved the outcomes of individuals with behavioral health needs. Wen et al. (2015) examined the effect of Medicaid expansion on low-income individuals with behavioral health conditions in regard to their health insurance coverage and access to care. They found that Medicaid expansion decreased the unmet need for behavioral health services and increased the probability that individuals with said needs would receive treatment.

Sources of Evidence

Church (2001) explained that secondary data may be collected through published articles, data from text, tables and graphs, appendices of published articles, and reviews of the original data. Secondary data are helpful in designing subsequent primary research and providing a baseline in which comparisons of primary data collection results could be evaluated by researchers (Dunn et al., 2015). Additional data sources in my study included reviews of exit interviews, BHO X’s policies and procedures, surveys, annual

plans, and information from quality assurance measures that evaluated the effectiveness of services being rendered to clients.

I interviewed the BHL of BHO X and 11 other senior-staff staff members based on their job responsibilities and knowledge of the organization. Employee files were accessed to identify job responsibilities, performance, qualifications, employment and education histories, and ability to adapt to change after Medicaid expansion. The information gathered will help the organization to implement a plan to prepare for an increase in the number of clients and referrals and achieve its mission of improving the lives of individuals with developmental, cognitive, and intellectual disabilities.

Leadership Strategy and Assessment

Kragt and Day (2020) wrote that leadership competency requires training and leader development efforts to be effective and ensure organizational success. Kragt and Day found that leaders use some competencies more frequently than others, especially those competencies that are required on a daily basis and provide more benefit to the organizations. Some competencies include demonstrating integrity and courage, having good communication skills, and leading by example. Organizational leaders who can communicate responsibly to employees, business partners, and clients stimulate trust in their organizations (Luthra & Dahiya, 2015).

The CEO (personal communication, August 17, 2020) expressed that BHO X has a flexible leadership style and that all employees have access to the BHL when the CEO is not available. The BHL (personal communication, August 17, 2020) explained that employees are encouraged to follow the chain of command as well as contact the BHL at

any time to share comments, concerns, or inquiries. Kang and Jin (2015) found that information received by way of leadership assessments may be critical in managing organizations. Feedback captured through assessments completed by leadership has the potential to coach leaders and help them to create a development plan specific to their needs. According to the BHL, the BHO X gives employees the opportunity to critique supervisors and offer feedback to the leaders during their annual evaluations (personal communication, August 17, 2020). The BHL provided examples of documents used to show how BHO X applies assessments that allow staff to rate their supervisors periodically based on performance, availability, professionalism, and knowledge and skills.

BHO X bylaws indicate that BHO X has a collaborative system to implement strategies. The BHL explained that once strategies are developed, the BHL sends an email describing the changes to staff supervisors (personal communication, August 17, 2020). BHO X requires that supervisors apprise their staff of any new strategies by contacting them through phone, email, or face-to-face communication. The review of meeting notes revealed that BHO X conducts monthly meetings for all staff so that they can share feedback, ask questions, and deal with challenges as well as concerns. The BHL expressed that staff also are expected to reach out to supervisors if they have questions about individual clients to maintain confidentiality and ensure that pertinent issues specific to treatment are addressed prior to the monthly staff meetings (personal communication, August 17, 2020). According to the bylaws, monthly meetings give staff the opportunity to brainstorm with each other on ways that they have adapted to new

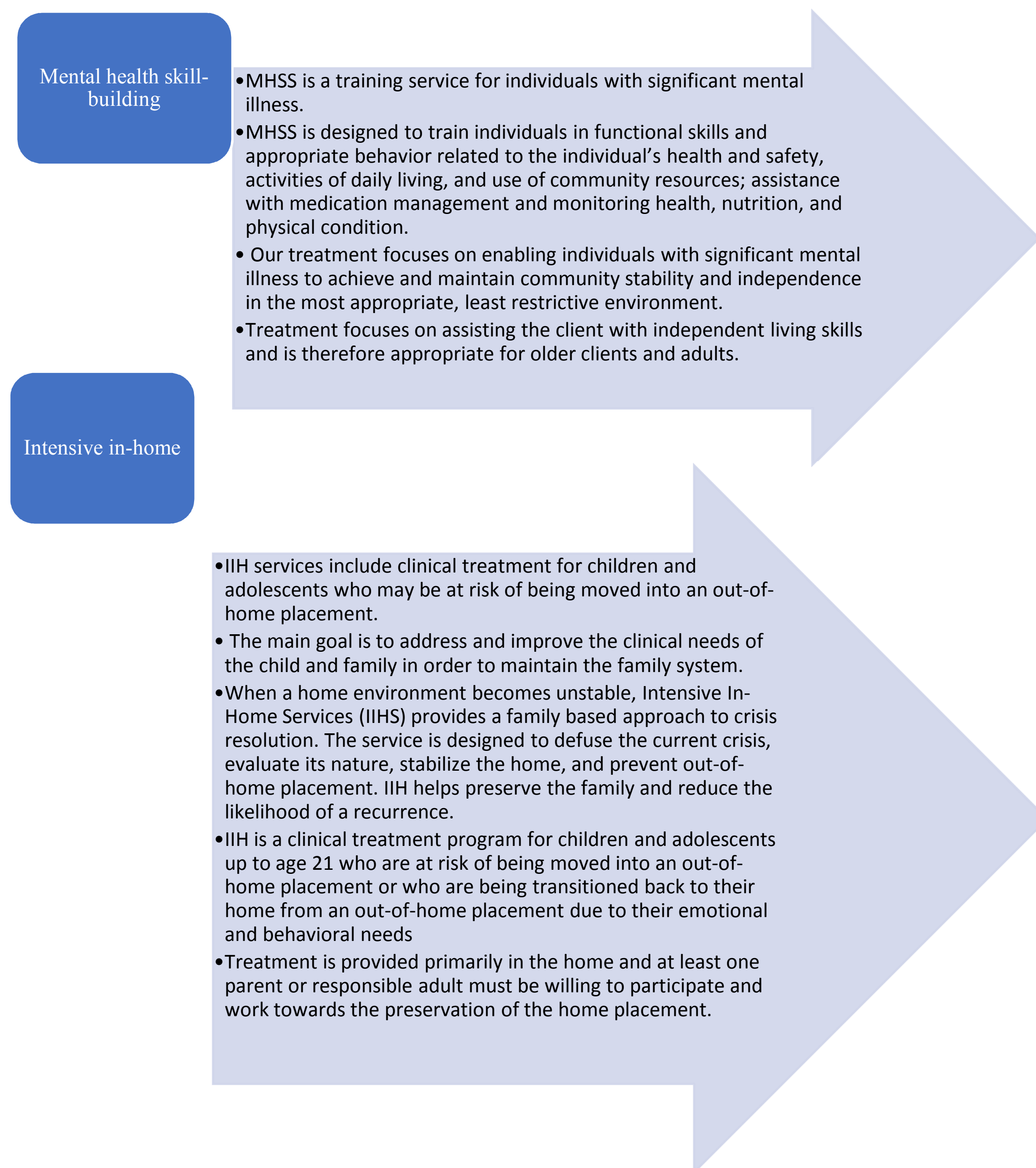
strategies. The BHL shared that supervisors also are required to monitor the ability of their staff to adapt to the new strategies (personal communication, August 17, 2020). The employee handbook explains that staff who have difficulty implementing new strategies are offered additional support, including more frequent supervision or performance intervention plans (Organization website, 2020).

Clients/Population Served

BHO X is one of many private BHOs in this southeastern state (Organization website, 2020). The organization's website and strategic plans show that BHO X offers mental health skill-building services as well as intensive in-home services to individuals with a variety of mental health diagnoses (see Figure 2). The bylaws indicate that clients served by BHO X include Medicaid recipients because the services offered by BHO X are reimbursed solely by Medicaid. The form outlining clients' rights and responsibilities illustrates that clients can contact BHO X's administration through its website and that all clients are given their individual workers' personal contact information and office numbers. The BHL expressed that clients are encouraged to contact the office whenever they need support or assistance (personal communication, August 21, 2020).

Figure 2

BHO X Program Services



According to copies of referral forms, BHO X receives its clients from self-referrals, professional referrals, and marketing events. BHO X holds information

meetings for current and future clients about the organization and its services. The BHL and other office staff make monthly or bimonthly telephone calls to clients to ask for feedback and to offer support. Staff supervisors also make routine calls to clients to solicit feedback and identify concerns. Interviews with senior-level staff showed that BHO X conducts outreach to ensure that clients are satisfied with the services being rendered and their needs are being met. They review information from clients about the quality of services received. BHO X also sends quarterly reports to the clients' care coordinators with their assigned MCOs.

The CEO (personal communication, August 21, 2020) explained that BHO X attempts to ensure appropriate discharge to all clients at termination of services. According to the bylaws, clients are offered monthly check-ins to assist with transitioning and accessing resources for 6 months after discharge from services. The CEO said that typically, services are offered in person and outreach is normally telephonic; however, depending on clients' needs, the organization may conduct face-to-face outreach to assist in tracking outcomes and making any necessary changes to service delivery (personal communication, August 21, 2020).

Analytical Strategy

Overview

This qualitative study followed a case study design. This design allows researchers to explore phenomena from a naturalistic perspective (Ravitch & Carl, 2016). I interviewed 11 senior-level staff and the BHO to obtain the primary data for the study. I also reviewed and analyzed secondary data from meeting minutes, strategic plans, annual

reviews, and other archival documents relevant to the RQ. The Baldrige excellence framework (NIST, 2017) served as a guide to understand and organize the data. In this section, details about my role as the researcher, methods, participants, data collection and management procedures, data analysis plan, and ethical procedures are presented.

Role of the Researcher

My role in the analysis of BHO X was that of a doctoral research student. I was the primary data collector. Qualitative researchers need to be aware of and sensitive to ethical issues, acknowledge and respect the individuality of their study participants, develop trusting relationships with the participants, and understand the participants' own perspectives of the phenomena being investigated (Karagiozis, 2018). The role of the researcher is to connect and reconnect the dots between intersecting parts by collecting and analyzing the data (Ravitch & Carl, 2016). I communicated regularly with the BHL of BHO X while maintaining my role as a consultant to minimize pressure to misrepresent data, manage expectations, and produce a constructive analysis of the organization's strengths and areas in need of improvement.

As the researcher, I ensured that the participants signed the informed consent prior to being interviewed and that they understood what their participation in the study would involve. I also maintained the participants' privacy and the confidentiality of all information throughout the study. I interviewed 12 senior-level staff from BHO X, including the BHL. I also reviewed and analyzed data obtained from staff meeting notes, flyers, brochures, meeting minutes, strategic plans, annual reviews, vendor contracts, and employee files.

Participants

Qualitative program evaluation is an effective approach to capture the experiences and perceptions of participants, staff, and other stakeholders with the intention of enhancing or improving programs and impacting organizational outcomes (Murphy et al., 2018). I conducted semistructured interviews with the BHO and 11 senior-level staff to obtain my data. BHO X employs 60 individuals, so the sample of 12 individuals represented 15% of the staff complement. BHO X experienced significant organizational restructuring before, during, and after Medicaid expansion. I interviewed senior-level staff members who had worked with the organization for at least 2 years prior to Medicaid expansion. Their feedback regarding perceptions of the impact of Medicaid expansion on the functionality of the organization was the focus of the interviews.

The participants were identified based on their tenure with BHO X and their senior-level roles in the organization. Interviewees were current employees and individuals employed by the organization for at least 2 years prior to Medicaid expansion. The job titles of the participants were excluded in this study to maintain their anonymity. Interviewing employees hired after Medicaid expansion was unnecessary because they had no knowledge of the organizational functioning prior to Medicaid expansion.

After I received the participants' signed consent forms, I contacted them over the telephone to schedule either face-to-face or virtual interviews during regular business hours at their convenience. The format of the interviews depended on the status of the COVID-19 pandemic at the time. I designed the interview questions to solicit information pertinent to the practice problem. I asked the participants questions from the following

list. It should be noted that depending on the senior-level roles of the participants in the organization, not all questions were asked of all participants:

- How has Medicaid expansion impacted the organization's ability to provide quality services to clients with behavioral health issues?
- Did you notice a change in the number of clients serviced by the organization after Medicaid expansion?
- What protocol was utilized or has been implemented to efficiently handle an influx of client referrals?
- After Medicaid expansion, did the organization receive more referrals than the organization could render services to?
- Did you feel your caseload changed after Medicaid expansion? If so, please explain.
- Do you feel the quality of services rendered changed after having an increase in clients?
- Did you have any suggestions regarding change in policy to better serve clients after Medicaid expansion? Did you share them? Did you feel your suggestions were heard?
- How did leadership assist with increased referrals after Medicaid expansion?
- How do you communicate with your supervisor and/or BHL?
- Does the organization offer additional training opportunities to keep your license/certifications current?

- Outside of your normal training, did the organization offer support with work and life balance and or preventing burnout after Medicaid expansion?
- How does the organization facilitate change in protocols, procedures, and processes?
- Do you feel supported by leadership?
- Do you feel supported in your current role? Please explain.
- Was the BHL open to feedback and suggestions?

I asked additional questions from the Baldrige framework (NIST, 2017) relevant to the participants' roles at BHO X. Although the participants were senior-level leaders of BHO X, they were not licensed clinical social workers (LCSWs), so when they had to accept caseloads and act as temporary CSWs because of the increased demand for services, they had to be supervised by clinically certified individuals, as per [State] Department of Medical Assistance Services (DMAS, 2020) policy. They also were not allowed to accept cases for more than 2 weeks.

I obtained my data for the study by conducting audio-recorded interviews with the 12 senior-level participants. I used Otter.ai, an automated transcription service, to transcribe the recorded responses to the interview questions. Once I collected the interview data and the participants checked their transcriptions for errors and made any necessary corrections, I uploaded the data into NVivo, a coding software program, for analysis.

Sampling

Probability sampling refers giving potential participants in the target population an equal opportunity to be selected to join a study (Taherdoost, 2016). I used stratified random sampling, which researchers employ whey they want to understand the relationship between two groups, to obtain my participants (Zhang et al., 2020). I interviewed the BHL and randomly selected the other 11 participants from the four senior-level categories of administrative staff, supervisors, contractors, and counselors. Participants were selected based on their roles in BHO X, length of tenure with the organization, and knowledge of the organization's operations before and after Medicaid expansion.

Data Collection

I received approval from Walden University's Institutional Review Board (approval #01-20-21-0993777) to conduct this study, but I did not interview the participants until I gained consent from BHO X's CEO and received the signed consent from each participant. Data collection in qualitative research provides researchers with rich and deep insights into the practice problem (Barrett & Twycross, 2018). In addition to conducting the semistructured interviews, I reviewed several secondary sources of documentation:

- Employee handbook.
- BHO X policies and procedures.
- Staff meeting agenda and minutes.
- Current and past strategic plans.

- Client and family satisfaction surveys.
- Leadership meeting agenda and minutes.
- Organization website.
- Employee files.
- Exit interviews.

I requested information from 2016, 2 years prior to enactment of the ACA, to the present day. BHO X conducts employee surveys that are typically collected by an identified staff member. Leadership and administrative staff are responsible for compiling, analyzing, and distributing the surveys. Leadership and staff meetings are not formally recorded. Some leaders and staff take their own notes, but no official record keeping is maintained during meetings. Exit interviews and employee demographics are obtained by an administrative staff member assigned by the BHL. I reviewed the information for relevance to the practice problem and the impact of Medicaid expansion on BHO X. Consent forms, interview recordings, and transcriptions from this study will remain stored on my personal password-protected computer for 5 years after completion of the study. At that time, all documentation relevant to the study will be destroyed. I adhered to ethical practices that aligned with those of Walden University to conduct this study.

Validity and Reliability

Validity and reliability are closely related but have different meanings (Mohamad et al., 2015). Reliability refers to how consistently a method measures something; validity refers to how accurately a method measures what it was intended to measure (Mohamad

et al., 2015). I was the only data collection instrument in the study. Participants received emailed transcriptions of their interview responses and were offered a copy of the recording. The participants also had the opportunity to review and clarify their responses if needed. I compared the identified themes to other data sources to determine validity. I applied thematic analysis to characterize the data in a systematic approach that could be transparently communicated to others (Bradley et al., 2007).

Summary and Transition

Effective leadership is essential for organizations to maintain resilience during organizational recessions (Luthra & Dahiya, 2015). All clients served by BHO X are Medicaid recipients and are the only funding source for reimbursement. Organizational leaders must possess certain characteristics to prepare the organization, staff, and clients for change. Leaders must ensure that all stakeholders are aware of upcoming changes, offer support and transition schedules, and be open to receiving feedback and concerns about the changes. Organizational leaders must be prepared to adapt to policy changes affecting their organizations and clientele. Section 3 provides details about the analysis and knowledge management components of the organization. Included in Section 3 are assessments of the ways that BHO X has built an effective and supportive workplace environment, has improved key services; and has managed its knowledge assets, information, and information technology infrastructure.

Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge Management Components of the Organization

Section 2 presented a review of current research literature on the expansion of Medicaid and details about the methodology of the study. Medicaid expansion was expected to make a positive change regarding access to care for many children and adults. Medicaid has historically covered fewer than half of low-income Americans, but the expansion of Medicaid has offered eligibility to persons outside of the normal categories to include children, parents or caretaker relatives, individuals who have been permanently and totally disabled, and individuals who are elderly (Barnes et al., 2020). I collected data from in-person interviews with the BHL and 11 senior-level staff of BHO X, reviews of previous and current policies and human resource files, and observations of staff meetings.

Analysis of the Organization

The BHL (personal communication, August 27, 2020) shared that BHO X has built an effective workplace environment by supporting employees through such endeavors as offering workshops, establishing treatment teams, providing numerous opportunities to meet with supervisors, and ensuring that staff have the necessary credentials to work with clients. The state's department of health professions, namely, DMAS (2020) and DBHDS (2020), require that all QMHP-A, QMHP-C, and QMHP-trainee staff be registered with the [State] Board of Counseling to provide services and to be reimbursed for such services ([Name of state redacted] Board of Counseling Qualified Mental Health Professionals, 2020). Information in the BHO X staff handbook states that

all staff must possess QMHP certification, serve as a resident (an individual under supervision) for licensed professional counselor, LCSW, or licensed marriage and family therapist, or possess those licenses in order to provide CMHRS in the state. Reviews of HR processes revealed that during the hiring process, candidates are required to provide copies of their college transcriptions, degrees, and certifications to ensure that they are capable of rendering professional services to clients. The employee handbook also states that BHO X requires full-time staff to have caseloads of at least four clients and part-time staff to have caseloads of at least two clients to ensure the timely delivery of services.

According to the human resource files, BHO X welcomes employee referrals and also uses online search engines to recruit and hire new staff. The CEO (personal communication, August 27, 2020) explained that one member of the administrative staff logs onto an account at least weekly to review the résumés of potential employment candidates. The employee handbook indicates that once new staff are hired, they are paired with staff members who have the same roles to shadow them. The handbook also has information explaining that newly hired staff are assigned supervisors who can offer support as needed. Staff meeting notes showed that BHO X gives all staff members the opportunity to join treatment teams, whose members collaborate to develop and implement appropriate and effective therapeutic interventions for clients. In addition, the employee handbook clarifies that BHO X offers workshops so that staff can learn various updated or new techniques about an array of topics and diagnoses to enhance the therapeutic relationship and the treatment provided to clients and families. The BHL defended this practice, noting that because each family is different, treatment protocols

and interventions are determined on an individual basis (personal communication, August 27, 2020). The CEO (personal communication, August 27, 2020) expressed that holding workshops allows staff to enhance their skill sets so that they are more able to handle situations that arise while providing treatment.

Organizational leaders who incorporate rewards and recognition into their leadership style empower employees and create a bond between leaders and employees that has growth potential for the organizations (Osborne & Hammoud, 2017). The BHL stated that BHO X fosters a workplace culture characterized by open communication that welcomes feedback and suggestions from staff (personal communication, August 27, 2020). According to the CEO (personal communication, August 27, 2020), all staff members have constant access to supervisors in the event of emergencies or needed support. The review of the bylaws showed that BHO X uses various methods of communication with staff: face-to-face, telephonic, and email contact. Meeting notes and agendas indicated that BHO X offers weekly or biweekly individual supervision with immediate supervisors to discuss their cases and seek feedback or guidance as necessary regarding therapeutic interventions, boundaries, diagnoses, and so on. The BHL explained that staff also have opportunities for team or group supervision that offers them support from colleagues to assist with difficult cases or present ideas on ways to engage clients in services (personal communication, August 27, 2020).

The BHL (personal communication, August 27, 2020) revealed that BHO X offers staff incentives to encourage high performance. According to the employee handbook, incentives include bonuses for assisting coworkers, handing in documentation

on time, having perfect attendance, and other notable acts by staff. The BHL encourages staff to take a team approach to providing services to clients to reduce gaps in care when staff are ill or on vacation (personal communication, August 27, 2020). The BHL also expressed that supervisors are encouraged to offer continuity of care while assigned staff are on vacation, ill, or unable to meet with clients or their families (personal communication, August 27, 2020). The CEO (personal communication, August 27, 2020) remarked that sessions facilitated by supervisors also build rapport with clients and their families.

According to the bylaws, BHO X determines key drivers of staff engagement by having consultants offer support and suggestions to keep staff engaged. The bylaws pointed to an expectation that the consultants meet with BHO staff yearly, observe work practices, compare results to other BHOs in the area, and provide feedback. In accordance with the bylaws, after each consultation, BHO X implements any changes to processes that may be necessary to ensure the continued engagement and support of staff.

BHO X provides only CMHRS that include outpatient mental health services for children and adults (Organization website, 2020). Financial records showed that BHO X does not have much flexibility regarding services offered because CMHRS are reimbursed only by Medicaid. BHO X follows the guidelines that are governed by the DBHDS, whose processes include policies from DMAS, DBHDS, and the MCOs that it has contracts with. BHO X has workflows that allow it to follow guidelines from DMAS, DBHDS, and MCOs. Chart audits showed that BHO X also performs routine audits to ensure compliance with all of the governing bodies.

Financial documents indicated that BHO X reviews its expenses and profits, along with its overhead costs, on a quarterly basis. The CEO (personal communication, August 2, 2020) explained that even though the organization strives to reach a 25% profit, if it has not achieved this goal, a plan is developed to either cut costs or increase clientele. According to invoices and receipts, BHO X does not hire outside vendors to conduct its day-to-day operations; instead, the office staff perform multiple tasks to ensure that the organization is operating effectively. Licensure policies demonstrated that BHO X follows fire codes and other protocols to prevent injuries to staff and clients, as well as damage to the building. Copies of procedures indicated that BHO X offers mandatory emergency preparedness training every year to ensure that staff can deal with emergencies in and outside of the office. The BHL (personal communication, August 2, 2020) expressed that email and follow-up communication are sent to staff regularly. According to the client charts, BHO X does not use electronic health records to maintain the privacy and confidentiality of protected health information. The BHL explained that paper charts are locked in cabinets to prevent theft or unauthorized access to client and employee information (personal communication, August 2, 2020). Based on bylaws, policies and procedures, employee handbook, brochures, meeting notes, and so on, BHO X has an appropriate process in place to ensure operational effectiveness.

Knowledge Management

Access to company documents provided information on the knowledge management of BHO X. Based on the information that I collected and reviewed, BHO X measures organizational performance through an analysis of revenue, client performance,

and organizational compliance to prevent overbilling, inaccurate billing, documentation errors, or any other actions that would mean having to make repayments to MCOs. Financial records revealed that BHO X measures organizational performance by reviewing its billing on a weekly basis. The BHL (personal communication, August 12, 2020) explained that the amount of revenue that should be generated and how much has been billed each week are compared. According to financial documentation, BHO X analyzes performance by changes in the number of clients serviced, the number of complaints as well as compliments about organizational staff or services rendered, and MCO feedback. The BHL expressed that organizational performance also is measured by any requests for repayment for fraud, waste, or abuse of resources (personal communication, August 12, 2020).

According to the bylaws, BHO X relies heavily on employee performance evaluations, client follow-up, and any complaints or comments to monitor organizational performance (Organization website, 2020). The employee handbook explains that when employees perform at a level that is below satisfactory, they are placed on performance improvement plans. If no progress is observed, they are terminated. The employee handbook provided information indicating that performance improvement plans and employment termination also can be the direct result of employees not meeting organizational standards; receiving complaints from clients, other professionals, or community partners; or if their actions are contributing to repayments to MCOs. Credentialing with MCOs is based on the organization's overall performance (DMAS, 2020). Without being credentialed with MCOs that handle Medicaid recipients, BHO X

will not be able to provide CMHRS, which are the only services that it provides (DMAS, 2020).

Based on my review of the employee handbook. BHO X uses and manages organizational knowledge through verbal, electronic, and written resources. The employee handbook includes details that group meetings, individual case meetings, and biweekly contact with direct supervisors are the ways that BHO X manages organizational knowledge. The handbook clarifies that the organization also has mandatory monthly group supervision, when individuals on teams meet with their supervisors and other teammates, and meetings with all staff employed by the organization. According to the employee handbook, failure to attend results in verbal or written reprimands and potential termination.

The review of meeting minutes revealed that during these meetings, any upcoming or recent changes to policies, programming, or general operations are discussed. In addition, the organization provides handouts to staff that hold pertinent information, including details about changes. According to the bylaws, BHO X also emails information about mandatory training, community events, and so on. As mentioned, BHO X keeps paper records and has not yet entertained the possible use of electronic record keeping in the near future. Currently, all paper records are stored in a locked file cabinet in the office. Based on observations of the chart storage and the retention of paper records, there appears to be no way to guarantee the availability of the records because when they are being used by some staff members, no one else can access those client records.

Summary and Transition

In this section, workforce, operations, measurement, analysis, and knowledge management components of the organization were explored. Engaging staff to achieve high performance is essential to the work environment. BHO X attempts to achieve high performance by ensuring that its services and work processes align so that the organization can remain the premier mental health provider in the area. By measuring and analyzing the organization’s infrastructure, the organization can adjust to meet the evolving needs of the clients and ensure that the organization adheres to policies and procedures set forth by regulatory agencies.

Section 4: Results: Analysis, Implications, and Preparation of Findings

According to the Centers for Medicare and Medicaid Services (CMS, 2015), Medicaid is the largest payer of mental health services in the United States. The United States has seen a 16.8% increase in Medicaid expansion since enactment of the ACA (Henry J. Kaiser Family Foundation, 2015). Some states, however, have not increased the provision of Medicaid coverage to individuals not previously eligible for affordable insurance. Garfield et al. (2011) contended that Medicaid would increase its role in providing coverage for individuals with mental illness following enactment of the ACA. Through Medicaid expansion, more individuals with mental illness have sought help to address their behavioral health needs (Johnson et al., 2018). The influx of referrals for mental health services after Medicaid expansion has meant that BHO X has had to outsource its clients to meet the demand. I conducted this study to explore the impact of Medicaid expansion on a private BHO in the southeastern region of the United States. Primary data for this study were gathered through interviews with 11 senior-level staff and the BHL of BHO X. As already mentioned, although the participants were senior-level leaders of BHO X, they were not LCSWs, so when they had to accept caseloads and act as temporary CSWs because of the increased demand for services, they had to be supervised by clinically certified individuals, as per DMAS (2020) policy. They also were not allowed to accept cases for more than 2 weeks. Secondary data were retrieved from employee handbooks, benefit packages, employee satisfaction data, training programs, human resource records, client files, and organizational policies and procedures.

Analysis, Results, and Implications

BHO X offers behavioral health services to children and adults diagnosed with mental illness. These services are funded solely by Medicaid and include mental health skill-building and intensive in-home interventions. Although other services are funded by Medicaid, BHO X chose to focus on offering two services to function as the premier service provider for mental health services in the state. I analyzed the data by triangulating the secondary data and the interview responses. Seven themes emerged from the analysis of the collected data: Theme 1: Workforce Redistribution, Theme 2: High-Touch Client Contact, Theme 3: Organizational Management, Theme 4: Employee Focus and Motivation, Theme 5: Fairness, Theme 6: Staff Training and Development, and Theme 7: Increase Employee Engagement. Each theme is discussed in the context of the Baldrige framework (NIST, 2017).

Client Programs and Services Results

BHO X measures organizational performance by reviewing its billing on a weekly basis and comparing the amount of revenue that should be generated and how much was billed each week. BHO X analyzes its performance by noting any decrease in the number of clients serviced, the number of clients requesting discharge before their treatment goals are achieved, the number of complaints as well as compliments about organizational staff or services rendered, and MCO feedback. The MCO feedback includes any requests for repayment for fraud, waste, or abuse. The analysis of the data showed that the strategies that BHO X used to measure organizational performance were

not congruent with what the staff felt should have been used. Theme 1 was derived in relation to program and services results.

Theme 1: Workforce Redistribution

Staff expressed that Medicaid expansion had a great impact on their ability to provide quality services. Participants 4, 6, 8, and 9 explained that when Medicaid expansion went into effect, their caseloads went from manageable to unmanageable in a few days.

Participant 12 shared:

> After Medicaid expansion, I went from being expected to have a caseload of two clients to four clients in a week's time. The company had no regard for my work-life balance or how I was going to alter my schedule to accommodate their business needs.

According to Participant 3, "Individuals I supervised complained about the increase in their caseloads, and I was encouraged to explain to them their obligation to meet the business needs."

Participant 7 explained that even though she did not have a caseload, she would sometimes have staff come into the office and complain to her about how the new caseload expectations were unmanageable and unrealistic. Participants 5 and 7 mentioned that by providing only two services, the organization made their caseloads more manageable because they only had to keep up with regulations and billing protocols for those two programs.

Participant 7 stated:

> I was overwhelmed with the amount of billing I was responsible for after Medicaid expansion, but I know I would not have been able to handle having to complete billing for the numerous MCOs for more than two billing codes.

Participant 4 indicated that although BHO X continued to provide services after Medicaid expansion, the organization was opposed to developing a plan prior to the expansion date, so BHO X forced staff to take on more cases. Staff felt that this practice was inappropriate because they did not prepare for the influx of referrals they received after Medicaid expansion. The organization's essential revisions to regulatory approaches were not implemented prior to the Medicaid expansion date because the leaders were busy developing an environment to facilitate implementation.

Client-Focused Results. Soliman (2011) suggested that it is imperative that client-focused organizations pay attention to assessing employee performance as well as rewarding them for their ability to satisfy clients' needs and maintain their client base. Soliman found that employees who felt appreciated by organizational leaders performed better than employees who felt unrecognized. BHO X is efficient in gathering information from clients about their satisfaction with the services provided by the organization; however, workforce redistribution adjustments were only in the development phase, a process that delayed practices for several months after Medicaid expansion. The responses to the interview questions showed that after Medicaid expansion, supervisors were encouraged to complete biweekly check-ins with clients or their caretakers to ensure that quality services were being rendered.

Theme 2: High-Touch Client Contact

While conducting the study, I found that office/administrative staff, in addition to the workers' direct supervisors, contacted clients on a monthly and sometimes biweekly basis. There were times when the BHO's quality control efforts affected clients' relationships with direct care staff. Staff mentioned in the interviews that they felt as if they were being monitored by leadership, which made them feel powerless in helping some of their clients. They also expressed that some clients were dishonest in some of their disclosures because they were trying to secure something that they wanted. These efforts were "distasteful," as described by Participant 8. Participants 4, 9, and 12 expressed that at least two clients from each of their caseloads left the organization because they felt overwhelmed by the amount of calls that they were receiving from BHO X. According to Participant 5, clients would become argumentative and verbally aggressive when they made their monthly attempts to check in with clients. BHO X designated senior leadership with the task of identifying the strengths of therapeutic relationships and establishing rapport with clients by making telephonic contact to monitor quality checks.

Participant 10 stated:

> The excessive contact from BHO administrative staff and my supervisor caused a divide between my client and [me]. As a senior leader, I had to assume a client caseload when the presentation of cases was at a high volume. There were times when the therapeutic relationship was compromised due to clients feeling they could make requests for goods and services not related to their treatment. I

> remember one day, a client instructed me to take her to get her nails done and threatened to tell leadership and leave the agency if her request was not granted. Leadership obliged to [*sic*] the request, causing a major boundary violation between the BHO and the client. My client would circumvent some of the rules by contacting the BHL to manipulate the situation because clients were leaving because of the large amount of contact from BHO staff.

Participant 1 explained that outreach efforts were made to give clients the opportunity to speak with administration about issues and concerns to avoid any dissatisfaction with services. Participant 7 explained that the goal of outreach was to give clients the opportunity to have direct contact with leadership to encourage transparency and comfort in seeking and receiving quality services, but this was not how the clients perceived it. Participant 7 shared that some clients reported an increase in mental health symptoms such as paranoia and anxiety because they felt uncomfortable about "random staff" contacting them.

It is important to build long-term relationships with clients to increase profits, keep current clients, and obtain new clients (Soliman, 2011). BHO X has made changes to ensure that all clients are treated with dignity and respect and that services are rendered as offered. The organization believes that this attention enhances its relationship with clients and improves organizational performance. Rationalizing and decentralizing the way in which health care services are delivered could have a lasting impact on attention enhancement with clients.

Theme 3: Organizational Management

Despite efforts to improve customer satisfaction, BHO X made changes that impacted service delivery because there was no preparation time. According to Participant 4, when new clients were assigned, staff were expected to make contact with them within 24 hours to ensure client participation. Participant 12 shared that because clients were being assigned so close together, it was difficult to develop schedules with clients. Participants 3 and 11 expressed having to deescalate several clients because their counselors had to cancel or reschedule sessions that had been scheduled weeks in advance. Participants 5, 7, and 11 explained that they received calls from counselors requesting assistance with rescheduling appointments in order to meet with new clients within the organization's mandated time frames. Participants 4 and 6, along with other staff, reported that some of their clients began to be "unavailable" upon their arrival because of previously canceled sessions. The inability to keep schedules led to a decline in staff productivity.

Workforce-Focused Results. BHO X workforce results were helpful in identifying barriers to meeting the demand for services after Medicaid expansion. BHO X received a large number of referrals during the first 90 days post-Medicaid expansion. Participant 1 noted that they were not prepared for the large number of client referrals and felt that the organization failed the staff during that time. Participant 2 admitted that his lack of involvement potentially caused a lot of stress for the BHL and administrative staff because they were faced with issues and concerns that the organization had not experienced previously.

Theme 4: Employee Focus and Motivation

There was consensus from all of the interviewed senior-level staff members about feeling fatigued. Preventing burnout and the poor well-being of staff can decrease the likelihood of poor-quality patient care, high levels of absenteeism, and high turnover rates (Johnson et al., 2018). BHO X was not challenged by having to deal with high turnover rates after Medicaid expansion, but value compatibility was identified as being prevalent among staff.

Participants 3 and 11 identified trends in the performance of staff. They reported that documentation was being submitted late or was not as efficient as it was prior to Medicaid expansion. Participant 8 shared being placed on a performance improvement plan for submitting documents after due dates, having notes in the wrong clients' records, and calling out excessively to include recurring sickness and inability to work normal scheduled hours. According to Participant 6, work-life balance was nonexistent after Medicaid expansion. Participant 9 expressed feeling as if the workday never ended and being exhausted all of the time. Participants 5 and 7 felt that their work never ended. They both shared that even though they worked late some days to catch up, they never really did catch up. Participant 12 said that sleep was difficult because whenever she would close her eyes, she would wake up in a panic that she had missed a session or had forgotten to submit something. Participant 4 mentioned contemplating a career change because the workload was so unbearable and that she felt trapped with the agency because of the financial compensation.

Theme 5: Fairness

More than half of the senior-level leaders who were interviewed expressed feeling unsupported, particularly by the CEO, for a few months following Medicaid expansion. Participants 4, 6, 8, 9, and 10 reported feeling that the CEO was concerned only about the number of clients receiving services, not about the well-being of staff. Participant 3 expressed that additional staff were hired only after several staff threatened to resign after complaining about not feeling supported to handle the increase in the number of clients.

Participant 12 stated:

> I remember one day going into the office and having a conversation with my supervisor, when I had to acquire a caseload due to identified needs of the agency. I was honest and respectful, but I had a feeling my concerns had not been taken seriously until that day. I was very vocal about how I felt being expected to endure such much from leadership while receiving no support. I shared how much I was putting into an organization that was putting little to nothing in me. I recall sitting there basically rambling on and on until I felt relieved that I had at least spoken my truth. When I left the office, I initially felt empowered, but soon after, I was afraid. I was afraid that my honesty would lead me to unemployment. I eventually realized that my truth was more important than continually feeling supported by my employer. Changes were made soon after that day, changes for the better, that is.

Leadership and Governance Results. Leadership and governance are important components of the management of any organization (Luthra & Dahiya, 2015). According

to the interview responses, even though the BHL of BHO X communicated or engaged with staff and clients regularly, the communication was related to client satisfaction rather than to changes in protocols and employee expectations. Leadership contacted clients monthly and had contact with staff at least biweekly through staff meetings and supervision. Staff expressed that this process was helpful and provided opportunities for professional growth as well as continued improvement in client interactions.

Theme 6: Staff Training and Development

BHO X offers staff numerous professional development opportunities, such as training sessions that allow employees to earn continued education units toward licenses and certifications. The training has proven to be an asset because some staff had issues locating and accessing affordable training where they could earn the education units. By keeping their licenses and certifications current, employees can remain employed by BHO X to provide community-based services. Participant 8 explained that leadership were not as supportive as desired by staff. According to Participant 10, additional training was a perk; however, it also was strenuous trying to meet the needs of clients and attend all the trainings offered. Participants 4 and 6 shared that they expected leadership to “jump in” and “assist with clients” as a support to staff who could benefit from training but had no one to cover sessions that conflicted with training times. Participant 3 expressed feeling that supervisors were held to a higher standard than the BHL and the CEO.

Some staff had let their certifications lapse beyond their expiration dates, a situation that resulted in the temporary suspension of meeting with clients and rendering

services. Participant 7 explained that the influx of client referrals and individuals seeking treatment meant that staff were assigned other tasks. Participant 5 reported that instead of ensuring that employee records were current, the organization's focus became ensuring that tasks were delegated to prevent a lapse in billing. According to Participant 3, months after Medicaid expansion, several staff were found to be out of compliance with their certifications and trainings.

The interviews also revealed that despite complaints from supervisors about unrealistic responsibilities, no additional support was offered to staff in supervisory roles. Participant 7 shared that as an administrative staff member, she witnessed a lot of conflict between staff and leadership and that nothing was done to improve the situation. Participant 5 admitted to fearing that large numbers of staff would leave because of the lack of support from leadership. Participant 9 stated, "It was very frustrating to get a phone call stating that client interaction had to be discontinued until my certifications had been renewed."

Participant 4 shared that being overwhelmed by the increased caseload caused her to miss deadlines for trainings and recertifications. Participant 11 reported that because administrative staff were being used to complete billing, she was tasked with reviewing employee files in addition to supervising staff, following up with clients, and reviewing client notes submitted by supervisees. Participant 2 admitted that the organization was not prepared for the large number of individuals seeking services after Medicaid expansion. Because of the demands of governing boards, BHO X had to incorporate a new system involving administrative staff reviewing employees' certifications on a

monthly basis and sending reminders 60 days prior to certification expiration. This process has decreased the number of staff working with expired credentials and has allowed staff to focus more on therapeutic interventions with clients.

Financial and Marketplace Results. Examining an organization's financial and marketplace performance is a process often used to measure management effectiveness. Al Shahrani Saad and Zhengge (2016) asserted that it is essential to evaluate individuals and groups contributing to the financial objectives of organizations to measure financial performance. This approach allows organizations to measure the effectiveness of management on organizational profitability. According to financial records and the BHL, BHO X does well in the marketplace and is profitable. BHO X is a medium-sized BHO and makes at least a 50% profit after overhead costs are covered. Despite some companies facing hardships because of the impact of the COVID-19 pandemic, BHO X has maintained its place in the market because of the influx of client referrals following the expansion of Medicaid. The results showed that even during the Medicaid expansion initiation phase, employees were somewhat satisfied with BHO X because their hourly compensation was higher than what competitors in the area paid.

Theme 7: Increase Employee Engagement

BHO X could have been even more profitable if it had been prepared for the large number of client referrals received after Medicaid expansion. Participant 3 stated that although she had made suggestions prior to Medicaid expansion to solicit and interview employees to prepare for Medicaid expansion, her suggestion was declined. Instead, BHO X had to refer clients to other organizations because it did not have the staff

available to provide quality services to the number of individuals seeking mental health services. Participants 4, 9, and 12 expressed that during supervisions, they informed their supervisors that parents were inquiring about receiving services for other children in the home after Medicaid expansion. These three participants reported that their concerns were not taken seriously. Participants 6 and 10 stated that they encouraged friends and previous colleagues to apply at BHO X when Medicaid was initially expanded; however, they were informed that the BHO had no openings. Participant 1 commented that it was very difficult to have to refer clients to other organizations because the BHO simply did not have the capacity to provide services to the number of clients referred to the organization. Participant 2 expressed being unaware that Medicaid expansion was going to produce so many referrals so soon. The BHL wanted the organization to make a profit while ensuring that clients received quality services. The lack of preparation for Medicaid expansion caused many issues but led to needed changes throughout the organization.

Implications

The implications of this study lie in the provision of new research focusing on the impact of Medicaid expansion on a private BHO in a southeastern U.S. State after enactment of the ACA. Copious amounts of literature are available on Medicaid expansion and the ACA, but research on the impact of Medicaid expansion on private BHOs has been limited. There also has been limited research on the delivery of behavioral health services since Medicaid expansion. Research can be found on the use of Medicaid to address medical issues, but research on its use to address behavioral health issues has been scant. Without information on the use of Medicaid to address medical and

behavioral health issues, there is no clear way to determine how beneficial Medicaid expansion is or has been to individuals recently deemed eligible under ACA for affordable health insurance.

Implications for Social Change

Potential implications for positive social change in regard to organizations being prepared for an influx of client referrals include more partnerships, more access to training or webinars with government agencies, and more staff training/development in private BHOs. Partnerships are important for private BHOs, especially when they are faced with having more clients or referrals than staff available to provide services. There are large numbers of private BHOs but few partnerships among them. With more partnerships, individuals who are dealing with mental health issues may have access to more timely and higher quality behavioral health services. If private BHOs had partnerships, they could refer clients in need of services to the partnering BHOs to ensure that individuals seeking treatment would not be turned away or would have to endure long wait times for assessments and staff assignment.

Strengths and Limitations of the Study

Although conducting research is an efficient way to obtain information on specific topics, strengths and limitations may influence the usefulness of studies (Choy, 2014). One strength of this study was that BHO X was an established organization prior to the expansion of Medicaid. Data obtained from BHO X regarding organizational practices pre-and post-Medicaid expansion showed that the expansion did have an impact on the organization. Another strength of the study was that BHO X was credentialed with

MCOs in the area, which meant that it could have a larger client base. If BHO X had not been credentialed with MCOs in the area, its ability to provide services to clients would have been limited because out-of-network providers are not always granted authorization to provide services to MCO members.

The study also had some limitations. There was scant information available about the impact of Medicaid expansion on private BHOs. Despite ACA expansion in 2014, there has been no significant documentation to support the impact of ACA Medicaid expansion on private BHOs. While conducting this study, I found a large amount of research on ACA and Medicaid expansion specific to medical services, but I found limited research on behavioral health services. The expansion of Medicaid was expected to increase access to health care and the use of behavioral health treatment for ineligible persons prior to passage of the ACA; however, more emphasis has been placed on medical treatment, despite behavioral health being just as important as medical well-being. The limited amount of information on the use of behavioral health services after Medicaid expansion has made it difficult to access the direct impact of Medicaid expansion on private BHOs.

Section 5: Recommendations and Conclusion

Recommendations

This study was an evaluation of the direct impact of Medicaid expansion on the ability of BHO X to meet the growing demand for mental health services. The results of this qualitative study showed that even though BHO X has been impacted by Medicaid expansion, the impact has not been detrimental to the organization. BHO X has been able to remain a premier mental health treatment provider, despite being unable to keep up with the number of referrals for services. The increase in the number of client referrals encouraged BHO X to hire more staff, which eventually allowed the organization to provide services to many individuals seeking assistance. BHO X was not initially capable of fulfilling the number of referrals received, a situation that made the time to wait for services longer than normal. The extended wait times led to clients seeking services from competitors in the area.

Recommendation 1: Increase Provider Capacity

Increasing provider capacity could decrease wait times and the number of individuals denied mental health treatment in states that had adopted Medicaid expansion (Dey et al., 2016). The results of this qualitative study indicated that BHO X was not prepared for the influx of client referrals after Medicaid expansion. To remediate this unpreparedness, BHO X has since increased its service capacity to deliver services and programs to more individuals than when Medicaid was initially expanded. BHO X could benefit from implementing some changes in its practice guidelines to continue to adapt to changes in the Medicaid system.

Recommendation 2: Develop Partnerships

Medicaid is the only funding source for services delivered by BHO X. A few solutions could potentially decrease the direct impact on BHO X of future Medicaid expansion, changes in eligibility criteria for Medicaid, and changes in services covered by Medicaid. Developing partnerships with neighboring organizations helps to strengthen the community's capacity in their efforts to support both recovery and resiliency (Bromley et al., 2018). Bromley et al (2018) explained that those same partnerships improved coordination of services and linkages across behavioral health agencies. BHO X should consider developing partnerships with nearby mental health agencies to decrease the number of individuals denied immediate access to mental health services. Staff at the other mental health agencies could include, but not be limited to, therapists, psychiatrists, psychologists, and nurse practitioners. This complement of professionals would give individuals the opportunity to receive immediate treatment and prevent some individuals from missing access to treatment because of long wait times for services. In addition, during the monthly staff meetings, suggestions on how to partner with neighboring behavioral health providers could be explored. Some staff members currently have relationships with therapists, psychologists, psychiatrists, nurse practitioners, and other BHOs that will help to expand clients' access to other professionals.

Recommendation 3: Expand and Increase Marketing Strategies

According to Aghazadeh (2015), attracting and satisfying customers through various marketing strategies will encourage customers to return and also increase or

improve performance for the organization. BHO X currently has quarterly marketing events to increase the number of active clients receiving services. If BHO X were to expand marketing events to include recruitment efforts to increase its workforce, BHO X potentially could solicit interest from candidates to join the organization. Increasing the geographic marketing area to attract interested clients and staff also could expand the organization. Increased marketing strategies could be a great way to expand the organization and continue to reach their goal of being the premiere behavioral health agency in their area.

Recommendation 4: Designate Staff to Attend DMAS Weekly Meetings

Because Medicaid is BHO X's only funding source, staff need to remain complaint and up to date with policy changes that could impact the organization. Designating an employee to attend weekly meetings with DMAS could keep the organization abreast of upcoming policy changes impacting its ability to provide services to clients. Having a representative regularly attend the weekly meetings with DMAS would have helped to keep BHO X aware of the number of individuals expected to sign up for Medicaid post expansion.

The BHL should consider asking or encouraging one or two volunteers to participate in the weekly Medicaid meetings. Their participation also should include disseminating summaries of the meetings to prepare the BHO for any changes that could impact its programming, ability to service clients, or services offered. In this way, the BHO would have been prepared for the influx of new client referrals.

These recommendations for BHO X could easily be added to current protocols and would not require major changes to operations. BHO X was cooperative throughout this study. Recommendations for BHO X will be dispersed to the BHL and staff during a presentation first with the BHL and then with the staff during their monthly all-staff meeting. The BHL will be encouraged to solicit ideas from staff to maintain a low turnover rate of clients unable to receive services in a timely way. The BHL communicates well with staff and is open to encouraging and listening to their ideas. Brainstorming for the recommendations should be an easy task for BHO X's leaders because this process is already a part of its current processes.

Recommendation for Future Studies

Recommendations for future studies include determining if streamlining MCO processes to join provider networks would increase the number of providers willing to accept Medicaid, if it would require system transformation to provide same-day access to mental health care as medical and substance abuse treatment, and if provider availability would have a great impact on the likelihood of individuals seeking mental health treatment. MCOs are responsible for mental health parity, including reimbursement and provider network eligibility. Some providers refuse to provide services to individuals with Medicaid because of issues regarding reimbursement or the inability to join the provider network with MCOs.

If MCOs were to streamline the process for organizations to join the provider network, more BHOs could potentially join the network and minimize delays in the receipt of mental health treatment. Another recommendation is for future researchers to

consider investigating whether Medicaid expansion that included grants or incentives for providers that offered same-day mental health care would decrease some of the barriers to mental health treatment. Future researchers could assess the possibility that making more opportunities for same-day mental health treatment available would increase treatment participation.

Another area of future research might focus on determining if provider availability is a major barrier to accessing care by individuals with behavioral health issues. Seeking to determine if individuals are discouraged to seek mental health treatment because of the limited availability of providers would help to identify this paucity of availability as a potential barrier to treatment. Many factors continue to contribute to individuals refusing to seek mental health treatment, despite their having access to affordable health care after Medicaid expansion. Future studies could determine if the number of individuals with untreated mental issues would decrease.

Summary

Medicaid expansion was expected to offer many Americans the opportunity to receive affordable health care. A brief published by the Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health and Human Services in March 2016 reported that Medicaid expansion was expected to have great benefits for behavioral health (as cited in Dey et al., 2016). Behavioral health needs were among the many needs of individuals seeking health care prior to Medicaid expansion. Private BHOs were negatively impacted by Medicaid expansion, despite the assumptions that individuals with behavioral health needs who qualified for Medicaid expansion would

have improved health outcomes and that there would be an increase in individuals receiving mental health treatment. Because of the large number of referrals for mental health services, private BHOs were impacted by Medicaid expansion. Some BHOs were not capable of keeping up with the demand for services, so individuals with severe behavioral health issues had to be waitlisted, with some of these individuals not receiving any treatment whatsoever.

In conclusion, Medicaid expansion did have an impact on BHO X. The organization was not prepared for the influx of clients and referrals after Medicaid expansion, which resulted in struggles to meet the increased demand for mental health services. Being aware of some of the impacts on BHO X after Medicaid expansion could prepare other BHOs for future changes or additional expansions that could impact their ability to provide services to clients. Preparation for future Medicaid changes could prevent individuals seeking mental health treatment from receiving immediate services. Providers should be vigilant in making changes so that they can still manage large increases in the number of referrals for mental health services. Learning from the mishaps and mistakes of other organizations could improve the mental health services being provided by private BHOs. The most important takeaway from this study is that BHOs need to incorporate strategic planning early into expansion plans to establish reliable and accessible programs and services.

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