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NWI webinar starting soon!

In the meantime, please note…

- We recommend that you close all file sharing applications and streaming music or video.
- Check your settings in the audio pane if you are experiencing audio problems.
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*This webinar and the PowerPoint will be available on the NWI website. http://www.nwi.pdx.edu/webinars.shtml

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Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State & Community Profiles

September 16, 2014

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Center for Health Care Strategies

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(Core partner in the Technical Assistance Network)

THE TA NETWORK

the technical assistance network for children's behavioral health

nwi.pdx.edu

THE TA NETWORK
the technical assistance network for children's behavioral health

- Latest research, resources, info on wraparound
- Newsletter
- Webinars
  - September 30th, office hours
  - November 18th, new directions in accountability and QA
  - April 8th, webinar on costs and cost effectiveness in wraparound
  - And today…

national wraparound initiative

Dayana Simons, M.Ed, LMHC

- Senior Program Officer, Center for Health Care Strategies (CHCS)
- Expertise in CME approach for coordination of services/supports
- Managed CME/wraparound for state of Massachusetts
- Began her career as a clinician

national wraparound initiative

CHCS Center for Health Care Strategies, Inc.

Advancing access, quality, and cost-effectiveness in publicly financed health care

Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs

STATE AND COMMUNITY PROFILES

September 16, 2014

Dayana Simons

Center for Health Care Strategies

This presentation is a product of the National Technical Assistance Network for Children's Behavioral Health, made possible through support from the Substance Abuse and Mental Health Services Administration.

CHCS
Center for Health Care Strategies, Inc.

A non-profit health policy resource center dedicated to advancing access, quality, and cost-effectiveness in publicly financed health care

- **Priorities**: (1) enhancing access to coverage and services; (2) integrating care for people with complex needs; (3) advancing quality and delivery system reform; and (4) building Medicaid leadership and capacity.
- **Provides:** technical assistance for stakeholders of publicly financed care, including states, health plans, providers, and consumer groups; and informs federal and state policymakers regarding payment and delivery system improvement.
- **Funding:** philanthropy and the U.S. Department of Health and Human Services.

CHIPRA Quality Improvement Collaborative

- **Goal**: Improve health and social outcomes for children with serious behavioral health needs by:
  - Implementing/expanding a Care Management Entity (CME) model to improve the quality and control the cost of care for children with serious behavioral health challenges who are enrolled in Medicaid or the Children's Health Insurance Program
- **Participating states**: Georgia, Maryland (lead), Wyoming
- CHCS is coordinating entity and lead TA provider

Children in Medicaid Using BH Care: A High-Cost Population

- Mean Medicaid expenditures (PH and BH) = $8,520 per year
  - Nearly 5x higher than for Medicaid children in general ($1,729 per year*)
  - TANF-enrolled children – nearly 3x higher
  - Foster care – 7x higher
  - SSI/disabled – nearly 9x higher
- *Expenditures driven more by behavioral – rather, than physical – health service use*, except for children on SSI/disability who have slightly higher physical health expense
- Children with top 10% of BH expense are 28x more expensive than Medicaid children in general

*As estimated in Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), MSIS. 2008 Statistical Supplement.

Pires, S., Grimes, K., Allen, K., Gilmer, T, and Mahadevan, R. 2012, Faces of Medicaid: Examining Children's Behavioral Health Service Use and Expenditures. Hamilton, NJ; Center for Health Care Strategies

Children and Youth with Serious Behavioral Health Conditions: Distinct from Adults with Serious and Persistent Mental Illness

- Do not have the same high rates of co-morbid physical health conditions as adults with SPMI
- Have different mental health diagnoses from adults with SPMI (i.e. ADHD, Conduct Disorders, Anxiety); not as much Schizophrenia, Psychosis, Bipolar; and diagnoses change often
- Two-thirds are typically involved with child welfare and/or juvenile justice systems, and 60% may be in special education – systems governed by legal mandates
- Care coordinator's time is primarily spent on coordination with other children's systems (i.e. child welfare, juvenile justice, schools), behavioral health providers, family needs/concerns, *not coordination with primary care*
- To improve cost and quality of care, focus must be on child and family/caregiver(s) which takes time

Pires, S. March 2013 *Customizing Health Homes for Children with Serious Behavioral Health Challenges* Human Service Collaborative

Customized, Intensive Care Coordination Approaches Are Needed

- Traditional case management and care coordination approaches for adults are not sufficient

- Need for:
  - Lower case ratios
  - Higher payment rates
  - Approach based on evidence of effectiveness

Pires, S. March 2013 *Customizing Health Homes for Children with Serious Behavioral Health Challenges .* Human Service Collaborative

Customized Care Coordination Approaches for Children with Serious Behavioral Health Challenges

- **Care Management Entities**

  Organizations providing intensive care coordination at low ratios (1:10) using high quality Wraparound* care planning approach

- **High Quality Wraparound Teams**

  embedded in supportive organization, such as CMHC, FQHC or school-based mental health center, providing intensive care coordination at low ratios

- Growing number of states experiencing better outcomes, lower per capita costs:
  - MA, LA, NJ, WI, IL, OK
  - PRTF Waiver Demo states
  - CHIPRA Care Management Entity Quality Collaborative states(MD, GA, WY)

*(*May 7, 2013 CMCS SAMHSA Joint Informational Bulletin)*

Pires, S. 2013. Washington DC: Human Service Collaborative

Care Management Entity Functions

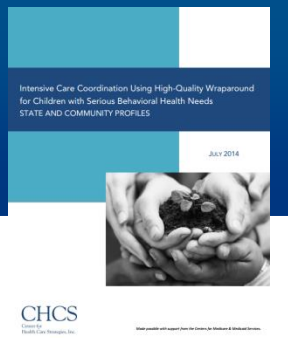
Service Level

- Child and family team facilitation using **fidelity wraparound practice model**
- Screening, assessment, clinical oversight
- **Intensive care coordination**
- Care monitoring and review
- Peer support partners
- Access to mobile crisis supports

Administrative Level

- Information management – real time data; web-based IT
- Provider network recruitment and management (including natural supports)
- Utilization management
- Continuous quality improvement; outcomes monitoring
- Training

OVERVIEW: Scan of Intensive Care Coordination (ICC) Programs Using High-Quality Wraparound



- 22 programs in 15 states
- Methods
  - Survey covering operational aspects of ICC/wraparound programs
  - Administered to state/county representatives via email, phone
  - Compiled into individual state/county profiles
- Three program categories
  - **Established**: In existence for some time, have outcomes data, continuous quality improvement
  - **Evolving**: Have established approaches in parts of the state and are either expanding statewide or revamping approach
  - **Emerging**: In the early stages of development

Populations of Focus

- Children/youth with serious behavioral health needs/serious emotional disturbance (SED), substance use issues, co-occurring disorders
- Involved/at-risk for involvement in multiple systems (child welfare, juvenile justice, special education)
- At-risk for out of home/institutional placement
- Intellectual/developmental disabilities
- Ages range from 0-25
- Medicaid-eligible

State Highlight: New Jersey Children's System of Care
serves children/youth with developmental and intellectual disabilities, and youth with primary substance use disorder issues in addition to children/youth with serious behavioral health needs

Eligibility, Screening, and Assessment

Eligibility/Screening Tools

- Medical necessity criteria
- State-specific tools
- Standardized screening tools:
  - Child and Adolescent Needs and Strengths Assessment (CANS)
  - Child and Adolescent Functional Assessment Scale (CAFAS)
  - Ohio Scales
  - Child Behavior Checklist (CBCL)
  - Youth Self Report
  - Child and Adolescent Services Intensity Instrument (CASII)
  - Child and Adolescent Level of Care Utilization System (CALOCUS)
  - Early Childhood Service Intensity Instrument (ECSII)

Responsible for Screening

- Managed care organization
- Medicaid agency
- Care Management Entity provider
- Private nonprofit agencies (e.g., Community Service Agencies in MA)
- Prepaid Inpatient Health Plans
- Community mental health service providers
- Regional behavioral health authority
- Child welfare agency
- Contracted systems administrator (e.g., PerformCare in NJ)
- Cross-agency panel (e.g., Dane County, WI)
- External review organization

State Highlights: Eligibility, Screening, and Assessment

- **Massachusetts**: Standardized medical necessity criteria across all MCOs
- **Illinois** and **Rhode Island:** No standardized screening tools used, but CANS used for ongoing assessments

Care Coordinator Staffing Ratios

- Care coordinator to child/family ratios
  - Typically, do not exceed 1:10
    - **Wraparound Milwaukee:** 1:4 for newly hired care coordinators (first 2 months)
  - Tiered approaches may be higher
    - **Illinois Medicaid:** Tiered approach – 1:10, 1:20, 1:40

Care Coordinator to Child and Family Ratios

STATE/COUNTY	CARE COORDINATOR TO CHILD AND FAMILY RATIOS
ESTABLISHED PROGRAMS	
Louisiana	1:10
Massachusetts	1:10 average
Michigan	1:10 (if a facilitator has families transitioning out, can be up to 1:12)
Nebraska	1:10
New Jersey	1:14 (optimal blended caseload under new unified system – moderate and high-needs youth)
Cuyahoga County, OH	1:12
Dane County, WI	1:10
Milwaukee County, WI	1:8 (if newly hired, 1:4 for first two months)
EVOLVING PROGRAMS	
Georgia	1:10
Maryland	1:9 to 1:11 for CME; 1:8 for pending 1915 (i) SPA
Clermont County, OH	1:15
Oklahoma	1:8 to 1:10
Pennsylvania	1:10 to 1:12
EMERGING PROGRAMS	
El Paso County, CO	1:12
Illinois (Child Welfare)	1:10
Illinois (Medicaid)	1:10, 1:20, 1:40 (based on tiered system of intensity level)
Rhode Island	1:15
Wyoming	1:10

Source: D. Simons, S.A. Pires, T. Hendricks, and J. Lipper. *Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles.* Center for Health Care Strategies. July 2014. http://www.chcs.org/resource/intensive-care-coordination-using-high-quality-wraparound-children-serious-behavioral-health-needs-state-community-profiles/.

Information is current as of July 2014

Supervisor Staffing Ratios

- Supervisor to care coordinator ratios
  - Range of 1:2 (pilot) to 1:12
    - **Michigan**: No standardized ratio

Supervisor to Care Coordinator Ratios

STATE/COUNTY	SUPERVISOR TO CARE COORDINATOR RATIOS
ESTABLISHED PROGRAMS	
Louisiana	1:8
Massachusetts	1:8 average
Michigan	No standardized ratio
Nebraska	1:7
New Jersey	1:6
Cuyahoga County, OH	1:12
Dane County, WI	1:8
Milwaukee County, WI	1:6
EVOLVING PROGRAMS	
Georgia	1:6
Maryland	1:6 to 1:8 for CME; 1:8 for pending 1915(i) SPA
Clermont County, OH	1:5
Oklahoma	1:5
Pennsylvania	1:8
EMERGING PROGRAMS	
El Paso County, CO	1:2 (pilot)
Illinois (Child Welfare)	1:8
Illinois (Medicaid)	1:8
Rhode Island	1:6
Wyoming	1:10

Information is current as of July 2014

Source: D. Simons, S.A. Pires, T. Hendricks, and J. Lipper. *Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles.* Center for Health Care Strategies. July 2014. http://www.chcs.org/resource/intensive-care-coordination-using-high-quality-wraparound-children-serious-behavioral-health-needs-state-community-profiles/.

Role of System Partners

- Family and youth peer support
  - some programs (LA, MA, MI fund peer support through Medicaid SPA; NJ uses Medicaid Admin funds and other programs use state funds or grant funding, but in general, peer support is recognized as important and is offered
- Psychiatric consultation
  - Some have standard availability (e.g., 2-8 hours per week)
  - Not all programs offer consultation
- Others

Financing Approaches: Rates for Care Coordination

Range of Case Rates		
	Low	**High**
Daily	$22.00 (WAM)	$85.00 (RI)
Monthly	$415.00 (IL-Med)	$1,670.67 (Dane)
Annually	$14,048.62 (MD)	
Per episode	$12,000.00 (PA)	

Range of Fee-for-Service Rates		
	Low	**High**
15 minutes	$16.38 (OK)	$87.51 (MI)
1 hour	$18.50 (WY)	

Rates may have a daily, weekly, monthly, or annual cap

Care Coordination Rates and Billing Structure

STATE/COUNTY	RATES AND BILLING STRUCTURE
ESTABLISHED PROGRAMS	
Louisiana	$1,035.00/child per month (administrative payment to ICC/wraparound provider); $137.00/child per month (administrative payment to MCO)
Massachusetts	$23.74/15 minutes (master's level care coordinator); $18.88/15 minutes (bachelor's level care coordinator)
Michigan	$87.51/15 minutes (1915(b) waiver rate); $412.68/meeting, up to 4 per month (1915(c) waiver rate)
Nebraska	$840.70/child per month
New Jersey	$550.00/child per month (bundled care management rate for youth with both moderate and high needs)
Cuyahoga County, OH	$22.89/child per day
Dane County, WI	$1,670.67/child per month
Milwaukee County, WI	$32.00/day for Wraparound Milwaukee (based on 8 families); $22.00/day for REACH (based on 12 families)
EVOLVING PROGRAMS	
Georgia	$721.05/child per month
Maryland	$14,048.62/child annually (approximately $1,170.71 per month for the CME); Rates for ICC under pending 1915(i) SPA are in development
Clermont County, OH	N/A (SAMHSA grant funds and local contributions currently pay for salaries and benefits)
Oklahoma	$16.38/15 minutes (fee-for-service Medicaid rate)
Pennsylvania	$12,000/episode of care (approximately; paid from MCO administrative budgets)
EMERGING PROGRAMS	
El Paso County, CO	$40.66/15 minutes up to 4.25 hours; $476.06 for 4.25 to 8 hours
Illinois (Child Welfare)	TBD - Tiered based on placement of child at time of enrollment. Specific rate information is not yet available.
Illinois (Medicaid)	$415.00/child per month
Rhode Island	$85.00/day (Medicaid rate for wraparound services provided through Family Care Community Partnerships). RI Medicaid provided initial approval for billing for wraparound services as of 7/1/2014. The wraparound rate and methodology for claiming are still in development.
Wyoming	$18.50/hour (in pending TCM SPA); CME currently receives a per member per month rate from the state and pays a per member per month rate to vendors.

Information is current as of July 2014

Source: D. Simons, S.A. Pires, T. Hendricks, and J. Lipper. *Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles.* Center for Health Care Strategies. July 2014. http://www.chcs.org/resource/intensive-care-coordination-using-high-quality-wraparound-children-serious-behavioral-health-needs-state-community-profiles/.

Financing Approaches: Sources

- Medicaid
  - Waivers: 1115, 1915 (a),(b), and (c) waivers
  - State plan amendments
  - Money Follows the Person, Balancing Incentives Program
- State general funds (child welfare, juvenile justice)
- Grants (SAMHSA block grants, system of care)
- Local revenue (public health, substance use tax dollars, county tax match)
  - **Livingston County, MI**
- Pooled/blended funding
  - **Wraparound Milwaukee**

Staff Training and Development

- Wraparound certification and training
  - UMD Institute for Innovation and Implementation
  - Vroon VanDenBerg
- State-required certification, skill- and competency-based training programs (e.g., MA)
- CANS certification
- Ongoing supervision (individual, group, dyad)

Provider Networks

- Entities responsible for provider network development
  - Managed care organization (LA, MA)
  - Prepaid Inpatient Health Plans (MI)
  - Regional Behavioral Health Authorities (NE)
  - State entity/agency (NJ Children's System of Care, GA DBHDD)
  - Care Management Entity (Wraparound Milwaukee)
  - Administrative Services Organization (El Paso County, CO)

Evaluation, Monitoring, and Outcomes

- Evaluation and monitoring – university partnerships
  - OH – Case Western Reserve
  - GA – Georgia State University
  - PA – University of Pittsburgh
  - MD – University of Maryland

- Utilization management
  - Administrative services organization, MCO and CME are typically responsible parties
- Proprietary electronic health records systems
  - NJ CYBER
  - Choices' Clinical Manager
  - Wraparound Milwaukee's Synthesis

Key Takeaways from Across Programs

- One size does **not** fit all
- Early and ongoing stakeholder engagement is key to successful implementation
- Learning the languages of state agencies, funders, providers, etc. facilitates collaboration
- Think about sustainability from the very beginning

Resources

- Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles (http://www.chcs.org/resource/intensive-care-coordination-using-high-quality-wraparound-children-serious-behavioral-health-needs-state-community-profiles/)
- Care Management Entities: A Primer (http://www.chcs.org/resource/care-management-entities-a-primer/)

And coming soon… 3 Quick Reference Snapshots on Intensive Care Coordination Using High-Quality Wraparound:

- Care Coordination Rates and Billing Structure
- Supervisor to Care Coordinator Ratios
- Care Coordinator to Child and Family Ratios

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