

Below are responses to most questions received by CSoC.Helpdesk@la.gov through March 24, 2011. Some questions require greater research or a decision by the Leadership Team, therefore may not be answered the week the question is received. New questions and answers are scheduled to be post each Friday through May 13, 2011.

Questions Regarding Posting of Information

Will the PowerPoint presentations from the March 15 meeting be published?

Answer:

The PowerPoint has been posted on the CSoC website: www.dcfsl.gov/csoc

Will the webinars be archived?

Answer:

Yes- the PowerPoint presentations will be posted on the CSoC website: www.dcfsl.gov/csoc

Questions Regarding the Wraparound Agency

Can the wrap around agency be placed in one identified parish government if agreements are in place for provision of wraparound services for the residents of the other parishes?

Answer:

There is no prohibition against a local government agency serving as the wraparound agency as long as it does not have the authority to mandate service provision or refer to itself to provide services.

Can a provider that provides services in one region apply to be the Wraparound Agency in another region that they do not provide services in?

Answer:

This should be acceptable, with the understanding that there would be no ability for the agency to refer to itself for service provision. The agency will have to comply with CMS requirements for appropriate firewalls to prevent the ability to self refer, restrict beneficiary choice, or not provide full and complete information to a beneficiary. It is also expected that CMS will require that the WAA staff be housed and supervised completely separately from the provider staff.

If my agency covers more than one region in the state and provides direct services in another region, would it prevent the agency in the region without direct services from applying as a Wraparound Agency in the CSoC?

Answer:

No, with the understanding that there would be no ability for the agency to refer to itself for service provision. The agency will have to comply with CMS requirements for appropriate firewalls to prevent the ability to self refer, restrict beneficiary choice, or not

provide full and complete information to a beneficiary. It is also expected that CMS will require that the WAA staff be housed and supervised completely separately from the provider staff.

If the Wraparound agency was put in a Juvenile Planning Board, would there be a problem with the planning board receiving Medicaid reimbursement?

Answer:

Due to the mandatory composition of the Child and Youth Planning Boards, a potential conflict of interest exists for it to serve as the WAA and therefore the proposal would not be considered.

The RFA states that “Because of the inherent conflicts of interest that might arise if WAA’s also provide the services they manage, WAA’s will not also act as service providers.” Can the WAA provide counseling and other services to children and their families who are not in the CSoC target population (youth under age 22 with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement)?

Answer:

No, it is anticipated that children and youth in the CSoC target population will transition out of CSoC and into regular Medicaid behavioral health services or the adult system. Therefore a conflict of interest exists.

Will the WSS and FSO be required to be licensed either through DCFS or DHH? And if not, why would there be no licensing governance?

Answer:

WAAs and FSOs are not facility based programs and do not require licensure. Certification requirements will be developed by DHH as described in the RFA that the WAAs and FSOs must comply with in order to contract with the SMO and deliver services to the CSoC children and youth.

Questions Regarding Regional Geographic Issues and Points of Contact

Can Agencies from Jefferson and Orleans parish coordinate together to form one WAA? If so, does it matter where they seat the coordinating agency? Will the coordinating agency be able to send WAA clients to participating agencies in the two parishes?

Answer:

If all stakeholders-- not just provider agencies-- agree and demonstrate commitment, Jefferson may participate with Region 1 (Orleans, Plaquemines, St. Bernard parishes). Jefferson and Orleans may not submit an application excluding Plaquemines and St. Bernard parishes. The WAA agency may have a physical office in any of the parishes, but staff must serve clients in the entire region over time.

Is Jefferson Parish excluded from participating in the INITIAL delivery of services under the new WAA or have they been assigned to any specific agency/agencies?

Answer:

Jefferson is not excluded; they are invited to submit an application to implement the CSoC either individually or as specified above, with Region 1.

How can I determine who is applying to be the lead agent for Region II?

Answer:

There is no lead agent for regional RFA responses. Each region is expected to organize its own key stakeholders to develop a collaborative response to the RFA. Those stakeholders who submitted an "Intent to Apply" email by 3/25 will be posted by region on the CSoC website with their contact information.

What is the process or who are the point of contacts for the FSO and WAA for Region 7? Is there a location on the website where this information can be obtained for all the regions throughout the state? Is there a calendar on the website with dates for when these meetings will be held in each region?

Answer:

FSO and WAA contacts participate in the larger community process for responding to the RFA. The contact information from all who responded by the March 25 deadline for the call for Notice of Intent to Apply will be posted on the CSoC website. Each region is responsible for organizing and publicizing its own meeting schedule.

Questions Regarding CSoC Implementation and Services

We were told that each region will only be able to serve 248 children. Is this accurate? What happens with subsequent children that are referred? Obviously they will receive any services they can outside of CSoC, but will they be put on a waiting list with the WAA and picked up when another child is discharged from CSoC? Or are they just rejected? Is it possible for a region to serve more than 248 children in a year? Will that number increase if it is shown to be lower than the number of kids who qualify and need CSoC services?

Answer:

It is not anticipated that more than 240 children/youth per region would be identified as needing CSoC services in year 1. If more children in a single region than the 240 children that can be staffed by the FSO and WAA are found eligible for the CSoC in year 1, then the SMO will be expected to provide Treatment Planning and waiver services for any Medicaid child eligible for CSoC. The State Governance Board will monitor access to services and direct expansion or changes to CSoC implementation, including any amendments to the waivers as needed. However, in no circumstance is the SMO/State allowed to waitlist children in one region if there is capacity in another region or statewide due to federal prohibitions on rationing medical care for eligible children by region within a state.

If an out of home placement for a CSoC eligible child is deemed necessary and authorized by the SMO, can family support services still be available to the family members and reimbursed?

Answer:
Yes

Please clarify whether the FSO for a region will be utilizing other family support services of non-profits to complement FSO services (not duplicate). There are many service providers in the community that provide supportive services to families, but would not be the FSO. Will these agencies be a referral resource for WAA plan of care or will the services of the non-FSO agencies be excluded.

Answer:
Only FSOs identified through the RFA process and contracted with the SMO may deliver and be paid for “Youth/Family Support and Training” as described in the RFA. Other services and natural supports (including family support groups and other supports provided by other non-profit agencies) will be determined as needed by the family and youth through the Child and Family Team planning process.

If I currently operate an OJJ Tracker/Mentor service how does this RFA affect the service I provide for the state? Should I consider becoming a part of this process?

Answer:
All community stakeholders are encouraged to become involved in the RFA process currently underway in local communities. It is important the community and potential WAA and FSO be aware of existing service providers. It is also important that service providers have knowledge of the process through which youth will navigate the coordinated system of care and were providers have the potential to interact with CSoC.

All eligible providers are also encouraged to begin educating themselves about the process of becoming eligible for Medicaid services. You can find additional information on the DHH website at <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1568> Of particular importance to providers is to monitor the statewide management organization (SMO) development. Once that statewide entity is chosen through the RFP process, learn how to become connected to the SMO for referrals.

For existing OJJ contracts, if your service becomes a Medicaid billable service, you must become eligible to bill Medicaid and register with the SMO. For non Medicaid eligible services, the contracting process with OJJ will remain the same. It is possible once the new system is in place, the mentor and tracker services will be contracted separately. In that situation, mentor services may be Medicaid eligible and contract through the SMO and tracker services will remain contracted with through OJJ. As these decisions are made, the information will be communicated directly to existing providers.

Please clarify whether transportation services is reimbursable for the CSOC services. Transportation is a major barrier for many families seeking services. There may be some home-based services offered, but may not be possible for all services specified in the plan of care.

Answer:

Children and Youth in the Medicaid will have access to standard Medicaid transportation services for services under the State Plan including services by licensed and unlicensed practitioners.