Louisiana's Coordinated System of Care

Provider Issues and
Related Medicaid information

Technical Assistance Webinar
April 20, 2011

Louisiana's Coordinated System of Care

Purpose of today's webinar is to

- Explain the role of providers in the CSoC and regional responses to the RFA.
- Explain how the new Medicaid service array will be different from existing Medicaid service array.
- Explain how providers will interact with the SMO.
- Answer provider and Medicaid related questions and other issues posed by attendees to support local responses to the RFA

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Agenda

RFA process and Timeline Overview

Presentations by

Andrew Keller, Ph.D., Mercer

Brenda Jackson, Mercer

James Hussey, Medicaid Behavioral Health Medical Director, DHH

Questions and Answers

CSoC Request for Applications

Projected Timeline

- March 28, 2011- list of regional points of contact posted to www.dcfs.la.gov/csoc
- April 15, 2011- updated list of questions and answers posted on www.dcfs.la.gov/csoc
- May 13, 2011- 3:30pm- Application deadline
- June 3, 2011- Potential presentation by responders
- June 16, 2011- Announcement of awards
- January 1, 2012- CSoC launch date

CSoC Request for Applications

- The response should reflect collaboration and partnership across the region, rather than the efforts of a single "lead agency" or similar entity.

- This RFA is seeking to understand the level of community support and capacity to work towards CSoC development in the region, rather than looking for an individual agency or entity to manage implementation.

CSoC Request for Applications

- The purpose of this Request for Applications (RFA) is to serve as the first step towards statewide implementation of the CSoC by identifying

  (1) the regions in Louisiana that are ready to participate in the first phase of CSoC implementation and

  (2) the communities within those regions that are most prepared to be part of that initial phase

- The CSoC will implement one Family Support Organization (FSO) and one Wraparound Agency (WAA) per region, and each applying region can only support one FSO and WAA as part of their proposed CSoC under this RFA.

Technical Assistance for Applicants

- Webinar Technical Assistance Meetings
  - every Wednesday, 1:00 to 3:00 pm, from 3/23 - 5/4
  - dialing and webinar log in information will be will be posted on the CSoC website

- Email Questions and posting of answers on website
  - Questions maybe submitted via email to CSoC.HelpDesk@la.gov through 5/04/2011.
  - Answers to questions will be posted regularly throughout the response period at the CSoC website (www.dcfs.la.gov/csoc).

Webinar Schedule

- 03/23/11 - Stakeholder & Family Leadership in Local CSoCs
- 03/30/11 – Family Support Organizations
- 04/06/11 - The Role of the WAA & its Relationship with the Statewide Management Organization in the CSoC
- 04/13/11 - National Wraparound Initiative (NWI)
- 04/20/11 - Provider Issues and Related Medicaid Requirements
- 04/27/11 - FSO and WAA Relationships with the Community
- 05/04/11 - CSoC Training by the Maryland Innovations Institute

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Providers and the CSoC RFA

- Providers will have their primary contractual relationship with the Statewide Management Organization (SMO)
  - When the SMO RFP is released, the processes for provider involvement will be clearly defined
  - We will go over major points of approach today

- Provider role in the RFA is supportive of CSoC
  - **A leader -** Focused on helping your region / community be selected as an early adopter of the Comprehensive System of Care (CSoC)
  - **A competitor -** Helping your region / community be selected to implement a Wraparound Agency (WAA) and Family Support Organization (FSO)

An Emphasis on Partnership

- Provider role in the RFA is focused on helping your region / community be a partner in Louisiana's transformation to a Comprehensive System of Care
- Focus is not on continuing the status quo, but rather a partner helping your region / community develop a new approach to helping children and families
- Focus is not on looking to the State to help you continue your current mission, but rather to partner with the State and your community to transform local and state systems

Qualities of a Successful CSoC Provider

- Ability and willingness to partner with families and youth (including peer providers) in a true partner-ship in a family driven, youth guided system

- Ability and willingness to partner with the local Wraparound Agency
  - To learn about and participate in child and family teams using Wraparound Facilitation
  - To understand and adopt the values of Wraparound, using the National Wraparound Initiative model
  - To provide behavioral health services that help families and youth achieve their goals and transition over time to natural supports

Qualities of a Successful CSoC Provider

- Ability to partner with other child and family-serving agencies:
  - Courts exercising juvenile jurisdiction,
  - Schools,
  - DCFS,
  - Human service districts/authorities,
  - Community and faith-based organizations,
  - District attorneys,
  - Law enforcement,
  - Truancy Assistance Service Centers,
  - Families in Need of Services offices,
  - Act 555 Children &Youth Services Planning Boards, &
  - Other agencies identified locally for participation

Qualities of a Successful CSoC Provider

- A commitment to change and evolve:
  - Services should reflect the needs of their community rather than only the needs of providers to continue to do what they have traditionally done
  - Services should become increasingly evidence- and research-based over time
  - Work with your community to select and develop a WAA and FSO

Role of Providers in the CSoC

- Effective and competent providers are essential to the success of the CSoC.

- Providers of services participating in CSoC network will be required to meet Medicaid and other state standards that will be established to ensure quality and efficiency.

- Understanding (and training as needed) regarding:
  - The Louisiana Children's Code,
  - Participation in wraparound planning,
  - Collaboration with FSO peer providers, and
  - Related functions of the juvenile justice, child welfare, and education systems, and the new array of Medicaid services.

Role of Providers in the CSoC

- Commitment to work with families, youth, WAAs, FSOs, and community partners to explore, develop and utilize natural supports.

- Ability to work with multiple funders (Medicaid, private insurance, DCFS, juvenile justice, schools, local sources, other).

- Demonstration, either through attestation or endorsement, the completion of training equivalent to content areas of pre-service training through OBH's Essential Learning System.

Role of Providers Responding to the RFA

- Successful applicants will demonstrate provider partners in every question of the RFA, not just the questions specific to providers.
- The key is partnership in the application process to demonstrate capacity to partner during implementation.
- However, some questions will require description and detail on capacities and capabilities specific to providers.

Role of Providers Responding to the RFA

Question C.1:

The people who are planning for CSoC implementation in your Region understand that many services now supported only through state general fund contracts will be refinanced through Medicaid where eligible beneficiaries, services, and providers exist, and that Initial Communities will need to have in place providers with the organizational capacity to provide care in a Medicaid regulatory environment. (10 points)

Role of Providers Responding to the RFA

Key capacities include:

- Understanding of, and ability to comply with, provider credentialing requirements,
- Billing systems able to comply with fee-for-service requirements and bill electronically,
- Necessary financial and cost-accounting processes, increased documentation requirements,
- Access to supervision by licensed mental health practitioners, and
- Capacities to ensure compliance with Medicaid medical services billing requirements.

Role of Providers Responding to the RFA

Question C.2:

The people who are planning implementation of the CSoC in your Region have identified current capacity and plans to expand that capacity, over time, to provide
the full array of services needed to support
the System of Care, including non-traditional services and supports and are actively strategizing about how to fill gaps in the array. (15 points)

- Key reference – the Ideal Service Array at: **http://www.dss.state.la.us/assets/docs/searchable/OS/CSoC/061010_ISARecsandLetter.pdf**

Role of Providers Responding to the RFA

For each category of service describe:

(1) Current capacity,

(2) Current gaps,

(3) Plans to address gaps,

(4) Ways that technical assistance, provided through the State, might be used to support efforts to expand the service array,

(5) the level of capacity that could realistically be developed for implementation by January 1, 2012, and

(6) Priority areas for developing and/or expanding capacity over the first year of the project

Role of Providers Responding to the RFA

Categories of service include:

- Screening using the CANS assessment
- Diagnostic and evaluation services
- Community-based services provided in a family's home, school, office, primary health or behavioral health clinic
- Emergency services available 24/7, including mobile crisis and crisis stabilization
- Intensive home-based services available 24/7
- Intensive behavioral health and addiction services provided in a community setting
- Respite care

Role of Providers Responding to the RFA

- Therapeutic foster care
- Out-of-home care, including residential and inpatient services
- Family support and training
- Youth support and training
- Other individualized supports, such as therapeutic recreational activities, training, prevention, advocacy, local education agencies, vocational and health

The State's Commitment to Providers

- The State recognizes that Medicaid funding has not previously been available to support the full array of services described above.

- The State is pursuing State Plan Amendments and Medicaid waivers to enable the CSoC to be funded.

- Developing the full service array will necessarily be challenging for many communities and will require a multi-year commitment on the part of both the State and the participating communities.

What will the future look like for providers?

CMS authorities requested by Louisiana

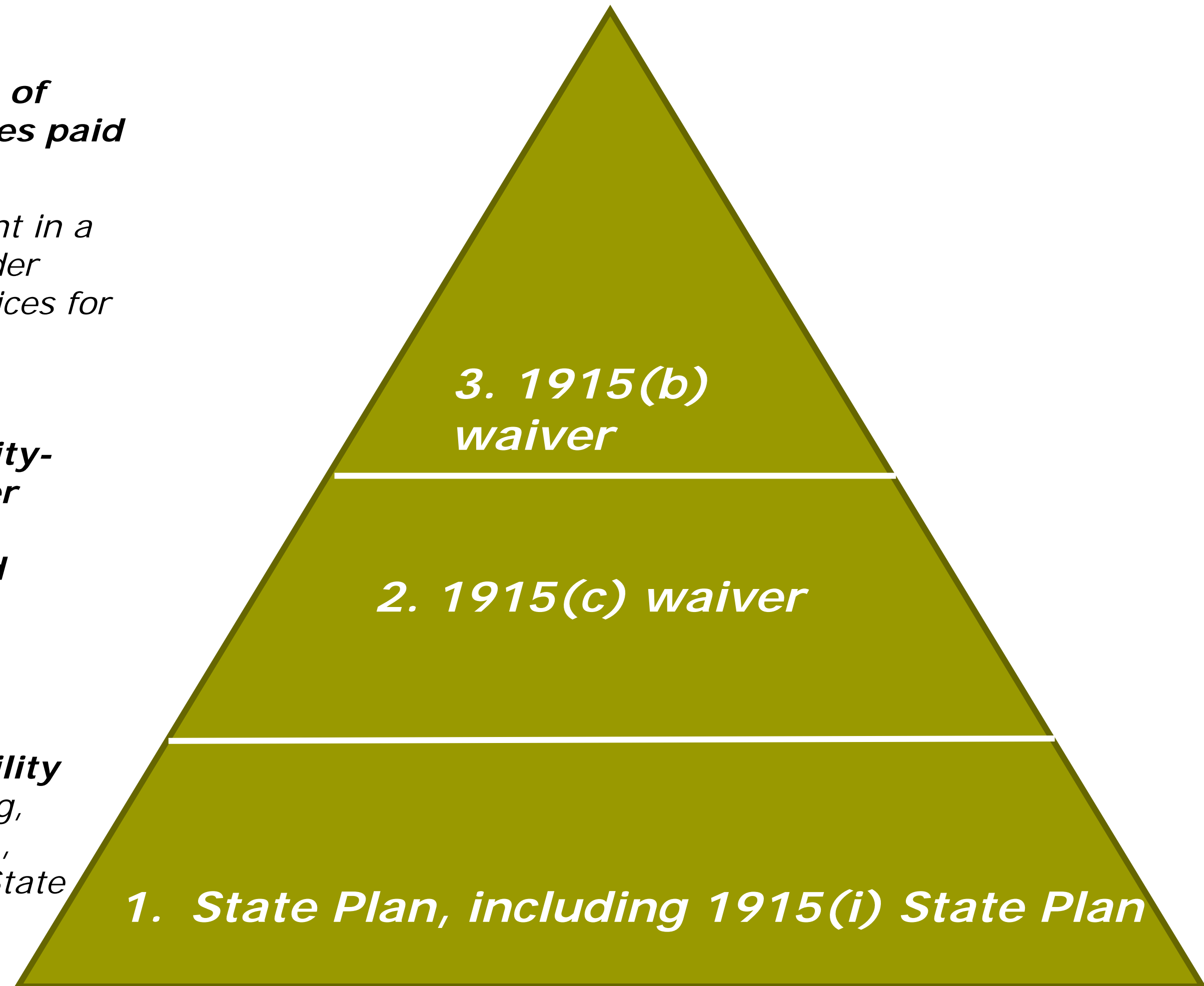
1915(b) waiver for freedom of choice and additional services paid for out of savings

Proposing mandatory enrollment in a BH vendor with selective provider contracting and additional services for children in CSoC

1915(c) home- and community-based services (HCBS) waiver for additional services and eligibility, statewideness and comparability

CSoC children's 1915(c) waiver

State plan services and eligibility
Proposing early periodic screening, diagnosis and treatment (EPSDT), rehabilitation and adult 1915(i) State Plan



Services in children's CSoC system

Medically necessary services	▪ Pharmacy ▪ Licensed practitioner services, including licensed school employee services ▪ Unlicensed practitioner services, including certified school psychologist services ▪ Crisis intervention ▪ Substance abuse ▪ Treatment group home ▪ Psychiatric residential treatment facility ▪ Inpatient hospital
Services for children in CSoC	▪ Wraparound facilitation ▪ Case conference ▪ Independent living/skills building ▪ Short-term respite ▪ Youth support and training ▪ Parent support and training ▪ Crisis stabilization

Expanding the array of services

- Flexible service definitions built around goals of services and practitioner qualifications
- Reliance on Statewide Management Organization (SMO) provider credentialing
- Evidence-based services can be provided
- Examples:
  - Homebuilders
  - Multi-systemic therapy (MST)
  - Individual licensed practitioners (therapies)
  - Clinics will no longer be restricted to providing services solely within the clinic walls

Enrollee choice of providers

- Enrollees have a choice of the providers offering the appropriate level of care, and enrollees may change providers.
- If the enrollee desires, the SMO will make every effort to arrange for a new enrollee to continue with an already established provider not in the SMO network, if the consumer so desires. The provider would be requested to meet the same qualifications as other providers in the network.
- If an enrollee needs a specialized medically necessary service that is not available through the network, the SMO will arrange for the service to be provided outside the network, if a qualified provider is available.
- Enrollees will be given the choice between at least two providers, except for highly specialized medically necessary services, which are usually available through only one agency in the geographic area.

Provider enrollment

- Providers will:
  - Contract with SMO
  - Meet provider requirements in the SMO contract outlined by the State
  - Be credentialed by the SMO
- The SMO shall contract with providers of behavioral health services, who are appropriately licensed and/or certified and meet the state of Louisiana credentialing criteria, who agree to the standard contract provisions and who wish to participate.
- The SMO shall provide, at least, as much access to services as exist within Medicaid's fee for service program.

Provider credentialing

- The SMO must have credentialing and re-credentialing policies consistent with federal and State regulations.
- The SMO must evaluate every prospective subcontractor's ability to perform the activities to be delegated prior to contracting with any provider or subcontractor.
- The SMO is not obligated to contract with any provider unable to meet contractual standards.
- The SMO's provider selection process cannot discriminate against providers serving high-risk populations or specializing in treatment of high cost conditions.

Provider credentialing (cont'd)

- The SMO is not obligated to continue to contract with a provider who does not provide high quality services, or who demonstrates utilization of services that are an outlier, compared to peer providers with similarly acute populations and/or compared to the expectations of the prepaid inpatient health plan (PIHP) and the State.
- The SMO written contract with the provider must specify the services and provide for revoking delegation, terminating contracts or imposing other sanctions if performance is inadequate.
- The SMO must monitor all providers' performance on an ongoing basis. The SMO must identify deficiencies or areas for improvement, and the provider must take corrective action.

Referrals and prior authorization process

- The SMO will prior authorize all institutional and residential care.
- Referrals to the SMO may be made by any agency or provider.
- Training for providers will be held fall of 2011, prior to the program implementation.

Wraparound Facilitation for CSoC

- The SMO refers eligible children/youth to WAA with a 30 day authorization to arrange community services for the child and family while establishing the CFT, with input from the child and family.
- Inpatient/out-of-home placements must be pre-authorized by the SMO during the initial 30 day and subsequent authorization periods.
- An assessment by a licensed mental health professional using the CANS must be obtained. The findings are sent to the WAA wraparound facilitator to assist the CFT with the wraparound planning process.
- The WAA wraparound facilitator convenes the CFT team which develops the care plan with identified service provides and submits to the SMO for review before the end of the 30-day period.

Payments

- All providers will need to contract with the SMO.
- All payments to residential and non-residential behavioral health providers will be through the SMO.
- SMO is expected to contract with the State between July and September, 2011, with a January 1, 2012 start date.

Program goals for reimbursement

- To provide the necessary resources and funding to address the core needs of at-risk Louisiana youths.
- To develop reimbursement rates that are sufficient to attract providers to these new programs, while also recognizing the economic pressures faced by the state of Louisiana.
- To better leverage available federal Medicaid funding within the behavioral health services arena.
- To incentivize appropriate in-home and community-based service provision over residential and inpatient care.

Next steps

- Now – Providers should obtain appropriate state licensure and required accreditation
- July-September – SMO contract finalized, and all residential providers may go through the credentialing process
- October – Conduct trainings for State employees, providers and judges in conjunction with the SMO
- January 1, 2012 – Contract with SMO begins, and providers receive referrals and payments from the SMO

Questions?

CSoC.HelpDesk@la.gov

www.dcfs.la.gov/csoc