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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

This large group meeting is hosted by the National TA Network for Children's Behavioral Health (TA Network), operated by and coordinated through the University of Maryland.

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PANEL#1: NETWORK DEVELOPMENT, CONTRACTING AND MONITORING STRATEGIES

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Kansas

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Guiding Questions for Discussion

1. What approaches can be used to support network development of evidence-based and promising practices ? (Issues and successes)

2. What approaches can be used to promote and monitor network adequacy in service access, availability and cultural appropriateness? (Issues and successes)

Network Development Strategies

- Language Requirements in
  - Request for Proposals
  - Contracts
  - Reports
- Monitoring Plans
- Use of Telehealth and other technologies
- Creative service development strategies

Example: Louisiana

RFP for statewide management organization included language specific to SOC network development including

- Services are strength-based, family-driven, community based and culturally competent
- Increase available EBPs and best practices with documentation of fidelity (FFT, MST, Homebuilders)
- Targeting the development of family and community based services for children/youth in out-of-home placements
- Increased access to community based services and optimized use of natural supports
- Treatment planning and care management provided through the Wraparound child and family team process
- Development of comprehensive network consistent with fee for service network through child welfare, juvenile justice, education, developmental disabilities and behavioral health
- Tracking of outcomes specific to child welfare

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Example: Louisiana (cont.)

ACCESS STANDARDS			
Provider Type	Geo Classification	Standard	Target Goal
Specialists (i.e. psychologists, medical psychologists, APRN CNS in mental health, or LCSWs) and psychiatrists	Urban	≤ 15 Miles	90% of members
Specialists (i.e. psychologists, medical psychologists, APRN CNS in mental health, or LCSWs) and psychiatrists	Rural	≤ 30 Miles	90% of members
ASAM Level III.3 and ASAM Level III.5	All	≤ 30 Miles ≤ 60 Miles	90% of adult members 100% adolescent members
ASAM Level III.7	All	≤ 60 Miles	90% of adult members
ASAM Level III.7D	All	≤ 60 Miles	90% of adult members
Psychiatric Residential Treatment Facilities (PRTFs)	All	≤ 200 Miles	90% of members

Example: Louisiana (cont.)

MONITORING	
Methods of Assessing Compliance	Frequency
Member and Provider Grievance Reports - Review	Monthly
Out-of-Network (Non-PAR) Report - Review	Monthly
Geo Access Density Summary Report - Review	Quarterly
Geo Access Mapping - Review	Quarterly
Geo Prescriber Sufficiency Summary Report – Review	Quarterly
Provider Directories – Review	Quarterly
Claims and Encounter Data – Review	Quarterly
“Secret Shopper” Calls	Quarterly
External Quality Review/Organization (EQRO) - Review	Annual
Network Development and Management Plan – Review	Annual
Member and Provider Satisfaction Surveys Consumer Assessment of Healthcare Providers and Subsystems (CAHPS)	Annual
Quality Assessment and Performance Improvement (QAPI) Reports	Annual (if applicable)
Performance Improvement Projects (PIPs) – Review	Annual (if applicable)

Example: Louisiana (cont.)

APPOINTMENT AVAILABILITY STANDARDS		
Appointment Type	Appointment Standard	Appointment Arranged
Emergent or Crisis	24 hours per day, 7 days per week	Within one (1) hour of request
Urgent Care	24 hours per day, 7 days per week	Within 48 hours of request
Routine, Non-Urgent		Within 14 days of referral/request

MONITORING	
Methods of Assessing Compliance	Frequency
Member and Provider Grievance Reports - Review	Monthly
Out-of-Network (Non-PAR) Report – Review	Monthly
"Secret Shopper" Calls	Quarterly
Provider Office On-Site Visits	Quarterly
MCO On-Site Visits (Review of Scheduling)	Quarterly
Provider Directories – Review	Quarterly
Claims and Encounter Data – Review	Quarterly
External Quality Review/Organization (EQRO) - Review	Annual
Network Development and Management Plan - Review	Annual
Member and Provider Satisfaction Surveys Consumer Assessment of Healthcare Providers and Subsystems (CAHPS)	Annual
Quality Assessment and Performance Improvement (QAPI) Reports	Annual (if applicable)
Performance Improvement Projects (PIPs) – Review	Annual (if applicable)

Example: Wraparound Milwaukee

Provider Request for Proposal

- Program logic model and annual evaluation report
- Program narrative
- Experience assessment from prior funder
- Service site
- Number able to serve
- Number currently being served
- Special populations served
- Program accessibility for variety of disabilities
- Staffing plan
- Client characteristics chart including ethnicity, disability, age, gender

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Example: New Mexico

- Clinical telehealth programs dating back to mid 1990s
- Project ECHO (case consultation and health mentoring via telehealth) started in 2003
- NM Telehealth Act passed into law in 2004 and updated in 2014
- NM Medicaid passed telemedicine regulations in 2007
- Parity telemedicine laws passed in 2013
- NM Centennial Care requires Medicaid MCOs to expand telehealth office visits by 15% per year (45% increase in 2015)

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Example: New Mexico (cont.)

- Currently used in NM to increase number of independently licensed social workers in rural communities through group and individual telehealth supervision sessions
- Infrastructure costs for telehealth – as equipment gets cheaper, majority of costs are in personnel – administrative, compliance, credentialing, legal reviews agreements to ensure compliance with HITECH and HIPAA
- Benefits of centralization of telehealth infrastructure so these costs are not borne by small rural sites with relatively small caseloads
- Incorporation of telehealth exposure during training for clinical providers can be helpful in increasing comfort level for clinicians

Example: Project Connect 2.0 Southern IL

Limited access to evidence based practices for children and families

- **Challenge:** Master and Regional Trainers are relatively few throughout the nation.
  - **Solution:** Support and apply for acceptance into training programs

- **Challenge:** Entry level trainers/supervisors at the "Agency" or Level 1 are limited to working with one specific agency
  - **Solution:** Partner with EBP developers and governance bodies to understand the system of care framework as a single entity compiled of multiple agencies.

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Example: Project Connect 2.0 Southern IL (cont.)

- Managing Adaptive Practices
  - Can train providers of all levels and types
- Functional Family Therapy
  - Allows for teams and supervisors to work within a SOC "network" framework
  - Can train BS and MS clinicians
- Parent Child Interaction Therapy
  - Allows for training clinicians within a system of care "network" framework as a Level 1 trainer
- Trauma Focused Cognitive Behavioral Therapy
  - Allows for "agency" supervisors to provide consultation/supervision within a system of care "network" framework

Example: Project Connect 2.0 Southern IL (cont.)

Strategies:

- Develop local capacity for training at the system of care "network" level
- Promote professionals to become trainers within partnering agencies
- Collaborative projects to reduce the costs of EBP trainings and ongoing consultation/supervision
- Support from more EBPs to help rural systems of care to develop local capacity for training and supervising clinicians

Partner with the state lead agencies for training programs

- Increased state capacity for housing trainers for statewide dissemination
- Inclusion of more EBP training within higher education programs

CMS Managed Care Final Rule

2016 Centers for Medicare and Medicaid Services (CMS) Final Rule related to Medicaid managed care requirements

"Medicaid and Children's Health Insurance Program (CHIP) Programs: Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability."

- Implementation by July 1, 2018

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Network Adequacy -Regulation

GOAL

- States must ensure and certify that MCOs, PIHPs, and PAHPs have the capacity to make available and accessible all services covered under the state plan

STANDARDS:

- Develop separate network standards for 11 categories of provider including adult and pediatric behavioral health
- provider-to-client ratios can no longer be a primary measure of network adequacy and access.
- Must be based on time and distance standards
- Can vary by region
- Must be published on state's website

COVERAGE:

- Out of network care must be covered if provider network cannot meet all necessary services

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Network Adequacy-Regulation (cont.)

- Additional factors to consider for network adequacy:
  - Anticipated Medicaid enrollment
  - Expected utilization of services
  - # and types of providers needed
  - # providers NOT accepting new Medicaid “patients”
  - Geographic location and accessibility
  - Culturally competent care and access for non-English speakers
  - Accommodations for persons with physical/mental/intellectual disabilities
  - Availability of triage lines or screening systems, as well as the use of telemedicine, e-visits, and/or other evolving and innovative technological solutions

Delivery Network Regulations

- Sufficient to provide adequate access to all services covered under the contract for all enrollees
- Provides for a second opinion from a network provider, or arranges for the enrollee to obtain one outside the network, at no cost to the enrollee
- Services must be covered out of network if the provider network is unable to provide them.
- Out-of-network services should be at no greater cost than in network services
- Access services out-of-network is insufficient to meet the managed care organizations' obligation to provide "timely access" within its network

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Network Adequacy Challenges

- Over-reliance on number of providers in a plan's network
  - Different health plans rely on same providers so there is an over-count of capacity
- Does not address whether those in-network providers are high quality
  - Agency and staff
- Whether contracted providers are taking new patients
  - Agency and staff
- Capture telehealth "reach"
- Capture services provided in the home/community
- Specific specialties, areas of expertise and evidence based practice

Network Adequacy Issues in Transitioning to Integrated Managed Care

- Maintenance of expertise in specialty services, EBPs
  - Ongoing development of services
  - Support of specialized providers
  - Fidelity monitoring
- Commitment to family driven, youth guided practice model
  - Family and youth participation in policy, oversight and services
- Appropriate levels of care coordination
  - intensive care coordination through fidelity Wraparound approach

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Participating States and Counties

- *Beaver County, Pennsylvania*
- *Kansas*

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