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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.

This presentation was prepared by the National Technical Assistance Network for Children's Behavioral Health under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Contract #HHSS280201500007C.

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STRATIFICATION OF POPULATIONS FOR CARE COORDINATION AND RATE STRUCTURING

Sheila A. Pires

Dayana Simons

Colorado

Delaware

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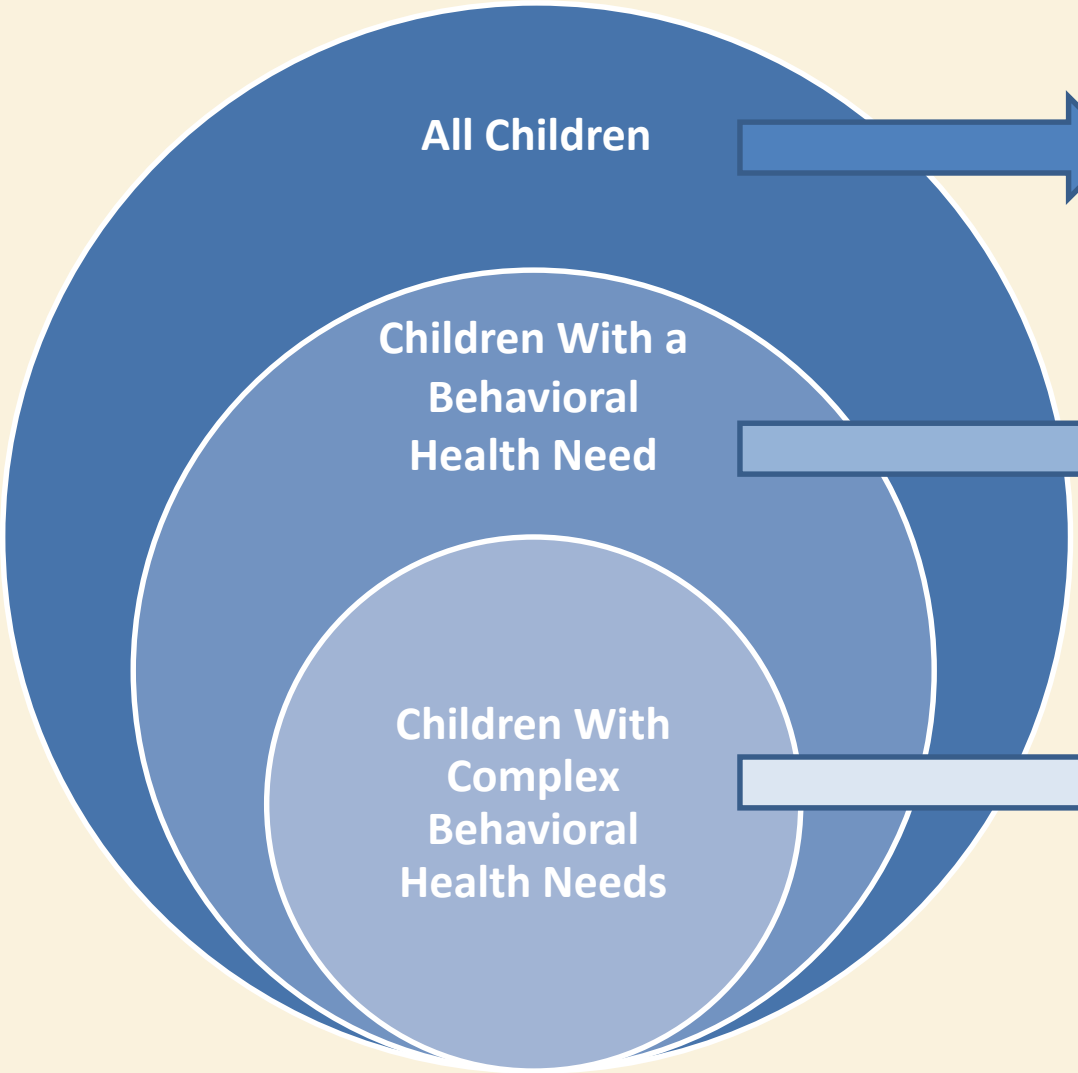
Unmet Need

- Unmet Need for care coordination is high for children and youth with mental health conditions

- Family-centered care can be mitigating

American Academy of Pediatrics (Brown, N. et. al. 2013)

Care Coordination Continuum – What Belongs Where?



Screening, Information and Referral on an as Needed Basis/ During Well Child Visits

Service Coordination and System Navigation To Support Effective Response to the BH Need

Intensive Customized Care Coordination To Provide Extended Support To Multi-Modal Needs

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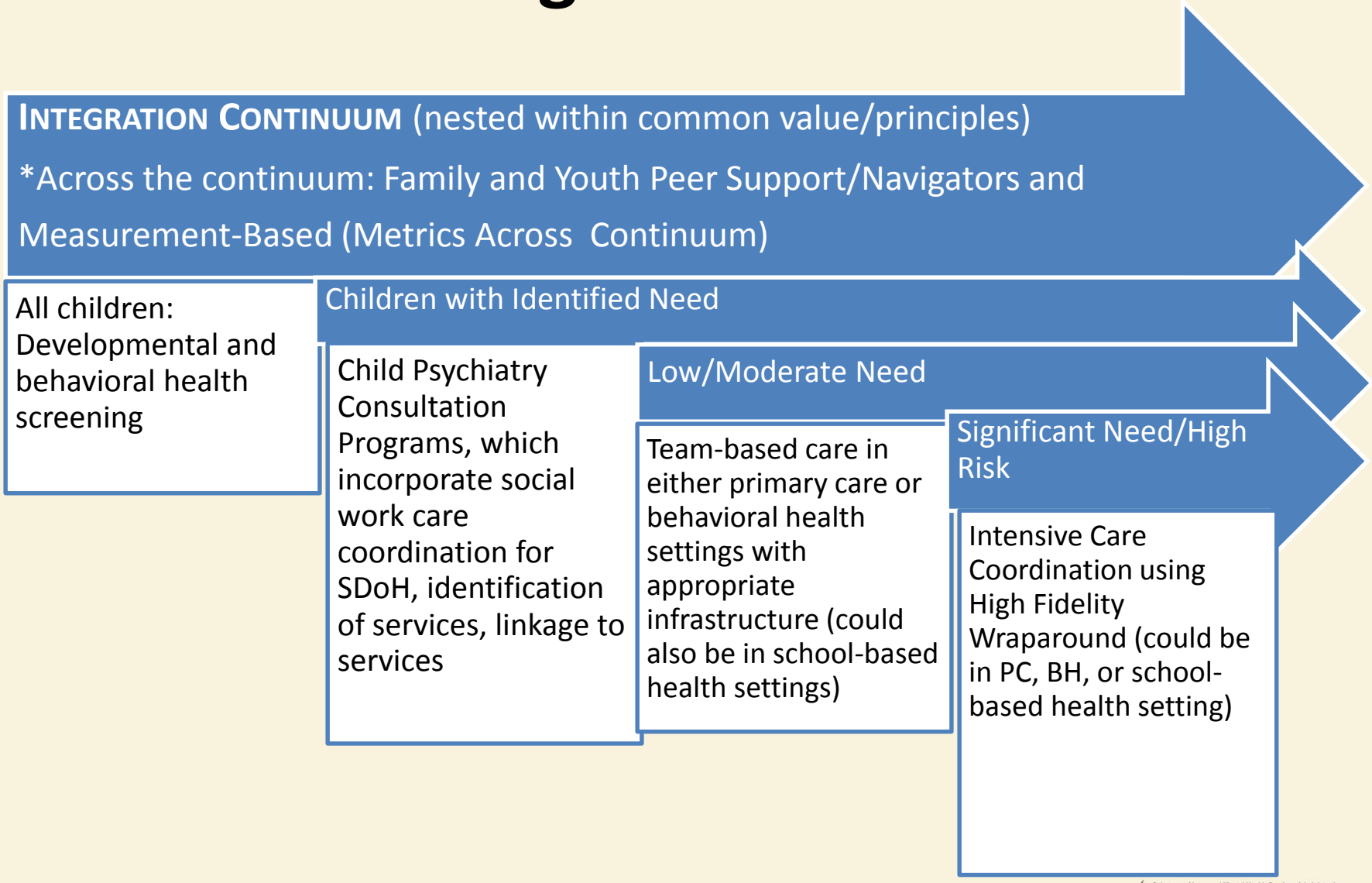
Care Integration Continuum



Montefiore BH Integration Program

90,000 children; $3m global payment plus billing for specific components
Reach 13,000 children with BH needs; refer out 10%

Universal BH, developmental screening

Healthy Steps
0-5

Child & Adolescent Psychology
and Psychiatry Program (CAPP) – 5+

Modularized tx for ADHD, anxiety, conduct, depression and trauma – CBT, MI, DBT
Average = 4-6 sessions

1 FTE child psychologist/social worker per 5,000 children
1 FTE child psychiatrist per 20,000 children
Include 26 BH practitioners

- *Receive shared savings from ACO – from adult savings*

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Customized Intensive Care Coordination Approaches Are Needed

For children and youth with significant behavioral health challenges

❖Neither traditional case management, MCO care coordination, nor care coordination approaches for adults are sufficient

- Need approach based on evidence of effectiveness, e.g. **fidelity Wraparound**
- Need lower case ratios
  (*MO health home care coordination ratio is 1:230*; Wraparound is 1:10)*
- Need higher payment rates
  (*MO health home per member per month rate is $78*; CHCS national scan of Wraparound care coordination rate ranges from $780 pmpm to $1300 pmpm)*
- Need intensity of approach that is largely face-to-face, not telephonic
- Need intensity of involvement with family, schools, other systems, court

*L. Alexander, B. Druss, and J. Parks. "A (Health) Home Run: Operationalizing Behavioral Health Homes." Webinar, Center for Integrated Health Solutions, U.S. Substance Abuse and Mental Health Services Administration, January 2013.

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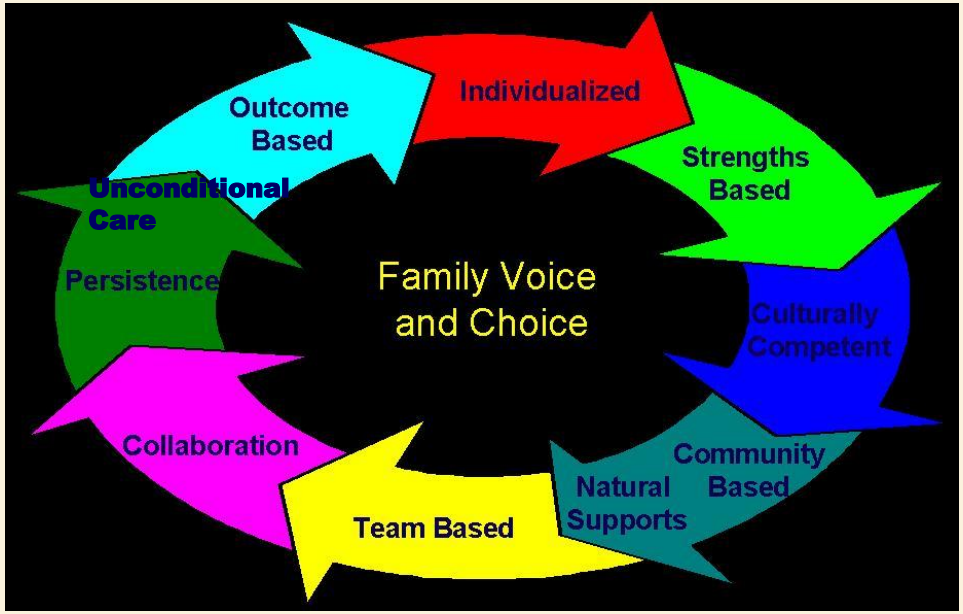
Pires, S.A. 2014 *Customizing Health Homes for Children with Serious Behavioral Health Challenges.* Center for Health Care Strategies: Hamilton, NJ

Intensive Care Coordination Using Wraparound

Is a team-based, structured best practice approach for the planning and coordination of services and supports; can be applied to any population of children and families with or at risk for intensive service needs; puts system of care values and principles into practice.



10 Principles of Wraparound

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Coordination with Primary Care in Wraparound Approach

- Ensure child has an identified primary care provider (PCP)
- Track whether child receives Early Periodic Screening, Diagnosis and Treatment (EPSDT) screens on schedule
- Ensure child has at least an annual well-child visit
- Communicate with PCP opportunity to participate in child and family team and ensure PCP has child's plan of care and is informed of changes
- Ensure PCP has (and provides) information about child's psychotropic medication and that PCP monitors for metabolic issues such as obesity and diabetes

Pires, S. (2013. *Customizing health homes for children with serious behavioral health challenges.* Washington, D.C.: Human Service Collaborative

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Approaches to Structuring Fidelity Wraparound

Care Management Entities

- An organizational entity – such as a non profit organization - that serves as the "locus of accountability" for defined populations of youth with complex challenges and their families who are involved in multiple systems
- Is accountable for improving the quality, outcomes and cost of care for populations historically experiencing high-costs and/or poor outcomes (e.g. NJ, GA, LA, MA)

Wraparound Team embedded in supportive organization (e.g. OK)

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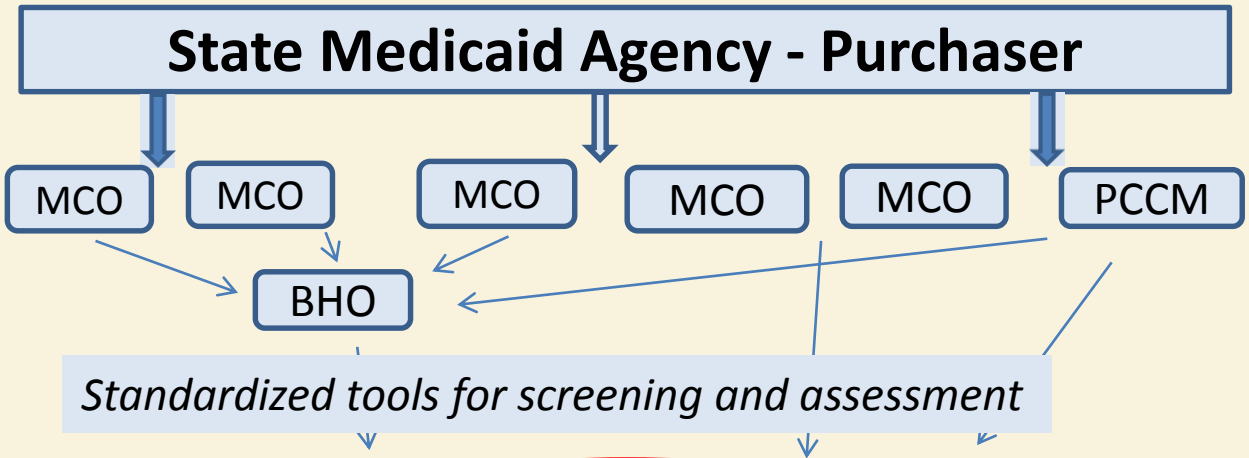
Massachusetts – Care Management Entities



***Locally-Based Care Management Entities**
(called *Community Services Agencies)* – Non Profit BH and Specialty Providers

- Ensure Child & Family Team Plan of Care
- Provide Intensive Care Coordination
- Provide peer supports and link to natural helpers
- Manage utilization , quality and outcomes at service level

Adapted from State of Massachusetts

Human Service Collaborative

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High Quality Wraparound Team as a Health Team - Oklahoma

Community Mental Health Center

Health Team for Adults with SMI:

- Nurse Case Manager
- ACT Team
- Adult Peer Counselor

Health Team for Children with SED:

- Wraparound Care Coordinator
- Family and youth peer support

HEALTH HOME CORE SERVICES			
Adult			
Urban	Moderate Intensity (PRM, or Levels 1-3)	G9002	$127.35 / Per Month
	High Intensity (Level 4)	G9005	$453.96 / Per Month
Rural	Moderate Intensity (PRM, or Levels 1-3)	G9002TN	$146.76 / Per Month
	High Intensity (Level 4)	G9005	$453.96 / Per Month
Child			
Urban	Moderate Intensity (Level 3)	G9009	$297.08 / Per Month
	High Intensity (Level 4)	G9010	$864.82 / Per Month
Rural	Moderate Intensity (Level 3)	G9009TN	$345.34 / Per Month
	High Intensity (Level 4)	G9010TN	$1,009.60 / Per Month

Variation in Rate Structuring

All-inclusive population case rate:

- Covers all services and supports, placements and administrative functions
  - Wraparound Milwaukee: average of $3,900/pmpm (compares to $8,500 per month for RTC, for example)

Medicaid capitation to Wraparound Milwaukee based on high utilization costs (e.g. inpatient psych, ER) and population case rate from child welfare based on cost for children in, on the way to residential care

Variation in Rate Structuring (cont.)

Partial Case Rates:

- Rate includes care coordination, placements, support services, funding for family organization for peer supports and advocacy; Medicaid services are outside of the rate

Example: Nebraska Region III Integrated Care Coordination Units: $2,137 per child per month

- **Case rate financed by child welfare and BH general revenue with providers billing Medicaid FFS for covered children/services**

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Variation in Rate Structuring (cont.)

Bundled Care Coordination Rate (no treatment services):

- Louisiana: $1035 pmpm - using Medicaid Targeted Case Management as vehicle
- Pennsylvania: $12,000 per episode of care (average length of stay=12 mos) – using Medicaid MCO admin dollars
- Oklahoma: tiered rates – high intensity= $1010 pmpm in rural, $865 in urban – using Medicaid health home option
- Montana: FFS reimbursement – using 1915 i

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Variation in Rate Structuring (cont.)

Example: Choices, Inc. (a CME operating in multiple states)

- Case rate tiers range:
  - $6,500 (pmpm for highest complexity)
  - $4,290 (very high risk for out of home placement)
  - $2,780 (community based care, no placement costs)
  - $1,565 (Care Coordination and Wraparound)

ROI Analysis

- 700 youth are in RTCs at any given time
- ALOS = 12 mos.
- RTC stay costs $8,000 per youth, per month
- For 700 youth, spend approximately $67.2m per year on RTCs
- 60% of the youth are involved with child welfare, 30% with juvenile justice, and 10% are non-system involved (a small percentage of this group are involved as Family of One)

ROI Analysis – Case Rate Cost Estimate

Assume cost of $5,000 pmpm for Care Management Entities, with costs distributed as follows:*

- Assume 16% for ICC/Wraparound ($800pmpm)
- Assume 10% for management infrastructure ($500pmpm)
- Assume 74% for services and supports ($3,700pmpm)

(*Note that Wrap Milwaukee operates on less than $5,000 pmpm for these same functions and does not have risk pool)

<u>Assume need for 2% risk pool ($100pmpm)</u>

Total Needed: $5100 pmpm

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ROI Assumptions

- ✓ $8,000 pmpm – current expenditures
- ✓ Costs of $5100 pmpm for all-inclusive case rate in intensive care coordination using Wraparound
- ➢ Expenditure difference of $2900 pmpm
- ➢ Over 700 youth, ROI of $24.4m but need to back out costs for capacity building ongoing

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Lessons From Demos Serving Adults

- Establish much closer connections from the outset between the organizations responsible for case management and provider organizations
- Address data sharing issues and needs
- Ensure reimbursement for location and enrollment of high risk, high cost enrollees
- Extensive education required to build good relationships with other organizations, be clear on roles, build consistent communication mechanisms
- "Given the intensity of the job, it was difficult to hire the right people to do community-based case management with clients, and there was considerable turnover…**Need workforce training** that prepares case managers to provide coordinated patient-centered care… and a particular emphasis on training peer support specialists"

Center for Health Care Strategies *New York's Chronic Illness Demonstration Project: Lessons for Medicaid Health Homes.* December 2012.

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Massachusetts: Standardized Behavioral Health Screening In Primary Care

- Rolled out November 2007 ahead of other Children's Behavioral Health Initiative (CBHI) services
- Pediatrician/PCP must offer behavioral health (BH) screening during yearly well-child visit, or when the parent requests it at any other office visit
- Only approved standardized screening tools can be used
- Modifiers used with CPT code (96110) to identify:
  - Credentials of individual performing screen
  - Whether BH need was identified
- Rates to PCPs increased modest amount

MassHealth-Approved Screening Tools

- Ages and Stages Questionnaires (ASQ: SE);
- Brief Infant-Toddler Social and Emotional Assessment (BITSEA);
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT);
- Early Childhood Screening Assessment (ECSA);
- Edinburgh Postnatal Depression Scale (EPDS);
- Modified Checklist for Autism in Toddlers (M-CHAT) and M-CHAT-Revised (M-CHAT-R);
- Modified Checklist for Autism in Toddlers Revised with Follow-up (M-CHAT-R/F);
- Parents' Evaluation of Developmental Status (PEDS);
- Patient Health Questionnaire-9 (PHQ-9);
- Pediatric Symptom Checklist (PSC-35), Pediatric Symptom Checklist (PSC-17), and Pediatric Symptom Checklist-Youth Report (PSC-Y);
- Strengths and Difficulties Questionnaire (SDQ);
- Survey of Well-being of Young Children (SWYC) and Survey of Well-being of Young Children–MA (SWYC-MA)

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Massachusetts Child Psychiatry Access Program (MCPAP)

- **Regional children's BH consultation teams support integration of BH and PH**
  - help PCPs promote and manage BH of pediatric patients as a fundamental component of overall health and wellness.
  - consult with PCPs, BH clinicians and others working in primary care settings
  - Three teams of two full-time child & adolescent psychiatrists, independently licensed behavioral health clinicians, resource and referral specialists, and program coordinators.
  - Rapid Response to inquiries from primary care providers and/or on-site behavioral health clinicians within 30 minutes
- **Services are free and available through primary care practices for all children and families, regardless of insurance.**
- **Not meant to replace necessary emergency services.**
- **Goal: ↑ access to BH treatment**
  - making child psychiatry services available to PCPs across the Commonwealth.

http://www.mcpap.com

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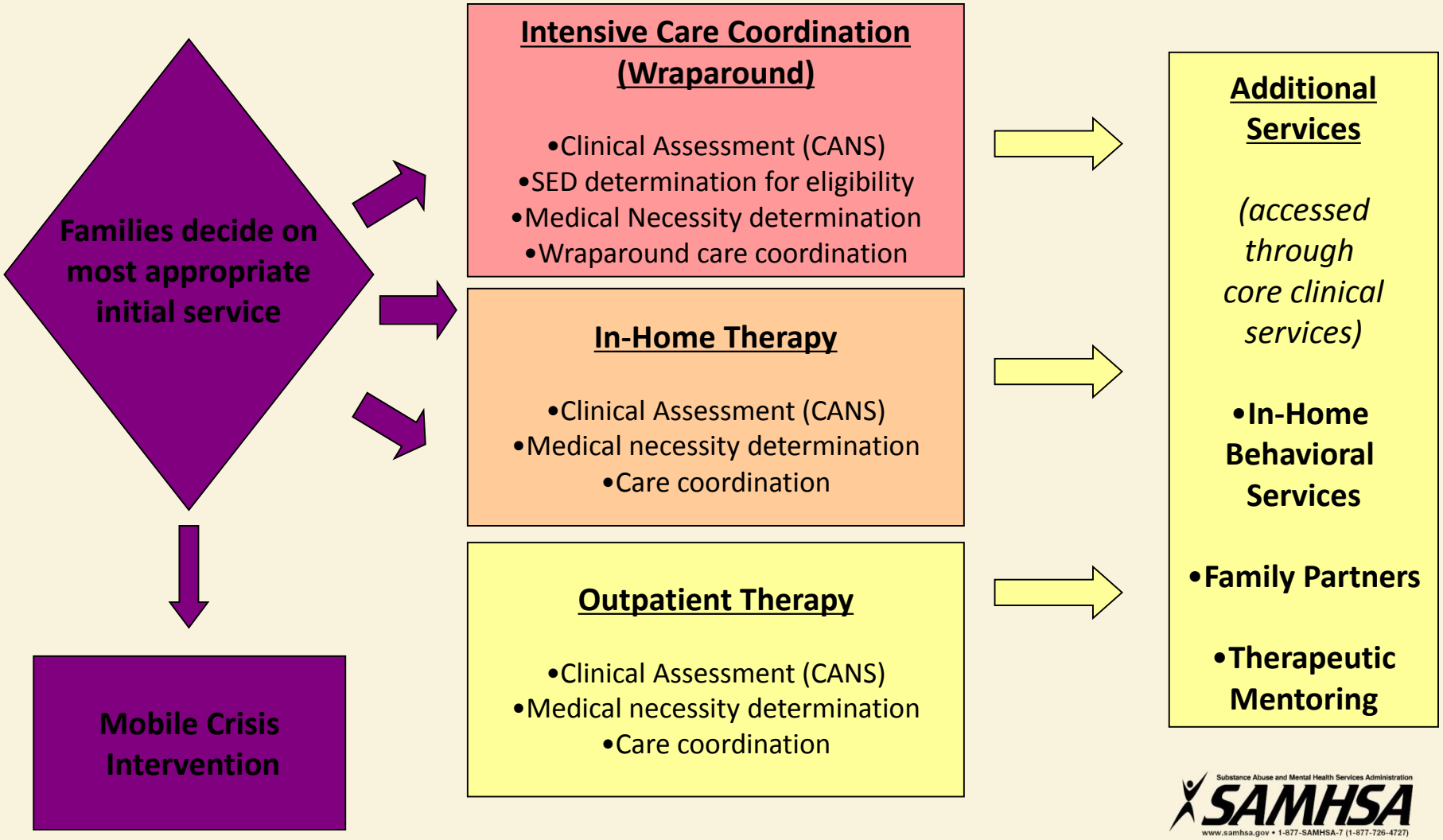
Massachusetts: Access to Care Coordination



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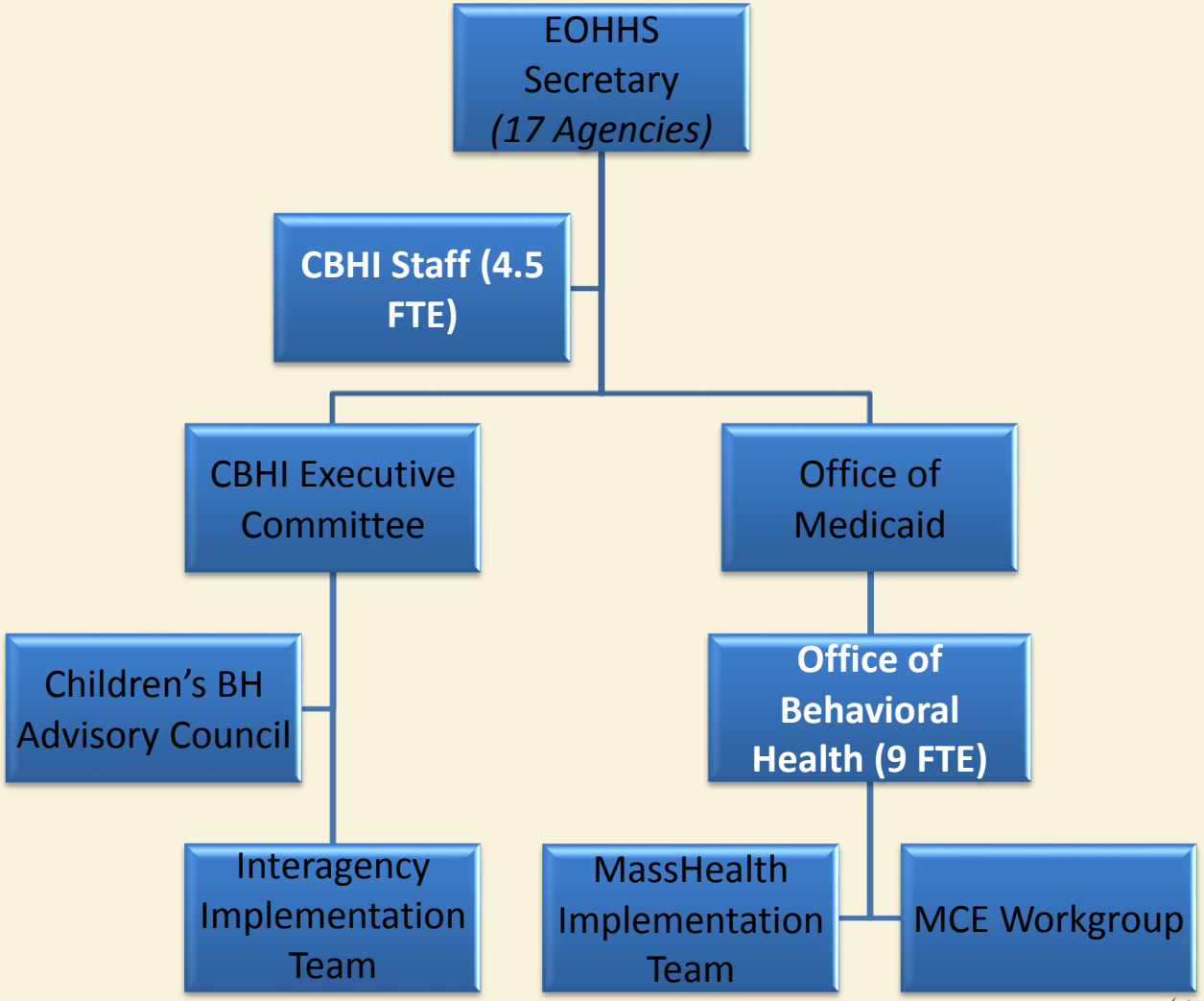
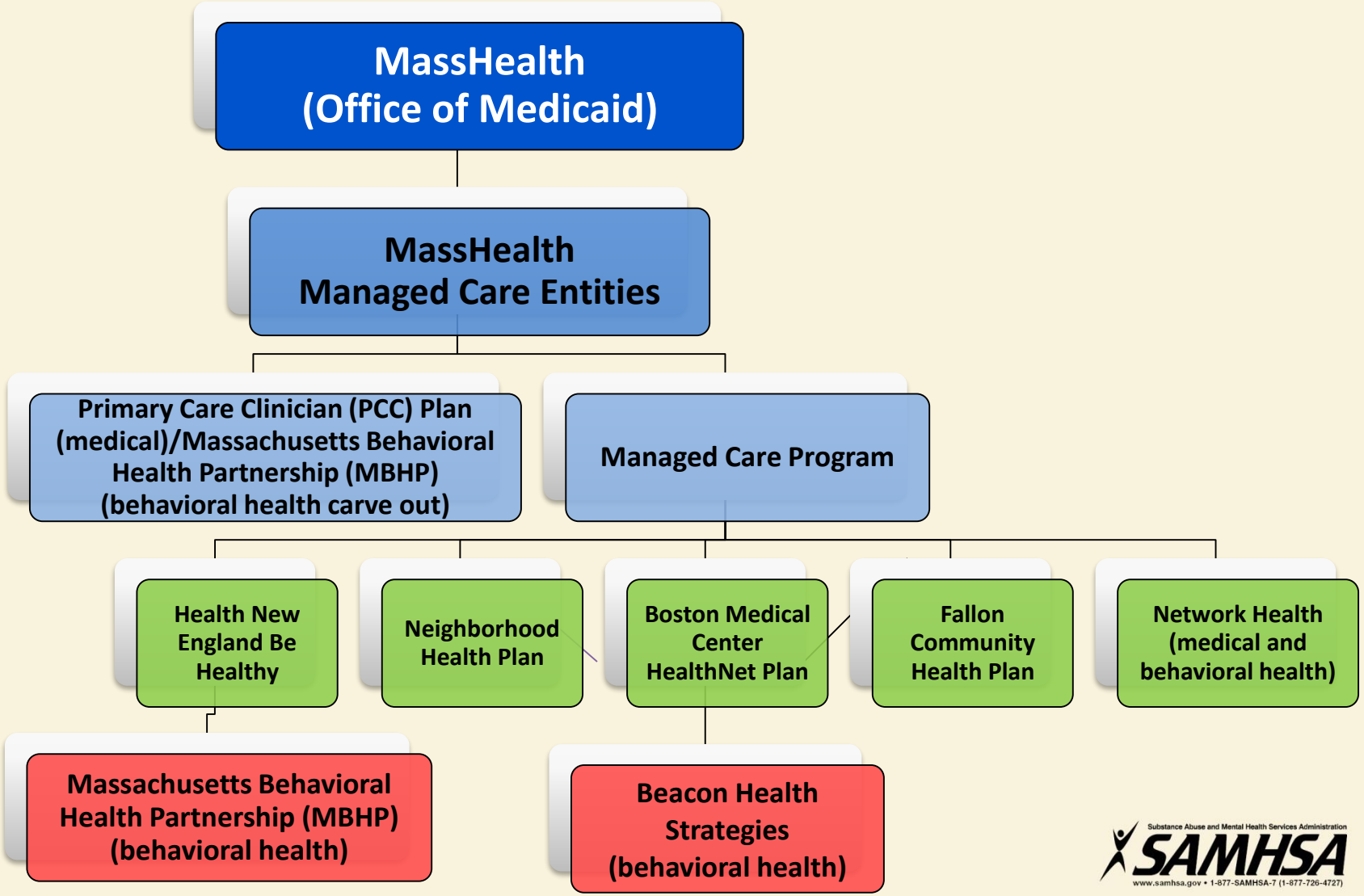
Massachusetts CBHI Infrastructure



Massachusetts Medicaid Managed Care Structure at Implementation (2009)



Helping Managed Care Entities (MCEs) Understand Medical Necessity Under EPSDT

"A service need not cure a condition in order to be covered under EPSDT. Services that maintain or improve the child's current health condition are also covered in EPSDT because they "ameliorate" a condition. **Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems**." https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

- Standard performance specifications and medical necessity criteria across MCEs
- Standard authorization parameters
  - All authorization parameters are floors not ceilings
- CANS training for MCEs and CANS-based utilization review
- Wraparound "101" Training for EVERYONE
  - NWI for training and coaching
- Model the model
  - Child & Family Team meetings with MCEs

Resources

MassHealth Behavioral Health Services for Children and Youth
Aged 20 and Younger: A Guide for Staff Who Work with Children, Youths, and Families
http://www.mass.gov/eohhs/docs/masshealth/cbhi/cbhi-guide.pdf

Massachusetts Child Psychiatry Access Program:
http://www.mcpap.com

EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents:
https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

Primary Care Behavioral Health Screening Toolkit for the MassHealth Children's Behavioral Health Initiative (CBHI):
https://www.masspartnership.com/pdf/PCC%20Screening%20Toolkit%20Update%204-29-2010.pdf

MassHealth EPSDT Medical Protocol and Periodicity Schedule:
http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-w-all.pdf

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Participating States and Counties

- *Colorado*
- *Delaware*

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