



Louisiana Department of  
**EDUCATION**



## ***Louisiana Coordinated System of Care***

MEMO

To: Planning Group

From: Leadership Team

Date: June 21, 2010

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We are writing to communicate our acceptance of the Planning Group's Administrative Design Recommendations and to thank the group for its work. The recommendations regarding the various organizational structures and their roles, from the Governance entity, the State Purchaser, the Statewide Management Organization, the Family Support Organizations, and the regional Care Management Entities are thoughtfully presented and will inform the ongoing implementation planning. Further, we appreciate the recommendation to phase in implementation in such a way as to start with the areas of greatest readiness.

We understand that this work of consensus building on such large scale issues is challenging. We acknowledge those dissenting from Recommendations #3 and #4 and understand that considering those points of view as our work progresses will lead to better decisions for implementation. We also appreciate the Planning Group's ongoing attention to training needs and the role of families in the system of care, as included in recommendations # 2 and #5.

As we look toward receiving the additional infrastructure recommendations you are developing, and the Mercer current systems analysis, we are preparing to take the next steps in August of making a determination of the resources available to support CSoC implementation, identifying any changes in the authorities needed to obtain federal dollars as a match to state general funds and developing the detailed plan for full implementation of the CSoC.

Please thank the Administrative Design workgroup on our behalf. And we also thank all of you as members of the Planning Group for your hard work and commitment to the CSoC and to Louisiana's at risk children.

# Administrative Structure Recommendations

## Approved by the Planning Group for submission to the Leadership Team

Louisiana Comprehensive System of Care (CSoC) goals, values and principles and population of focus

The State of Louisiana is undertaking the development of a Coordinated System of Care (CSoC) for Louisiana's at risk children and youth with significant behavioral health challenges or co-occurring disorders. In the initial planning retreat, over forty agency and stakeholder leaders agreed to the following goals, values and population of focus for the CSoC.

### **Goals of System of Care implementation**

- Reduction in the current number and future admissions of children and youth with significant behavioral health challenges or co-occurring disorders in out-of-home placements
- Reduction of the State's cost of providing services by leveraging Medicaid and other funding sources, as well as increasing service effectiveness and efficiency and reducing duplication across agencies
- Improving the overall outcomes of these children and their caretakers being served by the coordinated system of care

### **CSOC values and principles**

- Family-driven and youth-guided
- Home- and community-based
- Strength-based and individualized
- Culturally and linguistically competent
- Integrated across systems
- Connected to natural helping networks
- Data-driven, outcomes oriented

### **Population of focus**

- Louisiana's CSoC will initially serve children and youth that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement.
- Out-of-home placements are defined as the following: detention, secure care facilities, psychiatric hospitals, residential treatment facilities, developmental disabilities facilities, addiction facilities, alternative schools, homeless as identified by DOE and foster care.

## **Recommendation #1**

The Louisiana CSoC care administrative structure should consist of the following components functioning as the lead entity in the areas indicated

### **Governance**

- Multi-departmental oversight with local and regional representation, including juvenile justice system
- Strong family leadership
- Direct use of multiple funding sources and state purchaser contracting with SMO, CMEs and FSOs, including such things as:
  - eligibility criteria and procedures for enrollment in CME
  - parameters of service utilization and criteria for applying those parameters, including out of home placement
  - quality indicators, reporting mechanisms, and quality feedback mechanisms
  - requirements for CME's and providers, and mechanisms for approving and monitoring providers
  - quality and timeliness requirements for payment system
- Monitors project outcomes including quality and cost
- Establishes policy and monitors adherence

### **State purchaser**

- Reports to Governance with clear mandate;
- Contracting with SMO, CMEs and FSOs including aligning of incentives across SMO, CME and FSOs to drive quality assurance, performance monitoring and cost controls
- Claims processing-option TBD by Leadership Team
- Payment of providers-option TBD by Leadership Team
- Training and capacity building across CSoC, including development of CMEs, FSOs and local providers
- Quality oversight

### **Statewide Management Organization**

- Registration of child into statewide system from multiple local parish-level access sites
- Determination of appropriateness of child for care management entity enrollment based on information submitted by CME, including results of standardized tool e.g CANS.
- Ongoing authorization of community based services through review of outliers, approval of child and family plans, and needed modifications submitted by CME , with goal of moving toward more oversight and less direct authorization role over time
- Tracking of children, services and costs at system/population level and for individual outliers
- Utilization management/utilization review at system/population level and for individual outliers
- Quality assurance at system/population level and for individual outliers
- Outcomes management/monitoring at system/population level and for individual outliers
- Work with regional and local care management agencies to organize and manage provider network to assure a broad array of services and supports is available statewide and that providers meet credentialing standards
- Training and capacity building across CSoC, including development of CMEs, FSOs and local providers
- Implementation of a management information system capable of the needed tracking and monitoring functions and integrated with local CME MIS

- Claims processing-option TBD by Leadership Team
- Payment of providers- option TBD by Leadership Team

### **Care Management Entities**

- Screening for referrals and intake from multiple local and parish sites using a standard tool (e.g., CANS)
- Initial authorization of community based services for up to 30 days or until the plan of care is developed and approved by SMO, with goal of moving toward more ongoing authorization role over time
- Partner with juvenile courts for intake of eligible at risk youth and their families
- Staff and manage child and family team process, including development of plan of care within first 30 days of enrollment, and care coordination through intensive care management with small staff: child ratios (e.g., 1:8 – 1:10)
- Link families and youth to peer support and mobile response and stabilization
- Tracking of individual children, services provided and costs of services
- Utilization management/utilization review of individual children
- Quality assurance for individual children
- Outcomes management/monitoring of individual children
- Input of individual child data into management information system capable of needed tracking and monitoring functions and integrated with SMO MIS
- Work with SMO to organize and manage local provider capacity for purpose of filling gaps in service availability
- Work with family support organizations to provide family liaisons, family educators, youth peer mentors and support participation in quality assurance processes

### **Family Support Organizations**

- Provide and build capacity for family liaisons, including in judicial districts with local district court
- Provide and build capacity for family educators
- Provide and build capacity for youth peer mentors
- Participation in child and family team process
- Provide direct services to families and youth
- Participation in quality assurance and outcomes management/monitoring at local and state levels
- Participation in planning, policy making and system oversight at local, district, regional and state level

### **Providers of services and natural supports**

- Providers participating in CSoC network will be required to meet standards that will be established to assure quality and efficiency, including any needed training concerning the Louisiana Children's Code and related functions of the juvenile justice system

### **Recommendation #2**

Given Louisiana's general lack of experience and insufficient existing capacity in the wrap-around process and important intensive evidence-base practices, it is recommended that significant training and technical assistance be provided to support CSoC implementation. Training should also include information related to local, state and federal regulations, codes and statutes, as well as current programming relevant to the population of focus.

### **Recommendation #3**

It is recommended that the state phase-in CSoC implementation through a process designed to support implementation in regions demonstrating greatest readiness. The governance entity will work in partnership with selected regions to build CME capacity to staff and management child and family teams, provide UM functions and also to build local provider capacity for key EBPs and other services and supports. It is recommended that comprehensive information be solicited regionally (i.e., organized by DHH Administrative Region) from interested entities. It is recommended that expert consulting services be made available to regions. Criteria should be developed to adequately address each region's ability to demonstrate at least the following:

- commitment by all relevant regional agencies and stakeholders
- identification of proposed CME/s and experience/current capacity for
  - QI/UM/outcomes monitoring/tracking administrative functions
  - cross agency and family driven service planning
  - family participation in governance
- plan on how to use TA provided by state to fully implement child and family teams, wrap around, intensive care management and QI/UM/outcomes monitoring/tracking administrative functions
- assessment of provider capacity to meet ideal service array and plan to enhance the array and fill gaps
- outreach plan including special emphasis on schools/courts in order to intervene and divert children and youth from expulsion and adjudication

### **Recommendation #4**

In successful systems of care, Care Management Entities serve as the locus of accountability and provide important service coordination and utilization management functions. They act as a bridge between Statewide Management Organizations and families to independently plan and coordinate care. Because of the inherent conflicts of interest which might arise if CMEs also directly provide the services they manage, it is recommended that CMEs should not also act as service providers. In cases where local capacity constraints are such that a service provider may be the best possible choice to also provide care coordination, the CSOC Governance committee should weigh if by limiting the CMEs utilization management functions and delegating more authority to the SMO, and creating firewalls which eliminate conflicts of interest to the satisfaction of CMS, a waiver of this rule would be in the best interest to the taxpayer and the families to be served.

### **Recommendation #5**

It is recommended that a strategy be developed and implemented to support family participation at all levels of the CSoC through contracts for Family Support Organizations from the state purchaser, SMO and CMEs. The contracts should support FSOs ability provide and build capacity for families to be meaningful partners in policy making, system oversight, quality monitoring and improvement processes, child and family teams, parent education and individual and system level advocacy.

### **Recommendations #6**

CSoC will receive self-referrals and referrals from all existing agencies, providers, courts, schools and the statewide management organization. Specialized outreach should be developed with an emphasis on schools/courts to intervene and divert children from expulsion and adjudication.

**Recommendation #7**

It is recommended that families be given a choice of service providers and child and family teams managed through the CMEs. Beneficiary protections should be established for children and families in the CSoC, such as a grievance system, state fair hearing, and establishment of enrollee rights. NCQA accreditation is recommended for the SMO and should be written in as requirements into SMO contract.

## **Addendum**

The Planning Group would like to acknowledge that while consensus agreement regarding the Administrative Structure Recommendations was achieved during its June 9 meeting. The following individuals wish to express their dissent with the agreement of the following recommendations:

### **Recommendation #3**

Rochelle Dunham dissents from agreement to list the criteria for the regions to demonstrate because she believes this list is premature at this point in time.

### **Recommendation #4**

The following individuals dissent from agreeing to this recommendation on the basis that they believe the CMEs should never be allowed to also be service providers:

Kathy Kliebert

Rochelle Dunham

Angela Tyrone

Jim Hussey

Pam Brown