

Child Welfare Advisory Committee
System of Care Subcommittee
August 27, 2015
Minutes

Attendees: Arlene Happach, Kristine Herman, Debbie Reed, Andi Durbin, Marge Berglind, Mike Chavers, Hope Carbonaro, Nora Collins-Mandeville, Cindy Hoffman, Shawn Peterson, Rick Velasquez, Amy Dennison

Agenda Items and Discussion

1. Committee changes:

Arlene discussed the new committee charge that was approved by Director Sheldon and the new co-chair, Kristine Herman. Since Kristine's scope of work includes the interface of child welfare with the system of care reform efforts in the state in addition to her background in Medicaid Community Mental Health Services policy and implementation, it was determined that she would be a good selection as the co-chair. Larry Small moved to co-chairing the CWAC Well-Being Subcommittee, which is a perfect fit with his ongoing work with the CANS and evaluation of children's behavioral health and well-being needs.

Arlene reviewed the committee's purpose:

Monitors performance and makes recommendations regarding pilot programs and new methods of delivering behavioral health services to children and youth in care. Maximizes service delivery options via coordination with other Departments and utilization of Medicaid funds.

- Monitor Choices pilot
- Other system-of-care models – separation of placement and treatment
- Managed care – evaluate opportunities and barriers
- Monitor Medicaid changes and potential for maximizing revenues
- Opportunities for coordination with other Departments

The committee was in agreement with the purpose and offered no edits or revisions.

2. Update from Medicaid subcommittee:

Debbie Reed reviewed the recommendations from the CWAC Medicaid Subcommittee regarding maximizing mental health service provision and Medicaid claiming within Specialized Foster Care programs including:

- Requiring that ALL agencies that provide Specialized Foster Care services become Medicaid certified,
- Revising Medicaid Payment System to incorporate either bundled or capitated payments for Medicaid services,
- Strengthening training in workforce development statewide,
- Increasing availability of clinical supervisors who are knowledgeable of clinical documentation and 132,

- Increasing engagement of families and incentivizing foster parents,
- Engaging agencies already providing Medicaid services to implement pilot projects to help determine strengths and barriers to requiring additional Medicaid services.

The group discussed the recommendations and asked several questions related to the financing recommendations of bundled or capitated payments. Debbie explained that was an area that the CWAC Medicaid committee needed to further develop but wanted feedback from CWAC SOC before continuing.

The group determined that more information was needed on the financing aspects of the recommendations and also strongly recommended that CWAC Medicaid focus on providing incentives for the provision of Medicaid services to children in foster care (including allowing foster care agencies to retain some or all payments related to Medicaid services, similar to the FFS arrangements with residential under the Medicaid Carve Out Contracts). Debbie agreed to take the CWAC SOC committee recommendations back to the CWAC Medicaid committee for further discussion.

3. Process for MCO authorization on court-ordered services:

Kristine Herman notified the committee that a new process was being put in place to allow a court order to serve as prior authorization for any Medicaid mental health or substance abuse service for a parent of a child whom DCFS has custody. Kristine explained that when a Medicaid mental health or substance abuse service is court ordered, the caseworker will call the CARES line, will fax the court order to the CARES staff member and the CARES staff member will forward a prior authorization form along with the court order to the parent's Managed Care Organization (MCO). The CARES staff will then fax the completed prior authorization form to the caseworker for filing. Kristine explained that the Office of Child and Family Policy was reviewing the Policy Guide associated with this process and, upon the policy guides' approval, would send out a Policy Guide transmittal to notify all POS and DCFS caseworkers of the new process.

4. Discussion on BH Expert Panel recommendations and SOC role:

The committee expressed an interest in discussing DCFS' response to the BH Expert Panel's recommendations. Kristine informed the committee that DCFS' responses were still being negotiated and were not ready for public discussion at this time. However, Kristine explained that an ongoing pressing issue that should be discussed by the committee is the continuing roll out of managed care and its impact on behavioral health services for children.

Rick expressed concern about children served through Intact Family Programs who are enrolled in managed care and the impact that is having on services being provided. He explained that his organization and others are having to track which MCO each family is enrolled in and which services were being authorized and reimbursed. He asked if Intact Family Programs could just bill DCFS directly for Medicaid services and simplify the process for providing services to the children and families. Kristine explained that the children and family being enrolled in MCO's complicated that process, because the MCO's are responsible for paying for Medicaid services provided to the child and family through the capitated payment that the MCO receives from the state. Therefore, DCFS could not double-pay or double-claim for a service already covered by the MCO.

Nora discussed the Medicaid Advisory Committee that is hosted by HFS that is designed like CWAC to obtain stakeholder feedback regarding HFS' implementation of managed care and other Medicaid initiatives. Nora explained that it would probably be useful for DCFS representatives to attend the Medicaid Advisory Committee to ensure that sister agencies are receiving the same information as stakeholders. Kristine indicated that either she or another representative would be attending the next meeting.

The committee then discussed the recommendations from the Children's Services Subcommittee and how those were being operationalized even though the NB litigation was not yet settled. Kristine explained several of the state models that were explored (New Jersey, Massachusetts, Wraparound Milwaukee, etc.) and explained how components of these models were being implemented through managed care and specifically in the Choices DCFS/HFS pilot area. Kristine discussed enhancements in Mobile Crisis Response, consistent training in High Fidelity Wraparound as the practice model underpinning the Child and Family Team process by which a single Plan of Care is developed that authorizes all services provided to the child and family. All services would be offered by providers within the Provider Network. Kristine explained that the Children's Services Subcommittee recommendation was that the care coordination services should be conflict-free, meaning that care coordination entities would either not provide other therapeutic services or would have a rule of no-self referral.

Arlene raised several cautions over the Wraparound Milwaukee model related to their work with children involved in child welfare, and their Mobile Crisis Response model. She explained that she had many complaints about their response time to crises, that there was no standard model to determine when a face-to-face response was warranted and that as the director of the state child welfare agency, she had great difficulty getting requested data and/or outcome information from Wraparound Milwaukee. Kristine explained that there was no desire to fully replicate all of Wraparound Milwaukee's processes and that the model cannot be replicated because it is actually a stand alone MCO under a 1915a) waiver. Kristine explained that the current CARES line and SASS system would remain in place statewide. However, the state would be looking to expand the definition of crisis from a "psychiatric crisis" to a situation where the caregiver of the child is not able to adequately address the behavior of the child or the child's current circumstances and needs immediate assistance. Kristine explained that this expanded definition and enhanced response including crisis stabilizers and crisis respite was currently being developed with community providers in the Choices target area. Kristine agreed to keep the committee informed as the service development process continued.

Arlene also expressed concern over the interpretation of "conflict-free", as she has worked in systems where providers could offer care coordination and other therapeutic services as long as they were held to outcomes. She explained that was the model suggested under the Home-Based Care pilot and asked what the status of that pilot was. Several members of the committee explained that it was on hold as the leadership was undergoing change. The pilot will likely be revived once Mayra Burgoss-Buyot's successor was announced.

Next steps:

Kristine and Debbie will discuss additional information needed from the CWAC Medicaid committee related to the Specialized Foster Care redesign.

Kristine will continue updating the committee regarding the Choices pilot and other developments in the Children's Behavioral Health System of Care reform.

At the next full CWAC meeting, Arlene will make the following recommendations:

1. That the Department should move on the home-based pilot as soon as possible; and
2. That the Department should continue to collaborate with other State agencies serving children and families and should look for opportunities to collaborate with the Courts.

Next meeting:

October 1, 2015 at 1:00pm.