AHCCCS
Arizona Health Care Cost Containment System

Back To Basics

8/1/18

Back To Basics SOC Overview

8/1/18

Did You Know?


Pediatric mental illness is real.
In fact, 1 in 5 young people in the U.S. has a diagnosable mental health disorder. Chances are someone you know, or even someone in your family, is affected.
Help us break through the stigma and shame surrounding pediatric mental health.

Did You Know?


Pediatric mental illness is real.
36%
In fact, more than 1/3 of visits to a pediatrician are for purely psychological reasons.
Help us break through the stigma and shame surrounding pediatric mental health.

Did You Know?

Pediatric mental illness is real.

In fact, half of people with lifetime mental illness have symptoms by age 14. Signs of depression can appear as early as age five.

Help us break through the stigma and shame surrounding pediatric mental health.

National Perspective

- **System of Care** is a part of a National Initiative that was established in 1992, when Congress established the Children's Mental Health Initiative (CMHI) within the Substance Abuse Mental Health Administration (SAMHSA). Creating a sustainable system of care requires reshaping and redefining the approach the system takes to working collaboratively with each other as well as the families who are receiving support which explains why the CMHI has invested significant resources developing and testing the effectiveness of the System of Care approach.

What is a SOC?

- **System of Care** is a comprehensive network of community-based services and supports organized to meet the needs of families who are involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice and health care. The goal is for families and youth to work in partnership with public and private organizations, ensuring supports are effective and built on the individual's strengths and needs. System of Care is not a service or a program – it is a way of working together with youth and families to achieve the desired outcomes identified by the youth and family.

National Perspective

- **Interagency collaboration** brings together child and family-serving agencies from the public, private, and faith-based sectors. Examples include child welfare, mental health, juvenile justice, education, and health in partnership to provide needed services. For example, mental health and the local schools work together so that a child with behavioral issues is not immediately suspended from school.

National Perspective

- **Individualized, strength-based practices** identify and build on the strengths of the family and child. Families are included in creating an individual plan to provide needed services. This ensures services are easy to access, effective, and match the culture and language of the family and child.

National Perspective

- **Cultural competence** in the System of Care is built on the notion that in order to work effectively with a child and family, there must be an understanding of the family's culture, race, values, and ethnic background.

National Perspective

- **Community-based services** are an integral part of the System of Care so that children and families receive effective services in their own homes and neighborhoods.

National Perspective

- **Full participation of families at all levels of the system** means that services provided are family-driven and youth guided. A commitment to this practice ensures that there is family and youth partnership at the community and state level for the purposes of program planning and direction.

National Perspective

- **Shared responsibility for successful results** means that all stakeholders (agencies, community supports and families) have a responsibility to individual/family outcomes by ensuring effective programs in each community and implementing System of Care effectively statewide.

Requirements from the ACC RFP

- 5. *Community-Based Behavioral Health Services*
- For a complete description of Generalist and Specialized support and rehabilitation services, refer to the AHCCCS Behavioral Health System Practice Tool: Support and Rehabilitation Services for Children, Adolescents, and Young Adults, and the on-line Meet Me Where I Am (MMWIA) training modules.
- a. The Contractor shall develop and maintain minimum network capacity standards for Specialist Support and Rehabilitation Services Providers, and
- b. The Contractor shall develop and maintain minimum network capacity standards for Generalist Support and Rehabilitation Services Providers.

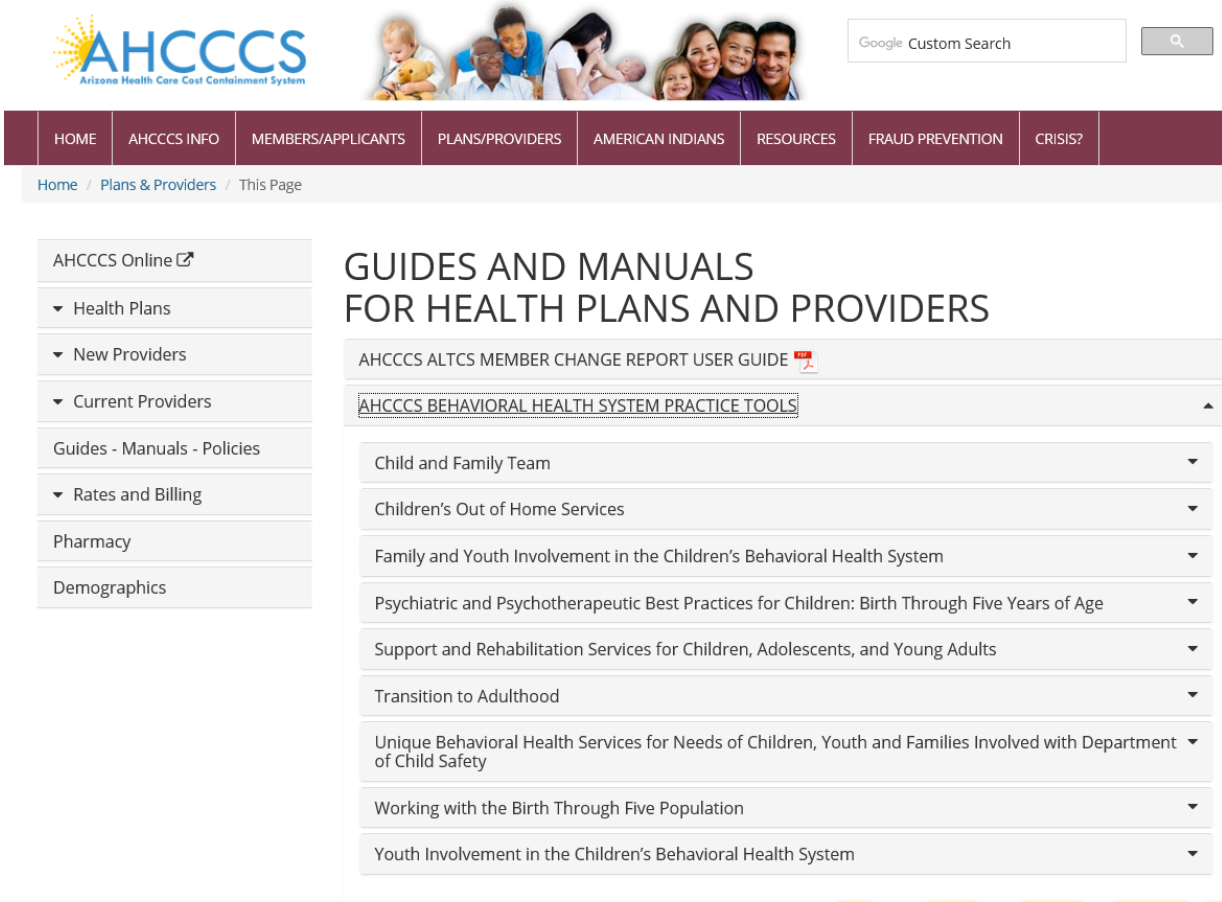
Requirements from the ACC RFP

- *Centers of Excellence*
- The Contractor shall contract with Centers of Excellence which implement evidence based practices and track outcomes for children with specialized healthcare needs:
- a. Children aged birth to five: Staffed with specialists who are endorsed by the Infant Toddler Mental Health Coalition of Arizona (ITMHCA) or other Endorsement program recognized under the Alliance for the Advancement of Infant Mental Health (formerly the League of States using the Michigan Association for Infant Mental Health Endorsement®),
- b. Children at risk of/with Autism Spectrum Disorder (ASD),
- c. Adolescents with substance use disorders, e.g.
- i. Adolescent Community Reinforcement Approach (A-CRA),
- ii. Assertive Community Care (ACC),
- iii. Global Appraisal of Individual Needs (GAIN), and
- d. Transition Aged Youth:
- i. First episode psychosis programs, and
- ii. Transition to Independence (TIP) Model.

Requirements from the ACC RFP

- **Children's System of Care**
- For child members, the Contractor shall ensure delivery of services in conformance with Arizona Vision-Twelve Principles for Children Behavioral Health Service Delivery as outlined in AMPM Policy 430.
- The following AHCCCS Behavioral Health Practice Tools shall be utilized:
- 1. Youth Involvement in the Children's Behavioral Health System,
- 2. Child and Family Team,
- 3. Children's Out of Home Services,
- 4. Family and Youth Involvement in the Children's Behavioral Health System,
- 5. Psychiatric Best Practice for Children Birth to Five Years of Age,
- 6. Support and Rehabilitation Services for Children, Adolescents, and Young Adults,
- 7. Transition to Adulthood,
- 8. The Unique Behavioral Health Services Needs of Children, Youth, and Families Involved with DCS, and
- 9. Working with the Birth to Five Population.

https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html



Requirements from the ACC RFP

- The Contractor shall ensure use of:
- 1. *Standardized validated screening instruments by PCPs*
- The contractor shall implement validated behavioral health screening tools for Primary Care Providers (PCPs) to utilize for all children to determine if further assessment for behavioral health services is necessary.
- 2. *Streamlined service referral mechanism for PCPs*
- The Contractor shall implement a streamlined mechanism for PCPs to refer children who are screened at risk for a behavioral health need to the appropriate behavioral health provider for further assessment.
- 3. *Standardized validated instruments to assess member behavioral health service intensity needs*
- The Contractor shall implement the following validated service intensity instruments for all children accessing behavioral health services:
- a. Early Childhood Service Intensity Instrument (ECSII): Children birth through five years of age, and
- b. Child and Adolescent Service Intensity Instrument (CASII): Children six through 17 years of age.

Requirements from the ACC RFP

- 4. *High needs case management (provider level)*
- The Contractor shall comply with the following requirements for high needs case managers at the provider level assigned to serve children with high service intensity needs:
- a. Children with high service intensity needs who require the assignment of a high needs case manager are identified as:
- i. Children 0 through five years of age with one or more of the following:
- • Other agency involvement; specifically: AzEIP, DCS, and/or DDD, and/or
- • Out of home placement (within past six months), and/or
- • Psychotropic medication utilization (two or more medications), and/or
- • Evidence of severe psycho-social stressors (e.g. family member serious illness, disability, death, job loss, eviction)
- ii. Children six through 17 years of age: CASII score of 4, 5, or 6

Requirements from the ACC RFP

- 14. **Member Advocacy Administrator** who is located in Arizona and who is experienced in working with individuals including members with special healthcare needs, families, youth, advocates and key stakeholders. The Member Advocacy Administrator shall ensure that staff members directly reporting to this position are sufficient to fulfill the responsibilities of this role. At a minimum, the following staff shall report directly to the Member Advocacy Administrator:
- a. CRS Member Advocate,
- b. Adult Behavioral Health Member Advocate,
- c. Child Behavioral Health Member Advocate, and
- d. Veteran Advocate.

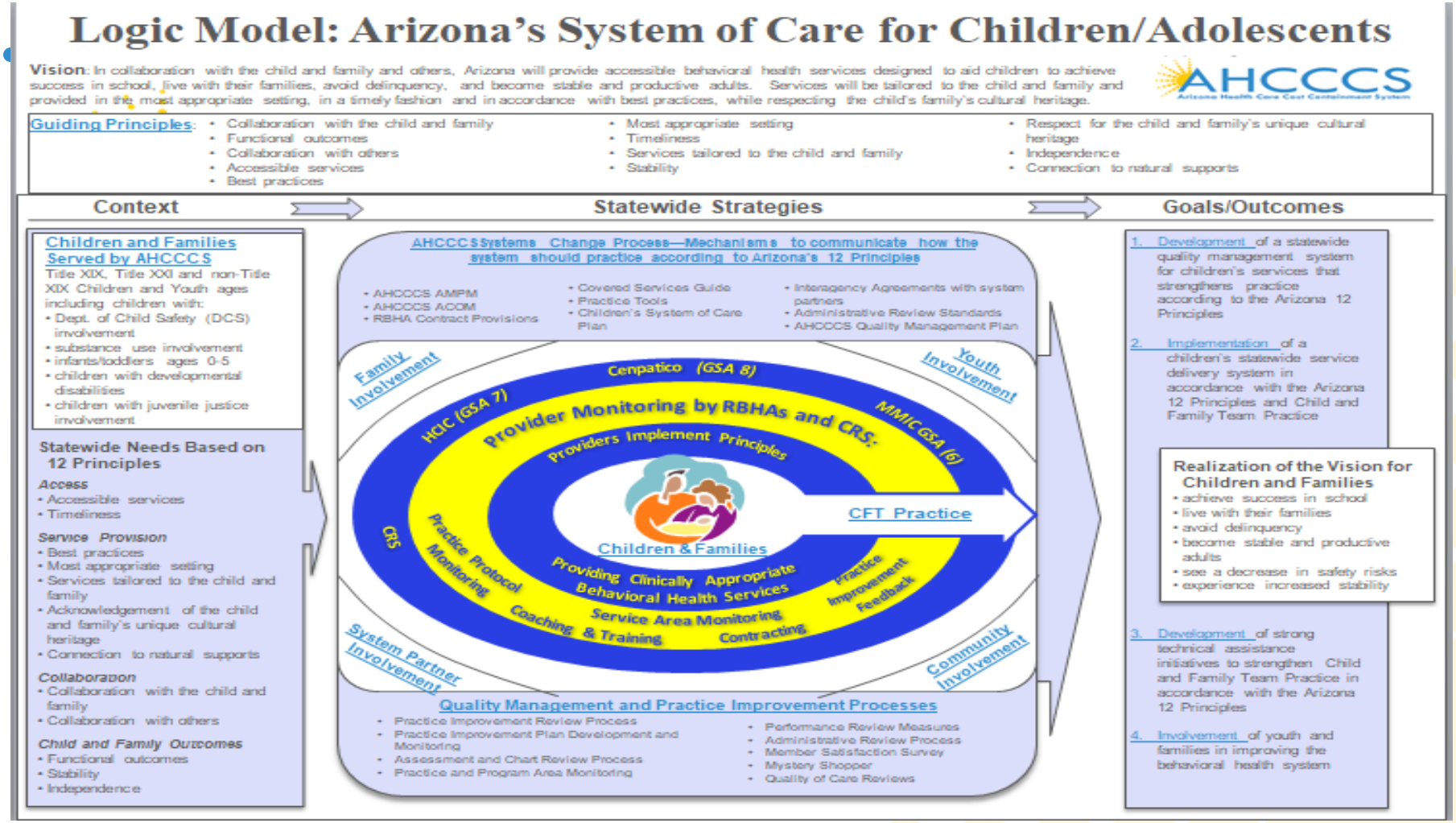
Requirements from the ACC RFP

- *Fidelity Monitoring*
- a. Implement AHCCCS' method for in-depth quality review of Children's System of Care Practice Reviews, including necessary practice improvement activities as directed by AHCCCS
- b. Implement protocols for Child and Family Team training/supervision and fidelity monitoring as directed by AHCCCS,
- c. Implement AHCCCS-approved methodology for fidelity review of Generalist Direct Support Services (MMWIA), and
- d. Implement AHCCCS-approved methodology for fidelity review of ECSII and CASII completion and scoring.

Caveats

- ECSII is not *required* in contract but many providers may be utilizing the tool and the process will be seamless to the ACC plans
- The contract does require the use of CASII as screening tool for identifying children needing HNCM. Methodology should address CASII implementation, not just fidelity review

Logic Model


Logic Model: Arizona's System of Care for Children/Adolescents
Vision: In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage.
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Guiding Principles:
Collaboration with the child and family
Functional outcomes
Collaboration with others
Accessible services
Best practices
Most appropriate setting
Timeliness
Services tailored to the child and family
Stability
Respect for the child and family's unique cultural heritage
Independence
Connection to natural supports
Context
Statewide Strategies
Goals/Outcomes
Children and Families Served by AHCCCS
Title XIX, Title XXI and non-Title XIX Children and Youth ages including children with:
Dept. of Child Safety (DCS) involvement
substance use involvement
infants/toddlers ages 0-5
children with developmental disabilities
children with juvenile justice involvement
Statewide Needs Based on 12 Principles
Access
Accessible services
Timeliness
Service Provision
Best practices
Most appropriate setting
Services tailored to the child and family
Acknowledgement of the child and family's unique cultural heritage
Connection to natural supports
Collaboration
Collaboration with the child and family
Collaboration with others
Child and Family Outcomes
Functional outcomes
Stability
Independence
AHCCCS Systems Change Process—Mechanisms to communicate how the system should practice according to Arizona's 12 Principles
AHCCCS AMPM
AHCCCS ACOM
RBHA Contract Provisions
Covered Services Guide
Practice Tools
Children's System of Care Plan
Interagency Agreements with system partners
Administrative Review Standards
AHCCCS Quality Management Plan
Family Involvement
Youth Involvement
Cenpatico (GSA 8)
HCIC (GSA 7)
MMIC GSA (6)
Provider Monitoring by RBHAs and CRS:
Providers Implement Principles
CRS
Practice Protocol Monitoring
Coaching & Training
Service Area Monitoring, Contracting
Practice Improvement Feedback
Providing Clinically Appropriate Behavioral Health Services
Children & Families
CFT Practice
System Partner Involvement
Community Involvement
Quality Management and Practice Improvement Processes
Practice Improvement Review Process
Practice Improvement Plan Development and Monitoring
Assessment and Chart Review Process
Practice and Program Area Monitoring
Performance Review Measures
Administrative Review Process
Member Satisfaction Survey
Mystery Shopper
Quality of Care Reviews
1. Development of a statewide quality management system for children's services that strengthens practice according to the Arizona 12 Principles
2. Implementation of a children's statewide service delivery system in accordance with the Arizona 12 Principles and Child and Family Team Practice
Realization of the Vision for Children and Families
achieve success in school
live with their families
avoid delinquency
become stable and productive adults
see a decrease in safety risks
experience increased stability
3. Development of strong technical assistance initiatives to strengthen Child and Family Team Practice in accordance with the Arizona 12 Principles
4. Involvement of youth and families in improving the behavioral health system

Transformation in the Arizona Children's System of Care

BH system is often driven by litigation thus making provision of services more proscriptive.

- "Jason K" Lawsuit
- Arizona Vision
- 12 Principles
- Jacob's Law

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Transformation in the Children's System of Care

- The Jason K Lawsuit was filed in Pima County in 1991, concerning a family whose son "Jason" was enrolled in mental health services.
- The family felt services were not being delivered to them in a way that they felt was adequate.
- Out of the Jason K Lawsuit came the JK Settlement Agreement of 2001 which outlined the Arizona Vision, and the 12 Principles for Children's System of Care.

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The Arizona Vision

In collaboration with the child, family and others, Arizona will provide accessible behavioral health services designed to aid children to:

1. Achieve success in school
2. Live with their families
3. Avoid delinquency
4. Become stable and productive adults

Services will be tailored to the child and family and provided in:

1. The most appropriate setting
2. A timely fashion
3. In accordance with best practices
4. Respecting the child's family's cultural heritage

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The 12 Principles AMPM 430 C 10

1. Collaboration with the child and family
2. Functional outcomes
3. Collaboration with others
4. Accessible services
5. Best practices
6. Most appropriate setting

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The 12 Principles

7. Timeliness
8. Services tailored to the child and family
9. Stability
10. Respect for the child and family's unique cultural heritage
11. Independence
12. Connection to natural supports

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Concepts to Define

- Care management v. case management
- High Needs Case Management
- Wraparound services
- Family and Youth Involvement
- Focus on CMDP
- HCTC
- Practice Reviews
- CFT

Care Management-ACC Contract

- A group of activities performed by the Contractor to identify and manage clinical interventions or alternative treatments for identified members to reduce risk, cost, and help achieve better health care outcomes. Distinct from case management, care management **does not** include the day-to-day duties of service delivery

Care Management Program-ACC Contract

- Activities to identify the top tier of high need/high cost Title XIX members receiving services within an AHCCCS contracted health plan; including the design of clinical interventions or alternative treatments to reduce risk, cost, and help members achieve better health care outcomes. Care management is an **administrative function** performed by the health plan. Distinct from case management, Care Managers should not perform the day-to-day duties of service delivery.

Case Management-ACC Contract

- A collaborative process which assess, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes. Contractor Case management for DES/DDD is referred to as Support Coordination.

SOC Initiatives

- High Need Case Management
  - Level of need determined by use of a screening tool (i.e., CASII)
  - Caseloads of up to 15-20
  - "Specialists" at obtaining services

SOC Initiatives

- Wraparound Services
- Ensures that the process is driven by the needs of the family rather than by what services are available or reimbursable.
    - "Meet Me Where I Am"
    - 24/7 community based services include:
        - behavior coaching
        - life skill development
        - school supports
        - vocational skills
- https://nwi.pdx.edu/NWI-book/Chapters/VanDenBerg-1.3-(history-of-wraparound).pdf

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SOC Initiatives

- Family and Youth Involvement
  - Close involvement with family run organizations
    - To inform and guide development of SOC policy/practice
    - Family Support Partners (FSP)
    - Youth involvement via youth groups / advisories

      Youth practice protocol

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SOC Initiatives

- Improving services to CMDP / Child Welfare
- Implementing HB 2442 "Jacob's Law"
  - Facilitating access to care
  - Crisis services and support

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Jacob's Law - Overview

- On March 24, 2016, House Bill (HB) 2442 was enacted. Also known as Jacob's Law, this legislation mandates a number of requirements for purposes of ensuring easier access to behavioral health services for children in the legal custody of the Department of Child Safety (DCS) and adopted children who are Medicaid eligible under Title XIX or XXI.

Jacob's Law - Overview

- Children in the legal custody of DCS are enrolled with the Comprehensive Medical and Dental Care Program (CMDP) for the provision of physical health care services. Medicaid eligible adopted children are enrolled with an Acute Care Contractor in their geographical area for the provision of physical health care services.
- https://www.azahcccs.gov/Members/Downloads/Resources/BHServicesForChildrenInFosterCareBilingual.pdf

Jacob's Law

- The majority of these children receive their behavioral health care services through the Regional Behavioral Health Authority (RBHA) in their geographical area. The Arizona State Health Care Cost Containment System (AHCCCS) holds Contracts with three RBHAs for the provision of behavioral health services throughout the state of Arizona. For those children enrolled with CMDP who have a Children's Rehabilitative Services (CRS) eligible condition, behavioral health services are provided through AHCCCS' ACC health plans.

Jacob's Law - Requirements

- The out-of-home placement or adoptive parent may directly contact the RBHA for a screening and evaluation of the child if it is identified a child is in urgent need of behavioral health services.
- An assessment team must be dispatched within 72 hours of a child entering into out-of-home care
- An assessment team must be dispatched within 2 hours after being notified that the child has an urgent need.

Jacob's Law - Requirements

- An initial evaluation should be provided within seven calendar days after a referral or request for services
- If it is determined the child is in need of behavioral health services, an initial behavioral appointment should be provided within 21 calendar days after the initial evaluation.
- If services are not received within 21 days, the out-of-home placement or adoptive parent shall contact the RBHA and AHCCCS customer services to document the failure and the child may access services directly from any AHCCCS registered provider regardless of whether the provider is contracted with the RBHA. In these situations the provider must submit the claim to the RBHA and accept the lesser of 130% of the AHCCCS FFS rate or the provider's standard rate.

Jacob's Law - Requirements

- If the child is in need of crisis services and the crisis services provider in the county is not being responsive to the situation, the out-of-home placement or adoptive parent may contact the RBHA to coordinate crisis services for the child.
- The RBHA shall respond within 72 hours to a request to place a child in residential treatment due to displaying threatening behavior. If the child is hospitalized due to the threatening behavior before the RBHA responds, the RBHA shall reimburse the hospital for all medically necessary services, including any days of the hospital stay during which the child did not meet inpatient criteria but there was not safe and appropriate place to discharge the child.

Behavioral Health Services for Children in Foster, Kinship & Adoptive Care

BEHAVIORAL HEALTH APPOINTMENT STANDARDS

From time of request, services must be provided within: (days referenced below are calendar days)

72 Hours → Rapid Response

(2 hours for an urgent need)

An initial in-home assessment for children entering into the Department of Child Safety (DCS) custody, which may be requested by DCS or a caregiver. Clinicians will assess immediate needs and triage any crisis or trauma-related issues. Includes behavioral health assessment, screening for developmental delays, support to child/family placement and connection to ongoing services.

7 Days → Initial Assessment

(24 hours for an urgent need)

An initial assessment by an assigned service provider, following a referral or caregiver's request for services.

21 Days → Behavioral Health Service Appointment

Following assessment of a behavioral health need, first appointment must begin within 21 calendar days of assessment. Ongoing behavioral health services should be provided, at a minimum of once a month, for at least the first six months after a child enters DCS custody

ACOM 449

- To comply with these legislative requirements, AHCCCS revised Contract and Policy language; developed specific reporting requirements for the Contractors; and conducted meetings to discuss Jacob's Law and policy requirements. The AHCCCS Contractor Operations Manual (ACOM) Policy 449, Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children, was developed specifically to meet the requirements of Jacob's Law. ACOM Policy 449 also establishes a number of requirements for RBHA and CRS Contractors including standardized reporting metrics corresponding to the requirements outlined in Jacob's Law.

ACOM 449

- The Children Services Liaison serves as the single point of contact, receiving inquires and resolving concerns from foster families, kinship families, adoptive parents and providers. Contact information for the Children Services Liaison is provided to DCS for distribution, placed on the member page of the Contractor's website, and included in the member handbook.

ACOM 449

- The Member Advisory Council includes a cross representation of foster, adoptive and kinship families reflecting the population and community served by the Contractor, making up at least 50% of the membership. Member Advisory Councils meet quarterly and allows families to provide input and feedback on policy and programs with a focus on addressing the needs of members.

ACOM 449

- Ongoing education includes education to providers, members, families and other parties involved with a member's care. Education topics include but are not limited to; Jacob's Law, navigating the behavioral health system, coordination of care, referral process, trauma-informed care, and any additional trainings identified by the Member Advisory Council.

ACOM 417

- AHCCCS revised ACOM Policy 417, Appointment Availability, Monitoring and Reporting, to include Behavioral Health Appointment Standards for RBHA and CRS Contractors pursuant to requirements outlined in Jacob's Law.

Jacob's Law: Required Reporting

- Number of times the RBHA coordinated crisis services because a crisis services provider was unresponsive
- Number of times services were not provided within the 21-day timeframe
- Amount of services accessed directly by an out-of-home placement or adoptive parent that were provided by non-contracted providers
- List of providers that were formerly contracted with the RBHA but that terminated their contract and provided services pursuant to this section for 130% of the AHCCCS negotiated rate
- The amount the Administration spent on services pursuant to this section

SOC Initiatives

- HCTC – "therapeutic foster care"
  - Community-based alternatives to congregate care
  - Family-like setting
  - Short term vs "regular" foster care

SOC Initiatives

- Practice Reviews: "SOCPR"
  - More than 200 conducted annually
  - Evaluate fidelity to SOC principles
  - In-depth interviews with providers and caregivers
  - Agency feedback sessions

    PIPs
  - Annual statewide summary reporting
  - SOC Plan deliverable

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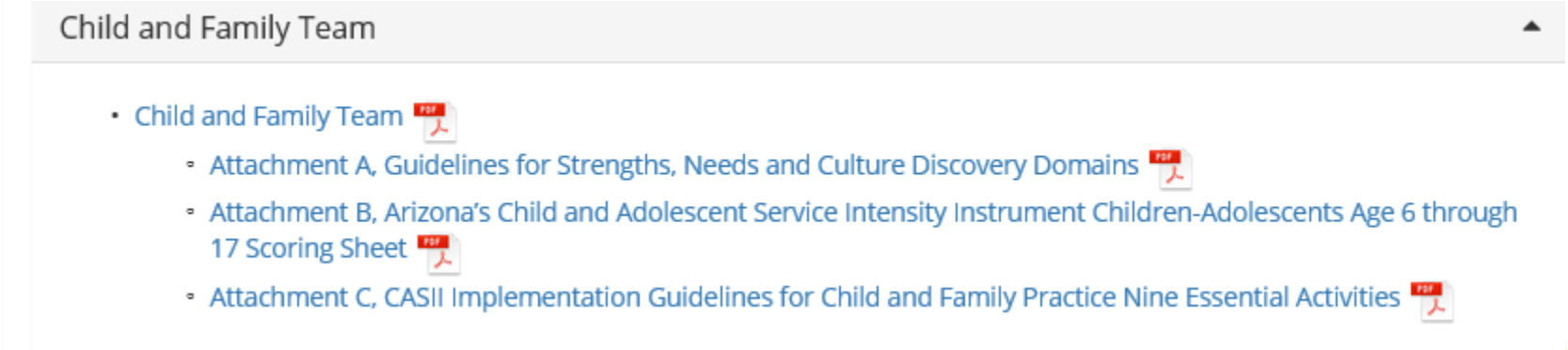
https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/index.html



Child and Family Teams

Includes one or more of the following:

- Wraparound services
- Person Centered Planning
- Family Group Decision Making
- Team Decision Making

Each of these processes share some common values and elements with the Child and Family Team process used in Arizona.

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Child and Family Team

- Child and Family Teams (CFTs) are the process by which people that care about a child and family help them figure out and plan for their needs.
- They have roots which predate any formal service delivery system founded on the concept of communities caring for their own.

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Child and Family Team

- A Child & Family Team is an opportunity for a child and family to be the driving force behind the decisions and creation of what will work best for the child and family to achieve success.

- It is also an opportunity for collaboration among agencies who may be working with a child and/or family

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Possible Team Members

- Identified member
- Family
- Friends
- Teachers
- Behavior Health Representative
- DCS Case Manager
- Probation Officer
- Parole Officer
- DDD Support Coordinator
- CASA
- Residential Program Director
- BH Therapist or Case Manager
- Anyone else the family wants for support (Natural Supports)
- OT, PT, SLP

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Nine Steps of the CFT Process

1. Engagement of the Child and Family:
   - Engagement is the role of all team members (not just the facilitator or therapist)
2. Immediate Crisis Stabilization
3. Discovering strengths of the family and the child (Strengths, Needs, and Culture Discovery document)
4. CFT Formation – Creating a Child and Family Team

Nine Steps of the CFT Process

5. Selecting goal areas and establishing goals: Creating the Behavioral Health Service Plan (BHSP)
6. Determining strength-based, culturally competent options to meet needs and reach goals (Implementation of BHSP)
7. Ongoing Crisis and Safety Planning
8. Tracking and Adapting (Identifying and working through barriers)
9. Transition

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Core Elements of Team Meetings

- Customizing services to address specific needs
- All interventions are derived from the strengths and needs of the child and family
- Unconditional support is offered-when plans do not work, we change and try something different
- Building relationships is fundamental – with the family, team members, and the community

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Role of The Facilitator (High Needs Case Management)

- Facilitators are crucial to the success of the Team Process because they help ensure that it stays true to the Twelve Principles, that it is organized, that the team members all do their part, and that the team works until the goals are met.

Tying the CFT with Other Documents

- The contents of various documents such as: the Strengths, Needs, and Culture Discovery; the BH Assessment; the Behavioral Health Service Plan; and the CFT notes should be congruent and complimentary.
- The Service Plan specifically should be generated by the CFT using the information gathered and presented in the assessment and the SNCD. As well as, any other pertinent information.

Resources

- https://www.samhsa.gov/children/educational-resources/behavioral-health-care-integration
- https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/default.aspx
- https://dcs.az.gov/services/prevention-and-family-support/behavioral-health-services

Questions?

Thank You.