

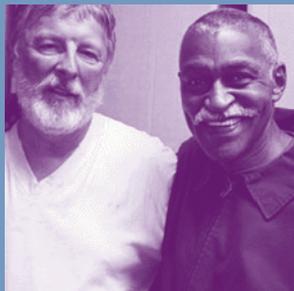
CHCS

Center for
Health Care Strategies, Inc.

Care Management Entity Quality Collaborative Technical Assistance Webinar Series



Critical Planning Steps to Implement a Care Management Entity Approach



June 9, 2010, 2:00 – 3:30 p.m. ET

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NOTE: To eliminate background noise, phone lines are being muted during today's presentation.

This webinar is made possible through support from the State of Maryland and The Annie E. Casey Foundation.

CHCS Mission

To improve health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

► Our Priorities

- Improving Quality and Reducing Racial and Ethnic Disparities
- Integrating Care for People with Complex and Special Needs
- Building Medicaid Leadership and Capacity

► National Reach

- 47 states
- 160+ health plans



CHIPRA Quality Demonstration Grants

- CMS awarded 10 grants to states to “establish and evaluate a national quality system for children’s health care which encompasses care provided through the Medicaid program and CHIP.”
 - ▶ Test new measures for quality of care
 - ▶ Promote the use of HIT
 - ▶ Evaluate provider-based models
 - ▶ Demonstrate impact of a model EHR format
 - ▶ Adopt/modify one – or more – of the above

Maryland, Georgia and Wyoming Collaborative Grant Project

- Goal: Improving the health and social outcomes for children with serious behavioral health needs.
- Implement and/or expand a Care Management Entity (CME) provider model to improve the quality - and better control the cost - of care for children with serious behavioral health challenges who are enrolled in Medicaid or the Children's Health Insurance Program.

*Care Management Entity Quality Collaborative
Technical Assistance Webinar Series*

Critical Planning Steps to Implement Care
Management Entity Approaches

Bruce Kamradt

Director, Wraparound Milwaukee

June 9, 2010



What is Wraparound Milwaukee?

- A unique “system of care” for children & adolescents with serious emotional, behavioral and mental health needs and their families
- Located in Milwaukee County, Wisconsin, a mid-western U.S. city and surrounding county of 1 million people
- Serves 1,400 families annually

What is a System of Care?

“A system of care is a comprehensive array of mental health and supportive services which are organized into a coordinated network across child serving systems, such as child welfare, juvenile justice, special education, mental health and public health to meet the complex needs of children with serious emotional, behavioral, mental health challenges and their families”

- This approach is being promoted in the U.S. by the Substance Abuse & Mental Health Services Administration (SAMHSA) as the most effective way to treat the needs of complex-needs youth.

How is Wraparound Milwaukee Structured & Organized?

- Publicly operated care management model
- Integrated delivery of services across child-serving systems for youth with serious emotional disturbance (SED)
 - ◆ Pooled funding
 - ◆ Single payer
 - ◆ One plan – one care manager
 - ◆ Outcome-based
- Family-directed, youth-guided
- It is a behavioral health carve-out for Medicaid under a 1915(a) contract between Milwaukee County Human Services & Wisconsin Department of Health (Medicaid)

Administrative and Service Structures of Wraparound Milwaukee – What Does It Need to Do?

- Evaluation
- Screening /assessment of youth
- Enrollment
- **Intensive** Care Coordination
- Develop and maintain a Provider Network
- Crisis Intervention
- Clinical Oversight
- Development of Informal Community Supports
- Quality Assurance
 - Utilization Management
- Finance
 - Service Authorization
 - Claims Processing
 - Reports
- IT
- Contracting with other systems
- Developing and supporting family advocacy organization
- Liaison with court system

Background for Wraparound Milwaukee's Design & Development

- What did Milwaukee County look like in 1995 for youth with serious mental illness?
 - ◆ Separate child welfare, juvenile probation, and mental health services for children and adolescents
 - ◆ Milwaukee County child welfare and delinquency services had reached an all-time high for youth placed in residential treatment centers (RTC's)
 - ◆ Combined average of 375 youth in RTC's
 - ◆ \$18.4 million in costs with \$2 million year-end deficit
 - ◆ Planning council of Milwaukee reports that nearly 60% of RTC-discharged youth re-enter either system within six months

Background for Wraparound Milwaukee's Design & Development – cont'd

- ◆ Milwaukee County Mental Health Division was operating an 80-bed psychiatric hospital for children with limited outpatient and day treatment services
- ◆ Three new child/adolescent inpatient psychiatric units had just opened in Milwaukee, raising inpatient bed capacity to nearly 240 beds in Milwaukee area
- ◆ Wisconsin Medicaid Program was concerned with dramatic increase in psychiatric inpatient days for children and adolescents, and with increase in emergency room utilization for children and adolescents resulting in inpatient admissions
- ◆ Milwaukee County Executive & County Board were publicly critical of child-serving agencies regarding increase in residential treatment placements and costs

...Created Conditions for “Perfect Storm” for change and reform of system

Steps We Took to Develop Wraparound Milwaukee System of Care

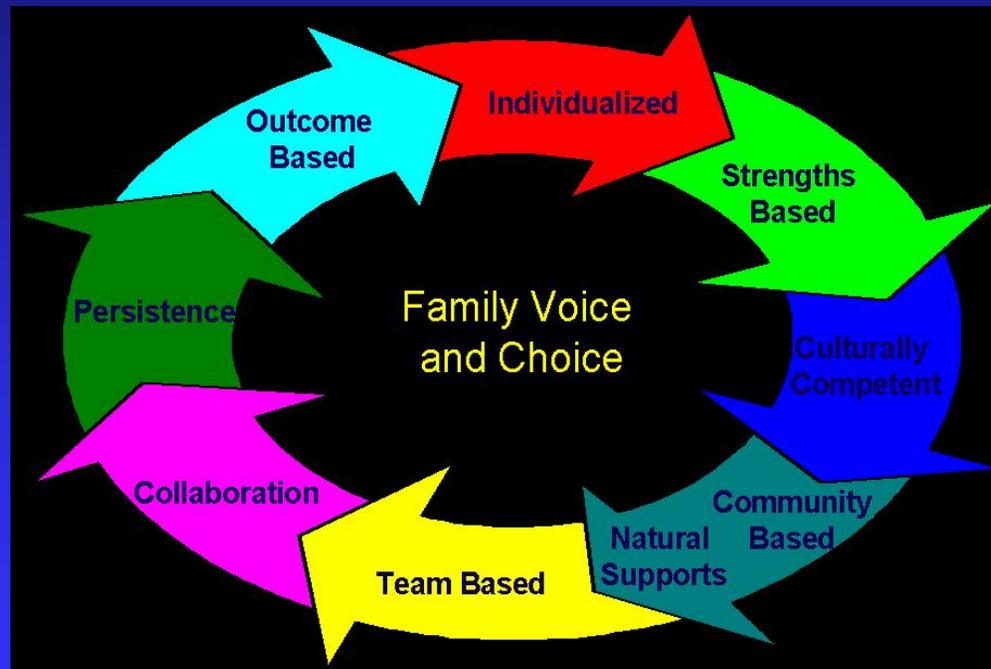
- The Children's Branch of the Mental Health Division, known as the Child & Adolescent Treatment Center (CATC), had received an Integrated Services Grant in 1993 of \$80,000 from the State of Wisconsin to pilot case management/intensive in-home services for adolescents with serious mental health conditions – four staff chosen to work on pilot
- Identified a key leader in Children Mental Health Bureau at State (Eleanor McClain), and jointly wrote SAMHSA grants (Comprehensive Children's Mental Health Program) for Milwaukee County, expanding on ISP grant
- In Oct. 1994, Milwaukee County awarded five-year, \$15 million grant from SAMHSA to develop system of care – one of first 10 SAMHSA grants in Milwaukee County

Steps We Took to Develop Wraparound Milwaukee System of Care – cont'd

- Assembled local/state team to look at key components of care being used successfully in Wisconsin and other states. Components selected for our model included:
 - ◆ Mobile crisis teams
 - ◆ Care coordinator (**Intensive care** management)
 - ◆ Comprehensive service array
 - ◆ Family advocacy/support
- Through work with local consultant and national literature review, we became interested in wraparound philosophy and approach (i.e., strength-based, individualized, community-based, family-focused care), and brought in John Vandenberg, Karl Dennis and other national consultants to meet, speak to and work with key stakeholders

Wraparound

Wraparound is a practice approach for the planning and provision of services and supports that can be applied to any population of children and families with or at risk for intensive service needs – not just to those with the most serious and complex problems.



10 Principles of Wraparound

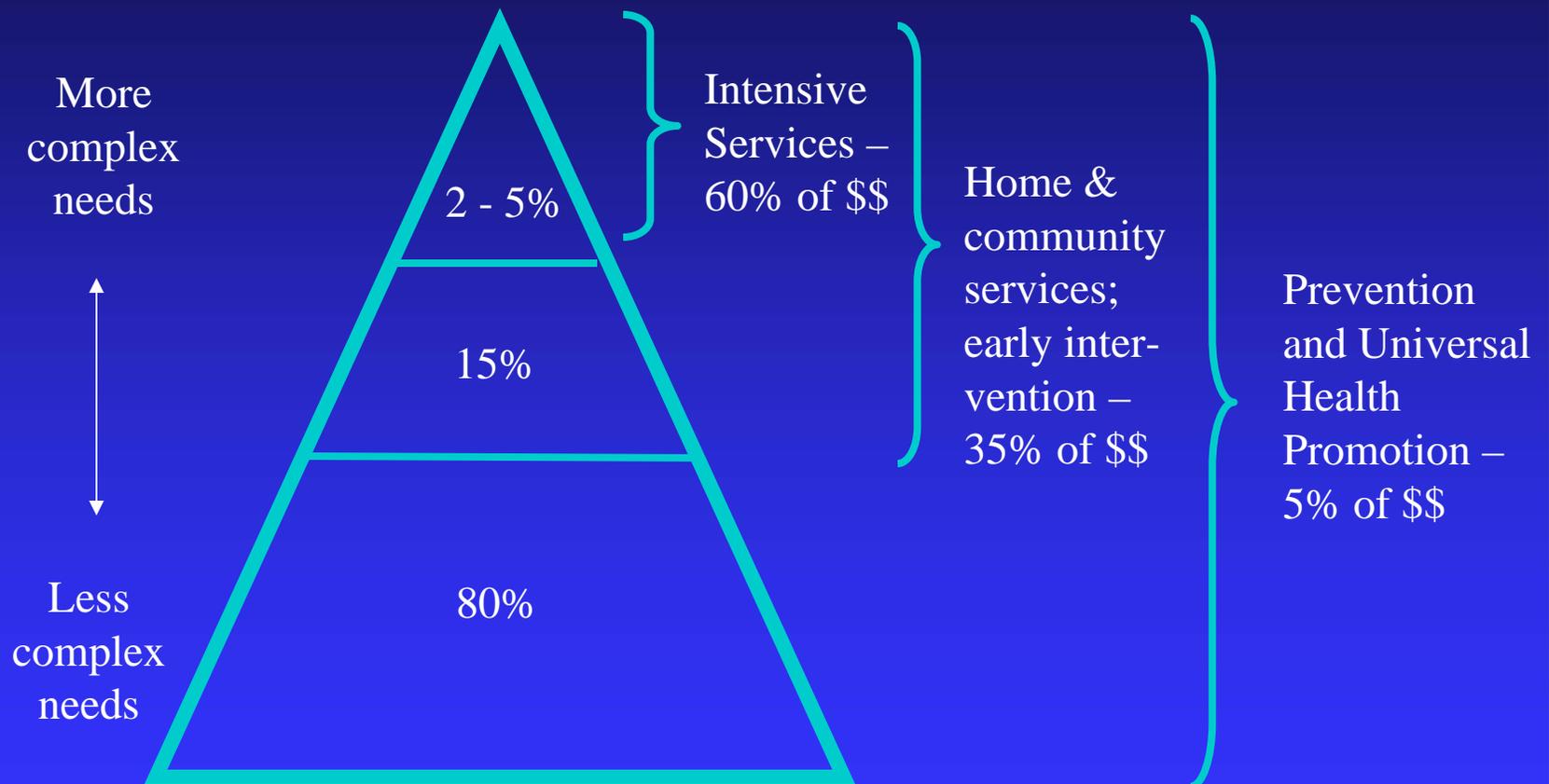
Wraparound puts system of care values and principles into practice for service planning and provision.

Steps We Took to Develop Wraparound Milwaukee System of Care – cont'd

- Began series of lunch meetings with Presiding Chief Judge at Juvenile Court, head of Child Welfare and Probation, to begin to think about a different model of care for children in Milwaukee with the most serious mental health and behavioral needs and those going into RTCs, juvenile correctional facilities, psychiatric hospitals and staying for too long a period of time
- Simultaneously began meetings with State Medicaid Agency with help of Children's State Mental Health Director E. McClain to discuss alternatives to psychiatric inpatient care for children

...Several separate efforts would converge into one coordinated approach...

Prevalence/Utilization Triangle



Twenty-Five Kid Project

- Developed by small leadership group to test whether the components and philosophy of our new project, now called Wraparound Milwaukee, could successfully reintegrate 25 youth from RTCs who had no immediate plan for discharge
- No “reject” or “eject” from pilot
- Funded using grant monies, Medicaid TCM, MA fee-for-service, and MA hospital diversion monies
- Three teams worked with the 25 youth in care beginning in early 1995
- 17 of 25 youth returned home in 90 days

...Child Welfare & Juvenile Justice Agencies now see Wraparound Milwaukee as alternative for all SED youth...

Creating a Sustainable Alternative to Residential Treatment Care

Negotiating a Plan with Child Welfare and Juvenile Justice for Youth with Serious Emotional, Mental Health & Behavioral Needs

- With help of managed care consultant, costed out care for RTC youth in the community including shorter stays, anticipated service needs, etc.
- Proposed \$3300 per month case rate versus \$5600 average cost of RTC placement (1996)
- 18-month period to enroll all existing and newly identified youth needing RTC level of care
- Wraparound Milwaukee Program would assume responsibility and risk for all RTC placements and cost

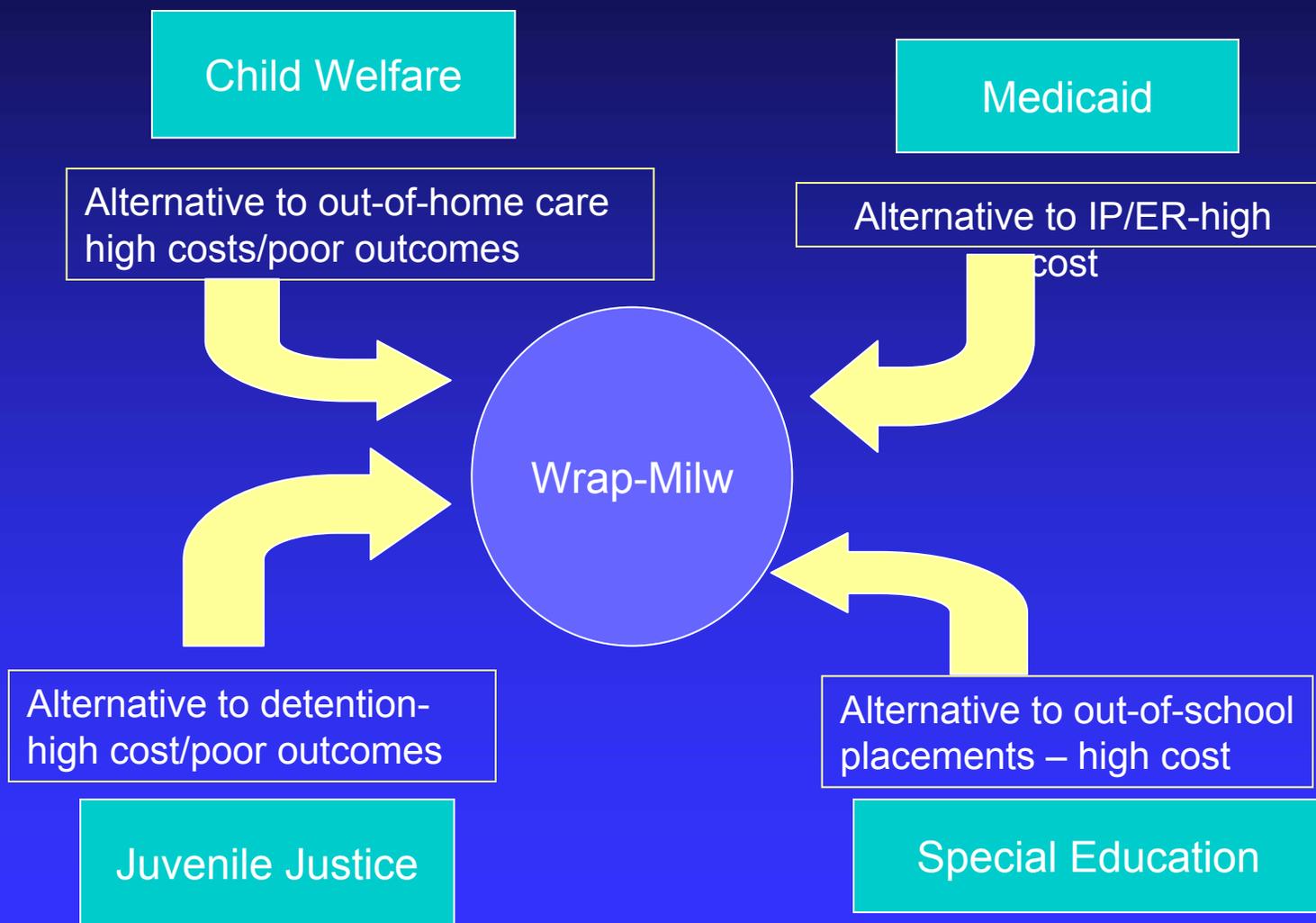
Medicaid Hospital Diversion – Reducing Utilization of Inpatient Psychiatric Care for Children

- Mental Health Division – Children's Branch proposed to Medicaid to utilize Wraparound's mobile crisis teams to reduce psychiatric inpatient admissions for children
- Medicaid would pay Wraparound Milwaukee 40% State share of DRG rates paid to hospitals if children remain out of care for 30 days
- Interim approach until capitated arrangement with Medicaid is worked out
- Hospital Diversion Project proved very effective in reducing hospital admissions—CATC closes another 20 beds as result

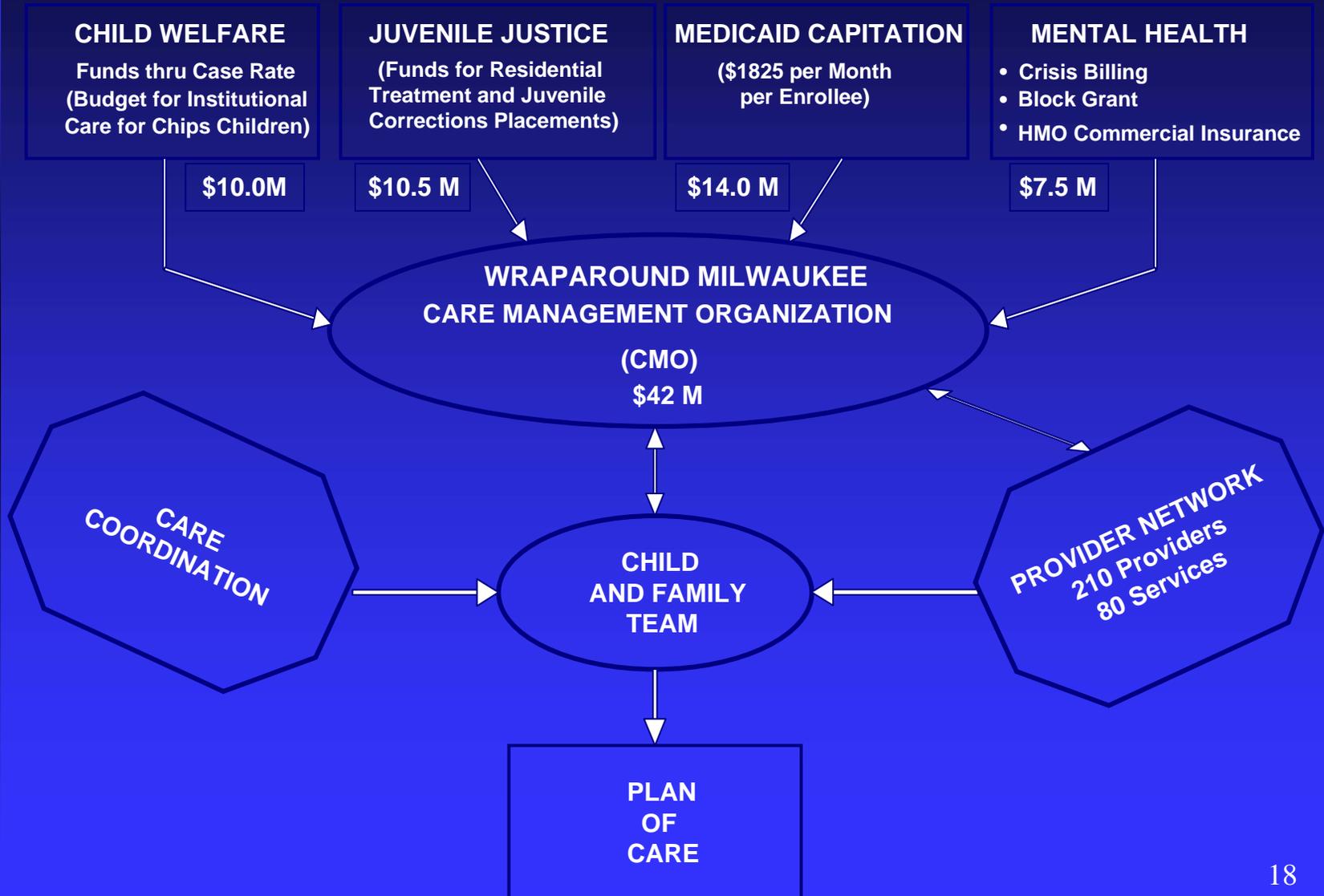
Negotiating with Medicaid to Create Special Managed Care Entity – Wraparound Milwaukee

- Dane County (Madison) and Milwaukee County began negotiating with Medicaid in 1995 to create behavioral health carve-outs in the two most populous Wisconsin counties
- Model would include access to child welfare/juvenile justice funds, though this was not required under waiver
- Used 1915(a) provision of Social Security Act to create a voluntary managed care program for this defined group of youth - RTC/SED **(waiver not needed)**
- Ability to access child welfare/juvenile justice funds plus potential of reducing RTC placements, offered Medicaid potential cost savings in reduced acute inpatient psychiatric bed days **(could apply same logic to PRTFs if Medicaid paid for them)**
- Cost analysis revealed Wraparound Milwaukee offered 95% of per child per month costs
- Milwaukee County assumes full risk

Creating “Win-Win” Scenarios



What are Pooled Funds?



Other Considerations in Developing Effective Components of Wraparound Milwaukee

- Comprehensive Provider Network
- Care Coordination
- IT Services
- QA/QI
- Family Involvement

Developing a Comprehensive Array of Services and Building Provider Network

- Outside of institutional care services (i.e., RTCs, hospitals, group homes and day treatment), the array of community-based services was very limited in 1995-96
- Most services were purchased through expense-based contracts
- Wraparound Milwaukee eliminated most of the contracts going to a managed fee-for-service system (i.e., rates, units, service definition, credentialing, all set by Wraparound Milwaukee)
- RTCs were asked to re-engineer services to reduce bed capacity and to develop alternative community-based services
- No provider incentives were used during period of transition
- Wraparound Milwaukee went to prior authorization of residential and group home care – 30-day authorization
- Wraparound started with about 20 different services and increased to over 70 services in 2008

List of Available Services in Social/Mental Health Plan

- Case Management
- Referral Assessment
- Medication Management
- Outpatient – Individ./Fam.
- Outpatient - Group
- Outpatient - AODA
- Psychiatric Assessment
- Psychological Evaluation
- Mental Health
- Assessment/Evaluation
- Inpatient Psychiatric
- Nursing
- Assessment/Management
- Consultation with Other Professionals
- Daily Living Skills – Individ.
- Sup. Independent living
- Parent Aide
- Child Care
- Housekeeping
- Mentoring
- Tutor
- Life Coach
- Recreation
- After-School Programming
- Specialized Camps
- Discretionary Funds
- Employment Assistance
- Group Home Care
- Respite
- Behavioral Managers
- Crisis 1:1 Stabilizers
- Crisis Bed - RTC
- Crisis Home
- Foster Care
- Treatment Foster Care
- In-Home Treatment (Case Aide)
- Day Treatment
- Residential Treatment
- Transportation

Advantages of Fee-For-Service Provider Network System

- Cost
 - ◆ No guaranteed volume of business or expenditures
 - ◆ Pay only for delivered units of service
- Flexibility
 - ◆ Funds follow client needs
- Levels playing field for new providers
 - ◆ Encourages minority vendor participation
- Competition promotes quality and responsiveness
- “De-Politicalizes” contracting
- Families offered choice of providers
- One network can service multiple programs
- On-line resource directory for care coordinators and families

Considerations in Developing Care Coordination Services

- While operating as a public care management entity, Wraparound Milwaukee chose to purchase care coordination services on a fee-for-service basis from eight community agencies rather than provide those services with our own county staff
 - ◆ Flexibility
 - ◆ Cost
 - ◆ Diversity of staff
- Care coordinators facilitate care planning teams, obtain and monitor services – staff to client ratios are kept low because of intensity of contact and other responsibilities (1:10 ratio)
- Care coordinators for Wraparound become the single care coordinator for the family – “One Family, One Plan, One Care Coordinator”

Consideration in Developing Care Coordination Services – cont'd

- Our care coordinators assume legal roles (i.e., testify in court, prepare court letters & reports, etc.)
- Wraparound Milwaukee is court-ordered for youth involved in child welfare or juvenile justice (about 75% of youth) utilizing a flexible court order
- Care coordination agencies are paid about \$720 per enrolled youth per month for court-involved youth and \$540 for non-court involved youth
- Each care coordination agency needs a full-time supervisor and lead worker

Consideration for Developing Mobile Crisis Services (Mobile Urgent Treatment Team – MUTT)

- Crisis response teams need to be available 24/7 to reduce youth entering hospitals and detention centers during non-regular hours
- Our crisis team was made gatekeeper for inpatient psychiatric care for enrolled youth
- In 2000, Wisconsin Medicaid, under HFS 34, required mobile crisis services in all Wisconsin counties; established optional crisis stabilization services (i.e., 1:1 crisis stabilizers, crisis group homes & respite care); established reimbursement rates for providers on fee-for-service basis

Consideration for Developing Mobile Crisis Services (Mobile Urgent Treatment Team – MUTT) – cont'd

- Wraparound Milwaukee developed most extensive children's crisis service system in Wisconsin
- 2005-06 Milwaukee Public Schools entered into a \$500,000 contract for crisis services and a \$750,000 contract with child welfare for eight dedicated crisis workers – **Most children Medicaid-eligible, so Federal match expands available dollars**
- Wraparound Milwaukee only used 500 inpatient psychiatric days in 2009 (compared to 5000 Medicaid paid inpatient days when Wraparound began in 1995) with average stay of 2.5 days per child.
- Every enrolled child has a crisis/safety plan

Critical Consideration for IT Services for Care Management Entity

- Data are critical to operation of the CME
- Wraparound Milwaukee leased software from another CME and used multiple stand-alone databases
- In 1999, with help of a software developer, Wraparound Milwaukee created its own management information system, *Synthesis*
- Needed an Internet-based software system to link our eight care coordination agencies, 210 provider agencies and system stakeholders such as child welfare and probation
- System needed to be consumer-friendly and HIPAA-compliant

Critical Consideration for IT Services for Care Management Entity – cont'd

- Initial development focused on integrating several areas:
 - ◆ Enrollment and demographic information
 - ◆ Automating plan of care and progress notes
 - ◆ Automated service authorization
 - ◆ Invoicing
 - ◆ Claims processing/payment
- Totally paperless system for all management information needs
 - ◆ providers can get authorizations and invoice online
 - ◆ claims are immediately adjudicated for payment, which occurs 5-6 days of invoice
- *Synthesis* now leased and sold to other counties (i.e., Cuyahoga (Cleveland), McHenry County (Illinois)) and states (i.e., Georgia)

Critical Decisions Around QA/QI Component

- QA/QI component kept in-house from start of program
- QA/QI process developed consistently with values and philosophy of our program – not external process
- QA/QI indicators are divided between those measuring program fidelity and those looking at process/structure
 - ◆ Fidelity Indicators:
 - ◆ Functioning
 - ◆ Living arrangement
 - ◆ Community safety
 - ◆ School performance
 - ◆ Family satisfaction (i.e., provider & care coordinator)
 - ◆ Use of informal vs. formal support
 - ◆ Family activities
 - ◆ Face to face contacts
 - ◆ Care coordinator productivity
 - ◆ Child & family team meeting
 - ◆ Successful disenrollment
 - ◆ Plans for transitioning to adulthood

Critical Decisions Around QA/QI Component – cont'd

- ◆ Process Indicators:
 - ◆ Plan of care submission
 - ◆ Progress note submission
 - ◆ Service authorization requests submitted timely
 - ◆ Submission of evaluation tools
 - ◆ School data
 - ◆ RTC/group home authorizations
 - ◆ Timely submission of legal change of placement
 - ◆ Submission of team facilitator reviews
 - ◆ Provider credentials
 - ◆ Certification training/in-services workshops
 - ◆ Number of substantiated complaints
 - ◆ Utilization review part of QA/QI program responsibility

Key Decisions About Family Involvement In Development of Wraparound Milwaukee

- Families direct the care planning team process – called “Child & Family Team”
- Families are involved on all committees, work groups, training of care coordinators & providers, and other activities
- Wraparound Milwaukee initially contracted with State Family Organization, but Milwaukee families wanted their own organization. Wraparound Milwaukee supported development of Families United of Milwaukee and has contracted for advocacy services from that organization since 1997 - \$325,000 per year

Key Decisions About Family Involvement In Development of Wraparound Milwaukee – cont'd

- Wraparound Milwaukee does not use parent partners model as in New Jersey; families choose whether or not they want an advocate
- Families United has major role in QA/QI, conducting satisfaction surveys of care coordinators and providers
- In 2006, Wraparound Milwaukee and Families United added educational advocacy services. Have been hugely effective in securing more IEP's for youth; saving and finding school placements; and reducing need for day treatment services

Core Elements, Opportunities and Challenges to Create System Reform

- A shared vision based on common values
- A strategic mindset of how to change the status quo
- A clear focus on the defined population to be served
- Shared outcomes – what did we want the reform to achieve for the defined population
- Understanding the strengths and needs of the community or state
- Eliminating all the “turf” protection that can get in the way of truly understanding and looking at what needs to change in existing system
- Understanding of major funding streams

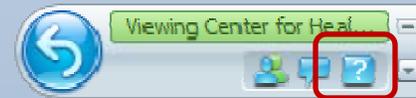
Core Elements, Opportunities and Challenges to Create System Reform – cont'd

- The ability to share information and data about other systems
- Connecting a proposed system reform to other initiatives in the state or county
- Trigger mechanisms for change – being opportunistic around a crisis or community problems
- Eliminating misperceptions about the ability and motivations of other child-serving systems
- A core group of dedicated, committed thinkers and leaders
- Adequate time, but with clear goals, objectives and benchmarks

Questions?

To submit a question please use one of the following options:

• ***Ask a Question Online***: Click the **Q&A** icon located in the floating toolbar at the lower right side of your screen.



• ***Ask a Question via Phone***: Phone lines will now be un-muted.

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