

*Care Management Entity Quality Collaborative
Technical Assistance Webinar Series*

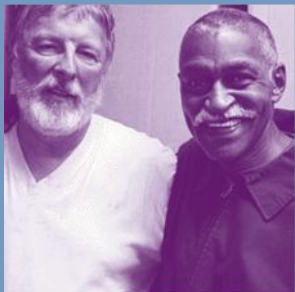
**Provider Network Options for Care
Management Entities, and Peer Supports
and Natural Helpers**

July 21, 2010, 2:00- 4:00 pm, ET

If you experience technical difficulties, dial 1-866-229-3239 for assistance, or click the question mark icon located in the floating toolbar at the lower right corner of your computer screen.

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.



*Care Management Entity Quality Collaborative
Technical Assistance Webinar Series*

**Provider Network Options for Care
Management Entities,
and Peer Supports & Natural Helpers**

Marlene Penn

Family Technical Assistance Consultant

July 21, 2010

Why Peer-to-Peer Support?

- Family peer-to-peer support is the most fundamental element of the family movement and has been for more than 20 years.
- Families have always intuitively known that sharing information, support, and advocacy with one another are keys to overcoming the challenges of raising and supporting a child with emotional, mental or behavioral disorders.

Definition of Family Partner in the Wraparound Process

- The Family Partner is a family member who is a formal member of the Wraparound team whose role is to:
 - serve the family;
 - help them engage and actively participate on the team; and
 - make informed decisions that drive the process.
- Family Partners have a strong connection to the community and are very knowledgeable about resources, services, and supports for families.
- The Family Partner's personal experience is critical to their earning the respect of families and establishing a trusting relationship that the family values.

Peer-to Peer Support Roles

- Support
- Education
- Advocacy
- Modeling
- Cultural brokers
- Referrals to natural supports
- Partnering with care manager and other providers
- Facilitating connections for families and youth to support groups and the network of the family movement and youth partnerships
- Facilitating legacy stage of the personal journey

Multiple structures and examples

- State-contracted family organization provides peer support for families enrolled in CME
- CME hires family partners
- CME contracts with family organization
- Family partners are housed in CME but employees of family organization

Infrastructure and Support Necessary for Family Partners

- Cannot work in a vacuum
- Require support and supervision
- Parameters of the position must be clearly defined
- Role must be understood by all the Wraparound partners and the families being served
- Sustainable and appropriate infrastructure is necessary to prevent frustration and failure

Credentialing

- The National Federation of Families for Children's Mental Health intends to undertake a process, driven by families in the children's mental health field, to develop a customized credential to:
 - Protect the public by ensuring a standard of quality, expertise and performance from parent support providers
 - Establish, promote and protect parent-to-parent peer support as a recognized profession
- Discussion of pros and cons of movement toward certification / standardization

State-by-State Status

- Comprehensive listing of state's status regarding
 - Certification
 - Training
 - Medicaid eligibility for peer-to-peer service
 - Legislative action
 - <http://www.ffcmh.org/national-initiative-for-parent-support-providers/overview/state-by-state-status/>

Sample Certification Process

Florida

Title: Peer Support and Recovery Specialist

Who: Collaborative effort among:

Department of Children and Families - Success for Kids and Families, NAMI, FFCMH

How: Training Curriculum – 8 modules – 3 days

Other supportive training is required:

- Written test online
- Must earn 10 CEU's per year

Youth Peer-to-Peer Support

- The role of youth coordinator is new to Wraparound and has been very well received.
- What parent partners do for adult family members, youth coordinators do for teens.
- Many youth coordinators needed or have received services like those found in Wraparound. Their personal experience helps them understand how to effectively reach out to young people.
- Youth coordinators organize group activities and interact with youth one-on-one. They serve as mentors and coaches.

National Wraparound Initiative Youth Task Force

Initial Goals

1. Define the role of a youth partner in Wraparound.
2. Apply the 10 principles of the Wraparound process to the role of the youth partner on Wraparound teams.
3. Identify the benefits of youth partners being on Wraparound teams.

Long-Term/Future Goals:

Evaluate effectiveness of Youth Partner utilization.

Youth Peer-to-Peer Support



New York State – Youth Power (YP!)

As a joint initiative of the Children's Plan, YP! will hire one young adult with personal experience in receiving services from multiple state systems in each of the five regions of the State Office of Mental Health (OMH). OMH is supporting YP! in enhancing the statewide structure by funding regional peer positions. The regional youth partners will:

- Network and organize youth involvement, empowerment and peer support
- Directly assist and support youth groups and councils
- Train and educate youth and adults
- Develop outreach materials
- Increase youth involvement and advocacy at local, regional and state levels

Youth Peer-to-Peer Support

Maryland Coalition of Families for Children's Mental Health – Statewide Family Organization

- Leadership for Youth - Statewide training
- Youth Partner serving families in Wraparound Maryland, Baltimore
- Training and certification through Innovations Institute, University of Maryland

Resources

- **Federation of Families for Children’s Mental Health – Youth MOVE**
 - FCMH.org
 - See definitions of Family Driven – Youth Guided

- **National Wraparound Initiative**
 - [http://www.nwi.pdx.edu/NWI-book/Chapters/Penn-4b.1-\(family-part-10-principles\).pdf](http://www.nwi.pdx.edu/NWI-book/Chapters/Penn-4b.1-(family-part-10-principles).pdf)
 - The Application of the 10 principles of the Wraparound Process to the Role of Family Partners on Wraparound Teams

 - [http://www.nwi.pdx.edu/NWI-book/Chapters/Osher-4b.2-\(family-partner-phases-activities\).pdf](http://www.nwi.pdx.edu/NWI-book/Chapters/Osher-4b.2-(family-partner-phases-activities).pdf)
 - How Family Partners Contribute to the Phases and Activities of the Wraparound Process

***Care Management Entity Quality Collaborative Technical
Assistance Webinar Series***

**Provider Network Options for Care
Management Entities,
and Peer Supports & Natural Helpers**

Bruce Kamradt

Director, Wraparound Milwaukee

July 21, 2010

Recap of Wraparound Milwaukee

- A unique system of care in Milwaukee County for children with serious emotional, mental health, and behavioral issues
- Operates from a Wraparound philosophy and approach that emphasizes strength-based, individualized, family-focused, and needs-driven services and supports for families
- Operated by the Milwaukee County Behavioral Health Division, which functions under a 1915a contract with Medicaid as a publically operated managed care entity, pooling funding across child-serving systems, developing a single care plan, and managing and paying for all care for SED children regardless of the system they come from

Recap of Wraparound Milwaukee – cont'd

- 1400 families served annually
- \$45 million budget
- In order to individualize care and provide SED children and their families with the services and supports they need, Wraparound Milwaukee chose to develop a very comprehensive array of services for families, provided through a large & diverse provider network

List of Available Services and Resources in Social/Mental Health Plan

- Case Management
- Referral Assessment
- Medication Management
- Outpatient
- Individual/Family
- Outpatient - Group
- Outpatient - AODA
- Psychiatric Assessment
- Psychological Evaluation
- Mental Health Assessment and Evaluation
- Inpatient Psychiatric
- Nursing Assessment and Management
- Consultation with Other Professionals
- Daily Living Skills - Individual
- 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

Wraparound Milwaukee Provider Network

- Array of 70 different services
- Over 200 agencies
- Providers paid on “fee-for-service” basis through Wraparound Milwaukee’s funding pool
- Wraparound Milwaukee is the single payor for all services & supports for enrolled families
- Rates are established by Wraparound Milwaukee
- Service descriptions and credentialing process developed & performed by Wraparound Milwaukee

Wraparound Milwaukee Provider Network – cont'd

- QA/QI including utilization management performed by Wraparound Milwaukee
- Care coordinators request/authorize services based on decisions made by the Child & Family Planning Team
- Request/authorization process, invoicing, claims processing, payment & utilization management are all performed using Wraparound Milwaukee's web-based Synthesis IT system – all providers on a single system

Fiscal Intermediary Services

- Sometimes used when there is no other appropriate provider, friend or natural support available outside the family.
- Wraparound contracts with third-party agency, which establishes employee/employer relationship between provider & family
- Third-party fiscal intermediary charges check processing fees; does federal and state withholding; and provides 1099s, etc.
- County is not the employer, nor responsible for unemployment

Advantages of Fee-for-Service Provider Network System

- Usually costs less
- No need to guarantee a specific volume of business or expenditures
- Pay only for delivered units of service
- Flexibility to develop whatever services you desire
- Funds follow client needs and change as needs change
- Levels “playing field” for new providers
- Encourages minority vendor participation – 30% of vendors are minority-owned businesses
- Competition promotes quality and responsiveness
- Depoliticizes contracting
- Families offered choice of providers
- One network can service multiple programs
- On-line resource directory for care coordinators and families

How Did Residential Treatment Providers Adapt to the Change to Fee-for-Service?

- Residential Treatment Center (RTC) providers asked to re-engineer and diversify services and programs to offer more community-based, non-institutional services
- No guaranteed or start-up funds provided during change over; Wraparound Milwaukee would provide training in new approaches
- Incentive for RTCs was potential for new business opportunities in expanded community-based programming
- Three RTC providers became care coordination providers
- Downsizing of infrastructure and sale of some buildings and land did occur with reduced need for residential treatment beds

Application Process for Provider Network

- Open panel model
- 90-day enrollment period for new providers and services each year
- Providers must be credentialed to meet Wraparound Milwaukee and any state licensing/certification rules
- Providers can apply to provide one or more services
- Service description, units of service, and rates developed by Wraparound Milwaukee
- Providers develop agency descriptions for inclusion in resource guide available to families
- All providers sign a fee-for-service agreement
- Fiscal audits due annually

Ensuring Quality & Appropriateness of Services in Provider Network

- Detailed written service descriptions are developed for each service
- Written policies and procedures for all services are established and available on-line on Synthesis IT System
- Training & orientation are provided for new individual providers
- Family satisfaction surveys of provider services are conducted by Family Advocacy Organization

Ensuring Quality & Appropriateness of Services in Provider Network – cont'd

- Service caps exist for some services – utilization above caps requires supervisor override
- Monthly benefit statement of services provided and paid for by Wraparound Milwaukee goes to families
- Program & fiscal audits conducted regularly by Wraparound Milwaukee QA/QI Department and Milwaukee County Contract Administration
- Utilization management data from IT system regularly received and available

Informal Supports Are Critical Component of Wraparound Milwaukee

- Informal supports include the unpaid supports provided by:
 - Families
 - Friends
 - Relatives
 - Peer supports
 - Neighbors
 - Church
 - Community organizations
 - Schools
- 50% of supports in a child's plan should be informal supports if possible
- Lists of informal supports and resources should be part of the strength-based discovery done at the time of developing the Care Plan

*Care Management Entity Quality Collaborative
Technical Assistance Webinar Series*

**Provider Network Options for Care
Management Entities,
and Peer Support and Natural Helpers:
the Massachusetts Experience**

Suzanne Fields, MSW, LICSW
Technical Assistance Collaborative

sfields@tacinc.org

July 21, 2010

Overview

- Massachusetts Context
- Use of Medicaid
- Role of the Managed Care Entities
- Community Service Agencies (MA CMEs)
- Caregiver peer-to-peer Support (Family Partners)
- Quality & Credentialing Issues

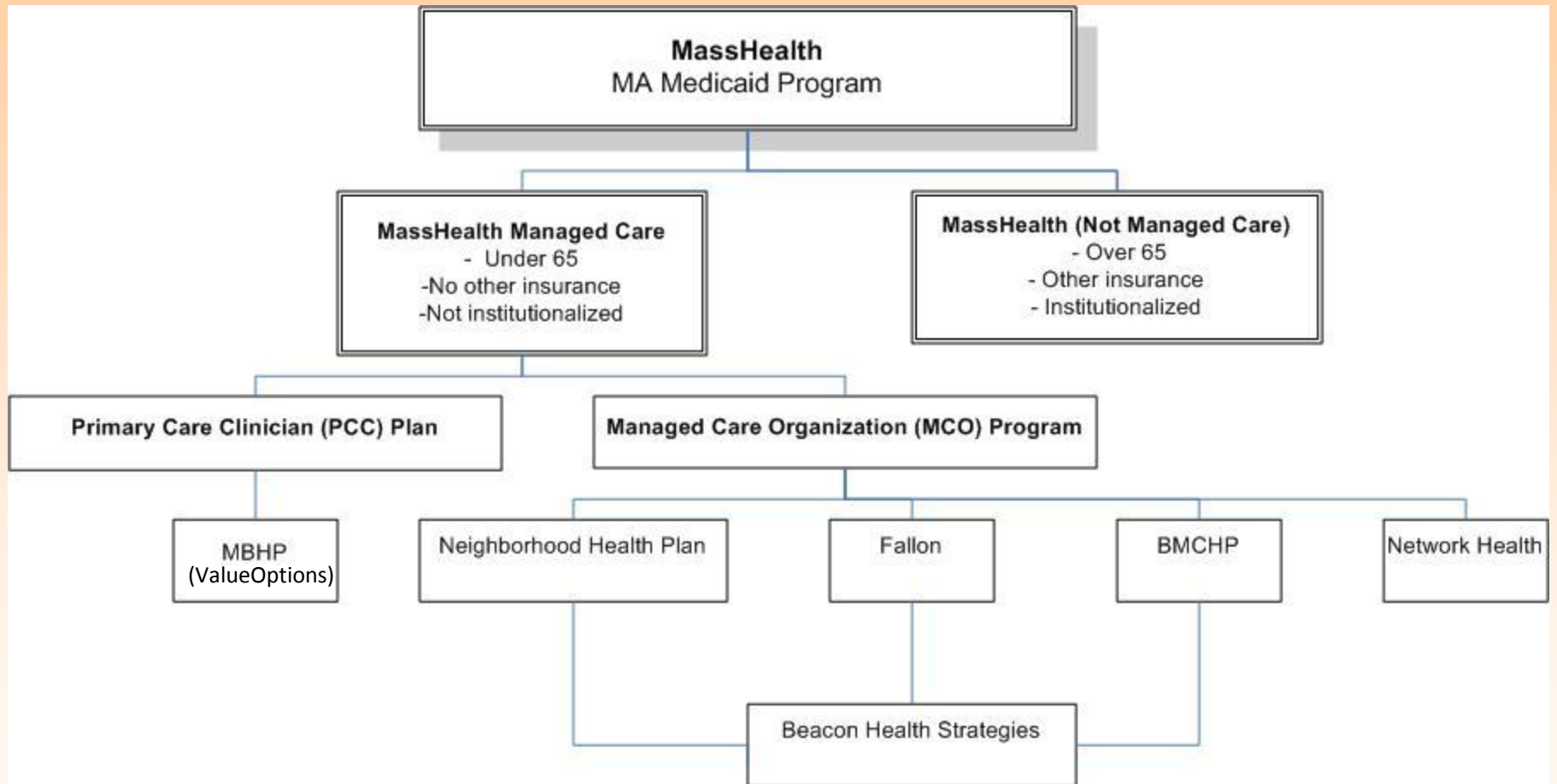
MA Context - Lawsuit

- *Rosie D. v. Patrick* , a class action lawsuit filed in 2001 on behalf of children and youth with serious emotional disturbance (SED)
- Alleged that MA Medicaid failed to meet obligations of the EPSDT statute
- January 2006, the Court found that MA Medicaid had not provided sufficient:
 - Behavioral health screening in primary care
 - Behavioral health assessments
 - Service coordination
 - Home-based behavioral health services
- Final judgment issued June 2007, with implementation of service coordination and home-based services beginning June 2009
- Medicaid as the sole financer - no blending/braiding with other state systems

MA Context - Enrollment & Managed Care

- Approx. 1.1 million Medicaid enrollees
- Approx. 470,000 persons under 21 years old
- Five managed care entities (MCEs)
 - one MBHO for the PCCM
 - four integrated PH & BH plans, some of which sub-contract out BH
- Decision to not enroll “the class” into one MCE

MassHealth Managed Care Organizational Chart



Managed Care Entities

- Receive capitated payments
- Responsible for QM, credentialing, payment of claims, rate-setting, and monitoring fidelity to Wraparound
- All service descriptions were developed as part of the lawsuit and were adopted uniformly by the MCEs
- MCEs released a common Community Service Agency (CSA) Operations Manual developed by the state, on Wraparound practice and responsibilities of CSAs in delivering Intensive Care Coordination (ICC) and Family Partner services
- The role of CSAs was informed by the presence and role of the five MCEs

Network Development Process

- MCEs selected a common network of CSA providers (unlike other BH services, in which provider networks differ across the five MCEs)
- Through an RFP, MCEs selected 32 CSAs to provide Intensive Care Coordination (ICC) and Family Support & Training (Family Partners)
- There is one CSA for each DCF Area (29) and three culturally/linguistically-focused CSAs to address needs and advance engagement of priority populations:
 - Black youth and their families
 - Latino youth and their families
 - Deaf and hard of hearing youth and their families
- For the other four new services, MCEs used a common network application process to select 192 providers

Existing Provider Network for Medicaid-Covered Services

- In addition to the new behavioral health services developed as part of the lawsuit, the five MCEs have a large provider network offering:
 - Inpatient services
 - Community Support Program (CSP)
 - Partial hospitalization
 - Community-based acute treatment for children and adolescents
 - Acute treatment services for substance abuse (ASAM 3.7)
 - Clinical support services - substance abuse (ASAM 3.5)
 - Psychiatric day treatment
 - Structured Outpatient Addiction Program (SOAP)
 - Intensive outpatient program
 - Outpatient services (IT, FT, G, Bridge, Consultation, Telephone)
 - Psychological testing
 - Emergency services program

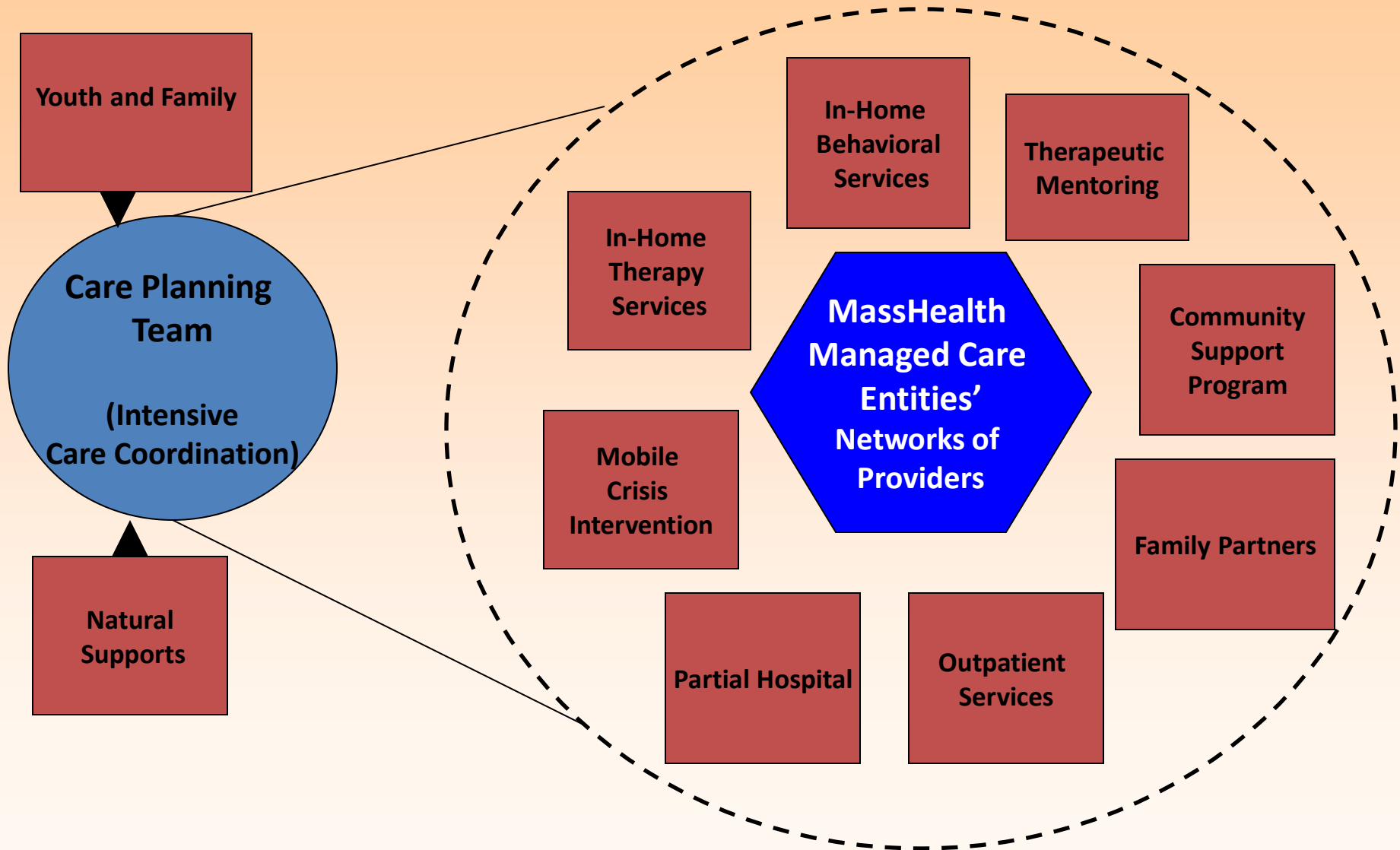
Coordination Across the System

- Role of MCEs to coordinate provider network activities to promote communication and integration across the provider community at all levels of care
 - Convene quarterly, regional, integrated level-of-care meetings
 - Provide technical assistance and support to provider network through on-site visits, calls, and trainings
- Role of CSA to convene and staff local systems of care committee to coordinate local area providers, local area state agency activities and community and natural supports
- Role of care coordinator to coordinate the activities of the care planning team at the member level

Community Service Agencies(CSAs)

- There is a “package” of services that the CSAs coordinate, which are not bundled but separately defined and paid for
- The package of services can be delivered by any willing provider that meets the qualifications defined in the State Plan Amendment
- CSA delivers ICC and Family Partner services and is the locus of coordination for all other services, whether or not the CSA is the provider
- For reimbursement of their services, CSAs bill ICC and Family Partners (15-minute units)

Provider Network for Community-Based Behavioral Health Services



Intensive Care Coordination

- Targeted Case Management (TCM)
- Utilizes Wraparound care planning process
- Includes:
 - Assessment (comprehensive, home-based, inclusive of CANS)
 - Development of Care Planning Team and Individual Care Plan (ICP)
 - Referral and related activities
 - Monitoring and follow-up activities
- Delivered by care coordinators with a master's or bachelor's degree (*associate's plus five years)
- Limited to “members of the class” i.e. youth with SED

Family Support & Training

(Family Partners)

- One-to-one relationship with parent or caregiver
- Coach and support caregiver to parent the youth with serious emotional disturbance
- May include education, coaching, support and training
- Delivered in home and community-based settings by staff persons referred to as “family partners”
- Family partners **must** be the parent or caregiver of a youth with special healthcare needs, preferably behavioral health needs

Family Support & Training

- Service is embedded in the CSA, and family partners work closely with care coordinators for youth in ICC
- **BUT**, because the service is separate and distinct from ICC, family partners can work with parents whose youth are not engaged in ICC
- Designed not to be a stand-alone service, but to support an individualized plan of care

Organizational Support for Family Support

- “Wraparound 101” for senior leadership at the CSAs
- Family partners supervised by a senior family partner (not a care coordinator) to recognize that both bring value to the table in their own unique disciplines
- Part-time and flexible work hours to fit schedules for family partners who are parenting their own children
- Recruitment of workforce from non-traditional sources
- Including family partner voice at all levels of the organization - form review, intake processes, waiting room set-up, program evaluation, etc.
- Supporting connections with statewide family organization (FO)
- Contract with FO to recruit family partners

*Care Management Entity Quality Collaborative
Technical Assistance Webinar Series*

**New Jersey System of Care
Provider Network Management
and Informal Supports**

Brian Hancock, Esq.
Deputy Director, NJ-DCBHS

July 21, 2010

Overview

- Role of family support and youth partnerships
- Provider network development roles
- Flex funding and community development

Family and Peer Support

- Statewide family support organizations
 - Peer support for families with child in CME
 - Group support for all others
 - Education, advocacy and training in local communities
- Youth partnerships in every County
 - Positive peer support
 - Advocacy
 - Statewide youth conference

Provider Network Development

- State manages provider network through contracts and provider agreements
- ASO provides data on utilization and service gaps to assist in planning network management activities
- Ongoing assessment of needs and recruiting of providers on the basis of specific specialties or skills

Community Resource Development and Flex Funding

- CMEs funded with full-time Community Resource Development (CRD) position and money
 - CRD catalogs existing providers and alternatives
 - Use money to seed new services or programs on the basis of local need using existing reimbursement for sustainability
- Flex Funds used as needed for natural and informal supports, and to augment formal services

Provider Network Oversight

- Shared Responsibility
- CMEs are local agents of Wraparound and provide key leverage point
- State provides support and second-level monitoring

Residential Care

- Model of care for all new residential programs
 - Five-bed maximum
 - Home in a community connected to natural supports
 - Public school
 - Intensive therapeutic supports
 - Strengths-based and Family-involved Model of Care