



Managing the Complex Needs of CSoC Youth: Spotlight on Intellectual and Developmental Disabilities

Wendy Bowlin, CSoC Director of Quality and Outcomes,
Magellan in Louisiana

CSoC SGB Meeting: November 29, 2023

Magellan
HEALTHCARE®

Presentation Objectives



Objective 1

Describe four multi-level interventions used to address the needs of CSoC Youth.



Presentation Objectives



Objective 2

Evaluate a case example of a special population with co-morbid intellectual/developmental disabilities in CSoC, including the multi-level interventions and outcomes.





CSoC Youth: Navigating Life's Intersections in Behavioral Health

Comorbid Conditions Affecting CSoC Youth



Understanding the Intersection: Comorbidities and Trauma



Trauma

- Early traumatic experiences can significantly exacerbate behavioral health challenges.
- Exposure to trauma might lead to issues like PTSD, anxiety, or depression.



Understanding the Intersection: Comorbidities and SDOH



Social Determinants of Health (SDOH)

- Social, economic, and environmental factors influencing youth health outcomes.
- Factors like poverty, inadequate housing, and limited access to quality education can contribute to heightened behavioral health risks.



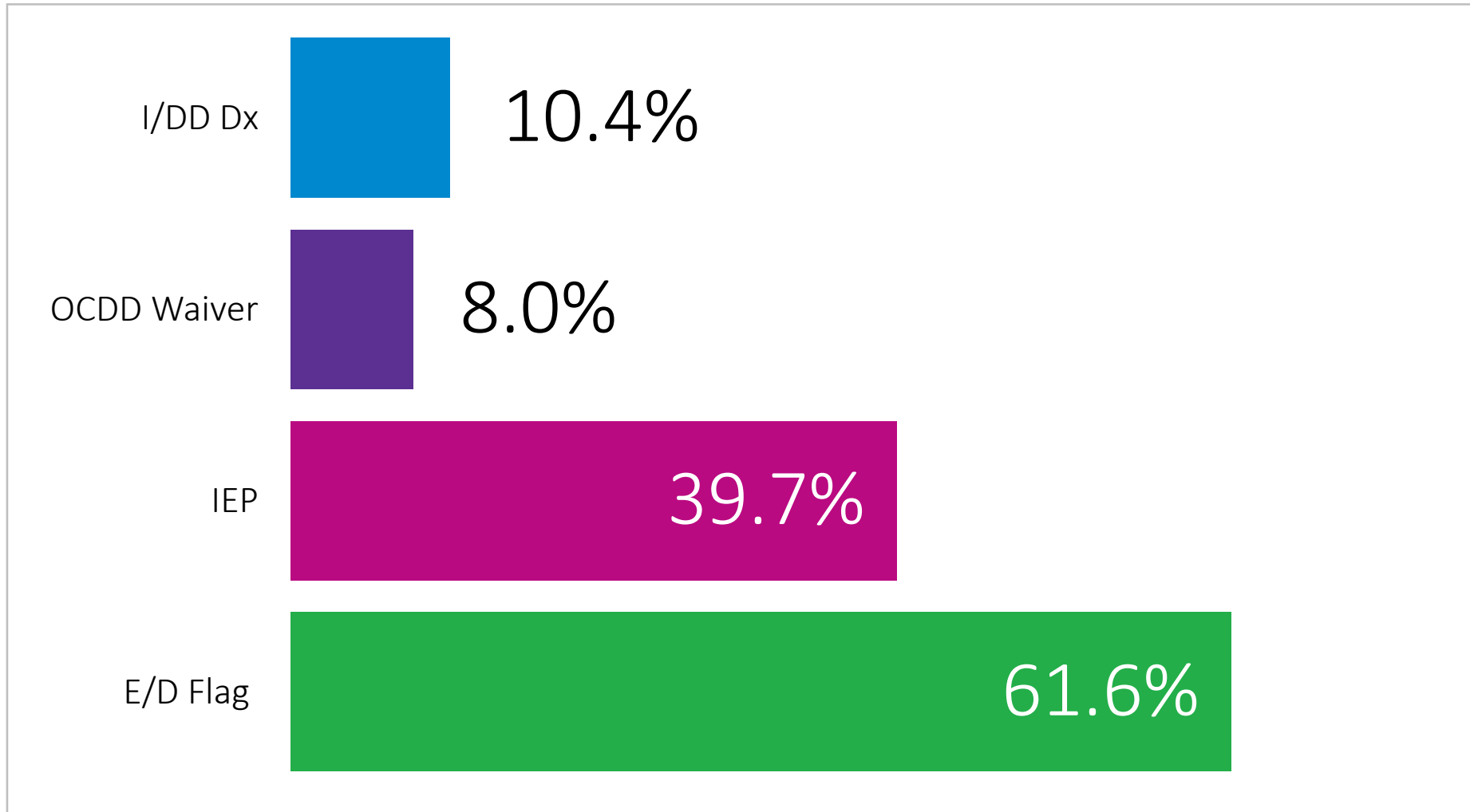
Understanding the Intersection: Comorbidities and Health Disparities



Health Disparities

- Socio-economic and racial/ethnic disparities impacting accessibility and quality of healthcare.
- Children from marginalized groups are more vulnerable to unmet behavioral health needs.

Developmental and Educational Needs in CSoC Youth



Barriers in Focus: Identifying the Gaps



- Lack of awareness

Caregivers and providers often lack awareness of developmental and educational needs for those with IDD.

- Stigmatization

There is stigma surrounding IDD and mental health that leads to assumptions and misconceptions.

- Diagnostic overshadowing

Behaviors related to IDD may be incorrectly attributed to other conditions.

- Episodic issues

Symptoms of I/DD may not always be present or detectable.

- Lack of clarity

It's unclear what services and referral pathways are available.

- Fragmented systems

Behavioral health and IDD systems are disconnected.



Key Implications for Practice

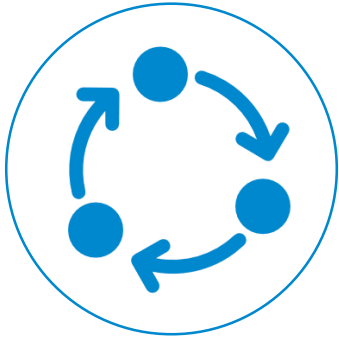
- **Cross-system collaboration:** Essential to address intersecting challenges faced by youth.
- Emphasis on trauma-informed care.
- Addressing SDOH to ensure holistic wellbeing.
- **Reducing disparities:** Equal access to quality care irrespective of socio-economic or racial backgrounds.





Showcasing Multi-Tiered Interventions for CSoC Youth

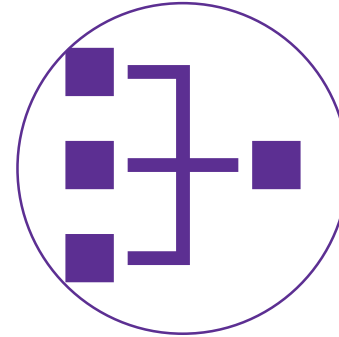
Utilizing a Multi-level Intervention Perspective



Clinical
Procedures



Quality
Monitoring



Systems
Coordination



Education and
Advocacy

The WAA Management Report



Objective

Assists WAAs in identifying youth in need of specific clinical procedures using flags that integrate CANS and IBHA data.

Distribution

Distributed to WAAs daily for optimal tracking and engagement.

Services Tracked

Includes authorization and claims data to track utilization of services with EBP providers and LMHPs

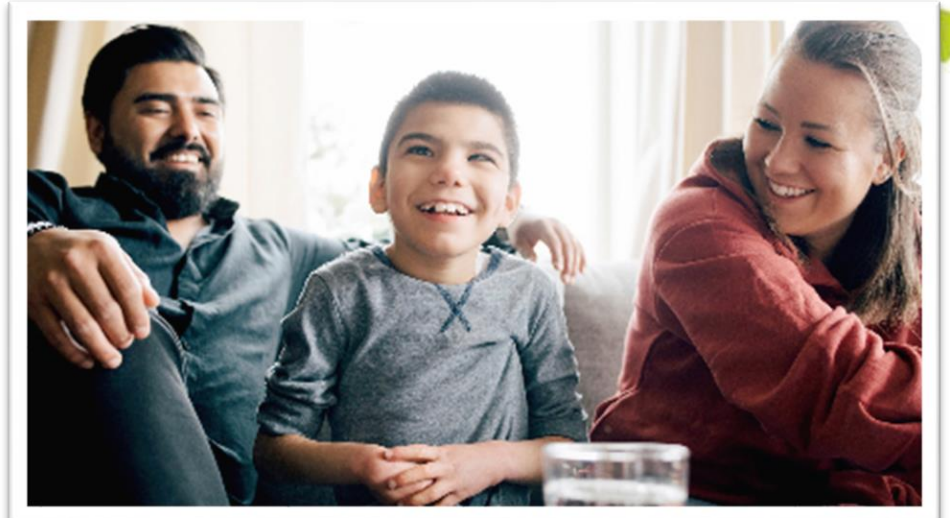
Outcome

Enables real-time utilization monitoring, thereby enhancing service efficiency and youth benefit.

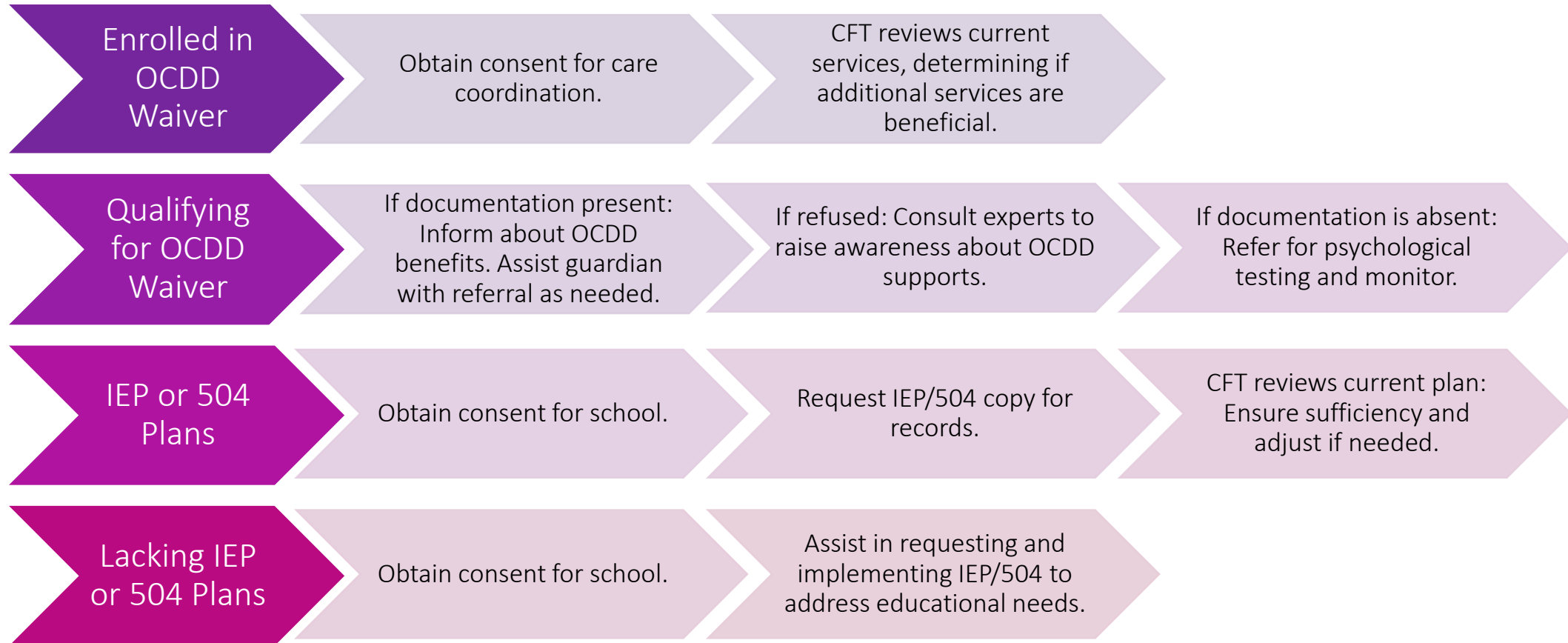
The Developmental / Educational Flag

Criteria for the E/D flags include any one of following:

- CANS – Developmental Item: Rated 1+
- CANS – School Functioning Item: Rated 2+
- IBHA – Difficulty reading and writing: Yes
- IBHA – Intellectual Functioning: Borderline



Navigating Care Planning for Youth with I/DD



Quality Monitoring



Routine Plan of Care (POC) Reviews

- Systematic checks every 180 days using a standardized review tool.
- Ensures consistency and alignment with individual's evolving needs.



Inpatient Staffings

- Multidisciplinary approach for youth admitted to inpatient psychiatric hospitals.
- Detailed review and refining of POCs developmental comorbidities.



Root-Cause Analysis (RCA) Staffings

- Deep-dive into barriers of POC implementation for specific cases.
- Collaborative effort with the WAF, the WAF's supervisor, and WAA Clinical Director.

Data-Driven Progress Monitoring with WAA Management Report



Label	Data Source	Definition	Options
DD Diagnosis	Internal Member Record	Youth with a diagnostic code of F84.0, F84.9, F80.9, F89, F81.9, F88, F70, R41.83, F71, F72, F73 on the initial WAA Authorization.	Y / N
OCDD Waiver Eligibility	Eligibility	OCDD waiver eligibility from LDH eligibility feed as of report run date. Blanks indicate no OCDD waiver. Waivers include: <ul style="list-style-type: none"> ▪ New Opportunities Waiver ▪ Children's Choice Waiver ▪ Residential Opportunities Waiver ▪ Supports Waiver ▪ Waiting for OCDD Waiver 	<ul style="list-style-type: none"> ▪ NOW ▪ Ch. Choice ▪ Res. Opp. ▪ Supports ▪ Chisolm
OCDD Case Management Agency	Eligibility	Name of the billing provider of the case management agency. Blanks indicate no OCDD waiver.	Provider Name or "Unknown"
Individualized Education Plan (IEP)	CSoc Data Spreadsheet	Status reported on the recent CSoc Data Spreadsheet data.	Y / N
E/D Flag	CANS & IBHA Assessment	Criteria for the E/D flags include any one of the following: <ul style="list-style-type: none"> ▪ CANS – Developmental Item: Rated 1+ ▪ CANS – School 8 Item: Rated 2+ ▪ IBHA – Difficulty reading and writing: Yes ▪ IBHA – Intellectual Functioning: Borderline 	Y / N

From Assessment to Action: Supporting CSoC Youth's Developmental Journey



AY	BB	BC	BD	BE	BF	BG	BH
Member Demographics			Developmental / Educational Needs				
Race	DCFS JJ Involvement	Primary Dx	DD Dx	OCDD Waiver Eligibility	OCDD Case Management Agency	IEP	E/D Flag
Black/African American	None	F99: Mental disorder, not otherwise specified		Ch. Choice		2. No	Y
Black/African American	None	F84.0: Autistic disorder	Y	Chisolm	Unknown	2. No	Y
Black/African American	None	F70: Mild intellectual disabilities	Y	Chisolm	Unknown	2. No	Y
White	None	F84.0: Autistic disorder	Y	Chisolm	Unknown	2. No	Y
White	None	F91.3: Oppositional defiant		Chisolm	Unknown	2. Yes	Y
White	None	F84.0: Autistic disorder	Y	Ch. Choice		2. No	Y
White	None	F84.0: Autistic disorder	Y	Chisolm	Unknown	2. Yes	Y
White	None	F39: Unspecified mood [affective] disorder	Y	Chisolm	Unknown	1. Yes	Y
Black/African American	None	F90.9: Attention-deficit hyperactivity disorder,		Chisolm	MEDICAL RESOURCES & GUIDANCE	1. Yes	Y
Black/African American	None	F84.0: Autistic disorder	Y	Ch. Choice		1. Yes	Y

From Fragmented to Unified: Coordination Across Systems



Louisiana Dual Diagnosis Workgroup

- Evaluation of youth with developmental disabilities and behavioral health.
- Creation of "The Louisiana Guide to Providing Behavioral Health Services with Dual Diagnosis."
- Guide for the General Clinician to be available on Magellan's website post LDH approval.

Guide for Families

- Identification and response to family needs.
- A comprehensive guide to resources, assistance applications, and system navigation.
- Expected completion in 2023.

House Concurrent Resolution No. 38 (HCR 38) Workgroup

- A study on unique needs of I/DD individuals with behavioral health conditions.
- Task: Identify deficiencies and design resourceful systems and policies.
- Collaboration of various stakeholders, including Magellan, OCDD, and the Governor's Office of Disability Affairs.

OCDD's Resource Center

- Multidisciplinary team, inclusive of behavioral health experts.
- Aims to increase community provider capability.
- Offerings: Education, training, resources, tools, and clinical consultations.

A Dynamic Approach to Education



- Comprehensive Training Plan
Ensuring staff are well-prepared and motivated
- Adult Learning Principles
Understanding how adults learn differently and tailoring our training plan accordingly.
- Targeted Audience
Facilitators, peers, providers, and practitioners

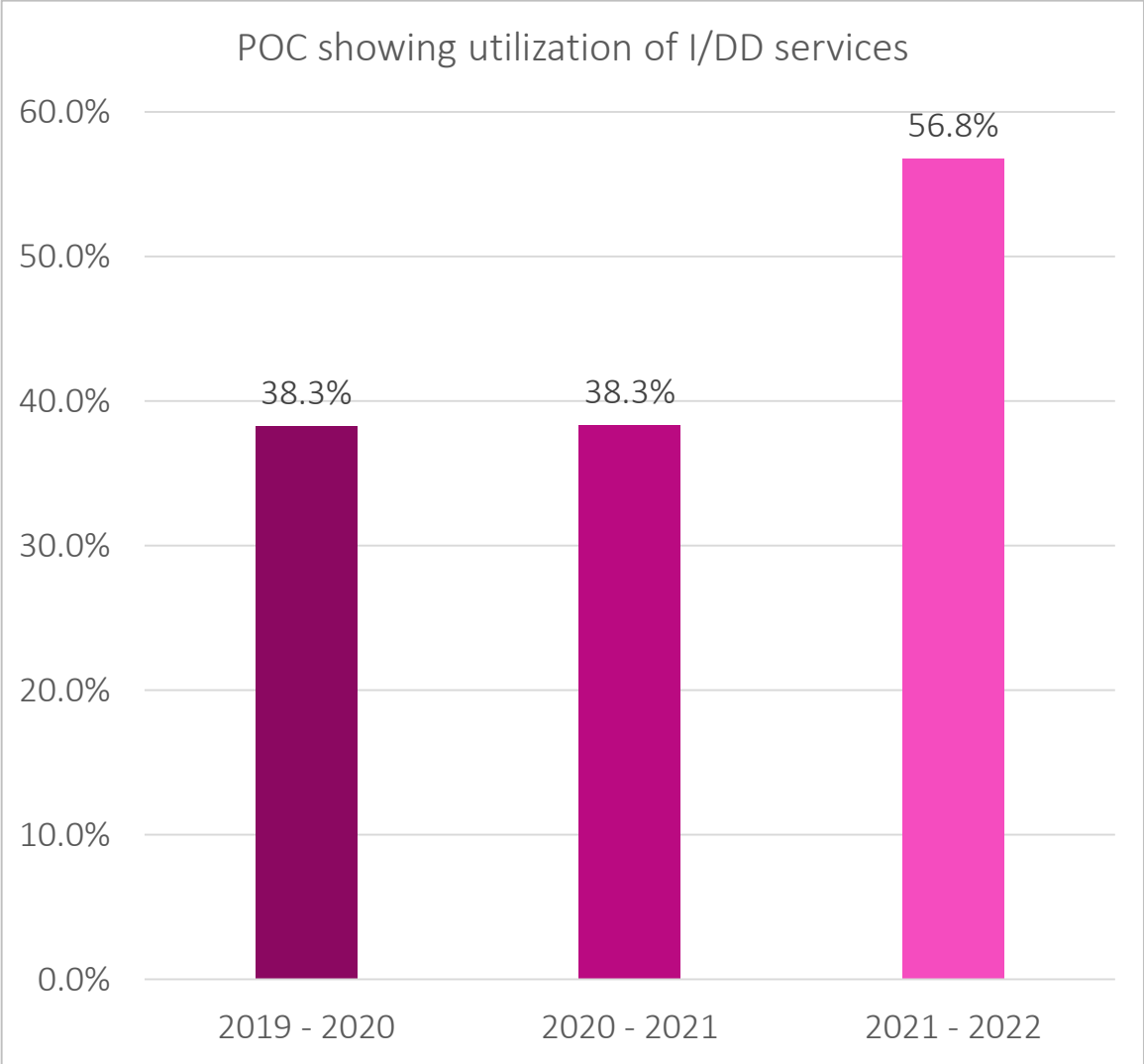
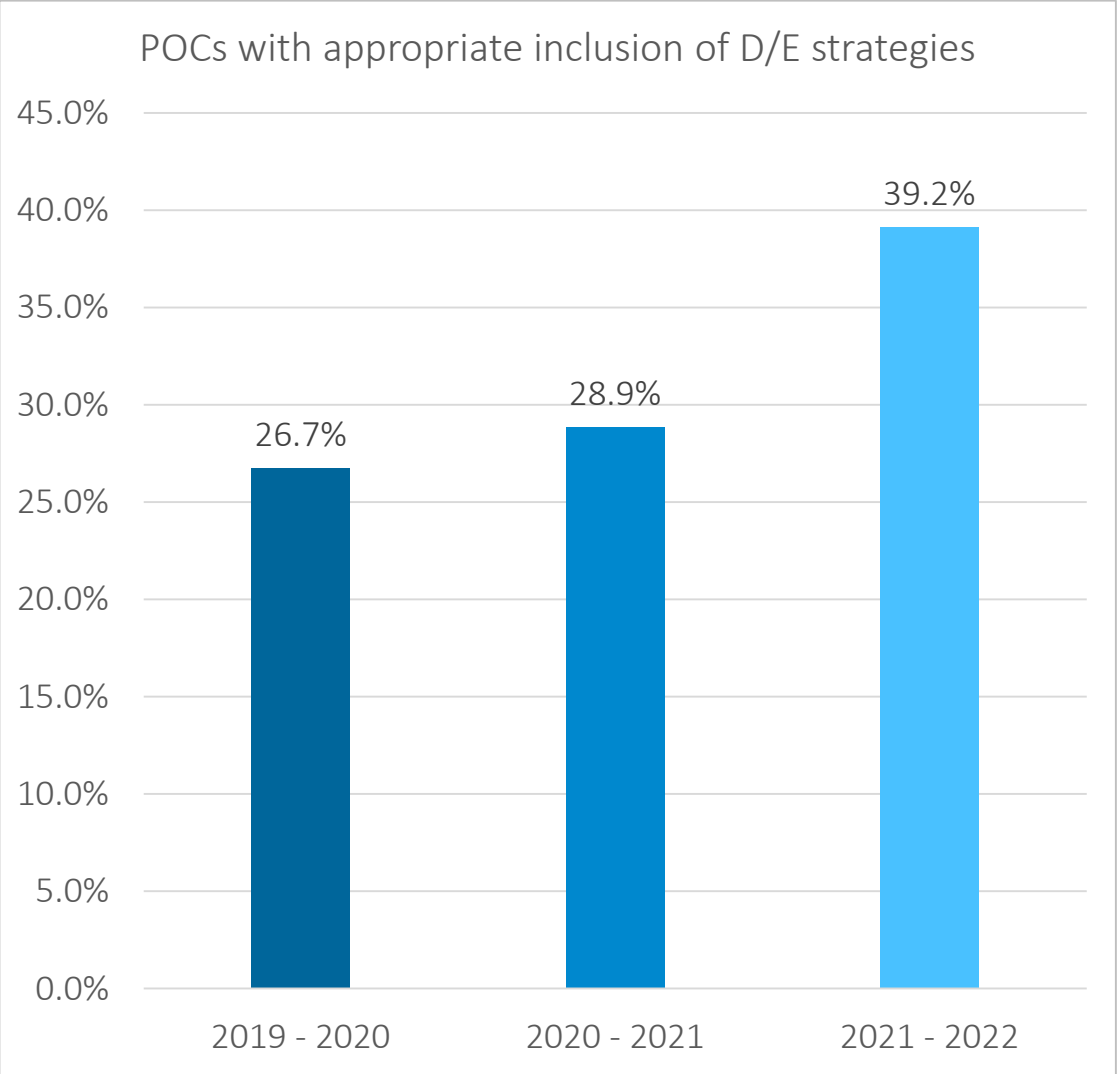
- Expert Leadership
Led by our Provider Trainer with a doctorate in psychology
- Alignment with Communication
Consistent message across all channels – e.g., Provider-All Call, Assessor All-Call, Member Newsletters, and Provider Newsletter.



Looking Forward

Magellan
HEALTHCARE®

Enhancing Care Plans for Developmental/Educational Needs



Valuable Insights: Key Takeaways from Our Journey

Creating individual care plans for educational and life needs is essential.

Quality monitoring directs effective interventions.

Enhance cross-system collaboration by addressing systemic drivers.

Provide education at all levels of care.



Thoughts? Questions?



References



- Zablotsky B, Ng AE, Black LI, Blumberg SJ. Diagnosed developmental disabilities in children aged 3–17 years: United States, 2019–2021. NCHS Data Brief, no 473. Hyattsville, MD: National Center for Health Statistics. 2023.
DOI: <https://dx.doi.org/10.15620/cdc:129520>.
- Iatt, J. M., Keyes, K. M., McLaughlin, K. A., and Kaufman, A. S. 2018. Intellectual disability and mental disorders in a US population representative sample of adolescents. *Psychological Medicine* 12, 1–10. Ee, J, Kroese, B.S., & Rose, J. (2021). A systemic review of the knowledge, attitudes and perceptions of health and social care professionals towards people with learning disabilities and mental health problems. *British Journal of Learning Disabilities*, 00, 1-17.
- Kerns, C. M., Newschaffer, C.J., Berkowitz, S., & Lee, B.K. (2017). Examining the association of autism and adverse childhood experiences in the National Survey of Children’s Health: The important role of income and co-occurring mental health conditions. *Journal of Autism and Developmental Disorders*, 47(7), 2275-2281.
- Lapshina, N. & Stewart, S. (2018). Examining service complexity in children with intellectual disability and mental health problems who receive inpatient or outpatient services. *Journal of Intellectual and Developmental Disability*, 44(6), 1-10.
- Whittle, E.L., Fisher, K.R., Reppermund, S., Lenroot, R., & Trollor, J. (2018). Barriers and enables to accessing mental health services for people with intellectual disability: A scoping Review. *Journal of Mental Health Research in Intellectual Disabilities*, 11(1), 69-102.

The image features a solid blue background. Scattered across the top and bottom edges are several triangles of various sizes and colors, including light blue, orange, yellow-green, and green. In the center of the image, the words "THANK YOU!" are written in a white, bold, sans-serif font.

THANK YOU!



This presentation may include material non-public information about Magellan Health, Inc. (“Magellan”), a subsidiary of Centene Corporation. By receipt of this presentation each recipient acknowledges that it is aware that the United States securities laws prohibit any person or entity in possession of material non-public information about a company or its affiliates from purchasing or selling securities of such company or from the communication of such information to any other person under circumstance in which it is reasonably foreseeable that such person may purchase or sell such securities with the benefit of such information.

The information presented in this presentation is confidential and expected to be used for the sole purpose of considering the purchase of Magellan services. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential. The attached material shall not be photocopied, reproduced, distributed to or disclosed to others at any time without the prior written consent of Magellan.