

Coordinated System of Care (CSoC) WAA Selection Process Guidelines

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Supporting Materials

- Attachment 1: OBH Wraparound Certification Process
- Attachment 2: Becoming a Magellan in LA Network Provider

Additional Resources

- www.csoc.la.gov
- http://www.csoc.la.gov/index.cfm/page/1629
- http://new.dhh.louisiana.gov/index.cfm/subhome/18/n/300

628 North 4th Street

Baton Rouge, LA

dhh.louisiana.gov/csoc

Selection Packet Submission

One complete, original selection packet is to be submitted to:

Connie Goodson
Department of Health and Hospitals – Office of Behavioral Health (DHH-OBH)
628 N 4th Street, 4th Floor
PO Box 4049, Bin 12
Baton Rouge, LA 70821

Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS). Hand delivery is also acceptable. Alternatively, packets may be scanned and submitted by e-mail to Connie.Goodson@la.gov.

CSoC implementation in the four remaining regions is expected to begin upon approval of the Centers for Medicare and Medicaid Services (CMS) waiver amendment. Pending this approval, statewide implementation is anticipated to be completed by June 30, 2014. Prior to enrollment, the selected WAA will be expected to complete start-up activities including: office preparation, hiring staff, staff orientation and participation in all state-offered training for WAAs.

The Community Team should make a copy of their completed selection packet for their records prior to submission.

Selection packets may be submitted at any time upon selection of the WAA. However, the final deadline for the application to be received in the Office of Behavioral Health is 3:00 pm Central Daylight Time on Friday, April 11, 2014.

Packets should be delivered to:

Connie Goodson, LMSW
Department of Health & Hospitals
Office of Behavioral Health
628 N 4th Street, 4th floor
Bin # 12
Baton Rouge, LA 70821

Coordinated System of Care (CSoC) WAA Selection Process Guidelines

Purpose

This document serves as guidance to the Community Team who is charged with the selection of the Wraparound Agency (WAA) for CSoC for their region. The Community Team should review multiple agencies in their selection process. Each Community Team may only select one agency to serve as the WAA for their region.

Section 1: Background

A. CSoC History

Governor Jindal formally authorized the **Coordinated System of Care (CSoC)** through Executive Order BJ 2011-5 in March of 2011. CSoC is a component of the Louisiana Behavioral Health Plan (LBHP) which brings together the Department of Health & Hospitals (Office of Behavioral Health and Medicaid), the Department of Children & Family Services, the Department of Education, the Office of Juvenile Justice, the Governor's Office, family, youth and advocate representatives to establish a service delivery system that is better integrated, has enhanced service offerings and achieves improved outcomes.

In March 2012, Louisiana began the initial phase of the Coordinated System of Care (CSoC) implementation. The CSoC focuses on youth with significant behavioral health challenges who are in or at-risk of out of home placement and often involved with multiple child-serving systems (child welfare, juvenile justice). Specific goals for the CSoC include:

- Improving the overall outcomes for enrolled children/youth and their caregivers
- Decreasing the number of youth in residential/detention settings
- Reducing the state's cost of providing services by leveraging Medicaid and other funding sources

Once enrolled in CSoC, youth and their families receive individualized care planning through regionally based wraparound agencies (WAAs), Family Support Services (Parent Training/Support; Youth Training/Support) and have access to 3 additional specialized services: including; Crisis Stabilization; Respite Services and Independent Living /Skills Building.

CSoC is guided by the following values:

- Family driven
- Youth guided
- Culturally and linguistically competent
- Home and community based
- Strength-based
- Individualized
- Integrated across systems
- Connected to natural helping networks
- Data driven and outcomes oriented
- Unconditional care

B. Community Team

Community Teams should include key leaders and community members who work together to oversee and coordinate local implementation of the Coordinated System of Care (CSoC). Community Teams typically support the identification of needs among system of care participants and help to develop locally credible and contextually relevant solutions to meet those needs. These teams create an environment where families, youth and system partners can share their successes, concerns and experiences. When communities identify challenges, members assist by responding to these challenges and supporting a coordinated system that works to meet the needs of children and families.

Typical Community Team Membership

- Family members
- Youth
- Private Providers
- Faith-Based Community
- Community-based child serving organizations
- Community-based family support organizations
- Regional leadership from four partnering child serving state departments: Department of Child & Family Services, Department of Education, Office of Behavioral Health, and Office of Juvenile Justice
- Business Community
- Law Enforcement
- Others who are interested in supporting young people and families in their community

The Role of Community Teams

- Establish and set priorities for local level implementation
- Develop, communicate and operationalize a shared vision
- Build common structures and processes to support the CSoC mission
- Coordinate commitment of resources
- Serve as ambassadors of the CSoC message and intent
- Develop a forum for collective leadership
- Assure broad stakeholder involvement/input
- Facilitate open and respectful communication among stakeholders
- Facilitate community coordination of resources
- Develop local, sustainable resources to support the CSoC
- Support and strengthen inclusion of natural supports within the CSoC
- Establish local collaborations to expand the resource base
- Develop and nurture local leaders for the CSoC

Community Teams model the Coordinated System of Care philosophy by:

- Recognizing the importance of community based supports and encouraging full participation of these partners in the CSoC;
- Overseeing and facilitating a robust interagency and community collaboration within their regions;
- Operating with open and honest communication and facilitating the same among all members; and,
- Working within their community to promote referrals and communication.

Please keep in mind that only one WAA to serve the entire region can be recommended and included in the selection packet.

C. Program Authority

Each regional WAA selection will be approved by the Coordinated System of Care Statewide Governance Board and/or their designee(s). The primary funding source for WAA operations is Medicaid as most children will qualify for that funding source. For those non-Medicaid youth deemed eligible for CSoC, appropriate state agency funding will be secured through the Statewide Management Organization (SMO).

Authority for Medicaid funding within the CSoC resides in a concurrent 1915(b) and (c) program that includes a Severely Emotionally Disturbed (SED) 1915(c) Home and Community Based Waiver administered through the 1915(b) mandatory enrollment and selective services contracting authority operating as a non-risk bearing prepaid inpatient health plan (PIHP). More information on these waivers is available at http://new.dhh.louisiana.gov/index.cfm/page/538. This specialized Medicaid program is operated by the Statewide Management Organization (SMO), currently Magellan of Louisiana.

It will be the responsibility of the SMO to ensure that individuals eligible for different funding streams are identified and tracked and that the appropriate funding sources are accessed.

The SMO will oversee a provider network that offers all covered services. Under the auspices of the SMO, only WAAs will be able to provide Wraparound Facilitation and only the Statewide Family Support Organization (SFSO) will be able to provide parent/youth support and training.

D. WAA Documentation for Selection and Certification

The agency leadership for the selected WAA must provide an attestation statement to be included with the selection packet attesting to their understanding of and willingness to comply with OBH requirements. Requirement documents are pending final approval and will be posted at: http://www.csoc.la.gov/index.cfm/page/1629.

Upon selection and prior to service delivery, the Wraparound Agency (WAA) must be certified by the Office of Behavioral Health CSoC Team and credentialed by the Statewide Management Organization (SMO). The WAA will be required to contract with the SMO for reimbursement.

Section 2: Considerations for Selecting the WAA

As the Community Team selects the WAA for their region, they must consider at least two organizations, however, the Community Team is encouraged to consider all possible agencies. Consideration should include an assessment of the organization's demonstration of the key features of Wraparound values and practice (listed below), as well as a review of qualifications, financial viability and conflict of interest.

Key Features

The organization selected to be the WAA should demonstrate key features including:

- 1. Inclusion of families and youth in all decision making and planning processes;
- 2. Respect for and acceptance of differences in others as well as the ability to work with individuals of different religions, languages, generations, genders, race, sexual orientation, customs, values, beliefs, practices, ideas, thoughts, rituals, habits, etc.;
- 3. Belief that children do best when they are able to receive supports and services in their home and community;
- 4. Focus on future outcomes and the strengths and resources that the youth and families bring to current

challenges;

- 5. Ability to create individualized plans based on identified strengths and needs of youth/family;
- 6. Ability to communicate, coordinate, collaborate and cooperate with other programs and agencies;
- 7. Recognition of the value of people being linked to natural supports such as family members, friends, neighbors, teachers, coaches, scout leaders and church members;
- 8. Commitment and ability to collect and utilize data to inform and enhance practice; and,
- 9. Commitment to working with youth and families through the ups and downs of growth and change.

Qualifications

The organization selected to serve as the WAA should also demonstrate the following organizational qualifications:

- Operational infrastructure and experience in implementation of an evidence-based or best practice model, including:
 - Working with the youth, particularly recruitment and outreach to youth, and successful enrollment and retention in programming
 - Recruiting staff
 - o Implementing and maintaining fidelity to program model
 - Collecting and reporting data
 - o Reporting to and working with funding source
 - Documenting project successes/challenges
- Ability to provide Wraparound Facilitation consistent with CSoC Values
- Demonstrate a realistic understanding of what it takes to provide adequate training and high quality supervision/coaching for key roles in the WAA (facilitators, supervisors/coaches) and are committed to participation in required state-sponsored training, ongoing education and monitoring activities
- Demonstrate a realistic understanding of typical staffing plans including caseload size of 1 wraparound facilitator per 10 families that ensure people in key roles (facilitators, supervisors/coaches) have sufficient time to provide high quality wraparound.
- Demonstrate a realistic understanding of typical staff composition (including racial, ethnic and gender diversity) that ensure people in key roles can provide culturally-appropriate wraparound.
- Understand the administrative and IT requirements for the WAA and how those relate to the role of the SMO, including agreement to implement an information technology (IT) system for the WAA that is compatible with the requirements of the SMO, agreement to coordinate local goals with the broader system goals of the SMO and understanding of the overall requirements for tracking utilization, costs and expenditures.
- Must be located in the region or plan to establish an office in the region, with the ability to serve the
 entire region and a commitment to building region-wide support for wraparound among service providers
 and community partners
- Must be in good standing with the Louisiana Secretary of State office and compliant with the Louisiana Legislative Auditor's office in order to do business in Louisiana and to conduct the activities described in the document "Specific Requirement for the WAA."

Financial Viability

The selected organization must demonstrate that they are competently managed, responsible, financially capable and committed to achieving the objectives of the programs they manage. The organization must demonstrate the ability to meet its operating expenses and financial obligations for at least three months prior to receiving payment for wraparound facilitation services. In order to assess financial viability the Community Team should:

- Review the potential WAAs:
 - o Audited financial statements

- o Financial Performance Reports
- o Business plan
- Other information that supports financial analysis;
- Determine if the organization has procedures in place to ensure that the WAA can work within budget constraints;
- Assess the level of fiscal support that the organization can readily access including a line of credit; and
- Assess the organization management capabilities, Financial Condition, and Present Responsibility.

Conflicts of Interest

WAAs are not permitted to act as service providers because of the inherent conflicts of interest that might arise if WAAs also directly provide the services they manage. In cases where local capacity constraints are such that a service provider may be the best possible choice to also provide wraparound facilitation, the CSoC Governance Board or designee will determine if by limiting the WAAs utilization management functions and delegating more authority to the SMO, thereby creating firewalls which eliminate conflicts of interest to the satisfaction of CMS, a waiver of this rule would be in the best interest to the taxpayer and the families to be served.

In the unlikely event that the WAA is allowed under waiver to be a provider of other direct services, the WAA must describe how they will ensure that there is no conflict of interest. The WAA must include a description of the process by which they will ensure that the WAA staff and the youth and families served will be provided information about the community's full array of providers and will not be unduly influenced to use the agency's services as opposed to natural supports or other services of the youth or family's choice. They must also describe the monitoring strategies that will be used to oversee this process.

On behalf of the State, the SMO will ensure the independence of the licensed mental health professional administering the Child and Adolescent Needs and Strengths (CANS) assessment which is used to develop plans of care. The SMO's written conflict of interest standards ensure that persons performing these functions are not:

- Related by blood or marriage to the individual, or any paid caregiver of the individual;
- Financially responsible for the individual;
- Empowered to make financial or health-related decisions on behalf of the individual; and,
- Providers of State Plan/Home and Community Based Services (HCBS) for the individual, or those who have
 interest in or are employed by a provider of State Plan/HCBS; except, at the option of the State, when
 providers are given responsibility to perform assessments and plans of care because such individuals are
 the only willing and qualified provider in a geographic area, and the State devises conflict of interest
 protections.

Section 3: Selection Packet Guidance

I. Community Team Composition

List all individuals involved in selecting the WAA:

Name	Parish of Residence	Organization	Family member of a person with significant behavioral difficulties (yes or no)
			Tab here to insert additional rows as needed

II. Organizations considered to serve as the WAA

List each organization considered including the agencies address, phone number, web site and contact person.

III. Organization selected to serve as the WAA

Name of Organization Selected:

The Community Team, in collaboration with the organization selected to serve as the WAA will respond to the following:

- 1. Describe the practices/policies of the organization selected to serve as the WAA that are consistent with each of the key features listed in Section 2 "Consideration of the WAA".
- 2. Describe key people, entities, and project partners (internally and externally) and their role in the implementation of this project. Please do not merely list organizational mission statements, but describe their relevant background, experience and expected roles and responsibilities. Also be sure to include whether commitments to this project and their respective roles have been confirmed from all involved people, entities, and project partners. As necessary, please provide corresponding letters of support, etc. in the attachments.
- 3. Staffing/management plan including:
- Process the agency will use to recruit, retain and manage a racially, ethnically and gender diverse staff that ensures people in key roles can provide culturally-appropriate wraparound;
- Plans to ensure Confidentiality and adherence to HIPAA guidelines;
- Description of IT plan/ability to implement an information technology (IT) system for the WAA that is compatible with the requirements of the SMO;
- Plan for managing utilization and quality at the local level, in partnership with the SMO; and
- Description of the corporate structure and ability to financially support the WAA.

Required Attachments:

- 1. **Attestation:** A statement from the WAA attesting to their understanding of and willingness to comply with the requirements outlined in the selection guidance process document.
- 2. **Organization Budget** (2 page maximum): Please provide the organization's operating budget for the current fiscal year including both revenue/income and expenses.
- 3. **Annual Project Budget** –The proposed project budget, including expenses by line item for the first 12-month period.
- 4. **Budget Justification** (if needed) Please provide an explanation of the proposed expenses, such as the roles of personnel or consultants and the use of materials, supplies, and equipment.
- 5. **Funding Sources** (if applicable) Please indicate the amount of funding secured and/or pending for this proposed request from other sources, including other funders or donors (individuals, corporations, foundations, and government agencies). Additional funding sources may be secured to support the proposed project.
- 6. **Proof of organization status** (for profit or non-profit). If operating under a fiscal sponsor, please include a signed letter of agreement from your fiscal sponsor and a copy of its IRS non-profit determination letter.
- 7. **Audit** the most recent independent audit. If the organization selected does not have an audit, submit their 2012 IRS Form 990. If they do not have either document, the packet must include a detailed letter of explanation.
- 8. **Board of Directors**. A list of the organization's Board of Directors with professional or community affiliations. Please note that affiliations of board members are a required part of this list. If the organization does not have a Board of Directors, please send your fiscal agent's board of directors list. If neither is available, a letter of explanation is required.
- 9. **Organizational Chart** please show all staff positions within the organization on one page.
- 10. Memoranda of Agreement or Letters of Support from any key collaborating organizations, if applicable.

Please submit the selection packet to:

Connie Goodson
Department of Health and Hospitals – Office of Behavioral Health (DHH-OBH)
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Baton Rouge, LA 70821

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