

Coordinated System of Care (CSoC) Contractor

# Quality Assurance / Performance Improvement Program Evaluation



Magellan Health of Louisiana

Contract Period: 01/01/2021 – 12/31/2021

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# Executive Summary

Magellan Healthcare in Louisiana (Magellan) is the delegated Coordinated System of Care (CSoC) Contractor for the Louisiana Department of Health (LDH). The CSoC Unit conducts an annual evaluation of its Quality Improvement Program to evaluate outcomes, review effectiveness, assess goal achievement, evaluate the deployment of resources, document and trend input from advisory groups including youth, family members and other stakeholders, and identify opportunities for improvement in the ongoing provision of safe, high-quality care and service to members. The evaluation covers a fully integrated quality program that includes recovery and resiliency-focused clinical and medical integration programs. This report summarizes the evaluation findings for the CSoC Unit data from 01/01/2021 through 12/31/2021. In addition, this report assesses progress towards the goals and prioritized objectives set forth in the previous year's CSoC quality improvement program description, work plan, and program evaluation. Through the diligent work and dedication of Magellan staff, CSoC continues to achieve its mission on improving the lives of Louisiana families in both spirit and practice.

- Answered 6,272 inbound Member Services calls with a call abandonment rate of only 1.94% and an average speed of 10.76 seconds.
- Continuously maintained high overall member satisfaction, with positive satisfaction reported in over 92% of respondents (N = 284).
- Empowered youth and families to become active participants in care planning, as evidenced by 97.59% of caregivers surveyed (N = 291) reporting comfort in asking healthcare providers questions about treatment and/or medicine.
- Only 5.3% of CSoC youth (n=2,435) spent any days in inpatient hospitalization in WY5Q2 despite serving a high-risk, SED population.
- Ensured 99.91% of youth's POCs included strategies that were unique to the youth and family culture, skills, and abilities (N = 3,505).
- Demonstrated effectiveness of the POC review process to improve adherence with best practices (i.e., rating of 5) by showing strong statistically significant improvement ( $p < .0001$ ) in each of the 17 content areas.
- Advanced inclusion of evidence-based practice (EBP) services and interventions in care planning, with 90.49% of plans (N = 2,219) considering EBPs when appropriate. A statistically significant improvement ( $p < .00001$ ) of 5.65 percentage points from 2020.
- Statistically increased utilization of available crisis and/or respite services by 4.22 percentage points, with services utilized in 97.01% of plans (N = 3,746).
- Attained statistically significant improvement ( $p < .00001$ ) in Plans of Care with active involvement of informal/natural supports (N = 3,810, 90.13%).
- Supported efforts to reduce mental health disparities as evidenced by showing equal levels of clinical improvements CANS global scores in both African American and White youth discharging from CSoC in 2021.
- In 2021, 71.74% of CSoC youth demonstrated a CANS global score improvement of 5 or more points from initial to discharge assessment (n=1,327). Of those 1,327 youth, more than half, 51.70%, had improved global CANS scores of greater than fifteen points.
- Accomplished a reduction of 36.2 percentage points in the CANS actionable need prevalence rate for the School functioning item, indicating marked improvement in youths' school attendance, behavior, and/or achievement.

- Progressed formal behavioral health provider adherence to state and federal requirements for record keeping and documentation practices, improving overall treatment record review compliance 92.10% (N = 48) to 96.97% (N = 66).
- Achieved 100% overall provider satisfaction for two consecutive years.
- Ensured maintenance of ongoing provider compliance with 100% of level of care, Plan of Care, and health and welfare waiver assurances since 11/01/2018.
- Assisted providers in increasing compliance with state and federal regulations, from 78% in 2020 to 92% (N = 36) in 2021.
- Improved timeliness of Plans of Care (POC) submitted within five business days of the Child and Family (CFT) meeting from 34.8% in Q4 2020 to 43.0% in Q4 2021, which was a statistically significant improvement ( $p < .001$ ) of 8.2 percentage points.
- Effectively met the needs of network providers, with 100% positive satisfaction (N = 48) in the 2021 provider survey.

## Effectiveness of QI Program

In 2021, the QI Program was effective in meeting clinical practice goals for CSoc members. There were adequate QI resources, and the QI committee structure provided an appropriate venue for the analysis and monitoring of quality indicators and improvement activities. Areas of opportunity for further improvement were identified and will be prioritized in 2022. Below is a list of the prioritized goals and objectives that have been incorporated into the 2022 Quality and Clinical Work Plan.

## Program Focus and Prioritized Objectives for 2022

Prioritized goals and objectives for the CSoc Unit for 2022 are based on a review of:

- Progress towards 2021 program goals;
- Assessment of identified opportunities for improvement and their root causes;
- An increased understanding of the need for timely identification of critical variables and their root causes (barriers) to identify and implement effective interventions;
- Customer feedback and contractual requirements; and
- Youth, family member and stakeholder input.

The prioritized goals and objectives for CSoc Unit in 2022 are:

## Positively Influence Member Health, Well-Being, and Safety

- Improve evaluation of youth's response to treatment, including youth and family engagement, progress, and barriers to treatment modalities implemented since the previous assessment, as evidenced by increasing the percentage of assessments with a rating of 2 on the Response to Treatment item on the Assessment Review Tool from 26.4% to 37% by the end of 2022.
- Increase the specificity and quality of the documentation of trauma symptoms item to improve identification of trauma concerns as evidenced by improving the percentage of assessments with a rating of 2 on Trauma Symptoms item on the Assessment Review Tool from 15.4 % to 25.0% by the end of 2022.

- Ensure comprehensive and complete risk assessments, specifically ensuring the Independent Behavioral Health Assessment (IBHA) included documentation on all actionable ratings on Youth Behavioral & Emotional Needs and Youth Risks domains, as evidenced by increase the percentage of assessments with a rating of 2 on Additional Risk Factors item on the Assessment Review Tool, will increase from to 12.5% to 25.0% by the end of 2022.
- Improve timely engagement of youth and caregivers with a qualifying behavioral health service provider after discharge from an inpatient hospital, as evidenced by increasing 7-day Follow-up after Hospitalization rate from 47.03% for 01/01/2021 – 12/01/2020 to 52.45% for 01/01/2021 – 12/01/2021. (This goal will be updated upon submission of final report to LDH, scheduled for 4/15/2022.)

### **Enhance Service and Experience of Care**

- Sustain high satisfaction with member experience of care as evidenced by 90% of members reporting positive overall member satisfaction on the 2022 Member Experience of Care survey administration.
- Improve Wraparound Agency compliance rate with CSOC Standard Operating Procedure for timely electronic submission of the Plan of Care to Magellan within five business days after each Child and Family Team meeting from 43.00% in Q4 2021 to 48.00% in Q4 2022.
- Improve Wraparound Agency adherence to the CSOC Standard Operating Procedure (SOP) manual requirement for timely notification of discharge, specifically all discharge forms must be submitted to Magellan within five business days of the date of discharge, from 72.8% in Q4 2021 to 78.0% in Q4 2022 to improve timely transition of care to the youth's Healthy Louisiana Plan (HLP) at the time of disenrollment from CSOC.
- Improve Wraparound Facilitator timeliness of initial engagement with youth and families at referral, as evidenced by increasing the percent of youth with an initial face-to-face visit within 7-calendar days of the referral from 75.1% in Q4 2021 to 80.00% in Q4 2022.

### **Meet and Exceed Contractual, Regulatory, and Accreditation Requirements**

- Fully prepare for Managed Behavioral Healthcare Organization (MBHO) reaccreditation from the National Committee for Quality Assurance (NCQA) scheduled for Q2 2023.
- Improve Wraparound Agencies compliance rate with CSOC Standard Operating Procedure for timely electronic submission of the initial clinical eligibility assessment to Magellan within 30 calendar days of the referral from 86.3% in Q4 2021 to 90.00% in Q4 2022.
- Fully implement Wraparound Agencies (WAA) claims modifiers and initiate ongoing reporting of Child and Family Team meetings and engagement of youth and families through face-to-face interactions.

### **Acknowledgment and Approval**

The 2022 Quality Improvement and Utilization Management Program Evaluation was prepared by the CSOC Unit and reviewed and approved by the Quality Improvement Committee during its meeting held on TBD, as indicated by the signature(s) below:

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Jamie Hanna, M.D.  
Chief Medical Director  
Co-Chair, Louisiana CSOC Quality Improvement Committee

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Date

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Wendy Bowlin, LPC  
Director of Quality and Outcomes  
Co-Chair, Louisiana CSOC Quality Improvement Committee

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Date

# Overview

Louisiana developed the Coordinated System of Care (CSoC) to serve children and youth with significant behavioral health challenges who are in or at imminent risk of out-of-home placement. Magellan is contracted with the Louisiana Department of Health (LDH) to serve as the Coordinated System of Care (CSoC) Contractor. Magellan is responsible for coordination and management of specialized Medicaid behavioral health benefits and services as specified by the Louisiana Medicaid State Plan-approved waivers to Medicaid children and youth who meet CSoC eligibility criteria. In CSoC, system of care values and Wraparound principles are applied to create an integrated behavioral health system with enhanced service offerings to achieve positive outcomes for youth and families.

Families enrolled in CSoC receive intensive, individualized services in their homes and communities. To achieve this, youth and families build a team of their choosing to develop a novel approach to treatment that meets their unique behavioral needs. The integration of services into one coordinated plan allows for better communication and collaboration among families, youth, state agencies, providers, and others who support the family. This approach also benefits the state of Louisiana by creating a more cost-effective approach that unifies systems; encouraging the sharing of resources across state agencies.

## Program Description

The Coordinated System of Care in Louisiana is a specialty program unlike any other comprehensive behavioral health treatment approaches. Magellan's goal is to ensure that children with severe behavioral health challenges and their families get the right support and services, at the right level of intensity, at the right time, for the right length of time, from the right provider. Above all, CSoC aims to keep youth safely in their own homes and assist them to function optimally within their own communities.

Magellan's CSoC team members apply clinical expertise, coupled with care and respect for each member, to maintain high-quality clinical care. Efforts are focused on promoting System-of-Care values including:

- Family-driven and youth-guided care
- Team-based strategies
- Culturally and linguistically competent
- Strength-based
- Integrated across systems
- Individualized treatment planning
- Unconditional care

## Quality Improvement Program

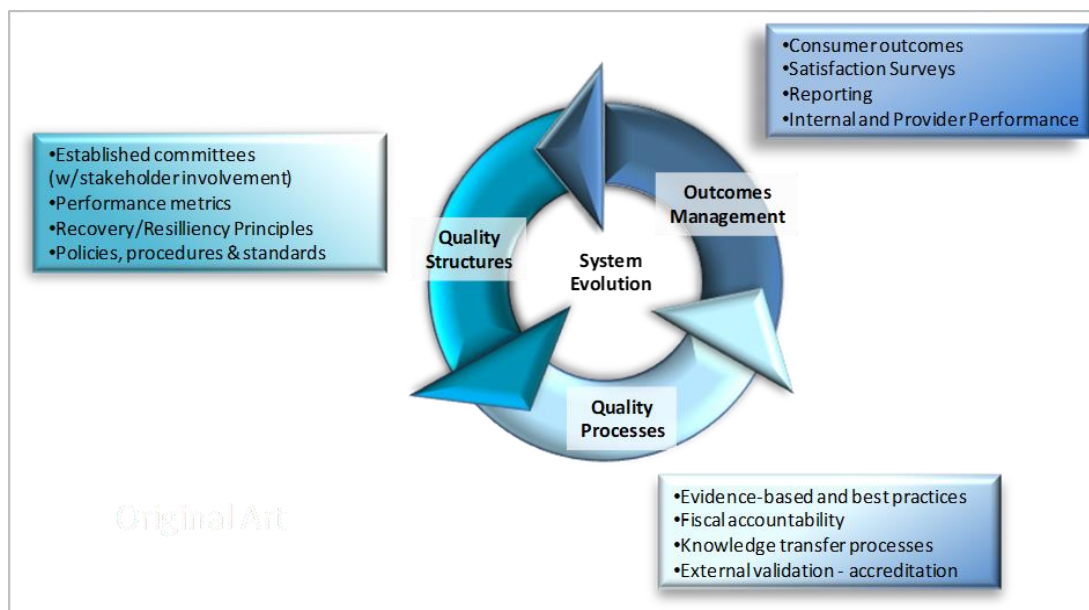
Magellan's Quality Improvement (QI) Program is member-focused and includes the objective and systematic monitoring of quality, recovery, and resiliency-focused healthcare services provided to Louisiana youth and families. We leverage our extensive national experience in managing specialty behavioral health programs and promoting systems of care (SOC) values to ensure positive outcomes are achieved. Magellan fully embraces

Wraparound philosophies and recognizes that whole-team engagement is necessary to ensure that Magellan’s goals align with those of its membership within the unique culture of Louisiana.

The scope of the QI program includes monitoring the quality of behavioral health and related recovery and resiliency services provided to Magellan’s customers. Our QI Program is the direct responsibility of Louisiana’s CSoC Unit Program Director, Syralja Griffin. The QI program is managed by the Director of Quality and Outcomes, Wendy Bowlin, and overseen by the CSoC Medicaid Director, Dr. Jamie Hanna, who are both who are supported by regional and corporate staff. Local oversight of the QI program is provided by the Louisiana CSoC Quality Improvement Committee (QIC). Corporate oversight of the QI program occurs through a corporate committee structure.

## Quality Process

Magellan maintains an internal Quality Assurance and Process Improvement (QAPI) program that complies with state and federal standards specified in 42 CFR §438.200, the Medicaid State Plan and waiver applications relative to the CSoC, and any other requirements as issued by LDH. The QI program utilizes a Six Sigma Define, Measure, Analyze, Improve, and Control (DMAIC) approach to ensure the timely identification of critical needs and to drive barrier analysis. DMAIC process outcomes are used to develop measurable interventions that lead to improvement.



As illustrated in the figure above, Magellan’s approach to quality improvement involves a continuous process of measuring outcomes by enacting structures to monitor quality and integrating that data to drive program decisions and innovations.



# Population Assessment

Magellan is committed to providing effective, equitable, understandable, and respectful care and services that are responsive to the diverse demographics of CSoC membership. To facilitate successful collaboration and achievement of goals, Magellan recognizes that CSoC team members, including Wraparound Facilitators and formal providers, must have an inherent understanding of and respect for the diversity of expression, opinion, and preference among the youth and families served. It is through this respect that the principle of family voice and choice is achieved in the Wraparound process. Magellan demonstrates our high regard of this principle by embracing families where they are and promoting the strengthening of connections with natural supports in their communities. Cultivating a sustainable connection to community supports allows for continued positive outcomes after formal Wraparound has ended.

Cultural competence is defined as providing care that meets an individual's unique cultural needs. To successfully provide culturally competent care, it is critical that our membership is continually analyzed to identify the cultural, linguistic, and social needs of youth and families. Like the wraparound model, Magellan demonstrates respect and builds on the values, preferences, beliefs, culture, and identity of the youth and family served, focusing on the individual and community culture unique to every member.

Magellan conducts an annual assessment of CSoC members and providers to assess characteristics of their cultural, ethnic, racial, and linguistic needs. When opportunities for improvement are identified, Magellan adjusts the availability of practitioners within its network to meet the needs and/or preferences of the CSoC membership. This section of our program evaluation provides a comprehensive assessment of those characteristics, an evaluation of social determinants of health, and analysis of potential mental health disparities. The section also includes strategies to support culturally competent service delivery and identification of member needs to be addressed through our QI program activities in 2022.

This section will provide information on some of the key demographic and relevant characteristics represented by the CSoC population. Areas addressed include:

- Members Served
- Geographic Classification and CSoC Region
- Gender, Race, and Ethnicity
- Linguistic Needs
- Children and Adolescents
- Diagnostic Prevalence (including SED)
- Intellectual/Development Disabilities
- Involvement with Child-Serving State Agencies

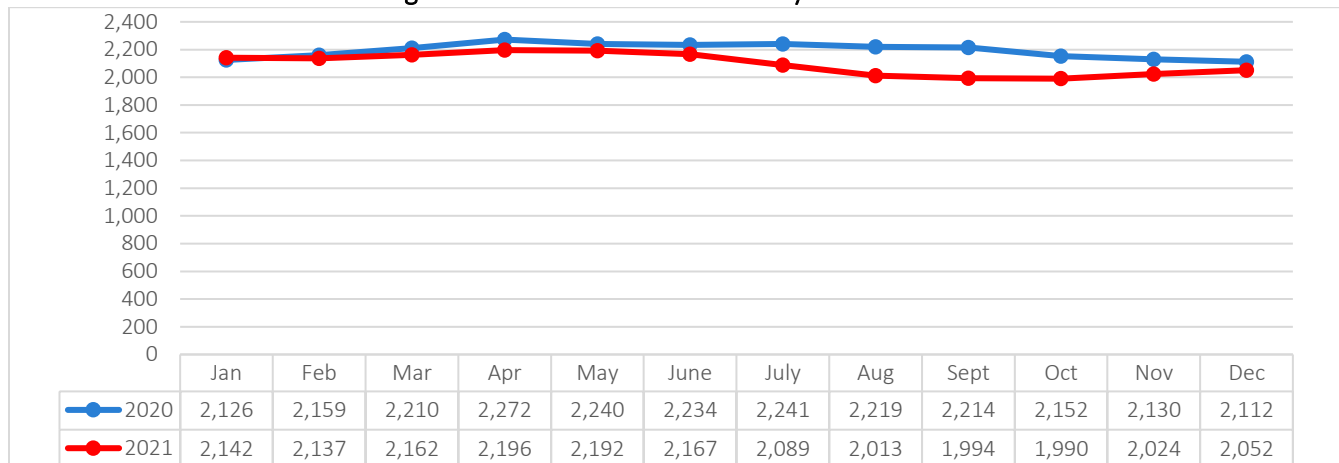
## Hurricane Impact

## Members Served

The primary data source for member demographics is a combination of Medicaid eligibility data and authorization data housed in Magellan's internal care and utilization management system. CSoC is a CMS waiver-funded

program for Medicaid youth in Louisiana between the ages of 5 and 20. It expands access to intensive community-based behavioral healthcare to Medicaid youth who traditionally experience barriers accessing healthcare. Referrals can be initiated by anyone with the consent of the youth and family. CSoC can be accessed by 2,900 youth at any given time. This represents an increase from the previous limit of 2,400 and became effective On 1/1/2021. In the event that CSoC is at capacity, members continue to have access to specialized behavioral health services through their MCOs until a slot is available. Slots are allocated on a first-come, first-served basis. The CSoC program served a total of 3,529 unique members from 01/01/2020 through 12/31/2020 and 3,639 members from 01/01/2021 through 12/31/2021. Figure 1 provides enrollment on the last day of the months.

**Figure 1. Enrollment on the Last Day of the Month**



## Geographic Classification

The geographic location of CSoC youth and families is a key factor from both a cultural standpoint and in regard to access to care. Where adolescents reside can affect both their exposure to adversity and the availability of health services. Most adolescents in the United States live in or just outside an urban area. Although adolescents in urban areas may be exposed to higher levels of violent crime, they are more likely than their rural peers to have access to playgrounds, community or recreation centers, parks, and other resources. Pediatricians and family physicians are key providers of basic behavioral health services. Those providers who serve in rural areas are less likely than their urban peers to provide those basic behavioral health services to children and adolescents. As

Table 1 shows the majority of CSoC members, or 71.56% (N = 2,604), reside in rural settings. The remaining 27.18% (N = 948) resided in urban settings and 1.26% (N = 46) were unknown. Please note that the total number of enrollments reported for 2020 (N = 3,657) in Table 1 is slightly different than the total number of enrollments reported for the remaining demographic categories (N = 3,529) in this section. The report was required to be rerun in 2022 to account for minor changes made to the reporting specifications. Differences in total number is expected for the data source (i.e., eligibility feed), which is updated daily.

**Table 1. Geographic Classification on Last Day of the Year**

Member Group	2020		2021	
	Number	Percent	Number	Percent
Urban/Suburban	981	31.08%	948	27.18%
Rural	2,585	68.92%	2,604	71.56%

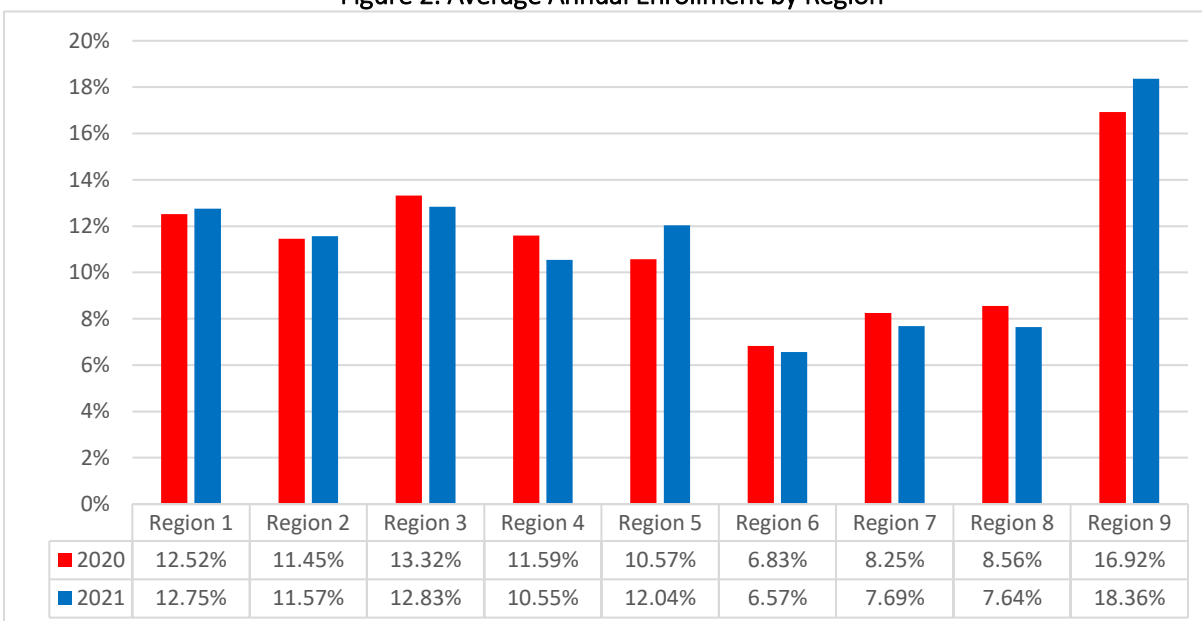
	2020		2021	
Member Group	Number	Percent	Number	Percent
Unknown	91	2.49%	46	1.26%
Total	3,657*	100%	3,639	100%

Rural adolescents are also more likely to live in low-income households than adolescents in urban areas, and poverty is a reality for many Louisiana residents. Beginning with the COVID-19 pandemic in 2020, Americans were tremendously financially impacted. According to the organizations Louisiana Budget Project ([www.labudget.org](http://www.labudget.org)) and Spotlight on Poverty & Opportunity ([www.spotlightonpoverty.org](http://www.spotlightonpoverty.org)), as millions lost their jobs due to the COVID-19 pandemic, national median income decreased 2.9% and the percentage of Louisianians living in extreme poverty for 2021 was 13%. Growing up in poverty can create significant challenges for youth and families living in both urban and rural communities. The CSoC program provides every youth and family with a Wraparound Facilitator to assist in the development of a comprehensive Plan of Care (POC) that includes strategies and services to address functional and clinical needs, including those experienced by both youths living in urban and rural settings. In addition to care planning, CSoC provides access to specialized waiver support services only available through the CSoC Program. Specialized waiver service providers meet CSoC youth and families in their home and communities and provide additional supports, such as mentoring, coaching, and skill development. These additional support services assist youth and families in accessing available healthcare services and community resources regardless of the geographic classification.

## CSoC Regions

CSoC is divided into nine geographical regions to allow individual agencies to practice wraparound specific to the needs of their communities. Although most regions serve members living in both urban and rural areas, three regions have a larger percentage of members residing in urban communities. These are Region 1 (i.e., New Orleans), Region 2 (i.e., Baton Rouge) and Region 8 (i.e., Shreveport). In order to ensure members from all regions have access to CSoC, we continually evaluate regional enrollment trends. For the past two years, Region 9 had the highest census, accounting for 16.92% of the total CSoC population in 2020 and 18.36% in 2021. Region 6 represented the lowest enrollment, accounting for 6.57% of the total population in 2021. Many factors, including urban-rural classification and referral source, can impact differences in regional enrollment.

**Figure 2. Average Annual Enrollment by Region**



## Gender, Race and Ethnicity Demographics

### Member Demographics

Most behavioral health studies have found disparities in access, use, and quality in behavioral health services among diverse ethnic and racial groups in the United States. Because this is a variable that can impact behavioral health outcomes, Magellan consistently monitors the race, gender, and ethnicity of our membership. In 2021, 41.25% of CSoC members were female (N =1,151) and 58.48% were male (N =2,128). This gender ratio is equivalent to that in 2020. Currently, African Americans comprise the highest percentage of our membership, representing 53.04% (N =1,930) of the total population. The second highest percentage of members identify as White, at 41.25% (N =1,501). This aligns with research citing racial disparities for youth and children who are at highest risk for out-of-home placement and/or arrest. Non-Hispanic/Latinos represent 97.36% of our membership (N = 3,543). The demographic makeup of CSoC membership has been stable since the program's inception, and there were no notable changes to the composition of age, race, gender, or ethnicity categories observed in 2020 or 2021.

Table 2. Gender of CSoC Members

Gender	2020		2021	
	Number	Percent	Number	Percent
Female	1,452	41.04%	1,511	41.25%
Male	2,077	58.96%	2,218	58.48%
Total	3,529		3,639	

Table 3. Race of CSoC Members

Race	2020		2021	
	Number	Percent	Number	Percent
Black/African American	1,948	55.20%	1,930	53.04%
White	1,407	39.87%	1,501	41.25%
Multi-Racial	58	1.64%	109	3.00%
Other/Single Race	53	1.50%	49	1.35%
American Indian/Alaskan Native	19	0.54%	25	0.69%
Native Hawaiian/Pac Islander	9	0.26%	10	0.27%
Asian	6	0.17%	3	0.08%
Unknown	29	0.82%	12	0.33%
Total	3,529		3,639	

Table 4. Ethnicity of CSoC Members

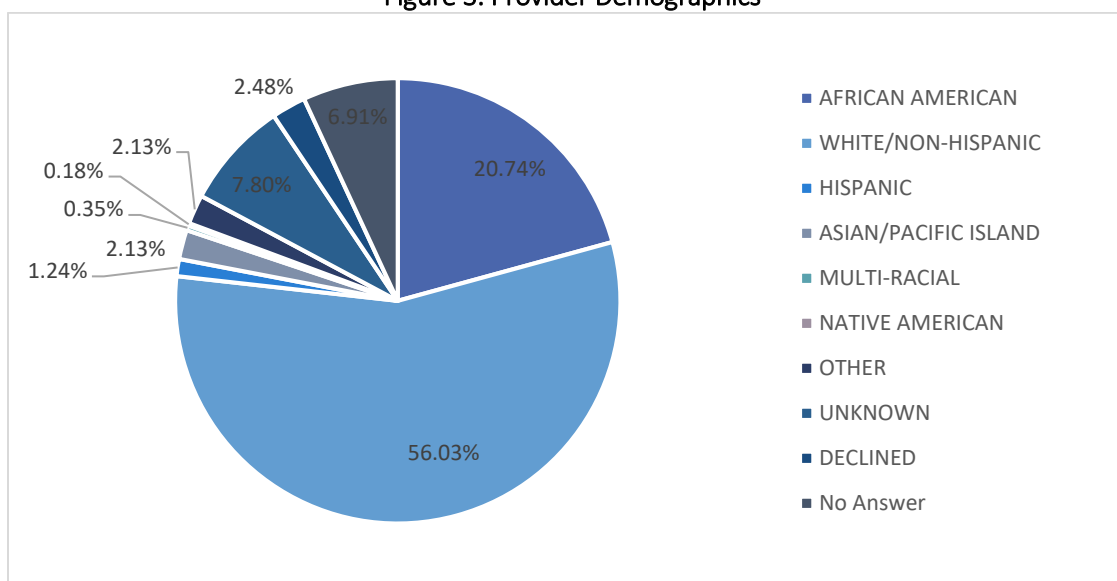
Ethnicity	2020		2021	
	Number	Percent	Number	Percent
Non-Hispanic/Non-Latino	3,403	96.43%	3,543	97.36%
Hispanic/Latino	88	2.49%	77	2.1%

	2020		2021	
Ethnicity	Number	Percent	Number	Percent
Unknown	38	1.08%	19	0.52%
Total	3,529		3,639	

## Practitioner and Provider Demographics

A key component of practicing cultural competency is ensuring that practitioners and providers within the network reflect the diversity of those served and can meet their unique needs. In Magellan's culture-based wraparound model, families exercise choice in the services they receive and the providers that deliver them. Magellan takes collaborative action to serve CSoc members by annually assessing provider demographics and using that data to drive network growth. This includes a comparison of practitioners and youth and families according to their self-reported racial categories.

Figure 3. Provider Demographics



### Analysis

The majority of practitioners, 56% (N = 316), identified as white/non-Hispanic. The second highest provider demographic was African American at 21% (N = 117). Other demographic classifications of Magellan providers include 2.13% Asian/Pacific Islander (N = 12), 1.24% Hispanic (N = 7), and 0.35% multiracial (N = 2). A total of 17.2% of providers either declined or did not provide demographic information (N = 97). This is 5.5% increase in unknown/non-reported from 2020.

One factor that contributes to the high percentage of unknown data is that sharing demographic information is voluntary for both members and providers. Despite recognizing that there will always be missing/unknown information, the current percentage of unknown data limits the level of analysis that can be completed when comparing provider and member demographics. To address this, one of the continuous and ongoing monitoring activities conducted by Magellan's Network Specialist is to verify providers have attested to the accuracy of their demographic information every six months. The attestations ensure youth and families have access to the most current, valid provider information through our provider directory. When a provider has not completed the

attestation as required, the Network Specialist conducts individual provider outreach until the attestation is completed. In addition, providers are reminded to update and attest to their provider demographics during Magellan's All Provider Calls held every other month. Despite the increase in unknown/unreported information these interventions will be continued in 2022. Further details on provider monitoring activities can be found in the Network Management section of this evaluation.

## Linguistic Needs

The language classification of members is monitored to ensure that the Magellan network supports their needs. The primary language for CSoc members is English, representing 98.43% of the total population (N = 3,639). Spanish speakers accounted for 0.82% of the CSoc population in 2021. This is consistent with reports from the Louisiana Department of Health's Preferred Language Statewide by Parish<sup>1</sup>, which provides the breakdown of languages spoken by Medicaid-eligible members by parish. As of 1/21/2022, the site indicated that 98% of the 1,730,634 Medicaid eligible members in Louisiana reported English as their preferred language, followed by Spanish (1.47%) and Vietnamese (0.27%).

Magellan ensures responsiveness to all members, not just the majority. If a provider is unable to meet a member's language needs, Magellan facilitates access to translation or interpretative services at no cost to the member. Magellan contracts with International Languages for translation services. Spanish and Vietnamese versions of important member documents, such as the member handbook, are available to members. All formal member communications include instructions on how to request translation services or documents in any language the member or their family uses to communicate. Magellan's provider search tool includes spoken languages to further support members in locating a provider to meet their linguistic needs. The table below shows the number and percent of members by their reported primary language.

**Table 5. CSoc Membership Primary Language**

Language	2020		2021	
	Number	Percent	Number	Percent
English	3,488	98.84%	3,582	98.43%
Spanish	24	0.68%	30	0.82%
Mandarin	0	0.00%	0	0.00%
Vietnamese	0	0.00%	0	0.00%
American Sign Language (ASL)	0	0.00%	0	0.00%
Not Declared	0	0.00%	1	0.03%
Unspecified	17	0.48%	26	0.71%
Total	3,529		3,639	

## Provider Linguistics

Magellan's providers can provide treatment in a variety of languages. Magellan's provider directory is a web-based and searchable engine that can be used to support WAAs, and youth and families in identifying providers who speak language other than English in youth and family's geographic area of residence. The search tool also

<sup>1</sup> Retrieved On 02/15/2020. <http://ldh.la.gov/assets/docs/BayouHealth/PreferredLanguageStatewide.pdf>

provides numerous selective search options such as wheelchair accessibility, transportation options, ethnicity, ages treated and specialties. Additionally, daily conversations with LMHP Care Managers take place to address individual member needs, including language and acculturation.

In addition to English, 564 providers reported the ability to communicate in 22 different languages. The provider language with the highest number of speakers was Spanish, with twenty-three distinct providers reporting capacity to engage in treatment using this language. The next highest number of providers reported proficiency in Hindi, with a total of 10 speakers. The table below details all the languages in which Magellan providers reported proficiency in 2021.

**Table 6. Provider Languages Available**

Language	Numerator	Denominator	Percent
AFRIKAANS	0	564	0.00%
ARABIC	4	564	0.71%
BURMESE	1	564	0.18%
CREOLE HAITIAN	1	564	0.18%
DUTCH	1	564	0.18%
FRENCH	8	564	1.42%
GERMAN	1	564	0.18%
GREEK	0	564	0.00%
GUJARATI	1	564	0.18%
HINDI	10	564	1.77%
INDIAN	2	564	0.35%
PORTUGUESE	1	564	0.18%
PUNJABI	0	564	0.00%
RUSSIAN	1	564	0.18%
SIGN LANGUAGE	0	564	0.00%
SPANISH	23	564	4.08%
SWEDISH	1	564	0.18%
TAGALOG	2	564	0.35%
TELUGU	4	564	0.71%
URDU	4	564	0.71%
PUNJABI	0	564	0.00%

In 2021, a total of 3,639 members reported their languages preferences. Of those, 98.43% identified their primary language as English, while 0.82% identified Spanish. Magellan's current assessment of CSoc provider linguistic capabilities indicates that the needs of members are met.

## Language Assistance Services

Although the raw number of members who speak English as a second language and individuals that are classified as being limited in English proficiency are low, those members and their families may still need interpretation assistance to fully be informed about their care. As cultural and linguistic diversity in the United States, and Louisiana specifically, continues to grow, Magellan ensures that we make available easily understood patient-related materials, including education, grievances, appeal, and grievance resolution materials, in the languages of groups represented in the service area, including an alternative language for which >5% of the population speaks and written at no greater than a 5th grade reading level. This includes having translations of our Member Handbook accessible to members and providers through our website in both Spanish and Vietnamese. We also

provide access to both telephonic and on-site interpretation, along with translation services for all membership populations.

### Translation and Interpretation Services

Magellan employs a number of processes to ensure that translation and/or interpretive services are available to CSoC members whenever they are needed:

- Staff members can coordinate a request for translation of member materials in a variety of formats such as: document translation in another language, larger font, or alternative format (braille or oral recording).
- Magellan's local marketing manager oversees translation requests and works with the appropriate external vendor to provide quotes and complete client requests.
- Magellan provides information on how to obtain translation/interpretive services in the member handbook, the quarterly CSoC member newsletter, and on the Magellan of Louisiana website.
- Magellan conducted a training for WAAs and Providers on Translation and Interpretive Services and presented it in January 2022 All Provider Call.
- Magellan contact center staff are supported by an over-the-phone interpretation service through Voiance, a CyraCom International company providing seamless 24/7 telephonic interpretation in more than 200 languages. Voiance provides accurate and clear interpretation services to individuals with limited English proficiency (LEP), no matter the country of origin or education level.
- Magellan also provides and coordinates onsite interpretation for a variety of languages, including face to face American Sign Language (ASL) assistance through International Languages.
- Magellan contracts with a Louisiana, veteran-owned company to provide all written translation services.
- Spoken language and American Sign Language interpreters assist Magellan staff and/or providers in face-to-face communications with Members. In person rather than telephone interpretation is recommended when a member has any condition that makes using or understanding via telephone difficult; young children are involved; or discussions are of a sensitive nature.
- Magellan receives regular performance reviews and telephone statistics from their contracted interpretation resource vendors to measure overall performance and customer service experiences.

### Linguistic Service Usage in 2021

A total of nineteen unique CSoC members utilized interpretation and translation services a total of 174 times in 2021. Interpretation of only two languages were used: American Sign Language and Spanish, with Spanish accounting for 92.0% of all utilization.

**Table 7. Language Assistance Service Utilization**

Month	American Sign Language	Spanish	Total
January	0	6	6
February	0	9	9
March	3	16	19
April	2	17	19
May	3	16	19
June	2	9	11



Month	American Sign Language	Spanish	Total
July	1	13	14
August	1	13	14
September	2	10	12
October	0	14	14
November	0	11	11
December	0	26	26
Yearly Total	14	160	174

### Member Satisfaction Survey: Language Services

Magellan conducts an annual survey of member satisfaction that includes items related to the availability and effectiveness of language assistant services. Respondents were asked to rate their experience with accessibility-related services provided through CSoC/Magellan. For this question, responses were organized into three categories: positive ((completely agree/mostly agree/somewhat agree); neutral (neither agree nor disagree); and negative (completely disagree/mostly disagree/somewhat disagree). In 2020, a screening question was added to better identify youth and caregivers who utilized translation/interpretive services. In 2021, there were nine members of the 293 total respondents that indicated use of these services, which represented 3.10% of the respondents. This was a slight increase (+1.28 percentage points) in the percent utilizing the services from 2020 (1.82%). Of these nine, seven respondents, or 77.78%, reported a positive experience, while one, or 11.11%, reported a neutral experience and one, 11.11% reported a negative experience. This was an increase of 27.78 percentage points from the previous administration (50.00%); however, caution should be used when generalizing the results due to the very small number of respondents that utilized these services. In order to improve provider awareness of how to access translatative/interpretive services, Magellan conducted a targeted refresher training during the January 2022 all-provider call.

**Table 8. Member Satisfaction with Language Assistance Services**

Question	Year	Number	Positive	Neutral	Negative
Did you use language assistance services (i.e., interpretation, translation services)?	2020	330	1.82%	–	98.18%
	2021	293	3.1%	–	96.9%
Magellan’s language assistance services are helpful (i.e., interpretation, translation services).	2020	6	50.00%	33.30%	16.70%
	2021	9	77.78%	11.11%	11.11%

Despite the small number of respondents, Magellan will maintain current processes for supporting the language needs of our members. Analysis of satisfaction and grievance data allows for continuous monitoring of prevalence rates for language preferences of our CSoC membership and ensures we respond quickly to any or changing needs.

### CSoC Youth with Specialized Needs

Even among CSoC members, Magellan recognizes the existence of subpopulations that have unique characteristics and needs. Magellan has developed monitoring strategies and interventions that acknowledge these groups and remain flexible to address emerging needs of youth and families.

## Children and Adolescent Members

Medicaid criteria for enrollment in CSoC limits eligibility to youth between the ages of 5 and 20 years. This means that the entire population is categorized as a child or adolescent. Because of this, our medical team is led by a Medical Director that is double board-certified in General Psychiatry and Child and Adolescent Psychiatry. Her knowledge and experience ensure the specialized clinical needs of this population are addressed throughout all areas of operations. We also ensure that our youth have access to all Medicaid EPSDT (Early and Periodic Screening, Diagnostic and Treatment) benefits, or wellness and preventative healthcare services to support the unique needs of this population group. For 2021, some key characteristics of our members include:

- The largest age group of our members was 14-year-old members (N = 430),
- Children between the ages of 9 and 17 represented 79.42% of our membership (N = 2,890),
- Children 6 or younger represented approximately 3.54% of our membership (N = 129); and
- Youths 18 and over represent 7.69% of our membership (N = 280).

**Table 9. Age of CSoC Members**

Age	2020		2021	
	Number	Number	Number	Percent
5	31	0.88%	38	1.04%
6	119	3.37%	91	2.50%
7	161	4.56%	164	4.51%
8	192	5.44%	176	4.84%
9	209	5.92%	218	5.99%
10	243	6.89%	217	5.96%
11	272	7.71%	273	7.50%
12	299	8.47%	306	8.41%
13	373	10.57%	368	10.11%
14	386	10.94%	430	11.82%
15	402	11.39%	409	11.24%
16	336	9.52%	382	10.50%
17	262	7.42%	287	7.89%
18	153	4.34%	163	4.48%
19	53	1.50%	74	2.03%
20	33	0.94%	31	0.85%
21	5	0.14%	11	0.30%

Youth transitioning into adulthood are a subset of the CSoC population that have a unique need to develop and improve skills necessary to successfully function as adults in society (i.e., employment, housing, education). During 2021, 49.13% of our members were 14 years of age or older (N = 1787). Additionally, 23.8% (N = 866) of all youth had an actionable need in the area of independent living at the initial assessment. One of the benefits of CSoC for these transition-aged youth is access to a specialized waiver service, known as Independent Living / Skill Building (ILSB). This service is delivered in the community setting to train and prepare youth for adulthood. Some examples of skills that are developed through this service include:

- Life safety skills
- Ability to access emergency services
- Basic safety practices and evacuation

- Creating and implementing a personal budget
- Completing necessary domestic tasks including laundry, grocery shopping, and basic food preparation
- Physical and mental health care maintenance, such as scheduling physician appointments
- Recognizing when to contact a physician and how to effectively communicate needs
- Self-administration of medication for physical and mental health conditions
- Understanding the purpose and potential side effects of medication prescribed for condition
- Use of transportation (accessing public transportation, learning to drive, obtaining insurance)

## Serious Emotional Disturbance (SED)

The Centers for Disease Control and Prevention (CDC) report that the most commonly diagnosed mental disorders in children are ADHD, behavior problems, anxiety, and depression<sup>2</sup>:

- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.
- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.
- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.
- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.

CSoC's clinical eligibility criteria state that, for enrollment in the program, referred youth must be currently or recently experiencing behavioral symptoms that put them at significant risk of sanctions and/or out-of-home placement and impair their ability to function in various life domains. Given the high acuity of our members' conditions, it is essential that we evaluate the diagnostic prevalence of our membership in order to effectively meet their needs. We also recognize that it is our responsibility to make tools and supports readily accessible for our practitioners and providers. One way this is achieved is through the adoption, development, and distribution of clinical practice guidelines based on sound scientific evidence for best practices. Magellan requires that our providers become familiar with these guidelines, including the following diagnoses and conditions:

- Acute Stress Disorder
- Post-Traumatic Stress Disorder
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Depression
- Generalized Anxiety Disorder
- Managing Suicidal Patients
- Obsessive-Compulsive Disorder
- Panic Disorder

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<sup>2</sup> Retrieved on 02/20/2021: <https://www.cdc.gov/childrensmentalhealth/data.html>

- Schizophrenia
- Substance Use Disorders

Members enrolled in CSoC also receive a comprehensive assessment conducted by a licensed practitioner at referral and every 180 days thereafter. This assessment includes clinical diagnosis that will guide the services and strategies identified on the youth's Plan of Care. In 2021, Magellan embarked on a clinical quality improvement project designed to improve the quality of youth assessments and fully integrate the clinical knowledge and experience of assessors into every step of treatment planning. This is discussed in detail in the Quality Improvement Activities section of this report. Magellan also provides screening tools to ensure that assessors are properly equipped to assess the areas of need most commonly seen in children and adolescents. These needs include co-occurring substance use disorders, depression, trauma, and conduct. Please refer to the Screening Program section of this evaluation for a full description of the tools used in CSoC.

In 2021, the most prevalent diagnosis for the CSoC population was ADHD, with 40.72% of members having some form of ADHD as their primary diagnosis (N = 1,482). Other prevalent diagnoses include Adjustment Disorder, unspecified and Oppositional Defiant Disorder, which account for 7.23% and 5.88% of the total population, respectively. As part of Magellan's continuing efforts to improve care for CSoC youth, activities to support accurate diagnosis were continued in 2021. Two items relating to diagnosis were included on the Assessment Review Tool (ART): Diagnostic Congruence with Reported Medications and Principal Diagnosis Congruence with Documented Symptoms and Needs. Empowering assessors to utilize their clinical experience and knowledge to regularly update diagnoses to reflect current symptomology and needs is a key area of focus for 2022. The Medical Director will play a key role in supporting assessors through trainings on clinical best practices.

Through the 2021 implementation of the ART, CSoC Certified Providers receive monthly, targeted trainings that emphasize the vital nature accurate and complete diagnosis leading to utilization of evidence-based practices and interventions being incorporated into a youth's Plan of Care. In addition to trainings, a substantial portion of the monthly 90-minute All-Assessor Calls is devoted to free discussion wherein assessors ask for clarification, brainstorm novel approaches, and interact directly with both the Quality and Medical directors. Assessors have shown a particular interest in understanding how to recognize certain DSM-5 diagnostic criteria in children and adolescents, and curricula devoted to this will begin in March 2022. Magellan also monitors adherence to clinical practice guidelines for Suicide Risk, ADHD, Trauma-informed Care and Conduct Disorders through the treatment record review process, which is described in the [Treatment Record Reviews](#) section of this report.

**Table 10. Primary Diagnosis for CSoC Members**

Diagnosis	2020		2021	
	Number	Percent	Number	Percent
F90.2: Attention-deficit hyperactivity disorder, combined type	653	18.50%	616	16.93%
F90.9: Attention-deficit hyperactivity disorder, unspecified type	650	18.42%	602	16.54%
F43.20: Adjustment disorder, unspecified	249	7.06%	263	7.23%
F91.3: Oppositional defiant disorder	237	6.72%	214	5.88%
F84.0: Autistic disorder	190	5.38%	187	5.14%
F90.1: Attention-deficit hyperactivity disorder, predominantly hyperactive type	156	4.42%	170	4.67%

Diagnosis	2020		2021	
	Number	Percent	Number	Percent
F99: Mental disorder, not otherwise specified	n/a*		119	3.27%
F32.9: Major depressive disorder, single episode, unspecified	107	3.03%	96	2.64%
F43.25: Adjustment disorder with mixed disturbance of emotions and conduct	104	2.95%	99	2.72%
F90.0: Attention-deficit hyperactivity disorder, predominantly inattentive type	98	2.78%	94	2.58%
F43.10: Post-traumatic stress disorder, unspecified	83	2.35%	78	2.14%
F31.9: Bipolar disorder, unspecified	81	2.30%	78	2.14%
F34.81: Disruptive mood dysregulation disorder	70	1.98%	n/a*	
F39: Unspecified mood [affective] disorder	61	1.73%	66	1.81%
F33.1: Major depressive disorder, recurrent, moderate	57	1.62%	74	2.03%
F33.0: Major depressive disorder, recurrent, mild	n/a*		74	2.03%
F43.8: Other reactions to severe stress	56	1.59%	n/a*	
F43.24: Adjustment disorder with disturbance of conduct	56	1.59%	66	1.81%
F33.9: Major depressive disorder, recurrent, unspecified	54	1.53%	59	1.62%
F91.9: Conduct disorder, unspecified	52	1.47%	N/A*	
R69: Illness, unspecified	n/a*		61	1.68%
Other	515	14.59%	632	17.12%
Total	3,529		3,639	

\* Diagnosis did not make the top eighteen in that year

## Intellectual/Developmental Disabilities

CSoc members with developmental disabilities are identified in several ways. At the time of referral, eligibility is verified via the Louisiana Medicaid website, which includes a report of active Office of Citizens with Developmental Disabilities (OCDD) waivers. Magellan's Eligibility Specialist collaborates with Medicaid staff to manage members with dual waiver enrollment to ensure accessibility to all services. Youth are next screened for intellectual and developmental disabilities during the CANS and IBHA assessment process and through ongoing LMHP Care Manager reviews.

After they are identified, ongoing developmental needs are then monitored at least every 180 days using the Plan of Care (POC) Review Tool. Using this tool, CSoc Care Managers identified 265 plans for youth that were classified as Chisholm (i.e., youth who are on a waiting list for OCDD waiver enrollment) and/or OCDD-waiver eligible in 2021. This represents 7.56% of the total plans reviewed during that time period (N = 3,507). Of those, only 3.59%

were identified as receiving developmental disabilities services. While this is an increase over 2020's figure, 2.81%, connecting eligible youths to OCDD services remains a focus of Clinical and Quality Departments.

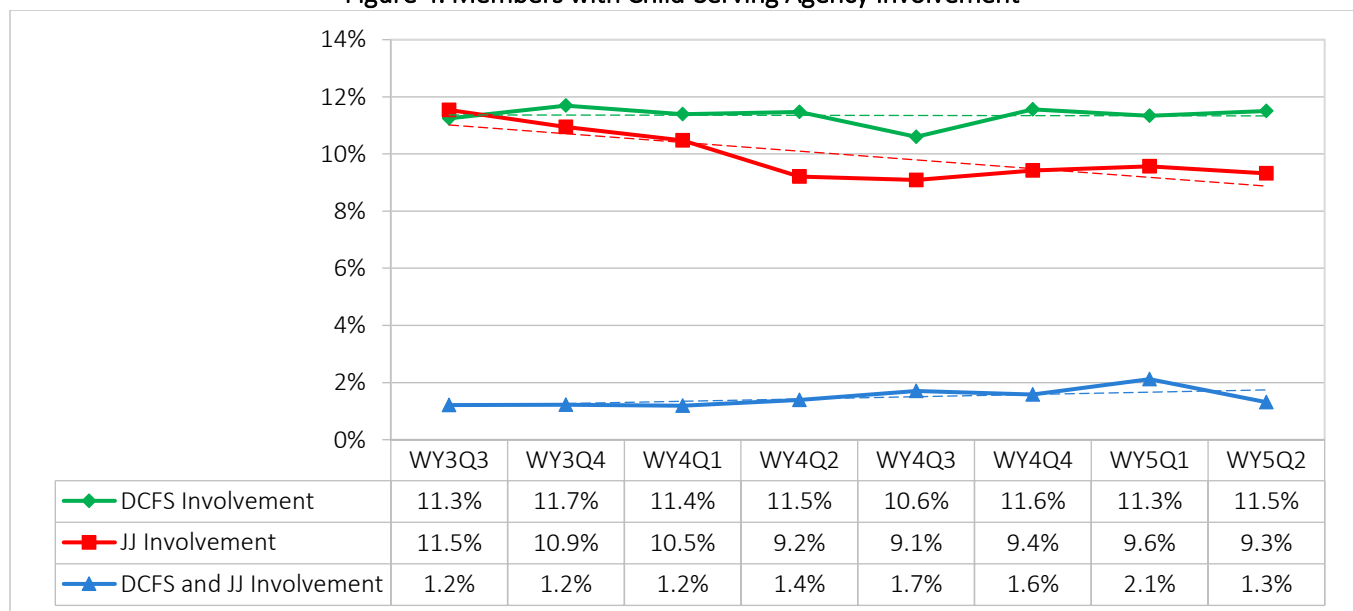
## Youth Involved with Child-Serving State Agencies

Members enrolled in CSoC are often involved in one or more of Louisiana's child-serving agencies, including the Department of Education (DOE), the Department of Children and Family Services (DCFS), and the Office of Juvenile Justice (OJJ). CSoC brings all of these agencies together into one coordinated network. DCFS, DOE and OJJ all have representation on the CSoC Governance Board, which has oversight of the program and informs programmatic goals and activities. Children living in out-of-home settings, such as in group homes or detention centers, have a substantially greater risk of mental health disorders, especially those associated with traumatic stress, such as abuse and neglect. Magellan has a designated liaison to support coordination of care between providers and child-serving agencies to ensure the complex needs of these youth are addressed.

Over the course of 2021, CSoC youth with agency involvement fluctuated. The most recent reporting for WY5Q2 reveals that 11.5% of CSoC youth had DCFS involvement and 9.3% had OJJ involvement. Over the course of the year, the rate of youth with DCFS involvement remained above 10%. The rate of youth with OJJ involvement began a decline in 2020 that continued in 2021.

In 2020, it was posited that fluctuations in rates of youth involved with state agencies might be related to referral sources impacted by the temporary measures instituted by LDH to ensure continuous care for CSoC youth during the COVID-19 pandemic. To ensure that referring a youth is as easy and accessible as possible, Magellan instituted a new policy in August 2021 that allowed for direct referrals. This is a change from the previous requirement that referrals to CSoC be mediated through the youth's Healthy Louisiana Plan. Though only begun in August, there is already ample evidence to suggest that this referral method is quickly becoming the preferred way of connecting youth to the Coordinated System of Care. A complete description of this intervention can be found in the Care Management section of this report. The figure below illustrates the percentage of CSoC youth that are involved with DCFS, OJJ, or both

**Figure 4. Members with Child-Serving Agency Involvement**



## Hurricane Impact

Hurricanes affect millions of people living along the Atlantic coast and Gulf of Mexico each year. One state in particular, Louisiana, has an especially fraught history with these catastrophic storms. In 2020, the National Oceanic and Atmospheric Administration (NOAA) ranked Louisiana as having the third highest number of major hurricanes since 1851, second only to Florida and Texas.<sup>3</sup>

There is rarely a year that passes in which a tropical storm or hurricane does not directly or indirectly affect our state, and 2021 was no exception. Hurricane Ida was a Category 4 hurricane and the second-most damaging and intense hurricane to ever make landfall in Louisiana. Louisiana experienced extensive property damage and personal injury, which caused thousands to be displaced from their homes, including many CSoC members especially vulnerable to disruptions in services and basic needs to members who were already impacted by the unprecedented 2020 hurricane season

In 2018, SAMHSA released a supplemental research bulletin entitled Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters. In it, it was reported that natural disasters impact around 224 million human lives globally, of which about 85.2 million are in North America. The United States averages approximately 21.5 natural disasters annually, and about a quarter of the U.S. population is under 18 years old. In the course of a given year, about 14% of youth will experience a natural disaster. While hurricanes commonly cause people to experience emotional distress, research shows that children are especially vulnerable to hurricanes due to their age, developmental level, and past experiences.<sup>4</sup>

In a webinar “Katrina’s Children: Response, Resilience and Recovery” psychologists Joy and Howard Osofsky shared research conducted post-Hurricane Katrina.<sup>5</sup> They emphasized that it is crucial to have a disaster mental health plan for children. In addition, they stated that there is a continual need for self-care for health and mental health professionals who may experience “compassion fatigue” and/or their own traumatic reactions following a natural disaster.

Because of this, Magellan of Louisiana implements a comprehensive emergency/disaster plan to communicate disaster response information to CSoC youth and families before, during, and after a hurricane to help those affected access the aid they need to recover. This is accomplished by utilizing member-level “calling trees” for youth and families residing in the projected storm impact zone. Telephonic and/or in-person contact is made by the youth’s personal WAA facilitator to assist the family in implementation of their family disaster plan and establish strategies for engagement post-hurricane. Because means of communication are often adversely impacted following a natural disaster, local WAA staff can swiftly engage with youth and families to identify and address emergent/urgent behavioral health/substance use needs. Magellan conducts similar outreach to providers and this feedback loop allows Magellan to stay connected to the practitioners and providers that serve CSoC youth and families in both the preparation and aftermath of a natural disaster.

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<sup>3</sup> National Oceanic and Atmospheric Administration. (June 1, 2021). *Hurricanes. Frequently Asked Questions*. Retrieved November 17, 2021, from [www.aoml.noaa.gov/hrd-faq/#most-intense-hurricanes](http://www.aoml.noaa.gov/hrd-faq/#most-intense-hurricanes).

<sup>4</sup> National Child Traumatic Stress Network. (n.d.). *Disasters*. Retrieved November 17, 2021, from [www.nctsn.org/what-is-child-trauma/trauma-types/disasters](https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters).

<sup>5</sup> National Child Traumatic Stress Network. *Katrina’s Children: Response, Resilience, and Recovery*. <https://www.nctsn.org/resources/katrinass-children-response-resilience-and-recovery>

In 2021, Magellan conducted a study of youth with at least two assessments completed prior to landfall of Hurricane Laura, Delta, or Zeta (depending on the parish of residence) and then within 90-days post-hurricane to analyze the effectiveness of hurricane preparedness activities in 2020. Outcome metrics were defined using the Child and Adolescent Strengths and Needs (CANS) assessment, which is completed at enrollment and every 180-days thereafter to support clinical eligibility determinations. The CANS provides quantitative ratings associated with level of action for a variety of clinical and functional areas. For this study, a subset of CAN items was chosen according to their relation to the known effects of trauma on youth and families, such as items assessing depression, family stress, safety, and relationship permanence.

Using 1:1 optimal pair matching (MatchIt package in R) to control for relevant covariates (i.e., gender, age, length of stay, density (categorized as urban, suburban, or rural based on census data), and clinical acuity (based on pre-hurricane CANS actionable needs count), a paired T-Test was performed on the CANS outcomes metrics for youth residing in parishes with either high or low-impact as defined by FEMA disaster designations. We hypothesized that CSOC youth and families residing in high-impact parishes would have a greater number of new or worsening needs (i.e., increase in the net number of actionable needs) compared with those in low-impact parishes. The results, however, showed that on average, youth, and families in both the low and high-impact groups showed improved outcomes in their post-hurricane assessment. Although both groups improved, the improvements observed in the low-impacted group were statistically higher than the high-impact group.

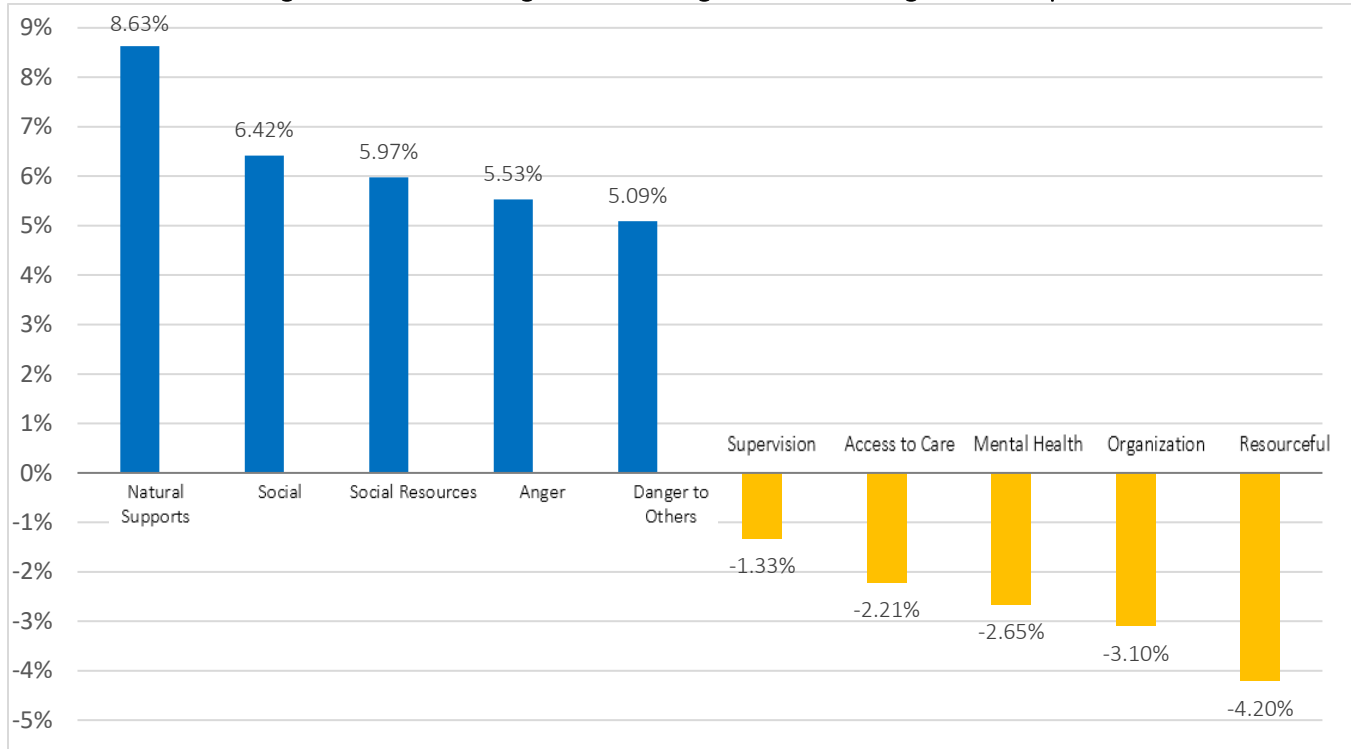
As depicted in the table and figure below, the low-impact group (N = 452) had a mean actionable needs count of 13.46 in the pre-hurricane assessment as compared to 12.71 actionable need count in the assessment post-hurricane. In the high-impact group (N= 452), the mean actionable needs count at the pre-hurricane assessment was 13.42, with 12.71 on the post-hurricane assessment. The difference between the pre- and post-assessment actionable needs count was –1.15 percentage points for the low-impact group as compared with –0.71 percentage points for the high-impact group. This was considered to be a weak but statistically significant difference ( $p < .05$ ). When examining the results by CANS items for the two groups, youth residing in high-impact parishes showed greater improvements than the low-impact group for items assessing caregiver functioning – i.e., supervision, access to childcare, resourcefulness, and mental health; whereas items that assessed youth’s functioning (i.e., natural supports, social functioning, danger to others, and anger control) showed greater improvements in the low-impact group.

**Table 11. Pre- and Post-Hurricane Mean Actionable Needs Counts**

Group	Number	Pre-Event Mean	During Event Mean	Difference (% Pts.)
Low Impact	452	13.46	12.31	–1.15
High Impact	452	13.42	12.71	–0.71



Figure 5. Items with Highest Net Change Difference – High & Low Impact



The results of this study indicated CSoc youth and families who experienced both low- and high-impact from hurricanes in 2020 showed improvements. To support improved understanding of the impact of hurricanes for youth and families, the CSoc Unit shared the results of this analysis with multiple external stakeholder groups, including attendees of the national TCOM Conference in October 2021, the State CSoc Governance Board meeting held in December 2021, and during the All-Provider Call held in January 2022.

In 2022, the CSoc Unit will implement interventions to increase awareness of disaster planning for provider organizations and as well as for individuals, including provider staff, youth, and families. This will include distribution of the Substance Abuse and Mental Health Service Administration's (SAMHSA) Technical Assistance Publication (TAP 34): Disaster Planning Handbook for Behavioral Health Service Programs.<sup>6</sup> This resource is intended to assist behavioral health service and substance use disorder treatment programs that want to develop or update a comprehensive, scalable, and flexible disaster plan. It addresses planning needs specific to programs that offer prevention services, outpatient or residential treatment, medically supervised withdrawal, and pharmacotherapy. In addition, the CSoc unit will partner with the Wraparound Agencies and the Family Support Organization to support the development of family disaster plans for regions that are at greatest risk for hurricane impact that are reviewed and refined during Child and Family Team (CFT) meetings held during Hurricane season.

## Disparities in Mental Healthcare

Numerous studies have evidenced disparities in access, use, and quality in behavioral health services among minority populations, individuals of low socioeconomic status, and those residing in rural areas. Both access to

<sup>6</sup> U.S. Department of Health & Human Services <https://store.samhsa.gov/product/tap-34-disaster-planning-handbook-for-behavioral-health-service-programs/pep21-02-01-001>

health services and the quality of those services can impact health outcomes. Studies have shown that limited or lack of access to health services can significantly impact an individual's health status. Barriers to accessing health services can include excessive costs associated with care, lack of insurance coverage, and lack of availability of services in one's community. In addition, individual behaviors such as substance abuse, diet, and physical activity play a critical role in health outcomes. For example, maintaining a daily exercise program is associated with reduced symptoms of depression and anxiety. The CSoC program, through the application and implementation of wraparound practices, intrinsically and directly addresses many of the known disparities in health services and individual behavior that are experienced by CSoC enrollees. Specific actions taken to minimize or reduce disparities in CSoC include:

- All CSoC youth are assessed by a Certified Provider, who is a specially trained LMHP, at enrollment and every 180-days thereafter to ensure that cultural and linguistic needs of CSoC youth and families are identified. Certified Provider are required to participate in a minimum of three hours of Cultural Competency Trainings each year and must recertify in the CANS annually. In 2021, the Assessment Review Tool (ART) was utilized to monitor LMHPs' assessment of cultural factors in two ways: documentation of cultural preferences and documentation of areas of need related to culture, language, and/or religion/spirituality. In addition, the assessment procedure requires assessors to utilize the following assessment and screening tools to support identification of behavioral health needs during the assessment process:
  - The Child and Adolescent Needs and Strengths (CANS) screening for the assessment of co-occurring disorders, substance use, physical health needs, acculturation/linguistic needs, and exposure to negative social determinants of health.
  - The Patient Health Questionnaire-9 (PHQ-9) and the Mood and Feelings Questionnaire Short Version (MFQ-SV) for depression screening; and
  - The Adverse Childhood Experiences (ACEs) questionnaire for the identification of trauma.
- Every youth is provided a designated Wraparound Facilitator (WF) that guides the youth and family through the wraparound process upon referral, during enrollment, and at discharge. Because cultural competence is one of the key values of wraparound, the required Introduction to Wraparound and Facilitation 101 trainings that are completed by all WFs include materials that support understanding, valuing, and building on the family's unique culture. Wraparound Facilitators participate in a minimum of three hours of Cultural Competency trainings each year, which includes specialized trainings for youth and families from Hispanic/Latino, Vietnamese, and Native American cultures. The trainings assist Wraparound Facilitators in supporting CSoC's diverse youth and families in getting connected with formal and informal services necessary to address needs and reduce disparities in accessing care. In addition, Magellan hosted seven WAA Onboarding trainings in 2021 that all facilitators were required to attend. The topics covered were:
  - Standard Operating Procedures (SOP)
  - Navigating State Agencies
  - Utilizing the CANS & IBHA in Treatment Planning
  - Understanding Adverse Childhood Experiences (ACEs)
  - Suicide Prevention
  - ACEs and Parenting
  - Resilience Documentary
- Development and implementation of an individualized POC that must include sufficient supports and services to address member goals and assessed health needs (e.g., risk behaviors, physical, functional, and behavioral

health needs, etc.), specify the amount and frequency of each service, and identify the type of provider to furnish each service, including necessary Medicaid services and informal supports. The Plan of Care (POC) Review Tool is used to identify actionable needs for youth and families and ensure that they are met through the services provided. Magellan Care Managers monitor all member POCs at a minimum of every 180 days to evaluate that the identified strategies and interventions comply with waiver assurances, National Wraparound Initiative (NWI) best practices, principles of wraparound, and LDH and Magellan requirements.

- Magellan provides a written, electronic report for each reviewed plan with ratings and individualized feedback when deficiencies are identified. Individual remediation is required when a plan does not meet established standards, which requires the Wraparound Facilitator to work with the CFT to revise the POC as needed. The POC is then resubmitted and reviewed by the Care Manager to ensure standards were met prior to approval.
- Wraparound Agencies survey youth and guardians at least monthly to ensure the POC is being implemented in accordance with their needs. If barriers are identified, the Wraparound Agency provides individual remediation to support the youth and family.
- Magellan's Health Plan Care Coordination Liaison works with the youth's health plan when there is a reported issue in accessing needed physical health and/or pharmacy benefits, such as difficulty accessing prescribed medications; when a medical condition requires involvement with medically complex/condition case management; or when there are barriers in accessing a medical specialist.

As discussed throughout this section, CSoC engages with minority populations and connects them with essential healthcare services to address their behavioral health and substance use needs.

One of the primary ways CSoC monitors achievement of program goals and improvements in clinical functioning is through data collected during the assessment process. The CANS assessment is administered at enrollment and every 180-days thereafter, and at program discharge. Clinical improvement is defined as a decrease of five or more points in their global CANS score from initial to discharge assessments. Of those discharging from CSoC in 2021, 71.7% of CSoC youth demonstrated a CANS global score improvement of 5 or more points from initial to discharge assessment (N=95). When examining the results by our two largest racial groups, we saw clinical improvement in 70.8% of African American youth (N=76) compared to 69.7% of White youth (N=61). A chi-square test of independence was performed to examine the relationship between the two groups and indicated there was no statistically significant difference  $\chi^2(1/N=1375)=0.3011, p < .05$ . These findings provide confidence that once enrolled in CSoC, youth and families experience improved clinical functioning regardless of race. Please see Youth, Family and Stakeholder Involvement.

A true “culture of quality” must be based on a solid QI strategy that is informed by an organization’s youths, families, stakeholders, and providers. A driving principle is a team approach that promotes shared responsibility for developing, implementing, monitoring, and evaluating the QI Program. The design, implementation, and evaluation of processes must accommodate the diverse perspectives, mandates, and resources of our stakeholders in order to ensure that the QI program addresses the needs of the communities served by CSoC. To achieve this, Magellan intentionally engages with youths, caregivers, family members, Wraparound Agencies (WAAs), practitioners/providers, peers, and local stakeholders to inform our quality program through an array of activities, including but not limited to: fidelity surveys, satisfaction surveys, member and provider grievances, WAA QI/QM calls, WAA Clinical calls, Network Provider All-Calls, quarterly regional provider/stakeholder forums, specialty work groups established by relevant committees, provider support groups, and member interviews. These activities are reviewed through the QI committee structure to ensure that input from youth, families,

providers, and stakeholders with diverse backgrounds guide and inform our QI Program. This section outlines communications to our practitioners, providers, stakeholders, and members completed to support the Quality Program throughout 2021.

## Youth and Family Engagement

This section describes some activities conducted to support and engage with CSoC youth and families during 2021.

- **CSoC Member Handbook.** The member handbook is distributed to youth and families by the Wraparound Facilitator upon enrollment in CSoC. The member handbook is updated annually and includes topics such as:
  - \* Contact information
  - \* Language assistance and translation service
  - \* How to get CSoC services
  - \* Specialized services for children
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What is the Family Support Organization (FSO)?

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  - \* Behavioral Health Record Requirements
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  - **Provider Newsletter.** Magellan publishes an online provider newsletter, *Provider Focus*, twice a year. Topics in 2021 included:
    - \* Greetings from the new CSoC VP/General Manager - Syralja Griffin
    - \* Are You Prepared to Serve CSoC Members? CSoC Overview, Outcomes, and Tips for Providers
    - \* Virtual Regional Advisory Conferences
    - \* Cultural Competency Training Requirements
    - \* Language Assistance Services
    - \* Provider Information Requirements

Quality Performance Measures section of this evaluation for a comprehensive analysis performance measures used to monitor CSoC outcomes.

## Social Determinates of Health

Closely tied to Healthcare Disparities are the Social Determinates of Health (SDH), which are unique to each individual. Social determinates of health are the economic and social conditions in which individuals are born, grow, and live. These conditions play a significant role in physical health outcomes, quality of life, safety, access to resources and education, and mental well-being. CSoc youth and families face these societal challenges daily. The Child and Adolescent Needs and Strengths (CANS) is administered at enrollment and at least every 180 days thereafter. The assessment includes identification of specific social determinants of health impacting each youth and family. Magellan uses CANS data to identify areas of need for our membership and monitor effectiveness of the program to support youth and families in resolving those needs.

This section provides a description of ten social determinants of health that are commonly identified in the CSoc population and provides an analysis of how the CSoc program supports youth and families in addressing these determinants. In 2021, two Social Determinate of Health items were replaced to better focus on areas that CSoc has the greatest ability to impact. The items *Housing* and *Safety* were examined in 2020 but little change was observed from initial to discharge assessment. This is likely because these two elements are based on a family's physical dwelling and neighborhood. While these are vital to understanding health outcomes, issues related to the state economy and crime statistics are not ones that the CSoc program can address directly. Therefore, those CANS items were replaced with *Caregiver Knowledge* and *Optimism* in our analysis for 2021.

- **Caregiver Knowledge.** Access to healthcare information and resources by caregivers is vital in advocating for youth with emotional and behavioral disturbances. Unfortunately, healthcare literacy, which includes understanding mental health diagnoses, medication and treatment options, and services covered by one's insurance, is often lacking in underserved populations. Healthypeople.gov, a website promulgated by the Office of Disease Prevention and Health Promotion, reported in 2020 that, "...uninsured and publicly insured (e.g., Medicaid) individuals are at a higher risk of having low health literacy.... Some of the greatest disparities in health literacy occur among ethnic minority groups from distinct cultural backgrounds and those who do not speak English as a first language."<sup>7</sup> Magellan believes that the Wraparound principle of Family Voice and Choice cannot be fully realized without adequate health literacy, which is monitored using the CANS strength item *Caregiver Knowledge*.
- **Relationship Stability.** CSoc enrollment requires that youth be currently in or at risk of out-of-home placement, resulting in separation from family and community. Many youths in CSoc face the absence of a stable relationship with their parents or caregivers for a variety of reasons including incarceration, separation, divorce, removal from the home, and death. One way in which CSoc youth are assessed for need in this area is through the CANS Youth Strength item *Relationship Permanence*. Youth are assessed by a licensed clinician to evaluate the number, strength, and permanency of their relationship to one or more caregivers.
- **School Attendance & Achievement.** In both 2019 and 2020, Louisiana was ranked 47<sup>th</sup> in the nation for rates of High School graduation, with an overall rate in 2020 of just 85.2%. Youth with mental and behavioral disorders face unique challenges in the school setting and may require specialized interventions to achieve at the same level as their peers. Youth are often referred to CSoc by those in educational institutions including teachers, principals, school counselors, and truancy monitoring entities. The educational needs of CSoc youth are assessed in multiple ways, but the most comprehensive measure is the CANS Life Domain Functioning Item *School*. Based on an assessor's rating of this item, which examines overall school performance, an

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<sup>7</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>  
Office of Disease Prevention and Health Promotion. *Health Literacy*. Retrieved on 2/17/2022.



additional assessment module is triggered if problems are identified. That module then assesses a youth's school needs in greater detail to direct treatment planning and guide individualized care.

- **Optimism.** Finding and maintaining hope is an essential component of mental health and the compound nature of disparities in social determinates of health has had a marked effect on levels of optimism. A main tenant of Wraparound is the belief that all youth desire to feel happy and loved within their family unit and community. The limitations and isolation brought on by the pandemic has seriously tested the limits of youths' ability to maintain an optimistic outlook. The COVID-19 vaccine was approved for use in youth aged 12-15 in May 2021 and for 5-11 in October of 2021. Prior to this, uncertainty permeated the daily lives of youth and adults alike. The CANS item *Optimism* measures the extent to which a youth can maintain a strong, stable outlook on his or her life.
- **Stress.** An analysis by LDH spanning 2016-2020, states that 13% of Louisiana residents report feeling frequent mental distress. Stress has been widely shown to have a negative impact on physical health, social relationships, educational performance, and many other aspects of life functioning.<sup>8</sup> Families enrolled in CSoC typically enter the program after a number of stressful events have transpired including diagnosis of severe emotional disturbance, psychiatric hospitalization, involvement with government agencies, family separations, and failure of previous treatments. One way in which the impact of these events is assessed is through the CANS Caregiver *Family Stress* item, which evaluates if the caregiver is able to manage the level of stress associated with the needs of their youth. A rating that indicates a need for action conveys that stress is interfering with or preventing the ability of the caregiver to parent entirely.
- **Access to Educational Opportunities.** Many social and economic factors can impact an institution's ability to educate its students, including adequate staffing, presence of special education programs, geographic location, teacher to student ratios, and state funding. The CANS Youth Strength item *Education* evaluates the degree to which a youth's school addresses their educational needs. An assessment that indicates that a school lacks the ability to adequately address those needs triggers specific actions on the part of the Child and Family Team.
- **Recreation: Talents & Interests.** A key component in assessing social determinants of health is to identify healthy behaviors that contribute to overall physical and mental well-being. Magellan not only evaluates the needs of CSoC youth and families, but also their strengths. Areas where members excel can be leveraged to accentuate and personalize behavioral health treatment. One healthy behavior that is measured via the CANS is the Youth Strength item *Talents & Interests*. CANS ratings that evidence significant strength in this area indicate that a youth has identified talents, interests, or hobbies that provide him or her with pleasure and positive self-esteem. An absence of talents, interests, or hobbies is considered an actionable need that must be addressed in the Plan of Care.
- **Access to Social Supports.** The wraparound model is built on a team-based approach. Caregivers of youth with severe mental and behavioral problems can often feel isolated, misunderstood, and unable to connect socially. Magellan prioritizes the building of a social support network for families that they can rely on well after discharge from the CSoC program. A caregiver's level of support is assessed via the CANS Caregiver item *Social Resources*. This evaluates whether a caregiver has significant social ties to family, friends, neighbors, or other social networks that actively help in the raising of their child.

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<sup>8</sup> University of Wisconsin Population Health Institute. County Health Rankings State Report 2019

- Exposure to Trauma.** Trauma has long been a focus of mental health treatment, with practitioners and researchers having identified that unresolved trauma often underlies emotional and behavioral dysfunction. As the pandemic has lingered, so, too, has the evidence of both individual and collective trauma permeating the lives of American youth. In 2021, the US Surgeon General released a report entitled *Protecting Youth Mental Health* detailing the realities of the continuing COVID-19 pandemic.<sup>9</sup> The report cites skyrocketing inpatient psychiatric admission rates, Emergency Department visits for mental health, and much higher rates of youth self-reporting depression and anxiety. Further, the report notes that groups who already experienced the negative impacts of Social Determinates of Health, such as low-income, rural, LGBTQI+, and youth involved with child welfare agencies, face compounded effects of trauma. One potential positive of the COVID-19 pandemic may be the recognition by state and federal governments that allocating resources to identify and treat trauma in youth is essential to the nation's recovery. At a minimum of every six months, CSoc's Certified Providers assess each youth for evidence of adjustment problems associated with traumatic life events. Magellan has taken many steps to ensure that when trauma impacts youth functioning, it is thoroughly documented and promptly addressed with strategies and interventions. A key focus of the ART is the *Adjustment to Trauma* CANS item. CSoc assessments are reviewed by Magellan LMHPs to ensure that, when this need is rated as actionable, it is accompanied by clinical documentation of symptoms and targeted treatment recommendations for the Child & Family Team.
- Coping Skills & Resiliency.** A key component of behavioral and mental health treatment consists of replacing maladaptive thoughts and actions with positive ones. Because of the intense, targeted nature of the CSoc program, developing effective coping skills is paramount to successful outcomes. Individuals with effective coping skills are self-reliant, able to problem-solve, and are better equipped to make informed decisions about their lives. The CANS Youth Strength item *Resiliency* assesses the level to which a youth can identify and utilize their internal strengths and resources. Lower ratings of need on this item indicate a youth who can successfully manage difficult challenges in life by utilizing positive coping skills.

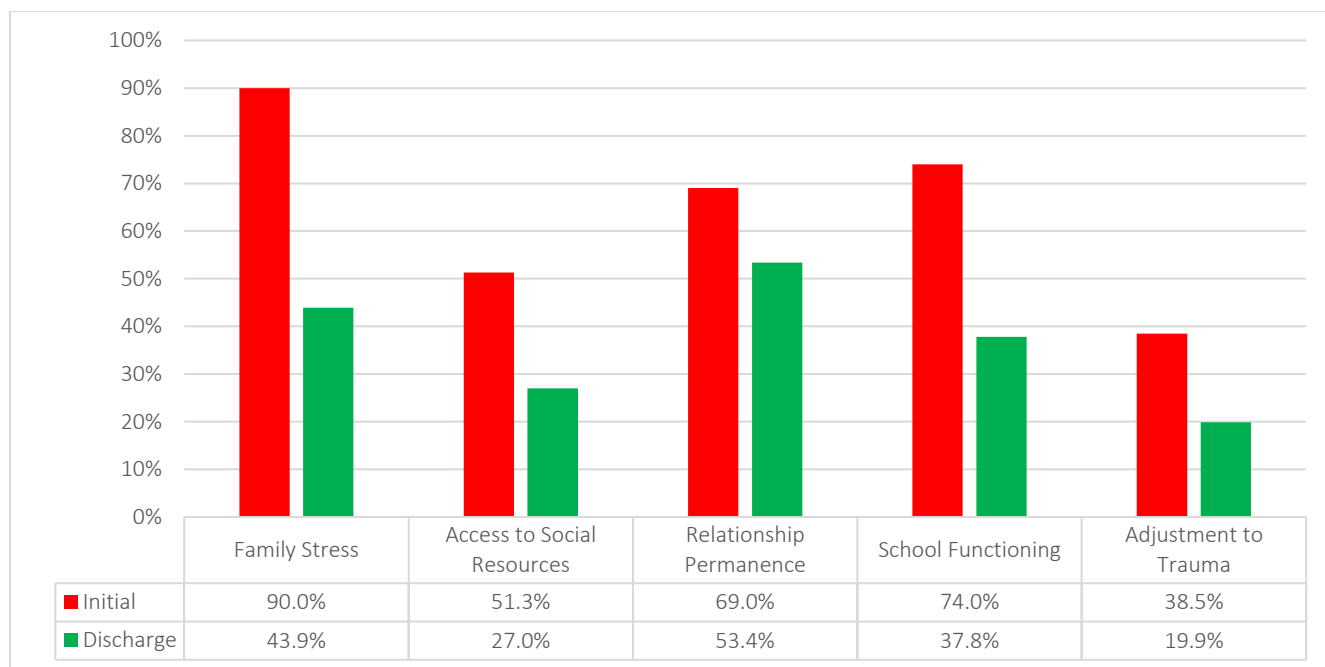
## Analysis

The effectiveness of the CSoc program in countering negative impacts of social determinants of health is monitored by comparing the prevalence rates of actionable needs and strengths items at the initial and discharge CANS assessments. An actionable need is defined as a CANS item with a rating of 2 or 3. These ratings indicate that treatment or intervention is required by the youth and/or family. The figure below shows the quantitative change rate between initial and discharge actionable need prevalence in a subset of CANS items used to measure common social determinates of health in 2021

Figure 6. Reduction in Prevalence of Actionable Needs 2021

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<sup>9</sup> US Surgeon General Advisory: Protecting Youth Mental Health. Retrieved on 2/17/2022.  
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>



As indicated in the figure, the prevalence of actionable needs identified on the CANS was markedly reduced from initial to discharge assessments on all items chosen for their relation to Social Determinates of Health. The most significant reduction in need was seen in *Family Stress*, which fell by 46.1 percentage points. This means that CSoC caregivers improved their ability to manage the stress of youths' needs and increased their ability to parent effectively. Connection to social resources can help alleviate the stress of managing a home that includes a youth with mental illness. Therefore, likely related to improvement of family stress, was the reduction in the prevalence of need for *Access to Social Resources*, which decreased from 51.3% at initial assessment to 27.0% at discharge. Throughout 2021, Magellan Care Managers and the clinical team took active roles in managing high-risk youth to ensure they were linked to effective social resources and community supports.

Effectively assessing and addressing trauma in CSoC youth became a particular focus in 2021. As the above chart shows, the prevalence of youth entering CSoC with actionable need on the CANS item *Adjustment to Trauma* was 38.5%, over a third of the CSoC population. By the time of discharge, that prevalence was reduced to 19.9%. The process of healing from traumatic experiences is not a short one and it may take months or years to see improvement. While efforts to identify and address trauma will be an ongoing CSoC initiative, we are proud of the progress made in 2021. With the advent of the Assessment Review Tool (ART), both evaluating the presence of trauma and assessing its current impact on youth functioning is a top priority.

A reduction of 36.2 percentage points was observed in the actionable need prevalence rate for the School functioning item, indicating marked improvement in youths' school attendance, behavior, and/or achievement. Given that nearly all CSoC youth are school-age, educational outcomes are vitally important in evaluating the effectiveness of the program. For a detailed analysis of school and education-related measures, please see the [Youth, Family](#) and Stakeholder Involvement

A true "culture of quality" must be based on a solid QI strategy that is informed by an organization's youths, families, stakeholders, and providers. A driving principle is a team approach that promotes shared responsibility for developing, implementing, monitoring, and evaluating the QI Program. The design, implementation, and evaluation of processes must accommodate the diverse perspectives, mandates, and resources of our stakeholders in order to ensure that the QI program addresses the needs of the communities served by CSoC. To achieve this, Magellan intentionally engages with youths, caregivers, family members, Wraparound Agencies

(WAAs), practitioners/providers, peers, and local stakeholders to inform our quality program through an array of activities, including but not limited to: fidelity surveys, satisfaction surveys, member and provider grievances, WAA QI/QM calls, WAA Clinical calls, Network Provider All-Calls, quarterly regional provider/stakeholder forums, specialty work groups established by relevant committees, provider support groups, and member interviews. These activities are reviewed through the QI committee structure to ensure that input from youth, families, providers, and stakeholders with diverse backgrounds guide and inform our QI Program. This section outlines communications to our practitioners, providers, stakeholders, and members completed to support the Quality Program throughout 2021.

## Youth and Family Engagement

This section describes some activities conducted to support and engage with CSoC youth and families during 2021.

- **CSoC Member Handbook.** The member handbook is distributed to youth and families by the Wraparound Facilitator upon enrollment in CSoC. The member handbook is updated annually and includes topics such as:
  - \* Contact information
  - \* Language assistance and translation service
  - \* How to get CSoC services
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## Provider and Stakeholder Engagement

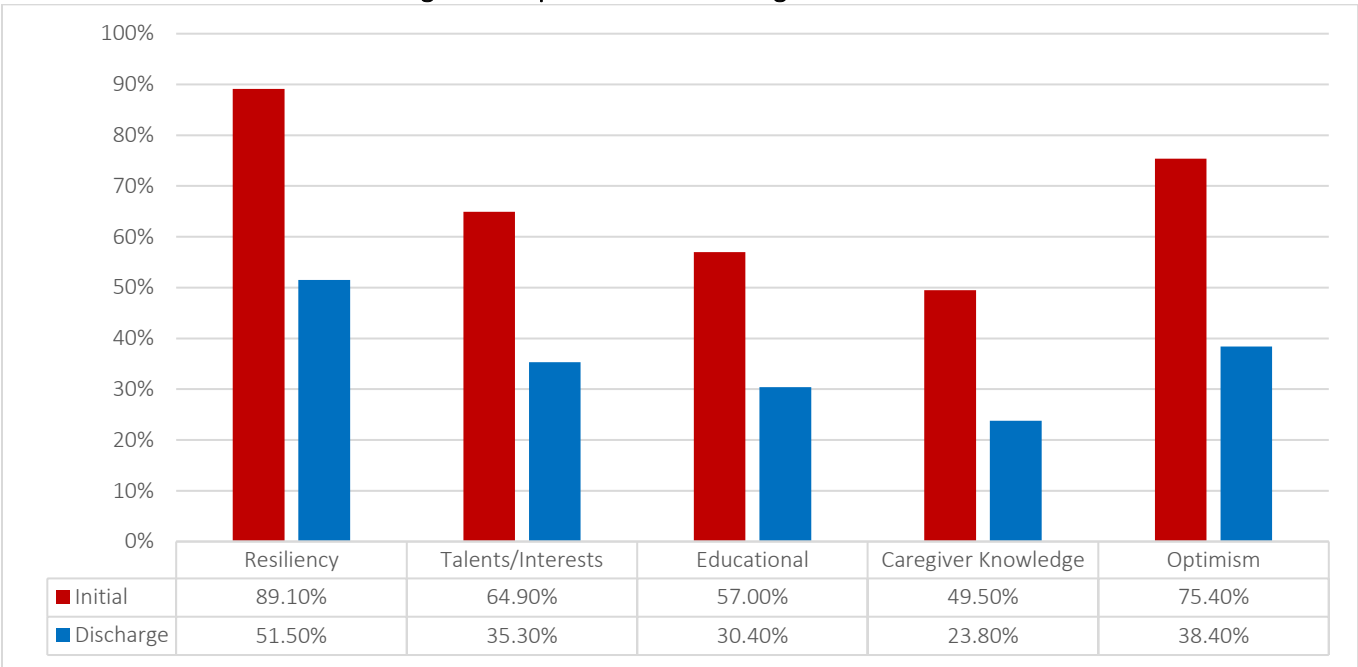
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Figure 7. Improvements in Strength Items 2021



The greatest change in 2021 was observed in resiliency, with 89.10% of youth evidencing need for increased resiliency at intake assessment and only 51.50% at discharge. This means that the rate of youth reported to have either no identifiable resiliency strengths or no ability to effectively utilize that strength was reduced by 37.6 percentage points from initial to discharge assessments. Great strides were made in the Educational category which measures the ability of a school to work with the youth and family to identify and successfully address educational needs. Wraparound facilitators often take a leading role in advocating for youth during IEP meetings and interacting directly with schoolteachers and counselors. In 2021, 57% of youth were assessed to have a school that was unable or unwilling to adequately address their educational needs. At discharge, which was reduced to 30.40%, a change of 17.4 percentage points.

Another significant protective factor that was increased was youth Optimism. At the initial assessment, 75.40% of CSoC youth needed we rated as having low levels of optimism that warranted intervention. At the time of discharge, this prevalence rate was reduced to 38.40%, a reduction of thirty-seven percentage points. The ability of CSoC to impact levels of optimism so significantly during the time of COVID-19 illustrates the magnitude of wraparound’s impact on youths’ outlook and hope for the future.

**Actions Taken**

- All CSoC youth are assessed by a licensed practitioner using the CANS and the Individual Behavioral IBHA at their initial intake and every 180 days thereafter.
- Reviewing of CANS and IBHAs using the Assessment Review Tool (ART) began in February 2021. Phase 1 of the rollout consisted of completing a full ART review for each Certified Provider assessing CSoC youth during the designated period. ARTs were accompanied by individualized feedback and recommendations from LMHPs in the Quality Department. This was accompanied by regional calls attended by assessors, WAA Clinical

Directors, Clinical Project Managers, the Director of Quality, and the Medical Director. These calls provided feedback specific to regional assessment practices and produced collaborative interventions to support improved quality of CSoC assessments. For a full description of the ART, please see the Quality Improvement Activities section of this report.

- The Plan of Care (POC) Review Tool is used to identify actionable needs for youth and families and ensure that they are met through services provided. Magellan Care Managers monitor all member POCs at a minimum of every 180 days to evaluate whether strategies and interventions are consistent with identified needs, including those related to social determinants of health.
- In 2021, Magellan continued the use of the Adverse Childhood Experiences screening tools to identify potential effects of trauma on youths' ability to function at home, at school, and within the community.
- Magellan's website publishes a Behavioral Health Toolkit for Providers which includes educational materials, screening tools, and CPGs, for various behavioral health conditions.

## Recommendations for 2022

- ART reviews and collaborative calls will continue throughout 2022. The focus of ART reviews will be narrowed to a reduced number of critical items identified as needing improvement, being relating to increased risk, and critical to development of the Plan of Care.
- Changes were made to CANS items chosen to assess the impact of Social Determinates of Health to include Caregiver Knowledge, Adjustment to Trauma, and Optimism. In 2022, SDHs will be the focus of an All-Assessor Call. Training will include identifying SDHs, their prevalence in the Louisiana Medicaid youth population, and how to adequately assess their impact on youth and family functioning.
- 2022 training plans will include collaboration with the Praed Foundation for expert guidance on rating CANS needs and strength items.
- Magellan will collaborate with WAAs to conduct a presentation at the 2022 annual TCOM Conference on the topic of assessing the CSoC youth population, from both administrative and clinical perspectives, in the time of COVID-19. This will include the direct participation of WAA Executive and Clinical Directors and current LMHPs assessing CSoC youth in the community.

## Culturally Competent Care

Magellan builds its programs and processes around an expansive definition of cultural competency in healthcare. It is expected that providers have the capability to effectively render services that meet the cultural, social, and linguistic needs of our members. When youth and families feel heard and understood by their providers, they are more likely to actively engage and participate in treatment, which then positively impacts member outcomes. These concepts of cultural competency extend to both treatment planning and wraparound design and implementation. In a culturally based wraparound model, families exercise choice over the services they receive, and the treatment team understands and values the family's theory of change. Magellan supports facilitation of members' freedom of choice in providers that are respectful and inclusive of their cultural needs and preferences.

Magellan collaborates with care providers that respect the diverse backgrounds of the individuals and families served. Treatment modalities must acknowledge and support the behaviors, ideas, attitudes, values, beliefs, and languages of individuals served. Magellan provides access to a comprehensive resource kit to support our provider network at [MagellanProvider.com](https://MagellanProvider.com). This resource kit contains a variety of assessment tools, guidelines, standards, and resources designed to assist providers, agencies, and the Magellan organization to enhance cultural and linguistic competence throughout the behavioral healthcare system. Magellan developed training



modules specific to Louisiana's cultural make-up and monitors Direct Care Staff to ensure annual cultural competency training requirements are completed. Magellan's QIA agenda also includes a standing item to address emerging cultural competency needs. The following cultural competency trainings and resources are available on the Magellan website:

- **Cultural Competency Resource Kit:** Provides training and information for cultural competency concepts and application, including assisting providers to develop a Cultural Competency Plan
- **Cultural Competency Training Modules:** a) The Hispanic/Latino Community in Louisiana; b) Louisiana Native American Indian Tribes; c) Vietnamese in Louisiana; and d) Why Cross-Cultural Competency? e) Serving and Supporting LGBTQI+ Youth in CSoc

Using the materials in this kit, one may conduct a self-assessment of provider-level cultural competence, assess organizational strength and growth areas with respect to cultural competence, and conduct member evaluations of healthcare provider cultural competence. In addition, a variety of tools and resources are included to assist provider agencies in developing realistic and incremental organizational cultural competence plans. Some of the key areas addressed in this kit include:

### **Cultural Competence Guidelines and Standards**

- American Psychological Association, Guidelines on Multicultural Education Training, Research, Practice, and Organizational Change for Psychology [www.apa.org](http://www.apa.org)
- Department of Health and Human Services Cultural and Linguistic Competence Standards <http://minorityhealth.hhs.gov/>
- SAMHSA Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups <http://nrchmh.org/ResourcesMHAdminsLeaders/Cultural%20Competence%20Standards%20SAMHSA.pdf>
- Association of Multicultural Counseling and Development (AMCD) Multicultural Counseling Competencies
- National Association of Social Workers, Standards for Cultural Competence in Social Work Practice <http://www.naswdc.org/practice/standards/NASWculturalstandards.pdf>

### **Key Components of Organizational Cultural Competence**

- Organizational Cultural Competence Assessment Tools
- Multicultural Competence Service System Assessment Measure
- Organizational Cultural Competence Plan Template
- Strategies for Completing the Cultural Competence Plan
- Sample Cultural Competence Action Plan 18
- Clinician/Service Provider Cultural Competence Measures
- The Multicultural Awareness-Knowledge-Skills Survey
- Cultural Competence Self-Test
- Cultural Competence Information Sheets
- Cultural and Linguistic Definitions

- Web Resources
- Cultural Competence Related Books

## Results

Data gathered through member services, care management, utilization management, quality monitoring, patient safety, and network monitoring activities are examined to determine the CSoc effectiveness of the program providing culturally competent care for youth and families enrolled in CSoc. A summary of these activities is provided below.

- **Requests for Interpretative/Translation Services:** In 2021, Magellan received and processed 174 requests for interpretive or translation services, 160 of which were for Spanish to English and fourteen of which were for American Sign Language.
- **Member Grievances:** We received no reported grievances involving cultural needs.
- **Plan of Care (POC) Review - Family Story:** Magellan Care Managers review members' Family Stories through our robust clinical Plan of Care (POC) monitoring process to ensure that respect for family culture is evidenced in the POC. This is accomplished via prompts within the POC Review Tool to ensure strategies are unique to the family's culture, skills, and abilities at the plan development, plan implementation, and refinement phases. In 2021, 97.98% of POCs reviewed included the Family Story (N = 3,436).
- **POC Review – Strategies.** Magellan's clinical team ensures that POCs include a strategy to address any identified acculturation needs that rated are as actionable on the Child and Adolescent Needs and Strengths (CANS) assessment. Ongoing monitoring of the CANS and POC occur throughout a youth's enrollment to ensure that any need is addressed through regular management and review of the POC. The youth and family's culture are monitored in both the strategies within the POC and within the crisis plan. In 2021, POC Review Tool reporting showed that, for the POC item verifying that strategies are unique to the youth and family culture, skills, and abilities, 3,505, or 99.91% of reviews scored at or above the minimum threshold. Further, POC Review Tool results showed that 99.7% of Crisis Plans scored at or above the minimum threshold for including strategies individualized to youth and family's culture, preferences, and strengths. POCs that do not meet minimum requirements receive only partial authorizations and are returned to the WAA for correction and resubmission. For the past two years, over 99% of Plans of Care have evidenced that youth and family culture is supported and highly valued.

**Table 12. POC Review Tool - Youth and Family Culture Items**

Level of Performance	2020		2021		2020		2021	
	POC Strategies	Percent	POC Strategies	Percent	Crisis Plan Strategies	Percent	Crisis Plan Strategies	Percent
Below Minimum Threshold	6	0.2%	2	.06%	25	0.6%	11	0.31%
Achieved Minimum Threshold	1050	26.8%	479	13.7%	1432	36.6%	677	19.3%
Above Minimum Threshold	2864	73.0%	3025	86.3%	2463	62.8%	2818	80.4%
Total	3920		3507		3920		3507	

- **Treatment Record Reviews.** Magellan monitors providers to ensure services are delivered in a culturally competent manner. In 2021 59 records were reviewed to verify that they included the primary language

spoken by the member and any translation needs they may have. In 2021, 100% of records reviewed were found to be compliant. This represents an increase of 32.3 percentage points over the 2020 compliance rate. Additionally, 94.44% of the 102 records reviewed for evidence that treatment was provided in a culturally competent manner were found to be compliant. While this is a decline from the 2020 rate, provider education efforts will continue via communications and trainings to emphasize that member records must evidence respect for each member’s unique cultural identity.

**Table 13. Treatment Record Review Results**

Treatment Record Review Element	Year	Records in Compliance	Total Records Reviewed	Compliance Rate
Record includes primary language spoken by the member and any translation needs of the member.	2020	90	133	67.67%
	2021	59	59	100%
Evidence of treatment being provided in a culturally competent manner.	2020	133	133	100%
	2021	102	108	94.44%

- Member Experience of Care Survey.** Magellan administers an annual survey to assess youth and caregiver experience of care in CSoC. One survey item asked respondents to rate their experience with service providers in CSoC/Magellan, specifically related to providers respect for their cultural beliefs. For this question, responses were organized into three categories: positive (completely agree/mostly agree/somewhat agree); neutral (neither agree nor disagree); and negative (completely disagree/mostly disagree/somewhat disagree). In 2021, youth and caregivers who responded positively represented 97.27% of the response group. This was 12.27 percentage points higher than the goal of 85%. When compared to 2020, there was a marginal increase, though not statistically significant, of 0.64 percentage points in the percent of positive responses, (N = 326, 96.63%),  $X^2(1, N = 619) = 0.22, p < .05$ .

**Table 14. Member Experience of Care Survey Results**

Item	Year	Number	Positive	Neutral	Negative
Magellan’s healthcare providers respect my family’s cultural and language needs.	2020	326	96.60%	3.10%	0.30%
	2021	293	97.27%	2.73%	2.73%

Based on the data and analyses presented in this section, Magellan believes the CSoC network is meeting the needs of its members as evidenced by positive member experience, results of provider monitoring activities, and analysis of member demographic data. In 2022, the CSoC Unit will continue to actively address opportunities for improvement through the implementation of interventions to further improve the network’s capacity to meet the needs of the CSoC members. Magellan has identified two subpopulations that would benefit from increased focus in the coming year: members with developmental disabilities and those identifying as LGBTQI+. Planning is currently underway to enhance assessors’ ability to evaluate and support the unique needs of these groups. Senior quality, clinical, network, and medical leadership are continually involved in the review of our QI program and collaborative initiatives to provide the best care possible for the CSoC population.

# Availability and Accessibility of Practitioners and Providers

When analyzing provider availability and accessibility standards, it is important to understand the larger Medicaid framework in which Magellan operates. CSoC is a specialized behavioral health plan managed by Magellan for a subset of 2,900 youth and families within the larger Medicaid population. There were 3,639 unduplicated youth enrolled in the CSoC Program in calendar year 2021. In State Fiscal Year (SFY) 2020, CSoC enrollments accounted for less than one percent of the 584,308 Medicaid recipients between the ages of six and 20 (i.e., age as of 01/01/2020) as reported by in the Louisiana Medicaid 2020 Annual Report.<sup>10</sup>

Managed Care Organizations (MCOs) are responsible for the administration and management of physical, behavioral health and pharmacy benefits for the remaining Medicaid youth and adult population. Louisiana Department of Health (LDH) currently contracts with five MCO plans to manage over one million Louisiana residents eligible to receive Medicaid benefits. For members that qualify, CSoC provides intensive care coordination and expands member access to specialized support services not available to the general Medicaid youth population. Members are referred directly to CSoC or through their MCO and, throughout enrollment in CSoC, the member's MCO continues to manage physical and pharmacy benefits, as well as residential behavioral health services. In addition to serving only a small percent of the overall Medicaid youth population, member enrollment periods are relatively short (i.e., average enrollment of ~360 days); thus, members are transitioned from plans at enrollment and again at discharge. Because of this, LDH serves as the necessary leader on the identification and implementation of system-level and statewide network initiatives, such as expanding access to evidenced-based practices, establishing the standards used by MCOs and Magellan to inform network development and management, and to ensure CSoC members can seamlessly transition between plans when needed. It is through this collaborative partnership that Magellan ensures that CSoC youth and their families get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider, in order to keep, or return children to, their home and their communities.

## Availability of Practitioners and Providers

The CSoC Unit monitors the availability of behavioral healthcare practitioners and providers to serve our members by establishing quantifiable and measurable standards for the number and geographic distribution of each type of behavioral healthcare practitioner and provider. Performance is analyzed against these standards on a quarterly and annual basis to quickly identify opportunities for improvement and respond swiftly through the implementation of interventions, which are then measured to assess effectiveness. Because Magellan functions within a larger Medicaid system, the CSoC unit adopts the availability standards set forth by LDH. LDH defines behavioral health practitioner and provider types as Behavioral Health Specialists (i.e., psychologist, APRN, and LCSW), Non-MD Outpatient providers (i.e., LPC, LMFT, LAC, and ambulatory outpatient facilities), Prescribers (inclusive of medical psychologists, psychiatrists and APRN), and Psychiatrists. In addition, Magellan applies corporate standards using a broader range of provider types to further assess the sufficiency of our network composition.

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<sup>10</sup> Louisiana Department of Health (2021, December 14). *Medicaid Annual Report 2019/2020*. <http://www.ldh.la.gov/index.cfm/newsroom/detail/1699>

## Availability Standards

The Louisiana Department of Health (LDH) standards for density require a minimum of two (2) psychiatrists, APRN RX, Medical Psychologist per 10,000 members and eight (8) Behavioral Health Specialists per 10,000 members. The GEO software program used to determine provider locations is based on longitude and latitude and LDH established standards. Geographic distributions are based on geographic classification and provider type. LDH sets the goal for these standards at 100% regardless of geographic location of the member or type of practitioner. When performance falls below the minimum threshold, more formal interventions or quality improvement activities are needed.

Historically, the standards for geographic distribution were the average distance (in miles) and driving time (in minutes) to the nearest provider as depicted in Table 1. In 2020, availability standards were calculated according to the average distance (in miles) and driving time (in minutes) to the nearest provider. In July 2021, the methodology was revised by the LDH to be calculated using only the average distance to the nearest provider. Because the change was made mid-year, results will be reported using both methodologies. Table 2 provides the member and provider details used to determine geographic access for the CSoc Unit in 2020 and 2021.

**Table 1. Geographic Density Standards – Rural and Urban**

Practitioner Types	Ratio of Practitioner to Member	Urban		Rural	
		Acceptable Distance	Acceptable Driving Time	Acceptable Distance	Acceptable Driving Time
Psychiatrists	2:10,000	15 Miles	30 Minutes	30 Miles	60 Minutes
Behavioral Health Specialists – i.e., psychologists, medical psychologist, APRN and LCSW	2:10,000	15 Miles	30 Minutes	30 Miles	60 Minutes
Non-MD Outpatient – i.e., LPC, LMFT, LAC, ambulatory outpatient facilities	8:10,000	60 Miles	90 Minutes	90 Miles	120 Minutes

**Table 2. Provider Counts on 12/31/2020 & 12/31/2021**

Practitioner Types	2020	2021
Psychiatrists	126	125
Behavioral Health Specialists – i.e., psychologists, medical psychologist, APRN and LCSW	258	186
Non-MD Outpatient – i.e., LPC, LMFT, LAC, ambulatory outpatient facilities	574	536

**Table 3. Geographic Distribution of Practitioners and Providers for Urban Members (as of 12/31/2021)**

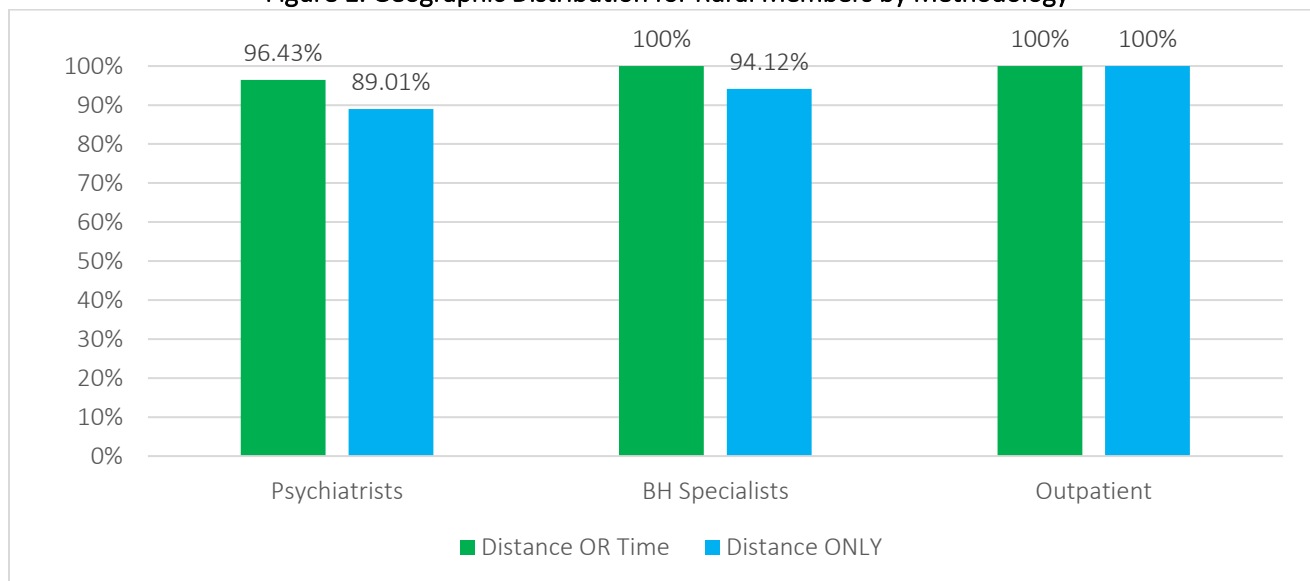
Practitioner Types	Urban Members	Distance OR Time		Distance ONLY	
		Members with Desired Access	% Members with Desired Access	Members with Desired Access	% Members with Desired Access
Psychiatrists	542	542	100%	542	100%

Practitioner Types	Urban Members	Distance OR Time		Distance ONLY	
		Members with Desired Access	% Members with Desired Access	Members with Desired Access	% Members with Desired Access
Behavioral Health Specialists – i.e., psychologists, medical psychologist, APRN and LCSW	542	540	99.60%	539	99.60%
Non-MD Outpatient – i.e., LPC, LMFT, LAC, ambulatory outpatient facilities	542	542	100%	542	100%

**Table 4. Geographic Distribution of Practitioners and Providers for Rural Members (as of 12/31/2021)**

Practitioner Types	Rural Members	Distance OR Time		Distance ONLY	
		Members with Desired Access	% Members with Desired Access	Members with Desired Access	% Members with Desired Access
Psychiatrists	1,429	1,378	96.43%	1,272	89.01%
Behavioral Health Specialists – i.e., psychologists, medical psychologist, APRN and LCSW	1,429	1,429	100%	1,345	94.12%
Non-MD Outpatient – i.e., LPC, LMFT, LAC, ambulatory outpatient facilities	1,429	1,429	100%	1,429	100%

**Figure 1. Geographic Distribution for Rural Members by Methodology**



Annual analysis is conducted based on the number of members enrolled and providers credentialed and contracted as of the last day of the reporting period. For this analysis, 1,971 members were fully enrolled on 12/31/2021, with 542 classified as urban and 1,429 as rural. As of 12/31/2021, Magellan’s network consisted of 186 behavioral health specialists in 190 locations and 536 non-MD outpatient providers in 507 locations. The above tables provide the density and distribution rates for 2021.

Although the latter half of 2021 resulted in a decline in the availability of psychiatrists and behavioral health specialist providers in rural areas, with the removal of the time standard, there were no access related grievances reported. Telehealth continues to fill gaps and remains a widely used method for delivering services in both rural and urban settings, not only due to the pandemic it has also become a desirable method for members and families. Over 4,000 traditional outpatient services were provided via telehealth in 2021.

## Out of Network (OON) Requests

As discussed in the introduction of this section, the CSoC program is part of a larger Medicaid managed care system. In this system of care, the five MCOs serve as the primary administrators for the management the physical health, behavioral health, and pharmacy benefits for Medicaid-eligible adults and children. To ensure that members can seamlessly transition from their MCO to CSoC, Magellan collaborates with LDH and the MCOs to maintain a similar network of providers. In cases where CSoC youth are being served by a non-contracted provider at the time of referral, Magellan makes single case agreements with those providers to ensure continuity of behavioral health services. In addition, single case agreements are used to ensure member access to medically necessary covered behavioral health services that are not available within the CSoC network. If a member needs a specialized service that is not available through the CSoC network, Magellan assists the youth and caregiver to arrange for the service to be provided outside of Magellan's network. When needed, Magellan coordinates with the youth's MCO to arrange for transportation through Medicaid.

Single case agreements and in-state and out-of-state out-of-network requests are monitored by the Network Strategy Committee (NSC) on a quarterly and annual basis to identify opportunities for improving network availability. OON service requests are categorized by the following reasons:

- Continuity of Care – Member was in the care of a non-contracted provider prior to enrolling in CSoC.
- Specialty Needs – Member requires a provider that specializes in an evidence-based specialty and there is no contracted provider in the member's region.
- Geographic Need – No in-network provider is available in a member's region.

Tables 5 – 7 provide details on the number and type of OON requests processed by the CSoC Unit in 2020 and 2021. Please note that request by provider and/or member can include multiple services – i.e., Community Psychiatric Support and Treatment (CPST).

**Table 5. OON Requests by Provider Type – 2021**

Provider Type	Provider		Member	
	Number	Percent	Number	Percent
Facility/Organization/Agency	17	58.62%	24	64.86%
Independent Practitioner	12	41.38%	13	35.14%
Total	29	100%	37	100%

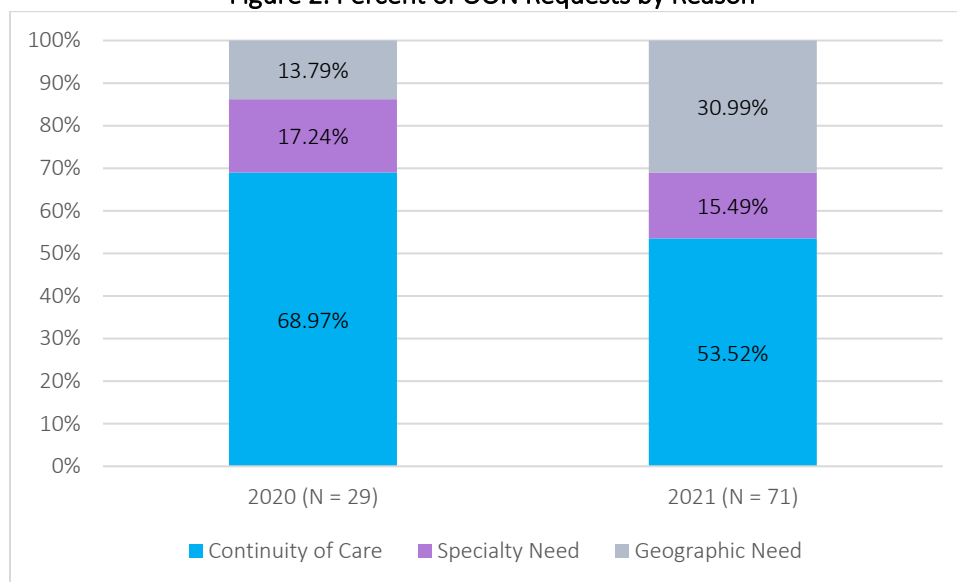
**Table 6. OON Requests by Year – Member & Provider Counts**

Type	2020	2021
Provider Count	27	29
Member Count	19	37
Service Count	29	71

**Table 7. OON Requests by Reason for 2020 & 2021**

Reason	2020		2021	
	Number	Percent	Number	Percent
Continuity of Care	20	68.97%	38	53.52%
Specialty Need	5	17.24%	11	15.49%
Geographic Need	4	13.79%	22	30.99%
Out-of-State	0	0%	0	0%
Total	29	100%	71	100%

**Figure 2. Percent of OON Requests by Reason**



In 2021, thirty-seven members required agreements for twenty-nine unique, in-state providers. Of the twenty-nine providers, seventeen, or 58.62%, requests were made for a facility, organization, or agency and the remaining twelve, or 41.38%, requests were made for independent practitioners. When compared to 2020, there were increases in requests in the number of requests by providers (+2) and members (+18). As depicted in Table 7, the most frequently cited reason for OON requests was continuity of care, which represented 68.97% and 53.52% of requests in 2020 and 2021, respectively. There were no requests for out of state agreements for 2021.

None of the OON requests were for out-of-state providers. Because members can require a single case agreement with a provider for multiple reasons, data presented dt unique providers.

The increase in agreements for 2021 is largely attributed to members requiring admissions to four non-contracted hospitals for continuity of care. All four providers have since contracted for services. As expected, the largest number of single case agreements continues to be to ensure continuity of care at enrollment (n = 38). During the process of completing a single case agreement, Network Management Specialist engage with providers to become a contracted practitioner or provider in the CSoC network. Of the twenty-nine unique providers with single case agreements in 2021, sixteen, or 55%, have become fully credentialed and contracted in CSoC network.

Based on the number of OON request received, the high percent of single case agreements that were transitioned to fully contracted providers, and the lack of member or provider appeals filed related to the OON member



needs, it was determined that the network was successful in meeting the service needs of CSoC youth and families.

### Network Provider Types by CSoC Region

Magellan's comprehensive network of organizations, facilities, and individual service providers establishes the foundation for a one-of-a-kind system for CSoC ensuring simple access to care, collaboration with provider partners and the continual improvement of individualized, well-coordinated health services. Our current network consists of statewide Medicaid behavioral health and waiver service providers, which ensures that CSoC members and their families have a choice of providers. The network also includes a WAA in each region and a statewide FSO, both of which are certified and contracted with Magellan. In addition to our behavioral health specialist and waiver service providers, WAAs and FSOs, Magellan contracts with FQHCs, Legal Governing Entities (LGE), rural health clinics, and school-based clinics. Table 8 lists provider types by region on 12/31/2021.

**Table 8. Providers by CSoC Region by Provider Type**

Type	R1	R2	R3	R4	R5	R6	R7	R8	R9	Total
Advanced Practice Registered Nurse Practitioner	0	5	7	2	11	8	5	0	2	38
Assertive Community Treatment (ACT)	0	0	1	0	2	1	1	4	2	11
Behavioral Health Rehab Provider Agency (Non-Legacy MHR)	39	31	15	7	20	5	11	35	28	191
Center Based Respite	0	0	0	0	0	0	0	0	0	0
Crisis Receiving Center	0	0	0	0	0	0	0	0	0	0
Distinct Part Psychiatric Unit	1	1	1	0	3	2	0	4	2	14
Doctor of Osteopathic Medicine	2	0	0	0	0	0	0	0	0	2
Family Support Organization	1	1	1	1	1	1	1	1	1	9
Federally Qualified Health Center	17	8	18	12	5	1	3	13	5	82
Free Standing Psychiatric Hospital	3	3	3	2	3	3	1	1	1	20
Licensed Addiction Counselor	0	1	2	0	0	0	0	0	0	3
Licensed Clinical Social Worker	50	19	24	3	11	7	4	8	4	129
Licensed Marriage and Family Therapist	5	2	4	1	2	6	2	3	3	25
Licensed Professional Counselor	48	17	23	13	15	19	7	37	32	201
Medical Psychologist	0	0	0	0	0	0	0	0	0	0
Mental Health Clinic (LGE Clinics)	2	5	5	4	1	5	3	4	6	35
Mental Health Rehabilitation Agency (Legacy MHR)	14	6	5	5	3	7	7	11	13	71
Methadone Clinic	0	1	1	1	1	0	1	1	1	7
Physician Assistant	0	0	0	0	1	1	0	0	0	2
Psychiatrist	58	29	11	1	11	10	3	7	3	125
Psychologist - Clinical	35	8	6	0	3	2	3	6	1	58
Psychologist - Counseling	0	0	0	0	0	0	0	0	0	0
Psychologist - Developmental	0	0	0	0	0	0	0	0	0	0
Psychologist - Other	0	0	0	0	0	0	0	0	0	0
Psychologist - School	0	0	0	0	0	0	0	0	0	0
Rural Health Clinic (Provider Based)	0	0	0	0	0	0	0	0	1	1
School-Based Health Center	4	1	0	2	4	1	6	0	7	25
Short-Term Respite - Child-Placing Agency (Therapeutic Foster Care)	0	1	0	0	0	0	0	1	0	2

Type	R1	R2	R3	R4	R5	R6	R7	R8	R9	Total
Short-Term Respite - Crisis Receiving Center	0	0	0	0	0	0	0	0	0	0
Short-Term Respite - Respite Care Services Agency	2	5	3	2	2	2	1	2	4	23
Short-Term Respite - Supervised Independent Living (SIL) Agency	0	0	0	0	0	0	0	0	0	0
Substance Abuse and Alcohol Abuse Center (Outpatient)	5	6	7	1	3	5	5	9	13	54
Therapeutic Foster Care	0	0	0	0	0	0	0	1	0	1
Wraparound Agency	1	1	1	1	1	1	1	1	1	9
<b>Total By Region</b>	<b>283</b>	<b>151</b>	<b>138</b>	<b>58</b>	<b>100</b>	<b>84</b>	<b>65</b>	<b>147</b>	<b>127</b>	<b>1107</b>

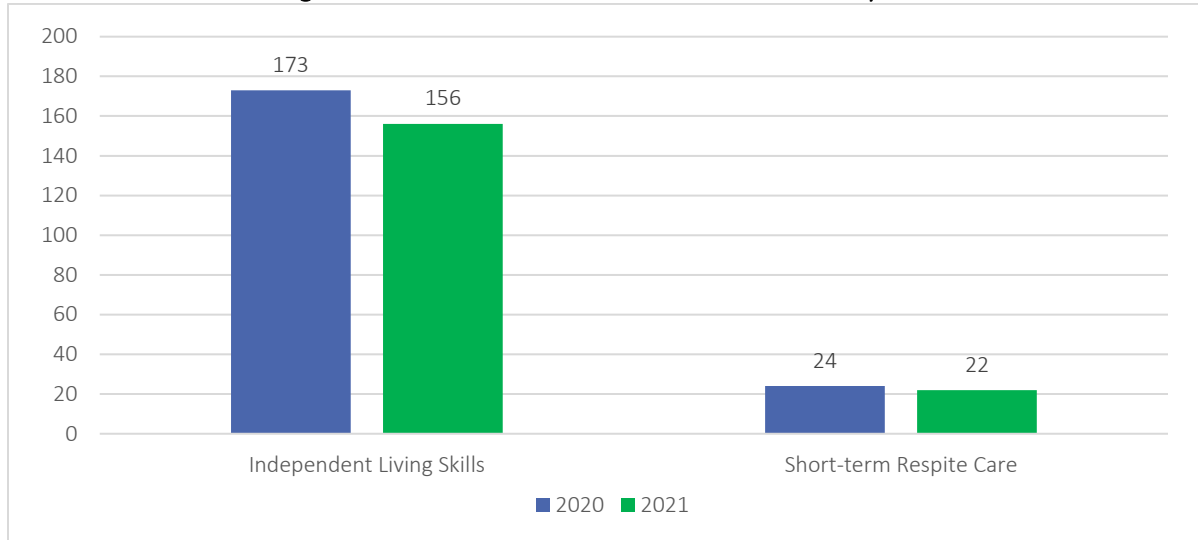
## Home and Community Based Service (HCBS) Providers

Magellan actively manages HCBS providers that provide Mental Health Rehabilitation (MHR) services, including Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Crisis Intervention, and Crisis Stabilization. MHR services are accessible to all Medicaid eligible children; thus, MHR service providers are typically contracted with one or more of the five Managed Care Organizations responsible for behavioral health service benefits for the larger Medicaid population. Unlike the MCOs, the CSoC network is responsible for managing providers contracted to provide specialized waiver services that are only available to CSoC members. The waiver services include Independent Living Skills Building (ILSB), Short-term Respite (STR), Parent Support and Training (PST), and Youth Support and Training (YST).

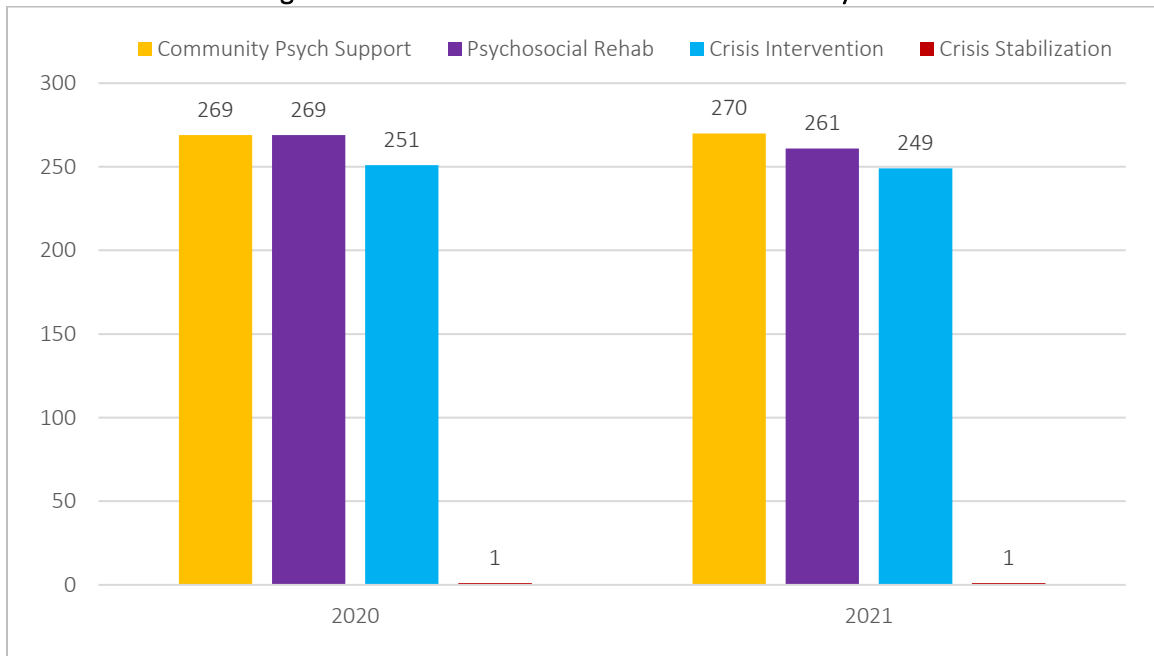
In addition, LDH and Magellan jointly manage Wraparound Agencies (WAAs) for each of the nine CSoC regions and a statewide Family Service Organization (FSO), both of which are certified by and contracted with Magellan. Magellan also ensures the network includes contracted and credentialed Federally Qualified Health Centers (FQHCs), Local Governing Entities (LGEs), rural health clinics, and school-based clinics. Magellan continues to support LDH in building a crisis network. One crisis stabilization provider was contracted in October 2019 and to date has not received a referral. Due to the low number of covered lives managed by the CSoC Contractor, the provider was encouraged to contract with the Managed Care Organizations to ensure sufficient and consistent utilization of services to support a sustainable business. Additionally, families, care givers and first responders typically rely on inpatient hospitalizations. Providers also fear losing the member to the crisis stabilization provider for other services once discharged from the unit. Like all states, Louisiana continues to suffer greatly from the COVID-19 pandemic. Local impact has resulted in a decrease in membership in the program, a decrease in referrals to providers and provider staffing issues. As a result of the staffing issues and declining referrals, providers are closing their agencies or choosing not to re-credential.

The tables below represent the changes in waiver and non-waiver providers contracted in 2020 and 2021. There is a slight decline in waiver and non-waiver service providers due to the COVID19 pandemic, which resulted in agency closings and staffing shortages and/or substantial damage from Hurricane Ida. Thirteen provider organizations closed in 2021, largely because of the pandemic and hurricane Ida.

**Figure 3. Count of CSoC Waiver Service Providers by Year**



**Figure 4. Count of Non-Waiver Service Providers by Year**



## Member Experience of Care

In addition to continually monitoring performance against geographic density and distribution standards, the CSoC unit also closely monitors member experience with provider availability through the analysis of grievances and member survey data. In 2021, there were ten member grievances reported, there were no member grievances related to availability of providers. The Member Experience of Care survey was administered 2021 to assess youth and families' satisfaction with the effort, effectiveness, and availability of CSoC services. Surveys were completed for 79.62% (N = 368) of those selected to participate. The table includes results of elements that assessed member experience with provider availability in the CSoC network.

**Table 9. Member Experience of Care Survey – Availability of Service Results**

Question	Year	Total # Received	% Positive	% Neutral	% Negative
My child can get urgent treatment as soon as it is needed.	2020	328	92.70%	4.60%	2.70%
	2021	285	90.88%	3.51%	5.61%
Service locations are convenient (parking, public transportation, close to home, etc.).	2020	328	85.10%	14.00%	0.90%
	2021	289	80.28%	15.92%	3.81%
The services my child receives through Magellan providers are available at times that are good for me.	2020	326	96.60%	1.50%	1.80%
	2021	290	94.14%	2.76%	3.10%
Specialists are available when we ask to see them.	2020	325	90.80%	6.80%	2.50%
	2021	292	87.67%	5.82%	6.51%

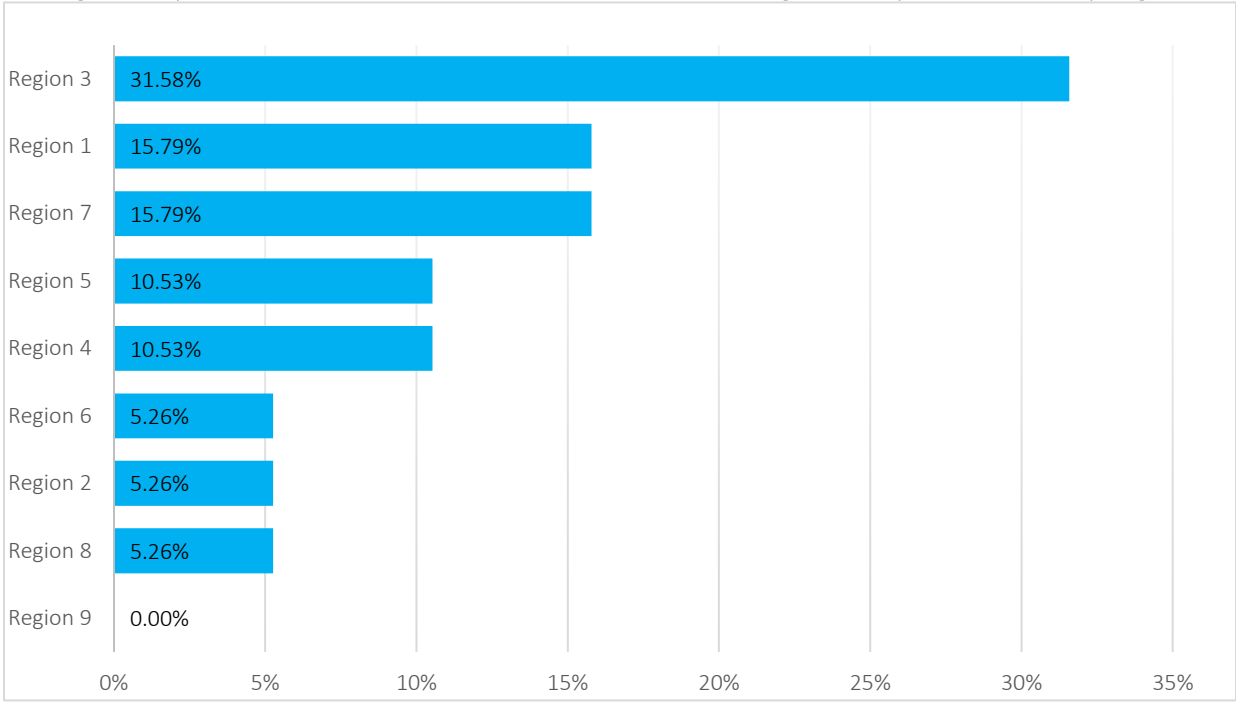
Respondents were asked four questions regarding availability of services in CSoC/Magellan. For these questions, responses were organized into three categories: positive (completely agree/mostly agree/somewhat agree); neutral (neither agree nor disagree); and negative (completely disagree/mostly disagree/somewhat disagree). The results from the 2021 survey administration are detailed below.

- When asked about accessing urgent treatment as soon as it was needed, youth and caregivers who responded positively represented 90.88% of the response group. This was 5.88 percentage points higher than the goal of 85%. When compared to 2020, there was a decline of 1.81 percentage points (N = 328, 92.68%). However, this decline was not a statistically significant,  $X^2 (1, N = 613) = 0.42, p < .05$ .
- When asked whether service locations are convenient (parking, public transportation, close to home, etc.), youth and caregivers who responded positively represented 80.28% of the 2021 response group. This was 4.82 percentage points below the goal and represents an opportunity for improvement. When compared to 2020, there was a decline of 4.78 percentage points (N = 328, 85.06%), which was not a statistically significant decline,  $X^2 (1, N = 617) = 2.47, p < .05$ . In both 2020 and 2021, neutral responses made up the largest percent of non-positive respondents, 14.00% and 15.92%, respectively.
- When asked about times services were available, youth and caregivers who responded positively represented 94.14% of the response group. This was 9.14 percentage points higher than the established goal. When compared to 2020, there was a decline of 2.49 percentage points in the percent of positive responses (N = 326, 96.63%). This was not a statistically significant decline,  $X^2 (1, N = 616) = 2.19, p < .05$ .
- When asked about access to specialists, youth and caregivers who responded positively represented 87.67% of the response group. This was 2.67 percentage points higher than the goal of 85%. When compared to 2020, there was a decline of 3.10 percentage points in the percent of positive responses (N = 325, 90.77%). Although the decline was not statistically significant, it represents an opportunity for improvement because the decline in positive responses is attributed to a decrease in neutral responses by 0.98 percentage points and an increase in negative responses by 4.01 percentage points,  $X^2 (1, N = 617) = 0.82, p < .05$ .

Magellan identified both strengths and opportunities for improvement regarding the availability of services. Three questions exceeded the goal of 85%, with positive responses ranging between 87.67% to 94.14%, while one question, convenience of service locations, fell below the goal (80.28% positive) and was the lowest rated question in the 2021 survey. As observed in 2020, neutral responses were the largest category of non-positive responses for this question, representing 14.00% and 15.92% percent of respondents in 2020 and 2021,

respectively. The question assessing availability of provider appointment times was identified as a strength, while questions assessing access to specialists and convenience of service locations represent opportunities for improvement for the CSoC program.

**Figure 5. Specialists are available when we ask to see them. Negative Response (N = 19) by Region**



**Summary of Findings and Analysis**

The geographic availability and density data for 2021 showed that urban CSoC members had enough providers available across all provider types. In addition, availability of providers for rural members met goals for all provider types, except for psychiatrists and behavioral health specialists as a result of changes to the reporting specification – i.e., time was eliminated. The percent of rural members with desired access for this provider type was 0.6% percentage point below the LDH standard of 100%. While Magellan strives for 100% of members having the desired access to all relevant providers, it is important to evaluate other data sources when examining the overall sufficiency of the network to meet members’ needs. In addition, no member grievances were received regarding lack of provider availability in 2020 and 2021. In 2021, there was a slight increase in the overall number of OON requests, none of which were related to the lack of availability of behavioral health specialists for rural members.

Despite the strong performance against established goals, the CSoC network department continually strives to identify and credential all provider types to improve availability of care, including recruitment of those identified through out-of-network treatment agreements, to meet identified geographic and specialty needs.

**Barriers Identified**

- Limited number of practitioners in rural areas.
- Continuation of the Covid-19 pandemic
  - Agency closures due to lack of referrals

- Decrease in membership
- Historic reliance on inpatient hospitalization by families, caregivers, and first responders

## Interventions

In early 2021 Magellan proposed piloting direct referrals to Magellan in efforts to reduce the turnaround time on potential member evaluation and increasing referrals. The pilot initially included two providers and expanded, in June 2021, to include direct referrals from the Division of Children and Family Services (DCFS) and Office of Juvenile Justice (OJJ). Between June and August, DCFS sent twenty-seven direct referrals and one from OJJ. In September, Magellan began accepting direct referrals from all sources. The table below represents the direct referrals from all sources beginning in September 2021.

**Table 10. Direct Referrals**

Month	Number of Referrals	% Direct Referrals
September	135	54%
October	214	88%
November	209	79%
December	196	88%

Magellan announced the direct referral process to the provider network in LA CSoC Provider Newsletter Winter 2021 on December 14, 2021, and the process was posted on the Magellan of Louisiana website. The direct referral option is a standing reminder on the All-Provider Calls, beginning November 2021. Also, in efforts to increase awareness of the CSoC program and recruit potential providers, Magellan developed a CSoC video in December 2021, which was shared during the Louisiana Counseling Association scheduled for January 2022. The video includes information on the CSoC program, the need for LMHPs, and details on how to join the network. At this time, several providers have submitted interested provider forms. We will continue to track interest and contract with providers as presented. Additionally, the NSC is exploring the development of a preferred provider network comprised of licensed mental health professionals, to not only serve in the region they are in but will also provide services via telehealth to members in rural areas. The targeted providers, for the initial development, will focus on psychiatrist to conduct assessments, coordinate care and medication management. Discussions have begun with one interested psychiatrist in CSoC region three.

## Accessibility to Practitioners and Providers

Magellan believes that members are to have timely access to appropriate mental health and substance use services from an in-network provider 24 hours a day, seven days a week. This section provides a review of a variety of activities used to measure the extent to which we can provide and maintain access to behavioral health care for our youth and families.

### Magellan Telephonic Accessibility

Magellan's internal system, Avaya CM Supervisor, tracks all calls and allows supervisors to monitor calls, live or recorded, for quality evaluation of staff. Key indicators that are monitored by the CSoC unit include call abandonment and Average Speed to Answer (ASA). The ASA is defined as number of seconds, on average, before a call to the member services unit is answered. The Number of Calls Abandoned is defined as the percentage of calls that reach Magellan's 800 line and are placed in queue but not answered due to the caller hanging up before a member representative answers. As required by LDH, the CSoC unit includes 100% of calls when calculating these indicators and sets a goal of an abandonment rate of  $\leq 5\%$  and an average speed to answer of  $\leq 30$  seconds.

In 2021, the CSoC unit exceeded performance goals for both telephonic accessibility indicators, with a call abandonment rate of only 1.66% and an ASA of 10.75 seconds. When compared to 2020, there was a minimal decrease in the abandonment rate (-0.16 percentage points) and a minimal increase in the ASA (+2.62 seconds). There were no opportunities for improvement identified in telephonic accessibility as both indicators exceeded the established goals.

**Table 10. Telephone Accessibility Indicators**

	Call Abandonment Rate Goal – 5%			Average Speed to Answer (ASA) in seconds Goal – 30 sec.		
	Numerator	Denominator	Percent	Numerator	Denominator	Seconds
2020	133	7,358	1.82%	58,608	7,225	8.13
2021	106	6,376	1.66%	67,401	6,270	10.76 sec.

### Practitioner/Provider Accessibility

Medicaid and LDH outline the specific indicators and procedures for how accessibility is monitored for both Managed Care Organizations (MCOs) and Magellan. In accordance with customer requirements, Magellan requires practitioners/providers to have emergent appointments available to members within one hour of the request and urgent appointments within 48 hours of the request. In addition, the CSoC Unit adopts the routine appointment standard set forth by LDH of fourteen calendar days. LDH's monitoring protocol includes various data sources, which includes:

- Onsite or Remote provider reviews
- Secret shopper surveys
- Provider demographic attestations
- Member/provider experience (i.e., member grievances, provider complaints and member/provider experience of care surveys).

### Provider Reviews

Rendering providers are randomly selected each quarter based on contracted services. All providers contracted and rendering specialty waiver services are reviewed annually. All other rendering providers are selected randomly for review. During the reviews, network reviewers evaluate policies (e.g., look for evidence of written policy and procedure documents that outline how appointments are to be scheduled in a manner that adheres to requirements as indicated in sections 6.3.1.2 – 6.3.1.2.2.4 of the SOW) and observe appointment procedures (e.g., monitor scheduling process, observe next available routine and urgent appointments to ensure time requirements are met, look for evidence of crisis coverage/on-call schedule, review for wait lists to ensure compliance with crisis mitigation service availability (appointment within 1 hour), urgent appointment availability (within 48 hours), and routine appointment availability (within 14 days). LDH defines Crisis Mitigation Services as a Behavioral Health Service (BHS) provider's assistance to clients during a crisis that provides 24-hour on call telephone assistance to prevent relapse or harm to self or others, referral to other services, and support during related crises. A referral to 911 or a hospital's emergency department is not considered an acceptable form of crisis mitigation. Goals for provider accessibility are established by LDH at 95% for emergent and urgent and 70% for routine appointments. Table 11 provides results from provider reviews completed in 2020 and 2021. In 2021, fifty-two providers were reviewed for compliance with emergent availability and sixty-four were reviewed for urgent and routine availability. This was an increase in number of providers compared with 2020 (N = 38). In

addition to conducting more reviews, the compliance rates in for emergent, urgent, and routine were 100%, and no providers had members wait listed.

**Table 11. Provider Reviews – Appointment Availability**

			2020			2021		
Category	Standard	Goal	Reviewed	Complaint	Compliance Rate	Reviewed	Complaint	Compliance Rate
Emergent	1 hour	95%	38	38	100%	52	52	100%
Urgent	48 hours	95%	38	37	97.4%	64	64	100%
Routine	Ten (10) business days	70%	38	37	97.4%	64	64	100%

## Secret Shopper Calls

The indicator utilizes a “secret shopper” methodology to assess provider response to requests for appointments under real-life circumstances. Providers are randomly selected for review throughout the year and calls are conducted by the CSoC Unit Network Management Specialists. Table 12 shows details of reviews, which indicates that provider reviewed (N = 16) achieved 100% compliance in emergent, urgent, and routine appointment availability standards in 2021.

**Table 12. Secret Shopper Calls Results by Year**

			2020			2021		
Category	Standard	Goal	Number	Number w/in Standard	% Met	Number	Number w/in Standard	% Met
Emergent	1 hour	95%	13	12	92.31%	16	16	100%
Urgent	48 hours / 2 calendar days	95%	12	12	100%	16	16	100%
Routine	14 calendar days	70%	14	13	92.58%	16	16	100%

## Provider Attestations of Demographic Information

For members to be able to accurately locate providers accepting new members, it is essential that current, valid information is accessible to members through Magellan’s provider search engine. Searchable fields include location, provider type/specialty, hours of operation, accepting new members, and availability, among others. Magellan requires all providers to attest to the accuracy of information once every six months via Magellan’s provider portal. Completion of attestations for all providers are monitored on a quarterly basis to ensure ongoing compliance with the requirement. When providers have not completed their attestations within 90 days, Network Management Specialist contacts the provider to assist in completing attestations and address barriers identified. In 2021, additional actions were implemented to improve compliance for this indicator, including placing providers on a hold from receiving new referrals until provider complies with requirement, reminding behavioral



health providers to maintain their practice information via our quarterly All-Provider call and during site reviews, and prompting providers to complete demographic updates when logging into the provider portal. The number of providers that failed to complete their attestations timely in 2020 and 2021 is listed in the table below. Providers that attested timely are not included in the denominator.

**Table 13. Provider Attestations of Demographic Information**

Year	Number	Number w/in Standard	% Met
2020	473	343	72.5%
2021	240	215	89.6%

In 2020, 473 providers were monitored and requested to review, update and attest to the accuracy of the data, with a compliance rate of 72.5%. In 2021, 240 providers did not complete attestations timely and required additional intervention by Magellan. This was a decrease of 233 providers from 2020 and indicates that more providers had procedures in place to complete attestations timely. There were also improvements in the percent of providers who completed attestations subsequent to notification by Magellan, with 89.6% of the providers completing attestations following notification. This represented an improvement of 17.1 percentage points from 2020. The decline in the number of providers indicates effectiveness of the ongoing actions taken by the Network department to improve provider awareness and understanding of this requirement (e.g., provider education, prompts, etc.). In addition, the improvement in the compliance rate shows the effectiveness of actions taken to incentivize provider to come into compliance (e.g., placing provider on a hold from new providers) once notified by Magellan of failing to attest timely.

## Physical Accessibility and Accepting New Members

Providers indicate location accessibility at the time of contracting and credentialing for the CSoc network. Facility accessibility and transportation options are available to members through the Find a Provider option on the Magellan of Louisiana website. Providers can also update their accessibility for new members via the Magellan Provider web portal. Provider appointment availability is also a selectable search option for members. Of the 11,099 service locations only 0.05% of providers indicated their practice is full or no appointment available. The table below represents providers with and without physically accessible locations for enrollees with disabilities.

**Table 14. Physical Accessibility**

	2020		2021	
	Count of Locations	Percent	Count of Locations	Percent
Yes	8,013	82.75%	9,108	82.06%
No	416	4.30%	1,991	17.94%
Undefined	1,254	12.95%	0	0%
Total	9,683	100%	11,099	100%

**Table 15. Accepting New Members**

	2020		2021	
	Count of Locations	Percent	Count of Locations	Percent
Accepting	9,679	99.96%	11,094	99.95%

	2020		2021	
	Count of Locations	Percent	Count of Locations	Percent
Not Accepting	4	0.04%	5	0.05%
Total	9,683	100%	11,099	100%

## Member/Provider Experience of Care

In addition to continually monitoring compliance via provider quarterly reviews, survey phone calls, and attestations of availability, member experience in accessing care is monitored through member grievance data and annual satisfaction surveys. Member grievances related to availability fall into two categories: length of time to get an appointment and inability to find a provider. There were no member grievances related to availability in 2020 or 2021. The table below provides the results for the 2020 and 2021 Member Experience of Care survey administrations and is followed by quantitative and qualitative analysis by category.

**Table 16. Member Experience of Care Survey – Accessibility Elements**

Question	Year	Total # Received	% Positive	% Neutral	% Negative
My child can get urgent treatment as soon as it is needed.	2020	328	92.70%	4.60%	2.70%
	2021	285	90.88%	3.51%	5.61%
The services my child receives through Magellan providers are available at times that are good for me.	2020	326	96.60%	1.50%	1.80%
	2021	290	94.14%	2.76%	3.10%

Both questions assessing respondents' satisfaction with provider availability exceeded the goal of 85% in 2020 and 2021. When asked about accessing urgent treatment as soon as it was needed, youth and caregivers who responded positively represented 90.88% of the response group. This was 5.88 percentage points higher than the goal of 85%. When compared to 2020, there was a decline of 1.81 percentage points (N = 328, 92.68%). However, this decline was not a statistically significant,  $\chi^2 (1, N = 613) = 0.42, p < .05$ . When asked about times services were available, youth and caregivers who responded positively represented 94.14% of the response group. This was 9.14 percentage points higher than the established goal. When compared to 2020, there was a decline of 2.49 percentage points in the percent of positive responses (N = 326, 96.63%). This was not a statistically significant decline,  $\chi^2 (1, N = 616) = 2.19, p < .05$ .

## Member Survey

One of the benefits offered to CSOC youth and families is the development of an individualized, youth and family-driven Plan of Care (POC), which specifies the type, amount, duration, and frequency of services needed to meet their unique needs. These plans are reviewed by Magellan's Care Managers at least once every 180 days to review individual member services and utilization. The Wraparound Facilitator is responsible for contacting members at least monthly to ensure the Plan of Care (POC) is being implemented and to monitor the member's health and safety. One element of POC monitoring is member access to waiver services and other services identified in the POC. Individual remediations are offered to every member to ensure they receive services in the type, amount, frequency, and duration specified in the POC. Members report their access and utilization of services as follows:

- **Option 1:** I did not need those services this month. (No action needed)

- **Option 2:** I have a provider, but they are not meeting my needs for services this month. (Action plan: WF contacts provider as part of care coordination.)
- **Option 3:** I have a provider, but they are not meeting my needs for services this month. (Action plan: WF helps member pick another provider.)
- **Option 4:** There are no providers available for the service I need. (Action plan: WF submits CSoC Needs Reporting Form to Magellan Health.)
- **Option 5:** Multiple providers are not meeting my service needs. (Action plan: Appropriate plan is implemented for each provider as required.)

Table 17 and Figures 6 – 7 provider results of member surveys conducted between 2020 and 2021 and is followed by discussion of result.

**Table 17. Overall Compliance Rate: Statewide**

Waiver Year (WY) Quarter	Month Year	Numerator	Denominator	Compliance Rate
WY3 Q3	January 2020	2113	2187	96.62%
	February 2020	2153	2217	97.11%
	March 2020	2189	2243	97.59%
WY3 Q4	April 2020	2192	2251	97.38%
	May 2020	2242	2298	97.56%
	June 2020	2256	2293	98.39%
WY4 Q1	July 2020	2239	2272	98.55%
	August 2020	2263	2303	98.26%
	Sept 2020	2245	2280	98.46%
WY4 Q2	October 2020	2169	2220	97.70%
	November 2020	2051	2095	97.90%
	December 2020	2037	2076	98.12%
WY4 Q3	January 2021	2034	2095	97.09%
	February 2021	2014	2057	97.91%
	March 2021	1988	2047	97.12%
WY4 Q4	April 2021	2030	2082	97.50%
	May 2021	2001	2128	94.03%
	June 2021	1964	2086	94.15%
WY5 Q1	July 2021	1875	1989	94.27%
	August 2021	1847	1946	94.91%
	September 2021	1773	1893	93.66%
WY5 Q2	October 2021	1728	1862	92.80%
	November 2021	1766	1896	93.14%
	December 2021	1822	1941	93.87%

Figure 6. Overall Compliance Rate by Month – 2020 & 2021

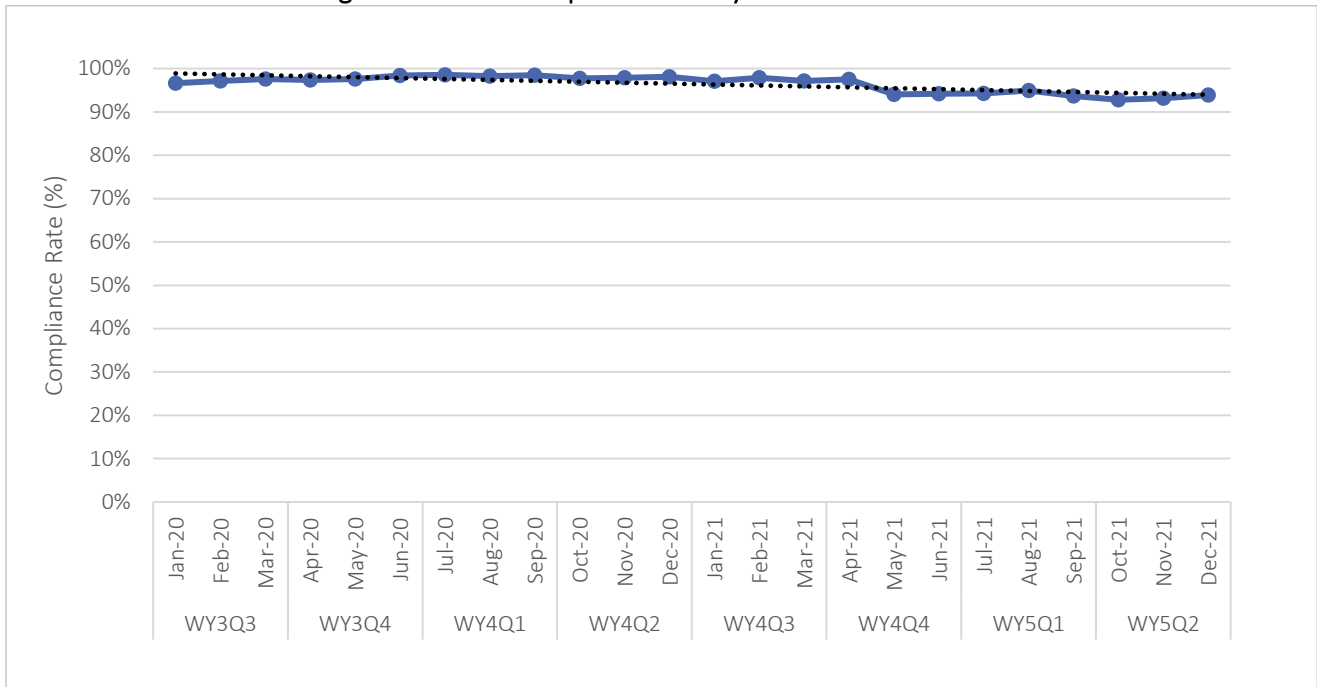
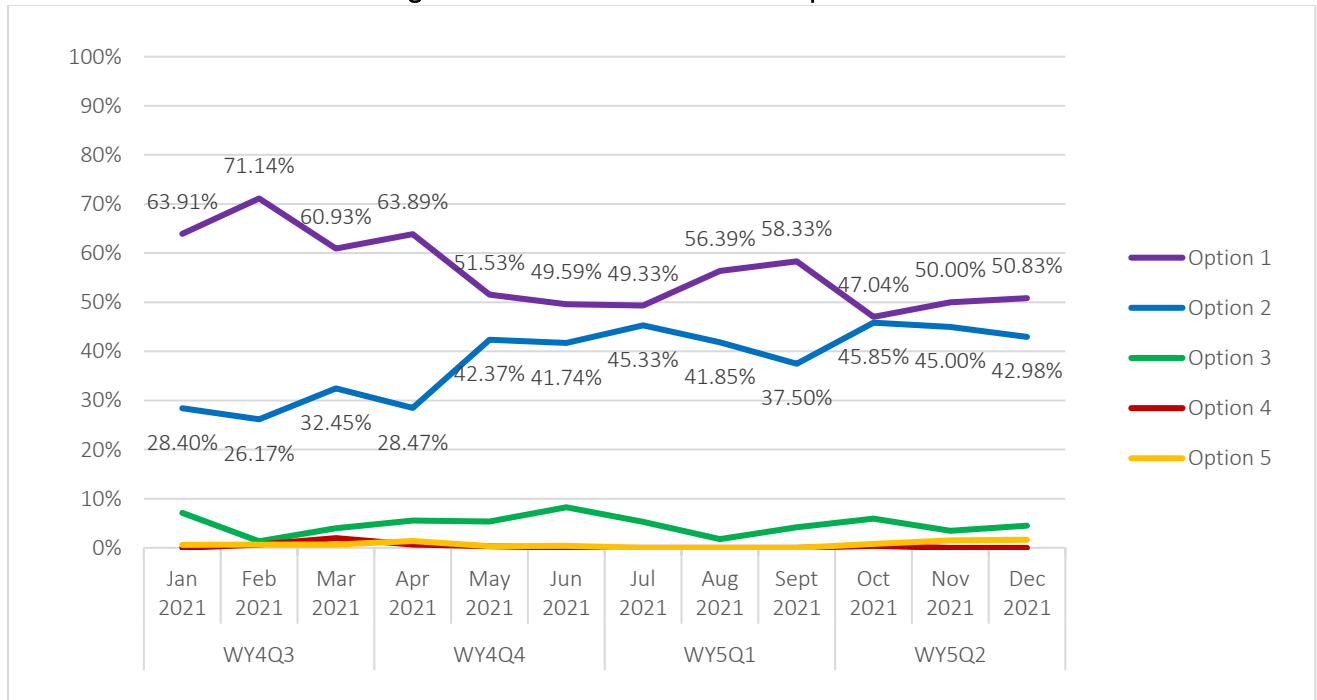


Figure 7. Individual Remediations Implemented



The POC 06 compliance rate is calculated by dividing the number of members responding that their service needs were met by the total enrollment for the reporting period. The numerator includes both members who reported services were implemented in accordance with the POC and members who reported services were not implemented in accordance with the POC, so distinguished by member indication that they were not needed

during the reporting period. In WY5 Q2, approximately 93% of members reported their service needs were met. This included 92.80% in October, 93.14% in November, and 93.87% in December 2021, which exceeded the minimum performance threshold of 90%. The statewide compliance rate remained relatively stable in WY5 Q1 and Q2.

For members reporting that they did not receive the service(s) specified on their POC, the most frequently cited reasons were that the youth and family did not need the service(s) (Option 1) or that there were newly identified provider issues requiring care coordination to remediate (Option 2). Option 1 indicates that a youth and family chose not to utilize a service. It does not represent situations in which a service is not accessible or available. As cited above, these respondents are included in the numerator and require no remediation.

Magellan conducted outreach to WAAs for the thirty youth with needs identified for three months in a row, regardless of need type. Outreach included email communications and videoconferences with clinical directors and other pertinent staff to collect data on the youths' needs, which included but was not limited to provider type and service, date need was initially identified, actions taken, and planned actions going forward. Plans of care were reviewed to ensure that needs were swiftly resolved. Findings from the outreach provided from the WAAs serving these youth showed the following trends regarding youth with service needs reported for three or more months:

- A majority of the youth were awaiting staff assignments for one of the CSoC Waiver Services, such as short-term respite or youth/parent support and training.
- The WAAs reported the issues were successfully resolved or were expected to be resolved within the next 30-days.
- The WAAs reported that natural/informal supports or other formal services providers were utilized until the services could begin.
- Needs reported involving clinical services included:
  - For MHR agency services, the agency was in the process of hiring/training new staff following separation of assigned staff from the agency.
  - For evidence-based practices and/or individual therapy services, the youth and caregiver chose to continue to wait for services with a specific provider rather than select a new provider, or they were receiving mental health rehabilitation (MHR) services.
- Two youth were awaiting Applied Behavior Analysis (ABA) services, which are administered and managed through Healthy Louisiana plans.
- Disengagement of the youth and family was often reported as a barrier to establishing services: 19.40%, or thirteen, youth were reported to be disengaged from the Wraparound Facilitator (i.e., Options 9 – 7) for one or more months.
- WAAs stated that facilitators and formal provider staff reported that the resurgence of COVID-19 protocols limiting in-person contact following the recent surge of the Omicron variant caused increased difficulty in connecting to youth and families using telehealth or telephone-only service delivery.
- In Region 4, services were disrupted due to Hurricane Ida and were being re-established as providers reopened post-storm.

## Summary of Findings and Analysis

It is believed that several factors have contributed to the statistically significant increase in service needs. This includes the impact of Hurricane Ida for those residing in the southeastern regions of Louisiana, both providers

and members alike. In addition, studies are beginning to examine the impact of the COVID-19 pandemic on access and utilization of behavioral health services. This is likely to be associated with the increase in needs reported by CSoC youth. McKinsey's Center for Societal Benefit Through Healthcare analyzed claims data from 115,000 providers that provided behavioral health services to over twenty million Americans in 2019 and 2020. Key findings from the study indicate that Americans experienced an increase in psychological distress and substance use since the onset of the COVID-19 pandemic. The increase in behavioral health needs is believed to be associated with economic hardships, elevated levels of stress and uncertainty, social isolation, and exasperation of existing behavioral conditions experienced during the pandemic. Although there has been an increase in behavioral health needs, there has also been a decline in the utilization of behavioral services. There has been a partial recovery in behavioral health service utilization, but it appears to be primarily driven by telehealth adoption. Even with the increase in telehealth service utilization, overall utilization is still far below expected levels in context of the increase in behavioral health and substance use needs. E. Coe, et al. (2021) stated that, although the swift implementation of telehealth for behavioral services has helped to offset the lower access to in-person services, there are limitations in access to telehealth services, including lack of broadband access, limited availability of providers with telehealth capabilities, and treatments not well suited for telehealth.

## **Recommendations for 2022**

As reported above, the factors contributing to the increase in service needs reported since May are complex and diverse. Because of this, Magellan's Network and Clinical Departments will do the following in 2022:

- Initiate monthly staffings with WAAs for any youth with a need reported for three consecutive months until the need is resolved. The staffings will begin in February 2022 and include the CSoC QI and network directors and WAA clinical directors.
- Following the meetings, WAAs will be required to submit individual remediation plans for the youths that incorporate discussions from the staffings. The plans will be reviewed and refined until youth's needs are sufficiently addressed.
- Magellan, in collaboration with the WAAs and LDH, will develop decision trees to support facilitators in implementation of remedial actions to ensure there are no gaps in clinical services. When gaps persist for greater than 30 days, a supervisor and/or director is notified to oversee the youth's Plan of Care until resolved. Magellan will distribute initial drafts of decision trees to WAAs and LDH in March 2022. Results will be examined in WY5 Q4 to determine effectiveness of interventions to resolve any reported gaps in services, as evidenced by a decline in youth reporting service needs for three or more consecutive months.
- Focus reviewer resources on member servicing providers
- Continue to issue appointment access reminders via the All-Provider calls, e-blasts, and quarterly newsletters.

# Evaluation of Utilization Management

The UM department focuses on shaping member care, ensuring that children are in the most appropriate and least restrictive level of care to preventing wasteful or duplicative services. The Magellan UM program is led by a senior-level board-certified General and Child and Adolescent Psychiatrist as the Medical Director. The Clinical Director and Care Managers responsible for UM functions are Licensed Mental Health Practitioners. UM activities include:

- **Referral and eligibility determinations:** Magellan recognizes that the LDH has made a significant investment in the CSoC program. Therefore, eligibility criteria are carefully applied to ensure that services are only provided to children for whom they intended. Children who can be served through less intensive interventions are referred to the appropriate entities for those services.
- **Medical Necessity Criteria (MNC):** Magellan's evidence based MNC have been customized for CSoC; participation in the Wraparound Process reduces unnecessary utilization of higher levels of care.
- **Approvals:** Service authorizations requested through POCs must specify the amount, frequency, and duration of services. They must also include details regarding how each service supports the goals of the CFT. Determinations are made based on information provided in assessments, MNC, WAA best practices, waiver requirements, and Medicaid guidelines. The POC is also reviewed and helps to shape utilization and minimize over/under utilization of services.
- **Authorizations:** Magellan utilizes the customized MNC to make decisions about prior authorization of services, review IP admission requests, and conduct retrospective reviews. The Medical Director or designee makes determinations after a thorough review of all available information regarding the requested service, medical necessity, and circumstances specific to the member. Magellan also coordinates required out-of-network medical care.
- **Over and Under Utilization of services:** Through the UMC, Magellan monitors service utilization patterns to detect over/under-utilization. Magellan accounts for seasonal variability, changes in the provider network, and external factors (such as natural disasters, cultural events, etc.) that may influence utilization. Magellan's interdepartmental Mini Teams monitor trends by region, provider, and individual youth. If inappropriate utilization is detected at any level, the Clinical, Network, Quality, and Medical staff work together to understand the root cause and risk.

The UM department is staffed with licensed mental health practitioners. Magellan's UM Program complies with federal utilization control requirements, including certification and recertification of need for continued stay in IP settings. Hospitals are contractually required to comply with federal requirements regarding utilization review plans, utilization review committees, plans of care, and medical care evaluation studies as prescribed in 42 CFR Parts 441 and 456. The Compliance team actively monitors UM activities for compliance with federal, state, and LDH requirements. UM Program policies and procedures are consistent with NCQA standards, and the team uses customized, evidence-based criteria to guide utilization-related activities.

## Over/Under Utilization of Services

Magellan has processes in place to monitor system-level and individual member-level utilization on a continuous basis to facilitate the timely identification of any trends suggestive of under- or over-utilization of mental health, substance use, and CSoC waiver services. Because of the small, high need, specialty population served, Magellan monitors individual member utilization with the same intensity as the system as a whole. Service delivery (type,

amount, frequency, duration) for each member is guided by their individualized Plan of Care. There are no individual service limits. At the system level, the Unit conducts the following activities:

- The Medical Director, Clinical Director, and clinical management staff review utilization information based on current month and year-to-date data on a quarterly basis.
- The Utilization Management Committee (UMC) reviews aggregate utilization data for all levels of care and 30-day readmission rates on a quarterly basis. The UMC reports its findings and any interventions to the Quality Improvement Committee.
- The Quality Improvement Committee reviews member grievances and provider complaints related to the UM process on a quarterly basis and member and practitioner satisfaction survey related to the UM process on an annual basis. This is done to assess for any indications of potential under- or over-utilization. If necessary, additional analysis and/or intervention is completed.
- Care Managers review individual member services and utilization to ensure member needs are met. The Wraparound Facilitator is responsible for contacting members at least monthly to ensure the Plan of Care (POC) is being implemented and to monitor the member's health and safety.

As part of the annual quality and clinical program evaluation, Magellan reviews utilization of inpatient services, outpatient, and waiver services. Inpatient care is the most intensive and restrictive level of care in terms of member impact. The potential impact on members of under-utilization is significant in terms of quality of care, risk to well-being, and treatment outcomes. The potential impact of over-utilization of inpatient care is also significant because a member may receive care that is more intensive and restrictive than appropriate for their needs. Over-utilization of this level of care also reflects inappropriate use of limited health care resources. Additionally, member grievances and member satisfaction elements related to the UM process are reviewed by Magellan in aggregate to ascertain member experience with the UM process. If members experience any barriers to accessing services due to the UM process, they may submit grievances or express dissatisfaction on member surveys.

Because the CSoC program is governed by a Home and Community Based Services waiver that targets youth with SED / SMI who are most at risk of out of home placement, great emphasis is placed on members receiving services and supports that will allow them to live safely with their families or caregivers in the community. Outpatient and waiver services are key components of the program and are therefore closely monitored by each youth's Care Manager. When reviewing utilization of services, it is important to remember that enrollment in the CSoC program is conditional, requiring that the youth served are those with the most severe clinical needs and most at risk of out-of-home placement. As symptoms and functioning improve, youth leave the program and are replaced with new young people with more severe needs. Because of those population characteristics, significant systemic increases and decreases over time are not expected and would warrant further investigation if observed.

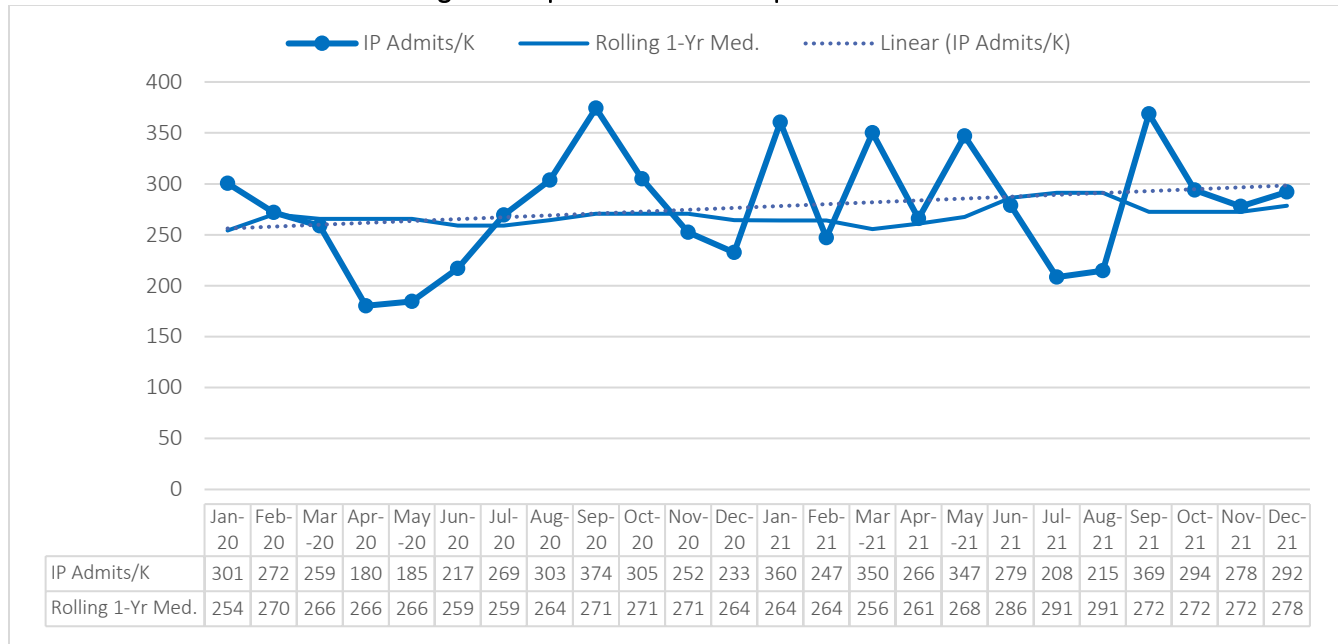
### **Inpatient Hospital**

Inpatient hospitalization for mental health or substance use detox (ASAM 4), measured in days per thousand, is monitored to assess over and under-utilization. This measure is impacted by both admission and length of stay; therefore, it provides a first-level analysis of the amount of utilized services. When this measure is outside of target upper and lower limits, further analysis is conducted of admissions/1000 and average length of stay to ascertain the driver of the change. Limitations to access, UM program delays in obtaining authorizations, denials of service that are appropriate for the member's needs, lack of availability of appropriate alternative services, and provider or practitioner issues can impact both admissions and lengths of stay, which may then result in over- or under-utilization of services. Any significant impact to either admissions or lengths of stay would be reflected in the days/1000 rate. For review in the UMC, evaluation of over and under-utilization are based on upper and lower



control limits of three standard deviations, using data from the previous two years. Results of the days/1000 measure for calendar years 2020 and 2021 are displayed in the graphs below, with trend lines and mean rates. The rates displayed are for mental health utilization for the inpatient hospitalization level of care. There were no presentations for treatment of substance use disorders at the ASAM 4 level of care.

**Figure 1. Inpatient Admissions per Thousand**



**Figure 2. Inpatient Days per Thousand**

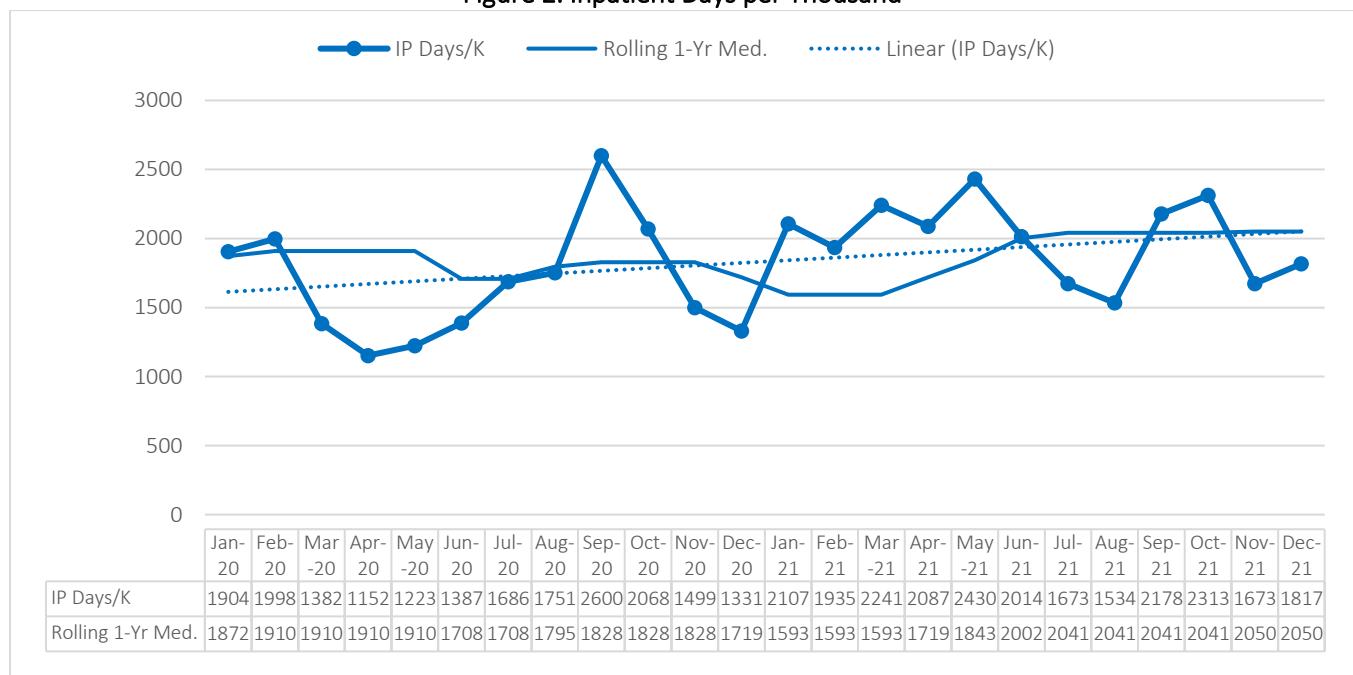
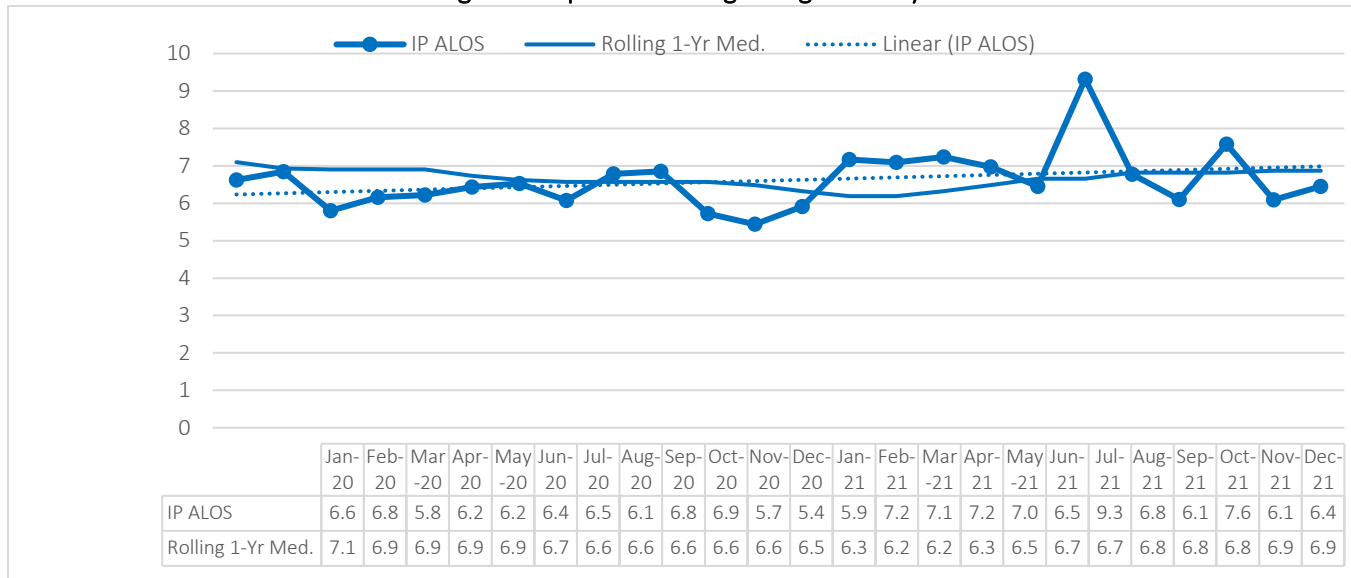


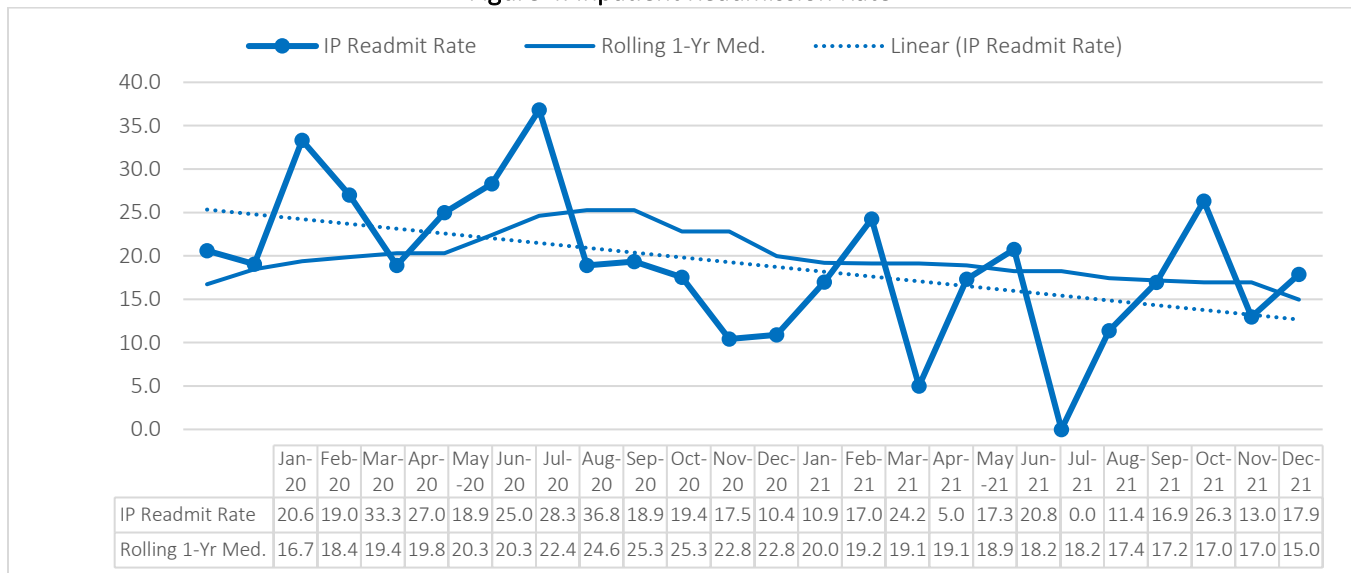
Figure 3. Inpatient Average Length of Stay



As shown in the figures above, beginning in June of 2020, inpatient admissions climbed, peaking in September at 374 admissions per thousand. This coincided with the initial surges of the COVID 19 pandemic. In 2021, inpatient utilization experienced peaks and troughs throughout the year, with admissions fluctuating between 208 and 369 per thousand. It is helpful to look at rolling 1-year median in Figure 1 to better understand the larger context of inpatient utilizations. Over the course of the last 2 years, the median number of admissions per thousand each month has increased only slightly. While it is known that increases in youth inpatient admissions follow patterns based on seasons and school calendars, CSoc youth hospitalization remain largely stable.

Length of stay over the course of 2021 experienced one notable fluctuation in July, peaking 9.3 days. This was due to a small number of outlier lengths of stay that required intense oversight by multiple agencies to ensure that discharge planning met the needs of the youth and family. Again, it is helpful to view the rolling 1-year line to understand trends over time.

Figure 4. Inpatient Readmission Rate



Readmission rate for inpatient hospitalization varies greatly due to the small number of CSoC youth who utilize this level of care. A notable trendline decrease was observed in 2021, with July 2021 having zero readmissions. While there were fluctuations throughout the year, an overall decline is evidence of successful interventions. This is believed to be the result of the November 2020 implementation of Root Cause Analysis (RCA) discussions. These calls are attended by Magellan clinical staff, including the Medical Director, and the Wraparound Agency for any youth readmitted to an inpatient level of care within 60 days of a previous discharge. RCAs have become invaluable in decreasing the number of inpatient readmissions for CSoC youth. During these discussions, Magellan and the Wraparound Agencies review issues with safety, developmental and educational concerns, trauma, and substance use. Perhaps most importantly, discussions involve collaboration between the Wraparound Agency and the inpatient facility to develop a comprehensive discharge plan. Wraparound Agencies use the knowledge gained from RCA calls to inform the CFT process, update the youth's Crisis Plan, and ensure that the Plan of Care meets the member's needs.

## Outpatient Services

Because services in CSoC youth's home and communities are integral to the structure of the program, the Utilization Management Committee oversees utilization of outpatient and waiver services in addition to inpatient hospitalization. Below, outpatient utilization is reported based on claims and utilization from January 2020 through December 2021.

**Figure 5. Mental Health Rehabilitation (MHR) Services – Percent of Members Served**

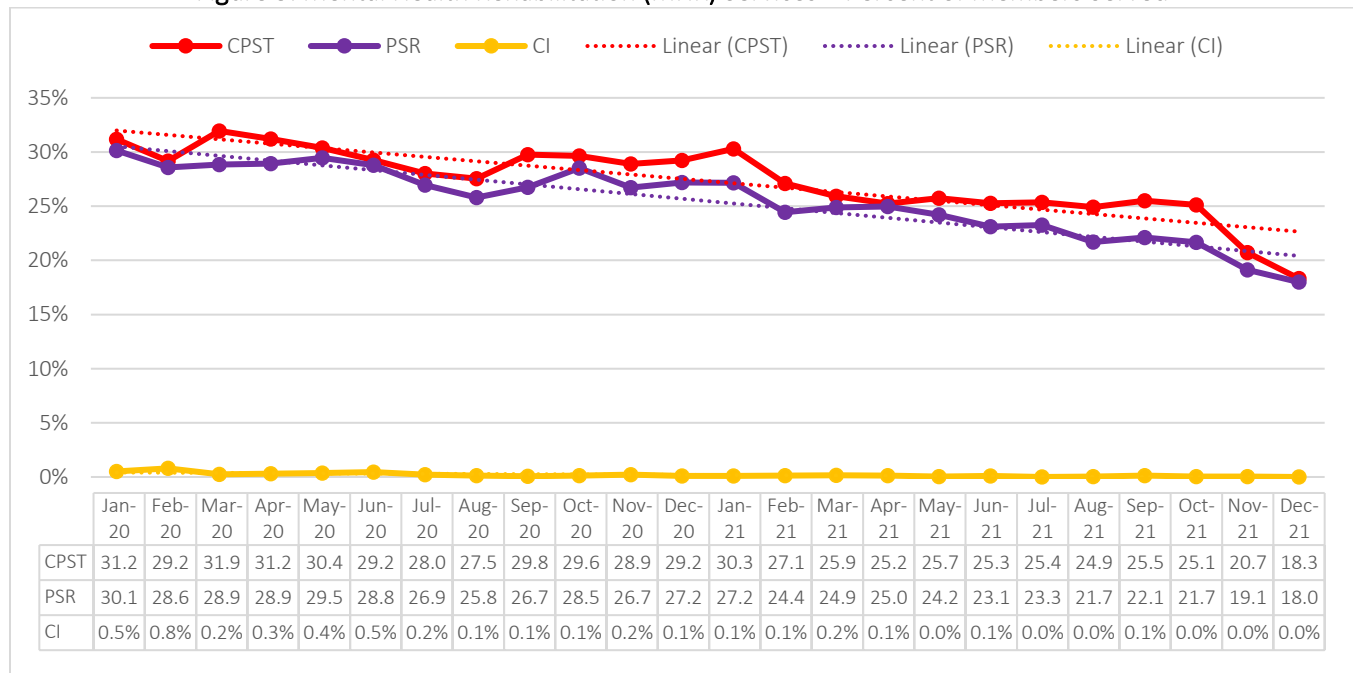


Figure 6. Functional Family Therapy, Homebuilders – Percent of Members Served

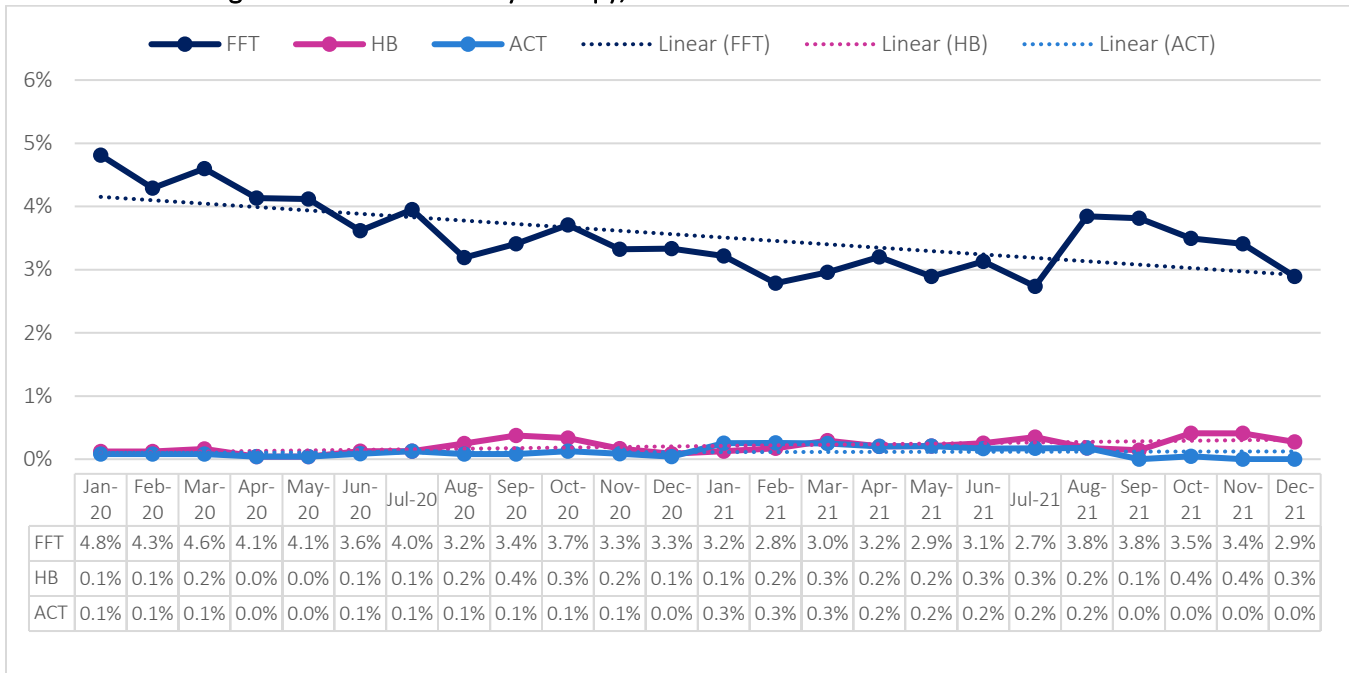
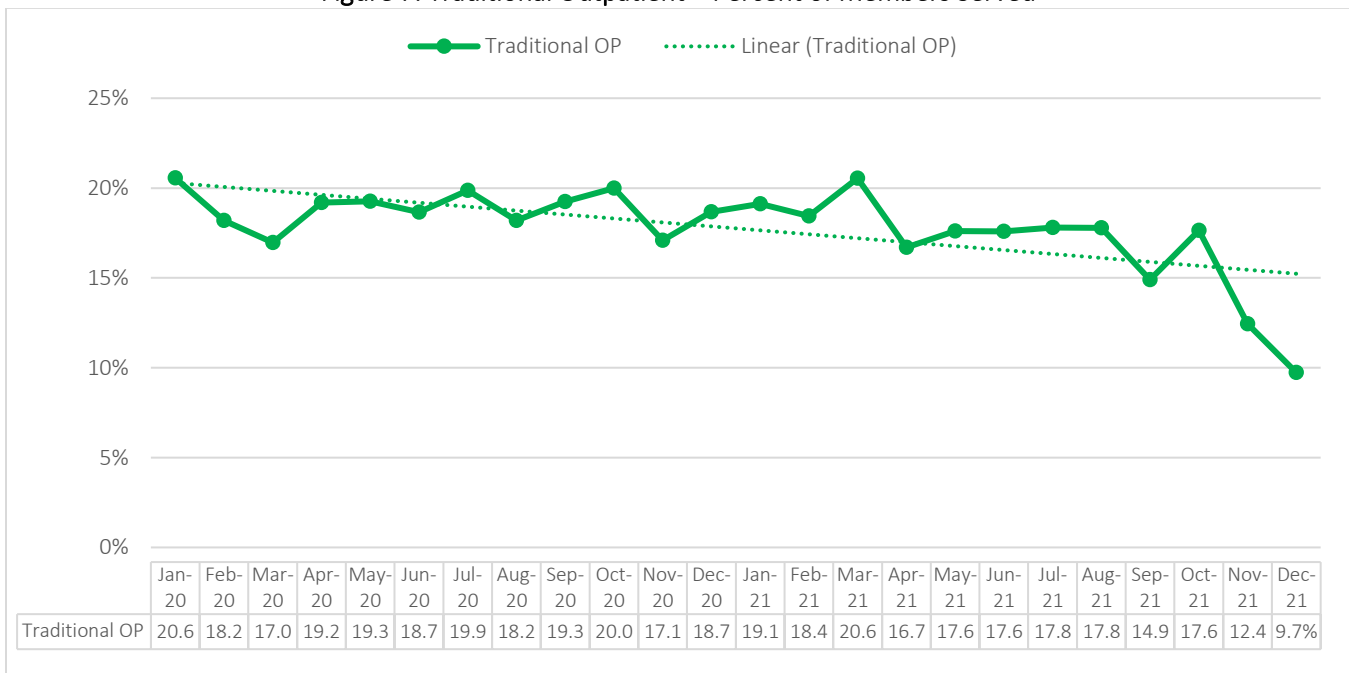


Figure 7. Traditional Outpatient – Percent of Members Served



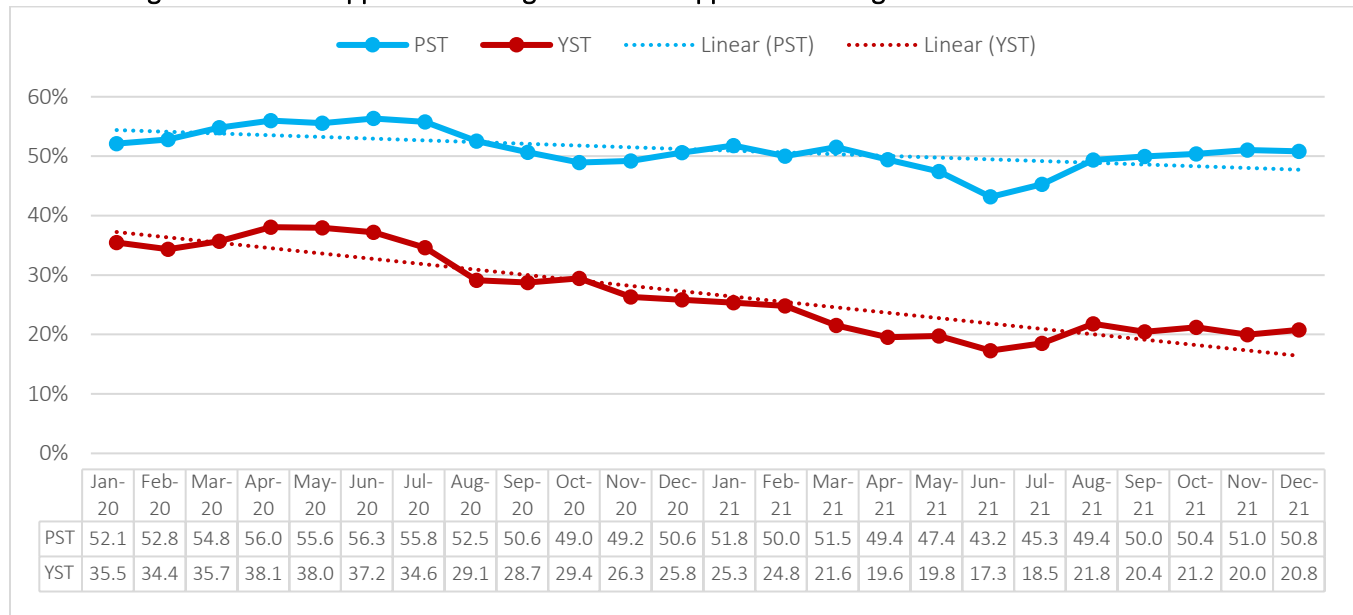
Overall, utilization of outpatient non-waiver services trended down throughout 2021, with utilization of Mental Health Rehabilitation (MHR) peaking in January, with 30.3% and 27.2% receiving CPST and PSR services, respectively, and ending with a new lowest rate of 18.3% and 18.0%, respectively, in December. A similar pattern was observed in utilization of Family Functional Therapy (FFT) and Homebuilders. However, utilization did begin to increase in August 2021 and remained roughly similar to 2020 rates. Like other outpatient services, there was continued decline in traditional outpatient utilization over the course of 2021. This decline reflects national trends

in utilization of mental health services, another consequence of the COVID-19 pandemic and associated measures. CSoC continuously pursues its primary goal to connect youth with needed behavioral health services and has taken steps to ensure that referral to CSoC is convenient for families through outreach to communities and child-serving agencies.

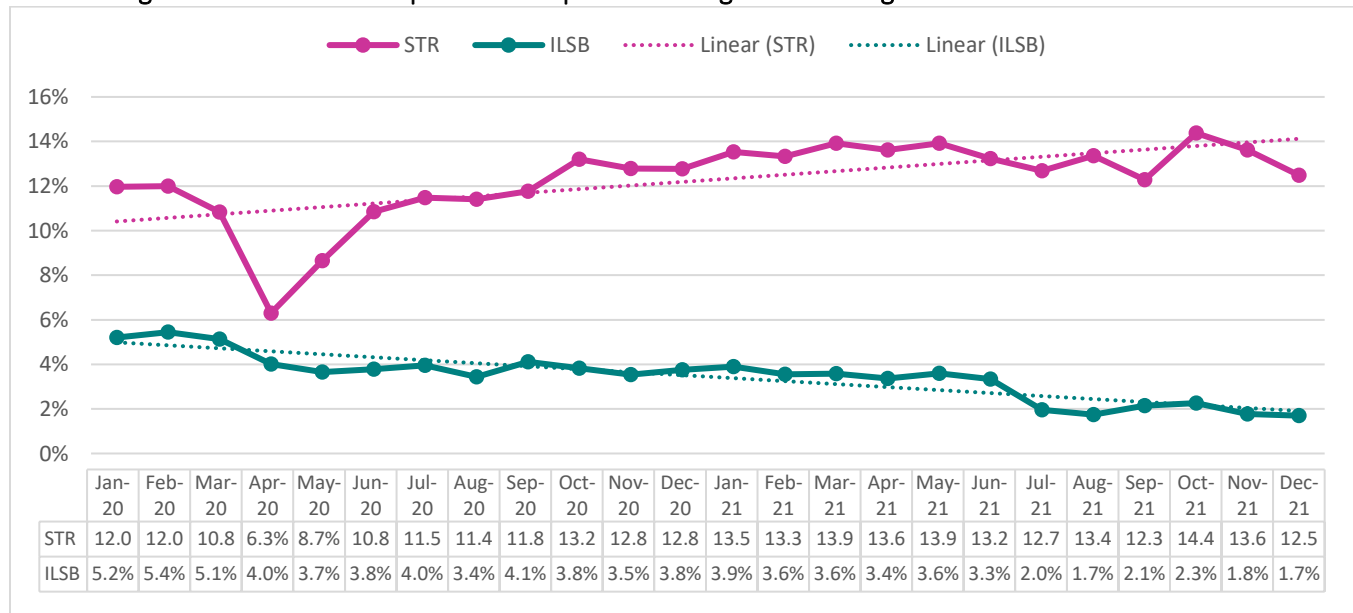
## Specialized Waiver Services

There are four services in Louisiana only available to CSoC-enrolled youth, including Parent Support and Training, Youth Support and Training, Short-Term Respite, and Independent Living Skills Building. The utilization of these services is reported in the graphs below.

**Figure 8. Parent Support & Training and Youth Support & Training – Percent of Members Served**



**Figure 9. Short-Term Respite and Independent Living Skills Building – Percent of Members Served**



The statewide Family Support Organization (FSO) reached their peak of service provision of both youth support and parent support and training at the end of 2021. Beginning in July, an increase in use began and continued through December, ending with utilization rates for parent and youth support of 50.8% and 20.8%, respectively. It is important to note that youth support is intended for teens and young adults, so it is not available for the entire CSoC member population. Short-term respite evidenced a positive trend throughout 2021, only slightly declining in the winter months. Independent Living continued to decline as it did in 2020, likely due to service delivery requirements that do not include the use of video or telephonic delivery. It is hoped that, as COVID 19 rates and safety provision requirements are reduced, utilization of all mental health services will increase.

### **Barriers Identified**

- Utilization of evidence-based practices and therapeutic services rendered by LMHPs has remained low, despite the intensive needs of CSoC youth.
- Transportation challenges can be a barrier for this population.

### **Actions Taken in 2021**

- Developed Clinical Practice Guidelines reference and procedure documents to support Wraparound facilitators and agencies in serving youth with the most challenging symptoms and behaviors.
- Care Managers customize initial inpatient authorizations, authorizing more days initially for youth who admit to the hospital and clearly meet MNC and fewer days when MNC may not be met, but authorization is required by state law (PEC and CEC admissions).
- Wraparound Coordinators take part in weekly internal discussions with LMHP care managers regarding hospitalized youth.
- Weekly internal Clinical Rounds with Magellan physicians occur to review unmet needs, wraparound interventions, plans of care, and Wraparound Agency collaboration with the hospital for currently hospitalized youth and/or those who were recently discharged.
- Root Cause Analysis discussions with individual Wraparound Agencies were implemented to closely examine instances in which youth are readmitted to the hospital within 60 days of discharge from this level of care. Those participating from the Wraparound Agency include the wraparound facilitator, supervisor, and Clinical Director. Magellan staff participating includes the care manager, wraparound coordinator, physician, and member of clinical leadership, at a minimum.
- Fully implemented Enhanced Risk Youth Project.
- Utilize State Agency Liaison to outreach child-serving agencies, including OCDD, OJJ, and the Department of Child and Family Services and provide education on the principles of wraparound and services available to children and families through CSoC.

### **Recommendations for 2022**

- Closely monitor utilization of evidence-based practices and professional behavioral health services. Engage in root-cause analysis if utilization levels remain low.
- Engage Wraparound Agencies in training and technical support to help front-line Wraparound Agency staff better understand behavioral health diagnoses, treatment options, waiver requirements, and standard operating procedures.
- Continue utilizing data gathered through the Plan of Care Review Tool to determine if there any relationships between overall quality of individual POC items and service utilization, specifically inpatient hospitalization.

## Authorization Rates and Timeliness

Magellan's compliance goal for this measure is 97%. In 2021, Magellan exceeded the timeliness standards for decisions and notification for Post Service, Preservice Urgent, and Urgent Concurrent Reviews.

**Table 1. Authorization Timeliness**

	2020			2021		
Risk Level	# Service Authorizations	# Timely Service Authorizations	% Timely Service Authorizations	# Service Authorizations	# Timely Service Authorizations	% Timely Service Authorizations
Routine	33,930	33,248	97.9%	34,267	32,998	96.30%
Urgent	914	910	99.5%	1,363	1,359	99.71%
Emergent	0	–	–	5	5	100.00%
Total	34,844	34,158	98.03%	35,635	34,362	96.43%

**Table 2. Adverse Benefit Determination Timeliness**

	2020			2021		
Risk Level	# Denied Authorizations	# Timely Denied Authorizations	% Denied Authorizations	# Denied Authorizations	# Timely Denied Authorizations	% Denied Authorizations
Routine	190	190	100.00%	149	148	99.33%
Urgent	137	137	100.00%	169	168	99.41%
Emergent	0	–	–	0	–	–
Total	327	327	100%	318	316	99.37%

**Table 3. Percent of Adverse Benefit Determinations**

	2020			2021		
	Number Issued	Number Requested	Rate	Number Issued	Number Requested	Rate
Authorizations	34,517	34,844	99.06%	35,317	35,635	99.11%
Adverse Benefit Determinations	327	34,844	0.94%	318	35,317	0.90%

### Barriers Identified

- Delay in the time between POC approval by Care Managers and when corresponding authorization data entry can be completed by Care Workers.
- Short-term staffing gaps.

### Actions Taken in 2021

Magellan met goals for urgent service authorizations and all types of service denials but did not meet the goal for routine service authorizations. The overall compliance rate was 96.31% and the average time for routine service authorizations was 12.86 days. Magellan had an unusually high absenteeism rate, especially in Q4 2021 due to COVID-19 related illness. Interventions for untimely routine authorizations:

- LMHPs in other departments were trained to take referral calls to allow more time for care managers to review plans of care and authorizations.
- The authorization process for respite authorizations was simplified to reduce the time necessary to build the authorizations. (The review process remains the same. The administrative process was changed.)
- LMHPs from other departments who were trained to review Plans of Care assist with routine plan updates (provider or unit change, service addition) to allow care managers more time to review full plans of care.
- The order in which Plan of Care sections are reviewed was changed.
- Care managers now review the simplest waiver required elements (signatures, dates, etc.) first. If those basic requirements are not met, the care manager stops the full review and does not approve the Plan of Care. Waiver and BH services on the Plan of Care are reviewed and authorized and the plan receives a full review only after the WAA submits the corrected plan.

## Member and Provider Experience with the UM Process

In addition to analysis of member grievances and provider complaints, member and provider experience with the UM process is monitored through review of experience survey data and appeals data. The table below represents the specific questions reviewed by the UMC for both the member and provider experience of care surveys. The member experience of care survey results indicated that over 97% of respondents reported a positive or neutral experience with the UM process. The provider experience of care results for 2021 showed consistent rates of positive experience, reduced neutral responses, and stable negative responses from 2020.

**Table 5. Member Experience of Care Survey – UM Process**

Question	Year	Total # Received	Positive	Neutral	Negative
My child has access to quality healthcare.	2020	327	96.60%	2.80%	0.60%
	2021	292	95.89%	1.37%	2.74%
Magellan covers the amount of healthcare benefits I believe my child need.	2020	327	92.70%	5.20%	2.10%
	2021	293	94.20%	3.07%	2.73%
Magellan covers the types of healthcare services my child needs.	2020	328	95.10%	4.30%	0.60%
	2021	292	93.49%	3.77%	2.74%

**Table 6. Provider Satisfaction Survey – UM Process**

Question	Year	Total # Received	Positive	Neutral	Negative
Magellan practices a straightforward appeals process.	2020	51	86.27%	9.80%	3.92%
	2021	42	88.1%	9.5%	2.4%
	2020	52	92.31%	5.77%	1.92%



Question	Year	Total # Received	Positive	Neutral	Negative
Clinical criteria reflect a generally accepted standard of care.	2021	47	100.0%	0.0%	0.0%
Clinical decisions are consistent.	2020	52	94.23%	1.92%	3.85%
	2021	42	97.6%	2.4%	0.0%

Respondents were asked four questions regarding coverage of healthcare in CSoC/Magellan. For these questions, responses were organized into three categories: positive (completely agree/mostly agree/somewhat agree); neutral (neither agree nor disagree); and negative (completely disagree/mostly disagree/somewhat disagree). Results are detailed below.

- When asked about having access to quality healthcare, youth and caregivers who responded positively represented 95.89% of the response group. This was 10.89 percentage points higher than the goal of 85%. When compared to 2020, there was difference of 0.75 percentage points in the percent of positive responses (N = 327, 96.64%), which was not statistically significant,  $X^2(1, N = 619) = 0.24, p < .05$ .
- When asked if CSoC/Magellan covers the *amount* of healthcare services they believe are needed, youth and caregivers who responded positively represented 94.20% of the response group. This was 9.20 percentage points higher than the goal of 85%. When compared to 2020, there was an increase 1.54 percentage points in the percent of positive responses (N = 327, 92.66%); however, this was not a statistically significant improvement,  $X^2(1, N = 620) = 0.59, p < .05$ .
- When asked if CSoC/Magellan covers the *type* of healthcare benefits they believe are needed, youth and caregivers that responded positively represented 93.49% of the response group. This was 8.49 percentage points higher than the goal of 85%. When compared to 2020, there was a decline of 1.63 percentage points in the percent of positive responses (N = 328, 95.12%). This was not a statistically significant decline,  $X^2(1, N = 620) = 0.77, p < .05$ .

Responses were predominantly positive, evidencing overall satisfaction in health coverage provided through CSoC/Magellan. All four questions assessing this area exceeded the goal of 85% and were rated above 90%, ranging from 93.49% to 95.89%. There was an increase in the percent of positive responses related to healthcare services covered through CSoC. Responses to three of the questions showed marginal declines from 2020 rates. None of these differences were statistically significant. Strengths identified in health plan coverage included access to quality healthcare (95.89% positive) and healthcare services being covered (95.10% positive). There were no opportunities for improvement identified in this category.

## Member Appeals

Magellan supports members, or the member's legal representative, in appealing adverse clinical determinations. In accordance with 42 CFR Part 438, Subpart F, an appeal is defined as a formal review of a decision pertaining to a member's behavioral health services. Members are given sixty calendar days from the date of the written notice of adverse benefit determination to request an appeal. Appeals may be requested orally or in writing, including online. When a request for an expedited resolution is received, a resolution is reached within 72 hours. Standard appeal requests are acknowledged within three business days of receipt and a determination is made within 30 calendar days of receipt.

## Category of Appeals

Member appeals fall into five categories:

- Quality of Care
- Access
- Attitude/Service
- Billing/Financial
- Quality of Practitioner Office Site.

In 2020 and 2021, 73 and 62 appeals were received, respectively. All appeals received were categorized as access to care. The rate of appeals per thousand decreased from 20.69 to 17.04, representing a decrease of three percentage points. In 2021, the Clinical and Medical Directors implemented initiatives to improve the utilization management process, which included revising the Physician Advisor Review form and a team restructuring. This is described in greater detail starting in the [Care Management](#) section.

**Table 7. Appeal Categories and Rates Per Thousand**

Category	2020 (N = 3,529)		2021 (N = 3,639)	
	Number	Rate	Number	Rate
Quality of Care	0	0	0	0
Access	73	20.69	62	17.04
Attitude/Service	0	0	0	0
Billing/Financial	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0
<b>Total Average</b>	73	20.69	62	17.04

## Appeals Processing Indicators

Appeals are processed in accordance with urgency-based classification, which is defined as expedited or standard. In 2021, there were sixty-two appeals received, of which 54.84%, or thirty-four, were expedited and 45.16%, or 28 were standard. The number received declined by eleven appeals. The change was due to a decrease in expedited appeals (-12) and increase in standard appeals (+1). All expedited appeals were for the inpatient hospital level of care and were requested by the provider on behalf of the member while the member was still in treatment, whereas standard appeals included MNC Inpatient level of care (17), outpatient service (1), and benefit appeals (10).

Table 8 provides processing standards for appeals received in 2020 and 2021. Processing standards for standard appeals included providing written notice of acknowledgement within three business days and written notification of resolution within thirty calendar days. In 2021, the CSoC Unit completed acknowledgments and for each of the twenty-eight appeals received. Processing standards for expedited appeals require written and verbal resolutions to be completed within 72 hours. In 2021, this standard was met for 100% of the expedited appeals. In 2019, CSoC Unit implemented a rigorous quality assurance procedure for all appeals to ensure ongoing and continuous compliance is achieved. As the results indicate, the compliance rates provide evidence of the

effectiveness of the procedures to ensure timely processing of both standard and expedited appeals. As a result, the CSoc Unit will continue to use these procedures in 2022.

**Table 8. Appeals Processing Indicators**

	2020			2021		
Risk Level	# Denied Authorizations	# Timely Denied Authorizations	% Denied Authorizations	# Denied Authorizations	# Timely Denied Authorizations	% Denied Authorizations
Routine	190	190	100.00%	149	148	99.33%
Urgent	137	137	100.00%	169	168	99.41%
Emergent	0	–	–	0	–	–
Total	327	327	100%	318	316	99.37%

## Completed Appeals

When the CSoc Unit receives an appeal, an LMHP is assigned to the appeal to ensure that all requirements are met to process the appeal in accordance with federal/state requirements. In 2021, 71.5% of MNC appeals were completed, with 23.08% withdrawn due to lack of member consent and 5.77% denied because a provider submitted the request outside of the 60-day timeframe. This is consistent with the number of appeals completed in 2020. There was one (10%) benefit appeals that was withdrawn by the caregiver, while the remaining 90% were completed. The reason for the higher rate of completion for benefit appeals is because these appeals are filed directly by the member; whereas, MNC appeals are typically requested by a member's representative (i.e., the treating provider).

**Table 9. Completed Appeals**

Year	Type	Total Received	Total Processed	% Total Received	Denied - Untimely Filing by Provider	% Total Received	Withdrawn	% Total Received
Benefit	2020	3	3	100%	0	0%	0	0%
	2021	10	9	90.0%	0	0%	1	10.00%
MNC	2020	70	54	77.14%	3	4.29%	13	18.57%
	2021	52	37	71.15%	3	5.77%	12	23.08%

## Appeal Determinations

Appeal determinations are made according to the type of appeal – i.e., either appeals for UM decisions or benefits (i.e., clinical eligibility for program). In CSoc, benefit determinations (i.e., clinical eligibility) are based on an algorithm, as specified by LDH, which is applied to the youth's eligibility assessment (i.e., CANS and IBHA). The CSoc Unit reviewed nine benefit appeals and 37 MNC appeals. This represented a decline in total number received (–11); although, it should be noted that the number of benefit appeal increased from 3 to 9 from 2020 to 2021. In 2020, restrictions on disenrolling youth and families were implemented during the COVID-related Public Health Emergency (PHE). This only applies to youth who were enrolled on or after 03/18/2022. Thus, the increase in benefit appeals is due to youth and families appealing clinical eligibility determinations made prior to enrollment. The figure below provides the quarterly summary of the type of appeals for 2020 and 2021.

All CSoc appeal decisions are made by an appropriate professional. In the case of medical necessity determination appeals, decisions are made by a board-certified child/adolescent psychiatrist. During 2021 of the 37 MNC

appeals processed, 62.16% were upheld (N = 23), 13.51% were partially upheld (N = 5), and 24.23% were overturned (N = 9). There were no notable changes in the type of determinations between 2020 and 2021.

The nine benefit appeal decisions were completed by a qualified CANS-certified Licensed Mental Health Professional (LMHP). During 2021 of the 9 MNC appeals processed, 33.33% were upheld (N = 3) and 66.67% were overturned (N = 6). As mentioned previously, clinical determinations are made based on an assessment complete at enrollment and every 180-days thereafter. In CSoC, initial assessments must be completed within thirty calendar days of receipt of the referral. In addition to completing assessments, the Wraparound Agency is tasked with engaging with the family, explaining services/benefits available, obtaining freedom of choice, building a Child and Family Team (CFT), gathering collateral data, and developing an initial plan. Because of the rapid timeline, assessors conduct assessments with the clinical information that is known at the time of the assessment, which can often be limited due to the condensed timeline to complete all tasks. In addition, the caregiver may unintentionally neglect to disclose critical information at the time of the assessment and, the appeal process offers the member an opportunity to share additional information about the youth's current status to assess clinical eligibility. The CSoC Unit has communicated these barriers on behalf of youth, families, and providers to the LDH. In response, the LDH has proposed changes to CMS for the next waiver application, expected to be effective on 07/01/2022, that will extend timeframes to mitigate barriers and improve the member and provider experience during the first thirty calendar-days post-referral.

**Table 10. Appeal Determinations**

Year	Type	Total Processed	Upheld	% of Total	Partially Upheld	% of Total	Overturned	% of Total
Benefit	2020	3	0	0%	0	0%	3	100%
	2021	9	3	33.33%	0	0%	6	66.67%
MNC	2020	54	30	55.56%	12	22.22%	12	22.22%
	2021	37	23	62.16%	5	13.51%	9	24.32%

## Program Structure

The Utilization Management Committee (UMC), a subcommittee of the QIC, conducts ongoing qualitative and quantitative analysis of utilization trends, authorization rates and timeliness, member/provider appeals, member grievances, provider complaints, member/provider experience of care, etc. to ensure the sufficiency of the UM program in meeting the needs of our members.

### Actions taken in 2021

- Developed and quickly implemented procedures to address the need for improvement in timely authorizations. These procedures included:
  - \* The administrative authorization process for respite authorizations was simplified to reduce the time necessary to build the authorizations.
  - \* Trained LMHPs from other departments to review Plans of Care and assist with routine plan updates. This allowed care managers more time to review full plans of care.
  - \* To streamline the approval process, updated POC review procedures were implemented to require Care Managers to review the basic waiver required elements (signatures, dates, etc.) first. If they are not met, the full review is stopped, and the WAA is notified. Waiver and BH services on the Plan of

Care are reviewed and authorized and the plan receives a full review only after the WAA submits the corrected plan.

- \* The member experience of care survey results indicated that over 97% of respondents reported a positive or neutral experience with Magellan's UM process.
- \* 97.6% of providers reported positive or neutral response to the satisfaction survey item, *Magellan practices a straightforward appeals process*.
- \* 97.6% of providers responded that Magellan clinical decisions are consistent, with only 2.4% neutral and 0% negative responses.
- \* The number of both benefit appeals and expedited clinical appeals declined in 2021.
- \* Magellan completed 37 MNC appeals and the majority, and 62.16% upheld the initial determination.

### Planned Actions for 2022

- The UMC will review program structure, including available technical and staff resources, in context of the 2021 outcomes and program goals. determined the current structure was sufficient to meet the needs of the CSoC members. The UMC will continue to monitor program sufficiency on a quarterly basis, address opportunities when identified, and adjust program structure accordingly.
- In early 2022, Magellan hired three new LMHPs: two Care Managers for the Clinical Team, and one Clinical Review for the Quality Team.
- Continue Root Cause Analysis discussions to identify services to support CSoC youth in transitioning back to the home and community following an inpatient hospital readmission.
- Magellan's State Agency Liaison will continue to engage with child serving agencies to connect youth to CSoC services and providers.

# Care Management Initiatives

Magellan develops and maintains a Care Management program that ensures covered behavioral health services are available when and where CSoC members need them. Magellan's CM system is comprised of dedicated Care Managers with specialized training in Wraparound, which are available 24 hours per day, 7 days per week, 365 days per year. The CM program ensures that clinically appropriate and cost-effective behavioral health services are identified, enacted, and monitored for high-risk members with unique, chronic, or complex needs. The process integrates the review of member strengths and needs by the Child and Family Teams (CFTs), which include the youth, guardian(s), and Wraparound Facilitators (WF). The result is a mutually agreed upon, clinically appropriate, and cost-effective service plan. Because of the special needs of CSoC members, all youth and families enrolled participate in complex case management activities. WFs submit Plans of Care (POCs) for review by a Care Manager (CM). The CM Program functions include:

- **Assessment:** Magellan has dedicated CM staff who review key documents that guide POCs and identify youth that require intervention. Licensed Mental Health Professional (LMHP) Care Managers bring a keen understanding of these documents, including the Child and Adolescent Needs and Strengths (CANS) and the Individualized Behavioral Health Assessments (IBHA). Care Managers review all available clinical information and reach out to WAAs to ensure Magellan has accurate information. They also identify any concerns about the quality of assessments and work with WAAs and providers to address them quickly.
- **Plan of Care (POC) approval:** The POC documents all formal and informal services received by the youth and family. Care Managers use a POC Review tool to verify that Wraparound best practices and waiver requirements are met. This helps ensure that the youth and family achieve their goals and that the youth is kept safely in his or her community.
- **Risk identification:** Care Managers monitor changes in youths' conditions, which may indicate a need for specialized treatment or more intensive services. CMs become aware of a change in status through collaboration with providers, changes in utilization (e.g., Emergency Department visits or inpatient admissions), and updated CANS or IBHA information. Care Managers collaborate with WAAs to ensure POCs are adjusted to reflect additional needs and services. In 2021, the Care Management Team, in collaboration with the Medical Director, fully implemented the Enhanced Risk Youth project, discussed in detail later in this section.
- **Care Coordination:** There are many avenues by which Care Managers become aware of youth care coordination needs. Examples include the Barriers section of the POC, assessment information, utilization reviews with hospitals, regular contact with WAAs, Treatment Record Reviews (TRRs), during WAA technical assistance visits, and from speaking directly to members and/or their families. Magellan staff includes Care Managers, WAA Coordinators, Care Workers, an FSO Coordinator, a Managed Care Organization Liaison, a State Agency Liaison, and a Medical Director, all of whom focus on the individual needs of CSoC youth and families. Medical needs, educational challenges, and agency involvement are just a few triggers for increased care coordination activities.
- **Coordination with Managed Care Plans:** Care Managers and Magellan's Managed Care Organization Liaison coordinate care with members' physical health plans to promote overall health and wellness and guard against duplicative services. Medical needs are considered during every clinical review and member interaction to ensure that youth have appropriate and effective sources of healthcare.

In 2021, the Clinical Team implemented several initiatives with the goal of creating an integrated care management approach to improve the effectiveness of addressing clinical and risk behaviors. A summary of

interventions that were implemented as a part of this initiative is discussed below. The section concludes with an analysis of the POC Review process.

## **Root Cause Analysis (RCA) Conferences**

In order to better understand the complexities of youth who readmit to an inpatient psychiatric facility within 90 days of prior discharge, Magellan staff conducts a Root Cause Analysis discussion with the Wraparound Agency. In attendance from Magellan are the Medical Director, Clinical Director, Clinical Manager, Care Managers, Wraparound Coordinators, and a quality team representative. In attendance from the Wraparound Agency are the Clinical Director, Wraparound Facilitator, and Wraparound Supervisor. During the discussion, the participants explore the unmet needs being treated during the hospitalization and, if possible, what could have helped to prevent the hospitalization. Another key component of the RCA conference calls is the discussion of whether risk factors have been adequately addressed as part of the updated crisis plan. Barriers to follow up after hospitalization are reviewed and action items are identified to overcome those barriers with the goal of keeping the youth in their home and out of an inpatient psychiatric hospital. Co-morbid complexities commonly observed among the youth needing root cause analysis meetings are autism, intellectual disabilities, and substance use. Most youth with these complexities need referrals to OCDD, psychological testing, or services to address substance use. Magellan works with the Wraparound Agencies to assist with finding providers and building any authorizations necessary to connect these youth and family to the appropriate resources.

## **Enhanced Risk Youth Project**

The goal of the Enhanced Risk Youth (ERY) Project is to target approximately 5% of CSoc youth identified as being at an elevated level of risk and in need of enhanced clinical oversight by the Wraparound Agencies. A youth is identified as being positive for the enhanced risk youth algorithm if they have any of the following ratings on their CANS assessment:

- Risk: Danger to others: Rating of 3
- Risk: Sexual Aggression: Rating of 2 or 3
- Risk: Delinquency: Rating of 3
- Risk: Fire Setting: Rating of 3
- Child Behavioral/Emotional Needs: Psychosis: Rating of 3
- Child Behavioral/Emotional Needs: Conduct: Rating of 3
- Child Behavioral/Emotional Needs: Rating of 2 or 3

The Wraparound Agency or Magellan may also identify a youth as appropriate for addition to the ERY list in ways other than CANS ratings, such as a youth who has just been referred and has not yet had a full CANS or a youth who has had a new behavior or symptom since their previous CANS. The workflow for this process includes internal discussions at the Wraparound Agency in which the wraparound facilitator and an LMHP evaluate the youth's current providers and services and uses the assessment review tool as a guide to evaluate how the Independent Behavioral Health Assessment explains the CANS ratings of the youth's risk of harm to self or others and to make clinically sound treatment recommendations. After internal discussion at the Wraparound Agency is held, the facilitator takes any ideas, suggestions, and feedback from the discussion to the Child and Family Team where the Plan of Care is updated and submitted to Magellan along with a Safety and Risk Summary. These documents are then reviewed by an LMHP Care Manager. Every 60 days while the youth remains on the ERY list, the Wraparound Agency has a new CANS completed by a CANS certified LMHP which is submitted to Magellan for review. If at any time while the workflow is being implemented, the Wraparound Agency and/or Magellan can request a discussion regarding the youth in which Magellan's Medical Director, Clinical Director, Clinical Manager,



Care Manager, and Wraparound Coordinator will partner with the Clinical Director and Facilitator from the Wraparound Agency to discuss clinical information, co-morbidities, services and supports attempted by family, explore barriers, and brainstorm action items to overcome barriers. When the Wraparound Agency is ready to remove the youth from their ERY list, documentation is submitted to Magellan including clinical justification explaining why the youth is ready to be removed from the list. Magellan reviews the information and decides to remove the youth or hold a staffing with the Wraparound Agency for further discussion.

## Clinical Procedures

The purpose of the initiative was to improve consistency in the case management activities when youth are identified with complex (i.e., involving multiple stakeholders) or acute clinical and functional needs. Content areas addressed through procedures include youth who require treatment at the Inpatient or Psychiatric Residential Treatment Facility (PRTF) level of care, youth identified with actionable risk of harm to self or others, youth with developmental and educational needs, and youth identified with substance use needs. The initial development of procedures was completed by Wraparound Agencies to ensure the input of the practitioners and providers was emphasized. Then, the CSoc Unit's Medical and Clinical Directors reviewed and modified procedures to ensure standardization, adherence to clinical practice guidelines, and compliance with waiver assurances and federal/state regulations. Final procedures were submitted to LDH for review and approval prior to implementation.

- **Inpatient Hospital Procedures** are to be followed when a youth is admitted to an inpatient level of care. It includes the wraparound facilitator collaborating with the hospital to participate in family sessions, assisting with discharge planning including appointments with a psychiatrist and an LMHP, updating the crisis plan, and updating the Plan of Care. The WF and their supervisor discuss the admission and the facilitator takes any suggested action steps back to the Child and Family Team. Wraparound Agencies and Magellan collaborate during the youth's inpatient stay daily on the youth's ongoing treatment, including discharge planning and progress. Magellan staff will assist the facilitator to reach the hospital if they are having difficulty. Clinical staff at the Wraparound Agency meet to review the incident and discuss next steps and this is documented in a note for further suggestions/recommendations for the facilitator and team to follow up on. Upon discharge, the facilitator holds an emergency Child and Family Team meeting within 48-72 hours. The WF requests documents from the hospital, which will be used for coordination with youth's PCP, therapist, psychiatrist, and other providers.
- **Psychiatric Residential Treatment Facility Procedures** list the procedures to be followed when PRTF is requested for a youth in CSoc. If PRTF is approved and the youth is admitted to this level of care, these procedures state the Wraparound Agency will submit weekly updated PRTF POC's to Magellan and will provide updates to their supervisor and Magellan as needed or as requested. Prior to discharging from the PRTF level of care, the discharge POC will be submitted to Magellan and will include updated information including strategies, medication changes, providers the youth will see upon discharge to ensure smooth transition back into the community. Within 48-72 hours of discharge from the PRTF, the facilitator will conduct a Child and Family Team meeting and will obtain records from the PRTF including a discharge summary within two weeks of discharge and notify Magellan if unable to obtain.
- **Safety and Risk Procedures** state there should be immediate communication to notify/consult regarding level of intervention for any youth with active suicidal or homicidal ideations with a plan. Upon consultation with an LMHP, level of intervention is determined, and a Safety and Risk Summary is completed and submitted along with an updated Plan of Care. For youth with a history of suicide attempts, suicidal ideations, homicidal ideations, recent violent episode, self-injury, or unsafe behaviors, the procedures give direction on assessing emergent safety concerns and the presence or absence of current suicidal or homicidal ideation. Youth are to be referred to an LMHP for assessment and treatment of comorbid mental health disorders with implementation of indicated therapeutic intervention and referred to a psychiatrist for assessment and



treatment of comorbid mental health disorders and risk reduction of pharmacological interventions. The Child and Family Team will work to address any identified barriers to making appointments. The CFT will also update/create a crisis plan which addresses all environments, collaborate with the school, as indicated, to ensure coordination of the safety plan, screen for substance use, screen for trauma, consider appropriate evidence-based practices, and submit a Safety and Risk Summary with the updated Plan of Care to Magellan.

- **Trauma Procedures** identify processes for youth who have a rating of a 2 or 3 on the CANS item *Adjustment to Trauma*, or youth with a history of emotional, physical, sexual abuse or neglect, or youth who have three or more Adverse Childhood Experiences (ACEs). If the youth is currently receiving counseling from an LMHP, the wraparound facilitator is expected to obtain a release of information signed by the guardian for the LMHP, collaborate with the provider, invite them to attend the Child and Family Team, and include strategies for them on the Plan of Care. If the youth is not currently receiving services from an LMHP, the facilitator offers options for LMHP's in their area that the youth and family may choose for therapy. If there is a barrier in finding an LMHP, the Wraparound Agency notifies Magellan by the next business day so Magellan may assist in finding a provider. If the family agrees to see the provider, a release of information is signed, and a referral is made within three business days. The facilitator follows up to ensure the appointment is made and if not, assistance is given to the family to reschedule. If the family does not initially agree to see an LMHP, a strategy is added to the POC to bring in an expert to educate the family on the importance of addressing trauma and the evidence-based approaches used to treat it. If the family still does not agree to see an LMHP, strategies are added to the POC of how trauma will be addressed and how the family will continue to be educated on evidence-based approaches used to treat trauma. Data will be gathered, and outcomes reported regarding the effectiveness of these strategies. If these strategies are not effective, new ones will be added to detail how trauma will be addressed. Another tool to ensure that trauma is accurately assessed is the Assessment Review Tool (ART), which monitors that youth with functional impairment due to trauma have IBHAs that include clinical documentation of the type and severity of trauma-related symptoms. For a full description of the ART, please see the [Quality Improvement Activities](#) section of this report.
- **Developmental and Educational Procedures** dictate that the Wraparound Agency should review all referrals and assessments to ascertain if a development disability, IEP, 504, or other educational needs are identified. Additionally, procedures state that the WF should identify whether the youth has an approved OCDD waiver. If the youth is approved by OCDD, a release of information should be obtained and the CFT should review the services the youth currently receives from this agency and whether other qualified services would be beneficial to the youth and family. If the youth has not yet been approved by OCDD, the family is provided information about the agency and a strategy is added to the Plan of Care to assist the guardian in making a referral through the local Human Services District. If the family does not initially agree to the referral, a strategy is added to the plan to bring in an expert to educate the family on OCDD supports and services. If the youth has not had psychological testing, a referral is made and added to the Plan of Care. If the youth has a current IEP or 504 plan in place, a release of information is obtained for the school and a copy of the IEP or 504 is requested. Information from the document is included in the family story and/or Plan of Care and if it is not meeting the needs of the youth, a strategy is added to assist the family in requesting an IEP or meeting with the school. If the youth does not yet have an IEP or 504 but has a developmental disability or unmet educational needs, a release of information is obtained for the school and a strategy is added to the Plan of Care to assist the guardian in making a written request for a School Building Level Committee meeting and indicates who will attend with the guardian. Subsequent POC's indicate other steps to be taken to ensure youth's academic needs are met.
- **Substance Use Procedures** are implemented when the Wraparound Agency obtains information indicating a youth is using substances. The facilitator meets with the youth, family, and other stakeholders to gather information on family history of use, current living situation, family acceptance of use, specifics of use such as amount, frequency, and duration, current diagnosis, and current medications. The Facilitator then meets with

an LMHP supervisor within 72 hours to discuss information gathered, along with available treatment providers in the area, other available resources to help youth in the area, and to explore if there is a known connection between the youth's substance use and their underlying need. The LMHP then identifies appropriate treatment options to be offered to the family and the facilitator takes the treatment options to the CFT within 72 hours of the meeting with LMHP. The facilitator has the guardian sign a release of information for the chosen provider, a referral is made, the facilitator collaborates with provider, updates the Plan of Care, and submits it to Magellan. If residential level of care is requested, it must go to the youth's Managed Care Plan for approval. All other levels of care are reviewed and authorized by Magellan. If the family does not agree to substance use services, a strategy is added to the Plan of Care to bring in an expert to educate the family on substance use. If the family still does not agree to substance use treatment services, strategies are added to the POC pertaining to how substance use will be addressed and how the family will continue to be educated on evidence-based approaches used to treat substance use. Data will be gathered, and outcomes reported regarding the effectiveness of these strategies. If these strategies are not effective, new ones will be added to detail how substance use will be addressed.

## **Wraparound Trainings**

Through interaction with Wraparound facilitators, there were areas identified in which they were not receiving training as part of their onboarding or ongoing education with Wraparound Agencies. After the areas of need were identified, Magellan either created new trainings or partnered with community resources to provide adequate education to all wraparound facilitators, supervisors, and clinical and executive directors. All training courses are recorded so any staff that are not present on the day of the training may watch the video and complete the associated attestation.

The first training was conducted by Magellan and was an in-depth look at the Standard Operating Procedures manual, which provides guidance for conducting the day-to-day activities that are necessary in developing, implementing, and sustaining CSoC. Magellan's State Agency Liaison conducted the second training on Navigating and Coordinating with State Agencies. Since many CSoC youth are involved with one or more state agencies, it is critical for Wraparound Agencies to collaborate with those entities such as Department of Children and Family Services, Office of Juvenile Justice, Louisiana Department of Health, Department of Education, Office for Citizens with Developmental Disabilities, and Families in Need of Services. Magellan presented a training on utilizing the IBHA and CANS in treatment planning since these documents are foundational to guiding the Child and Family Team in the creation of the Plan of Care. Therefore, it is imperative that wraparound staff understand the elements of these assessments.

Many CSoC youth have Adverse Childhood Experiences (ACES) and the impact of these experiences on a youth's mental health can be long-lasting and severe. It is extremely important that health providers working with these youth understand that ways in which trauma may manifest as maladaptive behaviors and emotional disorders. Three separate trainings were held around this topic. Two trainings were presented by representatives from the LDH Bureau of Family Health: one on what ACES are and how they impact youth, and the other on ACES and Parenting. The last training on ACES included viewing of the Resilience Documentary, which elucidates how ACES can put children at greater risk for disease, homelessness, prison, and early death. Lastly, a training on Suicide Prevention was presented to Wraparound Agencies and staff by the Outreach and Traumatic Loss Coordinator from Vialink.

## **Care Management Restructure**

As we began to focus on the needs of youth in inpatient settings, the need arose to restructure the way our inpatient concurrent reviews were assigned. Instead of having one care manager completing all reviews for youth in the hospital, we began having the care manager assigned to the youth's CSoC region complete reviews with the

hospital for the duration of the youth's admission. Care Managers speak to their assigned regional Wraparound Agency each day and therefore are more familiar with the culture, needs, services, and providers in that particular region. This allows for seamless communication with the Wraparound Agency concerning the progress the youth is making in the hospital and when family sessions are scheduled. Regional CMs are best able to assist in overcoming any barriers to collaboration between the Wraparound Agency and the treating hospital. Lastly, the care manager is able to communicate specific provider information to the hospital to assist with thorough discharge planning.

To ensure interrater reliability among care managers completing inpatient reviews, our Medical Director conducted a training on the inpatient psychiatric level of care Medical Necessity Criteria (MNC). This included reviewing different vignettes and discussion of when a case should be sent for a physician advisor review. The Physician Advisor Review Form was also restructured to allow for more clear reference from both the care manager and the physician of how the youth does or does not meet MNC. Also, reasons for sending a case for a review were simplified and revised to three reasons: does not appear to meet medical necessity criteria, complexity, or youth not seen by a qualified provider.

## **Direct Referrals**

One barrier consistently reported by families and providers is the time it takes to complete a CSoC referral, as well as the number of people one must speak to throughout the process. Previously, the sole method to refer a youth to CSoC was to initiate a call with the youth's physical health plan to complete an initial screening before then being transferred to Magellan, who would conduct an additional screening before deciding on presumptive eligibility qualification and completing the referral. To remedy the time and effort burden placed on referral sources, Magellan piloted direct referrals from DCFS, OJJ, a psychiatric residential treatment facility, an inpatient hospital, and their emergency room. The results of this pilot project were shared with the LDH and included reduction in call time, fewer dropped calls, and positive feedback on the process from the referral sources. The LDH subsequently gave permission to accept direct referrals from all referral sources. Since that time, there has been a substantial increase in the number of CSoC referrals. Magellan staff continue to receive reports of how much easier the referral process has become by calling Magellan directly. When a direct referral is received, the Managed Care Plan Liaison communicates the information to the appropriate health plan, so that they are aware of the referral and have the opportunity to offer any additional information to be passed along to the Wraparound Agency.

## **Inpatient Staffings**

Magellan conducts weekly internal discussions regarding youth hospitalized in an inpatient facility that are attended by care managers, coordinators, clinical leadership, and the Medical Director. During these calls, medical necessity criteria are reviewed along with service recommendations the care managers communicate to the Wraparound Agency for consideration by the Child and Family Team. An additional staffing was added wherein the Clinical and Medical director, along with members of the quality team, meet with the Family Support Organization to review hospitalized youth, specifically their discharge plans, to address any assistance needed to keep follow-up appointments.

During these calls, an area in need of improvement was identified. It was established that communication between the Wraparound Agency and the Family Support Organization should be enhanced whenever a youth is hospitalized. This prompted Magellan to cease the former weekly family support staffing and instead conduct weekly staffing with each wraparound agency and invite the Family Support Organization to attend. During these calls, the Wraparound Agency, Family Support Organization, Magellan care manager, wraparound coordinator,

quality representative, clinical leadership, and Medical Director all come together to discuss hospitalized youth, the reason for their hospitalization, communication between the Wraparound Agency and hospital, updates to the crisis plan that have been or will be made, discharge plans including follow up with a LMHP and a psychiatrist, and youth and/or parent support involvement. Barriers are identified and ideas to overcome the barriers are discussed, as well as any ideas the team has for interventions to assist with keeping the youth safe in the home and community.

## Plan of Care (POC) Reviews

The POC review tool is a standardized measurement tool to monitor fidelity to Wraparound practice standards throughout the lifecycle of enrollment while also monitoring the waiver and contract requirements unique to the CSoc program. Using a consensus-based approval process that involved Magellan, LDH, and Wraparound Agencies (WAAs), review elements were selected to measure adherence to practice standards and compliance with waiver, state, and federal requirements. The review tool provides quantitative data to support eligibility and authorization determinations made by Magellan's Care Managers (CM), using both dichotomous and Likert scales to measure adherence/compliance. Care Managers (CMs), assign ratings to all POC Reviews submitted for clinical eligibility for all CSoc enrollees. Reviews are conducted at initial enrollment and every 180-days thereafter until the youth and family disenrolls from CSoc. Magellan implements standardized procedures for clinical eligibility determination reviews, including:

- All POC reviews are completed by qualified Licensed Mental Health Professionals (LMHPs) that have extensive clinical and Wraparound knowledge and specialized training on administration and management of CSoc.
- Records are submitted by WAAs through an electronic platform.
- Reviews include, at a minimum, the POC, the biopsychosocial assessment [i.e., the Individualized Behavioral Health Assessment (IBHA)] and the Child and Adolescent Needs and Strengths (CANS) survey. In addition, any available clinical information in the youth's internal Magellan record is utilized.
- CMs rate items according to coding guidance. Ratings of Yes or 3 – 5 indicate fidelity standards were met. Ratings are entered by the CM into an Access database, from which reports are generated.
- Following the review, CMs follow procedures for written and verbal notification of eligibility determination. This includes the electronic transmission to the WAA of a member-level report at the time of the decision.
- The report provides the quantitative rating given for each item and includes individualized feedback from CMs. CMs are instructed to provide feedback both when best practices are observed and/or when fidelity standards are not met.
- WAAs are instructed to review reports and implement individual remedial actions for standards that were not met. When this occurs, the CM provides specific details on the areas of non-compliance and offers assistance to help respond to barriers or opportunities identified.
- Monthly and quarterly summary reports are shared by Magellan and reviewed with WAAs during monthly clinical meetings to identify practice issues and to support continuous quality improvement.
- Interrater reliability activities and refresher trainings are conducted annually and as needed to ensure that each CM understands the purpose of each POC Review Tool item as it relates to fidelity, the Wraparound model, and rating guidance.

## Results

For this analysis, only POC reviews associated with clinical eligibility determination for the 180-day and 360-day periods, defined by a CFT on or between 150 and 390 days of enrollment, were included. Reviews conducted

outside of these parameters were excluded. POCs that were rated as not applicable were removed from the total. The compliance rate was calculated by dividing the number of plans reviewed by the number of plans meet or exceed the minimum performance threshold set for quality and fidelity standards. Minimum performance thresholds are defined as a rating of “Yes” for questions using a dichotomous scale and a rating of 3 or higher for questions using a 3-point scale. POCs that do not meet the minimum performance threshold require individual remediation as discussed above. Program strengths were defined as items with ratings of 95% or greater, while opportunities for improvement were defined as items with compliance rates below 80%. Magellan CMs reviewed 1,394 plans of care from 07/01/2020 – 06/30/2021 to assess fidelity to practice. This exceeded the sampling requirements and ensured 95% confidence interval with an error rate of  $\pm 5\%$ . Table 1 and Figure 1 below provide item-level results categorized by the NWI key elements. Figure 1 below provides a comparison using change in percentage points of 2020 and 2021 compliance rates.

**Table 1. Plan of Care Reviews Completed by Year**

Question	Year	POCs Reviewed	N/A POCs	Rated POCs	Compliant POCs	% Compliant
Family Preferences Addressed	2020	3920	9	3911	3899	99.69%
	2021	3810	5	3805	3789	99.58%
Family Prioritized Needs	2020	3920	0	3920	3905	99.62%
	2021	3810	0	3810	3762	98.74%
Individualized to Family Culture	2020	3920	0	3920	3895	99.36%
	2021	3810	0	3810	3798	99.69%
Strategies Unique to Family	2020	3920	0	3920	3914	99.85%
	2021	3810	0	3810	3809	99.97%
Strengths for All Members	2020	3920	0	3920	3812	97.24%
	2021	3810	0	3810	3726	97.80%
Actions to Strengthen Caregiver	2020	3920	0	3920	3879	98.95%
	2021	3810	0	3810	3793	99.55%
Actions Match Strengths	2020	3920	0	3920	3914	99.85%
	2021	3810	0	3810	3806	99.90%
Actions are “Skill, Not Will”	2020	3920	0	3920	3909	99.72%
	2021	3810	0	3810	3808	99.95%
Address Assessed/Underlying Needs	2020	3920	0	3920	3863	98.55%
	2021	3810	0	3810	3737	98.08%
Risk Behaviors Addressed	2020	3920	0	3920	3843	98.04%
	2021	3810	0	3810	3725	97.77%
Safety Concerns Addressed	2020	3920	782	3138	2942	93.75%
	2021	3810	497	3313	3101	93.60%
Services Reflect Needs & Strategies	2020	3920	69	3851	3567	92.63%
	2021	3810	18	3792	3665	96.65%
Data-driven Plan	2020	3920	0	3920	3707	94.57%
	2021	3810	0	3810	3784	99.32%
Considers EBPs	2020	3920	1070	2850	2418	84.84%
	2021	3810	1591	2219	2008	90.49%
Progress Rated	2020	3920	0	3920	3229	82.37%
	2021	3810	0	3810	3216	84.41%
Plan Refined/Changed	2020	3920	1559	2361	2280	96.57%
	2021	3810	1363	2447	2395	97.87%
Diverse Team	2020	3920	0	3920	3819	97.42%
	2021	3810	0	3810	3782	99.27%
Strategies for Informal/Natural Supports	2020	3920	0	3920	3222	82.19%

Question	Year	POCs Reviewed	N/A POCs	Rated POCs	Compliant POCs	% Compliant
	2021	3810	0	3810	3434	90.13%
Includes HCB Intervention	2020	3920	0	3920	3864	98.57%
	2021	3810	0	3810	3749	98.40%
Utilizes Available Crisis/Respite Services	2020	3920	136	3784	3511	92.79%
	2021	3810	64	3746	3634	97.01%
Includes Team Mission	2020	3920	0	3920	3908	99.69%
	2021	3810	0	3810	3803	99.82%
Action Steps for Multiple Team Members	2020	3920	0	3920	3673	93.70%
	2021	3810	0	3810	3759	98.66%
Graduation Plan Congruent	2020	3920	0	3920	3828	97.65%
	2021	3810	0	3810	3755	98.56%
Includes Activities/Goals of Formal Providers	2020	3920	1590	2330	2312	99.23%
	2021	3810	1368	2442	2429	99.47%

**Figure 1. Percent of Complaint POCs – Change in Percentage Points from 2020 to 2021**

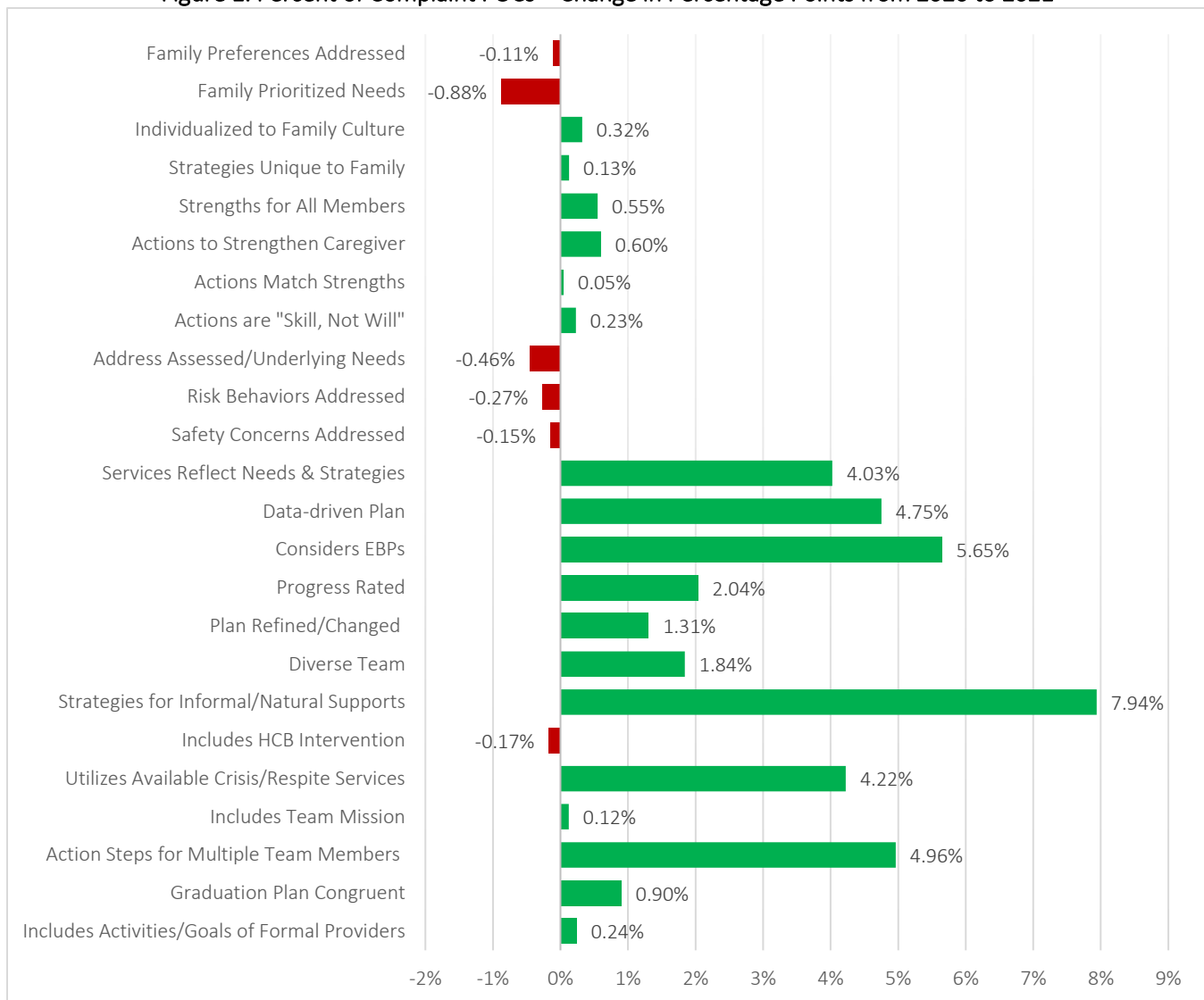
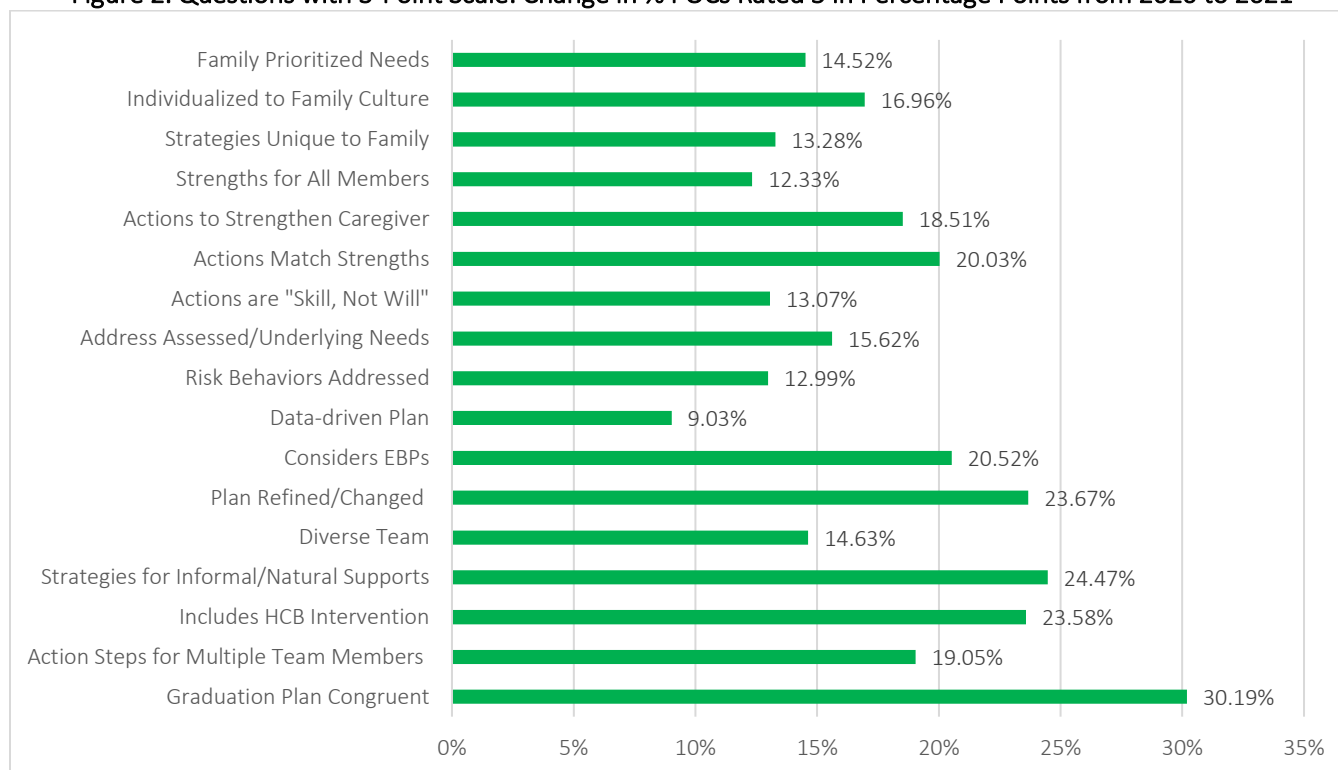


Table 2. POC Review Tool Items Rated 5

	2020			2021		
Question	Total POCs Rated	POCs Rated 5	% Rated 5	Total POCs Rated	POCs Rated 5	% Rated 5
Family Prioritized Needs	3920	2642	67.4%	3810	3121	81.92%
Individualized to Family Culture	3920	2459	62.7%	3810	3036	79.69%
Strategies Unique to Family	3920	2856	72.9%	3810	3282	86.14%
Strengths for All Members	3920	2277	58.1%	3810	2683	70.42%
Actions to Strengthen Caregiver	3920	2331	59.5%	3810	2971	77.98%
Actions Match Strengths	3920	2218	56.6%	3810	2919	76.61%
Actions are "Skill, Not Will"	3920	3093	78.9%	3810	3504	91.97%
Address Assessed/Underlying Needs	3920	2066	52.7%	3810	2603	68.32%
Risk Behaviors Addressed	3920	2098	53.5%	3810	2534	66.51%
Data-driven Plan	3920	2133	54.4%	3810	2417	63.44%
Considers EBPs	2850	544	19.1%	2219	879	39.61%
Plan Refined/Changed	2361	956	40.5%	2447	1570	64.16%
Diverse Team	3920	2229	56.9%	3810	2724	71.50%
Strategies for Informal/Natural Supports	3920	1727	44.1%	3810	2611	68.53%
Includes HCB Intervention	3920	1650	42.1%	3810	2502	65.67%
Action Steps for Multiple Team Members	3920	2129	54.3%	3810	2795	73.36%



**Figure 2. Questions with 3-Point Scale: Change in % POCs Rated 5 in Percentage Points from 2020 to 2021**



Results from POC Reviews completed from 01/01/2020 to 12/31/2021 were analyzed to assess the review process in improving question-level compliance rates as well as the percentage of plans that showed evidence of adherence with NWI best practices. When examining the compliance rates by question, the differences between rates from 2020 to 2021 ranged between -0.9 to +7.9 percentage points as depicted in Figure 1. There were eighteen questions, or 75% of questions, which remained stable or improved and six questions that showed declines of less than one percentage point. There were six questions that showed strong statistically significant improvements as detailed below.

- **Informal/natural supports have strategies.** In 2021, informal/natural supports had strategies on 90.13% of plans (N = 3,810). This was an increase of 7.94 percentage points when compared with the 2020 rate (N = 3,920, 82.19%),  $\chi^2 (1, N = 7,730) = 101.75, p < .00001$ .
- **EBP considered when appropriate.** In 2021, 90.49% of plans (N = 2,219) considered EBPs when appropriate. This was an increase of 5.65 percentage points over the 2020 rate (N = 2,850, 84.84%),  $\chi^2 (1, N = 5,069) = 35.95, p < .00001$ .
- **Multiple team members (beyond caregiver and youth) have action steps.** In 2021, 98.66% of plans (N = 3,810) included action steps for multiple team members. This was an increase of 4.96 percentage points when compared with the 2020 rate (N = 3,920, 93.70%),  $\chi^2 (1, N = 7,730) = 128.37, p < .00001$ .
- **Plan is data driven.** In 2021, 99.32% of plans (N = 3,810) were data driven. This was an increase of 4.75 percentage points when compared with the 2020 rate (N = 3,920, 94.57%),  $\chi^2 (1, N = 7,730) = 145.57, p < .00001$ .



- **Available community-based crisis and/or respite services are utilized.** In 2021, available crisis and/or respite services were utilized on 97.01% of plans (N = 3,746). This was an increase of 4.22 percentage points when compared with the 2020 rate (N = 3,784, 92.79%),  $X^2 (1, N = 7,530) = 69.25, p < .00001$ .
- **Are services, amount, frequency, type, and duration supported by needs and strategies?** In 2021, 96.65% of plans (N = 3,792) included services that were supported by needs and strategies. This was an increase of 4.03 percentage points when compared with the 2020 rate (N = 3,851, 92.63%),  $X^2 (1, N = 7,643) = 60.85, p < .00001$ .

To assess effectiveness of the POC review process to improve adherence with best practices, POCs reviewed in 2020 and 2021 were compared for questions using a 3-point scale. Figure 2 shows that strong statistically significant improvements ( $p < .0001$ ) were seen for all 17 questions. Improvements ranged from 9.03 to 30.19 percentage points. These significant improvements provide evidence of the effectiveness of the CM review process in ensuring Wraparound is practiced in high-fidelity to the model. In addition to conducting POC reviews, the other Care Management initiatives described earlier in this section are contributing factors to the improvements observed.

# Patient Safety

The safety of clinical care and services provided to Magellan CSoC members is a critical component of its Quality Improvement Program. Magellan endorses the Institute of Medicine's six "Aims for Improvement" within healthcare: safe, effective, patient-centered, timely, efficient, and equitable care. In addition to the quality of care/patient safety policy, the CSoC Unit performs and monitors a wide variety of activities as components of a system designed to provide safe service and care for individuals. In addition to established routine processes and procedures to promote patient safety, the CSoC Unit identifies targeted activities for monitoring the care and safety of the members served, as discussed below and in other sections of this evaluation. Patient safety is the responsibility of all Magellan staff and providers; the Medical Director, supported by the QI Director and Clinical Director, oversees all patient safety and quality of care processes and initiatives.

Routine activities conducted during 2021 to address patient safety included:

- Qualified LMHP staff review member needs and monitor inpatient/outpatient care to ensure members receive appropriate care in the least restrictive setting.
- All members are enrolled in intensive case management to assist our high-risk members in coordination of care and services to facilitate the achievement and sustainment of treatment gains. Using clinical eligibility criteria established by LDH, all CSoC members are connected with a Wraparound Agency practitioner and Magellan Care Managers to ensure the initial and ongoing assessment of clinical needs and the development and implementation of a Plan of Care to address identified needs.
- Member grievances can be filed by a member, member representative, or LDH and are reviewed to identify safety and quality of care concerns (QOC). Quality of Care (QOC) concerns may also be submitted by CSoC staff, as well as by facilities or practitioners. Magellan physicians and care managers specifically assess safety and quality of care concerns during every utilization management review and care coordination activities. All potential patient safety and QOC concerns are reviewed by the medical director and if determined to require investigation are investigated and presented to the Regional Network Credentialing Committee (RNCC) for review and recommendations. QOCs are also presented to the Quality Improvement Committee (QIC) quarterly.
- Patient safety incidents are reported as soon as a CSoC staff member is made aware of the incident. Each incident requires investigation within 24 hours of notification to determine whether there were any concerns of quality of care that may have impacted the incident and for which further action is required.
- Provider Inquiry and Review is conducted when a potential quality of care issue has been identified for a specific practitioner or provider. These reviews are completed through the RNCC activities. The RNCC also tracks and trends potential quality of care issues by provider to identify opportunities for improvement.
- The CSoC adopts/establishes Clinical Practice Guidelines and communicates them to practitioner and providers via the provider handbook, provider website, and provider newsletter articles. Practitioner adherence guidelines are measured annually through treatment record reviews. The review identifies opportunities for improvement and feedback is provided to assist practitioners in identification and implementation of better/safer practices in care and treatment of patients.
- Magellan Clinical Practice Guidelines (CPGs) are reviewed annually to ensure the criteria reflect the current evidence-based standards of care. The CSoC Unit closely monitors the clinical reviews and decisions completed by Care Managers as well as the quality of their documentation for consistency and compliance

with the published Magellan Care Guidelines. In addition, the CSoC Unit conducts inter-rater reliability reviews at least annually to ensure consistency of decision making.

- Credentialing and re-credentialing activities are directed at maintaining a practitioner and provider network that meets accepted standards of practice. Site visits are conducted based on specified criteria or identification of concerns, to ensure office site and medical record keeping practices are compliant with accreditation and MBHO criteria.
- The CSoC Unit establishes strict protocol for Wraparound Agencies to encourage providers to communicate treatment and medication information with other behavioral health professionals treating the member as well as the member's Primary Care Physician for treatment continuity and to avoid potential negative medication interactions. This expectation is communicated through the provider handbook, inserts to providers included with authorizations, through the treatment record review process, during feedback sessions, and by mailings encouraging members to allow communication between practitioners.
- Treatment record reviews are conducted annually to monitor practitioner administrative and treatment record keeping practices, as well as adherence to clinical practice guidelines and coordination of care activities. Through the treatment record review process, areas for improvement are identified to promote and maintain safe practices.
- The CSoC Unit monitors network appointment accessibility against Magellan's established timeliness standards to ensure that members can be seen within appropriate time standards based on the level of urgency of the need (emergency, urgent, or routine).
- Magellan provides 24-hour, 7 days a week, telephonic access to LMHP care managers and physicians to assist members in accessing treatment and to promptly address emergencies.
- The CSoC Unit follows established policies and procedures for facilitating timely aftercare for members hospitalized for behavioral health conditions, and implements best practices designed to connect members discharged from hospitals with outpatient services within seven days of discharge. Research indicates that success in ensuring timely aftercare reduces the probability that a member will require re-admission to a hospital.
- The CSoC follows established policies and procedures for facilitating timely aftercare for members hospitalized for behavioral health conditions, and implements best practices designed to connect members discharged from hospitals with outpatient services within seven days of discharge. Research indicates that success in ensuring timely aftercare reduces the probability that a member will require re-admission to a hospital.
- The CSoC implements policies and procedures to facilitate a smooth transition for the member when his/her benefit eligibility changes and when his/her previous provider is not in the Magellan network. Abrupt termination with providers or breaks in treatment can often leave the member feeling abandoned and vulnerable, increasing the potential of risk to his/herself or others.

Key patient safety indicators, including adverse incidents and quality concerns, are presented below. The indicators are reviewed quarterly in the CSoC QIC, and results are tracked and trended to identify opportunities for improvement in accordance with the continuous quality improvement process.

## Adverse Incidents

Adverse incidents (AI) are defined as unexpected occurrences in connection with services provided through Magellan, including its subsidiaries and affiliates, which led to or could have led to serious unintended or

unexpected harm, loss or damage, such as death or serious injury, to an individual receiving services through Magellan or a third party that becomes known to Magellan staff. Types of incidents can include:

- Death
- Suicide Attempt
- Significant Medication Error
- Event Requiring Emergency Services (of the fire department or a law enforcement agency)
- Abuse (including Physical Abuse, Psychological Abuse, Sexual Abuse, Extortion or Exploitation)
- Serious Injury or Illness
- Missing Person
- Seclusion or Restraint Misuse

As required by our contract, Magellan has processes in place to conduct an investigation within twelve calendar days of the date of discovery of an adverse incident, with all necessary corrective actions occurring within thirty calendar days unless an extension is granted by the Louisiana Department of Health (LDH). Incidents involving abuse are reported to the appropriate regulatory body and the guardian when the involved member is a minor within twenty-four hours of discovery. Incidents are reported by providers; however, in the instance where a member reports the concern, the member's primary contact will support and guide the member through the process. The Quality Improvement (QI) department reviews the incident to assess the level of severity to ensure the safety and well-being of the individual involved for all reported incidents. The Medical Director (MD) addresses any urgent clinical issues with the provider to ensure member safety. If necessary, a multidisciplinary team, including the MD and representatives from Clinical Team, QI, and Network departments, reviews the incident to determine next steps. This will also include identifying whether a provider performance inquiry and review are necessary. If so, the review is conducted according to the Provider Performance Inquiry and Review Policy with a report outlining the results of the review being sent to Magellan's peer review committee, or the Regional Network Credentialing Committee (RNCC). The RNCC reviews the results to determine if action steps (e.g., provider's status in the network is affected) are required. If no review is needed, the local work group will continue efforts to resolve any issues or problems and track and trend results. A summary of the workflow is detailed below:

- Clinical Reviewer validates the Child and Family Team (CFT), and Wraparound Facilitator are aware of incident by telephonic contact with the WAA within 48 hours of receipt of the incident and discusses action plan for addressing incident.
- Clinical Reviewer provides a follow-up call within fourteen calendar days of receipt of incident to discuss status of CFTs actions to address safety issues and provides clinical consultation as needed by the WAA.
- 30 to 45 days following the receipt of the incident, the Clinical Reviewer requests the recent service notes and POC to evaluate the application of best practices and fidelity to wraparound principles for youth during the critical period.
- Clinical Reviewer provides WAA with the results of POC review for coaching purposes and addresses any immediate safety issues identified through the review.
- When the reported incident is received in close proximity to the youth's discharge, the Clinical Reviewer notifies our MCO Liaison. The Liaison then notifies the member's MCO Liaison by email of the incident to support care coordination for the youth/family.

Adverse incident data is reported to the LA CSoC Quality Improvement Committee (QIC) and analyzed for patterns and trends, such as a disproportionate number of a type or category of incidents or a high or increasing number of incidents related to a particular provider or a particular set of circumstances. When an aberrant pattern or trend is identified, a root cause analysis is conducted, and recommendations for interventions to improve are made. This information is disseminated to the QIC to quickly identify where to focus improvement efforts. Magellan reviews this information monthly, so improvements to the system can be made on an ongoing basis. The tables below detail incidents received during 2021 compared with 2020, including number and type, level of acuity, incidents involving providers, and management activities.

**Table 1. Adverse Incident Frequency Distribution**

Incident	2020	2021	Comparison to Previous Year
Mechanical/Physical Restraint Use	1	3	2
Protective Hold	0	1	1
Chemical Restraint Use	1	0	-1
Seclusion	1	1	0
Abuse	26	31	5
Neglect	12	2	-10
Exploitation	0	0	0
Extortion	0	0	0
Serious Injury	4	5	1
Suicide attempt	1	2	1
Suicide	0	1	1
Death – Medical/Environmental	2	2	0
Total Adverse Incidents	48	48	0

**Table 2. Adverse Incidents by Clinical Acuity**

Type	2020 (N = 3,529)		2021 (N = 3,639)	
	Number	Rate	Number	Rate
Suicide	0	0	1	0.27
Suicide Attempt	1	0.28	2	0.55
Death - Causative factors involve BH/SU factors	0	0	0	0
Rate Per Thousand	1	0.28	3	0.82

**Table 3. Adverse Incidents with Provider Involvement**

Type	2020	2021
Number of Incidents of Abuse, Neglect, Exploitation, or Suspicious death involving Licensed/Certified Providers	0	0
If incident of abuse, neglect, exploitation, or suspicious death involved licensed/certified providers, Magellan conducted investigation within 12 calendar days of discovery.	0	0
If incident of abuse, neglect, exploitation, or suspicious death involved licensed/certified providers, corrective action by provider occurred within 30 calendar days of discovery.	0	0

**Table 4. Incidents Referred to DCFS/Protective Services Timely**

Type	Number of Abuse, Neglect, Extortion, or Exploitation Reported	Number Referred Timely	Percent
2020	38	38	100%
2021	33	32	96.96%

## Analysis

During 2021, Magellan received a total of forty-eight reports of adverse incidents. The number and type of incidents received in 2021 was consistent with incidents received in 2020, with the most frequently reported type of incidents involving abuse/neglect. Although there was a decline in the total number of abuse/neglect incidents, these continued to be the most frequently types of incidents reported, accounting for 79.17% and 68.75% of reports made in 2020 and 2021, respectively. As in 2020, all the abuse or neglect incidents reported in 2021 occurred in the home and community setting and did not involve licensed/certified providers. Of the thirty-three reports received in 2021, there was one incident of abuse that was not reported to the Department of Children and Family Services (DCFS) within 24 hours of discovery. To address this deficiency, the CSoC Unit required the involved provider to conduct a root-cause analysis and implement a corrective action plan to decrease likelihood of noncompliance in the future. Magellan verified all corrective actions were completed by the provider in January 2022. In addition, Magellan completed a refresher training on reporting requirements and establishment of internal quality assurance processes (i.e., policies and procedures, internal reviews, etc.) to ensure reporting timeframes are met under any circumstances, such as weekends, holidays, etc. The CSoC Unit will continue to monitor 100% of incident reports to verify any incidents of abuse, neglect, extortion, or exploitation are reported and swiftly identify the need to intervene if timeliness standards are not met.

There were three sentinel events involving CSoC youth in 2021, representing 6.25% of all incidents reported. This is a rate of 0.82 events per thousand youth enrolled. When compared to 2020, there was an increase of two events, of which one was a suicide. For each event, the CSoC Medical Director was immediately notified and supervised all actions taken by the CSoC Unit to ensure the Unit responded to the emergent and urgent needs of the youth as well as attended to the safety and well-being of the youth. Following a comprehensive systemic analysis of the events, causal factors were not directly or indirectly attributed to the providers involved and the quality of care provided was consistent with professionally recognized standards of practice. The investigation of the events did identify systemic contributing factors including greater patient acuity and substance use and developmental disability comorbidities. In response to previous sentinel events, the CSoC Unit initiated the implementation of an enhanced clinical model of care to promote the integration of evidenced based practices to address behavioral health/substance use issues within the wraparound framework. See the [Care Management Initiatives](#) for a description of specific interventions associated with this initiative, which include implementation of Enhanced-Risk Youth (ERY) procedures, Wraparound Agency Clinical Procedures, the Assessment Review Tool, Root-Cause Analysis (RCA) clinical staffings, multidisciplinary inpatient hospital clinical rounds, and care management reorganization.

## Quality of Care

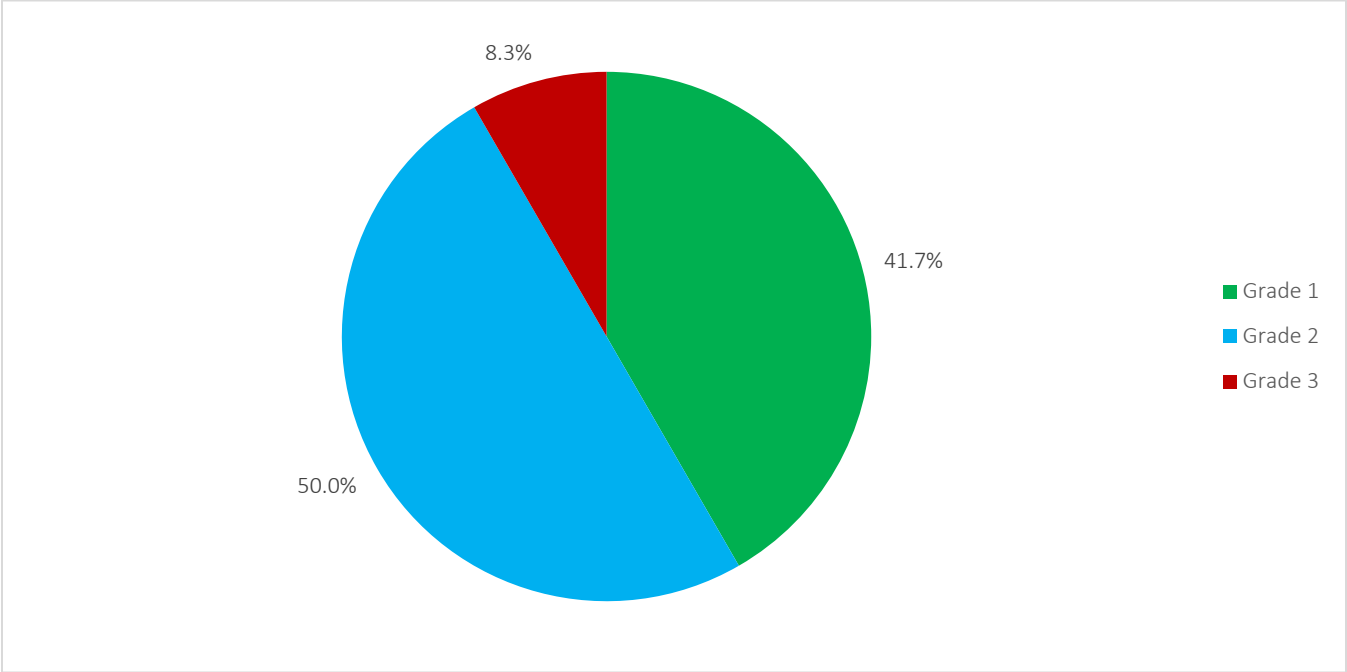
A Quality-of-Care Concern (QOCC) is a concern that care provided did not meet a professionally recognized standard of health care or follow evidence-based care guidelines. A QOCC can be identified by any CSoC Unit

staff, facility, practitioner, or member/member representative. Quality of care concerns are categorized by the relationship of the concern to an actual or potential adverse effect and/or outcome. Concerns are classified according to adverse effect (harm) to the member. Classifications include:

- Grade 1 – Quality of care concern(s) identified with minimal potential for an adverse effect to member but, when identified as part of an aberrant pattern, could indicate a quality of concern at the provider or system-level.
- Grade 2 – Quality of care concern(s) identified with moderate potential for, but did not result in, an adverse effect to member; and
- Grade 3 – Quality of care concern(s) identified with significant/probable potential for adverse effect or resulted in harm to the member.

In March 2021, Magellan implemented an enhanced process to monitor quality of care/patient safety that was identified for youth enrolled in CSoC. The Quality-of-Care Concern (QOCC) Work Group, under the leadership of the CSoC Unit Medical Director, was established to oversee and monitor activities implemented by the CSoC Unit to address quality of care concerns. The inquiry process is conducted by a Clinical Reviewer who is a licensed clinician (LMHP), and determinations are made in context of the findings of treatment record review(s), site visits, other reviews, effectiveness of corrective action (if any), and evaluation of impact on quality of care/service concerns to date. When a concern is substantiated, the QOCC Work Group ensures provider corrective actions plans are implemented and are effective in sufficiently resolving the identified concern. The tables below present results of substantiated concerns by grade, type, and involved provider. In addition, the status of concerns and actions taken to address are provided.

Figure 1. Quality of Care Concerns Received by Grade– 2021 (N = 12)



**Table 5. Quality of Care Concerns Received by Type of Concern – 2021**

Grade	Annual Total
Adequacy of Program	4
Adequacy of Assessment	0
Ambulatory Follow Up	1
Appropriateness of Care	1
Coordination of Care	2
Clinical Oversight	3
Medical and/or Comorbidity Management	1
Total Received	12

**Table 6. Quality of Care Concerns Received by Provider Type – 2021**

Grade	Annual Total
Practitioner / Group Practice	0
Inpatient Facility	10
MHR Agency	1
Family Support Organization	0
Wraparound Agency	1
Total Received	12

**Table 7. Quality of Care Concerns by Current Status**

Grade	12/31/2021
Open	5
Closed	7
Total	12

**Table 8. Quality of Concerns by Actions Required**

Grade	Total
No further action needed	0
Warning letter	0
Corrective action without changes in referral status	11
Corrective action with change in referral status	1
Referred to RNCC	0
Termination from Network	0
Total	12



## Analysis

In 2021, there were twelve substantiated quality of care concerns identified by the CSoC Unit. The most frequently occurring method of identification was through care management/utilization management activities (8). The three most common types of concerns were adequacy of program (4), clinical oversight (3), and coordination of care (2), and the provider type that was most frequently involved in concerns was inpatient facilities (10).

Concerns were identified for seven unique providers, with three providers; (i.e., inpatient hospitals) having multiple concerns identified. Of the twelve concerns identified, seven, or 58.33%, were closed by 12/31/2021; however, five were closed to consolidate corrective actions for the providers who had a concern which was previously opened. Of the seven providers involved, concerns were closed for two providers while five remained opened. Actions taken in response to the concerns included both corrective actions without change in referral status and corrective action with change in referral status. For those providers who implemented corrective action without a change in referral status, Magellan applied enhanced monitoring activities to include implementing a specialized monitoring tool which encapsulated policies and procedures that were associated with the identified concern and provided technical assistance to ensure provider corrective actions were successfully implemented and improvements were sustained. As a result of these activities, Magellan has effectively supported three providers with maintaining consistent quality of care improvement over time and there have been no quality-of-care concerns reported for these providers to date. There was one provider where corrective actions with change in referral status were activated, which led to the provider being placed on a hold from admissions in response to multiple concerns identified throughout 2021. Magellan is collaborating closely with this provider to ensure corrective actions are suitable in addressing the identified concerns. Once Magellan accepts the provider's corrective action plan, Magellan will implement enhanced monitoring activities as it has done with the providers who did not require a change in referral source, to support maintenance of desired changes in the provider's practice patterns.

Due to the number of substantiated quality-of-care concerns involving inpatient facilities, Magellan will implement routine monitoring activities for high volume serving inpatient providers in 2022 to support collaborative partnerships, barrier identification, and improvement of coordination of care practices. Magellan's Quality of Care Work Group will continue to be led by the CSoC unit's MD and meet monthly to oversee and monitor ongoing quality of care activities.

# Screening Program Activities

Youth enrolled in the Coordinated System of Care (CSoC) are assessed using a standardized assessment protocol to support clinical eligibility determinations. The assessment includes the Child and Adolescent Needs and Strengths (CANS) Comprehensive and the Independent Behavioral Health Assessment (IBHA). It is completed within the first 30 days of referral and at least every 180 days thereafter as part of a face-to-face interview with the youth and their primary caregiver. As in 2020, the face-to-face requirement was modified to accommodate COVID-19 safety precautions by allowing the use of telephonic and video conferencing technology in the completion of CSoC assessments.

Youth and families enrolled in CSoC often have previous involvement with child-serving systems, such as child welfare, juvenile justice, or the behavioral health system, which can result in barriers to completing a thorough assessment. Some barriers that have been identified include scheduling constraints of families, access to technology, unfamiliarity with the assessor, and hesitation to disclose mental health information due to stigma and/or distrust of formal systems. To mitigate these factors, the CSoC Unit partnered with our practitioner network to identify screening tools to support youth, families, and assessors when conducting assessments.

The initial development of our screening program included reviews of relevant scientific literature from the National Institutes for Mental Health, U.S. Department of Health and Human Services, and the National Child Trauma and Stress Network. The Praed Foundation contributed to the goals and processes for each program. In 2020, Magellan held a multi-disciplinary team meeting, which included the CSoC Unit Medical, Clinical, and Quality Directors, to select screening tools beneficial to our population, while ensuring alignment with corporate, state, and national best practices. The workgroup identified mental health/substance use comorbidities, trauma, and depression as areas where screening could be beneficial and adopted the following three tools:

- The Child and Adolescent Needs and Strengths (CANS) screening for the assessment of co-occurring Mental Health and Substance Abuse Screening.
- The Patient Health Questionnaire-9 (PHQ-9) and the Mood and Feelings Questionnaire Short Version (MFQ-SV) for the depression screening.
- The Adverse Childhood Experiences (ACEs) questionnaire is used for the ACEs Trauma Informed screening.

In the July 2021 QI/QM call, the Quality Director reviewed the current screening programs and requested feedback from Wraparound Agencies. There were no objections to the continued use of the chosen tools, nor suggestions for additional screening methods. WAAs and Certified Providers are continually encouraged to make comments, ask questions, and share their clinical experience and insight in Magellan clinical and quality monthly calls.

Because the screening program is part of an established assessment protocol, all youth enrolled in the CSoC program are given the opportunity to participate in the depression and trauma informed screening at the time of the initial assessment and at reassessments as needed. The co-occurring mental health and substance abuse screening is completed with each administration of the CANS for the youth. Participation is not required for the depression and trauma informed screening and may be declined by the youth and/or guardian. However, the screening tools can be used by practitioners through motivational interviewing techniques to assist youth and families at any point during the assessment process. A brief overview and rationale for the selection of the screening tools is provided below, followed by the results of the screenings conducted during 2020 and 2021.

## Co-Occurring Mental Health and Substance Abuse Screening

Substance use and/or abuse increases morbidity with other mental health illnesses as well as decreases life expectancy. Risk factors for substance use in adolescents are linked to socioeconomic status, peer group influence, quality of parenting, and genetic predisposition to addiction/addictive behaviors. Effective interventions focus on modifiable risk factors and improving preventable factors in the youth's life, such as family, school, and community resources. Substance use places the adolescent in a higher risk group in multiple areas. Substance use is consistently linked to continued suicidal behavior in adolescents. Not only are they more likely to attempt suicide, but also to use more lethal methods in their attempt. Adolescents with comorbid affective disorders and substance use disorders are at greatest risk for reattempting and/or completing suicide. Rates of youth within CSoC with both mental health and substance use diagnoses are low. In 2020, the prevalence rate was 3.74%. This is a slight increase of 0.08 percentage points from 2019. This is partly due to the majority of CSoC population being aged sixteen or younger, comprising 85.66% of enrollment. Therefore, the majority of CSoC members are younger than the substance use target population. Improved reporting of substance use history and current use has increased this rate but, overall, it remains low. Please see the [Population Assessment](#) section of this report for full analysis of the ages of youth served through CSoC.

The CANS is an existing screening program for the assessment of eligibility for CSoC. The screening tool is a specific module within the CANS assessment and is triggered whenever the Substance Use item of the Youth Behavioral/Emotional Needs section is rated at least a one (1). The Substance Abuse Module of the CANS assessment measures severity and duration of substance use, identification of stage of recovery present, and influences of peers, parents, and environmental factors on a youth's substance use. A CANS assessment rating of 1 could indicate a history of substance abuse without current problems. A CANS assessment rating of a 2 or 3 indicates a serious and/or immediate actionable need for the adolescent that must be addressed through the Plan of Care. When a rating of 2 or 3 is reported, active substance abuse is present, and recommendations must be present in the IBHA pertaining to interventions that will be included in the youth's POC. The plan balances risk behaviors and needs with protective factors and strengths to outline a comprehensive strategy to improve functioning for the adolescent in multiple life domains.

## Adverse Childhood Experiences (ACEs) Screening

Research indicates that it is common for trauma survivors to be under or mis-diagnosed. If they have not been identified as trauma survivors, their psychological distress is often not associated with previous trauma, and/or they are diagnosed with a disorder that marginally matches their presenting symptoms and psychological sequelae of trauma. Trauma survivors have difficulty regulating emotions. This augmented when the trauma occurs at a young age. ACEs are experiences that harm children's developing brains and can change both how they respond to stress and damage their immune systems so profoundly that full effects are only realized decades later. Research into healing from ACEs indicates the urgent need to promote healthy parenting, teach resilience, and address social and economic inequities limiting family and community capacity to heal and prevent ACEs. The ACEs survey consists of ten questions that measure physical, emotional, and sexual abuse; physical and emotional neglect; and households with mental illness, domestic violence, parental divorce or separation, substance abuse or incarceration.

## Depression Screening

Depression is considered one of the most prevalent disorders with far-reaching consequences in America. A 2020 report by the National Institute of Mental Health (NIMH) revealed that 4.1 million American youth between the ages of 12 and 17 had at least one major depressive episode, accounting for 17% of total youth surveyed. The

prevalence of a major depressive episode was higher among adolescent females (25.2%) compared to males (9.2%). Additionally, prevalence was highest among adolescents reporting two or more races (29.9%).<sup>11</sup>

Typical symptoms of depression in adults, including disturbances in eating/sleeping habits and psychomotor retardation, are not always observed in adolescents. Instead, impulsive acts, anger, and rebellion are often observed. These externalizing behaviors may mask depression and focus treatment away from the source. Two screening tools are available for use based on the youth's age: PHQ-9 for youths aged twelve and older, and the MFQ-SV for youths aged eleven and younger. The PHQ-9 is a tool specific to depression and simply scores each of the 9 DSM criteria based on the mood module from the original PRIME-MD. The MFQ-SV consists of thirteen descriptive phrases regarding how the youth has been recently acting or feeling. These are easily understood by children and cover basic depression symptomatology. Neither tool is used for diagnostic purposes, but rather to guide treatment and further assessments.

## Results

A total of 1,327 initial assessments were completed in 2021. The results below detail the prevalence of youth rated as having actionable needs at Initial Assessment on the CANS items related to trauma, depression, and substance use.

**Table 1. Need Identification Using CANS Screening Items**

Screening Item	2020		2021		Change in Percentage Points
	Youth with actionable need at Initial Assessment	Percentage	Youth with actionable need at Initial Assessment	Percentage	
Adjustment to Trauma	465	38.44%	511	38.51%	+0.07
Depression	524	34.12%	477	35.94%	+1.82
Substance Use	54	3.96%	56	4.22%	+0.26
Number of Youth Screened	1,363		1,327		

## Analysis

In 2021, 38.51% were identified as having an actionable need in adjustment to trauma need at their initial assessment (n=1,327). This was virtually identical to findings in 2020. Youth with initial actionable ratings for depression accounted for 35.94% of the total (n=1,327), an increase of 1.82 percentage points over 2020 rates. This change mirrors reports of global increases in trauma reactions, due in part to the continued effects of the COVID-19 pandemic. A much smaller number of youths, 56, had actionable need on the Substance Use item at intake, accounting for 4.22% of the total. With an increase of only 0.26 percentage points over 2020, this change was negligible.

Following the identification of an actionable need, the Wraparound Agency works with the youth, caregiver, and treatment team to develop and implement an integrated, individualized Plan of Care to address those needs. Magellan's Care Management Team reviews both the assessment and the Plan of Care at enrollment and every 180-days thereafter to ensure that services and strategies are effective in addressing the actionable needs. The [Care Management](#) section of this evaluation provides more information on how Plans of Care are monitored and evaluated to support ongoing quality improvement activities.

<sup>11</sup> National Institute of Mental Health. 2020 National Survey on Drug Use and Health (NSDUH). Retrieved on 2/21/2022. <https://www.nimh.nih.gov/health/statistics/major-depression>

### **Actions Taken in 2021**

- Screening tool programs underwent annual review and were found to meet the current needs of the CSoC Program. As such, they will be continued in 2022.
- Screening program training is included in provider orientation training to ensure current and future providers are trained and have access to the screening program.

### **Recommendations for 2022**

- Magellan will elicit practitioner and provider feedback on screening program description via distribution to WAAs and BH providers. Screening program description will be revised as indicated.
- Screening Tools will be among topics covered in monthly All-Assessor Calls. As an element of the Assessment Review Tool, use of formal screening tools may be tracked across organizations, regions, and individual assessors.
- Magellan will consider the adoption of additional screening tools, including the Columbia Suicidality Scale, as a pro-active measure to identify and mitigate risk of harm to CSoC youth.

# Behavioral Continuum and Behavioral/Medical Integration Activities

Magellan implements policies and procedures to ensure that there is coordination across the behavioral health continuum of care and integration with medical plans to support a whole-person model of care. Many of the policies and procedures implemented by the CSoC Unit were customized to ensure customer requirements were met, allowing qualifying youth to seamlessly transition between their Managed Care Organization (MCO) and Magellan's CSoC program. As the CSoC Contractor, Magellan is responsible for the administration of specialized behavioral health plan for a small subset of SED/SMI youth and adolescents within the larger Medicaid eligible population (i.e., 2400 youth and families). MCOs are responsible for the administration and management of physical, behavioral health, and pharmacy benefits for the remaining Medicaid youth and adult population. Currently, there are five MCO plans contracted by LDH and Medicaid to manage over one million Louisiana residents eligible to receive Medicaid benefits. Once a youth is enrolled in CSoC, the MCO continues to manage physical and pharmacy benefits, as well as residential behavioral health services, while Magellan administers specialized behavioral health services, including inpatient and outpatient levels of care, and waiver support services.

LDH promulgates standard operating procedures for CSoC, which required referrals to be made through the youth's MCO to ensure that relevant member information about current and/or previous service utilization is exchange between the MCO and Magellan, then shared with the member's practitioners and providers. (This procedure was changed in late 2021 to allow for direct referrals to Magellan.) Magellan collects and integrates data to identify opportunities to improve coordination across the continuum of behavioral healthcare services, including at transition of care between health plan, during critical points in treatment, and at discharge for all practitioners, prescribers, and providers participating on the treatment team. This section reviews activities conducted in 2021 to support coordination across the behavioral health continuum and integration of medical activities

## Continuity and Coordination at Transition of Care

In the Louisiana system of care, Medicaid utilizes an integrated model of care in which behavioral health, physical health and pharmacy benefits are managed by the youth's MCO plan. CSoC is a specialty behavioral healthcare program which requires Magellan, as the LDH CSoC Coordinator, to assume the responsibility of management of behavioral health services during the youth's enrollment in CSoC. Although Magellan does not have a direct contractual relationship with the MCOs, Magellan is contractually required to employ an MCO liaison who is dedicated to supporting members as the transition between the MCOs and Magellan. The MCO liaison also supports CSoC members in addressing issues in accessing physical health, residential behavioral health services, and pharmacy benefits when they are identified. Coordination of care activities are conducted with MCOs in the following situations:

- When referrals to CSoC are initiated by families through their health plan, the health plan gathers information about current and recent providers/service utilization, medication, and living setting during the referral call, and provides that information to Magellan via email, in real time while on the call.
- At least once a month, Magellan conducts a meeting with each MCO, that includes the MCO Liaison and health plan representative, to discuss youth who are discharging from CSoC and transitioning back to their health plan. The Magellan Medical Director attends these calls for complex cases.

- Written documentation is provided by Magellan to the receiving health plan when a member disenrolls. This includes the most recent CANS, discharge POC, and discharge form that includes current providers and authorization needed for continuity of care purposes.
- Coordination is provided as needed when members have difficulty accessing prescribed medications, have a medical condition that may benefit from being involved with medically complex/condition, need case management or referral to a medical specialist, etc.
- Coordination occurs when the health plan identifies a new behavioral health need while managing medical care.
- At times, the family may have difficulty obtaining routine medications for the CSoC youth. When a CSoC youth is hospitalized, coordination is provided to ensure the family can obtain prescribed medications upon discharge of the youth from the hospital.

To support these activities, Magellan tracks care coordination between the health plans and Magellan. The data being tracked by Magellan includes the following: youth's name, DOB, Healthy Louisiana Plan (HLP), physical health care coordination category type (i.e., Physical health CM referral, PCP needed, Medication assistance, Pregnancy, Parenting, treatment/Provider assistance requested, interpreter services for medical appointments), and dates sent/resolved. The date that response is received from the health plan is also tracked. The data is updated daily as needed, while also collaborating with the Health Plans and Wraparound Agencies via phone calls and emails depending on the severity of the need.

Often, after transition members may be more vulnerable to setbacks. For this reason, Magellan employs a robust system of medical and clinical oversight as youth are transitioned from the CSoC program back to their MCOs. The Medical Director exercises oversight of all discharges of youth with medical or psychiatric complexities. In 2021, there were 2,100 CSoC youth disenrolled and transitioned back to their respective MCO for continued services, treatments, and case management. The process is initiated when Wraparound Agencies provide documentation for each discharged youth, including their most recent CANS assessment, Plan of Care, and a discharge form. Once the cases are reviewed, the MCO Liaison completes a detailed weekly discharge agenda and sends it to the MCO prior to the discharge call. The discharge call is led by Magellan's MCO Liaison and is attended by representatives from the MCOs. The MCO Liaison presents demographic information, diagnosis, and reason for discharge. MCO representatives engage in discussions to ensure a smooth transition is rendered and that the member's needs can continue to be met.

In order to swiftly identify barriers to the process, Magellan's MCO Liaison, Medical Director, and Clinical Director conduct regular meetings with MCO staff to problem solve, build relationships, provide education about CSoC and wraparound processes/principles, and engage in process improvement. When barriers are identified, Magellan's Medical Director engages MCO Medical Directors individually and as a group to improve processes for sharing member-level health information.

## **Coordination of Care between Wraparound Agencies (WAAs) and Formal Behavioral Health Providers**

Magellan has policies and procedures in place to ensure collaboration between WAAs and treating providers which promote coordination of care for youth across the behavioral health continuum. WAAs must share the youth's current POC, IBHA, and CANS with the youth's primary care physician and all providers authorized on the youth's POC. It is also required that a youth's treating behavioral health provider has the youth's current Wraparound POC, IBHA, and CANS in the youth's chart.

Magellan treatment record reviews include monitoring the coordination of care between behavioral health practitioners and the primary care physician, as well as between other involved behavioral health providers. Data is collected from the Wraparound Agencies quarterly, during record reviews and from the provider agencies at least annually, from treatment record reviews. Magellan offers ongoing training for both Wraparound Agencies and providers related to the importance of collaboration and communication surrounding the youth's care. Ongoing training is provided through bi-monthly all-provider calls led by Network Management Specialists, monthly visits with WAAs by Wraparound Coordinators, and as applicable through pre and post treatment record reviews, led by clinical reviewers; (i.e., licensed mental health professionals). The table below shows the element has a compliance rating of 98.97% in 2020 and 97.35% in 2021. Although this is a 1.62 decrease from the previous year, the compliance score is well above the minimum performance threshold of 80%.

**Table 1. Treatment Record Review Results**

Element	2020			2021		
	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and psychiatrist, treatment programs/institutions, other behavioral health providers and ancillary providers.	385	389	98.97%	348.5	358	97.35%

## Coordination of Care – Provider Termination

If a provider leaves the network for any reason, Magellan acts in accordance with the Provider Contract Termination or Changes procedure to minimize any interruption in care and facilitate transition to a different provider. As soon as Magellan is notified of a provider termination, active assistance is provided. Authorization and claims data are used to identify those affected by provider termination. The guardian is contacted by letter and telephone no less than fifteen business days after the receipt of the termination (or immediately if Magellan is notified less than fifteen days prior to the provider's termination date). The provider termination letter includes information on how to select a new provider and Wraparound Coordinators outreach the families via telephone for a total of three attempts. If telephone contact is made with the youth's guardian, individualized assistance on selecting a new provider takes place. If the guardian chooses to select a new provider over the phone, they will be warm transferred to a Care Manager for immediate authorization and the Wraparound Agency (WAA) will be notified. The guardian may instead choose to consult with the youth's Child and Family Team. The WAA will be notified of this choice by the guardian and authorizations will be issued when an updated POC is received. Wraparound Agencies may request expedited transition authorizations telephonically or by email prior to the next CFT to ensure there are no gaps in care. Additionally, if a youth is in active treatment with a terminating provider who is remaining open, the youth is offered a continuation of services with that provider for at least ninety calendar days or until the youth is transferred to another in-network provider without disruption to care. The table below provides the number youth with an open authorization for services following a provider termination for 2020 and 2021 that were engaged by Magellan to assist in transitioning care.



**Table 2. Member Engagement for Providers Leaving the Network**

	2020			2021		
Month	Number of Affected Members	Number of Timely Notices	Rate of Timely Notice	Number of Affected Members	Number of Timely Notices	Rate of Timely Notice
January	0	N/A	N/A	21	21	100%
February	0	N/A	N/A	0	N/A	N/A
March	1	1	100%	17	17	100%
April	0	N/A	N/A	1	1	100%
May	1	1	100%	0	N/A	N/A
June	12	12	100%	0	N/A	N/A
July	0	N/A	N/A	0	N/A	N/A
August	0	N/A	N/A	0	N/A	N/A
September	0	N/A	N/A	3	3	100%
October	0	N/A	N/A	0	N/A	N/A
November	0	N/A	N/A	0	N/A	N/A
December	15	15	100%	0	N/A	N/A
Total	129	129	100%	42	42	100%

Youth enrolled in CSoC do not have benefit limits. All services for youth enrolled are individualized and authorized based on the youth's Plan of Care created by their CFT. Magellan assists youth who are transitioning from pediatric to adult care in several ways, including assisting with warm transfer to their MCO for linkage and continued coordination to adult services by a dedicated staff person with the health plan. Also, Magellan's MCO Liaison (in consultation with Medical and Clinical Directors) provides coordination in transition of care. The plan for transition to adulthood, including Medicaid expansion provisions, is continuously monitored on youths' Plan of Care. Detailed procedures are as follows:

- Youth discharging from CSoC because they are turning twenty-one are transitioned back to their Healthy Louisiana Plan for a transition to appropriate adult services. Their Healthy Louisiana Plan is notified of the reason for discharge and the youth's discharge POC, and CANS will be shared with their Healthy Louisiana Plan. (Due to COVID-19 eligibility allowances, youth were not required to transition back to their MCO because of age in 2021.)
- Beginning at age fifteen and continuing until the youth approaches twenty-one and ages out of CSoC, the youth's individualized Plan of Care will include a transition to adulthood plan. This plan includes services identified through the Child and Family Team process to aid in transition to adulthood. The transition to adulthood plan is reviewed by a licensed Care Manager using the Plan of Care Review Tool.
- Youth approaching adulthood are monitored for Medicaid Expansion eligibility at both the time of referral and during CSoC enrollment. There are different, more stringent, clinical eligibility criteria for young adults who are eligible for Medicaid Expansion. Both the WAA and Magellan closely monitor the clinical and financial / administrative eligibility for these members to ensure they continue to have access to needed behavioral health services, either through CSoC or their assigned MCO health plan.
- Louisiana Medicaid retains the ultimate authority in determining eligibility. When a member loses Medicaid eligibility, after working with the state Medicaid agency and the Wraparound Agency to exhaust all avenues of retaining eligibility, the member is disenrolled from the CSoC program. Magellan and the WAA work together to connect the member with treatment providers who provide low or no cost services such as Federally

Qualified Health Centers, Rural Health Clinics, and Local Governing Entities in their area and assist with obtaining appointments when necessary.

## Continuity and Coordination between Behavioral Healthcare and Medical Care

The CSoc Unit collaborates with its health plan partners to monitor and improve coordination between behavioral health and medical care, including exchange of information between medical and behavioral providers; appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care; appropriate use of psychopharmacological medications; management of treatment access and follow-up for members with coexisting medical and behavioral disorders, and addressing the special needs of members with severe and persistent mental illness.

### Magellan Coordination with Primary Care Physicians

Magellan has processes to improve coordination and communication with a youth's PCP:

- At the time of initial referral, if the caller indicates that the youth does not have a PCP, after the call is complete, the referral form is sent back to the youth's Healthy Louisiana Plan for their assistance to outreach and assist the family in locating one.
- At each POC review, a Magellan Care Manager uses the POC review tool to assess if a youth has a PCP and if health needs are met. If there is not an identified PCP on a youth's Plan of Care, a Care Manager will outreach to the WAA and Magellan will work with the WAA and Healthy Louisiana plan to assist the family in choosing a PCP.
- Magellan and WAA staff ask families directly at various times during enrollment to complete a release of information for their PCP.

### Barriers Identified

- Magellan does not have a formal, contractual relationship with PCPs, leading to difficulties in communication.
- Magellan depends on Wraparound Agencies to engage PCPs in their communities.

### Interventions

- Magellan verbally requests permission from families to coordinate with PCPs.
- Magellan coordinates directly with MCOs to ensure members have PCPs.

### Provider and Wraparound Agency Coordination with Primary Care Physicians

Magellan network provider requirements include coordination of care with members' Primary Care Physicians (PCPs) and treatment record reviews are conducted on a quarterly basis to monitor adherence. Additionally, coordination of care, including communication between behavioral health providers and PCPs, is a component of the behavioral health treatment record review process. Magellan also includes questions related to coordination of care activities in its annual Provider Satisfaction and Patient Safety surveys. Analysis of the Treatment Record Review (TRR), Provider Satisfaction, Wraparound Reviews, and Patient Safety Activities survey may be found in other sections of this evaluation. Please refer to the [Treatment Record Reviews](#), [Member and Provider Experience of Care](#), [Patient Safety](#) sections of this evaluation for complete analysis of these activities.

**Table 3. Behavioral Health Record Review Results – PCP Coordination of Care**

Element	2020			2021		
	# of Compliant Elements	Total # of Elements Reviewed	# of Compliant Elements	Total # of Elements Reviewed	# of Compliant Elements	Percent
5B - Evidence of provider request of consumer for authorization for PCP/Pediatrician communication or refusal documented.	48	92	52.17%	60	66	90.91%

**Table 4. Wraparound Agency Record Review – PCP Coordination of Care**

Element	2020			2021		
	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
1C - Evidence of provider request of consumer for authorization for PCP communication.	367	389	94.34%	372	385	96.62%
2C - PCP communication after initial assessment/evaluation.	383	389	98.46%	373	385	96.88%
3C - Evidence of PCP communication at other significant points in treatment.	57	60	95.00%	63	67	94.03%
4C - Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and psychiatrist, treatment programs/institutions, other behavioral health providers and ancillary providers.	385	389	98.97%	346	358	96.65%

In 2021, Wraparound Agencies and Behavioral Health providers exceeded the established goal of 85% for all standards listed in the above tables with greatest improvement in *Evidence of provider request of consumer for authorization for PCP/Pediatrician communication or refusal documented* in behavioral health provider treatment records. Interventions Magellan implemented with behavioral health providers which included implementing a live treatment record pre-review orientation which emphasized care coordination responsibilities between providers, has proven to be effective in assisting provides with surpassing this standard’s goal. All other interventions as well as barriers identified when the standard is not met, can be found below.

#### Barriers Identified

- While most providers were aware of the need to collect informed consents and the importance of obtaining Authorizations to Use or Disclose (AUD) protected HIPAA information, Magellan found that some providers did not routinely obtain these releases at intake. Instead, their process was to collect one as/if needed, i.e., either at the member’s request or as treatment needs prompted the provider to do so.
- Other providers did have a standardized process in place to collect AUDs but did not have a process in place to ensure all the necessary components of the AUD were completed entirely. In these cases, records contained an AUD that was either signed and not dated or did not have an identified entity to obtain/release information to/from on behalf of the member. Records that contained incomplete AUDs caused elements in this section to be scored unmet.

- Some providers were unclear about the HIPAA regulations and, though they may have attempted to collect an AUD, it was noted the provider's form was invalid because the request was obtained on a form that did not meet state/federal guidelines to receive and disclose authorized Protected Health Information (PHI).

### **Interventions**

- Each provider and the WAA receive a detailed results letter outlining the results of their review and scores for each section.
- If the provider or WAA scores below the minimum threshold, they are required to submit a written corrective action plan to be approved by Magellan and feedback is provided as needed.
- Each provider has a designated Network Management Specialist, and each WAA has a Wraparound Coordinator who is available to provide on-site and telephonic technical assistance and training.
- Quality and Network teams facilitated live new provider orientation trainings which emphasized core quality standards and care coordination expectations as part of the new provider's on-boarding activities to the Magellan network.

### **Recommendations for 2022**

- Continue completing pre-review orientation trainings with providers selected for review before the treatment record review commences to highlight coordination of care responsibilities.

# Treatment Record Reviews

Treatment Record Reviews are a key component of the provider monitoring plan. They are intended to collect data on the quality of services delivered by providers as well as ensure compliance with state and federal regulations. Treatment Record Reviews are conducted to provide ongoing training and technical assistance, and advance system of care values and principles. The CSoC Unit utilizes specialized review tools that were developed by Magellan and approved annually by the LDH to ensure CSoC-specific, contractual, state, and federal requirements are monitored. Magellan utilizes standardized policies and procedures as specified in the provider monitoring plan, which is submitted and approved annually by LDH. Criteria assessed through review tools includes:

- Quality of care consistent with professionally recognized standards of practice;
- Adherence to clinical practice guidelines, as applicable;
- Member rights and confidentiality, including advance directives and informed consent;
- Cultural competency;
- Patient safety;
- Compliance with record keeping practices;
- Compliance with adverse incident reporting requirements;
- Appropriate use of restraints and seclusion, if applicable;
- Treatment planning components, including criteria to determine if the treatment plan includes evidence of implementation as reflected in progress notes and evidence that the member is either making progress toward meeting goals/objectives or there is evidence the treatment has been revised/updated to meet the changing needs of the member; and
- Continuity and coordination of care, including adequate discharge planning.

Review tools are organized and reported by core sections that correspond with the criteria above. A brief description of the different types of treatment record reviews conducted by the CSoC Unit is provided below.

- **Wraparound Agency (WAA) Record Reviews.** WAA Record Reviews are conducted for all contracted and certified WAAs on a quarterly basis to collect data to monitor compliance with waiver requirements, contract deliverables, and fidelity to Wraparound practice. WAA reviews are conducted for a representative member sample from the full population census based on current enrollment to ensure adherences with waiver assurances. A random and stratified based on regional enrollment data sampling approach is used. Exclusions include members reviewed in the previous quarter and members enrolled for less than 31 days. A minimum of 385 member records are reviewed per year, which meets criteria for a 95% confidence level and  $\pm 5\%$  confidence interval. Reviews are typically conducted in-person, unless approved by LDH to be conducted remotely. The reviews are conducted by CSoC Coordinators using the WAA Treatment Record Review Tool. CSoC Coordinators must be experienced in working with children and youth with behavioral health needs, proficient in the principles and practice of wraparound, and skilled in the administration and scoring of the WAA Treatment Record Review Tool.
- **Family Support Organization (FSO) Record Reviews.** FSO Record Reviews are conducted for all contracted and certified FSO(s) on a quarterly basis to collect data to monitor compliance with waiver requirements, contract

deliverables, and best practices for peer service delivery. Reviews are conducted remotely or in-person. Reviews are conducted by FSO Coordinator using the FSO Treatment Record Review Tool. Like the CSoC Coordinators, the FSO Coordinator serves as a single point of contact for CSoC FSO(s). The FSO Coordinator must hold sufficient experience and expertise in the working with children and youth with behavioral health needs and the principles and practice of wraparound and be proficient in the administration and scoring of the FSO Treatment Record Review Tool.

- **CSoC Waiver Service Provider Record Reviews.** CSoC Waiver Service Provider Record Reviews are conducted once per waiver year for any rendering Short-Term Respite (STR) or Independent Living Skills Building (ILSB) providers to collect data to monitor compliance with waiver requirements, adherence with state/federal regulations, and monitor quality of care. Reviews are conducted remotely by a Clinical Reviewer using the CSoC Waiver Service Provider Treatment Record Review Tool. Clinical Reviewers must be a licensed clinician/licensed mental health practitioner (LMHP), hold sufficient experience and expertise in the working with children and youth with behavioral health needs, and be proficient in the administration and scoring of the Louisiana CSoC Treatment Record Review Tool.
- **MHR/EBP Agency Record Reviews.** MHR/EBP Agency Record Reviews are conducted for a non-representative sample of Mental Health Clinic (LGE Clinics), Behavioral Health Rehab Provider Agencies (Non-Legacy MHR), and Mental Health Rehabilitation Agencies (Legacy MHR) to collect data to monitor quality of care and ensure adherence with state/federal regulations and contract deliverables. Like CSoC Waiver Service Provider Record Reviews, these reviews are conducted remotely by a licensed Clinical Reviewer using the MHR/EBP Agency Treatment Record Review Tool.
- **Clinical Practice Guideline (CPG) Record Reviews.** CPG Reviews are conducted during MHR/EBP Agency Reviews to ensure providers adhere to practice guidelines for the following conditions/diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Major Depressive Disorder (MDD), Conduct Disorder, current or recent history of suicidal ideation, gestures, and/or attempts, and history of trauma.

After each review, the designated reviewer holds debriefings to provide immediate feedback regarding strengths and opportunities for improvements. This is followed by a written results letter that identifies any items scored non-compliant and, depending on level of deficiencies identified, requests corrective actions to be implemented. The results are compared to the minimum performance threshold of 80% and a goal of 85% compliance, with the exception of waiver assurance performance measures. The goal for waiver assurance performance measures is 100% compliance, with a minimum performance threshold of 90%. Individual remediation is required for any waiver assurance performance measures that are found to be non-compliant. In addition, to ensure that aberrant records come into and maintain compliance, WAAs must complete a corrective action plan (CAP). CAPs must document barriers associated with non-compliance, interventions put in place to address those barriers, timeline for when remediation, and responsible person/unit for addressing remedial activities.

Results from reviews are reviewed each quarter by the Louisiana CSoC Utilization Management Committee (UMC) and the Regional Network Credentialing Committee (RNCC) for the purpose of identifying opportunities for improvement in individual provider and overall network treatment record documentation and adherence to clinical practice guidelines. Results of individual practitioner/provider treatment record reviews are also reviewed by the RNCC and/or the CSoC Medical Director prior to making decisions about credentialing, re-credentialing, corrective or disciplinary action, or termination from Magellan's provider network.

## Results

In 2021, the CSoC Unit conducted treatment record reviews for sixty-six providers, which included 56 CSoC Waiver Service Providers and MHR/EBP Agencies, nine Wraparound Agencies, and the statewide FSO. Table 1 provides a comparison of provider reviews conducted in 2020 and 2021. Tables 2 – 4 provide 2021 results by

provider type, core section, and clinical practice guideline, followed by item-level results for waiver assurances in Table 5.

**Table 1. Provider Network Compliance Rates – 2020 and 2021**

Year	Number of Providers	Elements Meeting Compliance	Total Number of Elements	Compliance Rate (%)
2020	48	9,804	10,646	92.10%
2021	66	11,532	11,892	96.97%

**Table 2. Treatment Record Review Results by Provider Type - 2021**

Provider Type	Number of Providers	Number of Member Records	Compliance Rate (%)
CSoC Waiver Service & EBP/MHR Agency Providers	56	143	96.76%
Family Support Organization	1	39	96.13%
Wraparound Agencies	9	386	97.50%
Total	66	568	96.97%

**Table 3. Results by Core Sections – 2021**

Section	Elements Meeting Compliance	Total Number of Elements	Compliance Rate (%)
General	823	827	99.52%
Member Rights and Confidentiality	1,539	1,558	98.78%
Initial Evaluation	2,682	2,753	97.42%
Treatment Plan	1,990	2,007	99.15%
Ongoing Treatment/Progress Notes	1,259	1,332	94.52%
Continuity and Coordination of Care	2,066	2,213	93.36%
Medication Management	51	52	98.08%
Restraints/Seclusions	80	80	100.00%
Patient Safety	386	386	100.00%
Cultural Competency	212	218	97.25%
Adverse Incidents	2	2	100.00%
Discharge Planning	442	464	95.26%
Total	11,532	11,892	96.97%

**Table 4. Clinical Practice Guidelines – 2021**

Clinical Practice Guidelines	Elements Meeting Compliance	Total Number of Elements	Compliance Rate (%)
Attention Deficit Hyperactivity Disorder	292	318	91.82%
Conduct Disorder	0	0	N/A
Suicide Risk	42	44	95.45%
Trauma-Informed Care	33	37	89.19%
Total	367	399	91.98%

**Table 5. Waiver Assurance Performance Measures – Waiver Year 3 & 4**

Report ID	Waiver Assurance Performance Measure	Waiver Year 3 07/01/2019 – 06/30/2020		Waiver Year 4 07/01/2020 – 06/30/2021	
		Total Records Reviewed	Compliance Rate	Total Records Reviewed	Compliance Rate
LOC 03	Member's level of care determination was made by a qualified evaluator	391	100%	388	100%
POC 01	Plan of Care reflects supports and services necessary to address the member's goals	391	100%	388	100%
POC 02	Plan of Care includes supports and services consistent with assessed health needs, including risks	391	100%	388	100%
POC 03	Member participated in the Plan of Care development, as documented by the member's/authorized representative's signature on the Plan of Care	391	100%	388	100%
POC 05	Plan of Care was updated when the member's needs changed	391	100%	388	100%
POC 07	Member was given a choice among service providers, as documented by the member/authorized representative's signature on the State-approved form	391	100%	388	100%
POC 08	Member received information on available HCBS, as documented by the member/authorized representative's signature on the State-approved form.	391	100%	388	100%
HW 03	Member received information about how to report critical incidents, as documented by the member/authorized representative's signature on the State-approved form	391	100%	388	100%
HW 05	Member received coordination and support to resolve health needs identified through case management contacts	391	100%	388	100%

In 2021, 568 member records from sixty-six providers were reviewed for compliance with review criteria. The overall network compliance rate was 96.97% (N = 11,892) in 2021. This was an improvement of 4.87 percentage points the network compliance rate in 2020 (N = 10,646, 92.10%). In 2021, all three provider types showed equally high compliance rate that exceeded 96% compliance. When examining performance by core sections, section compliance rates ranged from 93.36% to 100%, which exceeded the 85% goal set for the provider network. Along with high-performance in core sections of the review, MHR/EBP agencies also showed high levels of adherence to clinical practice guidelines as depicted in Table 3. Providers showed 95.45% compliance (N = 44) for Suicide Risk Assessment and Management, 91.82% compliance (N = 318) for ADHD, and 89.19% compliance (N = 37) for Trauma Informed-Care.



Table 4 provides the item-level results for WAA Record Reviews conduct in Waiver Year 3 (07/01/2019 – 06/30/2020) and Waiver Year 4 (07/01/2020 – 06/30/2021). There were 391 and 388 member records reviewed in the third and fourth waiver year, respectively, with all measures meeting 100% compliance. The results of reviews completed in 2021 provide evidence of the quality of services provided to CSoC youth and families by providers in the CSoC network as well as the effectiveness of the CSoC Unit to maintain ongoing compliance with level of care, Plan of Care, and health and welfare waiver assurances over time.

As the results indicate, providers exceeded performance goals set for both quality and compliance of documentation and record keeping. In Q3 2021, Magellan restructured the treatment record review process to engage more directly with providers education and trainings on documentation requirements and provide technical assistance to providers in real-time each quarter between the Quality Director, Clinical Reviewer, and representatives from providers selected for review. Magellan will continue this process to support ongoing provider compliance with record review standards in 2022.

# Network Management

The Coordinated System of Care (CSoC) unit annually monitors its network for adherence to treatment record documentation standards and important aspects of clinical practice guidelines, as well as coordination of care with primary care providers and appointment accessibility. Member experience data, including member experience survey responses and network-related member complaints, are also monitored to identify opportunities to improve the care and service members receive from network providers.

Credentialing and contracting processes allow the CSoC network team to provide front-end management of our provider network and ensure compliance with all requirements upon entry into the network. The credentialing model is flexible so that it can meet the needs of an evolving service delivery system. All providers must comply with the credentialing process and meet CSoC and Louisiana Department of Health (LDH) standards and all relevant state licensing and regulatory requirements. As part of credentialing activities, site reviews are conducted and scored using the Magellan Organization Site Review Tool. The Organization Site Review Tool focuses on, but is not limited to, evaluation of the following:

- Type and status of organization accreditation
- State licensure/certification
- Professional staff and other direct care staff
- Primary Source Verification conducted by the organization for treatment staff
- Safety and Physical Site/Building, including:
  - \* Physical safety
  - \* Adequate space for member care and treatment
  - \* Smoke-free environment
  - \* Fire safety
  - \* Disaster planning
  - \* Physical accessibility
  - \* Physical appearance
  - \* Systematic safety monitoring and improvement
- Adequacy of quality management program
- Adequacy of clinical documentation and record keeping practices
- Staff development
- Member rights
- Appointment availability

The results of provider site visits are reviewed by the Regional Network and Credentialing Committees (RNCC) when making decisions about credentialing, disciplinary action, or termination of network providers. Deficiencies identified through provider site reviews are addressed in the RNCC at least every six (6) months until deficiencies are resolved, and any performance thresholds are met. In 2020 there were twelve site visits for newly contracted

providers, four of which were waiver providers, and 13 in 2021 four of which were waiver providers. No deficiencies were found for either waiver or non-waiver providers.

Providers are re-credentialed every three years, at which time licensing, general liability, and administrative credentialing data elements are verified to be in good standing with state and federal regulatory bodies, possess general liability insurance, and verification of administrative credentialing data elements. Licensing is continuously monitored by Network Management Specialists. As part of the re-credentialing process, provider profiling data, grievances, network monitoring reviews, treatment record review (TRR) results, and other quality-related information are also reviewed by the RNCC to ensure ongoing compliance with network standards.

Onsite annual reviews are conducted for specialized waiver providers, as well as a random selection of behavioral health providers to ensure ongoing compliance with LDH, Magellan, and state/federal regulations. Due to the COVID pandemic, all site reviews were conducted remotely via desktop. All previously contracted active waiver providers are identified at the beginning of the waiver year plus any additional active waiver service providers identified at the beginning of each waiver quarter that were not previously identified are reviewed. Waiver providers that join the network within the waiver year are reviewed the following year. Any provider identified with an active non-waiver status at the beginning of each waiver year or at the beginning of each waiver quarter can be selected for review. The sample size is evenly distributed across the four quarters. The sample size will be equal to or greater than 30% of the total number of active non-waiver providers. Additionally, all waiver direct care staff will be reviewed. For non-waiver providers, the sample size is all staff reviewed if  $\leq 7$ . If staff is greater than eight, a minimum of twelve staff will be reviewed.

**Table 1. Network Monitoring Reviews – Provider Requirements**

Report ID	Description	2020			2021		
		Total # Reviewed	# Compliant	% Compliant	Total # Reviewed	# Compliant	% Compliant
QP 01	Providers initially meeting requirements	7	7	100%	4	4	100%
QP 02	Providers continuously meeting agency requirements	23	18	78%	36	33	92%

**Table 2. Network Monitoring Reviews – Unlicensed Direct Care Staff**

	Year	# of Providers Reviewed	# of Staff Reviewed	# of Staff Compliant	% Compliant
2020	Waiver Service Providers	23	162	95	59%
	Non-Waiver Service Providers	33	230	94	41%
	Total	56	392	189	48%
2021	Waiver Service Providers	36	178	174	98%
	Non-Waiver Service Providers	57	310	279	90%
	Total	93	488	453	93%

In 2021, 93 providers were reviewed, including thirty-six waiver service providers and fifty-seven non-waiver service providers. Of the thirty-six waiver service providers reviewed in 2021, 33 or 92% met all requirement which is a significant improvement of the 78% met in 2020.

In 2021, 488 unlicensed staff were reviewed with a compliance rate of 90% (n=310) and 98% (n=178). The results of the staff reviews for 2021, as with provider reviews, resulted in significant increases in compliance. Corrective actions were required for all providers identified with non-compliant unlicensed staff. In addition, services delivered when the unlicensed staff was not in compliance are submitted to Magellan's Cost Containment Center for recoupment. The main driver for non-compliance for unlicensed staff continues to be not meeting the Cultural Competency training requirements that must be completed annually. The primary reason for provider non-compliance is failure to review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website monthly for staff.

Magellan continues to work collaboratively with LDH to identify interventions to support improvement in compliance rates for providers and unlicensed staff. Collaborative discussions in 2020 lead to a change in the look-back period from 11/1/2019 to a review of records for the quarter prior to the current review quarter. This change, which was implemented in quarter two 2021, along with the implementation of a new provider review tool that was modeled after the review tool formerly used by LDH for WAA and FSO certification, have proven to be the most impactful. Staff are no longer considered non-compliant repeatedly with the shortened look-back timeframe and the new tool, which providers now complete and submit along with supporting documentation, provides the opportunity for agency staff responsible for maintaining compliance to self-review and obtain required documentation at the time of the review. This proactive approach has also reduced the number of corrective action plans needed. Additionally, waiver staff were required to obtain an NPI number for claim submission beginning in July 2021 therefore, all services provided by unlicensed staff are required to have an NPI and be the rendering provider on claims submitted to Magellan. This change affords additional insight into compliance, or non-compliance, at the direct care staff level. Magellan and LDH also began collaborating on the development of a database to be utilized for storing and tracking unlicensed staff required documents and training statuses, among other elements reviewed for compliance, in fall of 2020. The database was completed in August 2021 and data entry began with the entry of the ILSB and short-term respite staff. The results for waiver year for quarter, four and waiver year five quarter, one has also been entered. A resource has been allocated to continue with the data entry until such time the entry can be automated. To date, data for forty-five agency providers and 254 staff has been entered with a total of 6,809 documents recorded.

### **Barriers Identified**

- Provider's lack of internal reviews to ensure compliance

### **Interventions**

- Continue ongoing network initiatives to encourage providers, through All Provider calls, to review their processes and documentation for audits of compliance-based findings. This includes but is not limited to, training and qualifications, appointment availability, claims coding, and crisis mitigation plans, annual competency training requirements, monthly check of the List of Excluded Individuals and Entities and the LDH State Adverse Actions websites on All Provider calls
- Send a monthly reminder to providers to check the List of Excluded Individuals and Entities and the LDH State Adverse Actions website. This intervention began in January 2022 following LDH approval of the communication in 2021
- Explore automation monitoring database entries

- Enhance the WAA review tool to include elements for additional Magellan requirements such as operational policies and procedures and monthly check of the List of Excluded Individuals and Entities and the LDH State Adverse Actions websites

## Material Changes to Network

If a network provider contract termination materially impacts Magellan's network, we will provide written notice to LDH, no later than 7 business days of notification/our decision, including the reason(s) for the proposed action. Magellan will provide, or arrange for, medically necessary covered services should the network become temporarily insufficient within a service area. This may include using Single Case Agreements with out-of-network providers or authorizing members for a higher level of care. If Magellan has advance knowledge of a material change in the network, a request for approval of this change will be submitted to the LDH 60 days prior to the expected effective date. This will include a copy of the draft notification to affected members and a description of short-term gaps, and corresponding remediation efforts, including:

- Detailed information regarding the affected provider(s)
- Demographic information and the volume related to impacted members
- Location and identification of nearby providers offering similar services
- A plan for clinical team meetings with members, their families/caregivers, WAA CFT, and other persons requested by members and/or legal guardians to discuss available options and revise service plans, as appropriate.

## Recommendations for 2022

The Network Strategy Committee (NSC), which is chaired by the Network Development Administrator, will continue to review service capacity and program development initiatives. The committee will initiate the recruitment of providers, including the WAA and FSO, to ensure that unmet needs of the local communities are identified and addressed. This committee will develop and implement strategies to meet the needs for network expansion in each region to address increasing capacity by involving the community, as well as internal and external stakeholders in developing creative solutions. The committee will strive to ensure network sufficiency by leveraging internal subject matter experts (SME). The service development priorities and approaches will vary from rural areas to urban areas and includes stakeholder input, targeted outreach strategies, and data analysis. The NSC's intent is to make informed decisions for expansion of applicable services in areas of true need, while mitigating the risk of over or underutilization. The NSC's multi-pronged approach for evaluating member needs such as, but not limited to, are indicated below:

- Review of non-par utilization data, GeoAccess data and appointment availability data for network analysis to determine strategic development gaps
- Collection of member survey data to assess access to care
- Review of input received from provider surveys
- Review of member and provider grievances
- Evaluation of the data on the needs reporting form when there are no providers available for services needed
- Work collaboratively with clinical, quality, and Wraparound Agencies to develop and expand utilization of Evidence Based Practices
- Work collaboratively with LDH to address barriers to service expansion
- Explore provider incentive opportunities such as rate increases or Value Based Purchasing (VBP)

## Evidence-based and Best Practice Initiatives

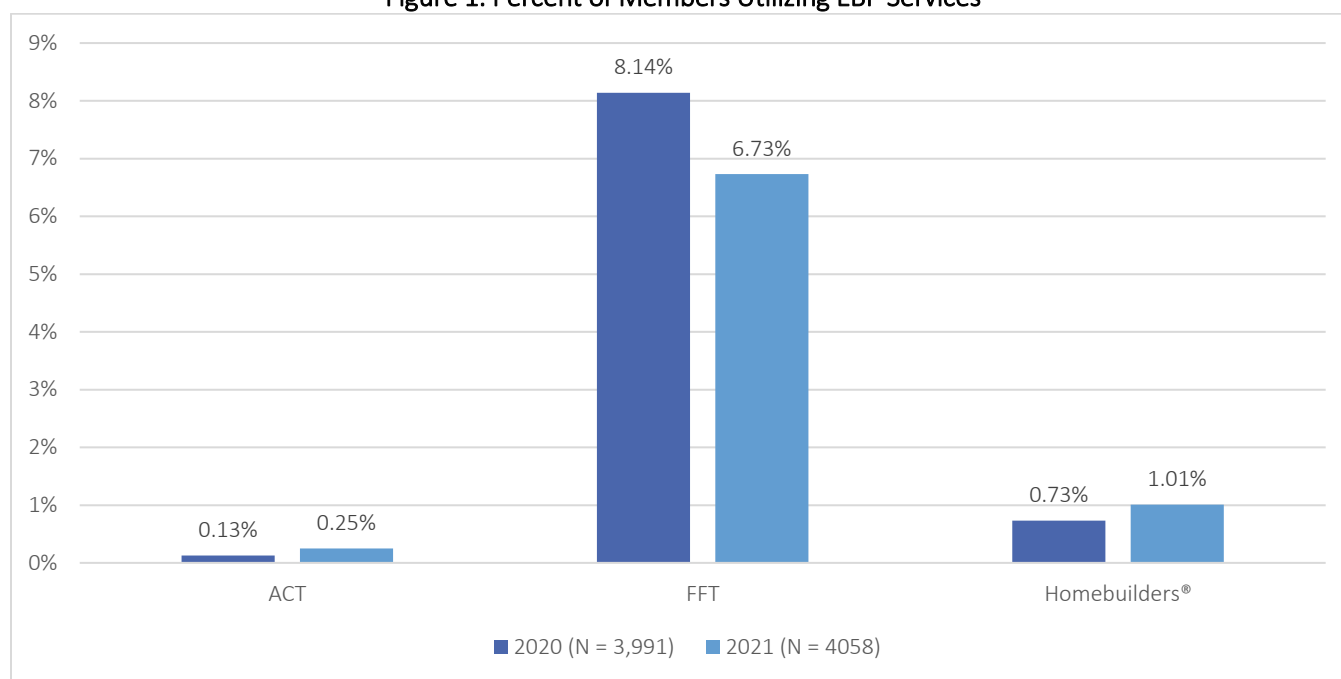
Magellan's network team collaborates with clinical and quality departments, as well as the Louisiana Department of Health (LDH), to identify and implement initiatives related to quality of care for CSoC youth and families. Evidence-based practices (EBPs) are essential for serving the diverse demographics and guiding care related to the complex behavioral needs of CSoC youth. In accordance with the highest industry standards, the CSoC network includes access to four evidence-based practices for youth and families: Homebuilders, Functional Family Therapy (FFT), Functional Therapy – Child Welfare (FFT-CW), and Assertive Community Treatment (ACT). Descriptions of these EBP services are provided below.

- Homebuilders.** Homebuilders is an intensive, in-home evidence-based program utilizing research-based strategies including motivational interviewing, cognitive and behavioral interventions, relapse prevention, and skills training. This service is designed for families with children at imminent risk of out of home placement or who are navigating reunification following separation or placement. Typically, this intervention lasts for 4-6 weeks, though the time period can be extended if needed. Homebuilders' providers contract with the Institute for Family Development (IFD) for training, supervision, and monitoring of services. This occurs primarily through a Homebuilders® national consultant. IFD provides training and consultation to teams as part of a contract with the Department of Children and Family Services (DCFS). The referral source for Homebuilders is almost exclusively DCFS and, as less than ten percent of CSoC youth are involved with the DCFS, this likely contributes to the relatively low utilization of this service
- Family Functional Therapy (FFT) & FFT-Child Welfare.** FFT is an evidence-based family intervention that typically spans four months and is targeted at youths demonstrating externalizing behaviors or who are at risk for developing more severe behaviors that affect family functioning. A subtype of FFT, known as FFT-Child Welfare services, is aimed at youth and families with suspected or indicated child abuse or neglect. Problems faced by these families include youth truancy, educational neglect, parental neglect or abuse, history of domestic violence, and caregiver substance use, anxiety, depression, or other significant mental health disorder. The Department of Child and Family Services (DCFS) is the primary referral source for FFT-CW services.
- Assertive Community Treatment (ACT).** ACT services are comprised of therapeutic interventions that address the functional problems of individuals who have the most complex and/or pervasive conditions associated with major mental illness or co-occurring addiction disorders. These interventions are strength-based and focused on promoting symptom stability, increasing the individual's ability to cope and relate to others, and enhancing their level of functioning in the community. The age range for members in CSoC is 18-21. Utilization of this service is likely to remain low given the narrow age range and the targeted population. The table and figure show the number and percent of youth utilizing EBP services in 2020 and 2021.

**Table 1. Unique Members Utilizing Evidence-Based Services – 2020 & 2021**

Service Type	Year	Members Eligible	Members Served	% of Members
ACT	2020	3991	5	0.13%
	2021	4058	10	0.25%
FFT	2020	3991	325	8.14%
	2021	4058	273	6.73%
HB	2020	3991	29	0.73%
	2021	4058	41	1.01%

Figure 1. Percent of Members Utilizing EBP Services



## EBP Workbook Initiative

In 2020, the CSoC Unit executed an EBP workbook initiative for the purpose of supporting CPST masters-level workers in the implementation of evidence-based treatment modalities for anxiety, depression, and trauma. Descriptions of the selected workbooks, which include the CBT Toolbox for Children and Adolescents by Lisa Weed Phifer, Amanda Crowder, Tracy Elsenraat, and Robert Hull and the SOS Help For Parents by Lynn Clark, are provided below.

- SOS Help for Parents.** SOS Help for Parents provides evidence-based behavior therapy interventions to address a variety of common behavior problems. This approach suggests that good and bad behavior are both learned and can be changed, and proposes specific methods, skills, procedures, and strategies for parents to use and get improved behavior from their children. The content areas covered in the book include the fundamentals of child behavior and effective discipline and advice for implementing the “time-out” method. The book gives suggestions on how to manage that behavior away from the home; use points, tokens, and contracts; use time-out with two children; use time out on a toy and instead of the child; manage aggressive and dangerous behavior; and handle the expression of feelings by children. In addition, the book provides techniques to assist parents in partnering with teachers to improve school adjustment.
- CBT Toolbox for Children and Adolescents.** The CBT Toolbox for Children and Adolescents was designed to provide brief, targeted solutions to a myriad of mental health issues that are frequently present in children. The activities in this workbook enhance traditional CBT by promoting the development of a child’s executive functioning, developing social skills, and prompting a whole brain approach. This book uses a multidisciplinary approach relying on the expertise of school psychologists, social workers, and therapists. Written by clinicians and teachers with decades of experience working with kids, these unique and effective therapy tools are vital to teaching youth how to cope with and overcome their day-to-day struggles. The workbook covers six clinical areas: Childhood Trauma, ADHD, Autism, Anxiety, Conduct Disorder, and Depression. The activities are tailored to specific disorders and symptomology and can be combined to meet the individual’s needs in regard to interrupting negative thought patterns, developing healthy relationships, and creating mind-body

connection. Within each chapter are four content areas tailored to the specific disorder: Cognitive Skills, Relationship Coaching, Competency Building and Brain-based Learning. This workbook provides activities to address countless symptoms with skill-building exercises. There are three types of worksheets, including In-session Exercise, Client Activity, and Caregiver Worksheet. These handouts have different uses and are written from a different perspective.

In 2021, the CSoC Unit distributed 452 workbooks to 226 Mental Health Rehabilitation agencies in July 2021. In addition, the WAAs received training on how utilize the workbooks with youth and families to support development of strategies that utilize EBP services and interventions in July. To assess effectiveness, results from POC Reviews completed from 01/01/2020 to 12/31/2021 were analyzed. Magellan utilizes standardized measurement tool to monitor fidelity to Wraparound practice standards throughout the lifecycle of enrollment while also monitoring the waiver and contract requirements unique to the CSoC program, known as the Plan of Care (POC) review tool. All POC reviews are completed by qualified Licensed Mental Health Professionals (LMHPs) that have extensive clinical and Wraparound knowledge and specialized training on administration and management of CSoC. In 2021, 90.49% of plans (N = 2,219) considered the utilization of EBPs when appropriate. This was a statistically significant increase of 5.65 percentage points over the 2020 rate (N = 2,850, 84.84%),  $\chi^2(1, N = 5,069) = 35.95, p < .00001$ . This shows evidence of the effectiveness of the review process to continue to advance the use of EBPs in the care planning process for CSoC youth.



# Provider Network Development

The CSOC network department continually strives to identify and credential practitioners, providers, and specialized behavioral health providers to improve member access to care and specialty needs. The network department, along with quality and clinical departments, recognizes the need to develop and expand additional EBP services. The Network Strategy Committee (NSC) reviews service capacity and program development initiatives. The committee initiates the recruitment of providers in collaboration with the Wraparound Agencies (WAAs) and Family Support Organization (FSO) to ensure that unmet needs of the local communities are identified and addressed. This committee develops and implements strategies to meet the needs for network expansion in each region. Its intent is to increase network capabilities by involving the community as well as internal and external stakeholders in developing creative solutions.

In 2019, the NSC developed an EBP workgroup tasked with exploring EBP expansion options. This workgroup also began participating in The Center for Evidence to Practice (E2P) workgroup. The Center for Evidence to Practice is a collaboration between LSUHSC School of Public Health –Behavioral and Community Health Sciences Program and the Louisiana Department of Health – Office of Behavioral Health. Their mission is to support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and to address challenges related to sustaining quality practice. Through this workgroup six EBP services were identified and added to the Behavioral Health Service Provider Manual, which are described below.

- **Child Parent Psychotherapy (CPP)** is an intervention for children aged 0 – 6 and their parents who have experienced at least one form of trauma including but not limited to maltreatment, sudden traumatic death of someone close, a serious accident, sexual abuse, or exposure to domestic violence. The primary goal of the treatment is to support and strengthen the relationship between a child and his or her parent (or caregiver) in order to repair the child's sense of safety, attachment, and appropriateness of affect to ultimately improve the child's cognitive, behavioral, and social functioning.
- **Parent-Child Interaction Therapy (PCIT)** is an evidence-based behavior parent training treatment developed by Sheila Eyberg, PhD for young children with emotional and behavioral disorders. PCIT emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Parents learn and practice communication skills and behavior management with their children in a playroom while coached by therapists. The activities and coaching by a therapist enhance the relationship between parent and child and help parents implement non-coercive discipline strategies.
- **Preschool PTSD Treatment (PPT)** and **Youth PTSD Treatment (YPT)** are cognitive behavioral therapy interventions for posttraumatic stress disorder (PTSD) and trauma related symptoms. PPT and YPT are adapted for different age groups:
  - \* Preschool PTSD Treatment (PPT) is used for children ages 3-6.
  - \* Preschool PTSD Treatment (PPT) is used for children ages 3-6.
  - \* Youth PTSD Treatment (YPT) is used for children and youth ages 7-18.
- **The Triple P Positive Parenting Program** is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their

potential. The “Triple P System” includes a suite of interventions with different intensity levels and delivery methods to meet the individual needs of youth and parents.

- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.
- **Eye Movement Desensitization and Reprocessing Therapy** is an evidence-based psychotherapy that treats trauma-related symptoms. EMDR therapy is designed to resolve unprocessed traumatic memories in the brain. The therapist guides the client to process the trauma by attending to emotionally disturbing material in brief, sequential doses, while at the same time focusing on an external stimulus. The most used external stimulus in EMDR therapy is alternating eye movements; however, sounds or taps may be used as well.

Membership in the NSC EBP workgroup consists of network, clinical, and quality departments continued to participate in the E2P workgroup sessions throughout 2021. In March 2021, The Center for Evidence to Practice met with MCOs to discuss the financial sustainability of EBPs and the unique challenges EBP providers are facing. Based on the meetings E2P was inspired to tackle these items:

- Enhance rates/cost rate formula and literature review on EBP rates
- Update Provider/Practitioner EBP List by MCO and provide the list to each MCO
- Develop an EBP Introductory Course for MCO Employees
- Develop EBP Documentation Guide

In April 2021, the E2P workgroup presented the Financial Overview and Resources Guide, a study brief on Financial and Policy Challenges to EBP Implementation, and an EBP Rate Increase Cost Project Model. In October, the E2P issued a Request for Applications (RFA) for a new funding opportunity from OBH for behavioral health providers delivering evidence-based programs for children and youth within the Medicaid Provider Network. The purpose of the one-time funding is intended to offset some costs to providers for achieving EBP certification and certified clinician retention. The applicants are expected to be notified in February 2022.

### Interventions

Magellan’s primary focus for 2021 was to continue to participate in the MCO workgroup meetings to remain informed on the progress of the EBP implementation while evaluating CSoC specific needs, financial impact, and provider engagement approach through the NSC and EBP workgroup meetings. Additionally, we hosted the E2P on an All-Provider Call in March 2021 where an overview of the implementation was provided as well as a demonstration of the E2P website and search capabilities.

### Recommendations for 2022

Clinical, quality, and network departments will continue to collaborate with the Evidence to Practice workgroup. Next steps for EBP intervention rollout:

- Schedule recurring meetings to develop implementation plan
- Determine appropriate EBPs for CSoC
- Evaluate financial impact and potential incentives
- Develop recruitment strategies

- Develop and conduct EBP trainings for internal staff, FSO and WAAs

As noted in the discussion on [Serious Emotional Disturbance \(SED\)](#) in the Population Assessment above, the CSoC population shows the highest diagnostic prevalence in ADHD. Other prevalent diagnoses include Adjustment Disorder, unspecified and Oppositional Defiant Disorder. As part of Magellan's continuing efforts to improve care for CSoC youth, the network management team reviews providers specializing in services such as Developmentally Disabled (DD) population, sexual offending behaviors, and early childhood development in order to meet the needs of the anticipated enrollees. Providers attest to specialties during initial contracting and ongoing when updating their practice information via the provider web portal. This information is accessible to our clinical team, members and WAAs via the provider search engine. The tables below indicate providers by specialty and region and by provider type.

**Table 1. Provider Specialty by Region - 2021**

Specialty	CSoC R1	CSoC R2	CSoC R3	CSoC R4	CSoC R5	CSoC R6	CSoC R7	CSoC R8	CSoC R9
ADHD	197	54	44	12	61	11	49	105	9
Developmental Disorders	94	13	25	6	23	7	32	41	41
Autism Spectrum Disorder	45	5	16	1	7	3	10	28	24
Sexual Offender	2	1	0	0	0	1	0	2	0
Early Intervention Provider	3	0	0	0	2	0	4	11	1

**Table 2. Provider Type by Specialty - 2021**

Provider Type	ADHD	Developmental Disorders	Autism Spectrum Disorder	Sexual Offender	Early Intervention Provider
APRN	14	3	2	0	0
Agency	162	119	71	1	15
Free Standing Psych Hospital	7	5	3	0	0
Distinct Part Psych Hospital	2	2	2	0	0
Group Practice	116	53	23	2	2
Masters Level Providers	177	19	56	2	3
Psychiatrist	46	14	6	0	0
Psychologist	26	17	4	1	0
School Based Clinics	10	5	6	0	0

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# Member and Provider Experience of Care

Magellan's CSoC Unit obtains member and provider experience feedback through conducting annual member and provider experience surveys and through member grievance and provider complaint policies and processes. Grievance and complaint processes provide a mechanism for members, providers, or any member or provider representative, and external agencies to express comments related to care, service, and/or confidentiality. Experience survey and grievance/complaint data are tracked and trended to facilitate the improvement of operations and staff performance to achieve the highest level of satisfaction and care. The 2021 analysis of both member and provider experience data shows high levels of member and provider satisfaction.

## Member Experience of Care Survey

The results of the annual Member Experience of Care survey play a critical role in understanding what is working and where there are opportunities to better serve and engage CSoC youth and families. This section provides details on the methodology used to administer the survey and the results from the 2021 administration.

### Methodology

The survey design is adapted from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and distributed Experience of Care and Health Outcomes (ECHO®) to ensure adherence with Managed Behavioral Healthcare Organization (MBHO) National Committee for Quality Assurance (NCQA) standards. The survey includes seventeen questions using a Likert rating scale to assess the experience of youth and caregivers enrolled in CSoC related to overall satisfaction, effort, effectiveness, availability of services, involvement in treatment, and service providers and office staff.

WAA executive and clinical directors were provided written procedures, including a script to be used by facilitators while conducting member interviews to ensure consistency in survey administration. Magellan conducted virtual trainings for facilitators to review the procedure. Training included a demonstration of the survey platform to clarify how to access the Spanish translation option, complete surveys for declined or non-respondents, and submit survey results. The training was recorded for facilitators who were unable to attend.

The survey administration protocol was limited to telephone interviews due to the COVID pandemic to reduce face-to-face contact with youth and families. Interviews were completed by the sampled member's designated Wraparound Facilitator. Survey responses were entered by facilitators into an online platform at the time of the interview. WAAs were instructed to enter surveys regardless of participation in order to evaluate response rate. The online platform included a screening question to track participation prior to beginning the survey. Upon receipt of the survey, WAAs were instructed to review the sample to verify eligibility and identify any youth that were disenrolled or disengaged. Following the review, WAAs were instructed to complete surveys for any members sampled that were disenrolled and disengaged, and then select an equal number from the oversample list to ensure sample size requirements were met by using the screening question to record "Unable to Participate." In addition, WAAs were instructed to identify any youth or families that may require translation and/or interpretive services to complete the survey and to coordinate with Magellan to meet those needs. Facilitators interviewed caregivers for members that were 18 years-old or younger according to the script provided. Facilitators were instructed to inform the youth or caregiver that the survey results are anonymous, and that no identifying information or PHI is collected during the survey administration.

A two-phased wave spanning forty calendar days (or twenty-nine business days) was used to administer the survey to achieve maximum response rate. Phase-one lasted twenty-four calendar days and consisted of making initial contact with sampled members within twelve calendar days of the survey start date, and a minimum of at least two additional attempts for non-respondents in the subsequent 12 calendar days. At the start of phase-two, WAAs were given the option of selecting an equal number of members from the oversample list to replace any members from the original sample who did not respond or declined to participate. Facilitators were not restricted from continued attempts to contact and complete surveys for members included in the original sample; thus, it is possible that some regions had a higher number of respondents than were in the original sample. At the survey close, facilitators were required to submit surveys for any members, including the original and oversample, which declined participation.

To achieve a statistically reliable sample size that adheres to a 95% confidence level with a +/- 5% error rate, 327 members were randomly selected. Those sampled were continuously enrolled in CSoC for at least three months at the time the sample was drawn (i.e., 06/28/2021). The sample size was stratified by region using regional enrollments as reported on the weekly referral report for 03/28/2021. Each region was provided an oversample list of ten (10) members that could be used when a member from the primary sample was disenrolled and/or disengaged. The total sample size for the 2021 administration was 368, which included 327 members from the original sample and thirty-eight members from the oversample.

## Respondents

Magellan received surveys from 330 members of the 368 selected to participate in the survey administration. This section will examine the demographic characteristics (including region, age, gender, race, and ethnicity) of the response group as compared to those of CSoC enrollees at the time of the survey administration. Demographic data for the profile were derived from authorization and eligibility data, while respondents' demographics were derived from survey data. Table 1 provides demographic characteristics of CSoC members enrolled during Q3 2021 (as reported in QM 05 Demographic Report for WY5 Q1). It also includes disproportionate and proportionate indexes for subcategories with sufficient numbers represented in the profile and the response group (i.e., less than 20 members). This will be used to examine disproportionate under-representation within the response group later in this section.

**Table 1. Demographic Information**

Type	CSoC Profile	% of Profile	Respondents	% of Respondents	Disproportionate Index (% Profile / % Respondents)	Proportionate Index (% Respondents / % Profile)
Members	1,994	100%	330	100%		
Regions						
Region 1	294	14.74%	59	17.88%	82.47%	1.21
Region 2	260	13.04%	47	14.24%	91.55%	1.09
Region 3	224	11.23%	33	10.00%	112.34%	0.89
Region 4	225	11.28%	18	5.45%	206.87%	0.48
Region 5	217	10.88%	31	9.39%	115.85%	0.86
Region 6	120	6.02%	31	9.39%	64.06%	1.56
Region 7	132	6.62%	28	8.48%	78.02%	1.28
Region 8	150	7.52%	33	10.00%	75.23%	1.33
Region 9	372	18.66%	47	14.24%	130.99%	0.76
Unspecified	0	0%	3	0.91%	-	-

Type	CSoC Profile	% of Profile	Respondents	% of Respondents	Disproportionate Index (% Profile / % Respondents)	Proportionate Index (% Respondents / % Profile)
Age Category						
5 – 10 years	562	28.18%	88	26.83%	105.69%	0.95
11 – 17 years	1,310	65.70%	208	63.41%	104.23%	0.96
18 – 20 years	122	6.12%	25	7.62%	80.76%	1.24
Unspecified	0	0.00%	9	2.13%	-	-
Gender						
Female	827	40.42%	133	40.30%	100.29%	1.00
Male	1,219	59.58%	191	57.88%	102.94%	0.97
Unspecified	0	0.00%	6	1.82%	-	-
Race						
American Indian or Alaska Native	20	1.00%	2	0.61%	165.50%	0.60
Asian	3	0.15%	0	0.00%	-	-
Black or African American	1,110	55.67%	179	54.24%	102.63%	0.97
Native Hawaiian or Pacific Islander	7	0.35%	0	0.00%	-	-
Multi-Racial	44	2.21%	15	4.55%	-	-
Other	36	1.81%	12	3.64%	-	-
White	765	38.37%	110	33.33%	115.10%	0.87
Unspecified	9	0.45%	12	3.64%	-	-
Ethnicity						
Hispanic	51	2.56%	12	3.64%	70.34%	1.42
Non-Hispanic	1,924	96.49%	300	90.91%	106.14%	0.94
Unspecified	19	0.95%	18	5.45%		

### Representativeness of Response Group

A representative sample is one that has strong external validity in relation to the target population the sample is meant to represent. As such, the findings from the survey can be generalized with confidence to the population of interest, in this case the CSoC member population. Factors affecting the representativeness of a sample include sample design and nonresponses. To examine this, Magellan used the disproportionate and proportionate index to identify instances of disproportionate impact for subpopulations with 20 or more members in both the enrollee and response groups.

The disproportionate index is calculated by dividing the percent of the subpopulation represented in the CSoC Profile by the percent of the subpopulation represented in the survey respondent group. A disproportionate index of 100% indicates that the subpopulation's representation in the profile and respondent group are equal. In contrast, a disproportionate index greater than 100% indicates that a group's representation of those in the respondent group is lower than that of same group's representation in the profile. The proportional index (PI) is the inverse of the disproportionate index and is calculated by dividing the percent of the subpopulation represented in respondent group by the percent of the subpopulation represented in the profile. A PI of 1.00 indicates that the subpopulation's representation in the profile and the respondent group are equal. In contrast, a PI value of less than 1.00 indicates that a group's representation among those in the respondent group is lower than that of the same group's representation in the profile. Bensimon and Malcolm-Piqueux determined that,

while PI values less than 1.00 reflect instances of disproportionate impact, PI values equal to or less than 0.85 is a more valid and reliable benchmark to identify instances of disproportionate impact. This translates to a disproportionate index greater than 117%.<sup>12</sup>

Using this methodology, there were no indications of disproportionate representation identified for gender, age, race, or ethnicity demographic categories. There were two regions, Regions 4 and 9, that fell below the benchmark and indicated disproportionate underrepresentation in the response group. The disproportionate impact was the highest in Region 4 (i.e., PI of 0.48 and a disproportionate index of 206.87%), which represented 11.28% of the enrollees but only represented 5.45% of the response group. Caution should be used when interpreting results by region; however, this should have little to no impact on the validity and reliability of the statewide results.

Response Rate

Response rate is calculated by dividing the number of completed surveys by the number of surveys distributed. Completed survey is defined as a survey submitted in which all screens were viewed. Surveys that were started but not submitted were excluded. In addition, respondents were required to complete at least the first two satisfaction questions or three of any of the other questions in the survey to be considered complete.

There were 368 members selected to participate in the survey. Of the 368 members, 293 participated in the survey for a response rate of 79.62%. Further, thirty-seven members, or 10.05%, declined and thirty-eight members, or 10.33%, were not delivered. The number of respondents (N = 293) was just below the sample size of 327 required to meet 95% confidence with a ± 5 error rate. The number of respondents was sufficient to ensure the results exceeded 90% confidence with a ± 5 error rate. Currently, there is no national benchmark for survey response rates; however, Qualtrics®, the online survey platform used to conduct the survey, reported that typical survey responses range from 20% to 30%. It stated that a response rate of 10% was low while anything equal to or greater than 50% was good.<sup>13</sup> Based on this, the 2021 response rate of 79.62% significantly exceeded what is considered a good response rate.

When comparing the annual response rates, the response rate in 2021 decreased by 17.49 percentage points from the 2020 rate of 93.85%, which was statistically significant,  $X^2(1, N = 726) = 41.77, p < .00001$ . As reported above, two regions (Regions 4 and 9) did show lower representation in the response group compared with CSoC enrollment, which attributed to the decline seen in the overall response rate. Table 2 provides annual response rates.

Table 2. Response Rates by Year

Year	Completed	Declined / Non-Delivered	Total	Participation Rate
2020	336	22	358	93.85%
2021	293	75	368	79.62%

Magellan identified several barriers that could have contributed to the decline in the response rate seen in 2021. These included:

<sup>12</sup> Harris, B. (2015). 2015-16 student equity plan template. California Community College Chancellor’s Office. Retrieved from <http://extranet.cccco.edu/Divisions/StudentServices/StudentEquity.aspx>

<sup>13</sup> <https://www.qualtrics.com/experience-management/research/tools-increase-response-rate/>



- **Administration period.** In 2020, the survey administration was delayed due to hurricanes occurring in August and October. To prevent a similar delay in 2021, the survey was administered in July rather than October. Although this reduced delays associated with hurricanes, there is typically lower engagement by members associated with summer months, such as vacations, summer camps, and changes in schedules, all of which can negatively impact response rates.
- **COVID-19 Public Health Emergency (PHE).** The Centers for Medicare & Medicaid Services (CMS) released a preliminary report on utilization of mental health services during the COVID-19 public health emergency (PHE) in May 2021. It stated that, when comparing utilization from March through October 2020 to the respective months in 2019, there was a substantial decline in the utilization of mental health services by children under age 19 beginning in April 2020 and continuing through October in nearly all states. The decline in utilization does not appear to be related to issues in accessibility and availability of services. In 2020, CMS expanded the use of telehealth as a mode of service delivery to ensure access to care during the PHE. Consistent with these findings, the CSoc program observed declines in service utilization, enrollments, and now, survey response rates, despite allowing services to be delivered via telehealth and/or telephone only.
- **Regional Differences.** When examining response rates by region, response rates ranged from 37.21% (Region 4) to 98.31% (Region 1). As referenced in Table 3, each region did not utilize the oversample members provided to them to ensure that a sufficient sample size was achieved. It is recommended that more stringent controls be used in the 2022 administration to ensure consistency in administration procedures across regions.

Planned actions to improve the response rate for the 2022 administration include:

- Move the administration period from July to April/May to minimize seasonal factors that could adversely affect engagement with sample.
- Utilization of a hybrid method for administration that incorporates telephonic and in-person survey administration.
- Include a formal meeting with each WAA organization at the mid-point of the administration period to review the survey status of the sample in order to swiftly identify and address barriers to engagement and completion of surveys across regions.

## Results

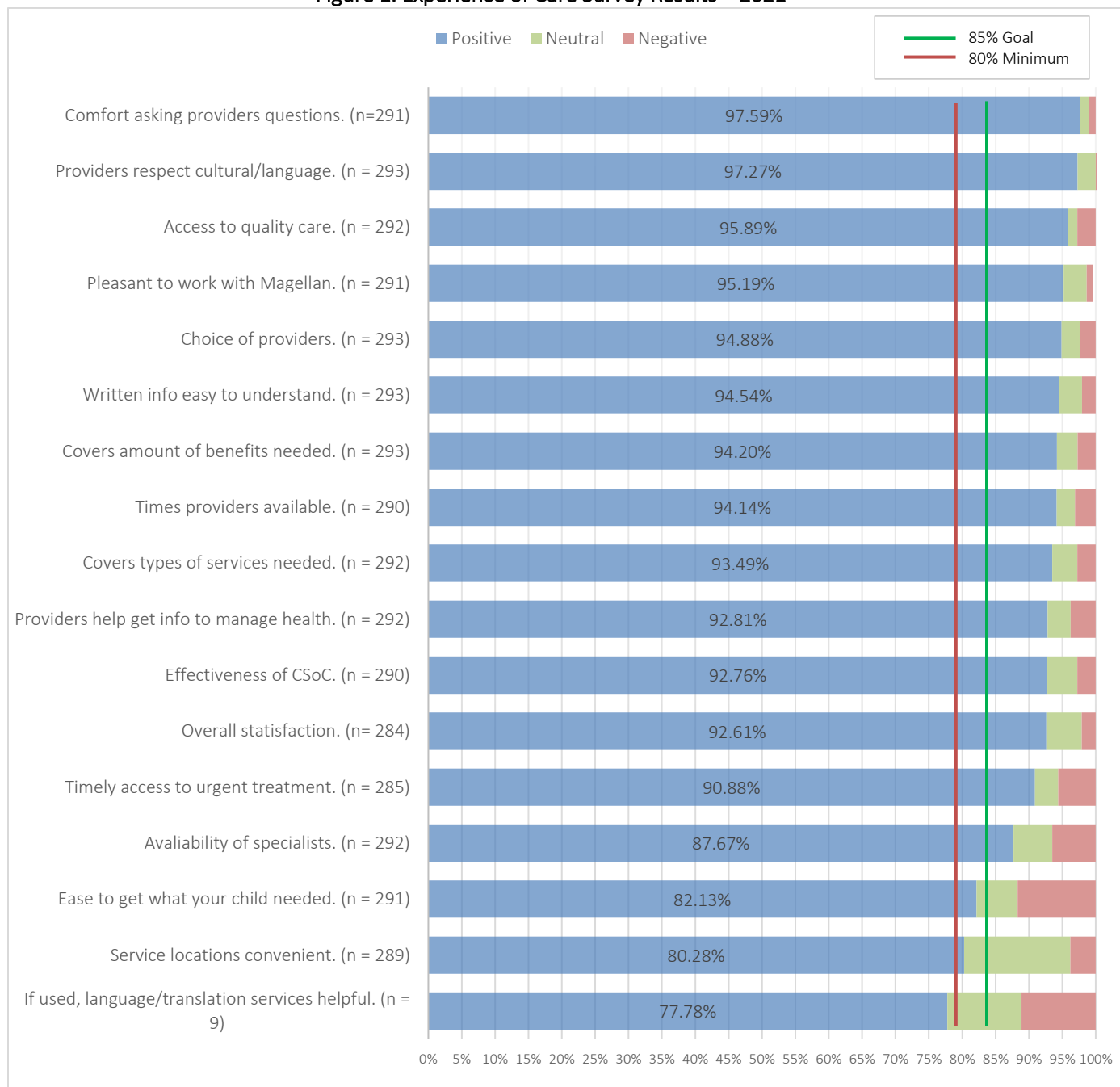
This section provides the results of the 2021 Member Experience of Care Survey. The survey included seventeen questions assessing youth and caregiver experience of care in CSoc/Magellan in the previous six months. The number of responses by question ranged from 284 to 293. Table 3 provides the results by question for the 2020 and 2021 survey administrations and is followed by quantitative and qualitative analysis by category.

**Table 3. Results by Question**

Category	Question	Year	Number	Positive	Neutral	Negative
Overall Satisfaction	Overall, how satisfied or dissatisfied are you/your child with Magellan?	2020	314	94.90%	3.20%	1.90%
		2021	284	92.61%	5.28%	2.11%
Effectiveness	How effective or ineffective was Magellan at meeting your child's needs?	2020	328	94.20%	3.10%	2.70%
		2021	290	92.76%	4.48%	2.76%
Effort	How easy or difficult was it to get what your child needed?	2020	328	89.30%	4.90%	5.80%
		2021	291	82.13%	6.19%	11.68%

Category	Question	Year	Number	Positive	Neutral	Negative
Emotions	How pleasant or unpleasant was it to work with Magellan staff and/or systems?	2020	326	96.60%	1.50%	1.80%
		2021	291	95.19%	3.44%	1.03%
Accessibility-Related Services	Did you use language assistance services (i.e., interpretation, translation services)?	2020	330	1.82%	–	98.18%
		2021	293	3.1%	–	96.9%
	Magellan’s language assistance services are helpful (i.e., interpretation, translation services).	2020	6	50.00%	33.30%	16.70%
		2021	9	77.78%	11.11%	11.11%
Availability of Services	My child can get urgent treatment as soon as it is needed.	2020	328	92.70%	4.60%	2.70%
		2021	285	90.88%	3.51%	5.61%
	Service locations are convenient (parking, public transportation, close to home, etc.).	2020	328	85.10%	14.00%	0.90%
		2021	289	80.28%	15.92%	3.81%
	The services my child receives through Magellan providers are available at times that are good for me.	2020	326	96.60%	1.50%	1.80%
		2021	290	94.14%	2.76%	3.10%
	Specialists are available when we ask to see them.	2020	325	90.80%	6.80%	2.50%
		2021	292	87.67%	5.82%	6.51%
Health Plan Coverage	I am happy with the choice of healthcare providers I have through Magellan.	2020	326	95.10%	2.80%	2.20%
		2021	293	94.88%	2.73%	2.39%
	My child has access to quality healthcare.	2020	327	96.60%	2.80%	0.60%
		2021	292	95.89%	1.37%	2.74%
	Magellan covers the amount of healthcare benefits I believe my child need.	2020	327	92.70%	5.20%	2.10%
		2021	293	94.20%	3.07%	2.73%
	Magellan covers the types of healthcare services my child needs.	2020	328	95.10%	4.30%	0.60%
		2021	292	93.49%	3.77%	2.74%
Involvement in Care	I felt comfortable asking my child’s healthcare providers questions about my child’s treatment and/or medicine.	2020	327	96.60%	2.40%	0.90%
		2021	291	97.59%	1.37%	1.03%
	My child’s healthcare providers help us get information to help my child manage his/her health.	2020	325	94.20%	4.90%	0.90%
		2021	292	92.81%	3.42%	3.77%
	Written information about Magellan’s services is easy to understand.	2020	325	96.30%	3.70%	0.00%
		2021	293	94.54%	3.41%	2.05%
Service Providers and Office Staff	Magellan’s healthcare providers respect my family’s cultural and language needs.	2020	326	96.60%	3.10%	0.30%
		2021	293	97.27%	2.73%	2.73%

**Figure 1. Experience of Care Survey Results – 2021**



In 2021, overall satisfaction with CSoC/Magellan was rated as 92.61% positive, which was a 2.29 percentage point decrease from 2020. The percent of positive responses ranged from 80.28% to 97.59%. All questions exceeded the minimum performance threshold of 80% positive, with the exception of the accessibility-related services question. Fourteen, or 82.4%, of the questions exceeded the goal of 85% positive, with three questions falling below the goal. The question with the highest percent of positive responses was comfort in asking healthcare providers questions about treatment and/or medicine (97.59% positive). The question with the lowest percent of positive responses was convenience of services locations (80.28% positive). The range of differences in the

percent of positive responses from 2020 and 2021 was -7.17 to 1.50 percentage points, eleven of which were within  $\pm 2$  percentage points.

Three questions showed increases in percent of positive responses while the remaining eleven questions showed decreases. There was only one question with a statistically significant difference from the previous administration (i.e., How easy or difficult was it to get what your child needed?), which showed a decline of 7.17 percentage points in positive responses from 2020 to 2021. Program strengths were defined as questions with 95% or greater of members reporting positive experiences and are reported in Table 4. Opportunities for improvement were defined as questions with less than 90% of members responding positively and are reported in Table 5.

**Table 4. Areas of Strength for CSoC Program**

Questions	Number	% Positive
I felt comfortable asking my child's healthcare providers questions about my child's treatment and/or medicine.	291	97.59%
Magellan's healthcare providers respect my family's cultural and language needs.	293	97.27%
My child has access to quality healthcare.	292	95.89%
How pleasant or unpleasant was it to work with Magellan staff and/or systems?	291	95.19%

**Table 5. Opportunities for Improvement for CSoC Program**

Question	Number	% Positive
Service locations are convenient (parking, public transportation, close to home, etc.).	289	80.28%
How easy or difficult was it to get what your child needed?	291	82.13%
Specialists are available when we ask to see them.	292	87.67%

### Opportunities for Improvement

Magellan established a multidisciplinary workgroup to examine opportunities for improvement. The work group included Magellan's Medical Director, General Manager, Clinical Director, Network Director, Quality Director, Member Services Director, and other relevant staff. In addition, Magellan elicited feedback from external stakeholders, including Wraparound Agency practitioners and/or providers, and the Louisiana Department of Health. The survey results were reviewed in context of availability and accessibility indicators, member grievances, utilization/care management reviews, quality of care concerns, treatment record reviews, other provider monitoring activities, and feedback provided by external stakeholders to assess the scope and scale of the issues and support prioritization of process improvement initiatives. Summary of key points is provided below.

### Service Locations / Availability of Specialists

Two opportunities identified by the 2021 survey were related to accessibility and availability of providers. In June 2021, an analysis on the impact of the COVID-19 pandemic on access and utilization of behavioral health services

was released by McKinsey and Company.<sup>[1]</sup> The results indicated that, although there has been an increase in behavioral health needs, there has also been a decline in the utilization of behavioral health services. Since then, an initial, partial recovery in behavioral health service utilization occurred, but it appears to be driven primarily by telehealth adoption. Even with the increase in telehealth service utilization, overall utilization is still far below expected levels given the context of increased behavioral health and substance use needs. E. Coe, et al. (2021) stated that, although the swift implementation of telehealth for behavioral services has helped to offset lowered access to in-person services, there are limitations in access to telehealth services, including lack of broadband access, limited availability of providers with telehealth capabilities, and treatments not well suited for telehealth, many of which likely had a negative impact CSoc youth and caregivers' satisfaction with telehealth service delivery.

As the COVID-19 pandemic persists, Magellan will continue to partner with both Wraparound Agencies and formal behavioral health providers to safely move towards increasing access to home-and-community based service delivery. Even now, it is impossible to understand the true impact of the COVID-19 pandemic on access and utilization of behavioral health services, but it is believed that additional supports to assist WAAs in navigating barriers to accessing care are needed. As previously described in the [Member Survey](#) section, Magellan will initiate monthly staffings with WAAs for youth reporting that one or more service is not being implemented in accordance with their POC. The staffings will begin in February 2022 and will include the CSoc QI and network directors and WAA clinical directors. In addition, Magellan, in collaboration with the WAAs and LDH, will develop decision trees to support facilitators in determining what remedial actions are needed when gaps in clinical services are reported. Member survey data will be assessed quarterly to determine effectiveness of interventions and adjust them as needed. In addition, Magellan is working to develop a special provider arrangement with a prescriber located Region 3. The purpose of this arrangement is to better integrate the prescriber into the Wraparound process while enhancing access to high-quality, specialty practitioner services. More detailed action plan regarding this initiative will be provided in the Network Management and Development Plan, which will be submitted to LDH on 02/28/2022.

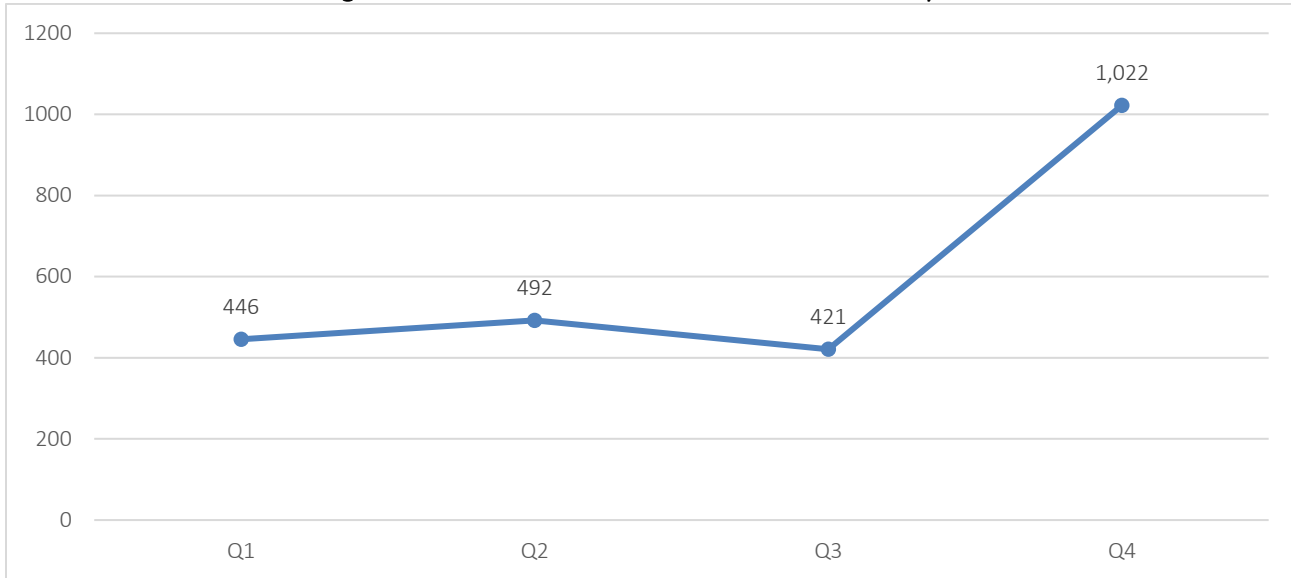
### Effort in CSoc

In previous surveys, members reported that the referral process into CSoc was cumbersome and difficult because MCO's served as the single point of contact for referrals, requiring a warm transfer to Magellan. One of the barriers consistently reported by families and providers regarding the referral process was the time it took to make a referral and the number of people it required speaking with when the sole method of referral was via the youth's Healthy Louisiana Plan. In 2021, Magellan piloted an initiative to receive direct referrals from DCFS, OJJ, a psychiatric residential treatment facility, and an inpatient hospital and their emergency room. Results were presented to LDH, which showed a reduction in average call time, a decrease in abandonment rate, and positive feedback from the referral sources. Following the pilot, LDH approved Magellan to expand direct referrals to all referral sources in September 2021. Since implementing direct referrals in Q4 2021, there has been a substantial increase in referrals as depicted in Figure 4, which shows referrals increased from 421 to 1,022 from Q3 to Q4 2021. When compared to the average number of referrals received between Q1 – Q3 (N = 453), this represents an increase of 125.61%. The CSoc Unit Utilization Management Committee (UMC) will continue to monitor effectiveness of this intervention as CSoc continues to accept direct referrals statewide.

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<sup>[1]</sup> <sup>[1]</sup> Coe, E., Collins K., Enomoto, K. and Ononogbu, U. (2021, June 15). Insights on utilization of behavioral health services in the context of COVID-19 2021. McKinsey and Company. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/insights-on-utilization-of-behavioral-health-services-in-the-context-of-covid-19#>

Figure 4. Referrals Received in Calendar Year 2021 by Quarter



In addition to the referral process, another known area that can increase effort in accessing needed services involves youth with co-morbid conditions that require coordination with a child-serving agencies, such as Department of Children and Family Services (DCFS), Office of Juvenile Justice (OJJ), and the Office for Citizens with Developmental Disabilities (OCDD). In 2021, the percentage of youth involved with DCFS each quarter ranged from 8.1% to 11.7%, the percent of youth involved in OJJ ranged from 9.2% to 12.1%, and youth with both DCFS and OJJ involvement ranged from 1.6% to 1.0%. Magellan recognizes that it is critical for WAAs to work effectively and efficiently when coordinating care with these agencies. To address this, Magellan’s State Agency Liaison conducted training for the WAAs in May 2021 entitled *Navigating and Coordinating with State Agencies*. Further, Magellan developed and implemented clinical procedures in Q2 2021 to guide facilitators in navigating services and supports for youth with complex needs. Procedures included Inpatient and PRTF admissions, Safety and Risk, Trauma, Developmental and Educational, and Substance Use, which are described in greater detail in the [Care Management Initiatives](#) section.

## Member Grievances

To ensure youth and caregivers understand their right to file a grievance and the process for filing, the CSoc Unit conducts the following actions.

- Magellan of Louisiana’s Member and Provider handbooks and websites provide information on how to file a grievance, including a mechanism to file online.
- Quality Director conducts annual review of Magellan’s Member Handbook, Provider Handbook, and the Magellan of Louisiana web page to ensure that information regarding member grievances is current, accurate, and easily accessible to youth, caregivers, and providers.
- CSoc Coordinators review a minimum of 385 member records annually to monitor the number and/or percent of members who receive a hard copy of the Member Handbook at enrollment, which includes relevant program information, information on accessing providers, member rights and responsibilities, etc. Both youth and families attest in writing to having received this information through the CSoc Freedom of Choice form.

When member grievances are reported, a Quality Clinical Reviewer, a Licensed Mental Health Practitioner (LMHP), ensures they are processed in accordance with both state and federal regulations. All grievances are reviewed by an LMHP to determine if emergent/urgent needs and require immediate notification of the CSoc Unit's Medical Director to ensure clinical urgent issues are resolved within two calendar days of receipt. Grievances involving quality of care concerns are overseen by the CSoc Medical Director through the Quality-of-Care Workgroup.

Upon receipt of the grievance, the Clinical Reviewer attempts to contact the grievant by telephone within three business days to provide verbal acknowledgement of the receipt of the grievance, assess clinical urgency of grievance, gather additional information or facts regarding the grievances, and explain procedures for the investigation and resolution of the grievance. A written acknowledgement is sent within three business days of receipt, irrespective of telephone contact. In addition to interviewing the grievant, the Clinical Reviewer conducts a thorough investigation into the grievance, which typically includes the following actions:

- Review of internal member record, specifically assessments, Plans of Care, utilization and care management activities, demographics, claims history, etc.
- Review of treatment records and/or policies and procedures for the involved provider as well as documentation of any internal actions taken by provider in response to the concern.
- Telephonic contact and/or written correspondence with the Wraparound Agency and/or involved provider to gather additional facts and discuss actions taken and/or planned in response to concern.

The findings of the investigation are reviewed to determine if there was sufficient evidence to substantiate the grievance. The CSoc Unit's goal for all grievances, both substantiated and unsubstantiated, is to obtain satisfactory resolution. The distinction is that substantiated grievances require the involved provider to implement formal corrective actions to address in areas of deficiency identified. Prior to resolving the grievance, the CSoc Unit makes every effort to provide the grievant with verbal notification of resolution, which is followed by written notification. When resolutions are not satisfactory, Magellan will continue to work with the grievant and the provider to successfully resolve the issue within thirty calendar days. When a satisfactory resolution is not possible, Magellan provides appeal rights verbally, when possible, and through written correspondence. Tables 8 and 9 below provide member grievances received in 2020 and 2021 by category and processing measures.

**Table 8. Category of Member Grievances**

	2020 (N = 3,529)		2021 (N = 3,639)	
Category	Number	Rate per Thousand	Number	Rate per Thousand
Quality of Care	3	0.85	3	0.82
Access	3	0.85	5	1.37
Attitude/Service	4	1.13	2	0.55
Billing/Financial	0	0.00	0	0.00
Quality of Practitioner Office Site	0	0.00	0	0.00
Total	10	2.83	10	2.75

**Table 9. Member Grievance Process Measures**

Year	2020 (N = 10)		2021 (N = 10)	
	Number	Percent	Number	Percent
Clinically Urgent	0	0%	0	0%
Acknowledged Timely	10	100%	10	100%
Resolved Timely	10	100%	10	100%
Notice of Resolution Sent Timely	10	100%	9	90%

In 2021, 3,639 unique youth and families were enrolled in CSoC, with ten member grievances received. The rate of member grievances per thousand for 2021 was 2.75. This was down slightly from the 2020 rate of 2.83 grievances per thousand members. Grievances were reported in three of the five categories, including attitude/service (2), quality of care (3), and access to care (5). These were the same categories reported in 2020; however, in 2021, there was a decrease in grievances related to attitude/service and an increase in grievances related to access to care. In both 2020 and 2021, there were no clinical urgent member grievances reported.

Two grievances, which represented 20% of grievances filed were substantiated following the investigation. In both cases, the grievances involved a quality-of-care concern and were referred to the Quality of Care Concern Work Group to oversee corrective actions for the involved providers following resolution of grievance.

In 2021, all grievances were acknowledged within three business days and resolved within thirty calendar days. Timely. There was one written resolution notification that was not sent within the required timeframe. The grievance was received on 04/02/2021; however, the written notification was not sent until 05/06/2021, which was thirty-two calendar days after receipt.

The untimely resolution notification involved one of the substantiated grievances discussed above. The grievance involved a complex patient safety concern (i.e., medication error) and the Clinical Reviewer had been in contact with the grievant during the investigation; thus, it was believed that providing verbal notification of the resolution would be more appropriate prior to sending written notification to ensure understanding of actions taken and provide an opportunity to ask additional questions. The Clinical Reviewer made several attempts to contact grievant by telephone (i.e., 04/22/2021, 04/26/2021, 04/29/2021, and 05/03/2021), leaving messages for a return call each time. On 05/04/2021, the Clinical Reviewer was able to make contact with the grievant and provided verbal notifications of actions taken and planned to address her concerns. This was followed immediately by written notification, sent on the same day.

As a result of the untimely notice, the CSoC Unit revised the procedures to require written notice to be sent for all grievances, regardless of grievance type. of grievance. If a similar situation occurs in the future, Magellan will include specific guidance in the written notification to the grievant to contact the Clinical Reviewer to discuss the resolution. In addition, the Clinical Reviewer will contact the Wraparound Agency to assist with member engagement when verbal contact is not made after attempts made on three consecutive days are not successful.

## Member Grievance Appeals

Members have the right to an appeal when there is an adverse decision relating to a grievance. The CSoC Unit did not receive any requests for appeals of member grievance resolutions in either 2020 or 2021.



## Provider Complaints

The provider complaint process establishes a direct connection to Magellan staff that can resolve issues pertaining to policies, procedures, or other administrative functions. Providers can initiate a complaint by calling Magellan's toll-free provider line at 1-800-424-4489 or by accessing the Magellan provider website. All complaints are treated professionally to ensure resolution of the provider's concern.

Once received, Magellan thoroughly investigates each provider grievance using applicable statutory, regulatory, and contractual provisions, collecting all pertinent facts from all parties. Magellan's goal is to resolve the grievance at the time of the initial call. However, if this is not possible, a supervisor or designee will become involved. Magellan provides written notification of the disposition of the complaint and the opportunity to appeal if an adverse decision is reached. Magellan makes every effort to ensure that executives with the authority to require corrective action participate in the provider grievance process. Should a complaint require escalation, a two-tier process is employed for providers seeking to dispute Magellan's policies, procedures, or any aspect of administrative functions. Magellan tracks all provider grievances to ensure proper resolution. Details on the category of provider complaints received in 2020 and 2021 are detailed in Table 10, followed by process measures in Table 11.

**Table 10. Provider Complaints by Category**

Category	2020		2021	
	Number	Percent of Total	Number	Percent of Total
Quality of Care	1	25.0%	0	0%
Access	0	0%	0	0%
Attitude/Service	2	50.0%	0	50.0%
Billing/Financial	1	25.0%	2	50.0%
Total	4	100%	2	100%

**Table 11. Provider Complaint Process Measures**

Year	2020 (N = 4)		2021 (N = 2)	
	Number	Percent	Number	Percent
Acknowledged Timely	4	100%	2	100%
Resolved Timely	4	100%	2	100%
Notice of Resolution Sent Timely	4	100%	2	90%

Magellan received two provider complaints in 2021. Both complaints were reported by a single provider type (i.e., Mental Health Rehabilitation (MHR) Agency) and were related to billing/financial issues. One complaint, received in June, was substantiated when the reason for the lack of pre-service authorization was due to the untimely submission of the youth's Plan of Care by the Wraparound Agency. The CSoc Unit coordinated with the involved Wraparound Agency until confirmation plan was submitted, and claims were reprocessed and paid. Following remediation, Magellan required the Wraparound Agency to implement a corrective action plan to ensure timely submission of Plans of Care. The second complaint was received in July, after the provider did not receive the

expected payment for approved claims. This complaint was not substantiated because Magellan received consent from the provider to withhold payments related to recoupments. All complaints were acknowledged within three business days, investigated fully, and resolved within 30 days. See Provider Appeals below for more discussion on the impact of untimely Plan of Care submissions on claims payment.

## Provider Appeals

Provider appeals, or provider disputes, occur when a provider disagrees with the resolution of a claim for service. The CSoc Unit's Network Director is responsible for the review and resolution of disputes. Provider appeals require written acknowledgement within three business days and resolution within thirty calendar days. Tables 12 and 13 provide details on provider appeal determinations and process measures completed in 2020 and 2021.

**Table 12. Provider Appeal Determinations**

	2020				2021			
Month	Appeals Received	Upheld	Adjusted Payment	Amount	Appeals Received	Upheld	Adjusted Payment	Amount
January	7	7	—	—	0	0	0	\$0.00
February	7	7	—	—	2	2	0	\$0.00
March	2	2	—	—	8	7	1	\$616.26
April	4	1	3	\$46.32	3	2	1	\$675.93
May	1	1	—	—	2	1	1	\$9,460.34
June	1	0	1	\$190.05	2	2	0	\$0.00
July	0	0	—	—	8	4	4	\$3,959.86
August	1	0	1	\$714.76	9	5	4	\$1,615.20
September	3	3	—	—	2	1	1	\$674.00
October	5	4	1	\$154.63	2	2	0	\$0.00
November	5	5	—	—	3	0	3	\$2,482.67
December	4	4	—	—	3	2	1	\$738.00
Total	40	34	6	\$1,105.76	44	28	16	\$20,222.26

**Table 13. Provider Appeal Process Measure**

	2020		2021	
	Total	Percent	Number	Percent
Acknowledged Timely	40	100%	44	100%
Resolved Timely	40	100%	44	100%

A total of forty-four provider appeals were received during 2021. This was an increase of four appeals from 2020. All provider disputes received in 2021 were acknowledged within three business days and resolved within thirty calendar days. The rate per thousand for provider appeals to claims processed was 0.08 (N = 474,389) in 2020 as compared with 0.11 (N = 411,143) in 2021. There were twenty-eight disputes, or 63.6%, that were upheld at

appeal – i.e., the original claim was determined to be denied appropriately. Sixteen disputes, or 36.4%, required adjusted payment, which was an increase of 10 when compared to 2020. Although there was an increase in overturned provider disputes in 2021, the rate per thousand was only 0.04 in context to the volume of claims processed. Adjusted payments resulting from provider disputes resulted in adjusted payments of \$20,222.26, an increase of \$19,116.50 from 2020. This increase was due to an increased number of overturned appeals and inpatient psychiatric hospital claims, which have a high reimbursement rate.

- The authorization process is based on the receipt and approval of the member's Plan of Care. Providers often submit claims before the authorization is in place or they do not verify authorizations through the provider portal. Providers run the risk of using all authorized units if they are not monitored closely and additional units are not requested.
- Member eligibility is contingent on the receipt and approval of the Child and Adolescent Needs Assessment (CANS) and determination of financial eligibility by Louisiana Department of Health (LDH). Providers are encouraged to check member eligibility prior to servicing the member to ensure eligibility and have not been discharged from the program.
- Failure to refer to fee schedules to determine required modifier combinations prior to claim submission.
- Roster not registered and rendering provider name and/or NPI missing/invalid are a result of provider failure to submit roster staff for Community Psychiatric Support (CPST), Psychosocial Rehabilitation (PSR) and Crisis Intervention staff prior to claims submission.

## Provider Satisfaction Survey

Provider satisfaction surveys serve as the most direct measure of assessing the practitioner's satisfaction with features and services provided by Magellan Health Services. Magellan surveys its participating network providers at least annually to obtain their perceptions of the service they received in collaboration with Magellan. Feedback is collected using the Magellan Provider Satisfaction Survey questionnaire designed and administered by Magellan's corporate Survey Operations teams. The survey assesses satisfaction in the following areas: Case Management and Utilization Management, Services, Claims Payment and Reimbursement, Communication, Provider Website, PCP Communications, and Overall Experience.

Survey data were collected using the Provider Experience Survey managed by the Analytic Services department using a HIPAA compliant application for email distribution. The survey methodology utilized an email-out and email-back method to collect providers' perceptions regarding quality of services received. Providers authorized to serve members between January and June 2021 were eligible for this survey. The first email sent on 08/04/2021, included an introductory email with a link to the survey questionnaire. A second distribution that included a follow-up email along with another satisfaction survey link was sent to those providers who had not yet responded with a completed questionnaire by means of returned email on 08/11/2021. The survey closed 09/16/2021. A goal of 85% positive satisfaction was established for each item. Performance is assessed in context to the goal as well as our 2020 results.

Surveys were distributed to 517 providers, of which 481 were delivered and thirty-two non-deliverables. Of those 481 surveys delivered, fifty-one surveys were completed for a response rate of 10.2%. The response rate declined by 17.3 percentage points from 2020. Although a similar number of surveys were completed (i.e., 60 in 2020 and 51 in 2021), the response rate decreased due to the increased number of providers included in the sample. The tables below present response rates and survey results from 2020 and 2021. The results are reported according to the category of the response, which included positive, neutral, and negative.

**Table 14. Provider Satisfaction Survey Response Rate**

Year	2020	2021
Surveys Distributed	227	517
Surveys Delivered	218	481
Surveys Non-Delivered	9	32
Surveys Completed	60	51
Response Rate	27.50%	10.20%

**Table 15. Provider Satisfaction Survey Results**

Categories	Question	Year	Number	Positive	Neutral	Negative
Overall Satisfaction	Overall, how satisfied or dissatisfied are you with Magellan services?	2020	32	100.0%	0.0%	0.0%
		2021	48	100.0%	0.0%	0.0%
Effort	How easy or difficult was it to get what you needed?	2020	56	87.5%	5.4%	7.1%
		2021	48	91.7%	6.3%	2.1%
Effectiveness	How effective or ineffective was Magellan at meeting your needs?	2020	56	92.9%	1.8%	5.4%
		2021	48	100.0%	0.0%	0.0%
Emotion	How pleasant or unpleasant was it to work with Magellan staff and/or systems?	2020	56	92.9%	3.6%	3.6%
		2021	48	100.0%	0.0%	0.0%
Magellan's Service	Satisfaction with Magellan's provider credentialing process.	2020	55	96.4%	3.6%	0.0%
		2021	46	95.7%	2.2%	2.2%
	Magellan communicates effectively about process and procedure changes.	2020	53	96.2%	0.0%	3.8%
		2021	47	95.7%	4.3%	0.0%
	Magellan provides tools (e.g., technology, information, other resources) that help provider deliver quality care to members.	2020	54	92.6%	1.9%	5.6%
		2021	44	100.0%	0.0%	0.0%
	Magellan's provider relations staff are helpful.	2020	55	98.2%	1.8%	0.0%
		2021	46	95.7%	4.3%	0.0%
	My issues, questions, or concerns are addressed the first time I raise them.	2020	52	86.5%	3.9%	9.6%
		2021	45	86.7%	8.9%	4.4%
Claims Process	Clinical criteria reflect a generally accepted standard of care.	2020	52	92.3%	5.8%	1.9%
		2021	47	100.0%	0.0%	0.0%
	Clinical decisions are consistent.	2020	52	94.2%	1.9%	3.9%
		2021	42	97.6%	2.4%	0.0%
	Magellan resolves claims quickly.	2020	54	90.7%	3.7%	5.6%
		2021	46	93.5%	4.3%	2.2%
Appeals Process	Magellan practices a straightforward appeals process.	2020	51	86.3%	9.8%	3.9%
		2021	42	88.1%	9.5%	2.4%

In 2021, the provider survey included thirteen questions assessing provider's experience with Magellan. For the second consecutive year, 100% of respondents reported positive overall satisfaction with Magellan. The percent of positive responses by question ranged from 100% to 86.7%. Of the thirteen questions, five (5) questions showed 100% positive responses. This included:

- Overall, how satisfied or dissatisfied are you with Magellan? (N = 48)

- How effective or ineffective was Magellan at meeting your needs? (N = 48)
- How pleasant or unpleasant was it to work with Magellan staff and/or systems? (N = 48)
- Clinical criteria reflect a generally accepted standard of care. (N = 47)
- Magellan provides tools (e.g., technology, information, other resources) that help provider deliver quality care to members. (N = 44)

When comparing the 2020 and 2021 results, the difference in the percent positive by question ranged from -2.53 to +7.69. There were seven questions that showed increases that exceeded two percentage points, with four showing improvements of seven percentage points each. There were three questions that showed slight declines in the percent positive. Of those three, two questions only declined by less than one percentage point. The remaining question that assessed satisfaction with provider relations staff only declined by 2.53 percentage points and was still rated at 95.7% positive.

Of the thirteen questions included in the survey, two questions were rated below 90% but above the established goal of 85%. The questions assessed if Magellan's appeal process was straightforward and if issues were addressed on the first time they are raised. For both questions, the majority of non-positive responses were neutral (i.e., neither agree nor disagree), which represented approximately 9% respondents. This is likely because the questions did not apply to the respondent, as inferred by the low number of complaints received and provider appeals that were processed in 2021. Further, those responding negatively reported the lowest degree of negative experience (i.e., somewhat disagree). Based on this analysis, there were no opportunities for improvement identified through the provider satisfaction survey.

# Youth, Family and Stakeholder Involvement

A true “culture of quality” must be based on a solid QI strategy that is informed by an organization’s youths, families, stakeholders, and providers. A driving principle is a team approach that promotes shared responsibility for developing, implementing, monitoring, and evaluating the QI Program. The design, implementation, and evaluation of processes must accommodate the diverse perspectives, mandates, and resources of our stakeholders in order to ensure that the QI program addresses the needs of the communities served by CSoC. To achieve this, Magellan intentionally engages with youths, caregivers, family members, Wraparound Agencies (WAAs), practitioners/providers, peers, and local stakeholders to inform our quality program through an array of activities, including but not limited to: fidelity surveys, satisfaction surveys, member and provider grievances, WAA QI/QM calls, WAA Clinical calls, Network Provider All-Calls, quarterly regional provider/stakeholder forums, specialty work groups established by relevant committees, provider support groups, and member interviews. These activities are reviewed through the QI committee structure to ensure that input from youth, families, providers, and stakeholders with diverse backgrounds guide and inform our QI Program. This section outlines communications to our practitioners, providers, stakeholders, and members completed to support the Quality Program throughout 2021.

## Youth and Family Engagement

This section describes some activities conducted to support and engage with CSoC youth and families during 2021.

- **CSoC Member Handbook.** The member handbook is distributed to youth and families by the Wraparound Facilitator upon enrollment in CSoC. The member handbook is updated annually and includes topics such as:
  - \* Contact information
  - \* Behavioral Health Care Services Offered
  - \* Language assistance and translation service
  - \* Non-covered Behavioral Health Services
  - \* How to get CSoC services
  - \* Learn more about Wraparound
  - \* Specialized services for children
  - \* Behavioral Health & Educational Support Groups
  - \* How to change providers
  - \* State Agencies
  - \* Grievances, Appeals, and State Fair-Hearing procedures
  - \* Family Support Organization
  - \* Privacy Policies
  - \* Wraparound Agencies
  - \* Recovery, Resiliency, Wellness and Peer Support
  - \* Nondiscrimination notice
- **Online Resources.** Provision of online resources for youth and families on the Magellan of Louisiana website include, but not limited to:
  - \* Behavioral Health Crisis information
  - \* Member rights and responsibilities
  - \* Member Handbook (Spanish and Vietnamese versions available online)
  - \* Accessing Services

- \* How to get help in another language
  - \* Health & wellness library
  - \* Grievances and Appeals
  - \* Community Events
  - \* Member resources including Emergency preparedness and current events, CSoC Regional Map, Autism resources, EPSDT (Early and Periodic Screening, Diagnostic, and Treatment, and Recovery & Resiliency
  - \* Finding a Provider Contact information with a toll-free number, TDD, TTY, and email address
- **Member Newsletters.** Magellan of Louisiana communicates information to members enrolled in CSoC through quarterly editions of the CSoC Member Newsletter. The newsletter is distributed to youth and their families through direct interaction with the Wraparound Agencies. The newsletter is available on the Magellan of Louisiana website and during community events. In 2020, newsletters included information on the following topics:
    - What is the Family Support Organization (FSO)?
    - \* Are you Weather Ready? Hurricane Preparedness
    - \* PTSD Awareness
    - \* Black, Indigenous, People of Color (BIPOC) Mental Health Awareness
    - \* Staying Safe in the Summer
    - \* Contact Information for the Healthy Louisiana Plans
    - \* Accessing Language Assistance Services
    - \* Accessing Member Resources through the Magellan of Louisiana website – e.g., Member Handbook and Member Newsletter Information
    - \* Understanding Trauma
    - \* Telehealth
    - \* Preventive Tips & Awareness - Flu
  - **My Life.** In response to the novel coronavirus (COVID-19) pandemic, Magellan Healthcare launched the Stay Home for MY LIFE virtual event series for youth and young adults ages 13-23 who have experience with mental health, substance use, juvenile justice, and foster-care-related issues, as well as professionals and caregivers across the country. These events featured nationally recognized speakers, uplifting entertainment, fun activities, and information on a variety of topics important to youth.

## Provider and Stakeholder Engagement

Magellan utilizes a diverse and expansive communication strategy to ensure providers have real-time access to important information to better serve CSoC youth and families. This section discusses the primary mechanisms used to engage network practitioners and providers.

- **Provider All- Calls.** These calls are conducted every other month. They are topic-driven and intended to create a learning platform which fosters a deeper understanding of the many facets of providing services within the Coordinated System of Care. The calls are recorded and archived on our Magellan of Louisiana website for

access at any time. In response to issues identified through quality, clinical, and network management activities, the following topics were addressed in 2021:

- \* Behavioral Health Record Requirements
- \* How Childhood Trauma Affects Health Across a Lifetime
- \* Magellan Youth Leaders Inspiring Future Empowerment (MY LIFE)
- \* Member and Provider Experience of Care Survey Results
- \* Center for Excellence Website
- \* Program Integrity Requirements and Reporting

- **Provider E-blasts.** These communications are sent via email to ensure providers have access to important information to support member management and provider operations. In 2020, special emphasis was placed on developing and distributing information to support providers in responding to the COVID-19 pandemic. All e-blast communications are available on the Magellan of Louisiana website in the Provider Announcements section. The e-blast provider updates distributed in 2020 were as follows:

- \* OBH Upcoming Peer Support Training Application & Provider Update: Upcoming Peer Support Trainings 2021 – Distributed on 01/13/2021
- \* CSoc Patient Safety and Adverse Incidents Training – Distributed on 02/26/2021
- \* NPI Numbers for Independent Living Skills Building and Short-Term Respite Roster Staff – Distributed on 03/08/2021
- \* LDH/OBH Coordinated Crisis System Implementation Plan – Distributed on 03/29/2021
- \* Revisions to Informational Bulletins regarding Telemedicine/Telehealth – Distributed on 04/08/2021
- \* LDH Vaccine Hotline Flyer – Distributed on 04/09/2021
- \* Employee Records Needed for All Direct Care Staff Providing ILSB and Short-Term Respite Services – Distributed on 04/26/2021
- \* COVID-19 Vaccine Ages 12+ Flyer – Distributed on 05/13/2021
- \* STR ILSB NPI Number Reminder – Distributed on 05/18/2021
- \* LDH Class Action Plan Notice – Distributed on 10/08/2021
- \* Emergency Regulation Requiring COVID-19 Vaccination – Distributed on 11/02/2021
- \* IB 21-21: Acts 2014 and 433 – Distributed on 12/02/2021
- \* HRSA Provider Relief Fund Payments – Distributed on 12/15/2021

- **Magellan Provider Handbook.** The national and CSoc-specific Manual is updated annually and available on the Magellan Provider website. It provides educational information on a variety of topics. The Louisiana Provider Handbook Supplement for the Louisiana Coordinated System of Care is also updated annually and available on the Magellan of Louisiana Provider website. The Network Management team mails a postcard notification to all network providers alerting providers when provider handbooks updates are completed.

- **Provider Newsletter.** Magellan publishes an online provider newsletter, *Provider Focus*, twice a year. Topics in 2021 included:

- \* Greetings from the new CSoc VP/General Manager - Syralja Griffin



- \* Are You Prepared to Serve CSoC Members? CSoC Overview, Outcomes, and Tips for Providers
- \* Virtual Regional Advisory Conferences
- \* Cultural Competency Training Requirements
- \* Language Assistance Services
- \* Provider Information Requirements

# Quality Performance Measures

The CSoC Unit collects data from a wide range of sources to ensure our quality improvement activities are driven by qualitative and quantitative data. Data sources include claims for inpatient and outpatient levels of care, member eligibility feeds for demographic data, internal platforms for network provider data, internal member health records for authorization and episode of care data, electronic health records (i.e., assessment and Plan of Care data), grievance/appeals data, and member experience of care and survey data. When available, the data is transferred to Magellan's data warehouse for integrated reporting of quality measures.

The CSoC Unit evaluates performance against national benchmarks, such as HEDIS® and the University of Washington's Wraparound Evaluation and Research Team (WERT), customer minimum standards and goals, historical performance, and other Magellan public sector units. Please see the Quality section of this evaluation, for more information on how this data was used in 2020.

## Quality Improvement Strategy Performance Measures

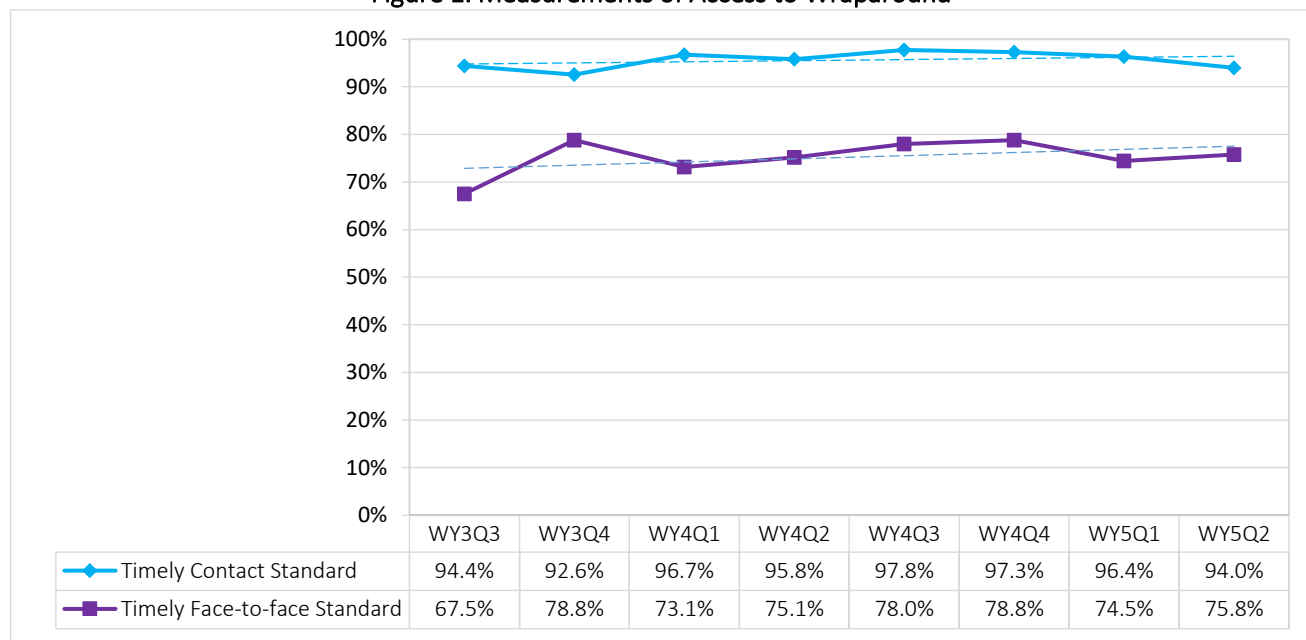
QIS performance measures were established by LDH to ensure compliance with waiver requirements and program goals. These measures are monitored at different intervals based on stages of enrollment and provide a comprehensive look at outcomes. Like CANS monitoring, Access to Wraparound and placement in restrictive settings are monitored quarterly, allowing administrators and program directors to have a real-time mechanism to monitor results and implement process improvement initiatives as needed. Other measures, like the fidelity survey, are monitored annually and employ a sample population to amalgamate program outcomes. The Plan of Care Review Tool provides real-time monitoring and improvement of outcomes, while the Assessment Review Tool (ART) helps shape the validity and reliability of the IBHA and CANS.

### Access to Wraparound

Access to wraparound measures are indicators that look at the Wraparound Agencies' ability to engage families at the time of referral. Access to wraparound evaluates the timeliness of initial contact, which should occur within 48 hours of the referral, and timeliness of first face-to-face contact, which is expected to take place within seven days.

Initial contact statistics have been steady over time, with 94.0% of referrals meeting standard in WY5Q2 (n=467). A two-year high in compliance with the timely contact standard was observed in WY4Q3, with a rate of 97.7%. Over the course of 2021, a positive trend was observed in first face-to-face contact, with 75.8% (n=467) of youth meeting timeframes in WY5Q2. This is equivalent to rates observed in the same quarter of 2020, which itself was an improvement of 5.7 percentage points in timely face-to-face contact over 2019. Magellan continued to engage Wraparound Agencies to better understand barriers to timely face-to-face engagement. Wraparound Agencies identified that the ongoing COVID-19 pandemic and subsequent safety measures can influence the ability to quickly engage with newly referred youth. While telehealth has been instrumental in maintaining engagement with mental health services, it also has drawbacks such as lack of technological access and knowledge. To aid in the initial contact and engagement process, Magellan Care Managers include specific information to families during the initial referral call after verifying that the youth meet presumptive eligibility for CSoC. They explain specific details regarding what the caregiver should expect during the first weeks of enrollment, including phone contact, scheduling, and initial engagement processes. The figure below shows wraparound measures for 01/01/2020 through 12/31/2021.

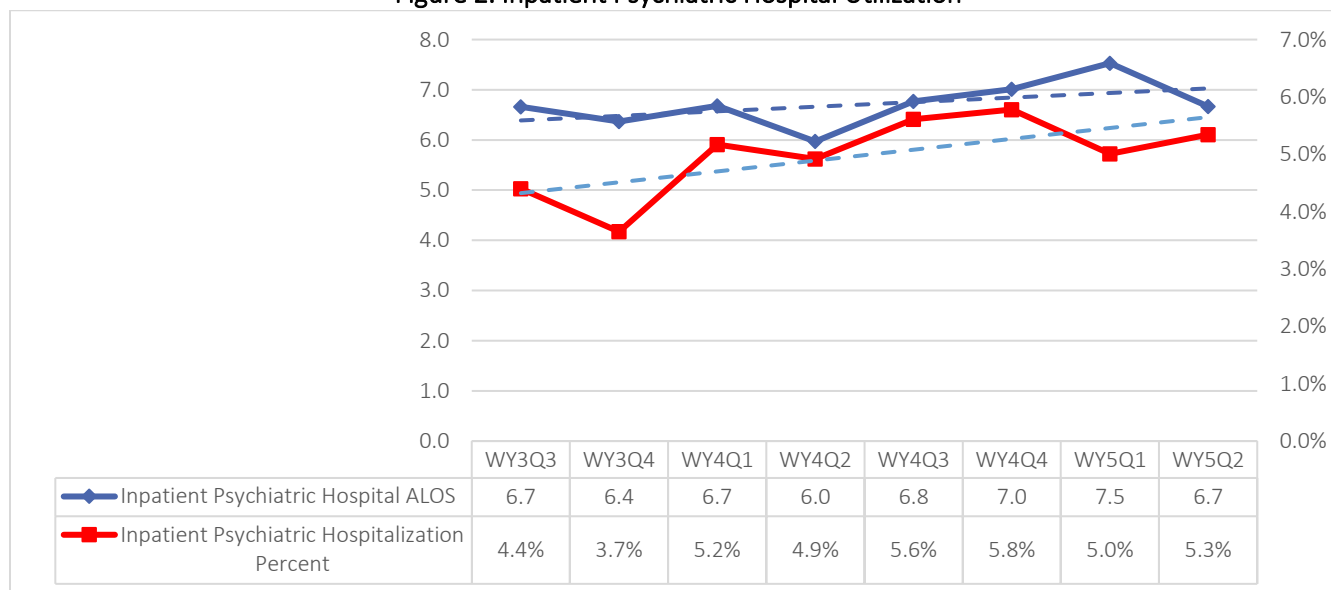
Figure 1. Measurements of Access to Wraparound



## Children in Restrictive Settings

Inpatient hospitalizations are sometimes unavoidable due to the severity of CSoC members' emotional and behavioral needs. However, CSoC aims to reduce the number of youths requiring that level of intervention as much as possible. Additionally, if a youth does require hospitalization, the goal is for them to be away from their community setting for as few days as possible. Despite serving a high-risk population, only 5.3% of CSoC youth (n=2,435) spent any days in inpatient hospitalization in WY5Q2. Average length of stay (ALOS) fluctuated over the course of 2021 peaking in WY5Q1 at 7.5 days. This increase is attributed to a small number of specific cases in which members were involved with multiple agencies and intensive coordination was needed to assure they were discharged into a safe setting.

Figure 2. Inpatient Psychiatric Hospital Utilization



The trends seen in inpatient hospitalization of CSoC members are similar to that observed in the entire US population over the course of 2020 and 2021. In December of 2021, the US Surgeon General issued a new health advisory for youth mental health. The report contains sobering statistics regarding the effects of the lingering COVID-19 pandemic on the health and welfare of children and adolescents in America which include:

- Research covering 80,000 youth globally found that rates of depression and anxiety doubled, rising to 25% and 20% of youth reporting symptoms of depression and anxiety, respectively.
- Moderate increases in rates of youth experiencing negative symptoms associated with ADHD such as impulsivity and irritability.
- 2021 Emergency Department visits in the US for suspected suicide attempts were 51% higher for girls and 4% higher in boys than in 2019.
- Pandemic-related measures continued to reduce in-person interaction among youth and their peers, teachers, school counselors, pediatricians, and welfare workers, making it harder to recognize signs of child abuse and mental health concerns.<sup>14</sup>

The worldwide increase in mental health needs is reflected in those of Louisiana CSoC members. More than ever, continuity of care and sound follow-up care planning prior to the youth's discharge from the hospital is vital. In 2021, Magellan updated the procedures for management of CSoC youth while they are in an inpatient setting. Members' stay in hospital is managed by a Magellan Care Manager (CM) dedicated to the member's WAA region. This ensures that the CM responsible for reviewing their inpatient treatment plan and progress, as well as their discharge planning, is familiar with the unique dynamics and resources of the youth and family's community.

Also in 2021, weekly clinical rounds were continued to utilize the full experience and clinical knowledge of the CSoC care team. Currently hospitalized youth are presented for collaborative treatment planning that allows for pro-active steps to be taken for medically complex cases, discharge planning, and coordination with the youth's WAA. These clinical rounds also include Magellan's Clinical Director and Medical Director, who provides real-time treatment recommendations, rather than solely engaging in the youth's case at the point at which a formal physician advisor review is requested.

## Natural and Informal Supports on Plan of Care

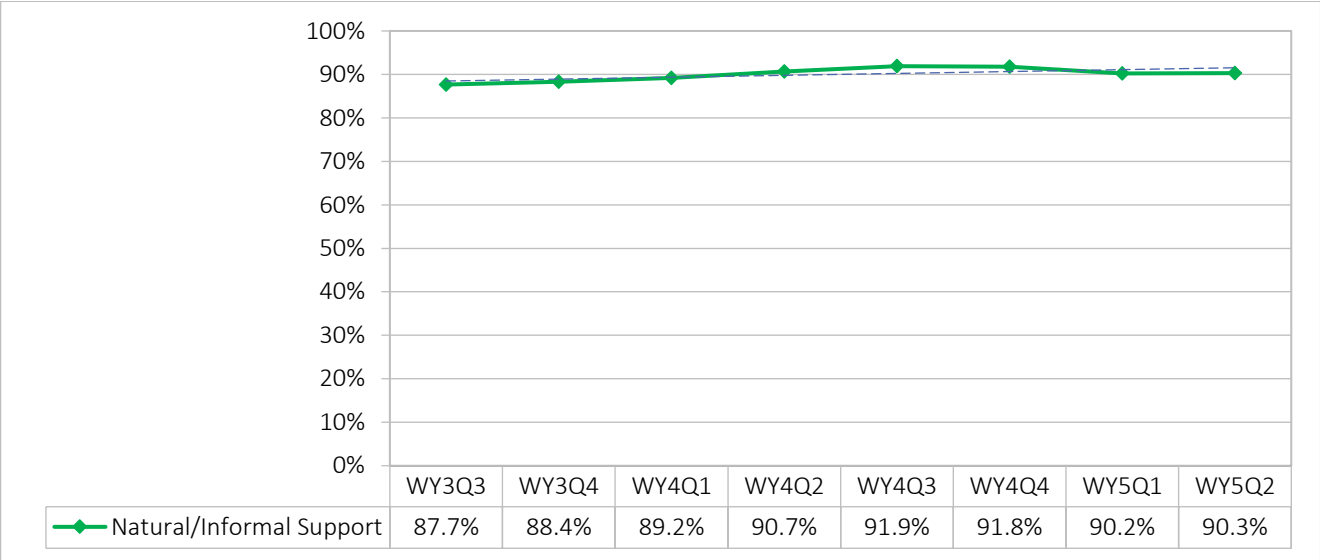
Louisiana families participating in wraparound are diverse in terms of their structure and composition. CSoC is centered on building a comprehensive Child and Family Team (CFT) for every youth and family. Involvement of natural and informal supports is not only a core value of wraparound, but it is also a key factor in sustaining improvements following discharge and establishing strong ties to the community. Although there were no changes in the rating guidance for items within the POC Review Tool in 2020, in 2021, Magellan continued to use the updated approval requirement for the Natural and Informal Support element that was introduced in March 2020 in response to the COVID 19 pandemic. Over the course of 2021, a strong, steady level of natural and information support involvement has been observed. In the previous year, rates rose steadily, ending at a high of 90.7% (n=2,430). Throughout the four quarters of 2021, rates of natural and informal reports stayed at or above 90.2%, with a high of 91.9% observed in WY4Q3 (n=2,320). This means that that a natural/informal support was engaged by the CFT and given specific actions to take that contribute to the improved well-being of the youth and family. This component has become even more important given the isolative nature of COVID-19 provisions. It is

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<sup>14</sup> US Surgeon General Advisory: Protecting Youth Mental Health. Retrieved on 2/17/2022.  
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

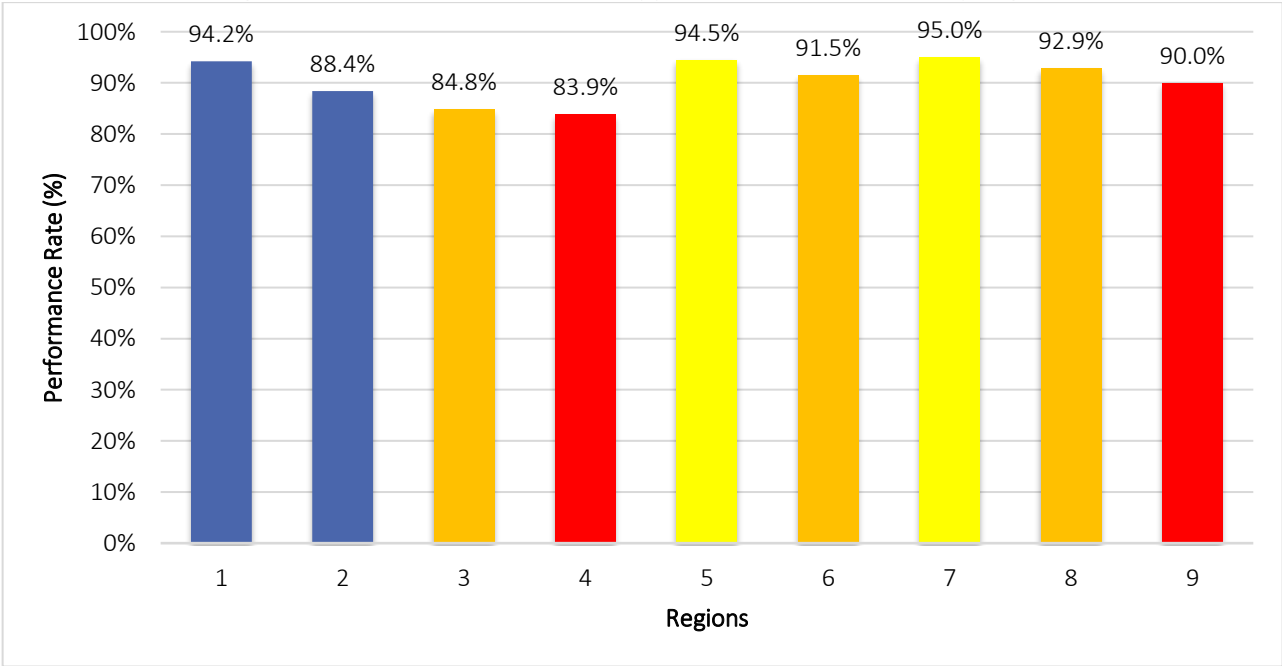
important to recognize that increasing and maintaining these high rates is a testament to the dedication of WAA facilitators to CSoc youth and families.

Figure 3. Natural/Informal Supports Present on POC



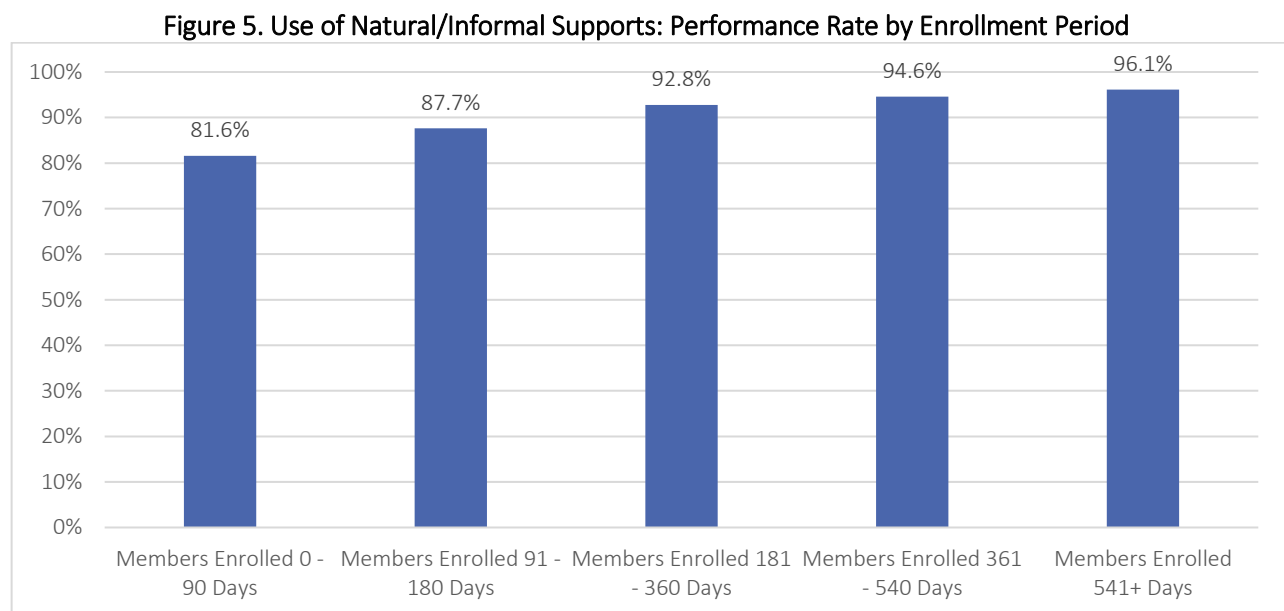
It is beneficial to examine the use of natural and informal supports by region so that successes can be celebrated and needs for improvement can be identified. The figure below details regional differences in performance rate across the state. As of reporting period WY5Q2, Region 7 demonstrated the highest rate of natural and informal support usage with 95.0% (n= 2,320). As it was in both 2019 and 2020, the lowest performance rate was observed in Region 4 with 83.9%. However, this rate represented a sustained improvement of about 14 percentage points over 2019.

Figure 4. Use of Natural/Informal Supports: Performance Rate by Region



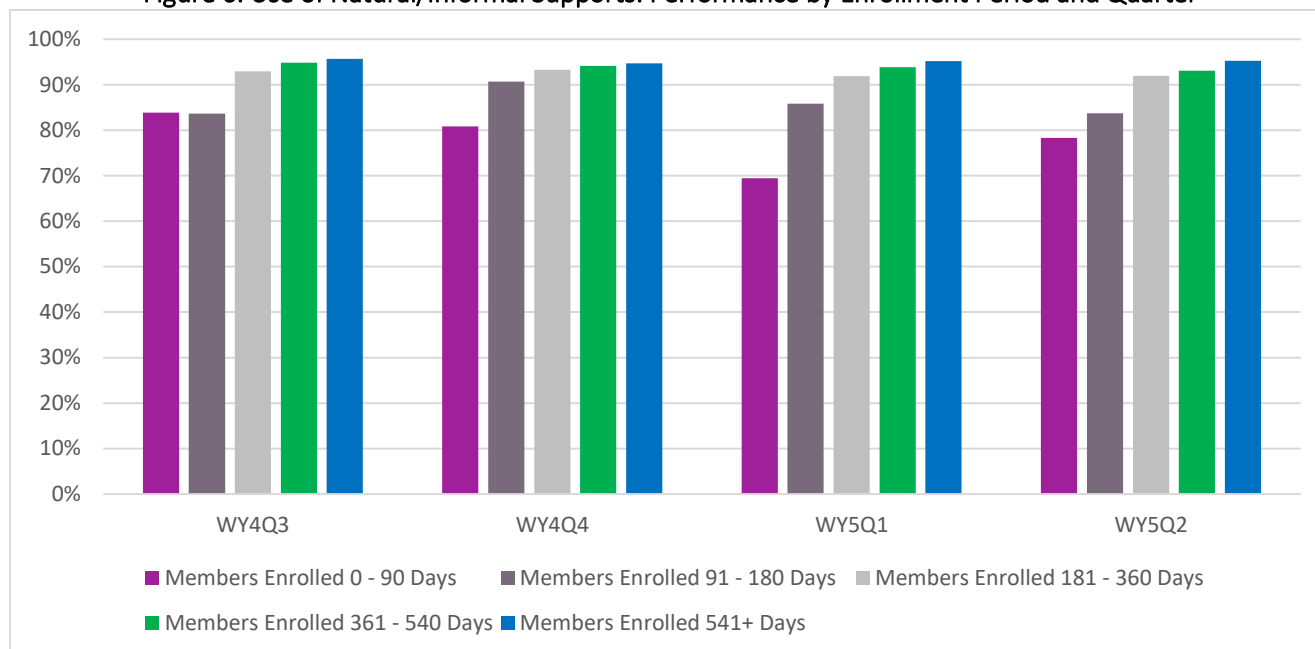
The wraparound model consists of four phases wherein certain processes should take place. During the initial phase, a central aim is to establish a trusting relationship, set the tone for teamwork, and orient the youth and family to their integral role in the process. Strengths are assessed and needs are prioritized so that a Plan of Care that will direct the efforts of the CFT can be created. Given that the time needed to accomplish this may vary as natural and informal supports are identified, it is important to account for length of enrollment in CSoC when evaluating the composition of the team. The known relationship of natural and informal supports to success in wraparound indicates that a longer enrollment period without a comprehensive Child and Family Team signals that action is needed.

The figure below, created from monthly data submissions by Wraparound Agencies, shows that the rate of natural and informal support usage is at or above 81% regardless of timeframe, but does increase with each subsequent 180-day period. We see the highest rates of natural and informal supports, 96.1%, in members enrolled more than 540 days in the program (n= 1,219). The greatest rate increase is observed between the 0-90- and 91-180-day enrollment periods (n= 1,626 and 1,450, respectively), wherein the rate increases by 6.1 percentage points. This reflects the youth and family having fully engaged in the program and actively developing POC strategies to connect to community supports.



For a more nuanced analysis of how rates of natural and informal supports change across the span of enrollment in CSoC, the graph below illustrates the consistency with which these rates increase over the course of the first 180 days before stabilizing for the remainder of enrollment. We can see that, for all quarters in 2021, youth entering the program had the lowest rates of natural and informal supports, followed by a marked increase in rates by 180 days of enrollment. By the time a youth has been enrolled for 181 days or more, rates stabilize at above 90%, peaking at 95.7% in members enrolled for 541 days or more in WY4Q3. This trend in data illustrates how WAA facilitators build rapport quickly and engage the Child & Family Team in this fundamental element of the wraparound model. Once rapport is established, natural and informal supports are identified and become part of the CFT.

Figure 6. Use of Natural/Informal Supports: Performance by Enrollment Period and Quarter



Using the POC Review Tool, Magellan Care Managers rate each POC item on a scale of 1-5. A rating of five indicates that item is fully compliant with best practices, while a rating of 1 indicates that the POC standards have not been met. The POC item “Diverse Team” is particularly important in evaluating the team composition to ensure that natural and informal supports are included. The Diverse Team standard is defined as a team that consists of the youth, caregiver, formal behavioral healthcare providers, state agency representative when applicable, and at least one other person who does not receive any financial incentive to participate in the wraparound process. Many different types of supports can be included here such as teachers, neighbors, aunts/uncles, coaches, pastors, godparents, and family friends. A rating of 5 on this item indicates that the highest standard for team composition has been met.

Analysis of POC Review tool ratings in 2019 indicated that having the CFT be comprised of a diverse team was an area in need of improvement. By focusing on this item in POC Reviews, an increase of 3.87 percentage points was achieved. In 2021, total of 3,507 POC review tools were completed, resulting in a compliance rate of 99.29% on the Diverse Team item. This was a further improvement of 1.82 percentage points over the 2020 rate, evidencing continued ability to both improve and maintain high levels of diversity on the Child and Family Team. Magellan’s ability to examine data in this way results in a myriad of opportunities to both evaluate outcomes and to implement interventions in real time. For a full description of POC Review Tool capabilities and protocols, please see the Care Management section of this document.

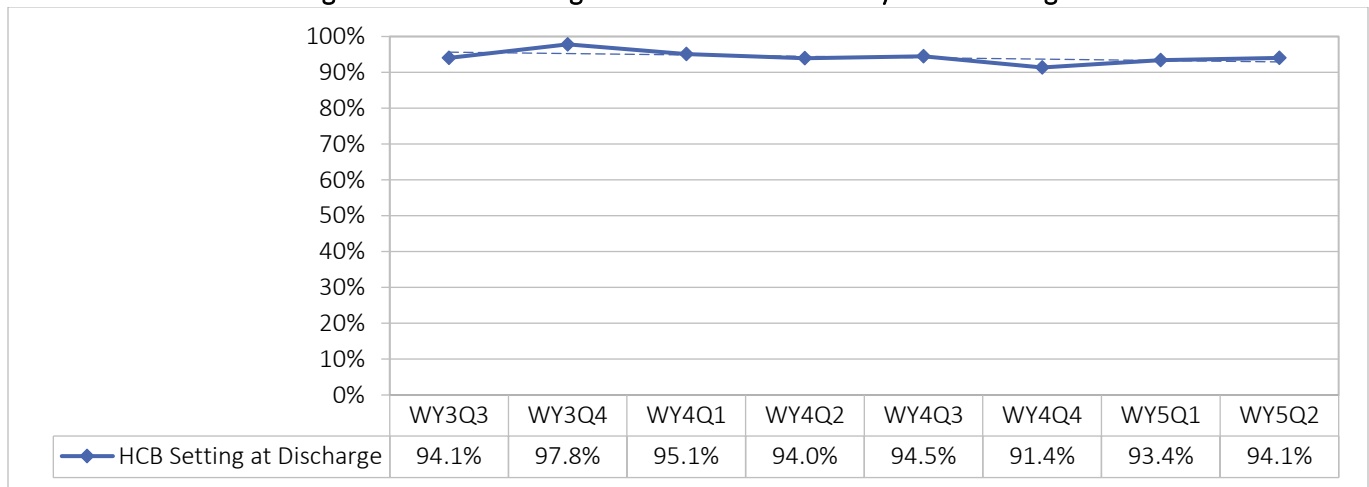
Table 1. Diverse Child & Family Team

POC Review Tool Item	Year	Number	Compliance Rate	Change in % Pts.
Diverse Team	2019	3443	96.08%	—
	2020	3920	97.47%	+3.87
	2021	3,507	99.29%	+1.82

## Discharge Outcome Measures

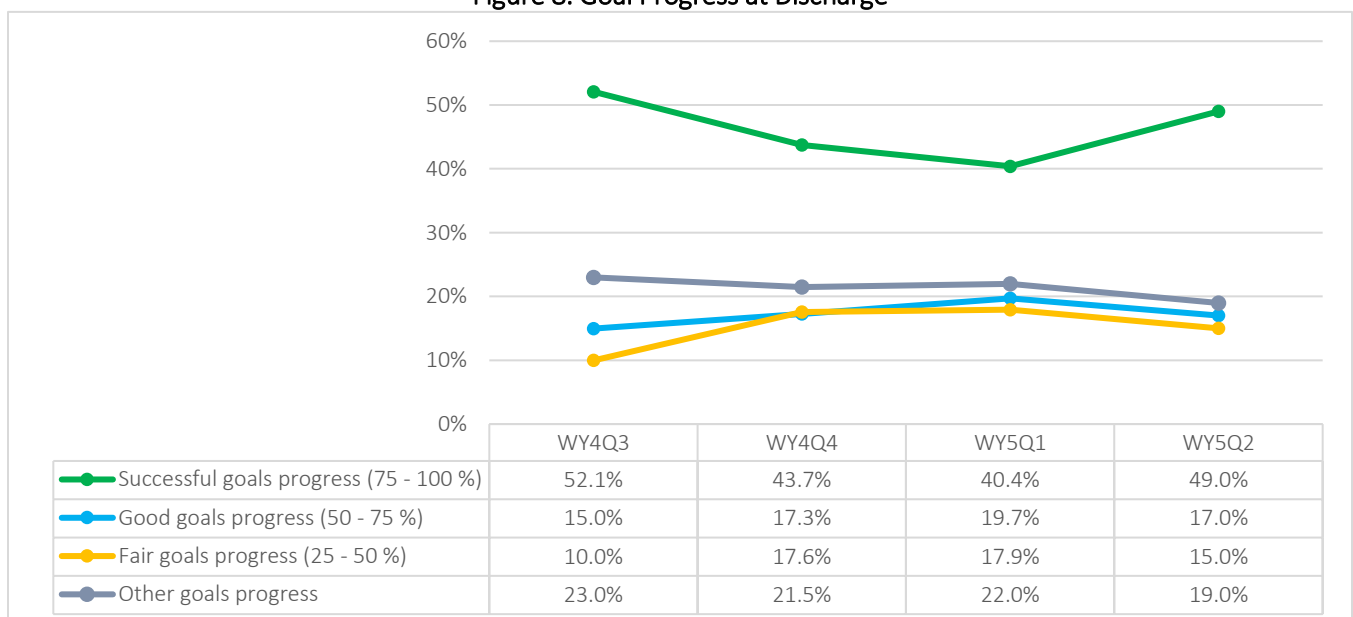
A central goal of the program is for enrolled members to discharge into a home and community setting. The figure below shows that consistently over 93% of CSoC youth are discharging into the home and community setting, with a peak quarter in WY4Q3 of 94.5%. In the most recent quarter, 94.1% of youth (n=353) discharged to a home and community-based setting. This represents a slight decline from 2020 rates, which is most likely attributed to the temporary measures put in place governing the discharge of CSoC youth during the ongoing COVID-19 pandemic.

**Figure 7. Youth Discharged to Home or Community-Based Setting**



Another principal goal of CSoC is for members to discharge successfully from the program. Success is defined as having met 75-100% of the goals identified by the CFT at the time of discharge. Successful discharges continue to account for the largest type of discharge and have stabilized to percentage rates around fifty%. In total, 66% of youths discharging in WY5Q2 reported a good or successful discharge. Exiting members reporting fair progress accounted for between 10% and 17.9% of discharges in 2021.

**Figure 8. Goal Progress at Discharge**



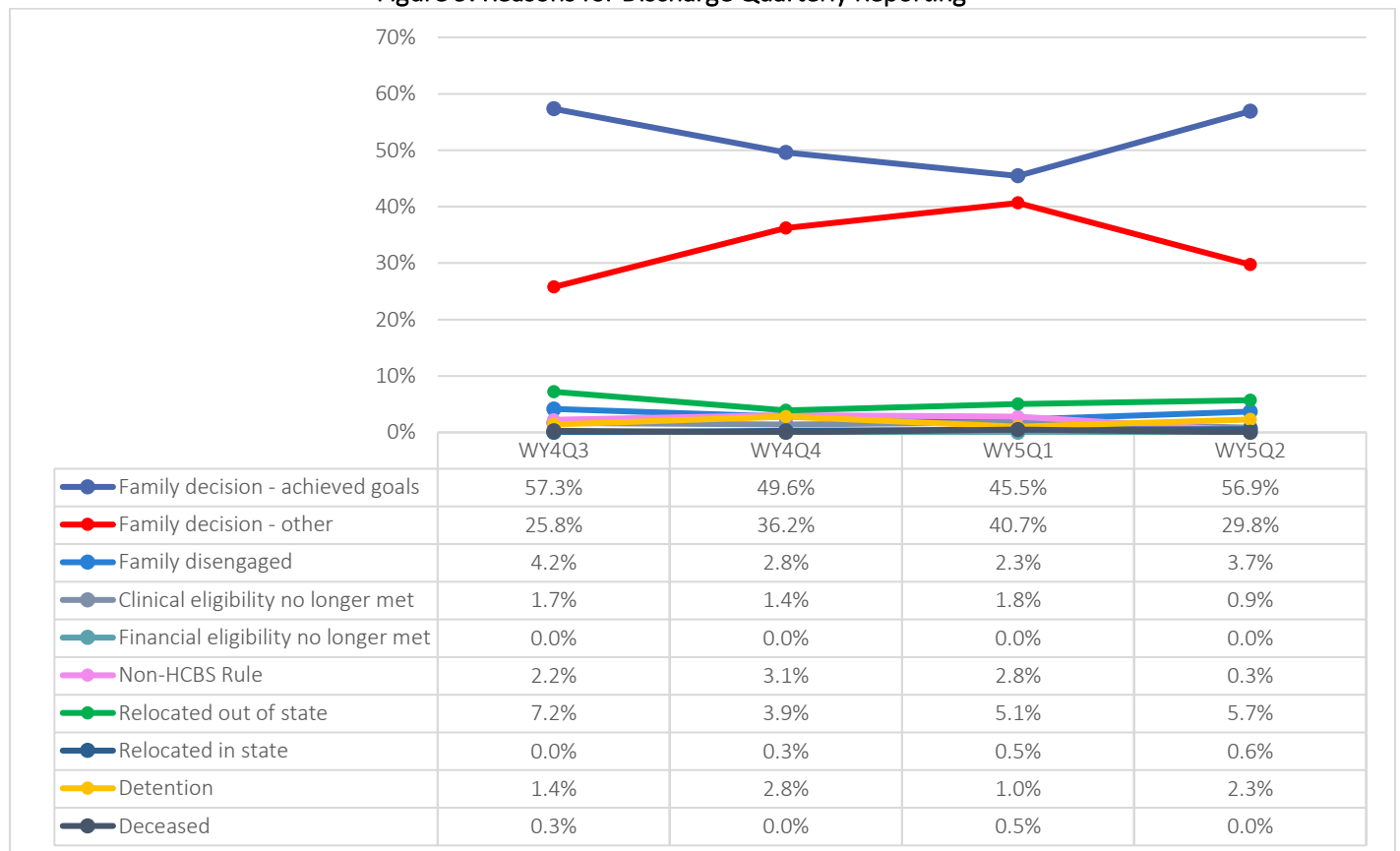


## Actions Taken in 2021

In 2020, Magellan offered recommendations to LDH that would increase utility and improve the reliability of information reported on the form. Recommended actions included creating two discrete fields to report reasons for discharge and goal progress independently. With the approval of LDH, Magellan developed coding guidance to support reliable and valid coding across all nine CSoc regions. The revised form was implemented effective 01/01/2021. Beginning in 2021, reason for discharge and goal progress was reported separately. The figure below shows the results of this new reporting method for the four quarters of 2021.

By modifying the way in which data is gathered, Magellan is better able to examine the circumstances surrounding CSoc youth and families at discharge. This allows for examination of progress, level of engagement, and other factors that affect a youth's continued eligibility for CSoc. In 2021, the most common reason for discharge among members was having made a family decision that goals set for CSoc were achieved. This reason was given by 56.9% of exiting members in WY5Q2. The next highest reason for discharge, at 29.8% in the most recent quarter, was *Family Decision – Other*. In WY4Q3 and WY5Q1, 7.2% and 5.1%, respectively, of CSoc discharges were the result of youth relocating out of state. Rates for discharge due to family disengagement fluctuated between 2.3% and 4.2% of discharges in 2021 and failure to meet the non-HCBS rule was cited for between 0.3% and 3.1% discharges. Though the data gained from this new approach to understanding reasons for discharge is limited to only the past year, continuing this model will allow for greater insight into trending discharge patterns in the months and years to come. The ability to better categorize and quantify exiting member data will play a vital role in targeting interventions to support CSoc families in achieving their goals.

**Figure 9. Reasons for Discharge Quarterly Reporting**



## Child and Adolescent Needs and Strengths Assessment (CANS) Indicators

The CSoC program is designed to reduce current and future out of home placements and to improve the functioning of youth and families across multiple life domains. A crucial aspect of the Magellan program centers on monitoring outcomes with multidimensional tools and robust data analysis. This section provides details on the three major mechanisms utilized by Magellan to monitor outcomes: the Child and Adolescent Needs and Strengths (CANS) assessment, Quality Improvement Strategy (QIS) performance measures, and the annual fidelity survey.

The CANS Comprehensive Multisystem Assessment is a multi-purpose tool developed for children's services to support decision making, including eligibility and service planning, facilitating quality improvement initiatives, and monitoring outcomes of services. The CANS is completed based on a face-to-face interview with the child and guardian(s) when possible as well as additional supporting information. The Louisiana CANS was developed with Dr. John Lyons to meet the unique needs of the state at the initiation of the CSoC program in 2012. It utilizes a localized algorithm to determine a youth's eligibility for enrollment in CSoC. Beyond that, the CANS is used to direct treatment planning.

Unlike other psychometric tools, the CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans. The CANS examines both the needs and the strengths of youth and family. Strengths are areas of a youth's life where he or she is doing well or has an interest or ability. Needs are areas where a youth requires help or serious intervention.

The CANS assessment is subdivided into life domain categories. The domains consist of groups of items to assess how the youth and family functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths, and on skills needed to grow and develop. There are also extension modules, which are triggered when key core questions are scored a one or higher. The extension modules allow the assessor to conduct a deeper dive into important needs, including juvenile justice, trauma, and substance use.

### Methodology

CANS ratings were designed to signal different courses of action in treatment planning. Each item suggests a way in which an individualized treatment plan can be tailored to the specific needs and strengths of the youth and family. Each item includes an anchor definition with four levels. These definitions are designed to translate into the action levels as outlined in the tables below. All actionable items must be addressed in some capacity on the Plan of Care.

**Table 2. CANS Needs Rating Guidance**

Rating	Level of Need	Description
0	No evidence of need	A need rating of "0" indicates that there is no reason to believe that a particular need exists; therefore, the current assessment indicates that this item does not need to be addressed on the youth's Plan of Care at this time.
1	Watchful waiting/prevention	A need rating of "1" indicates that the current assessment reveals a need for watchful waiting and that preventative action to address future needs may be required. Three reasons for this rating are: suspicion, historical need, and/or contention.
2	Action need	A rating of "2" indicates that action is required to address this need. The need is sufficiently problematic and is interfering with the youth or family's life in a notable way. Any needs with this rating must be addressed in some capacity on the youth's Plan of Care.
3	Immediate/	A need rating of "3" indicates that immediate and/or intensive action is required. This rating indicates a need that is dangerous or disabling for the youth or family.

Rating	Level of Need	Description
	intensive action needed	Items with this rating must be urgently reviewed by the treatment team and addressed on the Plan of Care. In the case of a life-threatening need, emergency procedures must be enacted.

**Table 3. CANS Strengths Rating Guidance**

Rating	Level of Strength	Description
0	Centerpiece strength	A rating of “0” indicates that a particular strength exists and is significantly well-developed. This rating communicates the strength can “run on its own” and does not require any additional support or assistance at this time. It can be used as a centerpiece in developing a strength-based Plan of Care.
1	Strength that you can use in planning	A rating of “1” indicates a strength that exists but needs support to develop into a centerpiece strength. Such a strength can be used in treatment planning.
2	Strength has been identified-must be built	A rating of “2” indicates that a strength has been identified but requires significant support to become effectively utilized. This strength can potentially be used in treatment planning if it is built upon. This rating may also indicate that a strength existed previously, but current circumstances have diminished it.
3	No strength identified	A rating of “3” indicates that there is no evidence that this strength exists. Significant efforts are needed by the youth, family, and treatment team are needed to identify such a strength. It is expected that this rating would improve over time as the Plan of Care is enacted.

### Psychometric Properties

The CANS is widely used across the nation to support similar programs, with versions in fifty states to support child welfare, mental health, juvenile justice, and early intervention applications. According to the Praed Foundation, the CANS has demonstrated reliability and validity. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases.

### Data Integrity

To further support reliability and validity, Magellan performs input validation (e.g., identifying and investigating outlier scores, duplicates, etc.) to ensure the integrity of data. This includes monitoring the compliance rates quarterly to ensure that discharged members have both an initial and discharge CANS submitted electronically, which allows the member to be included in current and future analytic activities. Extremely High rates of compliance with electronic submissions have been observed since 2016. This ensures that a continuum of data is available for CSoc youth and families to track progress and outcomes.

### Results

Along with informing treatment and service planning, the CANS is also used to facilitate quality improvement initiatives, monitor outcomes, and determine clinical eligibility for CSoc. Because of this, the principles of reliability and validity are critical concepts that must be continuously assessed and monitored. Lyons (2011) reported that the CANS has demonstrated both reliability and validity, which includes strong reliability scores with vignettes, case records and live cases and validity to other similar measures of symptoms, risk behaviors and functioning (Lyons, 2011). The CANS is used to evaluate outcomes at the youth, provider, regional, and statewide levels. Magellan approaches the CANS from multiple perspectives to assess the areas as discussed in this section. The ability to monitor outcomes in these ways requires the CANS to be submitted electronically and has been supported by Magellan through the creation of interfaces that allow for the seamless collection of this data through MagellanProvider.com.

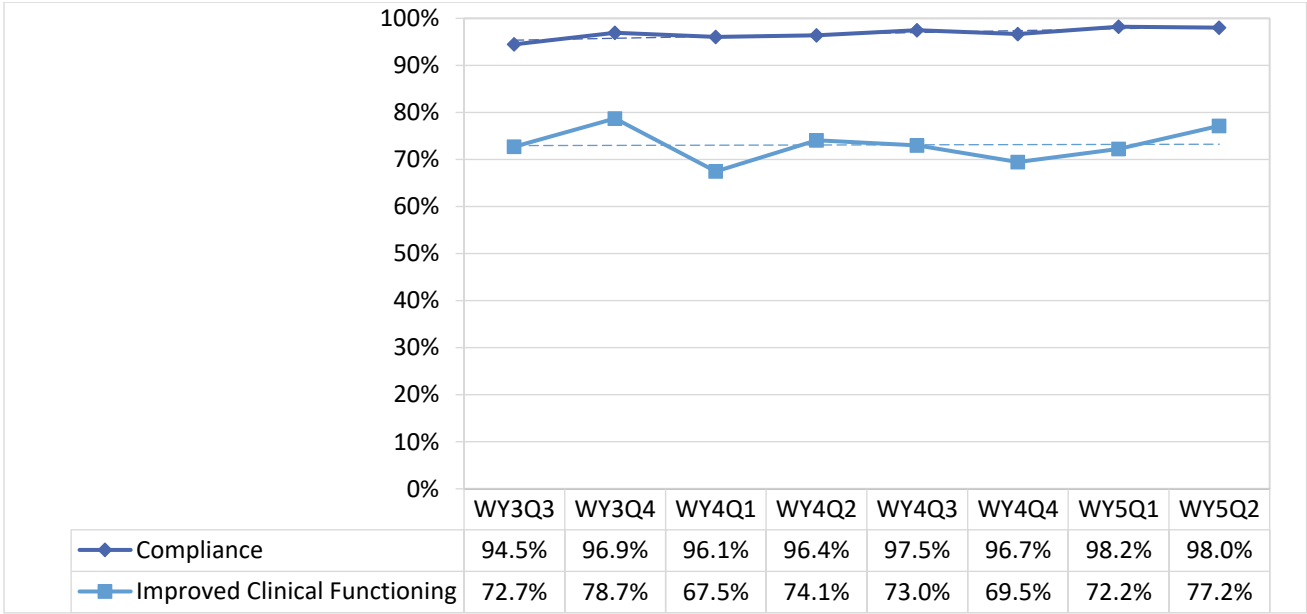
# Health Outcomes

The Quality Improvement (QI) Work Plan sets forth the performance measures and activities used to measure outcomes, assesses quality performance, identify opportunities for improvement, initiate targeted quality interventions, and regularly monitor each intervention’s effectiveness. A summary of key outcome measures is presented below. The results demonstrate positive outcomes and demonstrate the effectiveness of the CSoC program in successfully addressing the behavioral health needs of its members.

## Quarterly CANS Outcomes

Because CSoC is a short-term intervention with an approximate length of stay of 12 months, it is vital to monitor global change scores quarterly. This is done from both a data integrity perspective as well as to meet LDH requirements for performance measure reporting. This type of monitoring allows LDH, Magellan and WAA program directors to have a real-time mechanism to evaluate outcomes. Improved clinical functioning is defined as the percentage of members with a decrease of five points or more in their global scores from the initial to discharge assessments. The program has consistently maintained strong outcomes, with 77.2% (n = 346) showing improvement in clinical functioning in WY5Q2.

Figure 10. Improved Clinical Functioning by Quarter

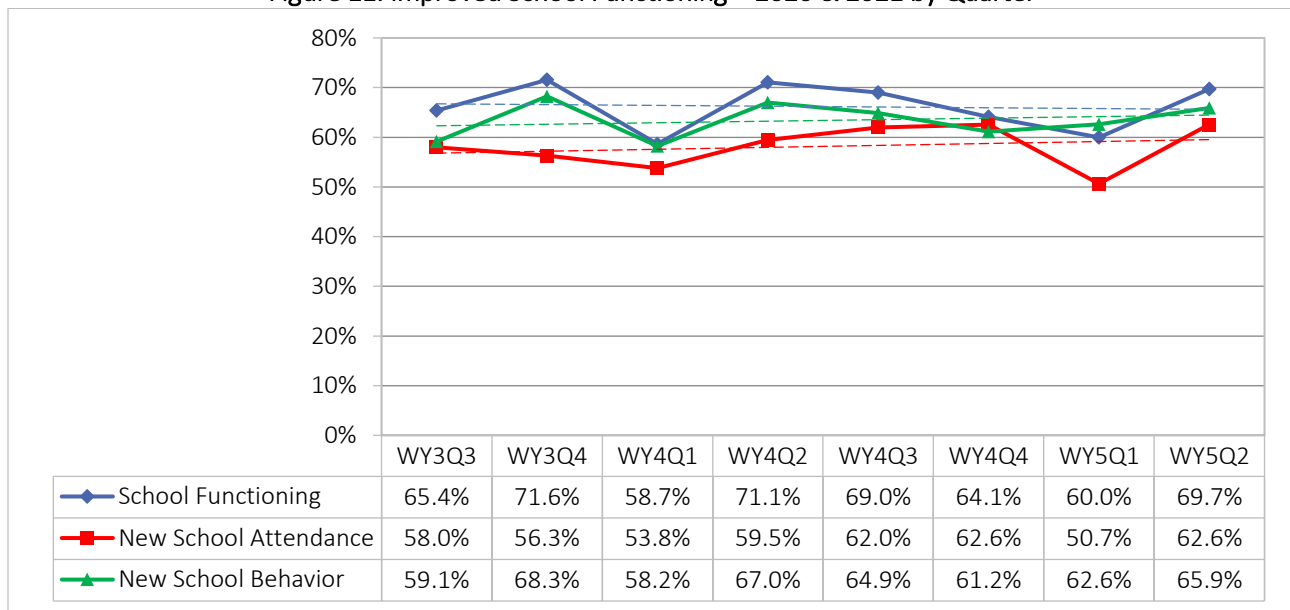


CSoC membership is composed of primarily school-aged youth and their ability to function optimally in an educational setting is paramount to their success in all other life domains. Deliberate emphasis is placed on evaluating and addressing the educational needs of each member, beginning with the initial assessment, and continuing throughout their enrollment. School functioning is defined as the sum of the four items in the school module, and improvement is represented by a decrease of one point from initial to discharge CANS administrations. Individual items for school behavior and school attendance are also tracked.

In 2021, fluctuations were observed in rates of CSoC youth in school functioning, attendance, and behavior. In the most recent quarter of 2021, improvement was observed in school attendance over the same period in 2020. However, the lowest rate of improvement in school attendance occurred in WY5Q1 at 50.7%. This represented a 2-year low and coincided with the surge of the Omicron variant of COVID-19. It remains difficult to overstate the

impact that COVID has on the health of youth, families, and teachers. A deeper analysis of the pandemic's effects on all aspects of school attendance and achievement should be conducted in the years to come.

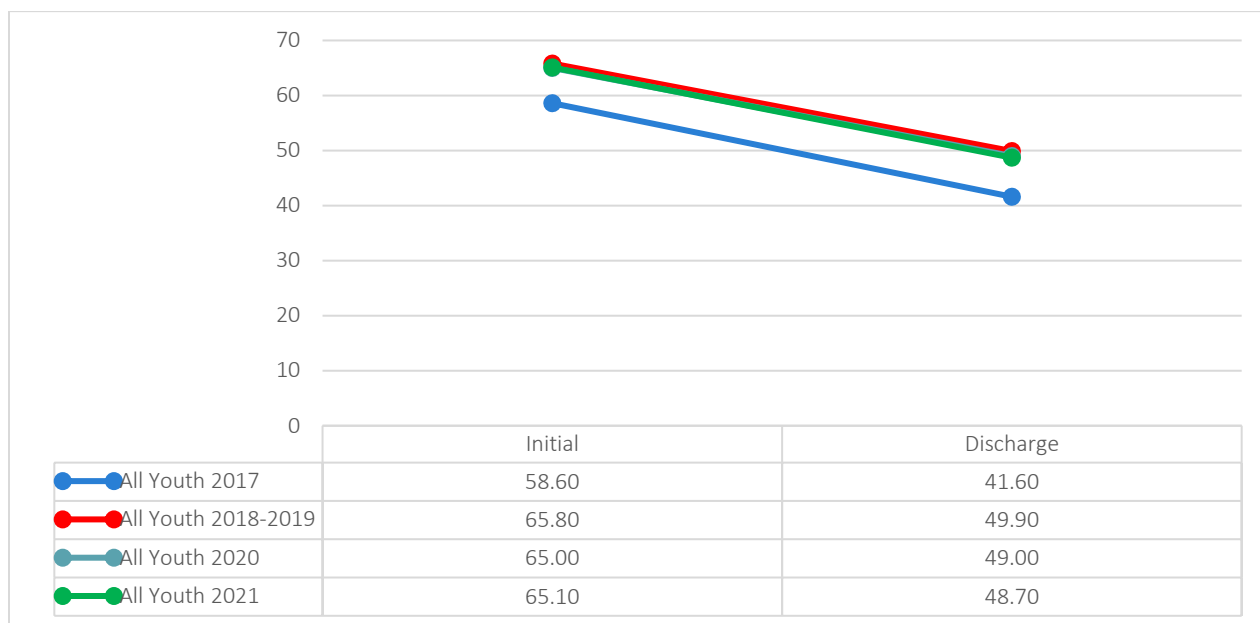
**Figure 11. Improved School Functioning – 2020 & 2021 by Quarter**



### Comprehensive Analysis

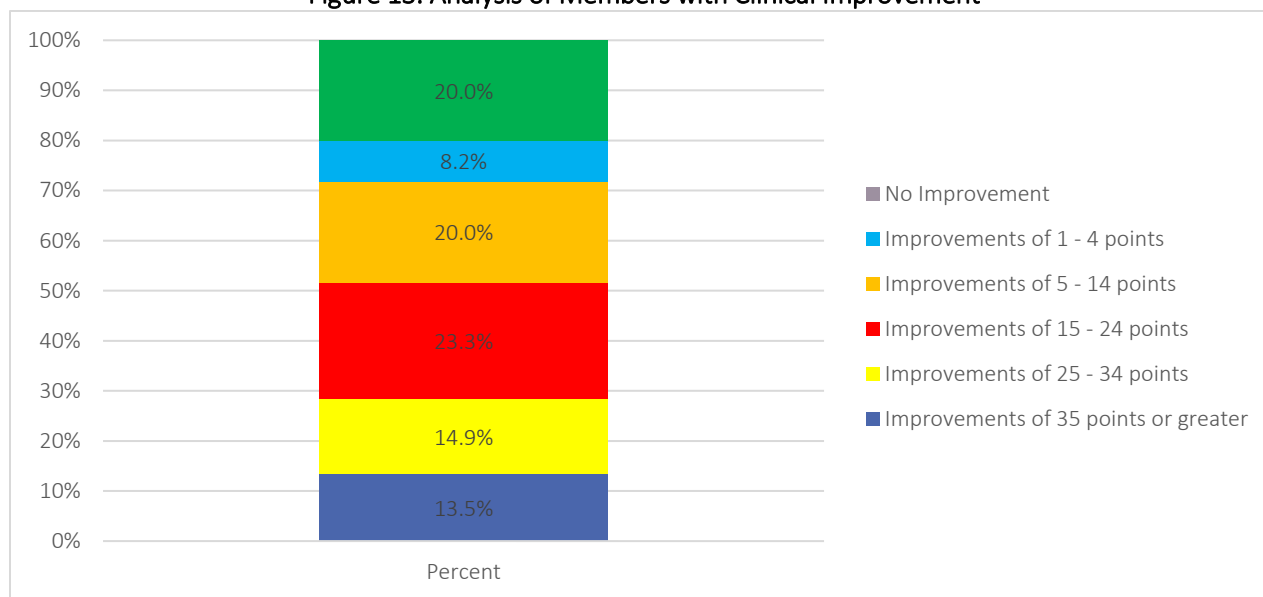
In addition to the prescribed quarterly outcomes monitoring activities, Magellan also conducts multiple levels of analytics throughout the year. For the first level of additional analysis, Magellan evaluated the global CANS scores at the initial and discharge assessments. Although quarterly monitoring has value, it is also important to look at data over a longer period. This stabilizes the data by allowing more members to be included and provides an opportunity to conduct a statistical analysis of the data to ensure differences are not the result of confounding variables. This comprehensive analysis shows that strong, consistent outcomes have been sustained over the years. The most recent data shows remarkable similarity to 2020 global CANS scores, maintaining a pattern of improvement over the course of a youth's enrollment in 2021.

**Figure 12. Global Change Score from Initial to Discharge Assessment**



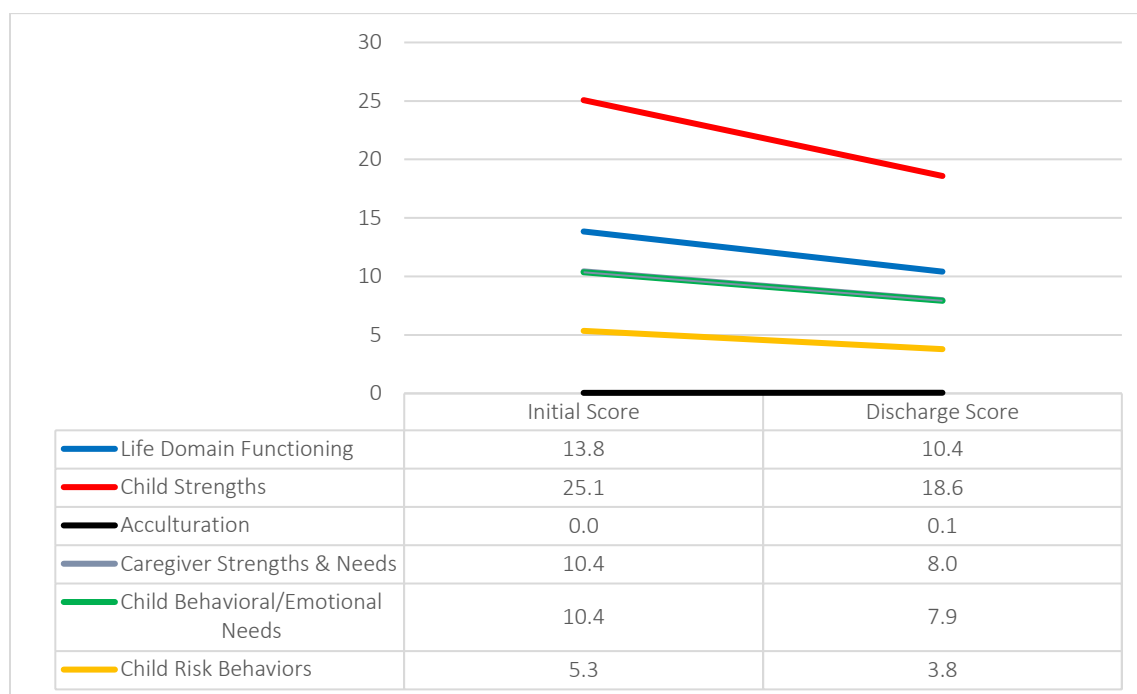
In 2021, 71.74% of CSoC youth demonstrated a CANS global score improvement of 5 or more points from initial to discharge assessment (n=1,327). Of those 1,327 youth, more than half, 51.70%, had improved global CANS scores of greater than fifteen points. An analysis of members showing improvement is reported in the table below.

**Figure 13. Analysis of Members with Clinical Improvement**



With the exception of the acculturation domain, in which no significant need for improvement was identified, all domain scores showed marked improvement. The greatest improvement was observed in the Child Strengths domain, with an average overall change score of 6 points. A central focus of CSoC is to nurture and grow youth strengths so that they may become capable of self-reliance and excel in their own communities. CANS outcomes data indicates that this goal is being realized.

**Figure 14. Global Change Score – Initial to Discharge by Domain**



## Actionable Needs

Another area of analysis included in evaluating program outcomes is the change in number of actionable needs identified at the initial versus discharge assessments. An actionable need is defined as an item with a CANS rating of a two or three. Actionable items are of particular significance for the CSoC program both because they must be addressed on the Plan of Care according to waiver requirements and because they are crucial in prioritizing objectives and guiding strategies.

The graphs below illustrate the marked reduction of actionable needs from enrollment to discharge during 2021 (report span: 1/1/2021-12/31/2021). The number of actionable needs reported at the initial CANS approximates a normal bell curve. This bell shape indicates that the number of actionable needs is normally distributed across initial assessments. The median number of actionable needs identified at the initial assessment was 14 (n=1,614). Interquartile data shows that the number of actionable needs varied from 12 to 17 for the middle 50% of CSoC youth and families. Examining the number of actionable needs at the time of discharge reveals a significant change in the shape of the data from a normal bell shape to a skewed data set. This change in shape signals a significant reduction in the number of actionable needs from enrollment to discharge for CSoC youth. The data below evidences a significant decline in the number of CANS items rated as actionable, with 16.1% of discharge CANS reporting zero actionable needs at time of discharge (n=1,332).

Figure 15. Actionable Needs at Initial Assessment

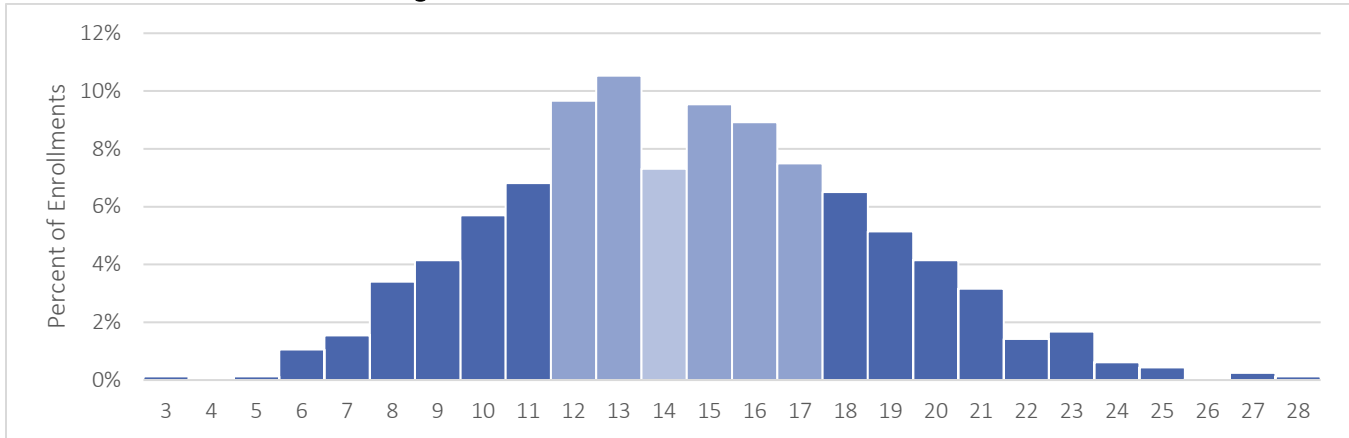
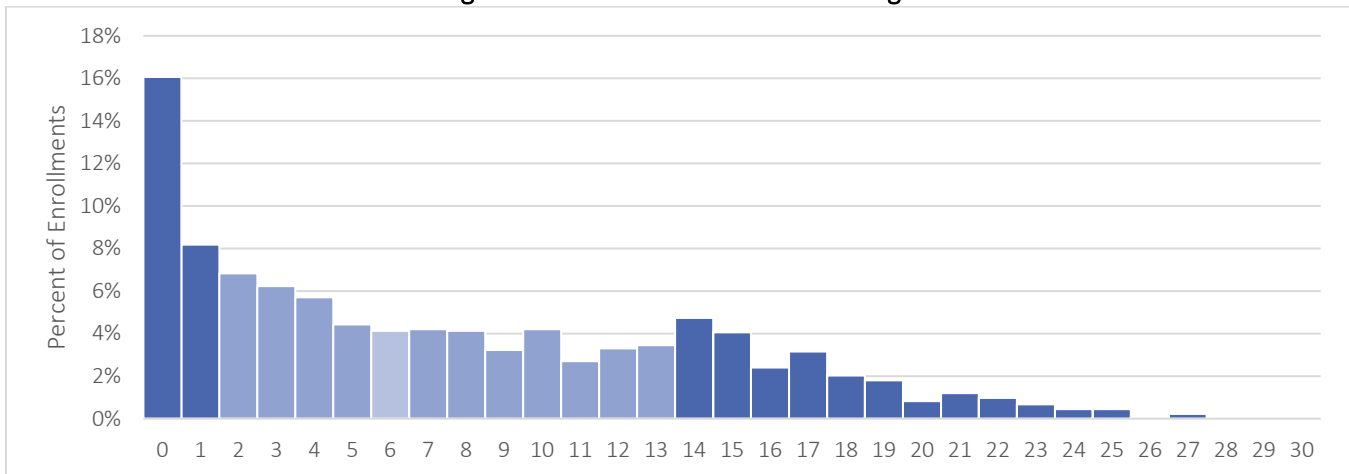


Figure 16. Actionable Needs at Discharge

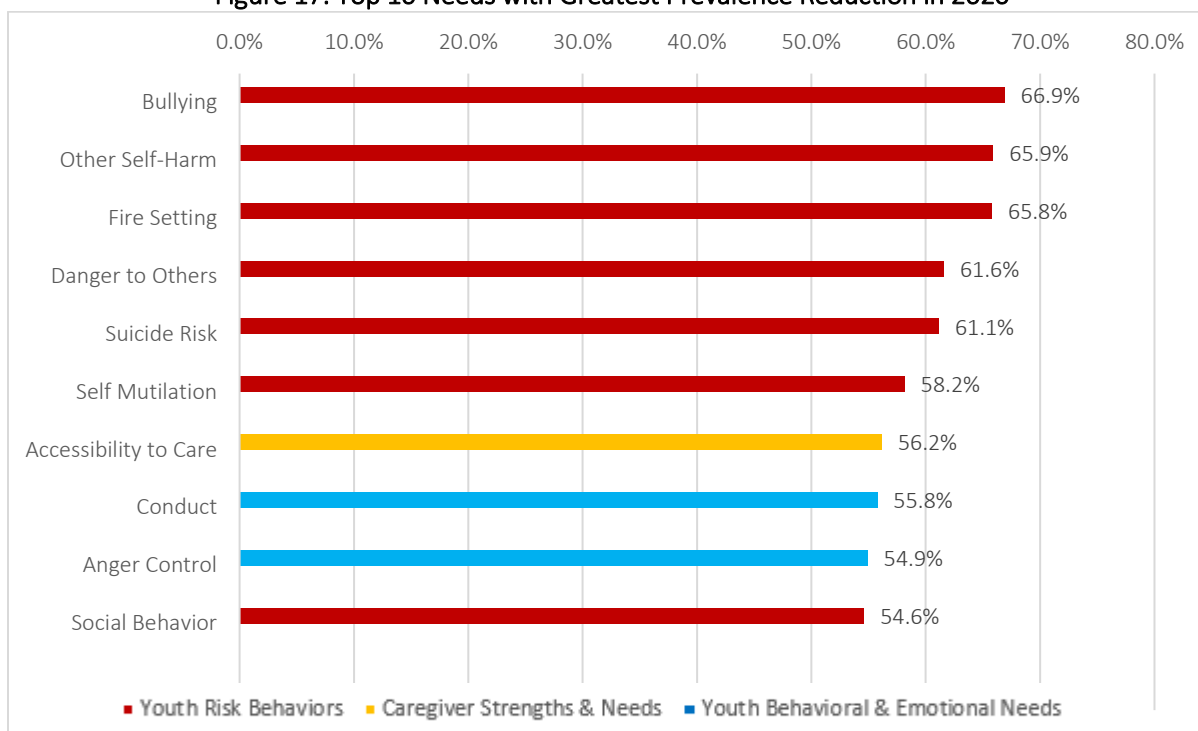


Successfully addressing the actionable item requires that a specific intervention be assigned to the need to elicit improvement. For a need to be defined as met, the item must be scored as a zero or one at the discharge assessment. Results for 2021 show strong outcomes with a median of only six actionable needs at the time of the discharge assessment (n=1,332). This is equal to the number of actionable needs at discharge reported in 2020 evidencing that, despite the ongoing challenges in global mental health, CSoc members continue to have strong, stable outcomes.

The CANS measures functionality across many domains and problem presentations. We evaluate not only the change in the number of actionable items, but also the type of needs resolved. The figure below details the top ten actionable needs that saw prevalence reduction in 2021. The majority, seven items, were in the Youth Risk Behaviors domain. Risk items are likely to result in hospitalizations or out of home placement and Magellan has taken direct action to identify and reduce potential risks to youth safety. The Enhanced Risk Youth (ERY) Project was implemented in April of 2021 to utilize CANS data to identify youth with ratings or combinations of ratings that may indicate elevated level of risk. When the ERY algorithm is triggered, the project's workflow directs collaboration between WAAs and Magellan. This includes discussions with Magellan's Medical, Clinical, and Quality teams, review of a youth's providers and services, and updates to the Plan of Care and Crisis Plan. After this, the youth continues to be followed closely to ensure every effort is made to mitigate risk. For a full description of this project, please see the [Care Management](#) section of this report.



Figure 17. Top 10 Needs with Greatest Prevalence Reduction in 2020



## Planned Actions for 2022

Magellan is committed to advancing our understanding of CSoc program dynamics through CANS data. Developed in 2020, the Assessment Review Tool (ART) is a reviewing tool used to evaluate the quality of CSoc youth assessments (consisting of the IBHA and CANS). A key component in the tool's rating guidance is agreement between CANS ratings assigned by assessors and the corresponding narrative reported in the IBHA. It is believed that the implementation of the ART and concurrent collaboration between Quality staff and Certified Providers will strengthen the validity and reliability of CANS outcomes data. For a complete analysis of the ART roll-out process and baseline data gathered in 2021, please see the [Quality Improvement Activities](#) section of this report.

# Quality Improvement Activities

The CSoC Unit collects and integrates data from multiple data sources (i.e., internal inpatient and outpatient claims and authorization systems, demographic/eligibility files, internal electronic member records, etc.) to support quality improvement activities. Data from each of these sources is replicated and transferred to Magellan's data warehouse for integrated reporting of quality measures. The data is used to measure performance against established goals, objectives, and performance indicators as outlined in our QI Work Plan. The CSoC Unit analyzes data on an ongoing basis as specified in the QI Work Plan (i.e., monthly, quarterly, and annually) and evaluates performance against established goals/benchmarks to monitor progress towards goals, identify and prioritize opportunities, and measure effectiveness of interventions.

When prioritized opportunities are identified, Magellan implements formal Quality Improvement Activities (QIA) to analyze barriers using both quantitative and qualitative data sources. For each quality improvement project, Magellan:

- Establishes measurable goals for quality improvement
- Designs and implements strategies to improve performance
- Establishes projected time frames and specific interventions for meeting goals
- Uses leading indicators for interim measurement and monitoring throughout the project timeframe
- Documents changes relative to the baseline measurement
- Conducts analysis against performance goals
- Conducts remeasurement to measure for sustained improvement
- Utilizes comparative data (when available) to establish future performance goals

This section provides a summary of the active QIAs in place for the CSoC Unit in 2021. Detailed analysis, including results and interventions for each project, are documented in the Quality Improvement Activity form and are available upon request.

## Improving Quality of Assessments – Risk Factors and Trauma Needs

### Assessment Review Tool (ART)

Magellan is committed to advancing our understanding of CSoC program dynamics through CANS data. Developed in 2020, the Assessment Review Tool (ART) is a reviewing tool used to evaluate the quality of CSoC youth assessments (consisting of the IBHA and CANS). A key component in the tool's rating guidance is agreement between CANS ratings assigned by assessors and the corresponding narrative reported in the IBHA. It is believed that the implementation of the ART and concurrent collaboration between Quality staff and Certified Providers will strengthen the validity and reliability of CANS outcomes data.

Following the creation and refinement of the Assessment Review Tool (ART) in 2020, it was officially rolled out in February 2021. The ART was created through collaboration with WAAs, CSoC assessors (also referred to as Certified Providers, or CPs), and Magellan Quality and Clinical teams. There are many goals of the ART, including:

- Establish best practices for the assessment of CSoC youth using the Individual Behavioral Health Assessment (IBHA) and Child and Adolescent Needs and Strengths (CANS) survey.

- Ensure that all CPs, regardless of region, complete assessments with a degree of standardization that allows the reader to locate needed information quickly.
  - Codify the place of the CSoC assessment as the foundation upon which all subsequent actions and interventions are based, including the strategies and interventions that comprise the Plan of Care.
  - Ensure that the narrative component of the assessment, the IBHA, reflects and elucidates the given CANS ratings, specifically for items rated as actionable, which must be addressed on the youth's POC.
  - Identify areas of strength in current CSoC youth assessments so that successful strategies may be shared with CPs across the state
- Identify areas of weakness in current CSoC youth assessments so that interventions can be tailored to support improvement.
- Track the effectiveness of support and training efforts using quantifiable ratings and data analysis.

Trainings on the purpose, use, and methodologies of the ART began in January of 2021 and were required for all Certified Providers. The phases initially planned for the ART rollout were altered slightly to better fit the needs of assessors and data gathering capabilities. Phase I, which began in February 2021, consisted of a full ART review being completed by a Magellan LMHP for every assessor who submitted a CSoC assessment that met sampling criteria in the designated timeframe. All ARTs were accompanied by individualized rating justification, feedback, and recommendations. Also, during this phase, calls hosted by the Clinical Project Manager were held with each region's assessors and Clinical Director. These calls provided feedback specific to regional assessment practices and produced collaborative interventions to support improved quality of CSoC assessments.

This phase spanned approximately 6 months and was invaluable in generating adoption of the tool by assessors and WAAs alike. Collaboration efforts during this period focused on establishing a cooperative and mutually beneficial relationship founded on providing quality care to CSoC youth.

Phase II began in August 2021 and consisted of identifying a smaller number of ART items considered critical to youth evaluation, treatment planning, and safety. The reduced number allowed for a larger sample of assessments to be reviewed, with multiple assessments by each Certified Provider being evaluated. The abbreviated ART elements were chosen collaboratively and approved by LDH. They are documentation of youth and family's response to treatment interventions in the time since last assessment, assessment for exposure to trauma, report of current impact of trauma on youth functioning, through documentation of risk to youth and others, and treatment recommendations matching the unique needs and circumstances of the youth and family. The table below details the guidance for each chosen item.

Abbreviated ART Items
<p><b>2d. Response to Treatment</b></p> <p>Presenting Problem section contains an evaluation of youth/family's response to treatment since previous assessment. This includes engagement in treatment, engagement of providers with the family, progress made, emerging issues, and barriers encountered, where applicable.</p>
<p><b>8a. Cause of Trauma</b></p> <p>The triggering event/cause of youth's trauma is documented here. This documentation corresponds to CANS Trauma rating and has accompanying explanation(s).</p>

### 8b: Symptoms Associated with Trauma

Current trauma-related symptoms are documented (i.e., flashbacks, nightmares, hypervigilance, intrusive thoughts, avoidance of persons/places/things associated with trauma, etc.), as well as explanation of how trauma impacts youth's functioning.

### 13a. Risk Factors

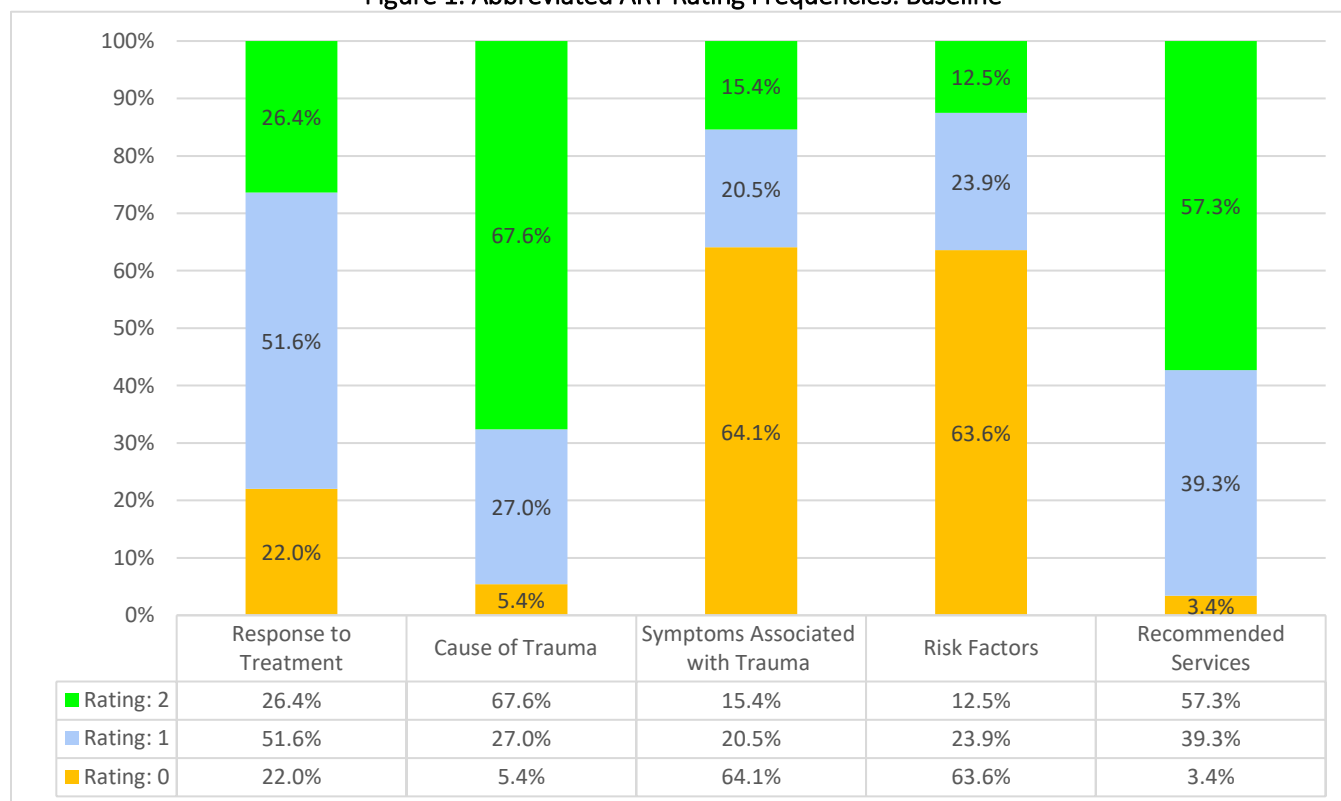
Section includes documentation and explanations of any significant findings of the MSE (i.e., psychosis, suicidality, anxiety, depression, etc.) AND significant CANS ratings (2 or 3) within the Youth Risk Behavior domain. This section should assist the CFT in risk evaluation and crisis planning.

### 17. Recommended Services

Recommended services match reported symptoms/needs of youth and family. They are based on the unique needs and strengths of the youth and family and are based on the clinical knowledge and experience of the assessor.

Rating guidance is similar across ART items. In general, a rating of 0 means that a required element is incorrect or missing; a rating of 1 indicates that a CANS rating, or IBHA narrative portion is minimally adequate; and a rating of 2 indicates that the guidance for the ART item is fully met and useful in treatment planning. Data gathered in both Phase I and Phase II make up the baseline data for this quality improvement project. The table below shows the results of ARTs completed in 2021. Ratings of n/a have been excluded from the data.

Figure 1. Abbreviated ART Rating Frequencies: Baseline



The greatest occurrence of 0 ratings was seen on the Risk Factors Item, which evaluates whether actionable CANS ratings on the Youth Behavioral/Emotional needs and Youth Risk domains have corresponding narratives in the Additional Risk Factors section of the IBHA. In 2021, 64.1% of assessments reviewed were rated 0 on the Risk Factors item and only 12.5% were given the highest rating of 2 (n = 88). Evaluation of risk has become a primary focus of CSoC, and it is imperative that assessors document their clinical findings so that WAA facilitators and CFTs may address and mitigate risk factors on both the POC and Crisis Plan. This represents a clear area of opportunity for improving CSoC assessments and the goal for 2022 will be to significantly increase the percentage of assessments rated 2 for the Risk Factors item.

Another area of opportunity identified by use of the ART is the evaluation and documentation of youth symptoms related to experiencing trauma. This ART item is only rated when the item Adjustment to Trauma is rated as actionable, denoted by a 2 or 3 on the CANS. The CANS Manual specifies that these ratings communicate straightforward evidence of adjustment problems associated with traumatic life events that interfere with a youth's functioning in one or more domains. During a 2021 All-Assessor call which included the Magellan Medical Director, it was noted that mental health professionals are often very proficient at identifying the occurrence of trauma, but often struggle to recognize and document current trauma symptomology. As shown in the graph below, 94.6% of assessments included at least adequate documentation of trauma cause (n=74), but only 35.9% of assessments with actionable CANS ratings documented current associated symptoms (n=39) Further, only 15.4% of assessments of youth with actionable trauma were evaluated to receive the highest ART rating of 2, representing a clear opportunity for improvement. Connecting CSoC youth with Evidence Based Practices for the treatment of trauma is an ongoing goal of the Magellan clinical team and the ART will be an invaluable source to track effectiveness of trauma trainings and interventions.

One abbreviated ART element that evidenced an area of strength was the Recommended Services item. 96.6% of assessments contained service recommendations that matched the documented needs of youth and families (n=89). Of the total assessments, 57.3% met the criteria for a rating of 2 (n=89), indicating that CPs' treatment recommendations were comprehensive, including both formal and informal supports.

### **All-Assessor Calls**

A key component of the ART project is the advent of monthly, 90-minute calls devoted to Certified Providers who are actively assessing CSoC youth in their homes and communities. These calls have become vital to communication and collaboration between Magellan and assessors. Calls are hosted by a Clinical Project Manager in the Quality Department that is dedicated to overseeing the ART project, who serves as the point-of-contact for assessors and WAA staff needing IBHA/CANS support. Calls are attended by Quality, Clinical, and Medical Directors. The calls typically begin with an educational training presentation on a portion of the assessment or pertinent topic (i.e., 6 Guiding principles of the CANS, CANS Manual Anchor Definitions, Engaging Youth & Families in Ratings, etc.)

Additionally, in June of 2021, a companion ART training for WAA facilitators was held to familiarize them with the CSoC assessment Documents (CANS/IBHA) so that they may be fully integrated as the foundation of the youth's Plan of Care. Feedback from attendees has been incredibly positive, with assessors reporting that the calls are helpful, educational, and engaging.

### **Planned Actions for 2022**

The Abbreviated CANS findings will be reviewed, and items added or removed based on their ability to evaluate assessment quality and their alignment with the current needs/focus of the CSoC Unit. It should be noted that the

Assessment Review Tool is a living document and can change to better evaluate assessments with the changing needs and or focus of youth, families, WAAs, and the LDH.

ART reviews, data analysis, and sharing of findings with assessors, WAAs, and the LDH will continue. An additional Quality Team staff will be trained to complete ARTs so that both sample size and frequency can increase.

Sampling methods will be adjusted to best meet reliability and validity needs so that findings may be generalized for CSoC membership.

Monthly All-Assessor Calls will continue, as they have become vital to communication and collaboration between Magellan and the Certified Providers that assess CSoC Youth. In 2021, assessors were asked for feedback on what future training topics they felt would be most beneficial to their clinical practice. Their responses will guide assessment training and discussion in 2022 and include:

- **Diagnosing Mental Illness.** Learning objectives will include a review of criteria for most common diagnoses in children and how symptoms may present differently in children and adolescents. The goal of this training will be to increase assessor clinical competence and empower them to change/update diagnoses that are incorrect, incomplete, or outdated.
- **Assessing LGBTQI+ Youth: How to communicate, document, and support.** Training will include national and state population assessments and resources. Learning objectives will include overview of current terminology and how proper use of language demonstrates respect and support and education on mental health issues in LGBTQI+ subpopulations – i.e., most common diagnoses, symptom presentation, evaluation of risk, and effects of peer and familial acceptance on overall mental and physical health.
- **Youth with Developmental Disabilities.** Learning objectives will include proper assessment of this subpopulation using adaptive methods, recognizing when a developmental disability may have been missed and the impact on youth functioning and connecting youth and family to proper resources – e.g., psychological testing, OCDD, DOE, IEPs, etc.

## Improving Rate of Attendance to Follow-up Appointments after Hospitalization for Mental Illness

This section will be updated following submission of the final PIP report to LDH on 04/15/2022.

# Quality Work Plan Evaluation

Annually, the CSoC Unit develops a comprehensive quality work plan with goals and prioritized objectives, including customer requirements. This plan serves as a mechanism to assess quality performance, identify opportunities for improvement, initiate targeted quality interventions, and regularly monitor each intervention's effectiveness. The CSoC Unit's Quality Work Plan established three main goals, with twelve corresponding objectives in 2021. Of the twelve objectives, one is pending final report, six were fully met, one was partially met, and four were not met. All four of the objectives that were not met were associated with improving Wraparound Agency compliance with the CSoC Standard Operating Procedure (SOP) manual. Progress towards the established goals set for 2021 were directly or indirectly impacted by continued enactment of the COVID-19 Public Health Emergency (PHE). This section provides the results and quantitative and qualitative analysis for each objective by goal.

## Positively Influence Member Health, Well-Being, and Safety

1. Fully implement an enhanced clinical model of care, in collaboration with Wraparound Agencies, by end of Q4 2021, as evidenced by development, LDH approval, and implementation of standardized procedures for the identification and management of youth with acute risk of harm to others.

**Met.** This goal was met through the full implementation of six clinical procedures in Q2 2021. The purpose of the initiative was to improve the consistency in the case management activities when youth were identified with complex (i.e., involving multiple stakeholders) or acute clinical and functional needs. CSoC Content areas addressed through procedures include youth who require treatment at the Inpatient or Psychiatric Residential Treatment Facility (PRTF) level of care, youth identified with actionable risk of harm to self or others, youth with developmental and educational needs, and youth identified with substance use needs. The initial development of procedures was completed by the Wraparound Agencies to ensure the input of the practitioners and providers was emphasized. Then, the CSoC Unit's Medical and Clinical Directors reviewed and modified procedures to ensure standardization, adherence to clinical practice guidelines, and compliance with waiver assurances and federal/state regulations. Final procedures were submitted to LDH for review and approval prior to implementation. Please see the [Care Management](#) Section for further information on this initiative.

2. Improve timely engagement of youth and caregivers with a qualifying behavioral health service provider after discharge from an inpatient hospital, as evidenced by increasing 7-day Follow-up after Hospitalization rate from 47.03% for 01/01/2021 – 12/01/2020 to 52.45% for 01/01/2021 – 12/01/2021.

**Pending.** An evaluation of this goal will be updated upon submission of the final report to LDH, scheduled for 4/15/2022.

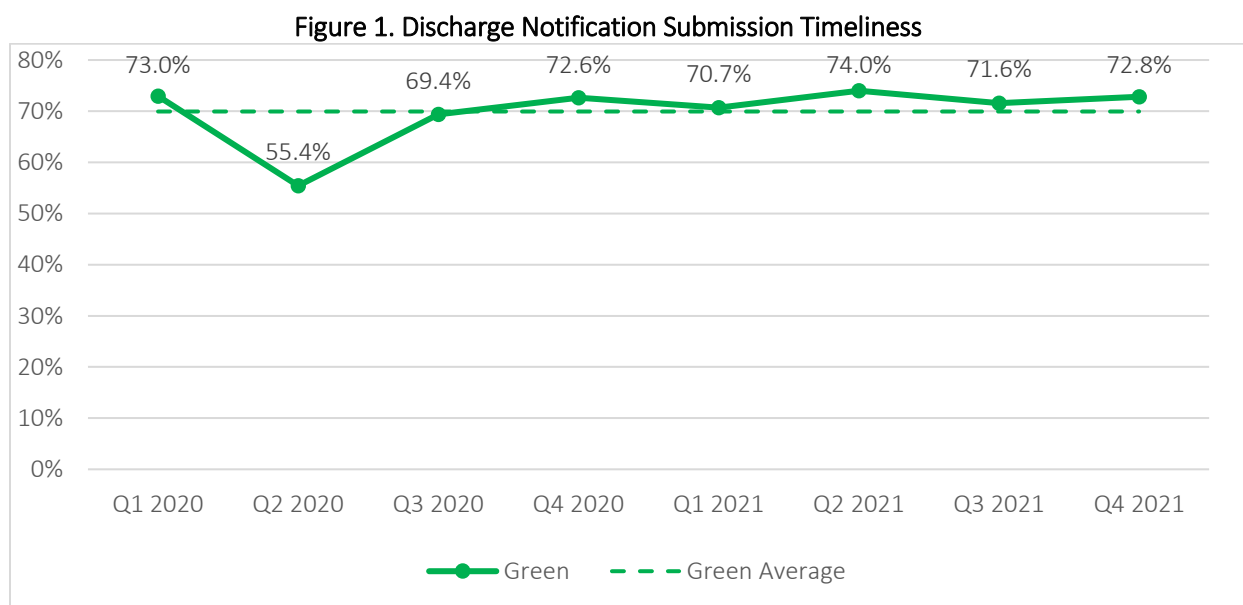
3. Fully implement Assessment Oversight and Management initiative to improve quality, validity, and reliability of member assessments in effectively guiding care, as evidenced by reporting of quantitative results of reviews conducted using the Assessment Review Tool (ART) submitted to LDH by the end of Q4 2021.

**Met.** This goal was met through the full implementation of enhanced monitoring of assessments using the ART completed in February 2021. See [Quality Improvement Activities](#) for complete details on this initiative.

4. Improve Wraparound Agency compliance rate with CSoC Standard Operating Procedure for timely electronic submission of all required discharge documentation within five business days of discharge from 72.6% in Q4 2020 to 85.0% in Q4 2021. This ensures timely transition of care to the youth's Managed Care Organization at disenrollment.

**Not Met.** The percent of “green” occurrences, or discharge notifications submitted within five business days of the discharge date, was 72.8% in Q4 2021 as compared with 72.6% in Q4 2020. This represented an increase of 0.2 percentage point. Although the goal was not met, there was improvement seen in the average rate, which increased from 67.6% in 2020 to 72.3% in 2021. As illustrated in the figure below, the 2020 average was lowered due to a substantive decline in compliance in Q2 2020 at the beginning of the COVID-19 public health emergency (PHE). Excluding the decline observed in Q2 2020, the compliance rates return to pre-PHE rates within two quarters and remained relatively steady through 2021.

In retrospect, the goal was set under the belief that the PHE would expire in the summer of 2021; however, the Department of Health & Human Services (HHS) has continued to renew the PHE as the result of the continues consequences of the COVID-19 pandemic. During the PHE, Wraparound Agencies are faced with challenges that directly and indirectly impact their ability to comply with this requirement. Internal factors, such work arrangements shifting from office-based to Work-At-Home (WAH), as well as external factors, such as the mode of service delivery shifting from in-person to telehealth or telephone only, created barriers to processing discharges within the required timeframe. While the PHE is in effect, laws, such as the Families First Coronavirus Response Act (FFCRA), establish requirements for states receiving Medicaid funding. Specifically, FFCRA states are not permitted to disenroll anyone enrolled in Medicaid as of 03/18/2020 or who enrolls during the period of the public health emergency, unless the person voluntarily requests their coverage be terminated or the person is no longer a state resident.<sup>15</sup> This requirement applies regardless of any changes in circumstances that would otherwise have resulted in coverage termination.<sup>16</sup> As a result of this, the Wraparound Agency are required to obtain a signature from the youth or caregiver youth who become disengaged (i.e., youth without a face-to-face visit during the prior 30 calendar days or placed in a secure detention center) unless the Wraparound Agency obtains the youth or guardian. it is believed the CSoc unit established goal for 2021 was too bold in context of changes made during the COVID-19 PHE. Because of this, it is recommended that the CSoc Unit should keep this goal but set a more realistic goal for 2022.



<sup>15</sup> FFCRA § 6008(b)(1)

<sup>16</sup> FFCRA § 6008(b)(3)



## Enhance Service and Experience of Care

- Sustain high satisfaction with member experience of care as evidenced by 90% of members reporting positive overall member satisfaction on the 2021 Member Experience of Care survey administration.

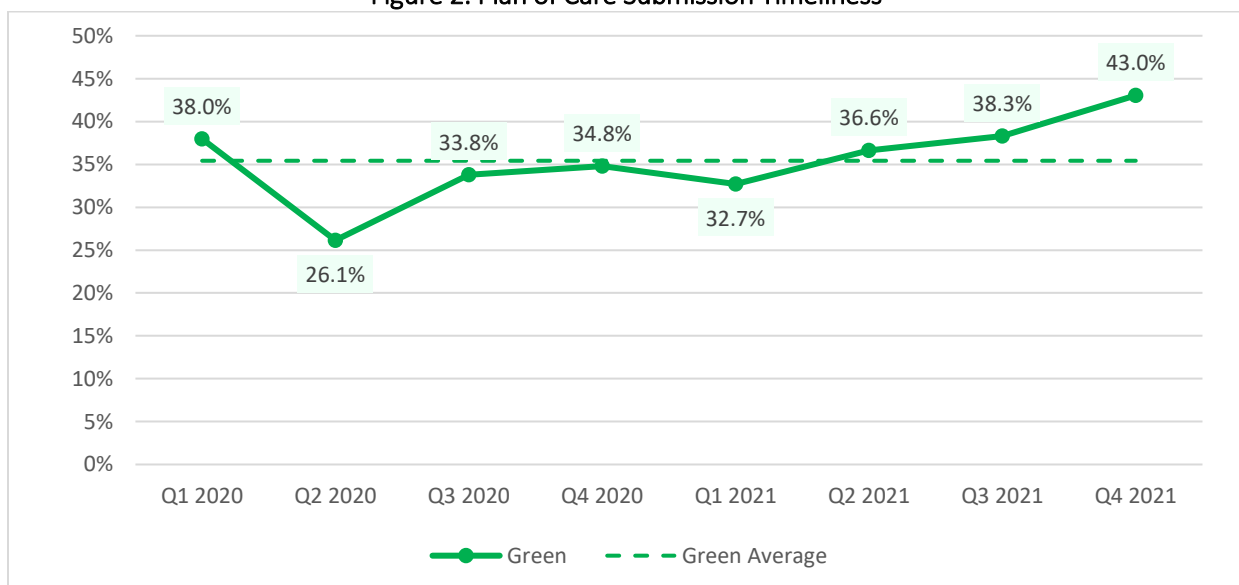
**Met.** In 2021 Member Experience of Care survey, 92.61% of respondents reported positive overall satisfaction (N = 284). This exceeded the goal established by the CSOC Unit by 2.61% percentage points. See Member Experience of Care for survey results, analysis, and discussion. Maintain 90%

- Improve Wraparound Agency compliance rate with CSOC Standard Operating Procedure for timely electronic submission of the Plan of Care to Magellan within five business days after each Child and Family Team meeting from 31.50% in Q4 2020 to 50.00% in Q4 2021.

**Not Met.** As the figure below illustrates, the percent of compliant discharges in Q4 2021 was 43.0% as compared with 34.8% in Q4 2020. This represented an increase of 8.2 percentage points but was 7 percentage points below the 50.0% goal set for 2021. Although the goal was not met, there was improvement observed in the overall compliance rates from 2020 to 2021 – i.e., the mean rate increased from 33.2% in 2020 to 37.7% in 2021. Further, there was an upward trend in compliance during 2021, increasing from 32.7% in Q1 to 43.0% in Q4.

In retrospect, it is believed the CSOC unit established goal for 2021 was too bold in context of changes to the disenrollment criteria made during the COVID-19 public health emergency (PHE). During the PHE, federal regulations only allow youth and caregivers to be voluntarily disenrolled from the CSOC waiver. This requires the Wraparound Agencies to obtain the youth or caregiver's signature on a state-approved form. During the PHE, discharge notification documents cannot be processed without this signed form. When youth are disengaged (i.e., youth with no face-to-face visit with Wraparound Facilitator in sixty or more calendar days), there can be significant delays in obtaining these signatures. In 2021, approximately 8% of youth are reported by Wraparound Facilitators to be potentially or fully disengaged each month. Similar to discharge submission timeliness, it is believed the CSOC unit established goal for 2021 was too bold in context of changes made during the COVID-19 PHE. Because of this, it is recommended that the CSOC Unit should keep this goal but set a more realistic goal for 2022.

Figure 2. Plan of Care Submission Timeliness



- Distribute Evidenced-based Practice workbooks to practitioners and providers to support evidence-based treatment modalities for anxiety, depression, and conduct disorders and conduct refresher training for providers and WAA staff by the end of Q4 2021.

**Met.** In 2021, the CSoC Unit distributed 452 workbooks to 226 Mental Health Rehabilitation agencies in July 2021. In addition, the WAAs received training on how utilize the workbooks with youth and families to support development of strategies that utilize EBP services and interventions in July.

- Improve Wraparound Facilitator timeliness of initial engagement with youth and families at referral, as evidenced by increasing the percent of youth with an initial face-to-face visit within 7-calendar days of the referral from 75.6% in Q4 2020 to 85.00% in Q4 2021.

**Not Met.** The percent of youth whose initial face-to-face meeting was conducted within seven calendar days from the date of referral was 69.8% in Q4 2021, which represented a decrease of 5.7 percentage points from the 2020 rate. Two opportunities identified by the 2021 survey were related to accessibility and availability of providers. As discussed in previous sections, an analysis on the impact of the COVID-19 pandemic on access and utilization of behavioral health services was released by McKinsey and Company.<sup>[1]</sup> The results indicated that, although there has been an increase in behavioral health needs, there has also been a decline in the utilization of behavioral health services. Since then, an initial, partial recovery in behavioral health service utilization occurred, but it appears to be driven primarily by telehealth adoption. Even with the increase in telehealth service utilization, overall utilization is still far below expected levels given the context of increased behavioral health and substance use needs. E. Coe, et al. (2021) stated that, although the swift implementation of telehealth for behavioral services has helped to offset lowered access to in-person services, there are limitations in access to telehealth services, including lack of broadband access, limited availability of providers with telehealth capabilities, and treatments not well suited for telehealth, many of which likely had a negative impact CSoC youth and caregivers' satisfaction with telehealth service delivery. Similar to discharge and POC submission timeliness, it is believed the CSoC unit established goal for 2021 was too bold in context of changes made during the COVID-19 PHE. Because of this, it is recommended that the CSoC Unit should keep this goal but set a more realistic goal for 2022.

## Meet and Exceed Contractual, Regulatory, and Accreditation Requirements

7. Maintain 100% compliance with Plan of Care (POC), Level of Care (LOC), and Health & Welfare waiver assurances with a data source of onsite record reviews.

**Met.** There were 391 and 388 member records reviewed in the Waiver Year 3 (07/01/2019 – 06/30/2020) and Waiver Year 4 (07/01/2020 – 06/30/2021), respectively, with all measures meeting 100% compliance. The results of reviews completed in 2021 provide evidence of the quality of services provided to CSoC youth and families by providers in the CSoC network as well as the effectiveness of the CSoC Unit to maintain ongoing compliance with level of care, Plan of Care, and health and welfare waiver assurances over time.

8. Improve Wraparound Agencies compliance rate with CSOC Standard Operating Procedure for timely electronic submission of the initial clinical eligibility assessment to Magellan within 30 calendar days of the referral from 87.9% in Q4 2020 to 95.00% in Q4 2021.

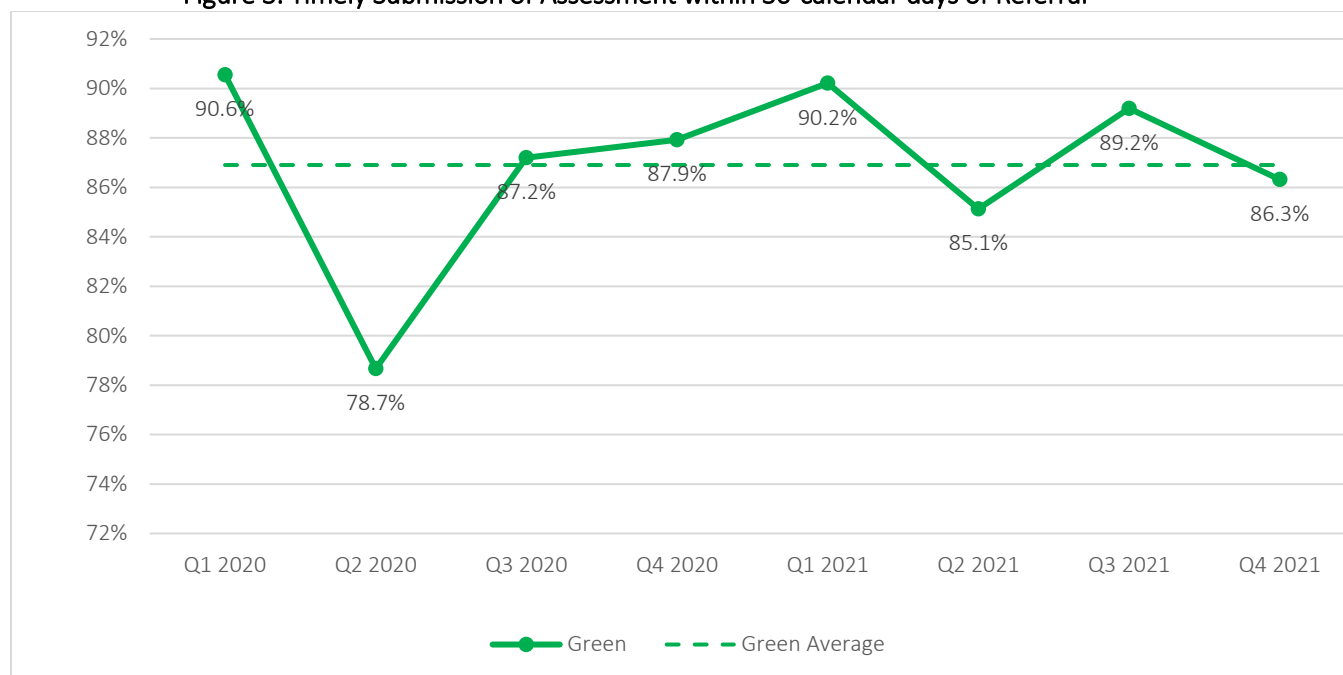
**Not Met.** The percent of initial assessments completed and submitted within thirty (30) calendar days of the date of referral was 86.3%, which did not meet the established goal. The Q4 2021 rate was 1.6 percentage

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[1] [1] Coe, E., Collins K., Enomoto, K. and Ononogbu, U. (2021, June 15). Insights on utilization of behavioral health services in the context of COVID-19 2021. McKinsey and Company. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/insights-on-utilization-of-behavioral-health-services-in-the-context-of-covid-19#>

points lower than Q4 2020. Although the goal was not met, there were two quarters which exceeded – i.e., 90.2% in Q1 and 89.2% in Q3 2021. Like the previous goals, it is believed the CSoC unit established goal for 2021 was too bold in context of changes to the disenrollment criteria made during the COVID-19 public health emergency (PHE). Because of this, it is recommended that the CSoC Unit should keep this goal but set a more realistic goal for 2022.

**Figure 3. Timely Submission of Assessment within 30-calendar days of Referral**



9. Maintain Managed Behavioral Healthcare Organization (MBHO) accreditation from the National Committee for Quality Assurance (NCQA) and prepare for reaccreditation in 2023.

**Met.** The CSoC Unit achieved full accreditation status for Medicaid Managed Behavioral Healthcare Organization (MBHO) effective 06/18/2020 – 06/18/2023. The CSoC Unit received a total score of 99.48 out of a possible one hundred. There were no areas identified by NCQA that required corrective actions. In 2021, the CSoC Unit, the CSoC Unit continued to meet monthly, but no less than once a quarter, to implement an ongoing readiness action plan and conduct quality assurance file reviews and documentation to ensure compliance with all standards is continuously maintained. NCQA has tentatively reserved 03/28/2023 for the submission date of the completed Survey Tool and 05/15/2023 – 05/16/2023 for the two-day onsite survey.

10. Enhance data exchange between Magellan and Wraparound Agencies through the implementation of claims modifiers to electronically collect child-specific information by end of Q4 2021 to advance Magellan’s Wraparound Agency Value-Based Purchasing Strategy. This will improve monitoring and oversight of critical wraparound practice activities, including frequency of Child and Family Team meetings and engagement of youth and families through face-to-face interactions.

**Partially Met.** In October 2021, Wraparound Agencies began submitting H2022 claims using modifier U1 to signify a CFT meeting was held and modifier U2 to indicate a face-to-face contact occurred. At the end of 2021, two Wraparound Agency organizations, NCFS and Ascent, were successfully submitting claims with both the U1 and U2 modifiers. In Q1 2022, Magellan’s Network and IT Directors continued to provide additional technical assistance to Eckerd and Choices who experienced technical difficulties in configuring

their Electronic Health Records (EHR) to submit the modifiers. It is expected that all four Wraparound Agency organizations will complete this in Q4 2022.

# Regulatory Compliance Monitoring

Magellan's Compliance team establishes a culture that promotes adherence to legal, contractual, and policy requirements. The team supports continuous quality improvement efforts through the prevention, detection, and remediation of compliance issues. The Compliance team also proactively identifies and assesses compliance risks and provides education and training to the CSOC staff.

Prevention efforts are focused on education and screening, and include the following:

- Ensuring that operational policies and procedures are documented and reviewed annually for updates;
- Compliance-specific new hire and refresher training including Magellan's Code of Conduct, FWA and HIPAA Privacy and Security;
- Screening all prospective employee, providers and vendors utilizing a variety of sources (e.g., the Office of Inspector General List of Excluded Individuals/Entities, State exclusion lists, etc.) for names of excluded employees, contractors, providers, and vendors barred from participation in Federal and State health care programs;
- Annual risk assessments resulting in oversight of identified issues through closure.

Detection efforts include the following:

- Responding to tips communicated via Magellan's Compliance Hotline used by employees and members to report potential compliance issues, suspected FWA, and/or other concerns related to our Code of Conduct;
- Preventing fraud, waste and abuse through data analyses, desktop/onsite reviews, investigations, and retrospective reviews of data;
- Conducting utilization management-focused reviews including provider chart reviews and onsite reviews, member service verification reviews and post-payment reviews;
- Reviewing claims payments, outliers in utilization and cost and conducting predictive analytics and social network analyses.

In 2020, the Compliance team acknowledged all Hotline referrals within 3 days and maintained a 100% completion rate for all employee Annual & New Hire Compliance training.

Also, the Compliance team participated in reviews conducted by the Independent Peer Review Organization and the Louisiana Department of Health's Program Integrity unit. All findings were addressed within the required timeframes.

# Accreditation

In 2020, CSoC earned Full Medicaid Managed Behavioral Health Organization (MBHO) Accreditation from the National Committee for Quality Assurance (NCQA), which fulfilled contractual requirements (SOW 1.2.1.2).

NCQA is an independent, not-for-profit organization dedicated to assessing and reporting the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credential verification organizations, disease management programs, and other health-related programs. NCQA reviews include rigorous on-site and off-site evaluations conducted by a team of physicians and managed care experts. A national oversight committee of physicians and behavioral health providers analyzes the team's findings and assigns an accreditation level based on the MBHO's performance compared to NCQA standards.

NCQA MBHO Accreditation standards are purposely high to encourage MBHOs to continuously enhance their quality. There are approximately sixty standards for quality included in the following categories:

- Quality Management and Improvement
- Utilization Management
- Credentialing and Re-credentialing
- Member Rights and Responsibilities
- Preventive Behavioral Health Care Services.

The QI department established a continuous readiness action plan to ensure adherence to accreditation standards. The next accreditation review is scheduled for Q2 2023.

# Resources

The Magellan CSoC Unit Quality Program is well resourced, including centrally directed resources from Corporate that are administered locally. Corporate resources available to the CSoC Unit include but are not limited to the:

- Quality, Outcomes and Research Department which supports the CSoC by providing direction on the identification, implementation, and documentation of Quality Improvement Activities and Performance Improvement Projects, QI document templates, and by implementing satisfaction surveys for members, providers, and customer organizations.
- Analytical Services Department which provides the CSoC with data reports on several QI and UM indicators and provides consultation on report definitions and analysis.
- Network Services Department which supports the CSoC by verifying the accuracy of credentials submitted by providers for inclusion in the network.
- National Clinical Management Department which supports the CSoC through the development medical necessity criteria, clinical practice guidelines, and consultation on clinical, medical, and quality issues for all care and condition care management programs through meetings of the Corporate Committees that occur in the CSoC.
- Corporate Compliance Department through the development of policy and standards, monitoring of HIPPA and related privacy and security practices and through operation of the Magellan Fraud and Abuse department.

The CSoC QI program is supported locally through design, implementation, analysis, and reporting of QI data by technical resources, including but not limited to:

- Clinical Information System
- Claims System
- Eligibility/Authorization System
- Other Technical Resources

Analytical Resources include the following:

- Staff backgrounds in:
  - Computer programming
  - Healthcare data analysis
  - Research methodology
  - Healthcare data analysis
- Commercial Statistical Analysis Programs
- Access
- Excel
- GeoNetworks®

- SAS
  - SPSS
- Customized Programs Available
  - Ambulatory Follow-up Report
  - Compliments, Complaints, Grievances
  - HEDIS® 3.0
  - Member Satisfaction Survey System
  - Monthly IUR Summary Report
  - Practitioner Profiling Report
  - Practitioner Satisfaction Survey System
  - Readmission Report