

Government Business Division

Policies and Procedures

Section (Primary Department) Behavioral Health - Plan		SUBJECT (Document Title) Coordinated System of Care (CSoC) Waiver – LA		
Effective Date November 30, 2015	Date of Last Review December 6, 2021 November 03, 2022 January 06, 2023	Date of Last Revision November 10, 2020 November 03, 2022 January 06, 2023	Dept. Approval Date December 6, 2021 January 06, 2023	
Policy applies to health plans operating in the following State(s): Applicable products noted below.				
Department Approval/Signature :				
Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska		

POLICY:

To ensure the provision of required services for Coordinated System of Care (CSoC) Waiver participants.

General Requirements:

- 1) Healthy Blue shall provide general assistance and information to individuals and their families seeking to understand how to access care. For CSoc eligible members, Healthy Blue provides information to families about the specialized services and how to contact the contractor.
- 2) Children/youth who qualify for CSoc as assessed by the CSoc program contractor and have declined to enter the CSoc program are considered Special Health Care Needs members.
- 3) Healthy Blue shall ensure that within the provider network, members enrolled in 1915 (c) CSoc Home and Community Based waiver services have a choice of behavioral health providers, which offer the appropriate level of care and may change providers in accordance with Medicaid home and community--based waiver requirements pertaining to Freedom of Choice.
- 3)4) Healthy Blue will provide information on specialized behavioral health services (SBHS) to members, including the link to the LDH-OBH and CSoc websites.

Payment:

- 1) Responsibility for payment for specialized Behavioral Health (BH) services to CSoc members
 - a) The CSoc Contractor shall be responsible for payment to enrolled providers for the provision of specialized behavioral health services, with the exception of Psychiatric Residential Treatment Facility, Therapeutic Group Home, and SUD Residential services (ASAM 3.1, 3.2-wm, 3.2 and 3.7 for children under 21 and Levels 3.3 and 3.7-wm for youth aged 21), for each month during which the recipient has a 1915(c) / 1915(b)(3) segment on the eligibility file with a begin date on or earlier than the first day of that month, or in the event that a recipient

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transfers between waivers during the month, but the previous segment began on or earlier than the first day of that month.

- b) The CSoC Contractor shall be responsible for payment to enrolled providers for the provision of specialized behavioral health services through the last day of the month which includes the end date of the 1915(c) / 1915(b)(3) segment on the eligibility file.
 - c) Healthy Blue shall be responsible for payment to enrolled providers for the provision of specialized behavioral health services for any month during which the recipient has a 1915(c) / 1915(b)(3) segment on the eligibility file with a begin date later than the first day of that month.
 - d) Healthy Blue shall be responsible for payment of all PRTF, TGH, and SUD Residential treatment services (ASAM Levels 3.1, 3.2-wm, 3.5 and 3.7 for children under 21 and Levels 3.3 and 3.7-wm for youth aged 21) for CSoC enrolled youth.
 - e) If a CSoC enrolled youth no longer meets medical necessity criteria for high level service (e.g. inpatient hospital) that was authorized by the CSoC Contractor, and Healthy Blue has authorized PRTF, TGH, or SUD Residential treatment services (ASAM Levels 3.1, 3.2-wm, 3.5 and 3.7), but is unable to secure placement, Healthy Blue shall be responsible for assuming the continued authorization of, and payment for, the higher level service until placement is made, regardless of the youth's CSoC enrollment status unless the Child and Family Team (CFT) agrees that the youth's behavioral health and/or medical condition is stable enough for the youth to be safely discharged home, and the CFT has made a plan to support the youth and family with outpatient care until placement in residential treatment is secured.
- 2) Healthy Blue is responsible for the provision of specialized behavioral health services for all covered populations except for those covered by the CSoC contractor for youth enrolled with the CSoC contractor per bullet one stated above.

Screening:

- 1) Screening for services, including the Coordinated System of Care, may take place while the youth resides in a home and community-based setting and is at risk for hospital levels of care. Healthy Blue shall ensure (either using our care management protocols or by ensuring appropriate, proactive discharge planning by our contracted providers) the screening takes place while a youth resides in an out-of-home level of care (such as inpatient, PRTF, SUD residential treatment or TGH) and is prepared for discharge to a home and community-based setting. For settings such as PRTF and TGH with lengths of stay allowing sufficient time for comprehensive and deliberate discharge and aftercare planning, Healthy Blue shall ensure that screening for CSoC takes place at least 30 days and up to 90 days prior to the anticipated discharge date. If CSoC screening shows appropriateness, a referral to CSoC up to 90 days prior to discharge from a residential setting shall occur, as it is expected to assist in comprehensive discharge and treatment

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planning, prevent disruption and improve stabilization upon reentry to a home and community environment.

- 2) Healthy Blue shall conduct utilization management and review functions which include:
 - a. Apply initial risk screen for CSOC eligibility.
 - b. Refer calls (via a seamless “warm transfer”) to the contracted administration of CSOC program, who will apply brief CANS assessment tool to assess for CSOC presumptive eligibility.
 - c. Document in the child’s health record whether or not (according to CSOC contracted administrator) the child met criteria for CSOC presumed eligibility, when the child was referred to the WAA, and the date on which the Freedom of Choice (FOC) was signed.
 - d. Healthy Blue shall also document in the child’s health record if the child does not become enrolled in CSOC, for the reason of:
 - i. The youth and family refuse CSOC Services
 - ii. The youth does not meet clinical eligibility based on the comprehensive CANS, or for any other reason
- 3) For youth who screened positively on the initial risk screen, but who do not completed enrollment in CSOC, Healthy Blue shall offer voluntary participation in the Case Management Program, and/or other behavioral health services to meet the child and family’s presenting needs

Rounds:

- 1) Healthy Blue shall have a process in place for conducting case management rounds for CSOC enrolled youth at least monthly with the CSOC Contractor.

Reporting:

- 1) Healthy Blue shall report the percentage of members who are receiving behavioral health services whose clinical functioning is assessed over time (via clinician and/or member/family ratings on standardized tools, and/or measurable functional outcomes) to measure positive outcomes of service delivered. At a minimum, this will include children receiving CSOC services and EBPs.
 - a. For members for whom outcomes are assessed, Healthy Blue shall report on the number and percentage of members who show improve functioning with treatment, as well as the amount of improvement.
 - b. In addition, Healthy Blue shall develop a strategy to increase the use of outcome measurements for all members receiving specialized behavioral health services; the strategy will be due to LDH-OBH on an annual basis.

DEFINITIONS:

- 1) **Behavioral Health Children’s System Administrator** - must meet the requirements for a LMHP and have at least seven (7) years’ experience and

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expertise in the special behavioral health needs of children with severe behavioral health challenges and their families. Prior experience working with other child serving systems is preferred. The ideal candidate will have at least three (3) years' experience with delivering or managing Evidenced Based Practices (EBPs) and best practices for children and youth, including experience within system of care and wraparound environments. The Children's System Administrator shall work closely with the CSoC Governance Board as needed and LDH.

- 2) **Case Management Staff-** at the plan will assess, plan, facilitate and advocate options and services to meet the enrollees' health needs through communication and available resources to promote quality cost-effective outcomes. Healthy Blue shall provide and maintain in Louisiana, appropriate levels of case management staff necessary to assure adequate local geographic coverage for in field face to face contact with physicians and members as appropriate
- 3) **Case Manager** - A person who is either a degreed social worker or licensed registered nurse, providing case management services to persons who are elderly and/or persons with physical or developmental disabilities. The case manager shall not provide direct care services to members enrolled with the Contractor, but shall authorize appropriate services and/or refer members to appropriate services.
- 4) **Child and Adolescent Needs and Strengths (CANS)** – A multi-purpose assessment tool developed to support care planning and level of care decision-making.
- 5) **Coordinated System of Care (CSoC)** – A component of the system of care for youth who have significant behavioral health challenges and who are in or at imminent risk of out-of-home placement, and their families; and is a collaborative effort among families, youth, the Department of Children and Family Services, the Department of Education, the Department of Health and Hospitals, and the Office of Juvenile Justice.
- 6) **Louisiana Department of Health (LDH)** – The state agency responsible for developing and coordinating health policy in the State of Louisiana
- 7) **Wraparound Agency (WAA)** – WAAs are the locus of accountability for developing a single plan of care and providing intensive care coordination for children within the CSoC needing such supports, with the goal of “one family, one plan of care, and one wraparound facilitator.”

PROCEDURE:

Screening:

- 1) A screening occurs between the Healthy Blue staff member and the guardian of the child.
The following questions are asked during the screening process:

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1. Has the child ever talked about or actually tried to hurt him/herself or acted in a way that might be dangerous to him/her such as reckless behaviors like riding on top of cars, running away from home or promiscuity
 2. Has the child ever been a danger to others, such as threatening to kill or seriously injure another person, fighting to the point of serious injury, been accused of being sexually aggressive or engaging in fire setting?
 3. Has the child deliberately or purposefully behaved in a way that has gotten him/her in trouble with the authorities such as breaking rules at school or laws in your community?
- 2) The Healthy Blue associate completes the screening question~~s~~ along with the CSOC referral form. A version of this form is located in Healthy Blue's system, which is used for reporting metrics.
 - 3) The Healthy Blue associate will warm transfer the guardian to the CSOC Contractor.
 - 4) The call is released to the CSOC Contractor and the referral form emailed to the CSOC Contractor.
 - 5) The member is referred to Healthy Blue Case Management Department to assist with connecting member with appropriate services in the event that member is placed on a Child In Need of Services waiting list after CSOC referral is completed.

Rounds:

- 1) Discharge form is emailed to Healthy Blue Manager from the CSOC Contractor. The form is received prior to the weekly call.
- 2) Healthy Blue's Medical Director and CSOC Clinical team participates in the rounds weekly with the CSOC Contractor.
- 3) The discharge forms are reviewed on the weekly call until the member is discharged from CSOC.
- 4) Once the member is discharged from CSOC services, the assigned CSOC Case Manager follows up with the guardian to address current needs and any future needs of the member/family.

Reporting:

Healthy Blue shall complete Access to Wraparound Services Report and submit to LDH on a quarterly basis. ~~The report shall review the number screened, the number who screened positive and the number successfully enrolled in the CSOC Program.~~^(SM4) The report shall review referrals made to the CSOC Contractor for members who meet certain criteria such as behavioral/mental health out of home placements.

REFERENCES:

- Louisiana Health Contract Sections 2.3.5, 2.11.16, 2.12.10, 2.13.10.10, and 2.14.9.7.9.1. 4.2.23, 4.3.8, 5.17, 6.4.1.2, 6.4.4, 6.19.1.5, 6.19.1.7, 6.39.2.19, 7.8.14.6, 8.1.19, 12.15.8, 14.1.21 and definitions

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RESPONSIBLE DEPARTMENTS:

Primary Department:
Behavioral Health – Plan

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
11/30/2015	<ul style="list-style-type: none">• New submitted to the state for LA BH Integration
12/29/2016	<ul style="list-style-type: none">• For annual review• Definitions placed in alphabetical order• DHH references changed to LDH
11/27/2017	<ul style="list-style-type: none">• For annual review• Amerigroup references changed to Healthy Blue• Bayou language removed
10/08/2018	<ul style="list-style-type: none">• For annual review• No changes
11/08/2019	<ul style="list-style-type: none">• Annual Review• Edits to procedure and reference section• Placed on updated template
11/10/2020	<ul style="list-style-type: none">• Annual Review• Edits to screening, rounds, and reporting sections• Formatting changes• Updated policy, procedure, and references
12/06/2021	<ul style="list-style-type: none">• Annual Review; no changes
<u>01/06/2023</u>	<ul style="list-style-type: none">• <u>Annual Off Cycle Review for LA Rebid 2023 Readiness</u>• <u>Updated general requirements of policy, procedure, and references</u>• <u>general requirements of policy</u>• <u>Minor format/grammatical errors revised</u>• <u>Updated reporting paragraph with feedback from LDH</u>
<u>01/03/2023</u>	<ul style="list-style-type: none">• <u>Updated reporting paragraph with feedback from LDH</u>