

**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 October 8, 2018 October 16, 2019	Date of Last Revision November 27, 2017 October 16, 2019	Dept. Approval Date October 8, 2018 November 8, 2019
Department Approval/Signature : JS			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia

POLICY:

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

DEFINITIONS:

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

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- 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:

- 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, 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 transfers between waivers during the month, but the previous segment began on or earlier than the first day of that month.
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 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) The MCO 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) The MCO shall be responsible for payment of all PRTF, TGH, and SUD Residential treatment services for CSOC enrolled youth.

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- 2) Healthy Blue is responsible for the provision of specialized behavioral health services for all populations except for those covered by the CSoC contractor for youth enrolled with the COoC contractor per 1) above and Section 5.17 of the ~~Bayou Health~~ Healthy Louisiana State eContract.
- 3) CSoC implementation plan development - In anticipation of the potential for inclusion of CSoC services within Bayou Health, the MCO shall develop a plan of implementation to be submitted to **LDH** no later than July 1, 2016. Elements to be addressed in the plan include but are not limited to:
- a) Demonstration of the MCOs knowledge on System of Care values and Wraparound Process
 - b) Processes and protocols for screening and referral
 - c) Network Development for services and supports
 - d) Technical assistance and training for the CSoC providers inclusive of the WAAs, the Family Support Organization (FSO) and other contracted providers;
 - e) Coordination and communications with key agencies, i.e. OJJ, DCFS, OBH, etc.;
 - f) Transition and coordination of care out of CSoC level of care
 - g) Program monitoring and quality improvement; and
 - e) Timelines required for implementation
- 4) 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.
- 5) CSoC risk screening – Healthy Blue administers a three question, state-mandated risk screening to potential CSoC members at various points in the care management process including but not limited to:
- a) As part of the UM and Case Management process
 - b) When a member resides in a home and community-based setting and is at risk for hospital levels of care
 - c) At least 90 days prior to an expected discharge from a residential level of care (e.g. PRTF, Therapeutic Group Home)
- 6) When a UM clinical staff member identifies a member as a potential CSoC referral (e.g. as the result of a non-life threatening crisis call), the UM staff refers the member to Health Plan Case Management, via email, on the same day the member is identified.
- 7) The actual Brief CSoC screening is completed by an Healthy Blue Case Manager (CM).

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- 8) Screening questions and documentation of results have been built into a CSoC Form in CareCompass. The CM administers the screening via telephone or in person, and documents the results in CareCompass.
- 9) The members is considered to have screened “positive” for referral to CSoC when the member’s parent/guardian answers affirmatively on at least one of the three questions. When the screening results in a positive score, the CM:
- a) Completes the CSoC referral form while the member is on the phone or in person
 - b) Transfers the call via warm transfer, or initiates a call if in person, to the Member Services Line of the contracted administrator of the CSoC program.
 - c) The contracted administrator’s Member Services Line is available 24 hours/day, 7 days/week, 365 days/year. The MS Representative transfers the call to contract administrator Case Manager and the Healthy Blue Case Manager disconnects from the phone at that time.
 - d) The contractor CM applies the Brief CANS assessment tool to assess for CSoC presumptive eligibility.
 - e) If the member is found presumptively CSoC eligible based on the brief assessment, the contracted administrator proceeds to establish whether or not the member is fully CSoC eligible based on the administration of the comprehensive CANS instrument, as well as determining if other eligibility criteria are met. This full evaluation may take up to 30 days.
 - f) If the member is found not eligible based on the Brief CANS, the administrator CM warm transfers the member to the screening Case Manager based on the contact phone number entered on the referral form.
 - g) When Healthy Blue’s Case Manager receives a warm transfer for a member found not presumptively eligible, the CM explores the member/family’s needs for CM services and documents all information in a CSoC Form in CareCompass.
- 10) When the CM is notified by the contracted administrator that the member has been found to be presumptively eligible for CSoC, the CM obtains information from the contractor, when available, and documents in the child’s health record the date the child was referred to the Wraparound Agency (WAA), and the date on which the Freedom of Choice (FOC) was signed
- 11) Healthy Blue CM documents in a CSoC Form in Care Compass if the child does not become enrolled in CSoC, for the reasons of 1) the youth and family refuse CSoC services, or 2) the youth does not meet clinical eligibility based on the comprehensive CANS, or for any other reason
- 12) When members who initially screened positive for CSoC referral are found not eligible for CSoC after assessment by the contractor, or are found eligible but elect not to participate in CSoC, the member is considered a Special Healthcare Needs (SHCN) member and Healthy Blue case management staff attempt to enroll the member and family in case management,

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develop a person-centered plan of care, and provide assistance for the member/family in meeting their service needs as appropriate the Healthy Blue CM offers case management services to the child/family, based on the their assessed needs and documents such in the case management system.

- 13) Training for relevant staff will include information about CSoC requirements and processes.
- 14) Healthy Blue employs a Children’s System Administrator to implement this policy, provide day-to-day oversight of the management of CSoC members, and to ensure that all contract requirements under the CSoC program are met. The Children’s System Administrator works closely with the CSoC Governance Board as needed, and **LDH**.
- 15) Healthy Blue provides 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 contract administrator.
- 16) Documentation requirements include:
- a) Whether or not the child meet criteria for CSoC presumed eligibility (contractor)?
 - b) Date child was referred to the Wraparound Agency (WAA).
 - c) Date the Freedom of Choice (FOC) form was signed
 - d) Document reason a contractor-referred youth was not enrolled in CSoC:
 - i. Youth/family refused services
 - ii. Youth does not meet clinical eligibility because of
 - a) Did not meet eligibility based on the comprehensive CANS, or
 - b) Did not meet eligibility based on another reason
 - c) Document reason
 - e) For members who were found not eligible for CSoC or who declined to participate, and who are enrolled in case management as a Special Healthcare Needs Member, the CM must document that the person-centered plan of care was completed, and also document services provided to meet presenting needs using the CSoC CareCompass Form.
 - f) The Case Manager must capture each CSoC Member’s Region, on the CSoC CareCompass Form for reporting purposes
 - g) Must document and report quarterly:
 - h) Number of youth who screened positive on the 3-question screener and
 - i) Of those screening positive, how many were referred to the Contractor

REFERENCES:

Louisiana Health Contract Sections 4.2.23, 5.17, [6.4.11](#), 8.1.19, 12.15.8

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RESPONSIBLE DEPARTMENTS:

Primary Department: Behavioral Health – Plan

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
10/16/2019	<ul style="list-style-type: none">• Annual Review• Edits to procedure and reference section• Placed on updated template

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