



Louisiana Coordinated System of Care

Standard Operating Procedures

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Chapter 1. Foreword

The State of Louisiana has developed a **Coordinated System of Care (CSoC)** for Louisiana's children and youth with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement. The CSoC offers an array of Medicaid State Plan and Home and Community-Based Waiver services (HCBS) to children and youth in need of mental health and substance use treatment who are deemed clinically and financially eligible.

The CSoC is an evidence-informed approach to family and youth-driven care that enables children to successfully live at home, stay in school and reduce involvement in the child welfare and juvenile justice systems. The primary goals for CSoC include:

- Reduction in the number of children and youth in detention and residential settings;
- Reduction of the State's cost of providing services by leveraging Medicaid and other funding sources;
- Increased access to a fuller array of home and community-based services that promote hope, recovery and resilience;
- Improved quality by establishing and measuring outcomes; and
- Improving the overall functioning of these children and their caregivers.

§101. Purpose

The purpose of this Standard Operating Procedure manual is to provide guidance for conducting the day-to-day activities that are necessary in developing, implementing and sustaining the Coordinated System of Care in Louisiana. Guidance is provided in the areas of CSoC eligibility, referral, screening/assessment, enrollment, services, quality assurance and training requirements. This is an electronic document that will be reviewed and updated on a semi-annual basis or more frequently as needed as the Coordinated System of Care evolves.

§102. Revision Process

After the initial release of this manual, any new guidance or revision to existing guidance will be posted on the CSoC Website, <http://www.csoc.la.gov>, and on the Magellan of Louisiana website at www.magellanoflouisiana.com. The new or revised guidance along with the date of revision will be reflected in an updated electronic manual.

Chapter 2. Eligibility

§201. Overview of Eligibility Criteria (See Appendix 1 “Who Might the Coordinated System of Care (CSoC) be Right For?”)

There are two areas of eligibility a child must meet: Clinical (also called Functional) and Financial.

§202. Clinical Eligibility To determine clinical eligibility for CSoC, the initial step is for the Magellan Member Service Representative (MSR) to conduct a preliminary screening for each child seeking services by asking the caller three risk questions. This will determine if the youth meets the initial criteria to be referred for additional screening by a Magellan Care Manager.

The Magellan Care Manager will conduct an initial brief screening using the Louisiana Child and Adolescent Needs and Strengths (CANS) tool. If a child/youth screens positive, indicating a probability that the child/youth will be deemed eligible for CSoC, a referral is made to a Wraparound Agency (WAA). The WAA is responsible for ensuring that the CANS Comprehensive Multisystem Assessment, the Independent Behavioral Health Assessment (IBHA) form, and any other supporting documentation is gathered and submitted to Magellan online and via fax within ten business days from the date of the written referral to the WAA.

Magellan is responsible for determining clinical eligibility. An independent evaluator reviews the CANS Comprehensive, IBHA form and other pertinent documentation (additional information supplied by the child, family, and wraparound facilitator) and applies the CANS Decision Model algorithm.

Key considerations for **clinical eligibility** include:

- Must be between twenty-one (21) years or younger
- Has a DSM diagnosis or is exhibiting behaviors indicating that a diagnosis may exist (Magellan will refer for a comprehensive assessment);
- Meets clinical eligibility for CSoC as determined by the CANS Comprehensive which assesses the following areas:
 - Behavioral/Emotional Diagnosis or Behaviors, e.g. impulsiveness, anxiety, depression, history of trauma, oppositional behavior, etc.;
 - Risky Behaviors, e.g. self-harming behaviors, aggression, fire setting, threats of harm to others, etc.;
 - Difficulty functioning in various settings including family, home, school or community; and
 - Caregiver need for assistance with supervision, understanding behavioral health needs, linking to appropriate supports and services, their own behavioral health needs, etc.
- Currently in an out of home (OOH) placement or at imminent risk of OOH placement;

<i>Psychiatric Hospitals</i>	<i>Foster Care</i>
<i>Psychiatric Residential Treatment Facilities</i>	<i>Therapeutic Foster Care</i>
<i>Therapeutic Group Home</i>	<i>Development Disabilities Facilities</i>
<i>Non-Medical Group Home</i>	<i>Alternative Schools</i>

<i>Addiction Facilities</i>	<i>Secure Care Facilities</i>
<i>Detention</i>	<i>Homeless (as identified by the Department of Education</i>

- Generally involved with multiple state agencies;
- Identified family or adult resource that is or will be responsible for the care of the child/youth that is willing to engage in wraparound; and,
- Eligible for Medicaid or deemed eligible for Medicaid based on clinical need. (Certain children/youth not typically eligible for Medicaid may be eligible based on clinical need.

The CANS Comprehensive and IBHA form are completed by a physician and/or a Licensed Mental Health Practitioner (LMHP) who is: practicing under the scope of their licensure as permitted under State law, certified as a Louisiana CANS assessor, and contracted with Magellan. The Wraparound Agency is responsible for ensuring that the Comprehensive CANS and IBHA are completed within the established timelines. Once these documents are completed they are forwarded to Magellan for review by an independent team. A re-assessment CANS Comprehensive and an IBHA is completed every 180 days at a minimum to verify continued clinical eligibility for services.

§203. Financial Eligibility

If a child is not already enrolled in Medicaid, the Wraparound Agency is responsible for assisting the family with applying for Medicaid. Certain children/youth not typically eligible for Medicaid may be eligible based on clinical need. If Medicaid deems a child or the youth financially eligible, then enrollment benefits/eligibility coverage begins on the date that the application was submitted to Medicaid. Children who are not eligible for Medicaid but are referred by OJJ or DCFS are also eligible for CSOC as defined in the CSOC Payment Guidance. Under these circumstances, the referring state agency will be billed for all costs. ***See Appendix 11 for the CSOC Payment Guidance.***

Chapter 3. Referral and Screening

§301. General Referral Process

CSoC referrals may be made to Magellan by calling the toll free number (1-800-424-4399). The General Referral Process is as follows:

1. A call is made to Magellan by the interested party.
2. The Member Service Representative (MSR) with Magellan will conduct a preliminary screening by asking the caller the following three risk questions, which will determine if this youth meets the initial criteria to be referred for additional screening.

Over the past month:

- 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? Yes(Y)/No (N)/Unknown(U)
 - 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? Y/N/U
 - 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? Y/N/U
3. If the questions asked by the MSR representative yields at least one “yes” response, then the caller will be transferred to a Magellan Care Manager (CM) for additional screening.
 4. The CM will conduct the CANS Brief Screening, which looks at the following four domains:
 - Risk – To Self and Others;
 - Functioning – Family and Community Functioning;
 - Clinical – Emotional or Behavioral Functioning; and/or
 - Caregiver – Child/Youth’s Caregiver.

If the answer is “yes” to any one or more of the domains listed above, the child/youth is determined to be presumptively eligible.

If the child/youth is determined to be presumptively eligible based on clinical information, Magellan will submit a written referral to the appropriate Wraparound Agency, Family Support Organization and a Certified Provider. Note: The Wraparound Agency has final responsibility for ensuring that the CANS and IBHA are completed within the established timelines.

5. The Magellan Care Manager will authorize services during the initial 30 days for any immediately needed LBHP services and/or any of the five specialized services available through CSoC.
6. If the child/youth is not determined presumptively eligible, the Magellan Care Manager will explore other LBHP services and resources that may be available.

The CSoC Clinical Eligibility and Operational Workflow is Attachment 1 in this document.

§302. Agency Specific Processes

Specific referral processes for the Department of Children and Family Services, the Office of Juvenile Justice and the Department of Education have been developed and are included in ***Appendices 2, 3, and 4*** respectively.

Chapter 4. Assessment

§401. Child and Adolescent Needs and Strengths (CANS) Comprehensive

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is a multipurpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes. The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. Domains assessed include general symptomology, risk behaviors, developmental functioning, personal/interpersonal functioning, and family functioning. The CANS is intended to support the development of the individualized plan of care.

The CANS Louisiana Manual and the CANS Louisiana Scoring Sheet may be accessed at the Magellan of Louisiana website:

<http://www.magellanoflouisiana.com/for-providers-la-en/independent-assessments.aspx>.

§402. Independent Behavioral Health Assessment (IBHA)

The Independent Behavioral Health Assessment (IBHA) is based on a thorough, face-to-face assessment of the individual's most recent behavioral/mental status, any relevant history, including findings from the CANS comprehensive, medical records, objective evaluation of functional ability, and any other available records. It is completed by a Licensed Mental Health Practitioner (LMHP) who is also certified as a CANS assessor. The IBHA and completed CANS Comprehensive Assessment are submitted to Magellan within the required timelines.

The Independent Behavioral Health Assessment (IBHA) may be accessed at the Magellan of Louisiana website: <http://www.magellanoflouisiana.com/for-providers-la-en/independent-assessments.aspx>.

§403. Certified Providers (CPs)

Certified Providers (CPs) are individuals that have a contract with or work for an agency that has a contract with Magellan and possess the professional qualifications required by the State of Louisiana to serve in that capacity. A WAA may also have LMHP staff who may serve in this role. These staff must also be certified to administer the CANS in Louisiana.

Magellan is responsible for training and certifying CPs. The oversight of this process is conducted by Magellan's Network Department.

§403.1 Certification Requirements

In order to be a CP, an individual must:

- Work for an agency that is contracted with Magellan Health Services; or
- Have a contract with Magellan Health Services.

Individuals serving as CPs must:

- Be a Licensed Mental Health Practitioner (LMHP): Physician, Medical &/or Licensed Psychologist, LCSW, LPC*, APRN with specialty training/certification; and
- Successfully complete the CANS online training for CPs that can be found on the Magellan of Louisiana website at www.magellanoflouisiana.com. Click “For Providers; Training and Events.”

If the CP completes the CANS assessment of the individual, the CP should not provide any direct services to the individual during any time the individual is enrolled in CSoC.

*An LPC can serve as a CP, as long as they are in compliance with their professional boards’ practice act.

§403.2 Certification Process

- Complete the “Interested Provider” form and fax it to “Certified Provider” at 888-656-4910;
- Pass the CANS training and exam; and
- Provide a copy of valid, currently active license in the State of Louisiana.

§403.3 Certified Provider Training

The Praed Foundation and Magellan of Louisiana have partnered to offer online CANS Comprehensive training and certification. This online training and certification covers the Louisiana version of the CANS Comprehensive Assessment used in the Coordinated System of Care (CSoC). Individuals may also be trained live by Louisiana CANS Trainers for Certification. Contact Magellan for additional information on training dates available.

The link below is for registering for the CANS Comprehensive training, certification, and accessing resources. Any individual who works for or as a provider in the Louisiana Behavioral Health Partnership (LBHP) may register. This access is free for individuals working within the LBHP. Other individuals may contact the Praed Foundation at <http://praedfoundation.org> for access to the CANS Collaborative website for training and certification.

Instructions to Register

To register for Certified Provider training, go to <http://canstraining.com/login>.

Chapter 5. Enrollment Process

§501. General Enrollment Process (See Attachment 1 for CSoC Clinical Eligibility and Operational Workflow)

Enrollment includes 3 distinct processes:

1. CSoC Program Enrollment(30 day presumptive eligibility);
2. Medicaid Enrollment/Funding Stream Eligibility; and
3. Waiver Enrollment.

§501.1 CSoC Program Enrollment – Programmatic enrollment into CSoC occurs after the following steps have been completed:

- (1) Magellan sends a written referral to the Wraparound Agency (WAA), the Family Support Organization (FSO) and a Certified Provider (CP);
- (2) The WAA is responsible for accepting the initial written referral from Magellan, conducting initial outreach to the family, securing the Freedom of Choice (FOC) form, ensuring the completion of the CANS Comprehensive and Independent Behavioral Health Assessment form are completed and sent to Magellan within the established timelines;
- (3) The parent/legal guardian signs the CSoC Freedom of Choice (FOC) document within 10 business days indicating acceptance of services through CSoC rather than services for their child/youth in an institutional setting;
- (4) The results of the CANS Comprehensive are reviewed by a Magellan independent evaluator and clinical eligibility is determined based on scores and functional eligibility; and
- (5) Medicaid eligible children/youth have an active Medicaid waiver segment.

Presumptive Eligibility: A child/youth who meets the clinical criteria for CSoC, according to the Brief CANS and is subsequently formally referred for CSoC, enters into a period of Presumptive Eligibility for a maximum of 30 calendar days. During this time the child/youth is presumed to be eligible for CSoC and is eligible to receive the 5 specialized waiver services: Parent Support and Training; Youth Support and Training; Independent Living/Skills Building; Respite Care; and Crisis Stabilization. If upon the completion of the assessment, the child is determined to be ineligible, Presumptive Eligibility end and services related to CSoC must cease. If the child is determined to be eligible, the child/youth is enrolled in CSoC and services identified through the Child and Family Team process and are included on the Plan of Care may continue.

§501.2 Medicaid Enrollment and Funding Stream Eligibility – At the time of the initial referral, Magellan’s Member Service Representative (MSR) and/or Care Manager (CM) should determine if the child/youth is currently enrolled in Medicaid. If the child/youth is not currently enrolled in Medicaid, the WAA and FSO are notified that the family needs assistance with a Medicaid application at the same time they receive the referral for CSoC from Magellan.

For information on the electronic enrollment site and locations of Medicaid enrollment centers in Louisiana, go to <http://new.dhh.louisiana.gov/index.cfm/page/220/n/20> or call the toll-free Medicaid enrollment hotline at 1-888-342-6207 for assistance in completing the Medicaid application.

Note: If the child/youth is not Medicaid eligible, another funding source must be identified. A child/youth may be eligible for CSoC if a different funding source has been identified. For non-Medicaid children referred to and enrolled in CSoC, referring agencies must be billed. ***See Appendix 11 for the CSoC Payment Guidance.***

§501.3 Waiver Enrollment –In order to be enrolled in a waiver, Magellan is required to submit a BHSF 142-BH form to the Louisiana State Medicaid Office. This electronic form is submitted immediately by Magellan indicating a child/youth meets the clinical criteria for the 1915 (c) waiver or the 1915 (b) waiver for b3 services. This must occur in order for Magellan to continue to invoice beyond the period of Presumptive Eligibility. The SMO must submit an updated 142 BH every 6 months following a reassessment, each time a child/youth transitions from one waiver to another waiver, or when the child/youth is discharged from the CSoC program.

§502. Freedom of Choice (FOC)

Upon receipt of a written referral from Magellan, the WAA is responsible for making the initial contact with the child/youth's family to provide information on CSoC and the specialized services available. When possible, a member of the FSO staff goes on the visit with the WAA. During this initial visit, the Wraparound Facilitator must ensure that the parent/legal guardian understands that they have the option of accepting services through CSoC in their home and community or accepting behavioral health services provided in an institution/hospital setting. If the parent/legal guardian is interested in receiving behavioral health services for their child and family, they select their preferred placement, either CSoC or Institution, and sign the CSoC Freedom of Choice form within 10 days indicating their acceptance for services. At the same time, the parent/legal guardian is asked for their consent to allow for the release of information between Magellan and the WAA by signing the Release of Information section on the CSoC FOC. If the parent/legal guardian is not interested in receiving CSoC, then the child/youth is not enrolled.

The CSoC Freedom of Choice form may be obtained at www.magellanoflouisiana.com. Go to "Providers" and select "Forms" from the drop down menu.

§503. Disenrollment and Re-Referral

The CSoC Freedom of Choice Form (FOC), the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment, and the Independent Behavioral Health Assessment (IBHA) must be

completed within 10 business days from the date the referral was received by the WAA. If the FOC, CANS, IBHA, and the Plan of Care are not submitted to Magellan within 30 days from the date of initial referral to the WAA, a re-referral may be made.

The WAA must adhere to the following steps for re-referrals:

1. Disenroll the youth from their census.
 - a. Send written notification to Magellan.
 - b. Send written notification to the FSO.
 - c. Send written notification to the referral source.

If the referring source was the Probation Office (PO) or Department of Children and Family Services (DCFS-CW), then it is expected that the WAA will notify the referral source that the youth is being disenrolled so the agency can ensure other necessary supports remain in place and update their care plan with the child/family.

- d. If the child's family has been engaged by the WAA, whether or not the CSoC FOC was signed, the WAA will send written notification to the family that the child was not enrolled in CSoC. If the member (child/youth) is deemed ineligible on CANS, a written notification is sent to the member's parent/guardian by Magellan.
2. If the child/youth is disenrolled after the initial 30-day time period, the child/youth may be re-referred to Magellan; however, the entire referral process must be followed from the first step in the process. Re-referral may not be made by the WAA.
 3. Encourage a re-referral be made if it is believed that the youth and family may be interested in participating in CSoC.
 - a. Encourage the parent/legal guardian/PO/DCFS-CW and/or other referral source to call a re-referral into Magellan at 1-800-424-4399 and ask to speak to a Child and Adolescent Care Manager (CM).
 - b. The caller should explain to the CM that this child/youth is being re-referred for CSoC services and that a CANS Brief has been done.
 - c. The CM will be able to verify the child/youth's information in Magellan's computer system and confirm that a CANS Brief has been done and confirm the date it was administered.
 1. If the date of the CANS Brief is within 30 days of the original referral, then Magellan's CM will send the information to The CSoC CM team and proceed with a referral to the WAA in the appropriate region.
 2. If the date of the CANS Brief is longer than 30 days from the original referral, then the CM will need to conduct a new CANS Brief.

Chapter 6. Wraparound Process

§601. Overview/General Description

Wraparound is an intensive, individualized care planning and management process that is used to achieve positive outcomes by providing a structured, creative and team-based planning process that addresses the needs of the child/youth and their family. Wraparound is based on 4 key elements.

- 1) Grounded in a Strengths Perspective – Strengths of the family, team members, service providers and community are used in all planning.
- 2) Driven by Underlying Needs – Identification of the underlying needs rather than the surface needs leads to a better understanding of the causes of the behavior or situations.
- 3) Supported by an Effective Team Process – Understanding that a group of people working on a common goal are more effective and achieve greater results than one person working alone.
- 4) Determined by Families – The family’s perspectives, opinions, and preferences are understood by the team and play an integral role in the decision making process.

See Appendix 6 for the Ten Principles of the Wraparound Process.

§602. The Phases of Wraparound

Wraparound is a planning process that follows a series of steps or phases. Each phase has a specific purpose and expected outcomes. The Wraparound Facilitator is responsible for guiding the various activities while the FSO staff continues to support the child/youth and family through the process. While wraparound may look different from one community to another, wraparound should always follow the same basic phases and activities as identified by the National Wraparound Initiative. These phases include: Engagement; Team Preparation; Initial Plan Development; Implementation and Transition.

For more information on the National Wraparound Initiative and the phases of wraparound, see <http://www.nwi.pdx.edu/index.shtml>.

§603. The Wraparound Agency (WAA)

The Wraparound Agency (WAA) is responsible for ensuring the implementation of the wraparound process in accordance with the established principles. The WAA staff, in coordination with the Family Support Organization (FSO) staff, is responsible for guiding the family through the wraparound process beginning at the point of referral through the transition out of CSoc. During the first contacts with the family, WAA and FSO staff provides information on the services that the child/youth and family may receive in CSoc. WAA and FSO staff are also responsible for explaining the options of either home/community based services or services provided in an institution/hospital setting. The WAA is also

responsible for ensuring that each child/youth that is enrolled in CSoC has a current Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment and the Independent Behavioral Health Assessment (IBHA) that is submitted to Magellan online and via fax within the required timelines.

The Wraparound Facilitator (WF), in the WAA, is responsible for working with the family throughout their participation in CSoC. Responsibilities of the WF include, but are not limited to:

- Meeting with the child/youth/family to complete the Family Strengths and Cultural Discovery;
- Assisting the family in identifying and developing a Family Vision, Strengths, Goals, etc.;
- Assisting the child/youth/family in identifying potential members of the Child and Family Team (CFT);
- Convening and facilitating the CFT meetings on a monthly basis at a minimum and more frequently whenever needed; and
- Facilitating the development and implementation of the Uniform Plan of Care (POC), including the Crisis Plan. ***See Appendix 7 for the CSoC Uniform Plan of Care.***

It is important for the WF to ensure that all plans and decisions are made by the CFT and are not made independent of the team.

Guidelines:

- The Child and Family Team must meet at least one time per month. CFT meetings may be held more often to meet the needs of the child/youth and family.
- In order for an individual to continue to be eligible for waiver services through the 1915 (c) waiver, the child/youth and their family enrolled in CSoC must receive at least one of the five specialized services per month as documented in the Plan of Care.

For additional information, please go to the 1915 (c) Waiver, Appendix B: Participant Access and Eligibility. http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/1915c_HCBSwaiver.pdf.

For the required qualifications of a WF, please see the Service Definitions Manual at: <http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/ServicesManual-Current.pdf>.

§604. Family Support Organization (FSO)

The FSO provides: 1) Parent Support and Training; and 2) Youth Support and Training which are two of the five specialized services for youth enrolled in CSoC. Services shall be delivered face-to-face with the majority occurring in community locations. Services may be provided on an individual basis or in a group setting.

For more information on these services, please refer to the Service Definitions Manual at <http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/ServicesManual-Current.pdf>.

Responsibilities of the FSO include, but are not limited to:

- Ensure appropriate screening, hiring, training processes are in place for each FSO staff person;
- Develop a cadre of Parent Support and Training (PST) and Youth Support and Training (YST) staff in each region;
- Establish a centralized intake process for all requests for FSO services;
- Receive referrals for FSO services (PST/YST) from Magellan or the WAA when immediate and routine needs are identified;
- Attend Child and Family Team (CFT) meetings as requested by the families receiving FSO services;
- Provide PST/YST services in accordance with the family's Plan of Care;
- Participate in the Statewide Coordinating Council;
- Develop active partnerships and effective working relationships with all WAA staff;
- Actively partner with the State, Magellan, and regionally-based WAA staff to promote the values of CSoC and the value of wraparound; and
- Participate in the CSoC regional leadership groups, including the Community Team.

§605. Transfer Process

In the event that a child/youth moves from one region to another, the FSO, the referring WAA and the receiving WAA have several responsibilities:

The **referring WAA** is responsible for:

- Notifying the WAA in the region where the child/youth/family will be moving;
- Obtaining signature to release information, such as the current POC and Crisis Plan and other documentation related to the family to the WAA in the region where the child/youth/family will be moving;
- Ensuring that the family has the needed contact information for the new WAA agency;
- Notifying Magellan immediately so a new referral can be sent to the receiving WAA; and
- Removing child/youth from the roster at the appropriate date.

The **receiving WAA** in the region where the child/youth/family is relocating is responsible for the following:

- Obtaining parent/legal guardian signature on a new CSoC Freedom of Choice (FOC);
- Submitting signed FOC to Magellan;
- Reviewing the current POC/crisis plan and updating as needed with participation of members of the CFT;
- Submitting new POC/Crisis Plan to Magellan within 30 days of referral date;

- Assisting the family in the identification of possible members for the new CFT; and
- Ensuring that child/youth is placed on their roster.

The FSO staff in the referring and receiving regions should continue to actively support the child/youth and family through the transition process from one region to another, including transitioning to new Parent Support and/or Youth Support Specialists.

Note: In the event that this transition to a different WAA occurs at the time that a new CANS Comprehensive Assessment and IBHA form are required (i.e. 180 days), the existing WAA will be responsible for completing the CANS Comprehensive Assessment and the IBHA form and submitting them to Magellan and the receiving WAA.

Chapter 7. CSoC Specialized Services

§701. General Description

There are five specialized services that are available to children and families enrolled in CSoC. These services are in addition to other services the family may be receiving. Refer to the Louisiana Behavioral Health Partnership (LBHP) Service Definitions Manual at <http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/ServicesManual-Current.pdf> for a full description of the CSoC Specialized Services. Chapter 1: Services for CSoC Children includes an in-depth description of each service.

§702. Parent Support and Training

This service connects families with people who are caregivers of children with similar challenges. Parent Support staff provide assistance to families and help families develop skills. Parent Support staff also provide information and education to families and help families connect with other community providers.

§703. Youth Support and Training

Young people who have been involved in behavioral health services or other child-serving systems in the past provide support, mentoring, coaching and skill development to children and youth enrolled in CSoC. This service works with the child or youth at home and in community locations and supports the development of new skills and abilities.

§704. Independent Living/Skills Building

This service helps children or youth who need assistance moving into adulthood. Children or youth learn skills that help them in their home and community. Children or youth learn to be successful with work, housing, school and community life.

§705. Short Term Respite

Respite is designed to help meet the needs of the caregiver and the child. The respite provider cares for the child or youth in the child's home or a community setting to give the child/youth and/or the caregiver/guardian a break. Children or youth in CSoC can receive up to 300 hours of respite each year. This service helps to reduce stressful situations. Respite may be planned or provided on an emergency basis.

§706. Crisis Stabilization

This service provides response to crisis situations for a short period of time. It includes intensive resources for the child or youth and his or her family. With this service, the child or youth is placed out of the home for no more than seven (7) days. This service is meant to return the child or youth home after a short stay to prevent a hospital admission.

Chapter 8. Quality Assurance

§801. General Description

Quality assurance (QA) is a set of activities intended to ensure that services meet certain standards and that regulations are fulfilled. This includes intentional attention to continuous quality improvement (CQI) where information is used to support and guide system improvement. These activities focus on improving the CSOC process, improving individuals' and families' clinical/functional outcomes and improving statewide system outcomes. This includes structured training and coaching to assure fidelity to wraparound practice, participation in the Wraparound Fidelity Assessment System (WFAS), as well as data collection to measure outcomes.

For more information about the measures of the WFAS, visit the website of the Wraparound Evaluation and Research Team (WERT), at the University of Washington or at the following link: http://depts.washington.edu/wrapeval/docs/wfas_FAQs_hotlink.pdf.

Information is shared with key partners as part of the CSOC QA process. The CQI and QA monitoring functions and structures are continuously in development and will be refined as part of an ongoing process.

§802. Quality Assurance (QA) Activities

The Office of Behavioral Health and Magellan have Quality Assurance responsibilities. These responsibilities and activities are located in the, "Quality Strategy for the Louisiana Behavioral Healthcare Prepaid Inpatient Healthcare Plan Waiver," which may be accessed at <http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/publications/CSOC/Doucments/LouisianaBHQualityStrategy.pdf>.

§802.1 The Office of Behavioral Health (OBH) Quality Assurance Activities

The Louisiana quality improvement strategy (QIS) is a comprehensive plan incorporating quality assurance monitoring and ongoing quality improvement processes to provide quality behavioral healthcare. The QIS was developed in accordance with the waivers that were submitted to implement CSOC.

The QIS promotes integration and collaboration across state agencies and externally with key stakeholders, including youth and families, advocacy groups, providers and The Centers for Medicaid and Medicare Services (CMS). Specific activities of OBH include:

- ✓ Coordination of monitoring activities including receipt of required reports;
- ✓ Convening monthly Inter-Departmental Monitoring Team (IMT) meetings;
- ✓ Coordination of the annual onsite review of Magellan; and
- ✓ Participating in Magellan QM activities, such as:
 - Performance improvement projects
 - Quality strategy initiatives
 - Provider performance profiling

- Medical record audits
- Special studies

Other QA activities include fidelity outcomes monitoring in partnership with the Wraparound Evaluation and Research Team (WERT) at the University of Washington.

OBH staffs the State Governance Board CSoc Quality Assurance Committee (QAC) who has established Quality Measures in accordance with the QIS. Data is collected as part of routine reporting and submitted to OBH and to the QAC for review. Additional information on the CSoc QAC may be obtained at the CSoc website: <http://www.csoc.la.gov>.

§802.2 Magellan Quality Assurance (QA) Activities (Section to be Revised)

Magellan conducts the following QA activities:

- ✓ Participates in the QM initiatives as described in the “Quality Strategy for the LBHP Healthcare Prepaid Inpatient Healthcare Plan Waiver;”
- ✓ Participates in the required external quality review (to be contracted by DHH/OBH);
- ✓ Develops a comprehensive quality management plan that focuses on (at a minimum) the under- and over-utilization of services, service outcomes and member satisfaction;
- ✓ Has QM processes to assess, measure and improve quality;
- ✓ Identifies performance improvement projects that include:
 - Objective quality indicators;
 - System interventions to achieve quality improvement;
 - Evaluation of the effectiveness of the interventions; and
 - Initiation of activities for increasing or sustaining improvement.
- ✓ Identifies and resolves systems issues consistent with a continuous quality improvement approach;
- ✓ Has a Quality Assurance/Performance Improvement Committee chaired or co-chaired by the Medical Director;
- ✓ Conducts an annual member satisfaction survey;
- ✓ Disseminates findings and improvement actions taken and their effectiveness to OBH, CSoc State Governance Board (SGB), stakeholders, committees, children/youth and families/caregivers, and posts on the SMO's secure website; and meets performance requirements outlined in the SMO contract. The SMO RFP may be accessed at <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1939>.
- ✓ Collects CSoc Quality Measures quarterly from Wraparound Agencies, completes data analysis on program performance and quality improvement; and
- ✓ Meets performance requirements outlined in the SMO/Magellan contract.

NOTE: The CSoc Quality Measures Data Collection Tool is due to Magellan on the 5th business day of each month and should be submitted to Quality Management.

The CSoc Quality Indicators may be accessed at the Magellan of Louisiana website: <http://magellanofnewyork.com/for-providers-la-en/quality-improvement-and-outcomes/csoc-quality-assurance.aspx>.

See Appendices 8, 9, and 10, for Magellan’s Wraparound Agency Monitoring Tools and Guidelines.

§803. Wraparound Fidelity Assessment System (WFAS) (Section to Be Revised)

The Coordinated System of Care is guided by the National Wraparound Initiative’s (NWI) Principles of the Wraparound Process. To ensure fidelity to these principles, the NWI has established a system that includes external reviews of practice and a web-based system for tracking implementation, monitoring fidelity and measuring outcomes at a community and team level. Currently, several fidelity measures are available that can support wraparound implementation as well as research. Together, these measures comprise the *Wraparound Fidelity Assessment System (WFAS)*. The Wraparound Fidelity Index – EZ version will be used to ensure fidelity in the implementation of wraparound.

(Add information about initial evaluation. Link to Bruns report on CSoC Website)

For more information about the measures of the WFAS, please visit the website of the [Wraparound Evaluation and Research Team](#) (WERT), at the University of Washington; or, a summary document is available at http://depts.washington.edu/wrapeval/docs/wfas_FAQs_hotlink.pdf.

Chapter 9. Certification and Training Requirements

§901. General Overview

Each Wraparound Agency (WAA) and the Family Support Organization (FSO) must be certified through the Office of Behavioral Health and contracted with Magellan. Each agency is required to maintain documentation for certification and contracting at their agency. This documentation must be available for audit and quality assurance purposes. In order to maintain current certification, each agency must submit their certification application to the Office of Behavioral Health on a biannual basis.

§902. Training Requirements for WAAs and FSO

The Office of Behavioral Health and Magellan are responsible for identifying and overseeing the training requirements for the WAA and FSO staff in order to ensure fidelity to the system of care and wraparound process. The WAA and FSO Directors, Clinical Directors and all direct care staff are required to complete the required training components in order for the WAA and the FSO to maintain OBH certification.

The Office of Behavioral Health is working with the Wraparound Agencies to develop Louisiana's Introduction to Wraparound Training. This training will include standardized exercises that will be used to help the participants develop their initial skills for serving as wraparound facilitators. Training modules will also be developed for Intermediate Training that will be required for all direct care staff that have been working as a wraparound facilitator for a minimum of 6 months. Timelines for completion of all training activities will also be established.

A key component of sustaining quality services is the specialized training for the Wraparound and Family Support Supervisors using the research based coaching model. This coaching model includes advanced training and evaluation methods for the wraparound process. As part of the coaching curriculum, the WAA supervisor/coach may earn certification as a wraparound coach. Upon completion of the coaching certification the wraparound coach is certified to do the following:

- Explain the wraparound process to support teams and communities to effectively implement high fidelity Wraparound and ensure quality practice with families;
- Provide in-state training on basic Wraparound topics to WAA and FSO staff, families, and other stakeholders;
- Provide support to local teams on advanced wraparound practitioner topics; and
- Use effective wraparound coaching, training, and evaluation methods to ensure fidelity to the model and quality practice with families.

Chapter 10. Frequently Asked Questions (FAQs)

§1001. General Overview FAQs (Section to Be Revised)

1001.01. What is the Louisiana Behavioral Health Partnership?

The Louisiana Behavioral Health Partnership (LBHP) is managed care for Medicaid and non-Medicaid adults and children who require specialized behavioral health services, including those children who are in or at risk for out of home placement under CSoC. The LBHP is managed by Magellan Health Services of Louisiana in collaboration with the Office of Behavioral Health (OBH), Medicaid, Department of Children and Family Services (DCFS), Department of Education (DOE) and the Office of Juvenile Justice (OJJ). The LBHP is designed to serve the needs of individuals who comprise one of the following populations of focus:

1. Children with extensive behavioral health needs either in or at risk of out of home placement;
2. Medicaid-eligible children with medically necessary behavioral health needs;
3. Adults with severe mental illness and/or addictive disorders who are Medicaid eligible; and
4. Non-Medicaid children and adults who have severe mental illness and/or addictive disorders.

The Office of Behavioral Health oversees the Statewide Management Organization (SMO), Magellan Health Services of Louisiana. Magellan manages behavioral health services for Medicaid and Non-Medicaid eligible populations.

1001.02. What is Magellan's role in the LBHP?

Magellan is the Statewide Management Organization (SMO) for the LBHP. In their role as the SMO, Magellan is improving access, quality and efficiency of behavioral health services for children with behavioral health needs and adults with Serious Mental Illness (SMI) and Addictive Disorders. Also, Magellan is responsible for developing and maintaining a qualified provider network to offer a full array of services to meet the needs of people with behavioral health challenges.

1001.03. What is the Coordinated System of Care (CSoC)?

The Coordinated System of Care (CSoC) is one component of the Louisiana Behavioral Health Partnership. CSoC is a collaborative effort between the Department of Health and Hospitals, Department of Children and Family Services, Department of Education, the Office of Juvenile Justice, the Governor's Office, families, young people and advocates to meet the complex needs of Louisiana's children and youth with significant behavioral health challenges or co-occurring disorders that are in or at risk of out of home placement. CSoC is an evidence informed approach that is part of a national movement to develop family and youth-driven care to keep children at home, in school, and out of the child welfare and juvenile justice systems.

1001.04. What are Magellan's roles and responsibilities in CSoC?

Magellan is responsible for managing the behavioral health services for children that are referred to CSoC. Their responsibilities include, but are not limited to:

- Serve as the single point of entry for all referrals to CSoC; conduct initial screenings, including the CANS Brief, to determine presumptive eligibility;
- Refer families with children/youth that scored positive on the CANS Brief to the WAA, FSO and the CP to complete the CANS Comprehensive and the IBHA to determine if they are eligible for CSoC;

- Review required assessments to determine eligibility and authorize behavioral health services;
- Refer children/families that do not meet CSoC eligibility requirements to other services providers;
- Develop a statewide network of behavioral services providers, including the 5 specialized services for children/families enrolled in CSoC; and
- Collect, maintain and report on required data elements.

1001.05. Where can I obtain additional information about Magellan and their role in CSoC?

Additional information about Magellan may be obtained at their website:
<http://www.magellanoflouisiana.com>.

1001.06. Is CSoC available to children/youth that live in all regions of Louisiana?

CSoC became statewide on November 22, 2014. The following is a list of regions

- **Region 1:** Jefferson, Orleans (includes schools in the Recovery School District), Plaquemines, and St. Bernard (Note: Orleans, Plaquemines and St. Bernard were approved by CMS for Region 1 on 7-19-13).
- **Region 2:** Ascension (Approved for Addition to Region 2 by CMS on 9-24-13), East Baton Rouge (includes Zachary, City of Baker and Central Community school systems) East Feliciana, Iberville, Pointe Coupee, West Baton Rouge parishes.
- **Region 3:** Livingston, St. Helena, St. Tammany, Tangipahoa and Washington parishes.
- **Region 4:** Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, and Terrebonne parishes.
- **Region 5:** Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion parishes.
- **Region 6:** Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis parishes.
- **Region 7:** Avoyelles, Catahoula, Concordia, Grant, LaSalle, Vernon, Rapides and Winn parishes.
- **Region 8:** Bienville, Bossier, Caddo, Claiborne, Desoto, Jackson, Natchitoches, Red River Sabine, and Webster parishes.
- **Region 9:** East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita (includes the City of Monroe School System) Richland, Tensas, Union and West Carroll parishes.

1001.07. How many children will be enrolled in CSoC?

At full implementation, CSoC will serve 2400 children throughout the state.

1001.08. What is considered an Out of Home Placement?

Out of home placements include:

• Psychiatric Hospitals	• Foster Care
• Psychiatric Residential Treatment Facilities	• Therapeutic Foster Care
• Therapeutic Group Home	• Development Disabilities Facilities
• Non-Medical Group Home	• Alternative Schools
• Addiction Facilities	• Secure Care Facilities
• Detention	• Homeless (As identified by the Department of Education)

§1002. Eligibility Requirements FAQs

1002.01. What are the eligibility requirements for CSoC?

The eligibility requirements for CSoC are listed in §201.

1002.02. How is eligibility for CSoC determined?

Eligibility for CSoC is determined through the Child and Adolescent Needs and Strengths (CANS) Comprehensive Multisystem Assessment and the Individual Behavioral Health Assessment (IBHA). A complete description of the eligibility determination process is found in this document in Chapter 2: "Eligibility" and Chapter 4: "Assessment."

1002.03. What is the referral process to determine if a child/youth is eligible for CSoC?

Magellan is the single point of entry for all referrals for CSoC. Call Magellan at 1-800-424-4399 to make a referral.

1002.04. Will we have an answer on whether the child is CSoC eligible or not during the initial phone call?

During the initial phone call, the Care Manager will conduct a CANS Brief to see if the child/youth may qualify for CSoC. If the CANS Brief is positive, the Magellan Care Manager will let the caller know that the child/youth scored positive on the screen and will be referred for further evaluation. Final confirmation of clinical eligibility is made by Magellan, based on the CANS Comprehensive and the completion of the IBHA form.

1002.05. What services are available to children/youth and families that are eligible for CSoC that are not available to other children/youth and families?

All children/youth and families enrolled in CSoC receive wraparound planning through the regional Wraparound Agency. Wraparound is a care planning process that brings people together from different parts of the family's life to help them achieve their vision.

In addition to wraparound, the following specialized services are available to eligible children and families based on their individual needs and preferences. A complete description of each of these services is found in the LBHP Service Definitions Manual on the DHH website,

<http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/ServicesManual-Current.pdf>

- a. Parent Support and Training
- b. Youth Support and Training
- c. Independent Living/Skills Building
- d. Short Term Respite
- e. Crisis Stabilization

§1003. Wraparound Agency (WAA) FAQs

1003.01. What is the Wraparound Agency (WAA)?

The WAA is responsible for ensuring that each CSoC eligible child/youth and family receives wraparound planning in accordance with the Office of Behavioral Health service definitions. There is one Wraparound Agency in each of the implementing regions.

1003.02. What are the roles and responsibilities of the WAA?

Responsibilities of the WAA include, but are not limited to the following:

- a. Accepting the initial written referral from Magellan;
- b. Conducting initial outreach to the family;
- c. Obtain parent/legal guardian's approval for services through the CSoC Freedom of Choice (FOC) form.
 - i) A copy of the current CSoC FOC is available at the Magellan website:
<http://www.magellanoflouisiana.com/for-providers-la-en/forms.aspx>;
- d. Ensure that the CANS Comprehensive and the IBHA form are completed and submitted to Magellan online and via fax within the established timelines from the receipt of referral;
- e. Coordinate on-site visits with families and collaborate with FSOL staff to provide information to the family on the services available through the FSO;
- f. Provide information on services available through CSoC to each child/family that is referred for services by Magellan;
- g. Ensure implementation of the wraparound process and the development of the Plan of Care (POC);
- h. Maintain current certification through the Office of Behavioral Health;
- i. Maintain contract with Magellan;
- j. Complete work functions as identified by Magellan;
- k. Identify essential services and gaps in essential services in the region to support network development that allows the services needs of the children/youth and families to be met;
- l. Provide outreach and education in the community to support CSoC; and
- m. Support the development of the Community Team and participate in meetings.

§1004. Family Support Organization (FSO) FAQs

1004.01. What is the Family Support Organization (FSO)?

The Family Support Organization (FSO) provides support, education and advocacy for children/youth with significant emotional and behavioral health challenges and their families. This support is provided by family members and youth that have similar life experiences. Support for and by family members within the system of care is a core strategy for improving children's behavioral health.

1004.02. What are the roles and responsibilities of the FSO?

The FSO is responsible for ensuring that each child/family enrolled in CSoC has access to support and assistance through the CSoC process. Family members that have gone through similar experiences in their own family with children/youth with challenging behaviors are available to assist the family in various areas such as providing information and education, assisting families to connect with other community providers, helping families develop their skills to support their child/youth, and understanding their rights as parents/legal

guardians and the rights of their child/youth throughout CSoC and the wraparound process. This service is called Parent Support and Training.

For the child/youth, Youth Support and Training services are available to support the child/youth's engagement in the wraparound process and reinforcement of skills learned through the implementation of the Plan of Care. The Youth Support Specialist providing this service is an individual that has gone through similar experiences and now supports other children/youth in the process.

1004.03. When is the FSO notified of a referral?

Magellan provides the FSO with the child and family's name/contact information at the same time a written referral is made to the WAA and the Certified Provider.

1004.04. How is the family informed of services available through the FSO?

The WAA and the FSO collaborate to inform the family of the services that are available through the FSO. Information on the available services may be provided in several ways, depending on the arrangements made between the WAA and FSO.

1004.05. When can the FSO begin serving a youth/family?

Once a child/youth is determined to meet clinical criteria for CSoC, they enter into a period of Presumptive Eligibility. Therefore, the FSO is authorized to begin serving a youth/family upon receipt of the referral from Magellan. The FSO's initial authorization is for 30 days, which will allow the FSO staff an opportunity to help the youth/family understand the wraparound process, begin to build relationships with the family, and help identify needs which can be shared and supported during the wraparound process. If the youth/family does not decide to enroll in wraparound (i.e., does not sign the CSoC Freedom of Choice form), the FSO authorization will expire on day 30, and the FSO will no longer be authorized to serve the youth and family.

§1005. Child and Adolescent Needs and Strengths (CANS) FAQs

1005.01. What is the Child and Adolescent Needs and Strengths (CANS) Comprehensive Multisystem Assessment?

The CANS is a comprehensive tool that identifies strengths and needs of youth and families. It specifies the goals for medical, social, educational and other services. The scores on the CANS Comprehensive are used to determine clinical eligibility for the child/youth.

1005.02. What are the requirements for administering the CANS in Louisiana?

Each WAA is responsible for ensuring that the CANS Comprehensive is completed on each child/youth that is referred to their agency within the established timelines.

The professional requirements for individuals administering the CANS in Louisiana are found in Section §403.

~~1005.03. If the WAA does not have sufficient staff to complete the CANS within the 10 days, what options are available for obtaining assistance from Certified Providers?~~

~~The WAA should notify Magellan as soon as possible if they need assistance in completing the CANS within the 10 day timeline. Magellan will contact a CP in the network and in their region.~~

1005.04. What is a Certified Provider (CP)?

A Certified Provider (CP) is an individual that has a contract with or works for an agency that has a contract with Magellan and possesses the professional qualifications and certification required for administering the CANS Comprehensive.

1005.05. Who is responsible for training and certifying Certified Providers (CP)?

Magellan is responsible for training and certifying CPs.

1005.06. Who is responsible for paying the Certified Providers?

Magellan will make a referral to Certified Providers (CP) in the Network. Therefore, the CP will bill Magellan for their services. If the WAA elects to contract directly with CPs to assist in conducting the CANS, the WAA is responsible for payment to the CP.

1005.07. What is the status of the Licensed Professional Counselors (LPC) administering the CANS?

LPCs may serve as Certified Providers as long as they are in compliance with their scope of practice. Questions should be referred to the LPC Licensing Board.

1005.08. What are the timelines for completing and submitting the Comprehensive CANS and the IBHA form?

The WAA is responsible for ensuring the CANS Comprehensive and the IBHA are submitted online and via fax to Magellan within the established timelines from the date of the referral to the WAA.

1005.09. Is it possible to extend the timelines to 30 days?

No. The 10 day timeline has been established for several reasons:

- It ensures that confirmation of eligibility is secured and that neither the family nor the WAA staff is investing time/resources for those who may not be eligible for CSoc;
- The CANS Comprehensive and IBHA provide valuable and necessary information to develop the initial Plan of Care; and
- A WAA may only be reimbursed for a maximum of 10 calendar days in any given 30 day episode of care without the signed FOC.
- If the FOC is signed after the 10th calendar day, but still within the 30 day presumptive eligibility period the assessment must be completed to confirm eligibility. Once eligibility is confirmed, payment will resume.

See Appendix 11 for the Coordinated System of Care Payment guidance for additional information.

1005.10. Since the CANS is for ages 5 and up, what instrument is used for children under 4 years of age?

The CANS comprehensive is being used for all youth, ages 0 – 21, that are referred to CSoc.

§1006. Agency Specific FAQs

§1006.1 Department of Children and Family Services (DCFS) FAQs

1006.101. If a child is in the custody of DCFS, are they still eligible to receive services through CSoC?

Yes, as long as the child meets the eligibility criteria for CSoC.

1006.102. Who is responsible for making a referral to Magellan for children in the custody of DCFS?

Either the DCFS caseworker or the supervisor will make the referral.

1006.103. Who is able to sign the Freedom of Choice to enroll in CSoC?

If DCFS is the legal custodian of a child/youth, then DCFS will act as the legal signatory of the FOC. The caseworker will sign the FOC.

1006.104. If the child is in foster care, do the foster parents have to agree to participate in CSoC? What happens if the foster parents do not want to participate in the CFT?

It is expected, but not mandated, that foster parents will participate in CSoC. Just as the child's biological family has the right to participate or not participate, the foster parents have the same right. When a foster parent expresses that they do not desire to participate in CSoC, the WF and the caseworker have a responsibility to work together to explain and discuss the benefits of CSoC enrollment and support to the foster parent.

1006.105. If a child is living in a therapeutic group home, are they eligible to enroll in CSoC?

Yes

1006.106. If a child in DCFS custody is currently receiving services in a psychiatric hospital or PRTF, what are the timelines for making a referral for CSoC?

A child/youth in the custody of DCFS, who is in a psychiatric hospital or PRTF, can be referred for CSoC no more than 60 days in advance of the anticipated date of discharge.

1006.107. What is the role/responsibility for DCFS staff on the Child and Family Team?

DCFS caseworkers and supervisors are expected to be active members of the CFT, contribute to discussions and support the implementation of the Plan of Care.

§1006.2 Department of Education (DOE)/Local School Systems (LEAs) FAQs

Parent Permission

1006.201. Who should make the referral to Magellan?

The referral to Magellan may be made by anyone in the school that has knowledge of the student's behavioral challenges and believes they may benefit from enrollment in CSoC. The family must be a part of the referral to Magellan.

1006.202. Does a school or school district employee need to obtain parent permission prior to referring a student to CSoC? If so, is there a specific form the parent must sign?

Yes. The school district must obtain parent permission in accordance with district policy prior to referring a student to CSoC. Usually a school district has a parental permission form that can be used or/modified.

1006.203. What kind of parent permission do you need to make a referral to Magellan (written, release of information, verbal)?

Parental permission requirements should be in accordance with the District's policy.

1006.204. Who else can represent the child's rights?

Only a parent or legal guardian can represent the child's rights.

Eligibility Requirements

1006.206. Which students should be referred to CSoC?

Schools should refer any students with significant behavior challenges that may meet the eligibility criteria in Appendix 1.

1006.207. Is CSoC only for students in special education because of behavior concerns?

No. Any student that has significant behavioral challenges and meets the other requirements should be referred to determine eligibility for services.

1006.208. Does it matter what the student's exceptionality is to receive services?

No it does not matter what the exceptionality is on the IEP. It is the IEP itself that authorizes the behavioral health service through the LBHP, not the exceptionality or classification of the student.

1006.209. If a student has an IEP and the student is not at risk for removal from the home, can the school district claim reimbursement for the IEP counseling services in the school?

Yes, if behavioral health services are provided in accordance with a student's IEP, and the child is Medicaid eligible, the school may request reimbursement. In addition, the IEP must specifically reference the provider type, (i.e. social worker, school counselor, licensed professional counselor, school psychologist) when a service is listed on the IEP.

§1006.3 Department of Health and Hospitals (DHH) – Medicaid FAQs

1006.31. Who is responsible for determining if the child or adolescent is eligible for Medicaid?

Magellan is responsible for determining clinical eligibility, and DHH Medicaid program staff determine financial eligibility based on information provided in the individual's Medicaid application.

1006.32. Who makes the determination that the child/adolescent is eligible for behavioral health services under the 1915 (b) or 1915(c) waiver?

Magellan determines clinical eligibility based on information provided in the CANS Comprehensive and IBHA form that are completed by a contracted and Licensed Mental Health Practitioner (LMHP).

1006.33. What happens if a WAA is not in compliance with requirement to have at least 1 of the 5 specialized services at least 1 time per month for CSOC eligible children/families?

All children/youth enrolled in CSOC are required to receive at least one of the five specialized services a minimum of one time per month.

OBH and Medicaid will be reviewing Magellan's utilization data reports on an ongoing basis, and if/when reports indicate that a significant percentage (benchmarks have not yet been established) of the youth enrolled in CSOC are not receiving one of the 5 waiver services each month this serves as an alert to the fact that there is a problem that must be investigated/analyzed and then addressed.

§1006.4 Department of Health and Hospitals (DHH) – Office of Behavioral Health FAQs

1006.41. What is the difference between the services provided through CSOC and the services provided through a Human Services District (HSD)/Local Governing Entity (LGE)?

Human Services Districts/Local Governing Entities are enrolled with Magellan as providers. In addition to Medicaid funded services, LGEs provide safety net services for uninsured US citizens.

1006.42. If a child/family has been receiving services through an LGE, who is responsible for making a referral to CSOC?

Services provided by an LGE must be authorized by Magellan in the same manner that other providers' services must be authorized. Staff of the LGE or anyone else with parental consent can make a referral to CSOC.

§1006.5 Office of Juvenile Justice (OJJ) FAQs

1006.51. If a child/adolescent has been placed in a secure care facility by the courts, are they still eligible to receive services through CSoC?

No. A youth in a secure care facility cannot receive CSoC services, because the youth's Medicaid stops once he/she is placed in a secure care facility. Medicaid policies and procedures dictate that "a state is not allowed to draw down matching Medicaid funds for services delivered to youth while inmates in publicly funded institutions."

1006.52. What are the timelines for making a referral for CSoC when a child/adolescent is living in a secure care facility?

OJJ may refer a youth in secure care to CSoC, prior to the youth being released. Referral/screening can be done, written referral to the WAA, and FOC signed with the family so that the CANS Comprehensive assessment can be completed upon release and re-establishment of Medicaid eligibility. However, at this time the understanding, according to Medicaid, is that payment cannot be made to the WAA while this youth is in a secure care facility.

1006.53. Who is responsible for making a referral when a child/adolescent is in an OJJ facility?

OJJ considers this to be the joint obligation of the residential provider and the PO/OJJ to ensure that appropriate referrals are made to community service providers on behalf of the youth. There should be an open and continuous dialogue between the provider and the PO/OJJ as to what services would best address the youth's needs, and in turn both should share in linking this youth to those identified services.

1006.54. Who is responsible for signing the CSoC FOC for a child/adolescent in an OJJ facility? What about a child/adolescent in a non-secure facility?

If the parental rights of the parent(s) or guardian(s) of a youth in the custody of OJJ have not been terminated, the parent(s) or guardian(s) is/are responsible for the signing of the FOC for a youth in a non-secure facility.

Contact Information (Revise as Needed)

	State Contact	Magellan Contact
State Director	Connie Goodson CSoC State Director for OBH 225.342.5236 Connie.Goodson@la.gov	Foley Nash Magellan Children’s System Administrator 225.367.3006 FLNash@magellanhealth.com
Family Lead	Sheila Jordan Family Lead 225.342.0330 Sheila.Jordan2@la.gov	
Office of Behavioral Health	Lisa Longfellow OBH Liaison 225.342.4992 Lisa.Longfellow@la.gov	
Department of Children and Family Services	Yvonne Diaz Domingue DCSF Liaison 225.342.4351 Yvonne.Domingue@la.gov	Jennifer Jantz DCFS Liaison 225.367.3008 injantz@magellanhealth.com
Department of Education/Schools	Janice Zube DOE Liaison 25.342.4373 Janice.Zube2@la.gov	Donna Nola-Ganey DOE Liaison 225.367.3014 or 225.456.0142 Dnolaganey@magellanhealth.com
Office of Juvenile Justice	Yolonda Latimer OJJ Liaison 225.342.4358 Yolonda.Latimer@la.gov	Janel Dugas OJJ Liaison 225.367.3015 jdugas@magellanhealth.com
CSoC Program Manager	Pamela Honore 225.342.8605 Pamela.Honore@la.gov	
CSoC Senior Manager		Donna Herren CSoC Senior Manager 22.367.3011 DLHerren@magellanhealth.com
CSoC Operations (POC Revisions, etc.)		Brandi Johnston Clinical Services Manager 318.524.8806 BdJohnston@magellanhealth.com

General Referral Process		<p>Tambria Hunt Wraparound Coordinator (Regions 7, 8, 9) 318.524.8815 thunt@magellanhealth.com</p> <p>Kolletta Lee Wraparound Coordinator (Regions 1,2) 225.367.3022 kdlee@magellanhealth.com</p>
CSoC Coordinator		<p>Alicia Blades CSoC Coordinator 225.367.3016 Ablades@magellanhealth.com</p> <p>Katherine Poulin CSoC Coordinator 225.367.3019 Kpoulin@magellanhealth.com</p>
Medicaid Application	1-888.342.6207 or http://new.dhh.louisiana.gov/index.cfm/page/220/n/20	



Who Might the Coordinated System of Care (CSoC) be Right For?

A child/youth eligible for CSoC will meet the following criteria:

1. Twenty-one (21) years old or younger
2. Has a DSM Axis I diagnosis or is exhibiting behaviors indicating that a diagnosis may exist (Magellan will refer for a comprehensive assessment in order to make an eligibility determination).
3. Meets clinical eligibility for CSoC as determined by the Child, Adolescent Needs and Strengths (CANS) scale which assesses the following areas:
 - a. Behavioral/Emotional Diagnosis or Behaviors, e.g. impulsiveness, anxiety, depression, history of trauma, oppositional behavior, etc.
 - b. Risky Behaviors, e.g. self-harming behaviors, aggression, fire setting, threats of harm to others, etc.
 - c. Difficulty functioning in various settings including family, home, school or community.
 - d. Caregiver need for assistance with supervision, understanding behavioral health needs, linking to appropriate supports and services, their own behavioral health needs, etc.
4. Currently in an out of home placement (OOH), or at imminent risk of OOH placement in these settings:

• Psychiatric Hospital	• Foster Care
• Psychiatric Residential Treatment Facility	• Therapeutic Foster Care
• Therapeutic Group Home	• Developmental Disabilities Facilities
• Non-medical Group Home	• Alternative School for Behavior
• Residential Addiction Facility	• Secure Care Facility
• Detention	• Homeless (As identified by the Department of Education)

5. Generally involved with multiple state agencies.
6. Identified family or adult resource that is or will be responsible for the care of the child/youth that is willing to engage in wraparound.
7. Eligible for Medicaid or deemed eligible for Medicaid based on clinical need. (Certain children/youth not typically eligible for Medicaid may be eligible based on clinical need.)

Other Considerations:

- If a youth is in the custody of the Office of Juvenile Justice (OJJ), referral to CSoC will be made when the anticipated discharge is known and is within 90 days (for youth in a non-secure residential setting) or 30 days (for youth in a secure care center).
 - If a child is in the custody of the Department of Children & Family Services (DCFS), referral to CSoC will be made when transition date from a restrictive environment is known and is within 60 days.
 - A child/youth currently receiving Multi-Systemic Therapy (MST) cannot concurrently be enrolled in CSoC.
- NOTE:** As of 2-20-14, a child/youth may be concurrently enrolled in CSoC and FFT.

The Coordinated System of Care (CSoC) has been available Statewide in Louisiana since November 2014, and anyone can refer a child/youth for eligibility determination.

Contact Magellan at 1-800-424-4399

Revised June 2, 2015 (This revision replaces all prior version)

Department of Children and Family Services (DCFS) Referral Process

(May Be Revised As Needed)

How to Make Referrals to LBHP

1) Medicaid Eligible Clients:

Once the BH1 or BH2 indicates the need for referral, clients can be linked to the appropriate services. There are two ways to link Medicaid eligible individuals to services:

- **Direct Referral** – This process can be utilized for any behavioral health service. This type of referral is secured through direct contact with a Magellan provider. When contact is made to the provider, staff shall inform the provider of the reason for the referral and that the client is Medicaid eligible. Staff shall follow up the call to the provider with an entry into Clinical Advisor (CA). In CA, staff will enter demographic information and the reason for the referral (i.e. outpatient therapy, assessment, IHBS, etc.). There is no TIPS entry necessary with a Medicaid eligible client referral. The CA entry links the referral to DCFS for tracking.

Note: Referrals to IHBS shall be made in the child’s name in order to be covered by Medicaid. In addition, a child cannot be enrolled in CSoC and MST at the same time.

- **Call to Magellan Member Services** – If a referral is made for CSoC eligibility or if the DCFS worker does not know what services a client may need, a call to the **Magellan Member Services call center at 1-800-424-4399** is warranted. Prior to calling Magellan to make a CSoC referral, staff must enter CA and endorse CSoC on the DCFS Recommended Services page. It is critical in any referral that DCFS staff presents all necessary clinical information on the case so an effective referral can be made. If Behavioral Health services are identified as necessary in this call, the Care Manager will give DCFS staff the names and phone numbers of providers and DCFS is responsible for setting up an appointment for the client with an approved provider. After the provider is contacted, staff will enter demographic information and the reason for the referral (i.e. outpatient therapy, 90801 assessment, IHBS, etc.) into CA. No TIPS entries are necessary with a Medicaid eligible client referral.

2) Non Medicaid Clients:

Children not eligible for Medicaid will be provided with behavioral health services as needed either through the LBHP or outside of the system (as budget allows).

Office of Juvenile Justice Referral Process (May Be Revised As Needed)

Referral from an OJJ Probation Officer (PO):

1. The PO's referral information includes: reason for referral, demographic information and referral date documented in Clinical Advisor (CA) and if available, any clinical information the PO may have on the child. Magellan Care Manager (CM) will initiate the process of authorizing a child for services only upon OJJ PO entering a referral into Clinical Advisor. In the event of an emergency, OJJ may also directly refer to a NMG (basic group home sub-type) for up to 30 days without an authorization from Magellan.
2. OJJ's PO may call the provider directly with the referral (who would then call Magellan for authorization, if needed) or the PO may call Magellan to discuss and/or inform the Care Manager of referral. If the PO calls the provider directly, then see "Referral from a Provider" below for more details.
3. When the PO calls Magellan, the PO asks the Member Service Representative (MSR) to connect them to an available Magellan's OJJ-designated Care Manager (CM).
4. The PO explains if the referral is for a "needs assessment," "placement" or other reason. Magellan is required to administer a CANS brief screen for all children to see if they may qualify for CSoC. (Note: The CANS Brief screen is utilized to assist in determining CSoC eligibility and is not used for the purpose of determining level of care placement or regarding specific services). If the CANS Brief screen has not been done for the child, the CM will administer it unless the family /OJJ is not interested in CSoC services. If CSoC services are not wanted, then the CANS Brief screen will not be done. If CSoC is desired, then the CM will administer it with the PO if the PO has the appropriate information. If the PO does not have sufficient information, the CM will determine from the PO who would be the most appropriate person to contact. If the CANS Brief screen is positive, CM will make concurrent referrals to a CP (to determine CSoC eligibility), a WAA and a FSO to collaboratively develop a POC with the child and identified supports.
 - a. A **needs assessment** refers to a request for Magellan's assistance in knowing what services or what type of provider will be in the best interest of the child. *The PO does not need to call for all referrals; only if Magellan assistance is needed.* Most often Magellan would then refer to an LMHP to do a 90805 to determine treatment needs. Based on information from the PO and the needs of the child, the CM may refer to a psychiatrist, psychologist, social worker or other professional. Names and phone numbers of appropriate providers will be given to the PO, who may call to set up an appointment. An authorization number is provided to the provider, not to OJJ or the member.
 - b. A **placement** request is when the PO wants Magellan's help in locating a bed or provider. In this situation, if the PO has enough information to believe a certain LOC is warranted, the Magellan CM will do a service authorization review to determine medical necessity with the PO to make sure it meets service authorization criteria for the level of care being requested. If it does, the CM will assist the PO in locating the desired provider. CM will document this information into the Magellan's clinical documentation system in the event another CM takes a call from the receiving provider. An authorization determination is made with the PO so it is known if a referral to that level of care is warranted (this avoids a referral and then a denial). If the PO does not have sufficient clinical information to make an authorization decision, then a referral to a provider may be made in order to get the necessary clinical information.

5. As a reminder, the PO does not need to call Magellan in the following situations:
 - a. The PO has a specific provider he/she would like to refer the child or adult to. The provider then would call Magellan for authorization, if needed;
 - b. For placement at a NMGH;
 - c. A referral to a psychiatrist for medication management; and,
 - d. A referral for Psychological Testing (Psychologists complete and fax a Request for Psychological Testing Form to Magellan)

Referral from a Provider:

1. If a provider contacts Magellan directly requesting authorization, Magellan will confirm if the child is Medicaid or non-Medicaid.
 - a. If the child is non-Medicaid, Magellan CM will look in Clinical Advisor (CA) to see if there is a referral from OJJ. If there is a referral, the CM will perform a service authorization criteria review and authorizes care if criteria are met. If there is a change in the child's clinical status, Magellan will communicate that information to the OJJ PO listed in CA. If there is not a referral in CA, the CM will confer with the designated OJJ contact staff member to determine if OJJ will refer the child to the requested service.
 - b. If the child is Medicaid, then Magellan will perform a service authorization criteria review and authorize care if criteria are met. If there is a change in a child's clinical status, Magellan will communicate that information to the OJJ PO listed in the referral or to the designated OJJ contact staff member if there is no referral. OJJ then may follow up with the provider regarding the treatment plan.
2. For inpatient emergency admissions, if the child is Medicaid, Magellan will follow standard procedures for authorizing services based on meeting service authorization criteria. For non-Medicaid children, Magellan looks in CA to see if OJJ has custody. If yes, then Magellan does a review and authorizes according to the service authorization criteria. If not, Magellan will inform the ER/hospital that it will track the admission and discharge, but is not able to authorize service. Magellan will inform OJJ of any hospital admissions.
3. For outpatient services, if the child has Medicaid, Magellan will authorize access up to 24 outpatient psychotherapy sessions and 12 medication management sessions. For non-Medicaid children, there must be a referral in Clinical Advisor. If there is a referral, Magellan CM will authorize access up to a total of 24 outpatient psychotherapy and/or 12 medication management sessions. Additional sessions require prior authorization. Without a referral, the provider will not be reimbursed for services.

Referral from a Child/Youth or Family Member (Legal Guardian):

1. If a child/youth or family member contacts Magellan seeking services, Magellan will confirm if the child is Medicaid or non-Medicaid.
 - a. If the child is non-Medicaid, Magellan will look in CA to see if there is a referral from OJJ. If there is a referral, the CM will conduct a service authorization criteria review and authorize services if criteria are met. If there is not a referral in CA, the CM will confer with OJJ to determine if OJJ will refer the child.
 - b. If the child is Medicaid, Magellan will follow standard referral procedures. If there is a change in a child's clinical status, Magellan will communicate that information to the OJJ PO listed in the referral or to the OJJ Statewide liaison if there is no referral. OJJ then may follow up with the provider regarding the treatment plan. (Revised 3/4/14)

Department of Education (DOE) / Local Education Agencies (LEAs) Referral Process

Referrals by Schools to the Coordinated System of Care (CSoC)

Eligibility Criteria:

“Who Might the Coordinated System of Care (CSoC) be Right For?” (See **APPENDIX 1** of this document.)

Who should be referred?

Students enrolled in general or special education classes that have significant behavior problems **and** have one or more of the following:

1. Are continually being removed from or at-risk of being removed from the regular class setting due to significant behavior issues and are sent to in-school or out-of-school suspension;
2. Are at-risk of being removed from or have been removed from their home school setting due to behavior issues/substance use issues and are placed in an alternative school/program;
3. Are involved with multiple state agencies;
4. Are identified as Tier 3 students in the PBIS schools;
5. Are receiving behavioral health services through a current IEP, regardless of exceptionality/ies; and/or
6. Are identified as ‘homeless’ under the definition of the DOE.

Information Needed when Making a Referral

1. Obtain parental consent in accordance with the district’s policy
2. Have the following information on the student ready:
 - a. Correct spelling of first/last name
 - b. Birthdate
 - c. Gender/Race
 - d. Medicaid #, if available
 - e. Medical/Psychiatric Diagnosis, if appropriate
 - f. If the student has a current IEP, the student’s exceptionality/ies and behavioral health services are on the IEP;
 - g. Parent/Guardian name
 - h. Home address
 - i. Telephone numbers (home, work, &/or cell)
 - j. Other state agencies involved in student’s life (court system or foster care)
 - k. Student’s current living setting such as family home, other family members, foster home, group home, etc.

Referral Steps

1. Call Magellan 1-800-424-4399.
2. First Contact will be with Member Service Representative (MSR) and will take approximately 5-10 minutes.
3. Say that you are from a school and you are seeking additional behavioral health services which might include CSoC.
4. MSR will need the following:
 - a. Basic identifying/demographic information listed under “Information Needed.”
 - b. Responses to 3 questions:
 - i. Is the student suicidal? Is the student threatening to hurt himself?
 - ii. Is the student threatening to hurt his family, friends, others?
 - iii. Is the student breaking rules in the home, school or is involved in the court system?

5. MSR will forward caller to Care Manager and caller will be placed in the clinical queue. (if answer is “yes” to any of the three questions above)

The average speed of answer for the clinical queue is approximately one to two minutes; however, depending on the volume of calls, wait times may be longer (especially during peak call time).
6. Magellan does not have a voicemail option once the call is placed into the call queue. You will remain on the line until the call is either answered by a care manager or you hang up.
7. The option of going back into the queue is available for callers, who for whatever reason, did not connect to a care manager upon begin transferred by the MSR. When calling back 1-800-424-4399, ask to be placed back in the call queue. (Be sure to advise the MSR that you already have a case in the queue.) The MSR will locate the prior transaction to confirm that a case was built and will transfer you to the appropriate queue.
8. Care Manager will verify information given to MSR and will ask questions about the following:

<ol style="list-style-type: none"> a. Crisis Intervention <ol style="list-style-type: none"> i. Is the student suicidal? ii. Is the student threatening physical harm to others? b. Relationships with Family <ol style="list-style-type: none"> i. History of problems with family ii. History of running away iii. Discipline issues at home c. Relationships at School <ol style="list-style-type: none"> i. Problems making/keeping friends ii. Current peer group iii. Bullies others or is the target of bullies d. Emotional <ol style="list-style-type: none"> i. Easy to anger/frequent anger outbursts ii. Depression/withdrawal from family, peers, and/or others iii. Fighting at home, school, and/or community iv. Anxious, easily upset e. Sexual issues <ol style="list-style-type: none"> i. History sexual abuse ii. Sexual acting out iii. Pregnancies f. Medical History <ol style="list-style-type: none"> i. Physical health diagnosis/concerns ii. Behavioral health diagnosis 	<ol style="list-style-type: none"> iii. Substance Abuse g. School History <ol style="list-style-type: none"> i. School truancy ii. School delinquency iii. Suspensions/expulsions due to behavior problems iv. Poor academic performance or history of learning problems h. Legal issues <ol style="list-style-type: none"> i. History of legal problems such as stealing, reckless driving, substance abuse, etc. ii. Probation or placement in detention center
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Notice of Action: Denials/Appeals
(May Be Updated As Needed)

Suite 500
10000 Perkins Rowe
Baton Rouge, LA 70810



(Date)

(Member Name)
(Member Address)
(State, City, Zip)

- English This letter has important information. Interpreter services are provided free of charge. For help to translate or understand this letter, please call (800) 424-4399; TTY/TDD: (800) 424-4416.
- Spanish Esta carta tiene información importante. Se ofrecen servicios de interpretación gratuitos. Si necesita ayuda para traducir o entender este carta, por favor llame al teléfono (800) 424-4399; TTY/TDD: (800) 424-4416.
- Vietnamese Thư này có thông tin quan trọng. Dịch vụ thông dịch được cung cấp miễn phí. Để được giúp biên dịch hoặc hiểu thư này, vui lòng gọi số (800) 424-4399; TTY/TDD: (800) 424-4416.

Notice of Action – Administrative Denial

Member:
Date of Birth:
ID#:
Provider:

Date of Request:
Date of Decision:

Dear (Member Name):

Magellan Behavioral Health, Inc. (Magellan)* reviews mental health and/or substance abuse treatment for the Louisiana Behavioral Health Partnership (Medicaid).

We have denied the services you or your provider requested:

Services Requested: Participation in the 1915 (c) Louisiana Medicaid waiver program which allows for access to expanded behavioral health services.

*Magellan Behavioral Health, Inc. is a subsidiary of Magellan Health Services, Inc.

Reason(s) for Denial: You did not meet the minimum scores required on the Child and Adolescent Needs and Strengths Level of Care Decision Model. This request was reviewed by a licensed mental health professional. This denial was based on the assessment information submitted to Magellan by your certified provider. You or your provider have the right to talk to our reviewer about the decision.

This denial was based on the terms of your benefits. You may request a copy of the guideline used to make this decision by calling us at (800) 424-4399; TTY/TDD: (800) 424-4416.

You may still be eligible for many other services. Please call us at (800) 424-4399; TTY/TDD: (800) 424-4416 so we may help you in finding the right services for you. We are not making a treatment decision. We are making a decision based on your Medicaid behavioral health coverage.

If you do not agree with our decision or are not happy with how we served you, you have the right to appeal or grieve. The process is explained in the Appeal and Grievance Process documents enclosed with this letter. **If you want to appeal you must file an appeal within 30 calendar days from the date of this letter.**

Please let us know if you need help understanding this letter. Call us at (800) 424-4399; TTY/TDD: (800) 424-4416.

Sincerely,

Care Management Department
Magellan Behavioral Health, Inc.

cc:
(Provider)
(Facility)

enclosure:
Appeal Process
Grievance Process
Appeal Request Form

LA Notice of Action - Admin Denial
Imp. Date; Rev. 08-11-2013

Appeal Process For Initial Denials

If you do not agree with our decision, you have the right to file an appeal. You have the right to ask for an appeal of a:

- Denial of a service your provider asked for.
- Decrease in a service.
- Termination of a service.
- Denial of payment for a service.
- Failure to provide services fast enough.
- Failure to act within time limits to solve an appeal or grievance.
- Denial of a request for services outside of the provider network. This applies when you can not get needed services within the network.

You may call us for help at (800) 424-4399; TTY/TDD: (800) 424-4416 to file your appeal.

Appeal Process:

You or someone you name to act for you (your **authorized representative**) may file an appeal. The person filing for you must have your written consent, including your provider. You have thirty (30) calendar days from the date of this letter to file an appeal. All telephone requests will be written on an appeal form for you. You have the right to review your file before or during the appeal process. You may present information in person, by telephone, or in writing. If you would like to review your file or present information, please let us know when you file your appeal.

You may request a standard or expedited appeal by calling or writing.

- **Standard Appeal**
A standard request is for non-urgent services. We have thirty (30) calendar days* after we receive your appeal to make our decision. Within three (3) business days of receiving your request we will send you a letter letting you know we received your request.
- **Expedited Appeal**
An expedited appeal is filed when you or your doctor believe waiting thirty (30) calendar days for a decision could harm your health. We have three (3) business days* after we receive your request to make a decision. If you ask for an expedited appeal without support from your provider, we will decide if the request meets the requirements. If the request does not meet the requirements, we will notify you both verbally and in writing within two (2) business days that your request will be handled as a standard appeal and will be decided within thirty (30) calendar days.

*You will be informed if we need to extend this time by fourteen (14) calendar days. We are allowed a one-time extension only if we need more information to make our decision and it is in your best interest.

Include the following with your appeal request:

- name;
- address;
- Medicaid/CHIP ID#;
- reasons for appealing;
- any supporting medical records or doctor's letters; or
- any other information that explains why this service should be approved.

Send your appeal request to:

Magellan
Grievance and Appeals Department
P.O. Box 84380
Baton Rouge, LA 70884
Fax: (888) 656-4977
Phone: (800) 424-4399
TTY/TDD: (800) 424-4416

After you finish Magellan's appeal process explained above, the appeal decision letter (Notice of Appeal Resolution) will provide you with your next level of appeal with the State, know as a "Fair Hearing."

Continuation of Benefits During your Appeal

You may continue to receive services while your appeal is being reviewed if:

- you file your appeal request, with a written request to continue benefits, on or before the later of:
 - 1) within ten (10) calendar days from the date of this letter or
 - 2) the intended effective date of the proposed action;
- your doctor has ordered continued services;
- the appeal request is filed before services which were approved before this decision have ended; and
- the appeal request involves the termination, suspension, or reduction of a previously authorized course of treatment.

If you are approved to continue services while your appeal request is being reviewed the services will be continued until:

- you withdraw your appeal request in writing;
- the appeal decision upholds the initial denial; or
- the approved time period has ended.

We may have you pay for the services you received during your appeal, if the services are not approved.

Grievance Process

A grievance is when Magellan or your provider does something that you are not happy with. Below are some examples of items you may file a grievance about:

1. Access to care or service;
2. Quality, timeliness, and/or appropriateness of care or service;
3. Magellan's authorization process;
4. Inaccurate or inadequate information;
5. Care or service rendered by practitioners/providers;
6. General dissatisfaction with a co-payment amount;
7. A decision not to expedite a clinical appeal request; or
8. Dissatisfaction with Magellan or a provider.

You may call us at (800) 424-4399; TTY/TDD: (800) 424-4416 for help with filing your grievance. You may have someone act for you (your **authorized representative**) to file a grievance. The person filing for you must have your written consent. You may file a grievance online or by calling or writing:

Magellan
Attention: Grievance and Appeals Department
P.O. Box 84380
Baton Rouge, LA 70884
Fax: (888) 656-4977
Phone: (800) 424-4399
TTY/TDD: (800) 424-4416
www.magellanoflouisiana.com

APPEAL REQUEST FORM

Complete this form and return it with the attached Notice of Action only if you want to file an appeal.

If you disagree with the decision, you may ask for an Appeal. If you want to request an Appeal, you must do so within 30 calendar days from the date of this notice. You may call Magellan at (800) 424-4399; TTY/TDD: (800) 424-4416 for help with filing your appeal.

You can ask for an appeal by completing and signing the section below. You may mail your request to Magellan Behavioral Health, Inc., Grievance and Appeals Department, P.O. Box 84380, Baton Rouge, LA 70884. Or, you may fax your appeal to us at 1-888-656-4977.

Remove this paragraph for NON-Chisholm members: If you would like to request assistance with your appeal, you may contact the Advocacy Center, a non-profit agency that provides legal services for people with disabilities, at 1-800-960-7705. Contacting the Advocacy Center does not start your appeal, and is not a substitute for notifying Magellan of your intended actions.

I want to appeal the decision on the attached Notice of Action. I am asking for an appeal because:

- I will be sending other documents to support my appeal request.
- I have attached the supporting documents with this appeal request.
- I will not be sending any additional documents.

Date

Recipient/Representative Signature

Phone Number

Address

City and ZIP Code

Ten Principles of the Wraparound Process National Wraparound Initiative

- 1. Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
- 2. Team based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
- 3. Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
- 4. Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
- 5. Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
- 6. Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
- 7. Individualized.** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
- 8. Strengths based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- 9. Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
- 10. Outcome based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

Taken from, "Ten Principles of the Wraparound Process" National Wraparound Initiative. For additional information, go to: <http://nwi.pdx.edu/pdf/TenPrincWAProcess.pdf>.

APPENDIX 7

Received from Magellan: June 12, 2015

Plan of Care

Plan date:

Youth Name (First, MI, Last): _____ DOB: _____	
Current Address: _____ Phone numbers: _____ (home) _____ (cell) _____ (other)	
Parish: _____	
Custodian/ Legal Guardian Name: _____	
Current Address: _____ Phone numbers: _____ (home) _____ (cell) _____ (other)	
CFT Date: _____	
Member's Current Living Situation (Home, foster care, PRTF, TGH, etc.): 	Name of Facility/Person Youth is Residing:
<input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Reauthorization <input type="checkbox"/> Revised due to Crisis <input type="checkbox"/> Transition <input type="checkbox"/> Other <input type="checkbox"/> Discharge	Referral date to WAA: _____ Due Date for Next Assessment: _____
Primary Care Physician: _____	Date Consulted: _____ Method of Contact: _____
Vision/Mission/Strengths	
Family Vision (Family's hopes and dreams for future) 	
Child and Family Team Mission: 	

Strengths:

Life Domain Area of Need:

- Family
 Residence
 Social
 Education/Vocation
 Medical
 Community
 Psychological/emotional/behavioral
 Safety

Needs Statement:		Start Date:	Target Date:	Drop Date:
1				
Objectives/Goal Statements:		Start Date:	Target Date:	Drop Date:
1.				
2.				
3.				
4.				
Strategies/Assigned Tasks	Frequency	Duration	Responsible Team Member	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

10.			
Barriers :			
1.			
2.			
3.			

Life Domain Area of Need:

- Family
 Residence
 Social
 Education/Vocation
 Medical
 Community
 Psychological/emotional/behavioral
 Safety

Needs Statement:				
2		Start Date:	Target Date:	Drop Date:
Objectives/Goal Statements:		Start Date:	Target Date:	Drop Date:
1.				
2.				
3.				
4.				
Strategies/Assigned Tasks	Frequency	Duration	Responsible Team Member	
1.				
2.				
3.				
4.				
5.				

6.			
7.			
8.			
9.			
10.			

Barriers :

- 1.
- 2.
- 3.

Life Domain Area of Need:

- Family
 Residence
 Social
 Education/Vocation
 Medical
 Community
 Psychological/emotional/behavioral
 Safety

Needs Statement:					
Needs Statement:	Start Date:	Target Date:	Drop Date:		
3					
Objectives/Goal Statements:		Start Date:	Target Date:	Drop Date:	
1.					
2.					
3.					
4.					

Strategies/Assigned Tasks	Frequency	Duration	Responsible Team Member
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Barriers :

- 1.
- 2.
- 3.

Life Domain Area of Need:

Family
 Residence
 Social
 Education/Vocation
 Medical

Community
 Psychological/emotional/behavioral
 Safety

Needs Statement:				
4		Start Date:	Target Date:	Drop Date:
Objectives/Goal Statements:		Start Date:	Target Date:	Drop Date:
1.				
2.				
3.				
4.				
Strategies/Assigned Tasks		Frequency	Duration	Responsible Team Member
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Barriers : 1. 2. 3.			

Other Recommended Services

Service	Organization	Contact
Parent Support and Training		
Youth Support and Training		
Short-term Respite		
Independent Living Skills Building		
Crisis Stabilization		
Community Psychiatric Support and Treatment (CPST)		
Psychosocial Rehabilitation (PSR)		
Crisis Intervention		
Individual Counseling		
Medication Management		
Homebuilders		
Others		

Natural/Informal Supports

Name	Task	Frequency	Duration	Contact Information

For members 15 or older, what are their transition needs?

Has member been linked to appropriate adult services and programs?

Yes No

If yes, list contact person(s) information.

Crisis Plan	
*The crisis plan includes action steps as a backup plan if the crisis cannot be averted.	
Youth Name (First, MI, Last):	Date: (same date as Plan of Care)
Behavioral/ Mental Health Diagnosis:	
Current Medications:	
Brief History:	
Triggers:	
Potential Crisis:	

Action Steps for home and school	Person Responsible	Contact Information
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Discharge Planning

Natural/Informal Supports and Formal Services to continue :

Further Recommendations for Natural/Informal Supports and Formal Services:

Child and Family Team Signatures

Signatures:	Title:	Date:	Plan of Care reviewed and approved:	Crisis Plan reviewed and approved:

Guidelines for Magellan of Louisiana-LA/Public Sector Solution–Wraparound Agency (WAA) Tool

Audit Item	Item Description	Explanation
1a.	WAA performed initial outreach to family within 24 to 48 hours (2 business days)	Documentation should reflect that the WAA, most often the WF, has contacted or attempted to contact the family within 24 to 48 hours or 2 business days.
1b.	Family was provided information regarding Freedom of Choice prior to services beginning	The chart should include a signed Freedom of Choice form that is dated prior to the beginning of services. A Freedom of Choice form may be included on which a family has indicated on the form that services are being declined.
1c.	CANS completed by Independent Assessor within 10 days	CANS LA Complete should be completed by an Independent Assessor within 10 days of services beginning. However in the early stages of the Magellan transition (Mar-May 2012) Independent Assessors may not have been readily available.
1d.	WAA/FSO made concerted effort to schedule joint face to face meeting with youth/family within 7 days from initial referral date	Document reflects efforts that WAA had or attempted to schedule the first meeting with the family within 7 days from the initial referral date.
1e.	Engagement, Strengths, Needs and Cultural Discovery Assessments were included as a part of the assessment	Evidence exists that WF has gathered information that captures strengths and needs. Each agency may have a different version of this document.
2a.	POC was developed and submitted to CSOC CM within 30 days of initial referral	Evidence exists that POC was submitted to CSOC CM within the 30 day timeframe.
2b.	POC is developed based upon CANS Assessment and identified goals, as determined by the CFT	Evidence exists that the Child and Family Team created a POC based upon information from the CANS Assessment and identified goals.
2c.	Wraparound team consists of child/youth, behavioral health providers, other involved agency representatives	Team members should be clearly identified on the POC.
2d.	WF reviews the POC and updates to reflect changing needs of the child (as needed)	Any changes to the POC should be signed and dated by the WF.
2e.	Services are individualized for the child/youth	Domains, needs, outcomes and strategies should be specific to the child/youth.
2f.	Crisis Plan is included in POC which was developed during the CFT	A copy of the crisis/safety plan which includes safety needs or concerns and potential crisis situations, including triggers and possible strategies for preventing each type of crisis in addition to possible responses for each type of crisis.

2g.	Crisis Plan contains contact information for those involved at all levels of intervention during the crisis	Crisis Plan includes roles and responsibilities for specific team members including how to contact each member.
3a.	Team documentation is current and updated	Review dates, progress toward needs and progress notes are included in the chart.
3b.	CANS LA Comp reassessment done every 180 days	WAA completes a CANS LA reassessment after 180 days and every 180 days thereafter.
3c.	Services are being provided in accordance with the POC	Services being provided match the document domains, needs, outcomes and strategies addressed in the POC.
3d.	Utilization of informal and formal natural supports	There is evidence of natural supports being used in the wraparound process.
3e.	WF collects and shares team members' satisfaction and team progress	Evidence of this item can be formal i.e. surveys or informal i.e. end of meeting wrap up activity. Youth and family members may be continually consulted regarding if they feel progress is being made toward their long-term vision.
4a.	WF and CFT create a transition plan from formal WAA to mix of formal and natural supports in the community	Transition from wraparound will include reviewing strengths and needs and identifying services and supports to be used after formal wraparound.
4b.	WF and team creates a post-wraparound crisis management plan	Plan includes action steps, specific responsibilities, and communication protocols.
4c.	A commencement document exists that has been created by the team with the guidance of the WF	A document reflecting describing strengths of the child/youth, family and team members, noting what strategies worked and what did not. It may also include an optional commencement celebration.
4d.	The WF assists the team in creating a method for checking in with the family following discharge	A way to follow-up with the family has been identified i.e. a phone calls, questionnaire, etc. to identify if new needs have surfaced that require the help of the WF or other team members.
5a.	A sign-in form from each CFT meeting is included in the record	The sign-in form indicates individuals attending each meeting. This form may be included as a part of a larger CFT meeting document.
5b.	A copy of the initial assessment is included in the file	An initial assessment is included in the chart. The 1915(c) Independent Behavioral Health Assessment should be completed by the Independent Assessor.
5c.	The POC contains the signatures of WF, Clinical Director, youth and legal guardian at the minimum	The plan of care must contain the signatures of at least the WF, Clinical Director, youth and legal guardian. However, other signatures of team members may be included.
5d.	A copy of the CSoc referral is included in the file	The CSoc referral form is included in the file. Some files which were opened closer to the March 1, 2012 Go Live date may have email referrals instead of a form.

Magellan Behavioral Health-Wraparound Agency (WAA) Monitoring Tool

April 2014

Auditor Name:							
Member Last Name							
Member First Name							
Member CSoC ID #							
Member DOB							
PROVIDER NAME							
Intake Date							
Scoring: For each section, enter total number of "yes", "no" items in the columns to the right. All N/A scores must include a brief explanation in the Comments section.							
Review Date:			Yes	No	N/A	% Yes	
		Provider and/or Recipient Name:	1=Yes 0=No	1=Yes 0=No	1=Yes 0=No	%	Comments
1a.	Engagement and Team Preparation	WAA performed initial outreach to family within 24 to 48 hours (2 business days)				N/A	
1b.	Engagement and Team Preparation	Family was provided information regarding Freedom of Choice prior to services beginning				N/A	
1c.	Engagement and Team Preparation	CANS completed by Independent Assessor within 10 business days				N/A	
1d.	Engagement and Team Preparation	WAA/FSO made concerted effort to schedule joint face to face meeting with youth/family within 7 days from initial referral date				N/A	
1e.	Engagement and Team Preparation	Engagement, Strengths, Needs and Cultural Discovery Assessments were included as a part of the assessment				N/A	
2a.	Plan of Care (POC)	POC was developed and submitted to CSoC CM within 30 days of initial referral				N/A	
2b.	Plan of Care (POC)	POC is developed based upon CANS Assessment and identified goals, as determined by the CFT				N/A	

2c.	Plan of Care (POC)	Wraparound team consists of child/youth, behavioral health providers, other involved agency representatives				N/A	
2d.	Plan of Care (POC)	WF reviews the POC and updates to reflect changing needs of the child (as needed)				N/A	
2e.	Plan of Care (POC)	Services are individualized for the child/youth				N/A	
2f.	Plan of Care (POC)	Crisis Plan is included in POC which was developed during the CFT				N/A	
2g.	Plan of Care (POC)	Crisis Plan contains contact information for those involved at all levels of intervention during the crisis and was fully implemented during crisis				N/A	
3a.	Implementation	Team documentation is current and updated				N/A	
3b.	Implementation	CANS LA Comp reassessment done every 180 days				N/A	
3c.	Implementation	Services are being provided in accordance with the POC				N/A	
3d.	Implementation	Utilization of informal and formal natural supports				N/A	
3e.	Implementation	WF collects and shares team members' satisfaction and team progress				N/A	
4a.	Transition	WF and CFT create a transition plan from formal WAA to mix of formal and natural supports in the community				N/A	
4b.	Transition	WF and team creates a post-wraparound crisis management plan				N/A	
4c.	Transition	A commencement document exists that has been created by the team with the guidance of the WF				N/A	
4d.	Transition	The WF assists the team in creating a method for checking in with the family following discharge				N/A	
5a.	Documentation	A sign-in form from each CFT meeting is included in the record				N/A	
5b.	Documentation	A copy of the initial assessment is included in the file				N/A	
5c.	Documentation	The POC contains the signatures of WF, Clinical Director, youth and legal guardian at the minimum				N/A	
5d.	Documentation	A copy of the CSoC referral is included in the file				N/A	
TOTALS			0	0	0	N/A	

**Magellan Health Services – LA / Public Sector Solutions – Wraparound Agency (WAA) Tool
April 2014**

Performance Expectations and Follow-up Requirements

Final Score	Requirements
80-100	Minimal deficiencies: no formal follow-up activity required; practitioner is requested to incorporate recommendations from the feedback report as a means to improve documentation practices.
70-79	Moderate deficiencies: no formal follow-up activity required; practitioner is requested to submit an informal corrective action plan (CAP).
69-below	Serious deficiencies: The practitioner must submit a formal CAP, which includes a plan to remedy deficiencies noted. The corrective actions must be completed within 30-90 days. A follow-up of the CAP, including another review of the charts, is conducted to confirm the deficiencies are corrected.

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Behavioral Health

September 6, 2013

Craig Coenson, M.D.
Chief Executive Officer
Magellan Health Services in Louisiana
10000 Perkins Rowe, 5th Floor
Suite 500
Baton Rouge, LA 70810

Dear Dr. Coenson:

Attached please find formal Policy Guidance as it pertains to administrative payments under the Coordinated System of Care. The updated Guidance incorporates both clarifications based upon your feedback to the original Guidance issued on March 1, 2013, in addition to accommodating the shift to a retrospective payment methodology as approved in Contract Amendment #6.

If you have additional questions or concerns, please do not hesitate to contact the Office of Behavioral Health.

Sincerely,


Anthony H. Speier, Ph.D.
Assistant Secretary
Office of Behavioral Health


Lou Ann Owen
Deputy Director
Medicaid

NOTE: Updated Payment Guidance August 1, 2014

Coordinated System of Care (CSoC) Payment Guidance

I. Statement of Purpose

The purpose of this document is to establish clear guidelines regarding retrospective administrative payments for CSoC including SMO administrative payments, the pass-through administrative payments to the Wraparound Agencies (WAA), and payments for the five specialized waiver services. This Policy replaces previously issued Guidance entitled “Coordinated System of Care (CSoC) Provider Payment Guidance” issued on July 1, 2013.

II. Applicability

This Office of Behavioral Health (OBH) guidance document is limited to formal management operations communication 1) between OBH and the SMO; or 2) between OBH and the other offices and programs within DHH. The guidance applies to communication by OBH as the agency designated by the Bureau of Health Services Financing (BHSF) to monitor and administrate the SMO contract. Questions regarding guidance should be directed to the SMO contract monitor.

III. Effective Date

The effective date of this guidance is August 1, 2014.

IV. Exceptions

This policy is applicable to the invoicing of costs associated with eligible Medicaid recipients only, as verified by an active Medicaid recipient ID. For non-Medicaid children referred to and enrolled in CSoC, referring agencies must be billed. All recipients should have an identified and verified guarantor. That payment process is to be established by the referring agency, and this policy will not apply.

V. Definitions

- a. Presumptive Eligibility – A child/youth who meets the clinical criteria for CSoC, according to the brief CANS, and is subsequently formally referred for the CSoC in writing enters into a period of Presumptive Eligibility for a maximum of 30 calendar days. During this time the child/youth is presumed to be eligible for CSoC, and is eligible to receive the 5 specialized waiver services (Parent Support and Training,

Youth Support and Training, Independent Living/Skills Building, Respite Care and Crisis Stabilization). Administrative payments may also be paid to the SMO and WAA during this period according to the Guidance indicated below. If upon completion of the assessment, the child is determined to be ineligible, Presumptive Eligibility ends and all payments and services related to CSoC must cease. If the child is determined to be eligible, the child/youth is to be enrolled in CSoC and payments and services may continue.

VI. Guidance

There is hereby established guidance for the Administrative Payments to the SMO, including payments for Wraparound Agencies

- i. The Wraparound Agency (WAA) is responsible for accepting the initial written referral from the SMO, conducting initial outreach to the family, securing the Freedom of Choice (FOC) form, and ensuring the completion of the CANS Comprehensive and Independent Behavioral Health Assessment form within 30 calendar days of receipt of referral. The FOC must be completed prior to the initial plan of care.
- ii. For the period of Presumptive Eligibility, the SMO and Wraparound Agency (WAA) may be reimbursed for up to 30 calendar days during which the assessment process must be completed.
- iii. A prorated portion of the monthly administrative payment will be reimbursed for a maximum of 10 calendar days in the absence of a signed FOC form.
- iv. A WAA may only be reimbursed for a maximum of 10 calendar days in any given 30 day episode of care without the signed FOC.
- v. If the FOC is signed after the 10th calendar day, but still within the 30 day period the WAA has to complete the assessment, payment will resume once the signature is obtained.
- vi. If the 30 day period lapses with no successful enrollment, a new formal written referral may occur. The new referral cannot originate from the WAA and the maximum payment for 10 calendar days in the absence of a signed FOC period would begin again.
- vii. New referrals are only eligible for payment if the effective date of the new referral is a minimum of 30 days from any previous referral.
- viii. When a child/youth is not determined to be eligible for waiver services either by failure to meet functional eligibility or failure to complete all of the required evaluations and documents during the initial 30 days from the date of written referral to the WAA, he/she will no longer be able to continue receiving CSoC services. Any payments for waiver services provided during the initial 30 day period, as well as administrative payments for CSoC will cease. However, they can be referred by Magellan to providers for other medically necessary services for which the child/youth qualifies.
- ix. In some cases, if clinically indicated, a new referral of a child/youth previously determined ineligible for CSoC may be made after a 30 day time period ends; however, all of the referral steps must be completed again. (i.e. new CANS brief, new written referral to a WAA, Family Support

Organization (FSO), new FOC signed, new CANS Comprehensive, IBHA and Magellan Independent Assessment (IA), new POC developed etc.).

- x. When a child/youth is determined to meet eligibility for waiver services, a 142BH should be completed by Magellan immediately in order to confirm financial eligibility and formally enroll the Medicaid child/youth in CSoC. This must occur in order for the SMO to continue to invoice beyond the period of Presumptive Eligibility.
- xi. Once actively enrolled in CSoC, invoicing must be reflective of the specific waiver (either 1915(b)3 or 1915(c)) within which the child has been enrolled with Medicaid, and based upon the level of care indicated on the CANS Comprehensive. Administrative and service payments may only be billed to Medicaid for days that the recipient is enrolled in both Medicaid and CSoC.
- xii. A monthly administrative invoice shall be submitted retrospectively by the 10th business day of the following month, and in the format prescribed by OBH.
- xiii. Monthly administrative invoices shall be submitted according to the following three populations:
 - 1. Referral Period – Recipients may be billed for up to 30 days in the referred/pending status according to the guidelines listed above in VI: i-vii. Recipients may not be billed on successive invoices as pending if these guidelines have not been met, or if waiver eligibility has not been validated. If a recipient is later deemed to have been eligible for a specific waiver and enrolled in such through Medicaid, retrospective billing may be included on a reconciliation invoice for any eligible days that have been validated.
 - 2. 1915(b)3 – Once assessed and enrolled in the 1915(b)3 waiver appropriately, the SMO may bill for any day within the month for which the recipient was actively enrolled in the waiver.
 - 3. 1915 (c) - Once assessed and enrolled in the 1915(c) waiver appropriately, the SMO may bill for any day within the month for which the recipient was actively enrolled in the waiver.
- xiv. Monthly administrative invoices should be reflective of any updates managed through the 142BH process (relocation, shifts between b3 and c waivers, etc.) as approved or the Policy for children entering or exiting detention centers, as approved. All shifts between waivers or periods of ineligibility should be appropriately identified on the invoice, and the SMO must ensure that there is no duplication of days billed for any recipient who has shifted between the 3 populations indicated above.
- xv. On a quarterly basis during the calendar year, the Contractor shall submit an invoice reconciling any payments improperly billed in the prior months based upon adjustments or inaccuracies identified in the WAAs monthly roster/invoice submissions, and as validated by the Contractor. Reconciliation invoices are due 30 calendar days after the end of the prior calendar year quarter. Validation shall include:

1. Ensuring compliance with all requirements set forth in this Guidance as indicated above.
2. Ensuring that all invoiced recipients were enrolled in a covered Medicaid population on all dates invoiced, based upon validation of their Medicaid ID and Plan through the Medicaid Eligibility Data System.
3. Ensuring that all invoiced recipients were enrolled in the waiver indicated on previous invoices (1915(b)3 or 1915(c)) during the dates reflected on those invoices and as validated through the Medicaid Eligibility Data System.
4. Ensure that all invoiced recipients met clinical eligibility requirements for the waiver in which they were enrolled

xvi. In the event that, through the quarterly validation process, adjustments to prior billing periods are identified, the SMO must submit those adjustments on the quarterly reconciliation invoice template as provided by OBH.

Description of Required Courses for WAAs and FSO

Core Training Course Descriptions for Wraparound Facilitators, Youth and Parent Support Specialists

Section to Be Revised

LINKS

Louisiana's Coordinated System of Care –www.csoc.org

Child Serving State Agencies

Department of Children and Family Services

<http://www.dcfslouisiana.gov/>

Department of Education

<http://www.louisianabelieves.com/>

Department of Health and Hospitals

<http://new.dhh.louisiana.gov/>

Office of Juvenile Justice

<http://oji.la.gov/>

Medicaid Enrollment Center –

<http://new.dhh.louisiana.gov/index.cfm/page/220/n/20>

or

<http://new.dhh.louisiana.gov/index.cfm/page/237>

Statewide Management Organization

Magellan of Louisiana

<http://www.magellanoflouisiana.com>

National Wraparound Initiative

<http://www.nwi.pdx.edu>

University of Washington – Wraparound Fidelity Assessment System (WFAS)

<http://depts.washington.edu/wrapeval>

Documents

DHH/OBH/ Louisiana Behavioral Health Partnership

1915 (c) Waiver -

http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/1915c_HCBSwaiver.pdf

Louisiana Behavioral Health Partnership Service Manual

<http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/ServicesManual-Current.pdf>

Magellan of Louisiana

Coordinated System of Care (CSoC) Clinical Eligibility and Operational Workflow

See Attachment 1. Link will be added

CSoC Freedom of Choice

http://www.magellanoflouisiana.com/media/173057/csoc_freedom_of_choice_form

Child and Adolescent Needs and Strengths (CANS)

CANS Louisiana Manual –

http://www.magellanoflouisiana.com/media/133405/cans_louisiana_manual.pdf

CANS Louisiana Scoring Sheet

http://www.magellanoflouisiana.com/media/133408/cans_louisiana_scoring_sheet

Certified Provider Training for CANS

http://www.magellanoflouisiana.com/media/184063/cans_la_online_training_and_certification.pdf

Independent Behavior Health Assessment

http://www.magellanoflouisiana.com/media/183988/1915_c_assessment_form.pdf

Quality Assurance Documents:

<http://magellanofnewyork.com/for-providers-la-en/quality-improvement-and-outcomes/csoc-quality-assurance.aspx>

Key Terms and Acronyms

(Section To Be Updated)

BH: Behavioral Health

BHSF: Bureau of Health Services Financing, Department of Health and Hospitals

CANS: Child and Adolescent Needs and Strengths: The CANS is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

CFR: Code of Federal Regulations

CFT: Child and Family Team

CM – Magellan Care Manager

CMS: Centers for Medicare and Medicaid Services

CPST: Community Psychiatric support and Treatment

COD: Co-Occurring Disorders of substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders.

CSoC – Coordinated System of Care: This is an evidence based model that is part of a national movement to develop family- and youth-driven care and keep children at home, in school, and out of the child welfare and juvenile justice system.

CSoC Eligible: Children and youth eligible for services under the CSoC, regardless of Medicaid eligibility.

Covered Individuals: Persons who are eligible for Medicaid

CM: Magellan Care Manager

CP – Certified Provider

Crisis Plan: The Crisis Plan is part of the child/youth Plan of Care. This plan includes individuals and action steps that will be taken to avert a crisis; or in the event that a crisis cannot be averted, the persons/agencies to be contacted and the steps that will be taken and to ensure the safety of the child/youth and their family.

DCFS: Department of Children and Family Services

DHH: Department of Health and Hospitals

DOE: Department of Education

EBP: Evidence Based Practice

Eligible: An individual qualified to receive Medicaid funded services

Enrollee: A person who is qualified for Medicaid and whose application has been approved but who may or may not be receiving services

Family: For the purpose of the CSoC, family is defined as the primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family. For the purposes of the family support and training service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, sibling, children, relatives, grandparents, guardians, foster parents or others with significant attachment to the individual.

FFS: Fee-for-Service

FERPA: Federal Educational Right to Privacy Act

FOC: Freedom of Choice – In CSoC, the family has the right to reject or accept behavioral health services in the home/ community or in an institutional setting.

FSO: Family Support Organization

HCBS: Home and Community Based Services

HIPAA: Health Insurance Portability and Accountability Act

HSD: Human Services District

IDEA: Individuals with Disabilities Education Act

IL/SB: Independent Living/Skills Building

IMT: Inter-Departmental Monitoring Team

LEA: Local Education Agency, also known as the local school district

LBHP: Louisiana Behavioral Health Partnership

LGE: Local Government Agency

LMHP: Licensed Mental Health Practitioner; Individual who is licensed in the State of LA to diagnose and treat mental illness or substance abuse, acting within the scope of all applicable State laws and their professional licenses. An LMHP includes individuals licensed to practice independently. LMHP includes: Medical psychologists; Licensed psychologists; Licensed clinical social workers; licensed professional counselors; licensed marriage and family therapists; licensed addiction counselors; and advanced practice registered nurse who is a practitioner specialist in

adult psychiatric and mental health, family psychiatric and mental health, psychosocial, Gerontological psychiatric mental health, adult psychiatric and mental health and child/adolescent mental health and may practice to the extent that services are within the APRN's scope of practice.

LMMIS: Louisiana Medicaid Management Information System

LOCUS: Level of Care Utilization System: clinical tool that evaluates and determines level of care placements for psychiatric services.

Medicaid: The federal-state entitlement program for low-income citizens of the United States authorized by Title XIX of the Social Security Act Amendment that became law in 1965. Medicaid offers federal matching funds to states including Louisiana for costs incurred in paying health care providers for serving covered individuals.

Medicaid Management Information System (MMIS): The claims processing and information retrieval system which includes all Providers enrolled in the Medicaid Program.

Member: Persons enrolled in the SMO

MSR: Magellan Member Services Representative

NWI: National Wraparound Initiative

OBH: Office of Behavioral Health, Department of Health and Hospitals

OCDD: Office for Citizens with Developmental Disabilities

OJJ: Office of Juvenile Justice

OPH: Office of Public Health

PCP: Primary Care Provider

PHI: Protected Health Information

PIHP: Prepaid Inpatient Health Plan

PMPM: Per Member Per Month

POC: Individualized Plan of Care – The POC identifies the waiver services as well as other services and supports that a person needs in order to live successfully in the community and, therefore, avoid institutionalization. It must reflect the full range of a participant's service needs and include both the Medicaid and non-Medicaid services along with informal supports that are necessary to address those needs. When non-waiver services and supports are needed to meet the needs of the participant, their provision must be monitored. The POC must contain, at a minimum: the services that are furnished, the amount and frequency of each service, and the type of provider to furnish each service. The POC must be revised as necessary to add or delete services or modify the amount and frequency of services. The POC must be reviewed at least annually or whenever necessary due to a change in the participant's needs.

Provider: A person, group or agency that provides a covered service.

Presumptive Eligibility: A child/youth who meets the clinical criteria for CSoC, according to the brief CANS, and is subsequently formally referred for the CSoC in writing enters into a period of Presumptive Eligibility for a maximum of 30 calendar days. During this time the child/youth is presumed to be eligible for CSoC, and is eligible to receive the 5 specialized waiver services (Parent Support and Training, Youth Support and Training, Independent Living/Skills Building, Respite Care and Crisis Stabilization).

PRT: Psychiatric Residential Treatment Facility

PSS: Parent Support Specialist. Individual with a family member that has had similar 'lived' experiences and provides support and training to a parent/family of the child/youth enrolled in CSoC.

PSR: Psychosocial Rehabilitation

QIS: Quality Improvement Strategy

QM: Quality Management

QA/QI: Quality Assurance/Quality Improvement

SAMHSA: Substance Abuse & Mental Health Services Administration

SED: Severe Emotionally Disturbed

SMO: Statewide Management Organization

SOC: System of Care

TA: Technical Assistance

Transition Aged Youth: Under the 1915 (c) Waiver, any youth between the ages of 15 through age 21 years. Beginning at age 15, a continuum of services will be identified and included on the Plan of Care to aid in transition into adulthood.

Transition Plan: For any child/youth and family that have reached their family goal and are transitioning out of CSoC. The Transition plan is part of the Plan of Care and identifies supports and potential supports that may be important to the child/youth following their transition out of CSoC.

UM: Utilization Management

UR: Utilization Review

WAA: Wraparound Agency

WERT: Wraparound Evaluation and Research Team

WF: Wraparound Facilitation – An intensive, structured, creative and individualized team planning process that addresses the needs of youth within the context of the broader family unit and is designed to address a range of life areas.

WFAS: Wraparound Fidelity Assessment System – This is a multi-method approach to assessing the quality of individualized care planning and management for children and youth with complex needs and their families. WFAS instruments include interviews with multiple stakeholders, a team observation measure, a document review form, and an instrument to assess the level of system support for wraparound.

YSS: Youth Support Specialist – Individual that provides Youth Support and Training for a child/youth enrolled in CSoC.

ATTACHMENT 1
Add Updated Workflow