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Coordinated System of Care

Enrollment and Eligibility

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Who is a CSoC Candidate?

- Between 0 - 21 years old (up to 22nd B'day)
- DSM Axis I diagnosis, or exhibiting behaviors indicating a diagnosis may exist
- Meets clinical eligibility on the CANS Comprehensive assessment & Independent Behavioral Health Assessment
- Identified family or adult resource that is or will be responsible for the care of the child/youth who is willing to engage in wraparound
- Currently in an out of home placement (OOH), or at imminent risk of OOH placement

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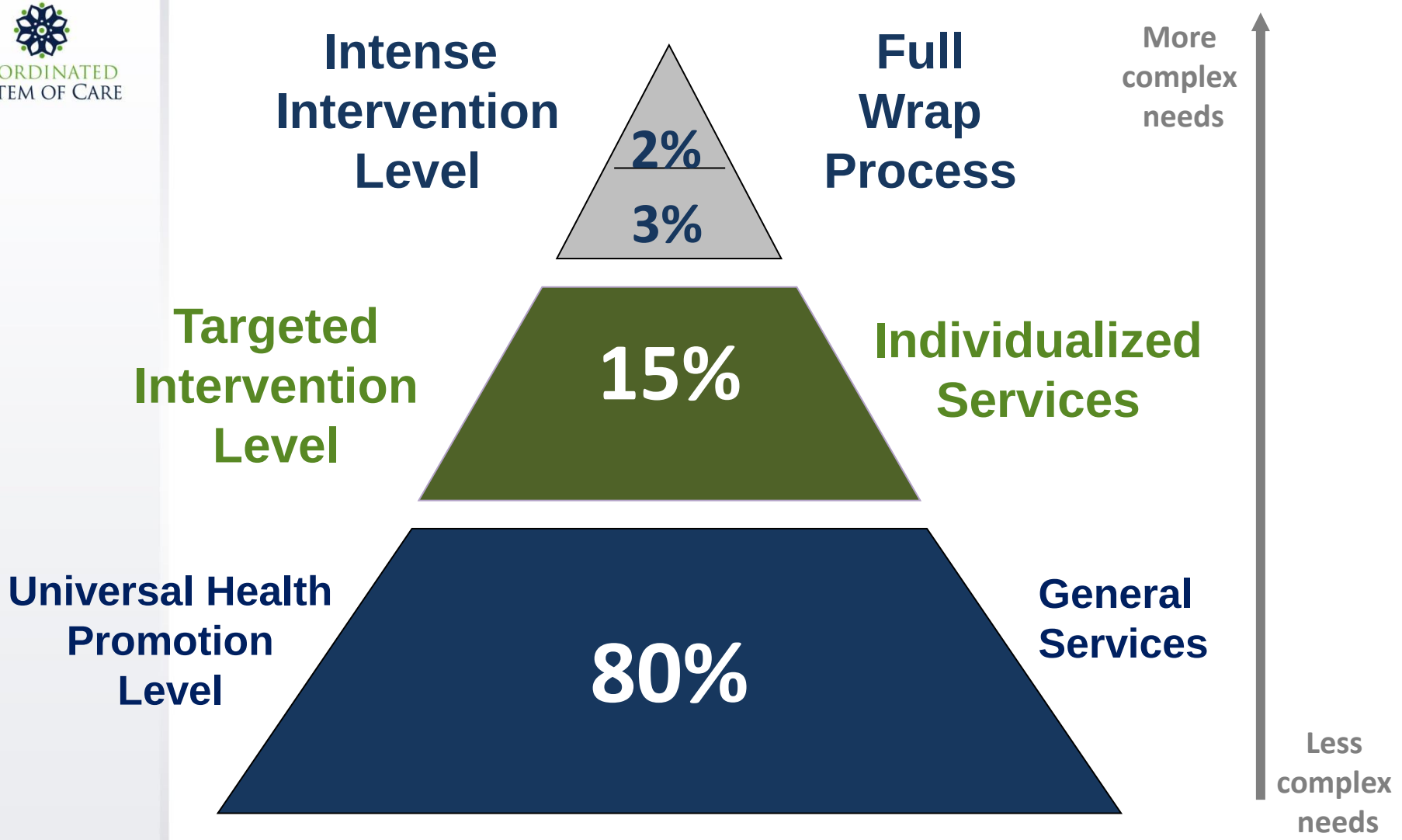

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Referrals by Agency/Entity

Referring Source	3/31/15	6/30/15	Change
DCFS	589	674	85
OJJ	426	501	75
OBH	94	98	4
DOE/School	631	718	87
Caregiver	889	1097	208
Hospitals	976	1065	89
Licensed Mental Health Professional	1186	1299	113
Other Juvenile Entities	389	412	23
Self or Legal Guardian	392	460	68
Primary Care Physician (PCP)	25	26	1
Other	994	1079	85
Total	6591	7426	838

Screening Questions

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- 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?
  - 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?
  - 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?
- One affirmative response, transfer to clinical care manager.

Considerations for Dec 2015

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- **Screening/Referral Information**
- **Warm transfer to Contractor**
  - Establish policy & procedure

- Results from 3 question screening/referral info
  - ? (*standardized*)
- Result of Brief CANS
  - Positive:
    - Resulting referrals & auths
    - Results of Comprehensive CANS & IBHA
    - Enrollment
    - Existing auths for BH & PCP Care services
  - Negative
    - Transfer back to MCO
    - MCO Care Management decision

Brief CANS

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- Brief CANS is clinical conversation
  - Four Domains
    - Risk (to Self or Others)
    - Functioning (Family and Community)
    - Clinical (Emotional/Behavioral Functioning)
    - Caregiver
  - If screened positive, presumptive eligibility is established for 30 days

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CANS Screening Criteria Reference

Domain I

Moderate on at least ONE item in EACH of the I-III Domains, complete Screen I-IV and refer for a Comprehensive CANS Assessment.
Consideration for CANS Assessment when subthreshold on multiple items on Domain I (ie Co-occurring disorders) in conjunction with criteria met Domains II & III

Consideration for CANS	Step 1. Global Screen	Step 2. Screen for Broader Categories	Step 3. Targetted Screen	Step 4. Ranking of CANS Item	MODERATE Levels - Minimum Criterion Set
Emotional Behavioral	I. Global/ Scripted Query about the youth's **emotional or behavioral** functioning	Emotional/Cognitive	Psychosis	Psychosis	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
			Mood	Depression	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
				Affect Dysregulation/ Emotional Control	Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
			Anxiety	Anxiety	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
			Trauma	Adjustment to Trauma	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
				Attachment (younger children)	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
		Behavioral	Substance Use	Substance Use	Clear evidence of substance abuse that interferes with functioning in any life domain.
			Externalizing Behaviors	Anger Control	Evidence of moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
				Conduct	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
				Impulse/Hyperactivity	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
				Oppositional Behavior	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
			Internalizing Behaviors	Eating Disturbance	Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa). Food hoarding also would be rated here.
				Behavioral Regression	Evidence that this child has shown moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
				Somatization	Evidence that the child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).

CANS Screening Criteria Reference

Domains II-IV

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Risk	II. Global/Scripted Query about youth's **risk** to self or others	Self	Screen for the Type & Frequency of Risk; Intentional	Suicide Risk/Danger to Self	Recent ideation or gesture but not in past 24 hours.
				Self Mutilation	Engaged in self mutilation that does not require medical attention.
				Other Self Harm	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
			Screen for the Type & Frequency of Risk; Indirect	Sexually Reactive Behavior	Moderate problems with sexually reactive behavior that places child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected
				Runaway	Recent runaway behavior or ideation but not in past 7 days.
		Others	Screen for the Type & Frequency of Harm to Others	Danger to Others	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
				Sexual Aggression	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
				Fire Setting	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
				Delinquency	Recent acts of delinquency.
				Social Behavior	Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
Child/Youth Functioning	III. Global/ Scripted Query about the youth's **Family and Community Functioning**	Family/Home	Screen for Type & Frequency of Family & Living Situation Issues	Family	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
				Living Situation	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
		Community/ Peers	Screen for Type & Frequency of Community Issues	Social Functioning	Child is having some moderate problems with his/her social relationships.
		School	Screen for Type & Frequency of School Issues	School	Child is experiencing moderate problems with school attendance, behavior, and/or achievement.
Supervision	IV. Global/Scripted Query about the Youth's Caregivers	Parental Skill	Screen for Type, Frequency, Severity of Parental Skill Issues	Supervision	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
				Involvement with Care	Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
				Family Stress	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
				Knowledge	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
				Organization	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
		Resource Issues of Caregiver	Screen for Type, Frequency, Severity of Resource Needs	Social Resources	Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).
				Residential Stability	Caregiver has moved multiple times in the past year. Housing is unstable.
		Physical/ BH Issues of Caregiver	Screen for Type, Frequency, Severity of Health &BH Issues	Physical	Caregiver has medical/physical problems that interfere with their capacity to parent.
				Mental Health	Caregiver has some mental health difficulties that interfere with their capacity to parent.
				Substance Abuse	Caregiver has some substance use difficulties that interfere with their capacity to parent.
				Developmental	Caregiver has developmental challenges that interfere with their capacity to parent.

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Medicaid Enrollment/Funding Stream Eligibility

- If child is already Medicaid enrolled
  - Medicaid confirmation
- If child is not already Medicaid enrolled
  - Medicaid application
  - Medicaid determination

Presumptive Eligibility

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- Referred to Wraparound Agency, Family Support Organization, Independent Assessor

- 30 day initial authorization is built for specialized CSoC services and state plan services needed immediately

Freedom Of Choice

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- Signed acknowledgement of acceptance of behavioral health services in the home and community instead of in an institution or hospital setting
  - Release of information is also obtained
- Must be signed within 10 business days of CSoC referral to wraparound agency

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Comprehensive CANS

Child and Adolescent Needs and Strengths (CANS)

- 5 Domains
  - risk behaviors
  - general symptomology
  - developmental functioning
  - personal/interpersonal functioning
  - family functioning
- Confirms clinical eligibility
- Supports the development of the individualized plan of care

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Independent Behavioral Health Assessment

- Face to face psychosocial assessment of youth's psychiatric and behavioral health history. That includes:
  - Mental status exam
  - Diagnosis
  - Treatment recommendations
- Completed by CANS certified LMHP
- Assessor may not be a direct service provider to the CSoC enrollee
- CSoC Eligibility confirmed LA CANSs Algorithm applied by Independent Review Team

CSoC Waiver Enrollment

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- Magellan submits BHSF 142-BH to LA Medicaid
  - LA Medicaid adds segment
- Magellan resubmits 142-BH
  - At each 180 day reassessment with Comprehensive CANS
  - With each transition from one waiver to another
  - With youth transfer to a different region
  - Upon discharge from CSoC

Dec 1, 2017

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- Screening
- Brief CANS
- Initial Authorizations
- Initial Referrals
- Clinical Eligibility Determination
- Authorizations

OBH Contacts

Janice Petersen, Ph.D
Deputy Assistant Secretary
Adult, Child and Family Operations
Janice.Petersen@la.gov

Karen Stubbs, J.D.
Deputy Assistant Secretary
Division of Health Plan Management
Karen.Stubbs@la.gov

Cindy Rives
Deputy Assistant Secretary
Division of Administration
Cindy.Rives@la.gov

Connie Goodson, LMSW
Program Manager
Coordinated System of Care
Connie.Goodson@la.gov

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