

Coordinated System of Care
Quality Assurance Committee

	A	B	C	D	E	F	G
1	CSoC Quality Assurance Committee - Priority Issues - Update 11/30/11						
2	Type / * = top priority	Issue	Agency (if specific to one)	Level of risk	Potential impact	Proposed plan	Legal/regulatory issue
3	Structural						
4	*	MOUs/contracts between SMO and DCFS, OJJ and LEAs		1		Agencies have received some boiler plate language from DHH. Jody working with Jerry Phillips and DHH to develop standard language and develop next steps.	Y
5	*	IT issues: agency IT coordination with the SMO and systems coordination; creation of agency reports needed from/to SMO; data warehouse of the SMO (comfortable with this)		1		IT Implementation Team in place with agency reps and CSOC team members. Randy Lemoine is contact. IT issues are bigger than simply IT, they involve some policy decisions, too, so agencies may want to consider including other staff on IT workgroups. IT issues will be addressed in each department's contract with SMO. Magellan has a reporting team that will be contacting agencies to discuss this issue.	

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6	*	Identifying potential CSoC enrollees in current systems - priority assessments and coordination with other agencies		1		Complete out of home care assessment, data collection template finalized to create phased approach for assessment, contract being developed for team affiliated with John Lyons (CANS author) to assess	
7		Education and outreach to stakeholders to establish trust in system and awareness of benefits and resources				Draft CSoC Training plan developed Communications plan under development (to be presented at 12/22 GB meeting) Magellan implementation teams on communications, member services and provider network will address three key audiences	
8		Community readiness – state agency, provider, families, youth understanding and being willing participants in a new way of doing business	regional concern			Initial education and outreach outlined in CSoC Training Plan Will be an ongoing need/process	
9		ensuring youth who are not special education and not Medicaid eligible do not slip through the cracks	DOE			DOE and LEAs to work with Magellan to ensure adequate processes in place	
10	*	fee schedule with the SMO		1		Rates will be published as part of the Services Manual due out end of month however, this does not include TFC or NMGH.	

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11		business intelligence/statistical analysis of the SMO		1		Concern voiced by DHH. They still have a few questions but are generally satisfied. Questions include "episode of care" definition meaning each individual visit or continuing care and what happens with an age change during care. Also concerned about Magellan's ability to import proprietary questionnaire systems (e.g. TOMS) in terms of costs and data upload to clinical advisor.	
12	*	provider network - adequacy, rates, education, capacity, disparity in access to care by region, distance to access, disparity in levels of care available by region		1		Provider Network implementation team established. Magellan has begun hiring network development staff; CSoc Team working on out of home placement assessment and related network development activities in partnership with Magellan	
13		Residential provider specific issues i.e. transition, rate setting and acuity level estimates				CSoc Team working on out of home placement assessment and related network development activities in partnership with Magellan. Rate setting has been done or nearing completion. Transition planning - should this be done by individual agencies?	

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14		CANS and OJJ's SAVRY (risk) assessment coordination	OJJ			CSoC Director will address with Magellan CSoC and provider network implementation teams	
15		Start-up activities: incurring costs for start-up (infrastructure)	regional concern			Contracts for start-up funding for staffing and minimal administrative costs are being developed.	
16		Coordinating and balancing outreach and "marketing" activities: CSoC is not open to everyone and WAA/FSO services are only for CSoC enrolled youth so need to inform people (providers, families) about the new services and not generate interest that cannot be accommodated	regional concern			Refer to Communications implementation team; concern has been shared with Covalent Logic as they formulated their approach for CSoC	
17		Ramp up – can the enrolled # increase at a rate higher than what Mercer projected in their models	regional concern			Refer to Magellan	
18		Recruitment and hiring of staff	regional concern			CSoC State Team providing support in this area as part of individualized TA	
19		Medicaid and non Medicaid eligibility roster				Refer to IT implementation team	
20		CSoC youth currently in a system - transition plans from current services and coordination with SMO and other agencies				Complete out of home care assessment by CSoC team and determine plan. What about CSoC youth receiving agency services that are not in an out of home placement? Should each agency determine the plan on a case by case basis?	

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21		Establishment of State Coordinating Council				Family Lead begins 12/12. FSO Workgroup meeting scheduled for 12/15 to review recommendations to date and plan next steps was poorly attended. Group rescheduled for 1/6.	
22		SMO recruitment/hiring status and timeline					
23		Gap - parent perspective					
24							
25							
26	Process						
27	*	mechanism to measure/data capture of all outcomes		1		Agency reps and Jody on behalf of WAA need to map intended outcomes to potential data sources and then work with Magellan, state departments and WAAs to ensure data capture	
28	*	Establishment of IMT				OBH is responsible to start this, agencies will need to identify membership. Uncertain when it will begin.	
29		training - providers, agency staff, consumers, cross over training and time commitment				CSoc Training plan developed; will be assessed on an ongoing basis	

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30	*	individual agency and SMO communication		1		Jody is working on setting up intital meetings between agencies and Magellan staff for week of 12/19. To be further defined via contracts with individual agencies; will also be addressed via Communications implementation team and with CSoc Liaisons	
31	*	Finance reports/invoicing/payment processes		1		Financial Stability workgroup and Fiscal implementation team will work on these issues as will contracts between Magellan and state agencies	
32	*	electronic behavioral health records - effect on agencies and concern over agency access		1		Provider Network and IT implementation teams to address; There are concerns about educating agencies who have no experience with EBHR. Clinical advisor demos are being conducted. Facilitator is Joseph Fontenot 225-342-8553 or email joseph.fontenot@la.gov	Y
33		communication mechanism between treatment providers and agencies and protocols for use				Magellan to define	Y
34	*	continuity of care - tracking outcomes and records across providers		1		Use of Magellan's EBHR will help with this; also Magellan has plan to ensure discharges from out of home levels of care are tracked	

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35		Timely access to appropriate levels of service or care (especially of concern for court involved cases)				Contractual expectation of Magellan; Provider Network implementation team to monitor process; OBH and EQRO will assess going forward	Y
36		Children/services denied by SMO who are in agency custody with court ordered services or for whom specific services have been included in agency case plans prior to CSoC involvement including services currently being ordered by judges which SMO would deem not appropriate/necessary.				Need education with Judges as well as to facilitate dialogue between Magellan and all relevant parties. Judges meeting in March will address. Individual department meetings with Judges prior to March can also discuss. Jody has had contact w/Rubye Noble to formulate some strategies to address this need. However, education is the preventative solution and agencies need a plan on how to go forward when this happens. Education will not prevent this situation 100%.	Y
37		Ability to incentivize residential or restrictive care settings to quickly move children to less restrictive environments and family settings as soon as safely possible.				Care Management/Utilization Management practices of managed care address the issue	
38		Title IV-E issues with residential youth				DCFS to address within their contract with Magellan and inform OJJ of any issues/changes/new procedures they must follow	Y
39		transition planning from inpatient/secure care back to school and home setting					

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40		coordination with CFT and other agency specific or multiagency "teams" required by law or agency policy to convene, i.e. IEP teams, ISC teams, DCFS internal teams				WAAs will develop approaches as they begin their work	Y
41		Coordination among agencies, parents and stakeholders involved in treatment planning and acknowledgment of other agency needs and perspectives				This is a fundamental element of the Child and Family Team process and will be trained and monitored	
42		provider procedures for accessing students during school hours	DOE				
43		family engagement/participation at all levels (specifically in case planning process) from both the family perspective and agency/provider perspective				FSOs to engage families; Magellan has family partners on staff to support engagement activities; CSoc State Team Family Lead will support activities as will the SCC	
44		Understanding the differences between traditional treatment planning and Child and Family Team process	regional concern			Training on CFT and Wraparound will address and will be ongoing	
45	*	Establishing communication processes (between SMO, WAA, FSO and Independent Assessor)	regional concern	1		Protocols to be developed; provider network team as well as CM/UM team to ensure this occurs	
46		dual system involved youth and hierarchy of payment					
47							
48		Gap - parent perspective					
49							
50							
51	Outcome						
52		Improved school outcomes both academic and behavioral					
53		suspension/expulsion rates					

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54		discipline referrals/detentions					
55		attendance/absences					
56		referrals to alternative schools					
57		fewer referrals to FINS					
58		cohort graduation rate					
59		academic performance					
60		grievances					Y
61		incidents					Y
62		denials of claims					Y
63		costs per person/per month					Y
64		appointment access (time to first appointment)					Y
65		# of hospitalizations including ED visits					
66		# of crisis interventions					
67		# of kids in restrictive out of home placements					
68		Less involvement in juvenile justice system					
69		patient/family satisfaction (questionnaires)					
70		Increase community based services for high risk youth on probation					
71		Shorter length of stay in residential group homes					
72		Fewer FINS youth					
73		More options for youth stepping down from secure facilities/reentry into communities					
74		Fewer youth in secure care					
75		Reduced # of foster care placements for children at risk of abuse or neglect					
76							
77		Gap - parent perspective					