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/or 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:

- Reducing the number of children and youth in detention and residential settings;
- Reducing the State's cost of providing services by leveraging Medicaid and other funding sources;
- Increasing access to a fuller array of home and community-based services that promote hope, recovery and resilience;
- Improving 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 (CSoC) 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 an as-needed basis.

§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, www.csoc.la.gov. The new or revised guidance along with the date of revision will be reflected in an updated electronic manual.

Chapter 2. CSoC Eligibility Criteria

There are two areas of eligibility a child/youth must meet: Clinical (also called Functional) and Financial. Clinical eligibility is determined by the CSoC Contractor while Financial eligibility is determined by Louisiana Medicaid.

§201. Clinical Eligibility

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

- Five (5) through twenty (20) years of age.
- DSM 5 diagnosis or is exhibiting behaviors indicating that a diagnosis may exist.
- Meets clinical eligibility for CSoC as determined by the Child and Adolescent Needs and Strengths (CANS) Comprehensive scale 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;
    - 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 with a projected discharge within the next 90 days or at imminent risk of OOH placement. Examples of OOH placements include, but are not limited to: Psychiatric Hospitals/Residential Treatment Facilities, Therapeutic Group Home, Therapeutic Foster Care, Non-medical group home, Addiction Facilities, Alternative Schools, Detention, Secure Care Facilities, etc.
- Generally involved with multiple state agencies.
- Has identified family or adult resource that is or will be responsible for the care of the child/youth and is willing to engage in wraparound.
- Screening, clinical eligibility assessment and CSoC enrollment may take place while a youth resides in an out-of-home Level of Care (such as a Psychiatric Residential Treatment Facility [PRTF], Substance Use Disorder [SUD] residential treatment setting, or Therapeutic Group Home [TGH]) and is preparing for discharge to a home and community-based setting. Screening, clinical eligibility assessment, and CSoC enrollment should be conducted 30 days (not to exceed 90 days) prior to discharge from a residential setting, as it is expected to assist in comprehensive discharge and treatment planning, prevent disruption, and improve stabilization upon reentry to a home and community environment.A re-assessment CANS Comprehensive and an Independent Behavioral Health Assessment (IBHA) is completed every 180 days at a minimum to verify continued clinical eligibility for services. (See Section 301 of this document for detailed description of the referral process.)

§202. Financial Eligibility

Financial eligibility is determined by Louisiana Department of Health (LDH) Medicaid. This process is described in Chapter 5.

Chapter 3. Referral and Screening

§301. General Referral Process

Anyone with concerns about a child/youth's behaviors may assist the parent/guardian in making a referral to CSoC. The child/youth's parent/guardian must be present or participate via phone in the referral process.

The General Referral Process is as follows:

1. Contact the child/youth's Healthy Louisiana Plan.

    a. Aetna Better Health: 1-855-242-0802
    b. Healthy Blue: 1-844-521-6941
    c. AmeriHealth Caritas: 1-888-756-0004
    d. Louisiana Healthcare Connections: 1-866-595-8133
    e. United Healthcare: 1-866-675-1607

    If the parent/guardian is unsure of which plan the child/youth belongs, call 1-855-229-6848 for assistance. If the child/youth is not a member of a Healthy Louisiana Plan, the primary caregiver may call the CSoC Contractor directly. The CSoC Contractor will screen and conduct the brief CANS, if appropriate, on non-Medicaid youth to determine clinical eligibility. For youth in which the brief CANS indicates clinical eligibility, the CSoC Contractor shall initiate a referral for Medicaid eligibility determination in accordance with standard operating procedures.

2. At the time of the initial call, the Member Service Representative (MSR) at the child/youth's Healthy Louisiana Plan will ask for basic identifying information such as, but not limited to: child/youth's full name; date of birth; address; Medicaid number; current living situation; anticipated discharge date if the child is not in a community placement; legal guardian's name, address and contact information; name of primary care provider; name of referral source; etc.

    Once this information is obtained, the Healthy Louisiana Plan will conduct a preliminary screening by asking the parent/guardian the following three (3) risk questions:

    Over the past month,

    a. 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)
    b. 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

c. 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

If the parent/guardian responds "Yes" to any one of the risk questions, the Healthy Louisiana Plan will refer the parent/guardian to the CSoC Contractor via a warm transfer for additional screening. The warm transfer gives the Healthy Louisiana Plan an opportunity to share information over the phone with the CSoC Contractor prior to the call transfer. This warm transfer also allows for all three parties to be on the line at the same time if needed.

NOTE: At the point of each transfer, the parent/guardian will be asked the same basic information regarding the child/youth's name, address, living situation, legal guardian name/contact information, etc., to ensure the accuracy of the child/youth's records within the Healthy Louisiana Plan and the CSoC Contractor.

3. Once the child/youth is referred to the CSoC Contractor, the CSoC Contractor's Care Manager will conduct an initial screening using the Brief Louisiana Child and Adolescent Needs and Strengths (CANS) tool, which looks at the following four domains:

    a. Risk – To Self and Others;
    b. Functioning – Family and Community Functioning;
    c. Clinical – Emotional or Behavioral Functioning; and
    d. Caregiver – Child/Youth's Caregiver.

    If the child/youth is presumed to meet clinical eligibility criteria for CSoC, based on the results of the Brief CANS, the child/youth enters into a period of "presumptive eligibility" which may last up to but no longer than 30 calendar days.

    Once the child/youth is deemed "presumptively eligible" for CSoC by the CSoC Contractor, a referral is made to a Wraparound Agency (WAA) and the Family Support Organization (FSO).

    In the event that the Wraparound Agency is at capacity, the CSoC Contractor will refer the youth back to their Healthy Louisiana Plan for case management until a CSoC slot is available at the WAA.

    If the child/youth is not determined presumptively eligible, the CSoC Contractor Care Manager will warm transfer the member/family back to the appropriate Healthy Louisiana Plan for referral and connection to behavioral health services and resources that may be available within their plan.

4. During the presumptive eligibility period, The WAA is responsible for:

    a. Accepting the initial written referral from the CSoC Contractor;
    b. Conducting initial outreach to the family within 48 hours of referral;
    c. Scheduling a face-to-face meeting with the family to be held within the first 7 days;
    d. Inviting the FSO to the initial meeting;
    e. Ensuring that the parent/guardian is aware of their options for services via CSoC or in

a residential setting. If the family agrees to services through CSoC, they sign the CSoC Freedom of Choice (FOC) form indicating CSoC is their choice.

f. Explaining the Wraparound Process, as well as all four special CSoC services (Youth Support and Training [YST], Parent Support and Training [PST], Independent Living Skills Building [ILSB], and Short Term Respite [STR]).
g. When FSO is unable to attend the first meeting, explaining that the FSO will contact the family and help the family prepare to participate in the wraparound process;
h. When FSO is unable to attend the first meeting, communicating with the FSO via email about the family in order to facilitate timely service provision;
i. Ensuring the completion and submission of the CANS Comprehensive and Independent Behavioral Health Assessment (IBHA) form within 30 calendar days of receipt of the referral;
j. Determining with the family, the behavioral health services the child is already receiving and outreaching to those providers;
k. Convening the Child and Family Team (CFT);
l. Developing the Initial Plan of Care (POC);
m. Ensuring the child/youth and family receive authorized services throughout the period of presumptive eligibility; and,
n. If a child/youth is living in a residential placement at the time of the referral to CSoC, notifying the CSoC Contractor of the actual discharge date.

Additional information on the WAA's roles and responsibilities can be found in **Chapter 6** of this document.

5. The Family Support Organization (FSO) also contacts the parent/guardian following receipt of written referral from the CSoC Contractor. This organization is made up of Parent Support and Youth Support Specialists that have 'lived' experiences with family members that have had behavioral health issues. These individuals are able to provide information to the family about the wraparound process, as well as the services that are available through the FSO to support the child/youth and their family. Additional information on the FSO can also be found in **Chapter 6** of this document.

During the presumptive eligibility period, The FSO is responsible for:

a. Accepting initial written referral from the CSoC Contractor;
b. Assigning an FSO staff member to the family;
c. Notifying the WAA by email, providing the name of the FSO staff and contact information
d. When possible, attending the initial meeting with the family and the WF;
e. Contacting the family independently if they were not able to attend the initial meeting with the WF
f. Contacting and helping engage the family, explaining their role as a parent or youth support and helping the family prepare to participate in the wraparound process;
g. Communicating with the WAA via email about the family when the PST or YST becomes aware of information that the WF needs to know;
h. Attending initial CFT; and
i. Notifying the WAA by email of any changes in the assigned FSO staff member.

Chapter 4: Assessment

The Wraparound Agency is responsible for ensuring that the Child and Adolescent Needs and Strengths (CANS) Comprehensive and the Independent Behavioral Health Assessment (IBHA) are completed by individuals who are licensed mental health professionals and hold the required active CANS certification. Then these documents shall be submitted to the CSoC Contractor within 30 calendar days of receipt of referral from the CSoC Contractor.

§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 symptomatology, risk behaviors, developmental functioning, personal/interpersonal functioning, and family functioning. The CANS is completed by a CANS certified individual and is conducted by a thorough face-to-face interview with the child/youth and their primary caregiver/guardian. The Comprehensive CANS is used to support the development of the individualized plan of care.

§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 Professional (LMHP) who is also certified as a CANS assessor. The IBHA and completed CANS Comprehensive Assessment are submitted to the CSoC Contractor within 30 calendar days of the date of referral.

§403. Certified Providers (CPs)

Certified Providers (CPs) are individuals that have a contract with or work for an agency that has a contract with the CSoC Contractor or the child/youth's Healthy Louisiana Plan and possess the professional qualifications required by the State of Louisiana to serve in that capacity. The Wraparound Agency is responsible for ensuring that the CANS Comprehensive is administered by a Certified Provider. The providers are initially certified through the Praed Foundation and must complete all required on-going training, which includes annual recertification through the Praed foundation and any trainings required by the CSoC Contractor.

- This means that the WAA can choose to:
    - Complete the CANS and IBHA form using the properly credentialed in-house staff.
    - Contract with (and reimburse) an Independent Assessor to complete the CANS and IBHA form.

- Arrange with a CSoC Contractor or Healthy Louisiana Plan contracted Independent Assessor to complete the CANS and IBHA form, and to have the Independent Assessor then bill the CSoC Contractor or Healthy Louisiana Plan for that service, depending on when the assessment occurs during presumptive eligibility (first or second calendar month). The CANS Comprehensive and IBHA form must be completed within the 30-calendar day presumptive eligibility period.

The CSoC Contractor is responsible for training and certifying CPs.

§403.1 Certification Requirements

In order to be a CP, an individual must:

- Work for an agency that is contracted with CSoC Contractor; or
- Have a contract with CSoC Contractor; or
- Have a contract with the child's Healthy Louisiana Plan (when assessments are completed during the first calendar month of referral).

Individuals serving as CPs must:

- Be a Licensed Mental Health Professional (LMHP): A LMHP includes individuals licensed to practice independently:
  - Medical Psychologists
  - Licensed Psychologists
  - Licensed Clinical Social Workers (LCSWs)
  - Licensed Professional Counselors (LPCs) - as long as they are in compliance with their professional board's practice act
  - Licensed Marriage and Family Therapists (LMFTs)
  - Licensed Addiction Counselors (LACs)
  - Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in 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); and,
- Successfully complete the Louisiana CANS online training for CPs that can be found on the Praed Foundation website.

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.

§403.2 Certification Process

- Contact the CSoC Contractor to apply;
- 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 offers 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 when available.

The link below is for registering for the CANS Comprehensive training, certification, and accessing resources. Other individuals may contact the Praed Foundation at www.praedfoundation.org for access to the CANS Collaborative website for training and certification.

Instructions to Register
To register for Certified Provider training, go to www.canstraining.com/login.

Chapter 5: Enrollment Process

§501. General Enrollment Process

Enrollment into CSoC is a multi-step process. The steps for enrollment are described below.

1. Determination of Clinical Eligibility, including the up to 30 calendar day period of presumptive clinical eligibility;
2. Determination of Medicaid Enrollment/Funding Stream Eligibility; and
3. Waiver Enrollment.

§501.1 CSoC Programmatic Enrollment

Programmatic enrollment into CSoC occurs after the following steps have been completed:

1. The results of the Brief CANS indicate the child/youth meets criteria for presumptive clinical eligibility and the CSoC Contractor sends a written referral to the Wraparound Agency (WAA) and the Family Support Organization (FSO).
2. The WAA obtains the parent/guardian's signature on the CSoC Freedom of Choice (FOC), indicating acceptance of services for their child/youth through CSoC rather than through an institutional setting. The WAA is responsible for ensuring that the Comprehensive CANS and the IBHA are completed and submitted to the CSoC Contractor within 30 calendar days upon receipt of referral.
3. The CSoC Contractor convenes an independent review team to review the results of the Comprehensive CANS, the IBHA and any other supporting data submitted by the family and the WAA. The CSoC Contractor applies the Louisiana CANS algorithm to ensure that the child/youth meets the level of care requirements as defined in the current waivers.
4. Medicaid eligible children/youth have presumptive eligibility up to 30 days after referral.

§501.2 Medicaid Enrollment and Funding Stream Eligibility

Children/youth must be eligible for Medicaid in order to be enrolled in CSoC. All children/youth receiving services through a Healthy Louisiana Plan are enrolled in Medicaid.

The CSoC Contractor will screen and conduct the brief CANS, if appropriate, on non-Medicaid youth to determine clinical eligibility. For youth in which the brief CANS indicates clinical eligibility, the CSoC Contractor shall initiate a referral for Medicaid eligibility determination in accordance with standard operating procedures.

For information on the electronic enrollment site and locations of Medicaid enrollment centers in Louisiana, go to http://ldh.la.gov/index.cfm/page/262 or call the toll-free Medicaid enrollment hotline at 1-888-342-6207 for assistance in completing the Medicaid application.

§501.3 Waiver Enrollment

Once the CSoC Contractor receives the completed CANS Comprehensive and IBHA forms for the child/youth and eligibility for CSoC is verified, the CSoC Contractor submits a daily spreadsheet to Molina detailing whether a child is eligible for 1915 (c) or 1915 (b)3 CSoC services, the date span for the waiver (up to 180 days), and the child's living setting. The CSoC Contractor must submit updated waiver eligibility 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. Disenrollment and Re-Referral

§502.1. Disenrollment

Children/youth that are referred to the WAA and FSO under 'presumptive eligibility' will be disenrolled in CSoC for one or more of the following reasons:

1. Child/youth did not meet clinical eligibility as required by the 1915 (b)3 or (c) waivers.
2. The required assessments and the CSoC Freedom of Choice were not completed within the required 30 calendar days.
3. Parent/legal guardian withdrew permission to receive CSoC services.
4. Child/youth was not discharged from an out-of-home placement within 90 days of the referral date.

If after the initial referral to the WAA and FSO under 'presumptive eligibility', the child/youth is not eligible for CSoC due to one or more of the above reasons, the CSoC Contractor is responsible for the following:

- Notifying the child/youth's Healthy Louisiana Plan in writing that the eligibility requirements were not met.
- Notifying the family if clinical eligibility is not met.
- Notifying the WAA to remove child/youth from census.
- Notifying the FSO to remove from child/youth from census.
- Submitting a presumptive eligibility disenrollment request to Molina through the daily eligibility spreadsheet.

The child/youth's Healthy Louisiana Plan is responsible for contacting the family to determine if other services are warranted.

§502.2. Re-referral

If the child/youth is disenrolled after the initial 30 days of presumptive eligibility, the parents/legal guardian may make a new referral following the established referral process. This new referral cannot originate from the WAA and must not be made prior to 30 days from any previous referral. At the time of the re-referral, the parent/legal guardian should tell

their Healthy Louisiana Plan that it is a re-referral to CSoC.

a. If needed, the Healthy Louisiana Plan will warm transfer the referral to the CSoC Contractor.
b. The caller can explain to the CSoC Contractor's Care Manager (CM) that this youth is being re-referred to be screened for CSoC.
c. The CM will conduct a new CANS Brief and follow the already established referral protocol.

Chapter 6. Wraparound Process

§601. Overview/General Description

Wraparound is an intensive, individualized, team based 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.

The cornerstone of the wraparound process is that it is driven by the goals, perspectives, and preferences of the child/youth and their family as they work side by side with the wraparound facilitator and the other members of the Child and Family Team. The Child and Family Team is charged with identifying any underlying needs that would lead to a better understanding of the child/youth's behavior and provide support to the family as they reach for their goals. Through this team-based collaborative approach, a single Plan of Care is developed that focuses on the strengths of the child/youth, family and other team members rather than the deficits. This single comprehensive plan encompasses both formal and informal services. During the regularly scheduled Child and Family Team meetings, the plan is reviewed and changes are made as needed so that the child/youth and family achieve their goals.

For more information on the Wraparound Process see 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. If the family chooses, FSO staff will provide support to 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 (NWI) and the phases of wraparound, see http://www.nwi.pdx.edu.

§603. The Wraparound Agency (WAA)

The Wraparound Agency (WAA) is responsible for ensuring the implementation of the wraparound process in accordance with the NWI 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 provide information on the services that the child/youth and family may receive in CSoC. WAA 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 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 the CSoC Contractor online 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 Strengths, Needs and Cultural Discovery or Family Story;
- Assisting the family in identifying and developing a Family Vision, Strengths, Needs, 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;
- Facilitating the development and implementation of the Plan of Care (POC), which includes a Crisis Plan. The Plan of Care will include formal and informal supports and services the Child and Family Team deem appropriate. Multi-Systemic Therapy is not available for youths enrolled in CSoC;
- Coordinating care with formal behavioral health providers, waiver service providers, PCP, FSO and other relevant stakeholders at critical points of enrollment, including but not limited to:
    - Electronic transmission of the eligibility documents (i.e., IBHA, CANS and POC) every 180 days;
    - Electronic notification of CFT meetings at least 7 calendar days prior to the meeting date and time;
    - Notification of updated CFT meeting date and time in the event of a cancelled and/or rescheduled CFT meeting;
    - Admission to and discharge from an inpatient psychiatric hospitalization or PRTF; and
    - New/updated behavioral health diagnoses.
- Providing within five business days after each CFT meeting an electronic copy of the current POC to all formal providers listed on the CFT via secure email;
- Actively participating in any fidelity monitoring activities, including not limited to Wraparound Fidelity Index, Short Form (WFI-EZ) administration; and
- Monitoring that the member is discharged within 90 days of referral from an out of home placement.

A child/youth may be referred to CSoC while residing in a non-Home and Community Based Setting (such as a PRTF or TGH) up to 90 days prior to their discharge date. In these circumstances, the WAA is responsible for working with the CSoC contractor to ensure 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) is submitted to the CSoC Contractor online within the required timelines. In addition to the above outlined WF activities, the WF is responsible for collaborating with the facility treatment team, the child/youth and family to assist in comprehensive discharge and treatment planning, reducing disruption and to improve stabilization upon the child/youth's reentry to a home and community environment.

There may also be circumstances when a child enrolled in CSoC enters a residential treatment setting. The child may remain in CSoC if they have an approved Plan of Care (POC), agreed upon by an active and functional Child and Family Team (CFT), that 1) indicates that after exhausting all other community

resources, the CFT is in agreement that the child will enter into the residential setting for up to thirty (30) days, not to exceed ninety (90) days, 2) treatment in the residential setting will target increasing stabilization in order for the child to return to his/her home and community for continued work with the CFT, 3) the POC identifies a working plan to expedite return to the community, inclusive of defining resources that need to be pursued, and 4) the POC indicates that while the youth stays in the residential setting, the CFT will meet weekly (by conference call, if needed) to further develop, review and update the POC. The Wraparound Facilitators will make all efforts such that the child and family, the residential facility staff who work directly with the child and family, and any current or newly identified community providers be in attendance at these CFTs.

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.

For additional information, please go to the 1915 (c) Waiver, Appendix B: Participant Access and Eligibility.
For the required qualifications of a WF, please see the Behavioral Health Services Provider Manual at: www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.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 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 Behavioral Health Services Provider Manual at: www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf.

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

- Ensure appropriate screening, hiring and 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 the CSoC Contractor 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, the CSoC Contractor, and regionally-based WAA staff to promote the values of CSoC and the values of wraparound; and
- Participate in any of the CSoC regional leadership groups.

§605. Transfer Process

In the event that a child/youth moves from one implementing 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 and sending to the receiving WAA;
- Ensuring that the family has the needed contact information for the new WAA agency;
- Submitting the Discharge Form to the CSoC Contractor 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 the CSoC Contractor;
- Reviewing the current POC/crisis plan and updating as needed with participation of members of the CFT;
- Submitting new POC/Crisis Plan to the CSoC Contractor within 30 days of referral date;
- Assisting the family in the identification of possible members for the new CFT;
- Assisting the family in the identification of service providers in the new region; 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 the CSoC Contractor and the receiving WAA.

§606. Discharge Process

Once the child/youth and family have met their goals identified through the Child and Family Team process, the child/youth is transitioned or discharged out of CSoC. A child/youth may also be discharged from CSoC for a variety of other reasons, including but not limited to: child/family moved out of state, parent/legal guardian withdrew permission, child/family became disengaged, etc.

The WAA must adhere to the following steps for discharge from CSoC:

1. Make referrals for post-wraparound supports and services at least 30 days prior to formal transition;
2. Notify all formal providers of youth's discharge or suspected ineligibility electronically no later than the date of discharge;
3. Complete the discharge CANS Comprehensive;
4. Facilitate the development of the child/youth's Discharge Plan of Care with the members of the CFT to ensure successful transition out of CSoC;
5. Submit the Plan of Care to the CSoC Contractor;
6. Complete CSoC Discharge Form and submit to the CSoC Contractor; and
7. Submit electronic notification of discharge (i.e., CSoC Discharge Form, Discharge POC, etc.) to all formal behavioral health providers, including waiver service providers, within five business days of discharge.

Chapter 7. CSoC Specialized Services

§701. General Description

There are four 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 Behavioral Health Services Provider Manual at the link below for a full description of the CSoC Specialized Services. Chapter 1: Services for CSoC Children includes an in-depth description of each service.
www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf

§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.

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.

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 Louisiana Department of Health (LDH) and the CSoC Contractor have Quality Assurance responsibilities. These responsibilities and activities are located in the Coordinated System of Care Quality Improvement Strategy which may be accessed at the link below.
http://new.dhh.louisiana.gov/assets/csoc/Documents/CSoCQualityImprovementStrategy.pdf.

§802.1 The Louisiana Department of Health (LDH) 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 Medicare and Medicaid Services (CMS). Specific activities of LDH 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 the CSoC Contractor; and
- ✓ Participating in the CSoC Contractor Quality Management (QM) activities, such as:
    - Performance improvement projects
    - Quality strategy initiatives
    - Provider performance profiling
    - Medical record audits
    - Special studies

§802.2 The CSoC Contractor's Quality Assurance (QA) Activities

The CSoC Contractor conducts the following QA activities:

- ✓ Participates in the QM initiatives as described in the Quality Improvement Strategy;
- ✓ Participates in the required external quality review (to be contracted by LDH/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 Assessment and Performance Improvement (QAPI) 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 LDH, CSoC Statewide Governance Board (SGB), stakeholders, committees, children/youth and families/caregivers, and posts on the CSoC Contractor's secure website;
- ✓ Collects CSoC Quality Measures quarterly from Wraparound Agencies, completes data analysis on program performance and quality improvement; and
- ✓ Meets performance requirements outlined in the CSoC Contractor contract.

§803. Wraparound Fidelity Assessment System (WFAS)

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. The CSoC Contractor will contract with NWI to conduct annual fidelity monitoring activities as agreed upon by LDH.

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: www.depts.washington.edu/wrapeval/content/quality-assurance-and-fidelity-monitoring.

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 the CSoC Contractor. 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 an annual basis.

§902. Training Requirements for WAAs and FSO

The Office of Behavioral Health and the CSoC Contractor 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 State requires that all wraparound facilitators and supervisors/coaches complete OBH approved Introduction to Wraparound Training and any additional training as required by OBH. The Wraparound supervisors/coaches must also complete an OBH approved Introduction to Coaching Training. The wraparound agencies are responsible for providing this training and ensuring that all direct care staff complete the initial training within 30 days of being hired and prior to working with families. This approach ensures that all wraparound staff across the state receive the same basic training.

The FSO supervisors and direct care staff are required to complete the following trainings: Introduction to Wraparound for Family Support Specialists, Functional Behavioral Approach, an OBH approved Peer Support Specialist Training as well as any additional training required by OBH. These specialized trainings ensure that the direct care staff has the knowledge base needed to provide information and support to the families that they work with. These trainings also focus on skill development, so that the parent support and youth support specialists will be able to use their personal experiences to engage families.

The Office of Behavioral Health, CSoC Contractor, Wraparound Agencies and the Family Support Organization recognize the importance of quality coaching for all direct care staff to ensure that they are able to effectively carry out their responsibilities. Through effective and on-going coaching and supervision, staff is able to further develop their skills while ensuring fidelity to the principles and practices of wraparound. Ongoing supervision is a requirement of both the WAA and the FSO to maintain OBH certification.

For additional information on the training and certification requirement for WAAs and the FSO, please see the Behavioral Health Services Provider Manual at:
http://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf.

Glossary

Calendar Days – All seven days of the week. Unless otherwise specified, the term "days" in this document refers to calendar days.

Can – Denotes a preference but not a mandatory requirement.

Centers for Medicare & Medicaid Services (CMS) – The agency within the U.S. Department of Health & Human Services that provides administration and funding for Medicare under Title XVIII, Medicaid under Title XIX, and the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. This agency was formerly known as the Health Care Financing Administration (HCFA).

Child and Adolescent Needs and Strengths (CANS) – is a multipurpose tool developed to support care planning and level of care (LOC) decision-making, to facilitate quality improvement (QI) 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.

Child and Adolescent Needs and Strengths (CANS) Certification – Requires participation in the Praed Foundation's online training at www.canstraining.com. This interactive training and certification site provides a full training experience with videos, quizzes, practice vignettes with feedback and certification testing.

Claim – A request for payment for benefits received or services rendered.

Co-Occurring Disorders (COD) – The presence of mental and substance use disorders. Clients said to have COD have one or more substance use disorders, as well as one or more mental disorders.

Contract – A written, signed and statutorily approved agreement.

Coordinated System of Care (CSoC) – Program focused on responding to the needs of young people who have significant behavioral health challenges who are in or at imminent risk of out-of-home placement, and their families; a collaborative effort among families, youth, the Department of Children and Family Services (DCFS), the Louisiana Department of Education (LDOE), the Louisiana Department of Health (LDH), and the Office of Juvenile Justice (OJJ).

CSoC Contractor – The entity contracted to administer the CSoC process.

CSoC Eligible – Children and youth eligible for services under the CSoC.

CSoC Standard Operating Procedures (SOP) Manual – A manual that provides guidance for conducting the day-to-day activities that are necessary in developing, implementing and sustaining the Coordinated System of Care in Louisiana.

Eligible – An individual qualified to receive CSoC services through the Contractor, consistent with any applicable eligibility requirements of LDH, DCFS, OJJ, LDOE, and the local education agencies.

> **Clinically Eligible:** Child/youth who meets the 1915 (b)3 or (c) waiver Level of Care requirements as assessed using the Child and Adolescent Needs and Strengths-Comprehensive LA Version. Clinical eligibility is re-assessed every 180 days.
>
> **Financially Eligible**: Child/youth who meets Medicaid financial requirements for services under the 1915 (b)3 and/or (c) waiver.
>
> **Pending Eligible**: Child/youth referred to WAA but do not have the parent/guardian signature on a signed CSoC FOC.
>
> **Presumptively Eligible**: 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 specialized waiver 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 psycho-education 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. Services may be provided individually or in a group setting.

Family Support Organization (FSO) – The role of the Family Support Organization (FSO) in the CSoC is to provide support, education and advocacy for children/youth with significant emotional and behavioral health challenges and their families. The FSO provides intensive face-to-face support to families and caregivers at the time and place that is most convenient for the family. The FSO employs Parent Support and Training and Youth Support and Training staff.

Freedom of Choice (FOC) – Upon receipt of a written referral from the contractor, 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 (WF) 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 30 calendar 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 the contractor 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.

Healthy Louisiana – Louisiana's Managed Care Organization (MCO) model of Medicaid managed care for members who are mandated to enroll for physical and/or behavioral health.

Home and Community-Based Services Waiver (HCBS) – Under Section 1915 (c) of the Social Security Act (SSA), a state may apply for a "waiver" from CMS to provide care and services in addition to those offered under the State plan. CMS will "waive" certain requirements of Title XIX if it finds that the State's proposal is cost-effective and efficient and not inconsistent with the purposes of Title XIX. States can offer a variety of services under these types of waivers, including standard medical services and non-medical services. Standard medical services include but are not limited to: case management (i.e., supports and service coordination), homemaker, home health aide, personal care, adult day health, habilitation (both day and residential), and respite care. States can also propose other types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community. Additionally, states may request a waiver of statewideness, comparability of services, and income and resource eligibility rules for the medically needy. Current HCBS waivers in Louisiana are the New Opportunities Waiver (NOW), Children's Choice Waiver, Elderly and Disabled Adult Waiver, Adult Day Healthcare Waiver, Supports Waiver, Residential Options Waiver, and the Coordinated System of Care (CSoC) Severely Emotionally Disturbed (SED)

Children's Waiver.

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 Professional (LMHP) who is also certified as a CANS assessor.

Independent Living/Skills Building - Services are provided in community settings and are designed to assist children who, are or will be, transitioning to adulthood beginning at the age of 14 years old with support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life and to reside successfully in home and community settings. Independent living/skills building activities are provided in partnership with young children to help the child/youth arrange for the services they need to become employed, access transportation, housing and continuing education. Services are individualized according to each youth's strengths, interests, skills, and goals and are included on an individualized transition plan (i.e., waiver POC). This service can be utilized to train and cue normal activities of daily living and instrumental activities of daily living.

LMHP – A Licensed Mental Health Professional (LMHP) is an individual who is licensed in the state of Louisiana to diagnose and treat mental illness or substance use disorder acting within the scope of all applicable state laws and their professional license. A LMHP includes individuals licensed to practice independently:

- Medical Psychologists
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Addiction Counselors (LACs)
- Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in 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)

Louisiana Medicaid State Plan – This is the binding written agreement between LDH and CMS that describes how the Medicaid program is administered and determines the covered services for which LDH will receive federal financial participation (FFP). Also referred to as the Medicaid State Plan.

May – Denotes a preference but not a mandatory requirement.

Medicaid – A means tested federal-state entitlement program enacted in 1965 by Title XIX of the Social Security Act. Medicaid offers federal matching funds to states for costs incurred in paying healthcare providers for serving eligible individuals.

Medicaid Eligibility Determination – The process by which an individual may be determined eligible for Medicaid or Medicaid-expansion CHIP program.

Medicaid State Plan – This is the binding written agreement between LDH and CMS that describes how the Medicaid program is administered and determines the covered services for which LDH will receive FFP. Also, Louisiana Medicaid State Plan.

Medically Necessary Services – Healthcare services that are in accordance with generally accepted evidence-based medical standards, or that are considered by most physicians (or other independent

licensed practitioners) within the community of their respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be: 1) Deemed reasonably necessary to diagnose, correct, cure, alleviate, or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity, or malfunction. 2) Those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the recipient. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and neither more nor less than what the recipient requires at that specific point in time.

Member – Child/youth enrolled by the Contractor in the CSoC.

Must – Denotes a mandatory requirement.

National Wraparound Initiative (NWI) – Works to promote understanding about the components and benefits of care coordination using the wraparound practice model and to provide the field with resources and guidance that facilitate high quality and consistent Wraparound implementation.

Network – As used in the Contract, "network" may be defined as a group of participating providers linked through contractual arrangements to the Contractor to supply a range of behavioral healthcare services. The term "provider network" may also be used.

OBH – Office of Behavioral Health, Louisiana Department of Health

Original – Denotes must be signed in ink.

Out-of-Home Placements – Placement of child/youth in any of the following settings including, but not limited to: 1) detention, 2) secure care facilities, 3) psychiatric hospitals, 4) residential treatment facilities, 5) developmental disabilities facilities, 6) addiction facilities, 7) alternative schools, 8) homeless, as identified by Louisiana Department of Education (LDOE), and 9) foster care.

Parent Support and Training (PST) – Designed to benefit children/youth experiencing a serious emotional disturbance (SED) that are enrolled in the CSoC and are in or at risk of out-of-home placement. This service provides the training and support necessary to ensure engagement and active participation of the family in the child and family team planning process and with the ongoing implementation and reinforcement of skills learned throughout this process. Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child/youth.

Pending – Children/youth referred to the Wraparound Agency but do not have parent/guardian signature on the CSoC Freedom of Choice.

Plan of Care (POC) – The Plan of Care identifies individualized strategies designed to guide the development of an individual, specific plan to address the behavioral health and natural support needs of the member. POC are intended to ensure optimal outcomes for individuals during the course of their care. 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 are identified on the POC. It must reflect the full range of a participant's service needs and include both the 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 every 30 days, or whenever necessary, due to a change in the participant's needs.

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 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 specialized waiver services.

Quality – As it pertains to external quality review, the degree to which the Contractor increases the likelihood of desired health outcomes of its members through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.

Quality Assessment and Performance Improvement (QAPI) Program – Program that objectively and systematically defines, monitors and evaluates the quality and appropriateness of care and services and promotes improved patient outcomes through performance improvement projects, medical record audits, performance measures, surveys, and related activities.

Quality Assurance Committee (QAC) – Promotes, coordinates, and facilitates the active exchange of successful programs, practices, procedures, lessons learned, and other pertinent information of common interest to QA based on a quarterly review of the Quality Improvement (QI) strategy, including discovery activities and system improvement activities.

Section 1915(b)(3) – This section of the Social Security Act allows the State to share cost savings resulting from the use of more cost-effective medical care with members by providing them with additional services. The savings must be expended for the benefit of the Medicaid member enrolled in the waiver.

Shall – Denotes a mandatory requirement.

Short Term Respite (STR) - Provides temporary direct care and supervision for the child/youth in the child's home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with a SED or relief of the child. The service is designed to help meet the needs of the primary caregiver, as well as the identified child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child. Respite may be either planned or provided on an emergency basis.

Should – Denotes a preference but not a mandatory requirement.

Significant – As utilized in this document, except where specifically defined, shall mean important in effect or meaning.

Specialized Behavioral Health Services – Mental health services and substance use disorder services that include, but are not limited to, services specifically defined by Louisiana Medicaid and provided by a Psychiatrist or Licensed Mental Health Professional (LMHP) as defined in the glossary.

Warm Transfer – A type of referral that involves phone contact between the person/agency making the referral and the person/agency receiving the referral to ensure effective sharing of information and continuity of care.

Will – Denotes a mandatory requirement.

Wraparound – an intensive, individualized, team based 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 Agency (WAA) – WAAs are the locus of accountability for developing a single plan of care and providing intensive care coordination and management for children within the CSoC needing such supports. The WAA employs Wraparound Facilitators (WF), clinical directors, supervisors/coaches who are trained in the wraparound model, in accordance to the standards of practice established by the National Wraparound Initiative (NWI) and deliver wraparound facilitation to the children, youth and families enrolled in CSoC. With the goal of "one family, one plan of care, and one WF."

Wraparound Data Spreadsheet – A reporting tool used to collect and report child specific information. This tool is used to provide the Contractor and LDH with information on the population of children served in wraparound, wraparound process measures, and the impact of wraparound.

Data domains include, but are not limited to, demographics, enrollment, plan of care, utilization of services and supports, and education. The Wraparound Agency completes/updates this tool on each enrollee monthly and submits it to the Contractor.

Wraparound Fidelity Assessment System (WFAS) – A multi-method approach to assessing the quality of individualized care planning and management for children and youth with complex needs and their families.

Wraparound Scorecard – A quarterly report, issued to reflect calendar quarters, that provides de-identified regional and system aggregate achievement on thirteen metrics, eleven of which are derived using claims data. The report is compiled approximately 60 days after the reporting period to accommodate claims lag. The metrics are subject to change, per LDH authority and approval.

Youth Support and Training (YST) – Child-/youth-centered services that provide the training and support necessary to ensure engagement and active participation of the youth in the child and family team planning process and with the ongoing implementation and reinforcement of skills learned throughout the process. Services shall have a recovery focus that is designed to promote the skills necessary for both coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills.

Glossary of Acronyms

BH	Behavioral Health
CANS	Child and Adolescent Needs and Strengths assessment tool
CFR	Code of Federal Regulations
CFT	Child and Family Team
CM	Care Manager or Care Management
CMS	Centers for Medicare & Medicaid Services
CP	Certified Provider
CQI	Continuous Quality Improvement
CSoC	Coordinated System of Care
CSoC SOP	CSoC Standard Operating Procedures Manual
DCFS	Department of Children and Family Services
EBP	Evidence-Based Practices
FOC	Freedom of Choice
FSO	Family Support Organization
HCBS	Home and Community-Based Services
IBHA	Independent Behavioral Health Assessment
ILSB	Independent Living Skills Building
IMT	Inter-Departmental Monitoring Team
LAC	Licensed Addiction Counselor
LCSW	Licensed Clinical Social Worker
LDH	Louisiana Department of Health
LMFT	Licensed Marriage and Family Therapist
LMHP	Licensed Mental Health Professional
LOC	Level of Care
LPC	Licensed Professional Counselor
MCO	Managed Care Organization
MSR	Member Service Representative
MST	Multisystemic Therapy
NMGH	Non-Medical Group Home
NWI	National Wraparound Initiative
OBH	Office of Behavioral Health
OJJ	Office of Juvenile Justice
OOH	Out of Home
PIP	Performance Improvement Project
POC	Plan of Care
PRTF	Psychiatric Residential Treatment Facility
PSS	Parent Support and Training Specialist
PST	Parent Support and Training
QA	Quality Assurance
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
QIS	Quality Improvement Strategy
QM	Quality Management

SDM	Service Definition Manual
SGB	Statewide Governance Board
SMI	Serious Mental Illness
SP	State Plan
SPA	State Plan Amendment
STR	Short Term Respite
SUD	Substance Use Disorder
TFC	Therapeutic Foster Care
TGH	Therapeutic Group Home
WAA	Wraparound Agency
WERT	Wraparound Evaluation and Research Team
WF	Wraparound Facilitator
WFAS	Wraparound Fidelity Assessment System
YSS	Youth Support and Training Specialist
YST	Youth Support and Training