Coordinated System of Care (CSoC) Contractor

Quality Improvement – Clinical Management Program Evaluation

Magellan Health of Louisiana
Contract Period: 11/01/2018 – 12/31/2019

NCQA Reference Guide

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Executive Summary

QI 01, Element B, Factors 1–3

Magellan Healthcare in Louisiana (Magellan) is the delegated Coordinated System of Care (CSoC) Contractor for the Louisiana Department of Health (LDH). The CSoC Unit conducts an annual evaluation of its Quality Improvement Program to: evaluate outcomes, review effectiveness, assess goal achievement, evaluate the deployment of resources, document and trend input from advisory groups including youth, family members and other stakeholders, and identify opportunities for improvement in the ongoing provision of safe, high-quality care and service to members. The evaluation covers a fully integrated quality program that includes recovery and resiliency-focused clinical and medical integration programs. This report summarizes the evaluation findings for the CSoC Unit data from 01/01/2019 through 12/31/2019. In addition, this report assesses progress towards the goals and prioritized objectives set forth in the previous year's CSoC quality improvement program description, work plan, and program evaluation. Through the diligent work and dedication of Magellan staff, CSoC continues to achieve its mission on improving the lives of Louisiana families in both spirit and practice.

Key Accomplishments

Key accomplishments in 2019 identified as a result of the development of this evaluation include:

- Over 95% members reported they are receiving services in the type, amount, duration, and frequency specified in their POC in all 12 months of 2019.
- Youth and families were effectively connected to quality healthcare providers, with 95.9% of members responding positively when asked if their child has access to quality healthcare.
- Surpassed goals for telephonic accessibility indicators in 2019, with a call abandonment rate of only 1.25%, and an average speed to answer (ASA) of 7.18 seconds.
- Met geographic density standards for all provider types, including psychiatrists and other behavioral health physicians.
- Ensured members had availability to desired providers, as evidenced by 95.9% of members (n=410) reporting they were happy with the choice of healthcare providers they had through Magellan.
- Assisted youth and families in accessing crucial urgent care, with 94.4% of members (n=409) reporting their child is able to access urgent treatment as soon as it is needed.
- Achieved 97.6% positive responses indicating that Magellan's healthcare providers respect the cultural and linguistic needs of the youth and families served.
- Maintained 5% or less of members requiring inpatient hospitalization each quarter since 2018.
- Implemented a customized Plan of Care Review Tool to provide real-time oversight and feedback to treatment teams; thus, expanding the scope and scale by which Plans of Care can be monitor and improved.
- Exceeded the Utilization Management timeliness standards for decisions and notification for Post Service, Preservice Urgent, and Urgent Concurrent Reviews, with compliance rates of ≥ 99.5% in all categories.
- Maintained strong clinical outcomes with over 72% of members discharging each quarter with improvement in clinical functioning since January 2018.
- Achieved program goals with over 92% of youth discharging to home and community-based settings in 2019.
- Successfully implemented screening programs to increase the assessment of trauma and depression for youth and families enrolled in CSoC.
- Increased evidence of coordination of care with Wraparound Agencies and PCP at significant points in treatment from 81.33% in 2018 to 99.05% in 2019.

- Successfully implemented 12 Regional Advisory Conferences (RAC) in each of the 9 CSoC regions to connect behavioral health providers, local school systems, child-servicing state agencies, law enforcement, and the juvenile justice system in a roundtable discussion on the strengths and improvement opportunities of our current behavioral health system. 92% of surveyed attendees (n=172) reported positive overall satisfaction with the RAC and 87% reported that the RAC increased knowledge of the CSoC program and provider issues.
- Actively engaged with our communities by participation in 23 community and volunteer events across the state of Louisiana.
- Successfully established and implemented a data exchange protocol to transition Wraparound Agencies from invoice-based reimbursement to claims-based reimbursement to support and enhance state and federal reporting requirements.

Effectiveness of QI Program

Based on evaluation findings, the QI Program was effective in meeting clinical practice goals for the members served. There were adequate QI resources in 2019 and the QI committee structure provided an appropriate venue for the analysis and monitoring of quality indicators and improvement activities. Areas of opportunity for further improvement were identified and will be prioritized in 2020. Below is a list of the prioritized goals and objectives that have been incorporated into the 2020 Quality and Clinical Work Plan.

Program Focus and Prioritized Objectives for 2020

Prioritized goals and objectives for CSoC Unit for 2020 are based on a review of:

- Progress towards 2019 program goals;
- Lessons learned;
- An assessment of the identified opportunities for improvement and their root causes;
- An increased understanding of the need for timely identification of critical variables and their root causes (barriers) in order to identify and implement effective interventions;
- Customer feedback and contractual requirements; and
- Youth, family member and stakeholder input.

The prioritized goals and objectives for CSoC Unit in 2020 are:

I. Positively Influence Member Health, Well-Being, and Safety

- Approve and implement enhanced policies for WAA management and clinical oversight of enhanced-risk youth by Q4 2020.
- Meet or exceed the 90th percentile for HEDIS®–Like 7-day Follow-up after Hospitalization measure from 53.2% (MY 2018) to 58% for MY 2019, meeting the 75th percentile (58%).
- Increase the percentage in which the formal behavioral health provider's member records include a crisis plan for risk behaviors from 85% to 90%.
- Increase the percentage of Plans of Care meeting best practice standards for crisis planning, as evidenced by the plan having strategies assigned to multiple treatment team members, from 50% to 55%.
- Improve coordination of care between Wraparound Agencies and treating practitioners and providers as evidenced by increasing the percentage of records that include the youth's current assessment and Plan of Care from 32% to 40%.

II. Enhance Service and Experience of Care

- Sustain high member experience of care as evidenced by 90% of members reporting positive overall member satisfaction on the 2020 Member Experience of Care survey administration.
- Achieve response rate of 75% for the newly implemented FSO Experience of Care Surveys, which measure SAMHSA's Core Competencies for Peer Workers.
- Distribute Evidenced-based Practice workbooks to practitioners and providers to support evidence-based treatment modalities for anxiety, depression, and conduct disorders.
- Increase the percentage of Plans of Care meeting best practice standards for the utilization of informal and natural supports as evidenced by having assigned strategies from 45% to by 50%.
- Improve the percentage of Plans of Care approved at first submission from 66% to 70%.

III. Meet and Exceed Contractual, Regulatory, and Accreditation Requirements

- Complete 100% of end-to-end process mapping for all contract deliverable reporting by Q3 2020.
- Achieve three-year Managed Behavioral Healthcare Organization (MBHO) accreditation from the National Committee for Quality Assurance (NCQA) in 2020.
- Achieve full implementation of electronic claims submission for WAAs by end of Q3 2020.
- Identify two modifier combinations for use during claim submission to signify an event associated with the practice of wraparound by end of Q4 2020 with the goal to increase efficiencies in the exchange of data with Wraparound Agencies.

Acknowledgment and Approval

The 2019 Quality Improvement and Utilization Management Program Evaluation was prepared by the CSoC Unit and reviewed and approved by the Quality Improvement Committee during its meeting on March 19, 2020, as indicated by the signature(s) below:

Signature on file — 03/19/2020

Richard Dalton, MD, Medical Director — Date
Co-Chair, CSoC Unit Quality Improvement Committee (CSoC)

03/19/2020

Wendy Bowlin, Director of Quality and Outcomes — Date
Co-Chair, CSoC Unit Quality Improvement Committee (CSoC)

Overview

Louisiana developed the Coordinated System of Care (CSoC) to serve children and youth with significant behavioral health challenges who are in or at imminent risk of out-of-home placement. Magellan is contracted with Louisiana Department of Health (LDH) to serve as the Coordinated System of Care (CSoC) the CSoC Contractor. Magellan is responsible for coordination and management of specialized Medicaid behavioral health benefits and services as specified by the Louisiana Medicaid State Plan-approved waivers to Medicaid children and youth who meet CSoC eligibility criteria. In CSoC, system of care values and Wraparound principles are applied to create an integrated behavioral health system with enhanced service offerings to achieve positive outcomes for youth and families.

Families enrolled in CSoC receive intensive, individualized services in their homes and communities. To achieve this, youth and families are partnered with a team of their choosing to develop a novel approach to treatment that meets their unique behavioral needs. The integration of into one coordinated plan allows for better communication and collaboration among families, youth, state agencies, providers, and others who support the family. This approach also benefits the state of Louisiana by creating a more cost-effective system; encouraging the sharing of resources across state agencies.

Program Description

The Coordinated System of Care in Louisiana is a specialty program, unlike any other comprehensive behavioral health treatment approaches. Magellan's goal is to ensure that children with severe behavioral health challenges, and their families get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider. Above all, CSoC aims to keep youth in their own homes and assist them to function optimally within their own communities.

This initiative serves families of children who have complex behavioral health needs and are either in, or at risk of being in, out-of-home placement. The family-driven and coordinated approach of CSoC is meant to develop and maintain a service delivery system that is better integrated, has enhanced service offerings, and achieves improved outcomes. This is accomplished by ensuring that children with severe behavioral health challenges, and their families, get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider, in order to keep, or return children to, their home and their communities.

CSoC team members apply clinical expertise, coupled with care and respect for each member, to maintain high-quality clinical care. Efforts are focused on promoting System-of-Care values including:

- Family-driven and youth-guided care
- Team-based strategies
- Culturally and linguistically competent
- Strength-based
- Integrated across systems
- Individualized treatment planning
- Unconditional care

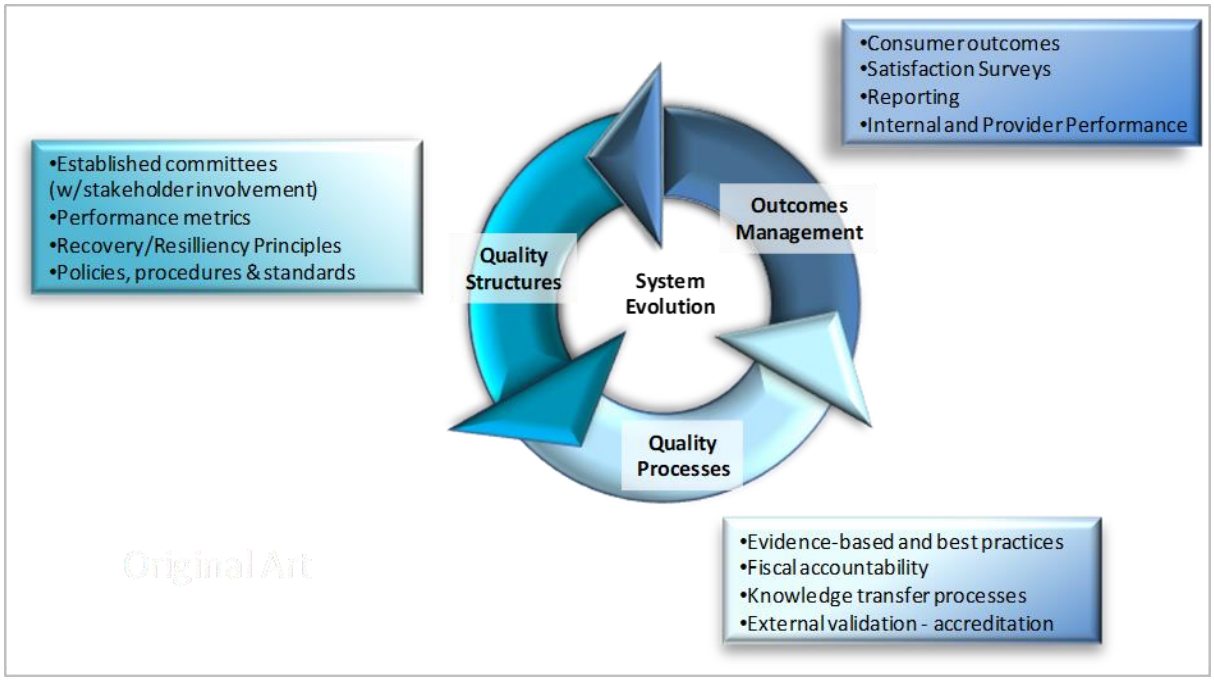
Quality Improvement Program

Magellan's Quality Improvement (QI) Program is member-focused and includes the objective and systematic monitoring of quality, recovery, and resiliency-focused healthcare services provided to Louisiana youth and families. We leverage our extensive national experience in managing specialty behavioral health programs and promoting systems of care (SOC) values to ensure positive outcomes are achieved. Magellan fully embraces Wraparound philosophies and recognizes that whole-team engagement is necessary to ensure that Magellan's goals align with those of its membership within the unique culture of Louisiana.

The scope of the QI program includes monitoring the quality of behavioral health and related recovery and resiliency services provided to Magellan's customers. Our QI Program is the direct responsibility of Louisiana's CSoC Unit Program Director, Kathleen Coenson. The QI program is managed by the Director of Quality and Outcomes, Wendy Bowlin, who is supported by regional and corporate staff. Local oversight of the QI program is provided by the Louisiana CSoC Quality Improvement Committee (QIC). Corporate oversight of the QI program occurs through a corporate committee structure.

Quality Process

Magellan maintains an internal Quality Assurance and Process Improvement (QAPI) program that complies with state and federal standards specified in 42 CFR §438.200, the Medicaid State Plan and waiver applications relative to the CSoC, and any other requirements as issued by LDH. The QI program is member-focused and utilizes a Six Sigma Define, Measure, Analyze, Improve, and Control (DMAIC) approach to ensure the timely identification of critical needs and to drive barrier analysis. DMAIC process outcomes are used to develop measurable interventions that lead to improvement.



As illustrated in the figure above, Magellan's approach to quality improvement involves a continuous process of measuring outcomes by enacting structures to monitor quality and integrating that data to drive program decisions and innovations.

Population Assessment

QI 04, Element A, Factors 1 & 2
QI 09, Element A, Factors 1 – 5

Magellan is committed to providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Cultural competence is defined as providing care that meets an individual's unique cultural needs, which is essential to the delivery of effective and responsive care. Like the wraparound model, Magellan demonstrates respect and builds on the values, preferences, beliefs, culture, and identity of the youth and family served, focusing on the community culture unique to every member.

Magellan recognizes that in order to facilitate successful collaboration, team members, including Wraparound Facilitators and formal providers, must have an inherent respect for the diversity of expression, opinion, and preference among the youth and families served. It is through this respect that the principle of family voice and choice is achieved in the Wraparound process. Magellan demonstrates our high regard of this principle by embracing families where they are and promoting the strengthening of connections with natural supports in their communities. Cultivating a sustainable connection to community supports allows for continued positive outcomes after formal Wraparound has ended.

Magellan conducts an annual assessment of CSoC members and providers in order to assess characteristics of their cultural, ethnic, racial, and linguistic needs. When opportunities for improvement are identified, Magellan will adjust the availability of practitioners within its network to meet the needs and/or preferences of the CSoC membership. This section of our program evaluation provides a comprehensive assessment of those characteristics, an evaluation of social determinants of health, and analysis of potential mental health disparities. The section includes our strategies to support culturally competent service delivery and an identification of member needs to be addressed through our QI program activities in 2020.

This section will provide information on some of the key demographic and relevant characteristics represented by the CSoC population. Areas addressed include:

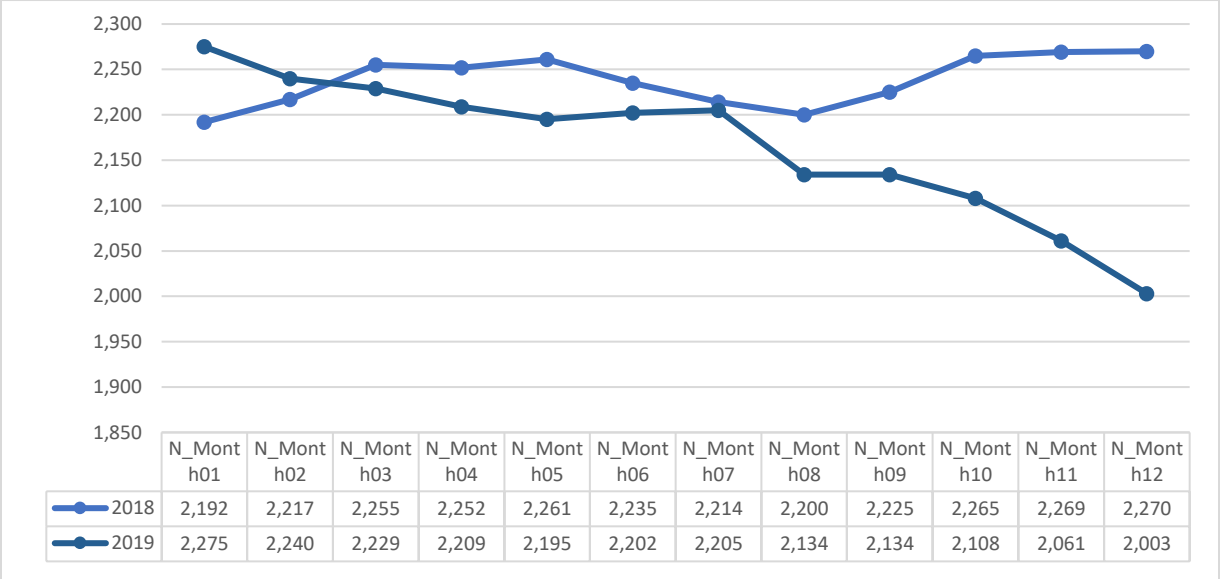
- Members Served
- Geographic Classification
- Gender, Race, and Ethnicity
- Linguistic Needs
- Special Member Needs
  - Children and Adolescent
  - Diagnostic Prevalence (including SED)
  - Intellectual/Development Disabilities
  - Involvement in Child-Serving State Agencies
  - Members Identifying as LBGTQ+

Members Served

The primary data source for member demographics is a combination of Medicaid eligibility data and authorization data housed in Magellan's internal management system. CSoC is a CMS waiver-base program for Medicaid youth in Louisiana between the ages of 5 and 20. It expands access to intensive community-based behavioral healthcare to Medicaid youth that traditionally experience barriers accessing healthcare. Referrals can be initiated by anyone with the consent of the youth and family through the member's MCO health plan. CSoC can be accessed by 2,400 youth at any given time. In the event that CSoC is at capacity, members continue

to have access to specialized behavioral health services through their MCOs. The CSoC program served a total of 4,329 unique members from 01/01/2018 through 12/31/2018 and 4,358 members from 01/01/2019 through 12/31/2019.

Enrollment on the Last Day of the Month



	N_Month01	N_Month02	N_Month03	N_Month04	N_Month05	N_Month06	N_Month07	N_Month08	N_Month09	N_Month10	N_Month11	N_Month12
2018	2,192	2,217	2,255	2,252	2,261	2,235	2,214	2,200	2,225	2,265	2,269	2,270
2019	2,275	2,240	2,229	2,209	2,195	2,202	2,205	2,134	2,134	2,108	2,061	2,003

Geographic Classification

The geographic location of CSoC youth and families is an important factor from both a cultural standpoint and regarding access to care. The majority of CSoC members, or 71% (n=1,644), reside in rural settings. The remaining 29% (n=657) reside in urban settings. Where adolescents reside can affect both their exposure to adversity and the availability of health services. Most adolescents in the United States live in or just outside an urban area. Although adolescents in urban areas may be exposed to higher levels of violent crime, they are more likely than their rural peers to have access to playgrounds, community or recreation centers, and parks. Mental health services are notably limited in rural areas and adolescents living there are less likely than those living in urban areas to receive mental health services from a pediatrician or family physician.

Geographic Classification on Last Day of the Year 2019

Member Group	Number	Percent
Urban/Suburban	657	29%
Rural	1,644	71%
Total	2,301	100%

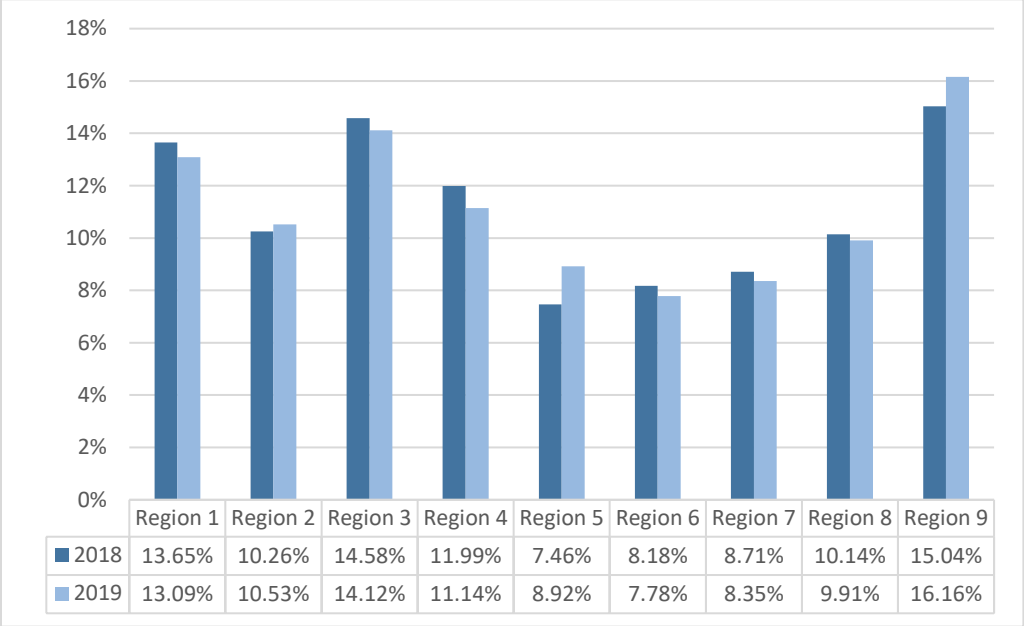
Rural adolescents are also more likely to live in low-income households than adolescents in urban areas, and poverty is a reality for many Louisiana residents. In 2018, 18.6% of the population lived below the poverty line. Growing up in poverty can create significant challenges for our members. Rural youth especially face barriers to accessing health services due to a shortage of formal providers and transportation challenges. Therefore, it is crucial that novel solutions be found to meet this need. Magellan's data drives network development activities in rural areas to ensure access to care and freedom of choice. As an intervention, Magellan recommends that WAAs serving rural areas emphasize natural and informal support engagement to mitigate decreased access to

formal service providers. Engagement of these types of supports is closely monitored via the Plan of Care Review Tool.

CSoC Regions

CSoC is divided into nine geographical regions to allow individual agencies to practice wraparound specific to the needs of their communities. Although most regions serve members living in both urban and rural areas, three regions have a larger percent of members residing in urban communities. These are Region 1 (i.e., New Orleans), Region 2 (i.e., Baton Rouge) and Region 8 (i.e., Shreveport). In order to ensure members from all regions have access to CSoC, we continually evaluate regional enrollment trends. For the past two years, Region 9 had the highest census, accounting for 15.04% of the total CSoC population in 2018 and 16.16% in 2019. Region 6 represented the lowest enrollment, accounting for 7.78% of the total population in 2019. Many factors, including urban-rural classification and referral source, can impact differences in regional enrollment.

Average Annual Enrollment by Region



	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
2018	13.65%	10.26%	14.58%	11.99%	7.46%	8.18%	8.71%	10.14%	15.04%
2019	13.09%	10.53%	14.12%	11.14%	8.92%	7.78%	8.35%	9.91%	16.16%

Gender, Race and Ethnicity Demographics

Most behavioral health studies have found disparities in access, use, and quality in behavioral health services among diverse ethnic and racial groups in the United States. Because this is a variable that can impact behavioral health outcomes, we consistently monitor the race, gender, and ethnicity of our membership. Currently, African Americans comprise the highest percentage of our membership, representing 56.48% (n=2,468) of the total population. The second highest percentage of members identify as White, at 38.63% (n=1,688). This aligns with research citing racial disparities for youth and children at high risk for commitment or arrest. Non-Hispanic/Latinos represent 96.48% of our membership (n=4,216). The demographics of CSoC members has been stable since the program's inception, and there were no notable changes to the composition of age, race, gender, or ethnicity categories observed in 2018 and 2019.

Gender of CSoC Members

	2018		2019	
Gender	Number	Percent	Number	Percent
Female	1,696	39.18%	1,762	40.32%
Male	2,633	60.82%	2,608	59.68%
Total	4,329		4,370	

Race of CSoC Members

	2018		2019	
Race	Number	Percent	Number	Percent
Black/African American	2,450	56.60%	2,468	56.48%
White	1,673	38.65%	1,688	38.63%
Multi-Racial	78	1.80%	80	1.83%
Other/Single Race	41	0.95%	45	1.03%
American Indian/Alaskan Native	33	0.76%	27	0.62%
Native Hawaiian/Pac Islander	11	0.25%	10	0.23%
Asian	8	0.18%	9	0.21%
Unknown	35	0.81%	43	0.98%
Total	4,329		4,370	

Ethnicity of CSoC Members

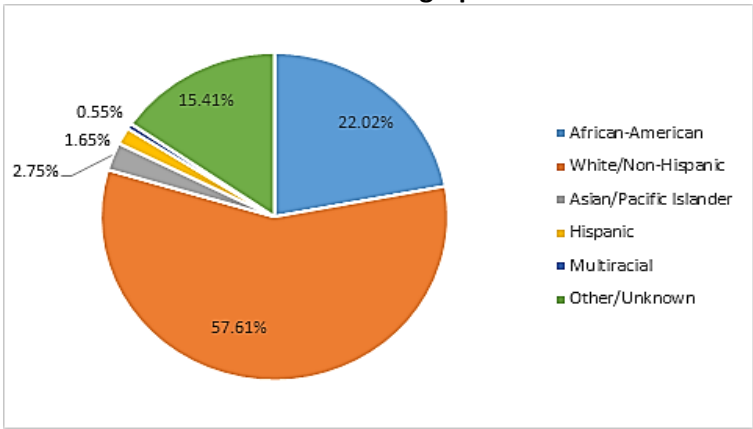
	2018		2019	
Ethnicity	Number	Percent	Number	Percent
Non-Hispanic/Non-Latino	4,171	96.35%	4,216	96.48%
Hispanic/Latino	95	2.19%	93	2.13%
Unknown	63	1.46%	61	1.40%
Total	4,329		4,370	

Practitioner and Provider Demographics

A key component of practicing cultural competency is ensuring that providers within the treatment network reflect the diversity of those served and are able to meet their unique needs. In Magellan's culture-based wraparound model, families exercise choice in the services they receive and the providers that deliver them. Magellan takes collaborative action to serve CSoC members by annually assessing provider demographics and using that data to drive network growth.

A total of 545 providers were assessed in 2019 to examine the demographic makeup of those who serve CSoC youth and families. Of the total providers, the majority, 57.61%, identified as white/non-Hispanic. The second highest provider demographic was African American at 22.02%. Other demographics of Magellan providers include 2.75% Asian/Pacific Islander, 1.65% Hispanic, and 0.55% multiracial. A total of 15.41% of providers either did not identify a specific demographic category.

Provider Demographics



The current data we have regarding the demographic composition of CSoC providers does not match the current racial composition of the youth and families served, which consists of approximately 56% black/African Americans, 37% whites, and 5% identifying as multi-racial or other. One barrier encountered is the inability to account for the demographic characteristics of unlicensed staff who are employed by Medicaid providers. Most outpatient behavioral health services are delivered by unlicensed staff that meet specific qualification and training requirements that are employed by a certified and contracted provider organization. Reimbursement for services rendered by unlicensed staff were previously acquired through the organization NPI number; however, in 2019, the state of Louisiana implemented a law requiring all unlicensed staff to be reimbursed under unique NPI numbers. This law will increase Magellan's ability to achieve a more accurate understanding of the unique characteristics of all staff working with CSoC youth and families – both licensed and unlicensed. Another barrier is the relatively high percentage of providers without an identified demographic (15.41%), which limits the ability to connect members with providers that may be a better fit for their family. In 2020, the Cultural Competency Committee will monitor key indicators for provider demographics and implement interventions as needed to improve data integrity in this area.

Linguistic Needs

The language classification of members is monitored to ensure that our network supports their needs. The primary language for CSoC members is English, representing 98.63%% of the total population (n=4,310). Unspecified/Not Declared and Spanish represent 0.89% and 0.46% of our population, respectively. In 2019, only 21 youth and families, or 0.5% of enrolled members, reported a language other than English (i.e., 20 Spanish and 1 Vietnamese) as their preferred language through Medicaid eligibility data. This is consistent with reports from the Louisiana Department of Health's Preferred Language Statewide by Parish[1], which provides the breakdown of languages spoken by Medicaid-eligible members by parish. As of 02/15/2020, the site indicated that 98% of the 1,730,634 Medicaid eligible members in Louisiana reported English as their preferred language, followed by Spanish (1.47%) and Vietnamese (0.27%).

RR 03, Element B

Magellan ensures that we are responsive to all members, not just the majority. If a provider is unable to meet a member's language needs, Magellan facilitates access to translation or interpretative services at no cost to the member. Magellan contracts with International Languages for translation services. In 2019, we received and processed nine requests for interpretive or translation services, all of which were for Spanish to English

[1] Retrieved 0n 02/15/2020. http://ldh.la.gov/assets/docs/BayouHealth/PreferredLanguageStatewide.pdf

translations. In additions, Spanish and Vietnamese versions of important member documents, such as the member handbook, are available to members. All formal member communications include instructions on how to request translation services or documents. Magellan's provider search tool includes spoken languages to further support members in locating a provider to meet their linguistic needs. The table below shows the number and percent of members by their reported primary language.

Primary Language

	2018		2019	
Language	Number	Percent	Number	Percent
English	4,299	99.31%	4,310	98.63%
Spanish	16	0.37%	20	0.46%
Mandarin	0	0.00%	0	0.00%
Vietnamese	1	0.02%	1	0.02%
Not Declared	2	0.05%	1	0.02%
Unspecified	11	0.25%	38	0.87%
Total	4,329		4,370	

Provider Linguistics

Magellan providers have the ability to provide treatment in a variety of languages. Outside of English, 177 providers reported the ability to communicate in 14 different languages. The provider language with the highest number of speakers was Spanish, with 65 distinct providers reporting capacity to engage in treatment using this language. The next highest number of providers reported proficiency in Hindi, with a total of 35 speakers. Telugu (14), Tagalog (12), and Arabic (11) comprised the next three most commonly spoken provider languages. The table below details all the languages in which Magellan providers reported proficiency in 2019.

Provider Languages Available

Languages	Count of Providers
Arabic	11
Burmese	1
Creole Haitian	2
French	9
Hindi	35
Indian	6
Portuguese	2
Punjabi	2
Russian	1
Sign Language	8
Spanish	65
Tagalog	12
Telegu	14
Urdu	9
Total	**177**

In 2019, a total of 4,370 members reported their languages preferences. Of those, 98.63% identified their primary language as English, while 0.46% identified Spanish. When a member has a primary language other than English, members and/or Wraparound Agencies can utilize Magellan's provider search engine, which is accessible through our website, to locate providers in their area based on language. Because a majority of our membership reports English as their primary language, it is believed that the CSoC provider linguistic capabilities currently meet the needs of CSoC members. When providers are not available, Magellan has policies and procedures to ensure access and availability of translation and interpretive services to support our members.

Language Assistance Services

Although the need for language assistance may not be justified per current reporting results, it is a nationwide concern. Individuals speaking English as a second language and individuals that are classified as limited-English proficient may still need interpretation assistance to fully be informed about their care. As cultural and linguistic diversity in the United States, and Louisiana specifically, continues to grow, Magellan will not fail this emerging population in being heard and understood in their treatment. Because of this we ensure that we make available easily understood member-related materials, including education, grievances, appeal and grievance resolution materials, in the languages of the commonly encountered groups and/or groups represented in the service area, including an alternative language for which ≤ 5% of the population speaks and written at no greater than a 5th grade reading level. We also provide access to both telephonic and on-site interpretation, along with translation services for all membership populations. Here are some of the activities that Magellan implements to support members in accessing these services.

Translation Services

- Staff members can coordinate a request for translation of member materials in a variety of formats such as: document translation in another language, larger font or alternative format (braille or oral recording).
- Magellan's corporate Marketing Communication team handles translation requests and works with the appropriate external vendor to provide quotes and complete client requests.
- Magellan provides the information on how to obtain services in the member handbook, the quarterly CSoC member newsletter, and on the Magellan of Louisiana website.
- Translations of the CSoC Member handbook are available to our members and providers through our website in both Spanish and Vietnamese. The member newsletters are also translated into Spanish and available on the member website.
- Magellan is developing a training for WAAs and Providers on Translation and Interpretive Services and is scheduled to present during the March 2020 All Provider Call.

Interpretation Services

- Magellan contact center staff are supported by an over-the-phone interpretation service through Voiance, a CyraCom International company providing seamless 24/7 telephonic interpretation in more than 200 languages. Voiance provides accurate and clear interpretation services to individuals with limited English proficiency (LEP), no matter the country of origin or education level.
- Magellan also provides and coordinates onsite interpretation for a variety of languages, including face to face American Sign Language (ASL) assistance through International Languages.
- Language and American Sign Language interpreters assist Magellan staff and/or providers in face-to-face communications with Members. In person rather than telephone interpretation is recommended when a member has any condition that makes using or understanding via telephone difficult; young children are involved; or discussions are of a sensitive nature.
- Magellan receives regular performance reviews and telephone statistics from their contracted interpretation resource vendors to measure overall performance and customer service experiences.

- Because of the low prevalence of Medicaid members reporting language needs and the distribution of responses (i.e., high percent of neutral responses and the low number of negative responses), the CSoC Unit did not identify this area as an actionable opportunity for improvement. Magellan will maintain current processes for supporting the language needs of our members, analysis satisfaction and grievance data and continually monitor prevalence rates for language preferences of our CSoC membership in order to ensure we respond quickly to any or changing needs related to language.

CSoC Youth with Specialized Needs

QI 09, Element A, Factors 2–5

Even among CSoC members, Magellan recognizes the existence of subpopulations that have unique characteristics and needs. Magellan has developed monitoring strategies and interventions that acknowledge these groups and remain flexible to address emerging needs of youth and families.

Children and Adolescent Members

Medicaid criteria for enrollment in CSoC limits eligibility to youth between the ages of 5 and 20 years. This means that virtually the entire population is categorized as a child or adolescent. Because of this, our medical team is led by a board-certified child and adolescent psychiatrist to ensure the specialized clinical needs of this population are addressed throughout all areas of our operations. We also ensure that our youth have access to all Medicaid EPSDT (Early and Periodic Screening, Diagnostic and Treatment) benefits, or wellness and preventative healthcare services to support the unique needs of this population group. During 2019, some key characteristics of our members include:

- The largest age group of our members was 14-year-old members (n=470).
- Children between the ages of 8 and 17 represented 83.98% of our membership.
- Children 7 or younger represented approximately 10.32% of our membership; and
- Youths 18 and over represent 5.70% of our membership.

Age of CSoC Members

	2018		2019	
Age	Number	Percent	Number	Percent
2	1	0.02%	0	0.00%
3	3	0.07%	0	0.00%
4	6	0.14%	0	0.00%
5	76	1.76%	60	1.37%
6	192	4.44%	167	3.82%
7	197	4.55%	224	5.13%
8	262	6.05%	244	5.58%
9	261	6.03%	271	6.20%
10	367	8.48%	309	7.07%
11	365	8.43%	364	8.33%
12	386	8.92%	411	9.41%
13	400	9.24%	430	9.84%
14	416	9.61%	470	10.76%
15	427	9.86%	459	10.50%
16	428	9.89%	409	9.36%
17	305	7.05%	303	6.93%
18	135	3.12%	154	3.52%
19	64	1.48%	51	1.17%

	2018		2019	
Age	Number	Percent	Number	Percent
20	34	0.79%	42	0.96%
21	4	0.09%	2	0.05%
Total	4,329		4,370	

Youth transitioning into adulthood are a subset of the CSoC population that have a unique need to develop and improve skills necessary to successfully function as adults in society (i.e. employment, housing, education). During 2019, 43.25% of our members were 14 years of age or older (n=1890). Additionally, over 1000 youth had an actionable need in the area of independent living at the initial assessment. One of the benefits of CSoC for these transition-aged youth is access to a specialized waiver service, known as Independent Living and Skills Building (ILSB). This service is delivered in the community setting to train and prepare youth for adulthood. Some examples of skills that are developed through this service include:

- Life safety skills
- Ability to access emergency services
- Basic safety practices and evacuation
- Creating and implementing a personal budget
- Completing necessary domestic tasks including laundry, grocery shopping, and basic food preparation
- Physical and mental health care maintenance, such as scheduling physician appointments
- Recognizing when to contact a physician and how to effectively communicate needs
- Self-administration of medication for physical and mental health conditions
- Understanding the purpose and possible side effects of medication prescribed for condition
- Use of transportation (accessing public transportation, learning to drive, obtaining insurance)

Serious Emotional Disturbance (SED)

The Centers for Disease Control and Prevention (CDC) report that the most commonly diagnosed mental disorders in children are ADHD, behavior problems, anxiety, and depression[2]:

- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.
- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.
- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.
- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.

CSoC's clinical eligibility criteria state that, for enrollment in the program, referred youth must be currently or recently experiencing behavioral symptoms that put them at significant risk of sanctions and/or out-of-home placement and impair their ability to function in various life domains. Given the high acuity of our members' conditions, it essential that we evaluate the diagnostic prevalence of our membership in order to effectively meet their needs. We also recognize that it is our responsibility to make tools and supports readily accessible for our practitioners and providers. One way this is achieved is through the adoption, development, and distribution of clinical practice guidelines based on sound scientific evidence for best practices. Magellan requires that our providers become familiar with these guidelines, including the following diagnoses and conditions:

[2] Retrieved on 03/10/2020: https://www.cdc.gov/childrensmentalhealth/data.html

- Acute Stress Disorder
- Post-Traumatic Stress Disorder
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Depression
- Generalized Anxiety Disorder
- Managing Suicidal Patients
- Obsessive-Compulsive Disorder
- Panic Disorder
- Schizophrenia
- Substance Use Disorders

Members enrolled in CSoC also receive a comprehensive assessment conducted by a licensed practitioner at referral and every 180 days thereafter. This assessment includes clinical diagnosis that will guide the services and strategies identified on the youth's Plan of Care. Magellan also provides screening tools to ensure that assessors are properly equipped to assess the areas of need most commonly seen in children and adolescents. These needs include co-occurring substance use disorders, depression, and trauma. Please refer to the Screening Program section of this evaluation for a full description of the tools used in CSoC.

The CSoC population shows the highest diagnostic prevalence in ADHD, with 37.67% of members having some form of ADHD diagnosis. Other prevalent diagnoses include Mental Disorder, Not Otherwise Specified and Oppositional Defiant Disorder, which account for 7.87% and 6.5% of the total population, respectively. Magellan monitors adherence to clinical practice guidelines for Suicide Risk, ADHD, Trauma-informed Care and Conduct Disorders through the treatment record review process, which is described in the Provider Monitoring section of this report.

Primary Diagnosis for CSoC Members

	2018		2019	
Diagnosis	**Number**	**Percent**	**Number**	**Percent**
F90.2: Attention-deficit hyperactivity disorder, combined type	853	19.70%	834	19.08%
F90.9: Attention-deficit hyperactivity disorder, unspecified type	717	16.56%	812	18.58%
F91.3: Oppositional defiant disorder	481	11.11%	344	7.87%
F99: Mental disorder, not otherwise specified	222	5.13%	284	6.50%
R69: Illness, unspecified	200	4.62%	236	5.40%
F43.20: Adjustment disorder, unspecified	162	3.74%	158	3.62%
F32.9: Major depressive disorder, single episode, unspecified	165	3.81%	155	3.55%
F84.0: Autistic disorder	95	2.19%	112	2.56%
F90.1: Attention-deficit hyperactivity disorder, predominantly hyperactive type	102	2.36%	109	2.49%
F43.25: Adjustment disorder with mixed disturbance of emotions and conduct	121	2.80%	105	2.40%
F43.24: Adjustment disorder with disturbance of conduct	85	1.96%	87	1.99%
F43.8: Other reactions to severe stress	93	2.15%	84	1.92%
F90.0: Attention-deficit hyperactivity disorder, predominantly inattentive type	82	1.89%	83	1.90%
F31.9: Bipolar disorder, unspecified	109	2.52%	77	1.76%

	2018		2019	
Diagnosis	**Number**	**Percent**	**Number**	**Percent**
F43.10: Post-traumatic stress disorder, unspecified	60	1.39%	70	1.60%
F39: Unspecified mood [affective] disorder	38	0.88%	58	1.33%
F91.9: Conduct disorder, unspecified	n/a*		54	1.24%
F43.21: Adjustment disorder with depressed mood	n/a*		53	1.21%
Other	744	17.19%	655	14.99%
Total	4,329		4,370	

* Diagnosis did not make the top 18 in that year

Research indicates that minority individuals may experience mental health conditions that are undiagnosed, under-diagnosed, or misdiagnosed for cultural, linguistic, or historical reasons. Because of this potential for disparity in care, we initiated a comprehensive analysis of trends in diagnostic and actionable needs prevalence rates among CSoC youth by gender and race in 2020. Results of this analysis will be shared with the QIC and relevant subcommittees for review and discussion. This analysis will be used to support training initiatives for our Licensed Mental Health Practitioners (LMHPs) that complete assessments for our youth and families.

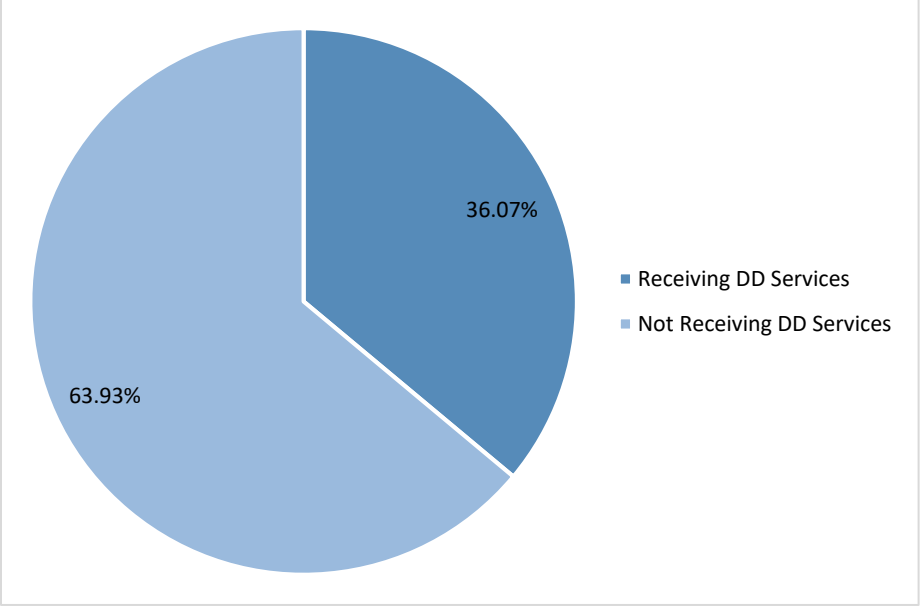
Intellectual/Developmental Disabilities

The Louisiana Office of Citizens with Developmental Disabilities (OCDD) participates in the National Core Indicators (NCI) annual consumer survey of citizens that receive OCDD services. The most recent results (2015-2016) indicated that 50% of respondents (n=512) stated that their family does not get enough information to help plan services and 30% responded that the information they receive is not easy to understand. Magellan recognizes that youth with developmental disabilities have complex needs and require enhanced management.

CSoC members with developmental disabilities are identified in several ways. At the time of referral, eligibility is verified via the Louisiana Medicaid website, which includes a report of active OCDD waivers. Magellan's Eligibility Specialist collaborates with Medicaid staff to manage members with dual waiver enrollment to ensure accessibility to all services. Youth are next screened for intellectual and developmental disabilities during the CANS and IBHA assessment process.

After they are identified, ongoing developmental needs are then monitored at least every 180 days using the Plan of Care (POC) Review Tool. Using this tool, CSoC Care Managers identified 219 plans for youth that were classified as Chisholm and/or OCDD-waiver eligible from July to December of 2019. This represents 9.57% of the total plans reviewed during that time period (n=2288). Of those, only 36.07% were identified as receiving developmental disabilities services.

Developmental Disability Services Received by Eligible CSoC Youth



Barriers

- Louisiana residents face significant wait lists to receive OCDD waiver services.
- Many families are unaware of the services available for citizens with developmental disabilities and how to apply for them.
- Families may require assistance to access, understand, and complete forms necessary to enroll in OCDD services.

Interventions

- Care Managers collaborate with WAA staff to ensure that the complex needs of the youth and family are met through POC review and feedback, daily regional calls, and weekly clinical rounds.
- When a need is identified, the member is linked to Magellan's State Agency Liaison and coordination with their WAA facilitator is initiated to ensure that the family has applied for appropriate OCDD waiver services.
- Magellan's State Agency Liaison created region-specific tip sheets for each wraparound agency that included contact information and details on how to make an OCDD referral. The tip sheet also summarized available waiver services and eligible population descriptions.
- The State Agency Liaison reviewed these tip sheets during the monthly CSoC clinical call and reviewed them with Magellan Care Managers.
- The CSoC Senior Trainer educates all new hires to Magellan's Clinical Team on identifying eligibility for OCDD, availability of waiver services and programs, and how to assist WAAs in linking members.

Recommendations for 2020

- Develop facilitator-specific training on youth with developmental disabilities that includes guidance on how to identify needed services and linking the family to them.

Youth Involved with Child-Serving State Agencies

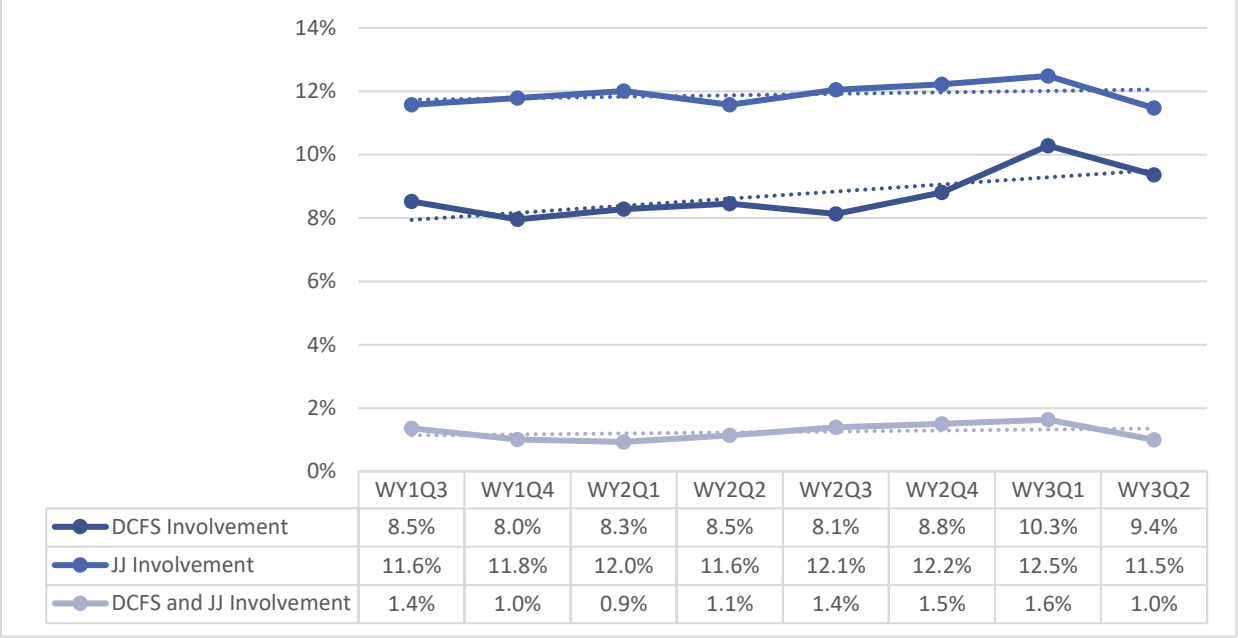
Members enrolled in CSoC are often involved in one or more of Louisiana's child-serving agencies, including the Department of Education (DOE), the Department of Children and Family Services (DCFS), and the Office of

Juvenile Justice (OJJ). CSoC brings all of these agencies together into one coordinated network to offer members the right services, at the right time, at the right level of intensity. DCFS, DOE and OJJ all have representation on the CSoC Governance Board, which has oversight of the program and informs programmatic goals and activities.

Over the past two years, CSoC youth with agency involvement has remained very steady, averaging 8.7% with DCFS involvement and 11.9% with OJJ involvement. This consistency is highly desirable in a targeted, short-term-high-touch program like CSoC. Given that most youth cycle through the program in approximately 12 months, these markedly steady rates demonstrate continuous collaboration with state agencies that have come to trust the program with their most at-risk youth.

Children living in out-of-home settings, such as in group homes or detention centers, have a substantially greater risk of mental health disorders, especially those associated with traumatic stress, such as abuse and neglect. Half of all youth in the child welfare system, and nearly 70% of youth in the juvenile justice system, have a diagnosable mental health disorder. Because of this, Magellan has a designated liaison to support coordination of care between providers and child-serving agencies to ensure the complex needs of these youth are addressed. The figure below illustrates the percentage of CSoC youth that are involved with DCFS, OJJ, or both.

Members with Child-Serving Agency Involvement



	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
DCFS Involvement	8.5%	8.0%	8.3%	8.5%	8.1%	8.8%	10.3%	9.4%
JJ Involvement	11.6%	11.8%	12.0%	11.6%	12.1%	12.2%	12.5%	11.5%
DCFS and JJ Involvement	1.4%	1.0%	0.9%	1.1%	1.4%	1.5%	1.6%	1.0%

Youth Identifying as LGBTQ+

Although the specific sexual preference of our youth is not tracked, Magellan recognizes that lesbian, gay, bisexual, and transgender (LGBT) youth have higher rates of mental disorder diagnoses than other youth in national samples. Because of this, Magellan identified an emerging need for treatment guidance unique to this population. In Louisiana, approximately 3.9% of the population identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ+). Many LGBTQ adolescents are happy and thrive during their teenage years. However, as a group they are more likely than their heterosexual peers to experience difficulties. LGBTQ+ adolescents are at increased risk for bullying, suicide attempts, homelessness, and substance abuse.

In April 2019, Magellan developed a training entitled *Serving & Supporting LGBTQ+ Youth in CSoC*. All Certified Providers were required to attend a live video-conference training and attest to their participation. An attendance rate of 100% of all Magellan assessors was achieved. The training was then uploaded to Magellan's provider website and is now included in the set of cultural competency trainings required of all new providers. The training provided an overview of this subpopulation and highlighted the unique mental health challenges faced by LGBTQ+ individuals. Information was incorporated from a wealth of sources with the goal of opening the door for future education and discussion. Magellan understands that this presentation will need regular updates to both stay current and include new guidance and therapeutic techniques for providers.

Social Determinates of Health

QI 09, Element A, Factor 1

Social determinates of health are the economic and social conditions in which individuals are born, grow, and live. These conditions play a significant role in physical health outcomes, quality of life, safety, access to resources and education, and mental well-being. CSoC youth and families face these societal challenges daily. The Child and Adolescent Needs and Strengths (CANS) is administered at enrollment and every 180 days thereafter. The assessment includes identification of specific social determinants of health impacting each youth and family. Magellan uses CANS data to identify areas of need for our membership and monitor effectiveness of the program to support youth and families in resolving those needs. The following social determinants were determined to be relevant to the CSoC membership:

- Housing
- Relationship Stability
- Education and Literacy
- Stress
- Exposure to Crime
- Coping Skills/Resiliency
- Educational Opportunities
- Recreation
- Community Integration
- Social Supports

Housing

In 2015, the Louisiana Housing Authority conducted an assessment to shed light on housing disparities in the state. They looked specifically at how availability and affordability affect the most vulnerable populations including homeless families, rural residents, and low-income households. The CSoC program is administered through Louisiana Medicaid, in which eligibility is based on household income. Therefore, CSoC families are particularly vulnerable to income-relating housing disparities. Magellan monitors housing needs through CANS caregiver item *Residential Stability,* which assesses a family's history of homelessness, their frequency of moving households, and their perception of housing stability in the foreseeable future.

Relationship Stability

CSoC enrollment requires that youth be currently in or at risk of out-of-home placement, resulting in separation from family and community. Many youths in CSoC face the absence of a stable relationship with their parents or caregivers for a variety of reasons including incarceration, separation, divorce, removal from the home, and

death. One way in which CSoC youth are assessed for need in this area is through the CANS Youth Strength item *Relationship Permanence.* Youth are assessed by a licensed clinician to evaluate the number, strength, and permanency of their relationship to one or more caregivers.

Education and Literacy

Annual rankings by the United Health Foundation place Louisiana at 47th in the nation for rates of High School graduation, with an overall rate in 2018 of just 78.1%. Youth with mental and behavioral disorders face unique challenges in the school setting and may require specialized interventions to achieve at the same level as their peers. Youth are often referred to CSoC by those in educational institutions including teachers, principals, school counselors, and truancy monitoring entities. The educational needs of CSoC youth are assessed in multiple ways, but the most comprehensive measure is the CANS Life Domain Functioning Item *School*. Based on an assessor's rating of this item, which examines overall school performance, an additional assessment module is triggered if problems are identified. That module then assesses a youth's school needs in greater detail to direct treatment planning and guide individualized care.

Exposure to Crime

Annual rankings by the United Health Foundation place Louisiana at 45th in the nation for violent crime, with an incidence of 538 offenses per 100,000 residents. Exposure to community violence and the potential for victimization impacts youth in many ways and families living in low-income areas experiences higher rates of crime than do those residing in wealthier areas. The CANS item in the Caregiver Needs section called *Safety* assesses household and neighborhood security. A rating of this need as actionable would indicate that the youth is in some danger from individuals in the physical vicinity of their home.

Stress

In Louisiana, 15.7% of the adult population report experiencing "frequent mental distress," ranking 46th in the nation for this measure. Stress has been widely shown to have negative impact on physical health, social relationships, educational performance, and many other aspects of life functioning. Families enrolled in CSoC typically enter the program after a number of stressful events have transpired including diagnosis of severe mental disorder, psychiatric hospitalization, involvement with government agencies, family separations, and failure of previous treatments. One way in which the impact of these events is assessed is through the CANS Caregiver *Family Stress* item, which evaluates if the caregiver is able to manage the level of stress associated with the needs of their youth. A rating that indicates a need for action conveys that stress is interfering with or preventing the ability of the caregiver to parent entirely.

Access to Educational Opportunities

Many social and economic factors can impact an institution's ability to educate its students, including adequate staffing, presence of special education programs, geographic location, teacher to student ratios, and state funding. The CANS Youth Strength item *Education* evaluates the degree to which a youth's school addresses their educational needs. An assessment that indicates that a school lacks the ability to adequately address those needs triggers specific actions on the part of the Child and Family Team.

Recreation

A key component in assessing social determinants of health is to identify healthy behaviors that contribute to overall physical and mental well-being. Magellan not only evaluates the needs of CSoC youth and families, but also their strengths. Areas where members excel can be leveraged to accentuate and personalize behavioral health treatment. One healthy behavior that is measured via the CANS is the Youth Strength item *Talents & Interests.* CANS ratings that evidence significant strength in this area indicate that a youth has identified talents,

interests, or hobbies that provide him or her with pleasure and positive self-esteem. An absence of talents, interests, or hobbies is considered an actionable need that must be addressed in the Plan of Care.

Community Integration

Integration into one's community is the foundation of the CSoC model for providing home and community-based care. The CANS Youth strength item *Community Life* assesses the youth's level of integration into his or her community. The rating for this measure is based on the youth's identification as being a part of a community, involvement with community organizations, and positive feelings about his or her role within that community.

Access to Social Supports

The wraparound model is built on a team-based approach. Caregivers of youth with severe mental and behavioral problems can often feel isolated, misunderstood, and unable to connect socially. Magellan prioritizes the building of a social support network for families that they can rely on well after discharge from the CSoC program. A caregiver's level of support is assessed via the CANS Caregiver item *Social Resources*. This evaluates whether or not a caregiver has significant social ties to family, friends, neighbors, or other social networks that actively help in the raising of their child.

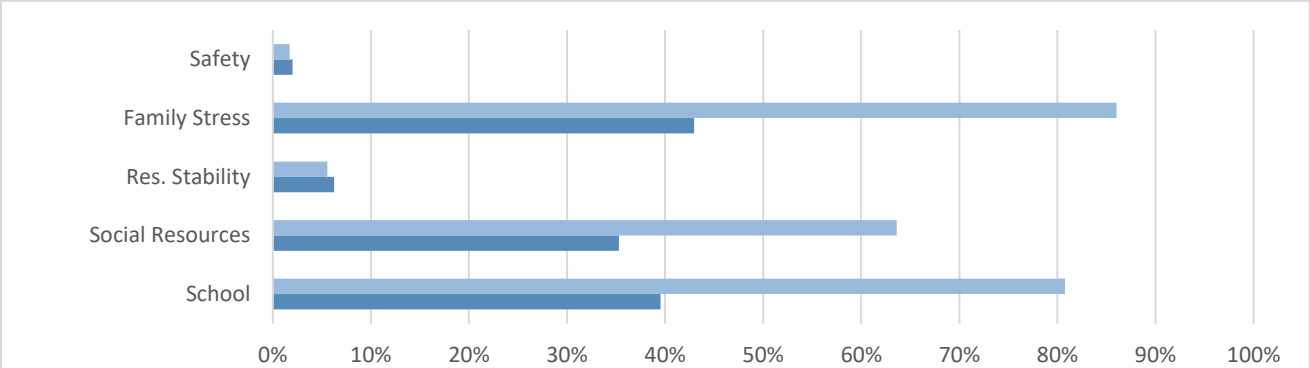
Coping Skills

A key component of behavioral and mental health treatment consists of replacing maladaptive thoughts and actions with positive ones. Because of the intense, targeted nature of the CSoC program, developing effective coping skills is paramount to successful outcomes. Individuals with effective coping skills are self-reliant, able to problem-solve, and are better equipped to make informed decisions about their lives. The CANS Youth Strength item *Resiliency* assesses the level to which a youth is able to identify and utilize their internal strengths and resources. Lower rankings of need on this item indicate a youth who is able to successfully manage difficult challenges in life by utilizing positive coping skills.

Analysis

Effectiveness of CSoC in reducing the negative impacts of social determinants is monitored by comparing the prevalence rates of actionable need and strengths items at the initial and discharge CANS assessments. An actionable need is defined as a CANS item with a rating of 2 or 3. Items with these ratings indicate that treatment or intervention is required by the youth and/or family. Evidence that actionable needs are being addressed must be present on the youth's Plan of Care (POC), which is reviewed by a licensed clinician. The figure below shows the change in prevalence of actionable needs in each of the chosen social determinates of health categories in 2018-2019. Prevalence of actionable needs identified on the CANS was markedly reduced from initial to discharge assessments on Family Stress, School, and Social Resources items. The most significant reduction in need was seen in Social Resources, which fell by 43.1 percentage points. Areas of need that did not show notable change were Safety and Residential Stability. As these items relate to a family's socioeconomic status, housing opportunities, and regional crime statistics, there is less opportunity for therapeutic intervention. Instead, strategies can be enacted by the CFT to increase youth and family strengths that can serve as protective social determinates of health.

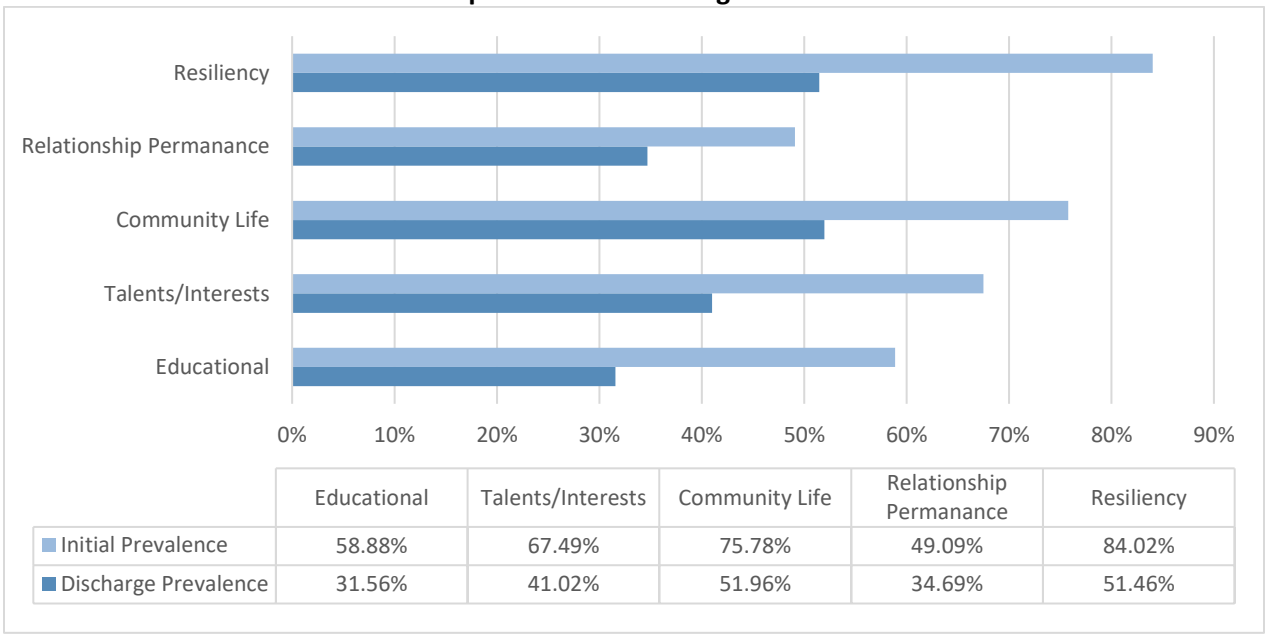
Reduction in Prevalence of Actionable Needs



	School	Social Resources	Res. Stability	Family Stress	Safety
Initial Prevalence	80.8%	63.6%	5.6%	86.0%	1.7%
Discharge Prevalence	39.5%	35.3%	6.2%	42.9%	2.0%

For CANS strength items, actionable ratings indicate that a youth or family lacks a strength that would be protective or of benefit to their mental, physical, and/or social well-being. The WAA team works to increase strengths through treatment planning and intervention. A reduction in rating indicates that a strength has been successfully cultivated and can now be utilized in daily life. From initial assessment to discharge, improvement was seen across all the selected strength measures. The greatest change was observed in resiliency, with 84.02% of youth evidencing need for increased resiliency at their intake assessment and only 51.46% at discharge. Another significant protective factor that was increased was youth talents and interests. At the initial assessment, 67.49% of CSoC youth needed to significantly increase their ability to identify subjects and activities that positively impact their self-esteem and sense of purpose. At the time of discharge, this prevalence rate was reduced to 41.02%, a reduction of 26.88 percentage points.

Improvements in Strength Items



	Educational	Talents/Interests	Community Life	Relationship Permanance	Resiliency
Initial Prevalence	58.88%	67.49%	75.78%	49.09%	84.02%
Discharge Prevalence	31.56%	41.02%	51.96%	34.69%	51.46%

Interventions

- All CSoC youth are screened for substance use issues through the CANS and the Individual Behavioral Health Assessment (IBHA) at their initial intake and every 180 days thereafter.
- The Plan of Care (POC) Review Tool is used to identify actionable needs for youth and families and ensure that they are met through services provided. Magellan Care Managers monitor all member POCs at a minimum of every 180 days to ensure that any actionable needs are addressed on the plan.
- Members are surveyed on a monthly basis to ensure they are receiving services in the frequency, type, and duration necessary to meet their needs. For any member that reports they are not receiving the services necessary to meet their needs, specific remedial actions are required of their WAA facilitator.

Health Disparities in the CSoC Population

Along with social determinants of health, it is also important to evaluate the potential impact of mental health disparities for Louisiana youth and families. Various studies have identified disparities in access, use, and quality in behavioral health services among minority populations, individuals of low socioeconomic status, and those residing in rural areas. Additionally, these individuals may experience symptoms that are undiagnosed, under-diagnosed, or misdiagnosed for cultural, linguistic, or historical reasons. The membership of the Coordinated System of Care (CSoC) is composed of youth in Louisiana that are particularly vulnerable to disparities in healthcare.

To qualify for enrollment, a youth must have significant behavioral problems that significantly interfere with their ability to function at home, at school, and/or in the community. Youth enter the CSoC program through a telephonic referral and an accompanying screening. Youth are referred by many difference sources, among them caregivers, teachers, doctors, counselors. A significant number of referrals to CSoC come from state agencies such as the Department of Children & Family Services (DCFS) and the Office of Juvenile Justice (OJJ). CSoC youth are treated for a variety of severe mental illnesses including Depression, Anxiety, PTSD, ADHD, Conduct Disorder, and Oppositional Defiant Disorder.

Depression is one of the most prevalent mental health disorders in America. A 2016 study by the National Institutes for Mental Health estimated that 3.1 million adolescents aged 12 to 17 had at least one major depressive episode. This number represented 12.8% of the US population aged 12-17. Symptoms of depression often differ in youth and adults. Rather than internalizing behaviors such as social isolation, anhedonia, low energy levels, and crying spells, depression in adolescents often presents as externalizing-type behaviors. These include agitation, irritability, decreased attention span, complaints of physical pain, and angry outbursts. Diagnosis guides providers towards certain treatment modalities and interventions. In the case of depression, failure to properly identify and treat it has potentially devastating consequences, including youth self-harm and suicide.

Although many factors contributing to disparities in mental health care are beyond the control of Magellan, we chose to take a closer look at clinical diagnostic prevalence to examine what mental health disparities for CSoC youth and families might exist. Because CSoC youth and families receive a comprehensive assessment by a Certified Provider that is credentialed and contracted by Magellan at enrollment and every 180-days thereafter, we chose to explore trends in actionable needs and diagnostic prevalence among CSoC youth.

Methodology

In order to examine disparities between primary diagnoses of males and females in CSoC, an analysis was conducted of the entire CSoC population between January 1, 2018 and December 31, 2019. Two CANS items, Suicide Risk and Depression, were chosen for comparison with youths' primary diagnoses. Youth included in the

CANS items assessment received a rating of 2 or 3 on the designated item by the licensed clinician who conducted the assessment. These ratings are referred to as *actionable needs*, indicating that they require intervention and that the youth's accompanying POC must include satisfactory strategies to address the need.

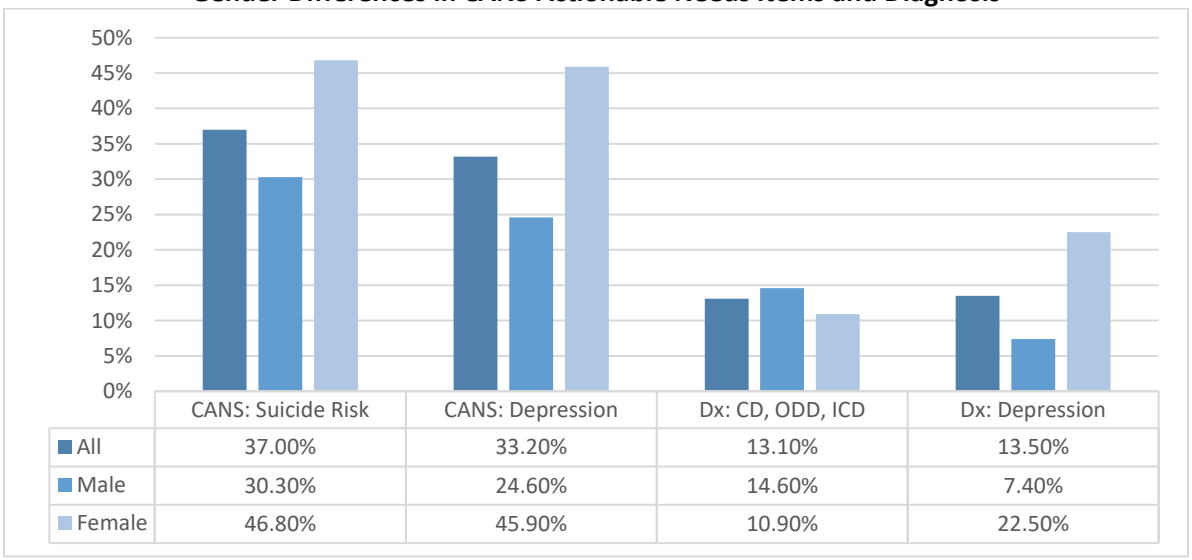
Per the CANS manual, clear evidence of depressed mood that is significantly interfering in the youth's life must be present for the assessor to give a rating of 2 on this item. A rating of 3 is given when there is clear evidence of a disabling level of depression that makes it "virtually impossible" for the youth to function in any life domain. A CANS rating of 2 on the Suicide Risk item indicates that the youth being assessed has had suicidal ideations or made a suicidal gesture recently, while a rating of 3 indicates current suicidal thoughts and intentions or current command-type hallucinations to harm oneself. Therefore, actionable ratings on one or both of these items indicates a level of severity that likely warrants an associated mental health diagnosis.

To examine this connection, an analysis was conducted of the same population to identify the prevalence of two primary diagnoses: those associated with externalizing-type symptoms (Conduct Disorder, Oppositional Defiant Disorder, and Impulse Control Disorder) and those associated with internalizing-type symptoms, depressive disorders.

Analysis

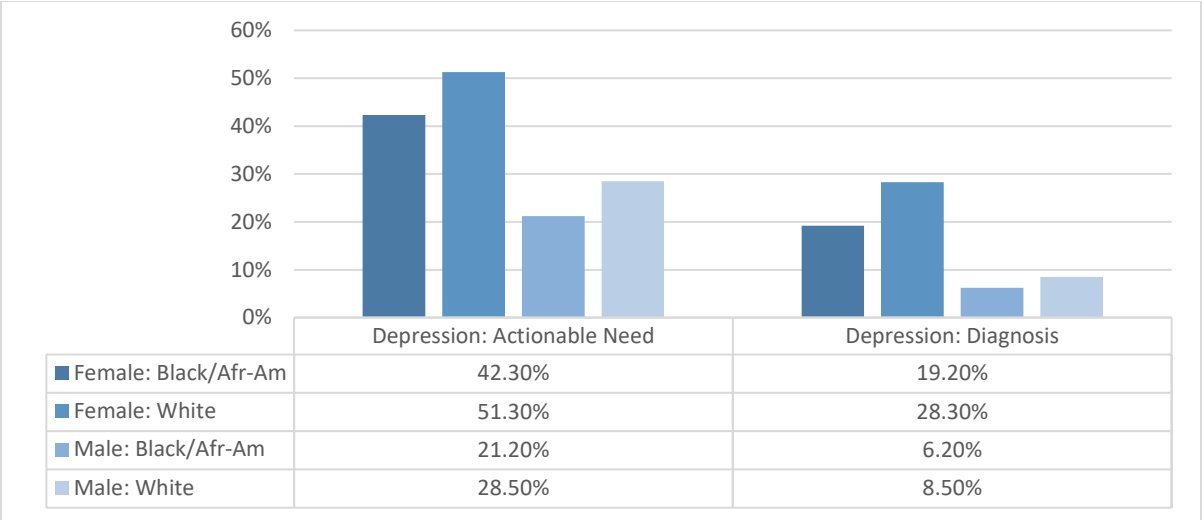
The analysis revealed gender disparities between CANS ratings, which reflect the current observations of a licensed practitioner, and the prevalence of the clinical diagnosis associated with that symptomology. On the CANS Depression item, 24.60% of males and 45.90% of females received actionable ratings, indicating a level of depression that impacts ability to function in at least one life domain (n=4387). On the CANS Suicide Risk item, 46.80% of females and 30.30% of males were assessed to have recent or current suicidal ideations or gestures. However, while 22.50% of females had a primary diagnosis of a depressive disorder, only 7.40% of males did, a discrepancy of 15.1 percentage points. Less discrepancy was observed in the prevalence of diagnoses associated with externalizing behaviors, with 14.6% of males and 10.9% of females having a primary diagnosis of CD, ODD, or ICD. Further analysis of youth primarily diagnosed with depressive disorders reveals additional disparities across race.

Gender Differences in CANS Actionable Needs Items and Diagnosis



	CANS: Suicide Risk	CANS: Depression	Dx: CD, ODD, ICD	Dx: Depression
All	37.00%	33.20%	13.10%	13.50%
Male	30.30%	24.60%	14.60%	7.40%
Female	46.80%	45.90%	10.90%	22.50%

Gender and Racial Differences in Depression Diagnosis



	Depression: Actionable Need	Depression: Diagnosis
Female: Black/Afr-Am	42.30%	19.20%
Female: White	51.30%	28.30%
Male: Black/Afr-Am	21.20%	6.20%
Male: White	28.50%	8.50%

Of white females, 51.30% received CANS depression ratings of 2 or 3, while the prevalence of Depression diagnosis was 28.30% for the same group. Of black females, 42.30% evidenced actionable need on the CANS depression item, while only 19.20% had a corresponding primary diagnosis relating to depression. Likewise, a disparity existed among males in CSoC. While 28.50% of white males and 21.20% of black males were assessed to have significant symptoms of depression, only 8.50% and 6.20% received corresponding primary Depression diagnoses, respectively.

This analysis showed that, while disparities in mental health care do exist across race in general, race does not appear to be a confounding variable in the CSoC population. Rather, a gap exists between the presence of significant depressive symptoms and a related diagnosis regardless of a youth's demographic information.

Barriers

- Reporting capabilities were limited to examination of youth's primary behavioral health diagnosis. Secondary or "rule-out" diagnoses were not captured. Many CSoC youth have co-occurring disorders and this is worthy of further investigation in the future.
- Given that CSoC eligibility criteria requires an existing mental health condition, youth entering the program have diagnoses received prior to their initial assessment by CSoC-specific providers. A 2019 barrier analysis found that, when providers initiate treatment with CSoC youth, they often failed to complete a thorough biopsychosocial assessment to confirm a youth's existing diagnosis based on DSM-5 criteria.
- Approximately 15% of CSoC youth are referred by OJJ, indicating the existence of legal/criminal charges. Therefore, the youth's mental health diagnosis at referral likely reflects negative externalizing-type behaviors.
- At the time of an initial assessment, the clinician gathers historic information about a youth's symptomology and treatment history. An assessor may not feel comfortable changing a youth's existing diagnosis until they have had more interaction with the youth at subsequent reassessments.

Interventions

- All CSoC youth are assessed by a licensed practitioner using the CANS and the Individual Behavioral IBHA at their initial intake and every 180 days thereafter.

- The Plan of Care (POC) Review Tool is used to identify actionable needs for youth and families and ensure that they are met through services provided. Magellan Care Managers monitor all member POCs at a min of every 180 days to evaluate that strategies and interventions are consistent with the youth's reported diagnosis and current medications.
- Magellan identified the need to engage our Mental Health Rehabilitation (MHR) providers in a way that enhances treatment by using evidence-based practices.
- On January 23, 2020, Magellan's Medical Director conducted a training entitled Guided Workbook Therapy during the monthly provider call. This included clinical guidance on diagnostic criteria and unique symptom presentation of depression, anxiety, and trauma in youth populations.
- An evidence-based workbook entitled *CBT Toolbox for Children & Adolescents* was collaboratively chosen by quality, clinical, and network departments with direct input from WAAs and Louisiana providers. It includes strategic cognitive-behavioral interventions for common childhood disorders including Depression, Anxiety, and Conduct Disorder.
- In 2019, Magellan introduced the use of the PHQ-9 and the Moods and Feelings Questionnaire, the most common screening tools for assessing depression. All Certified Providers were trained on its use. Magellan recommended that it be administered at every initial assessment and that the results be reported in the youth's IBHA.
- Additionally, Magellan trained all Certified Providers and WAA staff on the use of the Adverse Childhood Experiences screening to identify trauma.
- Magellan's website publishes a Behavioral Health Toolkit for Providers which includes educational materials, screening tools, CPG's, and prescribing guidelines for various behavioral health conditions including Depression.

Recommendations for 2020

- As of January 2020, Magellan published updated Clinical Practice Guideline standards to the Magellan of Louisiana website.
- Increase awareness of potential areas of mismatch of symptoms and diagnosis through the CANS.
- Enhance website to include SAMHSA's Treatment Improvement Protocol (TIP) for Improving Cultural Competence and Trauma-Informed Care in Behavioral Health Services. Send provider communications to inform providers of enhancements.
- Develop an article to be included in an upcoming provider newsletter that provides education on the importance of the diagnosis-treatment match in order to effectively coordinate treatment across providers.
- Develop a training for parent support specialists from the Family Support Organization (FSO) to assist parents in understanding depression and trauma, especially the phenomenon of generational trauma. Training will include guidance on recognizing internalizing and externalizing behaviors, re-thinking negative coping mechanisms, and enhance communication skills for parents to be better able to express their needs.

Member Needs Assessment

QI 04, Element A, Factors 1 & 2
QI 09, Element B, Factors 1–3

The QIC conducts ongoing qualitative and quantitative analysis of member and provider demographics, special needs (i.e., SED/SMI, child/adolescent, developmental disabilities, social determinants of health, health disparities) and member experience of care presented in this section to ensure the adequacy of the network in meeting the needs of our members.

Some of the key member and provider characteristics assessed in 2019 included:

- The CSoC population is composed entirely of youth, with the 83.98% of members between the ages of eight and seventeen.
- Males account for the majority of CSoC youth, comprising 59.68% of the total enrollment.
- Black/African American youth account for 56.48% of the total enrollment.

- ADHD is the most prevalent primary diagnosis of youth enrolled in CSoC, accounting for approximately 37% of total enrollment.
- The majority of CSoC providers (57.61%) identify as White/non-Hispanic and speak English as their primary language (98.63%).
- Developmental Disability Services are received by 36.07% of CSoC membership.
- The percentage of CSoC youth involved with a child-serving state agency has remained steady overtime. As of the most recent evaluation, 9.4% and 11.5% of youth had DCFS or OJJ involvement, respectively.
- The 2019 Provider Satisfaction Survey found that 93.8% of providers report overall satisfaction with Magellan.
- During the 2019 Fidelity Survey, 98.96% of caregivers reported that decisions of care are made based on the family's input.

Along with assessing member and provider demographic data, Magellan also implements a multi-dimensional monitoring process to ensure members have access to culturally competent services from all perspectives of care, which includes the following activities:

- **Requests for Interpretative/Translation Services**: In 2019, we received and processed nine requests for interpretive or translation services, all of which were for Spanish to English translations.
- **Member Grievances:** We received no reported grievances involving cultural needs.
- **Plan of Care (POC) Review - Family Story:** Magellan Care Managers review members' Family Stories through our robust clinical Plan of Care (POC) monitoring process to ensure that the family's culture is evidenced in the POC. This is accomplished via prompts within the POC Review Tool to ensure strategies are unique to the family's culture, skills, and abilities at the plan development, plan implementation, and refinement phases.
- **POC Review – Strategies.** Magellan's clinical team ensures that POCs include a strategy to address any identified acculturation needs that rated are as actionable on the Child and Adolescent Needs and Strengths (CANS) assessment. Ongoing monitoring of the CANS and POC then occur throughout a youth's enrollment to ensure that any need is addressed through regular management and review of the POC. The youth and family's culture are monitored in both the strategies within the POC and within in the crisis plan. The most recent POC Review Tool reporting (07/1/2019-12/31/2019) showed that, for the POC item verifying that strategies are unique to the youth and family culture, skills, and abilities, 1555, or 68.08% of reviews scored above the minimum threshold, 726, or 31.79% met minimum threshold, and 12, or 0.13%, did not meet minimum requirements. The crisis plan item included in the POC Review Tool showed that 1196, or 52.39%, scored above the minimum threshold, 1063, or 46.56%, met minimum threshold and 24, or 1.05%, did not appropriately address the youth and family's culture, preferences, strengths, and needs. POCs that do not meet minimum requirements receive only partial authorizations and are returned to the WAA for correction and resubmission. The analysis of these POC items provides strong evidence that youth and family culture is supported and valued.

POC Review Tool - Youth and Family Culture Items

Level of Performance	POC Strategies	Percent	Crisis Plan Strategies	Percent
Below Minimum Threshold	3	0.13%	24	1.05%
Achieved Minimum Threshold	726	31.79%	1063	46.56%
Above Minimum Threshold	1555	68.08%	1196	52.39%
Total	2284	100.00%	2283	100.00%

- **Member Experience of Care Survey.** The recognition of family voice and choice is one of the guiding principles that truly separates Wraparound from other interventions. Family voice and choice emphasizes that the family's preferences should guide all aspects of care. The 2019 Member Experience of Care Survey provided Magellan with an opportunity to engage with our youth and families while promoting family voice and choice at the system-level. The

assessment of our youth and families' satisfaction helps us to ensure our quality program is informed by family priorities and perspectives. The results allow us to utilize and increase program assets, assess the effectiveness of CSoC as a whole as well as its individual elements, and determine when quality program strategies need revision. Of responses related to respecting family culture (n=410), the majority, 97.6%, were positive, while 2.2% were neutral and only 0.2% were negative. Analysis of the language assistance responses can be seen in the next section.

Member Experience of Care Survey 2019 Results

Element	Number	% Positive	% Neutral	% Negative
Magellan's healthcare providers respect my family's cultural and language needs.	410	97.6%	2.2%	0.2%
Magellan's language assistance services are helpful (i.e., interpretation, translation services).	401	76.1%	23.7%	0.2%

- **Treatment Record Reviews.** Magellan monitors providers to ensure services are delivered in a culturally competent manner. Seventy-four member records were reviewed, with all records showing evidence of culturally competent service delivery. The results reinforce what was reported by members through the satisfaction survey; however, there was an opportunity identified in how providers are documenting the member's preferred language in the initial assessment. We will continue to educate providers on the importance of this element through provider communications and trainings.

Treatment Record Review 2019 Results

Treatment Record Review Element	Records in Compliance	Total Records Reviewed	Compliance Rate
Record includes primary language spoken by the member and any translation needs of the member.	48	74	64.86%
Evidence of treatment being provided in a culturally competent manner.	74	74	100%

Opportunities identified during 2019 will be the focus of the UM department in 2020, which includes:

Continuing efforts to expand the provider network, with emphasis on expanding diversity among provider demographics.

- Exploration of WAA facilitator demographic data to improve facilitator-youth matching.
- Collaboration with WAA facilitators to increase the focus on resiliency factors for the youth and family, including protective factors related to social determinants of health.
- Conducting collaborative training for certified assessors from all regions to ensure consistent application of assessment and survey tools (CANS, IBHA, ACEs, etc.).
- Continuing implementation of a culturally competent program design, with ongoing efforts to identity emerging cultural needs, including those of racial minorities and LGBTQ+ youth.

The QIC evaluates data from multiple sources in our annual population assessment. Overall, Magellan believes the CSoC network is meeting the needs of its members as evidenced by positive member experience, results of provider monitoring activities and member demographic data. In 2020, CSoC Unit will continue to actively address opportunities for improvement through the implementation of interventions to further improve the network's capacity to meet the needs of the CSoC members. Senior quality, clinical, network and medical leadership are continually involved in the review of our QI program, as well as ongoing provider availability and accessibility monitoring, and have successfully implemented any necessary changes when identified.

In addition to actions taken through the structure of our QI program, the CSoC unit recognizes that a proactive and intentional approach is needed to support the larger system of care serving our CSoC membership. This is accomplished by: promotion of strengths-based treatment; active, continuous engagement with the community; and the implementation of an internal and external culturally competent program design.

Strengths-based Care Planning

Despite exposure to risk factors, CSoC helps youth and families can thrive in their homes and communities. Research has shown that certain factors can help serve as a buffer, or protective shield, to counter some of the negative impacts of being exposed to risk factors. Protective factors can include:

- Positive Home and School Environments
- Stable Parental Mental Health
- High Levels of Social Support and Religious and Community Involvement
- Positive Racial and Ethnic Identity
- Outreach and Collaboration in the Community

As referenced in the assessment of social determinants of health, CSoC emphasizes the identification of strengths and development of resiliency factors in order achieve positive, long-term outcomes. Principles of wraparound – such as Culturally Competent, Natural Supports, Community-based – are incorporated in Magellan's end-to-end operations to promote resiliency factors, with a goal of building upon the unique strengths that are present in every individual we serve. One way that this is accomplished is through the identification of strengths the CANS assessment and use of those strengths in the development and implementation of the Plan of Care. As previously discussed, Magellan implemented a Plan of Care Review Tool in 2019, which allows our clinical team to further shape Plans of Care to promote best practices in the utilization of strengths throughout the wraparound process. Please see the **Section IV** of this report for a complete evaluation of program outcomes.

Community Engagement

Community engagement is important area of focus in order to serve CSoC youth and families. Magellan demonstrates our commitment to engaging with our communities both corporately and here locally in Louisiana. Examples of programs and activities implemented by the CSoC unit include:

- **Crisis Lines.** In response to tragedies and natural disasters, Magellan sets up a 24-hour toll-free hotline for individuals to access, regardless of whether or not they are Magellan members. The 24-hour crisis lines are staffed by behavioral health professionals who provide free, confidential counseling services and other resources, such as referrals to local non-profit organizations, shelters and additional community-based support to assist individuals as they work to cope with the feelings of fear, sadness, anger and hopelessness.
- **NAMI Walks.** NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Year after year, we find that NAMI Walks bring out the best in our employees, and we truly value their participation. As a company rooted in behavioral health, Magellan applauds and supports NAMI's efforts to eradicate the stigma of mental illnesses and improve the quality of life of these Americans. Since 2003, hundreds of Magellan employees, their families and friends have participated in NAMI Walks annually to help raise money and awareness about our country's need for a world-class treatment and recovery system for people with mental illness. Participating in the NAMI Walks is one way that we demonstrate our commitment to the community members we serve while supporting a worthy cause. In

addition, joining the walks supports a team atmosphere at Magellan and encourages employees to get active and improve their overall health and wellness.

- **Magellan Cares Week.** Magellan employees throughout the country participate this annual weeklong event where employees organized charitable events, donation drives and hands-on activities.
- **Magellan Cares Foundation.** Launched in 2015, the Magellan Cares Foundation, Inc. is a nonprofit, charitable organization with the mission to improve the health and well-being of the lives and communities we serve. The foundation's focus includes: national or large-scale health access and quality improvement initiatives; efforts that help to improve the social supports around a quality healthcare system, such as access to housing, food, clothing or self-improvement opportunities; local efforts, including initiatives supported by Magellan's employees; and efforts to support America's military service members, veterans and wounded warriors
- **Volunteer Time Off (VTO).** Magellan offers full-time regular employees eight hours of paid VTO and part-time regular employees four hours of paid VTO per calendar year.
- **Matching Gifts.** The Magellan Cares Foundation matches an employee's financial donation to eligible charities up to $250 annually.
- **Magellan Youth Leaders Inspiring Future Empowerment (MY LIFE).** MY LIFE is a corporate initiative for youth between the ages of 13 and 23 who have experience with mental health, substance abuse, juvenile justice or foster care-related issues or have a friend or family member coping with these issues. The program actively engages youth through teaching, coaching and mentoring and empowers them to use their voices to inspire and create positive change for themselves and others in their local communities. Besides Louisiana, MY LIFE has active groups in Arizona, Pennsylvania, Nebraska, Wyoming and Florida. Through regular meetings MY LIFE provides opportunities for youth to come together to create a community of support, plan activities and initiatives, practice social skills, learn from presenters and provide peer mentoring. In 2019, MY LIFE in Louisiana held meetings in both Baton Rouge and Shreveport. In 2020, further expansion of MY LIFE will be achieved through:
  - Increase community contacts/partnerships and growth over the next 12 months
  - Increase visibility and awareness of MY LIFE and CSoC Programs by attending events within the communities we serve and provide educational information regarding MY LIFE and CSoC Program
  - Plan events that generate good attendance and interaction
  - Effective use of budgetary funds to achieve maximum impact
  - Coordinate a Youth Leadership Summit with community partners, providers, and state agencies
  - Participate in Suicide Prevention and Awareness Activities with community partners and state agencies
- **Regional Advisory Conferences.** The intent of the RAC is to bring together Magellan's CSoC team along with the Wraparound Agencies (WAAs), Family Support Organization, local providers, PCP's State agencies, law enforcement, and courts. RACS are held in communities with a goal to provide education on CSoC and promote networking and foster engagement with regional and local stakeholders across the state. In 2019, RACs were held in all nine CSoC regions. In 2020, the CSoC Coordinators will hold 2 meetings per region in partnership with each regional WAA.

The table below provides details on the activities and events in which Magellan participated to engage with the communities of Louisiana.

Community Engagement and Activities - 2019

Date	Event	Description	Area
3/11/2019	Meet & Greet w/ Empower 225	Participant	East Baton Rouge Parish Area
3/21/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
4/3/2019	Summer Program Planning	Participant	East Baton Rouge Parish Area
4/22/2019	Empower 225 - Youth Advisory Board Meeting	Sponsored Event and Volunteer Activity	East Baton Rouge Parish Area
4/25/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area

Date	Event	Description	Area
5/6/2019	Magellan Volunteer Day at Salvation Army of Greater Baton Rouge	Volunteer Activity	East Baton Rouge Parish Area
5/23/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
5/24/2019	Empower 225 - End of School Carnival	Sponsor and Volunteer	East Baton Rouge Parish Area
5/30/2019	Magellan Volunteer Day at Common Ground	Volunteer Activity	Shreveport
6/4/2019	Leaders in Training Summer Program - Hygiene	Sponsor and Volunteer	East Baton Rouge Parish Area
6/11/2019	Leaders in Training Summer Program - Dating	Volunteer Activity	East Baton Rouge Parish Area
6/18/2019	Leaders in Training Summer Program - Coping with Loss	Volunteer Activity	East Baton Rouge Parish Area
6/25/2019	Leaders in Training Summer Program - Mental Health Matters Session	Volunteer Activity	East Baton Rouge Parish Area
6/30/2019	Community Connections	Resource Table and Volunteer Activity	Monroe
7/25/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
8/22/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
10/5/2019	Turning Over a New Leaf Extravaganza	Resource Table and Volunteer Activity	East Baton Rouge Parish Area
10/12/2019	AFSP Out of Darkness Walk-Shreveport	Sponsored Event and Volunteer Activity	Caddo Parish
10/19/2019	AFSP Out of Darkness Walk	Sponsor and Volunteer	East Baton Rouge Parish Area
10/24/2019	MY LIFE Meeting	Sponsored Event	East Baton Rouge Parish Area
12/3/2019	MY LIFE Meeting	Sponsored Event	Caddo Parish
12/7/2019	My CommUNITY Cares Christmas Celebration -	Resource Table and Volunteer Activity	Livingston Parish
12/19/2019	Empower 225 - 1st Annual Frosty Fest	Sponsored Event and Volunteer Activity	East Baton Rouge Parish Area

Culturally Competent Program Design

Magellan has built its programs and processes around an expansive definition of cultural competency in healthcare and the expected capabilities of our providers to effectively render services that meet the cultural, social, and linguistic needs of our members. When youth and families feel heard and understood by their providers, they are more likely to actively engage and participate in treatment, which then positively impacts member outcomes. These concepts of cultural competency extend to both treatment planning and wraparound design and implementation. In a culturally based wraparound model, families exercise choice over the services they receive, and the treatment team understands and values the family's theory of change. Magellan supports facilitation of members' freedom of choice in providers that are respectful and inclusive of their cultural needs and preferences.

Magellan collaborates with care providers that respect the diverse backgrounds of the individuals and families served. Treatment modalities must acknowledge and support the behavior, ideas, attitudes, values, beliefs, and

language of individuals. Magellan provides access to a comprehensive resource kit to support our provider network on MagellanProvider.com. This resource kit contains a variety of assessment tools, guidelines, standards and resources designed to assist providers, agencies, and the Magellan organization overall to enhance cultural and linguistic competence throughout the behavioral healthcare system. Magellan developed training modules specific to Louisiana's cultural make-up and monitors Direct Care Staff to ensure annual cultural competency training requirements are completed. Magellan's QIA agenda also includes a standing item to address emerging cultural competency needs. The following cultural competency trainings and resources are available on our website:

- **Cultural Competency Resource Kit:** Provides training and information for cultural competency concepts and application, including assisting providers to develop a Cultural Competency Plan
- **Cultural Competency Training Modules:** a) The Hispanic/Latino Community in Louisiana; b) Louisiana Native American Indian Tribes; c) Vietnamese in Louisiana; and, d) Why Cross-Cultural Competency?

Through the use of materials in this kit, one can, for example, conduct a self-assessment of provider-level cultural competence, assess organizational strength and growth areas with respect to cultural competence, and carry out member evaluations of healthcare provider cultural competence. In addition, a variety of tools and resources are included to assist provider agencies in developing realistic and incremental organizational cultural competence plans. Some of the key areas addressed in this kit include:

- Cultural Competence Guidelines and Standards
  - American Psychological Association, Guidelines on Multicultural Education Training, Research, Practice, and Organizational Change for Psychology www.apa.org
  - Department of Health and Human Services Cultural and Linguistic Competence Standards http://minorityhealth.hhs.gov/
  - SAMHSA Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups http://nrchmh.org/ResourcesMHAdminsLeaders/Cultural%20Competence%20Standards%20SAMHSA.pdf
  - Association of Multicultural Counseling and Development (AMCD) Multicultural Counseling Competencies
  - National Association of Social Workers, Standards for Cultural Competence in Social Work Practice http://www.naswdc.org/practice/standards/NASWculturalstandards.pdf
- Key Components of Organizational Cultural Competence
  - Organizational Cultural Competence Assessment Tools
  - Multicultural Competence Service System Assessment Measure
  - Organizational Cultural Competence Plan Template
  - Strategies for Completing the Cultural Competence Plan
  - Sample Cultural Competence Action Plan 18
  - Clinician/Service Provider Cultural Competence Measures
  - The Multicultural Awareness-Knowledge-Skills Survey
  - Cultural Competence Self-Test
  - Cultural Competence Information Sheets
  - Cultural and Linguistic Definitions
  - Web Resources
  - Cultural Competence Related Books

Availability and Accessibility of Practitioners and Providers

When analyzing provider availability and accessibility standards, it is important to understand the larger Medicaid framework in which Magellan operates. CSoC is a specialized behavioral health plan managed by Magellan for a subset of 2400 youth and families within the larger Medicaid population. Managed Care Organizations (MCOs) are responsible for the administration and management of physical, behavioral health and pharmacy benefits for the remaining Medicaid youth and adult population. Louisiana Department of Health (LDH) currently contracts with five MCO plans to manage over one million Louisiana residents eligible to receive Medicaid benefits. For members that qualify, CSoC provides intensive care coordination and expands member access to specialized support services not available to the general Medicaid youth population. Members are referred to CSoC through their MCO and, throughout enrollment in CSoC, the member's MCO continues to manage physical and pharmacy benefits, as well as residential behavioral health services. In addition to serving only a small percent of the overall Medicaid youth population, member enrollment periods are relatively short (i.e., average enrollment of ~360 days); thus, members are transitioned from plans at enrollment and again at discharge. Because of this, LDH serves as the necessary leader on the identification and implementation of system-level and statewide network initiatives, such as expanding access to evidenced-based practices, establishing the standards used by MCOs and Magellan to inform network development and management, and to ensure CSoC members can seamlessly transition between plans when needed. It is through this collaborative partnership that Magellan ensures that CSoC youth and their families get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider, in order to keep, or return children to, their home and their communities.

Availability of Practitioners and Providers

QI 04, Element B, Factors 1–7

The CSoC Unit monitors the availability of behavioral healthcare practitioners and providers to serve our members by establishing quantifiable and measurable standards for the number and geographic distribution of each type of behavioral healthcare practitioner and provider. Performance is analyzed against these standards on a quarterly and annual basis to quickly identify opportunities for improvement and respond swiftly through the implementation of interventions, which are then measured to assess effectiveness. Because Magellan functions within a larger Medicaid system, the CSoC unit adopts the availability standards set forth by LDH. LDH defines behavioral health practitioner and provider types as Behavioral Health Specialists (i.e., psychiatrist, psychologist, APRN, and LCSW) and non-MD Outpatient providers (i.e., psychologist, LPC, LMFT, LAC, and ambulatory outpatient facility) for Magellan and the five other contracted Managed Care Organizations. In addition, Magellan applies corporate standards using a broader range of provider types to further assess the sufficiency of our network composition.

LDH Availability Standards

Louisiana Department of Health's standards for density require a minimum of two (2) psychiatrists per 10,000 members and two (2) Behavioral Health Specialists per 10,000 members. LDH establishes standards for geographic distribution as average distance (in miles) and driving time (in minutes) to the nearest provider. Geographic distribution standards are based on geographic classification and provider type, as outlined in the table below. LDH sets the goal for these standards at 100% regardless of geographic location of the member or

type of practitioner. A minimum performance threshold is defined as 90%. When performance falls below the minimum threshold, more formal interventions or quality improvement activities are needed. LDH density and distribution standards are documented in the table below.

Geographic Density by Provider Type – LDH Standards

Practitioner Types	Ratio of Practitioner to Member
Behavioral Health Specialists – i.e., psychiatrists, psychologists, APRN and LCSW	2:10,000
Non-MD Outpatient – i.e., psychologists LPC, LMFT, LAC, ambulatory outpatient facilities	2:10,000

Geographic Distribution of Practitioners and Providers – LDH Standards

Practitioner Types	Acceptable Distance	Acceptable Driving Time	Minimum Performance Threshold	Performance Goal
Urban Members				
Behavioral Health Specialists – i.e., psychiatrists, psychologists, APRN and LCSW	15 miles	30 minutes	90%	100%
Non-MD Outpatient – i.e., psychologists LPC, LMFT, LAC, ambulatory outpatient facilities	60 miles	90 minutes	90%	100%
Rural Members				
Behavioral Health Specialists – i.e., psychiatrists, psychologists, APRN and LCSW	30 miles	60 minutes	90%	100%
Non-MD Outpatient – i.e., psychologists LPC, LMFT, LAC, ambulatory outpatient facilities	90 miles	120 minutes	90%	100%

Annual analysis is conducted based on the number of members enrolled and providers credentialed and contracted as of the last day of the reporting period. For this analysis, 2207 were fully enrolled on 12/31/2019, with 624 classified as urban and 1,583 as rural members. As of 12/31/2019, Magellan's network consisted of 330 behavioral health specialists in 274 locations and 535 non-MD outpatient providers in 477 locations. The following tables provide the density and distribution rates for 2019.

2019 Results for Geographic Density by Provider Type – LDH Standards

Practitioner Types	Ratio of Practitioner to Member	Number of Members	Number of Providers	Standard Met
Behavioral Health Specialists – i.e., psychiatrists, psychologists, APRN and LCSW	2:10,000	2,207	330	Met
Non-MD Outpatient – i.e., psychologists LPC, LMFT, LAC, ambulatory outpatient facilities	2:10,000	2,207	535	Met

2019 Results for Geographic Distribution of Practitioners and Providers – LDH Standards

Practitioner Types	Average Miles to Closest Provider	Average Driving Time to Closest Provider	% of Members with Desired Access
Urban Members			
Behavioral Health Specialists – i.e., psychiatrists, psychologists, APRN and LCSW	1.6	2.7	100%
Non-MD Outpatient – i.e., psychologists LPC, LMFT, LAC, ambulatory outpatient facilities	1.2	2.0	100%
Rural Members			
Behavioral Health Specialists – i.e., psychiatrists, psychologists, APRN and LCSW	10.2	11.4	97.9%
Non-MD Outpatient – i.e., psychologists LPC, LMFT, LAC, ambulatory outpatient facilities	5.7	6.3	100%

In 2019, geographic density standards were met for both provider types. Further, the results showed that 100% of urban members had the desired access to both provider types. Likewise, 100% of members residing in rural areas of the state had access to behavioral, non-MD outpatient practitioners. The only standard that was below the performance goal was for rural members' access to behavioral health specialists, with 97.9% having the desired access. Although the non-MD outpatient practitioner availability fell below the goal by 2.1 percentage points, the minimum performance threshold was exceeded by 7.9 percentage points, with only 36 members lacking desired access. In addition to these indicators, the NSC also evaluates the average miles and driving time for the five closets providers/locations for both urban and rural members. On average, five non-MD outpatient providers were available to members within 22.6 miles or 25.3 minutes, which exceeded the goal for distance by 7.4 miles and driving time by 4.7 minutes.

Geographic Distribution of Behavioral Health Specialists, Rural Members

	Miles	Minutes
Distance/Time to 1st closest provider	10.2	11.4
Distance/Time to 2nd closest provider	13.6	15.3
Distance/Time to 3rd closest provider	15.1	17
Distance/Time to 4th closest provider	19.2	21.7
Distance/Time to 5th closest provider	22.6	25.3

Magellan Availability Standards

In order to facilitate a more comprehensive assessment of network availability, the CSoC Unit also examines the network using Magellan's policy for defining practitioners and providers, which includes:

- Psychiatrists and other behavioral health physicians
- Non-physician, doctoral-level practitioners
- Non-physician, non-doctoral level practitioners

- Inpatient facilities & programs
- Ambulatory/outpatient care facilities

Geographic distribution standards are based on geographic classification and provider type, as outlined in the table below. Magellan sets the target threshold for urban as 90% and rural as 80%. Magellan's density and distribution standards are documented in the table below.

Geographic Density by Provider Type – Magellan Standards

Practitioner Types	Ratio of Practitioner to Covered Lives
Psychiatrists and other behavioral health physicians	2:10,000
Non-physician, doctoral-level practitioners	2:10,000
Non-physician, non-doctoral level practitioners	6:10,000
Inpatient facilities	1:20,000
Ambulatory/outpatient care facilities	2:20,000

Geographic Distribution of Practitioners and Providers - Magellan Standards

Practitioner Types	Acceptable Distance	Acceptable Driving Time	Goal	Acceptable Distance	Acceptable Driving Time	Goal
Psychiatrists and other behavioral health physicians	15 miles	30 minutes	90%	30 miles	60 minutes	80%
Non-physician, doctoral-level practitioners	15 miles	30 minutes	90%	30 miles	60 minutes	80%
Non-physician, non-doctoral level practitioners	15 miles	30 minutes	90%	30 miles	60 minutes	80%
Inpatient facilities	15 miles	30 minutes	90%	30 miles	60 minutes	80%
Ambulatory/outpatient care facilities	15 miles	30 minutes	90%	30 miles	60 minutes	80%

The Network Strategy Committee (NSC), a subcommittee of the QIC, evaluates availability standards for members with a geographic classification of urban and rural. The NSC sets a performance goal of 90% for rural members and 80% for rural members for both travel time and distance. The tables detail the standards and goals by provider type for urban and rural member access.

2019 Results for Geographic Density by Provider Type – Magellan Standards

Practitioner Types	Ratio of Practitioner to Covered Lives	Number of Covered Lives	Number of Providers	Standard Met / Not Met
Psychiatrists and other behavioral health physicians	2:10,000	2,207	128	Met
Non-physician, doctoral-level practitioners	2:10,000	2,207	49	Met

Practitioner Types	Ratio of Practitioner to Covered Lives	Number of Covered Lives	Number of Providers	Standard Met / Not Met
Non-physician, non-doctoral level practitioners	6:10,000	2,207	356	Met
Inpatient facilities	1:20,000	2,207	33	Met
Ambulatory/outpatient care facilities	2:20,000	2,207	480	Met

2019 Results for Geographic Distribution of Practitioners and Providers – Magellan Standards

			Urban		Rural	
Practitioner Types	Providers	Locations	Goal	% of Members with Desired Access	Goal	% of Members with Desired Access
Psychiatrists and other behavioral health physicians	128	112	90%	100%	80%	96%
Non-physician, doctoral-level practitioners	49	41	90%	97.3%	80%	72.5%
Non-physician, non-doctoral level practitioners	356	319	90%	100%	80%	99.9%
Inpatient facilities	33	33	90%	100%	80%	100%
Ambulatory/outpatient care facilities	480	472	90%	100%	80%	100%

Average Geographic Distribution to Closest Provider – Type of Practitioner and Provider

	Urban		Rural	
	Miles	Minutes	Miles	Minutes
Psychiatrists and other behavioral health physicians	2.1	3.6	13.5	15.4
Non-physician, doctoral-level practitioners	5.9	9.4	39.4	45.3
Non-physician, non-doctoral level practitioners	1.3	2.2	7.5	8.3
Inpatient facilities	5.3	9.9	19.4	22.0
Ambulatory/outpatient care facilities	1.2	2.1	5.2	5.6

Member Experience of Care

In addition to continually monitoring performance against geographic density and distribution standards, the CSoC units also closely monitors member experience with provider availability through the analyses of grievances and member survey data. During 2019, Magellan did not receive any member grievances regarding the availability of providers. Furthermore, over 95% of members responded positively when asked if they were happy with the choice of healthcare providers through Magellan and 90% reported provider service locations were convenient.

Member Experience of Care Survey - 2019

Question	Total # Received	% Positive	% Neutral	% Negative
I am happy with the choice of healthcare providers I have through Magellan.	410	95.9%	2.2%	1.9%
Service locations are convenient (parking, public transportation, close to home, etc.).	409	90.0%	8.1%	1.9%

Out of Network (OON) Requests

QI 06, Element A, Factor 3
QI 06, Element C, Factors 1–4

The CSoC network department tracks OON requests to identify opportunities for improving network availability. It is important to note that there are not adverse consequences, such as increased out of pocket expenses for the utilization of OON providers for our members. When a request for OON providers is received, it is viewed as an opportunity to engage and recruit providers for the CSoC network.

The number of OON service requests by unique providers remained consistent between 2018 and 2019 with 20 and 21 agreements, respectively. Eighteen of the 20 providers in 2018 contracted with the CSoC network while 15 of the 21 contracted in 2019. The marked increase in the total number of requests was directly attributed to 43 member requests for a single inpatient provider, all of which were managed through Single Case Agreements (SCA) to ensure there were no barriers in accessing care. The requests were received during the contracting period, which was in process for nearly seven months. The barrier to a timelier contract execution for that particular inpatient provider was a lengthy rate and contract language negotiations. OON requests are generally related to continuity of care, specialty needs, and geographic need. This is especially important as members transition from the MCO to Magellan in order to ensure continuity of care enrolling in CSoC. Despite the increase there were no member or provider appeals related to the OON member requests. The table below details the reasons for out-of-network requests for 2018 and 2019.

Analysis Reason for OON Request

	2018		2019	
Reason	Number	Percent	Number	Percent
Continuity of Care	14	70%	36	65%
Specialty Need	3	15%	2	31%
Geographic Need	3	15%	17	4%

Home and Community Based Service (HCBS) Providers

Magellan actively manages HCBS providers who provide Mental Health Rehabilitation (MHR) services, including Community Psychiatric Support and treatment (CPST), Psychosocial Rehabilitation (PSR), Crisis Intervention, and Crisis Stabilization. MHR services are accessible to all Medicaid eligible members; thus, MHR service providers are typically contracted with one or more of the five Managed Care Organizations responsible for behavioral health service benefits for the larger Medicaid population. Unlike the MCOS, the CSoC network is responsible for managing providers contracted to provide specialized waiver services that are only available to CSoC members. The waiver services include Independent Living Skills Building (ILSB) and Short-term Respite (STR). In addition, LDH and Magellan jointly manage Wraparound Agencies (WAAs) for each of the nine CSoC regions and a statewide Family Service Organization (FSO), both of which are certified by LDH and contracted with Magellan. Magellan also ensures the network includes contracted and credentialed Federally Qualified Health Centers (FQHCs), Local Governing Entities (LGEs), and rural health and school-based clinics. Magellan has also worked to support LDH in building a crisis network and recruited and contracted with Louisiana's first crisis stabilization

unit in 2017. Unfortunately, due to poor referrals, the unit closed in August 2019. Magellan swiftly recruited and contracted with another qualified crisis stabilization provider in October 2019. However, because of the low number of covered lives managed by the CSoC Contractor, MCOs must also contract with this provider to ensure sufficient and consistent utilization of services in order to support a sustainable business for the provider.

Other notable network management initiatives implemented by LDH and Medicaid in 2019 include the development of an MHR Task Force, which connected MCOs, Magellan, and MHR providers. The primary goals of this task force were to ensure members receive medically necessary, individualized, and strengths-based services resulting in personal growth, as well as increasing the use of natural supports. As part of the workgroup, Magellan and the MCOs were tasked with making recommendations for MHR program improvements. One recommendation was to incorporate a Facility Needs Review (FNR) process for new MHR providers. FNR is a prerequisite (for specific provider types) that must be completed prior to applying for initial licensure in the state of Louisiana. A review is conducted for HCBS (Supervised Independent Living, Personal Care Attendant Services and Respite) and Behavioral Health Service providers (CPST and/or PSR) to determine whether there is a need for additional providers to be enrolled with Medicaid. This change resulted in a decline in MHR providers in 2018; however, through assertive provider outreach, provider webinars, surveys, and partnerships with WAAs, the CSoC unit has seen a steady increase in waiver and behavioral health service providers in 2019.

Summary of Findings and Analysis

The geographic availability and density data for 2019 showed that urban CSoC members had a sufficient number of providers available across all providers types. In addition, availability of providers for rural members exceeded goals for all providers types, with the exception of non-physician, doctoral-level practitioners. The percent of rural members with desired access for this provider type was 7.5 percentage points below the goal of 80%. Although, Magellan strives for 100% of members having the desired access to all relevant providers, it is important to evaluate other data sources when examining the overall sufficiency of the network to meet members' needs. Members experience of care survey data indicated that over 95% of members reported being satisfied with providers available in Magellan's network. In addition, no member grievances were received regarding lack of provider availability in 2018 and 2019. In 2019, there was an increase in the overall number of OON requests; however, it was not related to the availability of outpatient providers for rural and urban providers, but rather was due to single inpatient provider in the process of credentialing with Magellan.

Despite the strong performance against established goals, the CSoC network department continually strives to identify and credential practitioners, providers, and specialized behavioral health providers to improve member availability to care, including recruitment of those identified through out-of-network treatment agreements to meet identified geographic and specialty needs.

Barriers Identified

- Absence of practitioners in rural areas.
- Non-competitive rates for practitioners.
- Recruiting and maintaining providers for short-term respite, especially in rural areas, due to low reimbursement and high startup costs.
- Inability to provide short-term respite in a group setting, or with multiple siblings, has also been detrimental to recruiting and/or retaining STR providers.

- The required curriculum for new short-term respite providers was discontinued by the vendor In May 2018 and LDH is working on a replacement. Existing short-term respite providers can expand these services. However, new providers may not be credentialed and contracted for this service until the new curriculum is available.
- Historical reliance on hospitalizations (by families, caregivers, and first responders); licensing restrictions; low reimbursement, and provider fear of losing members to crisis stabilization providers for post-discharge services remain barriers to increasing access to crisis stabilization.

Interventions

The CSoC unit developed a Network Strategy Committee (NSC), chaired by the Network Development Administrator, whose purpose is to review service capacity and program development initiatives. The committee initiates the recruitment of providers, including the WAA and FSO, to ensure that unmet needs of the local communities are identified and addressed. This committee develops and implements strategies to meet the needs for network expansion in each region. Its intent is to address increasing capacity by involving the community, as well as internal and external stakeholders in developing creative solutions. The committee strives to ensure network sufficiency by leveraging internal subject matter experts (SME). The service development priorities and approaches vary from rural areas to urban areas and include stakeholder input, targeted outreach strategies, and data analysis. The NSC's intent is not to address increasing capacity in a vacuum or silo, but rather to make informed decisions for expansion of applicable services in areas of true need, while mitigating the risk of over or underutilization. The NSC has a multi-pronged approach for evaluating member needs, including:

- Review of non-participating provider utilization data, GeoAccess data and appointment availability data for network analysis to determine strategic development gaps
- Collection of member survey data to evaluate access to care
- Review of input received from provider surveys
- Review of member and provider grievances
- Evaluation of the data on the needs reporting form when there are no providers available for needed services
- Work collaboratively with the WAA and LDH on development and expansion of Evidence Based Practices (EBP)
- Work collaboratively with LDH to address barriers to service expansion
- Explore provider incentive opportunities such as rate increases or Value Based Purchasing (VBP)

The NSC evaluated current trends in access and delivery of outpatient services provided by licensed mental health professionals. As a result of that evaluation, Magellan increased reimbursement for all outpatient services provided by licensed mental health professionals by 25%, effective July 1, 2019. This intervention resulted in a 179.83% increase in practitioners between July 1, 2019 and December 31, 2019.

Growth in Network Practitioners during 2019

Provider Type	As of 06/30/19	As of 12/31/19	Change
Psychiatrist	6	14	8
Psychologist	2	3	1
APRN Prescriber	8	8	0
APRN	0	1	1
LPC	4	28	24
LMFT	0	3	3
LAC	1	1	0
LCSW	3	7	4
Total	**24**	**65**	**41**

A rate increase was also made for short-term respite providers to increase availability of this service. As a result of this increase, an existing provider was able to expand service locations. This increased availability of the service to all CSoC regions, resulting in a 50% increase in short-term respite service locations from 2018 to 2019.

Short Term Respite Care Provider Service Locations

Region	2018	2019	Change
Region 1	2	2	0
Region 2	4	5	1
Region 3	1	1	0
Region 4	1	3	2
Region 5	0	3	3
Region 6	1	3	2
Region 7	1	2	1
Region 8	3	2	-1
Region 9	3	3	0
Total	**16**	**24**	**8**

Recommendations for 2020

- Continue recruiting additional providers for short-term respite service when the new curriculum becomes available.
- Develop a workgroup to explore the barriers and misperceptions of crisis stabilization to determine need and applicability of the service.

Accessibility to Practitioners and Providers

Magellan believes that members are to have timely access to appropriate mental health and substance use services from an in-network provider 24 hours a day, seven days a week. This section provides a review of a variety of activities used to measure the extent to which we are able to provide and maintain this access to behavioral health care for our youth and families.

Telephonic Accessibility

Magellan's internal system, Avaya CM Supervisor, tracks all calls and allows supervisors to monitor calls, live or recorded, for quality evaluation of staff. Key indicators that are monitored by the CSoC unit include call abandonment and Average Speed to Answer (ASA). The ASA is defined as number of seconds, on average, before a call to the member services unit is answered. The Number of Calls Abandoned is defined as the percentage of calls that reach Magellan's 800 line and are placed in queue but not answered due to the caller hanging up before a member representative answers. As required by LDH, the CSoC unit includes 100% of calls when calculating these indicators and sets a goal of an abandonment rate of ≤5% and an average speed to answer of ≤30 seconds. In 2019, the CSoC unit exceeded performance goals for both telephonic accessibility indicators, with a call abandonment rate of only 1.25% and an ASA of 7.18 seconds.

Telephone Accessibility Indicators

		2018			2019		
	Goal	Numerator	Denominator	Percent / Average	Numerator	Denominator	Percent / Average
Call Abandonment Rate	5%	249	8,044	3.10%	113	8,912	1.25%
Average Speed to Answer (ASA) in seconds	30 seconds	152,729	7,795	20 seconds	109,967	8,729	7.18 seconds

Practitioner/Provider Accessibility

QI 05, Element A, Factors 1–5

Medicaid and LDH outline the specific indicators and procedures for how accessibility is monitored for both Managed Care Organizations (MCOs) and Magellan. In accordance with customer requirements, Magellan requires practitioners/providers to have emergent appointments accessible to members within one hour of the request and urgent appointments within 48 hours of the request. In addition, the CSoC Unit adopts the routine appointment standard set forth by LDH of fourteen calendar days, which is more restrictive than the NCQA standard of ten business days. LDH's monitoring protocol includes various data sources, which includes:

- Onsite provider reviews
- Secret shopper surveys
- Provider demographic attestations
- Member/provider experience (i.e., member grievances, provider complaints and member/provider experience of care surveys)

In 2019, the network department added two additional staff exclusively responsible of network monitoring, including the evaluation of compliance with accessibility standards. The additional staff expanded the scope and scale for completion of network audits and improved the capabilities of the identification of trends and opportunities across the network as a whole.

Provider Onsite Reviews

Rendering providers are randomly selected each quarter based on contracted services. All providers contracted and rendering a specialty waiver services are reviewed annually. All other rendering providers are selected randomly for review. During the onsite review, network auditors review policies (e.g., look for evidence of written policy and procedure documents that outline how appointments are to be scheduled in a manner that adheres to requirements as indicated in sections 6.3.1.2 – 6.3.1.2.2.4 of the SOW) and observe appointment procedures (e.g., monitor scheduling process, observe next available routine and urgent appointments to ensure time requirements are met, look for evidence of crisis coverage/on-call schedule) to ensure compliance with crisis mitigation service availability (appointment within 1 hour), urgent appointment availability (within 48 hours) and routine appointment availability (within 14 days). LDH defines Crisis Mitigation Services as a Behavioral Health Service (BHS) provider's assistance to clients during a crisis that provides 24-hour on call telephone assistance to prevent relapse or harm to self or others, referral to other services, and support during related crises. A referral to 911 or a hospital's emergency department is not considered an acceptable form of crisis mitigation. Goals for provider accessibility are established by LDH as 95% for emergent and urgent and 70% for routine appointments. The CSoC network has maintained consistently high performance in 2018 and 2019. In 2019, 99% of providers were compliant with all levels of appointment access. The following table summarizes 2018 and 2019 appointment access standards as evidenced by a review of processes and provider policies during network audits.

Results from Provider Onsite Reviews

			2018			2019		
Category	**Standard**	**Goal**	**Number**	**Number w/in Standard**	**% Met**	**Number**	**Number w/in Standard**	**% Met**
Emergent	1 hour	95%	66	66	100%	65	64	99%
Urgent	48 hours	95%	66	66	100%	65	64	99%
Routine	10 business days	70%	66	66	100%	65	64	99%

Secret Shopper Calls

In 2019, LDH added an additional measure to monitor compliance with provider adherence to appointment accessibility standards. The indicator utilizes a "secret shopper" methodology to assess provider response to requests for appointments under real-life circumstances. Magellan worked with LDH during Q1 and Q2 of 2019 to establish standardized procedures for conducting calls. Procedures were piloted in Q3 and finalized in Q4. Providers were randomly selected for review; however, due to the phased implementation of the initiative, the number of providers selected was not consistent for each appointment type. The initial results showed provider compliance for urgent and routine appointments exceed the performance goals. Although the number of providers audited is low, it appears that emergent access will be an opportunity for improvement, with only one of the eight providers meeting LDH standards.

Results of Secret Shopper Calls

Category	Standard	Goal	Number	Number w/in Standard	% Met
Emergent	1 hour	95%	8	1	12.5%
Urgent	48 hours/2 calendar days	95%	11	11	100%
Routine	14 calendar days	70%	12	12	100%

Provider Attestations of Demographic Information

In order for members to be able to accurately locate providers who are accepting new members, it is essential that current, valid information is accessible to members through Magellan's provider search engine. Searchable fields include location, provider type/specialty, hours of operation, accepting new members, and availability just to name a few. Magellan requires all providers to attest to the accuracy of information once every six months via Magellan's provider portal. Completion of attestations are monitored on a quarterly basis to ensure ongoing compliance with the requirement.

Year	Number	Number w/in Standard	% Met
2018	260	204	74%
2019	494	468	95%

In 2018, 260 providers were audited, with only 74% having completed the required attestation. The network department successfully implemented interventions as outlined below, which contributed to a 95% compliance rate in 2019, an improvement of 21 percentage points.

- Reminding behavioral health providers to maintain their practice information via our quarterly All Provider calls in March, June, and September 2018
- Reminding behavioral health providers to maintain their practice data via an announcement included in the provider postcard that accompanied the new Provider Handbook in June 2018
- Reminding behavioral health providers via an e-mail blast to maintain their practice information in March 2019
- Reminding behavioral health providers to maintain their practice information via our quarterly All Provider calls in March and September 2019.
- Due to the effectiveness of these interventions, Magellan will continue to issue reminders via the All Provider calls, e-blasts, and quarterly newsletters.

Member/Provider Experience of Care

In addition to continually monitoring compliance via provider quarterly audits, survey phone calls, and attestation of availability, the member experience in accessing care is monitored through member grievance data and annual satisfaction surveys. Member grievances are defined as grievances for Length of Time to Get Appointment and Inability to Find Provider. There were no member grievances related to availability in 2018 or 2019. Further, over 97% of members surveyed reported providers were available at convenient times.

Member Experience of Care Survey – 2019 Results

Question	Total # Received	% Positive	% Neutral	% Negative
My child can get urgent treatment as soon as it is needed.	409	94.4%	3.9%	2.2%
The services my child receives through Magellan providers are available at times that are good for me.	411	97.3%	1.9%	0.6%

Follow-Up Appointment for Routine Care

In addition to emergent, urgent, and routine appointment accessibility, Magellan also evaluates member access to follow-up routine care appointments for both prescribers and non-prescribers. Follow-up routine care appointments are defined as a visit at later, specified date to evaluate the member's progress and other changes that have taken place since a previous visit.

Non-Prescriber

In order to calculate this rate, the date that the member is referred into CSoC was established as the initial appointment. During the initial referral, the caregiver is assessed by the youth's Managed Care Organization and Magellan to identify the clinical needs of the member. Following this, Magellan will refer the youth and caregiver to a practitioner at the youth's regional Wraparound Agency. Routine follow-up for non-prescribers is the percent of members who are seen by a practitioner within 30 days of referral. Because the Wraparound model is based on intensive care coordination, Magellan establishes a goal of 99% for routine follow-up appointments. During 2019, 2063 members were referred to a practitioner with 2062 members being seen within 30-days for a compliance rate of 99.95%, which exceeded the established goal.

Prescriber

Routine follow-up care for prescribers is defined as a subsequent visit with a prescriber within 90-days of the initial prescriber visit. CSoC members enrolled in CSoC between 01/01 and 10/02 of the measurement year are included in the denominator. Because Magellan is not responsible for pharmacy or physical health benefits, there are several factors to consider when establishing the goal for follow-up routine rate for prescribers, which include:

- Due to barriers in the accessibility and availability of prescribers, many ambulatory outpatient providers contract directly with prescribers as a value-added benefit for their members to provider medication management services. Typically, the provider does not submit claims for service reimbursement for the services. Because of this business arrangement, claims-based measures may underreport the actual rate.
- In Louisiana, like most states, PCPs often provide behavioral health medication management to youth and children. PCP services are covered through the youth's MCOs and thus, these visits are not accounted for in this calculation.

As a result of these factors, the goal for routine follow-up care for prescribers is set for 80%. In 2019, 120 members had an initial prescriber visit, with 83.33% of those members having a follow-up prescriber visit within 90-days. This was 3.33 percentage points above the established goal.

Routine Care Follow-up Appointment Accessibility

Provider Type	Numerator	Denominator	% Met
Prescribers (within 90 days)	100	120	83.33%
Non-Prescribers (within 30 days)	2062	2063	99.95%

Summary of Findings and Analysis

Telephonic accessibility indicators surpassed goals in 2019, with a call abandonment rate of only 1.25%, and an average speed to answer (ASA) of 7.18 seconds. Onsite reviews indicate that 99% of providers had the necessary policies and procedures in place to ensure member access to emergent, urgent, and routine care. The network department successfully implemented interventions to ensure providers had current and valid data available to members through the provider search engine, which contributed to a 95% compliance rate in 2019, an improvement of 21 percentage points from 2018. Member experience of care survey data indicated that over 97% of members reported that providers were available at a time convenient to them and 94.4% of members (n=409) reported that their child is able to obtain urgent treatment as soon as it is needed. As with availability, no member grievances were reported for accessibility in 2019. There were also high levels of engagement with non-prescribers following the initial referral, with 99.95% of members having a routine follow-up visit. There was an opportunity to improve accessibility to emergent care as measured through secret shopper calls. Barriers and recommended actions are outlined below.

Barriers

- Feedback from Wraparound Agencies often indicates providers lack understanding of emergent/crisis situations and/or their obligations in them.
- Providers not complying with policies for emergent availability.
- Secret shopper callers may not be specific enough with the intent of the calls.
- Secret shopper callers may not understand the desired intent and documentation of results may be a factor in low compliance.

Recommendations for 2020

- Develop a comprehensive provider training on all appointment requirements including, but not limited to, definitions for all appointment types, provider responsibilities, and compliance expectations and remedial activities for non-compliance. The training will be mandatory for all providers, WAAs and Magellan staff.
- Continue to issue appointment access remainders via the All Provider calls, e-blasts, and quarterly newsletters.
- Enhance the call scenarios to be more explicit for the targeted provider types.
- Re-train secret shopper call staff.

One of the benefits offered to CSoC youth and families is the development of an individualized, youth and family-driven Plan of Care (POC), which specifies the type, amount, duration and frequency of services needed to meet their unique needs. These plans are reviewed by Magellan's Care Managers at least once every 180-days to review individual member services and utilization to ensure member needs are met. Wraparound Agencies are responsible for surveying members at least monthly to ensure the POC is being implemented in accordance with their needs. If barriers are identified, the Wraparound Agency provides individual remediations to support the youth and family. The results are analyzed quarterly, with a goal of 90% compliance. In 2019, over 95% of members reported receiving services in the type, amount, duration, and frequency specified in their POC in all 12 months of 2019. This provides evidence in the sufficiency of our network to successful meet the needs of our youth and families.

Access to Services as Specified on the Youth's Plan of Care - Monthly Member Survey

Month Year	Numerator	Denominator	Compliance Rate
Jan-19	2262	2325	97.29%
Feb-19	2262	2324	97.33%
Mar-19	2240	2305	97.18%
Apr-19	2233	2290	97.51%
May-19	2227	2284	97.50%
Jun-19	2212	2277	97.15%
Jul-19	2202	2264	97.26%
Aug-19	2197	2266	96.95%
Sep-19	2138	2208	96.83%
Oct-19	2115	2201	96.09%
Nov-19	2166	2231	97.09%
Dec-19	2115	2207	95.83%

Quality Work Plan Evaluation

QI 01, Element B, Factors 1–3

Annually, the CSoC Unit develops a comprehensive quality work plan with goals and prioritized objectives, including customer requirements. This plan serves as a mechanism to assess quality performance, identify opportunities for improvement, initiate targeted quality interventions, and regularly monitor each intervention's effectiveness. The CSoC Unit's Quality Work Plan established three goals, with eleven objectives established to meet these goals. Of the eleven objectives, six were fully met, one was partially met, and four were not met. A brief summary evaluating our progress in achieving are objectives is detailed below.

Positively influencing Health and Well-being, Including Member Safety

- Improve the percent of members showing clinical improvement as assessed by the Child and Adolescent Needs and Strengths (CANS) assessment (initially, and upon discharge) from the 2018 Year to Date (YTD) rate of 73.6% to 75%.
  - This goal was almost met as the 2019 rate was 74.4%. Further information can be found in the Child and Adolescent Needs and Strengths Assessment (CANS) section.
- In 2019, develop and begin implementation of an Outcomes-Driven Reimbursement Payment Model with Wraparound Agencies (WAAs).
  - This goal was met as evidenced by the implementation of a three-year strategy which includes the following project milestones: automation of WAA claims by 2020, identification of claims modifiers to improve efficiencies of data exchange with WAAs by 2021 and the creation scorecard to measure claims-based metrics, enhancing our capabilities to measure member outcomes, by 2022. Please see the Network Management section for more information on the project plan.
- Increase the rate for the HEDIS® 7-day Follow-up After Hospitalization measure from 56% in 2018 to 60% for in 2019.
  - There were 174 youth seen within 7-days of discharge for a rate of 47.15%. The rate decreased from the 2018 rate by 6.06 percentage points. Further analysis on the results is detailed in the Quality Improvement Activities Section of this report.
- Increase the rate for the HEDIS® 30-day Follow-up After Hospitalization measure from 72% in 2018 to 80% in 2019.
  - There were 256 youth seen within 30-days of discharge for a rate of 69.4%. The rate decreased from the 2018 rate by 3.61 percentage points. Further analysis on the results is detailed in the Quality Improvement Activities Section of this report.

Enhancing Service and the Experience of Care

- Implement a comprehensive assessment and monitoring plan for Family Support Organizations (FSO) and establish a baseline for adherence to Substance Abuse and Mental Health Service Administration (SAMHSA) Peer Competencies for Peer Workers in Behavioral Health Services. Specific details of the plan will be developed in partnership with the FSO and the LDH and submitted to the LDH for approval.
  - This goal was met by the first audit of the FSO being completed in WY2Q3 using the assessment. Further information can be seen in the FSO Program Evaluation section.
- Improve the rate of compliance with State and Magellan qualifications and training requirements for unlicensed direct care staff from the 2018 YTD rate of 82.5% to a rate of 90% for 2019.
  - Despite provider referral holds, CAPS and payment recoupments, annual compliance does not meet expectations. Several interventions will be instituted for 2020 including shortening the time to initiate the recovery process at the close of the quarter as audit reports are submitted. Preparing for Your Audit presentation prior to onsite audits will continue and enhancements to the New Provider Orientation to increase knowledge and understanding on what the expectation is. For further information please refer to the Network Management section.

- Improve provider compliance for updating provider demographic information (on Magellan's provider portal, or MagellanProvider.com) from the 2018 YTD rate of 81.9% to a rate of 90% for 2019.
  - This goal was successfully met as the 2019 rate increased to 95%. Interventions were used to improve provider awareness of importance for correct demographic information. For further information please refer to the Network Accessibility section.
- Improve the number of contracted and credentialed short-term respite providers in Regions 3, 5 and 6, by at least one new provider organization, or new provider location, per region.
  - This goal was partially met as short-term respite providers were increased in Regions 5 and 6 but not in 3. Further information on this can be found in the Practitioner/Provider Availability section.

Meeting and Exceeding Contractual, Regulatory & Accreditation Requirements

- Timely delivery of 100% of contract deliverables, including reports.
  - This goal was not met. As part of the new CSoC contract a dedicated full-time employee as a single point of contact for all contract and report deliverables between Magellan and LDH. The Contract Compliance officer implemented a procedure for tracking all deliverables and instituted a feedback loop to the report owners and SMEs. An end to end process has been developed for improved submission of deliverables to address not meeting this goal.
- Achieve three-year Managed Behavioral Healthcare Organization (MBHO) accreditation from the National Committee for Quality Assurance (NCQA) by 11/01/2019.
  - This goal is in process as application was made to NCQA 2019, submission date set for April 7, 2020 and onsite review scheduled for June 1-2, 2020.
- Establish and implement a claims submission protocol for WAAs, with all Wraparound Facilitation payments reimbursed through claims by 11/01/2019.
  - This partially met goal was met by full go-live of WAA claims submission in October 2019. Two (2) of the four (4) WAAs experienced difficulties setting up their systems for claim submissions. Currently three (3) of the four (4) are now successfully submitting claims as of Feb 2020. Magellan is working with the final WAA to test their system and expectation of full compliance for all four (4) WAA agencies in March 2020. Further information can be seen in the Wraparound Agency Value-Based Purchasing Strategy section.
- Establish and implement a data exchange protocol between Magellan and WAAs to support and enhance state and federal reporting requirements.
  - This goal was met through successful electric submission of claims occurred through September and October 2019. Further information can be found in the Network Management section.

All of the objectives above were addressed in 2019, as described throughout this evaluation. Performance for each of the prioritized objectives listed above is discussed in more detail further in this evaluation as documented in the table below. The Executive Summary of this evaluation highlights the CSoC Unit's performance achievements in 2019 and the Program Objectives established for 2020.

Overall Evaluation of 2019 Goals and Objectives

Objective	Evaluation of Progress	Section
Goal 1: Positively influencing Health and Well-being, Including Member Safety		
Improve the percent of members showing clinical improvement	Met	Performance Measures

Objective	Evaluation of Progress	Section
Develop an Outcomes-Driven Reimbursement Payment Model with Wraparound Agencies (WAAs	Met	Network Management
Increase the rate of HEDIS®–Like Follow-up Appointments After Hospitalization for Mental Illness within 7 days of discharge	Not Met	QIA and Coordination of Care
Increase the rate of HEDIS®–Like Follow-up Appointments After Hospitalization for Mental Illness within 30 days of discharge	Not Met	QIA and Coordination of Care
Goal 2: Enhancing Service and the Experience of Care		
Implement a comprehensive assessment and monitoring plan for Family Support Organizations (FSO)	Met	Network Management
Improve the rate of compliance with State and Magellan qualifications and training requirements for unlicensed direct care staff	Not Met	Network Management
Improve provider compliance for updating provider demographic information	Met	Availability and Accessibility or Practitioners and Providers
Improve the number of contracted and credentialed short-term respite providers	Partially Met	Availability and Accessibility or Practitioners and Providers
Goal 3: Meeting and Exceeding Contractual, Regulatory & Accreditation Requirements		
Timely delivery of 100% of contract deliverables	Not Met	Regulatory Compliance Monitoring
Achieve three-year MBHO accreditation NCQA	Not Met	Accreditation
Establish and implement a claims submission protocol for WAAs	Met	Network Management
Establish and implement a data exchange protocol between Magellan and WAAs	Met	Network Management

Quality Performance Measures

QI 01, Element B, Factors 1–3

The CSoC Unit collects data from a wide range of sources to ensure our quality improvement activities are driven by qualitative and quantitative data. Data sources can include but are not limited to: claims for inpatient and outpatient levels of care, member eligibility feeds for demographic data, internal platforms for network provider data, internal member health records for authorization and episode of care data, electronic health records (i.e., assessment and plan of care data), grievance/appeals data, and member experience of care and survey data. When available, the data is transferred to Magellan's data warehouse for integrated reporting of quality measures.

The CSoC Unit evaluates performance against national benchmarks, such as HEDIS® and the University of Washington's Wraparound Evaluation and Research Team (WERT), customer minimum standards and goals, historical performance, and other Magellan public sector units. Please see the Quality Improvement Activities section of this evaluation, for more information on how the specific data were used in 2019.

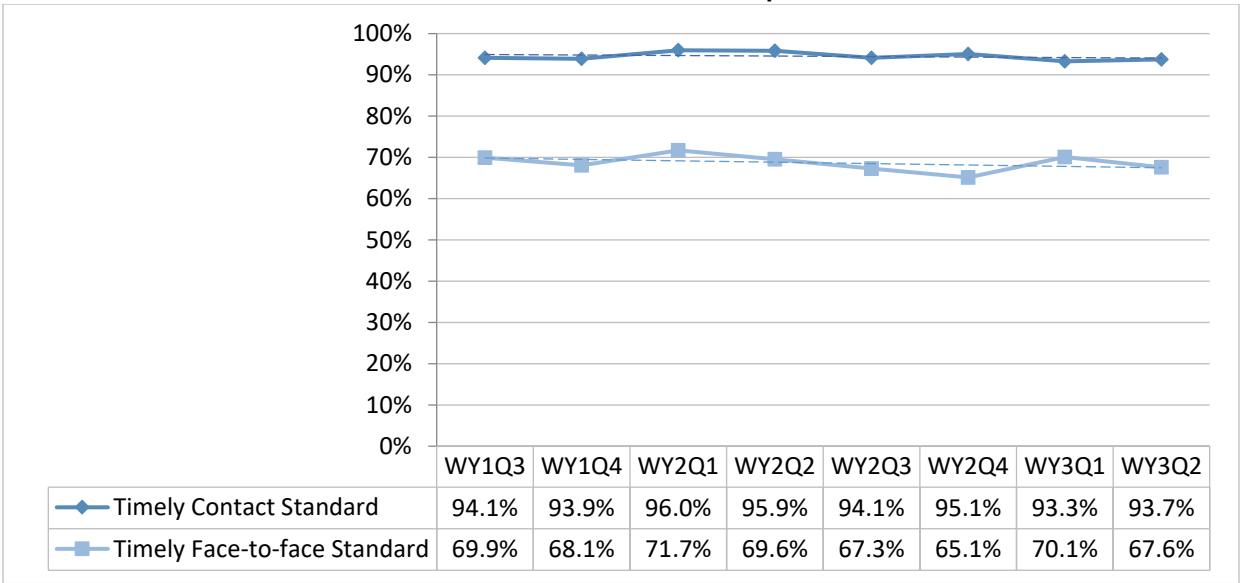
Quality Improvement Strategy Performance Measures

QIS performance measures were established by LDH to ensure compliance with waiver requirements and program goals. These measures are monitored in different intervals based on stages of enrollment and provide a comprehensive look at outcomes. Like CANS monitoring, Access to Wraparound and placement in restrictive settings are monitored quarterly, allowing administrators and program directors to have a real-time mechanism to monitor results and implement process improvement initiatives as needed. Other measures, like the fidelity survey, are monitored annually and employ a sample population to amalgamate program outcomes. The most recent quality improvement measure, the Plan of Care Review Tool, aims to achieve real-time monitoring and improvement of outcomes.

Access to Wraparound

Access to wraparound measures are indicators that look at the Wraparound Agencies' ability to engage families at the time of referral. Access to wraparound evaluates the timeliness of initial contact, which should occur within 48 hours of the referral, and timeliness of first face-to-face contact, which is expected to take place within seven days. Initial contact statistics have been steady over time, with 93.7% referrals meeting standard in WY3Q2 (n=799). There has also been a slight negative trend in first face-to-face contact with 67.6% of youth meeting timeframes in WY3Q2. Magellan engaged Wraparound Agencies to better understand barriers to face-to-face engagement. Wraparound Agencies identify that factors influencing meeting these timeframes included the day of the week the referral is received and member unavailability. Magellan is dedicated to facilitating engagement with members. Because of this, Magellan Care Mangers include specific information to families during the initial referral call. They explain specific details regarding what the caregiver should expect during the first weeks of enrollment, including phone contact, scheduling, and initial engagement processes. The figure below shows wraparound measures for 01/01/2018 through 12/31/2019.

Measurements of Access to Wraparound

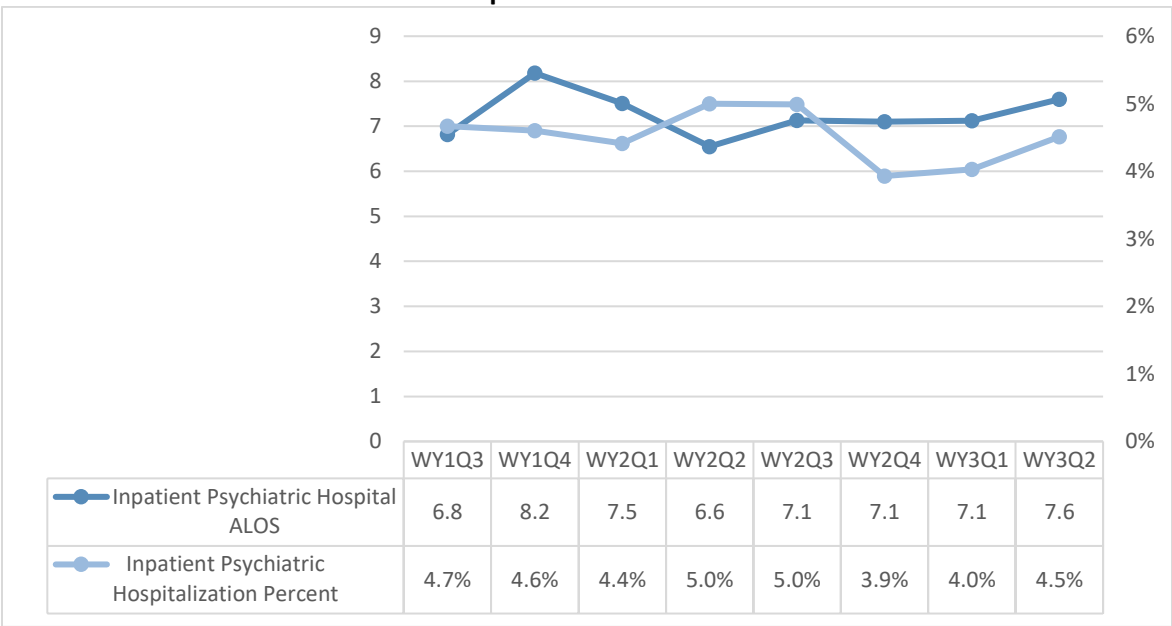


	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
Timely Contact Standard	94.1%	93.9%	96.0%	95.9%	94.1%	95.1%	93.3%	93.7%
Timely Face-to-face Standard	69.9%	68.1%	71.7%	69.6%	67.3%	65.1%	70.1%	67.6%

Children in Restrictive Settings

Inpatient hospitalizations are sometimes unavoidable due to the severity of the membership served in CSoC. However, CSoC aims to reduce the number of youth requiring that level of intervention as much as possible. Additionally, if a youth does require hospitalization, the goal is for them to be away from their community setting for as few days as possible. Despite serving a high-risk population, only 4.51% of CSoC youth (n=2,615) spent any days in inpatient hospitalization in WY3Q2. Average length of stay (ALOS) has remained largely stable over the past two years, ranging between six and eight days.

Inpatient Utilization



	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
Inpatient Psychiatric Hospital ALOS	6.8	8.2	7.5	6.6	7.1	7.1	7.1	7.6
Inpatient Psychiatric Hospitalization Percent	4.7%	4.6%	4.4%	5.0%	5.0%	3.9%	4.0%	4.5%

A barrier in reducing the number of youth in restrictive settings was identified as a lack of discharge planning that could result in delays to returning to the youth to a home or community-based setting. One intervention that was used to address this is the creation of a dedicated Utilization Management Care Manager position. This licensed clinician acts as the primary utilization reviewer for all hospitalized CSoC youth across the state. One component of that position is to present currently hospitalized youth in weekly clinical rounds for collaborative treatment planning. This approach allows for pro-active steps to be taken for discharge planning, including coordination with the youth's regional care manager who is in regular contact with the WAA. These clinical rounds also include Magellan's Clinical Director who reports needs and concerns to the Medical Director who can make real-time treatment recommendations, rather than solely engaging in the youth's case at the point at which a formal physician advisor review is requested.

CC 01, Element A, Factor 1 & 2
CC 01, Element B, Factor 2
CC 01, Element C, Factor 2

Follow-up after Hospitalization for Mental Illness Report

Follow-Up after Hospitalization (FUH) for Mental Illness HEDIS® measures are industry standard performance measures used to monitor if members admitted to an inpatient psychiatric hospital setting receive necessary follow-up care within seven and thirty days from discharge. It is believed that integrating members into outpatient services as soon as possible following an inpatient hospitalization can reduce recidivism and improve outcomes for members. Because of the unique aspects of the CSoC program, Magellan looks at both a standard measure, using NCQA HEDIS® specifications, and a modified measure. The table below shows the follow-up hospitalization (FUH) rates for rates 01/01/2019 – 12/01/2019. For further analysis please see the QIA section.

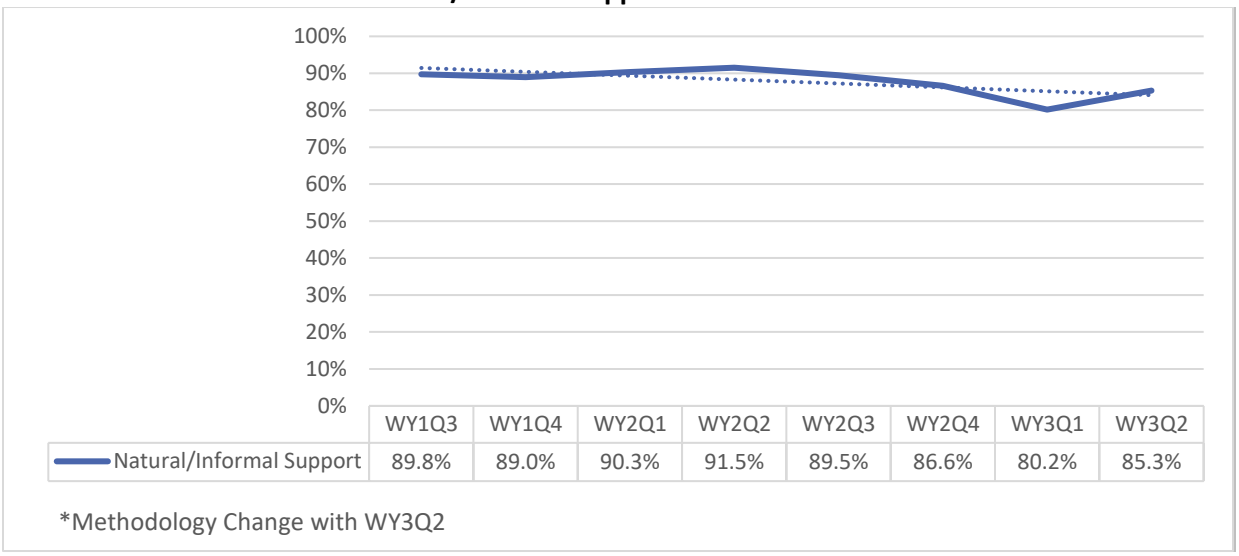
Methodology	Denominator	7-Day Numerator	7-Day Percent	30-Day Numerator	30-Day Percent
HEDIS® Specifications[1]	368	173	47.01%	249	67.66%
Modified HEDIS® Specifications[2]	368	287	77.99%	331	89.95%

[1]Includes waiver service CSoC ILSB only
[2]Adds waiver services CSoC YST, PST, CS, and STR

Natural and Informal Supports on Plan of Care

Louisiana families participating in wraparound are diverse in terms of their structure and composition. CSoC is centered on building a comprehensive Child and Family Team (CFT) for every youth and family. Involvement of natural and informal supports is not only a central value of wraparound, but it is also believed to be a key factor in sustaining improvements following discharge. The figure below shows a steady commitment to this level of involvement, with 85.3% (n=2,594) of youth having natural and informal supports listed on their POC in WY3Q2.

Natural/Informal Supports Present on POC

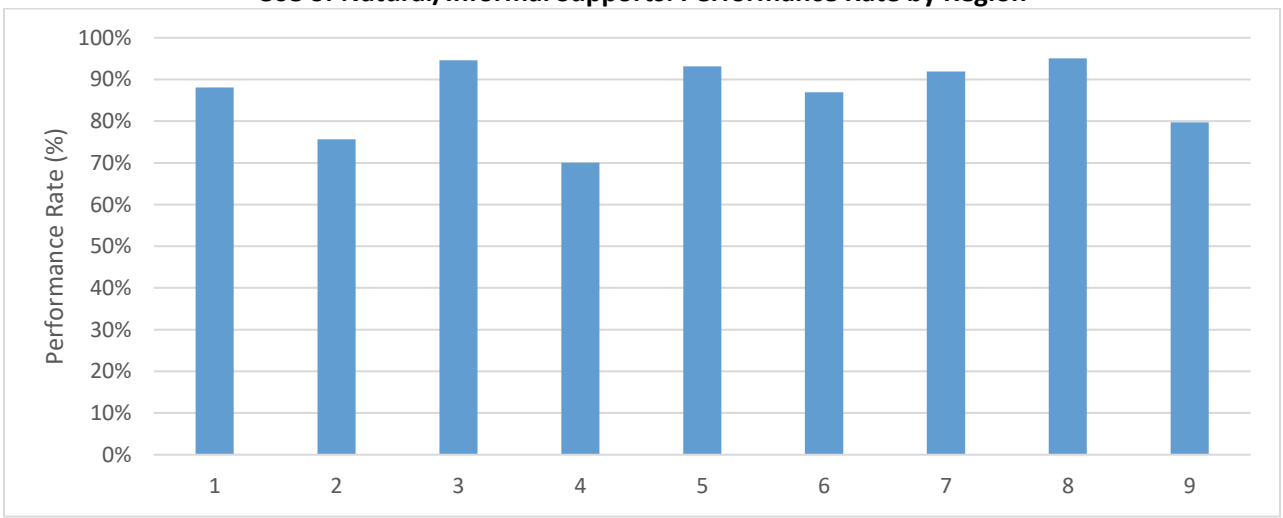


	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
Natural/Informal Support	89.8%	89.0%	90.3%	91.5%	89.5%	86.6%	80.2%	85.3%

*Methodology Change with WY3Q2

It is beneficial to examine the use of natural and informal supports by region so that successes can be celebrated and needs for improvement can be identified. The figure below details regional differences in performance rate across the state. As of reporting period WY3Q2, Region 3 demonstrated the highest incidence of natural and informal support usage with 94.6%; lowest performance rate was observed in Region 4 with 70%.

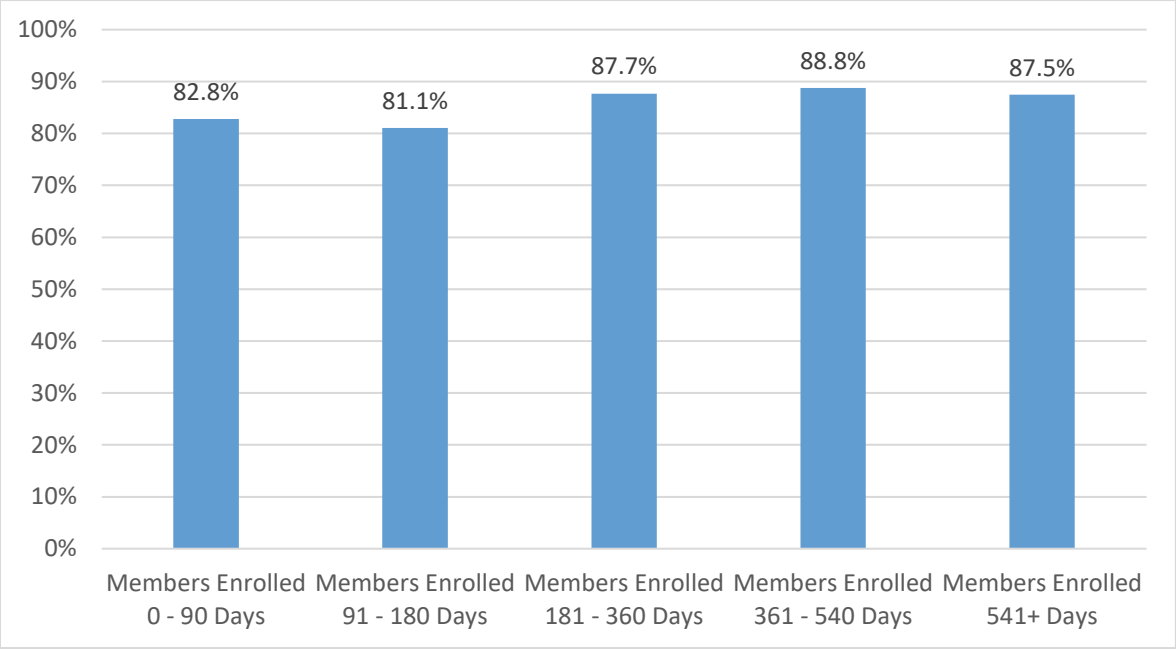
Use of Natural/Informal Supports: Performance Rate by Region



The wraparound model consists of four phases wherein certain processes should take place. During the initial phase, a central aim is to establish a trusting relationship , set the tone for teamwork, and to orient the youth and family to their integral role in the process. Strengths are assessed and needs are prioritized so that a plan of care that will direct the efforts of the CFT. Given that the time needed to accomplish this may vary as natural and informal supports are identified, it is important to account for length of enrollment in CSoC when evaluating the composition of the team.

The figure below shows that the use of natural and informal supports is consistently over 80% but does increase over the course of the youth's enrollment. We see the highest rates of natural and informal supports between 361-540 days in the program. Given the known relationship of natural and informal supports to success in wraparound, a longer enrollment period without a comprehensive Child and Family Team should indicate that action is needed.

Use of Natural/Informal Supports: Performance Rate by Enrollment Period



Magellan has supported increased monitoring of informal support involvement via the Plan of Care (POC) Review Tool. This mechanism, which ensures that each and every POC meets the highest standards of best practice, was introduced in phases over the past two years. Following its full implementation in September of 2019, Magellan began to utilize the full spectrum of data analysis that it provides. Increasing rates of natural and informal supports has been a known area in need of improvement since CSoC was implemented.

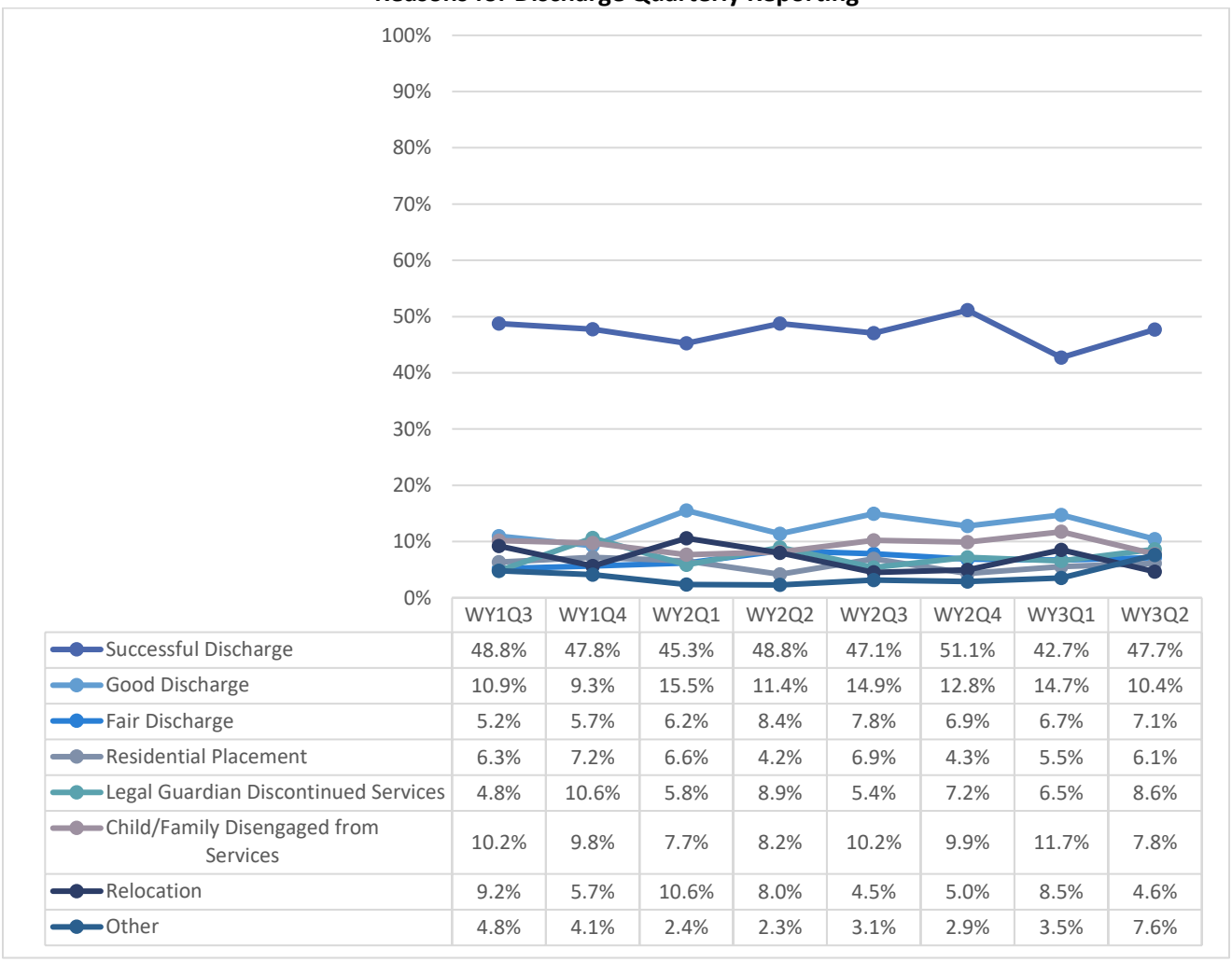
Using the POC Review Tool, Magellan Care Managers rate each POC item on a scale for 1-5. A rating of 5 indicates that item is fully compliant with best practices, while a rating of 1 indicates that the POC standards have not been met. The POC item "Diverse Team" is particularly important in evaluating the team composition to ensure that natural and informal supports are included. The Diverse Team standard is defined as a team that consists of the youth, caregiver, formal behavioral healthcare providers, state agency representative when applicable, and at least one other person who does not receive any financial incentive to participate in the wraparound process. Many different types of supports can be included here such as teachers, neighbors, aunts/uncles, coaches, pastors, godparents, and family friends. A rating of 5 on this item indicates that the highest standard for team composition has been met.

Analysis of POC ratings in January 2020 show that having a diverse team is an area in need of improvement. Examination of the 4,528 most recent POC reviews show that, while 94.66% of plans met the minimum threshold rating of 3 on the Diverse Team item, only 48.28% of plans met the highest standard. Magellan's ability to examine data in this way results in a myriad of opportunities to both evaluate outcomes and to implement interventions in real time. For a full description of POC Review Tool capabilities and protocols, please see the Care Management section of this document.

Discharge Indicators

A principal goal of CSoC is for members to discharge successfully from the program. Success is defined as discharging with 80% to 100% of identified goals met. Successful discharges account for the largest type of discharge and have stabilized to percentage rates in the upper forties. In total, 58.1% of youths discharging in WY3Q2 reported a good or successful discharge. Discontinuation of and disengagement from services accounted for a marked portion of discharge, with 8.6% and 7.8% reporting those reasons, respectively. Lack of engagement has been a known barrier for some time and significant efforts have been made to address this at regional, provider, and facilitator levels.

Reasons for Discharge Quarterly Reporting

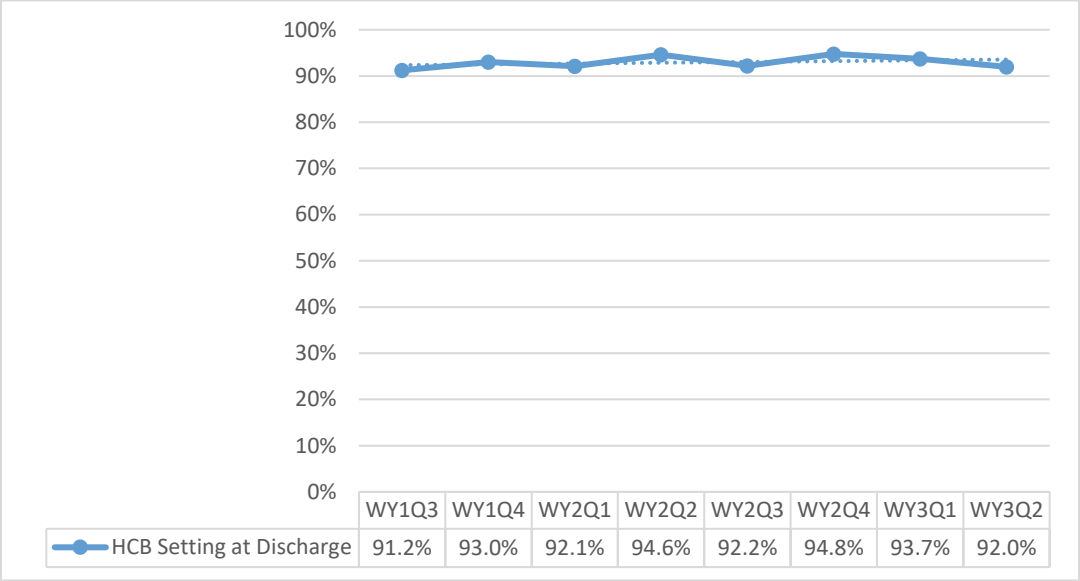


	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
Successful Discharge	48.8%	47.8%	45.3%	48.8%	47.1%	51.1%	42.7%	47.7%
Good Discharge	10.9%	9.3%	15.5%	11.4%	14.9%	12.8%	14.7%	10.4%
Fair Discharge	5.2%	5.7%	6.2%	8.4%	7.8%	6.9%	6.7%	7.1%
Residential Placement	6.3%	7.2%	6.6%	4.2%	6.9%	4.3%	5.5%	6.1%
Legal Guardian Discontinued Services	4.8%	10.6%	5.8%	8.9%	5.4%	7.2%	6.5%	8.6%
Child/Family Disengaged from Services	10.2%	9.8%	7.7%	8.2%	10.2%	9.9%	11.7%	7.8%
Relocation	9.2%	5.7%	10.6%	8.0%	4.5%	5.0%	8.5%	4.6%
Other	4.8%	4.1%	2.4%	2.3%	3.1%	2.9%	3.5%	7.6%

Another central goal of the program is for enrolled members to discharge into a home and community setting. The figure below shows that consistently over 90% of CSoC youth are discharging into the home and community setting, with a peak quarter in WY2Q4 of 94.8%. In the most recent quarter, 92% of youth (n=562) discharged to a home and community-based setting. One of the barriers identified in 2019 was the current discharge form did not provide sufficient information on outcomes, living setting, and reason for discharge. In early 2020, an internal workgroup at Magellan submitted recommendations to LDH to revise the discharge form to increase the usefulness of the data captured to better support continuity of care between MCOs and Magellan and

outcomes monitoring. Once approved and implemented, the revised form will increase our capacity to analysis factors influencing members who are not discharging into a home and community-based setting.

Youth Discharged to Home and Community-based Setting



	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
HCB Setting at Discharge	91.2%	93.0%	92.1%	94.6%	92.2%	94.8%	93.7%	92.0%

Child and Adolescent Needs and Strengths Assessment (CANS) Indicators

The CSoC program is designed to reduce current and future out of home placements and to improve the functioning of youth and families across multiple life domains. A crucial aspect of the Magellan program centers on monitoring outcomes with multidimensional tools and robust data analysis. This section provides details on the three major mechanisms utilized by Magellan to monitor outcomes: the Child and Adolescent Needs and Strengths (CANS) assessment, Quality Improvement Strategy (QIS) performance measures, and the annual fidelity survey.

The CANS Comprehensive Multisystem Assessment is a multi-purpose tool developed for children's services to support decision making, including eligibility and service planning, facilitating quality improvement initiatives, and monitoring outcomes of services. The CANS is completed based on a face-to-face interview with the child and guardian(s) when possible as well as additional supporting information. The Louisiana CANS was developed with Dr. John Lyons to meet the unique needs of the state at the initiation of the CSoC program in 2012. It utilizes a localized algorithm to determine a youth's eligibility for enrollment in CSoC. Beyond that, the CANS is used to direct treatment planning.

Unlike other psychometric tools, the CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans. The CANS examines both the needs and the strengths of youth and family. Strengths are areas of a youth's life where he or she is doing well or has an interest or ability. Needs are areas where a youth requires help or serious intervention.

The CANS assessment is subdivided into life domain categories. The domains consist of a group of specific items to assess how the youth and family functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths, and on skills needed to grow and develop. There are also extension modules, which

are triggered when key core questions are scored a one or higher. The extension modules allow the assessor to conduct a deeper dive into important needs, including juvenile justice, trauma, and substance use.

Methodology

CANS ratings were designed to signal different courses of action in treatment planning. Each item suggests a way in which an individualized treatment plan can be tailored to the specific needs and strengths of the youth and family. Each item includes an anchor definition with four levels. These definitions are designed to translate into the action levels as outlined in the tables below. All actionable items must be addressed in some capacity on the Plan of Care.

CANS Needs Rating Guidance

Rating	Level of Need	Description
0	No evidence of need	A need rating of "0" indicates that there is no reason to believe that a particular need exists; therefore, the current assessment indicates that this item does not need to be addressed on the youth's Plan of Care at this time.
1	Watchful waiting/prevention	A need rating of "1" indicates that the current assessment reveals a need for watchful waiting and that preventative action to address future needs may be required. Three reasons for this rating are: suspicion, historical need, and/or contention.
2	Action need	A rating of "2" indicates that action is required to address this need. The need is sufficiently problematic and is interfering with the youth or family's life in a notable way. Any needs with this rating must be addressed in some capacity on the youth's Plan of Care.
3	Immediate/ intensive action needed	A need rating of "3" indicates that immediate and/or intensive action is required. This rating indicates a need that is dangerous or disabling for the youth or family. Items with this rating must be urgently reviewed by the treatment team and addressed on the plan of care. In the case of a life-threatening need, emergency procedures must be enacted.

CANS Strengths Rating Guidance

Rating	Level of Strength	Description
0	Centerpiece strength	A rating of "0" indicates that a particular strength exists and is significantly well-developed. This rating communicates the strength can "run on its own" and does not require any additional support or assistance at this time. It can be used as a centerpiece in developing a strength-based Plan of Care.
1	Strength that you can use in planning	A rating of "1" indicates a strength that exists but needs support to develop into a centerpiece strength. Such a strength can be used in treatment planning.
2	Strength has been identified-must be built	A rating of "2" indicates that a strength has been identified but requires significant support to become effectively utilized. This strength can potentially be used in treatment planning if it is built upon. This rating may also indicate that a strength existed previously, but current circumstances have diminished it.
3	No strength identified	A rating of "3" indicates that there is no evidence that his strength exists. Significant efforts are needed by the youth, family, and treatment team are needed to identify such a strength. It is expected that this rating would improve over time as the Plan of Care is enacted.

Psychometric Properties

The CANS is widely used across the nation to support similar programs, with versions in fifty states to support child welfare, mental health, juvenile justice, and early intervention applications. According to the Praed Foundation, the CANS has demonstrated reliability and validity. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases.

Data Integrity

To further support reliability and validity, Magellan performs input validation (e.g., identifying and investigating outlier scores, duplicates, etc.) to ensure the integrity of data. This includes monitoring the compliance rates quarterly to ensure that discharged members have both an initial and discharge CANS submitted electronically, which allows for the member to be included in current and future analytic activities. High rates of compliance have been observed since 2016 as a result of establishing requirements for electronic submissions, peaking in WY3Q2 at 98.0%. This ensures that a continuum of data is available for CSoC youth and families to track progress and outcomes.

Assessment Improvement Collaboration

Magellan is committed to advancing our understanding of CSoC program dynamics through CANS data. In March 2019, the QI department began concerted efforts to improve the reliability and validity of CANS assessments. A guide for assessing CSoC youth was created and distributed to all WAAs and Certified Providers. This guide served several capacities including to:

- Act as a refresher to CANS rating guidance
- Outline assessor responsibilities
- Connect CANS items to the narrative portion of the assessment known as the IBHA
- Emphasize that the assessment will drive all subsequent treatment planning for the youth and family

As a companion to this guide, all certified providers and pertinent WAA staff were required to attend a live tele-conference training. Attendance was tracked and 100% compliance was achieved by WAA staff and practicing assessors. Both the guide and the recorded training are available on the Magellan of Louisiana website. Magellan also took additional steps to ensure a collaborative approach to assessment improvement. Beginning in November 2019, the QI department created an Assessment Inventory designed to gather information on key aspects of the individual assessors' experiences and identify barriers to achieving consistency in the application of assessment process. The inventory gathered information on key elements of regional assessment procedures and the practices of individual assessors. Inventory items included:

- Ratios of roster staff to contracted employees
- Communication with facilitators
- Frequency of supervision
- Travel time to assessments
- Average documentation time
- Perceived barriers

These responses were compiled and used to engage in targeted, in-person meetings between WAA leadership and the QI department. Magellan quality staff travelled to each region to facilitate open discussions about current assessment procedures and brainstorm new approaches that can be implemented at a system level.

One particular barrier that was identified concerned the employment status of the assessors, also called Certified Providers (CP). Regions using in-house (roster staff) assessors reported greater frequency of communication with supervisors and facilitators than did regions utilizing contracted assessors. These regions also employed more standardized procedures for identifying risk behaviors in youth and collaboration with their clinical team members. To address this, Choices (Region 3, 6, and) made the decision to begin a hiring search for a full-time dedicated assessor in each of their regions.

Results

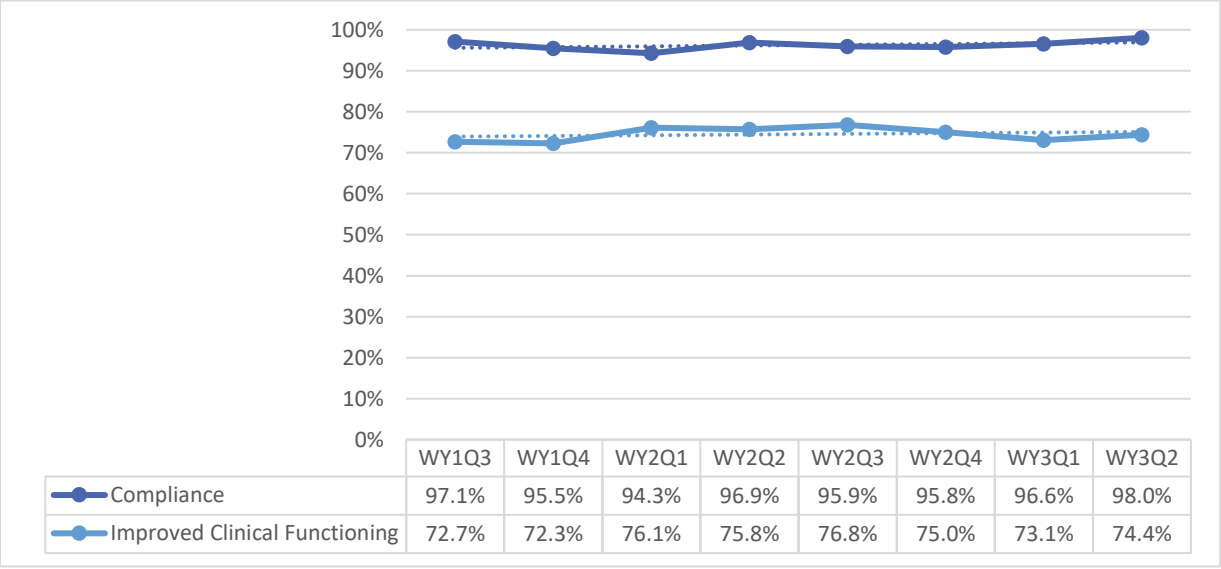
Along with informing treatment and service planning, the CANS is also used to facilitate quality improvement initiatives, monitor outcomes and determine clinical eligibility for CSoC. Because of this, the principles of reliability and validity are critical concepts that must be continuously assessed and monitored. Lyons (2011) reported that the CANS has demonstrated both reliability and validity, which includes strong reliability scores with vignettes, case records and live cases and validity to other similar measures of symptoms, risk behaviors and functioning (Lyons, 2011).

The CANS is used to evaluate outcomes at the youth, provider, regional, and statewide levels. Magellan approaches the CANS from multiple perspectives in order to assess the areas detailed in the accompanying graphic. The ability to monitor outcomes in these ways requires the CANS to be submitted electronically and has been supported by Magellan through the creation of interfaces that allow for the seamless collection of this data through MagellanProvider.com.

Quarterly CANS Outcomes

Because CSoC is a short-term intervention with an approximate length of stay of 12 months, it is vital to monitor global change scores quarterly. This is done from both a data integrity perspective as well as to meet LDH requirements for performance measure reporting. This type of monitoring allows LDH, Magellan and WAA program directors to have a real-time mechanism to evaluate outcomes. Improved clinical functioning is defined as the percentage of members with a decrease of five points or more in the global scores from the initial and discharge assessments. The compliance rate is defined by the percent of members discharging during the quarter with complete data (i.e., an electronic initial and discharge CANS submitted for the member). The program has consistently maintained strong outcomes, with approximately 74.4% (n = 4,385) showing improvement in clinical functioning and 98% compliance rate.

Quarterly Global CANS Outcomes: Improved Clinical Functioning

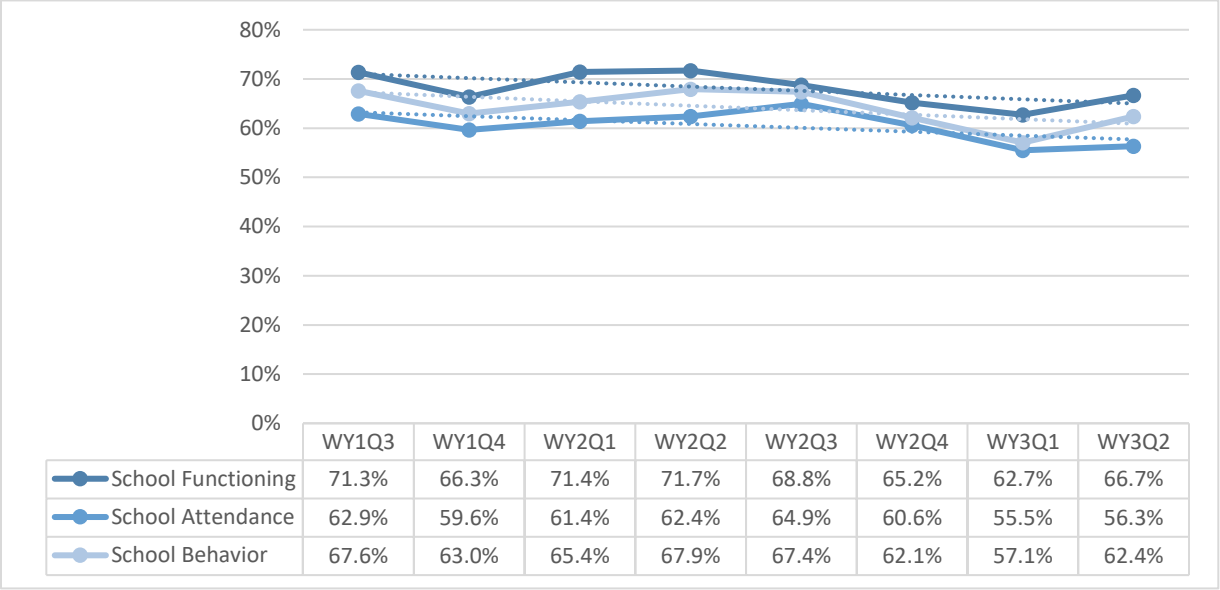


	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
Compliance	97.1%	95.5%	94.3%	96.9%	95.9%	95.8%	96.6%	98.0%
Improved Clinical Functioning	72.7%	72.3%	76.1%	75.8%	76.8%	75.0%	73.1%	74.4%

School functioning is defined as the sum of the four items in the school module, and improvement is represented by a decrease of one point from initial to discharge CANS administrations. Individual items for school behavior and school attendance are also tracked. CSoC youth showed a slight slowing of improvement in

school functioning, attendance, and behavior over the past year. However, the most recent quarter results show improvement across all school measures.

Quarterly Global CANS Outcomes: School Module*

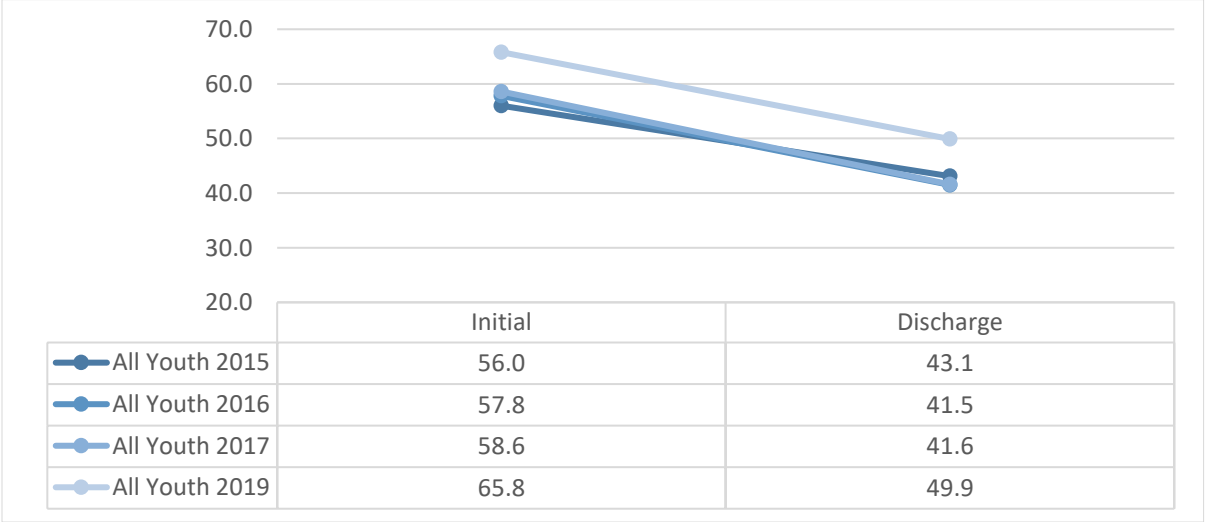


	WY1Q3	WY1Q4	WY2Q1	WY2Q2	WY2Q3	WY2Q4	WY3Q1	WY3Q2
School Functioning	71.3%	66.3%	71.4%	71.7%	68.8%	65.2%	62.7%	66.7%
School Attendance	62.9%	59.6%	61.4%	62.4%	64.9%	60.6%	55.5%	56.3%
School Behavior	67.6%	63.0%	65.4%	67.9%	67.4%	62.1%	57.1%	62.4%

Comprehensive Analysis

In addition to the prescribed quarterly outcomes monitoring activities, Magellan also conducts multiple levels of analytics throughout the year. For the first level of additional analysis, Magellan evaluated the global CANS scores at the initial and discharge assessments. Although quarterly monitoring has value, it is also important to look at data over a longer period of time. This stabilizes the data by allowing for more members to be included and also provides an opportunity to conduct a statistical analysis of the data to ensure differences are not the result of confounding variables. This comprehensive analysis shows that strong, consistent outcomes have been sustained over the years. The most recent data shows an increase in initial global CANS scores while maintaining a similar pattern of improvement over the course of a youth's enrollment (n=4,385).

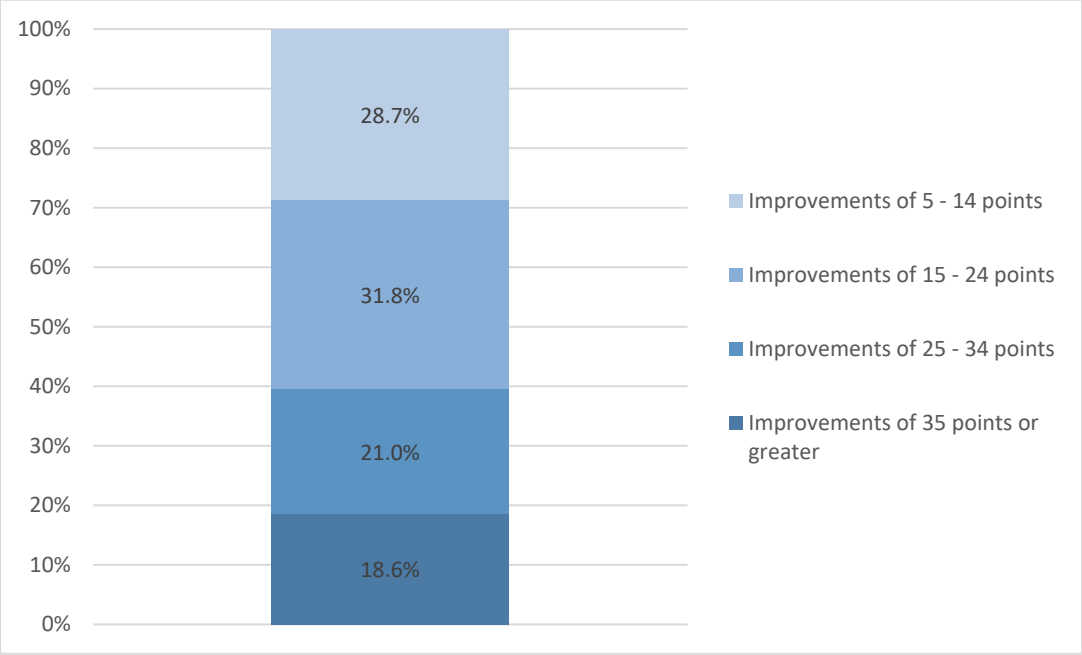
CANS Global Score Changes: Initial to Discharge



	Initial	Discharge
All Youth 2015	56.0	43.1
All Youth 2016	57.8	41.5
All Youth 2017	58.6	41.6
All Youth 2019	65.8	49.9

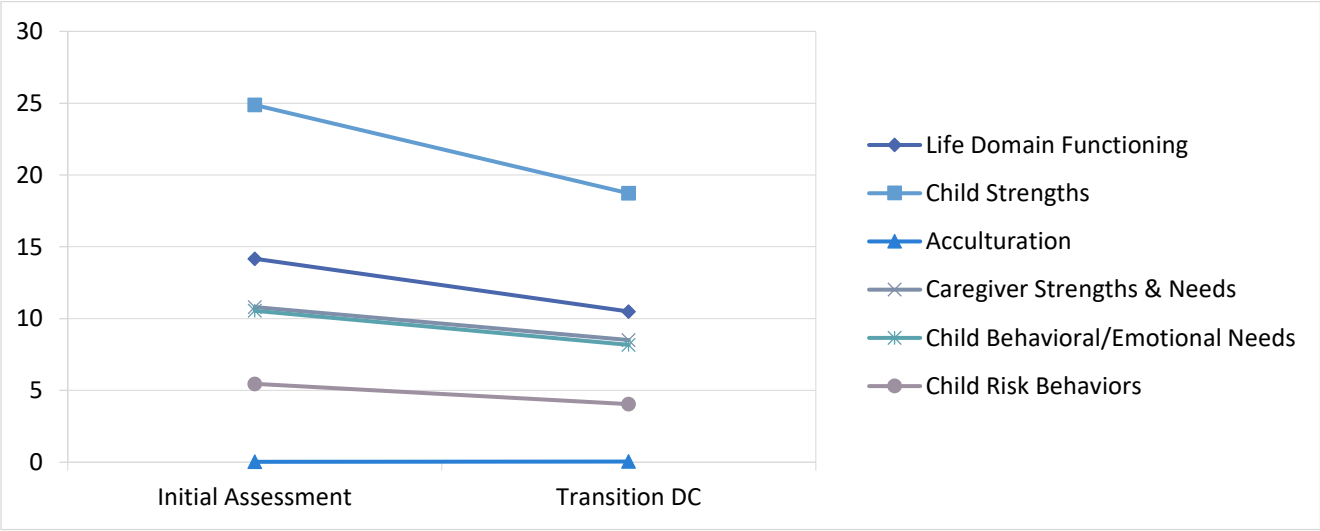
From 1/1/2018-12/31/2019, 71.7% of CSoC youth demonstrated a CANS global score improvement of 5 or more points from initial to discharge assessment (n=4,385). Of those 3,145 youth, most had improved global CANS scores of greater than 15 points. An analysis of members showing improvement is reported in the table below.

Analysis of Members with Clinical Improvement



With the exception of the acculturation domain, all domain scores showed marked improvement. The lack of change in acculturation domain scores is explained by CSoC's largely homogenous population, with extremely few youth and families reporting needs in this area. The greatest improvement was observed in the Child Strengths domain, with an average overall change score of 6.15. A central focus of CSoC is to nurture and grow youth strengths so that they may become capable of self-reliance and excel in their own communities. CANS outcomes data indicates that this goal is being realized.

CANS Global Outcomes: Domain Scores

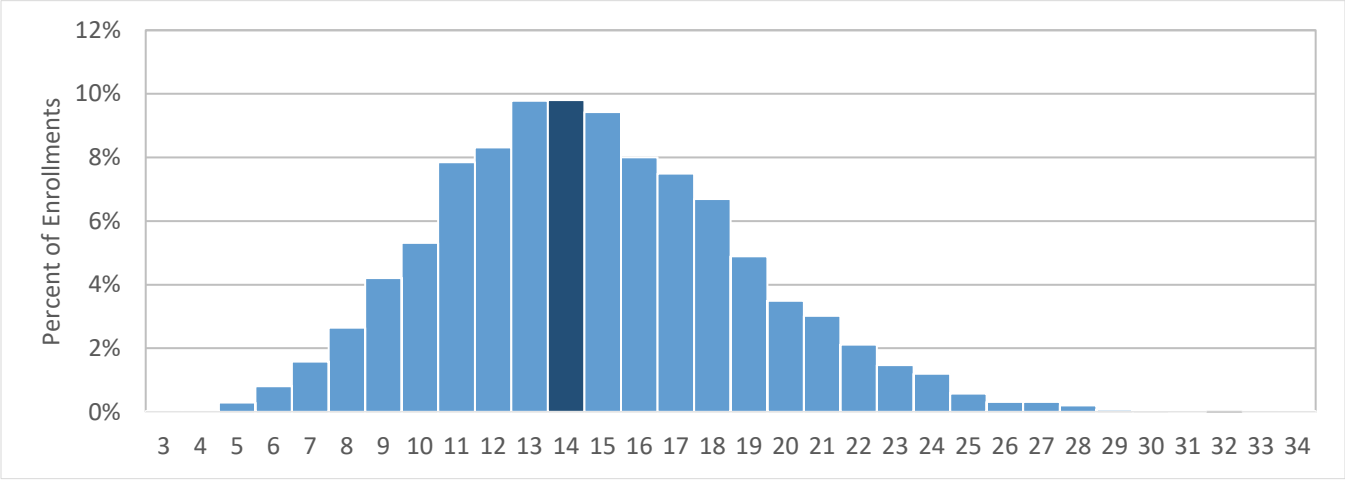


Actionable Needs

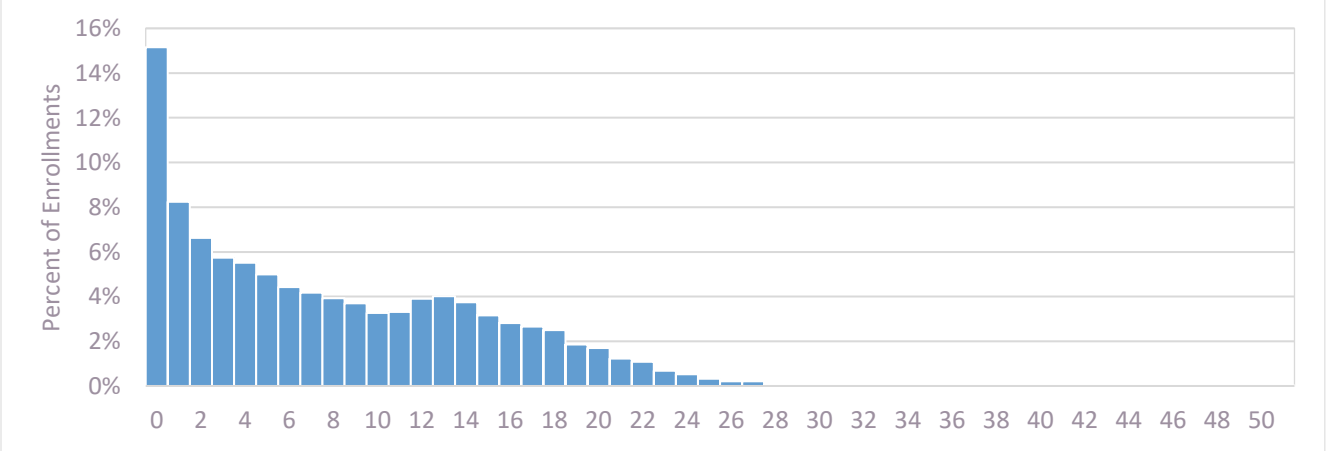
Another area of analysis included in evaluating program outcomes is the change in number of actionable needs identified at the initial versus discharge assessments. An actionable need is defined as an item with a CANS rating of a two or three. Actionable items are of particular significance for the CSoC program both because they must be addressed on the plan of care according to waiver requirements and because they are crucial in prioritizing objectives and guiding strategies.

The graphs below illustrate the marked reduction of actionable needs from enrollment to discharge during WY3 Q2 (n=4498). The number actionable needs reported at the initial CANS approximates a normal bell curve. The median number of actionable needs identified at the initial assessment is 14. Interquartile data shows that the number of actionable needs varies from 12 to 17 for the middle 50% of CSoC youth and families. Examining the number of actionable needs at the time of discharge reveals a significant change in the shape of the data from a bell shape to a skewed data set. This data evidences a great reduction in the number of CANS items rated as actionable, with 15.2% of discharge CANS having zero (n=4407).

Actionable Needs at Initial Assessment



Actionable Needs at Discharge

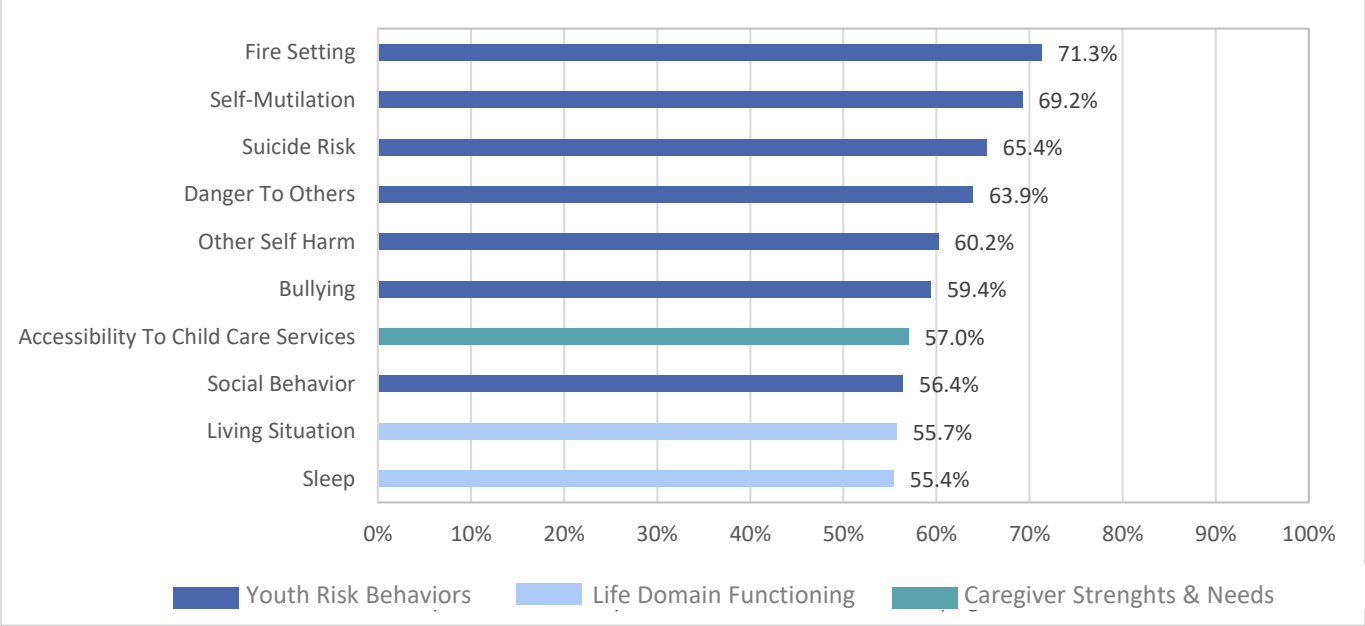


Successfully addressing the actionable item requires that a specific intervention is assigned to the need to elicit improvement. In order for a need to be defined as met, the item must be scored as a zero or one at the

reassessment administration. The results show strong outcomes with a median of eight met actionable needs from the initial to discharge assessment (n=4385).

The CANS measures functionality across many domains and problem presentations. This evaluation did not just look at the change in the number of actionable items but also the type of items that were being resolved. The figure below details the top ten actionable needs that saw prevalence reduction out of the 4,385 total CANS reviewed. The majority fell within the Youth Risk Behaviors category. Risk items in particular are likely to result in hospitalizations or out of home placement. From 2018 to 2019, the prevalence of need in the categories of suicide risk, danger to others, and self-harm we reduced by 65.4%, 63.9%, and 60.2%, respectively. Recognition and reduction of risk behaviors is critical to the safety and success of CSoC youth and has been an area of particular focus for Magellan. Also, of note is the marked reduction in prevalence of caregivers' needs for access to childcare services, which fell by 57.0%. This indicates that CSoC's goal of connecting youth and families to community resources and services is being realized.

Top 10 Needs with Greatest Prevalence Reduction



Fidelity to Practice

Fidelity is a construct designed to assess the degree to which the practice of Wraparound is delivered in accordance with National Wraparound Initiative (NWI) standards (www.nwi.pdx.edu). The Wraparound Fidelity Index, Short Form (WFI-EZ) is designed to annually evaluate how the core activities of wraparound are being implemented in service delivery to youth and families. Research shows a correlation between a higher rate of fidelity and better outcomes for youth and families; thus, fidelity monitoring is a key component of Magellan's ongoing efforts to continuously improve quality.

Methodology

The WFI-EZ is completed through brief, self-report surveys with four types of respondents: caregivers, youths 11 years of age or older, wraparound facilitators, and team members. The addition of team members to the types of respondents is new in 2019 and adds another level of perspective and depth to the fidelity analysis. Team

member is defined as a peer or parent support specialist that is assigned to the youth or caregiver by the Family Service Organization (FSO).

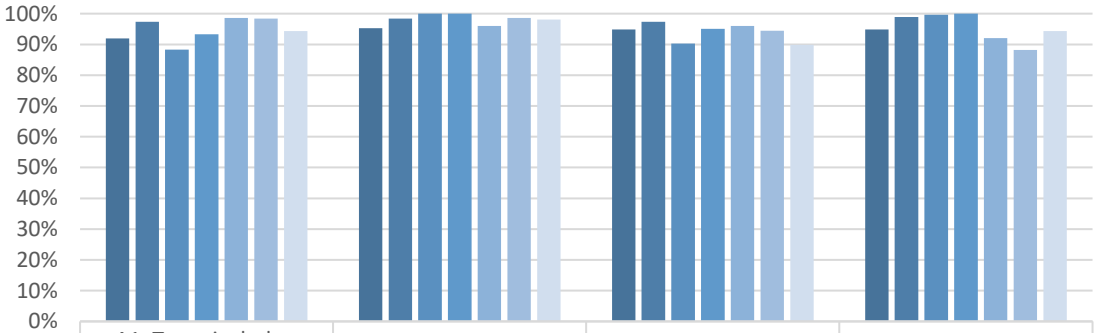
The methodology employed to select the sample featured a random and regionally stratified census to ensure that there was proportional representation from each region. The gender, race, and age makeup of the sampled youth was largely similar to that of the entire LA CSoC population, making it a representative sample of the youth served. The total number of surveys completed for each respondent type was: Caregiver, 193; Facilitator, 218, Youth, 117; and Team Member, 148. These values constitute the denominator for all fidelity measurements based on respondent type.

Magellan has consistently emphasized the importance of the role fidelity data plays in supporting process improvement activities and outcomes reporting. In the 2019 fidelity survey administration, response rates increased over previous years across all respondent types. CG – 84.9%, F – 95.2%, Y – 84.2%. Team members, who were included for the first time in 2019, had a response rate of 100% across the entire states. This evidence supports and collaboration at every level of the FSO organizational structure and illustrates the level of commitment to system of care values.

Basic Foundations of Wraparound

Section A assesses four fundamental principal that should be present to ensure fidelity to the wraparound model. The national benchmark for affirmative responses to these items is 90%. The results for the 2019 fidelity survey showed that all respondent types reported that the basic foundations of wraparound are present to a high degree (88.19-100%). In comparison to the previous survey, both a marked increase was observed in both caregivers and facilitators reporting that the fundamental principles of wraparound are being practiced. The greatest improvement was seen on item A1, which indicates that the wraparound team is diverse and composed of more than only the family member and facilitator.

Basic Foundations of Wraparound across Respondent Type and Administration

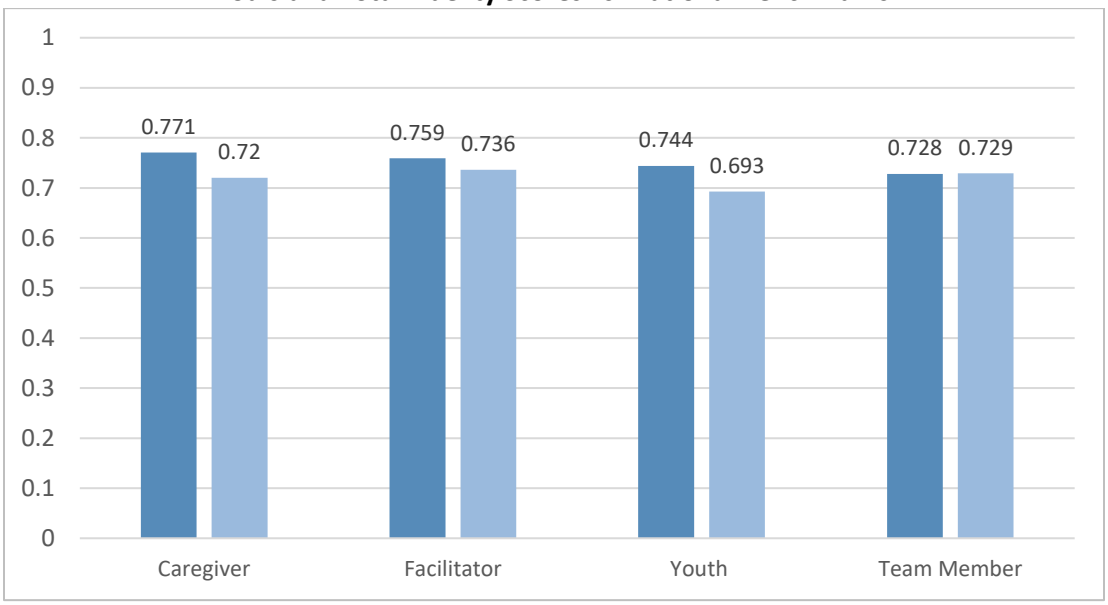


	A1. Team includes more than family & 1 professional	A2. Team created a POC together	A3. Team meets regularly	A4. Decisions based on input from family
Caregiver 2017	91.91%	95.32%	94.89%	94.89%
Caregiver 2019	97.40%	98.44%	97.40%	98.96%
Facilitator 2017	88.33%	100.00%	90.27%	99.60%
Facilitator 2019	93.27%	100.00%	95.07%	100.00%
Youth 2017	98.60%	96.00%	96.00%	92.00%
Youth 2019	98.43%	98.65%	94.49%	88.19%
Team Member 2019	94.30%	98.10%	89.87%	94.30%

Total Fidelity

The total fidelity score is a construct that provides information on the respondent's overall experience with wraparound. It is an average of the sum of the all the responses to Section B survey items. All respondent types complete this section, which consists of twenty- five items about the detailed activities of the wraparound process, the make-up of the wraparound team, and the strategies of the wraparound plan. The results of the 2019 fidelity survey showed that the total fidelity scores reported by caregivers, youth, and facilitators all exceeded the national benchmarks. When compared to previous survey administrations, total fidelity scores increased for all respondent types for which comparison scores were available. When examining regional differences, youth perception of total fidelity met or exceeded the national benchmarks. Regional differences were observed, with the greatest variance occurring across team members.

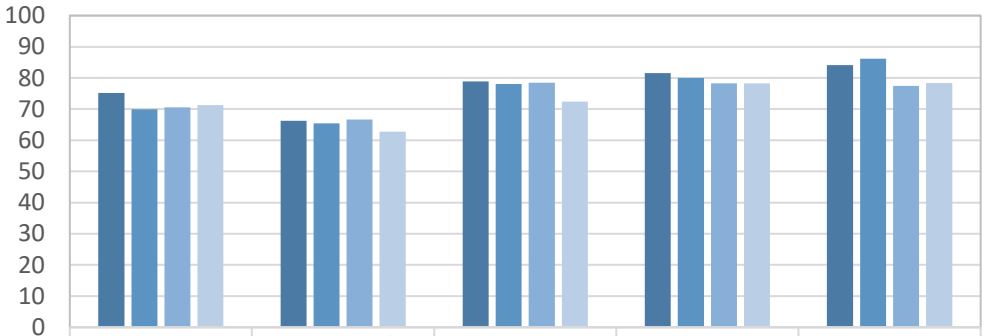
Louisiana Total Fidelity Scores vs. National Benchmarks



Key Elements of Fidelity

Key element scores are generated by grouping Section B survey items into five key element categories: Effective Teamwork, Natural & Community Supports, Needs-Based, Outcomes-Based, and Strength & Family Driven. All those surveyed responded positively to the Effective Teamwork items at a rate that exceeded the national benchmarks. The greatest variance in positive responses was seen on the Strength and Family Driven items, with a span of 77.4 (youth) and 86.2 (facilitator). This may indicate a need for facilitators to focus on eliciting greater collaboration from the youth and family while encouraging them to be assertive with their suggestions and to take ownership of their success.

Key Elements of Fidelity by Respondent Type

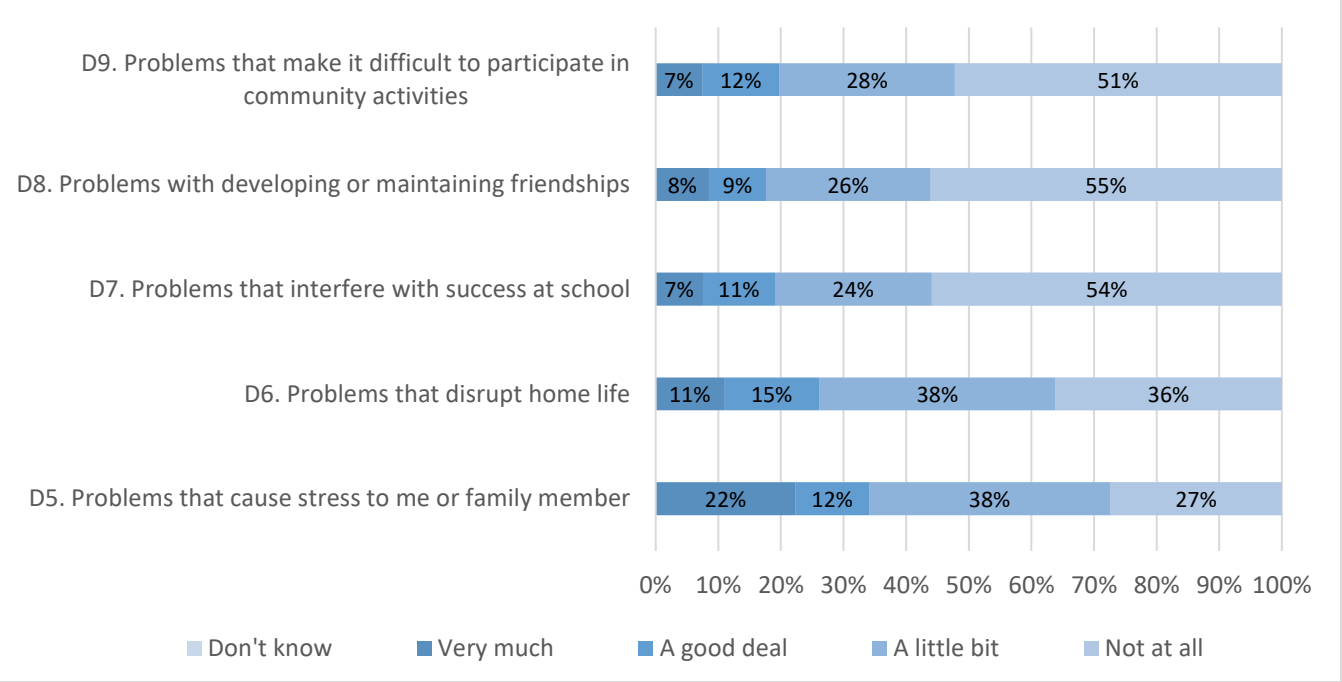


	Effective Teamwork	Natural / Community Supports	Needs - Based	Outcomes Based	Strength and Family Driven
Caregiver Mean	75.2	66.2	78.9	81.5	84.1
Facilitator Mean	69.9	65.4	78.1	80	86.2
Youth Mean	70.6	66.7	78.5	78.3	77.4
Team Member Mean	71.3	62.8	72.4	78.3	78.4

Outcomes

The WFI-EZ survey measures outcomes in two ways. First, it asks caregivers to indicate whether the youth has experienced certain negative outcomes since enrolling in wraparound: a new residential placement, an emergency room visit for mental health concerns, a negative police contact, or suspension or expulsion from school. Secondly, outcomes are measured by examining the degree to which specific problems that the youth experiences cause difficulties with various domains of the youth's and family's lives. Respondents are asked to rate the extent to which functioning is negatively impacted in community, social, school, and home settings. 2019 results showed that youth and families experienced fewer negative outcomes in all life domains relative to the national benchmarks. In regard to functional outcomes, at least 65% of caregivers and facilitators reported that impairment in any life domain occurred only a little bit or not at all. The greatest functional difficulties were reported in the family domain. 34% of respondents reported that problems which cause stress to the family occur a good deal or very much. The domain with the lowest occurrence of functional impairment was reported to be the social domain, with 81% of respondents indicating that youth were able to develop and maintain friendships.

Improvement in Life Domain Function



Ongoing Monitoring

Magellan's fidelity monitoring process is comprehensive and multifaceted, beginning with the development of the initial POC and continuing throughout a member's enrollment. Magellan has well-established care management policies and procedures to ensure compliance with waiver requirements. In addition, Magellan introduced a customized Plan of Care (POC) Review Tool in November of 2018, with full implementation occurring in September of 2019. The purpose of this tool is to ensure consistent application of Wraparound principles and effective delivery of services throughout all phases of the program.

By identifying commonalties across both the annual fidelity survey and the daily application of the POC Review Tool, we have the ability to connect annual perceptions of overall fidelity to ongoing, current interventions in use with CSoC youth and families. To this end and in the spirit of collaboration, a WFI-EZ and POC Review Tool Crosswalk was created and sent to each of the four wraparound organizations across Louisiana. Respondents were asked to match each identified POC Review Tool item with one of the eight NWI standards and best practices:

- Timely Engagement & Planning
- Effective Teamwork
- Use of Natural & Community Supports
- Needs-Based
- Outcomes-Based
- Strength-Driven
- Family Voice & Choice
- Transition Planning & Follow-up

An example of the WFI-EZ/POC Crosswalk in action is illustrated in the table below. The first two columns contain the fidelity survey number and corresponding item details. The next four columns contain the percent of positive responses given by each respondent type in the 2019 survey. This is followed by the Plan of Care item that was collaboratively matched to that survey item. The last column contains the percent of reviewed POCs that were judged by Magellan Care Managers to meet the standards for best practice and service authorization. To meet these criteria, the POC item must receive a rating of 3, 4 or 5 or be rated in the affirmative for Yes/No items.

To demonstrate how this integrated crosswalk will be used to affect real-time positive change in the lives of youth and families, we will examine WFI-EZ item B18. This item evaluates the respondents' perceptions of how well their plan cultivates reliance on natural and community supports. Caregivers, facilitators, and youth all had cumulative positive responses that were below the national mean. Likewise, POC's also had a relatively low rate of approval on the corresponding item, with only 78.66% of plans determined to meet this criterion at the minimum standard. This data allows us to focus on a particular element of the plan of care and create targeted strategies to address this need for increased connection to natural and community supports. Further, the POC Review Tool allows for regional analysis that can illuminate regions that are excelling in the measure of fidelity and those that can benefit from interventions, including training and consultation. As approaches are implemented, both Magellan and wraparound agencies will be able to observe tangible evidence of improvement via the continuous feedback loop from Care Managers and the POC Review Tool data. Finally, the success of the targeted intervention can be confirmed through the annual Fidelity Survey by comparing rates across administrations.

Magellan's long-term fidelity monitoring plan will include an annual report that synthesizes the data obtained through the WFI-EZ administration, and POC Review Tool, and additional monitoring activities. The information provided in this report will allow us to celebrate and share our successes. It will also allow us to identify areas in need of improvement and implement interventions that can be evaluated in real-time. This integration strategy will pioneer a new level of communication and collaboration between Magellan, providers, and the children and families we serve.

	WFI – EZ Survey Results				POC Review Tool	
Fidelity Measure	**CG Number**	**CG % Positive**	**WF Denominator**	**WF % Positive**	**POC Number**	**% rated 3 or Higher or Yes**
Family Vision	193	95.68%	218	91.38%	2288	99.66%
Progress Rated	193	96.76%	218	89.66%	2288	70.00%
Informal/Natural Supports Strategies	193	55.14%	218	72.41%	2288	78.66%
Connected to Natural / Community Reports	193	79.46%	218	68.10%	2288	85.47%

HEDIS®–Like Performance Measures

QI 11, Element C

The Coordinated System of Care (CSoC) in Louisiana is entrusted with overseeing the care of the state's most vulnerable youth and families who experience severe mental and behavioral health needs. Magellan of Louisiana delivers services consistent with the wraparound (WAA) treatment model. To ensure that CSoC members receive the highest quality services, Magellan employs a robust and varied approach to data analysis and outcomes monitoring. The Healthcare Effectiveness Data and Information Set (HEDIS®)-like measures are a

valuable and performance indicator that allows national and regional comparisons to be made against health care benchmarks. This report examines the following HEDIS®–Like measures:

- Follow-Up After Hospitalization for Mental Illness (FUH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
- Follow-up Care for Children Diagnosed with ADHD (ADD)
- Adherence to Follow-up Appointments for Individuals with Schizophrenia (SAA)
- Plan All-Call Readmissions (PCR)

Methodology

Magellan is contracted as a Managed Behavioral Healthcare Organization (MBHO) for Louisiana Department of Health (LDH). Managed Care Organizations (MCOs) are contracted for physical health, pharmacy, and residential behavioral health service benefits for our members. Because of this, Magellan utilized MBHO data only to report on HEDIS® measures. Specifications for indicator methodology for data analysis that was used is found in the appendix of this report.

HEDIS®–Like Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

A key goal in wraparound care is to identify and intervene in behaviors that put youth at risk of harm. One such risk is substance use, which can affect youth brain development, contribute to physical health problems as they mature, and frequently occurs alongside other risk behaviors including unprotected sex and dangerous driving. The Center for Disease control reports that marijuana and tobacco are the substances most commonly used by American adolescents, with approximately half of 9th through 12th grade students reporting having ever marijuana. Magellan recognizes the serious nature of youth substance use and takes deliberate steps to educate, guide, and provide treatment for CSoC youth families to overcome such obstacles.

While the total number of CSoC youth diagnosed with substance use disorders is low, the intensive nature of the wraparound model dictates that each case is addressed individually, with specific interventions unique to the needs of the member.

Analysis

No CSoC youth were identified as having a diagnosis of Alcohol Abuse and Dependence. Instead, all identified members were diagnosed with Other Drug Abuse and Dependence. Table provides the HEDIS®–LIKE IET rates for measurement year 2018.

HEDIS®–Like IET Measures

Measure	Age Group	Denominator	Numerator - Initiation of AOD Treatment	Initiation Rate	Numerator - Engagement of AOD Treatment	Engagement Rate
Alcohol Abuse/Dep	13-17	0	0	0	0	0
Alcohol Abuse/Dep	Total	0	0	0	0	0
Other Drug Abuse/Dep	13-17	3	5	60.00%	2	40.00%
Other Drug Abuse/Dep	18	2	3	66.67%	2	66.67%
Other Drug Abuse/Dep	Total	5	8	62.50%	4	50.00%
Total	Total	5	8	62.50%	4	50.00%

Barriers Identified

- CSoC Membership is composed of youth aged 5-21, with the majority of enrolled youth falling between the ages of 8 and 17. The low number of members meeting criteria for inclusion in the substance use measure is likely reflective of that age demographic.
- Given the low denominator, it is not possible to determine if this data is meaningful and would therefore warrant further action. Instead, Magellan has developed and utilizes a number of assessment and ongoing monitoring mechanisms tailored to the high-touch, individualized nature of wraparound. These include the Child and Adolescent Needs and Strengths (CANS) survey, the Plan of Care (POC) Review Tool, and the Treatment Record Review (TRR) tool.

Interventions

- Magellan authorizes and monitors the following types of substance use treatments for members meeting Medical Necessity Criteria (MNC): Inpatient Hospitalization, Inpatient Detoxification, Intensive Outpatient Treatment (IOP) for Substance Abuse, and Community-Based Mental Health and Substance Use Treatment.
- All CSoC youth are screened for substance use issues through the CANS and the Individual Behavioral Health Assessment (IBHA) at their initial intake and every 180 days thereafter.
- The Plan of Care (POC) Review Tool is used to identify actionable needs for youth and families and ensure that they are met through services provided. Magellan Care Managers monitor all member POCs at a min of every 180 days to ensure that any actionable substance use needs are addressed through the in the plan.
- Members are surveyed on a monthly basis to ensure they are receiving services in the frequency, type, and duration necessary to meet their needs. For any member that reports they are not receiving the services necessary to meet their needs, specific remedial actions are required of their WAA facilitator.

Recommendations for 2020

- Magellan's website publishes a Behavioral Health Toolkit for Medical Providers which includes educational materials specific to substance abuse disorders. A link to this resource will be distributed to providers via email blast and included in the upcoming provider newsletter.
- Continue monitoring prevalence of and interventions for substance abuse via the CANS, IBHA, and POC Review Tool.
- Develop an article to be included in an upcoming provider newsletter that provides education on the IET HEDIS®–Like measure and highlights the importance of timely follow-up appointments to comply with HEDIS® benchmarks.

HEDIS®–Like Follow-up Care for Children Diagnosed with ADHD (ADD)

Living with Attention Deficit Hyperactivity Disorder (ADHD) impacts multiple areas of functioning for youth and their families. Research shows that this diagnosis runs in families and that most children do not outgrow ADHD as they mature. Symptoms of inattention, impulsivity, and hyperactivity can negatively affect the ability of youth to learn, engage in social relationships, follow rules and laws, and exercise good judgment when faced with risk. Given that a large proportion of youth enrolled in CSoC have this diagnosis, Magellan has prioritized analysis of population needs and initiated interventions to ensure that best practices are utilized by providers.

Of the youth identified as meeting selection criteria, 80.61% had a claim for follow-up services within 30 days of their being diagnosed with some form of ADHD. Of those youth that had continued enrollment in CSoC for 300 additional days, 79.41% had two or more claims for follow-up services.

HEDIS®–Like ADD Measure

Phase	Numerator	Denominator	Rate
Initiation Phase	158	196	80.61%
Continuation and Maintenance Phase	81	102	79.61%

Barriers

- Given that CSoC eligibility criteria requires an existing mental health condition, youth entering the program have diagnoses received prior to their initial assessment by CSoC-specific providers. A 2019 barrier analysis found that, when providers initiate treatment with CSoC youth, they often failed to complete a thorough biopsychosocial assessment to confirm a youth's diagnosis of ADHD based on DSM-5 criteria.
- Providers were generally unaware of Magellan's tools used to promote adherence to CPGs in the treatment of youth with ADHD.
- CSoC members receive treatment from a variety of provider types across the state. While they all adhere to the same credentialing and staffing requirements, specific treatment modalities are no proscribed and therefore may vary across individual regions, agencies, and practitioners.
- Given the low denominator, it is not possible to determine if this data is meaningful and would therefore warrant further action. Instead, Magellan has developed and utilizes a number of assessment and ongoing monitoring mechanisms tailored to the high-touch, individualized nature of wraparound. These include the Child and Adolescent Needs and Strengths (CANS) survey, the Plan of Care (POC) Review Tool, and the Treatment Record Review (TRR) tool.

Interventions

- Magellan monitors provider adherence to Clinical Practice Guidelines (CPGs) in the treatment of ADHD via the Treatment Record Review Tool (TRR). A full description of this tool is available in Magellan's annual Program Evaluation. The Clinical Reviewer determines the level of follow-up intervention that is required of the treating provider based on scoring guidelines and assigns remedial actions.
- Magellan's Quality Department implemented an expanded scoring module apart from the standard TRR scoring tool specific to monitoring the treatment of CSoC youth diagnosed with ADHD.
- Results of treatment record reviews are shared with providers. Clinical Reviewers engage directly with providers to discuss deficiencies, opportunities for improvement, and required remedial action.
- Magellan identified the need to engage our Mental Health Rehabilitation (MHR) providers in a way that enhances treatment by using evidence-based practices.
- On January 23, 2020, Magellan's Medical Director, conducted a training entitled Guided Workbook Therapy during the monthly provider call. This included clinical guidance on ADHD diagnosis in youth and recommendations for treatment.
- An evidence-based workbook entitled *CBT Toolbox for Children & Adolescents* was collaboratively chosen by quality, clinical, and network departments with direct input from WAAs and Louisiana providers. It includes strategic interventions from cognitive-behavioral therapy to target specific behaviors, including those associated with ADHD.
- All CSoC youth are screened for needs relating to ADHD through the CANS and the Individual Behavioral IBHA at their initial intake and every 180 days thereafter.
- The Plan of Care (POC) Review Tool is used to identify actionable needs for youth and families and ensure that they are met through services provided. Magellan Care Managers monitor all member POCs at a min of every 180 days to ensure that any actionable substance use needs are addressed through the in the plan.
- Members are surveyed on a monthly basis to ensure they are receiving services in the frequency, type, and duration necessary to meet their needs. For any member that reports they are not receiving the services necessary to meet their needs, specific remedial actions are required of their WAA facilitator.

Recommendations for 2020

- As of January 2020, Magellan published updated CPG standards to the Magellan of Louisiana website.
- Magellan will begin the distribution of evidenced-based workbooks to MHR providers.
- The use and effectiveness of workbooks will be monitored, and Magellan will facilitate forums with providers to elicit feedback.
- Magellan's website publishes a Behavioral Health Toolkit for Medical Providers which includes educational materials specific to ADHD. A link to this resource will be distributed to providers via an email blast and included in the upcoming provider newsletter.
- Develop an article to be included in an upcoming provider newsletter that provides education on Magellan's ADHD HEDIS®–Like measure and highlights the importance of timely follow-up appointments to comply with NCQA/HEDIS® standards.

HEDIS®–Like Adherence to Follow-up Appointments for Individuals with Schizophrenia (SAA)

The National Institute of Mental Health (NIMH) reports that Schizophrenia is usually diagnosed in the late teen years to early 30's, with onset in males typically occurring earlier than in females. Adding to the complexity of initial diagnosis is that subtle changes in cognition and behaviors may precede diagnosis for months to years without being recognized as precursors to Schizophrenia. This is particularly true in the case of children and youth because prodromal symptoms may mimic other conditions such as depression and bipolar disorder. Multiple studies indicate that treatment modalities are more effective when they are implemented as early as possible. Because the CSoC population is composed of youth with severe mental illnesses, Magellan recognizes its unique ability to impact early detection and intervention of Schizophrenia.

Analysis

Only two members met criteria for inclusion in the HEDIS®–Like measure. The case of the member that did not have outpatient engagement with a practitioner was thoroughly reviewed and found to have several causal circumstances. The member was a 19-year-old male with an existing OCDD waiver. He had been hospitalized multiple times but, as Magellan was not the responsible payer, there were no associated claims in the Magellan system. Magellan Care Managers collaborated with his regional WAA facilitator. They confirmed that monthly Child and Family Team (CFT) meetings did take place and that the member was linked to an appropriate provider via OCDD. Further, they verified that member did initiate treatment with that provider. He was subsequently discharged from the CSoC program.

SAA HEDIS®–Like Rate for MY 2018

Numerator	Denominator	Rate
1	2	50.0%

Barriers

- CSoC Membership is composed of youth aged 5-21, with the majority of enrolled youth falling between the ages of 8 and 17. The low number of members meeting HEDIS®–Like criteria for inclusion in this measure is likely reflective of that age demographic.
- Given the low denominator, it is not possible to determine if this data is meaningful and would therefore warrant further action. Instead, Magellan has developed and utilizes a number of assessment and ongoing monitoring mechanisms tailored to the high-touch, individualized nature of wraparound. These include the Child and Adolescent Needs and Strengths (CANS) survey, the Plan of Care (POC) Review Tool, and the Treatment Record Review (TRR) tool.

Interventions

- All CSoC youth are screened for psychotic symptoms through the CANS and the Individual Behavioral Health Assessment (IBHA) at their initial intake and every 180 days thereafter.
- The Plan of Care (POC) Review Tool is used to identify actionable needs for youth and families and ensure that they are met through services provided. Magellan Care Managers monitor all member POCs at a min of every 180 days to ensure that any actionable substance use needs are addressed through the in the plan.
- Weekly clinical rounds are conducted that include CSoC Care Mangers, the designated Utilization Manager, and Clinical Directors. Any concerns that require additional attention are subsequently presented to the CSoC Medical Director.
- Members are surveyed on a monthly basis to ensure they are receiving services in the frequency, type, and duration necessary to meet their needs. For any member that reports they are not receiving the services necessary to meet their needs, specific remedial actions are required of their WAA facilitator.

Recommendations for 2020

- Magellan's website publishes a Behavioral Health Toolkit for Medical Providers which includes educational materials specific to Schizophrenia. A link to this resource will be distributed to providers via an email blast and included in the upcoming provider newsletter.

HEDIS®–Like Plan All-Call Readmissions

The ultimate goal of CSoC is to keep youth and families together in their homes and communities. When this is not possible and inpatient hospitalization is required, Magellan recognizes the disruption caused to the lives, relationships, and sense of stability of both the hospitalized youth and their family. Therefore, reduction of psychiatric hospital readmission rates is extremely important to ensure positive outcomes for members.

Analysis

Of the 10 members that met criteria for this HEDIS®–Like measure, 20% were readmitted within 30 days of their hospital discharge. This metric was reviewed by the CSoC Medical Director and Clinical Director. Due to the low number of members in the denominator, readmissions for mental health hospitalizations was not identified as an opportunity. Several factors contributed to this determination including: the low number of members included in the denominator, the low number of members requiring mental health hospitalizations (~5% of membership), presence of significant history of behavioral health needs prior to enrollment (i.e., SED/SMI, history of suicidal/homicidal ideation, etc.), and short-stay model of CSoC. Despite not identifying this as an opportunity, the CSoC unit closely monitors and manages all members requiring an inpatient psychiatric hospitalization.

HEDIS®–Like PCR MY 2018

Numerator	Denominator	Rate
2	10	20.0%

Barrier

- Given the low denominator, it is not possible to determine if this data is meaningful and would therefore warrant further action. Instead, Magellan has developed and utilizes a number of assessment and ongoing monitoring mechanisms tailored to the high-touch, individualized nature of wraparound. These include the Child and Adolescent Needs and Strengths (CANS) survey, the Plan of Care (POC) Review Tool, and the Treatment Record Review (TRR) tool.

Interventions

- Magellan tracks all psychiatric hospitalizations for CSoC youth daily and initiates coordination with WAA staff, including facilitators, at the time of admission.

- Magellan emphasizes and monitors for discharge planning at the time of admission to ensure a seamless transition back into the community with timely and appropriate follow-up appointments. A dedicated Utilization Care Manager assesses for the presence of discharge planning at the initial authorization request and every subsequent review. Lack of a comprehensive discharge plan is grounds for the UM to request a Physician Advisor review.
- Magellan conducts clinical rounds for youth while hospitalized in order to identify risks, need for specialized services, supports available to family during times of crisis, exchange information between the care and utilization management teams and facilitate coordination of care between the WAA and the inpatient provider.
- Following any psychiatric hospitalization, the youth's wraparound team is required to submit, and updated crisis plan for review by a Care Manager. The team meets to analyze what led to the hospitalization, how and why the previous crisis plan failed, and to develop new strategies and assign action steps to team members. This helps reduce the likelihood of readmission.
- The Utilization Management Committee (UMC) review aggregate utilization data for all levels of care and 30-day readmission on a quarterly basis. The UMC reports its findings and any interventions to the Quality Improvement Committee.

Recommendations for 2020

- Develop a comprehensive training on the Roles and Responsibilities of the WAA facilitator during a youth's hospitalization to address the following objectives Attendance of trainings will be mandatory for clinical directors and supervisors. Completion of training will be monitored through provider attestations.
- The training will focus on common causes of hospital readmissions including failure to revise the family's crisis plan, inadequate discharge planning, not understanding the importance of attending follow-up appointments, and difficulty filling prescriptions.

Quality Improvement Activities/Performance Improvement Project

The CSoC Unit collects and integrates data from multiple data sources (i.e., internal inpatient and outpatient claims and authorization systems, demographic/eligibility files, internal electronic member records, etc.) to support quality improvement activities. Data from each of these sources is replicated and transferred to Magellan's data warehouse for integrated reporting of quality measures. The data is used to measure performance against established goals, objectives, and performance indicators as outlined in our QI Work Plan. The CSoC Unit analyzes data on an ongoing basis as specified in the QI Work Plan (i.e., monthly, quarterly, and annually) and evaluates performance against established goals/benchmarks to monitor progress towards goals, identify and prioritize opportunities, and measure effectiveness of interventions.

When prioritized opportunities are identified, Magellan implements formal Quality Improvement Activities to analysis of barriers using both quantitative and qualitative data sources. For each quality improvement project, Magellan establishes measurable goals for quality improvement; designs and implements strategies to improve performance; establishes projected time frames and specific interventions for meeting goals; uses leading indicators when available for interim measurement and monitoring throughout the project timeframe; documents changes relative to the baseline measurement; conducts an analysis against performance goals; conducts remeasurement to measure for sustained improvement; and uses comparative data when available to establish future performance goals. This section provides a summary of the active QIAs in place for the CSoC Unit in 2019. Detailed analysis, including results and interventions, for each project are documented in the Quality Improvement Activity form and are available upon request.

Improving the Rate of Attendance to Follow-up Appointments after Hospitalization for Mental Illness

CC 01, Element A, Factor 1 & 2
CC 01, Element B, Factor 2
CC 01, Element C, Factor 2

Research has shown that timely adherence to scheduled appointments following inpatient discharge contributes to successful integration into the community and avoidance of future readmissions. Follow-Up after Hospitalization (FUH) for Mental Illness HEDIS® measures are industry standard performance measures used to monitor if members receive necessary follow-up care within seven- and thirty-days following discharge. Because of the unique aspects of the CSoC program, Magellan looks at both a standard measure, using NCQA HEDIS® specifications, and a modified measure.

2018 HEDIS®–Like FUH rates were reviewed by the QIC in context of our member population characteristics and intensive care coordination model of care. The QIC identified this as an opportunity for improvement for the CSoC membership. QIC implement a formal QIA in 2019 managed by a QIA work group led by the QI director, and included Medical, Clinical, and Network Directors as well as Clinical Supervisors, Network Specialists and Clinical Reviewers. Work group conducted root-cause analysis through evaluated utilization trends, member demographics, GeoAccess reports, experience of members (i.e., care management team telephonically contacts members following discharge to evaluate status and assist with barriers), and experience of practitioners/providers (i.e., QI conducted meetings with practitioners from each regional WAA) to identify barriers to kept appointments for FUH for mental illness. QI Project Manager utilized a Cause and Effect diagram to identify barriers. Interventions were implemented to improve rates for 2019. Project goals were set to meet or exceed the HEDIS® FUH 90th percentile for both measures.

The table below shows the follow-up hospitalization (FUH) rates for 01/01/2018 – 12/01/2018 and 01/01/2019 – 12/01/2019. During the first remeasurement period, 369 CSoC members were admitted into inpatient psychiatric hospitalization. There were 174 youth seen within 7-days of discharge for a rate of 47.15%, and 256 seen within 30-days of discharge for a rate of 69.38%. The rates have decreased from the baseline period for both the 7-day and the 30-day indicators by 6.06 and 3.61 percentage points respectively. Additionally, the 7 and 30-day rates for 2019 did not meet the HEDIS® 90th percentile ranking benchmark, with the 7-day rate under the benchmark by 6.98 percentage points and 30-day below the benchmark by 4.79 percentage points. The Chi Square test of statistical significance was used for both the 7-day and 30-day measures. Given a p-value of 0.106 and 0.292, for 7-day and 30-day respectively, the decrease from 2018 -2019 was not statistically significant.

The 2019 rates were evaluated in perspective to inpatient and outpatient services utilization trends, GeoAccess reports, and member/provider experience for 2019. Further analysis was conducted identify new barriers and opportunities identified for 2020 include enhancing the role of the Family Support Organization (FSO) during and after a youth's hospitalization. Magellan sees a unique opportunity for peer and parent support specialists to help guide families and youth through the phases of an inpatient behavioral health admission and smoothly transition them back into the home and community. The detailed analysis, including results and interventions are documented in the Quality Improvement Activity form and available upon request.

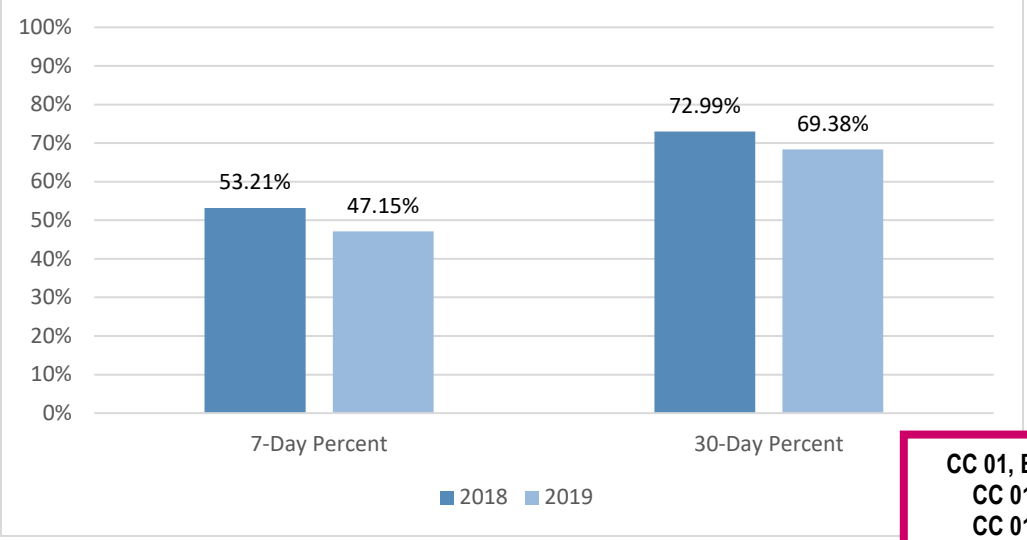
#1 Measure: HEDIS®–Like Follow-up Appointments After Hospitalization for Mental Illness within 7 days of discharge

Measurement Period	Measurement	Numerator	Denominator	Rate	Comparison Benchmark	Comparison for Significance	Statistical Test and Significance
1/1/2018-12/1/2018	Baseline	199	374	53.21%	HEDIS® FUH 90th percentile: 54.13%	NA	NA
1/1/2019-12/1/2019	Remeasurement 1	174	369	47.15%	HEDIS® FUH 90th percentile: 54.13%	Remeasure #1 to Baseline	Chi-square test, p-value=0.106; not significant

#2 Measure: HEDIS®–Like Follow-up Appointments After Hospitalization for Mental Illness within 30 days of discharge

Measurement Period	Measurement	Numerator	Denominator	Rate	Comparison Benchmark	Comparison for Significance	Statistical Test and Significance
1/1/2018-12/1/2018	Baseline	273	374	72.99%	HEDIS® FUH 90th percentile: 74.17%	NA	NA
1/1/2019-12/1/2019	Remeasurement 1	256	369	69.38%	HEDIS® FUH 90th percentile: 74.17%	Remeasure #1 to Baseline	Chi-square test, p value = 0.292; not significant

HEDIS®–Like Follow-up Appointments After Hospitalization for Mental Illness



CC 01, Element A, Factors 1 & 2
CC 01, Element B, Factor 4
CC 01, Element C, Factor 4

Improving Suicide Risk Assessment and Management for Children and Youth aged 5-20

CSoC youth are among the state's most vulnerable individuals. Magellan recognizes that there is an opportunity in preventing and improving outcomes for youth who struggle with suicidal ideations. In 2018, Magellan initiated a QIA to ensure proper assessment for and management of suicidal risk in CSoC youth. The approach was two-fold. First, provider treatment records were reviewed for evidence of current and past youth assessment of suicidal risk in accordance with clinical practice guidelines (CPGs). Secondly, records were reviewed for evidence that an individual crisis plan for addressing suicide risk was present.

The work group, which included the Quality, Clinical, Medical and Network Directors, evaluated inpatient services utilization trends, adverse incidents, quality of care concerns, record review results, and member/provider experience. Two critical measures that signified an opportunity for improvement were identified. Measure one was identified as initial assessment of suicide risk and measure two as the development of an individualized crisis plan. The QIC established a short-term goal rate of 95% for both measures for the remeasurement period 1, with a long-term goal of 100% compliance due to significance of elements to patient safety.

During the first remeasurement period, for measure one, 179-member treatment records were reviewed with 164 meeting criteria for the assessment of current and past suicidal ideation and risk. This resulted in a rate of 91.62%, which was 3.38 percentage points below the goal of 95%. For measure two, 174 provider records were reviewed with 131 meeting criteria of the presence of an individual crisis plan. The rate for this measure was 75.29%, which was 8.22 percentage points above the baseline rate of 67.07% and 19.71 percentage points below the goal of 95%. The chi-square test was used to evaluate difference in 2018 and 2019 rates. Given a p-value of 0.715805 and 0.168878, for measure one and two respectively, there was little evidence of a difference the performance from 2018 to 2019.

Annual review of results conducted by work group concluded that changes in sampling methodology, which included targeting newly credentialed providers, contributed to the decline in performance. The work group reported that providers interviewed indicated that the education provided during the review was an effective intervention to improve understanding of requirements and best practices for assessing and managing suicide

risk. As a result of this positive reported provider experience, the QIC recommended the continued implementation of provider training interventions in 2020. In addition, the QIA work group, under the authority of the QIC, will continue to explore opportunities to engage with Wraparound Agencies, who are responsible for the ongoing assessment and plan of care development, to identify continued areas for improvement in this area. The detailed analysis, including results and interventions are documented in the Quality Improvement Activity form and available upon request.

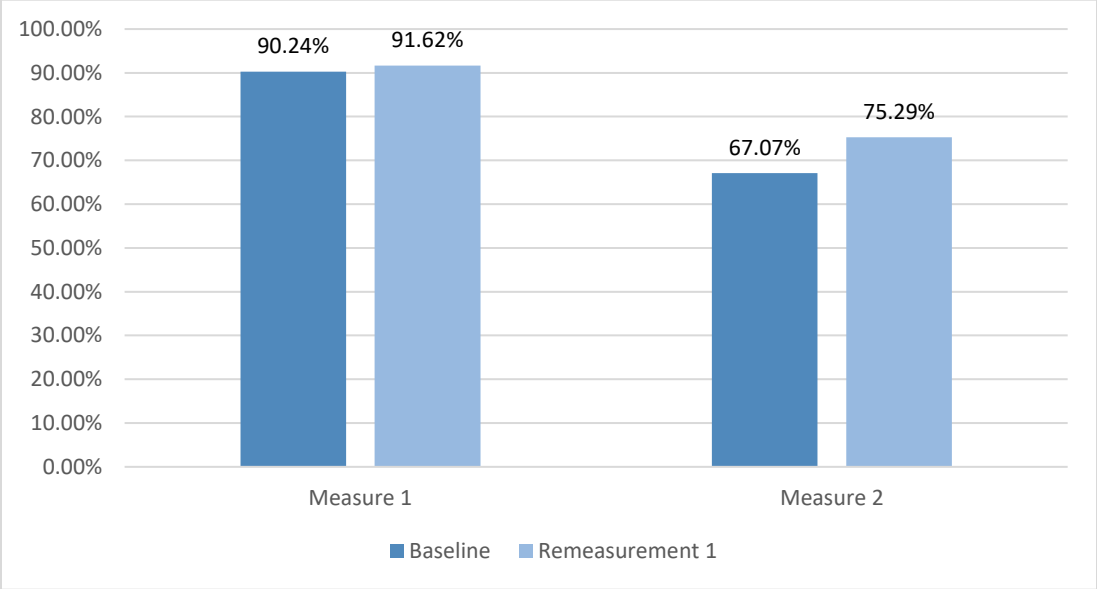
Measure#1: Assessment of current and past suicidal ideation and risk in provider treatment record reviews

Measurement Period	Measurement	Numerator	Denominator	Rate	Comparison Goal	Comparison for Significance	Statistical Test and Significance
1/1/2018-12/31/2018	Baseline	74	82	90.24%	NA	NA	NA
1/1/2019-12/31/2019	Remeasurement 1	164	179	91.62%	95%	Remeasure #1 to Baseline	Chi-square test, p-value=0.715805; Not significant

Measure #2: Individual crisis plan is documented in provider treatment record reviews

Measurement Period	Measurement	Numerator	Denominator	Rate	Comparison Goal	Comparison for Significance	Statistical Test and Significance
1/1/2018-12/31/2018	Baseline	55	82	67.07%	NA	NA	NA
1/1/2019-12/31/2019	Remeasurement 1	131	174	75.29%	95%	Remeasure #1 to Baseline	Chi-square test, p value = 0.168878; Not significant

Suicide Risk Assessment and Management Indicators of Children and Youth Aged 5-20



CC 01, Element A, Factors 1 & 2
CC 01, Element B, Factor 1
CC 01, Element C, Factor 1

Improving Coordination of Care between Wraparound Agencies and Behavioral Health Providers

Coordination of care is a foundational principal of Magellan's approach to providing behavioral health services to CSoC youth and family. While strong partnerships exist between Magellan, state agencies, MCOs, and behavioral health providers, Magellan identified opportunities to improve coordination between WAAs and the providers serving our membership. In 2018, Magellan initiated a QIA to examine two measures: 1) WAA records evidencing timely notification and invitation of relevant providers to Child and Family Team (CFT) meetings; and 2) provider records including a signed, current release of information form with the Wraparound Agency.

During the first remeasurement period, results for measure one showed 270 of 376 WAA records, or 71.81%, met criteria for documentation of coordination with providers, which is 3.77 percentage points below the baseline rate of 75.58% and 8.19 percentage points below the performance goal rate of 80%. For measure two, 86 of 217 provider records, or 39.63% met criteria for documentation of the signed release of communication with the wraparound agency, which is 11.31 percentage points below the baseline rate and 40.37 percentage points below the performance goal of 80%. The chi-square test was used to evaluate difference in 2018 and 2019 rates. Given a p-value of 0.2367480 and 0.05406, for measure one and two, there was little evidence of a difference from 2018 to 2019; although some could interpret the p-value for measure two as indicate slight evidence of a difference, caution was applied due to possible violations with the independence of the data groups (i.e., some providers may have been sampled in both years).

The QIC reviewed quantitative and qualitative data collected in 2019 and determined that the effectiveness of previously implemented interventions was not supported. Additional root-cause barrier analysis was completed and evidenced several opportunities for improvement in 2020. Among these are increasing education, especially targeted towards newly credentialed providers, about the wraparound approach to care and the enhanced coordination expectations of providers serving CSoC youth. The detailed analysis, including results and interventions are documented in the Quality Improvement Activity form and available upon request.

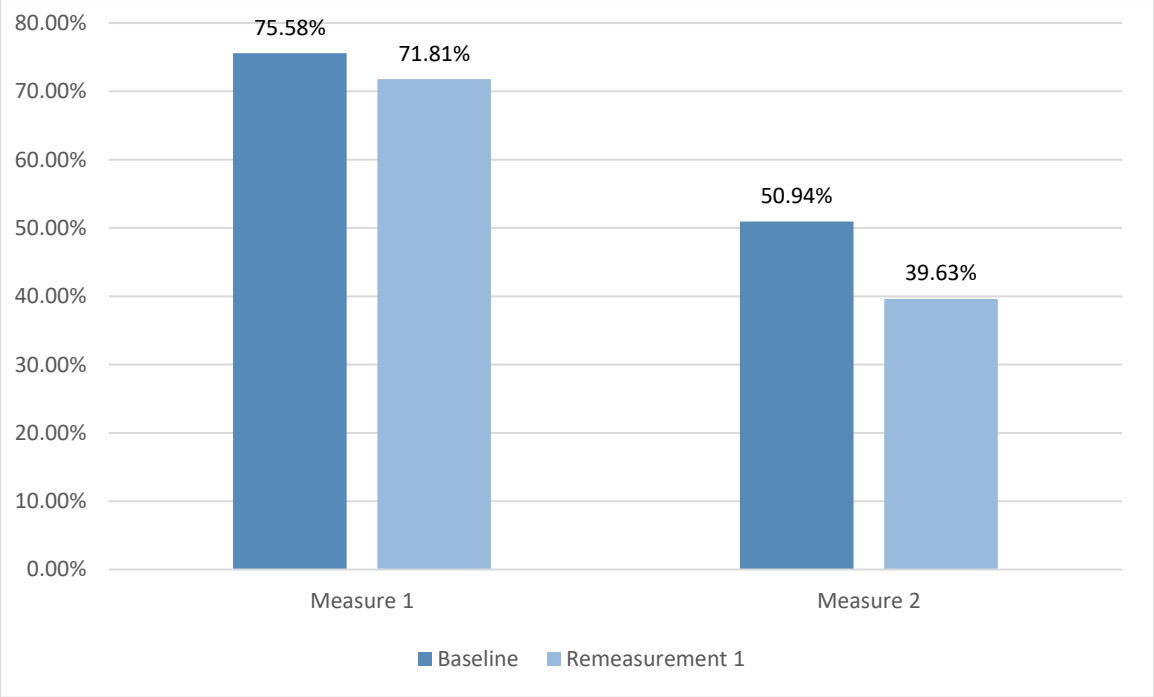
Measure#1: Documentation of coordination of care with the WAA inviting the connected providers to the Child and Family Team meeting

Measurement Period	Measurement Type	Numerator	Denominator	Rate	Comparison Goal	Comparison for Significance	Statistical Test and Significance
01/01/2018–12/01/2018	Baseline	291	385	75.58%	80%	NA	NA
01/01/2019–12/01/2019	Remeasurement 1	270	376	71.81%	80%	Remeasure #1 to Baseline	Chi-square test, p value = 0.236748; Not significant

Measure #2: Documentation in provider treatment record reviews of coordination with Wraparound agency, defined as presence of signed release of communication with Wraparound agency int the youth's chart.

Measurement Period	Measurement	Numerator	Denominator	Rate	Comparison Goal	Comparison for Significance	Statistical Test and Significance
01/01/2018–12/01/2018	Baseline	54	106	50.94%	80%	NA	NA
01/01/2019–12/01/2019	Remeasurement 1	86	217	39.63%	80%	Remeasure #1 to Baseline	Chi-square test, p value = 0.05406; Not significant

Measures for Assessing Care Coordination between Wraparound Agencies and Practitioners and Providers



Screening Program Activities

QI 07, Element A, Factors 1 & 2
QI 07, Element B, Factors 1–3

Youth enrolled in Coordinated System of Care (CSoC) are required to complete a standardized assessment to support clinical eligibility determinations. The assessment includes the Child and Adolescent Needs and Strengths (CANS) Comprehensive and the Independent Behavioral Health Assessment (IBHA). It is completed within the first 30-days of referral and every 180-days thereafter as part of a face-to-face interview with the youth and their primary caregiver. Youth and families enrolled in CSoC often have previous involvement with child-serving systems, such as child welfare, juvenile justice or the behavioral health system, which can cause barriers to completing a thorough assessment due to time-constraints for families, , distrust of the assessor, poor engagement, etc. Because of this, the CSoC Unit partnered with our practitioner network to identify screening tools that could help support both youth and families and the assessors when conducting an assessment.

Development of our screening program included the reviews of relevant scientific literature from the National Institutes for Mental Health, U.S. Department of Health and Human Services, National Child Trauma and Stress Network, and the Praed Foundation contributed to the goals and processes for each program. In addition, Magellan held a multi-disciplinary team meeting, which included the CSoC Unit Medical, Clinical and Quality Directors, to select screening tool selections that would be beneficial to our population, while ensuring alignment with corporate, state, and national best practices. The workgroup identified mental health/substance use comorbidities, trauma, and depression as areas where screening tools could be beneficial. The following screening tools were selected by the work group to implement for the CSoC Unit:

- The Child and Adolescent Needs and Strengths (CANS) screening for the assessment of co-occurring Mental Health and Substance Abuse Screening.
- The Patient Health Questionnaire-9 (PHQ-9) and the Mood and Feelings Questionnaire Short Version (MFQ-SV) for the depression screening.
- The Adverse Childhood Experiences (ACEs) questionnaire is used for the ACEs Trauma Informed screening.

The programs were introduced at monthly calls with WAA practitioners, Medical and LDH personnel, who were encouraged to give feedback regarding the screening tools and their administration processes. During the month of June 2019, a provider agency serving two regions participated in a demonstration trial of the depression and trauma informed screening programs prior to full state implementation on July 1, 2019. During the demonstration month, Magellan's QI department conducted an onsite visit to address any problems and suggestions to improve administration of the screenings. During follow-up contact to all WAAs during July and August, feedback was positive, attesting that the screenings helped identify and initiate conversations with families on topics that may not have been addressed otherwise. Provider input is encouraged at each stage of delivery of the screening program. All questions, comments, and suggestions are reviewed by Magellan's Quality Improvement department.

Because the screening program is part of an established assessment protocol all youth enrolled in the CSoC program are given the opportunity to participate in the depression and trauma informed screening at the time of the initial assessment and at reassessments as needed; the co-occurring mental health and substance abuse screening is completed with each administration of the CANS for the youth. Participation is not required for the depression and trauma informed screening and may be declined by the youth and/or guardian; however, the screening tools can be used by practitioners through motivational interviewing techniques to assist youth and

families at any point during the assessment process. A brief overview and rationale for the selection of the screening tools are provided below, followed by the results of the screenings conducted during 2019.

Co-Occurring Mental Health and Substance Abuse Screening

Substance use and/or abuse increases morbidity with other mental health illnesses as well as decreases life expectancy. Risk factors for substance use in adolescents is linked to socioeconomic status, peer group influence, quality of parenting, and genetic predisposition to addiction/addictive behaviors. Effective interventions focus on modifiable risk factors and improving preventable factors in the youth's life, such as family, school, and community resources. Substance use places the adolescent in a higher risk group in multiple areas. Substance use is consistently linked with continued suicidal behavior in adolescents. Not only are they more likely to attempt suicide, but also to use more lethal methods in their attempt. Adolescents with comorbid affective disorders and substance use disorder are at greatest risk for reattempting and/or completing suicide. Rates of youth within CSoC with both mental health and substance use diagnoses are low. Between Jan 2018 and December 2019, the prevalence rate of this comorbidity was 0.20%. This is partly due to the majority of CSoC population being under the age of 16, comprising 84.31% of enrollment. Please see the Demographic report for full analysis of the ages of youth served through CSoC.

The CANS is an existing screening program for assessment of eligibility for CSoC. The screening tool is a specific module within the CANS assessment and is triggered whenever the Substance Use item of the Youth Behavioral/Emotional Needs section is rated at least a one. The Substance Abuse Module of the CANS assessment measures severity and duration of substance use, identification of stage of recovery present, and influences of peers, parents, and environmental factors on youth's substance use. A CANS assessment rating of 1 could indicate a history of substance abuse without current problems. A CANS assessment rating of a 2 or 3 indicates a serious and/or immediate actionable need for the adolescent that must be addressed through the plan of care. When a rating of 2 or 3 is reported, active substance abuse is present, and recommendations must be present in the IBHA pertaining to interventions that will be included on the youth's POC. The plan balances risk behaviors and needs with protective factors and strengths to outline a comprehensive strategy to improve functioning for the adolescent in multiple life domains.

Adverse Childhood Experiences (ACEs) Screening

Research indicates that it is common for trauma survivors to be under or mis-diagnosed. If they have not been identified as trauma survivors, their psychological distress is often not associated with previous trauma, and/or they are diagnosed with a disorder that marginally matches their presenting symptoms and psychological sequelae of trauma. Trauma survivors have difficulty regulating emotions. This is more so when the trauma occurred at a young age. ACEs are experiences that harm children's developing brains and can change both how they respond to stress and damage their immune systems so profoundly that the effects are only realized decades later. The science of ACEs and healing point to the urgent need to promote healthy parenting, teach resilience, and address social and economic inequities limiting family and community capacity to heal and prevent ACEs. The ACEs survey consists of 10 questions that measure physical, emotional, and sexual abuse; physical and emotional neglect; and households with mental illness, domestic violence, parental divorce or separation, substance abuse or incarceration.

Depression Screening

Depression is considered one of the most prevalent disorders with far-reaching consequences in America. More than 50% of adult mental disorders have their onset before the age of 18. Depression puts adolescents at greater risk for suicide, as they are seven times more likely to complete suicide than those without Depression. According to a 2017 National Institutes for Mental Health report, an estimated 3.2 million adolescents aged 12

to 17 had at least one major depressive episode. This number represented 13.3% of the US population aged 12-17. Typical symptoms for adult depression, including disturbances in eating/sleeping habits and psychomotor retardation, are not always seen in adolescents. Instead, impulsive acts, anger, and rebellion are often observed. These externalizing behaviors may mask depression and focus treatment away from the source. Two screening tools are available for use based on the youth's age: PHQ-9 for youths aged 12 and older, and the MFQ-SV for youths aged 11 and younger. The PHQ-9 is a tool specific to depression and simply scores each of the 9 DSM criteria based on the mood module from the original PRIME-MD. The MFQ-SV consists of thirteen descriptive phrases regarding how the youth has been recently acting or feeling. These are easily understood by children and cover basic depression symptomatology. Neither tool is used for diagnostic purposes, but rather to guide treatment and further assessments.

Results

As a result of the assessment and screening program, 4385 youth were assessed between 2018 and 2019. Of those youth, 35.6% were identified with an actionable adjustment to trauma need. Further, 33.0% were identified with actionable depression needs. A lower number of youth, or 4.8% were identified with actionable substance use need. Following the identification of an actionable need, the Wraparound Agency works with the youth, caregiver and treatment team to develop and implement an integrated, individualized Plan of Care to address those needs. Magellan's Care Management Team reviews both the assessment and the Plan of Care at enrollment and every 180-days thereafter to ensure that services and strategies are effective in addressing the actionable needs. The Care Management Section provides more information on how the Plans of Care are monitored and evaluated to support ongoing quality improvement activities. Some of the barriers that were identified as well as current and projected interventions are listed below.

Barriers Identified

- Certified providers (CP) reported increased time in the assessment interview to administer the tools.
- CPs considered the screening tool items duplicative of the CANS assessment.
- WAAs were concerned about future training opportunities and accessibility of the screening tools.

Interventions

- Administration guidance for screenings adjusted for the WF to provide family with screening tools prior to assessment interview to reduce assessment time spent on screenings.
- Future trainings will emphasize the two week look back for depression screening tools.

Recommendations for 2020

- Magellan will continue to encourage screening tool use for CSoC youth.
- Screening tools section will be added to Magellan's provider website, including screening tool download capability.
- Screening program training will be added to provider orientation to ensure current and future providers are trained and have access to the screening program.
- SAVRY screening tool will be added to further enhance the depression screening program.

QI 09, Element B, Factors 1–3

Care Management Initiatives

Magellan develops and maintains a CM program that ensures covered BH services are available when and where CSoC members need them. Our CM system has dedicated Care Managers, with specialized training in Wraparound, available 24 hours per day/7 days per week/365 days per year. The CM program ensures that clinically appropriate and cost-effective BH services are identified, planned, obtained and monitored for members who are high risk or have unique, chronic or complex needs. The process integrates Child and Family Teams (CFTs), which include the member, the guardian and the Care Manager (who reviews the member's strengths and needs). The result is a mutually agreed upon, clinically appropriate and cost-effective service plan. Because of the special needs of our members, all youth and families enrolled are participated in complex case management activities. CM Program functions include:

- **Assessment:** Magellan has dedicated CM staff who review key documents that guide POCs and identify members that require intervention. The Licensed Mental Health Professional (LMHP) Care Manager brings a keen understanding of these documents, including the Child and Adolescent and Needs and Strengths (CANS) and Individualized Behavioral Health Assessments (IBHA). Care Managers review all available clinical information and reach out to WAAs to ensure Magellan has accurate information. They also identify any concerns about the quality of the assessments and works with WAAs and providers to address these concerns quickly.
- **Plan of Care (POC) approval**: The POC documents all formal and informal services that the child and family will receive. Care Managers use a POC Review tool to ensure that Wraparound best practices and waiver requirements are met. This helps ensure that the child and family achieve their goals and children are kept safely at home.
- **Risk identification:** Care Managers monitor changes in members' conditions, indicating a need for specialized treatment or more intensive services. They may become aware of a change in condition through collaboration with a provider, changes in utilization (e.g., Emergency Department visits or inpatient admissions) and updated CANS or IBHA information. The Care Manager collaborates with WAAs to ensure POCs are adjusted to reflect additional needs and services.
- **Care Coordination**: There are many avenues by which a Care Manager may become aware of care coordination needs a child may have. Examples include the Barriers section of a POC, assessment information, utilization reviews with hospitals, a WAA interface on Magellan's provider website, through WAA or TRRs, during WAA technical assistance visits or from speaking with members and/or their families. Magellan has Care Managers, WAA Coordinators, Care Workers, FSO Coordinators and Managed Care Organization (MCO)/Agency Liaisons, all of whom focus on the individual needs of children and their families when needed. Medical needs, educational challenges and agency involvement are just a few triggers for increased care coordination activities.
- **Coordination with MCO**: Care Managers and MCO Liaisons coordinate care with members' MCOs to promote overall health and wellness and non-duplicative services. Medical needs are considered during every clinical review and member interaction to ensure that children have appropriate and effective sources of healthcare.

Plan of Care Review Tool

At its core, wraparound is a values-guided, dynamic planning process that supports families in achieving their goals and the written record of this planning process is the Plan of Care. Families work with their Wraparound Facilitator to create a diverse Child and Family Team made up of the youth, family, service providers, system partners, informal and natural supports, and the Wraparound Facilitator that is responsible for identifying needs, setting goals, evaluating strengths of all team members, creating proactive strategies and interventions, planning for crisis, working to overcome barriers, and evaluating progress all documented in the Plan of Care.

A well-designed Plan of Care reflects all ten principals or values of Wraparound and meets CSoC waiver and Louisiana Medicaid requirements. The ten principles of Wraparound follow:

- **Family Voice and Choice.** The family and youth's perspectives, values, and preferences are prioritized by the team.
- **Team Based.** The Child and Family Team is made up of people invited by the family who are committed to the family's well-being.
- **Natural Supports.** Team members who are drawn from the family's personal and community relationships broaden the diversity and skills of the team and are available to the family long after their involvement in Wraparound ends.
- **Collaboration.** Team members work together to create a plan that meets the team's goals.
- **Culturally Competent.** The process demonstrates a respect for the family's unique values, preferences, and culture of the family and their community.
- **Individualized.** Strategies, supports, and services are individualized to meet the family's goals.
- **Strengths Based.** Interventions are built on and enhance the strengths of Child and Family Team members.
- **Persistence.** Even when there are challenges, the Child and Family Team continues to work together toward goals until Wraparound is no longer required.
- **Outcome Based.** Strategies and progress toward goals are measurable and the Plan of Care is continually revised based on those outcomes.

In addition to the principals of Wraparound, Louisiana's CSoC has set additional requirements based on Wraparound best practices, specialized needs of youth with SMI/SED, and Medicaid requirements. Magellan is charged with reviewing and approving Wraparound Plans of Care (POC), ensuring that all these requirements are met. The process for Plan of Care review remained largely unchanged for several years but became less effective over time in ensuring quality Plans of Care and service delivery and did not support ongoing growth of the CSoC program. In late 2018, Magellan's Care Management Department began work on a review process that would ensure Plans of Care adhere to Wraparound best practices, waiver requirements, and customer expectations. The creation of the Plan of Care Review Tool was guided by 5 priorities:

- Clear criteria and definitions
- Transparent review process
- Consistency among reviewers
- Timely, specific feedback that supports coaching
- Enhance systems for technical assistance

In creating the POC Review Tool Magellan began with an examination and inventory of the CSoC waiver, National Wraparound Initiative (NWI) best practices, 10 Principles of Wraparound, Louisiana Department of Health Wraparound Facilitation Best Practices for Louisiana, and contract requirements. Next, Magellan considered how the various requirements would be evident in a POC. Then, Magellan created a set of standards, with definitions and references to the previously listed publications that was reviewed and approved by LDH. Once LDH approved the tool and definitions, Magellan engaged the Wraparound Agencies in the next phase.

Each POC Review Tool item was fully and clearly defined, and a coding guide was needed to ensure consistent application of the full definitions. All Wraparound Agencies and LDH were invited to participate in a workgroup process to create the coding guide. The workgroups began meeting in Spring 2019. Each item included in the Tool was explained to members of the workgroup and both electronic and hard copies of the Tool and the definitions were distributed to each WAA and LDH for reference. Wraparound Agencies, LDH, and Magellan split

into smaller workgroups and divided the Tool into sections. Those smaller workgroups met separately and created coding guides for each item. (The Tool uses a Likert scale for most items and Yes, No, N/A option for the rest. For Likert scale items, a rating of 1 indicates that the minimum standard is not met. A rating of 3 indicates that the standard is met. A rating of 5 indicates a best practice. All items also allow for care manager comments to be included.) The workgroups submitted their items to Magellan, where they were combined into one document before the large workgroup assembled again to review, modify as needed, and approve each item's coding guide. Once the Tool was complete, it was submitted in its entirety to LDH for approval. The Tool, coding guide, and full definitions were compiled into a manual that was provided to each Wraparound Agency, LDH, and Magellan staff.

After the Tool was approved, Magellan began the training phase. Magellan clinical leadership and Wraparound Coordinators visited each Wraparound Agency around the state to train WAA staff on the background of the Tool, the full definitions, the coding guide, and every Tool item. Magellan conducted the same training for clinical and quality staff.

The workgroup's next task was establishing thresholds for approval and an implementation schedule. Magellan conducted a preliminary assessment of Plans of Care using the tool and found that very few Plans of Care would be approved if the Tool was fully implemented at once. To support growth and not cause undue burdens on families and Wraparound Agencies, it was agreed that the Tool standards would be implemented in phases. The workgroup decided that waiver and customer requirements were the first to be required for approval beginning in July 2019. Approximately monthly, standards were raised, with full implementation on November 7, 2019.

Every POC Tool that is completed by a care manager is sent to the WAA on the day it is completed, and a spreadsheet with all POC Review Tool data (ratings and comments) is provided to each WAA monthly. In order to monitor progress on the Plan of Care quality at a system level, a dashboard that allows the user to view outcomes based on such things as WAA region and POC type. Magellan shares the dashboard with WAAs and LDH monthly and has offered WAAs individual meetings to discuss strengths and opportunities in their regions.

To ensure interrater reliability (IRR), all staff who review POCs (care managers, Wraparound Coordinators, quality reviewers, and clinical and quality leadership) participate in periodic IRR activities. Each participant is provided the same POC and associated documents and is required to complete the tool. All tools are reviewed by clinical leadership and then the POC, POC Review Tool, and group ratings are reviewed together in team meetings as a learning activity. Individual staff's POC Review Tools are reviewed and discussed during individual supervision. Magellan has begun measuring baseline data on Plan of Care quality through the POC Review Tool in order to determine the effectiveness of the technical support and training Magellan offers to Wraparound Agencies.

Key Findings from the Plan of Care Review Tool

Care Managers completed reviews of 722 POCs from 11/07/2019 – 12/31/2019, with 479, or 66%, approved at the first submission. The table below identify items with that are most frequently associated with plans of care that are not approved, requiring immediate action by the WAA to correct the error.

Item	Percent Yes/5	Percent 3	Percent No/1	Percent N/A
Informal and natural supports have strategies	45%	38%	17%	--
Trauma Concerns Addressed	43%	--	25%	33%

Item	Percent Yes/5	Percent 3	Percent No/1	Percent N/A
Multiple team members (beyond caregiver and youth) have actions steps in the crisis plan.	50%	37%	13%	--
Contact information included for each person with an action step in the crisis plan	93%	--	7%	--
New strengths identified in non-initial POC	67%	--	33%	--

The Tool items listed above represent waiver, contractual and Wraparound best practice requirements, and the ease with which a Wraparound Agency and Child and Family Team are able to address them varies. For example, adding contact information (a waive requirement) to a crisis plan is a relatively simple task. Searching out and building on new strengths, proactively addressing trauma, and integrating the participation of informal and natural supports in all phases of the plan (both the proactive strategies and the reactive crisis plan) requires a fundamental shift in the way Wraparound Facilitators, teams, and families approach Wraparound, and will require significant coaching for Wraparound Facilitators and support from Magellan at all levels (medical, clinical, wraparound fidelity, network, etc.).

Barriers Identified

- 34% of Plans of Care submitted are not able to be approved at first submission. This indicates that progress and service delivery for families may be impeded by an insufficient Plan of Care. Correction and resubmission of plans requires additional administrative work for Wraparound Facilitators.
- The volume of data available from the Tool is significant and isolating specific items for review and intervention is a challenge.
- The Plan of Care Review Tool interactive dashboard is not yet available to Wraparound Agencies. Static dashboards, individual Tools, and monthly aggregate reporting are provided.
- Only four (4) of nine (9) Wraparound Agencies have chosen to meet with Magellan Clinical Director to review POC Review Tool findings.

Interventions

- On-site training with Wraparound Agencies on the Tool at implementation and follow-up on site and virtual trainings as needed.
- Monthly, on-site with WAAs technical assistance visits by CSoC coordinators
- Monthly review of system-level findings with WAA Clinical Directors and LDH
- Member-level case reviews with WAAs
- Monthly consultation for Magellan staff with contracted Wraparound trainer
- Magellan's Clinical Director, Wraparound Coordinators, and clinical leadership have offered to meet with Wraparound Agencies to review the findings for their regions, demonstrate the interactive dashboard, and collaborate to identify and prioritize items for intervention.

Recommendations for 2020

- Create and disseminate interactive dashboard for each Wraparound Agency to support coaching and supervision.
- Target training and technical assistance activities to challenges identified in the POC Review Tool. Build on strengths found in the Tool.

- Wraparound Coordinators work with individual Wraparound Agencies to identify goals for first-time submission approval.
- Conduct follow-up training with Wraparound Facilitators, Coaches, and WAA leadership.
- Continue gathering baseline data and form workgroup to prioritize quality initiatives to improve Plan of Care quality.

Other Uses for POC Review Tool

- Wraparound Coordinators identify patterns of strength and challenges in their assigned region to inform their educational and technical assistance efforts with Wraparound Agencies. Specific items trigger care management activities may include the following:
  - Outreach to MCO if a youth has an unmet health need or needs a PCP.
  - Referral to Magellan's State Agency Liaison when children are identified as having an intellectual or developmental disability and may need developmental disability support services.
  - Complex clinical needs may be referred to the Medical Director or Physician Advisor.
  - Outreach to WAA with resources for youth with identified tobacco, substance use, or gaming issues.
- Clinical, quality, and training staff identify support and training needs for Wraparound Agencies.
- Wraparound Agencies can view trends among their staff and the populations they serve for targeted intervention.

Other Care Management Initiatives

CC 01, Element A, Factor 1 & 2
CC 01, Element B, Factor 2

Enhanced Follow-Up After Hospitalization

Magellan's Wraparound Coordinators contact families within 72 hours of a hospital discharge to ensure that a follow-up appointment has been made, to support the family in identifying and overcoming any barriers to attendance, and to emphasize the importance of the work of the Child and Family Team during times of transition. Because the needs of CSoC youth are so significant, Wraparound Coordinators follow up a second time, one week later, to assist families with any new barriers they may have encountered, ensure clinical and medical needs are met, and that the Child and Family Team is engaged. The enhanced level of support offered by the Wraparound Coordinator ensures that the CSoC youth is supported.

Team Structure

Magellan has organized its clinical and network teams according to Wraparound regions to foster cooperative relationships with Wraparound Agencies and providers, build expertise and cultural competence in serving the different geographic areas and people groups of the state, and maintain clinical familiarity and consistency in serving with CSoC youth. Each Wraparound Agency has an assigned Care Manager, Wraparound Coordinator, and Network Management Specialist. These team members (along with Quality, Clinical leadership, and the Medical Director) are able to work cooperatively to ensure members have the correct services they need, that quality of care concerns are addressed, and act on member and provider grievances and complaints as needed. The primary goal of the team structure is consistency and stability in implementation of the CSoC program.

Additional Initiatives

Follow-Up After Hospitalization, the EBP Workbook Project, and High-Risk Member Management are multidisciplinary initiatives described in other sections of this document.

Evidence- and Best Practice Initiatives

Magellan's network team collaborates with clinical and quality departments, as well as the Louisiana Department of Health (LDH), to identify and implement initiatives related to quality of care for CSoC youth and families. Evidence-based practices (EBPs) are essential for serving the diverse demographics and guiding care related to the complex behavioral needs of CSoC youth. In accordance with the highest industry standards, the CSoC network includes access to four evidence-based practices for youth and families: Homebuilders, Functional Family Therapy (FFT), Functional Therapy – Child Welfare (FFT-CW), and Assertive Community Treatment (ACT).

Homebuilders

The EBPs with the highest utilization by CSoC members are Homebuilders and Functional Family Therapy (FFT). Homebuilders is an intensive, in-home evidence-based program utilizing research-based strategies including motivational interviewing, cognitive and behavioral interventions, relapse prevention, and skills training. This service is designed for families with children at imminent risk of out of home placement or who are navigating reunification following separation or placement. Typically, this intervention lasts for 4-6 weeks, though that time period can be extended if needed.

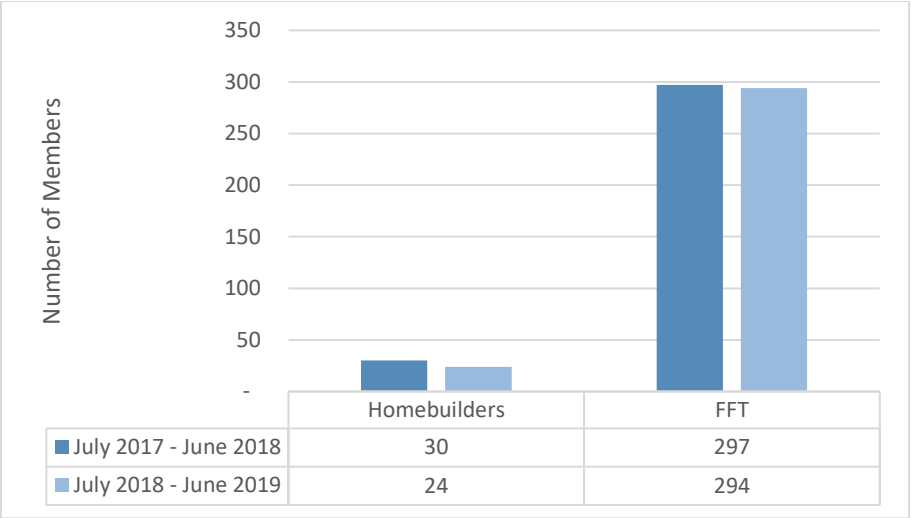
Homebuilder providers contract with the Institute for Family Development (IFD) for training, supervision and monitoring of services. This occurs primarily through a Homebuilders® national consultant. IFD provides training and consultation to teams as part of a contract with the Department of Children and Family Services (DCFS). The referral source for Homebuilders is almost exclusively DCFS and as less than ten percent of CSoC youth are involved with the DCFS, this likely contributors to the relatively low utilization of this service.

Family Functional Therapy (FFT) & FFT-Child Welfare

FFT is an evidence-based family intervention that typically spans five months and is targeted at youths demonstrating externalizing behaviors or who are at risk for developing more severe behaviors that affect family functioning. A subtype of FFT, known as FFT-Child Welfare services, is aimed at youth and families with suspected or indicated child abuse or neglect. Problems faced by these families include youth truancy, educational neglect, parental neglect or abuse, history of domestic violence, and adult caregiver substance use, anxiety, depression, or other significant mental health disorder. The Division of Family Services is the primary referral source for FFT-CW services. Providers use the same HCPS code as Community Psychiatric Support (CPST) along with modifier HE for FFT and FFT-CW services are distinguished by an EBP indicator of EB01.

Given that both Homebuilder and FFT interventions last longer than a single month, the table below details the number of unique CSoC members who received these services in 2018 and 2019. Utilization of Homebuilders and FFT remains steady year to year.

Unique Members Utilizing Evidence-Based Services- Fiscal Year 2018 and 2019



	Homebuilders	FFT
July 2017 - June 2018	30	297
July 2018 - June 2019	24	294

ACT was added as a covered service in 2018 for youth ages 18 to 20 years of age. ACT services are comprised of therapeutic interventions that address the functional problems of individuals who have the most complex and/or pervasive conditions associated with major mental illness or co-occurring addiction disorders. These interventions are strength-based and focused on promoting symptom stability, increasing the individual's ability to cope and relate to others, and enhancing their level of functioning in the community. Nine ACT providers joined the CSoC network in 2019 and only one youth has received the service as of December 31, 2019. Utilization of this service is likely to remain low given the narrow age range and the targeted population.

2019 Interventions

The CSoC network department continually strives to identify and credential practitioners, providers and specialized behavioral health providers to improve member access to care and specialty needs. The network department, along with quality and clinical departments, recognizes the need to develop and expand additional EBP services. To that end, in 2019 the CSoC unit developed a Network Strategy Committee (NSC), which is chaired by the Network Development Administrator. The committee's purpose is to review service capacity and program development initiatives. The committee initiates the recruitment of providers in collaboration with the Wraparound Agencies (WAAs) and Family Support Organization (FSO) to ensure that unmet needs of the local communities are identified and addressed. This committee then develops and implements strategies to meet the needs for network expansion in each region. Its intent is to increase network capabilities by involving the community as well as internal and external stakeholders in developing creative solutions.

In April 2019 the NSC developed an EBP workgroup tasked with exploring EBP expansion options. One intervention was to explore the utilization of symptom-based workbooks to train CPST masters-level workers in evidence-based treatment modalities for anxiety, depression, and trauma. Providing EBP workbooks and Magellan's online CBT treatment approaches for these disorders provides benefits in direct care for members. CPST services are often rendered by masters-level individuals who are not yet fully licensed. The committee proposed that the utilization of EBP workbooks and online resources could guide these practitioners and better focus their interventions.

The clinical and quality team researched and selected two workbooks to pilot. Magellan's CSoC Medical and Clinical Directors completed a tour of the nine regional Wraparound Agencies. The purpose of the meetings was

to introduce the new Medical Director to the WAA teams, inquire as to what could be done to assist in their missions, and to discuss the proposed workbook approach. Based on direct feedback during the visits, it was decided to move forward with a plan to facilitate the use of EBPs for members and to provide training for masters-level CPST workers around their use.

Two workbooks were identified based on the behavioral health needs to be addressed. The workbook project was presented to the Louisiana Department of Health (LDH) in November 2019. The network department began outreach to Mental Health Rehabilitation (MHR) providers who were actively treating our members through November and December to begin introducing them to the workbook concept and advise them of an informational call planned for January 2020. Provider feedback was positive. A training presentation was developed by the Quality Improvement Department designed to provide direction on developing and maintaining quality documentation for services.

The EBP workgroup also began participating in The Center for Excellence to Practice workgroup in February 2019. Prior to The Center for Excellence to Practice workgroup there was a collaborative group of behavioral health representatives from the five Healthy Louisiana Managed Care Organizations (MCOs) who were meeting regularly for over a year to plan co-sponsoring trainings for therapists in EBPs for children 0-5. It was subsequently suggested this group should join The Center for Excellence to Practice in order to continue collaborative work around supporting EBPs (i.e.; training, fidelity monitoring, strategies to sustain and retain EBP providers in the Medicaid network). This center is housed at Louisiana State University (LSU), with the Office of Behavioral Health (OBH) and Medicaid funding and overseeing the mission of coordinating, sustaining, and evaluating efforts to expand access to EBPs. Through this workgroup four new EBP services were identified and added to the Behavioral Health Services Provider manual:

- **Child Parent Psychotherapy (CPP)** is an intervention for children aged 0-6 and their parents who have experienced at least one form of trauma including but not limited to maltreatment, sudden traumatic death of someone close, a serious accident, sexual abuse, or exposure to domestic violence. The primary goal of the treatment is to support and strengthen the relationship between a child and his or her parent (or caregiver) in order to repair the child's sense of safety, attachment, and appropriateness of affect to ultimately improve the child's cognitive, behavioral, and social functioning.
- **Parent-Child Interaction Therapy (PCIT)** is an evidence-based behavior parent training treatment developed by Sheila Eyberg, PhD for young children with emotional and behavioral disorders. PCIT emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Parents learn and practice communication skills and behavior management with their children in a playroom while coached by therapists. The activities and coaching by a therapist enhance the relationship between parent and child and help parents implement non-coercive discipline strategies.
- **Preschool PTSD Treatment (PPT)** and **Youth PTSD Treatment (YPT)** are cognitive behavioral therapy interventions for posttraumatic stress disorder (PTSD) and trauma related symptoms. PPT and YPT are adapted for different age groups:
  - Preschool PTSD Treatment (PPT) is used for children ages 3-6.
  - Youth PTSD Treatment (YPT) is used for children and youth ages 7-18.
- **The Triple P Positive Parenting Program** is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. The “Triple P System” includes a suite of interventions with different intensity levels and delivery methods to meet the individual needs of youth and parents.

In preparation for utilization of the services, the network team and IT resources identified and implemented system configuration changes that would allow for appropriate tracking of provider certifications, EBP specialties, EBP code tracking, authorizations, and outcome codes to monitor utilization of services. The current Tracking of Evidence Based Practices procedure was amended in February 2019 to include draft process for tracking the newly identified EBPs. Additionally, the network team identified currently contracted providers certified for each EBP. There were 193 practitioners identified as in-network at the time of the analysis. Full implementation of these services will begin once The Center for Excellence to Practice workgroup finalizes the fidelity monitoring requirements and determines responsibility for oversight.

Recommendations for 2020

Clinical, quality and network departments held a conference call with MHR providers on January 23, 2019. At this meeting, CSoC's Medical Director shared a presentation entitled *Guided Workbook Therapy for CSoC members with Anxiety, Depression, Oppositional Behaviors, and Conduct Disorder*. The workbook workgroup will continue to move forward to achieve full implementation of the workbook initiative to ensure youth and families receive evidence-based care. Actions to support this goal in 2020 include:

- Workbook project:
  - Develop a presentation to be shared with the State Governance Board
  - Develop a tip sheet to accompany the workbooks
  - Disseminate workbooks and tip sheets to MHR providers
  - Conduct follow up training with MHR providers to include documentation requirement (March 2020)
- Continue to collaborate with The Center for Excellence to Practice workgroup on fidelity monitoring and outreach to certified providers to join the CSoC network
- Finalize and obtain approval for Tracking of Evidence Based Practices process amendment
- Develop and conduct EBP trainings for internal staff, providers and WAAs

Behavioral Continuum and Behavioral/Medical Integration Activities

CC 01, Element A, Factors 1 & 2

Magellan implements policies and procedures to ensure that that is coordination across the behavioral health continuum of care and integration with medical plans to support a whole person model of care. The many of the policies and procedures implemented by the CSoC Unit were customized to ensure customer requirements were met allowing to qualifying members to seamlessly transition between the youth's Managed Care Organization (MCO) and Magellan as the CSoC Coordinator. As the CSoC Contractor, Magellan is responsible for the administration of specialized behavioral health plan for a small subset of SED/SPMI youth and adolescents within the larger Medicaid eligible population (i.e., 2400 youth and families). MCOs are responsible for the administration and management of physical, behavioral health and pharmacy benefits for the remaining Medicaid youth and adult population. Currently, there are five MCO plans contracted by LDH and Medicaid to manage over one million Louisiana residents eligible to receive Medicaid benefits. Once a youth is enrolled in CSoC, the MCO continues to manage physical and pharmacy benefits, as well as residential behavioral health services, while Magellan administers specialized behavioral health services, including inpatient and outpatient levels of care, and waiver support services.

LDH promulgates standard operating procedures, which requires referrals to be made through the youth's MCO to ensure that relevant member information about current and/or previous service utilization is exchange between the MCO and Magellan, then shared with the member's practitioners and providers. Magellan collects and integrates data to identify opportunities to improve coordination across the continuum of behavioral healthcare services, including at transition of care between health plan, during critical points in treatment, and at discharge for all practitioners, prescribers and providers participating on the child treatment team. This section provides activities conducted in 2019 to support coordination across the behavioral health continuum and integration of medical activities

Coordinating Care Across the Behavioral Health Continuum

CC 01, Element B, Factor 1
CC 01, Element C, Factor 1

Continuity and Coordination at Transition of Care

In the Louisiana system of care, Medicaid utilizes an integrated model of care in which behavioral health, physical health and pharmacy benefits are managed by the youth's MCO plan. CSoC is a specialty behavioral healthcare program which requires Magellan, as the LDH CSoC Coordinator, to assume the responsibility of management of behavioral health services during the youth's enrollment in CSoC. Although Magellan does not have a direct contractual relationship, Magellan is contractual required to have a position, or MCO liaison, that is dedicated to supporting members as the transition between the MCOs and Magellan. Although Magellan does not have a contractual relationship with the MCOS, the MCO liaison also supports our members in addressing issues in accessing physical health, residential behavioral health services and pharmacy benefits when they are identified. Coordination of care activities are conducted with MCOs in the following situations:

- Referrals to CSoC are initiated by families through their health plan. The health plan gathers information about current and recent providers / service utilization, medication, and living setting during the referral call, and provide that information to Magellan in writing in real time while on the call. In 2019, 2966 referrals to CSoC were received from the MCOs;

- At least once a month, Magellan has a meeting with each MCO to include the MCO Liaison, Magellan Medical Director, and health plan representative to discuss youth who are discharging from CSoC and transitioning back to their health plan;
- Written documentation provided by Magellan to the receiving health plan when a member disenrolls including most recent CANS, Discharge POC, and discharge form that includes current providers and authorization needed for continuity of care purposes;
- As needed when members have difficulty accessing prescribed medications, have a medical condition that may benefit from being involved with medical complex/condition case management, need a medical specialist, etc.;
- When the health plan identifies a new behavioral health need in the course of managing medical care.
- When a youth is enrolled in CSoC is hospitalized, at times the family has trouble with obtaining medications upon release of the youth from the hospital

To support these activities, Magellan tracks care coordination between the health plans and Magellan. The data being tracked by Magellan includes the following: youth's name, DOB, Healthy Louisiana Plan (HLP). Content of Physical health care coordination email sent to the HLP, email sent date, Physical health care coordination category type (i.e. Physical health CM referral, PCP needed, Medication assistance, Pregnancy, Parenting, treatment/Provider assistance requested, interpreter services for medical appointments) and date of response received from health plan. The data is updated daily as needed while collaborating with the Health Plans and Wraparound Agencies via phone calls and emails depending on the severity of the need.

Often times, after transition members may be more vulnerable to setbacks. For this reason, Magellan employs a robust system of medical and clinical oversight as youth are transitioned from the CSoC program back to their MCOs. The Medical Director exercises oversight of all discharges. Wraparound Agencies provide documentation for each youth who is discharged including their most recent CANS assessment, Plan of Care, and a discharge form. The Wraparound Coordinator for that youth's region and the Managed Care organization (MCO) Liaison review the forms and present the information to the Medical Director. The Medical Director looks for any areas of concern that may need the special attention of the receiving MCO such as; diagnostic and psychotropic medications alignment, complex medical diagnosis, and member engagement in out-of-home treatment that may lead to re-referral at discharge. Once the cases are reviewed, the MCO Liaison completes a detailed weekly discharge agenda and sends it to the MCO prior to the discharge call. The discharge call is led jointly by Magellan's Medical Director and MCO Liaison and is attended by representatives from the MCOs. The MCO Liaison presents demographic information, diagnosis and reason for discharge. The Medical Director presents clinical information including medications, CANS outcomes, outstanding clinical issues, and existing behavioral health providers. MCO representatives engage in discussions to ensure a smooth transition is rendered and that the member's needs can continue to be met. In 2019, 3157 CSoC youth were disenrolled and transitioned back to their respective MCO for continued services, treatments, and case management as applicable.

Barriers Identified

- Some MCOs experienced regular turnover of CSoC Liaison position, leading to difficulties in maintaining established processes for coordination.
- Magellan rarely receives health information from MCOs, and encounters barriers in receiving specifically requested information.
- The discharge form agreed upon by LDH, Magellan, and the MCOs does not provide sufficient information on outcomes, living setting, and reason for discharge.

Interventions

- Magellan's MCO Liaison, Medical Director, and Clinical Director conduct regular face-to-face meetings with MCO staff to problem solve, build relationships, provide education about CSoC and wraparound processes/principles, and engage in process improvement.
- An internal workgroup at Magellan recommended to LDH that updates to the discharge form occur to make them more meaningful to MCOs and Magellan for continuity of care and outcomes tracking purposes.

Recommendations for 2020

- Implement revised discharge form and educate MCOs and Wraparound Agencies in its use.
- Magellan's Medical Director engage MCO Medical Directors individually and as a group to improve processes for sharing member-level health information.
- Magellan's MCO Liaison develop a standard CSoC overview to educate new MCO staff on the program and its processes.

Coordination of Care between Wraparound Agencies (WAAs) and Formal Behavioral Health Providers

Magellan has policies and procedures in place to ensure collaboration between WAAs and treating providers to promote coordination of care for youth across the behavioral health continuum. WAAs are required to invite all formal providers that are listed on youth's POC to every monthly Child and Family Team meeting within seven calendar days of a scheduled Child and Family Team meeting. WAAs are to share the youth's current POC, IBHA, and CANS with the youth's primary care physician and all providers authorized on the youth's POC. It is also required that a youth's treating behavioral health provider has the youth's current Wraparound POC, IBHA, and CANS in the youth's chart. Magellan treatment record reviews include monitoring the coordination of care between behavioral health practitioners and with the primary care physician, as well as between behavioral health providers. Data is collected from the Wraparound agencies quarterly during onsite audits and from the provider agencies at least annually from treatment record reviews. Magellan offers ongoing training for both Wraparound agencies and providers related to collaboration and importance of communication. Ongoing training is evidenced by bi-monthly all provider calls led by Network Management Specialist and monthly onsite visits with WAAs by Wraparound Coordinators.

Key WAA Audit Results

	2018			2019		
Element	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
4C - Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and psychiatrist, treatment programs/institutions, other behavioral health providers and ancillary providers.	367	390	94.10%	362.5	388	93.43%
1D - Evidence of timely notification of Behavioral Health Providers of CFT meeting.	312	385	81.04%	298.5	376	79.39%

For both elements listed above, performance decreased slightly from 2018 to 2019, with Element 4C meeting the standard and Element 1D not meeting the standard. The Child and Family Team meeting is the place where all decisions about care and treatment planning should occur. Participation by diverse team members is

essential to the function of the Team and the quality of the Plan of Care that documents the work of the team, and providers who are not invited timely or at all are not given the opportunity to attend and support the Wraparound values. In record reviews driven by Quality of Care Concerns and unrelated to regularly scheduled audits, lack of coordination is frequently observed.

Barriers Identified

- Wraparound Agencies consistently do not provide timely notification of Child and Family Team meetings, which is the core treatment planning activity of wraparound, to providers.
- The lack of care coordination impedes progress in treatment.
- Only LMHPs and staff from the Family Support Organization may bill for participation in Child and Family Teams, limiting the availability of other provider types.

Interventions

- Each WAA receives a detailed results letter outlining the results of their review and scores for each section.
- If the WAA scores below the minimum threshold, they are required to submit a written corrective action plan to be approved by Magellan and feedback is provided as needed.
- Each WAA has a designated Wraparound Coordinator who is available to provide on-site and telephonic technical assistance and training.
- Wraparound Coordinators continue to offer on-site and telephonic technical assistance, and add periodic, non-audit, chart reviews to support care coordination activities.

Recommendations for 2020

- Wraparound Coordinators continue to offer on-site and telephonic technical assistance, and add periodic, non-audit, chart reviews to support care coordination activities.
- Foster connections among Wraparound Agencies, providers, Network Management Specialists, and Wraparound Coordinators when barriers to care coordination are discovered.
- Enhance new provider orientation to emphasize care coordination expectations.

CC 01, Element B, Factor 2
CC 01, Element C, Factor 2

Follow-up Care after Hospitalization for Mental Illness

All outpatient treatment services are planned by the Child and Family Team and authorization is requested through the youth's Plan of Care. The POC include information on strengths, needs, goals, objectives, strategies, barriers, providers, and service type and intensity. Families receive assistance from their Wraparound Facilitator in understanding the service array available to them, and in choosing providers the family believes will best meet their needs.

When CSoC youth are hospitalized, it is expected, and written as part of the Medical Necessity Criteria, that hospitals coordinate with the Wraparound Agency and have a discharge plan with appointments finalized one day prior to discharge. The Child and Family Team is responsible for planning care for each member, according to their unique needs. This responsibility continues while children are hospitalized, and Magellan encourages hospitals and Wraparound Agencies to schedule Child and Family Team meetings during the hospital stay, preferably on-site, and virtually when necessary, for discharge planning purposes.

The guardian is provided active assistance upon discharge from an inpatient psychiatric hospital setting to encourage attendance of aftercare appointments. Magellan's robust Follow-Up After Hospitalization processes places responsibility for follow-up with the child's designated care manager and Wraparound Coordinator. The Wraparound Coordinators call the youth's guardian within 72 hours of discharge, preferably the next business

day, to remind them of the aftercare appointment, encourage attendance, and confirm if a Child and Family Team meeting has been scheduled. The Wraparound Coordinator will provide assistance to maintain appointment if needed including, assistance finding a different provider or appointment time, providing information on Medicaid transportation, directions to provider's location or provider phone number. The Wraparound Coordinator notifies the guardian that they will follow up again via phone in seven days to confirm appointment and address any barriers.

Barriers Identified

- When children are hospitalized great distances from their home, scheduling Child and Family Team meetings can be challenging.
- It has historically been difficult for members who live in rural areas to access Licensed Mental Health Professionals (LMHP) when transportation is an issue.
- LMHPs are most often office-based and members rely on services being provided in their homes and community locations.
- Hospitals and Wraparound Agencies report challenges communicating with each other.

Interventions

- Magellan's care managers offer immediate conference calls to connect hospitals and Wraparound Agencies when notified of a communication barrier.
- In July 2019, Magellan significantly increased both the reimbursement rates for LMHPs and access to them.
- Magellan initiated a plan to provide evidence-based workbooks and associated training to non-LMHP providers who serve members in their homes and communities.

Recommendations for 2020

- Distribute evidence-based workbooks to providers, train Wraparound Agencies, and fully implemented workbook program.
- Monitor use of expanded LMHP network and conduct root cause analysis if utilization does not increase.

Members with SED/SPMI

The Coordinated System of Care is dedicated to focusing on youth with severe and persistent mental illness, and a DSM diagnosis is required for enrollment in the program. The Coordinated System of Care's population includes youth ages 5-20, who have serious mental health challenges and are in or at risk of out of home placement. Magellan identified a gap in skills in provider workforce, which led to a workbook project. The workbook project led by the Medical Director in consultation with the WAA's and providers. The workbooks address severe and persistent mental illness conditions, such as ADHD, anxiety and depression. The WAA's and providers will be trained on how to utilize the free workbooks with youth and families. Magellan will provide ongoing monitoring and technical assistance to the WAA's and providers.

The Plan of Care review tool discusses Evidence Based Practices being considered when appropriate as it relates to youths with severe and persistent mental illness and a DSM-V mental health diagnosis on file. Both elements focus on the special needs of this population. Magellan's awareness of most at-risk youth requiring enhanced management and oversite has prompted the development of an enhanced risk project.

The risk project is led by the Medical Director, supported by both the clinical and quality department.

The overview includes use of an algorithm to apply to the CANS to identify youth to be screened for enhanced risk and use of the SAVRY as an evidenced-based measure to assess on-going risk. Magellan has purchased training slots to be allocated to the wraparound agencies to train staff on the SAVRY.
Magellan then presented this project plan to the wraparound agencies and broke down the steps into seven different workgroups:

- Develop Protocol for Assessing Initial Risk
- Develop Protocol for Assessing Ongoing Risk
- Develop Process for Coordination between Clinical Director, Wraparound Facilitator Supervisor & Wraparound Facilitator
- Develop Procedure for Engagement and Coordination Appropriate Providers
- Develop Standards for Documentation
- Develop Workflow for Coordination between WAA and Magellan
- Develop Criteria for Discharging Members from the Enhanced Risk List

Staff from each wraparound agency, LDH, and Magellan volunteered for each workgroup. The intent was for the workgroups to use Magellan's overview as guidance for developing protocols and procedures to be used for these youth. After the final process is developed with collaboration among Magellan the WAAs, and LDH, it will be presented to LDH leadership for approval with the goal of implementation being late Spring 2020.

This initiative is more fully described in the Care Management Initiatives section.

CC 01, Element B, Factor 3
CC 01, Element C, Factor 3

Appropriate Use of Psychotropic Medications

In Louisiana's Medicaid system of care, many outpatient providers contract directly with prescribers. Providing medication management services serves as a value-added benefit to their members. Because this direct relationship exists between prescribers and non-prescribers, Magellan has a unique opportunity to monitor the appropriate use of psychotropic medications in CSoC youth through the Treatment Record Review (TRR) process. In 2019, 217 member records were reviewed to assess adherence to clinical practice guidelines for the use of psychotropic medications, the results of which are documented in the table below. The CSoC Unit establishes a minimum performance threshold for overall performance at 85%; however, if a specific element is considered a potential quality of care concern, the Clinical Reviewer can require corrective actions for any performance level and will inform the Medical and Clinical Directors of any emergent/urgent quality concerns.

TRR Item	Performance Rate in 2018 (n = 106)	Performance Rate in 2019 (n = 217)
Exploration of allergies and adverse reactions	91.5%	92.2%
Member compliance or non-compliance with medications is documented; if non-compliant, interventions considered	98.0%	99.0%
Signed and dated consent forms for medication or refusal documented (as applicable)	89.0%	81.0%
Medication flow sheet completed, or progress note includes documentation of current psychotropic medication, dosages, date(s) of dosage changes	95.1%	98.9%
Documentation of member education regarding reason for the medication, benefits, risks, and side effects	87.8%	80.7%
Documentation of member verbalization of understanding of medication education	84.5%	75.3%

TRR Item	Performance Rate in 2018 (n = 106)	Performance Rate in 2019 (n = 217)
IF PRESCRIBED ANTIPSYCHOTIC MEDICATION: Provider documented ongoing screening of weight and re-calculated BMI (e.g., 4 wks., 8 wks., 12 wks., quarterly, annually, q5 yrs.) as well as annual requests for fasting glucose and lipids.	87.5%	86.7%

Results of data collected to assess for the appropriate use of psychotropic medications are reviewed annually by the UMC, which is co-chaired by the CSoC Unit Medical Director. Of the seven measures reported, four did not show significant change when comparing performance between 2018 and 2019.
Three elements were identified by the committee as representing opportunities for improvement. Quantitative analysis showed a decrease of 8 percentage points for practitioner compliance with the inclusion of signed and dated consent forms for medication. Compliance on the TRR item assessing documentation of member education regarding medication reasoning, benefits, risks, and side effects fell from 87.8% in 2018 to 80.7% in 2019, a decline of 7.1 percentage points. Lastly, provider compliance with the documentation of members' verbal understanding of medication education declined by 9.2 percentage points from 2018 to 2019. Due to the high clinical acuity of the members served, intervention is needed to increase compliance rates.

The UMC discussed barriers to provider compliance. One identified barrier was that, while informed consents were completed, they did not include all relevant information and/or were not current. For example, some lacked a detailed list of information that could be shared and/or did not include a start and end date. Some records evidenced that the member was given information on medications but did not specify that the prescriber also provided the reason for the medication and its potential benefits, risks, and side effects. In addition, some records did not include the necessary documentation indicating that the member verbalized comprehension of the medication education.

The Quality Director identified a confounding variable related to the methodology for provider selection. In 2019, the QI department modified methodology from random selection to targeted providers who historically had lower performance – i.e., newly contracted providers. Further exploration on how this variable likely contributed to the overall network decline in performance is outlined in the Treatment Record Review Section of this evaluation. The UMC discussed effectiveness of interventions implement during 2019 and will implement additional actions in 2020 to improve activities supporting the appropriate use of psychotropic medications. The full description of interventions and recommended actions is as follows:

Interventions

- TRR results letters were sent to each participating provider that outlined specific areas of opportunity for their agency in writing.
- Providers participating in a TRR received the behavior health audit tool indicating how they scored on each monitored item
- Each provider participated in a verbal exit review in which Magellan staff provided focused feedback and education pertaining to specific areas of opportunity.
- All providers that scored below the minimum threshold of 80% at either the item or section level were required to submit a written performance improvement plan subject to approval by Magellan.
- Magellan conducted a provider training which included, but was not limited to, education outlining the parts of a medication informed consent and the requirement that providers document this in the record to meet established standards.

- Magellan maintains a sample copy of a medication informed consent form on the Magellan of Louisiana website for providers to freely access as a source. Providers were reminded of this document during the provider training, as well as in exit reviews upon completion of a TRR.

Recommended Actions for 2020

- Continue to provide personalized feedback to all providers that participate in the treatment record review process.
- Continue to provide aggregate results of TRRs to all network providers.
- Continue use All Provider Calls to remind providers of treatment record requirements.
- During pre and post-review calls, continue to remind providers of how to access the information referenced on Magellan's website.
- Conduct a provider training that solely focuses on the parts of an AUD and how to correctly complete one, so that the provider is legally permitted to disclose and receive PHI.
- Provide a sample template of an AUD on the Magellan of Louisiana website for providers to freely access.
- Improve data collection and integration of pharmacy data through enhanced data exchange between LDH and Magellan to increase capacity to monitor clinical practice guidelines for medication management interventions and expand oversight and management of members prescribed psychotropic medications.
- Establish minimum standards for coordination of care between Wraparound Agencies and prescribers through the high-risk SED/SPMI member initiative (as documented in the subsection above.)

Coordination of Care – Provider Termination

If a provider terminates or is terminated from the Network, to minimize an interruption in care and offer a smooth transition, Magellan acts in accordance of the procedure on Provider Contract Termination or Changes. If a youth is in active treatment with a terminating provider, the youth is offered a continuation of services with that provider for at least ninety calendar days or until the youth is transferred to another in-network provider without disruption to care. As soon as Magellan is notified of a provider termination, active assistance is provided. Authorization and claims data are used to identify those affected by provider termination. The guardian will be contacted by letter and telephone no less than fifteen business days after the receipt of the termination (or as soon as possible if Magellan is notified less than fifteen days prior to the provider's termination date). The provider termination letter is mailed to the family and includes information on how to select a new provider. Wraparound Coordinators outreach via telephone for a total of three attempts. If telephone contact is made with the youth's guardian, they will receive individualized assistance on selecting a new provider. If the guardian chooses to select a new provider over the phone, they will be warm transferred to a Care Manager for immediate authorization and the Wraparound Agency (WAA) will be notified. The guardian may instead choose to consult with the youth's Child and Family Team. The WAA will be notified of this choice by the guardian and authorizations will be issued when an updated Plan of Care is received. Wraparound Agencies may request expedited transition authorizations telephonically or by email prior to the next Child and Family Team meeting to ensure no gaps in care.

Outreach to Families when Providers Leave the Network

Month	Number of Affected Members	Number of Timely Notices	Rate of Timely Notice
November 2018	0	N/A	N/A
December 2018	0	N/A	N/A
January 2019	0	N/A	N/A
February 2019	0	N/A	N/A

Month	Number of Affected Members	Number of Timely Notices	Rate of Timely Notice
March 2019	0	N/A	N/A
April 2019	53	53	100%
May 2019	0	N/A	N/A
June 2019	17	17	100%
July 2019	41	41	100%
August 2019	5	5	100%
September 2019	0	N/A	N/A
October 2019	13	13	100%
November 2019	0	N/A	N/A
December 2019	0	N/A	N/A
Total	129	129	100%

Youth enrolled in CSoC do not have benefit limits. All services for youth enrolled are individualized and authorized based on the youth's Plan of Care created by their Child and Family Team. Magellan assists youth who are transitioning from pediatric to adult care in several ways including but not limited to; assisting with warm transfer to their Healthy Louisiana Plan for linkage and continued coordination to adult services by a dedicated staff person, Health Plan Liaison (in consultation with Medical Director and Clinical Director), continuous monitoring and reviewing the transition to adulthood plan on youth's individualized Plan of Care, and monitoring transition aged youth for Medicaid expansion. Detailed procedures are as follows:

- Youth who are discharging from CSoC because they are aging out, will receive a warm transfer back to their Healthy Louisiana Plan for a transition to appropriate adult services. Their Healthy Louisiana Plan will be notified the reason for discharge and the youth's discharge POC and CANS will be shared with their Healthy Louisiana Plan. From November 1, 2018 to December 31, 2019 twenty-two youth were transferred to their Healthy Louisiana Plan that were either age twenty-one or approaching age twenty-one.
- Beginning at age fifteen and continuing until the youth approaches twenty-one and ages out of CSoC, the youth's individualized Plan of Care will include a transition to adulthood plan. This plan will include services identified through the Child and Family Team process to aid in transition to adulthood. The transition to adulthood plan is reviewed by a licensed Care Manager using the Plan of Care Review Tool.
- Youth approaching adulthood are monitored for Medicaid Expansion at both the time of referral and during CSoC enrollment. The Medicaid Expansion Eligibility Workflow is followed.
  - If youth is receiving Medicaid Expansion at time of referral, a 30-day presumptive authorization is given. The youth remains ineligible during the presumptive period, unless clinical eligibility at 1915c waiver on the initial CANS is met. If a youth is clinically eligible, then Magellan completes an NOA authorization and a letter is sent to the guardian and WAA notifying that the youth is eligible for CSoC services for 180 days from the time of referral (the youth will receive a reassessment CANS every 180 days to determine if eligibility will be maintained). If youth is not clinically eligible for a 1915c waiver, then Magellan sends a letter to the youth/guardian and WAA notifying that the youth is not eligible for CSoC services. Magellan notifies the WAA that youth should be discharged and warm transfer to the youth's Healthy Louisiana Plan will ensue.
  - During CSOC enrollment, Magellan monitors a monthly report for Medicaid Expansion. If the youth meets clinical eligibility for a 1915c waiver, Magellan follows the Medicaid Expansion workflow and then notifies the WAA that the youth have been certified as Medicaid Expansion and nothing more is needed. If they are 1915b3, then per state guidance, Magellan notifies the WAA that youth would need to be discharged as they cannot be certified as Medicaid Expansion and enrolled in the CSoC program as 1915b3 waiver. The youth would discharge, and a warm transfer to their Healthy Louisiana Plan will follow to include a transition to adult services if applicable.

- Louisiana Medicaid retains the ultimate authority in determining eligibility. When a member loses Medicaid eligibility, after working with the state Medicaid agency and the Wraparound Agency to exhaust all avenues of retaining eligibility, the member is disenrolled from the CSoC program. Magellan and the WAA work together to connect the member with treatment providers who provide low or no cost services such as Federally Qualified Health Centers, Rural Health Centers, and Local Governing Entities in their area and assist with obtaining appointments when necessary.

Barriers Identified

- Medicaid eligibility requirements for young people aged 19 and over are more restrictive than for minors.
- The enhanced clinical eligibility requirements for Medicaid Expansion youth may lead to a youth being disenrolled from the program before they have been able to complete the intervention.

Interventions

- Magellan closely monitors eligibility, especially as youth near adulthood to ensure the Wraparound Agencies and families are adequately prepared for transitions that may be required.
- Magellan reviews transition to adulthood plans within Plans of Care for each youth aged 15 and over to ensure they are prepared for adulthood.

Recommendations for 2020

- Improve individualization of transition to adulthood plans within Plans of Care.
- Continue to carefully monitor eligibility and engage Wraparound Agencies in pre-planning for the possibility of youth transitioning out of the program sooner than expected.

Continuity and Coordination between Behavioral Healthcare and Medical Care

Magellan's CCOE collaborates with its health plan partners to monitor and improve coordination between behavioral healthcare and medical care, including exchange of information between medical and behavioral providers; appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care; appropriate use of psychopharmacological medications; management of treatment access and follow-up for members with coexisting medical and behavioral disorders, and addressing the special needs of members with severe and persistent mental illness.

Provider and Wraparound Agency Coordination with Primary Care Physicians

Magellan network provider requirements include coordination of care with member Primary Care Physicians (PCPs), and treatment record reviews are conducted on a quarterly basis to monitor progress performance in this area. Additionally, coordination of care, including communication between behavioral health providers and PCP providers, is a component of the behavioral health treatment record review process. Magellan also includes questions related to coordination of care activities in its annual Provider Satisfaction and Patient Safety surveys. Analysis of the Treatment Record Review (TRR), Provider Satisfaction, Wraparound Audits, and Patient Safety Activities survey may be found in other sections of this evaluation.

Key Treatment Record Review Findings 07/01/2019 – 12/31/2019

Element	# of Compliant Elements	Total # of Elements Reviewed	Percent
5B - Evidence of provider request of consumer for authorization for PCP/Pediatrician communication or refusal documented.	26	58	44.83%

Key Wraparound Audit Findings

	2018			2019		
Element	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
1C - Evidence of provider request of consumer for authorization for PCP communication.	385	394	97.72%	379	388	97.68%
2C - PCP communication after initial assessment/evaluation.	393	393	100.00%	364	388	93.81%
3C - Evidence of PCP communication at other significant points in treatment.	61	75	81.33%	104	105	99.05%
4C - Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and psychiatrist, treatment programs/institutions, other behavioral health providers and ancillary providers.	367	390	94.10%	362.5	388	93.43%

Wraparound Agencies met the standards for coordination with PCPs and other providers in 2019, with significant improvement in communicating with PCPs at significant points in treatment and a small decrease in communicating with PCPs after the initial assessment and evaluation when compared with 2018. Network provider performance in requesting authorization for PCP communication did not meet the 80% minimum performance threshold by scoring 44.83%.

Barriers Identified

- While most providers were aware of the need to collect informed consents and the importance of obtaining Authorizations to Use or Disclose (AUD) protected HIPPA information, Magellan found that some providers did not routinely obtain these releases at intake. Instead, their process was to collect one as/if needed, i.e., either at the member's request or as treatment yielded the provider to do so.
- Other providers did have a standardized process in place to collect AUDs but did not have a process in place to ensure all the necessary components of the AUD were completed entirely. In these cases, records contained an AUD that was either signed and not dated or did not have an identified entity to obtain/release information to/from on behalf of the member. Records that contained incomplete AUDs caused elements in this section to be scored unmet.
- Some providers were unclear about the HIPPA regulations and, though they may have attempted to collect an AUD, it was noted the provider's form was invalid because the request was obtained on a form that did not meet state/federal guidelines to receive and disclose authorized Protected Health Information (PHI).

Interventions

- Each provider and WAA receive a detailed results letter outlining the results of their review and scores for each section.
- If the provider or WAA scores below the minimum threshold, they are required to submit a written corrective action plan to be approved by Magellan and feedback is provided as needed.

- Each provider has a designated Network Management Specialist and each WAA has a Wraparound Coordinator who is available to provide on-site and telephonic technical assistance and training.

Recommendations for 2020

- Update new provider orientation to emphasize the care coordination responsibilities of providers.
- Foster connections among providers, Network Management Specialists, MCO Liaison and MCOs when barriers to care coordination with PCPs, behavioral health providers, and medical providers are identified.

Magellan Coordination with Primary Care Physicians

Magellan has processes to improve coordination and communication with a youth's PCP:

- At the time of initial referral, if the caller indicates that the youth does not have a PCP, after the call is complete, the referral form is sent back to the youth's Healthy Louisiana Plan for their assistance to outreach and assist the family in locating one.
- At each POC review, a Magellan Care Manager uses the POC review tool to asses if a youth has a PCP and if health needs are met. If there is not an identified PCP on a youth's Plan of Care, a Care Manager will outreach to the WAA and Magellan will work with the WAA and Healthy Louisiana plan to assist the family in choosing a PCP.
- Magellan and WAA staff ask families directly at various times during enrollment to complete a release of information for their PCP.

Barriers Identified

- Magellan does not have a formal, contractual relationship with PCPs, leading to difficulties in communication.
- Magellan depends on Wraparound Agencies to engage PCPs in their communities.

Interventions

- Magellan verbally requests permission from families to coordinate with PCPs.
- Magellan coordinates directly with MCOs to ensure members have PCPs.

Recommendations for 2020

- Magellan will include a release of information specifically for PCP coordination with the CSoC Freedom of Choice form that is completed at enrollment in the program. Families will not be required to complete release of information form, but it will be included in the initial discussion of CSoC and will (if completed) be submitted to Magellan to be included in the member record.

Treatment Record Reviews

The treatment record review (TRR) process is a key quality activity to collect data on the quality of services delivered by providers. It is a process in which documentation and record keeping processes are reviewed to ensure compliance with quality standards and federal/state guidelines. Treatment record reviews are conducted to:

- Collect data for the evaluation of quality of care delivered to Magellan members by providers;
- Provide feedback to providers on documentation standards for ongoing education;
- Monitor provider compliance with Magellan clinical practice guidelines (CPGs);
- Monitor provider compliance with Medicaid waiver assurance performance measures;
- Verify that treatment record keeping practices meet Magellan standards;
- Investigate quality concerns and reported deficiencies of providers which may indicate that a provider does not meet Magellan standards;
- Investigate grievances related to the clinical or administrative practices of providers, as determined on a case-by-case basis;
- Meet specific requirements of customer organizations; and
- Meet requirements of various accreditation standards that are applied to Magellan.

As cited above, Magellan monitors compliance with requirements and standards referenced in our provider handbook, Louisiana's provider handbook supplement and the LDH Behavioral Health Services Provider manual. Magellan structures its monitoring strategy to ensure that the unique characteristics of each provider type are specifically addressed and monitored as appropriate. Magellan's treatment record review plan includes:

- Standard TRRs and CPG Reviews
- Family Support Organization (FSO) Reviews
- Wraparound Agency (WAA) Reviews

All TRR results are reviewed by the Louisiana CSoC Utilization Management Committee (UMC) and the Regional Network Credentialing Committee (RNCC) for the purpose of identifying opportunities for improvement in individual provider and overall network treatment record documentation and adherence to clinical practice guidelines. Results of individual practitioner/provider treatment record reviews are also reviewed by the RNCC and/or local Chief Medical Officer prior to making decisions about credentialing, re-credentialing, corrective or disciplinary action, or termination from Magellan's provider network.

Standard Treatment Record Reviews

The Standard TRR audit tool addresses the following areas:

- Quality of care consistent with professionally recognized standards of practice;
- Adherence to clinical practice guidelines, as applicable;
- Member rights and confidentiality, including advance directives and informed consent;
- Cultural competency;
- Patient safety;
- Compliance with record keeping practices;

- Compliance with adverse incident reporting requirements;
- Appropriate use of restraints and seclusion, if applicable;
- Treatment planning components, including criteria to determine if the treatment plan includes evidence of implementation as reflected in progress notes and evidence that the member is either making progress toward meeting goals/objectives or there is evidence the treatment has been revised/updated to meet the changing needs of the member; and
- Continuity and coordination of care, including adequate discharge planning.

Sampling Methodology

Magellan started a new contract with LDH as the CSoC Contractor effective 11/01/2018. As part of the implementation plan, Magellan evaluated TRR policies and procedures against new contract requirements and previous audit results conducted between 12/01/2015 – 10/31/2018.

Year	Total Number of Providers Reviewed	Number of Complaint Elements	Total Elements Reviewed	Compliance Rate
2016	32	3837.5	4042	94.94%
2017	24	2775	3045	91.15%
2018	33	3758	4279	87.84%

Qualitative and quantitative analysis of the Medicaid/LDH licensing rules and previous audits conducted during the prior contracted years, identified the following trends:

- Rendering providers that were contracted with Magellan for periods greater than two years showed consistent high performance and quality documentation/record keeping practices.
- Providers contracted by Magellan to provide clinical services were also contracted with one or more of the MCOs to serve Medicaid members. Providers who were contracted with Magellan only for non-clinical, waiver support services (i.e., Short-term Respite and Independent Living Skills Building) showed higher rates of reported grievances and quality of care concerns.
- Random selection sampling methodology provides

As a result of Magellan's analysis, there were notable changes in our provider and member sampling methodology. Procedural changes included:

- All newly contracted providers with Magellan would be audited within 6 months of contract start date regardless of number of members served.
- Providers who exclusively provide non-clinical, waiver support services (i.e., Short-term Respite and Independent Living Skills Building) would be selected for review annually.

Magellan established a sample target of 385 records for annual review to ensure a confidence level of 95%, with a confidence interval of plus or minus 5%. This total number was to include Standard TRRs and FSO reviews. To better shape documentation practices of newly contracted and non-clinical providers, Magellan targeted sample selection to these providers where possible.

Scoring and Intervention Guidelines

The clinical reviewer determines the level of follow up required based on the final score using the guide listed in the table below. The clinical reviewer can require provider corrective action plans for any item and/or section as

clinically determined. Magellan sets a minimum performance threshold of 80% compliance rate. Remedial actions are outlined in the following table.

TRR Remedial Actions

Score	Remedial Action
80% - 100%	**Minimal Documentation Issues**: No formal follow-up activity required; provider is requested to incorporate recommendations from the feedback report as a means to improve documentation practices.
70% - 79%	**Moderate Documentation Issues:** Provider is required to submit an informal Performance Improvement Plan (PIP), including but not limited to, a plan to remedy documentation deficiencies identified. The PIP is required to be submitted within thirty (30) days of the date of the results letter. Review and approval of the PIP by Magellan is required.
69% - below	**Serious Documentation Issues:** Provider is required to submit a formal PIP including but not limited to, a plan to remedy documentation deficiencies identified. The PIP is required to be submitted within thirty (30) days of the date of the results letter. Review and approval of the PIP by Magellan is required. Additionally, a follow-up review is conducted within in six (6) months to evaluate effectiveness of interventions and to further intervene if improvements are not observed.

Results and Analysis

Magellan audited a total of 217 records from 81 unique providers between 1/1/2019 – 12/31/2019. However, due to substantial changes in Magellan's behavioral health auditing tool and sample pool, the table shows provider performance scores from 7/1/2019 – 12/31/2019 containing results from 74 records reviewed from 28 unique providers. Due to substantive changes made in the selection process there is no comparative sample to 2018 data.

TRR – Magellan Behavioral Health Tool – Section Scores 7/1/2019 – 12/31/2019

Section	# of Compliant Elements	Total # of Elements Reviewed	Compliance Rate
A - General	330	370	89.19%
B - Member Rights and Confidentiality	210	342	61.40%
C - Initial Evaluation	584	754	77.45%
D - Individualized Treatment Plan	178	216	82.41%
E - Ongoing Treatment	656	722	90.86%
F - Medication Management	82	115	71.30%
Total Score	2040	2519	80.98%

Despite Magellan changing the sampling methodology to one that was more focused, the overall combined aggregate performance results yielded a score of 80.98%, exceeding the performance goal of 80% by .98 percentage points. The table above reveals three (3) out of six (6) sections scored above compliance goals as well, while the other 3 sections (Member Rights and Responsibilities, Initial Evaluation, and Medication Management) fell below the performance threshold.

TRRs provide a direct mechanism to educate providers on documentation requirements and clinical practice guidelines, especially for newly contracted providers. At the initiation of an audit, providers receive a refresher

training of the review criteria and are educated on how to locate any source documents. At the conclusion of the audit, Magellan provides the member-level detail and rationale for scoring to support barrier analysis and intervention development. Providers are also offered ongoing technical assistance if needed and shown how to access training/educational materials located on the Magellan of Louisiana website.

After completing a root cause analysis of provider non-compliance, including a review of treatment records, interviews with providers and internal brainstorming sessions, as Magellan deduced it was determined newly contracted providers with Magellan (i.e., within 6 months of the start of the quarter) who participated in their first TRR, have the most opportunity for improvement. Seeing this, it was found though new providers may also be contracted by other MCO's, many times Magellan is the first managed care company to audit them, thereby causing a new provider to lack guidance and shaping that comes from a lengthy stay in any provider network, due to opportunities to attend multiple provider trainings, reviewing provider newsletters, and knowledge received from an audit process. It was also concluded new providers were not as familiar with state/federal rules as well as Magellan's standard operating procedures which caused insufficient record keeping practices.

Barriers Identified

- While most providers were aware of the need to collect informed consents and the importance of obtaining Authorizations to Use or Disclose (AUD) protected HIPPA information, Magellan found that some providers did not routinely obtain these releases at intake. Instead, their process was to collect one as/if needed, i.e., either at the member's request or as treatment yielded the provider to do so.
- Other providers did have a standardized process in place to collect AUDs but did not have a process in place to ensure all the necessary components of the AUD were completed entirely. In these cases, records contained an AUD that was either signed and not dated or did not have an identified entity to obtain/release information to/from on behalf of the member. Records that contained incomplete AUDs caused elements in this section to be scored unmet.
- Some providers were unclear about the HIPPA regulations and, though they may have attempted to collect an AUD, it was noted the provider's form was invalid because the request was obtained on a form that did not meet state/federal guidelines to receive and disclose authorized Protected Health Information (PHI).
- Isolated providers reported forgoing their established processes of completing an initial evaluation of the member upon intake when the member was receiving CSoC services. Instead these providers replaced their document with the initial evaluation completed by the WAA (IBHA) and believed this process was permitted for adherence to record keeping practices.
- Lastly, although most providers seemed to understand the importance of collecting a signed consent to treat members with medication, isolated providers failed to document delivering information to the member surrounding the specifics of the diagnosis and medication to include the medication benefits, risks, or rationale for med selection. Those providers admitted to delivering this information verbally but failed to document this in writing along with documenting the member's verbalization of understanding. Most providers were unaware that this could readily be collected on a form in an attempt to effortlessly maintain compliance with these standards, rather than outlining the aforementioned items on a written or typed progress note.

Interventions

- TRR results letters were sent to each provider who participated in a treatment record review that outlined specific areas of opportunity for their agency in writing.
- Providers participating in a TRR received the behavior health audit tool indicating how they scored on each item monitored
- Each provider participated in an exit review where education was verbally delivered pertaining to their specific areas of opportunity and the provider was delivered more focused feedback.

- All providers who scored below the minimum threshold of 80% at the item level or section score were required to submit a written performance improvement plan which was subject to approval by Magellan.
- Magellan conducted a provider training which included but was not limited to, education outlining the parts of a medication informed consent and the necessity of providers documenting this in the record to meet documentation standards.
- Magellan maintains a sample copy of a medication informed consent form on the Magellan of Louisiana website for providers to freely use and/or access as a source. Providers were reminded about this document during the provider training as well as in exit reviews upon completion of a TRR.
- Provider training also included information on obtaining authorizations to use and disclose (AUD) HIPPA protected information. Providers received guidance on the legal benefits of acquiring this document as well as the importance in treatment to coordinate care.
- Lastly the training, informed providers of record keeping practices, highlighting the parts of an initial assessment, detailing the importance of providers completing their own assessment process and refraining from replacing their assessment document with the WAA's IBHA. The training was recorded and posted to the Magellan of Louisiana's website for all providers to review and use as a reference for their future/ongoing internal training needs.

Recommendations for 2020

- Continue to provide personalized feedback to all providers who participate in the treatment record review process.
- Continue to provide aggregate results of TRRs to all network providers.
- Continue to remind providers on treatment record requirements via ALL Provider Calls as well as remind them of where they can find the information referenced on Magellan's website during initial calls to providers pre and post review.
- Continue to outreach to providers at the beginning of the treatment record review process to help answer questions and provide information about the review.
- When speaking to providers at the beginning of the treatment record review process, emphasize the standards relating to member rights and confidentiality and medication management.
- Conduct a provider training that solely focuses on the parts of an AUD and how to correctly complete one, so that the provider is legally permitted to disclose and receive PHI.
- Provide a sample template of an AUD on the Magellan of Louisiana website for providers to freely access.
- Collaborate with Magellan's Network department so that the Quality Improvement (QI) department is notified once a newly contracted provider has been identified.
- Revise provider orientation to include an enhanced training on quality initiatives and documentation requirements. QI representative will conduct trainings tele/video conference new providers within 60 days of the date of contract with Magellan.
- Offer new provider to participate in an informal treatment record review of one (1) record within 60 calendar days of contract start date allowing providers to receive an assessment of including but not limited to; their policies/procedures for documentation and record keeping practices, and feedback regarding their strengths as well as opportunities for improvement. Magellan will offer technical assistance at this time, if needed.

CC 01, Element A, Factors 1 & 2
CC 01, Element B, Factor 1
CC 01, Element C, Factor 1

CSoC Coordination of Care Module

In Q2 2019 Magellan began implementing an additional auditing tool when completing provider reviews known as the Coordinated System of Care (CSoC) Addendum. The module is scored in addition to the standard TRR tool and assesses the level of care coordination activities and document sharing completed by the WAAs. The intent of the module is to collect ongoing data across the provider network and to increase the scope and scale of monitoring activities between network providers including the FSO and regional WAAs.

Historically Magellan monitored for the collection of the IBHA and POC in provider records and reported results inclusive with standard TRR scores. Magellan found the collection of these items were in provider records under 80% of the time, identifying a need for improvement in this area. When exploring barriers, Magellan found that the responsibility for non-compliance was often directed to the other party (the WAA or the provider). Magellan discovered this created group thinking (i.e., us vs. them mentality) between the provider types, which is counterproductive to building and supporting a hospitable system.

Seeing how vital documentation sharing and coordination of care is to the CSoC member and the wraparound process, Magellan separated the items from the standard review tool and added monitoring for elements which are exclusive only to CSoC member. The table below reveals item details for the CSoC module including behavioral health provider aggregate performance scores from 2019.

CSoC Module Network Provider Results

Elements	# of Compliant Elements	Total # of Elements Reviewed	Percent
1A - Record includes current eligibility Independent Behavioral Health Assessment (IBHA).	48	174	27.59%
2A - Record includes most recent eligibility Plan of Care (POC).	68	167	40.72%
3A - Record includes most recent updated POC.	64	175	36.57%
4A - Record includes most recent CANS assessment.	28	99	28.28%
1B - Record shows documentation of notification of CFT meeting from Wraparound Agencies (WAA).	53	176	30.11%
2B - Record shows documentation of participation in CFT meeting.	79	175	45.14%
3B - If question 2B is no, record shows progress update given telephonically or electronically prior to CFT.	0	96	0%
Total	340	1062	32.02%

The provider overall compliance score for the CSoC module was 32.02%, with 340 of 1062 elements meeting compliance. Not shown in the table above is the FSO overall compliance rate of 40.65%, with 63 of 155 elements compliant. Initial observations of results indicated waiver providers showed slightly higher compliance with measures than formal behavioral health providers; however, it is evident there was low compliance for all elements across the network.

Barriers

- Reports from providers during exit reviews generated most commonly reported reason for not having WAA documents was because the WAA did not send them even when prompted to do so.
- As a result of providers being new, they were unaware of all the core documents which are exclusive to the CSoC member and the particulars surrounding the coordination of care in the wraparound process.
- Those providers which were well oriented with the wraparound process identified some Wraparound Facilitators (WF) were more consistent than others with sending wraparound core documents.
- Providers did not have a single point of entry for WF to send core documents to.

Interventions

- Magellan removed monitoring for CSoC document elements from the standard TRR tool and created a separate scoring tool for assessing WAA coordination activities
- Results letters were sent to each provider who participated in a treatment record review which outlined documents exclusive to the CSoC member and how they relate to the wraparound process.
- Provider Strengths and areas of opportunity relating to the CSoC measures were detailed in the letter as well.
- Providers participating in a TRR received the CSoC addendum audit tool indicating how they scored on each item monitored in the CSoC tool.
- Each provider participated in an exit review where education was verbally delivered surrounding the wraparound process and technical assistance was offered at that time
- The TRR training referenced in the Standard TRR section included education on wraparound core documents and how formal providers and the WAAs are to share responsibility in coordinating care for CSoC members.

Recommendations for 2020

- Continue to monitor network coordination and document sharing through multiple review activities.
- Complete new provider training highlighting the importance of obtaining CSoC core documents.
- Continue sending providers detailed results letters at the conclusion of a review explaining areas of opportunity
- Continue delivering verbal education to providers during exit reviews explaining the essence of CSoC core documents and the wraparound process in addition to discussing deficiencies.
- Revise provider orientation to include an enhanced training on CSoC-specific documentation requirements. QI representative will conduct trainings tele/video conference new providers within 60 days of the date of contract with Magellan.

Wraparound Agency Monitoring Reviews

The CSoC waiver authority requires the Contractor to have systems in place to measure and improve its performance in meeting the waiver requirements. The record review of WAAs is a data source for multiple CSoC waiver performance measures such as Level of Care, Service Plans/Plan of Care, Home and Community-Based Setting, and Participant Health and Welfare. Magellan also monitors other documentation requirements that support contract requirements and quality initiatives through this process.

Review Criteria

The WAA record review tool addresses the following areas:

- Member rights and confidentiality, including advance directives and informed consent;
- Coordination of care with PCP and behavioral health providers;
- Home and Community Based Setting Rule;
- Waiver assurances;
- Compliance with the Louisiana CSoC Standard Operating Procedure manual;
- Adherence to standards of best practices in wraparound;
- Compliance with record keeping practices;
- Compliance with adverse incident reporting requirements;
- Plan of Care components, including criteria to determine if the POC includes adherence to waiver assurances, evidence of implementation as reflected in progress notes, and evidence that the member is either making progress toward meeting goals/objectives or that there are updates/revisions to meet the changing needs of the member.

Sampling Methodology

Magellan selects a representative member sample from the full population census based on current enrollment. Sampling is random and stratified based on regional enrollment data. Exclusions include members audited in the previous quarter and members enrolled for less than 31 days. A minimum of 385 member records are reviewed per year, which meets criteria for a 95% confidence level and +/- 5% confidence interval. Record reviews are conducted onsite for each contracted WAA at a minimum of once per waiver year quarter.

Scoring and Intervention Guidelines

When waiver assurance performance measure compliance rates are less than 100% for any measure or documentation requirements are below 80% Magellan will require the WAA to submit a corrective action plan (CAP), which includes remedial action taken, timeline for when remediation is effectuated, and responsible person/unit for addressing remedial activities. The CSoC Coordinator will then determine the level of follow up required for documentation requirement elements based on the item score using the guide listed below. CSoC Coordinator can require WAA corrective action plans for any item and/or section as clinically determined. WAA remedial actions are described in the following table.

WAA Remedial Actions

Score	Remedial Actions
80%-100%	**Minimal Documentation Issues**: No formal follow-up activity required; WAA is requested to incorporate recommendations from the feedback report as a means to improve documentation practices.
79% and below	**Moderate/Serious Documentation Issues:** WAA is required to submit a formal CAP (corrective action plan), including but not limited to, a plan to remedy documentation deficiencies noted. All CAPs must be received within thirty (30) days of the date of the results letter. Review and approval of the CAP by Magellan is required. Magellan will follow up on the CAP progress at the next scheduled quarterly review.

Results and Analysis

UM 04, Element E, Factors 1–3

Magellan exceeded the sample size goal by reviewing a total of 394 records in 2018 and 388 records in 2019 across the nine (9) regional WAAs statewide.

RR 01, Element B, Factors 1 & 2
RR 03, Element A, Factors 1–13

WAA Tool – Element Scores

	2018			2019		
Element	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
1A - Member Handbook, including rights and responsibilities was disseminated to member as evidenced by signed Freedom of Choice Form.	394	394	100.0%	388	388	100.0%
2A - Psych advance directives or refusal documented (applicable to adults only).	7	10	70.00%	17	20	85.00%
1B - D/C planning/linkage to alternative treatment (level of care) leading to D/C occurring.	393	394	99.75%	368	388	94.85%

Element	2018			2019		
	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
1C - Evidence of provider request of consumer for authorization for PCP communication.	385	394	97.72%	379	388	97.68%
2C - PCP communication after initial assessment/evaluation.	393	393	100.0%	364	388	93.81%
3C - Evidence of PCP communication at other significant points in treatment.	61	75	81.33%	104	105	99.05%
4C - Treatment Record reflects continuity and coordination of care between primary behavioral health clinician and psychiatrist, treatment programs/institutions, other behavioral health providers and ancillary providers.	367	390	94.10%	362.5	388	93.43%
1D - Evidence of timely notification of Behavioral Health Providers of CFT meeting.	312	385	81.04%	298.5	376	79.39%

As the table indicates, most sections show the WAAs performance scores exceeded the minimum compliance standard goal of 80% and met documentation requirements in both 2018 and 2019. The aggregate shows one (1) item in 2018, Psych advance directives or refusal documented (applicable to adults only), and one (1) item in 2019, Evidence of timely notification of Behavioral Health Providers of CFT meeting, that fell below the standard compliance rate. Previous interventions by Magellan, including providing Wraparound Agencies with specific guidance on expectations on how to meet requirements for advance psychiatric directives, have been effective in increasing performance for this measure by 15 percentage points from 2018 to 2019. However, Evidence of timely notification of Behavioral Health Providers of CFT meeting, continues to be an area of focus for improvement. The purpose of this measure is to ensure that CFT meetings include active participation by all members of the CFT team to ensure the POC is informed by the most accurate information. The measure states that documentation must include electronic transmission notification of the date/time of the CFT meeting no later than seven (7) days prior to the meeting. It also states that if the CFT member is present at the previous CFT meeting, during which the next CFT meeting is scheduled and there are no changes to the date/time, then the provider signature on the POC is sufficient evidence for this measure.

Barriers

Despite previous attempts to identify root causes, which included a functional review of the WAAs' end to end procedures and discussion of barriers with both WAAs and providers, the established interventions have not yielded consistent statewide performance above the minimum threshold for element 1D. One of the complications in conducting effective barrier analysis has been that compliance involves two independent parties – the WAA who is required to transmit CFT notifications and/or electronically share core treatment documents; and conversely, the provider who needs to provide progress updates, attend CFTs and retain documents. When exploring solutions, Magellan has found that the responsibility for non-compliance is often directed to the other party.

Interventions

- After each audit, onsite debriefings were held with WAA leadership to review audit results and immediate feedback was provided as well as education on areas where improvement was needed.
- Following onsite reviews, the WAAs received a detailed results letter identifying any item that was scored non-compliant or did not meet the minimum performance threshold.
- Corrective action plans were required for measures that scored below the 80% threshold on documentation requirements or below the goal of 100% on any waiver compliance standard
- Magellan assisted the WAAs with achieving the standard in 1D by implementing standardize protocols for how Wraparound Agencies are to notify providers of a CFT meeting.
- Magellan held call with WAA which included reviewing requirements within the Standard Operating Procedure instructing WAAs how and when to share the core documents with formal providers: IBHA, CANS, POC, Crisis plan and FOC.
- Magellan distributed a written training alert to advise the WAAs of adhering to these required standards
- Magellan Wraparound Coordinators held monthly visits with regional WAAs where verbal reminders were delivered concerning adherence to performance measures
- Implemented scoring the CSoC module when completing reviews of provider and FSO records.
- Magellan presented WAA with coordination of care performance report

Recommendations for 2020

- Continue completing audits for the WAA to report adherence to performance measures
- Continue providing the WAAs with onsite debriefing to present educations for identified deficiencies in real time
- Continue sending WAAs results letters detailing opportunities for improvement and performance measures
- Continue monthly visits with WAAs from Wraparound Coordinators to promote compliance to documentation standards and waiver requirements
- Continue scoring the CSoC module and monitoring performance results separate from the standard TRR scores
- Add elements to the WAAs auditing tool to support improved coordination of care between the WAAs and formal Behavioral Health Providers; i.e.:
  - Evidence of timely transmission of most recent POC to formal BH providers.
  - Evidence of timely transmission of most recent IBHA to formal BH providers.
  - Evidence of timely transmission of most recent CANS to formal BH providers.
- Collaborate with LDH to explore systematic interventions to improve coordination of care activities between network providers, the FSO, and the WAAs.

Family Support Organization

Family Support Organization (FSO) Treatment Record Reviews are conducted remotely every quarter and measure the presence of required elements and standards in behavioral health records. Prior to the FSO's Q2 2019 audit, each element in the TRR was reviewed by Magellan's Family Support Coordinator (FSC) and tailored to measure FSO-specific quality and contract requirements. In doing so, regulatory elements were added, clinical elements were removed, and other sections were consolidated and reweighted. One example of this reorganization included separating the elements measuring the presence of the most recent Plan of Care, CANS and IBHA and consolidating those into a CSoC Addendum that is not counted against the FSO's overall score. During the process of adjusting the tool, the FSC held in-person meetings and conducted telephonic discussions

with the FSO. In these meetings, the FSC provided reeducation on elements carried over from previous TRR tools, and education on new TRR elements. A final copy of the TRR template was provided to the FSO. Historically, the results of FSO's record reviews were reported inclusive with standard treatment record review findings by Magellan's Clinical Reviewer. However, in Q1 2019, FSO TRRs and reporting were reallocated as the sole responsibility of the FSC. This method of independent reporting allowed Magellan to track and trend any issues or barriers specific to this level of care and readily identify opportunities for improvement.

Methodology

As mentioned in the standard TRR section above, Magellan established a sample target of 385 records for annual review to ensure a confidence level of 95%, with a confidence interval of plus or minus 5%. This target number accounts for reviews from Standard TRRs and the FSO. Q4 2019 FSO TRR selection process included member records of files with Youth Support Trainer (YST) and or Parent Support Trainer (PST) claims spanning 45 days or more. Members with inpatient hospitalizations were included in the sample as well. The FSC determines the level of follow up required based on the final score using the same guide used in Standard TRRs, CPG, and WAA Reviews. The FSC can require FSO corrective action plans for any item and/or section as clinically determined. Magellan sets a minimum performance threshold of 80% compliance rate.

Results and Analysis

In 2019, Magellan reviewed 36 FSO records, resulting in an overall compliance score of 90.61%. Of the 756 elements that were scored, 685 met compliance standards. Magellan conducted one independent TRR of 15 FSO member records in 2018. Therefore, no comparative sample exists to contrast with the FSO's 2019 TRR performance scores. The Table below provides annual average results of the reviews conducted during 2019.

FSO Tool – Section Scores

Section	# of Compliant Elements	Total # of Elements Reviewed	Percent
A - General	165	174	94.83%
B - Member Rights and Confidentiality	79	108	73.15%
C - Coordination of Care	26	36	72.22%
D - Member Engagement	104	124	83.87%
E - Ongoing Treatment	154	155	99.35%
G - Discharge	13	15	86.67%
H - Record Management	144	144	100.00%
Total Score	685	756	90.61%

Five (5) of the seven (7) sections scored above the minimal threshold of 80% or better, while two others, Member Rights and Confidentiality and Coordination of Care, fell below. After debriefing with the FSO, the lack of missing documentation in these two sections did not appear to be an aberrant trend or indicative of improper documentation practices as an organization.

Barriers Identified

- The FSO has an internal quality process used to verify the presence of all required TRR documentation. These internal quality reviews are conducted by the FSO's compliance officer every calendar year no less than once per quarter and

are often broken down into smaller monthly audits. At the end of each quarter, a random sample of 10% -20% of their member records are audited. While FSO staff and supervisors are requested to obtain additional documentation/correct deficiencies when discovered, these requests are only made for files that are selected in the sample.

- Over half of the records reviewed in the FSO's Q4 2019 TRR sample were not reviewed prior to the TRR. The FSO was unaware that 6 of the 12 Releases for Communication with the WAA contained in the Coordination of Care section were missing from their files.
- Many of the documentation standards in the Member Rights and Confidentiality section could have been met if the FSO submitted copies of their intake packets which contains the Member Rights and Responsibility form, primary language spoken by the member and any translation needs, and Release for communication with other behavioral health providers or documented refusal.

Interventions

- A TRR results letter was sent to the FSO that outlined overall and specific section scores.
- The FSO was not required to complete any formal/informal corrective action, but was provided feedback and recommendations as to how to correct the deficiencies in the future, as well as given a copy of the performance measures so that their compliance department could refer to the template when conducting self-audits and for use in future staff training.

Recommendations for 2020

- Continue to monitor the FSO through reviews separate from the standard TRR and in response to Magellan's interventions.
- Outreach to the FSO at the beginning of the treatment record review process to help answer questions and provide information about the review.
- Consider requiring the FSO to increase monitoring of their documentation on the front end of their intake processes, or within 45-60 days.
- Continue to provide personalized feedback and recommendations to the FSO regarding quality standards

CC 01, Element A, Factors 1 & 2
CC 01, Element B, Factors 3 & 4
CC 01, Element C, Factors 3 & 4

Clinical Practice Guidelines

QI 10, Element B

Magellan's medical and clinical leadership develops and adopts corporate clinical practice guidelines to assist providers in screening, assessing and treating common disorders. Prior to adopting each guideline, a multi-disciplinary panel—including board-certified psychiatrists and clinical staff—examined relevant scientific literature and sought input from network providers as well as consumers and community agencies. In addition to these corporate CPGS, Magellan's CSoC Medical Director, a board-certified child and adolescent psychiatrist, identified that a significant number of CSoC members have been diagnosed with Conduct Disorder and/or exhibit trauma-driven symptom patterns. In order to ensure effective treatment for those members, our Medical Director examined relevant literature describing effective treatment of Conduct Disorder and in providing Trauma Informed Care. Based on the literature review and known best practices, the Medical Director developed CPGs for providers in addressing those symptom patterns. The guidelines were reviewed and by the Louisiana Department of Health and the Utilization Management Committee in Spring 2018 and adopted for use in Louisiana CSoC. The guidelines were disseminated to providers through email blasts and through Magellan's public-facing websites.

Magellan reviews each guideline, including Conduct Disorder and Trauma-Informed Care, at least every two years for continued applicability and to update guidelines as necessary. Magellan monitors provider adherence to CPGs for diagnoses and/or treatment modalities that are relevant to our CSoC membership. :

- Attention Deficit Hyperactivity Disorder (ADHD)
- Suicide Risk Assessment and Management
- Conduct Disorder
- Trauma-Informed Care

Objectives for reviews include:

- To assess performance against important aspects of the CPG
- To measure the current diagnostic and treatment practices of network providers with respect to the evidence-based diagnostic and recommended intervention criteria
- To identify areas of strengths and weaknesses in provider compliance with CPGs
- To identify appropriate training interventions needed to increase compliance with CPGs

Sampling Methodology

The sample for the review includes all records obtained for the treatment record review (as described in the TRR section). The CPG review is dependent on the member's diagnosis as documented in the treatment record as in the case of ADHD and Conduct Disorder. The Suicide Risk (SR) Assessment and Management CPG selection is dependent upon several factors. The SR CPG is triggered when the treatment record indicates a diagnosis of Major Depressive Disorder (MDD) and/or a rating of 1, 2, or 3 on the Suicide Risk Item on the most recent CANS assessment. The Trauma-Informed Care (TIC) CPG review selection is determined by a rating of 2 or 3 for the Adjustment to Trauma item in the most recent CANS assessment.

Scoring and Intervention Guidelines

The clinical reviewer determines the level of follow up required based on the final score using the guide listed in the table below. The Clinical reviewer can require the provider to submit a corrective action plan for any item

and/or section as clinically determined. Magellan sets a minimum performance threshold of 80% compliance rate. Remedial Actions are outlined in the table below.

CPG Remedial Actions

Score	Remedial Actions
80% - 100%	**Minimal Documentation Issues**: No formal follow-up activity required; provider is requested to incorporate recommendations from the feedback report as a means to improve documentation practices.
70% - 79%	**Moderate Documentation Issues:** Provider is required to submit an informal Performance Improvement Plan (PIP), including but not limited to, a plan to remedy documentation deficiencies identified. The PIP is required to be submitted within thirty (30) days of the date of the results letter. Review and approval of the PIP by Magellan is required.
69% - below	**Serious Documentation Issues:** Provider is required to submit a formal PIP including but not limited to, a plan to remedy documentation deficiencies identified. The PIP is required to be submitted within thirty (30) days of the date of the results letter. Review and approval of the PIP by Magellan is required. Additionally, a follow-up review is conducted within in six (6) months to evaluate effectiveness of interventions and to further intervene if improvements are not observed.

Conduct Disorder and Trauma-Informed Care modules have no comparative samples as 2019 was the first year Magellan monitored for these CPGs. However, the data gathered has proven to be valuable when analyzing network performance measures.

Attention Deficit Hyperactivity Disorder (ADHD)

In previous years, Magellan reviewed records for ADHD CPG and reported results through the standard treatment record review overall compliance scores. Because ADHD ranks high amongst youth served by the coordinated system of care, in 2019 Magellan improved the monitoring activity for ADHD CPG and implemented a separate scoring module apart from the standard treatment record review scoring tool. This module allowed Magellan to capture an enhanced picture of service delivery to members with an ADHD diagnosis. This expansion included an increase in monitoring for items that assess for diagnostic criteria and provision of therapeutic services. Due to the scores formerly being inclusive with standard treatment scores, we are unable to produce a qualified sample of 2018 performance scores with the addition of 2019 performance measures.

Results and Analysis

Monitoring results for 2019 included 71 treatment records that met the diagnosis of ADHD and were reviewed for adherence against the ADHD guidelines. The Diagnostic Assessment section had an overall score of 69.74% and the Therapeutic Intervention section had an overall score of 90.44%. The combined score of both sections scored was 80.44%, exceeding the minimum threshold of 80% by .44 percentage points.

ADHD CPG Tool – Section Scores

Section	# of Compliant Elements	Total # of Elements Reviewed	Percent
A - Diagnostic Assessment	477	684	69.74%
B - Therapeutic Interventions	662	732	90.44%
Total Score	1139	1416	80.44%

ADHD CPG Tool – Section A: Key Element Scores

Element	# of Compliant Elements	Total # of Elements Reviewed	Percent
1A - Screened for presence and duration of symptoms meeting DSM-5 criteria for ADHD and persisting for at least six months, including predominantly inattentive presentation, predominantly hyperactive/impulsive presentation, or combined presentation	42	71	59.15%
2A - Screened for presence of several inattentive or hyperactive-impulsive symptoms present prior to age 12 years	52	71	73.24%
3A - Screened for presence of several inattentive or hyperactive-impulsive symptoms present in two or more settings (home, work, school)	57	71	80.28%
4A - Confirmed symptoms across settings received from multiple informants, e.g., parents, guardians, teachers, clinicians involved in care of individual (including results of symptom-focused rating scales from self, parents, teachers, clinicians)	25	71	35.21%
5A - Noted clear evidence that the symptoms result in clinically significant impairment in social, academic or occupational functioning	62	71	87.32%
6A - Noted clear evidence that symptoms of older adolescents and adults (age 17 and older) reflect inattention causing problems with executive functions	1	3	33.33%
7A - Assessed whether fewer than full criteria have been met for the past six months when full criteria were previously met (partial remission)	0	5	0%
8A - Assessed whether few or many symptoms are in excess of those required to make diagnosis of ADHD (based on DSM-5) specifying level of severity (mild, moderate or severe) with the use of screening tools	42	68	61.76%
9A - Assessed whether symptoms are not better explained by another mental disorder (e.g., substance use disorder, personality disorder, mood disorder, anxiety disorder, dissociative disorder)	58	71	81.69%
10A - Assessed whether symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions	59	71	83.1%
11A - Coordinated care with medical provider and medical evaluation during diagnostic process ruled out medical causes of symptoms of ADHD and assessed cardiovascular functioning (if treatment with stimulants considered)	25	50	50%
12A - Assessed for suicidal thoughts or behaviors with potential for injury to self or others, especially if atomoxetine (Strattera®) treatment is considered	46	47	97.87%
13A - If suicidal thoughts or behaviors were present, appropriate actions were taken to intervene	1	2	50%
14A - If provider is not a physician, reviewed findings from consultation with psychiatrist or primary care physician	7	12	58.33%

There is a total of 34 elements in the ADHD CPG tool, of which 14 apply to Diagnostic Assessment and 20 apply to Therapeutic Intervention. The performance here seemingly does not demonstrate a true picture of network practice across providers, but rather an issue with isolated providers in the network. Nonetheless, any provider not adhering to the standards of 13A was asked to complete a performance improvement plan due to the potential safety concerns that could arise out of the provider neglecting to adhere to this measure. Of the other

eleven elements that were scored, five (5) of them met the minimum threshold of 80%, leaving six (6) of the elements in the diagnostic section falling short of compliance standards.

ADHD CPG Tool – Section B: Key Element Scores

Element	# of Compliant Elements	Total # of Elements Reviewed	Percent
1B - Conducted education about ADHD and its treatment including behavioral intervention, pharmacological intervention, family therapy delivered to parents, guardian, and if applicable, to the patient	57	71	80.28%
2B - Discussed diagnostic findings, treatment options and goals and treatment plan with parents, guardians, and if applicable, with patient	63	71	88.73%
3B - Provided evidence that provider actively involved parent, guardian, teacher(s), and patient in treatment planning	62	71	87.32%
4B - Comorbid medical and psychiatric conditions discussed with parents, guardians, and if applicable patient	38	41	92.68%
5B - Provider assessed if psychotherapy is indicated	53	55	96.36%
6B - Provider prescribed a stimulant or other agent deemed appropriate or explained why medication was not prescribed.	47	47	100%
7B - If provider is a prescriber, treatment plan explains the rationale of the selection of pharmacological intervention including risks, benefits, and side effects	38	44	86.36%
8B - Education delivered to parents, guardian, and if applicable, patient, about pharmacological treatment, including risks, benefits, side effects of medicine	37	47	78.72%
9B - Parents and guardians were educated about follow up within 30 days of initial prescription and two more times within 270 days (HEDIS®)	46	46	100%
10B - Evidence of ongoing/continued assessment of patient response to medication, side effects, adverse effects, and any laboratory monitoring that is necessary	41	44	93.18%
11B - Rationale for any changes in medication, if any changes or augmentation	33	35	94.29%
12B - If antidepressants prescribed, provider delivered education about a possible increased risk of suicidal behavior, including early warning signs	12	16	75%
13B - If patient is elementary-aged (6-11 years), provider prescribed FDA-approved medication and/or parent-and/or teacher-administered behavior therapy or explained why this was not prescribed	23	23	100%
14B - If patient is adolescent (12-18 years), provider prescribed FDA-approved medication for ADHD with assent of the adolescent or explained why this was not prescribed	24	24	100%
15B - If behavior therapy is prescribed, ongoing assessment of treatment progress using clinical observation, interviews, and/or rating scales from parent, guardian, teacher, and if applicable, self	45	47	95.74%
16B - If behavior therapy is prescribed, training provided to parents in specific techniques to improve their abilities to modify and shape child's behavior while improving the child's ability to regulate own behavior	39	43	90.7%

Of the twenty elements in Section B, four (4) of them are not presented in the table above, as they applied to five (5) or less records reviewed and are not statistically valid. The elements omitted pertain to coordination of care, medication informed consent, and substance use intervention. There were 14 of the other 16 elements monitored that met the 80% compliance rate or higher, and only two (2) elements fell just below (9B and 14B). Though the network showed overall strong compliance in applying best practices in Therapeutic Interventions for ADHD CPG, if a provider did not meet the standards for items 9B and 14B, as cited above, the provider was asked to submit a plan to correct this action.

Barriers Identified

Most members participating in the coordinated system of care are youth that have a previous diagnosis of some kind prior to being enrolled. Approximately 35% of Magellan's members have a diagnosis of ADHD and most report a long-standing history of receiving treatment for such prior to receiving CSoC services. A barrier analysis of performance findings showed that when providers treated members with a pre-existing diagnosis of ADHD, they often failed to complete routine screenings necessary to confirm the member's ADHD diagnosis and to document the presence of all elements needed to meet the DSM-5 criteria. About half of providers monitored with prescribing privileges, reported not coordinating with the youth's primary care physician during the initial diagnostic process because though it may have been the member's first meeting with them, it was not the member's first attempt at treatment for ADHD. Providers often verified this with an electronic pharmacy report, which shows proof of the member's authorized medications including those used to treat ADHD. Likewise, while providers were familiar with screening tools which are widely used when assessing/confirming the diagnosis of ADHD, providers frequently reported not using them due to the member having already completed an assessment process with the regional Wraparound Agency (WAA) shortly before being referred to the provider for treatment. Because the WAA referred the member to the provider and included the assessment with the referral packet, some believed this was sufficient to negate the need to complete their own assessment processes. In some instances, providers replaced their agency assessment with the regional WAA's document instead. Other barriers identified included providers generally were unfamiliar with Magellan's tools used to promote adherence to ADHD guidelines and were unaware of documentation standards required for best practices. The common theme in all of the barriers is that additional education regarding ADHD clinical practice guidelines and documentation standards are needed in 2020.

Suicide Risk Assessment and Management

In 2019, 36 treatment records were reviewed for adherence to the suicide risk assessment and management clinical practice guidelines. The overall score of combined elements was 87.84%, exceeding the goal of 80% by 7.84 percentage points. Although review results yielded a score of 95.76% in 2018, only seven (7) treatment records were reviewed for compliance and cannot be considered representative of the overall population. Due to the small sample size in 2018, a comparison of the results between the years is not meaningful.

Suicide Risk Assessment and Management CPG Tool – Section Scores

	2018			2019		
Section	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
A - Suicide Risk Assessment	33	33	100.00%	133	146	91.10%
B - Suicide Management	23.5	26	90.38%	62	76	81.58%
Total Score	56.5	59	95.76%	195	222	87.84%

Suicide Risk Assessment and Management CPG Tool – Key Element Scores

Element	2018			2019		
	# of Compliant Elements	Total # of Elements Reviewed	Percent	# of Compliant Elements	Total # of Elements Reviewed	Percent
1A - Current suicidal ideation and plans.	7	7	100%	33	36	91.67%
2A - History of suicidal ideation and attempts.	7	7	100%	33	36	91.67%
3A - Presence of high-risk factors, such as significant behavior changes in teens, advanced age/debilitating illness/male senior citizens, insomnia, substance use/abuse, anxiety, recent inpatient discharge, history of violence or bullying (victim or perpetrator)	6	6	100%	33	36	91.67%
4A - Plan for frequent evaluation for suicidal thinking or behavior in patients prescribed anti-depressant and/or anticonvulsant medications (assess if reviewing for MDD CPG)	6	6	100%	17	17	100%
5A - Assessment of lethal intent. Documentation shows interventions to address this with patient and response to measures.	7	7	100%	17	21	80.95%
1B - Assessment for access to any weapons or lethal means, if suicidal.	5	5	100%	1	2	50%
2B - Developed plan to diminish access to weapons/lethal means, if suicidal.	3	3	100%	N/A	N/A	N/A
3B - Developed PLAN FOR MAINTAINING SOBRIETY and discussed the role of substance use in increasing suicide risk.	2	2	100%	1	2	50%
4B - Attempted to involve family and other support system members in suicide management plans or documented why not appropriate.	6	7	85.71%	29	35	82.86%
5B - Documented actual family/support system involvement in suicide management plan.	5	6	83.33%	29	35	82.86%
6B - Hallucination intervention (Intervention to alleviate command hallucinations, if present)	2.5	3	83.33%	2	2	100%

Results and Analysis

In 2019, there were two elements that scored below the item goal of 80% which were: Assessment for access to any weapons or lethal means, if suicidal and Developed plan for maintaining sobriety and discussed the role of substance use in increasing suicide risk. Of the 36 records that met criteria for review of this CPG, only two (2) records met the criteria for scoring the previously mentioned elements. One (1) record met the applicable standards and the other did not. However, these findings do not provide statistically meaningful data to support trends throughout the network. Though Magellan met the overall compliance goal for the Suicide Risk CPG, due

to the importance of assessing for and managing the risk of suicidality, Magellan considers CPG elements which meet just above the minimum performance goal, as an area of opportunity for improvement.

Barriers Identified
Review findings showed that if a youth expressed suicidal ideations, some practitioners failed to document having fully explored their intent, means, and plans of carrying out self-harm. Some providers were also not aware of the value of having the family's involvement documented in the suicide management plan. Magellan is in the process of implementing a comprehensive process improvement plan to improve management of high-risk members. Please see the Utilization Management section of this report for more information.

Conduct Disorder

Historically, the youth served by Louisiana's coordinated system of care have a lower incidence of diagnosis and treatment for Conduct Disorder as compared to other disorders. However, due to the clinical importance of monitoring for quality and the process of care, Magellan makes every effort to score records against Conduct Disorder clinical practice guideline measures where applicable.

Conduct Disorder CPG Tool – Section Scores

Section	# of Compliant Elements	Total # of Elements Reviewed	Percent
A - Diagnostic Assessment	33	35	94.29%
B - Treatment	24	26	92.31%
Total Score	57	61	93.44%

Conduct Disorder CPG Tool – Key Element Scores

Element	# of Compliant Elements	Total # of Elements Reviewed	Percent
1A - Evaluation included member's prenatal and birth history, focusing on substance abuse by mother, maternal infections, and medications.	5	5	100%
2A - Evaluation included developmental history of member, with a focus on disorders of attachment (e.g., parental depression and substance abuse}, temperament, aggression, oppositionality, attention and impulse control.	5	5	100%
3A - Evaluation included physical and sexual abuse history (as victim and perpetrator).	5	5	100%
4A - Evaluation includes history of symptom development, including impact on family and peer relationships and academic problems (with attention to IQ, language, attention, and learning disabilities).	5	5	100%
5A - Assessed for presence and duration of symptoms meeting DSM-5 criteria for CD and the subtype of the disorder (childhood onset versus adolescent onset; overt versus covert versus authority; under-restrained versus over-restrained; socialized versus under socialized).	5	5	100%
6A - Assessed whether symptoms are not better explained by a medical condition, including a referral a physical evaluation as needed.	3	5	60%
7A - Assessed whether symptoms are not better explained by another mental disorder (e.g., substance use disorder, personality disorder, mood disorder, anxiety disorder, dissociative disorder)	5	5	100%

Element	# of Compliant Elements	Total # of Elements Reviewed	Percent
1B - Treatment team is cohesive, and plan includes treatment modalities that include interventions in the family, school, and peer group systems.	4	4	100%
2B - Treatment includes comorbid disorders where applicable (e.g., ADHD, specific developmental disabilities, intermittent explosive disorder, affective or bipolar disorder, anxiety disorder, and substance use disorder).	5	5	100%
3B - Treatment includes family interventions such as parent guidance, training, and family therapy.	4	4	100%
4B - Individual and group psychotherapy with adolescent are considered.	3	4	75%
5B - Peer intervention is considered to discourage deviant peer association and promote a socially appropriate peer network.	3	3	100%
6B - Treatment involves juvenile justice system involvement where appropriate (i.e., court supervision, Families in Need of Services, etc.)	1	2	50%
7B - Psychopharmacological treatment is used as an adjunct therapeutic intervention and not in isolation.	4	4	100%

Results and Analysis

As mentioned previously, 2019 was Magellan's first year of adopting guidelines for Conduct Disorder and collecting data to examine adherence across the provider network. Results showed five (5) records were reviewed for compliance with a diagnostic assessment section score of 94.29%, Treatment section score of 92.31%, and an overall combined score of 93.44%. The overall score is 13.44 percentage points above the established goal of 80%. Although the small sample size does not produce significant statistical data; Magellan plans to continue monitoring for provider adherence to this CPG and conduct comparative analysis in the future.

Trauma-Informed Care

In 2019, Magellan also adopted clinical practice guidelines for Trauma-Informed Care and began collecting baseline date to assess provider adherence to Trauma-Informed Care guidelines.

Results and Analysis

There were 17 records that met the criteria for this review type, scoring 91.40% overall; 11.4 percentage points higher than the established goal of 80%. Though the scores combined met the goal, the diagnostic assessment section score fell below the 80% threshold by 1.62 percentage points.

Trauma-Informed Care CPG Tool – Section Scores

Section	# of Compliant Elements	Total # of Elements Reviewed	Percent
A - Diagnostic Assessment	29	37	78.38%
B - Treatment	56	56	100%
Total Score	85	93	91.40%

Trauma-Informed Care CPG Tool – Key Element Scores

Elements	# of Compliant Elements	Total # of Elements Reviewed	Percent
1A - Assessment includes screening questions about traumatic experiences and PTSD symptoms	11	17	64.71%
2A - If youth is younger than 7 years old, screening questions are directed to caregivers.	N/A	N/A	N/A
3A - If screening indicates significant PTSD symptoms, a referral to a qualified clinician to conduct a formal evaluation is made.	6	6	100%
4A - Formal evaluation valuation considers differential diagnoses of other psychiatric disorders or physical/medical conditions that mimic PTSD.	12	14	85.71%
1B - Treatment planning incorporates appropriate interventions for comorbid psychiatric disorders.	13	13	100%
2B - Trauma-focused psychotherapy, including cognitive-behavioral therapy, psychodynamic psychotherapy, and/or family therapy, are considered as the first line of treatment. If services are not available, treatment team consults with Magellan to identify resources in the member's community to address trauma and PTSD symptoms.	13	13	100%
3B - If therapeutically appropriate and service is accessible, trauma-focused psychotherapy directly addresses youth's traumatic experiences.	8	8	100%
4B - If therapeutically appropriate, guardians are available, and service is accessible, trauma-focused therapy involves the caregivers in the treatment interventions.	8	8	100%
5B - If therapeutically appropriate and service is accessible, trauma-focused psychotherapy focuses not only on symptom improvement but also on enhancing functioning, resiliency, and/or developmental trajectory.	8	8	100%
6B - If pharmacological interventions are utilized for treatment of PTSD symptoms, it is not used in isolation but rather in multimodal approach.	5	5	100%
7B - School accommodations are made if youth is experiencing significant functional impairment related to trauma reminders.	1	1	100%

All elements monitored in this CPG scored above the 80% compliance rate, with the exception of one item: *Assessment includes screening questions about traumatic experiences and PTSD symptoms*. This item scored at 64.71%, missing the goal by 15.29 percentage points. The provider records that missed the standard for this item often contained a completed assessment that included questions concerning trauma but lacked a specific screening for PTSD when the member indicated having either a history of or current experience with trauma. Where appropriate, both items would be needed to meet this element's standard.

Barriers Identified

- Providers reviewed were unaware of this CPG's standard and isolated providers did not recognize that it is best practice to screen for PTSD once trauma is identified.

Summary of Findings

To address CPG barriers and findings, Magellan:

- Provided all providers reviewed with a results letter indicating CPG findings specific to each provider's deficiencies and outlining any identified areas of opportunity for improvement.
- Shared aggregate results of the CPG findings with providers.

- Distributed a copy of the CPG standards to providers reviewed.
- Telephonically outreached to providers reviewed pre and post findings and conducted video zoom meetings with each provider to discuss results and give feedback/education regarding performance measures.
- Required providers to complete performance improvement plans when scoring did not meet minimum standards.
- Reminded providers reviewed of sources on the Magellan of Louisiana website and showed providers how to access information from the Magellan Quality and Improvement tab. Reminders were also given to visit the site frequently in order to stay up to date on any new resources posted for quality initiatives.
- As of January 2020, Magellan posted updated CPG standards to the Magellan of Louisiana website.

Recommendations for 2020

- Continue monitoring CPG standards.
- Continue providing results letters to providers in order to deliver provider specific feedback.
- Continue conducting exit reviews with providers in the form of zoom calls to allow providers to exclusively discuss any questions they may have surrounding deficiencies and/or performance measures in real time.
- Continue sending aggregate results to providers to highlight areas needing improvement.
- Continue requiring performance improvement plans for any provider that falls below compliance standards.
- Continue outreaching providers at the beginning of the record review process and directing them to source documents on Magellan's website.
- Explore conducting a provider training via webinar to present an overview of the CPG standards
- Consider recording the CPG training to post to Magellan of Louisiana website for future provider reference.

Patient Safety

QI 01, Element B, Factors 1–3

The safety of clinical care and service provided to Magellan CSoC members is a critical component of its Quality Improvement Program. Magellan endorses the Institute of Medicine's six "Aims for Improvement" within healthcare: safe, effective, patient-centered, timely, efficient and equitable. In addition to a quality of care/patient safety policy, the CSoC Unit performs and monitors a wide variety of activities as components of a system designed to provide safe service and care for individuals. In addition to established routine processes and procedures to promote patient safety, the CSoC Unit identifies targeted activities for monitoring the care and safety of the members served, as discussed below and in other sections of this evaluation.

The CSoC Quality Improvement Activities (QIAs) in place to promote patient safety, notably, *Improving the Assessment and Management of Individuals at Risk for Suicide, Increasing the Rate of Member Follow-Up After Hospitalization*, and *Improving Care for Coordination of Care Between Wraparound Agencies and Behavioral Health Practitioners and Providers.*

Routine activities conducted during 2019 to address patient safety included:

- Triage and referral, pre-authorization, concurrent review of treatment services and appropriate service and care based on UM decision criteria. Qualified staff review member needs and monitor inpatient/outpatient care to help ensure the member receives appropriate care in the least restrictive setting.
- All members enrolled in intensive case management to assist our high-risk members in coordination of care and services to facilitate the achievement sustainment of treatment gains. Using clinical eligibility criteria established by LDH, all CSoC members connected with a Wraparound Agency practitioner and Magellan Care Managers to ensure the initial and ongoing assessment of clinical needs and the development and implementation of a plan of care to address identified needs.
- Member grievances are reviewed to identify safety and quality of care concerns (QOC). Quality of Care (QOC) concerns may also be submitted by CSoC staff, as well as by facilities or practitioners. All potential patient safety and QOC concerns are reviewed by the medical director and if determined to require investigation are investigated and presented to the Regional Network Credentialing Committee (RNCC) for review and recommendations. QOCs are also presented to the Quality Improvement Committee (QIC) quarterly.
- Patient safety incidents are reported as soon as a CSoC staff member is made aware of the incident. Each incident requires investigation within 24 hours of notification to determine whether or not there were any concerns of quality of care that may have impacted the incident and for which further action is required.
- Provider Inquiry and Review is conducted when a potential quality of care issue has been identified for a specific practitioner or provider. These reviews are completed through the RNCC activities. The RNCC also tracks and trends potential quality of care issues by provider to identify opportunities for improvement.
- Magellan Clinical Practice Guidelines (CPGs) are reviewed annually to ensure the criteria reflect the current evidence-based standards of care. The CSoC Unit closely monitors the clinical reviews and decisions completed by Care Managers as well as the quality of their documentation for consistency and compliance with the published Magellan Care Guidelines. In addition, the CSoC Unit conducts inter-rater reliability audits at least annually to ensure consistency of decision making.
- Credentialing and re-credentialing activities are directed at maintaining a practitioner and provider network that meets accepted standards of practice. Site visits are conducted based on specified criteria or identification of concerns, to ensure office site and medical record keeping practices are compliant with accreditation and MBHO criteria.
- The CSoC Unit establishes strict protocol for Wraparound Agencies to encourages providers to communicate treatment and medication information with other behavioral health professionals treating the member as well as the member's Primary Care Physician for treatment continuity and to avoid potential negative medication interactions. This expectation is communicated through the provider handbook, inserts to providers included with authorizations,

through the treatment record review process and feedback, and by encouraging members, in mailings, to allow communication between practitioners.

- The CSoC adopts/establishes Clinical Practice Guidelines and communicates them to practitioner and providers via the provider handbook, provider website, and provider newsletter articles. Practitioner adherence to at least two components of three guidelines is measured annually through treatment record reviews. The review identifies opportunities for improvement and feedback is provided to assist practitioners in identification and implementation of better/safer practices in care and treatment of patients.
- Treatment record reviews are conducted annually to monitor practitioner administrative and treatment record keeping practices, as well as adherence to clinical practice guidelines and coordination of care activities. Through the treatment record review process, areas for improvement are identified to promote and maintain safe practices.
- The CSoC monitors network appointment accessibility against Magellan's established timeliness standards, to ensure that members can be seen within appropriate time standards based on the level of urgency of the case (emergency, urgent, or routine).
- Magellan provides 24 hour, 7 days a week telephonic access for members to provide information and assistance in accessing treatment and to promptly address emergencies.
- The CSoC follows established policies and procedures for facilitating timely aftercare for members hospitalized for behavioral health conditions, and implements best practices designed to connect members discharged from hospitals with outpatient services within seven days of discharge. Research indicates that success in ensuring timely aftercare reduces the probability that a member will require re-admission to a hospital.
- The CSoC implements policies and procedures to facilitate a smooth transition for the member when his/her insurance changes and when his/her previous provider is not in the Magellan network. Abrupt termination with providers or breaks in treatment can often leave the member feeling abandoned and vulnerable, increasing the potential of risk to his/herself or others.

The 2019 measurement results for these activities are presented in the table below and/or in other sections of this evaluation. Performance results on key patient safety indicators are reviewed quarterly in the CSoC QIC. The results are tracked and trended to identify opportunities for improvement, following the continuous quality improvement process.

Patient Safety Indicator	Monitoring Results
Quality of Care/Patient Safety Concerns	There were 46 Quality of Care/Patient Safety concerns reviewed in 2019, a slight increase from the 32 reviewed in 2018. Each concern was reviewed by the medical director and investigated as needed. See the *Quality of Care/Patient Safety concerns* subsection below for analysis of the 2019 Quality of Care/Patient Safety concerns.
Consistency of application of medical necessity criteria:	Magellan conducts annual inter-rater reliability (IRR) studies, based on the review of clinical vignettes for staff in clinical positions, including physician advisors, to evaluate the consistency with which they apply Magellan's UM criteria in decision making. Additionally, the CSoC completed an additional IRR testing at the local level in 2017. See **Interrater Reliability Section** for a detailed review of findings.
Adherence to clinical practice guidelines:	Adherence to clinical practice guidelines is monitored through the Treatment Record Review process. In 2019, the CSoC and monitored practitioner adherence to the following CPGs: ▪ Major Depressive Disorders ▪ Suicide Risk ▪ Attention Deficit Hyperactivity Disorders ▪ Conduct Disorder ▪ Trauma-informed Care See **Clinical Practice Guidelines Section** for a detailed review of findings.

Patient Safety Indicator	Monitoring Results
Continuity and coordination of care:	Continuity and coordination of care activities along the behavioral health continuum include monitoring of: ▪ Aftercare planning and follow-up after hospitalization ▪ Psychological testing requests ▪ Treatment records for evidence of coordination between the treating clinician and other behavioral health providers (as appropriate) ▪ Evidence that members with Major Depressive Disorders being treated by non-psychiatrist clinicians are referred to a psychiatrist for evaluation for antidepressant medication. See **Behavioral Continuum and Behavioral / Medical Integration Activities** and **Coordination of Care Sections** for a detailed review of findings.
Practitioner/provider compliance with administrative and/or treatment standards	Treatment record reviews are completed annually to monitor practitioner/provider adherence to administrative and treatment standards. See the **Treatment Record Review Section** for a detailed analysis of treatment record review results and interventions.
Emergency and Crisis Call Monitoring	Crisis/emergency line reports (average speed of answer, abandonment rate and service levels) are reviewed bi-monthly by the Member Services Committee, to ensure members have timely access to Magellan for emergent issues. Calls determined by Care Management staff to be crisis calls are reviewed for appropriate handling and resolution by a Clinical Supervisor.
Follow-Up on Inpatient Hospitalization for Mental Illness	Outreach is conducted for all members that discharge from an inpatient hospital, including those discharging AMA, to assess and assist with obtaining needed resources and services.

More detailed analysis is provided below on the Adverse Incidents, Quality of Care Concerns, and high-risk member management activities.

Adverse Incidents

Adverse incidents (AI) are defined as unexpected occurrences in connection with services provided through Magellan, including its subsidiaries and affiliates, that led to or could have led to serious unintended or unexpected harm, loss or damage, such as death or serious injury, to an individual receiving services through Magellan or a third party that becomes known to Magellan staff. Types of incidents can include:

- Death
- Suicide Attempt
- Significant Medication Error
- Event Requiring Emergency Services (of the fire department or a law enforcement agency)
- Abuse (including Physical Abuse, Psychological Abuse, Sexual Abuse, Extortion or Exploitation)
- Serious Injury or Illness
- Missing Person
- Seclusion or Restraint masseuse

As required by our contract, Magellan has processes in place to conduct the investigation within twelve calendar days of the date of discovery, with all necessary corrective actions occurring within thirty calendar days of the date of discovery unless an extension is granted by the Louisiana Department of Health (LDH). Incidents

involving abuse are reported to the appropriate regulatory body and the guardian when the involved member is a minor within twenty-four hours of discovery. Incidents are reported by providers; however, in the instance where a member reports the concern, the member's primary contact will support and guide the member through the process. The Quality Improvement (QI) department reviews the incident to assess the level of severity to ensure the safety and well-being of the individual involved for all reported incidents. The Medical Director (MD) addresses any urgent clinical issues with the provider to ensure member safety. If necessary, a multidisciplinary team, including the MD and representatives from the Utilization Management (UM), QI and Network departments, reviews the incident to determine next steps. This will also include identifying whether or not a provider performance inquiry and review are necessary. If so, the review is conducted according to the Provider Performance Inquiry and Review Policy with a report outlining the results of the review being sent to Magellan's peer review committee, or the Regional Network Credentialing Committee (RNCC). The RNCC reviews the results to determine if action steps (e.g., provider's status in the network is affected) are required. If no review is needed, the local work group will continue efforts to resolve any issues or problems and track and trend results.

Adverse incident data is reported to the LA CSoC Quality Improvement Committee (QIC) and analyzed for patterns and trends, such as a disproportionate number of a type or category of incidents or a high or increasing number of incidents related to a particular provider or a particular set of circumstances. When an aberrant pattern or trend is identified, a root cause analysis is conducted, and recommendations for interventions to improve are made. This information is disseminated to the QIC to quickly identify where to focus improvement efforts. Magellan reviews this information monthly, so improvements to the system can be made on an ongoing basis.

Reported Adverse Incidents

Incident	2018	2019
Mechanical/Physical Restraint Use	3	1
Protective Hold	0	2
Chemical Restraint Use	0	1
Seclusion	0	0
Abuse	46	46
Neglect	24	10
Exploitation	0	2
Extortion	0	0
Serious Injury	1	4
Suicide attempt	0	0
Suicide	1	0
Death	2	0
Total Adverse Incidents	77	66

Magellan received a total of 66 adverse incidents from 1/1/2019 to 12/31/2019. Magellan showed a 100% compliance rate for investigating incidents within the established timeframe of twenty-four hours from receipt and all investigations were complete within twelve calendar days of the date of discovery, with all necessary corrective actions occurring within thirty calendar days of the date of discovery. The overall compliance rate of timely referral to a protective agency for abuse, neglect, and exploitation incidents was 98.5%. The one incident not reported within 24 hours of knowledge to DCFS was an incident where the parent had reported the incident

to the Police timely, but the WAA did not notify DCFS timely. The WAA staff was reminded that all reportable incidents must be reported to DCFS within 24 hours of knowledge of the incident. The categories of incidents received were abuse (46), neglect (10), restraint (4), exploitation (2), and serious injury (4). None of the abuse reports involved provider staff. Of the restraint use reported, only one, a physical restraint, was used by the WAA; all others occurred within a hospital setting. There was a slight decrease, 14%, in the total number of adverse incidents reported this year, 66, from the previous year's total, 77.

Adverse Incidents Involving Provider

	2018	2019
Sentinel Incidents		
Suicide	1	0
Death (OD)	1	0
Homicide	0	1
Total	2	1
Non-Sentinel Incidents		
Other AI Involving Provider	4	4
Number of Reports of Abuse (Community)	45	46

Magellan of Louisiana also experienced two sentinel events, a completed suicide by a youth in 2018, and a violent act resulting in loss of life in 2019, which evidenced the need for improvement in identifying and addressing risk behaviors in CSoC youth. Each event was investigated by a multidisciplinary team comprising of CSoC Medical Director (MD), Clinical Director, QI Director, QI Clinical Reviewer (CR), and Network Director. Policies and interventions that were in place for each youth were reviewed and determined appropriate corrective action to address gaps in service to prevent future incidences. Future recommendations from the team investigation led to the formation of the diverse multidisciplinary team comprised of Magellan leadership, LDH, and WAA leadership developing methods to identify youth within CSoC that are at high risk for either harm to self or harm to others. The MD lead the group in discussions in criteria that would easily identify potential members for inclusion through the CANS assessment already available. The team broke into several groups to address specific needs, each group has representation from each party. For further information, please refer to the Evaluation of utilization Management section of this document.

Review of Internal Policies and Procedures

- **Number of non-reportable incidents received.** QI CR reported an increased number of non-reportable critical incidents submitted, which requires unnecessary administrative tasks for both the provider and Magellan. Typically, Magellan does not act when providers/practitioners submitted unreportable events because the scope and scale of the members served are small and we would not want education on reporting process to deter reports from being submitted; however, a review of data showed that the increase was linked to a single provider, or the Family Support Organization (FSO), that serves over 40% of our members in all regions of the state. Because of the volume of nonreportable incidents that required processing and the fact it was only a single provider; it is believed that training the FSO on the types of incidents that are reportable as compared to non-reportable would benefit both the provider organization and Magellan by reducing administrative tasks regarding the management of incidents. Training was completed with the Compliance Officer for the FSO by Magellan's Clinical Reviewer and a reduction in nonreportable incidents was observed. No further action was determined to be needed

- **Reports of Abuse.** It was identified that we have seen a trend in the number of adverse incidents involving abuse, neglect and/or exploitation of members that trigger follow-up questions from LDH. Magellan has strict oversight of incidents involving the provider; however, incidents that do not involve providers and less rigid procedures for follow-

up by Magellan [i.e., CR confirms that the reports were submitted to the appropriate authorities (i.e., police, DCFS, etc.) by the submitter; validates CFT and WF are aware of incident; and confirms that the CFT will provide ongoing monitoring to ensure youth's safety]. QI recommended the QIC modify procedures for managing abuse incidents in which there is the potential for ongoing risk. Incidents that require this level of oversight should be defined and approved by Medical Director – i.e., Examples: alleged abuser lives in the residence of the member (e.g., guardian is living with the alleged abuser; alleged abuser is the guardian; etc.) and there is potential for continued abuse. Proposed procedure is as follows:

- CR confirms that the reports were submitted to the appropriate authorities (i.e., police, DCFS, etc.) by the submitter at time of knowledge of incident as documented on the Incident Form;
- If not reported, Magellan ensures incident is reported to DCFS and/or police.
- CR validates CFT and WF are aware of incident by telephonic contact with WAA with 48 hours of receipt of incident and discusses action plan for addressing incident.
- CR provides a follow-up call with 14 calendar days of receipt of incident to discuss status of CFTs actions to address safety issues and provides clinical consultation as needed by the WAA.
- 30 to 45 days following the receipt of the incident, the CR would request the recent service notes and POC to evaluate the application of best practices and fidelity to wraparound principles for youth during the critical period.
- CR will provide WAA with the results of POC review for coaching purposes and address any immediate safety issues identified through the review.

Barriers Identified

- Difficulties of coordinating care for CSoC youth with complex issues and often multiple state agency involvement require specific and detailed interventions.
- Families often do not like to have mandated reports to the state made regarding incidents in the home and may withdraw from CSoC services to lessen their perceived risk.

Interventions

- During the fall of 2019, Magellan, LDH, and the WAAs started a collaborative exploration of needs related to high risk population within CSoC to develop intensive monitoring and connection with specialized services.
- MCO notification procedure was updated in incidences in which a youth and family voluntarily discharge from CSoC services following a reported adverse incident. The following are the guidelines:
  - Magellan receives an Adverse Incident Report of the abuse, neglect and/or exploitation of a member or by a CSoC member;
  - There is a subsequent discharge from CSoC that appears to be connected to the AI report; and
  - there is perceived potential for continued harm to the youth or another minor as it related to the AI.
- If these conditions are met, then the CR notifies the MCO Liaison.
  - If Liaison becomes aware of the discharge prior to MCO rounds, then this information is included during the weekly discharge rounds.
  - If Liaison becomes aware of the discharge after the MCO rounds, then the Liaison notifies the member's MCO Liaison by email to support care coordination for the youth/family.
- Quality trainings during All-staff meetings reinforced 'no wrong door' policy for grievances and complaints. Trainings were also provided at QIC meeting.

Recommendations for 2020

- Magellan will continue to monitor and investigate reported Adverse Incidents.
- Continued implementation of improved reported adverse incident reporting.

- Development of risk project policies and procedures into formal intervention for CSoC population.

Quality of Care

Quality of Care Concerns (QOCC) are concerns related to the appropriateness of care or treatment/service delivery that are inconsistent with the standards of best practice. Magellan provides a standardized mechanism to track quality of care concerns reported by members, providers, stakeholders, agencies, and LDH through our member and provider grievance process; however, it is also important to provide a mechanism to track quality concerns that are identified internally. This is accomplished through our Quality of Care Concern (QOCC) process. Magellan's approach to QOCCs is focused on improving the member experience of care as related to quality. Magellan has a comprehensive process to track, review and investigate QOCCs. The member-centric approach quickly engages the treating provider(s) to make sure the member is receiving the appropriate care and services needed to fully address the issue.

The QI department reviews the concern to assess the level of severity and ensure the safety and well-being of the individual involved. The Medical Director, MD, and QI Director address any urgent clinical issues with the provider to ensure member safety. When necessary a Quality of Care (QOC) workgroup, a multidisciplinary team including the MD and representatives from the UM, QI and Network departments, reviews the concerns to determine next steps, including identifying whether or not a provider performance inquiry and review are necessary, so improvements to the system can be made on an ongoing basis.

2018 Quality of Care Concerns

Category	Number	Hospital Based	WAA Based	Outpatient Service Based
Adequacy of Program	6	5		1
Adequacy or Assessment	3	1	2	
Ambulatory Follow Up	11	11		
Appropriateness of Care	5	2	2	1
Clinical Oversight	3	3		
Medical Comorbidity/Mgt.	4	4		
Total	32	26	4	2

2019 Quality of Care Concerns

Category	Number	Hospital Based	WAA Based	Outpatient Service Based
Adequacy of Program	6	3		3
Adequacy or Assessment	1		1	
Ambulatory Follow Up	21	21		
Appropriateness of Care	11	2	1	8
Clinical Oversight	4		2	2
Medical Comorbidity/Mgt.	0			
Total	43	26	4	13

Magellan received 43 QOCCS in 2019. Of the 43, 21 were in Ambulatory Follow-Up category, 11 in the Appropriateness of Care category, 6 in the Adequacy of Program category, 4 in the Clinical Oversite category and 1 in the Adequacy of Assessment Category. All quality of care concerns received were investigated and addressed at the individual provider levels. There were no emergent safety issues noted. The category with the highest rate is Ambulatory Follow-Up. The Medical Necessity Criteria (MNC) guidelines requires that inpatient

hospitals send the discharge plan to Magellan 24-hours prior to discharge of the member. The 21 incidents were from five (5) different inpatient hospital settings. The Appropriateness of Care category received 11 total incidents, two were for the inpatient level of care and nine were from five different providers and one WAA. All providers are required to respond to requests for additional information that includes their own internal investigation of the Quality of Care concern as well as any corrective actions that the provider took to ensure that the incident does not occur again. The WAA was required to submit a formal corrective action plan for the QOC in the Adequacy of Assessment category related to issues with youth's eligibility reassessment documents.

Compared to the 2018 QOCC reports, the total increased by 11 overall. Hospital based and WAA based concerns remained stable and the 11-item increase was seen with the outpatient-based concerns. There were seven more concerns for the Appropriateness of Care, two more concerns for Clinical Oversight and two more for Adequacy of Program for the outpatient services. The only trends seen in 2019 were related to crisis intervention services, such as provider failure to complete face to face assessment, not starting services immediately and not being able to provide crisis services due to issues were greater than they could handle. In addition to information shared during the investigation, both the care manager and network representative were able to provide the providers with education on crisis intervention requirements. While there was an increase in outpatient-based concerns, the majority of concerns were hospital-based concerns such as not providing discharge plans to Magellan prior to discharge per MNC.

Procedures for Reporting

It was identified that there are events related to the provision of care, which are addressed directly by the UM/CM team and in isolation do not require additional action by the quality team (e.g., IP LOC: discharge plan not complete 24 hours prior to discharge; IP LOC: physician did not see member during the weekend; etc.); however, when these events occur frequently and consistently across time, the cumulative events could trigger further action by the quality and/or medical team. The current procedures require the same level of documentation for these events as it does higher acuity events. Because of this, there are administrative tasks for both UM/CM and QI teams that appear unnecessary and may deter reporting.

The QI team is recommending reducing the amount of information collected for these lower level events to: provider name, date of incident; member involved, and type of incident. Information could be emailed directly to the CR to be entered into the access data base. This would decrease the average handle time for these events while increasing the likelihood of identifying aberrant patterns at the provider level.

Barriers Identified

- The method of reporting QOCC was based on previously used criteria and staff felt confused while reporting. This confusion could impact staff willingness to report suspected QOCCs.
- Lack of monitoring capability of QOCCs that were not at the investigation level hindered ability to identify cumulative effect of various events.
- Administrative burden for UM/CM and QI teams may deter the reporting process.

Interventions

- A tracking database was created to easily enter and monitor QOCCs within the grievance reporting process.
- A QOC workgroup representing quality, network and clinical departments worked to develop better incident reporting procedures throughout November and December 2019. Focus was two-fold: define what makes an issue a QOCC and improve ability to monitor items that are not officially investigated but need to be tracked for aberrant trends.
- QOC workgroup revised the reporting form to address tracking needs and improve reporting detail from staff.

- Automatic QOCC track and trending monitoring based on POC Review Tool items in monthly report to increase identification of regional trends by community partners, providers, WAA, and involved state agencies.
- Physician Advisor (PA) Review notes for both the clinical denial and appeal process are an alternative method of clinical QOCC review. If further investigation is needed based on what the PA sees in the review, the QOCC will be escalated to the next level of review.
- Quality trainings during All-staff meetings reinforced 'no wrong door' policy for grievances and complaints. Trainings were also provided at QIC meeting.

Recommendations for 2020

- Magellan will continue to monitor and investigate QOCCs reported
- Magellan will begin utilizing POC Review Tool reports for track and trend QOCCs evidenced there.
- Magellan will distribute new reporting form to all staff during training for revised QOCC procedure and process.
- Magellan will continue to promote the 'no wrong door' policy.

Members with High Clinical Risk Factors

Although not a disease or a specified mental illness, suicide is a tragic end to life, even more so when it occurs in children and adolescents. Magellan is contracted by LDH to manage and oversee a specialized behavioral health CMS waiver program for children and adolescents. CSoC enrollment is restricted to a small subset (i.e., 2,400) of Medicaid-eligible youth with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement. Therefore, the youth enrolled in CSoC are, by definition, require elevated monitoring and intervention to ensure safety. Referred youth often have histories of previous hospital and residential placements, suicidal and/or homicidal ideation, and multiple state agency involvement. The youth becomes a member of CSoC, but the involvement of the wraparound process is felt by everyone in the family. Often is the case for youth with complex histories and difficulties remaining in the home, the family has exhausted their ability to cope with the youth's extreme behaviors present in the home. It is critical that during the engagement phase of wraparound that the WF is able to instill a sense of hope for the future through the adherence to wraparound processes for the entire family, not just the youth.

At the time of initial referral, the CM completes a brief questionnaire with the referral source to assess for presumptive eligibility for the youth. This brief screening is known as the Brief CANS and screens for behaviors that put the youth at risk of being harmful to themselves or others. The CM inquires if the youth being referred has had any recent suicidal ideations including thoughts of self-harm, any past suicide attempts, any recent homicidal ideations or threats, and/or a history of violent acts resulting in harm to others. This information is conveyed to the WAA on the referral form, ensuring that awareness of the potential risk present for the youth and family.

CSoC experienced two sentinel events, a completed suicide by a youth in 2018, and a violent act resulting in loss of life in 2019, which evidenced the need for improvement in identifying and addressing risk behaviors in CSoC youth. These events were discussed in the Adverse Incident section above.

To develop a method to monitor and assess for items that contribute to patient risk using readily available information present for every CSoC youth, the CANS assessment is a natural fit. Two definite items that speak to patient safety is Suicide Risk and Danger to Others, both are located in the Child Risk Behaviors section. In the future more items may be added but this was determined to be a basic starting point to gauge the risk present in the population for youth. As a reminder, a CANS assessment rating of 1 could indicate a history of the symptom without current problems. A CANS assessment rating of a 2 or 3 indicates a serious and/or immediate

actionable need for the adolescent that must be addressed through the plan of care. When a rating of 2 or 3 is reported, active symptoms are present, and recommendations must be present in the IBHA pertaining to interventions that will be included on the youth's POC. The plan balances risk behaviors and needs with protective factors and strengths to outline a comprehensive strategy to improve functioning for the adolescent in multiple life domains. As the tables indicate below, a significant percent of members have a history of or current risk factors, with 38.3% identified with some level of suicide risk and 72.3% with risk of harm to others.

CANS Item Suicide Risk

	Number	Percent
Total Members Assessed	4,385	100%
History/Current Suicide Risk Identified	1679	38.29%
No Suicide Risk Identified	2706	61.71%

CANS Item Danger to Others

	Number	Percent
Total Members Assessed	4,385	100%
History/Current Danger to Others Risk Identified	3171	72.31%
No Danger to Others Risk Identified	1214	27.69%

In order to provide additional support to our practitioners and providers serving CSoC members, Magellan has initiated a statewide initiative to improve the assessment and management of members with enhanced risk factors. The initiative is led by the CSoC Medical Director and includes participants for our largest practitioner provider organizations and our customer. Please see the Quality Improvement Activities and Care Management Initiatives Sections for more information. In addition to this initiative, the following quality activities were conducted during 2019 to improve the quality of care provider for members with identified with high-clinical risk factors.

Barriers Identified

- The risk population within CSoC needs definition parameters.
- The CSoC population typically has history of multiple hospitalizations, suicidal and homicidal ideations. The youth have complex issues and often multiple state agency involvement require specific and detailed interventions to mitigate risk present.

Interventions

- Quality trainings during All-staff meetings reinforced 'no wrong door' policy for grievances and complaints. Trainings were also provided at QIC meeting

Recommendations for 2020

- Magellan will continue to promote the 'no wrong door' policy.
- Development of method to utilize information gathered through the POC Review Tool reporting, specifically for the Safety Concerns Addressed and Risk Behaviors Addressed sections. The POC Review Tool scores the Safety Concern as present, not present or N/A, whereas the Risk Behavior item has more refinement available. Risk Behavior is a scaled score based on identification of risk, addressing the risk, and planning for mitigation of the risk. Other items may be added in the future with guidance on how they will be used for risk identification.

Inter-rater Reliability

UM 02, Element C, Factors 1 & 2

All Licensed Clinical Staff (Medical & Clinical Leadership, QI, Care Managers) participated in the 2019 Inter-rater Reliability Annual Assessment in August 2019. This is an assessment to demonstrate consistent application of medical necessity criteria across different levels of care. The assessment consisted of 10 vignettes for both Initial and Continued Stay authorization request in which the results are below. There was a total of 14 participants. The 2019 Inter-rater Reliability Measurement tool results show six out of ten vignettes were scored correctly by all participants, three out of ten vignettes were incorrectly scored by one participant each and 1 vignette was missed by most participants. All participants received a successful score of 90% on the assessment. The vignette that was missed most referred to Inpatient Hospital Detox (ASAM 4). This level of care is very rarely requested, so staff were less familiar with it. Upon surveying those who missed the items, one area of the vignette, COWS score, confused them. All staff who tested completed a refresher SUD treatment training in Magellan's online training environment. Additionally, a new procedure was instituted requiring clinical or medical leadership review of any authorization requests for that level of care. There have been none since the refresher training was completed.

2019 IRR Assessment Results

Description	Number
Initial Exam Participants	14
Initial Exam Passed	14
Percent Passed Initial Exam	100.00%

The goal for 2020 is that 100% of all clinical staff participate in 2020 IRR exercises and demonstrate understanding of IRR by receiving a passing score of 90% and that the overall test average increase to 92%. In 2020, additional levels of care will become available to members, and the number of vignettes will be changed accordingly. The goal of 92% may be altered based on the scoring possibilities (numerator/denominator) associated with a change in the number of vignettes.

Barriers Identified

- Clinical staff struggled with applying ASAM 4 criteria in the assessment.

Interventions

- Staff participated in a refresher training on ASAM criteria.
- Any requests for authorization for ASAM4 were required to be reviewed by a supervisor, Clinical Director, or Medical Director before a determination was made.

Recommendations for 2020

- Provide initial and ongoing training in new levels of care expected to be added to the benefit array.
- Care Managers will be encouraged to seek consultation when requests for less-frequently utilized services are received.
- Supervisor and clinical leadership monitor authorization patterns by level of care and by care manager.

Member and Provider Experience of Care

Magellan's CSoC Unit obtains member and provider experience feedback through conducting annual member and provider experience surveys, and through our member grievance and provider complaint policies and processes, which provide a mechanism for members, providers, or any member or provider representative, and external agencies to express comments related to care, service, or confidentiality. Experience survey and grievance/complaint data is tracked and trended to facilitate the improvement of operations and staff performance in an effort to achieve the highest level of satisfaction and care. Analysis of both member and provider experience data also shows high level of member and provider satisfaction.

Member Experience of Care

As the Coordinated System of Care (CSoC) Contractor, Magellan Healthcare, Inc., (Magellan) recognizes that family voice and choice is one of the guiding principles that truly separates Wraparound from other interventions. Family voice and choice emphasizes that the family's preferences should guide care. Family voice and choice goes beyond simply respecting the family's role by actively encouraging the family to articulate their needs and advocate for themselves.

This section provides an evaluation of monitoring activities in which we engage with our youth and families while promoting family voice and choice at the system level. The assessment of our youth and families' satisfaction ensures that the quality program is informed by family priorities and perspectives, utilizes and increases program assets, assesses the effectiveness of Coordinated System of Care (CSoC) as a whole and the elements included within the program and determines when practices need revision.

QI 06, Element A, Factor 2
QI 06, Element C, Factors 1-4

Member Experience of Care Survey

The Magellan Public Sector Member Experience of Care Survey was designed by our Experience Analytics Team in order to meet NCQA and Agency for Health Research and Quality (AHRQ) standards. Survey questions align with NCQA factors of member experience as well as dimensions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Experience of Care and Health Outcomes (ECHO) Survey measures. This ensures the measures target areas of service that are controlled by Magellan.

A randomized sampling approach was utilized and stratified by regional census to ensure proportional representation from each region. Participation was limited to members enrolled for at least three consecutive months to ensure the youth and family were fully transitioned from the youth's Healthy Louisiana Plan. A sample size of 550 members was selected to ensure that the number of surveys completed met or exceeded 385 responses, providing a 95% confidence level with a +/- 5% error rate. Surveys were administered in-person and returned via mail with assistance from the Wraparound agencies. The survey administration was open from 09/25/2019 to 10/31/2019. Swift engagement with members was recommended to reduce the chance that sampled members would be discharged or disenrolled prior to receiving the survey. Once the survey administration was closed, the completed surveys were scanned, and the data was exported to Magellan's survey platform for analysis and reporting.

Along with providing an avenue to express family voice and choice, Magellan also encourages and monitors member participation to ensure adequate participation and results are reflective of how most youth and families actually experience our services. The level of participation is assessed through the response rate, which

tells us the percent of members who completed the survey once discharged/disenrolled youth are removed from the total number sampled. During this administration cycle, a response rate of 86% was achieved statewide. Although there was some variation in the response rates by region, the percent received from each region was relatively consistent with the regional census data. Similar representation was observed in gender, race, and ethnicity, which further supports confidence that the results are representative of the CSoC membership as a whole. The only notable difference seen between the demographic characteristics of the larger CSoC population and youth and guardians participating in our survey was a slightly higher percent of Black/African American and a slightly lower number of whites participating; however, the difference does not appear significant enough to negatively impact the utility of the results.

Results

The results of the annual Member Experience of Care survey play a critical role in understanding what is working and where there are opportunities to better serve and engage our youth and families. Because of this, results will be made accessible through our member and provider website and were actively shared with the Governance Board and essential stakeholders during the February 2020 meeting. Results are also presented via the Quality Improvement Committee meetings to elicit the perspectives of both internal and external stakeholders. The committee structure ensures that analysis accounts for any confounding variables that may impact the experience of our youth and families, including larger system of care and network issues, regional differences, the complexity and acuity of the youth served in CSoC, etc.

Member Experience of Care 2019 Results

Question	Total # Received	% Positive	% Neutral	% Negative
Magellan covers the amount of healthcare benefits I believe my child need.	410	95.1%	3.4%	1.4%
I felt comfortable asking my child's healthcare providers questions about my treatment and/or medicine.	412	98.1%	1.5%	0.7%
My child's healthcare providers help us get information to help my child manage his/her health.	412	96.8%	2.4%	0.7%
Written information about Magellan's services is easy to understand.	410	95.4%	3.4%	1.2%
My child can get urgent treatment as soon as it is needed.	409	94.4%	3.9%	2.2%
Specialists are available when we ask to see them.	405	88.6%	8.9%	2.4%
Magellan covers the types of healthcare services my child needs.	411	96.4%	2.2%	0.7%
My child has access to quality healthcare.	412	95.9%	2.7%	1.4%
The services my child receives through Magellan providers are available at times that are good for me.	411	97.3%	1.9%	0.6%
My child's healthcare costs are affordable.	411	94.4%	4.4%	0.2%
I am happy with the choice of healthcare providers I have through Magellan.	410	95.9%	2.2%	1.9%
Service locations are convenient (parking, public transportation, close to home, etc.).	409	90.0%	8.1%	1.9%
Magellan's healthcare providers respect my family's cultural and language needs.	410	97.6%	2.2%	0.2%

Question	Total # Received	% Positive	% Neutral	% Negative
Magellan's language assistance services are helpful (i.e., interpretation, translation services).	401	76.1%	23.7%	0.2%

Analysis

The 2019 results suggest that the overall experience of CSoC youth and families is very positive. This is evidenced by 93.8% of respondents reporting overall satisfaction with Magellan. Further, at least 95% of those surveyed respondents reported positive experiences in nine of the questions that assess key managed care functions such as accessibility, availability and acceptability of care. Magellan will continue to monitor future performance to determine if any of these areas require systematic interventions to improve.

Magellan's Member Service Committee (MSC) discussed this question during the 2019 Q4 committee meeting held in February 2020. The MSC looked at the question in the context of CSoC Standard Operating Procedures (i.e., requirements for referral, participation and treatment to the program as promulgated by LDH) to determine if formal process improvement activities were needed. The following areas were considered: the distribution across response categories, clinical criteria for enrollment into CSoC (i.e., high acuity of behavioral health needs, high risk of out-of-home placement and complex needs generally involving one or more child-serving agencies – i.e., child welfare, juvenile justice, etc.), the high rate of overall satisfaction with Magellan, the number of questions with high rates of satisfaction on key areas of managed care, and the appraisal of the number and type of grievances received in 2019. The MSC determined they would continue to closely monitor these areas but would not initiate any formal action at this time. Please see the population description for analysis regarding the language assistance services.

Fidelity Survey – Satisfaction Section

Magellan assesses member satisfaction in a number of ways, including through the annual WFI-EZ fidelity survey conducted between July and September 2019. Full analysis of those survey results can be found in Quality Work Plan portion of this report. The following analysis relates exclusively to the satisfaction section of the WFI-EZ.

The survey was administered to respondents to assess the extent to which they perceived that Magellan preactices wraparound in fidelity to the NWI model. Since fidelity depends on the engagement and support of youth and family, a key way to assess this is to examine the level of satisfaction reported by CSoC recipients. Section C of the WFI-EZ survey, completed by only youth (n=117) and caregivers (n=193), looks at satisfaction from a system-level. Respondents ranked the extent to which they agreed or disagreed with four statements, detailed below. These items seek to analyze respondents' satisfaction with CSoC very broadly, in contrast to the more targeted Member Satisfaction Survey. In this way, the two survey types work well together to achieve both a macro and micro-level view of youth and caregiver satisfaction. Responses were compared to national benchmarks, detailed in the graph below.

Across all four satisfaction elements assessed, Louisiana caregivers and youth reported a level of satisfaction the met or exceeded national levels. The highest level of satisfaction was seen with the wraparound process. Both caregivers and youth reported the least agreement with item C2, which asked respondents to rate the progress they have made toward meeting their needs. Given that all results compared favorable to national means for similar programs, no need for current intervention was identified. Magellan will continue to administer the fidelity survey annually and present those results to both LDH and wraparound agencies to elicit feedback.

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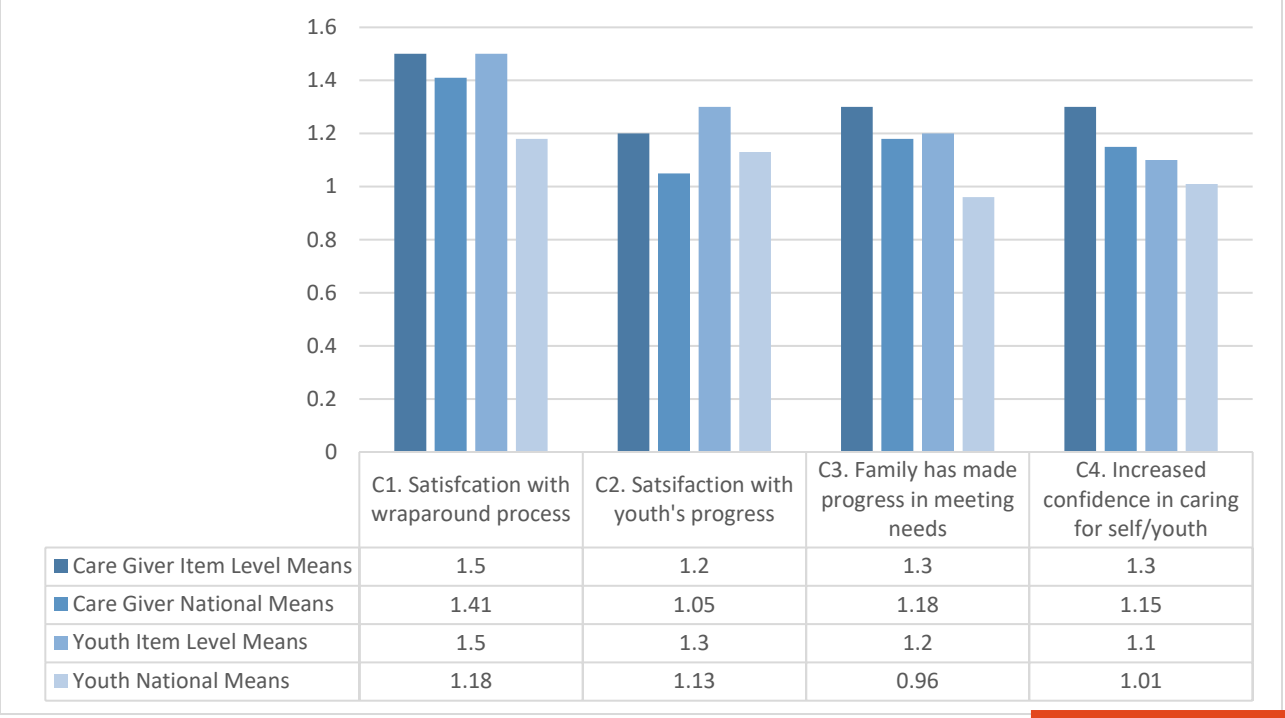
2019 WFI-EZ Survey Results - Satisfaction Section



	C1. Satisfcation with wraparound process	C2. Satsifaction with youth's progress	C3. Family has made progress in meeting needs	C4. Increased confidence in caring for self/youth
Care Giver Item Level Means	1.5	1.2	1.3	1.3
Care Giver National Means	1.41	1.05	1.18	1.15
Youth Item Level Means	1.5	1.3	1.2	1.1
Youth National Means	1.18	1.13	0.96	1.01

QI 06, Element A, Factor 1
QI 06, Element C, Factors 1–4

Member Grievances

In 2019, Magellan received 17 grievances with a rate per 1,000 members of 3.91, compared to 21 grievances received in 2018 with a rate per 1,000 members of 4.85. These results represent a rate decrease of 19.39% of grievances per 1000 members. This significant reduction is attributed to Magellan's ongoing efforts to provide member-centered care.

Magellan's grievance resolution timeliness standards dictate that resolution should be reached in 30 calendar days unless the grievance is deemed clinically urgent, in which case the timeliness standard is reduced to 2 calendar days. These standards are in accordance with best practice and Magellan policy and procedures. All 17 grievances received in 2019 were processed in accordance with both acknowledgment and timeliness standards. Grievances received in 2019 predominantly fell into 3 categories: quality of care, attitude/service, and access to care. As the table below shows, a decline in the number of quality of care concerns was observed from 2018 and 2019. This decrease is likely the result of multiple grievances involving a single provider, who was subsequently terminated from the network in December. Magellan fully investigated each member grievance to assess trends and customize interventions.

Member Grievances

Category	2018 Number	2018 Rate	2019 Number	2019 Rate
Quality of Care	13	3.00	7	1.61
Access	2	0.46	4	0.92
Attitude/Service	6	1.39	6	1.38
Billing/Financial	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0
Total Average	21	4.85	17	3.91

Overall, the total number of grievances received was low. Examples of the substance of grievances received include a Peer Support staff failing to adhere to background check standards, a PRTF facility misunderstanding CSoC's priority to keeping youth in home and community based settings, a respite provider rendering services in an inappropriate setting, a medication error involving a youth's Health Plan, and an allegation of inadequate hospital accommodations. A detailed analysis of every incident was conducted, and each was resolved in a timely and to the satisfaction of the CSoC members.

Barriers Identified

- Youth and family engagement may be limited at initial referral and during transition of care.
- Members may not fully understand the phases of the wraparound process.
- Members may have limited understanding of clinical criteria required for continued enrollment or discharge.
- Members may have limited understanding of CSoC's role in the larger system of care.

Interventions

- CSoC Coordinators audit a minimum of 385 member records annually to monitor the number and/or percent of members who receive a hard copy of the Member Handbook at enrollment, which includes relevant program information, information on accessing providers, member rights and responsibilities, etc. Both youth and families attest in writing to having received this information through the CSoC Freedom of Choice form.
- Magellan conducts individual investigations of all reported grievances and implements corrective actions when grievances are substantiated. Magellan staff involves members at all points of the grievance resolution process. Magellan staff attempt verbal discussion of the resolution and appeal instructions with the member whenever possible. Members also receive written notification of the resolution, which includes instructions on how to appeal adverse decisions.
- Magellan's Fall 2019 Member Newsletter included information on how to file a grievance.

Recommendations for 2020

- Magellan will continue to conduct individual investigations of all reported grievances and implements corrective actions when grievances are substantiated.
- Members will continue to receive written notification of the resolution, which includes instructions on how to appeal adverse decisions.
- Individual incidents will continue to be thoroughly investigated and corrective actions will be implemented when grievances are substantiated.
- Magellan will conduct a review of the Freedom of Choice Form and submit any recommended changes to LDH. Following approval, Magellan will increase the frequency with which the FOC is completed from once at enrollment to once annually.
- In the March 2020 QI WAA call, the Quality Director will consult with WAA executives and clinical directors about the grievances involving the WAA.
- Magellan will implement a review of internal WAA policies and procedures for grievance management.
- Magellan will develop a member brochure which details the member grievance process. This will be uploaded to the Magellan website and distributed to the WAAs.

Member Grievance Appeals

Members have the right to an appeal when there is an adverse decision relating to a grievance. The CSoC Unit did not receive any requests for appeals of member grievance resolutions.

Provider Appeals

Provider appeals, or provider disputes, occur when a provider disagrees with the resolution made for a claim of service. A total of 22 appeals were received during 2019. This was a significant increase from 2018, which only one provider appeal was received. A majority of the appeals, 86.4%, were determined to have been denied appropriately. Three resulted in reprocessing a payment to the providers in the total amount of $403.68. All provider appeals were reviewed within timeframes. Although there was an increasing the providers submitting disputes, the volume only represented a rate of 0.13 per thousand in context to the number of claims processed in 2019 (n=149,081). In addition, there were no appeals made by providers related to out-of-network benefits.

Provider Appeals Received 01/01/2019-12/31/2019

Month	Appeals Received	Upheld	Adjusted Payment	Amount
Jan-19	0	0		
Feb-19	1	1		
Mar-19	0	0		
Apr-19	5	5		
May-19	2	2		
Jun-19	3	3		
Jul-19	3	3		
Aug-19	1	1		
Sep-19	2	1	1	$129.38
Oct-19	2	1	1	$147.60
Nov-19	1	1		
Dec-19	2	1	1	$126.70
Total	22	19	3	$403.68

Provider Experience

Magellan acknowledges that collaboration with providers is paramount in improving the behavioral healthcare system for CSoC youth and families. Magellan is committed to furnishing providers with a wide array of opportunities to participate in QI activities, including provider complaints and an annual provider satisfaction survey. All feedback gathered from providers and relevant stakeholders is shared with the CSoC QI Committee and pertinent subcommittees. This data is then used conduct barrier analyses, identify opportunities for improvement, and drive innovations. The modalities employed by Magellan to monitor providers' experience of care are detailed below.

Provider Complaints

The provider complaint process establishes a direct connection to Magellan staff that can resolve issues pertaining to policies, procedures, or other administrative functions. Providers can initiate a complaint by calling Magellan's toll-free provider line at 1-800-424-4489 or by accessing the Magellan provider website. All complaints are treated professionally to ensure resolution of the provider's concern.

Once received, Magellan thoroughly investigates each provider grievance using applicable statutory, regulatory, and contractual provisions, collecting all pertinent facts from all parties. Magellan's goal is to resolve the grievance at the time of the initial call. However, if this is not possible, a supervisor or designee will become involved. Magellan will provide written notification of the disposition of the complaint and the opportunity to appeal if an adverse decision is reached. Magellan makes every effort to ensure that executives with the authority to require corrective action are involved in the provider grievance process. Should a complaint require escalation, a two-tier process is employed for providers seeking to dispute Magellan's policies, procedures, or any aspect of administrative functions. Magellan tracks all provider grievances to ensure proper resolution. The number and types of grievances received in 2018 and 2019 are detailed in the table below.

Provider Complaints by Category

Category	2018	2019
Quality of Care	2	0
Access	2	3
Attitude/Service	6	2
Billing/Financial	3	0
Total	13	5

Magellan received five provider complaints in 2019, three related to access and two related to attitude/service. Further evaluation of the complaints revealed that two access-related complaints concerned issues in which staff members of State Agencies (i.e., DCFS, and OJJ) experienced coordination issues within the system while managing youth with complex challenges who were enrolled in the CSoC program. To resolve this issue, Magellan's Utilization Management and Quality departments collaborated to assist the state agency in working through the challenges. There were no deficiencies noted on the provider's part. Please see the Complex Case Management/Coordination of Care Program Effectiveness section for issues related to coordination between State Agencies and provider interactions.

Magellan received one complaint that originated from a wraparound agency concerning the number and type of questions asked during the process of making a referral call. The complaint was investigated, and it was determined that all questions asked are required to adhere to HIPPA regulations.

Magellan received one provider complaint in which the caller stated that they were on hold for 2 hours while waiting to speak to a Magellan staff member. Magellan investigated the complaint and found that when providers called and selected an automated prompt, they chose the option to speak to their provider liaison. This selection was automatically linked to a skill set which had no corresponding Magellan staff. The call would therefore go unanswered. To remedy the issue, Magellan's IT department corrected the error by routing the liaison prompt back to CSoC customer service. Due to the length of time this provider was on hold, Magellan's CSoC Director, Kathleen Coenson, called the provider directly to apologize for the excessive hold time and to ensure them that the issue had been resolved.

Magellan received one anonymous complaint from a provider staff concerning provider pay structure. Information was received from the provider specifically their pay structure. All employees are aware of the pay structure when they are hired. Since the complaint was made anonymously, there was no further action. All complaints were acknowledged within 3 business days, investigated fully and resolved within 30 days.

Provider Satisfaction Survey

Provider satisfaction surveys serve as the most direct measure of assessing the practitioner's satisfaction with features and services provided by Magellan Health Services. Magellan surveys its participating network providers at least annually to obtain their perceptions of the service they received in collaboration with Magellan. Feedback is collected using the Magellan Provider Satisfaction Survey questionnaire designed and administered by Magellan's corporate Survey Operations teams. The survey assesses satisfaction in the following areas: Case Management and Utilization Management, Services, Claims Payment and Reimbursement, Communication, Provider Website, PCP Communications, and Overall Experience.

All participating providers who received at least one authorization or submitted a claim for service between January 1 and June 30, 2019 were selected to be surveyed. The questionnaires were distributed in September 2019 by e-mail or fax with an option to return them by fax and instructions for completion online. The survey department did multiple distributions and provider outreach to support our corporate and customer response rate goals. The survey was closed in November 2019. The survey data presented provides baseline data for Magellan as the CSoC Contractor.

Provider Satisfaction Survey 2019 Results

Question	Total # Received	% Positive	% Neutral	% Negative
Overall, how satisfied or dissatisfied are you with Magellan?	16	93.8%	6.3%	0%
What is your overall satisfaction with the services provided by Magellan?	25	84.0%	0	16%
How effective or ineffective was Magellan at meeting your needs?	42	81.0%	11.9%	6.0%
How easy or difficult was it to get what you needed?	42	73.8%	9.5%	16.7%
How pleasant or unpleasant was it to engage with Magellan staff and/or systems?	42	85.7%	7.1%	7.2%
Magellan practices a straightforward appeals process.	42	71.4%	26.2%	2.4%
Clinical criteria reflect a generally accepted standard of care.	42	88.1%	11.9%	0%
Clinical decisions are consistent.	42	76.2%	19.0%	4.8%
Magellan resolves my claims quickly.	42	76.2%	11.9%	11.9%
Provider credentialing terms are fair.	42	92.9%	7.1%	0%
Magellan is transparent in communicating with me.	42	88.1%	4.8%	7.1%
Magellan provides tools (e.g., technology, information, other resources) that help me deliver quality care to members.	42	81.0%	11.9%	7.1%
My issues, questions, or concerns are addressed the first time I raise them.	42	78.6%	9.5%	9.5%
When you think about your current plan contracts, how do Magellan's reimbursement rates rank?	42	85.7%	7.1%	0%

Results showed that 93.8% of providers responded positively to overall satisfaction. When overall satisfaction is compared to other elements of the survey, positive response rate varies. Five items fell below the 80% goal. Such a high rate of overall satisfaction would be expected to be accompanied by similar item-level satisfaction.

To understand these variations, Magellan analyzed possible barriers that may be experienced by providers. One identified barrier is that providers could have been responding to their experience with the overall Medicaid managed care system as a whole. LDH made the decision to integrate CSoC into the state-wide Medicaid health plans in 2014. Since that time, Magellan functioned under an emergency-type contract which

limited its ability to enact interventions. As of November 1, 2108, Magellan is now the established CSoC contractor. This will serve to stabilize system roles and increase the ability to execute successful interventions to address provider satisfaction.

Magellan makes every effort to address areas of provider satisfaction where possible. The areas that offer the most opportunity for Magellan to impact include reimbursement, referral process, and providers' confusion around financial responsibility. These areas continue to be at forefront of our work with MCO partners, which is facilitated by a designated MCO liaison.

Appeals Process

In general, appeals received from providers involve in-patient hospitalization and wraparound issues. Magellan staff includes a dedicated UM to address hospital-related issues and Care Managers assigned to specific regions. These licensed clinicians serve as direct points of contact to address issues relating to authorizations and appeals, as well as to offer a seamless process for timely coordination of provider needs.

Our evaluation of expedited appeals revealed that most issues center around enhanced MNC designed to ensure that CSoC providers use best practices in caring for CSoC youth. These enhanced requirements include that hospitalized members must be seen daily by a physician. Magellan has implemented specific interventions to facilitate coordination of care between Magellan, psychiatric hospitals, and wraparound agencies to ensure understanding and implementation of these requirements. No aberrant trends in provider appeals involving facilities or wraparound agencies were observed at a level that requires action at this time. Magellan will continue to monitor trends including but not limited to physician concordance rate to ensure the consistent application of MNC.

Claims Process

The CSoC unit is committed to reimbursing its providers promptly and accurately in accordance with our contractual agreements. Providers are reimbursed for behavioral health and addiction treatment services in accordance with reimbursement schedules for each covered service. Providers are encouraged to submit claims electronically through the provider portal or a clearing house as well as, sign up for electronic funds transfer (EFT).

Newly contracted providers are required complete a course entitled New Provider Orientations and attest to completion. This course details the requirements related to services that require authorizations and how to obtain them, verification of member eligibility, eligibility during the referral month, claim submission options and formats, clean claim tips and best practices, record reviews, and member and provider grievances. This information is also included in the Provider Handbook Supplement. The training and handbook are always available to providers via the Magellan website.

The network department monitors provider denials on a weekly basis. A report is received each Monday and an analysis is conducted to determine trends and conduct provider outreach. Calls are placed to providers to advise them of the reason for denial, education to avoid denials in the future, how to submit corrected claims. Network also informs the provider of whether or not the denial is valid and therefore payable. Notable trends are addressed with providers during quarterly All-Provider Calls.

Barriers Identified

- Providers naturally gravitate to simply resubmitting denied claims without making corrections resulting in duplicate denials.

- The authorization process is based on the receipt and approval of the member's plan of care. Providers often submit claims before the authorization is in place or they do not verify authorizations through the provider portal. Providers run the risk of using all authorized units if they are not monitored closely and additional units are not requested.
- Member eligibility is contingent on the receipt and approval of the Child and Adolescent Needs Assessment (CANS) and determination of financial eligibility by Louisiana Department of Health (LDH). Providers are encouraged to check member eligibility prior to servicing the member to ensure eligibility and has not been discharged from the program.
- Failure to refer to fee schedules to determine required modifier combinations prior to claim submission.
- Roster not registered and rendering provider name and/or NPI missing/invalid are a result of provider failure to submit roster staff for Community Psychiatric Support (CPST), Psychosocial Rehabilitation (PSR) and Crisis Intervention staff prior to claims submission.

Interventions

- Communication was sent to providers on September 12, 2018 informing them that, effective for all services rendered on or after January 1, 2019, each Behavioral Health Service Provider (BHSP) must include its NPI number and the NPI number of the individual rendering CPST or PSR services on all CPST and PSR claims submitted for Medicaid reimbursement.
- Reminder communication was sent on November 29, 2018.
- Instructions were presented to providers on the December 4, 2018 All-Provider Call related to the CPST, PSR, and CI requirements for rendering staff NPI effective January 1, 2019. Providers were also reminded that they must obtain authorization for crisis intervention follow up.
- The provider call held on March 12, 2019 was utilized to remind providers that authorizations are required for all psychological testing. Providers were also reminded of the basics of utilization management, including the of the importance of verifying eligibility prior to rendering services. A third announcement reminded providers to take the time to read all email blasts when received as they contain critical information.
- Providers were reminded of the NPI requirements once again due to continued failure to send NPI on claims and/or failure to send roster staff updates on the All Provider Call conducted in September 2019. Providers were reminded to call for authorizations for Crisis Intervention follow service due to trending denials.
- Addressed continued trending of denials for missing or inappropriate utilization for modifiers during the December 2019 All Provider call.
- Emailed a provider communication in November 2019 addressing the changes to CPST and PSR daily limits.

Recommendations for 2020

- Magellan will enhance the New Provider Orientation to include additional tips and best practices for ensuring clean claims are submitted to avoid denials, best practices and tips on eligibility verification and utilization management. Historically, new providers were required to access and attest to the training via the provider website. Upon completion of changes and LDH approval, the training will be conducted live via webinar to allow for interaction between new providers and the network management team, while validating providers are engaged and understanding the training content. A quality team member will participate or will conduct an orientation within 60 days of contracting.

Network Management

As described within other sections of this evaluation, the Coordinated System of Care (CSoC) unit annually monitors its network for adherence to treatment record documentations standards and important aspects of clinical practice guidelines, as well as coordination of care with primary care providers and appointment accessibility. Member experience data, including member experience survey responses and network-related member complaints, are also monitored to identify opportunities to improve the care and service members receive from network providers.

The Credentialing and contracting processes allow the CSoC network team to provide front-end management of our provider network and ensure compliance with requirements upon entry into the network. The credentialing model is flexible so that it can meet the needs of an evolving service delivery system. All providers must comply with the credentialing process and meet CSoC and Louisiana Department of Health (LDH) standards and all relevant state licensing and regulatory requirements. As part of credentialing activities site reviews are conducted and scored utilizing the Magellan Organization Site Review Tool. The Organization Site Review Tool focuses on, but is not limited to, evaluation of the following:

- Type and current status of organization accreditation;
- State licensure/certification;
- Professional staff and other direct care staff;
- Primary Source Verification conducted by the organization for treatment staff;
- Safety and Physical plant, including:
  - Physical safety,
  - Adequate space for member care and treatment,
  - Smoke-free environment,
  - Fire safety,
  - Disaster planning,
  - Physical accessibility,
  - Physical appearance, and
  - Systematic safety monitoring and improvement;
- Adequacy of quality management program;
- Adequacy of clinical documentation and record keeping practices;
- Staff development;
- Member rights; and
- Appointment availability.

The results of provider site visits are reviewed by the Regional Network and Credentialing Committees (RNCC) when making decisions about credentialing, disciplinary action, or termination of network providers. Deficiencies identified through provider site reviews are followed up in the RNCC at least every six (6) months until deficiencies are resolved and any performance thresholds are met. In 2018 there were 60 site visits for new contracted providers and 63 in 2019, none of which had deficiencies.

Providers are re-credentialed every three years, at which time licensing, general liability and administrative credentialing data elements are verified. As part of re-credentialing process, provider profiling data, grievances,

network monitoring reviews, treatment record review (TRR) results and other quality-related information are also reviewed by the RNCC to ensure ongoing compliance with network standards.

Onsite annual audits are conducted for specialized waiver providers, as well as a random selection of behavioral health providers to ensure ongoing compliance with LDH, Magellan and state/federal regulations. Network Management Specialists (NMS) conduct an annual audit of at minimum 385 unlicensed direct care staff or the total number of unlicensed direct care staff if less than 385. The Network department reviews approximately 8 providers per month in order to achieve the goal of 385 unlicensed staff audited annually. This satisfies sample size standards to ensure a confidence level of 95%, with a confidence interval of plus or minus 5%. Providers are monitored for the distinct organizational requirements as indicated below:

- Provider has current and active license for the audited location for all services rendered according to Magellan's provider organization contract.
- Provider completed all organizational training requirements.
- Provider has transportation policies and procedures and evidenced of adherence.
- Provider has drug testing policies and procedures and evidenced of adherence.
- Provider has Fraud, Waste and Abuse Compliance Plan and evidenced of adherence.
- Accreditation:
  - Providers contracted prior to January 1, 2019, must have evidence of submitting accreditation application with one of the approved accrediting bodies and paid accreditation fees prior to being contracted and maintained proof of accreditation application and fee and attained full accreditation within 18 months of the initial accreditation application date. This is applicable for Community Psychiatric Support Treatment (CPST) and/or Psychosocial Rehabilitation (PSR) providers and Addiction Services.
  - Providers contracted January 1, 2019, or after, must be fully accredited or obtain a preliminary accreditation prior to contracting or rendering services. Agency must provide proof of full accreditation or preliminary accreditation within 18 months of initial application date. Applicable for CPST and/or PSR providers and Addiction Services.
- Evidence of provider attestation to accuracy of provider demographics in accordance with appointment and other contractual requirements:
  - Provision of emergent care and appointment within 1 hour of request,
  - Urgent appointment availability within 48 hours of a request,
  - Routine appointment available within 14 days of a request.
- All direct service staff have active NPIs in accordance with licensing requirements.
- Provider has policy for direct service worker supervisor to conduct onsite visits to recipient's home in accordance with licensing requirements and evidence of adherence.
- Agency meets core staffing requirements as per the Behavioral Health Service (BHS) provider manual for services rendered and audited.
- Provider has EBP licenses, certifications, and fidelity monitoring, as applicable.
- Provider has conducted primary source verification for licensed staff.
- Provider has Crisis Mitigation Plan, which includes at a minimum:
  - An appointment availability policy that addresses 24 hours on call telephone assistance,
  - Default is not a referral to 911,
  - Includes steps to take when a member suffers from a crisis,
  - Specifies staff name and numbers or contracted entities to assist members in crisis,
  - Verification member will be contacted within 30 minutes of receiving the notice of member's call, and

- Compliance with the Home and Community Based Setting (HCBS) rule for waiver providers.

Staff level specific requirements are indicated below:

- Verification of criminal background check, drug testing, and Tuberculosis test on file which indicates the check was conducted prior to employment and the individual is not barred from providing services based on the results of such checks/tests;
- Verification of staff qualifications, including work, professional, required training and educational experience, as well as NPI;
- Verification that unlicensed direct care staff member does not have a negative finding on Louisiana state nurse aide registry and the Louisiana direct service worker registry prior to hire and agency compliance with monitoring every 6 months;
- Cultural competency training completed prior to the provision of waiver services, and annually thereafter;
- Completed First Aid, CPR and seizure assessment;
- Motor vehicle screen, if applicable;
- Compliance with LDH documentation and claims coding requirements; and
- Compliance with LDH qualifications and training requirements for unlicensed direct care staff.

Providers who fail an audit are given a Corrective Action Plan (CAP) detailing what is needed to come into compliance and a timeline for completion. Remedial activities include, new referral holds, payment recoupments and termination from the network if non-compliance continues.

The total number of unlicensed staff audited for 2018 and 2019 surpassed the goal of 385, with 476 and 398 audited respectively.

The tables below represent the outcomes of annual audits conducted in 2018 and 2019.

Non-Waiver Provider Audits

2018				2019			
# of Providers Audited	# of Staff Audited	# of Staff Compliant	% Compliant	# of Providers Audited	# of Staff Audited	# of Staff Compliant	% Compliant
33	324	289	89%	34	279	214	77%

Waiver Provider Audits

	2018			2019		
	Total # Audited	# Compliant	% Compliant	Total # Audited	# Compliant	% Compliant
Providers initially meeting requirements	33	33	100%	31	31	100%
Providers continuously meeting agency requirements	27	14	52%	26	17	65%
Staff continuously meeting requirements	152	126	83%	149	119	80%

Summary of Findings and Analysis

Despite provider referral holds, CAPS and payment recoupments, annual compliance does not meet expectations. A comparison of the waiver and non-waiver audits conducted in 2018 and 2019 revealed of the 25 providers audited in both years, there were 16 providers, or 64%, that passed audits in both years while, 36% of providers audited in both years failed 2 years in a row. A review of the audit results in 2018 and 2019 show the following trends in non-compliance:

- Failure to ensure annual cultural competency training for staff, and
- Inconsistent compliance with the following, prior to serving members:
  - Motor Vehicle screens as applicable,
  - Drug screens as per agency policy,
  - Tuberculosis testing, and
  - First Aid, CPR and seizure assessment training.

Additional analysis revealed staff, rather than agencies, were taking the mandatory provider Introduction to CSoC training. This training was developed in 2017 for agency owners, program directors and supervisors and provides details of the CSoC program and services, provider types, licensing requirements, staff qualifications and training requirements, and monitoring process.

Barriers Identified

- Failure to implement best practices such as:
  - Annual staff training plans,
  - Internal audits of staff records and policies, and
  - Accountability of resources responsible for maintaining compliance.
- Providers remain undaunted by payment recoupment.

Interventions

- Dedicated two network staff as auditors to ensure consistency with the review and scoring process, identification of trends and opportunities for compliance improvement.
- Ongoing network initiative to encourage providers, through All Provider calls, to review their processes and documentation for audit compliance-based findings to include but not limited to, training and qualifications, specifically annual cultural competency training, appointment availability, claims coding and crisis mitigation plans.
- Developed a presentation titled Preparing for Your Audit, approved by LDH in November 2019, to be presented by auditors prior to conducting onsite audits. The goal of the presentation, which is conducted live via webinar, is to enhance and/or re-orient provider knowledge of all agency and staff requirements necessary for compliance. Increased network compliance, as a result of this added training, is anticipated in 2020.
- Developed a Network Monitoring Round Table which includes all CSoC unit resources responsible for monitoring the provider network. These resources include network auditors, clinical reviewers, as well as WAA and FSO auditors. The goal of the Round Table is to provide a mechanism for resources to come together and share results, best practices and barriers, to better inform larger system issues in order to have a more targeted, streamlined approach to process improvement activities and increase compliance.

Recommended Actions

- Historically, payment recoveries were not initiated until quarterly audit reporting was approved by LDH. At times this process resulted in sizeable delays between the time of audit and payment retraction therefore, seemingly reducing the significance of the recovery. The CSoC unit and LDH mutually agreed in January 2020 to initiate the recovery process at the close of the quarter as audit reports are submitted.
- Continue conducting the Preparing for Your Audit presentation prior to onsite audits.
- Maintain the Network Monitoring Round Table and implement processes for improvement as identified through shared information across the team.
- Enhance the New Provider Orientation to include tips for best practices for internal monitoring to ensure compliance with provider requirements. Historically, new providers were required to access and attest to the training via the provider website. Upon completion of changes and LDH approval, the training will be conducted live via webinar to allow for interaction between new providers and the network management team, while validating providers are engaged and understanding the training content.

Wraparound Agency Value-Based Purchasing Strategy

In March 2012, the Louisiana Department of Health (LDH) initiated in the first ever, Administrative Service Only (ASO) managed care plan for the administration and management of behavioral health (BH) benefits for Medicaid-eligible children and youth in Louisiana. Magellan Healthcare, Inc. (Magellan), in partnership with LDH, was tasked with transforming an entire state system from fee for service to managed care, while also establishing a new initiative known as Coordinated System of Care (CSoC). CSoC was formed through provisions in the Affordable Care Act, which allowed states to leverage Medicaid funding to increase access to home- and community-based behavioral health care services for children and youth.
CSoC was established to provide families with an alternative, community-based intervention, or Wraparound, for youth in, or at risk of entering, an institutional placement. Wraparound is a structured approach to service planning and care coordination, which is built on key system of care values, such as family and youth-driven, team-based, collaborative, individualized, and outcomes-based. Wraparound requires adherence to specified procedures, including engaging youth and families, identifying strengths and needs, developing customized plans of care, leveraging natural supports and monitoring progress.

Wraparound Agencies (WAAs) serve as the principal provider organization in CSoC and are accountable for the implementation of the distinctive, member-level procedures that are directly linked to the successful and positive outcomes achieved in Wraparound programs. Magellan works side-by side with the WAAs to ensure every member receives intensive care management, which includes clinical eligibility assessments, requesting service authorizations and coordination of care with the member's Managed Care Organization (MCO), for every member enrolled in CSoC. In the seven years since implementation, Magellan, the WAAs and LDH working together have built a sustainable program that has consistently improved the quality of life for youth and families in Louisiana.

As a statement of their confidence in CSoC and Magellan, LDH extended the contract into 2021, shifting it from ASO to at-risk. This new contract provides Magellan an opportunity to further invest in our providers increase operational efficiencies and ensure continuous quality improvement. Because of the significant role of the WAAs play in the CSoC program, Magellan identified these organizations as the most practical and sensible place to start. The first step will be to work with the WAAs to move from an invoice-based to a claims-based payment process. This "win-win" intervention would reduce administrative tasks associated with invoicing, eliminate manual recollection processes and create new, more efficient avenues to enhance data exchange for both parties. A secondary benefit of implementing a claims-based payment system with the WAAs is it creates an

enhanced technical infrastructure to initiate value-based initiatives that incentivize the provision of cost-effective, quality care to our members.

Any initiative must start with establishing a mutually agreed upon definition of value. Magellan recognizes that this will be iterative, collaborative process, which builds upon the established processes, procedures and indicators. Magellan will purposefully and actively engage (and solicit feedback) from the WAAs each stage of the developmental process to cultivate engagement, endorse transparency and ensure alignment of goals of the initiative.

A system transformation of this magnitude requires as a phased approach, with annual objectives and milestones to monitor progress toward achieving the mutually agreed upon definition of value. The timeline below provides a general framework for the implementation of a value-based strategy with the WAAs.

Year One Objectives and Milestones 2019 – Automation of Claims

- Initiation of Magellan/WAA data exchange meetings and learning collaborative
- Establish 4 WAA corporate entities IT systems capabilities for claims submissions
- Provide details regarding claim submission requirements for reimbursement
- Determine date for testing of IT systems
- Determine claims submission go-live date
- Submission and collection of claims data to allow for:
  - Automation of manual process decreasing administrative efforts surrounding reimbursement and reconciliation
  - Develop baseline claims measures to move toward improving validation and increasing accountability
- Retrospective one time pay for participation payment to support the required system changes, training and allow for achievement and reimbursement for activities and time spent in claims submission phase.

Year Two Objectives and Milestones 2020

- Continuation WAA data exchange and learning collaborative leveraging claims data experience
- Develop further claims metrics identifying key value measures which will allow for data collection used to determine baseline metrics.
- Create scorecards measures incorporating claims metrics allowing for comparisons
- Develop measures that move toward increasing accountability e.g. cost indicators, value indicators, community tenure based upon claims and other available data
- Use of a subset of high fidelity wrap measures that are determined to highly impact member outcomes
- Identification of member outcomes tool, i.e. CANS

Year Three Objectives and Milestones 2021

- Continuation of provider learning collaborative leveraging all data and successes
- Historical data can be used for provider trending over time and to set benchmarks
- Stratification of WAA's based upon performance on key metrics
- Use of members outcomes tool to determine value

- Development and implementation of alternative reimbursement models; pay-for-performance initiatives based upon performance on key metrics and creative provider partnerships based upon overall performance and care delivery.
- Analytics that inform improvement in process
- Improvement in delivery of high-fidelity wraparound services statewide and result in high level of engagement, increased child and family team attendance and care coordination.

In 2019, objectives and milestones were achieved, as evidenced by the successful implementation of WAA claims submission in October. Magellan recognizes that this type of system transformation can be a lengthy process and will continue to pursue the proposed value-based strategy to further define value and incentivize a greater focus on quality.

Family Support Organization

As a part of the innovative approach of CSoC, youth and families have access to Behavioral Services of LA, the Family Support organization (FSO) contracted to deliver parent support & training (PST) and youth support & training (YST) services. These services include providing support, education and advocacy to families by trained and caring individuals who share the same lived experiences as the youth and families enrolled in CSoC. All services provided by the FSO are delivered face-to-face, mostly in community locations.

In collaboration with each region's Wraparound Agency and youth and families Plans of Care, the FSO served 70.16% of youth and families in 2019, or a total of 1856 unique members (i.e., unduplicated members with at least one paid claim during the reporting period) for either YST and or PST. YST and PST staff are able to engage youth and families in a way that others cannot because of their personal and shared experience, which can have enormous benefits ranging from increased engagement and improved outcomes. Magellan recognizes that one of the keys to successfully integrating peers into CSoC requires the intentional commitment to fidelity and use of SAMHSA's Core Competencies for Peer Workers. Due to the scope and scale of the FSO as an organization and the high level of interaction their YST and PST have with CSoC members, it was important to add additional FSO support and oversight which was incorporated as a requirement in Magellan's Statement of Work (SOW). To fulfill this need, a Family Support Coordinator (FSC) was hired in Waiver Year 2 Quarter 2 (WY2 Q2) and dedicated to monitoring all aspects of peer-delivered services and to provide ongoing support and technical assistance under the supervision of Magellan's Director of Quality and Outcomes.

In WY2 Q3 and Q4, the FSC conducted an initial assessment of the FSO to identify strengths and opportunities. The assessment was based on criteria that was co-developed by Magellan, FSO leadership and approved by LDH. These criteria were used to guide Magellan's first FSO audit in WY2 Q3, which was a combination of staff and leadership interviews, as well as onsite and desk reviews of staff records, trainings, policies and procedures. This initial approach was instrumental in Magellan identifying gaps in training and licensing requirements as well as other opportunities for improvement. It also laid the foundation for an open and collaborative working relationship with the FSO. Based on the results of the review, specific FSO goals and objectives were prioritized. The roll out of these objectives and priorities started with the introduction of a new FSO Treatment Record Review tool in WY2 Q3. This process included in person and telephonic reeducation on elements carried over from previous TRR versions, and education on new elements. On September 4, 2019 an electronic survey was approved by LDH which was designed to measure YST and PST recipients experience of care, as well as monitor FSO staff's use and application of the Peer Competencies. On November 18, 2019, to cure the licensing and training gaps identified in WY2 Q3, the FSO submitted a new Crisis Management training module which was later revised, reviewed and approved by Magellan and LDH on 1/8/20. In addition, a service observation tool

and coding guide was developed to establish standards and scoring guidance to observe YST and PST service provision to youth and families, as well as guide data collection and feedback from these observations.

With the onboarding of the FSC in early 2019, one of Magellan's prioritized goals and objectives was to foster an open and collaborative relationship with the FSO. Part of this collaboration was accomplished with the implementation of weekly calls on May 24, 2019 between the FSO, Magellan and LDH partners. Increased data sharing, such as an FSO Daily Operations Report Suite which was rolled out in July 24, 2019, also played a role in supporting the relationship between the FSO and Magellan.

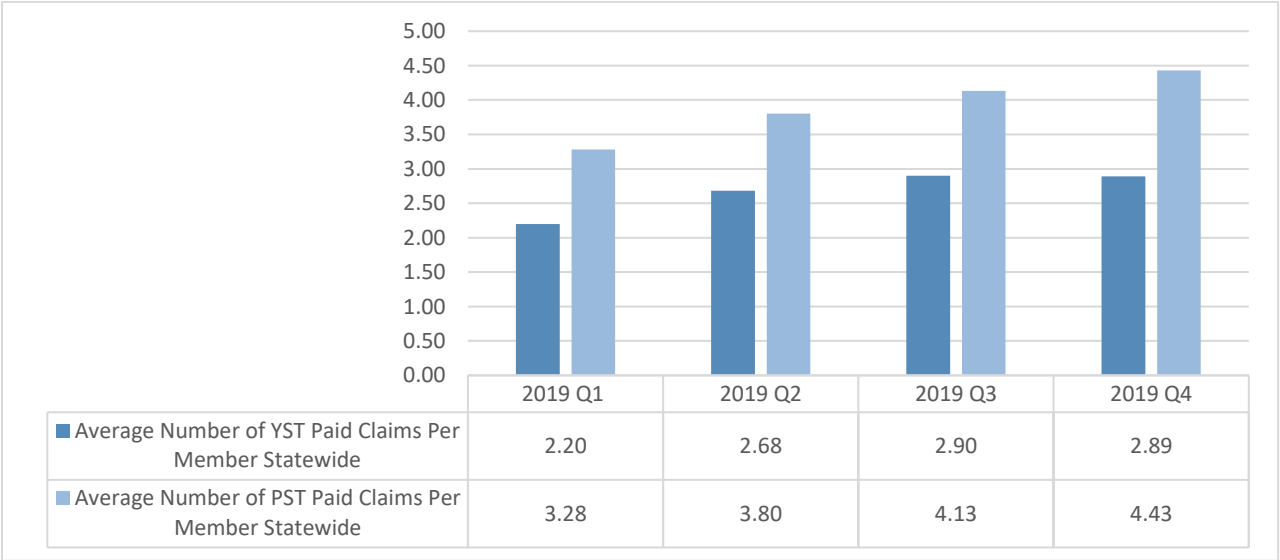
Members Served

A key indicator to tracking access to care is monitoring if the youth and families with PST and/or YST on their plans of care are receiving services as evidenced by having a least one claim per month. The following Figures and Tables represent data from January to December 2019.

Regional Analysis of FSO Services of Youth with Claim in 2019

Month	YST Numerator	YST Denominator	Rate	PST Numerator	PST Denominator	Rate
January	570	1516	37.60%	1009	2588	38.99%
February	572	1507	38.96%	971	2591	37.48%
March	658	1528	43.06%	1057	2603	40.61%
April	699	1546	45.21%	1144	2623	43.61%
May	710	1592	44.60%	1179	2655	44.41%
June	738	1563	47.22%	1143	2555	44.74%
July	737	1548	47.61%	1130	2532	44.63%
August	773	1530	50.52%	1169	2513	46.52%
September	732	1518	48.22%	1151	2486	46.30%
October	786	1572	50.00%	1252	2579	48.55%
November	773	1534	50.39%	1277	2521	50.65%
December	784	1469	53.37%	1271	2436	52.18%

Average Number of YST and PST paid claims in 2019



	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Average Number of YST Paid Claims Per Member Statewide	2.20	2.68	2.90	2.89
Average Number of PST Paid Claims Per Member Statewide	3.28	3.80	4.13	4.43

As illustrated in the figures and tables, 1,856 or 70.16% of CSoC members received at least one paid YST or PST service in 2019. The annual statewide percentage of members who received PST during the reporting period was 46.39% which was 10.1 percentage points higher than YST at 36.29%. This equates to a statewide average of 6.34 paid YST claims and 9.30 paid PST claims per member, and an average of 280,493 YST units and 381,264 PST units statewide in 2019. Magellan's Medical Necessity Criteria detail that Youth Support and Training should assist the youth to make independent choices and to take a proactive role in their treatment decisions. We have found that, in general, youth aged 12 and older possess abilities required to engage in these activities. For this reason, we have decided to examine this specific age demographic of the CSoC population. The percentage of youth and families served for YST in all nine Regions was below 50% of members served, with Region 1 being the lowest at 26.25%. Region 8 shows the highest average YST participation with 45.61% of members being served. Regional data of PST shows more consistency in service delivery across the state with only Region 4 showing an average below 50%, at 48.11%. Region 8 also shows the highest average percentage of youth and family participation for PST, with approximately 80%.19 of members being served.

Quality Initiatives

FSO Daily Operational Report Suite

The FSO Daily Operational Report Suite was designed to support FSO operations by increasing the efficiency, effectiveness and timeliness of delivery of key member information, including eligibility, claims, CANS and authorization data. Specific clinical data were included in the report to support outcomes monitoring activities by the FSO's Clinical Director and Clinical Team**.** The inclusion of inpatient authorization data in this report is intended to assist the FSO in their identification of youth and families who may benefit from increased PST support during a member's inpatient hospitalization stay. One of Magellan's prioritized goals and objectives includes supporting and fostering an open and collaborative relationship which this report is designed to promote through increased data sharing between Magellan and the FSO.

Barriers Identified

- Some of the operational challenges reported by the FSO in 2019 was due in part to a lag in receiving key member information used to inform oversight and management. This lag included notification of discharged members and those in an inpatient hospitalization setting. Several YST and PST staff were continuing to provide services to members with expired authorizations which resulted in unpaid claims.

Interventions

- The FSO Daily Operational Report Suite was created and implemented in WY2 Q3 which is a report that contains key member information and is securely emailed to key FSO personnel on a daily basis. The layout and filtering options of the report makes it simple to identify and connect CANS items to the services provided to members by the FSO. These data are used to drive clinical activities of the FSO's internal Clinical Team. The formation of the FSO Clinical Team was inspired in large part by the FSO Daily Operational Report Suite which provided a wealth of clinical data about the population of youth and families receiving YST and or PST services. The purpose of the FSO Clinical Team is to monitor outcomes, provide training, information and research support to FSO staff serving high risk members identified by the CANS data provided in this report. Part of these efforts include requesting increases in YST and PST engagement to youth and families with CANS scores of 2 and 3, and those trending in a negative direction.
- Member inpatient hospitalization data was included in the report to help FSO supervisors identify youth and families who would benefit from increased PST support during an inpatient hospital stay.
- There was a thoughtful and intentional inclusion of authorization data, intended to better equip FSO leadership and supervisors to monitor discharge dates and increase oversight of youth and families nearing the end of their authorizations.

Results

- The inclusion of member inpatient hospitalization data in this report has proven helpful to FSO supervisors when identifying youth and families who would benefit from increased PST support during an inpatient hospital stay. This increase of PST support feeds into a larger Magellan initiative to increase follow up after hospitalization (FUH) rates in 2020.
- FSO leadership reported a decrease in services provided to discharged members due to their ability to identify members nearing the end of their authorizations based on the authorization data in the report.
- Data contained in this report serves as a reconciliation tool for the FSO's internal active/inactive rosters and electronic health record (EHR). Additionally, some of Magellan's quality initiatives implemented in 2019 are heavily supported by this report, specifically, the administration of the Experience of Care Survey. FSO Supervisors use referral dates help identify youth and families who qualify based on length of stay to offer the Experience of Care Survey at 30, 60, 90 and 180 days.
- While this report does not claim to cure all barriers, it is reported by the FSO that the adoption and use of this report has reaped numerous benefits when used as a management tool.

Service Observation Checklist and Coding Guide

In addition to Magellan's prioritized goals and quality initiatives for the FSO, LDH laid out specific requirements in the SOW, specifically SOW 2.2.8.1.3.2. which requires the FSC to observe FSO staff providing services to youth and families. Because no formal mechanism existed in WY2 Q3 that satisfied this requirement, Magellan developed a Service Observation Checklist, Policy and Procedure, and Scoring and Coding Guide to establish standards, scoring and data collection guidance to guide feedback provided to the FSO from these observations. The Service Observation Checklist consists of 3 sections, similar to the format used in the Team Observation Measure (TOM) and has a total of 16 elements with Likert scale and "N/A" scoring options. The Service Observation Policy and Procedure strongly encourages the observer (FSC) to take notes in order to enrich the quality of feedback provided to the FSO. As a part of the ongoing collaboration between Magellan and the FSO, the Checklist and Coding Guide was shared for feedback and recommendations. In WY3 Q2, the FSC piloted the first service observation in Region 2 using an initial draft of the tool. The pilot provided valuable insight used to improve the quality and content of the tool. It was found that some of the elements could not be properly evaluated without additional context or input from the Wraparound Facilitator. It was also noted that scoring some elements required a greater level of subjectivity which had the potential to skew results. The Coding Guide was subsequently tailored to a level of specificity that would allow continuity in data and scoring. Due to the small sample size of the service observations, Magellan cannot make population inferences but intends to use these data to assist in identifying individual FSO staff training needs.

Objectives

- The Service Observation Checklist and Coding Guide will be used by Magellan as a formal mechanism to collect data for the evaluation of quality of care delivered to youth and families by FSO staff.
- Magellan will provide feedback to the FSO based on observation standards, scoring and data collection guidance established in this document and will use these indicators to measure YST and PST application and mastery of observable SAMHSA Peer Worker Core Competencies.
- Results from the observations will be shared with the FSO and analyzed by Magellan to help YST and PST staff improve their mastery and application of the SAMHSA Peer Worker Core Competencies and identify individual training needs.
- Implementation of service observations will ensure there is a standardized procedure in place that complies with SOW 2.2.8.1.3.2.

Methodology

- A targeted sample of no less than one member will be selected for observation per calendar year and will include youth and families with active authorizations receiving YST and or PST services for a minimum of 60 days.
- Members who were previously observed within and enrolled less than 60 days are excluded from the sample.

Recommendations for 2020

- Magellan will continue to conduct no less than one-member observation in 2020 and up to as many as one-member observation per quarter.
- Magellan will use the data from the service observations to assist the FSO with identifying, tracking and trending individual training needs as well as any other identified opportunities for improvement.

Experience of Care Survey

Members perception of care is a highly valued measure. Because of this, one of the quality initiatives implemented included collecting information on perception of access, experience and quality of care from members receiving YST and or PST services. SOW 12.6.3.11 also requires Magellan to measure adherence to SAMHSA Peer Worker Core Competencies for FSO peer staff. The chosen method of measurement was a 16-question electronic link or QR code enabled survey developed in collaboration with the FSO and approved by LDH. While many questions contained in the survey address experience and access to care as well as the application of the SAMHSA Peer Worker Core Competencies, 3 questions are dedicated to measuring cultural competency. Before finalizing the cultural competency questions for inclusion in the survey, six question combinations and options were discussed among Magellan's internal Cultural Competency Committee members during WY2 Q4. In WY3 Q2 the FSO piloted the survey in Regions 2 and 8 among 14 YST and or PST service recipients. Feedback from the pilot included youth and families reporting confusion on the meaning of the term "culture." This feedback was helpful in identifying opportunities to improve the content of the survey. Alternative explanations for some questions were proposed by the FSO and incorporated into the survey and survey guide. The FSO has incorporated the administration of this survey to into their regular quality improvement and monitoring activities. A statewide rollout of this survey occurred in WY2 Q3 to youth and families with active YST and PST authorizations for 30 days.

Objectives

- The Experience of Care Survey is a mechanism to allow members to exercise their family voice and choice.
- Survey results will be shared with the FSO and analyzed by Magellan to determine youth and families experiences of care.
- Data will be utilized to assist Magellan and the FSO to assess individual staff performance as perceived by members receiving YST and or PST services.
- Magellan will identify areas of strengths and weaknesses in provider compliance with SAMHSA Peer Worker Core Competencies for FSO staff
- Magellan will identify the appropriate training interventions needed to increase FSO staff's knowledge and application of SAMHSA Peer Worker Core Competencies.
- Continued use of the survey ensures there is a standardized procedure in compliance with SOW 12.6.3.11.

Methodology

- The Experience of Care Survey sample includes the entire CSoC member population with active YST and or PST authorizations

- All youth and families that meet criteria will be offered the survey at the following points in time in treatment: 30 days, 3 months, 6 months, and every 6 months ongoing
- An electronic survey administration procedure was developed in partnership with the FSO for cell phone, tablet or PC administration accessible via a secure link or QR code

Recommendations for 2020

- The FSO will continue to offer the survey to all members with active YST and or PST authorizations at the following points in treatment: 30 days, 3 months, 6 months and every 6 months ongoing
- Magellan will share the survey results in summary form with the FSO and utilize these data to inform and spark conversation of any actionable (low scoring) items and future training collaborations between the FSO and Magellan
- Magellan will continue to support the FSO's Clinical Team's outcomes monitoring activities

Initial Implementation Assessment

Baseline data was collected from the FSO's Initial Implementation Assessment was used to help inform and support quality and monitoring activities, spark conversation and planning to address FSO opportunities and innovations in 2019 and 2020. Findings from this report helped to identify and prioritize those FSO goals and objectives.

Methodology

- A literature review, SAMHSA and National Wraparound Initiative (NWI) sources for industry standards and best practice for Family Support provider organizations within systems of care and a crosswalk of SOW requirements and LDH Behavioral Health Services manual were used to develop the assessment criteria
- The assessment criteria were shared with and tailored by FSO leadership and subsequently approved by LDH
- Criteria was broken down into five evaluation:
  - Staff
  - Leadership and Facilitative Organizational Support
  - Accountability Mechanisms/Data Informed Practices
  - Hospitable Environment
  - Service Delivery

Barriers Identified

FSO leadership laid a strong foundation for growth in each evaluation area by having processes and procedures in place for hiring, supervision, monitoring service delivery and quality. One of the FSO's many strengths included their quality assurance measures of staff and service delivery monitoring. Their supportive culture was evident by open-door communication policies, on-demand coaching, and the presence of knowledgeable supervisors acting as liaisons between staff and executive management. While the FSO was knowledgeable and compliant to most of their training, licensing and certification requirements, opportunities for improvement were identified.

- Direct care staff were receiving only one of two required crisis trainings.
- Some CPR certifications were occurring outside of 90 days of FSO staff date of hire.
- FSO Compliance personnel required additional Treatment Record Review (TRR) education.
- Peer Training Curriculum and training plans slides containing SAMHSA Peer Worker Core Competencies were incongruent with SAMHSA Peer Worker Core Competencies 5 Foundational Principles and 12 Categories.

Interventions

- Written results were provided to the FSO and LDH that documented strengths and specific areas of opportunities.
- A TRR tool specific to FSO quality and contract requirements in behavioral health records was developed and provided to the FSO.
- The FSO participated in an exit review where education was verbally delivered pertaining to the TRR and other areas of opportunity, and where questions were answered in real time.
- The FSO developed a Crisis Management Training curriculum in partnership with Magellan and LDH to ensure compliance with the annual Crisis Intervention curriculum requirement outlined the Behavioral Health Services manual (see the section on Monitoring Activities for more information). All FSO staff were trained and oriented prior to recertification in February 2020.
- FSO was required to submit corrected documentation and training plans to reflect congruency with the SAMHSA Peer Worker Core Competencies 5 Foundational Principles and 12 Categories.
- A new FSO policy was implemented requiring staff to be CPR certified within 30 days of hire.

Results and Recommendations for 2020

- No inferences were made based on a comparative sample because this was the first baseline assessment conducted of the FSO.
- Continue to use the findings in the initial Implementation Assessment Report to inform and support quality and monitoring activities, spark conversation and planning to address FSO opportunities and innovations.
- Document FSO specific goals, prioritized objectives, quality and monitoring activities for 2020 in a Work Plan that Magellan will continue to update on an as needed basis.

FSO Weekly Phone Calls

LDH established an intent to increase communication between the FSO and Magellan during 2019 by the inclusion of SOW 2.2.8.1.3., which states in pertinent part that, that the FSC will work directly with the FSO through regular phone calls to monitor for compliance to waiver requirements, contract deliverables and best practice.

Objectives

- FSO Weekly phone calls are intended to provide a mechanism for Magellan to work directly with the FSO through regularly scheduled meetings
- Not only has Magellan been able to increase the level of monitoring and communication with the FSO, but these calls provide a mechanism for Magellan to verbally deliver education pertaining to areas of opportunity, where questions can be asked and answered in real time
- One of Magellan's prioritized goals and objectives includes supporting and fostering an open and collaborative relationship which these calls are designed to promote through increased communication and data sharing between Magellan and the FSO.
- Implementation of these phone calls helps to ensure that Magellan remains compliant with SOW 2.2.8.1.3.

Results

- In WY2 Q3, the FSC established regular weekly phone calls with the FSO, Magellan, and LDH partners. While the effect of these weekly phone calls are not quantified, the FSO recently reported in the WY3 Q2 State Governance Board meeting that the calls are "going exceedingly well." FSO feedback suggests there is value in these phone calls. It further

suggests that they were instrumental in supporting an open and collaborative relationship between Magellan and the FSO in 2019.

Recommended Actions 2020

- Continue to hold weekly scheduled phone calls with the FSO and LDH partners
- Continue to use these calls to foster an open and collaborative relationship with the FSO

Crisis Management Training

Staff record reviews conducted in WY2 Q3 and WY2 Q3 identified an opportunity to enhance FSO training and licensing protocols by requiring the addition of a Crisis Management Training curriculum. This training was developed by the FSO in partnership with Magellan and LDH to ensure compliance with the annual Crisis Intervention curriculum requirement outlined the Behavioral Health Services manual. LDH's approval of this training triggered a statewide initiative to ensure all FSO staff are oriented and trained prior to the close of the 2020 recertification process.

Objectives

- Continue Magellan's commitment to ensure the FSO and YST and PST staff meet and exceed minimal training and licensing requirements by requiring the FSO provide the knowledge and skills their staff need to respond appropriately to clinical and family crises and differentiate between the two.

Barriers

- Prior to the inclusion of the new Crisis Management training, FSO staff were completing an OBH Crisis Intervention module that laid a strong foundation in crisis education, but alone did not, and was not intended to meet all minimal training and licensing requirements. Furthermore, the OBH Crisis Intervention module was not designed to fully equip FSO staff with the level of knowledge and skills to differentiate between family and clinical crises and respond appropriately when they arise. By relying solely on the OBH Crisis Intervention module to satisfy their new hire and annual crisis training requirements, the FSO was completing only one of two required Crisis Trainings.

Interventions

- The FSO created a Crisis Management Training curriculum in partnership with Magellan and LDH to ensure compliance with the annual Crisis Intervention curriculum requirement outlined the Behavioral Health Services manual.
- All FSO staff were trained and oriented on the new Crisis Management Training curriculum starting in January 2019 to February 20, 2019, prior to the FSO's recertification in February 2020.
- The FSO's updated training delineates between a clinical crisis and a family crisis and provides role specific guidance and scenarios to illustrate when a PST and YST's role starts and stops in the context of these crises. A portion of the training is also dedicated to providing a list of trigger words and phrases intended to indicate to FSO staff that a youth and family may be moving from a family crisis into a clinical crisis, which requires intervention from a licensed professional or different level of care.

Results

- Because this training was not fully developed or approved until WY3 Q2, Magellan does not have any baseline data to compare the quality, knowledge or skill set of YST/PST service provision with and without this training.

Recommendations for 2020

- Magellan will continue to assist the FSO in enhancing and evolving this training to fit organizational and member needs.

- Continue to solicit FSO staff feedback, including results from pre and post testing that may also be used to measure YST and PST knowledge, and identify opportunities for improvement.

UM 01, Element C

Evaluation of Utilization Management

The UM department focuses on shaping member care, ensuring that children are in the most appropriate and least restrictive level of care and preventing wasteful or duplicative spending. The Magellan UM program is led by a senior-level board-certified Child and Adolescent Psychiatrist as the Medical Director. The Clinical Director and Care Managers responsible for UM functions are Licensed Mental Health Practitioners. UM activities include:

- **Referral and eligibility determinations:** Magellan recognizes that the LDH has made a significant financial investment in the CSoC program. Therefore, we carefully apply eligibility criteria to ensure that we only provide services to children for whom the program is intended. Children who can be served through less intensive interventions are referred to the appropriate entities for those services.
- **Medical Necessity Criteria (MNC):** Magellan's evidence based MNC has been customized for CSoC; participation in the Wraparound Process reduces unnecessary utilization of higher levels of care.
- **POC Approvals:** Service authorizations requested through POCs must specify the amount, frequency and duration of services. They must also include details regarding how each service supports the goals of the CFT. Determinations are made based on information provided in assessments, MNC, WAA best practices, waiver requirements and Medicaid guidelines. The POC is also referenced and helps to shape utilization and minimize over/under utilization of services.
- **Authorizations:** Magellan utilizes the customized MNC to make decisions about prior authorization of services, review IP admission requests and conduct retrospective reviews. Medical Directors make determinations after a thorough review of all available information regarding the requested service, medical necessity and circumstances specific to the member. Magellan also coordinates required out of network medical care to avoid duplication of services.
- **Over and Under Utilization of services:** Through the UMC, Magellan monitors service utilization patterns to detect over/under-utilization. Our team accounts for seasonal variability, changes in the provider network and external factors (such as natural disasters, cultural events, etc.) that may influence utilization. Magellan's interdepartmental Mini Teams monitor trends by region, provider and individual child. If inappropriate utilization is detected at any level, the Clinical, Network, Quality and Medical staff work together to understand and mitigate the root cause.

The department is staffed with licensed mental health practitioners Magellan's UM Program complies with federal utilization control requirements, including certification and recertification of need for continued stay IP settings. Hospitals are contractually required to comply with federal requirements regarding utilization review plans, utilization review committees, plans of care and medical care evaluation studies as prescribed in 42 CFR Parts 441 and 456. Our Compliance team actively monitors UM activities for compliance with federal, state, and LDH requirements. Our UM Program policies and procedures are consistent with NCQA standards and our team uses customized, evidence-based criteria to guide utilization-related activities.

Over/Under Utilization of Services

Magellan has processes in place to monitor for system-level and individual member level under or over utilization on a continuing basis to facilitate the timely identification of any trends suggestive of under-utilization or over-utilization of mental health, substance use, and CSoC waiver services. Because of the very small, high need, specialty population served, Magellan monitors individual member utilization at the same intensity as the system as a whole. Service delivery (type, amount, frequency, duration) for each member is guided by their individualized Plan of Care. There are no individual service limits. At the system level, the Unit conducts the follow activities:

- The Medical Director, Clinical Director, and clinical management staff review utilization information based on current month and year to date data on a weekly basis.
- The Utilization Management Committee (UMC) review aggregate utilization data for all levels of care and 30-day readmission on a quarterly basis. The UMC reports its findings and any interventions to the Quality Improvement Committee.
- The Quality Improvement Committee review member grievances and provider complaints related to the UM process on a quarterly basis and member and practitioner satisfaction survey related to the UM process on an annual basis to determine if there are any indications of potential under-utilization or over-utilization and the need for additional analysis or intervention.

On an individual member level, Care Managers review individual member's services and utilization to ensure member needs are met. The Wraparound Facilitator is responsible for contacting members at least monthly to ensure the Plan of Care (POC) is being implemented and to monitor the member's health and safety. One element of POC monitoring is the member's access to wavier services and other services identified in the POC. Individual remediations are offered to every member to ensure he/she receives services in the type, amount, frequency, and duration specified in the POC. Members report their access and utilization of service as follows.

- **Option 1:** I did not need those services this month. (No action needed).
- **Option 2:** I have a provider, but they are not meeting my needs for services this month. (Action plan: WF contacts provider as part of care coordination).
- **Option 3:** I have a provider, but they are not meeting my needs for services this month. (Action plan: WF helps member pick another provider).
- **Option 4:** There are no providers available for the service I need. (Action plan: WF submits CSoC Needs Reporting Form to Magellan Health).
- **Option 5:** Member indicated multiple providers are not meeting service needs and appropriate action plan was implemented for each provider as required.

As shown below, youth and families consistently report that they are receiving the care they need to achieve their goals, and specific areas of actionable needs are reported for each member who reports they are not receiving the services they need. Our goal is to meet the compliance rate at 100% with a minimum threshold of 80%. The table represents we exceeded the minimum performance threshold.

Number and percentage of members who received services in the type, amount, duration, and frequency specified in the POC

Month Year	Numerator	Denominator	Compliance Rate
January 2019	2262	2325	97.29%
February 2019	2262	2324	97.33%
March 2019	2240	2305	97.18%
April 2019	2233	2290	97.51%
May 2019	2227	2284	97.50%
June 2019	2212	2277	97.15%
July 2019	2202	2264	97.26%

Month Year	Numerator	Denominator	Compliance Rate
August 2019	2197	2266	96.95%
Sept 2019	2138	2208	96.83%
October 2019	2115	2201	96.09%
November 2019	2166	2231	97.09%
December 2019	2115	2207	95.83%

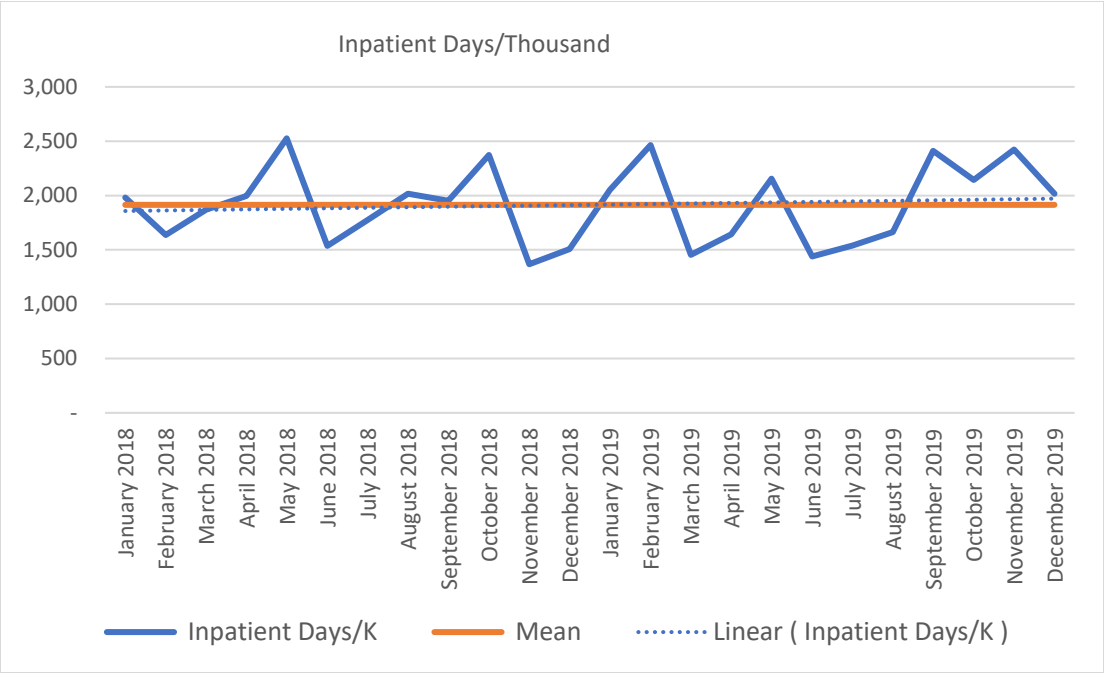
As part of the annual quality and clinical program evaluation, Magellan reviews utilization of inpatient services, outpatient, and waiver services. As inpatient care is the most intensive and restrictive level of care in terms of impact on members, the potential impact on members of under-utilization is significant in terms of quality of care, risk to the well-being of and treatment outcomes for patients. The potential impact of over-utilization of inpatient care is also significant in terms of members receiving care that is more intensive and restrictive than appropriate for their needs. Over-utilization of this level of care also reflects inappropriate use of limited health care resources. Additionally, member grievances and member satisfaction related to the UM process are reviewed by Magellan in aggregate to ascertain the member's experience with the UM process. If members were experiencing any barriers to accessing services due to the UM process, it is presumed that the members would submit grievances or express dissatisfaction on the surveys.

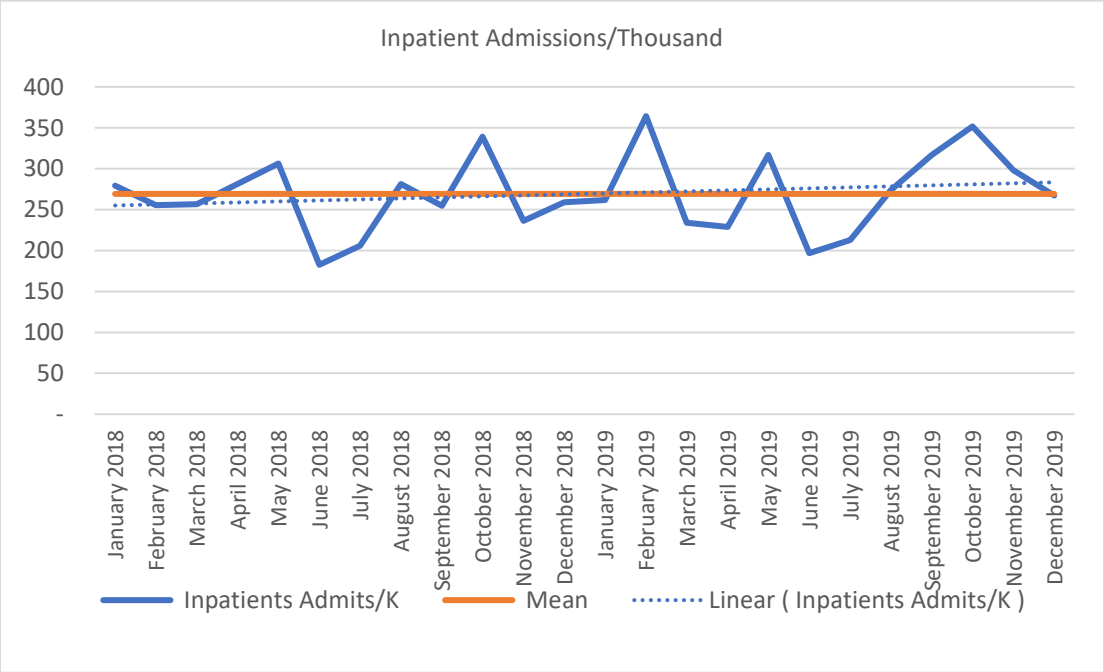
Because the CSoC program is one governed by a Home and Community Based Services waiver that targets youth with SED who are most at risk of out of home placement, great emphasis is placed on members receiving services and supports that will allow them to live safely with their families or caregivers in the community. Outpatient and waiver services are key components of the program, and therefore closely monitored by each youth's Care Manager.

When reviewing utilization of services, it is important to remember that enrollment in the CSoC program is conditional, requiring that youth served are those with the most severe clinical needs who are most at risk of out-of-home placement. As symptoms and functioning improve, youth leave the program and are replaced with new young people with more severe needs. Because of those population characteristics, significant increases and decreases over time are not expected and would warrant further investigation if observed.

Inpatient Hospital

Days per Thousand measure inpatient hospitalization for mental health or substance use is monitored for assessing over and under-utilization. This measure is impacted by both admissions and lengths of stay; therefore, it provides a first level analysis of the amount of services being utilized. When this measure is outside of target upper and lower limits, further analysis is conducted of admits/1000 and average length of stay to ascertain the driver of the variation. Limitations on access, UM program issues resulting in delays in obtaining authorization, denials of service that are appropriate for the member's needs, lack of availability of appropriate alternative services, and provider or practitioner issues could impact either admissions or lengths of stay and result in either over or under utilization of services. Any significant impact to either admissions or lengths of stay would be reflected in the days/1000 rate. For review in the UMC, evaluation of over and under-utilization and are based on upper and lower control limits of 3 standard deviations using the previous two years data. Results of the days/1000 measure for calendar years 2018 and 2019 are displayed in the following graphs with trend line and mean rates. The rates displayed are for mental health utilization for the inpatient hospitalization level of care. There were no presentations for treatment of substance use disorders.


Inpatient Days/Thousand
3,000
2,500
2,000
1,500
1,000
500
-
January 2018
February 2018
March 2018
April 2018
May 2018
June 2018
July 2018
August 2018
September 2018
October 2018
November 2018
December 2018
January 2019
February 2019
March 2019
April 2019
May 2019
June 2019
July 2019
August 2019
September 2019
October 2019
November 2019
December 2019
Inpatient Days/K
Mean
Linear (Inpatient Days/K)


Inpatient Admissions/Thousand
400
350
300
250
200
150
100
50
-
January 2018
February 2018
March 2018
April 2018
May 2018
June 2018
July 2018
August 2018
September 2018
October 2018
November 2018
December 2018
January 2019
February 2019
March 2019
April 2019
May 2019
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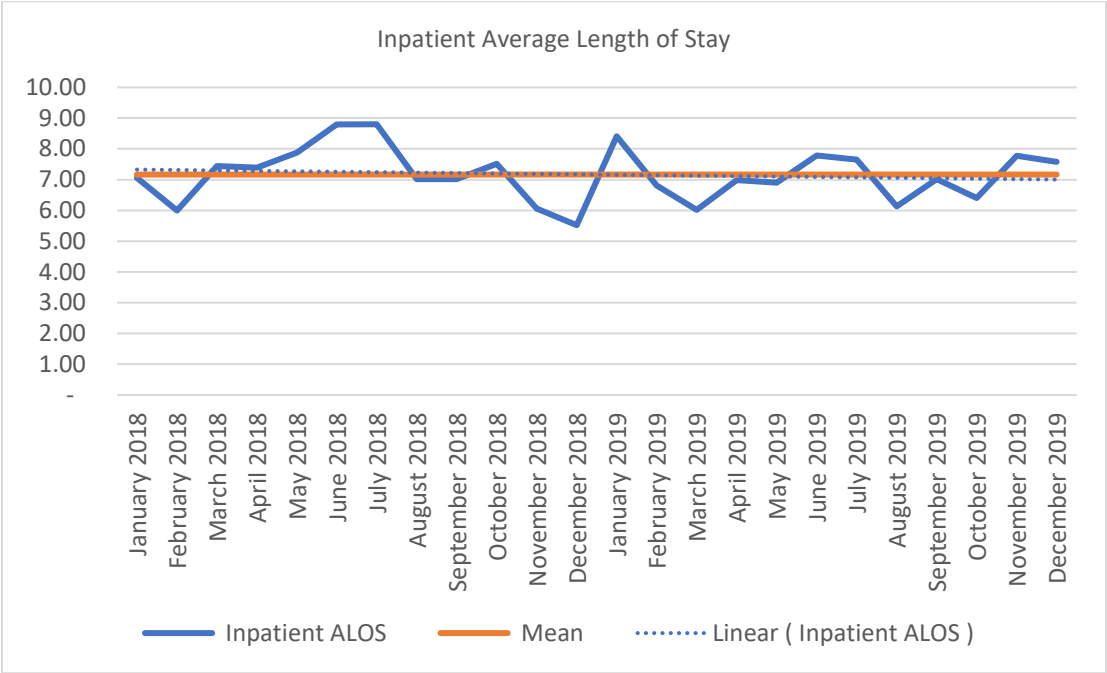
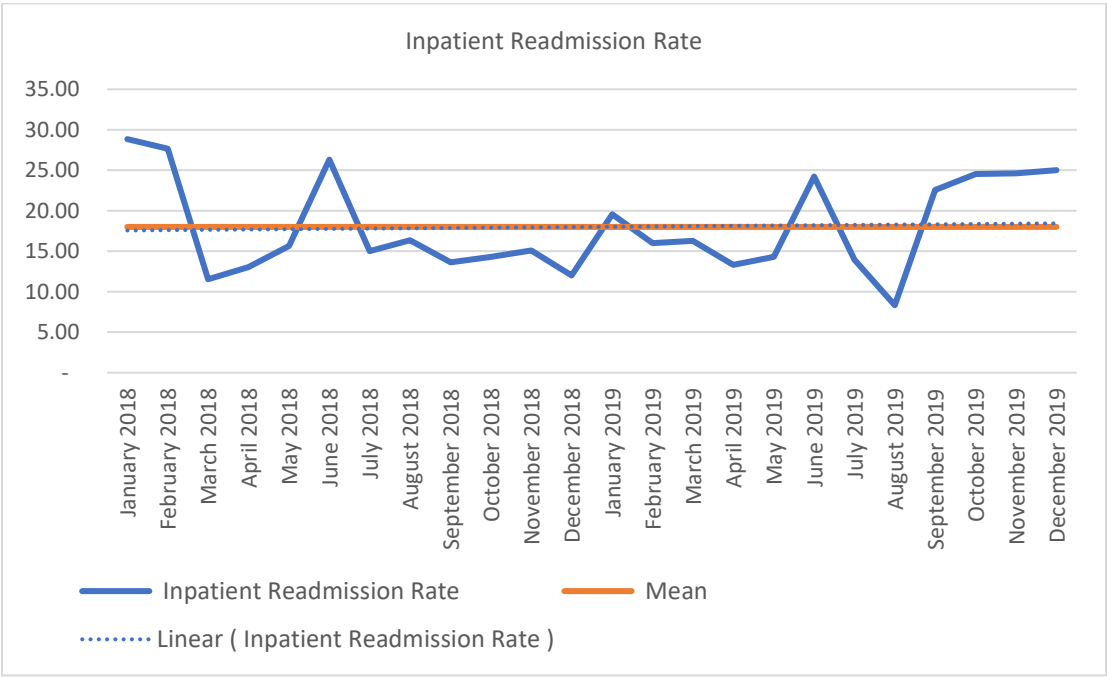
July 2019
August 2019
September 2019
October 2019
November 2019
December 2019
Inpatients Admits/K
Mean
Linear (Inpatients Admits/K)



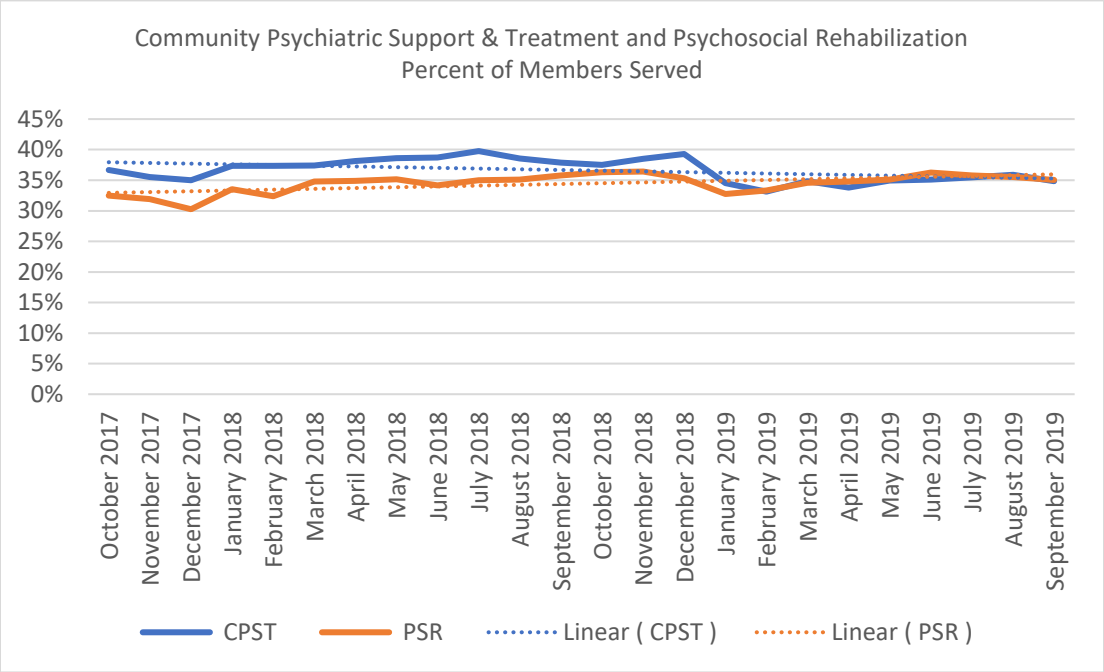
As shown in the graphs above, inpatient utilization remained stable, with the normal seasonal variation that has been observed for several years. When observing the trend lines, one can see that there is very slight increase in admissions and a very slight decrease in length of stay, resulting in a stable level of overall utilization demonstrated in the Days per Thousand graph. When applying the upper and lower control limits, there is no evidence of over or under utilization of inpatient hospitalization.

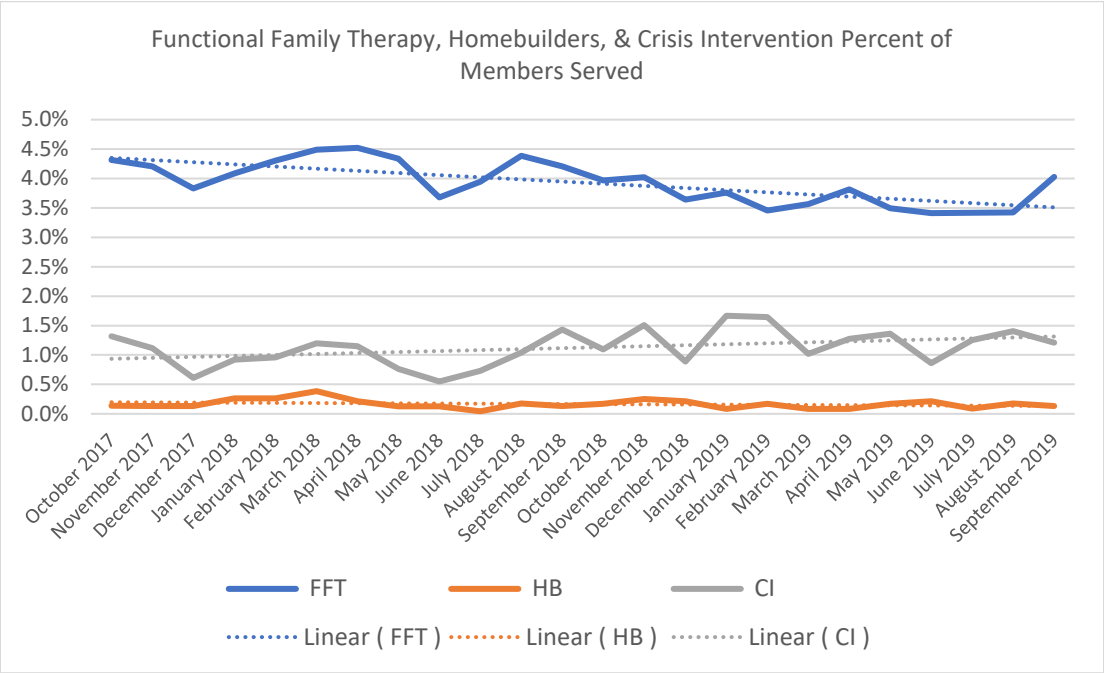


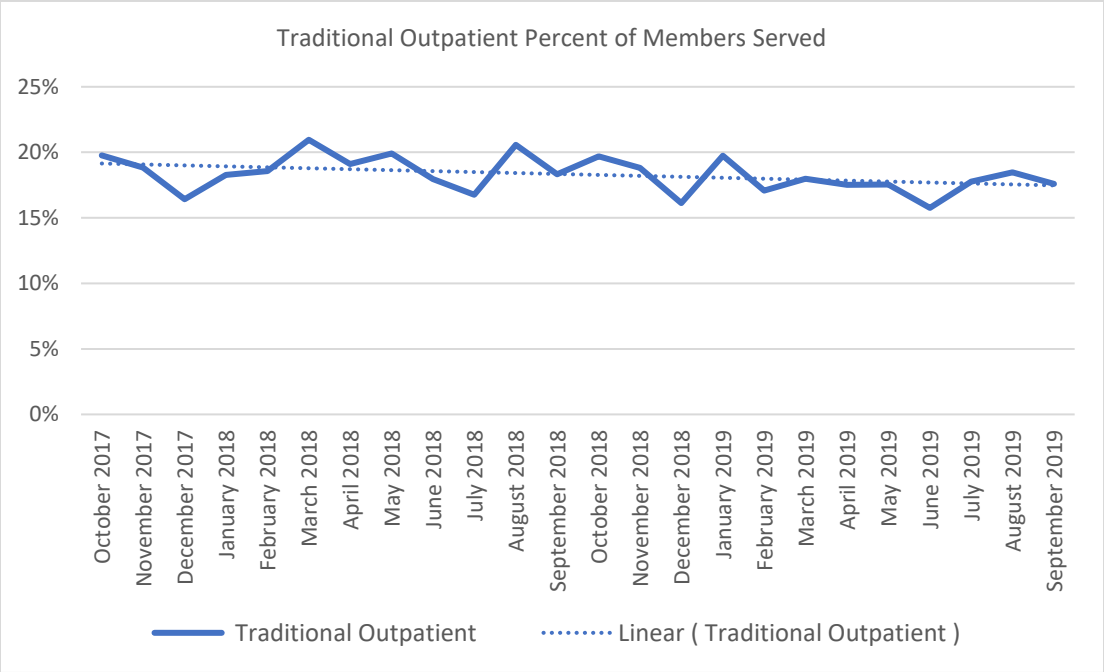
Like the other inpatient measures, readmission rates have remained relatively stable over time. When assessing readmission rates, it is essential to consider the high-risk nature of CSoC's SED population. As with the other inpatient measures, steady state is the goal. The Utilization Management Committee found no causes for concern or unusual patterns of utilization.

Outpatient Services

Because services in CSoC youth's home and communities are integral to the structure of the program, the Utilization Management Committee oversees utilization of outpatient and waiver services as well as inpatient hospitalization. Because outpatient utilization is reported based on claims, utilization from October 2017 through September 2019 are presented below.

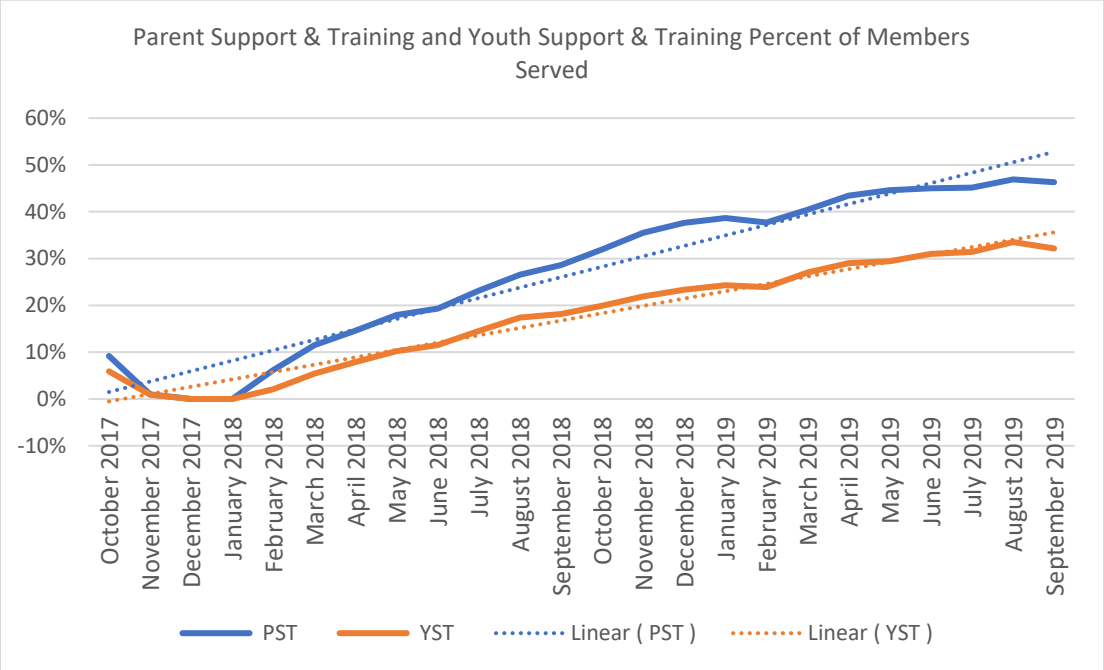


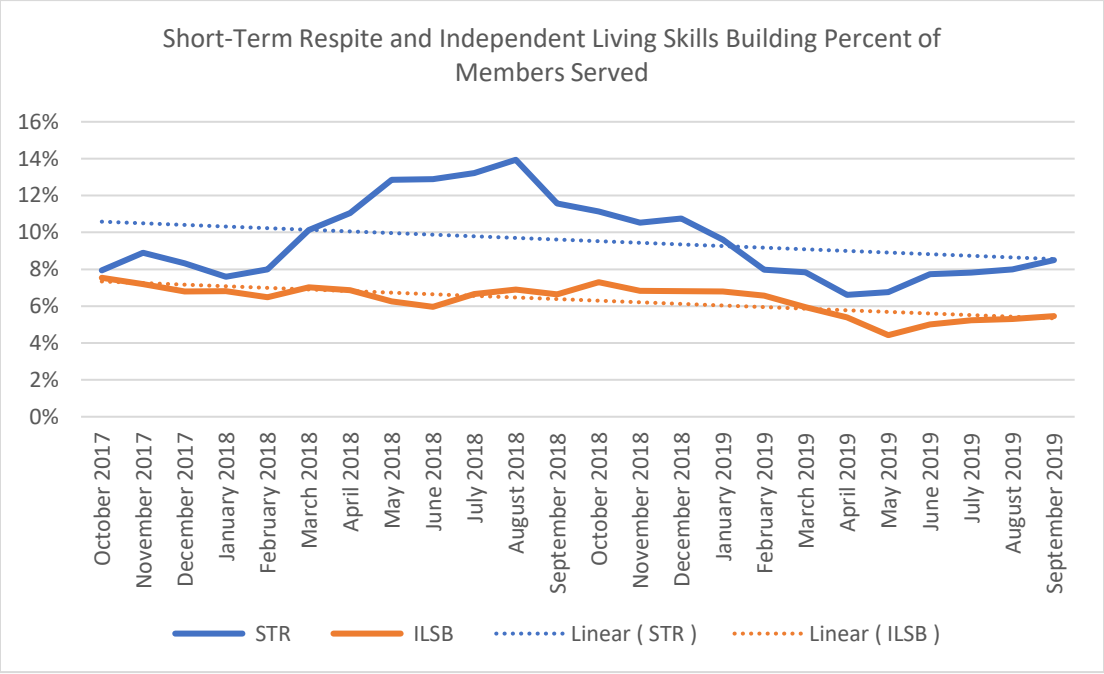




On the whole utilization of outpatient, non-waiver services have remained flat, with slight increases in the use of Crisis Intervention and a slight decrease in traditional outpatient treatment with Licensed Mental Health Practitioners and physicians. The increase in crisis intervention is not alarming as it is utilized as a means to overcome the need for inpatient level of care.

There are four services only available in Louisiana to CSoC-enrolled youth, including Parent Support and Training, Youth Support and Training, Short-Term Respite, and Independent Living Skills Building.





In late 2017, the sole provider of Youth Support and Training and Parent Support and Training was terminated from the network. LDH chose a new provider, known as the Family Support Organization (FSO), who began rendering services in early 2018. Since that provider joined the network, they have steadily increased capacity and are nearing full implementation. Utilization of both Short-Term Respite and Independent Living Skills Building have slightly decreased over time, likely due in some measure to Magellan educating Wraparound Agencies in the proper use of Independent Living Skills Building (age requirements) with a small increase at the end of 2019.

Barriers Identified

- Utilization of evidence-based practices and therapeutic services rendered by LMHPs has remained low, despite the intensive needs of CSoC youth.
- Transportation challenges can be a barrier for this population.
- It has taken two years for the FSO to fully implement state-wide.
- No new Short-Term Respite providers are able to join the network due to the unexpected unavailability of a previously state-approved training course.

Interventions

- Significant increases in reimbursement rates for LMHPs, prescribers, and Short-Term Respite providers went into effect in July 2019.
- Magellan's Network department reached out to every LMHP, psychiatrist, and other mental health prescribers in Louisiana to increase the size of the network and access to services.
- High Risk Member project seeks to improve service access, care coordination, and outcomes for youth with the most significant clinical risks, improving the precision of fit between member need and treatment interventions.
- Magellan utilizes enhanced Medical Necessity Criteria for all levels of care that require coordination with Wraparound Agencies and participation in the Child and Family Team process to support effective and meaningful treatment.
- Magellan began a workbook project to improve the quality of services rendered by non-licensed individuals.

Recommendations for 2020

- Closely monitor utilization of evidence-based practices and professional behavioral health services and engage in root-cause analysis if utilization levels remain low.
- Engage Wraparound Agencies in training and technical support to help front-line Wraparound Agency staff better understand behavioral health diagnoses and treatment options.
- Wraparound Coordinators provide targeted technical assistance to Wraparound Facilitators in helping Child and Family Teams address transportation barriers.
- Fully implement workbook project.
- Begin utilizing data gathered through the Plan of Care Review Tool to determine if there any relationships between overall quality of Plans of Care and particular items, and service utilization, particularly inpatient hospitalization.

Authorization Rates and Timeliness

UM 05, Element C, Factors 1 & 2

Magellan monitors authorization and denial rates, timeliness of decisions, and notification timeliness are monitored monthly. Magellan's compliance goal for this measure is 97%. In 2019, Magellan exceeded the timeliness standards for decisions and notification for Post Service, Preservice Urgent, and Urgent Concurrent Reviews, but did not meet the standard for Preservice Standard Reviews.

Authorizations Requested	Authorizations Issued	Denials Issued	Denial Rate
39,775	39,421	354	0.89%

Decision Timeliness	Standard	# Compliant	# Non-Compliant	% Compliant
Nonurgent Preservice	15 Days	37164	1475	96.18%
Post Service	30 Days	9	0	100.00%
Urgent Preservice	72 Hours	401	2	99.50%
Urgent Concurrent	72 Hours	720	4	99.45%
Total		**38294**	**1481**	**98.78%**

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Urgent Preservice	72 Hours	401	2	99.50%
Urgent Concurrent	72 Hours	720	4	99.45%
Total		**38294**	**1481**	**98.78%**

Barriers Identified

- Delay in the time between when the care managers approve the plan of care and when the care workers who build the authorizations are able to complete them.
- Short-term staffing gaps.

Interventions

- Utilized internal instant messaging program to allow real-time constant flow of communication where care managers identify plans of care that have been completed so care workers know in real time what authorizations need to be built.
- All requests are now included in the same message with all care workers so when one is out, the others can cover the authorizations instead of waiting until return of staff.

Recommendations for 2020

- Continue ongoing training and support for care managers and care workers.
- Monitor use of instant messaging application and prioritization of authorizations based on request urgency and time awaiting review.

Member and Provider Experience with the UM Process

In addition to analysis of member grievances and provider complaints, member and provider experience with the UM process is monitored through review of experience survey data and appeals data. The table below represents the specific questions reviewed by the UMC for both the member and provider experience of care surveys. The member experience of care survey results indicated that over 95% of respondents reported a positive experience with the UM process. The provider experience of care results showed lower rates of positive experience; however, of those providers unfavorably, a majority indicated a neutral experience, or neither a positive or negative experience. This generally indicates that the provider did not have an interaction with Magellan in that particular area.

Key Findings of Member Experience of Care Survey

Question	Total # Received	% Positive	% Neutral	% Negative
Magellan covers the amount of healthcare benefits I believe my child need.	410	95.1%	3.4%	1.4%
Magellan covers the types of healthcare services my child needs.	411	96.4%	2.2%	0.7%
My child has access to quality healthcare.	412	95.9%	2.7%	1.4%

Key Findings of Provider Satisfaction Survey

Question	Total # Received	% Positive	% Neutral	% Negative
Magellan practices a straightforward appeals process.	42	71.4%	26.2%	2.4%
Clinical criteria reflect a generally accepted standard of care.	42	88.1%	11.9%	0%
Clinical decisions are consistent.	42	76.2%	19.0%	4.8%

Barriers Identified

- Providers perceive that Magellan's clinical standards are higher and decision-making may be inconsistent.
- All three survey items also had substantial numbers of neutral ratings, with no or very few negative ratings.

Interventions

- Magellan provided on-site utilization management technical assistance to one large, rural hospital provider.
- Magellan conducted an annual interrater reliability assessment. All care managers passed the assessment on the first administration.
- Magellan's clinical criteria are widely distributed and easily accessible to providers.

Recommendations for 2020

- Engage in targeted provider outreach and education when updates are made to the Medical Necessity Criteria focused on both the content and the reasons behind enhanced criteria for the CSoC program.
- Continue to monitor interrater reliability and consistency of application of Medical Necessity Criteria, conducting individual and group remediation as needed.

QI 06, Element A, Factors 1 & 3
QI 06, Element C, Factors 1–4

Member Appeals

Magellan supports members, or the member's legal representative, in appealing adverse clinical determinations. In accordance with 42 CFR Part 438, Subpart F, an appeal is defined as a formal review of a decision pertaining to a member's behavioral health services. Members are given 60 calendar days from the date of the written notice of adverse benefit determination to request an appeal. Appeals may be requested orally or in writing, including online. When a member representative files on behalf of a member, the appeal request must be followed by a written, signed appeal request from the member. Upon receipt of an oral appeal, an appeal coordinator will send a letter to the member and the member's representative reminding them that written confirmation must be received within 15 days of the oral appeal in order to complete the appeal request. The member is still afforded the full 60 calendar day period to file an appeal if the written, signed appeal is not received following 15 days of the oral appeal. When a request for an expedited resolution is received, a

resolution is reached within 72 hours. Standard appeal requests are acknowledged within 3 business days of receipt and a determination is made within 30 calendar days of receipt.

Category of Appeals

Members appeals can be categorized as Quality of Care, Access, Attitude/Service, Billing/Financial or Quality of Practitioner Office Site. In 2018 and 2019, 24 and 72 appeals, respectively, were received, all of which were access appeals. When looking at the rate of appeals received to the total CSoC population (i.e., 2018: n=4329 and 2019: n=4370), the rate of appeals received increased from 5.54 to 16.50, representing an increase of approximately 11 points. One factor contributing to the increased number of appeals is likely the creation of a dedicated Utilization Management Care Manager position. This person functions primarily as the real-time reviewer for all hospitalized CSoC youth across the state. As a single point of contact for inpatient utilization reviews, a more consistent application of Medical Necessity Criteria (MNC) can be achieved. A second factor contributing to this is Magellan's transition from an administrative to a risk-type contract with LDH. This resulted in increased focus on ensuring that all CSoC services are delivered in both a financially responsible and clinically appropriate manner.

Appeal Categories and Rates Per Thousand

Category	2018 Number	2018 Rate	2019 Number	2019 Rate
Quality of Care	0	0	0	0
Access	24	5.54	72	16.5
Attitude/Service	0	0	0	0
Billing/Financial	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0
Total Average	24	5.54	72	16.5

Appeals Processing Indicators

Appeals are processed in accordance to either classification, which is defined as expedited or standard in accordance to the level of urgency. During both 2018 and 2019, a majority of the appeals received in 2018 and 2019 were expedited appeals, accounting for 75% and 55% of appeals received in 2018 and 2019 respectively. In 2018, 18 expedited and 6 standard appeals were received, with 41 expedited and 34 standard appeals received in 2019. All expedited appeals were for the inpatient hospital level of care and were requested by the provider on behalf of the member while the member was still in treatment. Standard appeals included both MNC Inpatient level of care and benefit appeals. There was only one outpatient standard appeal received in 2019 and none received in 2018.

All standard appeals were acknowledged and resolved timely in both 2018 and 2019. All expedited appeals were resolved timely (i.e., within 72 hours) in 2018. In 2019, all expedited appeals were processed timely, with the exception of one appeal which resulted in an administrative overturn in favor of the member. Root cause analysis determined that the reason for untimely processing was due to the appeal not being forwarded to the appeals department for review in a timely manner. To address this, UM trainings were conducted with Care Managers to reinforce and educate staff appeals policies and procedures. These trainings highlighted the significance of sending notification to the appeals department even if unsure the appeal is valid and covered the various methods that appeals can be requested: verbal, email, and written.

Appeals Processing Indicators

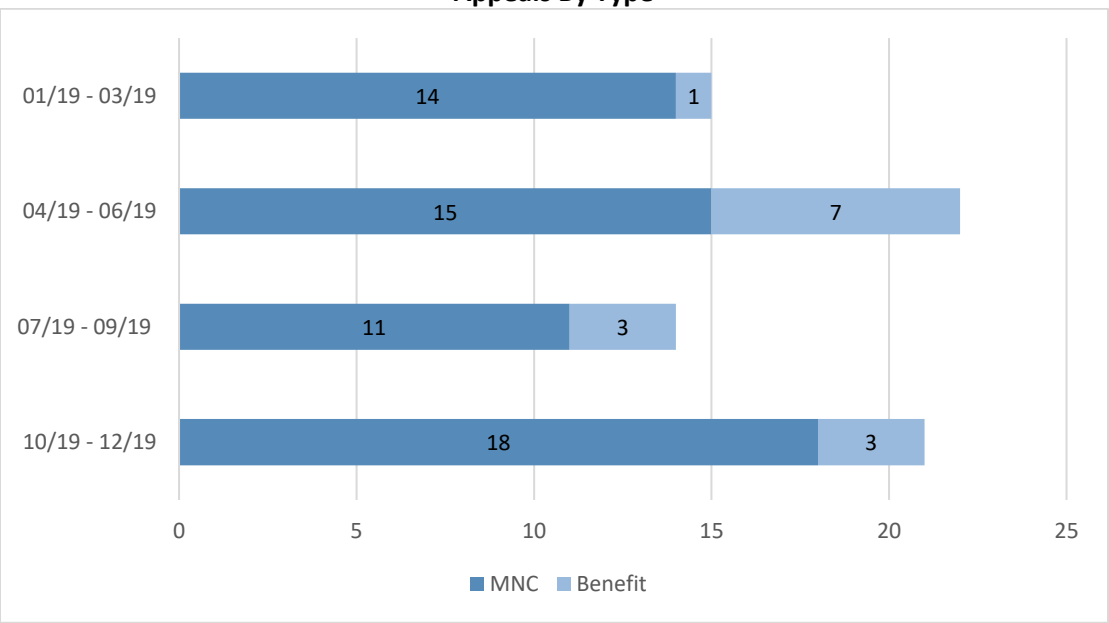
Year	Number Expedited Appeals	% Resolved Timely	Number of Standard Appeals	Acknowledged Timely	Resolved Timely
2018	18	100%	6	100%	100%
2019	41	97.56%	34	100%	100%

QI 06, Element A, Factor 3

Appeal Type

Further, appeals are analyzed by the type of appeal, either appeals for UM decisions or benefits (i.e., clinical eligibility for program). In CSoC, benefit determinations (i.e., clinical eligibility) are not decided by Magellan; rather, determinations are based on an algorithm, as specified by LDH, which is applied to the youth's eligibility assessment (i.e., CANS). In 2018, a total of 24 appeals were received, including 19 MNC and 5 benefit appeals. During 2019, 58 appeals were received for UM MNC denials and 14 were for benefit/eligibility appeals. No member appeals received for request for out-of-network providers. When comparing the number of appeals received in 2019 to 2018, there was a 200% in appeals received; however, the increase was proportional across the two categories, with UM MNC appeals representing approximately 80% of the appeals in both years. The figure below provides the quarterly summary of the type of appeals for 2019.

Appeals By Type



Appeals Completed

In order to process an appeal, the member must provide written consent to Magellan. Upon receipt of an appeal without written consent, an appeal coordinator will send a letter to the member and the member's representative reminding them that written confirmation must be received within 15 days in order to complete the appeal request. The member is still afforded the full 60 calendar day period to file an appeal if the written, signed appeal is not received following 15 days of appeal request; however, the appeal is classified as withdrawn if no written consent is received within 15 days of the written notification. In 2019, 73.3% of MNC appeals were completed, with 25% withdrawn due to lack of consent. One MNC appeal was denied because provider

submitted request outside of the 60-day timeframe. Benefit appeals showed a lower rate of withdrawn appeals when compared to MNC, with 93.3% completed and only 1, or 7.1%, withdrawn. This can be explained because benefit appeals are generally requested directly by the member; whereas, MNC appeals are typically requested by a member's representative (i.e., the treating provider).

Appeals Completed in 2019

Type	Total Received	Processed	% of Total	Denied – Untimely Filing by Provider	% of Total	Withdrawn	% of Total
Benefit	15	14	93.3%	0	NA	1	7.1%
MNC	60	44	73.3%	1	1.7%	15	25.0%

Appeal Determinations

All MNC appeal decisions are made for the CSoC Unit are completed by an appropriate professional, in the case board-certified child/adolescent psychiatrist. During 2019, of the 44 MNC appeals processed, with 52.3% upheld (n=23), 25% partially upheld (n=11), and 22.7% overturned (n=11). Fourteen benefit appeal decisions were completed, with all decisions completed by a qualified Licensed Mental Health Professional (LMHP) as specified by LDH. Benefit appeals showed a higher rate of overturned appeals, with 78.6% overturned (n= 11) and 21.4% upheld (n=3). One of the main factors contributing to the difference in overturned appeals when evaluating MNC appeals to benefit appeals is benefit determinations are informed by assessments completed by independent evaluators, in accordance with CMS waiver requirements. The assessments are completed with feedback from the youth and caregiver. During the assessment, the caregiver may unintentionally neglect to disclose critical information at the time of the assessment. The appeal process provides the member an opportunity to share additional information about the youth's current status to assess clinical eligibility. While eligibility appeals are rare and typically occur when a known issue is present with the submitted assessments, a best practices guideline will be distributed to the WAAs. This guideline will address actions for both the Clinical Directors and Magellan staff to resolve eligibility appeals expeditiously. An informal corrective period is present if errors are recognized soon after submittal, allowing the WAA to resubmit the assessment without subjecting the family to the appeal process; potentially removing them from needed services while the appeal review is being completed. Additionally, an Assessor Training initiative will be implemented in 2020 to improve the reliability and validity of the assessments submitted in the hopes that the eligibility appeal rate will be reduced.

Program Structure

The Utilization Management Committee (UMC), a subcommittee of the QIC, conducts ongoing qualitative and quantitative analysis of utilization trends, authorization rates and timeliness, member/provider appeals, member grievances, provider complaints, member/provider experience of care, etc. to ensure the sufficiency of the UM program in meeting the needs of our members.

Some of the key accomplishments the UM program activities in 2019 included:

- Maintained a performance rate of > 95% all 12 months of 2019, with was a minimum of 5 percentage points above the goal rate of 90%.
- Achieved a consistent utilization of inpatient hospital level of care over time, with a two-year average of 269.2 admissions per thousand.

- Exceeded the timeliness standards for decisions and notification for Post Service, Preservice Urgent, and Urgent Concurrent Reviews, with compliance rates of ≥ 99.5%.
- Received no member grievances about UM/CM activities.
- Attained high member experience of care in key measures assessing UM function, which include ≥ 95% of respondents reporting positive experience with:
  - My child has access to quality healthcare
  - Magellan covers the types of healthcare services my child needs.
  - Magellan covers the amount of healthcare benefits I believe my child needs.
- Over 88% of providers reported that the believed Magellan's clinical criteria reflect a generally accepted standard of care, with 11.9% responding neutrally and 0% responding negatively.
- Processed 19 provider disputes, which represented a rate of 0.13 per thousand in context to the number of claims processed in 2019 (n=149,081).

Opportunities identified during 2019 will be the focus of the UM department in 2020, which includes:

- Examining factors contributing to LMHP service utilization with a goal of increase member access to these clinical services.
- Enhanced management of nonurgent preservice authorization requests through the utilization of instant messaging application to improve prioritization of reviews according to urgency and time awaiting review.

The UMC reviewed the program structure, including available technical and staff resources, in context with the 2019 outcomes and program goals for 2020, and determined the current structure was sufficient to meet the needs of the CSoC members. The UMC will continue to monitor sufficiency of program on a quarterly basis, address opportunities when identified, and adjust program structure accordingly.

Youth, Family and Stakeholder Involvement

A true "culture of quality" must be based on a solid QI strategy that is informed by an organization's youths, families, stakeholders, and providers. A driving principle of collaboration is a team approach that promotes shared responsibility for developing, implementing, monitoring, and evaluating the QI Program. The design, implementation, and evaluation of processes must blend the diverse perspectives, mandates, and resources of our stakeholders in order ensure that the QI program addresses the needs of the communities we serve. In order to achieve this, Magellan intentionally engages with youths, caregivers, family members, Wraparound Agencies (WAAs), practitioners/providers, peers, and local stakeholders to inform our quality program through an array of activities, including but not limited to: fidelity surveys, satisfaction surveys, member and provider grievances, WAA QI/QM call, WAA Clinical Call, Network Provider All-Call, quarterly regional provider/stakeholder forums, specialty work groups established by the relevant committee, provider support groups and member interviews. These activities are reviewed through QI committee structure to ensure that input from youth, families, providers and stakeholders with diverse backgrounds guide and inform our QI Program. This section outlines communications to our practitioners, providers, stakeholders and members completed to support the Quality Program throughout 2019.

Provider Communications

Magellan of Louisiana hosted quarterly provider teleconferences, All Provider Calls, and it was open to all CSoC network providers. The frequency was changed to every other month in November 2019 to share information and collaborate with providers more regularly. The calls are topic driven and intended to create a learning platform which fosters a deeper understanding of the many facets of providing services within the Coordinated System of Care. The calls are also recorded and archived on our Magellan of Louisiana website for access at any time. During the quarterly meetings held in 2019, network providers reviewed and provided valuable input on the following topics:

- Psychological Testing
- Certified Provider Training
- Adverse Incidents
- Demographic Data
- Provider Orientation
- Casey Life Skills
- Release of Information
- PSR Training for Children
- Short-Term Respite Updates
- LMHP Rate Increase
- NPI Numbers
- Regional Advisory Conferences
- Crisis Intervention Follow up Authorizations
- Treatment Record Review
- Network Monitoring Audit
- Modifiers on Claims
- EBP Tracking Codes
- CPST/PSR Service Limits
- Fraud, Waste, and Abuse
- CANS Outcomes

In addition to communicating with providers through the All Provider Calls, Magellan exchanged information with providers via e-blast communication. All e-blast communications are available on the Magellan of Louisiana website in the Provider Announcements section. The e-blast provider updates addressed the following topics:

CSoC Provider Updates – 2019

Topic	Description
Changes to Claims Payment	Alerted providers to change to claims payment from weekly to daily.
News & Updates on the LA Medicaid Provider Portal	Provided information on the Louisiana Department of Health's Provider Bulletin regarding Medicaid's new enrollment and eligibility system.
Updating Practice Information:	Reminder to network providers to update practice information and the steps to update changes using the online Provider Data Change Form (PDCF).
Changes to Email Communications:	Notified providers of Magellan changing email providers for communications to network providers and that embedded links in previous communications will no longer work when the old service is no longer available. Further advised providers to visit the website to view prior communications.
Rate Increases- Licensed Mental Health Professionals/Outpatient Services and Short-term Respite	Informed providers and stakeholders of Magellan of Louisiana's rate increases for LMHPs and Short-term Respite in order to increase access and offset provider costs, especially in rural areas.
September All Provider Call	Advised providers of the September Provider Call. The update included the logistics of the call, public service announcements/reminders, and the agenda items for the call.
November All Provider Call	Advised providers of the September November Call. The update included the logistics of the call, public service announcements/reminders, and the agenda items for the call.
Pre-Solicitation for Residential Substance Use Treatment Facility for Women in the Alexandria Area	Advised network providers the Central Louisiana Human Services District was soliciting treatment for services for a low intensity, licensed, residential treatment facility for women in recovery from substance use disorders.

Magellan has the New Provider Orientation available on its website. Providers are notified of the required trainings at the time they receive the credentialing package. Providers receive the links to the trainings and instructions to attest to completion. In 2020, the New Provider Orientation will be conducted via webinar.

In 2019, 652 new provider orientation trainings were completed and attested to.
Topics covered includes:

- Network Management Specialists
- Process Flow for CSoC and Waiver Services, Outpatient Services and HCBS Providers
- Basics of Utilization Management
  - What is a prior authorization?
  - What are the elements of an authorization?
  - What services require an authorization?
  - How do I request an authorization?
- Interpretive Services Available via Magellan
- Eligibility and Claims Process During the Month of Referral
  - Presumptive Eligibility Period
  - What Providers Need to Do
- Claims Submissions
- Electronic Claims Submission Options
- Claim Submission Formats
- Claims Tips

- Provider Tips and Best Practices
  - Know specific services contracted to provide
  - Refer to fee schedule for necessary codes
  - Be familiar with Medical Necessity Criteria
  - Verify Member Eligibility
- Quality Improvement
  - Network Monitoring Reviews
  - Treatment Record Reviews
  - Member and Provider Satisfaction Surveys
  - Member and Provider Grievances
  - Adverse Incident Reporting
  - Fraud, Waste, and Abuse
- Making Changes to your Provider Agreement
  - Online Practice Changes
  - Key Contacts and Links
- Additional Provider Training Resources

The Magellan Provider Handbook, updated annually and available on the Magellan Provider website, provides educational information on multiple topics. The Louisiana Provider Handbook Supplement for the Louisiana Coordinated System of Care is also updated annually and available on the Magellan of Louisiana Provider website. In addition, the Network Management team mails a postcard notification to all network providers alerting providers the provider handbooks updates have been completed.

Magellan publishes an online Provider Newsletter, Provider Focus, four times a year. CSoC Published several region-specific articles in 2019 that addressed

CSoC – Specific Provider Focus Newsletter Topics in 2019

Topic	Description
Updated Louisiana CSoC Supplement Online	Advised providers the Louisiana CSoC supplement is available online at Magellan Provider. Contracted providers must follow the policies and procedures outlined in handbook supplements as well as those in the Magellan National Provider Handbook
Inviting Topic Ideas for the Magellan member newsletter	Asked providers input for resources or topics for the CSoC Member Newsletter
Rates increased for outpatient services and short-term respite	Magellan of Louisiana increased rates for Licensed Mental Health Professionals/Outpatient Services and Short-Term Respite effective July 1, 2019. The rate increase was an effort to increase access and offset provider costs.
Regional Advisory Committee connects stakeholders, take action	Magellan of Louisiana recently created Regional Advisory Committees (RACs) in collaboration with the Wraparound agencies. We gathered direct insight from stakeholders on areas that required further development, including the need for additional trainings to support our network providers. The first RAC connected over 50 representatives that included the Family Support Organization (FSO), behavioral health providers, local school systems, child-serving state agencies, law enforcement and the juvenile court system. Surveys collected indicated participants were positively impacted by the RAC.

Topic	Description
Evidenced-based Practice Initiatives	Medical director advised providers of new and upcoming initiatives such as touring all nine regional Wraparound Agencies, facilitating the use of evidence-based treatments (EBPs) and introducing therapy workbooks, and developing workshop-like trainings in each region around specific evidence-based parenting approaches.
Join Magellan's bi-monthly provider call	Notice to providers in the CSoC network to join conference calls every other month instead of every quarter and the agenda includes Public Service Announcements, reminders, presentations, and opportunities to collaborate. Also provided contact information to suggest a topic for an upcoming call.

In the Fall of 2019, Magellan of Louisiana reimplemented and published the CSoC Provider Newsletter. The CSoC provider newsletter is published in conjunction with the Provider Focus newsletter and an e-blast communication is emailed to all providers in the network with a link to the new edition of the newsletter. The first edition of the Provider Newsletter covered the following topics:

- Introduction to the CSoC Medical Director
- Network Management Specialists contact and region information
- Update to All Provider conference calls
- Updating Provider Information
- Licensed Mental Health Professionals/Outpatient Services and Short-Term Respite rate increase
- Member newsletter information
- Regional Advisory Conference

In 2019, Magellan of Louisiana created the Regional Advisory Conference (RAC). Magellan collaborates and coordinates the conferences with Wraparound agencies in each of its nine regions and has guest speakers on various topics such as CSoC, agency collaboration, wraparound, cultural competency, and suicide prevention. The conference connects Magellan with representatives from our statewide Family Support Organization (FSO), behavioral health providers, local school systems, child-servicing state agencies, law enforcement, and the juvenile justice system. The group participates in a roundtable discussion on the strengths and the improvement opportunities of our current behavioral health system.
12 RACs were held in the year of 2019 and 324 representatives attended.

Attendees were asked to complete a satisfaction survey at the end of each conference. Elements of the survey included:

- Identified types of providers that participated.
- Type of their interaction with Magellan (i.e., quality, network, clinical, member services, other)
- Their view of what is working with the Coordinated System of Care.
- Opinion on what is NOT working with the Coordinated System of Care, and recommendations.
- Topics of interest for future Advisory Conferences.
- Feedback was entered into an Access database and will be compared once enough information is gathered across the state.

Magellan collected 172 completed surveys. Survey data collected at the meeting indicated participants were positively impacted with the RAC, including:

- 92% reporting positive satisfaction with Regional Advisory overall

- 87% reporting that the presentation increased participants' knowledge of the CSoC program and provider issues.
- 78% reporting that the presentation increased participants' knowledge of provider issues.

Magellan was also able to gather direct insight from our stakeholder in areas that required further development, including the need for more trainings to support our network providers. This initiated action on the part of our CSoC Medical Director, Dr. Richard Dalton, who is leading the clinical and quality teams on implementing initiatives to offer our providers resources and trainings on evidence-based clinical interventions.

Member and Family Member Communications

Magellan of Louisiana develops and implements an annual Member Education Plan, which details member education activities and materials scheduled to be implemented throughout the year. A summary of all member education and community outreach efforts is submitted to LDH within thirty (30) days of the end of the calendar year.

In 2019, the following communications and activities were completed to support our youth and families:

- CSoC Member Handbook distributed to youth and families by the Wraparound Facilitator upon enrollment in CSoC. The member handbook is updated annually. Topics included in the handbook include, but is not limited to:
  - Contact information
  - Language assistance and translation service
  - How to get CSoC services
  - Specialized services for children
  - How to change providers
  - Grievances, Appeals, and State Fair-Hearing procedures
  - Privacy Policies
  - Recovery, Resiliency, Wellness and Peer Support
  - Behavioral Health Care Services Offered
  - Non-covered Behavioral Health Services
  - Learn more about Wraparound
  - Behavioral Health & Educational Support Groups
  - State Agencies
  - Family Support Organization
  - Wraparound Agencies
  - Nondiscrimination notice

- Provision of online resources for youth and families on our Magellan of Louisiana website including, but not limited to:
  - Contact information with a toll-free number, TDD, TTY, and email address
  - Behavioral Health Crisis information
  - Member rights and responsibilities
  - Member Handbook (Spanish and Vietnamese versions available online)
  - Accessing Services
  - How to get help in another language
  - Health & wellness library
  - Grievances and Appeals
  - Community Events
  - Member resources including: Emergency preparedness and current events, CSoC Regional Map, Autism resources, EPSDT (Early and Periodic Screening, Diagnostic, and Treatment, and Recovery & Resiliency
  - Finding a Provider

- Member and family member behavioral health event and conference participation:
  - MY LIFE Baton Rouge

- High 5 Healthy Blood Drive & Health Fair
- Community in the Park
- Out of the Darkness Suicide Prevention Walks (Baton Rouge & Shreveport)
- NAMI Walks
- Empower 225 End of School Carnival
- Leaders in Training Summer Program
- Community Connections
- Turning Over a New Leaf Extravaganza
- MY LIFE Shreveport
- My Community Cares Christmas Celebration

Magellan of Louisiana also communicates information to members enrolled in CSoC through the quarterly edition of the CSoC Member Newsletter. The newsletter is distributed to youth and their families through direct interaction with the wraparound agencies. The newsletter is available on the Magellan of Louisiana website and available during community events. In 2019, the newsletters have included information on the following topics:

- Emergency Preparedness
- Community Events
- Contacting Magellan for assistance in another language
- Member Surveys
- Member Rights and Responsibilities
- How to Report Fraud, Waste, and Abuse
- Healthy Eating Tips
- Contacting primary health plan
- Searching for providers on our website
- What is a Mental Health Crisis and What to Expect When One Occurs?
- Family voice and choice
- Behavioral Health Awareness
- Get Connected – Website, Member Handbook, and Member Newsletter Information
- Preventive Tips & Awareness - Flu
- Parent Support and Training

Accreditation

Magellan's efforts to obtain NCQA's Managed Behavioral Healthcare Organization (MBHO) accreditation, for the CSoC program, are underway. Magellan Health is currently accredited as a Credentialing Verification Organization (CVO) through NCQA. The desktop review, for MBHO accreditation, is scheduled for April 2020 and the onsite review will be conducted in June 2020. Magellan has implemented a comprehensive accreditation project plan, which leverages well-established protocols and practices based on NCQA standards, to guide the accreditation process. The project plan will also organize our efforts to demonstrate and maintain high levels of excellence once accreditation is achieved.

Resources

The Magellan CSoC Unit Quality Program is well resourced, including centrally directed resources from Corporate that are administered locally. Corporate resources available to the CSoC Unit include but are not limited to the:

- Quality, Outcomes and Research Department which supports the CSoC by providing direction on the identification, implementation, and documentation of Quality Improvement Activities and Performance Improvement Projects, QI document templates, and by implementing satisfaction surveys for members, providers, and customer organizations.
- Analytical Services Department which provides the CSoC with data reports on several QI and UM indicators and provides consultation on report definitions and analysis.
- Network Services Department which supports the CSoC by verifying the accuracy of credentials submitted by providers for inclusion in the network.
- National Clinical Management Department which supports the CSoC through the development medical necessity criteria, clinical practice guidelines, and consultation on clinical, medical, and quality issues for all care and condition care management programs through meetings of the Corporate Committees that occur in the CSoC.
- Corporate Compliance Department through the development of policy and standards, monitoring of HIPPA and related privacy and security practices and through operation of the Magellan Fraud and Abuse department.

The CSoC QI program is supported locally through design, implementation, analysis, and reporting of QI data by technical resources, including but not limited to:

- Clinical Information System
- Claims System
- Eligibility/Authorization System
- Other Technical Resources

Analytical Resources include the following:

- Staff backgrounds in:
  - Computer programming
  - Healthcare data analysis
  - Research methodology
  - Healthcare data analysis
- Commercial Statistical Analysis Programs
  - Access
  - Excel
  - GeoNetworks®
  - SAS
  - SPSS
- Customized Programs Available
  - Ambulatory Follow-up Report
  - Compliments, Complaints, Grievances
  - HEDIS® 3.0
  - Member Satisfaction Survey System

- Monthly IUR Summary Report
- Practitioner Profiling Report
- Practitioner Satisfaction Survey System
- Readmission Report

Regulatory Compliance Monitoring

Magellan's Compliance team establishes a culture that promotes adherence to legal, contractual, and policy requirements. The team supports continuous quality improvement efforts through the prevention, detection and remediation of compliance issues. The Compliance team also proactively identifies and assesses compliance risks and provides education and training to the CSoC staff.

Prevention efforts are focused on education and screening, and include the following:

- Ensuring that operational policies and procedures are documented and reviewed annually for updates;
- Compliance-specific new hire and refresher training including Magellan's Code of Conduct, FWA and HIPAA Privacy and Security;
- Screening all prospective employee, providers and vendors utilizing a variety of sources (e.g.., the Office of Inspector General List of Excluded Individuals/Entities, State exclusion lists, etc.) for names of excluded employees, contractors, providers, and vendors barred from participation in Federal and State health care programs;
- Annual risk assessments resulting in oversight of identified issues through closure.

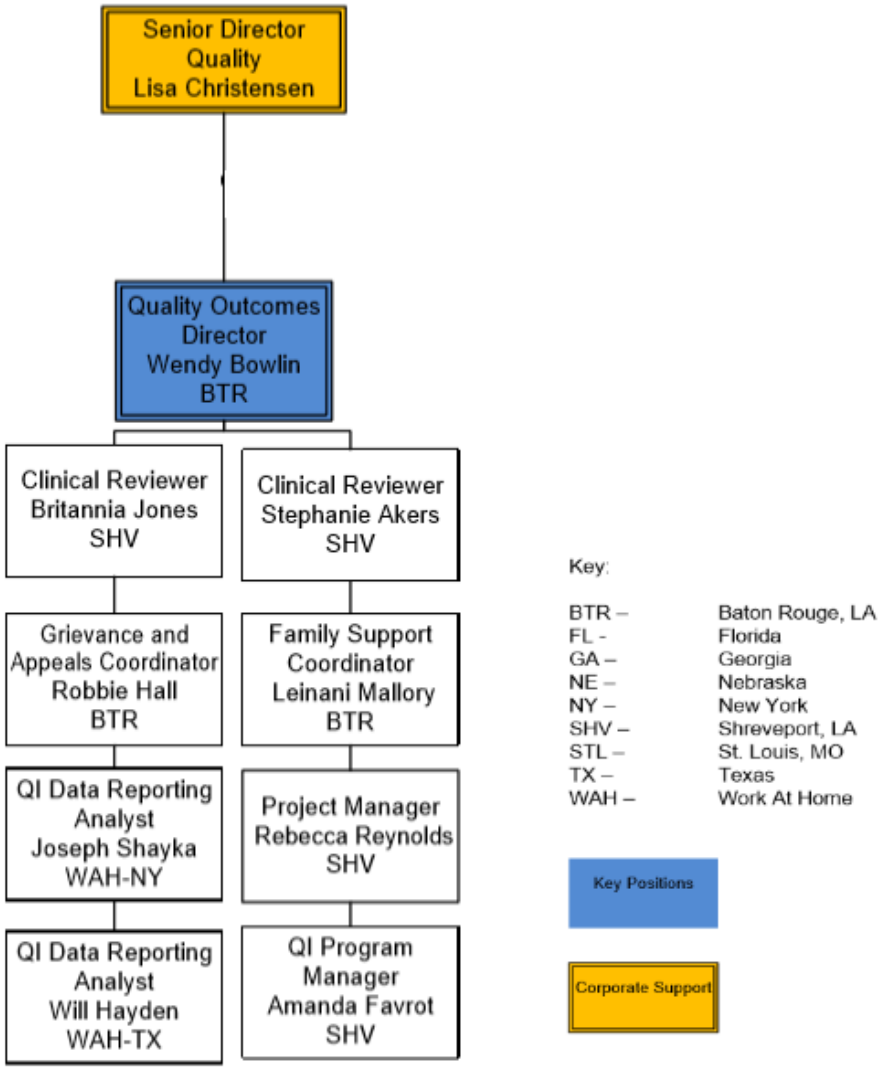
Detection efforts include the following:

- Responding to tips communicated via Magellan's Compliance Hotline used by employees and members to report potential compliance issues, suspected FWA, and/or other concerns related to our Code of Conduct;
- Preventing fraud, waste and abuse through data analyses, desktop/onsite audits, investigations and retrospective reviews of data;
- Conducting utilization management-focused audits including provider chart audits and onsite reviews, member service verification audits and post-payment audits;
- Reviewing claims payments, outliers in utilization and cost and conducting predictive analytics and social network analyses.

In 2019, the Compliance team acknowledged all Hotline referrals within 3 days and maintained a 100% completion rate for all employee Annual & New Hire Compliance training. All SIU investigations were completed within established timeframes and Magellan had a 98% response rate for member verification of services surveys.

Also, the compliance team participated in reviews conducted by the Independent Peer Review Organization and the Louisiana Department of Health's Program Integrity unit. All findings were addressed within the required timeframes.

Appendix 1– CSoC Unit Organization Chart



Appendix 2 – CSoC Unit Resources

The maximum enrollment in the CSoC program, for a single point in time, is 2,400 members. The following table outlines the staff resources going into 2019, based on Full Time Equivalents (FTEs) allocated to meet the needs of the QI program.

Louisiana CSoC Unit Staff	Percent of FTE Allocated to QI
CSoC Program Director	10%
Chief Medical Director	25%
CSoC Clinical Director	25%
Manager Clinical Services	10%
Member Service Administrator	10%
Compliance Officer	25%
Quality and Outcomes Director	100%
QI Project Manager (2)	100%
Family Support Organization (FSO) Coordinator	100%
QI Clinical Reviewer (2)	100%
Appeal and Grievance Coordinator	100%
Lead Data Reporting Analyst (1.5)	100%
Managed Care Organization Liaison	25%
CSoC Coordinators (5)	50%
Provider Network Director	20%
Network Coordinators (2)	50%

Corporate Staff	Percent of FTE Allocated to QI
Vice President Quality Improvement	25%
National Director, Quality Improvement	10%
National Director, Quality & Accreditation	15%
Vice President, Outcomes & Evaluations	20%
Chief Medical Officer – Behavioral Health	10%

Technical Resources

- Clinical Information System
- Integrated Product (IP)
- Claims System
- CAPS
- Eligibility/Authorization System
- IP
- Other Technical Resources
- Microsoft® Office Suite
- Provider Stand Alone Search
- Visio® Basic
- Microsoft® Project

Analytical Resources

Staff backgrounds in:

- Computer programming
- Healthcare data analysis
- Research methodology
- Lean Six Sigma process
- Commercial Statistical Analysis Programs
- Access
- Excel
- GeoNetworks®
- SAS
- SPSS
- Customized Programs Available
- Ambulatory Follow-up Report
- Compliments, Appeals, Grievances
- HEDIS®®
- Member Satisfaction Survey System
- Monthly IUR Summary Report
- Practitioner Satisfaction Survey System
- Practitioner Profiling Report
- Intensive Care Manager Reports
- Readmission Report