

Coordinated System of Care (CSoC) Contractor

# Quality Assurance / Performance Improvement Program Evaluation



Magellan Health of Louisiana  
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# 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 the Louisiana Department of Health (LDH) as the Coordinated System of Care (CSoC) Contractor. Magellan is responsible for coordinating and managing 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 build a unique team of members invested in their success to develop a novel approach to treatment that meets their unique behavioral needs. Integrating services into one coordinated plan allows for 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 approach that unifies systems, encouraging the sharing of knowledge and resources across state agencies.

## Program Description

The Coordinated System of Care in Louisiana is a specialty program unlike any other comprehensive behavioral health treatment approach. 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 length of time, from the right provider. Above all, CSoC aims to keep youth safely in their own homes and assist them to function optimally within their communities.

Magellan's 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

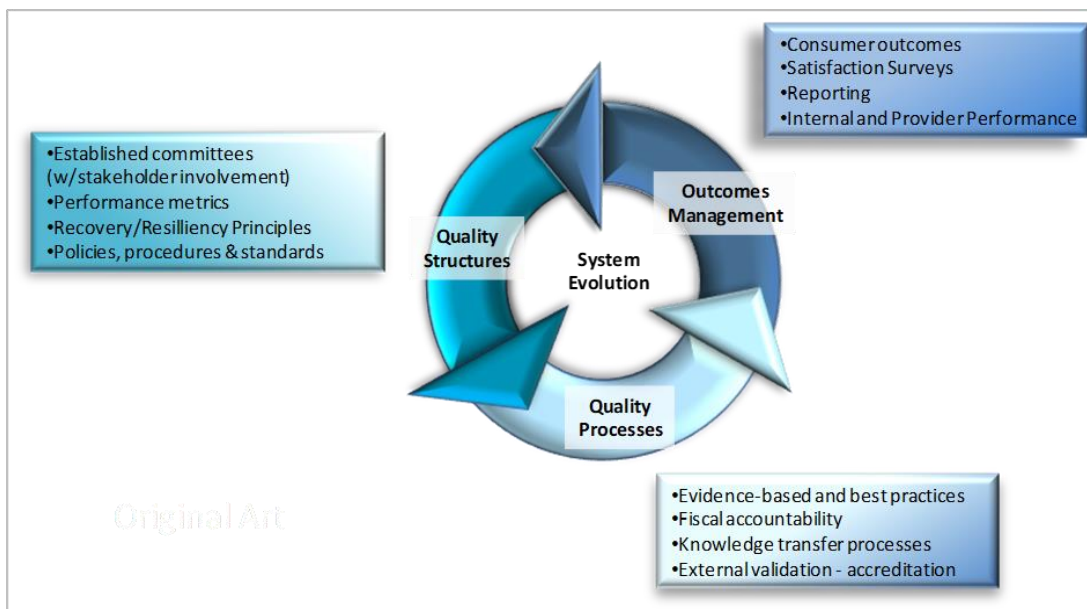
Magellan's Quality Improvement (QI) Program is member-focused and includes the objective and systematic monitoring of quality, recovery, and resiliency-focused healthcare services provided to Louisiana youth and families. We leverage our extensive national experience in managing specialty behavioral 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, Syralja Griffin. The QI program is managed by the Director of Quality and Outcomes, Wendy Bowlin, and overseen by the CSoC Medical Director, Dr. Jamie Hanna, who is supported by regional and corporate staff. The Louisiana CSoC Quality Improvement Committee (QIC) provides local oversight of the QI program. 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 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 continuously measuring outcomes by enacting structures to monitor quality and integrating that data to drive program decisions and innovations.

# Population Assessment

Magellan is committed to providing effective, equitable, understandable, and respectful care and services that are responsive to the diverse demographics of CSoC membership. To facilitate successful collaboration and achievement of goals, Magellan recognizes that CSoC team members, including Wraparound Facilitators (WAFs) and formal providers, must have an inherent understanding of and respect for the diversity of expression, opinion, and preference among the youth and families served. Through this respect, the principle of family voice and choice is achieved in the Wraparound process. Magellan demonstrates our high regard for this principle by embracing families where they are and promoting strong connections with natural supports in their communities. Cultivating a sustainable connection to community supports allows for continued positive outcomes after discharging from CSoC.

Cultural competence provides care that meets an individual's unique cultural needs. To successfully provide culturally competent care, our membership must be continually analyzed to identify youth and families' cultural, linguistic, and social needs. Like the Wraparound model, Magellan demonstrates respect and builds on the values, preferences, beliefs, culture, and identity of the youth and families served, focusing on the individual and community culture unique to each member.

Magellan collects member demographic data, including but not limited to ethnicity, race, gender, sexual orientation, religion, and social class, so that providers may respond appropriately to the cultural needs of CSoC youth and families. Demographic data is collected in many ways, including Magellan's member record, eligibility data feeds, and through routine assessments [i.e., the Independent Behavioral Health Assessment (IBHA) and the Child and Adolescent Needs and Strengths (CANS) assessment]. Member demographic data is collected voluntarily and is not required to be disclosed.

Magellan conducts an annual assessment of CSoC members and providers to assess characteristics of their cultural, ethnic, racial, and linguistic needs. When opportunities for improvement are identified, Magellan adjusts the availability of practitioners within its network to meet the needs and preferences of the CSoC membership. This section of our program evaluation provides a comprehensive assessment of those characteristics, a review of social determinants of health, and an analysis of potential mental health disparities. The section also includes strategies to support culturally competent service delivery and identify member needs that must be addressed through complex case management and quality initiatives in 2024.

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

- Members Served
- Geographic Classification and CSoC Region
- Gender, Race, and Ethnicity
- Linguistic Needs
- Children and Adolescents
- Diagnostic Prevalence (including SED)
- Intellectual/Development Disabilities

- Involvement with Child-Serving State Agencies

## Member Demographics

Magellan has established a comprehensive data collection system for accurately capturing member demographics. This framework plays a crucial role in the reporting process, particularly in the quarterly report deliverable Quality Management (QM) 05 - CSoC Demographics. The section at hand delves into the demographic data, including race, ethnicity, gender, age, primary language, and geography, for the unduplicated youth enrolled in CSoC during the year 2023. This data is pivotal in understanding and catering to the diverse needs of the youth served.<sup>i</sup>

### Members Served

The primary data source for member demographics combines Medicaid eligibility and authorization data housed in Magellan's internal care and utilization management system. CSoC is a CMS waiver-funded 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 who traditionally experience barriers to accessing healthcare. Anyone with the consent of the youth and family can initiate referrals to the program. CSoC can be accessed by up to 2,900 youth at any given time. The CSoC program served 3,913 unique members from 01/01/2022 through 12/31/2022 and 3,785 unique members from 01/01/2023 through 12/31/2023.

Figure 1 below depicts CSoC enrollments for the past five years, including a drop in 2020 and a rebound in 2022. In 2023, the total number of unique enrollments fell by 128 but was still above the two-year low observed during the height of the COVID-19 pandemic. Figure 2 provides the number of enrollment-based authorizations on the last day of each month. In 2023, the number of enrollments peaked in July at 2,247 before declining for the next three months.

Figure 1. Unique Enrollments by Year, 2019 – 2023

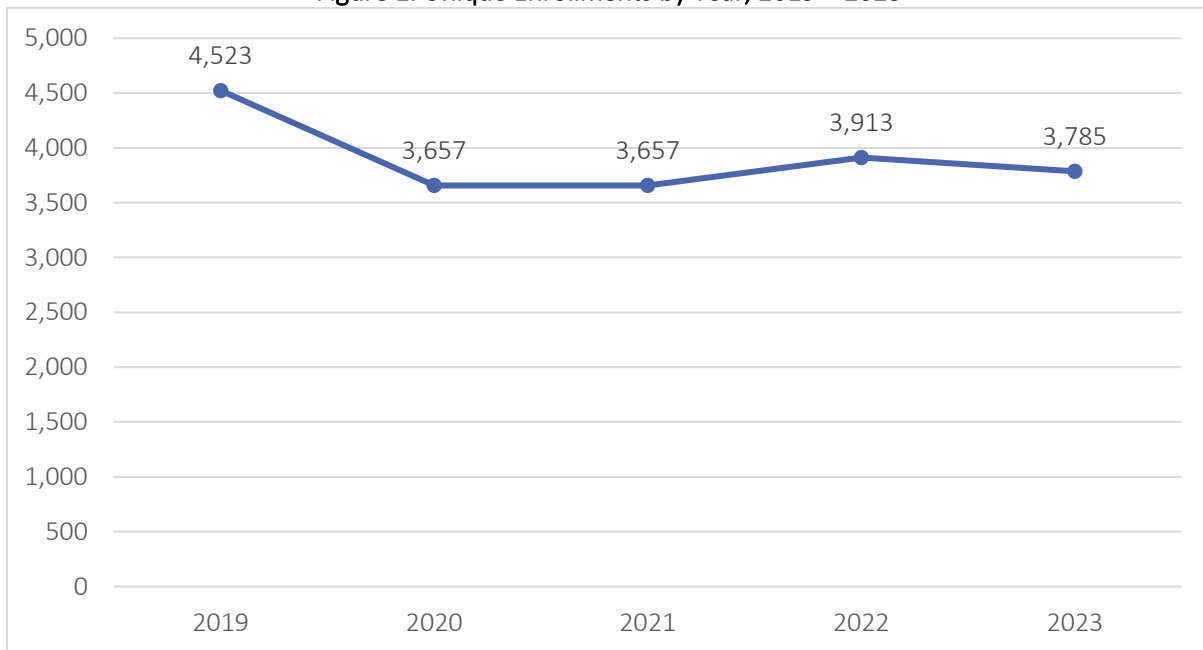
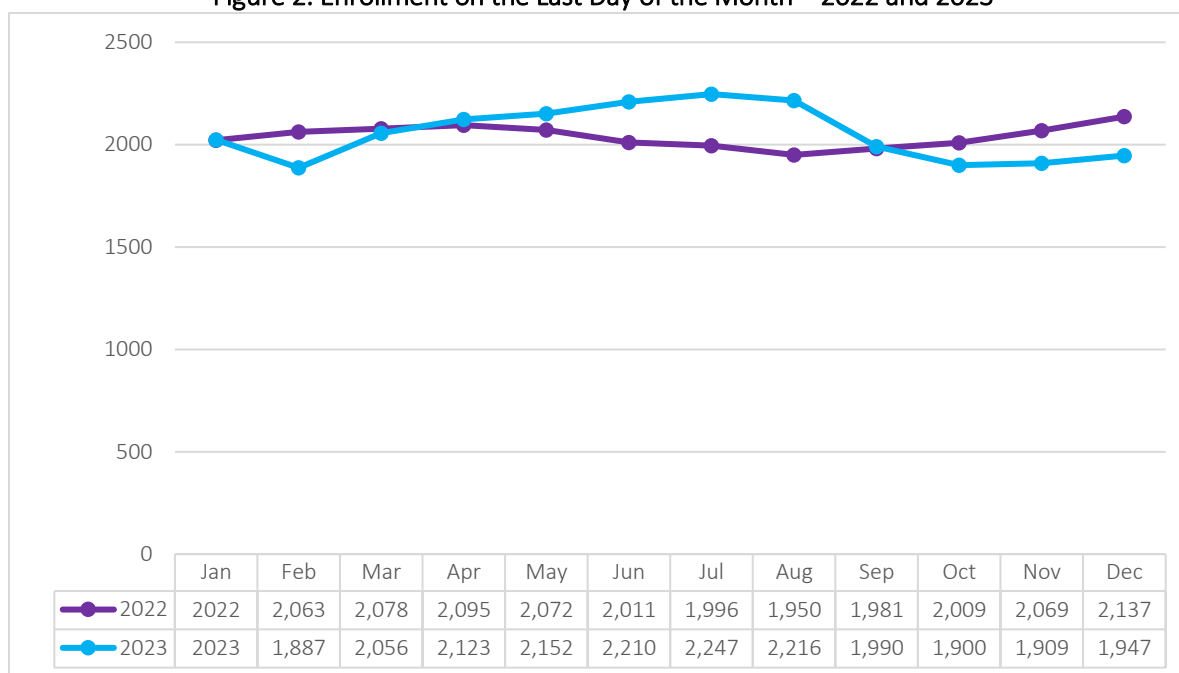


Figure 2. Enrollment on the Last Day of the Month – 2022 and 2023



## CSoC Regions

In this section, regional censuses are examined to understand the factors that contributed to changes in enrollment described above. 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 urban and rural areas, three regions have a more significant percentage of members residing in urban communities. These are Region 1 (New Orleans), Region 2 (Baton Rouge), and Region 8 (Shreveport).

Magellan continually evaluates regional enrollment trends to ensure members from all regions can access CSoC.<sup>ii</sup> Region 9 had the highest census for the past two years, accounting for 20.6% of the total CSoC population in 2022 (N = 3,913) and 21.7% in 2023 (N = 3,785). Regions 6 and 8 represented the lowest enrollment, accounting for 6.0% and 7.0% of the total population in 2023, respectively. Significant declines were observed in regions 1 and 2. Figure 3 graphically depicts changes in regional enrollments. From 2022 to 2023, average enrollments in region 1 fell by 48 and 84 in region 2. Regions 4, 5, 7, and 9 all saw increases in average annual enrollments. The most significant increase was observed in region 5, with 19 more enrollments in 2023 than in 2022.

Table 1. Average Annual Enrollment by Region

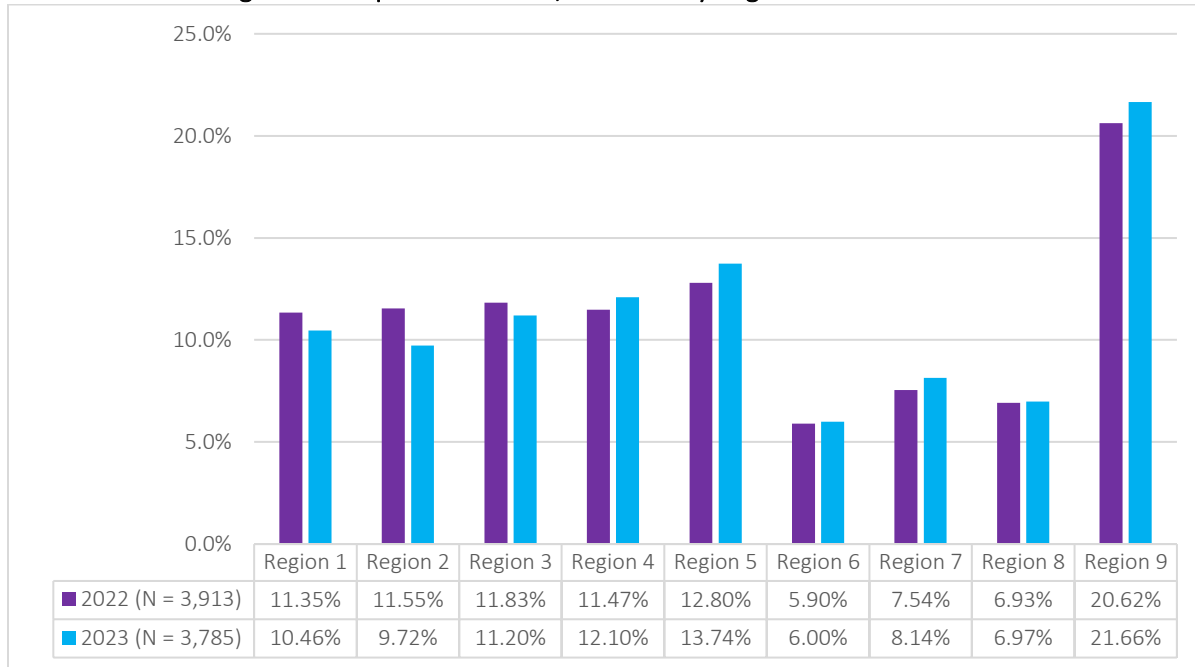
Race	2022		2023	
	Number	Percent	Number	Percent
Region 1	444	11.4%	396	10.5%
Region 2	452	11.6%	368	9.7%
Region 3	463	11.8%	424	11.2%
Region 4	449	11.5%	458	12.1%
Region 5	501	12.8%	520	13.7%
Region 6	231	5.9%	227	6.0%
Region 7	295	7.5%	308	8.1%



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Race	2022		2023	
	Number	Percent	Number	Percent
Region 8	271	6.9%	264	7.0%
Region 9	807	20.6%	820	21.7%
Total	3,913		3,785	

Figure 3. Unique Enrollments, Stratified by Region – 2022 and 2023



## Geographic Classification

The geographic location of CSoC youth and families plays a crucial role in culture and access to care. Additionally, the location of residence contributes to youth's exposure to crime, weather events, access to public transportation, and availability of resources. 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 to have access to playgrounds, community or recreation centers, parks, and other resources than their rural peers. Pediatricians and family physicians are key providers of basic behavioral health services. Healthcare providers in rural areas are less likely than their urban counterparts to provide behavioral health services to children and adolescents.

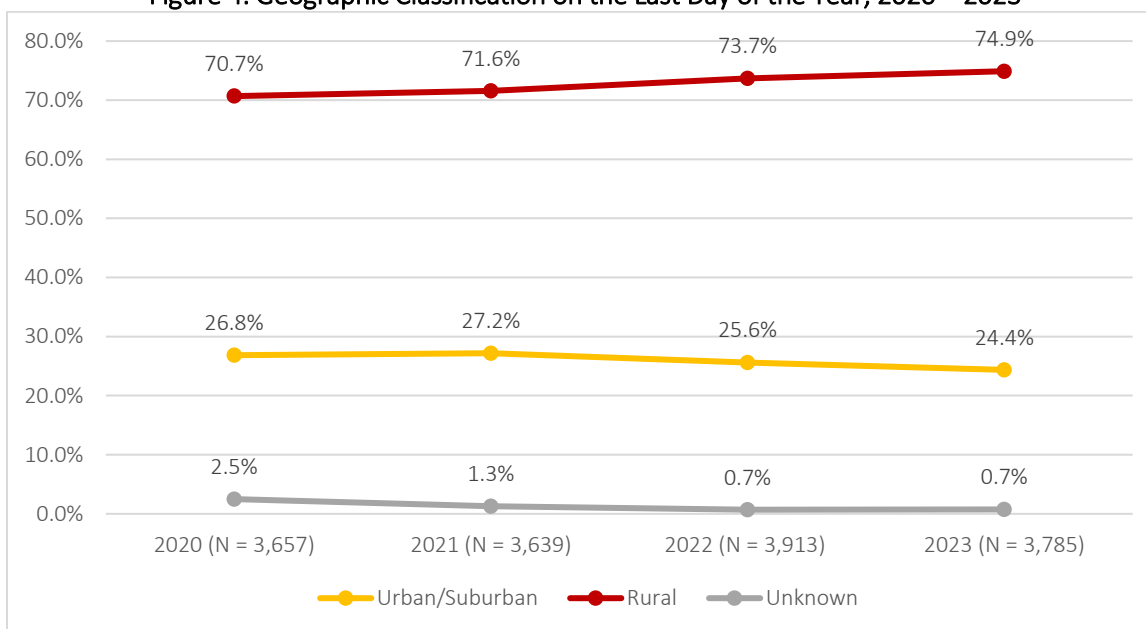
Table 2 below shows that most CSoC members, or 74.9% (N = 3,785), reside in rural settings. The remaining 24.4% resided in urban settings. These rates, like those in 2022, indicate the geographic makeup of CSoC members remains consistent.

Figure 4 examines trends in CSoC members' geographic classification over the past four years, demonstrating an inverse relationship. As the percentage of members classified as living in rural areas steadily increases, those classified as residing in urban or suburban areas decreases. This shift is driven by reductions in enrollments in urban regions, such as 1 and 2, and increases in enrollments in more rural regions, such as 4, 5, and 9.

Table 2. Geographic Classification on the Last Day of the Year

Member Group	2022		2023	
	Number	Percent	Number	Percent
Urban/Suburban	1,003	25.6%	922	24.4%
Rural	2,883	73.7%	2,835	74.9%
Unknown	27	0.7%	28	0.7%
Total	3,913	100%	3,785	100.0%

Figure 4. Geographic Classification on the Last Day of the Year, 2020 – 2023



Magellan is committed to targeting communities with known disparities in access to care. Rural adolescents are more likely to live in low-income households than adolescents in urban areas, and poverty is a reality for many Louisiana residents. While nearly four years have passed since the start of the Covid-19 pandemic, families continue to struggle to recover financially. The US Census Bureau reports that, in 2022, 19.6% of Louisiana residents lived in poverty, a rate second only to Mississippi.

Poverty rates specific to children are even more devastating. As reported by the US Census, the 2022 Child Poverty Rate for Louisiana was 24.6%, behind only Mississippi (26.4%) and West Virginia (25.0%)<sup>1</sup>. Also, according to an analysis of Bureau of Labor (BLS) data, Louisiana is one of the states experiencing the highest inflation rates, at over 7%, increasing costs of utilities, food, and housing<sup>2</sup>. Growing up in poverty can create significant challenges for youth and families in urban and rural communities.

The CSoc program provides every youth and family with a WAF to assist in developing a comprehensive Plan of Care (POC) that includes strategies and services to address functional and clinical needs. In addition to care

<sup>1</sup> United States Census Bureau. (2023, December). Poverty Rate Varies by Age Groups [Webpage]. Retrieved from <https://www.census.gov/library/stories/2023/12/poverty-rate-varies-by-age-groups.html>

<sup>2</sup> Kaushal, T. Yahoo Finance: Inflation is Still Hitting Certain States Particularly Hard. February 22, 2023. <https://finance.yahoo.com/news/inflation-impact-states-map-135604875.html>

planning, CSoC provides access to specialized waiver support services only available through the CSoC Program. Specialized waiver service providers meet CSoC youth and families in their homes and communities and provide additional support, such as peer support, respite, and skill development. These additional support services assist youth and families in accessing available healthcare services and community resources regardless of geographic classification or financial means.

## Gender, Ethnicity, and Race

Many behavioral health studies have found disparities in access, use, and quality of behavioral health services among diverse ethnic and racial groups in the United States. Because this is a variable that can impact behavioral health outcomes, Magellan consistently monitors the race, gender, and ethnicity of our membership.

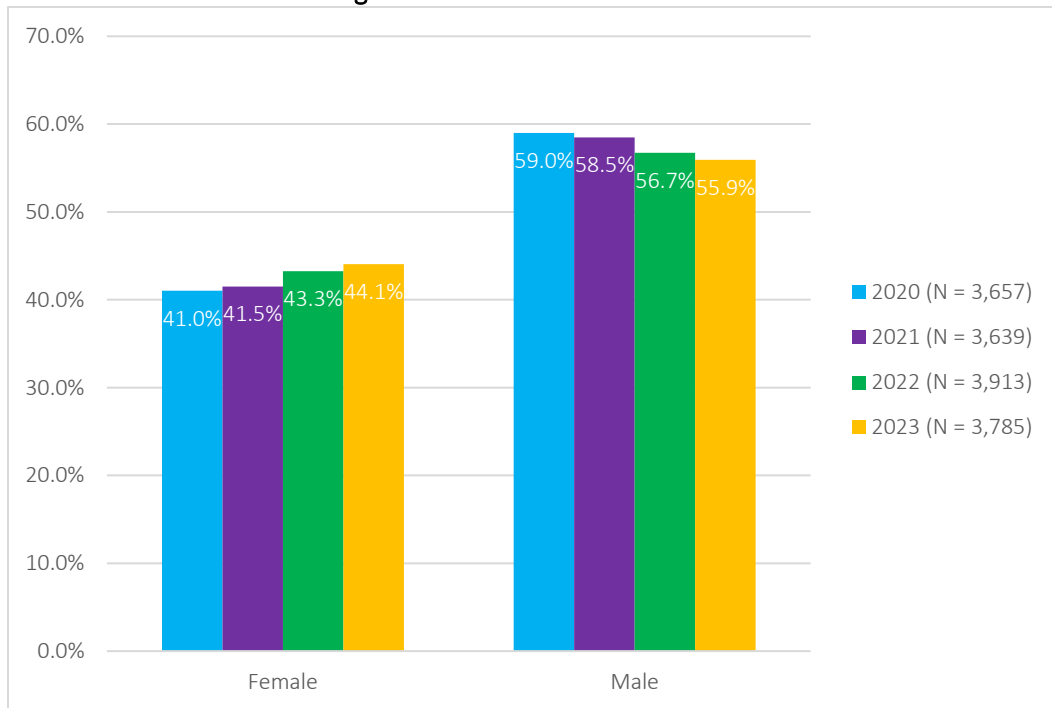
### Gender

Table 3 indicates that in 2023, 44.1% of CSoC members were female, and 55.9% were male.<sup>iii</sup> This gender ratio was similar in 2022, though when examining gender rates longitudinally, as in Figure 5, a trend emerges. Since 2020, enrollment of female members has gradually increased while that of males has slightly decreased, a trend that Magellan continues to monitor.

Table 3. Gender of CSoC Members

Gender	2022		2023	
	Number	Percent	Number	Percent
Female	1,693	43.3%	1,668	44.1%
Male	2,220	56.7%	2,117	55.9%
Total	3,913	100%	3,785	100%

Figure 5. Gender of CSoC Members



## Race

Table 4 delineates the number and percentage of enrolled youth by race in 2022 and 2023, with Figure 6 showing results from 2020 to 2023. In 2022, individuals identifying as Black/African American constituted the majority at 50.2% (N = 1,965) of the population. In 2023, this group slightly increased to 51.7% (N = 1,958), marking a 1.5% rise in their proportional representation. White individuals represented the second-largest group, comprising 43.3% (N = 1,694) in 2022, which marginally increased to 44.2% (N = 1,674) in 2023, a difference of 0.9%.

In 2023, the American Indian/Alaskan Native category showed a nominal increase to 0.9% (N = 33), a 0.1% rise from 2022. The Native Hawaiian/Pacific Islander group experienced a slight decrease to 0.2% (N = 8). The proportion within the Asian category remained consistent at 0.1% (N = 4). The Unknown/Unspecified category observed a notable increase from 0.3% (N = 10) to 1.9% (N = 72), marking a 1.6% increase.

In 2023, the proportion of CSoC members identified as multi-racial decreased to 0% from the previous year's 3.6% (N = 142). Although this appeared counter to previous years' reports (which showed an upward trend), the reduction was not caused by a change in the demographic composition of the youth but was instead a consequence of altered technical specifications for categorizing race, described in greater detail below.

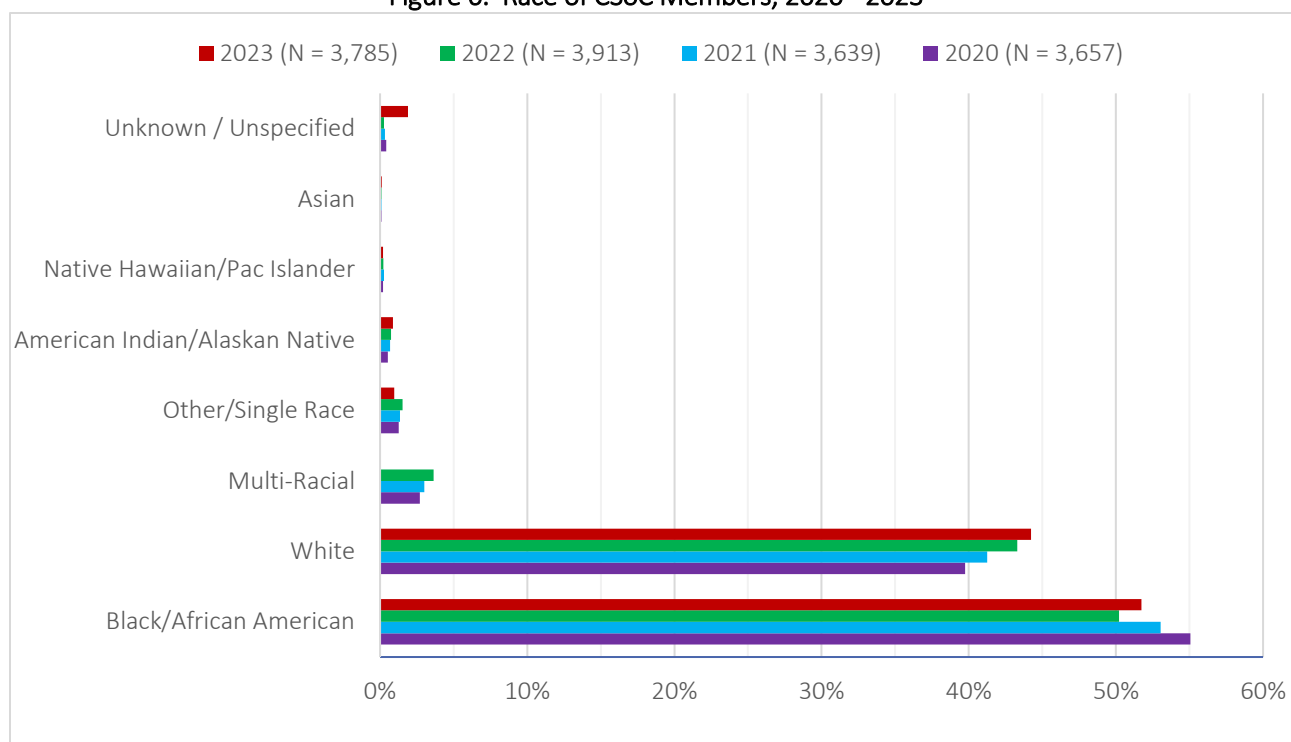
Since transitioning to the standalone CSoC contract on December 1, 2015, all available eligibility files, including the CSoC, MCSOC file, and the Louisiana Behavioral Health Partnership (LBHP), or STOLA file, which expired on November 30, 2015, were used when reporting member race demographics. Individuals were classified as "multi-racial" when discrepancies in racial data occurred between the two files – e.g., STOLA showed White and MCSOC showed Black/African American. At the time, the approach was appropriate to manage inconsistencies between the files, especially when the contract's start and end dates were closer in proximity.

As Magellan transitioned to a new care management platform, TruCare, on July 1, 2023, the CSoC Unit's quality data analysts conducted a comprehensive review of source codes, which included QM 05 – CSoC Demographics. At that time, the code was updated to exclusively use the MCSOC file for race data. As a result, youth previously reported as "multi-racial" were recategorized, contributing to the increases observed in Black/African American and Unknown/Unspecified groups. Following discussions with LDH, it was determined that Magellan would henceforth use only the MCSOC file for demographic reporting, establishing a new baseline for monitoring race.

**Table 4. Race of CSoC Members**

Race	2022		2023	
	Number	Percent	Number	Percent
Black/African American	1,965	50.2%	1,958	51.7%
White	1,694	43.3%	1,674	44.2%
Multi-Racial	142	3.6%	—	N/A
Other/Single Race	60	1.5%	36	1.0%
American Indian/Alaskan Native	29	0.7%	33	0.9%
Native Hawaiian/Pac. Islander	9	0.2%	8	0.2%
Asian	4	0.1%	4	0.1%
Unknown	10	0.3%	72	1.9%
Total	3,913		3,785	

Figure 6. Race of CSoC Members, 2020 - 2023



## Ethnicity

Table 5 shows that the population of non-Hispanic/non-Latino members within the CSoC program decreased slightly from 97.0% (N = 3,795) to 96.9% (N = 3,667). The Hispanic/Latino population saw a more significant reduction from 2.4% (N = 92) to 1.0% (N = 39). Concurrently, there was an increase in members categorized as Unknown, from 0.7% (N = 26) to 2.1% (N = 79).

Upon review, Magellan ascertained that these changes were attributable to a revision in the coding process, where only the MCSOC file was utilized for ethnicity data, unlike in previous years, where both the LBHP and CSoC files were compared. This modification in data coding practice accounts for the observed decline in the reported number of Hispanic/Latino youth and the corresponding rise in unknown ethnicity values.

Table 5. Ethnicity of CSoC Members

Ethnicity	2022		2023	
	Number	Percent	Number	Percent
Non-Hispanic/Non-Latino	3,795	97.0%	3,667	96.9%
Hispanic/Latino	92	2.4%	39	1.0%
Unknown	26	0.7%	79	2.1%
Total	3,913		3,785	

## Practitioner and Provider Race and Ethnicity

Magellan Health's commitment to cultural competency is prominently reflected in its strategic implementation of the culture-based Wraparound model, complemented by a rigorous annual assessment of the racial and ethnic demographics of its healthcare providers. This systematic approach is critical to ensuring that the network's

composition aligns with the diversity of the populations it serves. As of December 31, 2023, the Magellan network, consisting of 488 practitioners, is characterized by mostly White/non-Hispanic practitioners (51.0%), followed by Black/African American practitioners (20.5%). The network's demographic profile reveals subtle yet informative year-over-year shifts, particularly a marginal decrease in the representation of White/Non-Hispanic and Black/African American practitioners from 2022 to 2023. This data-driven approach to monitoring and adjusting the network's composition aligns with contemporary healthcare diversity and inclusion practices, underscoring the significance of a provider network that accurately reflects the racial and ethnic diversity of its community.

Through its proactive and continuous demographic analysis, Magellan Health gauges the current state of its network's diversity and strategically identifies and addresses areas of unmet service needs. This is particularly critical in optimizing the efficacy of the Wraparound model, where the cultural congruence between practitioners and patients is essential. Magellan's commitment to enhancing its network in response to these demographic insights signifies a robust approach to cultural competency in healthcare. This strategy not only deepens the understanding of the network's diversity but also informs targeted initiatives aimed at enriching service provision, especially for underrepresented groups. Consequently, Magellan Health's approach exemplifies a dynamic and responsive model of healthcare provision aligned with the evolving demographic and cultural landscapes of the communities it serves.

**Table 6. Race and Ethnicity of Groups of Practitioners**

Race / Ethnicity	2022		2023	
	Number	Percent	Number	Percent
Asian / Pacific Islander	13	2.1%	9	1.8%
Black / African American	127	20.6%	100	20.5%
Declined	15	2.4%	13	2.7%
Hispanic	7	1.1%	6	1.2%
Multi-Racial	61	9.9%	58	11.9%
Native American	3	0.5%	1	0.2%
Other	1	0.2%	1	0.2%
Missing	16	2.6%	12	2.5%
Unknown	53	8.6%	39	8.0%
White / non-Hispanic	322	52.1%	249	51.0%
Total	618		488	

## Linguistic Needs

Table 7 denotes the primary language reported by CSoc youth in 2022 and 2023. In 2023, most CSoc members, accounting for 99.18% of total enrollees (N = 3,754), identified English as their primary language, increasing from 97.8% in 2022. Conversely, the proportion of members whose primary language is Spanish, decreased to 0.4% (N = 17). The presence of other languages, such as Vietnamese and American Sign Language (ASL), within the membership was minimal.

**Table 7. CSoc Membership Primary Language**

Language	2022		2023	
	Number	Percent	Number	Percent
English	3,827	97.8%	3,754	99.2%
Spanish	32	0.8%	17	0.4%

	2022		2023	
Language	Number	Percent	Number	Percent
Mandarin	0	0.0%	0	0.0%
Vietnamese	0	0.0%	1	0.0%
American Sign Language (ASL)	16	0.4%	11	0.3%
Not Declared	1	0.0%	0	0.0%
Unspecified	37	0.9%	2	0.1%
Total	3,913		3,785	

### Provider Languages

Magellan's network has shown significant linguistic diversity in both 2022 and 2023, as detailed in Table 8. In 2023, practitioners reported proficiency in sixteen languages other than English, highlighting the network's capacity to meet the diverse linguistic needs of the communities served. Spanish was the most prevalent non-English language among providers, with Hindi and Tagalog also being commonly reported. Additional languages such as Arabic, Urdu, French, and Telugu further demonstrate the multilingual capabilities of the network.

In terms of language proficiency, most providers in 2023 were proficient in English only, but there was also a noteworthy proportion who were multilingual. Specifically, 13.3% of providers were bilingual, trilingual, quadrilingual, or even pentalingual. This range of language skills is particularly significant considering the predominantly English-speaking composition of the network's membership, showcasing a strong alignment between the providers' linguistic abilities and the members' needs.

Table 8. Providers by Languages Spoken

	2022		2023	
Language	Number	Percent	Number	Percent
Arabic	9	0.8%	9	1.0%
Burmese	1	0.1%	0	0.0%
Creole Haitian	1	0.1%	0	0.0%
Dutch	1	0.1%	1	0.1%
English-Only	927	85.0%	818	86.7%
French	9	0.8%	8	0.8%
German	3	0.3%	2	0.2%
Gujarati	1	0.1%	1	0.1%
Hindi	34	3.1%	22	2.3%
Indian	4	0.4%	6	0.6%
Portuguese	6	0.6%	6	0.6%
Punjabi	1	0.1%	0	0.0%
Russian	1	0.1%	1	0.1%
Spanish	82	7.5%	80	8.5%
Swedish	1	0.1%	1	0.1%
Tagalog	14	1.3%	16	1.7%
Telugu	7	0.6%	8	0.8%
Urdu	-		944	
Total	1,090		944	

**Table 9. Number of Languages Spoken by Provider**

Languages Spoken	2022		2023	
	Number	Percent	Number	Percent
English Only	927	85.0%	818	86.7%
2	114	10.5%	92	9.7%
3	39	3.6%	24	2.5%
4	8	0.7%	9	1.0%
5	2	0.2%	1	0.1%
<b>Total</b>	<b>1,090</b>		<b>944</b>	

### Language Assistance Services

Despite the noted decrease in linguistic diversity among providers from 2022 to 2023, Magellan continues processes to ensure the availability of translation and interpretive services. These include coordination by staff members for translating materials into various formats and overseeing translation requests by Magellan's local marketing manager. Information on accessing these services is also provided in member handbooks and other materials.

Magellan has contracted with Voiance for over-the-phone interpretation and Translation Station for on-site and remote video interpretation. Voiance, through CyraCom International, offers telephonic interpretation in over 200 languages, while Translation Station, established in 1998, provides interpretation in over 170 languages for on-site visits and more than 200 languages for video and phone interpretation. Performance measures for these services include goals for completion rates, no-show rates, and satisfaction rates.

Magellan also contracts with a Louisiana, veteran-owned company for written translation services and monitors performance metrics from its contracted vendors to ensure quality and customer satisfaction. The aim is to meet the linguistic needs of members, including those with limited English proficiency, by providing patient-related materials in the preferred language of identified service areas.

The data in Tables 10 – 12 provide a comprehensive overview of Magellan's language assistance services in 2022 and 2023, underscoring the network's adaptability and responsiveness to its members' linguistic needs. Table 10 illustrates Voiance's telephonic accessibility for Spanish interpretative services. In 2022, Voiance successfully managed twelve Spanish language calls, achieving a 0% call abandonment rate and an average speed to answer (ASA) of six seconds. This exemplary performance persisted into 2023, with the volume of calls increasing to seventeen while maintaining a 0% call abandonment rate and witnessing a minimal increase in ASA to seven seconds.

Table 11 details the provider visits that required interpretative services. In 2022, 172 provider visits necessitated interpretation, with the majority (96.5%, or 166 visits) catering to Spanish-speaking clients. American Sign Language (ASL) was utilized in only 0.6% (1 visit), and Haitian Creole in 2.9% (5 visits) of these instances. In 2023, the overall number of provider visits decreased to 90, with Spanish remaining the most requested language at 90.0% (81 visits), followed by a notable increase in ASL usage to 8.9% (8 visits), and the introduction of Communicative Development Inventories (CDI) at 1.1% (1 visit). There were no requests for Haitian Creole interpretations in 2023.

Table 12 provides insights into the types of language assistance service visits in 2023. The total visits reduced from 172 in 2022 to 90 in 2023, with a marked increase in in-person interpretations from 23.2% (40 visits) to



72.2% (65 visits). This uptick in in-person service is likely linked to the termination of the Public Health Emergency (PHE) in May 2023, which led to a complete resumption of in-person service delivery. Meanwhile, phone interpretations saw a substantial decrease from 32.0% (55 visits) to 4.4% (4 visits), and video interpretations declined from 44.8% (77 visits) to 23.3% (21 visits).

The data from 2022 to 2023 demonstrates Magellan's commitment to providing timely and effective language assistance services to CSoC members. The variations in service usage and types of interpretative services reflect the dynamic linguistic needs of members as they cycle through CSoC enrollment, typically lasting less than eighteen months (i.e., 448 days in 2022). Notably, no grievances or complaints were reported regarding the interpretative services provided in 2023, indicating satisfactory service delivery in meeting the diverse linguistic needs of CSoC members.

**Table 10. Language Assistance Services Voicance – Telephonic Accessibility**

Year	Language	Denominator	Call Abandonment Rate	Average Speed to Answer (ASA) Seconds
2022	Spanish	12	0%	6
2023	Spanish	17	0%	7

**Table 11. Language Assistance Service: Provider Visits by Year**

Language	2022		2023	
	Number	Percent	Number	Percent
American Sign Language	1	0.6%	9	10.0%
Haitian Creole	5	2.9%	0	0.0%
Spanish	166	96.5%	81	90.0%
Total	172		90	

**Table 12. Language Assistance Service: Provider Visits in 2023 by Type**

Type	2022		2023	
	Total	Percent	Total	Percent
In Person	40	23.2%	65	72.2%
Phone	55	32.0%	4	4.4%
Video	77	44.8%	21	23.3%
Total	172	100%	90	

## Quality Monitoring

Magellan monitors member treatment records, member grievances, and member experience of care survey results to ensure the language and translation services meet the needs of CSoC youth and families. The activities conducted in 2022 and 2023 are detailed and summarized in the tables below. Despite the small number of respondents, Magellan maintains processes for supporting the language needs of our members. Analysis of satisfaction and grievance data allows for continuous monitoring of prevalence rates for language preferences of our CSoC membership and ensures we respond quickly to any changing needs.

### Member Experience of Care Survey

In 2022, Magellan revised a specific question in their Member Experience of Care Survey to capture members' experiences more accurately with translation or interpretive services, both when contacting Magellan and during sessions with providers. The results from this revised survey, as shown in Table 13, indicate the effectiveness of these services in 2022 and 2023. In 2022, of the 286 respondents, five (or 1.75%) reported utilizing language assistance services. Among these respondents, 100% indicated that the services were helpful (N = 1) and improved their sessions with the provider (N = 5). Similarly, in 2023, out of 296 participants, five (or 1.69%) reported using language assistance services, with all respondents again reporting positively on the helpfulness (N = 1) and improvement in sessions with the provider (N = 5). These results reflect the consistent and positive impact of language assistance services in enhancing member experience within Magellan's care.

**Table 13. Member Experience of Care Survey – Language Assistance Services**

Question	Year	Num.	Yes / Positive	Neutral	No / Negative
Yes, I used language assistance services when contacting CSoc.	2022	286	1.75%	–	98.25%
	2023	296	1.69%	–	98.31%
The language assistance services received through CSoc (interpretation and/or translation services) were helpful.	2022	5	100%	0%	0%
	2023	1	100%	0%	0%
The language assistance services (interpretation, translation services) improve sessions with my provider.	2022	5	100%	0%	0%
	2023	5	100%	0%	0%

### Treatment Record Reviews

Treatment Record Reviews (TRRs) are essential in monitoring the cultural competency of CSoc network providers. These reviews, crucial for assessing service quality and effectiveness, particularly focus on how well providers are addressing language and translation service needs of CSoc youth and families. Utilizing Magellan-developed tools, approved by the Louisiana Department of Health (LDH), these reviews ensure adherence to state and federal regulations and LDH, CSoc, and Wraparound best practices.

Table 14 provides quantitative data from the reviews, indicating significant Family Support Organization (FSO) compliance in meeting language needs. In 2022, 98.1% of FSO records (104 out of 106) complied with requirements to include members' primary language and any translation needs. In 2023, compliance improved to 100%, with all 79 records meeting these criteria. This reflects a strong commitment to cultural competency within FSO.

The compliance in documenting members' primary language was also high for Formal Behavioral Health Service Providers, including CSoc Waiver Service Providers and Mental Health Rehabilitation/ Evidence-Based Practice (MHR/EBP) Agencies. In 2022, all 65 records reviewed were compliant, and in 2023, 44 out of 45 records met the criterion, yielding a 97.8% compliance rate. However, when applicable, the documentation of translation needs was an area identified for improvement. Notably, in 2023, there was no compliance in the single applicable record for translation needs.

The assessment and incorporation of language needs into treatment also showed a high compliance rate. In 2022, a 100% rate was achieved in assessing language needs; in 2023, 40 out of 41 records were compliant.

Incorporating identified language needs into treatment saw an 88.9% compliance rate in 2023, based on eight compliant records out of nine applicable cases.

After each review, immediate feedback is provided during debriefings, with technical assistance for non-compliant items. This process involves explaining determinations and instructing providers on necessary actions to achieve compliance.

In summary, the TRRs demonstrate a strong commitment by CSoC providers to cultural competency, particularly in documenting and addressing members' language preferences and translation needs. While high compliance rates are evident in documenting primary language and assessing language needs, the data highlights the need for further focus on documenting translation needs and consistently incorporating identified language needs into treatment plans.

**Table 14. Treatment Record Reviews – Language and Translation Assistance**

Treatment Record Review Element	2022			2023		
	Compliant Records	Records Reviewed	Rate	Compliant Records	Records Reviewed	Rate
<b>FSO</b>						
The record includes the primary language spoken by the member and any translation needs of the member.	104	106	98.1%	79	79	100%
<b>Formal BH Providers</b>						
The primary language spoken by the member is documented.	65	65	100%	44	45	97.8%
Any translation needs of the member are documented, if applicable.	0	0	–	0	1	0.0%
The language needs of the member was assessed (i.e., the preferred method of communication), if applicable.	56	56	100%	40	41	97.6%
Identified language needs of the member were incorporated into treatment, if applicable.	0	0	–	8	9	88.9%

## CSoC Youth with Specialized Needs

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 the emerging needs of youth and families.

### Children and Adolescent Members

Medicaid criteria for enrollment in CSoC limit eligibility to youth between the ages of 5 and 20, which means that the entire population is categorized as a child or adolescent. Because of this, Magellan's medical team is led by a Medical Director who is double board-certified in General Psychiatry and Child and Adolescent Psychiatry. Her knowledge and experience ensure this population's specialized clinical needs are addressed throughout all operation areas. In addition, CSoC enrollees 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.

In 2023, the Coordinated System of Care (CSoC) membership decreased by 128 youth; however, the overall distribution of ages in the CSoC membership in 2023 remained largely consistent with that of the previous year.<sup>iv</sup>

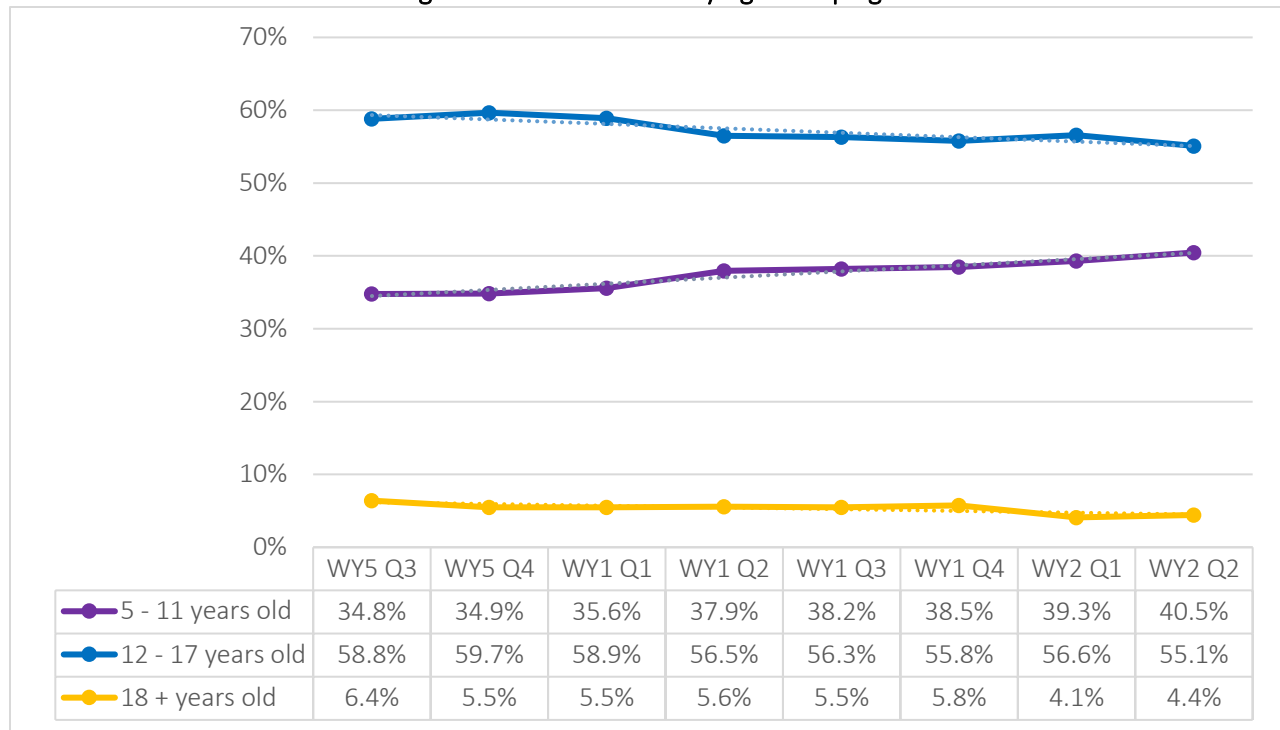
The largest age group within CSoC was 15-year-olds (N = 418) in 2023, shifting from 14-year-olds (N = 446) in 2022. Youth between 12 and 17 constituted 61.3% of the CSoC membership, equating to 2,319 members. Additionally, youth aged 5 to 11 represented 36.3% of the membership, totaling 1,373 members.

In 2023, the proportion of CSoC members who were children aged six years or younger was approximately 5.6%, corresponding to 211 members. In the age category of 18 years and older, the membership comprised approximately 6.2% of the total, which equaled 233 members in 2023. This decreased from the 2022 figure, with 271 members in this age group.

**Table 15. Age of CSoC Members**

Age	2022		2023	
	Number	Percent	Number	Percent
5	65	1.7%	65	1.72%
6	125	3.2%	146	3.86%
7	172	4.4%	149	3.94%
8	196	5.0%	196	5.18%
9	234	6.0%	254	6.71%
10	249	6.4%	250	6.61%
11	307	7.8%	313	8.27%
12	328	8.4%	328	8.67%
13	366	9.4%	355	9.38%
14	446	11.4%	414	10.94%
15	442	11.3%	418	11.04%
16	410	10.5%	369	9.75%
17	302	7.7%	295	7.79%
18	153	3.9%	140	3.70%
19	67	1.7%	53	1.40%
20	37	0.9%	32	0.85%
21	13	0.3%	8	0.21%
22	1	0.0%	0	0.00%
Total	3,913		3,785	

Figure 7. CSoC Members by Age Groupings



### Transition-Aged Youth

Transition-aged youth face a critical shift to adulthood, requiring support in developing essential adult functioning skills like employment, housing, education, and budgeting. Youth enrolled in CSoC have access to a specialized waiver support service, Independent Living/Skill Building (ILSB). ILSB is provided in a community setting, plays a vital role in equipping these youth with necessary skills, including life safety, emergency services access, budgeting, domestic tasks, health care maintenance, and transportation use.

To support and monitor the progress of these youth, Magellan's Care Managers utilize the Plan of Care (POC) Review Tool. The review process includes a comprehensive evaluation of the Plan of Care, the Independent Behavioral Health Assessment (IBHA), and the Child and Adolescent Needs and Strengths (CANS) survey, targeting continuous improvement and adherence to fidelity standards as communicated to Wraparound Agencies (WAAs).

A critical aspect of this process focuses on youth aged 19 to 21, ensuring their Plan of Care includes a comprehensive transition-to-adulthood plan, distinct from their graduation or discharge plan. Table 16 presents results from the POC Review Tool, targeting this age group in 2022 and 2023. In 2023, 93.0% of individuals in this age group had an appropriate transition plan, a slight decrease from 93.6% in 2022. Additionally, 98.1% of these plans successfully differentiated the transition plan from the graduation plan, a slight increase from 97.8% in the previous year. The results reflect the effective implementation and oversight of crucial elements in the CSoC program, affirming the commitment to facilitating a smooth transition for youth into adult life.

Furthermore, the effectiveness of the CSoC program in addressing the needs of these youth is measured through the CANS assessment. Among 1,156 youth with paired CANS assessments (initial and discharge), there was a significant decrease in actionable needs in Independent Living Skills, from 77.2% at the initial assessment to 39.3% at discharge, demonstrating a 49.2% reduction in prevalence. This decline highlights the positive impact of the CSoC program in supporting youth during their critical transition to adulthood.

**Table 16. POC Review Tool Items – Transition-aged Youth**

Indicator	2022		2023	
	Number	Percent	Number	Percent
If 19 or older, transition to adulthood plan included	840	93.6%	115	93.0%
Transition plan is not the same as graduation plan	812	97.8%	154	98.1%

### Serious Emotional Disturbance (SED)

A diagnosis defines a cluster of symptoms, experiences, or problems. Diagnosis may assist in treatment planning, connecting to others experiencing the same issues, and reducing the anxiety of the unknown. Specific diagnoses help people identify empirically supported treatments. In research spanning from 2016 through 2019, the Centers for Disease Control and Prevention (CDC) reported that the most diagnosed mental disorders in children are ADHD, anxiety, and depression<sup>3</sup>:

- 9.8% of US children aged 3 – 17 (approximately 6 million) have received an ADHD diagnosis.
- 9.4% of US children aged 3 – 17 (approximately 5.8 million) have been diagnosed with anxiety.
- 4.4% of children aged 3 – 17 (about 2.7 million) have been diagnosed with depression.

CSoC's clinical eligibility criteria require CSoC youth to have symptoms of a SED diagnosis that places them at risk for or residing in an out-of-home placement. Given the high acuity of CSoC members' conditions, Magellan must monitor the diagnostic prevalence of our membership to meet their needs effectively. Magellan also recognizes our responsibility to make tools and supports readily accessible for CSoC practitioners and providers, which is achieved by adopting, developing, and distributing clinical practice guidelines. Clinical practice guidelines are based on sound scientific evidence for best practices. Magellan requires that our providers become familiar with these guidelines, including the following diagnoses and conditions:

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

<sup>3</sup> Retrieved on 02/20/2021: <https://www.cdc.gov/childrensmentalhealth/data.html>

- Obsessive-Compulsive Disorder
- Panic Disorder
- Schizophrenia

Members enrolled in CSoC also receive a comprehensive assessment conducted by a licensed mental health professional (LMHP) at referral and at least every 180 days (about 6 months) thereafter. These assessments include clinical diagnoses to guide the services and strategies identified in youth's Plans of Care. In 2022, Magellan fully implemented a clinical quality improvement project designed to improve the quality of youth assessments and fully integrate assessors' clinical knowledge and experience into every step of treatment planning. Long-range planning for program sustainability prioritizes evaluating members' needs, determining necessary interventions, reducing health disparities, and enhancing internal and external training. To that end, Magellan also provides screening tools to ensure that assessors are adequately equipped to assess the areas of need most observed in children and adolescents. These needs include co-occurring substance use disorders, depression, trauma, and conduct. Please refer to this evaluation's [Screening Program Activities](#) section for a complete description of the tools used in CSoC.

### Diagnostic Prevalence

In this section, the top eighteen psychiatric diagnoses among CSoC youth in 2023 are examined, highlighting significant trends in disorders ranging from Attention-Deficit Hyperactivity Disorder to less common, unspecified illnesses.<sup>v</sup> Additionally, an "Other" category is included to encapsulate a variety of diagnoses not listed among the top 18, reflecting the broader scope of mental health issues affecting members. Diagnoses were categorized according to the classifications presented in Table 17.

In the year 2023, the analysis of the top 18 psychiatric diagnoses among a youth population revealed a diverse array of mental health conditions. Attention-Deficit Hyperactivity Disorder, Unspecified Type (F90.9) was the most prevalent diagnosis, accounting for 19.47% of youth. The second most common diagnosis was Autistic Disorder (F84.0), comprising 7.34% of the primary diagnoses. The third most prevalent disorder was Adjustment Disorder, Unspecified (F43.20), accounting for 6.10% of member diagnoses.

Among the other notable diagnoses were Major Depressive Disorder (both single episodes, unspecified, and recurrent, moderate) and Disruptive Mood Dysregulation Disorder, each accounting for slightly more than 2% of cases. Notably, Anxiety Disorder, Not Otherwise Specified (NOS), was first recorded in 2023, comprising 1.4% of the youth demographic. Additionally, conditions like Post-Traumatic Stress Disorder and Oppositional Defiant Disorder were also prevalent, highlighting the range of mental health challenges faced by the youth.

**Table 17. Top 18 Diagnoses for CSoC Members in 2023**

		2022		2023	
Diagnosis	Diagnosis	Number	Percent	Number	Percent
Mood Disorders	F31.9: Bipolar disorder, unspecified	59	1.5%	68	1.8%
	F32.9: Major depressive disorder, single episode, unspecified	97	2.5%	95	2.5%

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		2022		2023	
Diagnosis	Diagnosis	Number	Percent	Number	Percent
	F33.0: Major depressive disorder, recurrent, mild	78	2.0%	55	1.5%
	F33.1: Major depressive disorder, recurrent, moderate	79	2.1%	91	2.4%
	F34.81: Disruptive mood dysregulation disorder	74	1.9%	92	2.4%
Anxiety and Stress-Related Disorders	F41.9: Anxiety disorder, unspecified	N/A*	-	54	1.4%
	F43.10: Post-traumatic stress disorder, unspecified	110	2.9%	124	3.3%
	F43.20: Adjustment disorder, unspecified	293	7.6%	231	6.1%
	F43.23: Adjustment disorder with mixed anxiety and depressed mood	78	2.0%	68	1.8%
	F43.24: Adjustment disorder with disturbance of conduct	74	1.9%	70	1.8%
	F43.25: Adjustment disorder with mixed disturbance of emotions and conduct	92	2.4%	75	2.0%
Neuro-developmental Disorders	F84.0: Autistic disorder	239	6.2%	278	7.3%
	F90.0: Attention-deficit	83	2.2%	N/A*	-



		2022		2023	
Diagnosis	Diagnosis	Number	Percent	Number	Percent
	hyperactivity disorder, predominantly inattentive type				
	F90.1: Attention-deficit hyperactivity disorder, predominantly hyperactive type	133	3.5%	48	1.3%
	F90.2: Attention-deficit hyperactivity disorder, combined type	586	15.3%	459	12.1%
	F90.9: Attention-deficit hyperactivity disorder, unspecified type	661	17.2%	737	19.5%
	F91.3: Oppositional defiant disorder	197	5.1%	210	5.5%
Other Disorders	F99: Mental disorder, not otherwise specified	214	5.6%	362	9.6%
	R69: Illness, unspecified	79	2.1%	67	1.8%
	Other	687	17.9%	601	15.9%
	Total	3,913		3,785	

\* Diagnosis did not make the top eighteen in that year.

### Longitudinal Trends in Diagnostic Prevalence

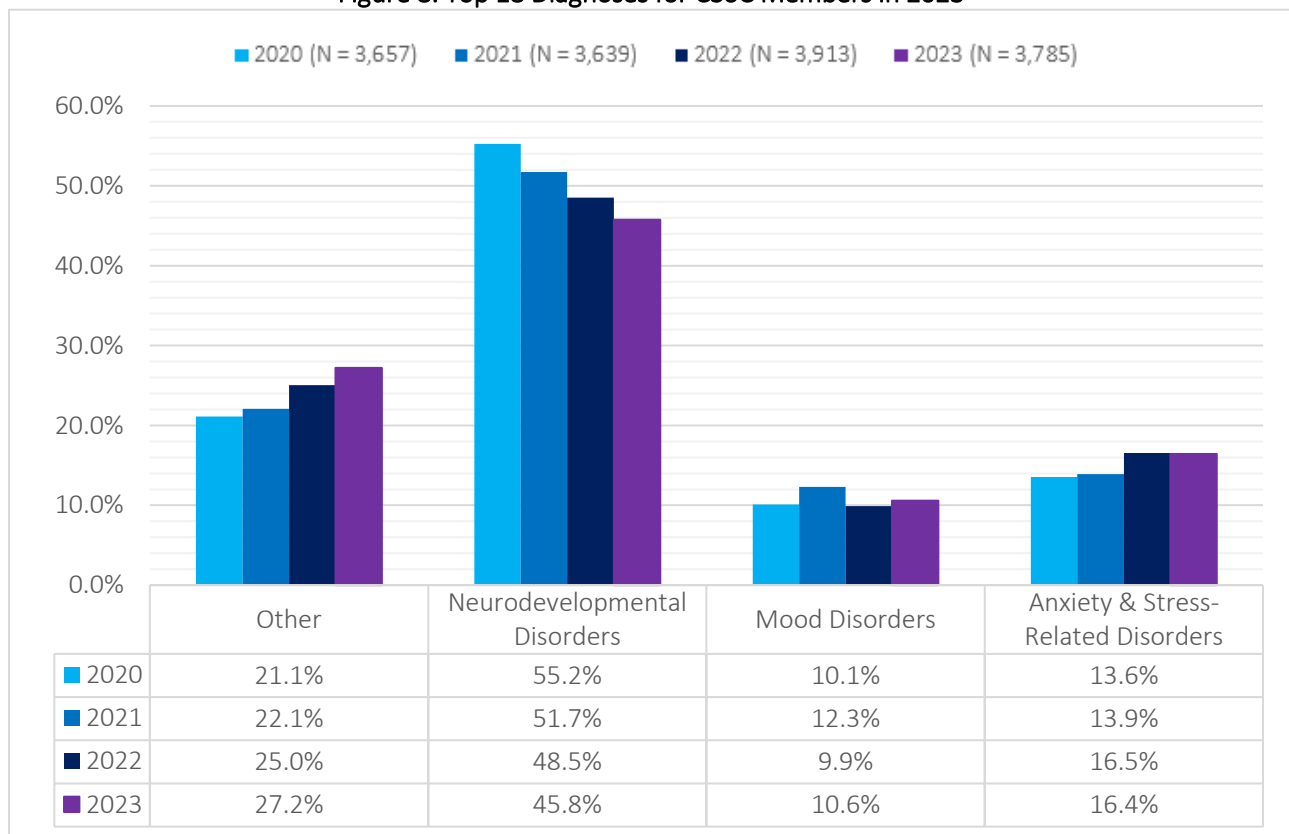
This section examines longitudinal trends in diagnostic prevalence among CSoc youth, as depicted in Figure 8. A notable finding was the substantial increase in the "Other Disorders" category since 2020, with a cumulative increase of 6.1 percentage points. This surge may be partially attributable to changes in diagnostic reporting protocols. Presently, diagnostic information is derived from Magellan's member records, initially gathered at the referral, and further refined during the evaluation of the youth's initial treatment plan. Initial diagnoses at the time of referral are typically broad, falling under general categories such as Mood Disorder, Not Otherwise Specified (NOS), or Illness, Unspecified. This specificity of diagnosis typically increases during the initial assessment and creation of the Plan of Care. In July 2022, the timeframe for the submission of the initial Plan of Care (POC) was extended from 30 to 45 days post-referral. This modification led to an increase in processed

referrals in 2022 and 2023, suggesting that a larger proportion of youth were categorized within the interim period between referral and the completion of the comprehensive assessment.

The prevalence of diagnoses in the Mood Disorders category both rose and fell from 2020 to 2023. Within this category, individual disorders fluctuated, resulting in a modest net rise of 0.5 percentage points from 2020 to 2023. The prevalence of anxiety and stress-related disorders demonstrated variability, culminating in an overall increase of 2.9 percentage points since 2021. Post-Traumatic Stress Disorder (PTSD) exhibited minor fluctuations over the years, with a total increase of 1 percentage point from 2020 to 2023. Adjustment Disorders experienced a slight increase of 0.5 percentage points since 2020.

There was a significant decline in Neurodevelopmental Disorders, which decreased by 9.5 percentage points since 2020. This marked decrease was primarily due to a reduction in diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD), which fell from 43.3% of youth diagnoses in 2020 to 32.9% in 2023. Additionally, there was an increase in diagnoses of autism spectrum disorder, rising by 2.1 percentage points. Magellan monitors adherence to clinical practice guidelines for Suicide Risk, ADHD, Trauma-informed Care, and Conduct Disorders through the treatment record review process described in this report's Treatment Record Reviews section.

**Figure 8. Top 18 Diagnoses for CSoc Members in 2023**



## Looking Forward

Magellan is actively endorsing a series of continuing education opportunities orchestrated by The Office of Behavioral Health. Aimed at licensed behavioral health professionals working within Medicaid or at Medicaid-affiliated agencies, these trainings are crucial for enhancing clinical competencies in addiction and recovery, as well as in the latest updates of the DSM 5-TR applicable to both pediatric (ages 5-17) and adult (ages 18+)

populations, including those with comorbid substance use disorders (SUD). The sessions, scheduled through June 2024 and delivered by experts in the field, are intended to fortify mental health professionals' knowledge base and diagnostic acumen across a spectrum of specialties in alignment with current evidence-based practices.

## **Substance Use Disorders**

The CSoC assessment for clinical eligibility and care planning is a primary source of outcomes measurement, utilizing standardized protocols including the Child and Adolescent Needs and Strengths (CANS) Comprehensive and the Independent Behavioral Health Assessment (IBHA). This comprehensive biopsychosocial assessment, completed by a licensed clinician within the first 30 days of referral and subsequently every 180 days, consists of a face-to-face or telehealth interview with the youth and their primary caregiver. A core component of this assessment is the evaluation of substance use and its impact on youth functioning.

### **Identification of Need**

The *Substance Use* item of the CANS assessment specifically addresses problems related to the use of alcohol, illegal drugs, the misuse of prescription medications, and the inhalation of chemical or synthetic substances by the child or youth. This item aligns with the criteria outlined in the DSM for Substance-Related and Addictive Disorders, excluding the use of tobacco or caffeine. When substance use by youth is identified as having any level of negative impact on their life, denoted by a CANS rating of 1, the Substance Use CANS module is triggered. This module prompts the assessor to gather additional information, including severity and duration of use, stage of recovery, and peer and parental influences. A rating of 2 on this item indicates that the use of drugs or alcohol is interfering with youth functioning and requires action on the part of the treatment team. In 2023, a notable increase emerged in the prevalence of youth with actionable needs related to substance use at initial assessment, climbing from 1.2% in 2022 to 6.1% (N = 1,156).

### **Clinical Procedure Initiative**

The "Substance Use Procedures" within Magellan's Clinical Procedures Initiative are crucial for addressing substance use issues among CSoC youth. These procedures are implemented by Wraparound Agency (WAA) facilitators and other staff to ensure a comprehensive response that aligns with clinical best practices.

The initial step involves the Wraparound Facilitator (WAF) gathering extensive information about the youth's substance use, living situation, and family functioning. Within 72 hours (about 3 days), the WAF consults with a Licensed Mental Health Professional (LMHP) supervisor to discuss treatment options, tailoring them to the youth's specific needs.

Post-consultation, the WAF communicates these options to the family, actively involving them in decision-making. The WAF also secures necessary information releases for collaboration with the treatment provider and obtains treatment authorization. In cases where the family declines treatment, the WAF ensures that the Plan of Care (POC) includes strategies for addressing substance use and continues to educate the youth and family on the benefits of evidence-based treatments.

### **Training Interventions**

In October 2023, Magellan conducted the "Substance Use Clinical Procedure Training," drawing participants from Magellan, LDH, and WAAs. This training aimed to enhance understanding and application of substance use clinical procedures, focusing on the impact of substance use on youth, treatment options, and associated risk factors. The training was well received, evidenced by high satisfaction ratings and the reported application of the learned procedures by over half of the respondents.

Following the training, the November/December All-Assessor forum focused on substance use, involving assessors from all CSoC Regions (excluding Region 6), representatives from LDH, and Magellan's Quality Director. This session provided an in-depth look at national and state substance use statistics, with discussions on the rise of vaping among youth and the impact of changing drug laws on Louisiana residents. A vital feature of this session was a case study involving the rating of the CANS Substance Use item and its corresponding module using updated guidance from the LA CANS 2.0, which is anticipated to be implemented in July 2024.

### Provider Monitoring

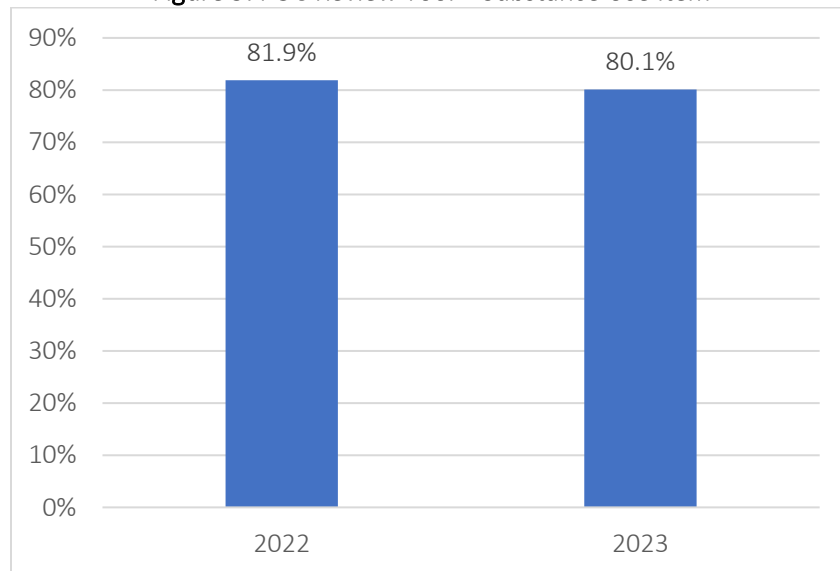
The Plan of Care (POC) Review Tool is a crucial mechanism used by Care Managers (CMs) to verify that all POCs align with the goals and principles of the Louisiana Department of Health (LDH), CSoC, and the Wraparound model, ensuring members consistently have access to best practice models. Reviews are conducted initially upon enrollment in the CSoC program and are repeated every 180 days (about 6 months) until a youth and family disenroll.

The POC Review Tool evaluates adherence to wraparound guidelines and principles, including the requirement that care plans address substance use needs when identified. In 2022, 81.9% of assessed youth (321 out of 392) with substance use had appropriate strategies in their POCs to address substance use issues. In 2023, this figure was 80.1% (213 out of 266 youth), as illustrated in Table 18 and Figure 9.

**Table 18. POC Review Tool – Substance Use Item**

Indicator	Total Reviewed	Not Applicable	Denominator	Numerator	Percent
2022	3,303	2,911	392	321	81.9%
2023	2,033	1,767	266	213	80.1%

**Figure 9. POC Review Tool – Substance Use Item**



## Outcomes

An actionable need is defined as an item with a CANS rating of two or three. Actionable items are of particular significance for the CSoC program both because they must be addressed in the Plan of Care according to waiver requirements and because they are crucial in prioritizing objectives relating to member functioning and safety. Successfully addressing an actionable item requires that a specific intervention be assigned to the need to elicit improvement. A decrease in CANS ratings indicates that actions or interventions by the treatment team have improved functionality or enhanced a strength.

In 2023, Magellan's discharge data demonstrated a notable decrease in substance use issues among youth in the CSoC program, showcasing the effectiveness of the interventions. Specifically, among the 1,156 youth with paired CANS assessments (initial and discharge) discharged that year, the prevalence of youth with actionable needs for Substance Use declined significantly. The initial prevalence for the *Substance Use* item was 6.14%, which decreased to 3.89% at discharge. This represents a 36.6% reduction in actionable needs related to substance use among youth exiting the program, a clear indicator that Magellan's substance use interventions are effective.

## Looking Forward

A critical aim of the clinical procedure and training initiatives implemented in 2023 was to enhance awareness of comorbid substance use disorders that exacerbate and worsen behavioral symptoms. The training initiatives are designed to aid Wraparound Facilitators and assessors in identifying substance use and developing plans that adequately address both comorbidities.

Once a substance use need is identified, the role of Magellan's Care Management team becomes vital. Using the Plan of Care (POC) Review Tool, they effectively oversee and enhance care plans, ensuring plans incorporate strategies for connecting youth and families to appropriate services and are regularly updated to overcome barriers unique to each youth and family.

In 2024, Magellan is committed to continuing its support in the critical area of connecting clinicians, both within its network and externally, with opportunities to enhance their awareness and skills in managing substance use comorbidities. In February 2024, Magellan notified providers of a comprehensive continuing education series organized by the Office of Behavioral Health for licensed behavioral health professionals. The series includes a training session by Dr. Ken Roy on "Introduction to Addiction and Recovery," offering three CE hours, and additional training sessions through June 2024 to enhance clinical competencies in treating substance use disorders in pediatric and adult populations.

## Intellectual/Developmental Disabilities

CSoC youth experiencing comorbid behavioral health and intellectual/developmental diagnoses (I/DD) require special coordination of services with the Office of Citizens with Developmental Disabilities (OCDD). OCDD serves as the Single Point of Entry (SPOE) into Louisiana's developmental disabilities services system and oversees public and private residential services and other home- and community-based services for people with developmental disabilities.

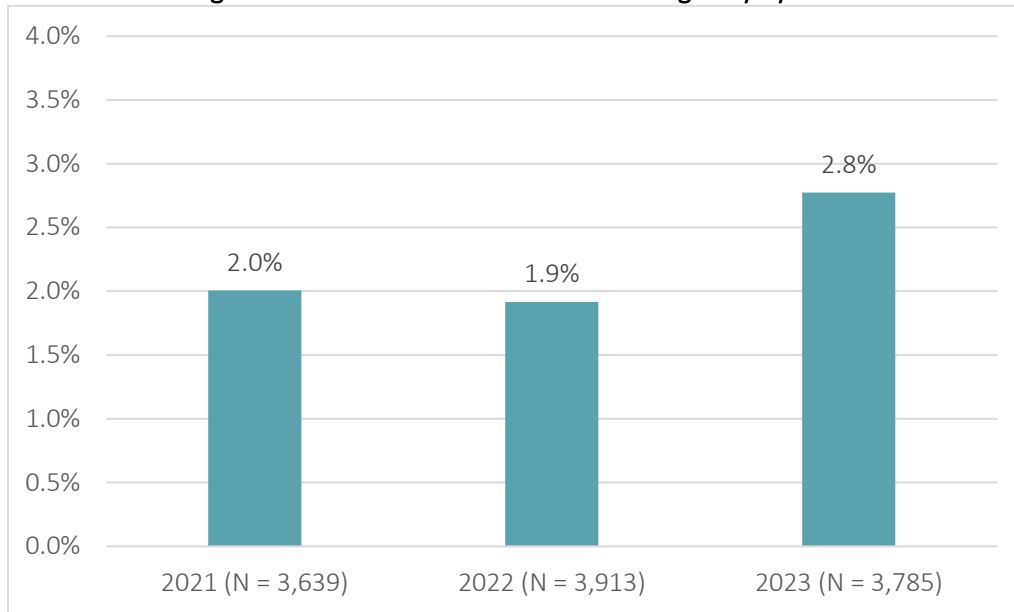
All CSoC youth undergo screening for potential intellectual and developmental disabilities during the clinical eligibility assessment and care management reviews. This screening process is vital as it identifies youth who may benefit from the broader range of services provided by school systems and OCDD, which often offer support across the lifespan. In 2022, out of the 3,913-youth enrolled in CSoC, 75 were also eligible for OCDD waivers,

accounting for 1.9% of the CSoC youth population. There was a notable increase in dual waiver eligibility in 2023. Of the 3,785 members enrolled in CSoC that year, 105 were eligible for OCDD waivers, making up 2.8% of CSoC membership.

**Table 19. CSoC and OCDD Dual Waiver Eligibility by Year**

Year	Members Eligible	OCDD Waiver	Percent
2022	3,913	75	1.9%
2023	3,785	105	2.8%

**Figure 10. CSoC and OCDD Dual Waiver Eligibility by Year**



As illustrated in Figure 10, the rising trend signifies a growing acknowledgment of the need for integrated services to comprehensively address the needs of this specific subpopulation. In 2022, Dr. Jamie Hanna, Magellan's Medical Director, significantly contributed to integrating behavioral health and I/DD services. Key involvements included participating in the Louisiana Dual Diagnosis Workgroup, resulting in the creation of a provider guide for dually diagnosed individuals, and initiating a family guide to navigate I/DD and mental health systems. Dr. Hanna also played a vital role in the HCR 38 Workgroup, focusing on the unique needs of individuals with co-occurring behavioral and developmental disabilities. Additionally, Dr. Hanna co-presented at a national conference, emphasizing the importance of cross-system collaboration in this field. These efforts, in combination with current and future interventions discussed below, reflect Magellan's commitment to improving care for individuals with developmental needs.

The ongoing "Developmental and Educational Procedures" within Magellan's Clinical Procedures initiative are crucial for addressing the unique needs of CSoC youth with developmental disabilities and educational challenges. This comprehensive framework includes the assessment and identification of a range of developmental disabilities such as Intellectual Disability, Learning Disorders, Autism, Fetal Alcohol Syndrome, and others. It addresses behaviors inconsistent with a youth's chronological age and concerns related to IEPs or 504 Plans, especially when educational needs like reading/writing difficulties or poor academic performance are evident.

When a youth with an Intellectual or Developmental Disability is approved by OCDD, the procedure mandates obtaining a release of information from the guardian for OCDD and ensuring the family receives all appropriate

services, which should be included in the Plan of Care (POC). If a youth qualifies for OCDD services but is not receiving them, the POC incorporates strategies to educate and assist the family in choosing and accessing services. For youth not approved by OCDD, Magellan's Developmental and Educational Procedures dictate that Plans of Care must include steps to educate families about school services and OCDD waivers and assist them in the referral process.

For youth with an IEP or 504 Plan, the procedures include obtaining a release of information for the school, acquiring copies of the IEP/504 plan, and integrating the information into the family story or POC. Strategies are included in the POC to assist the guardian in cases where the IEP/504 Plan is not meeting the youth's needs.

In 2023, Magellan conducted the "Developmental and Educational Clinical Procedure Training" on May 5th and 10th, involving Magellan, LDH, and Wraparound Agencies' stakeholders. The training aimed to enhance adherence to developmental and educational clinical procedures and received high satisfaction ratings on the RISE (8.7/10) and ZOOM (8.0/10) platforms. Additionally, 69.9% of respondents reported applying the learned clinical procedures in their work.

Furthermore, the All-Assessor Call in May/June 2023 targeted assessors from all CSoc Regions and included participants from LDH and Magellan's Independent Evaluators. The discussions centered on Developmental/Educational aspects, with a focus on IEPs, 504 Plans, OCDD waivers, and referrals for Psychiatric Testing. A case study on identifying Intellectual and Developmental Disabilities in CSoc youth was presented, which included assessing current accommodations and needs, examining the impact of developmental delays on life domains, behaviors, and risk factors, and incorporating CANS information into the assessments.

Magellan's Care Management team applies the POC Review Tool to monitor and shape the quality-of-care plans. Table 20 and Figure 11 provide the results of reviews completed for youth with developmental or educational needs in 2022 and 2023. Of the total assessed (N = 2,033) in 2023, youth classified as Chisholm or OCDD accounted for 7.1% enrollments, compared to 7.5% in 2022 (N = 3,324). Of youth enrolled in one of the OCDD waivers, 54.4% of youth (137 out of 252) received appropriate developmental disability services in 2022, decreasing to 44.6% (62 out of 139) in 2023.

The tool also evaluates the specificity and completeness of strategies for learning and developmental needs in the POC, particularly for youth who have failed a grade. In 2022 and 2023, Plans of Care (POCs) for youth with academic challenges showed strong compliance, with 94.4% in 2022 and a slightly reduced 92.2% in 2023. Despite a small decrease in compliance and fewer POCs reviewed in 2023, the consistently high-performance rates reflect an effective and ongoing commitment to addressing the needs of this group.

When deficiencies are identified in one or both items above, Magellan implements a remediation process swiftly addressing gaps. Central to the remediation process is ensuring strategies are swiftly added to the plan to address the youth's developmental and educational needs. To accomplish this, Care Managers pend or abbreviate the Wraparound Agency authorizations (not associated with behavioral health services) for up to 90 days (about 3 months), so that necessary updates or corrections can be made. Corrected plans are reviewed by the Care Manager to verify appropriate strategies are included prior to building the full 180-day authorization. This process ensures that POCs are brought into compliance, thereby enhancing overall support and outcomes.

Discharge outcomes, analyzed through CANS items, showed substantial improvements in educational strengths and school functioning among discharged youth in 2023. The prevalence of youth with actionable needs on the CANS strength item *Educational* decreased from 60.3% at initial assessment to 34.9% at discharge, a 42%

CSoC Unit's QAPI Program Evaluation  
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reduction. Similarly, CSoC members evidencing actionable needs related to school functioning decreased from 76.6% to 41.9%, a 45.3% reduction.

Table 20. POC Review Tool – Developmental and Educational Items

Indicator	Year	Total Reviewed	Not Applicable	POCs Rated	Yes / Rated 3+	Percent Compliant
If a youth with a disability is classified as C or D	2022	3,303	3,053	250	137	54.8%
	2023	2,033	1,894	139	62	44.6%



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I n d i c a t o r	Year	Total Reviewed	Not Applicable	POCs Rated	Yes / Rated 3+	Percent Compliant
, t h e y o u t h i s r e c e i v i n g I / D D s e r v i c e s						
I f a y o u t	2022	3,303	651	2,652	2,503	94.4%
	2023	2,033	426	1,607	1,481	92.2%

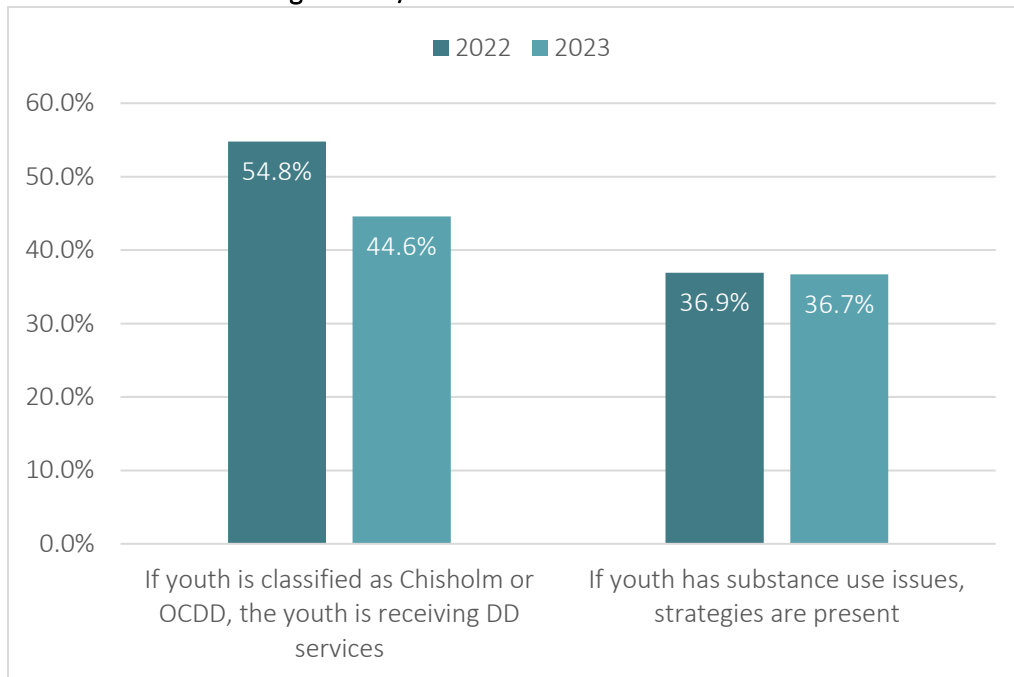
CSOC Unit's QAPI Program Evaluation  
Contract Period: 01/01/2023 – 12/31/2023

I n d i c a t o r						
	Year	Total Reviewed	Not Applicable	POCs Rated	Yes / Rated 3+	Percent Compliant
h h a s f a i l e d a g r a d e o r h a s l e a r n i n g / d e v e l o p m e						

CSOC Unit's QAPI Program Evaluation  
Contract Period: 01/01/2023 – 12/31/2023

I n d i c a t o r						
	Year	Total Reviewed	Not Applicable	POCs Rated	Yes / Rated 3+	Percent Compliant
n t a l n e e d s , s t r a t e g i e s a r e p r e s e n t						

Figure 11. I/DD POC Review Tool Indicators



### Looking Forward

The Office for Citizens with Developmental Disabilities (OCDD) waiver, unlike the Coordinated System of Care (CSoc) waiver, which is limited to youth aged 5 to 20, may provide lifetime support for qualifying individuals. It is often challenging for youth with comorbid Intellectual and Developmental Disabilities (IDD) served by one system to successfully access services from the others.

The initiatives implemented in 2022 and 2023 aimed to develop tools to support youth in qualifying for and navigating systems to access both developmental disability (DD) and Behavioral Health (BH) services. The Louisiana Dual Diagnosis Workgroup, with active participation from Dr. Hanna, the CSoc Medical Director, created resources such as "The Louisiana Guide to Providing Behavioral Health Services with Dual Diagnosis: A Guide for the General Clinician" and the "Guide for Families." These resources are designed to aid providers and families in navigating the complex landscape of developmental disabilities and behavioral health issues. Spearheaded with the involvement of Magellan, these initiatives significantly contributed to bridging the gaps in care and support across the BH and OCDD systems.

A critical aim of the clinical procedure and training initiatives implemented in 2024 was to enhance awareness of comorbid IDD, which often presents complex behavioral symptoms and can obscure underlying developmental and educational needs. The training initiatives are designed to aid Wraparound Facilitators and assessors in identifying developmental disabilities and initiating the OCDD waiver qualification process.

Once a potential need is identified, the role of Magellan's Care Management team becomes vital. Using the Plan of Care (POC) Review Tool, they effectively oversee and enhance care plans, ensuring plans incorporate strategies for connecting youth and families to OCDD services and are regularly updated to overcome barriers unique to each youth and family.

These initiatives are expected to positively impact both current and future CSoC youth as well as other Louisianians by improving the ability of families and caregivers to access and navigate the complex network of services available, thereby increasing the likelihood of enrolling in OCDD waivers. These waivers offer essential lifetime support for qualifying individuals, marking a significant advancement in ensuring comprehensive and continuous support for youth with developmental or educational needs, particularly those with dual diagnoses.

In 2024, Magellan is committed to continuing its support in the critical area of connecting clinicians, both within its network and externally, with opportunities to enhance their awareness and skills in managing IDD comorbidities. In February 2024, Magellan notified providers of a comprehensive continuing education series organized by The Office of Behavioral Health for licensed behavioral health professionals. The series includes a two-day training on "Comorbid IDD/MH Disorder Clinical Core Competency," scheduled for May 7-8, 2024, led by Dr. Dan Baker and Melissa Cheplic. The training, offering five hours each day, aims to provide a foundational understanding of IDD/MH disorder dual diagnosis. It will cover the National Association for the Dually Diagnosed (NADD) Dual Diagnosis Clinical Competencies, which include Positive Behavior Support, effective environments, psychotherapy and other therapeutic interventions, psychopharmacology, assessment of medical needs, and clinical assessment. This training also guides attendees towards NADD Dual Diagnosis Clinical Certification Credentialing.

Additionally, on May 23, 2024, Dr. Dan Baker will conduct a six-hour session, with three hours dedicated to "The Behavioral Health/Intellectual and Developmental Disabilities Diagnostic Manual: DM-ID-2". This session is designed to educate attendees on the application of the DM-ID-2 in conjunction with the DSM for diagnosing mental health conditions in individuals with intellectual disabilities. These trainings are particularly crucial for Medicaid or Medicaid-affiliated agency professionals. They aim to enhance clinical competencies and align with current evidence-based practices, fortifying professionals' skills and knowledge.

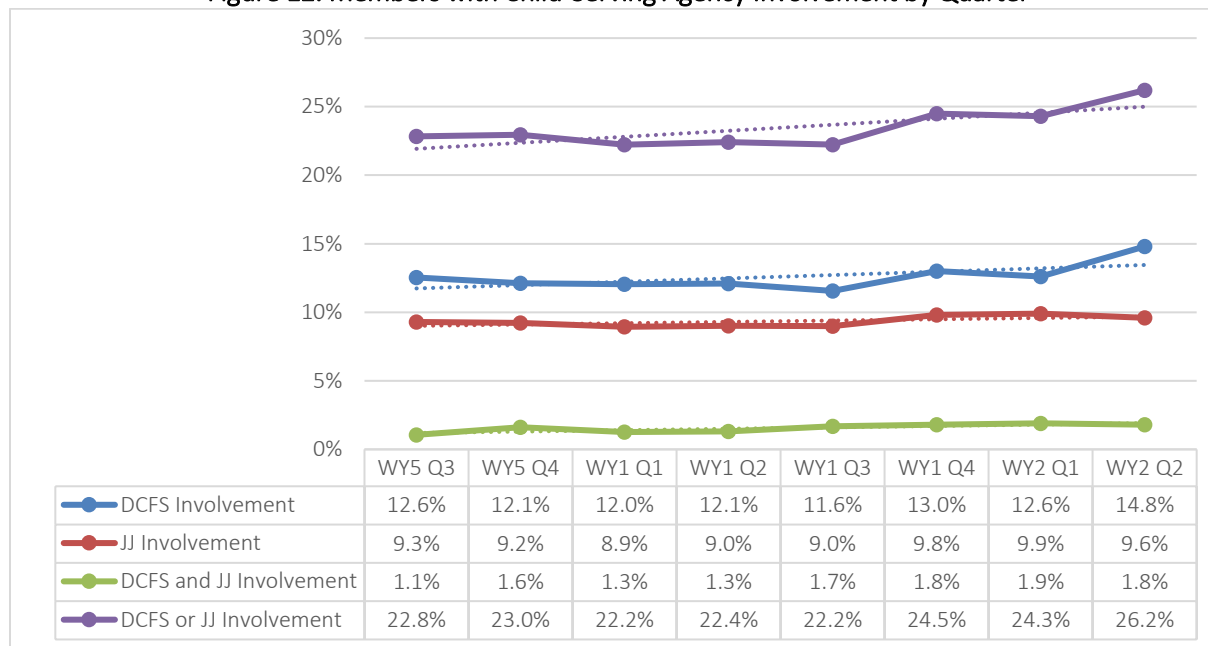
## Youth Involved with Child-Serving State Agencies

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 these agencies together into one coordinated network to serve the needs of youth and families. The offices are represented on the CSoC Governance Board, which oversees the program and informs programmatic goals and activities. Children living in out-of-home settings, such as group homes or detention centers, have a greater incidence of mental health disorders, especially those associated with traumatic stress, such as abuse and neglect. The table and figure below illustrate the percentage of CSoC youth involved with DCFS, OJJ, or both in recent years.

**Table 21. Youth Involved with Child-Serving Agencies – Average by Year**

Type of Involvement	2021 Rate (N = 2,581)	2022 Rate (N = 2,615)	2023 Rate (N = 2,808)
DCFS Involvement	11.2%	12.2%	13.0%
JJ Involvement	9.4%	9.1%	9.6%
DCFS and JJ Involvement	1.7%	1.3%	1.8%
Youth with Any Involvement	22.3%	22.6%	24.3%

Figure 12. Members with Child-Serving Agency Involvement by Quarter



The analysis of annual average rates of youth involvement in the Department of Children and Family Services (DCFS) and Juvenile Justice (JJ) elucidates trends in the data. These averages, derived from quarterly reports provided by Wraparound Facilitators, are based on monthly assessments of involvement types: DCFS Involvement, JJ Involvement, DCFS and JJ Involvement, or No Involvement. To be categorized as having "No DCFS or JJ Involvement," a youth must be reported as such in all three months of a quarter. The involvement is tallied as "DCFS & OJJ" if reported in any month within a quarter, with repeated monthly reports aggregating to a single count of "DCFS & OJJ."

The data sets for the years 2021 (N = 2,581), 2022 (N = 2,615), and 2023 (N = 2,808) indicate that there was an overall increase in the rate of involvement in either DCFS or JJ. Specifically, in 2023, an upward trend in the number of CSoC youth with state agency involvement became apparent. The percentage of youth with either DCFS or OJJ involvement increased from 22.2% in the first quarter to 26.2% in the final quarter (N = 2,808). While CSoC youth with OJJ involvement stayed between 9 and 10% throughout the year, those with DCFS involvement climbed from 11.6% to 14.8%, the highest rate observed in the past two years. Initially begun in August 2021, Magellan continued to encourage direct referrals, a process designed to ensure that referring youth to CSoC is as easy as possible, especially for state agency employees with large caseloads and limited time in the office. Based on the pattern of increasing rates of state-agency involvement, this intervention appears to be yielding fruit.

### State Agency Liaison

Magellan employs a designated State Agency Liaison to support care coordination between providers and child-serving agencies. This liaison ensures that youth with complex needs are met by routinely maintaining ongoing collaboration between state agencies, Wraparound Agencies, and LDH. In 2023, the State Agency Liaison continued efforts to engage individuals employed with state child-serving agencies that manage and support Louisiana youth and families. Through this care coordination, Magellan identified a need to increase collaboration with state agencies serving youth in regions 3 and 6. In partnership with these regions, the MCO Liaison

conducted a presentation for local judges, FINS employees, and DCFS staff in September 2023, the goals of which were to:

- Facilitate communication with state agency representatives, including judges and officers of the court.
- Educate state agency representatives on the purpose and principles of CSoC.
- Identify characteristics of youth that would benefit from enrollment in CSoC.
- Introduce the referral requirements and processes for CSoC.
- Describe waiver services available to CSoC members.
- Build rapport and encourage ongoing collaboration.

Additionally, in 2023, the State Agency Liaison conducted CSoC introductory trainings for newly hired OJJ and OCDD staff and partnered with the Family Support Organization and ILSB providers to explore member needs and provider challenges. The liaison also represented Magellan at several important community and professional events in 2023: the Governor's Conference on Juvenile Justice in March, the LDH Crisis Presentation in August, and the LA Judicial Conference, also held in August.

### Looking Forward

A critical clinical and quality initiative for 2024 and 2025 will focus on developing the Unified Wraparound Model of Care to enhance services for families and youth in Louisiana. This model, which merges elements of the Ohana and NWIC models with the CSoC HCBS waiver and current wraparound best practices, is designed to facilitate a holistic and systematic approach, ensuring cohesive and coordinated advancement in wraparound care. A fundamental aspect of this initiative is the comprehensive revision and updating of existing training programs to align with the changing needs of CSoC members. This process includes creating new, specialized training programs for staff, emphasizing effective onboarding, responsive coaching, and ongoing skill development.

A principal component of this training curriculum is "Team Building and Collaboration with System Partners and Providers." This module is crafted to ensure that the wraparound process is collaborative, inclusive, and responsive to the needs of youth and families. It specifically addresses youth involved with child-serving agencies through two key areas:

- Navigating State Agencies:
  - Key Agencies: Offering focused guidance on collaborations with crucial state agencies like DCFS, OJJ, LDH, and DOE.
  - Community Resource Specialists: Highlighting the importance of the role played by community resource specialists in facilitating these collaborations.
- Collaboration Strategies:
  - Working with DCFS: Developing strategies for effective collaboration with DCFS, especially in cases where a youth is in custody, including establishing solid team-building practices and rapport with providers.

The year 2024 will be dedicated to assessing and developing these trainings, aiming to fully implement the training plan in 2025. This project is pivotal in enhancing the quality and efficacy of wraparound services, linking back to the broader goal of improving care coordination and support for youth involved with child-serving state agencies in Louisiana.

## Disparities in Mental Healthcare

Numerous studies have evidenced disparities in access, use, and quality of behavioral health services among minority populations, individuals of low socioeconomic status, and those residing in rural areas, which can impact both mental and physical health outcomes. Barriers to accessing health services can include excessive costs associated with care, lack of insurance coverage, lack of transportation, and lack of services in one's community. The CSoC program, through the application and implementation of Wraparound practices, intrinsically and directly addresses many of the known disparities in mental health care experienced by CSoC enrollees. Specific actions taken to minimize or reduce disparities in CSoC include:

- All CSoC youth are assessed by a Certified Provider, a specially trained LMHP, at enrollment and at least every 180 days (about 6 months) to ensure that the cultural and linguistic needs of CSoC youth and families are identified. Certified Providers must participate in at least three hours of Cultural Competency training and complete CANS recertification annually. Assessment procedures require assessors to utilize the following assessment and screening tools to support the identification of behavioral health needs during the assessment process:
  - The CANS assessment is used to identify co-occurring disorders, substance use, physical health needs, acculturation/linguistic needs, and exposure to adverse social determinants of health.
  - The Adverse Childhood Experiences (ACEs) questionnaire for the identification of trauma
  - The Columbia-Suicide Severity Rating Scale (C-SSRS), required as of September 1, 2022
- Every youth is provided a designated Wraparound Facilitator (WAF) that guides the youth and family through the Wraparound process upon referral, during enrollment, and at discharge. Because cultural competence is one of the critical values of Wraparound, the required Introduction to Wraparound and Facilitation 101 trainings completed by all WAFs include materials that support understanding, valuing, and building on the family's unique culture. WAFs participate in at least three hours of Cultural Competency training each year, including specialized trainings for youth and families from Hispanic/Latino, Vietnamese, and Native American cultures. These trainings assist WAFs in supporting CSoC's diverse youth and families in connecting with formal and informal services necessary to address needs and reduce disparities in accessing care.
- Development and implementation of an individualized POC that includes sufficient supports and services to address member goals and health needs (e.g., risk behaviors, physical, functional, and behavioral health needs, etc.). All POCs must specify the amount and frequency of each service and identify the type of provider to furnish each service, including necessary Medicaid services and informal supports.
- The POC Review Tool, completed by Magellan's clinically licensed Care Managers, is used to identify actionable needs for youth and families and ensure that they are met through appropriate service provision. Magellan Care Managers monitor all member POCs at least every 180 days (about 6 months) to evaluate that the identified strategies and interventions comply with waiver assurances, National Wraparound Initiative (NWI) best practices, principles of Wraparound, CMS, and LDH and Magellan requirements.
- Magellan provides a written, electronic report for each reviewed POC with ratings and individualized feedback when deficiencies are identified. Individual remediation is required when a plan does not meet established standards. In such a case, the WAF works with the CFT to revise the POC. The POC is then resubmitted and reviewed by the Care Manager to ensure standards are met before approval.
- WAAs survey youth and guardians at least monthly to ensure the POC is being implemented per their needs and priorities. If barriers are identified, the WAA provides individual remediation to support the youth and family.



- Magellan's Managed Care Organization Liaison works with the youth's health plan to address physical health and pharmacy benefit issues, including difficulties accessing prescription medications, coordination of uncovered behavioral health services, and accessing medical specialists.

## Overall Satisfaction between Population Groups

As the designated managing entity, Magellan is responsible for identifying and addressing potential health disparities among diverse subpopulations. These disparities may be evident in various ways, such as quality of care, accessibility, and health outcomes. One of the primary methods used by the CSoC Unit to identify potential disparities is member surveys.

In the 2023 Member Experience of Care survey, 290 participants were surveyed regarding their overall satisfaction with CSoC services. The findings revealed that a significant majority (91.0%) of respondents reported positive satisfaction levels. Additionally, a smaller segment (5.2%) expressed neutral perceptions, while a minority (3.8%) indicated negative satisfaction levels.

This section explores overall satisfaction by examining specific variables, including CSoC region, race, and gender, to discern and monitor potential disparities. Satisfaction is quantified using a scale ranging from 1 (Very Dissatisfied) to 5 (Very Satisfied), which offers a qualitative measure to gauge the perceived quality of the CSoC program from the perspectives of both youth and caregivers. This approach facilitates a more nuanced understanding of satisfaction levels across different demographic and geographic subgroups, thereby enabling a targeted examination of service delivery within the CSoC framework.

### Region

This section begins the disparity analysis by focusing on regional variations in overall satisfaction. An Analysis of Variance (ANOVA) test was conducted to determine if satisfaction scores significantly differed across regions. The test yielded a p-value of approximately 0.01, falling below the alpha threshold of 0.05. This result indicates statistically significant differences in mean satisfaction scores between regions, necessitating a detailed examination.

The analysis of mean satisfaction scores by region revealed diverse satisfaction levels. Region 2 (Baton Rouge) reported the highest mean satisfaction score (4.8) among its 20 respondents, indicating a highly positive response. Conversely, Region 5 (Lafayette), with 33 respondents, showed the lowest mean satisfaction score (4.00) and the highest standard deviation, suggesting a wider range of experiences. Other regions, such as Region 6 (Lake Charles) and Region 8 (Shreveport), also reported high satisfaction scores, reflecting a favorable perception of services. However, Region 3 (Covington), with a larger respondent base, recorded a lower mean satisfaction score (4.28).

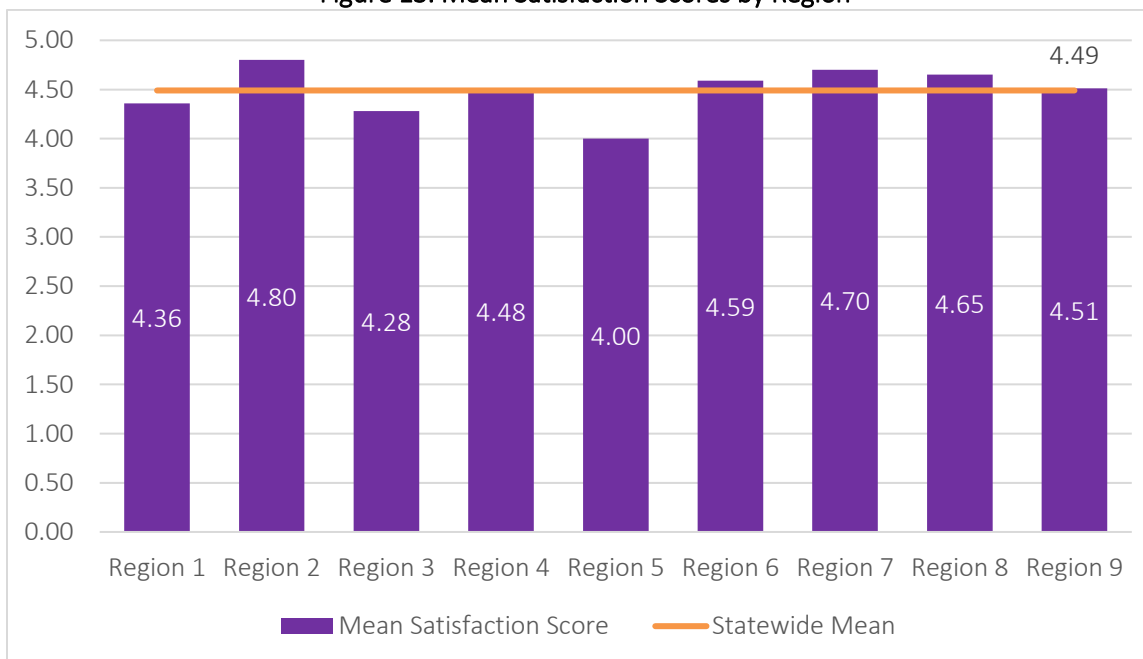
Region 9 (Monroe), which had the most respondents, yielded a mean satisfaction score of 4.51, indicating a generally positive perception of services in this region. Overall, the satisfaction scores across all regions were predominantly high, with minor variations indicating regional differences in member experience.

Table 22. Mean Satisfaction Scores by Region

Region Name	Respondents	Mean Satisfaction Score	Standard Deviation	Count
Region 1: Orleans	22	4.36	0.9	22
Region 2: Baton Rouge	20	4.8	0.41	20
Region 3: Covington	36	4.28	0.91	36

Region Name	Respondents	Mean Satisfaction Score	Standard Deviation	Count
Region 4: Thibodaux	40	4.48	0.78	40
Region 5: Lafayette	33	4	1	33
Region 6: Lake Charles	22	4.59	0.5	22
Region 7: Alexandria	20	4.7	0.57	20
Region 8: Shreveport	20	4.65	0.49	20
Region 9: Monroe	77	4.51	0.87	77

Figure 13. Mean Satisfaction Scores by Region



### Proportions of Non-positive Responses

To enhance the understanding of regional differences identified in the analysis of mean satisfaction scores, the proportions of non-positive (Neutral, Dissatisfied, Very Dissatisfied), negative (Dissatisfied, Very Dissatisfied), and Very Dissatisfied responses were analyzed, as detailed in the below table and figure.

Regions 5 (Lafayette) and 1 (Orleans) displayed the highest proportions for non-positive responses, at 21.2% and 18.2% respectively. These high proportions of non-positive satisfaction scores exist despite average satisfaction scores exceeding 4.0 in these regions, indicating that many youths and families in these regions are not fully satisfied with the services received.

Regarding outright negative responses, Regions 5 (Lafayette) and 3 (Covington) had the highest rates, with 9.1% and 8.3% of responses falling into these categories, respectively. Conversely, Regions 1 (Orleans) and 9 (Monroe) showed some proportion of dissatisfaction but had noticeably lower rates in comparison.

The analysis of Very Dissatisfied responses revealed that the highest levels of extreme dissatisfaction were reported in region 5 (Lafayette), Region 9 (Monroe), and Region 4 (Thibodaux), with respective percentages of 3.0%, 2.6%, and 2.5%. Conversely, members surveyed in regions 1, 2, 3, 6, 7, and 8 (Orleans, Baton Rouge,

Covington, Lake Charles, Alexandria, Shreveport) reported no instances of 'Very Dissatisfied' responses, a significant achievement in member satisfaction.

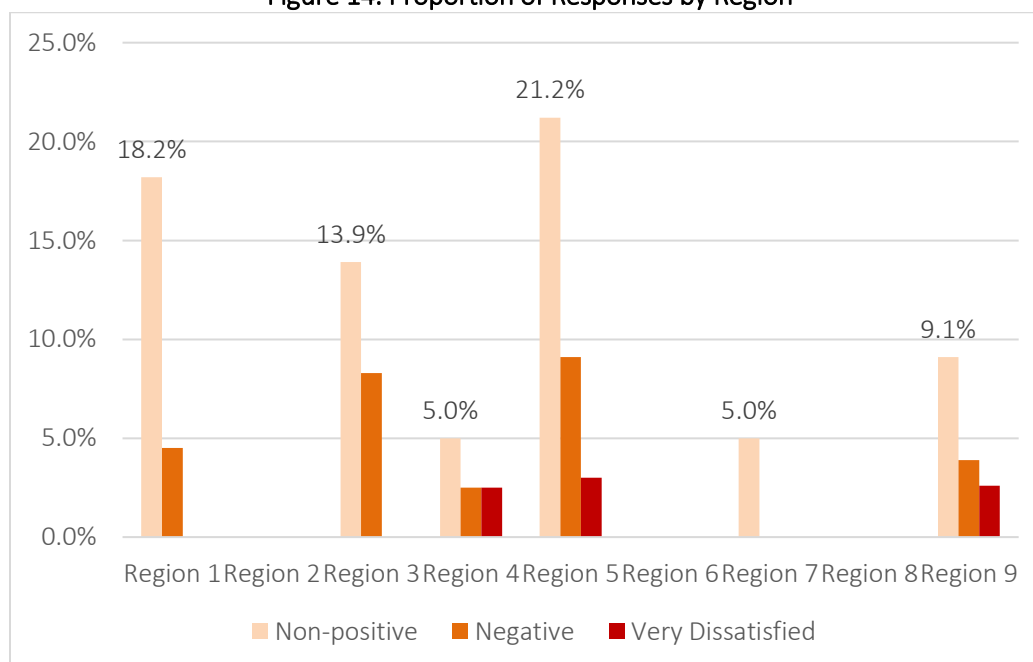
Based on these findings, Region 5 (Lafayette) emerged as a critical area of concern, experiencing higher levels of dissatisfaction across multiple criteria. This highlights the need for focused improvement efforts in Lafayette. Similarly, Region 3 (Covington) and Region 1 (Orleans) also show significant levels of dissatisfaction, signaling the need for targeted interventions in these regions.

The absence of 'Very Dissatisfied' responses in multiple regions is a good indicator of satisfactory service delivery and positive member perception of the CSoC program. However, the presence of non-positive satisfaction scores, even in regions with no extreme dissatisfaction, indicates opportunities for further service quality enhancement. This detailed analysis of satisfaction by region underscores the importance of continuous monitoring and targeted improvements to address specific regional needs within the CSoC framework.

**Table 23. Proportion of Responses by Region**

Region Name	Proportion of Non-positive Responses	Proportion of Negative Responses	Proportion of Very Dissatisfied Responses
Region 1: Orleans	18.2%	4.5%	0.0%
Region 2: Baton Rouge	0.0%	0.0%	0.0%
Region 3: Covington	13.9%	8.3%	0.0%
Region 4: Thibodaux	5.0%	2.5%	2.5%
Region 5: Lafayette	21.2%	9.1%	3.0%
Region 6: Lake Charles	0.0%	0.0%	0.0%
Region 7: Alexandria	5.0%	0.0%	0.0%
Region 8: Shreveport	0.0%	0.0%	0.0%
Region 9: Monroe	9.1%	3.9%	2.6%

**Figure 14. Proportion of Responses by Region**



## Overall Satisfaction by Racial Groups

Building upon the regional analysis, this section of the report examines overall satisfaction across different racial groups, a key component in identifying and addressing potential disparities within the CSoc program. The 2023 Member Experience of Care survey categorizes responses into three primary racial groups: Black/African American, Other/Multi-racial, and White. This categorization includes 17 respondents who identified as Black/African American and White under the Other/Multi-racial group, with other race combinations similarly classified.

The descriptive statistics of overall satisfaction by racial groups are presented in the corresponding tables and figures below. The Black/African American group, comprised of 130 respondents, reported the highest average satisfaction score ( $M=4.57$ ) with a relatively low standard deviation ( $SD=0.77$ ), indicating consistent satisfaction levels within this racial group. In contrast, the Other/Multi-racial group showed more variability in their experiences, as evidenced by a larger standard deviation ( $SD=1.04$ ). The White group, consisting of 117 respondents, recorded a mean satisfaction score ( $M=4.39$ ) slightly lower than the Black/African American group, though still indicating above-average satisfaction.

An ANOVA test was conducted to assess the statistical significance of the differences in satisfaction scores among these racial groups. The resulting p-value of approximately 0.079 suggests that the differences in mean satisfaction scores between the groups are not statistically significant, as this value exceeds the conventional alpha level of 0.05. This is further supported by the overlapping 95% confidence intervals, particularly between the Black/African American and White groups, indicating a similar level of satisfaction across these racial categories.

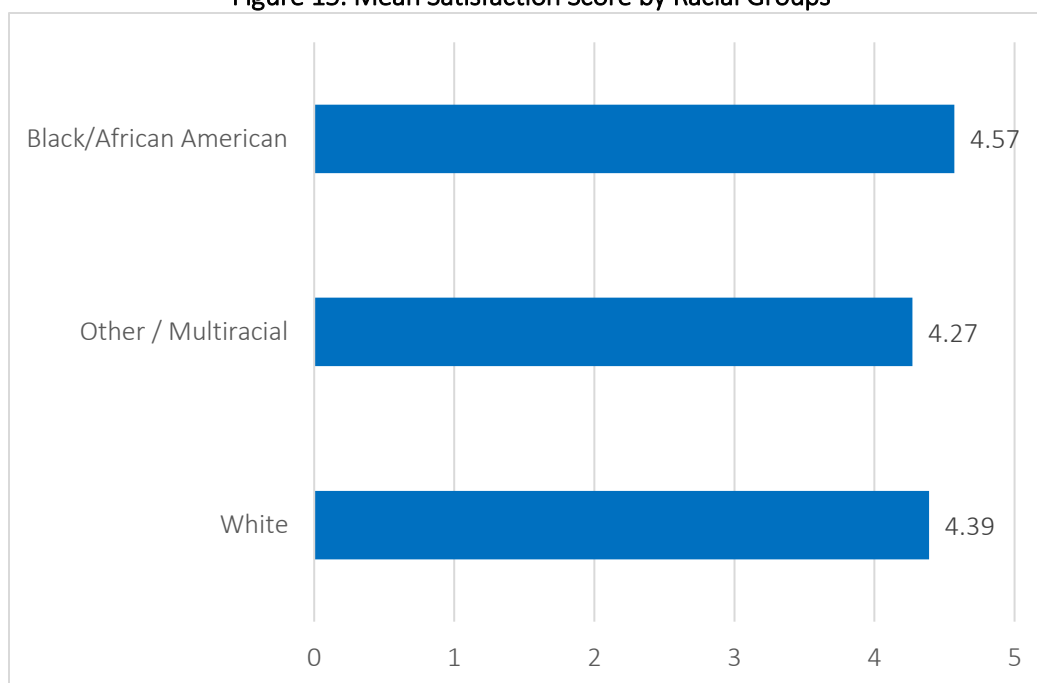
Additionally, a two-sample t-test was performed to compare the White and Black/African American groups, necessitated by the smaller sample size of the Other/Multi-racial group. The test resulted in a p-value of approximately 0.077, again indicating no statistically significant difference in satisfaction scores between these two groups.

In summary, the analysis of overall satisfaction by racial groups reveals that, while there are qualitative variations in satisfaction scores, these differences are not statistically significant. High satisfaction levels among Black/African American respondents are noteworthy, and the lack of significant disparities between the major racial groups suggests a relatively uniform level of satisfaction across all members.

**Table 24. Descriptive Statistics of Overall Satisfaction by Racial Groups (excluding unknown)**

Racial Group	Count	Mean Satisfaction Score	Standard Deviation	Range	Confidence Interval
Black/African American	130	4.57	0.77	1 to 5	[4.44, 4.70]
Other / Multiracial	37	4.27	1.04	1 to 5	[3.92, 4.62]
White	117	4.39	0.79	2 to 5	[4.25, 4.54]

**Figure 15. Mean Satisfaction Score by Racial Groups**



### Overall Satisfaction by Gender

Continuing the comprehensive analysis of the 2023 Member Experience of Care survey, this section explores the correlation between gender and satisfaction levels with CSoc services. The survey includes responses from 167 male and 117 female participants.

The table below displays descriptive statistics, which reveal distinct satisfaction scores for each gender. Male participants reported a mean satisfaction score of 4.54 with a standard deviation of 0.68, indicating a high level of satisfaction and relatively uniform responses. On the other hand, female participants had a slightly lower mean satisfaction score of 4.31, with a greater standard deviation of 0.97. This suggests a broader range of satisfaction levels among female respondents than their male counterparts.

To statistically examine the relationship between gender and satisfaction scores, a Mann-Whitney U test was employed. This non-parametric test is appropriate for comparing two independent samples when the dependent variable is ordinal, or the data distribution deviates from normality. This test yielded a U value of 10852.5 and a p-value approximately equal to 0.069. Given that this p-value slightly surpasses the commonly used alpha threshold of 0.05, it suggests that the differences in satisfaction scores between male and female respondents are not statistically significant at the 5% significance level. Consequently, the current analysis does not provide substantial evidence to support the existence of significant gender-based disparities in overall satisfaction.

**Table 25. Descriptive Statistics of Overall Satisfaction by Gender**

Gender	Count	Mean Satisfaction Score	Standard Deviation	Range
Male	167	4.54	0.68	1-5
Female	117	4.31	0.97	1-5

## Discussion

In conclusion, the comprehensive analysis of the 2023 Member Experience of Care survey yields pivotal insights into the satisfaction levels with services provided under the CSoC framework by Magellan. Key findings from this analysis include significant regional disparities in satisfaction, with some regions, such as Baton Rouge, exhibiting notably high satisfaction scores in contrast to regions, such as Lafayette, that displayed lower satisfaction scores and greater variability in responses. These findings highlight the need for region-specific strategies to enhance service quality and address distinct regional needs.

As in previous years, the examination of satisfaction across different racial groups revealed no statistically significant disparities, suggesting an equitable level of satisfaction across Black/African American, Other/Multi-racial, and White subgroups. Additionally, the gender-focused analysis showed no significant differences in satisfaction levels between male and female respondents, with both genders reporting similarly high satisfaction levels, indicating balanced delivery of services irrespective of gender. Overall, the analysis of potential disparities in mental health care indicates that CSoC service provision in 2023 effectively maintained consistent satisfaction levels across all demographic subpopulations.

## Social Determinants of Health

Social determinants of health (SDOH) are the economic and social conditions in which individuals are born, grow, and live. These conditions significantly affect 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 CANS is administered at enrollment and at least every 180 days (about 6 months) after that. The assessment includes the 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 the program's effectiveness in supporting youth and families in resolving those needs. This section describes ten social determinants of health, divided into risk and protective factors, that are commonly observed within the CSoC population. Each factor is connected to purposeful interventions taken by the CSoC program to help Louisiana youth and families.

### Risk Factors

- **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 various 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*. A licensed clinician assesses youth to evaluate the number, strength, and permanency of their relationship with one or more caregivers.
- **School Attendance & Achievement.** Louisiana's graduation rate for the 2021-2022 academic year was 82.7%, falling from the 2020-2021 rate of 83.5%.<sup>4</sup> Youth with mental and behavioral disorders face unique challenges in school 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

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<sup>4</sup> US News & World Report. (2023, December). See High School Graduation Rates by State. U.S. News & World Report. Retrieved on 2/20/23 from <https://www.usnews.com/education/best-high-schools/articles/see-high-school-graduation-rates-by-state>

assessor's rating of this item, which examines overall school performance, an additional assessment module is triggered if problems are identified. This module explores more specific needs related to school including achievement, attendance, and relationships with teachers.

- **Stress.** An analysis by LDH spanning 2016-2020 states that 13% of Louisiana residents report feeling frequent mental distress. Stress negatively impacts all aspects of life function, including physical health, behavioral health, social relationships, and educational performance.<sup>5</sup> Families enrolled in CSoC typically experience many stressful events related to their behavioral health conditions, such as psychiatric hospitalization, involvement with government agencies, and family separations. The impact of stressful events on the youth and caregiver is assessed through the CANS Caregiver Family Stress item, which evaluates if the caregiver can manage the stress level associated with their youth's needs. A rating that indicates a need for action conveys that stress is interfering with or preventing the ability of the caregiver to parent entirely.
- **Exposure to Trauma.** Trauma has long been a focus of mental health treatment, with practitioners and researchers having identified that unresolved trauma often underlies emotional and behavioral dysfunction. As the effects of the pandemic have lingered, so has the evidence of both individual and collective trauma permeating the lives of American youth. In 2021, the US Surgeon General released a report entitled *Protecting Youth Mental Health* detailing the realities of the continuing COVID-19 pandemic.<sup>6</sup> The report cites skyrocketing inpatient psychiatric admission rates, Emergency Department visits for mental health, and much higher rates of youth self-reporting depression and anxiety.

Further, the report notes that subgroups comprised of low-income, rural, LGBTQI+, and youth involved with child welfare agencies, face compounded effects of trauma. One potential positive of the COVID-19 pandemic may be the recognition by state and federal governments that allocating resources to identify and treat trauma in youth is essential to the nation's recovery. At a minimum of every six months, CSoC's Certified Providers assess each youth for evidence of adjustment problems associated with traumatic life events. Magellan has taken many steps to ensure that when trauma impacts youth functioning, it is thoroughly documented and promptly addressed with strategies and interventions. Magellan LMHPs review youth assessments to ensure that, when this need is rated as actionable, it is accompanied by clinical documentation of symptoms and targeted treatment recommendations for the Child & Family Team.

- **Access to Educational Opportunities.** Many social and economic factors can impact an institution's ability to educate its students, including adequate staffing, special education programs, geographic location, teacher-to-student ratios, and state funding. The CANS Youth Strength item Education evaluates the school's relationship with the youth and family and the level of support the youth receives from the school. CANS assessors rate this item according to how much the school is an effective partner that meets the youth's needs. An actionable rating on this item indicates that the youth's school cannot adequately address their academic or behavioral needs.

## Protective Factors

- **Caregiver Knowledge.** Access to healthcare information and resources by caregivers is vital in advocating for youth with emotional and behavioral disturbances. Unfortunately, healthcare literacy, which includes

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<sup>5</sup> University of Wisconsin Population Health Institute. County Health Rankings State Report 2019

<sup>6</sup> US Surgeon General Advisory: Protecting Youth Mental Health. Retrieved on 2/17/2022. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

understanding mental health diagnoses, medication and treatment options, and services covered by one's insurance, is often lacking in underserved populations. Healthypeople.gov, a website promulgated by the Office of Disease Prevention and Health Promotion, reported in 2020 that "...uninsured and publicly insured (e.g., Medicaid) individuals are at a higher risk of having low health literacy.... Some of the greatest disparities in health literacy occur among ethnic minority groups from distinct cultural backgrounds and those who do not speak English as a first language."<sup>7</sup> Magellan believes that the Wraparound principle of Family Voice and Choice cannot be fully realized without adequate health literacy, monitored using the CANS strength item *Caregiver Knowledge*.

- **Optimism.** Finding and maintaining hope is an essential component of mental health. The compound nature of disparities in social determinants of health has had a marked effect on levels of optimism. A central tenant of Wraparound is the belief that all youth desire to feel happy and loved within their family and community. The CANS item *Optimism* is rated based on the youth's sense of self in their own future, including whether they have a generally positive outlook on life and their perceived likelihood for success.
- **Recreation: Talents & Interests.** A key component in assessing social determinants of health is identifying healthy behaviors contributing to overall physical and mental well-being. One healthy behavior 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 should be considered for prioritization and be addressed in the POC.
- **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 building a social support network for families 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*, which evaluates whether a caregiver has significant social ties to family, friends, neighbors, or other social networks that actively help raise their child.
- **Coping Skills & Resiliency.** A key component of behavioral and mental health treatment is replacing maladaptive thoughts and actions with positive ones. Developing coping skills is paramount to successful outcomes because of the intense, targeted nature of the CSoC program. Individuals with practical coping skills are self-reliant, able to problem-solve, and better equipped to make informed life decisions. The CANS Youth Strength item *Resiliency* assesses how youth can identify and utilize their internal strengths and resources. Lower ratings of need on this item indicate a youth who can successfully manage complex challenges in life by using positive coping skills.

## Analysis

The effectiveness of the CSoC program in countering negative impacts of social determinants of health is monitored by comparing the prevalence rates of actionable needs 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. These ratings indicate that the youth and family require treatment or intervention. The graph below presents the reductions in the prevalence of actionable needs of CSoC members from initial to discharge CANS assessments. The items for this analysis were chosen for their direct relationship to known social determinants of health (SDOH) that impact the

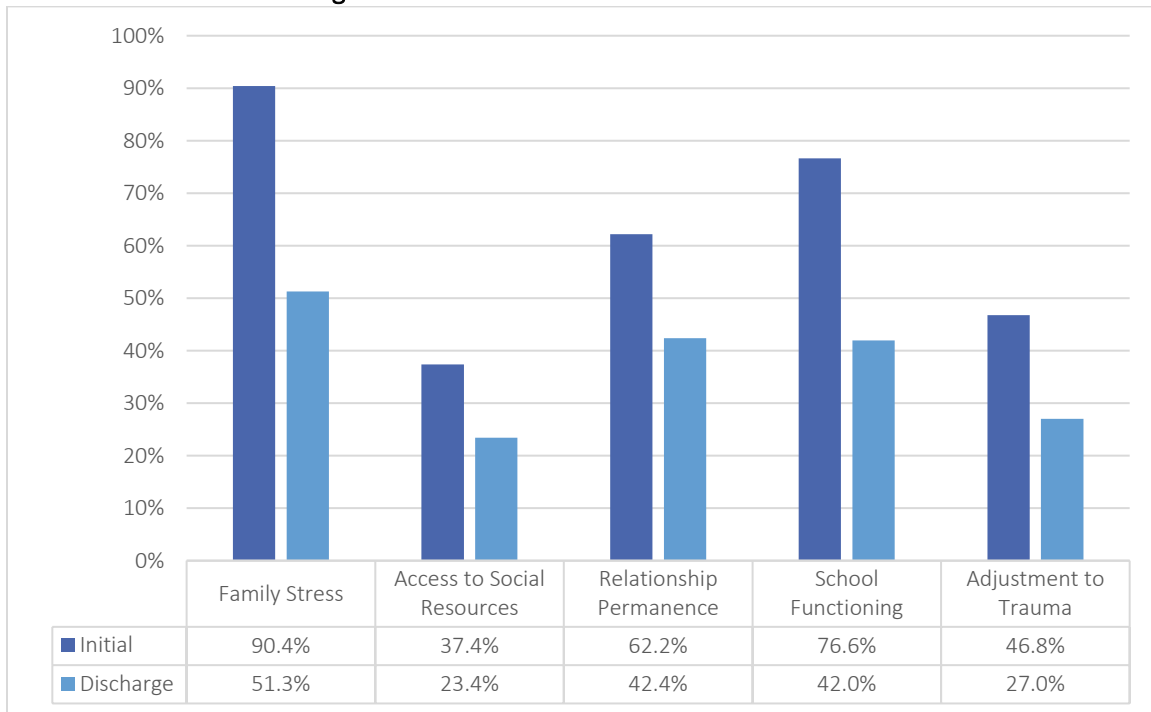
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<sup>7</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>  
Office of Disease Prevention and Health Promotion. *Health Literacy*. Retrieved on 2/17/2022.



well-being of youth and families. A quantitative examination of the impact of CSoC enrollment on reducing needs and increasing strengths provides valuable insight.

**Figure 16. Reduction in Actionable Needs 2023**



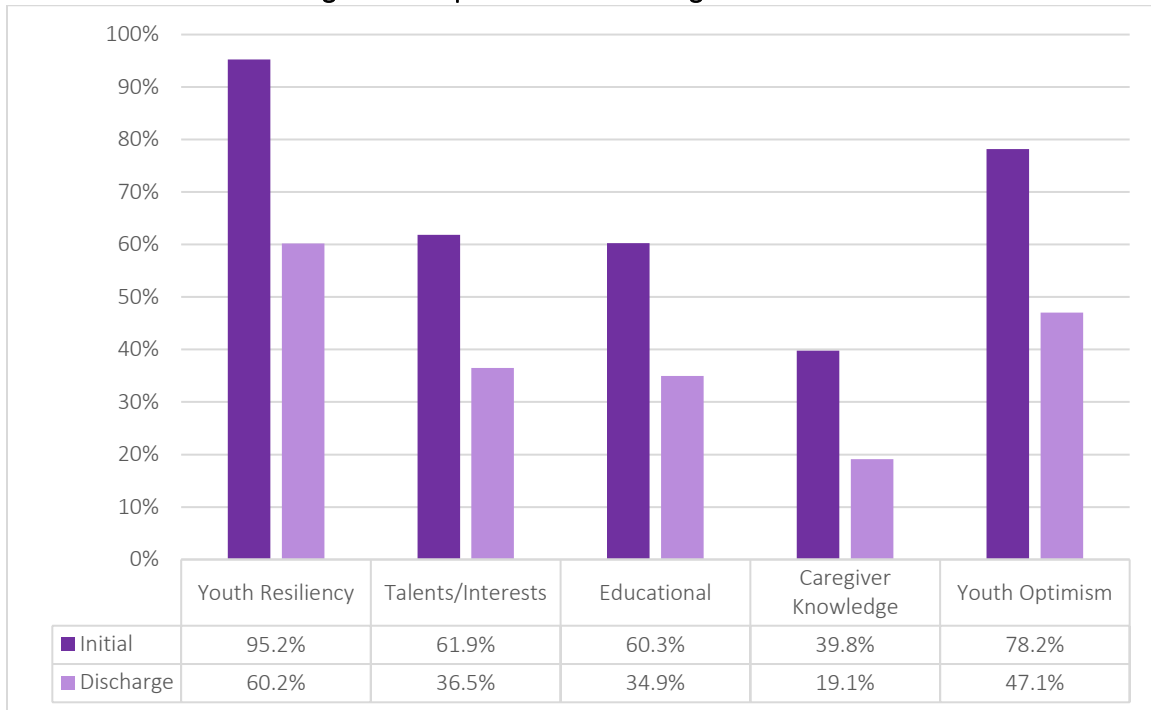
To analyze the success of CSoC in reducing the actionable needs of youth in 2023, the percentages of youth evidencing actionable needs were compared among those discharged in 2023 and had both an initial and discharge CANS assessment (N = 1,156). As indicated in the figure above, the prevalence of actionable needs identified on the CANS was markedly reduced from initial to discharge assessments for all SDOH items. The most significant reduction in need prevalence was seen in *Family Stress*. At the time of the initial assessment, 90.4% of youth and families entering the program had actionable needs related to the caregiver's ability to manage the youth's behavioral and emotional needs. By discharge, this rate was reduced by 39.1 percentage points, the most significant reduction observed. This finding attests to the program's ability to improve the quality of life for CSoC families significantly.

Most youth referred to CSoC experience difficulties related to School Functioning, whether in attendance, achievement, or behavior. In 2023, 76.6% of youth were initially assessed to have actionable needs on this CANS item, compared to only 42.0% of youth discharged from the program. Given that nearly all CSoC youth are school-age, educational outcomes are vital in evaluating the program's effectiveness. Please see the Quality Performance Measures section for a detailed analysis of school and education-related measures.

From initial to discharge assessment, caregivers with actionable needs related to identifying and accessing social resources fell from 37.4% to 23.4%, a decrease of 14.0 percentage points. When an actionable CANS rating of 2 or 3 for this item moves to a rating of 0 or 1, it indicates that the caregiver has identified family, friends, or social networks that actively help care for the youth. Improvement on this item reflects the wraparound principle of utilizing a team-based approach.

Assessing and addressing trauma in youth is an ongoing area of focus for LDH and Magellan. In 2023, Magellan completed specific trauma trainings for CSoC assessors, wraparound facilitators, and Magellan care managers customized to the role of each. A thorough evaluation of the impact of trauma symptoms on youth functioning is vital in linking youth and families to proper providers and treatment modalities. As the above graph shows, the prevalence of youth entering CSoC with actionable need on the CANS item *Adjustment to Trauma* was 46.8%, nearly half of all youth initially assessed in 2023. By the time of discharge, that prevalence was reduced to 27.0%. Efforts to identify and address trauma are ongoing, and evidence of progress is apparent. Still, identifying trauma and evaluating its impact on youth functioning remains a top priority.

Figure 17. Improvements in Strength Items 2023



As shown in the figure above, the most significant improvement observed in 2023 was in the *Resiliency* item, with 95.2% (N = 1,771) of youths evident of needs related to their ability to identify internal strengths and use them in managing daily life. Conversely, only 60.2% (N = 1,166) of youth evidenced actionable resiliency needs at their discharge CANS, a reduction of 35.0 percentage points. Ratings of 0 on this item indicate that a youth can both recognize their inherent abilities and use them to solve problems and address challenges.

The second greatest improvement in strength items related to social determinants of health was achieved in youth optimism, a noted protective factor. At the initial assessment, 78.2% of CSoC youth were rated as having low levels of optimism that warranted intervention. At discharge, this prevalence rate was reduced to 47.1%, a reduction of 31.1 percentage points. The ability of CSoC to significantly impact levels of optimism testifies to the magnitude of Wraparound's impact on youth's outlook and hope for the future.

The next highest improvement rate in 2023 was shared by CANS strength items *Educational* and *Talents/Interests*, which improved by 25.4 percentage points from the initial to discharge assessment. The *Educational* item measures the ability of schools to work with the youth and family to identify and successfully address educational needs. Wraparound facilitators often lead in advocating for youth during IEP meetings and interacting directly

with schoolteachers and counselors. In 2023, 60.3% of youth were initially assessed to have actionable educational needs, compared to only 34.9% of those discharged from CSoC.

Enrollment in CSoC also increased strengths for caregivers, as evidenced by the 20.7 percentage point increase in ratings of *Caregiver Knowledge*. Nearly 40% of caregivers were initially identified as needing intervention to understand their youth's condition(s), rationale for treatment, and individual needs and strengths. By discharge assessment, over 80% of caregivers were rated as knowledgeable about their child's behavioral or emotional needs and could identify their limitations, talents, and abilities.

## Looking Forward

Magellan will introduce new technology in 2024 that directly enhances the ability to capture and analyze information related to Social Determinants of Health. Connecting the needs and strengths identified in the CANS and IBHA directly to the Plan of Care has long been a target for improvement. The implementation of Opeeka's Person-Centered Intelligence Solution (P-CIS) platform connects the CANS ratings assigned by clinical assessors to the IBHA by automatically pulling ratings through to both the narrative document and the Plan of Care, ensuring that all actionable items have corresponding documentation. This documentation is vital to ensure the Child and Family Team (CFT) develops a Plan of Care that reflects the supports and services consistent with assessed health needs, enabling a new level of collaboration between assessors, facilitators, and families.

## Culturally Competent Care

Magellan builds its programs and processes around an expansive definition of cultural competency in healthcare. Providers are expected to be able to effectively render services that meet the cultural, social, and linguistic needs of all CSoC members. When youth and families feel heard and understood by providers, they are more likely to actively engage and participate in treatment, positively impacting member outcomes. Both the Wraparound model and Magellan's CSoC program design is founded upon culturally competent values, observable in the full enrollment continuum, from initial assessment to transition of care at discharge. In a culturally based Wraparound model, families exercise choice in the services they receive, and the treatment team understands and values the family's theory of change. Magellan supports facilitating members' freedom of choice in selecting 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 behaviors, ideas, attitudes, values, beliefs, and languages of the individuals served. Magellan provides access to a comprehensive resource kit to support its provider network at [MagellanProvider.com](https://MagellanProvider.com). This resource kit contains various assessment tools, guidelines, standards, and resources designed to assist providers, agencies, and the Magellan organization in enhancing cultural and linguistic competency throughout the behavioral healthcare system. Magellan developed training modules specific to Louisiana's cultural makeup and monitored Direct Care Staff to ensure annual cultural competency training requirements were met. 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 the Magellan website:

- **Cultural Competency Resource Kit:** Provides training and information for cultural competency concepts and applications, including assisting providers in developing 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; d) Why Cross-Cultural Competency; and e) Serving and Supporting LGBTQI+ Youth in CSoC.

Utilizing the materials in this kit, practitioners may conduct a self-assessment of provider-level cultural competence, assess organizational strength and growth related to cultural competence, and conduct member evaluations of healthcare provider cultural competency. In addition, various tools and resources are included to assist provider agencies in developing realistic and incremental organizational cultural competency plans. The key areas addressed in the kit are detailed in the table below.

**Table 26. Cultural Competency Resource Kit**

Cultural Competence Guidelines and Standards	Key Components of Organizational Cultural Competence
<ul style="list-style-type: none"> <li>American Psychological Association, Guidelines on Multicultural Education Training, Research, Practice, and Organizational Change for Psychology <a href="http://www.apa.org">www.apa.org</a></li> <li>Department of Health and Human Services Cultural and Linguistic Competence Standards <a href="http://minorityhealth.hhs.gov/">http://minorityhealth.hhs.gov/</a></li> <li>SAMHSA Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups <a href="http://nrchmh.org/ResourcesMHAdminsLeaders/Cultural%20Competence%20Standards%20SAMHSA.pdf">http://nrchmh.org/ResourcesMHAdminsLeaders/Cultural%20Competence%20Standards%20SAMHSA.pdf</a></li> <li>Association of Multicultural Counseling and Development (AMCD) Multicultural Counseling Competencies</li> <li>National Association of Social Workers, Standards for Cultural Competence in Social Work Practice <a href="http://www.naswdc.org/practice/standards/NASWculturalstandards.pdf">http://www.naswdc.org/practice/standards/NASWculturalstandards.pdf</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Organizational Cultural Competence Assessment Tools</li> <li>Multicultural Competence Service System Assessment Measure</li> <li>Organizational Cultural Competence Plan Template</li> <li>Strategies for Completing the Cultural Competence Plan</li> <li>Sample Cultural Competence Action Plan 18</li> <li>Clinician/Service Provider Cultural Competence Measures</li> <li>The Multicultural Awareness-Knowledge-Skills Survey</li> <li>Cultural Competence Self-Test</li> <li>Cultural Competence Information Sheets</li> <li>Cultural and Linguistic Definitions</li> <li>Web Resources</li> <li>Cultural Competence-Related Books</li> </ul>

## Provider Monitoring

In addition to the activities detailed in this section, Magellan implements a multi-dimensional monitoring process to ensure members have access to culturally competent services from all perspectives of care. Data gathered through member services, care management, utilization management, quality monitoring, patient safety, and network monitoring activities are examined to determine the effectiveness of the program in providing culturally competent care for youth and families enrolled in CSoc. A summary of these activities is provided below.

### POC Review Tool

The Plan of Care (POC) Review Tool is a crucial mechanism used by Care Managers (CMs) to monitor and ensure that POCs are in alignment with the goals and principles of the Louisiana Department of Health (LDH), CSoc, and the Wraparound model, ensuring members consistently have access to best practice models. Administered by CMs, the POC Review Tool evaluates adherence and compliance with established standards. Reviews are conducted initially upon enrollment in the CSoc program and are repeated every 180 days (about 6 months) until a youth and family disenroll. POCs that do not meet the established performance thresholds necessitate

individual remediation to align with the program's standards and objectives.<sup>vi</sup> Adhering to the established standards ensures that the CSoC program meets the cultural needs of our current membership.

### Family Story Present in POC

The family story within the POC provides a comprehensive perspective of the family's experience, highlighting strengths, needs, cultural norms, and preferences. In 2022, 3,248 out of 3,303 cases (98.3%) demonstrated the presence of the family story, while in 2023, this was observed in 1,992 out of 2,033 cases (98.0%). These high compliance rates indicate consistent documentation of family stories, reflecting CSoC's commitment to understanding and incorporating families' unique backgrounds and experiences in the care process.

### Strategies Unique to Family's Culture, Skills, Abilities

This item assesses whether the strategies in the POC are tailored to the family's culture, skills, and abilities. In 2022, 3,297 out of 3,303 cases (99.8%) met this criterion, with a best practice rating of 76.9%. In 2023, compliance was similarly high at 99.8%, with 2,028 out of 2,033 cases meeting the standards and 63.6% achieving a best practice rating. These findings underscore CSoC's adherence to culturally competent practices, ensuring that strategies are respectful of and responsive to the diverse cultural backgrounds of families.

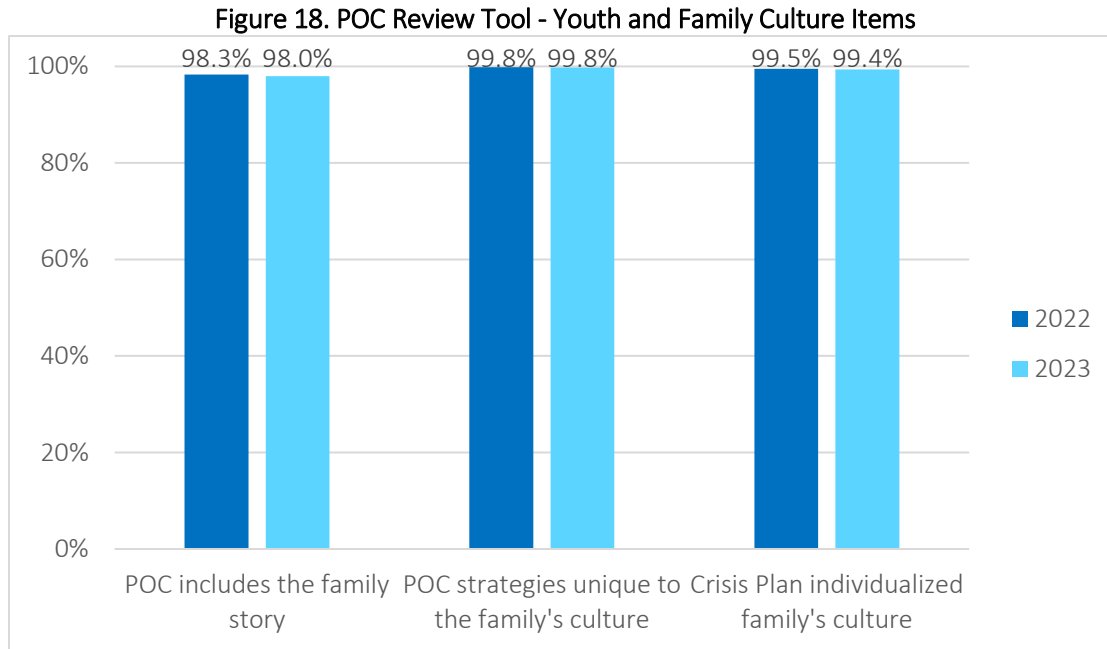
### Individualized Plan of Care to Youth & Family's Culture, Preferences, Strengths, & Needs

The individualization of the POC to the youth and family's specific cultural context, preferences, strengths, and needs is a critical element of culturally competent care. In 2022, 3,286 out of 3,303 POCs (99.5%) were individualized to the family's specific needs, while 2,020 of 2,033 POCs (99.4%) met this criterion in 2023. These consistently high compliance rates demonstrate CSoC's effectiveness in creating personalized care plans that align with each family's unique cultural context, ensuring that members receive care that is not only individualized but also grounded in best practice models.

In summary, the POC review tool data analysis reveals CSoC's commitment to providing culturally competent care. The high compliance rates across all assessed areas indicate that CSoC is effectively aligning its care approaches with the goals and principles of LDH, CSoC, and Wraparound, thereby ensuring members have access to culturally responsive best practice models.

Table 27. POC Review Tool - Youth and Family Culture Items

POC Review Tool Item	Year	Numerator	Denominator	Compliance Rate
POC includes the family story.	2022	3,248	3,303	98.3%
	2023	1,992	2,033	98.0%
POC strategies unique to the family's culture.	2022	3,297	3,303	99.8%
	2023	2,028	2,033	99.8%
Crisis Plan individualized family's culture.	2022	3,286	3,303	99.5%
	2023	2,020	2,033	99.4%



### Member Experience of Care

Magellan's CSoC Unit obtains member experience feedback by conducting annual member experience surveys and through member grievance processes. Experience surveys and grievance/complaint data are tracked and trended to improve operations and staff performance to achieve the highest level of satisfaction and care.

Grievance processes allow members, providers, member representatives, and external agencies to express comments related to care, service, and/or confidentiality. In 2023, there were seventeen member grievances reported, with seven substantiated, of which none related to the cultural needs.

Magellan's Member Experience of Care Survey is conducted annually to evaluate youth and caregiver experiences within the CSoC framework, specifically assessing if providers respected the cultural and language needs of the respondents. In 2022 and 2023, there were 281 and 291 respondents. In 2023, the survey revealed that 93.5% of the respondents (N = 291) reported positive experiences regarding cultural respect. Compared to 2022, in which 95.4% responded positively (N = 281), there was a nominal decrease of 1.9 percentage points from the previous year.

Delving into the negative feedback to understand areas for improvement, it was observed that of the seven respondents who provided critical responses, two provided no written comments, two gave vague responses ("no comment" and "everything"), one called for better customer service and stronger connections with providers, and two specifically expressed a need for Spanish-speaking direct care staff. These latter two respondents, despite their concerns, acknowledged the positive impact of language assistance services such as interpretation and translation on their provider interactions. One respondent particularly highlighted the importance of offering more services in the family's primary language, noting communication challenges during their children's counseling sessions.

Given that these responses came from the same region (i.e., Region 4), Magellan plans to reach out proactively to the Wraparound Agency (WAA) in that region. This step is intended to assist in identifying Spanish-speaking providers available in that region, of which our provider data indicates there are eighteen Spanish speaking practitioners reported in region 4. The aim is to share this information with Spanish-speaking families, thereby

addressing the linguistic and cultural needs identified in the survey. This focused approach is aligned with Magellan's commitment to enhancing cultural competency and improving the overall experience of care.

**Table 28. Member Experience of Care Survey Results**

Item	Year	Number	Positive	Neutral	Negative
Magellan's healthcare providers respect my family's cultural and language needs.	2022	281	95.4%	3.9%	0.7%
	2023	291	93.5%	4.1%	2.4%

### Treatment Record Reviews (TRRs)

Treatment Record Reviews (TRRs) play a crucial role in monitoring the cultural competency of providers within CSoC. These reviews are key to assessing the quality and effectiveness of services, with a specific focus on providers' ability to address the unique cultural needs of CSoC youth and families.

Table 29 shows quantitative data from these reviews, highlighting significant compliance among Family Support Organizations (FSO) and Formal Behavioral Health (BH) Providers in providing culturally competent care. In 2022 and 2023, FSOs showed perfect compliance in offering services in a culturally competent manner, with all records (103 in 2022 and 72 in 2023) meeting the criteria, achieving a 100% compliance rate.

For Formal BH Providers, the results also indicate a strong commitment to cultural competency. In both 2022 and 2023, all records reviewed (65 in 2022 and 45 in 2023) demonstrated that the cultural needs (i.e., racial, ethnic, and spiritual/religious needs) of the member were assessed, maintaining a 100% compliance rate. Additionally, the incorporation of identified cultural needs into treatment, when applicable, also showed complete compliance, with all 13 records in 2022 and all 7 records in 2023 meeting this criterion.

In summary, the Treatment Record Reviews (TRRs) reveal a strong dedication by CSoC providers to cultural competency, particularly evident in their thorough assessment and integration of members' cultural needs into treatment. The consistently high compliance rates in evaluating cultural needs and their inclusion in treatment plans underscore the providers' commitment to offering personalized and culturally attuned care.

**Table 29. Treatment Record Review Results – Culturally Competent Care**

Provider Type	Treatment Record Review Element	Year	Records in Compliance	Total Records Reviewed	Compliance Rate
FSO	Evidence of services being provided in a culturally competent manner	2022	103	103	100%
		2023	72	72	100%
Formal BH Providers	The cultural needs (i.e., racial, ethnic, and spiritual/religious needs) of the member were assessed.	2022	65	65	100%
		2023	45	45	100%
	Identified cultural needs of the member were incorporated into treatment, if applicable.	2022	13	13	100%
		2023	7	7	100%

## Program Effectiveness in Addressing Member Needs

As part of our annual needs assessment, the CSoC Unit's Quality Improvement Committee (QIC) analyzes growth trends in eligibility and enrollment presented in this section, which includes prevalent diagnoses; age, gender, and race/ethnicity; and cultural characteristics of the enrolled population by CSoC region. The assessment is conducted to identify unmet service needs in the CSoC program and to ensure the network's adequacy in meeting the needs members' needs.

Some of the key member and provider characteristics assessed in 2023 included:

- The CSoC program served a total of 3,785 unique members in 2023.
- The three regions with the largest number of members were 9 (Monroe), 5 (Lafayette), and 4 (Thibodaux).
- Most CSoC youth, 74.9% resided in a rural setting.
- The proportion of CSoC youth identifying as female has steadily increased over the past four years, from 41.0% to 44.1% of the total population.
- Black/African American youth accounted for 51.7% of membership.
- Over 99% of enrollees identified their primary language as English, and 0.4% identified their primary language as Spanish.
- 13.3% of CSoC providers offered services in a language other than English.
- The CSoC population is composed entirely of youth, with 65.0% of members between the ages of ten and sixteen.
- The most prevalent primary diagnosis among CSoC youth was attention deficit hyperactivity disorder.
- The percentage of youth with CSoC and OCDD dual-waiver eligibility rose from 1.9% in 2022 to 2.8% in 2023.
- The percentage of members with DCFS or OJJ involvement reached a three-year high of 24.3% in 2023.

Based on the data and analyses presented in this section, Magellan believes the CSoC network is meeting the needs of its members. In 2024, the CSoC Unit will continue to actively address opportunities for improvement through interventions to further improve the network's capacity to meet the needs of the CSoC members.

### Looking Forward

In 2023, Magellan contracted with OPEEKA to develop and implement their Person-Centered Intelligence Solution (P-CIS) as a replacement for MagellanProvider.com, the existing provider portal currently used for documenting and submitting assessment and plan of care documents. Concurrent with the P-CIS platform's introduction will be the Louisiana CANS 2.0 Reference Guide. This version improves assessor guidance, updates clinical language, and expands item definitions. One improvement relevant to Social Determinates of Health is the revamping of the CANS acculturation items. Unlike the previous version, the updated guide speaks directly to known social and cultural factors that significantly impact youth and family functioning, including discrimination based on race, nationality, religion, sexual orientation, and gender identity. The three culture-related CANS items and a summary of their rating guidance is below:

**/-Cultural Stress:** Identifies circumstances in which the youth is met with hostility or other problems within their environment due to differences in attitudes, behaviors, or beliefs of others.



- **Language & Literacy:** Assesses needs of the youth and family for assistance with communication to receive needed resources, supports, or accommodations.
- **Traditions & Cultural Rituals:** Rates the youth's access to participation in cultural practices, including the celebration of religious holidays and day-to-day faith activities like maintaining 1<sup>st</sup> proscribed dress or diet.

Another critical clinical and quality initiative for 2024 and 2025 will focus on developing the Unified Wraparound Model of Care to enhance services for families and youth in Louisiana. This model is designed to facilitate a holistic and systematic approach, ensuring cohesive and coordinated advancement in wraparound care. A fundamental aspect of this initiative is the comprehensive revision and updating of existing training and coaching programs to align with the changing needs of CSoC members. This process includes creating new, specialized training programs for staff, emphasizing effective onboarding, and ongoing skill development.

A principal component of this training curriculum is "Material Enhancing Training on Family Voice and Choice." This module is crafted to ensure that families are central to the decision-making process in the wraparound model, ensuring that their choices are informed and aligned with safe and effective care practices. It specifically addresses the core value of Family Voice and Choice in wraparound care through several key areas:

- **Focusing on Improvement:** The aim is to significantly enhance training related to Family Voice and Choice, involving a deeper understanding and application of this principle in the wraparound process.
- **Understanding Wraparound Values:** Training will delve into exploring the meaning of Family Voice and Choice further, focusing on comprehensively understanding the family's perspectives and preferences.
- **Honoring Family Input:** Emphasis will be placed on honoring and incorporating the family's voice and choices into the wraparound plan.
- **Balancing Safety and Concerns:** Training will also address strategies for conducting informed and sensitive conversations about safety and other concerns, finding a balance between honoring the family's choices and addressing any potential safety issues or other significant concerns.

The year 2024 will be dedicated to assessing and developing these trainings, aiming for the full implementation of the training plan in 2025. This project is pivotal in enhancing the quality and efficacy of wraparound services, linking back to the broader goal of improving care coordination and support for youth involved with child-serving state agencies in Louisiana.

# Network Development and Management

Medicaid contracts with six Managed Care Organizations (MCOs), known as Healthy Louisiana Plans (HLPs), to administer and manage physical health, behavioral health, and pharmacy benefits for youth and adults enrolled in Louisiana Medicaid. The Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) contracts with Magellan to administer and manage the Coordinated System of Care (CSoC) Program.

Medicaid and non-Medicaid youth who experience significant emotional, behavioral, and mental health needs traditionally treated in restrictive settings (like residential treatment centers, group homes, and psychiatric hospitals) can be referred to CSoC via their HLP or directly to Magellan. CSoC is a specialty carve-out behavioral health plan funded through Medicaid and a 1915(c) Home and Community-Based Services (HCBS) waiver assurance.

CSoC benefits include the core behavioral health benefits available through the youth's HLP. In addition, CSoC services include intensive care coordination (known as Wraparound Facilitation), parent and youth peer support services, short-term respite, and independent living skills building. Wraparound Facilitation is a team-based, collaborative process for developing and implementing individualized care plans focusing on all life domains, including clinical interventions and formal and informal supports. During enrollment in CSoC, Magellan manages the core behavioral health, Wraparound, and specialized CSoC waiver services for CSoC enrollees. Simultaneously, HLPs manage physical health, pharmacy benefits, and non-covered behavioral health benefits, such as residential behavioral health services.

Magellan and HLPs share responsibility for maintaining a network of qualified Medicaid behavioral health providers to administer the core behavioral health services. At the same time, Magellan is exclusively responsible for maintaining a network of specialized services. Benefits available through Magellan and HLPs are detailed in the table below.

**Table 1. Medicaid Specialized Behavioral Health and CSoC Services**

Core BH Services		CSoC Only Services	HLP Only Services
<ul style="list-style-type: none"> <li>Licensed Mental Health Professional (LMHP) Services</li> <li>Psychosocial Rehabilitation (PSR)</li> <li>Crisis Intervention</li> <li>Crisis Stabilization</li> <li>Community Psychiatric Support and Treatment (CPST)</li> <li>Homebuilders</li> </ul>	<ul style="list-style-type: none"> <li>Functional Family Therapy (FFT)</li> <li>Assertive Community Treatment (ACT)</li> <li>Inpatient Psychiatric Hospitalization</li> <li>Outpatient Substance Use Disorder (SUD) Services and Opioid Treatment Programs (OTPs)</li> </ul>	<ul style="list-style-type: none"> <li>Wraparound Facilitation</li> <li>Independent Living/Skills Building (ILSB)</li> <li>Parent Support and Training (PST)</li> <li>Short Term Respite (STR)</li> <li>Youth Support and Training (YST)</li> </ul>	<ul style="list-style-type: none"> <li>Multisystemic Therapy (MST)</li> <li>Psychiatric Residential Treatment Facility (PRTF)</li> <li>Therapeutic Group Home (TGH)</li> <li>SUD residential treatment services (ASAM levels 3.1, 3.2 WM, 3.5, and 3.7)</li> <li>Applied Behavioral Analysis (ABA)</li> </ul>

CSoC is an intensive, short-term intervention with an average length of enrollment of approximately twelve to eighteen months. Further, the CSoC waiver limits enrollment to 2,900 youth daily, representing less than one-half of one percent of Medicaid recipients ages six to nineteen (N = 699,816), as reported in the 2020/2021 Medicaid Annual Report.<sup>8</sup> Significant differences in contractual requirements exist between HLPs and the CSoC Program. Disparate provider networks and administrative procedures for utilization, quality, and care management are among them. The bullets below list some differences that impact network development and management. These differences reinforce the importance of coordination and collaboration between HLPs, Magellan, Medicaid, and the LDH to maintain a network that ensures accessibility and availability of specialized behavioral health services for Medicaid and CSoC recipients.

- **Length of Enrollment.** The short length of enrollment results in frequent changes in the geographic needs of CSoC youth as they enter and leave the program. Magellan and HLPs must prioritize maintaining a similar network of providers to ensure continuity of care of specialized behavioral health services at enrollment and discharge.
- **Prior Authorizations for HCB Services.** The Medicaid Provider Manual states providers must submit sufficient documentation to support medical necessity for Mental Health Rehabilitation (MHR) services.<sup>9</sup> For youth enrolled exclusively with an HLP, providers submit documentation using a standardized process across all HLPs. In CSoC, the WAA serves as the locus for access, accountability, service coordination, and utilization management functions for enrollees. They are responsible for developing and implementing a single, integrated Plan of Care (POC) that lists the supports and services, including type, frequency, amount, and duration needed to meet the member's needs. Support for medical necessity is documented on the POC, which WAAs must submit, requiring providers to coordinate and collaborate with the WAA to receive authorizations.
- **Network Monitoring.** The CSoC waiver requires oversight and monitoring of network providers regardless of the number of youths served to ensure ongoing compliance with contractual and waiver requirements. Due to caps in CSoC enrollment, Medicaid providers typically serve a low volume of CSoC youth compared to youth enrolled in an HLP. As a result, providers with a low volume of CSoC youth are subject to more frequent, comprehensive quality and network monitoring reviews.

Magellan remains dedicated to maintaining and enhancing our statewide network of qualified Medicaid behavioral health and waiver service providers to meet the needs of CSoC members. The network includes Wraparound Agencies, specialized CSoC waiver providers, behavioral health service providers, Federally Qualified Health Center (FQHC) providers, and Local Governing Entities (LGE). Magellan supports and recruits providers to ensure the network includes providers specializing in services such as developmental disabilities, sexually maladaptive behaviors, and early childhood specialties. We are committed to cultivating an environment that ensures the delivery of culturally competent, quality services to our members through collaborative partnerships with our providers, members, family members, and other stakeholders.

Magellan partners with LDH/OBH, Medicaid, and the HLPs in implementing systemic, statewide network initiatives to increase access and improve behavioral health services and evidence-based practices. It is the primary component of the CSoC Network Development Plan, submitted annually or upon a significant change in the network, and includes data and analyses that assist in identifying network gaps, barriers, interventions, and

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<sup>8</sup>Louisiana Department of Health (2021, December 14). Medicaid Annual Report 2021.  
<https://www.lamedicaid.com/provweb1/providermanuals/manuals/bhs/bhs.pdf>. Retrieved February 25, 2023.

<sup>9</sup> Louisiana Department of Health (2023, January 1). Behavioral Health Services Provider Manual.  
<https://www.lamedicaid.com/provweb1/providermanuals/manuals/bhs/bhs.pdf>. Retrieved February 26, 2023.

recommendations. Magellan is dedicated to ensuring that specialized behavioral health and waiver services are provided to CSoC members in a manner consistent with the goals and guidelines of the LDH.

This section provides the results of network performance measures and monitoring activities in 2023, as bulleted below. It concludes with an evaluation of the effectiveness of Magellan's network in meeting the needs of CSoC youth and actions planned for 2024.

- Availability of Practitioners and Providers
- Accessibility of Services
- Experience of Care – Accessibility and Availability
- Network Management
- Network Development
- Network Effectiveness

## Availability of Practitioners and Providers

The CSoC Unit monitors the availability of behavioral healthcare practitioners and providers to serve our members by establishing quantifiable standards for the number and geographic distribution of each behavioral healthcare practitioner and provider type. Network availability includes examinations of geographic density, out-of-network (OON) requests, and provider counts by region.

### Geographic Density

#### Availability Standards

The Louisiana Department of Health (LDH) standards for density require a minimum of two (2) psychiatrists, APRN Rx, and medical psychologists per 10,000 members and eight (8) Behavioral Health Specialists per 10,000 members. The GEO software program used to determine provider locations is based on longitude, latitude, and LDH-established standards. Geographic distributions are based on geographic classification and provider type. Goals are set for these standards at 100% regardless of the member's geographic location or type of practitioner. More formal interventions or quality improvement activities are needed when performance falls below the minimum threshold.

Geographic distributions are based on the member demographic data – i.e., rural and urban, and the provider data. Providers are examined according to the following provider types:

- Psychiatrists -i.e., Medical Doctor (MD) certified with the American Board of Psychiatry and Neurology (ABPN) or American Osteopathic Board of Neurology and Doctor of Osteopathy (DO) with psychiatry certification (AOBNP) American Board of Psychiatry and Neurology (ABPN)
- Behavioral Health Specialists – i.e., psychologists, medical psychologists, APRNs, and LCSWs
- Non-MD Outpatient – i.e., LPCs, LMFTs, LACs, ambulatory outpatient facilities
- Prescribers – i.e., psychiatrists, medical psychologists, and APRNs with an active Drug Enforcement Agency (DEA) license as reported by the provider (and verified by Magellan) during the credentialing and re-credentialing process.

The GEO software program used to determine provider locations is based on longitude, latitude, and LDH-established standards. Geographic distributions are based on geographic classification and provider type. LDH establishes the goal of meeting all provider-to-member ratios, as shown in Table 2, at 100% compliance. Magellan implements formal interventions or quality improvement activities when GeoAccess density rates fall below the minimum threshold.

Table 2 defines density standards, followed by Tables 3 – 4 and Figure 1 detailing the results by urban and rural members for 2022 and 2023.

**Table 2. Geographic Density Standards – Urban and Rural**

Provider / Practitioner Types	Provider / Practitioner to Member Ratio	Urban	Rural
Psychiatrist	2:10,000	15 Miles	30 Miles
Behavioral Health Specialists	8:10,000	15 Miles	30 Miles
Non-MD Outpatient	8:10,000	60 Miles	90 Miles
Prescriber	1:10,000	15 Miles	30 Miles

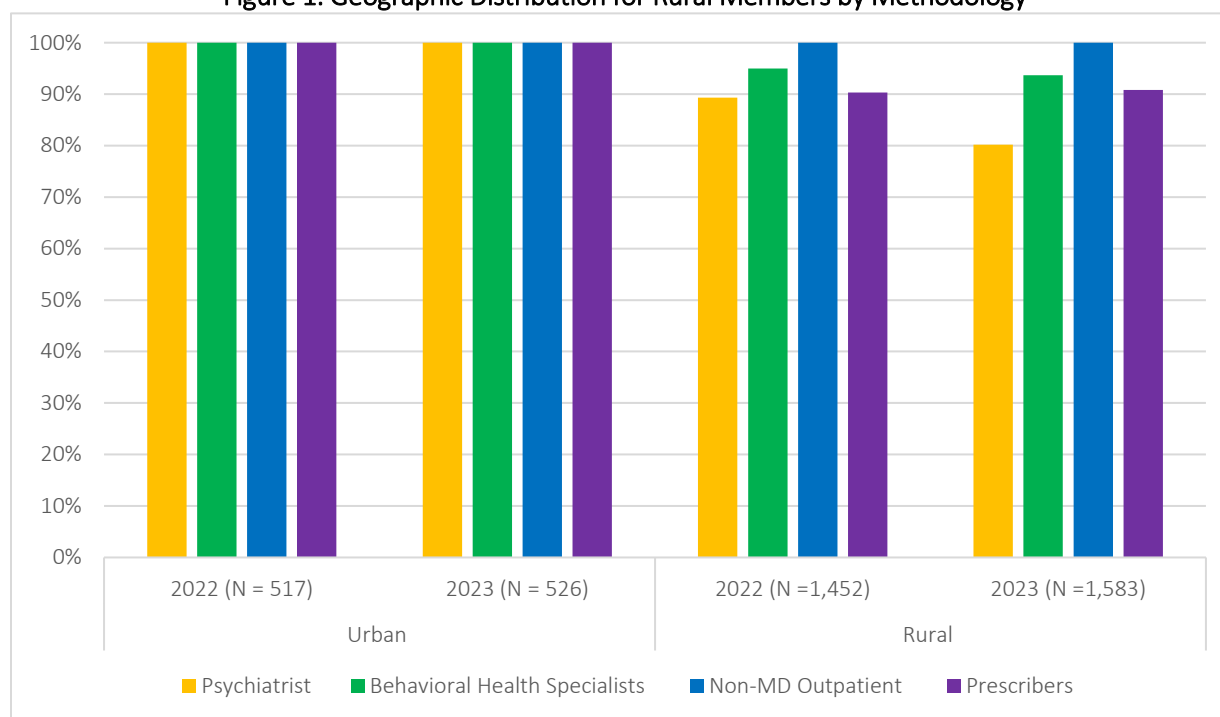
**Table 3. Geographic Distribution of Practitioners and Providers – Urban LDH Standards**

Provider / Practitioner Types	2022			2023		
	Providers	Members	% Members Access	Providers	Members	% Members Access
Psychiatrist	173	517	100%	111	526	100%
Behavioral Health Specialists	186	517	100%	152	526	100%
Non-MD Outpatient	544	517	100%	480	526	100%
Prescribers	170	517	100%	154	526	100%

**Table 4. Geographic Distribution of Practitioners and Providers – Rural LDH Standards**

Provider / Practitioner Types	2022			2023		
	Providers	Members	% Members Access	Providers	Members	% Members Access
Psychiatrist	173	1,452	89.3%	111	1,583	80.2%
Behavioral Health Specialists	186	1,452	95.0%	152	1,583	93.7%
Non-MD Outpatient	544	1,452	100%	480	1,583	100%
Prescribers	170	1,452	90.3%	154	1,583	90.8%

**Figure 1. Geographic Distribution for Rural Members by Methodology**



In 2023, GeoAccess standards were calculated based on a total membership of 2,109, comprising 526 urban and 1,583 rural members. This represented an increase of 140 members: 9 residing in urban locations and 131 in rural areas. The count of all provider types was lower than in the previous year. As part of the provider enrollment project, we were requested in 2023 to remove all non-enrolled providers from our directory and reports, with a completion deadline of August 15, 2023. All identified non-enrolled providers were terminated effective August 15, 2023, resulting in a decline across all provider categories. In 2023, the number of psychiatrists decreased by 62, behavioral health specialists by 34, non-MD outpatient providers by 64, and prescribers by 16. Despite these reductions, geographic density standards for all urban youth were met at 100%.

Compliance with GeoAccess standards for rural youth was above 90% for all provider types except psychiatrists. The percentage of rural youth with access to a psychiatrist within 30 miles of their home in 2023 was 80.2%, a reduction of 9.1 percentage points from 2022. Also, in 2023, 100% of CSoC's rural membership had access to non-MD outpatient providers. Compared to the previous year, there was a minor increase in the percentage of rural members' access to prescribers, from 90.3% to 90.8%. These findings indicate that continued efforts are needed by Magellan's Network Department to increase provider access for youth residing in rural parts of the state.

## Network (OON) Requests

The Network Strategy Committee (NSC) compiles data on member requests for out-of-network services and data on actual out-of-network utilization to identify and monitor issues with access to behavioral healthcare services practitioners and providers. The organization conducts qualitative and quantitative analyses to identify possible OON requests and opportunities to improve network adequacy.

OON requests provide a mechanism to access providers not contracted with Magellan. In cases where a non-contracted provider is serving CSoC youth at the time of referral, Magellan makes single-case agreements (SCA)

with those providers to ensure the continuity of behavioral health services. Providers considered for SCA must have the same training, experience, qualifications, and specialization as in-network providers. Further, providers shall be licensed by Health Standards or respective state boards or agencies and be accredited, if applicable.

Out-of-state providers must also have proof of the equivalent of Louisiana licensing requirements in accordance with contract requirements. This proof is shared with LDH upon request. All services provided by out-of-network providers receive authorization for reimbursement of services. For services that do not meet the definition of emergency services, Magellan is not required to reimburse more than ninety percent (90%) of the published Medicaid FFS rate in effect on the date of service to out-of-network providers to whom Magellan has made at least three documented attempts to include in its network.

In addition, Magellan has a process in which single-case agreements are expedited and temporarily credentialed within two business days in urgent situations to ensure member access to adequate, timely, and medically necessary covered behavioral health services not available within the CSoC's current network. In such a case, Magellan assists the youth and caregiver in arranging the service.

Magellan coordinates with the youth's MCO to arrange for Medicaid transportation when needed. Single case agreements for in-state and out-of-state out-of-network requests are monitored by the Network Strategy Committee (NSC) quarterly and annually to identify opportunities for improving network availability. The following reasons categorize OON service requests:

- **Continuity of Care** – Member was in the care of a non-contracted provider before enrolling in CSoC, including prospective and retrospective provider agreements.
- **Specialty Needs** – The member requires a provider specializing in an evidence-based specialty, and there is no contracted provider in the member's region.
- **Geographic Need** – No in-network provider is available in a member's region.

Tables 5 – 7 provide details on the number and type of OON requests processed by the CSoC Unit in 2022 and 2023, followed by a qualitative and quantitative discussion of findings. Please note that requests can include multiple services – i.e., Community Psychiatric Support and Treatment (CPST), or multiple members – e.g., siblings.

**Table 5. OON Requests by Year – Member & Provider Counts**

Type	2022	2023
Provider Count	28	26
Member Count	63	32
Service Count	138	54

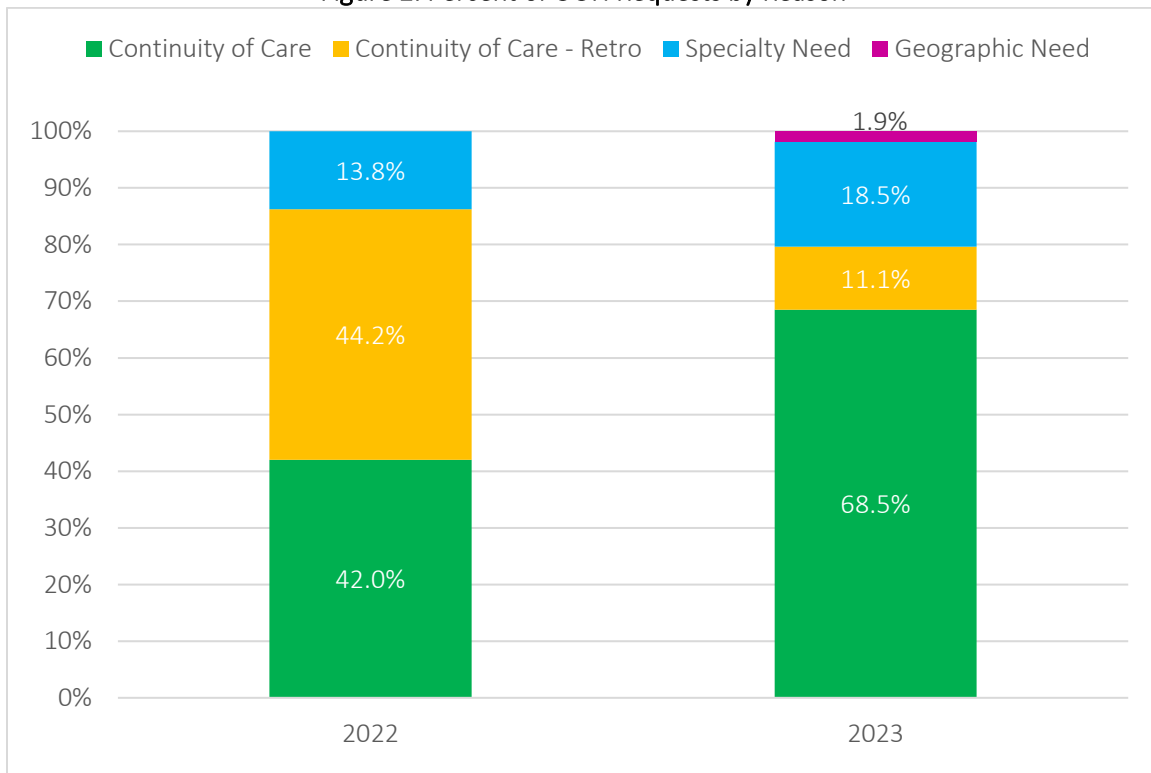
**Table 6. OON Requests by Provider Type – 2023**

Provider Type	Provider		Member	
	Number	Percent	Number	Percent
Facility/Organization/Agency	12	46.2%	17	53.1%
Independent Practitioner	14	53.8%	15	46.9%
Total	26	100.0%	32	100.0%

**Table 7. OON Requests by Reasons – 2022 and 2023**

Reason	2022		2023	
	Number	Percent	Number	Percent
Continuity of Care	58	42.0%	37	69%
Continuity of Care – Retrospective	61	44.2%	6	11%
Specialty Need	19	13.8%	10	19%
Geographic Need	0	--	1	1%
Out-of-State	0	--	0	--
Total	138	100%	54	100%

**Figure 2. Percent of OON Requests by Reason**



In 2023, 54 OON requests were made for 26 providers for 32 members. The represented a significant decline from the 138 received in 2022, resulting from 2 fewer provider requests, 31 fewer member requests, and 84 fewer service requests. Of the total OON requests received in 2023, 53.1% were from a Facility/Organization/Agency and 46.9% were from Independent Practitioners. More specifically, many OON requests, 72.2%, came from the following provider types: 17 for LPCs, 14 for Psychiatric Hospitals, and 8 for Psychologists. Magellan's Network Management Specialists analyzed service/CPT codes to determine that 22 OON requests were for traditional outpatient therapy, 14 for inpatient admission, 8 for psychological testing, 2 for Mental Health Rehabilitation services, and 7 for a rural health clinic. In both 2022 and 2023, the most frequently cited reason for an OON provider was Continuity of Care, comprising 86.2% and 79.6% of requests, respectively (including retrospective requests).

When an OON request is received, Network Management Specialists make every effort to bring that provider or service into Magellan's contracted network. An examination of 2023 specialty providers reveals the following:



- Eight requests were received for two psychologists, one of which is joining the Magellan network.
- Two requests were received for one LCSW specializing in the treatment of autism spectrum disorders, who is currently joining the Magellan network.
- The single OON request based on geographic need came from an inpatient psychiatric hospital, which is now contracted with Magellan.

Magellan conducts regular barrier analyses to understand the needs of its members and inform interventions for improvement in CSoC services and providers. One barrier identified in 2023 was difficulty engaging OON providers in contracting discussions. Network Management Specialists reported experiencing un-retuned calls and emails from providers with ad-hoc agreements. However, efforts to increase Magellan's provider network did achieve notable success. 26 single-case agreements were made with 16 distinct providers in 2023. Of these, 3 declined to contract with Magellan, but the remaining 13 have all either already joined the network or were in the process of doing so at the time of this report.

In 2024, the primary focus will be to ensure provider network sufficiency. The Network Department will perform outreach and recruiting efforts to enhance and further develop needed access to providers. The execution of single-case agreements will continue whenever members are identified as having a clinical need that cannot be met by a currently contracted provider.

## Network Provider Types

Magellan's comprehensive network of organizations, facilities, and individual service providers establishes the foundation for CSoC's one-of-a-kind system that ensures straightforward access to care, collaboration with provider partners, and the continual improvement of individualized, well-coordinated health services. Magellan's current network is comprised of Medicaid behavioral health and waiver service providers statewide, ensuring that CSoC members and families can choose their providers. Magellan certifies and contracts with a Wraparound Agency (WAA) in each region and a statewide Family Support Organization (FSO). In addition to our behavioral health specialist and waiver service providers, WAAs, and FSO, Magellan contracts with FQHCs, Local Governing Entities (LGE), rural health clinics, and school-based clinics. Table 8 lists provider types by region on 12/31/2023.

**Table 8. Providers by CSoC Region by Provider Type - 2023**

Provider Type	R-1	R-2	R-3	R-4	R-5	R-6	R-7	R-8	R-9	Total
Advanced Practice Registered Nurse Practitioner	0	3	7	1	11	7	3	0	2	34
Assertive Community Treatment (ACT)	0	0	1	1	2	1	1	3	3	12
Center Based Respite	0	0	0	0	0	0	0	0	0	0
Crisis Receiving Center	0	0	0	0	0	0	0	0	0	0
Distinct Part Psychiatric Unit	2	1	1	0	3	1	0	4	1	13
Family Support Organization	1	1	1	1	1	1	1	1	1	9
Federally Qualified Health Center (in-state only)	15	3	15	12	5	1	3	13	6	73
Free Standing Psychiatric Hospital	4	3	3	2	4	2	1	1	1	21
Licensed Addiction Counselor	0	1	1	0	0	0	1	0	0	3
Licensed Clinical Social Worker	35	14	21	3	8	4	4	5	3	97
Licensed Marriage and Family Therapist	3	2	2	0	2	6	2	3	6	26

CSoC Unit's QAPI Program Evaluation  
Contract Period: 01/01/2023 – 12/31/2023

Provider Type	R-1	R-2	R-3	R-4	R-5	R-6	R-7	R-8	R-9	Total
Licensed Professional Counselor	41	13	20	13	11	17	9	30	38	192
Medical Psychologist	0	0	0	0	0	0	0	0	0	0
Mental Health Clinic (LGE Clinics)	1	4	5	3	1	5	3	4	5	31
Mental Health Rehabilitation Agency	49	33	16	14	18	6	16	42	34	228
Methadone Clinic	0	1	1	1	1	0	1	1	1	7
Psychiatrist	57	26	10	0	8	9	3	7	2	122
Psychologist - Clinical	38	6	5	0	2	2	2	3	2	60
Psychologist - Counseling	0	0	0	0	0	0	0	0	0	0
Psychologist - Developmental	0	0	0	0	0	0	0	0	0	0
Psychologist - Other	0	0	0	0	0	0	0	0	0	0
Psychologist - School	0	0	0	0	0	0	0	0	0	0
Rural Health Clinic (Provider Based) (in-state only)	0	0	0	0	0	0	0	0	1	1
School-Based Health Center (in-state only)	4	0	0	2	3	1	1	0	3	14
Short-Term Respite - Child-Placing Agency (Therapeutic Foster Care)	0	1	0	0	0	0	0	1	0	2
Short-Term Respite - Crisis Receiving Center	0	0	0	0	0	0	0	0	0	0
Short-Term Respite - Respite Care Services Agency	3	4	2	1	2	2	1	2	5	22
Short-Term Respite - Supervised Independent Living (SIL) Agency	0	0	0	0	0	0	0	0	0	0
Substance Abuse and Alcohol Abuse Center (Outpatient)	1	3	1	1	1	0	2	1	7	17
Therapeutic Foster Care	0	0	0	0	0	0	0	1	0	1
Transition Coordinator	25	16	9	9	7	3	8	16	22	115
Wraparound Agency	1	1	1	1	1	1	1	1	1	9
<b>Total</b>	<b>280</b>	<b>136</b>	<b>122</b>	<b>65</b>	<b>91</b>	<b>69</b>	<b>63</b>	<b>139</b>	<b>144</b>	<b>1,109</b>

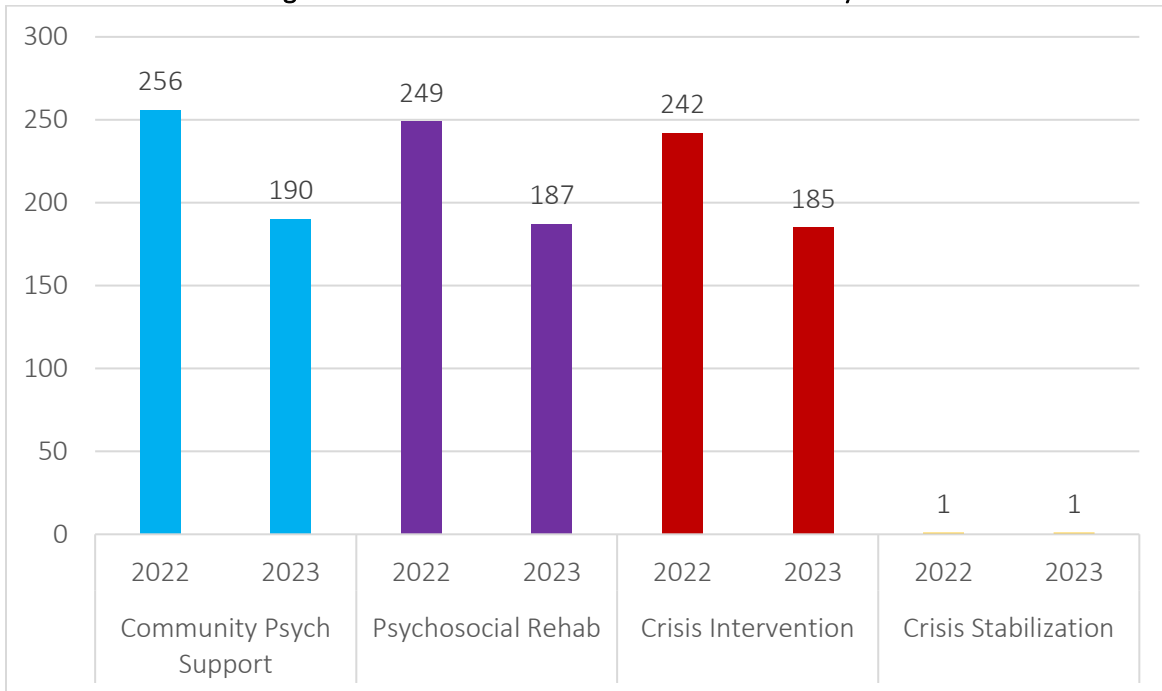
### Home and Community-Based Service (HCBS) Providers

Magellan actively manages HCBS providers that deliver 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 children; thus, MHR service providers are typically contracted with one or more of the six Managed Care Organizations responsible for behavioral health service benefits for the larger Medicaid population. Unlike the MCOs, the CSoC network manages providers contracted to provide specialized waiver services only available to CSoC members. The waiver services include Independent Living Skills Building (ILSB), Short-term Respite (STR), Parent Support and Training (PST), and Youth Support and Training (YST).

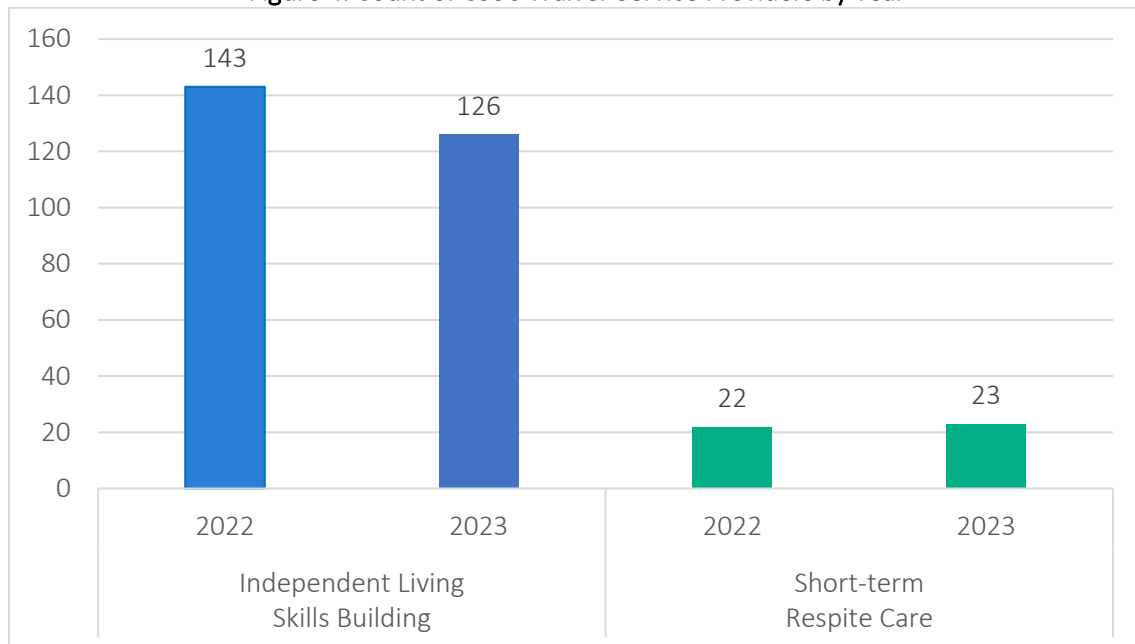
As shown in Figure 3 below, in 2023, the CSoC network was comprised of 190 providers contracted to deliver Community Psychiatric Supportive Treatment (CPST), 187 providers contracted to deliver Psychosocial Rehabilitation (PSR) services, and 185 providers to deliver Crisis Intervention services. Figure 4 displays the

number of waiver service providers contracted in 2023: 126 for provision of ILSB services and 23 for Short-Term Respite services.

**Figure 3. Count of Non-Waiver Service Providers by Year**



**Figure 4. Count of CSoC Waiver Service Providers by Year**



## Analysis of Availability

This section presented actions completed by Magellan in 2023 to monitor the availability of behavioral healthcare practitioners and providers. Key findings include:

- In 2023, Magellan contracted with 1,088 providers across Louisiana, including 245 Mental Health Rehabilitation Agencies, 183 Licensed Professional Counselors, and 96 Licensed Clinical Social Workers.
- The number of psychiatrists decreased by 62, from 173 in 2022 to 111 in 2023. However, the total number of available prescribers is augmented by AP Registered Nurse Practitioners, of which there were 32 contracted with the CSoC program.
- Urban youth had 100% access to psychiatrists, behavioral health specialists, non-MD outpatient providers, and prescribers in both 2022 and 2023, meeting LDH requirements.
- For rural youth, access standards in 2023 were as follows: 80.2% for psychiatrists, 93.7% for behavioral health specialists, 100% for non-MD outpatient providers, and 90.8% for prescribers .
- The rate of geographic access to Prescribers for rural youth increased slightly to 90.8% in 2023.
- 26 single-case agreements were made with 16 distinct providers in 2023. While 3 providers declined to contract with Magellan, the remaining 13 have all already joined the network or were doing so.

In conclusion, the findings from the analysis indicate that the CSoC program has achieved compliance with access to all provider types, meeting the requirements for urban youth. While 100% of rural youth had geographic access to non-MD outpatient providers, access rates in 2023 fell for psychiatrists and behavioral health specialists. However, the accessibility of non-MD outpatient providers for rural members remained above 90%. These declines in access for rural CSoC members signal the need for targeted recruitment efforts to expand the provider network in 2024. Interventions to do so are already underway, the details of which are discussed at the conclusion of this section.

Ongoing procedures to implement single-case agreements with non-contracted providers continued to ensure continuity of behavioral health care services for members. The successful contracting and credentialing of previously non-contracted providers by Network Management Specialists have expanded the network and improved access to care. These results highlight the program's ability to address access barriers and emphasize the importance of ongoing efforts to enhance access to mental health services for youth enrolled in the CSoC program.

## Accessibility of Services

Magellan evaluates the effectiveness of its network to maintain appropriate access to behavioral healthcare and member services using a comprehensive methodology that complies with Medicaid, LDH, State Plan Amendment, 1915(c) waiver requirements, and NCQA accreditation standards. This section evaluates Magellan's effectiveness in meeting telephonic and provider accessibility standards.

### Magellan Telephonic Accessibility

Magellan's internal system, Avaya CM Supervisor, tracks all calls and allows supervisors to monitor calls, live or recorded, for quality evaluation. Key indicators monitored by the CSoC unit include call abandonment and Average Speed to Answer (ASA). ASA is defined as the 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 a 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  $\leq 5\%$  and an average speed to answer of  $\leq 30$  seconds.

**Table 9. Telephone Accessibility Indicators**

	Call Abandonment Rate Goal – 5%			Average Speed to Answer (ASA) in seconds Goal – 30 sec.		
	Numerator	Denominator	Percent	Numerator	Denominator	Seconds
2022	220	6,967	3.16%	149,997	6,747	22.23
2023	251	8,811	2.85%	164,987	8,560	19.27

In 2023, the CSoc Member Service department received 8,811 calls, an increase of 1,844 calls from 2022. Despite the increase in call volume, call abandonment rate fell, from 3.16% in 2022 to 2.85% in 2023. As in prior years, the CSoc unit exceeded performance goals for telephonic accessibility indicators, with an average speed to answer (ASA) time of 19.27 seconds. Compared to 2022, this was a decrease in ASA by 2.96 seconds. No opportunities for improvement were identified in telephonic accessibility as both indicators exceeded the established goals.

## Provider Accessibility

Medicaid and LDH outline specific indicators and procedures for how accessibility is monitored for both Managed Care Organizations (MCOs) and Magellan. As contractually required, Magellan requires practitioners and providers to have emergent appointments available to members within one hour of the request and urgent appointments within 48 hours (about 2 days). In addition, the CSoc Unit adheres to routine appointment standards set forth by LDH of fourteen calendar days. This section details the results of the following monitoring activities completed in 2023:

- Provider reviews
- Secret shopper surveys
- Provider demographic attestations
- Physical accessibility
- Accepting new members
- Waiver Accessibility – Member Surveys

## Provider Reviews

Provider reviews are conducted to ensure providers comply with appointment availability and crisis mitigation services requirements. 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. LDH establishes goals for provider accessibility at 95% for emergent and urgent appointments and 70% for routine appointments. Reviews for rendering specialty waiver services are reviewed each year, and a random sample of rendering providers. Rendering providers are randomly selected each quarter based on contracted services.<sup>vii</sup>

Reviews consist of both record reviews and observations. Reviewers verify that written policies adhere to contractually required appointment availability requirements and confirm the implementation of policies when

scheduling appointments. The elements reviewed include confirmation of the next available routine and urgent appointments, crisis coverage/on-call schedule, and wait lists to ensure compliance with availability and crisis mitigation standards. Reviewers also verify timely availability of routine and urgent appointments, sufficient crisis coverage twenty-four hours a day, and no evidence of a waitlist.

Table 10 provides results from provider reviews completed in 2022 and 2023. In 2023, 67 providers were reviewed for compliance with appointment availability standards. Compared to 2022, there were increases in the number of providers reviewed in all categories, with thirteen additional providers for emergent and ten additional providers for both urgent and routine categories. Despite the increased number of providers reviewed, providers continued to demonstrate 100% compliance with emergent, urgent, and routine availability standards.

**Table 10. Provider Reviews – Appointment Availability**

Category	Standard	Goal	2022			2023		
			Compliant	Total	Rate	Compliant	Total	Rate
Emergent	1 hour	95%	54	54	100%	67	67	100%
Urgent	48 hours	95%	57	57	100%	67	67	100%
Routine	10 bus. days	70%	57	57	100%	67	67	100%

### Secret Shopper Calls

Magellan uses a “secret shopper” methodology to assess provider response to appointment requests in real-life circumstances. CSoc Unit Network Specialists conduct calls for providers randomly selected for review throughout the year. Providers are randomly selected from contracted providers that served CSoc members during the previous quarter (i.e., claims processed and paid for CSoc youth). This sampling approach is reviewed and approved by the LDH, with the sample size adjusted based on the number of youths enrolled. Table 11 displays the details of calls conducted in 2022 and 2023.

**Table 11. Secret Shopper Calls Results by Year**

Category	Standard	Goal	2022			2023		
			Number	Number w/in Standard	% Met	Number	Number w/in Standard	% Met
Emergent	1 hour	95%	15	15	100%	10	6	60.0%
Urgent	48 hours / 2 calendar days	95%	16	16	100%	4	3	75.0 %
Routine	14 calendar days	70%	16	16	100%	6	6	100%

In 2023, the total number of Secret Shopper calls completed was 20, comprised of 10 calls to assess emergent appointment availability, 4 to assess urgent, and 6 to assess routine. While all reviewed providers in both 2022 and 2023 had routine appointment availability within 14 calendar days, the compliance rates for emergent and urgent appointments declined significantly in 2023 to 60% and 75%, respectively. This decrease prompted a root cause analysis, revealing that reviewers conducted Secret Shopper calls to providers outside of business hours. Consequently, starting in the last quarter of 2023, Magellan's Network reviewers, as directed by the Louisiana Department of Health (LDH), revised their procedures to ensure calls were made during business hours. Another measure taken included the development of educational materials outlining the availability requirements for all appointment types and detailing Magellan's review process, which were initially distributed to providers via email

on November 20, 2023. These improvements to the Secret Shopper protocol are expected to significantly improve compliance across all appointment types.

### Provider Attestations of Demographic Information

For members to accurately locate providers accepting new members, current, valid information must be accessible to members through Magellan's provider search engine. Searchable fields include location, provider type/specialty, hours of operation, accepting new members, and availability. Magellan requires that all providers attest to the accuracy of information once every six months via Magellan's provider portal. Completion of attestations is monitored quarterly to ensure ongoing compliance. When providers have not completed their attestations within 90 days (about 3 months), a Network Management Specialist contacts the provider to assist in completing attestations and address any identified barriers. The number of providers that needed to be contacted in 2022 and 2023 is shown in the table below.

**Table 12. Provider Attestations of Demographic Information**

Year	Providers Contacted	Providers Attesting Post-Contact	% Met
2022	296	294	99%
2023	583	583	100%

In 2023, 583 providers did not complete attestations timely and required additional intervention by Magellan, an increase of 287 providers from 2022. Despite this increase, Magellan's intervention was very successful in 2023, with 100% of providers coming into compliance following contact with Magellan. This improvement in the compliance rate is believed to be primarily due to placing non-compliant providers on hold from receiving new referrals until the provider complies with the requirement. In addition, behavioral health providers receive ongoing reminders to maintain their practice information via the All-Provider call and during site reviews.

In 2024, Magellan aims to enhance its remediation processes for failures to attest to demographic information by incorporating education on monthly exclusion checks and annual training requirements. This strategic effort is designed to improve compliance with direct care training and qualification standards, as well as with Provider Attestations of Demographic Information.

### Physical Accessibility and Accepting New Members

Providers indicate physical access for persons with disabilities when completing initial contracting and credentialing for the CSoc network. Facility accessibility and transportation options are available to members through the Find a Provider option on the Magellan of Louisiana website. Providers may also update their accessibility for new members via the Magellan Provider web portal. Provider appointment availability is also a selectable search option for members.

In 2023, providers attested to having 13,961 service locations, an increase of 813 locations from 2022. As depicted in Table 13, 82.0% of service locations were accessible for persons with disabilities, a decrease of 1.6 percentage points from 2022. Table 14 details the number and percentage of service locations reported as not accepting new clients. In 2022 and 2023, 99.9% of service locations accepted new patients. Reasons providers reported for not accepting new clients included practice full (3), no appointments available (3), and other (4).

**Table 13. Physical Accessibility**

	2022		2023	
	Locations	Percent	Locations	Percent
Yes	10,995	83.6%	11,454	82.0%
No	2,153	16.4%	2,507	18.0%
Total	13,148	100.0%	13,961	100.0%

**Table 14. Accepting New Members**

	2022		2023	
	Locations	Percent	Locations	Percent
Accepting	13,140	99.9%	13,951	99.9%
Not Accepting	8	0.1%	10	0.1%
Total	13,148	100.0%	13,961	100.0%

## Experience of Care – Accessibility and Availability

The CSoC unit maintains a strong commitment to ongoing monitoring of geographic density, distribution standards, and the accessibility and availability of providers as experienced by members. This evaluation is achieved through the systematic analysis of grievances and survey data concerning member experiences. In 2023, a total of seventeen grievances were reported; notably, none pertained to issues with provider availability.

In addition, the Member Experience of Care survey was conducted to assess the satisfaction levels of youth and their families with regards to the effort, effectiveness, and availability of CSoC services. This survey, involving a statistically valid sample size of 368 youth, achieved a high participation rate of 80.4%. The responses provided valuable insights into the efficacy of service delivery within the CSoC network.

The table assesses member experience regarding provider availability within the CSoC network. Most respondents, at 89.2%, affirmed that service availability matched their scheduling preferences, suggesting a good alignment with familial time requirements. However, the 3.7% who reported inconvenience indicated that CSoC (Magellan) could benefit from reevaluating and possibly enhancing service scheduling. Additionally, while approximately three-quarters (73.5%) of survey participants confirmed timely access to services, the significant proportion (14.3%) who experienced delays highlights an urgent need to expedite service provision and reduce wait times.

**Table 15. Member Experience of Care Survey – Availability of Service Results**

Question	Year	Total # Received	% Positive	% Neutral	% Negative
My child can get services as soon as they are needed.	2022	285	73.3%	12.3%	14.4%
	2023	294	73.5%	12.2%	14.3%
The services my child receives through Magellan providers are available at times that are good for me.	2022	286	86.4%	9.8%	3.8%
	2023	295	89.2%	7.1%	3.7%



## Analysis of Accessibility

This section presented the actions completed by Magellan in 2023 to monitor the accessibility of behavioral healthcare practitioners and providers. Key findings include:

- Magellan's Member Service department received 8,811 calls in 2023, an increase of 1,844 calls compared to the previous year. Despite this increase, Magellan exceeded the performance goals for telephonic accessibility indicators. No opportunities for improvement were identified in telephonic accessibility as both indicators exceeded the established goals.
- Provider reviews were conducted to ensure compliance with appointment availability for emergent, urgent, and routine needs. In 2023, all providers reviewed were 100% compliant with the established standards.
- Secret Shopper Calls assessed provider response to appointment requests and showed 100% compliance with routine appointment availability standards. However, Secret Shopper Calls showed declines in meeting availability standards for emergent and urgent appointments, at 60% and 75%, respectively. Magellan's Network Department enacted interventions in the last quarter of 2023, which are expected to significantly increase these rates in the coming year.
- Magellan's intervention of prompting non-compliant providers to complete attestations of demographic information was successful, with 100% of providers coming into compliance following contact.
- Magellan monitored the physical accessibility of providers through attestations completed during initial contracting and credentialing. In 2023, 82.0% of service locations were reported as accessible for persons with disabilities, like the 2022 rate of 83.6%. Additionally, 99.9% of service locations reported that they were accepting new patients in both 2022 and 2023, indicating a high level of accessibility for new members.
- The 2023 Member Experience of Care Survey showed improvement in positive response rates for both items intended to measure whether CSoc youth can access services as soon as they are needed, up from 73.3% in 2022 to 73.5% in 2023, and whether services are available at a good time, up from 86.4% in 2022 to 89.2% in 2023.

Overall, Magellan demonstrated effective accessibility of services in terms of telephonic accessibility, provider accessibility, physical accessibility, and accepting new members. Compliance with appointment availability standards was consistently high, as evidenced by provider reviews and secret shopper calls. However, the findings also highlight areas for improvement, such as enhancing compliance with CMS thresholds for waiver services and addressing declining satisfaction levels in member experience with provider availability.

## Network Management

The Coordinated System of Care (CSoc) unit is responsible for contracting with providers that meet the certification and applicable licensing criteria, comply with accreditation and federal/state requirements, and adhere to the qualifications established in the Medicaid Behavioral Health Services Provider Manual. Magellan accomplishes this by implementing a comprehensive provider monitoring plan, which includes credentialing and contracting processes, re-credentialing reviews, and routine site reviews. The approach ensures the CSoc network only includes qualified providers. Network Development and Management policies must be approved by LDH prior to implementation and upon revision.<sup>viii</sup>

Magellan's credentialing and re-credentialing program is consistent with recognized industry standards, such as those provided by NCQA and relevant state and federal regulations. Magellan uses credentialing criteria that define the licensure, education, and training criteria providers and practitioners must meet and decision-making

processes in reviewing and selecting facilities, organizations, groups, and individual professionals for inclusion in Magellan's CSoC network. Providers are recruited, selected, credentialed, and re-credentialed in a manner that includes quality management, utilization, and provider profiling. 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 using the Magellan Organization Site Review Tool. The Organization Site Review Tool focuses on, but is not limited to, the evaluation of the following:

- Type and 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 Site/Building, including:
  - Physical safety
    - Adequate space for member care and treatment
    - Smoke-free environment
    - Fire safety
    - Disaster planning
    - Physical accessibility
    - Physical appearance
    - Systematic safety monitoring and improvement
- Adequacy of quality management program
- Adequacy of clinical documentation and record-keeping practices
- Staff development
- Member rights
- Appointment availability

Providers are re-credentialed every three years. Re-credentialing includes the validation of licensing, general liability, and administrative credentialing data elements to ensure the provider remains compliant with state and federal regulatory bodies. It also includes a review of provider profiling data, grievances, network monitoring reviews, treatment record review (TRR) results, and other quality-related information to ensure ongoing compliance with network standards.

Magellan conducts annual network monitoring reviews to ensure ongoing compliance with LDH, Magellan, and state/federal regulations. These reviews include compliance with agency requirements and unlicensed direct care staff qualifications for all active specialized waiver providers, and a random selection of active non-waiver providers. All providers are reviewed based on the Behavioral Health Services (BHS) provider manual requirements, including evaluation of certified peer and family support providers, as promulgated by LDH. Network reviews are typically conducted onsite, but reviews were completed desktop during the Public Health Emergency (PHE).

Active waiver providers are defined as practitioners contracted to provide a CSoC waiver service with a claim processed in the current or previous waiver year. In contrast, active non-waiver providers are classified as agency providers with a processed claim for a home and community-based (HCB) service in the current or previous

waiver year. The entire population of waiver providers, including all unlicensed direct care staff, are reviewed each waiver year. A sample of 30% of active non-waiver providers is reviewed annually, including a sample of a maximum of twelve unlicensed direct care staff per provider. Table 16 provides results from reviews conducted in 2022 and 2023 for waiver providers, followed by non-waiver providers in Table 17.

**Table 16. Network Monitoring Reviews – Waiver Providers**

Report ID	Description	2022			2023		
		Total # Reviewed	# Compliant	% Compliant	Total # Reviewed	# Compliant	% Compliant
QP 01	Providers initially meeting requirements	5	5	100%	3	3	100%
QP 02	Providers continuously meeting agency requirements	21	20	95.2%	29	19	65.5%
QP 03	Unlicensed direct care staff continuously meet training and qualification requirements.	137	116	84.7%	212	166	78.3%

**Table 17. Network Monitoring Reviews – Non-waiver Providers**

Description	2022			2023		
	Total # Reviewed	# Compliant	% Compliant	Total # Reviewed	# Compliant	% Compliant
Providers continuously meeting agency requirements	49	34	69.4%	49	32	65.3%
Unlicensed direct care staff continuously meet training and qualification requirements.	473	317	67.0%	277	204	73.6%

## Results

In 2023, 32 waiver providers underwent network monitoring reviews, 6 more than in 2022. A breakdown of 2023 reviews shows that, of the three providers initially meeting requirements, 100% followed established standards. The number of waiver providers reviewed to ensure that they continuously met agency requirements increased from 21 in 2022 to 29 in 2023. However, the 2023 compliance rate decreased significantly to 65.5%, a reduction of 29.7 percentage points from 2022 and 34.5 percentage points below goal.

The number of reviews completed for unlicensed direct care staff continually meeting training and qualification requirements increased from 137 in 2022 to 212 in 2023. Accompanying this increase was a decline in the compliance rate, falling from 84.7% to 78.3%.

Regarding network monitoring reviews conducted of non-waiver providers, 2023 compliance rates fell for providers continuously meeting agency requirements, from 69.4% (N = 49) to 65.3% (N = 49) but increased for unlicensed direct care staff continuously meeting requirements, from 67.0% (N = 473) to 73.6% (N = 277). Magellan's Network Strategy Committee (NSC) oversees network monitoring reviews, ensuring that specialized behavioral health and waiver services comply with contractual, waiver, and state/federal requirements and

regulations. In cases where non-compliant direct care staff were identified, services provided during the review period (typically around 90 calendar days) are submitted to Magellan's Cost Containment Center for recoupment.

## Analysis

The NSC conducted a barrier analysis to determine causes of the compliance rate declines observed among both agencies and provider staff members in 2023. The primary cause of low agency compliance was determined to be missing OIG/LSAA checks. Discussions within the LDH are considering removing or modifying the current requirement for monthly checks. The main reason for low staff compliance continues to be the failure to complete cultural competency training and at-hire requirements. It was found that some agencies contacted Magellan to request submission extensions on the day documentation was due rather than proactively reaching out with questions or concerns before the compliance deadline. To address this, the NSC is currently working with the agencies as these situations arise to mitigate delays and ensure they have what is needed to submit documentation timely.

The NSC enacted additional measures in 2023 to enhance compliance rates, including the development and distribution of a monthly communication called *Refrain + Refresh + Renew = No Recoupment*. This electronic communication consists of a bulleted tip sheet and is shared with providers along with the initial notification of upcoming review. Additionally, the NSC established a 90-day advanced notification procedure for review requests and a 45-day reminder, which has already led to a noticeable improvement in compliance rates. This system has streamlined the reviewing process, allowing for more efficient reviews within a three-month quarter. Providers benefit from having more time to ensure document compliance and address any issues, such as expired trainings.

Additionally, a spreadsheet for Corrective Action Plan (CAP) results was developed for distribution to the Network Team at the end of each quarter. This will allow for the monitoring of trends that will inform the development of additional workflows as needed. This spreadsheet also serves as notification to the Network Management Specialist that follow-up and continued monitoring, beyond the review period, is required.

The MCOs began monitoring reviews in January 2023, but by the third quarter of that year, the NSC became aware of provider frustration due to overlapping Magellan and MCO review requests. To address this, the network monitoring team began sharing its pre-selected providers with the MCOs. If a provider selected by Magellan informs the NSC that they are currently under review by an MCO, Magellan removes them from its list, thus eliminating the duplication. This intervention is being tracked to monitor its impact on the frequency and volume of providers reviewed by Magellan.

## Looking Forward

In 2024, Magellan's Network Team will implement a new process for selecting and reviewing staff rosters based on submitted claims for services provided, specifically within the context of CSoC. This approach aims to streamline the review process by targeting staff who are actively providing services, thereby improving documentation accuracy and overall compliance rates while reducing the administrative burden on agencies.

## Network Development

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. Policies and procedures are used to monitor the network's size and scope to offer members a choice of providers for all covered behavioral health services, and all delivery requirements are satisfactorily met. This section discusses

actions taken by Magellan's network, clinical, and quality departments to develop and expand the use of provider specialists, evidence-based practice (EBP) services, and EBP interventions.

## CSoC Waiver Services

### Family Support Organization (FSO) Services

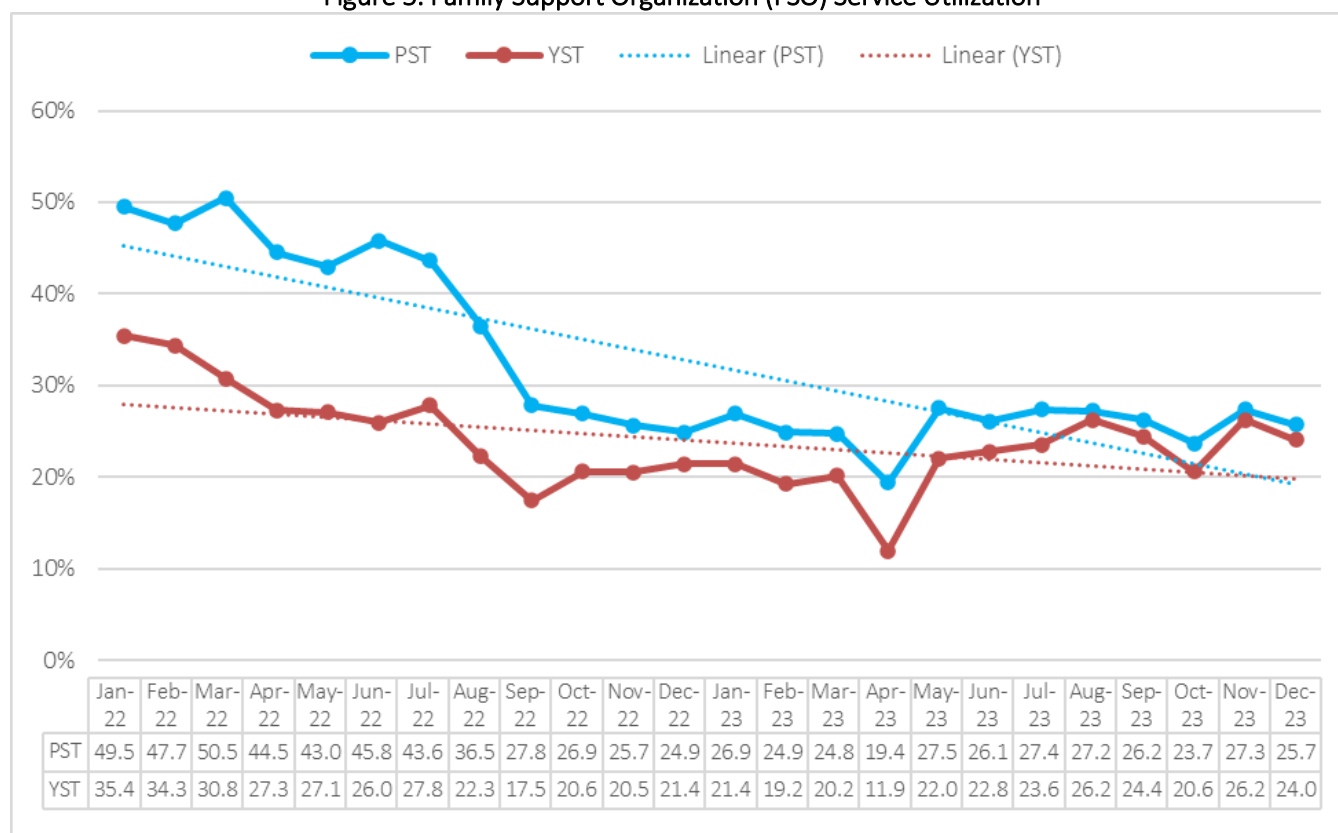
Parent Support and Training (PST) and Youth Support and Training (YST) are specialized waiver services only accessible to youth enrolled in CSoC. Magellan contracts and certifies a statewide FSO to provide peer services to CSoC enrollees. The services are intended to connect caregivers and youth who have successfully overcome similar behavioral and emotional challenges to current CSoC youth and caregivers to provide support, mentoring skill development, and community resources.

On November 1, 2022, Magellan initiated an alternate payment methodology for services rendered by the Family Support Organization (i.e., Youth and Parent Support and Training). The methodology shifted payment from a fee-for-service to a per-member-per-day rate. In order to ensure continuous monitoring of utilization, LDH determined that utilization will be monitored by the claims submitted with a face-to-face modifier. Barriers and interventions intended to improve utilization and coordination are discussed in the waiver service section below.

**Table 18. Family Support Organization (FSO) Service Utilization**

	Time Period	Members Eligible	Members Served	Percent Served
PST - Old	2022	4,569	2,286	50.0%
PST - F2F	2023	4,973	1,834	36.9%
YST - Old	2022	2,705	1,016	37.6%
YST - F2F	2023	2,889	966	33.4%

Figure 5. Family Support Organization (FSO) Service Utilization



### Other CSoC Waiver Services

CSoC members can access two other specialized waiver services: Independent Living Skills Building (ILSB) and Short-term Respite (STR). Fewer members are eligible for ILSB because it is available only to youth 13 years or older. This service is uniquely targeted at building skills youth need as they transition into adulthood, such as budgeting, accessing public transportation, and managing household tasks. Short-term respite is available to all CSoC youth with an available provider in their region. I

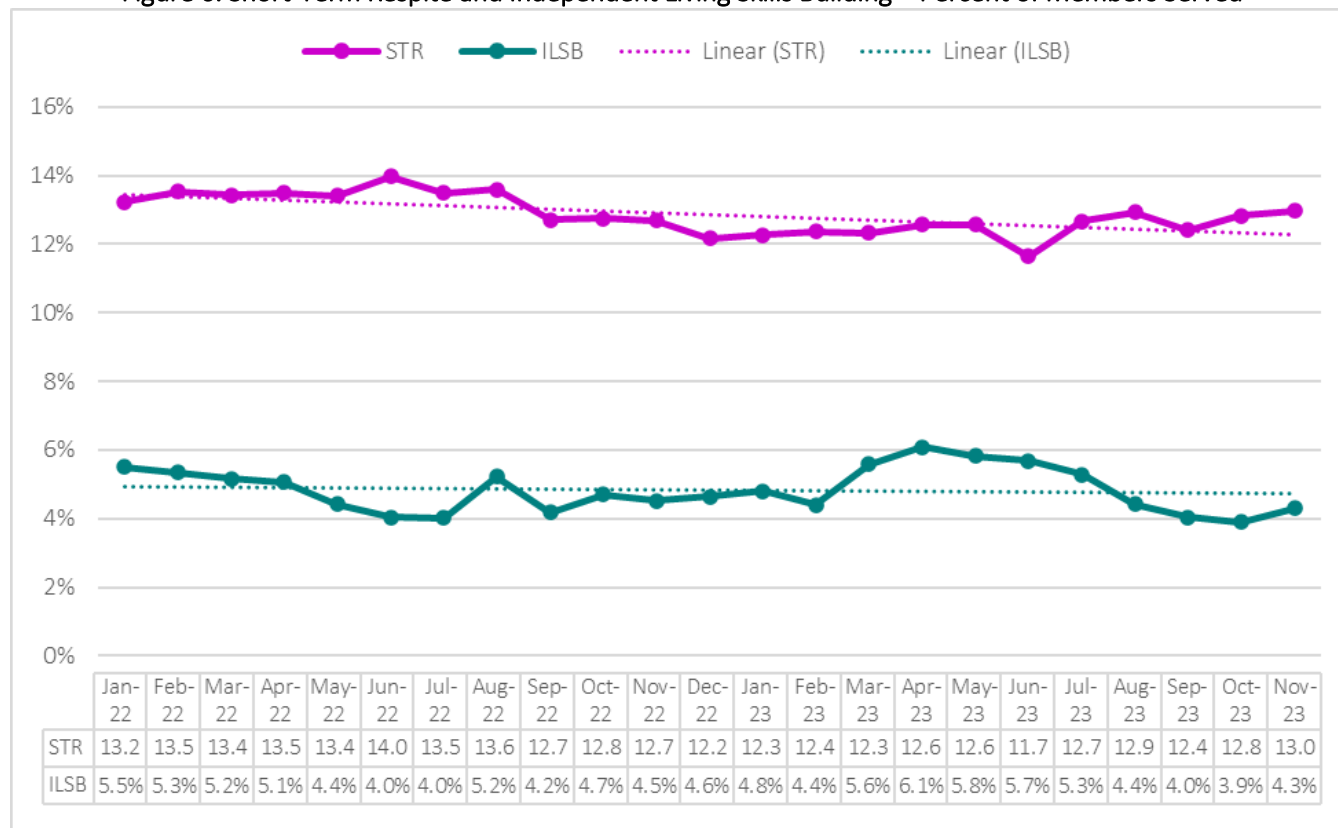
The analysis of service utilization trends within the framework of Independent Living Skills Building (ILSB) and Short-Term Respite services for youth reveals a notable consistency in the percentages of youth accessing these services. The average units utilized per month for both Short-Term Respite and ILSB displayed minor fluctuations, yet broadly maintained a stable pattern. Notably, in the third quarter, Short-Term Respite accounted for 14% of the total authorizations, amounting to 595 instances where services were authorized but no claims were subsequently received. This particular finding underscores the criticality of meticulous tracking and regular review of utilization data to understand and address potential gaps in service delivery.

Furthermore, a strategic decision to increase the rates for short-term respite services was implemented on September 1, 2023. In anticipation of this change, communication to providers was scheduled for August 31, 2023. The committee overseeing this initiative anticipates that the revised rate structure will, over time, contribute to an elevation in the rates of utilization for these services. This expectation is predicated on the premise that enhanced financial incentives will catalyze a more robust engagement with short-term respite services among the target youth population.

Table 19. Other CSoc Waiver Services

Service	Time Period	Members Eligible	Members Served	Percent Served
ILSB	2022	1,798	150	5.0%
	2023	1,885	161	4.9%
STR	2022	4,569	729	16.0%
	2023	4,973	743	14.9%

Figure 6. Short-Term Respite and Independent Living Skills Building – Percent of Members Served



## Waiver Service Survey

Facilitators survey youth and caregivers to assess the POC implementation during the month. The WAA reports the results of the survey via the CSoc Data Spreadsheet. Magellan uses this data to calculate the POC 06 compliance rate, defined as the number and percent of youth receiving waiver services in the type, amount, duration, and frequency specified on the POC.

This section examines the compliance rate, which assesses whether services listed on the Plan of Care (POC) are provided in accordance with the needs and preferences of CSoc youth with at least one waiver service listed on their POC. For youth participating in the survey with at least one waiver service listed on their POC, the facilitator surveys the youth and caregiver to assess that services are being provided in accordance with the POC. The facilitator then selects the option that best represents the information given from the following options:

- **Option 2.** The youth/caregiver did not need/want services as listed on the POC.

- **Option 3.** Provider not rendering services in the amount, duration, or frequency needed/wanted.
- **Option 4.** Youth receiving waiver services in the amount, duration, or frequency needed/wanted.

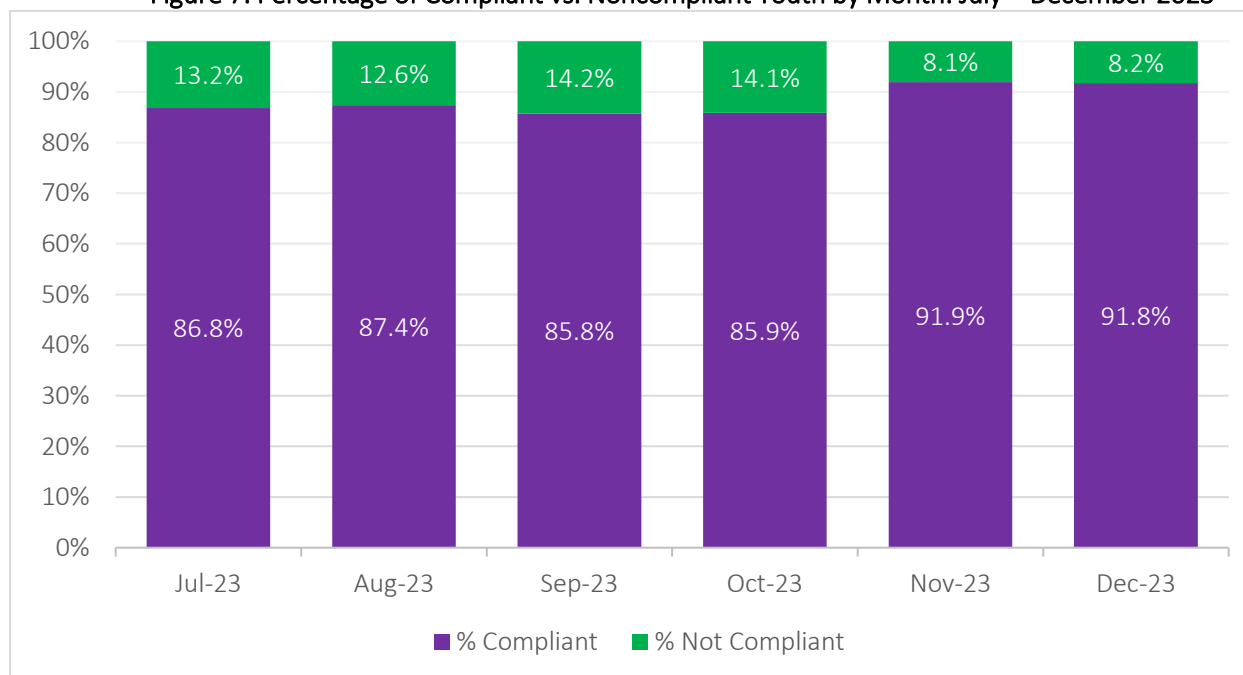
In December 2023, the compliance rate for youth with at least one waiver service listed on their POC was 91.8%, with 86.5% reporting no issues with services and 5.2% reporting the services were not needed or wanted as listed on their POC. In comparison, 8.2% reported that providers did not render services as needed. The compliance rates were virtually equivalent to what was reported in November.

Table 20 provides the frequency distribution of responses for each option, revealing the number of youth surveyed with at least one waiver service listed on their POC and the percentage breakdown of each response option. Figure 7 depicts the percentage of compliant and noncompliant youth over six months. The six-month average for compliant youth was 88.0% (N = 1,309). Figure 8 details the monthly compliance rates from January 2023 to December 2023, which yields a twelve-month average compliance rate of 85.8%

**Table 20. POC 06 Compliance Rates - Statewide**

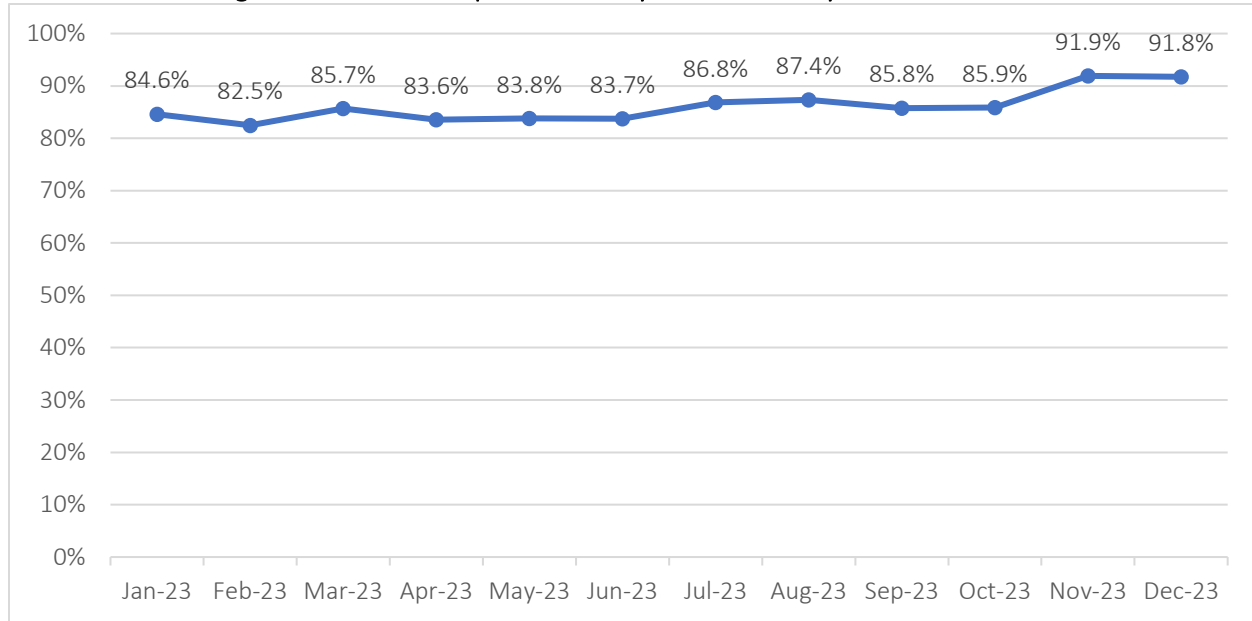
Month Year	Compliance Rate				Frequency Distribution of Responses			
	Number and percent of youth reporting no issues with access to waiver services (Option 2 + Option 4)		2. Youth/caregiver did not need/want services as listed on POC.		3. Provider not rendering services in the amount, duration, and/or frequency needed/wanted.		4. Youth receiving waiver services in the amount, duration, and/or frequency needed/wanted.	
	Denom.	Percent	Number	Percent	Number	Percent	Number	Percent
Oct-23	1,379	85.9%	78	5.7%	195	14.1%	1,106	80.2%
Nov-23	1,039	91.9%	54	5.2%	84	8.1%	901	86.7%
Dec-23	1,167	91.8%	61	5.2%	96	8.2%	1,010	86.5%

**Figure 7. Percentage of Compliant vs. Noncompliant Youth by Month: July – December 2023**





**Figure 8. POC 06: Compliance Rate by Month: January – December 2023**



### Needs by Region

Table 21 provides insights into the number and percentage of youth reporting needs related to waiver services from October to December 2023. In December 2023, 96 needs related to waiver services were reported, marking a 12.5% increase from the previous month, predominantly due to a surge in Region 2. The Ascent-managed Regions 2, 4, and 9 were responsible for the majority (72.9%) of these needs. At the same time, Choices-managed Regions 3, 6, and 8 contributed to a smaller fraction (12.5%), and Eckerd-managed Regions 5 and 7 accounted for 13.5% of the total needs, indicating significant regional disparities in service requirements.

**Table 21. Detailed Frequency of Service Needs by Youth (October - December 2023)**

	Oct-23			Nov-23			Dec-23		
	Needs	Youth	Percent	Needs	Youth	Percent	Needs	Youth	Percent
<b>1 Service</b>	142	142	72.8%	73	73	86.9%	81	81	84.4%
<b>2 Services</b>	82	41	21.0%	22	11	13.1%	22	11	11.5%
<b>3 Services</b>	24	8	4.1%	0	0	0%	12	4	4.2%
<b>4 Services</b>	16	4	2.1%	0	0	0%	0	0	0%
<b>Total</b>	264	195	100%	95	84	100%	115	96	100%

### Needs-to-Youth Ratio

To evaluate the extent of service needs per youth, a needs-to-youth ratio was derived by dividing the total number of reported needs by the number of youths. Table 22 shows CSoc service needs from October to December 2023, with 195 youths reporting 264 needs in October, decreasing to 95 needs from 84 youths in November, and slightly increasing to 115 needs from 96 youths in December. In December, most youths reported a single service need, with a small percentage reporting needs for two or three services. The needs-to-youth ratio, indicating the average number of service needs per youth, generally decreased from 1.35 in October to around 1.20 in December. Region 2 reported the highest ratio at 1.67, indicating a higher concentration of service needs.

**Table 22. Service Needs Frequency and Needs-to-Youth Ratios by Region (December 2023)**

Number of Needs	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 9	Statewide
1 Service	1	9	6	21	13	3	28	81
2 Services	0	2	2	3	0	1	3	11
3 Services	0	4	0	0	0	0	0	4
Unique Youth	1	15	8	24	13	4	31	96
Total Needs	1	25	10	27	13	5	34	115
Needs-to-Youth Ratio	1.00	1.67	1.25	1.13	1.00	1.25	1.10	1.20

### Needs by Service Type

Table 23 and Figure 7 provide a detailed account of the number and percentage of service needs by waiver type over the past three months. Parent Support and Training (PST) emerged as the most frequently reported need, constituting 33.9% (N = 39) of the total needs for December. This marginally exceeded the need for Short-term Respite (STR) services, which accounted for 33.0% (N = 38) of total needs. Youth Support Team (YST) services were identified in 32 cases, representing 27.8% of the total reported needs. The least common need was for Independent Living Skills Building (ILSB), at 5.2% (N = 6) of the reported needs.

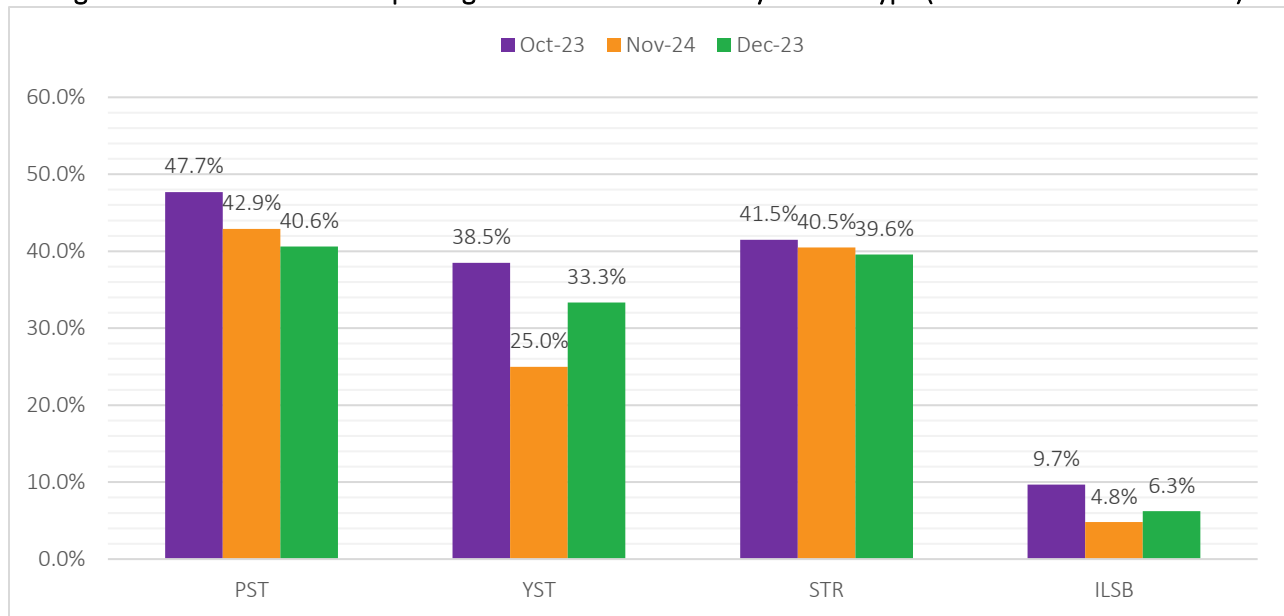
Throughout the quarter, the order of needed services (PST as the highest, followed by STR, YST, and ILSB) remained constant, with PST consistently being the most in-demand service. However, the proportion of service needs varied, fluctuating across all service types. The percentage of needs related to each service type varied, ranging 4 percentage points for PST, 6.3 for YST, 5.1 for STR, and 3.0 for ILSB, indicating a dynamic landscape of service needs across the state. The list below outlines regional insights by service.

- **Parent Support and Training (PST):** PST was the most reported need with thirty-nine instances, notably increasing in Region 2 and showing a decrease in Regions 4 and 8. Region 9 led the count with eleven PST needs, followed by Regions 4 and 2.
- **Short-term Respite (STR):** STR needs saw a statewide increase to thirty-eight, with Region 2 showing the most substantial rise. While Regions 6 and 9 reported decreases, Region 4 maintained consistent STR needs.
- **Youth Support and Training (YST):** YST needs surged to thirty-two, marking a significant increase, particularly in Regions 2, 3, 4, and 5. Conversely, Region 9 experienced a reduction in YST needs.
- **Independent Living Skills Building (ILSB):** ILSB had the fewest reports but still showed an increase, particularly in Region 2 and 4. Regions 3 and 8 saw resolutions to previous ILSB needs, while Region 9's ILSB needs slightly decreased.

**Table 23. Distribution of Waiver Service Needs by Service Type (October - December 2023)**

Services	Oct-23 (N = 195)		Nov-23 (N = 84)		Dec-23 (N = 96)	
	Num.	%	Num.	%	Num.	%
PST	93	35.2%	36	37.9%	39	33.9%
YST	75	28.4%	21	22.1%	32	27.8%
STR	81	30.7%	34	35.8%	38	33.0%
ILSB	19	7.2%	4	4.2%	6	5.2%
Statewide	264	100 %	95	100%	115	100%

**Figure 9. Percent of Youth Reporting Waiver Service Needs by Service Type (October - December 2023)**



### Barriers to Service Access

In December 2023, barriers to accessing waiver services within the Coordinated System of Care program were predominantly highlighted by three major issues affecting service delivery across all four waiver services. The most significant barrier, Barrier 5, affecting 44.3% of service needs, involved delays in assigning qualified or trained staff to youths, with Short-term Respite (STR) services being the most impacted. The second key barrier, Barrier 1, accounting for 19.1% of needs, related to challenges faced by direct care staff in delivering services as per the Plan of Care (POC), notably impacting Youth Support and Training (YST) and STR services. Lastly, Barrier 3, representing 14.8% of service needs, was identified as staff turnover or the absence of direct care staff, significantly affecting Parent Support and Training (PST) and YST services. These barriers underscore the critical need for addressing staff availability and ensuring service delivery aligns with care plans.

### Discussion

In response to not meeting POC 06 performance goals, Magellan implemented the Quality Improvement Plan, which included identifying barriers and developing and implementing actions taken to improve compliance. This process, which focuses initially on the FSO, is discussed below.

Magellan's designated Family Support Coordinator is a key liaison and overseer for Family Support Organizations (FSO), ensuring compliance, enhancing service quality, and building collaborative relationships with Wraparound Agencies (WAAs) and local resources. The Coordinator's responsibility includes leading weekly operational meetings to monitor the implementation progress, coordination of care, and general operations. These regular meetings and ongoing collaboration have been key in identifying barriers that compromise the FSO's operational efficiency.

In response to these identified challenges, particularly in staff management, Magellan required a comprehensive overhaul of the FSO's operational protocols in Q3 and Q4 2023. This significant directive focused on improving staff management at critical points throughout the service cycle. The objectives of this initiative were multi-fold: enhancing initial family engagement, streamlining staff assignment processes, improving waitlist management, fortifying coordination with WAAs, and managing staff transitions more efficiently. This systematic approach

aimed to address the core issues impeding the FSO's ability to serve youth effectively and was a critical step in enhancing the overall functionality and impact of the FSO within the coordinated care framework.

Moreover, through this collaboration, several external barriers were also pinpointed. These challenges, stemming from broader systemic issues and interactions with WAAs, not only affect the FSO but are likely to impact other service providers, such as Short-term Respite (STR) and Independent Living Skills Building (ILSB) providers, in their efforts to deliver services to youth enrolled in the CSoC. These external barriers include:

- **Amendment-Related Referral Delays:** The July 2023 waiver modifications have resulted in a more complex referral process, delaying the FSO's ability to engage with families effectively.
- **Varying Descriptions of FSO Services:** Differences in how various Wraparound Facilitators present FSO services have been observed to impact the efficiency of initial meetings.
- **POC Discrepancies:** The inclusion of FSO services in the Provisional POC does not guarantee their incorporation in the initial POC, posing challenges in staff allocation for the FSO.
- **Authorization Delays:** Inconsistencies in Wraparound procedures have been leading to delays in service provision until formal authorization is received.
- **Delayed POC Transmission:** The late transmission of the POC to the FSO has impacted the timely engagement with youths and caregivers.
- **Discharge Notification Delays:** The FSO frequently encounters delays in receiving discharge notifications from WAAs, leading to financial implications due to continued service provision post-disenrollment.
- **Workflow Variability:** There are noted discrepancies in the referral methods and procedural implementations among different WAAs and regions, contributing to inconsistencies in service delivery.

These challenges, arising from broader systemic issues and interactions with WAAs, not only impact the Family Support Organization (FSO) but also have the potential to affect other service providers, including Short-term Respite (STR) and Independent Living Skills Building (ILSB) providers. These providers play a crucial role in delivering services to youth enrolled in CSoC.

In 2024, Magellan, alongside Wraparound Agency Agencies (WAAs) and the Louisiana Department of Health (LDH), embarked on an initiative to develop a Unified Wraparound Model of Care. This initiative aims to tackle broader system issues, including the identified barriers. This innovative model strives to blend Louisiana's historical training methods with contemporary best practices, focusing on a comprehensive improvement in wraparound care coordination. The model's primary goal is to uphold Wraparound practices and ensure compliance with the 1915c CSoC waiver.

A kickoff meeting was conducted in February to establish a detailed action plan for this initiative. This plan will be diligently monitored by a designated Magellan Project Manager (PM), ensuring that the development and implementation of the model are aligned with the defined goals and objectives, ultimately aiming to improve the efficiency and effectiveness of service delivery to CSoC youth. The core of this model involves restructuring and updating training programs to meet the evolving needs of CSoC members. This will include introducing specialized training modules for staff onboarding and ongoing skill development. The initiative is designed to address several key areas that will directly and indirectly mitigate the identified barriers. The key components of the initiative include:

#### **Plan of Care (POC) Improvement**

- Adopting a strengths-based approach to promote resilience and well-being.

- Integrating technology to streamline processes and improve communication.
- Emphasizing team building to enhance collaboration and decision-making.
- Implementing OPEEKA for effective care coordination, including incorporating natural supports into the POC process.
- Focusing on accountability, documentation, and strategic development within the POC.

#### **Internal Quality Monitoring Systems**

- Setting up internal quality monitoring systems within WAAs, under the supervision of Quality Improvement (QI) Directors.
- Ensuring adherence to both waiver and non-waiver requirements.
- Developing comprehensive monitoring systems, employing auditing tools, conducting chart audits, and implementing feedback mechanisms.

#### **Monitoring and Accountability Mechanisms**

- Establishing robust monitoring and accountability systems within the Wraparound Model of Care.
- Creating systems to guarantee compliance and oversee financial implications.
- Proposing contractual amendments and criteria for WAA re-certification.
- Reviewing staff and operational efficiency, coupled with external observations.
- Conducting state-level coaching audits to assure quality.

Although immediate improvements in overcoming barriers are not expected, Magellan is actively working to improve coordination and understanding among stakeholders. A crucial in-person meeting is scheduled for Tuesday, March 12, 2024, bringing together the FSO, WAA, and Magellan leadership. This meeting aims to develop a shared understanding of current challenges and to establish interim action steps. These steps are geared towards rapidly enhancing coordination while the broader initiative is underway, ensuring a unified and effective approach to meet the needs of families and youth within the state's care system.

#### **Provider Specialists**

As noted in the discussion of [Serious Emotional Disturbance \(SED\)](#) in the Population Assessment section of this report, ADHD has the highest diagnostic prevalence among CSoC youth. Other prevalent diagnoses include adjustment disorder, unspecified, and Oppositional Defiant Disorder. As part of Magellan's continuing efforts to improve care, the network management team reviews providers specializing in conditions or areas of need commonly experienced by CSoC members, such as treating developmental disabilities, sexually reactive behaviors, and conditions impacting early childhood development.

Providers attest to specialties during initial contracting and when updating their practice information via the provider web portal. This information is accessible to our clinical team, members, and WAAs via the provider search engine. Tables 24 and 25 below display providers by specialty and region and by provider type. Please see the [Intellectual/Developmental Disabilities](#) section of the Population Assessment for a description of actions taken to better connect individuals with developmental disabilities, including autism spectrum disorder, to appropriate services.

**Table 24. Provider Specialty by Region - 2023**

Specialty	R1	R2	R3	R4	R5	R6	R7	R8	R9
ADHD	491	437	238	138	237	154	185	330	320
Developmental Disorders	133	113	114	34	45	67	99	85	88
Autism Spectrum Disorder	272	246	178	95	113	87	198	191	215
Sexual Offender	11	28	10	0	9	24	14	63	12
Early Intervention Provider	41	12	12	15	9	2	2	6	0

**Table 25. Provider Type by Specialty - 2023**

Provider Type	Facility	Group	Practitioner
ADHD	30	10	5
Autism Spectrum Disorder	286	202	134
Developmental Disorders	11	6	4
Early Intervention Provider	3	2	2
Sexual Offender	167	87	41

## Substance Use and Opioid Treatment Providers

In 2023, the network included 45 providers contracted to deliver substance use treatment across all nine CSoC regions. This number reflects a decrease from 2022, when there were 47 total providers. A significant policy change occurred in 2020 when Medicaid expanded coverage to include Methadone as an authorized medication for Opioid Use Disorder (OUD) treatment in Opioid Treatment Programs (OTPs).

However, considering CSoC's demographic makeup, which consists of youth aged 5 to 20, there has been no recorded demand for Methadone treatment for OUD. This lack of requests is attributable to the specific eligibility criteria for coverage of Methadone treatment, which is aimed at individuals over the age of 18 with a diagnosis of OUD for at least one year.

Regardless of the absence of requests for Methadone treatment, Magellan has proactively maintained contracts with seven providers across the state for this level of care. This readiness ensures that the network is equipped to respond promptly should the need for Methadone treatment in OTPs arise. It also reflects a commitment to offering comprehensive substance use disorder treatment options within the network.

## Evidence-based Practice Service Providers

Evidence-based practices (EBPs) are essential for serving diverse demographics and guiding care related to the complex behavioral needs of CSoC youth. Following the highest industry standards, the CSoC network includes access to four evidence-based practices for enrolled youth and families: Homebuilders, Functional Family Therapy (FFT), Functional Family Therapy – Child Welfare (FFT-CW), and Assertive Community Treatment (ACT). Descriptions of these EBP services are provided below.

- **Homebuilders.** 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 navigating reunification following separation or placement. Typically, this intervention lasts 4-6 weeks, though the period can be extended if needed. Homebuilders' providers contract with the Institute for Family Development (IFD) for training, supervision, and monitoring of services conducted 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. The low number of CSoC youth with DCFS involvement, approximately 12%, likely contributes to the relatively low utilization of this service.

- **Functional Family Therapy (FFT) & FFT-Child Welfare.** FFT is an evidence-based family intervention that typically lasts four months and is targeted at youth demonstrating externalizing behaviors or at risk for developing more severe behaviors that affect family functioning. A subtype of FFT, or 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, caregiver substance use, anxiety, depression, or other significant mental health disorders. The Department of Child and Family Services (DCFS) is the primary referral source for FFT-CW services.
- **Assertive Community Treatment (ACT).** ACT services are therapeutic interventions that address the functional problems of individuals with 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 ability to function in community settings. The age range for ACT services is 18-21. Utilization of this service is likely to remain low, given the narrow age range and the targeted population.

The tables and figures below offer insights into the engagement patterns with various EBPs listed above across a two-year span. The eligible member populations were 4,569 in 2022 and 4,973 in 2023. The data, based on claims and reported as of February 5, 2024, are preliminary. The reported utilization rates are subject to minor adjustments as additional claims for services within each year may be processed, the result of the known 90-day claims lag.

Figure 10. Evidence-Based Practice (EBP) Service Providers

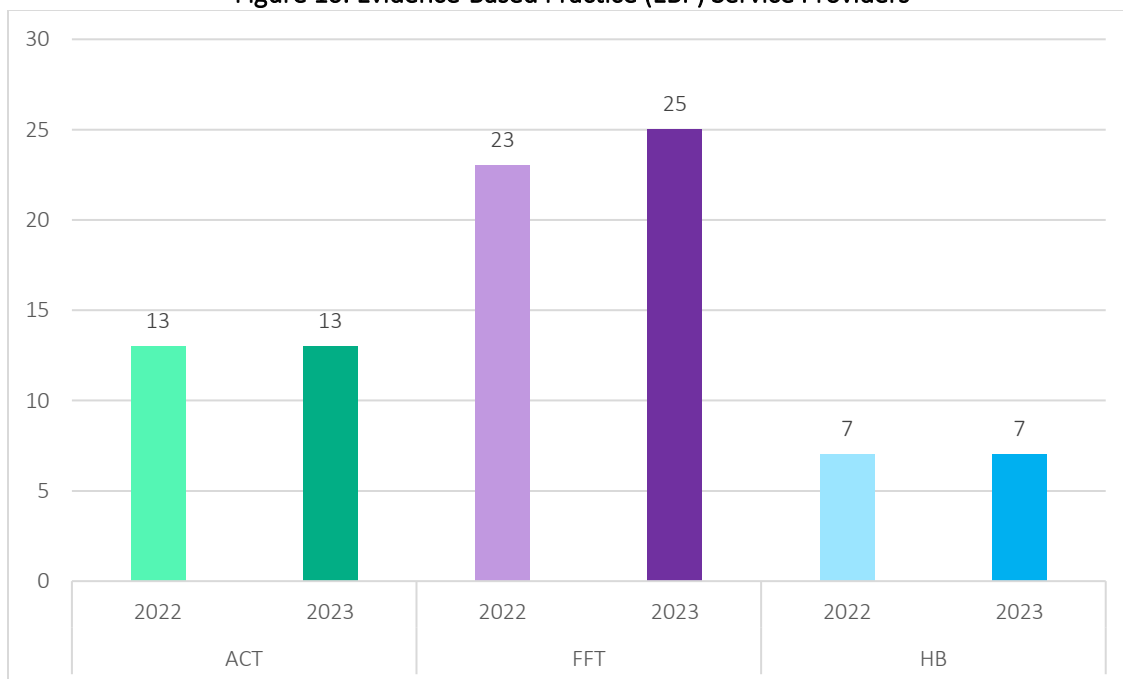
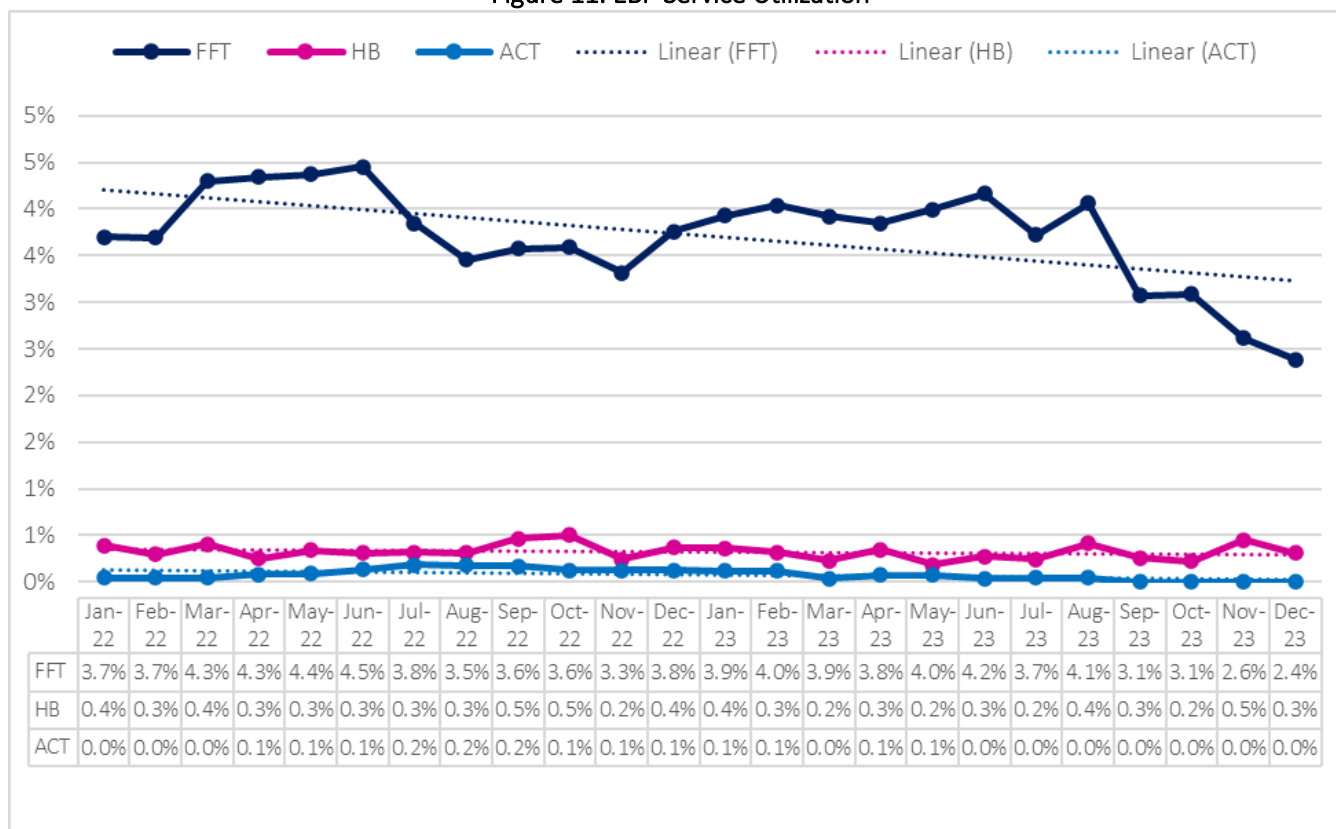


Table 26. Evidence-Based Practice (EBP) Service

Service	Time Period	Members Eligible	Members Served	Percent Served
ACT	2022	4,569	5	0.1%
	2023	4,973	3	0.1%
FFT	2022	4,569	321	7.0%
	2023	4,973	308	6.2%
Homebuilders®	2022	4,569	64	1.4%
	2023	4,973	54	1.1%

Figure 11. EBP Service Utilization



In 2022 and 2023, the number of providers offering Assertive Community Treatment (ACT) services remained steady at 13. This consistency in provider availability contrasts with the slight fluctuations in member utilization. In 2022, five members accessed ACT services, equating to approximately 0.11% of the total eligible population of 4,569. The following year saw a marginal decline in usage, with only three members, or about 0.06% of the 4,973 eligible members, utilizing these services. The consistent yet low engagement level with ACT is the result of the service's narrow age range of eligibility, which inherently limits the breadth of its appeal and applicability to CSoc members.

The network grew in Functional Family Therapy (FFT) providers, adding two in 2023, for 25 providers. In 2022, 321 members, representing approximately 7.03% of the eligible population, were served by FFT. However, 2023 witnessed a slight decrease in FFT utilization, with 308 members, about 6.19% of the eligible population of 4,973,



receiving FFT services. FFT is a critical EBP in the CSoC network because it targets youths displaying externalizing behaviors or those at risk of developing serious behavioral issues, both of which have broad applicability to the CSoC population.

Regarding Homebuilders, the number of providers remained unchanged at seven for both years. Referrals to this service are primarily made by the Department of Children and Family Services (DCFS). Despite the stable provider count, there was a noticeable fluctuation in member utilization. In 2022, 64 members, constituting approximately 1.40% of the eligible population, accessed Homebuilders services. This figure dipped in 2023, with 54 members, representing about 1.09% of the eligible population of 4,973, utilizing the service. The involvement of DCFS with youths has been increasing over the years, suggesting a growing need for such services.

In summary, the data provides valuable insights into the trends and patterns of EBP utilization within the CSoC network. While the number of providers in some areas remained constant, member utilization varied, reflecting the dynamic nature of service needs and preferences within the CSoC population. Magellan's Utilization Management and Network Strategy Committees will continue to monitor utilization trends to ensure that the network meets its members' evolving needs effectively.

### EBP Service Interventions

In 2022, Magellan collaborated with the Center for Evidence to Practice (E2P), an initiative established through a partnership between the LSUHSC School of Public Health – Behavioral and Community Health Sciences Program and the Louisiana Department of Health – Office of Behavioral Health. This initiative was to help the state, its agencies, organizations, communities, and service providers select and implement evidence-based interventions. These interventions are focused on enhancing youth and family well-being, improving behavioral health outcomes, and tackling challenges related to maintaining high-quality practice standards. As part of its involvement in this initiative, the workgroup successfully identified and integrated six new evidence-based practice (EBP) services into the Behavioral Health Service Provider Manual, as described below, marking a significant step in expanding and refining the range of available behavioral health services in Louisiana.

- **Child-Parent Psychotherapy (CPP)** is 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 their parent (or caregiver) to repair the child's sense of safety, attachment, and appropriateness of effect 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, Ph.D., for young children with emotional and behavioral disorders. PCIT emphasizes improving the parent-child relationship quality 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 post-traumatic 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 create 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.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** is a joint child and parent psychotherapy model for children experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a component-based hybrid treatment model incorporating trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.
- **Eye Movement Desensitization and Reprocessing Therapy (EMDR)** is an evidence-based psychotherapy that treats trauma-related symptoms. EMDR therapy is designed to resolve unprocessed traumatic memories in the brain. The therapist guides the client to process the trauma by attending to emotionally disturbing material in brief, sequential doses while focusing on an external stimulus. The most used external stimulus in EMDR therapy is alternating eye movements; however, sounds or taps may also be used.

### Improving Incorporation of EBPs in Care Planning<sup>ix</sup>

In 2023, a Performance Improvement Plan (PIP) was initiated to enhance the quality of Wraparound care plans by incorporating evidence-based practices (EBPs). Specifically, the PIP established a goal of improving POCs that receive a rating of 5, indicating appropriate use of EBPs, by three percentage points per measurement year.

Like the quality improvement activities targeting youth experiencing behavioral health comorbidities, such as substance use and developmental disorders, this project impacts a significant portion of the CSoc membership. Central to the project is the establishment of standardized procedures that ensure consistent identification and resourcing for youth with trauma needs, which included the introduction of the ACES as a required screening tool in 2019.

Following in 2020, Magellan developed a Trauma Clinical Procedure that adheres to clinical guidelines and evidence-based practices for addressing trauma in CSoc Youth. Developed collaboratively between Wraparound Agencies, OBH, and Magellan clinical leadership, this procedure offers a standardized yet flexible approach, tailored to each unique youth, focusing on immediate response in cases of trauma, such as exposure to adverse childhood experiences (ACEs), necessitating thorough assessment and appropriate care planning. The Child and Family Team (CFT) plays a crucial role in this process, identifying and addressing barriers to treatment adherence and developing or updating a comprehensive trauma-informed plan of care that addresses all relevant factors in the youth's life.

Subsequent Initiatives implemented in 2022 included weekly inpatient staffing calls and Root-Cause Analysis (RCA) conferences focused on youth needing admission to inpatient hospitals to address urgent safety needs. These interventions comprised routine multidisciplinary staffing, including representatives from Magellan such as the Medical Director, Clinical Director, Clinical Manager, Care Managers, Wraparound Coordinators, and a quality team representative. The WAA's participation involves the Clinical Director, Wraparound facilitator, and Wraparound Supervisor.

In 2023, interventions were aimed at building the skill sets of Wraparound Facilitators to address trauma needs appropriately. In July 2023, Magellan conducted the Trauma Clinical Procedure Training, involving participants from Magellan, LDH, and Wraparound Agencies. This training aimed to enhance understanding and implementation of trauma clinical procedures, focusing on the impact of trauma, ACEs, and post-traumatic stress disorder in children. It received high praise from participants, who rated satisfaction with the training at 8.8 out of

10 on the RISE platform and 7.5 out of 10 on the ZOOM platform. Additionally, 68.6% of respondents reported applying the learned procedures in their work, indicating the training's practical impact.

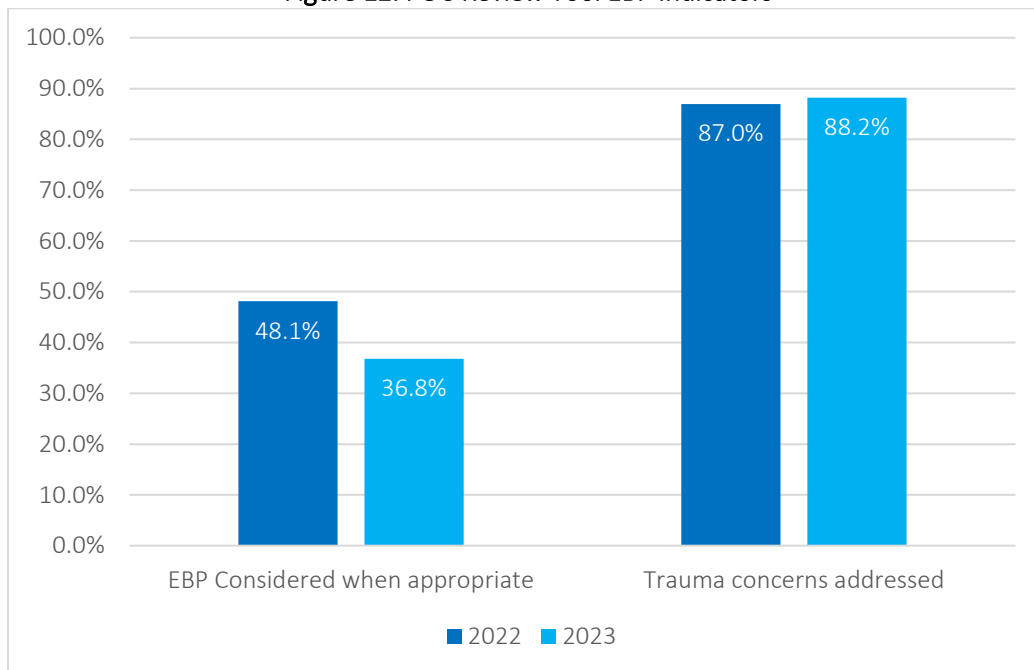
Following this, the July/August assessor session centered on trauma, with assessors from various CSoc Regions in attendance, alongside representatives from LDH and Magellan's Independent Evaluator. The session provided an in-depth understanding of trauma and ACEs, CANS ratings, and trauma-informed treatment recommendations. A case study was presented, focusing on Rating Adjustment to Trauma using expanded rating guidance and examining the Trauma Module items.

Guided by the POC as the foundational document for care, Magellan Care Managers (CMs) conduct regular reviews, initially at enrollment and subsequently every 180 days. Magellan's Clinical Team utilizes the POC Review Tool for ongoing quality monitoring to ensure trauma concerns are addressed including trauma related interventions. The following table and figure illustrate the EBP indicators tracked through this process for the years 2022 and 2023.

Table 27. POC Review Tool EBP Indicators

Indicator	2022			2023		
	Denominator	Numerator	Percent	Denominator	Numerator	Percent
EBP is considered when appropriate	2,4961	1,201	48.1%	1,840	677	36.8%
Trauma concerns addressed	2,155	1,874	87.0%	1,346	1187	88.2%

Figure 12. POC Review Tool EBP Indicators



Plan of Care Reviews completed in the past two years revealed that the percentage of POCs showing evidence of EBP consideration when appropriate decreased from 48.1% in 2022 (N = 2,496) to 36.8% in 2023 (N = 1,840). Conversely, the percentage of POC evidencing that trauma concerns were addressed increased from 87.0% in 2022 to 88.2% in 2023.

When deficiencies are identified in either or both mentioned items, Magellan promptly initiates a remediation process to address the gaps. At the core of this remediation is the swift addition of strategies to the plan, focusing on addressing the youth's trauma needs. To facilitate this, Care Managers temporarily pause or abbreviate Wraparound Agency authorizations (unrelated to behavioral health services) for up to 90 days. This allows for necessary updates or corrections to be made. Subsequently, the Care Manager reviews the corrected plans to ensure that appropriate strategies are incorporated before generating the full 180-day authorization. This process ensures that plans of care consistently evolve within the framework of clinical practice guidelines.

The findings above highlight the importance of ensuring that the Wraparound processes adhere to the principles of utilizing EBP. Though one measure improved, opportunities for improvement remain for both indicators. By addressing these areas, the CSoc program can further improve the quality and effectiveness of the care provided to youth and families with serious and persistent mental illness in Louisiana.

## Discussion

The actions taken by Magellan's network, clinical, and quality departments have focused on developing and expanding the use of provider specialists and evidence-based practice (EBP) services and interventions. The Network Strategy Committee to monitor the network's size, scope, and provider types, ensuring the delivery of all covered behavioral health services and satisfies all the service delivery requirements of the contract and the Medicaid Behavioral Health Services Provider Manual.

As discussed above, ACT and Homebuilders® providers remained the same, while an additional 2 FFT providers were added in 2023. These numbers indicate the availability and utilization of EBPs within the CSoc network. Magellan has also continued participating in the Center for Evidence to Practice (E2P) workgroup to enhance the range of evidence-based interventions available to CSoc youth and families.

Recognizing the importance of promoting the use of tracking codes to monitor the provision of evidence-based service interventions, Magellan observed forward momentum, as evidenced by increased utilization across service, provider, and member utilization.

In 2022, one provider submitted forty-nine EDMR claims for three unique members. Table 28 reflects the inclusion of two new EBP interventions, with the total number of EBP services utilized totaling a service count of 388, with Child-Parent Psychotherapy (CPP) that now accounts for the highest number with 332 instances, making up 85.6% of the total service count. Trauma-Focused CBT (TF-CBT) has 22 instances, representing 5.7% of the total. EDMR accounts for 34 instances, which is 8.8% of the total. Table 29 shows the distribution of four providers rendering services, with two rendering CPP and one provider rendering TF-CBT and EDMR. Table 30 shows that the member impact has grown significantly, increasing access to EBP interventions from 3 members in 2022 to 53 in 2023.

**Table 28. EBP Intervention Provider Utilization**

EBP Tracking Code	EBP Intervention	Total	Percent of Service Count
EB02	Child-Parent Psychotherapy (CPP)	332	85.6%
EB07	Trauma-Focused CBT (TF- CBT)	22	5.7%
EB08	EMDR	34	8.8%
	Grand Total	388	100.0%

**Table 29. EBP Intervention Provider Utilization**

Unique Provider	EB02	EB07	EB08	Grand Total
LMHP #1	-	12	-	12
LMHP #2	-	-	34	34
LMHP #3	-	10	-	10
LMHP #4	332	-	-	332
Grand Total	332	22	34	388

**Table 30. EBP Intervention Provider Utilization**

EBP Tracking Code	EBP Intervention	Members	Service Count	Average Count per Member
EB02	Child-Parent Psychotherapy (CPP)	49	332	6.8
EB07	Trauma-Focused CBT (TF- CBT)	2	22	11
EB08	EMDR	2	34	17
	Grand Total	53	388	7.3

Moving forward, Magellan's network is committed to sustaining and supporting the growth and development observed in the utilization of evidence-based practices (EBP) interventions. The notable increase in member impact, from 3 members in 2022 to 53 in 2023, underscores the importance of the network's dedication to expanding access to EBP interventions. As the network continues to evolve, it remains focused on providing comprehensive and impactful services, ensuring that members have increased opportunities to benefit from a range of evidence-based interventions for their behavioral health needs.

Building on our commitment to expanding access to evidence-based practices (EBPs) for behavioral health, Magellan proposed a focused intervention to address the specific needs of adolescents in the juvenile justice system. This strategic move, stemming from a Q1 2023 meeting involving Magellan's Medical Director, leadership, and representatives from the Louisiana Department of Health (LDH), aims to revise existing policies. The goal is to officially recognize Multisystemic Therapy (MST) as a distinct and complementary service to CSoC, particularly beneficial for youth involved in the juvenile justice system.

Magellan's initiative to incorporate Multisystemic Therapy (MST) into its service array is rooted in research showing the effectiveness of MST for adolescents, especially those with Oppositional Defiant Disorder (ODD) and those involved in the juvenile justice system. Given that 5.5% of the youth in the membership have ODD, and 9.6% are part of the juvenile justice system, MST seems well-suited intervention to address this population's need.

Studies consistently affirm the positive impact of MST in the juvenile justice context. This family- and community-based model, targeting various factors contributing to behavioral and mental health issues, offers long-term benefits by modifying the social context of the individual. By addressing family, peer, school, and neighborhood influences, MST promotes positive behavior and reduces recidivism.

Research from states implementing similar approaches underscores the value of integrating MST as a non-duplicative service alongside CSoC. This comprehensive strategy aligns with Magellan's goal of offering tailored

mental health care, particularly for at-risk youth in the juvenile justice system. Recognizing MST and CSoC as complementary services, the proposed policy revision seeks to optimize the benefits of each program, enhancing the overall support system for adolescents.

## Material Changes to Network

There were no material changes in the network in 2022 and 2023. Magellan maintains procedures to ensure compliance with contractual requirements if a material change is identified, which are listed below:

- Provide written notification to LDH if a network provider contract termination materially impacts the CSoC network.
- The notice must be sent within seven business days of notification of provider separation or decision to terminate and include the action plan to ensure that youth have access to medically necessary covered services.
- Actions could include making Single Case Agreements with out-of-network providers or authorizing members for a higher level of care.

When Magellan has advanced knowledge of a material change in the network, a request for approval of this change will be submitted to the LDH sixty days before the expected effective date. The request will include a copy of the draft notification to affected members, a description of short-term gaps, and corresponding remediation efforts, including:

- Detailed information regarding the affected provider(s)
- Demographic information and the volume related to impacted members
- Location and identification of nearby providers offering similar services
- A plan for clinical team meetings with members, their families/caregivers, WAA CFT, and other persons requested by members and/or legal guardians to discuss available options and revise service plans as appropriate.

# Screening Program Activities

Youth enrolled in the Coordinated System of Care (CSoC) are assessed using a standardized assessment protocol to support clinical eligibility determinations and care planning. 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 at least every 180 days after that as part of a face-to-face or telehealth 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 result in barriers to completing a thorough assessment. Some barriers that have been identified include scheduling constraints of families, access to technology, unfamiliarity with the assessor, and hesitation to disclose mental health information due to stigma and/or distrust of formal systems. To mitigate these factors, the CSoC Unit partnered with our practitioner network to identify screening tools to support youth, families, and assessors in conducting assessments.

The initial development of the screening program included reviews of relevant scientific literature from the National Institutes for Mental Health, the U.S. Department of Health and Human Services, and the National Child Traumatic Stress Network. The Praed Foundation contributed to the goals and processes for each program. In 2020, Magellan held a multi-disciplinary team meeting, which included the CSoC Unit Medical, Clinical, and Quality Directors, to select screening tools beneficial to our population while ensuring alignment with corporate, state, and national best practices. The four screening tools used in 2023 were:

- The CANS assessment is a screen for co-occurring Mental Health and Substance Use Disorders.
- The Patient Health Questionnaire-9 (PHQ-9) and the Mood and Feelings Questionnaire Short Version (MFQ-SV) are used for depression screening.
- The Adverse Childhood Experiences (ACEs) questionnaire is used for the ACEs Trauma Informed screening.
- The Columbia-Suicide Severity Ratings Scale (C-SSRS) allows practitioners to gather a history of suicidality and recent suicidal ideation and behavior.

Magellan's Quality Director reviews current screening programs annually and requests feedback from Wraparound Agencies. In 2023, there were no objections to using the chosen tools or suggestions for additional screening methods. WAAs and Certified Providers are continually encouraged to comment, ask questions, and share their clinical experience and insight in Magellan clinical and quality monthly calls.

Because the screening program is part of an established assessment protocol, all youth enrolled in the CSoC program are allowed to participate in the depression and trauma-informed screening at the time of initial assessment and reassessment, as needed. The co-occurring mental health and substance use 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 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 selecting the screening tools are provided below, followed by the results of the screenings conducted during 2022 and 2023.



## Co-Occurring Mental Health and Substance Use Disorder Screening

Substance use and abuse increase morbidity with other mental health illnesses as well as decrease life expectancy. Risk factors for substance use in adolescents are 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 preventative factors in the youth's life, such as family, school, and community resources. The use of substances places youth at higher risk for multiple adverse outcomes. Substance use is consistently linked to continued suicidal behavior in adolescents. Not only are youth using substances more likely to attempt suicide, but they also employ more lethal methods in their attempt. Adolescents with comorbid affective disorders and substance use disorders are at the greatest risk for reattempting and completing suicide. Rates of CSoC youth with both mental health and substance use diagnoses are low due in part to the composition of the CSoC population, with 76.3% of members served in 2023 under 16 years old (N = 3,785). Therefore, the majority of CSoC members are younger than the substance use target population. Improved reporting of substance use history and current use has increased this rate, but overall, it remains low. Please see the [Population Assessment](#) section of this report for a complete analysis of the ages of youth served through CSoC.

The CANS is an existing screening program for assessing eligibility and care planning for CSoC. The substance use screening tool is a specific module within the CANS assessment and is triggered when the Substance Use item located in the Youth Behavioral/Emotional Needs section is rated one or greater. The Substance Abuse Module of the CANS assessment measures the severity and duration of substance use, identification of the stage of recovery present, and influences of peers, parents, and environmental factors on a youth's substance use. A CANS assessment rating of 1 can also indicate a history of substance abuse that has been previously resolved. 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 assessors' recommendations must be present in the IBHA. These recommendations assist the Child & Family team in developing strategies and interventions related to substance use treatment on the POC. The POC should balance risk behaviors and needs with protective factors and strengths to outline a comprehensive strategy to improve youth functioning across multiple life domains.

## Adverse Childhood Experiences (ACEs) Screening

Research indicates that it is common for trauma survivors to be under or misdiagnosed. If they have not been identified as trauma survivors, their psychological distress is often not attributed to previous trauma, or they are diagnosed with a disorder that only marginally matches their presenting symptoms and psychological sequelae of trauma. Trauma survivors often have difficulty regulating emotions, an effect augmented when trauma occurs at a young age. ACEs are adverse childhood experiences that harm children's developing brains and can change how they respond to stress, as well as damage their immune systems so profoundly that full effects are only realized decades later. Research into healing from ACEs indicates 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 ten questions that measure physical, emotional, and sexual abuse; physical and emotional neglect; instances of familial mental illness, domestic violence, parental divorce or separation, substance abuse, and incarceration.

## Depression Screening

Depression is considered one of the most prevalent disorders with far-reaching consequences in America. A 2020 report by the National Institute of Mental Health (NIMH) revealed that 4.1 million American youth between the



ages of 12 and 17 had at least one major depressive episode, accounting for 17% of the total youth surveyed. The prevalence of a major depressive episode was higher among adolescent females (25.2%) compared to males (9.2%). Additionally, the prevalence was highest among adolescents reporting two or more races (29.9%).<sup>10</sup>

Typical symptoms of depression in adults, including disturbances in eating/sleeping habits and psychomotor retardation, are not always observed 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 based on the youth's age: PHQ-9 for youth aged twelve and older and the MFQ-SV for youth aged eleven and younger. The PHQ-9 is a tool specific to depression and 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 recently acted or felt. The questions are easily understood by children and cover basic depression symptomatology. Neither tool is used for diagnostic purposes but to guide treatment and further actions.

## Results

A total of 1,771 initial assessments were completed in 2023. Table 1 details the prevalence of youth-rated as having actionable needs related to trauma, depression, and substance use at the initial CANS assessment, followed by a brief analysis and planned actions for 2024.

**Table 1. Need Identification Using CANS Screening Items**

Screening Item	2022		2023		Change in Percentage Points
	Youth with actionable need at Initial Assessment	Percentage	Youth with actionable need at Initial Assessment	Percentage	
Adjustment to Trauma	768	42.9%	860	46.8%	+3.9
Depression	692	38.6%	743	42.0%	+3.4
Substance Use	21	1.2%	108	6.1%	+4.9
Suicide Risk	256	14.3%	264	14.9%	+0.6
Total Youth Screened	1,792		1,771		

In 2023, 46.8% of youth were identified as having an actionable need on the CANS item *Adjustment to Trauma need* at initial assessment (N = 1,771). This was a 3.9 percentage point increase over the previous year, indicating a greater prevalence of trauma experienced by CSoc members. Youth with initial actionable ratings for depression accounted for 42.0% of the total, an increase of 3.4 percentage points over the 2022 rate. These changes mirror reports of global increases in trauma impacting youth today. The number of youth with an actionable need on the item *Suicide Risk* remained largely stable, with 264 initial assessments in 2023 denoting the need for intervention.

There was a considerable increase in the prevalence of youth with actionable needs related to substance use at initial screening, climbing from 1.2% in 2022 to 6.1% in 2023. The increased identification of substance use is

<sup>10</sup> National Institute of Mental Health. 2020 National Survey on Drug Use and Health (NSDUH). Retrieved on 2/21/2022. <https://www.nimh.nih.gov/health/statistics/major-depression>

likely attributable to Magellan's concerted efforts in 2023 to educate facilitators and assessors on the importance of identifying youth who use drugs or alcohol, understanding the detrimental effects of use across all life domains, and providing clear clinical procedures for addressing treatment needs with youth and families. This was accomplished through targeted trainings on Magellan's Substance Use Clinical Procedures tailored to the specific roles of facilitators, supervisors, and clinical assessors. The details of the content, audience, and goals of the 2023 substance use trainings found on [page 27](#).

When an actionable need is identified, the Wraparound Agency (WAA) works with the youth, caregiver, and Child and Family team to develop and implement an individualized Plan of Care to address those needs. Magellan's Care Management Team reviews the assessment and the Plan of Care at enrollment and every 180 days after that to ensure that services and strategies effectively address the actionable needs, as prioritized by the Child and Family Team. The [Care Management Initiatives](#) section provides more information on how Plans of Care are monitored and evaluated to support ongoing quality improvement activities.

### **The Columbia-Suicide Severity Rating Scale (C-SSRS)**

In 2022, Magellan recognized the necessity of a standardized and universally accessible tool for assessing suicide risk among youth. After conducting a thorough review of relevant clinical research, the Columbia-Suicide Severity Rating Scale (C-SSRS), also known as the Columbia Protocol, was selected by Magellan's Medical, Clinical, and Quality directors. Notable for its succinct format, the Columbia Protocol is a questionnaire designed for use by both trained and untrained individuals in the field of behavioral health. Its versatility extends to various contexts and age groups, making it an invaluable tool for suicide risk assessment.

In August 2022, comprehensive training was provided to all CSoC assessors on the historical context, objectives, and administration procedures of the Columbia Protocol. Beginning September 1, 2022, Magellan mandated the inclusion of Columbia Protocol results in each youth's Individual Behavioral Health Assessment (IBHA). Magellan's Independent Evaluators (IEs), who are tasked with conducting clinical eligibility determination reviews, meticulously monitor each assessment. They ensure that the results of the Columbia Protocol are documented, and require individual remediation, such as resubmission of a corrected assessment, when the appropriate documentation is missing. This process underscores Magellan's commitment to thorough and accurate suicide risk assessment in youth.

### **Looking Forward**

In 2023, Magellan contracted with OPEEKA to develop and implement their Person-Centered Intelligence Solution (P-CIS) as a replacement for MagellanProvider.com, the existing provider portal currently used for documenting and submitting assessment and plan of care documents. In the second quarter of 2024, Magellan plans to request LDH's approval to incorporate the Pediatric ACEs and Related Life-events Screener (PEARLS) into our Screening Program. Should this receive approval, the implementation of PEARLS is set to coincide with the statewide rollout of P-CIS, which is projected for July 1, 2024.

PEARLS differs from the traditional ACEs questionnaire in that it not only covers Adverse Childhood Experiences but also includes an assessment of Social Determinants of Health (SDOH). These determinants encompass factors such as housing stability, food security, and community safety. The potential integration of PEARLS, subject to approval, provides assessors a tool to ensure consistent screening for challenges and risk factors that adversely impact health outcomes of CSoC youth and families.

Opeeka will integrate the Columbia-Suicide Severity Rating Scale (C-SSRS), the Child and Adolescent Needs and Strengths (CANS) assessment, the current ACEs questionnaire, and potentially the PEARLS into the IBHA. Such integration aims to refine the assessment process through several key enhancements:

- **Standardization of Assessments:** Opeeka ensures uniform question presentation and consistency across all assessments. This standardization is crucial for maintaining the reliability and validity of the screening process, reducing discrepancies across different assessors or settings.
- **Reliable and Consistent Documentation:** Opeeka's platform plays a pivotal role in facilitating accurate and consistent recording of responses. This capability is essential for effective follow-up and care planning, with the structured format within Opeeka ensuring systematic response capture.
- **Granular Data Reporting:** The systematic approach to documentation allows for reporting at the item level, providing invaluable insights for deeper response analysis and enabling tailored interventions and support.
- **Enhanced Population Health Analysis:** Integrating these tools into Opeeka offers the opportunity to merge collected data with other data sources, augmenting the capacity to analyze population health trends and identify high-risk populations requiring intensive oversight and specific interventions.

In summary, incorporating all screening tools into the Opeeka system is anticipated to significantly elevate the assessment quality and effectiveness within the CSoC program while minimizing redundancy within the clinical interview. This strategic enhancement promises a more standardized screening approach, improved data reliability, comprehensive reporting, and substantial contributions to population health analysis and high-risk group identification. The prospective addition of PEARLS, alongside existing tools in Opeeka, is envisioned as a key component in enhancing CSoC's assessment capabilities and the program's ability to respond to the dynamic needs of Louisiana youth and families.

# Utilization and Care Management

## Care Management Initiatives

Magellan develops and maintains a Care Management program that ensures covered behavioral health services are available when and where CSoC members need them. Magellan's CM system is comprised of dedicated Care Managers with specialized training in Wraparound that are available 24 hours per day, seven days per week, 365 days per year. The CM program ensures that clinically appropriate and cost-effective behavioral health services are identified, enacted, and monitored for high-risk members with unique, chronic, or complex needs. The process integrates the review of member strengths and needs by the Child and Family Teams (CFTs), which comprised of the youth, guardian(s), providers, informal and natural supports, and Wraparound Facilitators (WAFs). The result is a mutually agreed upon, clinically appropriate, and cost-effective service plan. Due to the significant needs of CSoC members, all youth and enrolled families participate in complex case management activities. WFs submit Plans of Care (POCs) for review by a Care Manager (CM). Functions of the CM Program include:

- **Assessment:** Magellan has dedicated CM staff who review key documents that guide POCs and identify youth that require intervention. Licensed Mental Health Professional (LMHP) Care Managers bring a keen understanding of these documents, including the Child and Adolescent Needs and Strengths (CANS) and the Independent Behavioral Health Assessment (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 assessments and work with WAAs and providers to address them quickly.
- **Plan of Care (POC) approval:** The POC documents the youth and family receive all formal and informal services. Care Managers use a POC Review tool to verify that Wraparound's best practices and waiver requirements are met. This helps ensure that the youth and family achieve their goals and that they are kept safely in their community.
- **Risk identification:** Care Managers monitor changes in youth's conditions, which may indicate a need for specialized treatment or more intensive services. CMs become aware of the change in status through collaboration with providers, changes in utilization (e.g., Emergency Department visits or inpatient admissions), and updated CANS or IBHA information. Care Managers collaborate with WAAs to adjust POCs to reflect additional needs and services. In 2021, the Care Management Team, in collaboration with the Medical Director, fully implemented the Enhanced Risk Youth project, discussed in detail later in this section.
- **Care Coordination:** There are many avenues by which Care Managers become aware of youth care coordination needs. Examples include the Barriers section of the POC, assessment information, utilization reviews with hospitals, regular contact with WAAs, Treatment Record Reviews (TRRs), during WAA technical assistance visits, and speaking directly to members and/or their families. Magellan staff includes Care Managers, WAA Coordinators, Care Workers, an FSO Coordinator, a Managed Care Organization Liaison, a State Agency Liaison, and a Medical Director, all of whom focus on the individual needs of CSoC youth and families. Medical needs, educational challenges, and agency involvement are triggers for increased care coordination activities.
- **Coordination with Managed Care Plans:** Care Managers and Magellan's Managed Care Organization Liaison coordinate care with members' physical health plans to promote overall health and wellness and guard against duplicative services. Medical needs are considered during every clinical review and member interaction to ensure that youth have appropriate and effective sources of healthcare.

## Plan of Care Oversight

In the Wraparound Model of Care, the Plan of Care (POC) serves as a cornerstone, playing a critical role in ensuring individualized and holistic support for youths and their families. This comprehensive plan is collaboratively developed, involving the youth, family, Wraparound Facilitator, and other relevant stakeholders, thereby embodying the model's emphasis on family-centered and team-based approaches.

The POC acts as a dynamic blueprint, outlining tailored strategies and interventions that address the unique needs, strengths, and goals of the youth. It provides a structured framework for coordinated care, ensuring that all parties are aligned in their efforts and that interventions are consistently monitored and adapted as needed. This level of customization and flexibility within the POC is essential for effectively navigating the complex and often multi-faceted challenges faced by youths in the Wraparound system, making it a pivotal component in achieving successful outcomes.

## Plan of Care Review Tool

In the Wraparound Model of Care, the Plan of Care (POC) stands as a crucial component, ensuring individualized and comprehensive support for youths and their families. Developed collaboratively, the youth, family, Wraparound Facilitator, and other stakeholders actively participate in creating this plan. This collaborative process exemplifies the model's dedication to family-centered and team-based approaches.

The POC review tool provides quantitative data to support eligibility and authorization determinations made by Magellan's Care Managers (CM), using dichotomous and Likert scales to measure adherence/compliance. Care Managers (CMs) assign ratings to all Plans of Care submitted for clinical eligibility for all CSoC enrollees. Reviews are conducted at initial enrollment and every 180 days after that until the Youth and family disenroll from CSoC. Minimum performance thresholds are defined as a rating of "Yes" for questions using a dichotomous scale and three or higher for questions using a 5-point Likert scale. POCs that do not meet the minimum performance threshold require individual remediation.

## Sampling Approach

Magellan completes POC reviews for every CSoC youth at initial enrollment and every 180 days thereafter. The procedures below outline the standardized approach used when reviewing POCs, followed by examining the results for reviews completed in 2022 and 2023.

- All POC reviews are completed by qualified Licensed Mental Health Professionals (LMHPs) with extensive clinical and Wraparound knowledge and specialized training in the administration and management of CSoC.
- WAAs submit records through an electronic platform.
- Reviews include, at a minimum, the POC, the biopsychosocial assessment [i.e., the Independent Behavioral Health Assessment (IBHA)], and the Child and Adolescent Needs and Strengths (CANS) survey. In addition, any available clinical information in the Youth's internal Magellan record is utilized.
- CMs rate items according to coding guidance, with ratings of Yes or 3 – 5 to monitor compliance with waiver assurance and adherence to practice standards.
- Following the review, CMs follow procedures for written and verbal notification of review outcome. This includes the electronic transmission of a member-level report to the WAA at the time of decision.
- The report provides the quantitative rating for each item and includes individualized feedback from CMs. CMs are instructed to provide feedback when best practices are observed and/or fidelity standards are not met.

- WAAs are instructed to review reports and implement individual remedial actions for standards that are not met. When this occurs, the CM provides specific details on the areas of non-compliance and offers assistance to respond to barriers or opportunities identified.
- Monthly and quarterly summary reports are shared by Magellan and reviewed with WAAs during monthly clinical meetings to identify practice issues and support continuous quality improvement.
- Interrater reliability activities and refresher trainings are conducted annually and as needed to ensure that each CM understands the purpose of each POC Review Tool item as it relates to fidelity, the Wraparound model, and rating guidance.

The CSoc Unit employs a methodical and statistically robust randomized sampling approach for recording ratings by Care Managers (CMs) in the electronic platform. This approach is crucial for ensuring statistical validity in making regional inferences, upheld by a 95% confidence interval and a margin of error of  $\pm 5\%$ . The sampling methodology is designed to represent both initial and reassessment reviews fairly, which included a sample size of 3,324 POCs in 2023, representing approximately 75% of initial and reevaluation POCs submitted, and 2,033 in 2022, accounting for about 60% of the POCs reviewed.

The decision to adjust the sample size for plan of care reviews from 75% to 60% in 2023 was a strategic measure, taken in response to both a combination of reduced sample size and a noticeable decline in the number of plans submitted for review. This approach was influenced by several key operational changes and challenges:

- **Integration of New Technologies:** Implementing the TrueCare system necessitated a significant allocation of resources towards staff training and system testing. Due to the complexities involved and the technical difficulties encountered, particularly with document attachments, it was prudent to reduce the sample size temporarily to maintain control over the quality of reviews during this transition period.
- **Staffing Changes and Training Needs:** The year began with crucial staffing changes, including the termination of a care manager and the hiring of additional 2.5 FTEs. The onboarding and training of new staff impacted our capacity to sustain the previous volume of reviews. Reducing the sample size allowed us to handle these transitions without sacrificing the quality of our reviews.
- **Operational Adjustments:** The introduction of 'Intent to Discharge' procedures required significant administrative resources to manage written notifications to members. This procedural addition justified the reduction in sample size, as staff resources were reallocated to manage these new tasks efficiently.

The process for selecting POCs for review follows a calculated approach. Using a daily hypergeometric regional sample calculation, based on the number of submitted waiver-eligible POCs per region over the preceding 90 days, each waiver-eligible POC is assigned a random number. Those POCs within the pre-determined sample/population count ratio are then selected for a full review. This selection process ensures an equitable representation across different regions. The POCs chosen for review are noted in the daily Wraparound Agency (WAA) Management report and a special weekly listing report.

## Results

In 2022, Magellan care managers conducted reviews on 3,324 plans of care (POCs) between January 1st and December 31st to assess fidelity to Wraparound practice standards. In contrast, during the same period in 2023, the number of POCs reviewed declined to 2,033. This reduction is attributable to both a strategic reduction in the sample size and an actual decrease in the number of plans submitted for review, which will be explored in greater detail in the section discussing [Authorization Rates and Timeliness](#).

Table 1 details the results of POC reviews completed in 2023. Figure 1 below compares percentage point changes in compliance rates from 2022 to 2023.

**Table 1. Plan of Care Review Tool Results - 2023**

Element	Question	Denominator	N/A	Numerator	Compliance Rate
Family Voice & Choice	Family preferences addressed	2,030	3	2014	99.2%
	Needs prioritized by family and stakeholders addressed?	2,033	0	2030	99.9%
	Individualized to Youth and family's culture, preferences, strengths, and needs	2,033	0	2020	99.4%
	Strategies unique to family's culture, skills, abilities	2,033	0	2028	99.8%
Strength-Driven	Strengths for all team members	2,033	0	2023	99.5%
	Action steps strengthen caregivers	2,033	0	1988	97.8%
	Action steps matched to known functional strengths	2,033	0	2028	99.8%
	Action steps indicate skill not will team culture	2,033	0	2029	99.8%
Needs-Based	Needs linked to CANS/IBHA & reflect underlying needs	2,033	0	2028	99.8%
	Risk behaviors addressed	2,033	0	1,968	96.8%
	Safety concerns addressed	1,909	124	1,883	98.6%
	Are services, amount, frequency, type, and duration supported by needs and strategies?	2,018	15	1,953	96.8%
Outcomes-Based	Plan is data driven	2,033	0	2,030	99.9%
	EBP considered when appropriate	1,840	193	1,785	97.0%
	Refinement and changes to strategies to reflect strengths and needs and effectiveness	1,222	811	1,203	98.5%
	Action to resolve barriers	1,555	478	1,417	91.1%
Natural & Community Supports	Diverse team	2,033	0	1,982	97.5%
	Informal/natural supports have strategies	2033	0	1775	87.3%
	Community-based interventions (formal & informal) included in plan	2033	0	2018	99.3%
	Available community-based crisis and/or respite services are utilized	2013	20	1960	97.4%
Effective Teamwork	Team Mission	2033	0	2024	99.6%
	Multiple team members (beyond Caregiver and Youth) have action steps	2033	0	1984	97.6%
	Graduation plan is congruent with team mission	2024	9	2017	99.7%
	Activities and Goals Providers are working on are included in the plan	1207	826	1194	98.9%

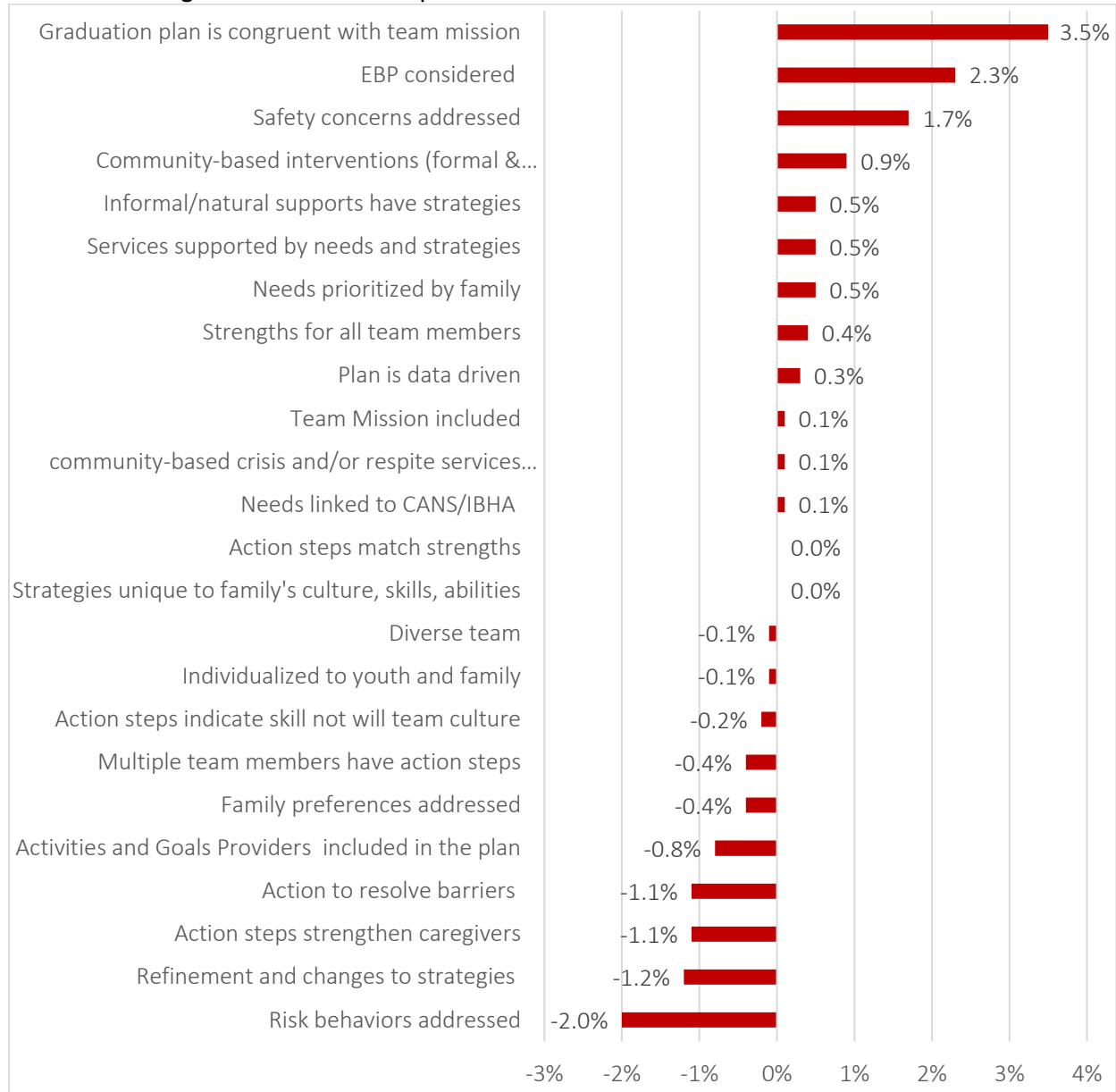


**Table 2. Plan of Care Review Tool Results – 2022 and 2023**

Element	Question	2022		2023		Change in Percentage Points
		Rated POCs	% Compliant	Rated POCs	% Compliant	
Family Voice & Choice	Family preferences addressed	3,315	99.6%	2,030	99.2%	-0.4%
	Needs prioritized by family and stakeholders addressed?	3,324	99.4%	2,033	99.9%	0.5%
	Individualized to Youth and family's culture, preferences, strengths, and needs	3,324	99.5%	2,033	99.4%	-0.1%
	Strategies unique to family's culture, skills, abilities	3,324	99.8%	2,033	99.8%	0.0%
Strength-Driven	Strengths for all team members	3,324	99.1%	2,033	99.5%	0.4%
	Action steps strengthen caregivers	3,324	98.9%	2,033	97.8%	-1.1%
	Action steps matched to known functional strengths	3,324	99.8%	2,033	99.8%	0.0%
	Action steps indicate skill not will team culture	3,324	100.0%	2,033	99.8%	-0.2%
Needs-Based	Needs linked to CANS/IBHA & reflect underlying needs	3,324	99.7%	2,033	99.8%	0.1%
	Risk behaviors addressed	3,324	98.8%	2,033	96.8%	-2.0%
	Safety concerns addressed	2,812	96.9%	1,909	98.6%	1.7%
	Are services, amount, frequency, type, and duration supported by needs and strategies?	3,300	96.3%	2,018	96.8%	0.5%
Outcomes-Based	Plan is data driven	3,324	99.6%	2,033	99.9%	0.3%
	EBP considered when appropriate	2,496	94.7%	1,840	97.0%	2.3%
	Refinement and changes to strategies to reflect strengths and needs and effectiveness	1,837	99.7%	1,222	98.5%	-1.2%
	Action to resolve barriers	2,332	92.2%	1,555	91.1%	-1.1%
Natural & Community Supports	Diverse team	3,324	97.6%	2,033	97.5%	-0.1%
	Informal/natural supports have strategies	3,324	86.8%	2,033	87.3%	0.5%
	Community-based interventions (formal & informal) included in plan	3,324	98.4%	2,033	99.3%	0.9%
	Available community-based crisis and/or respite services are utilized	3,260	97.3%	2,013	97.4%	0.1%
Effective Teamwork	Team Mission	3,324	99.5%	2,033	99.6%	0.1%
	Multiple team members (beyond Caregiver and Youth) have action steps	3,324	98.0%	2,033	97.6%	-0.4%
	Graduation plan is congruent with team mission	3,324	96.2%	2,024	99.7%	3.5%
	Activities and Goals Providers are working on are included in the plan	1,837	99.7%	1,207	98.9%	-0.8%



**Figure 1. Percent of Compliant POCs – Difference from 2022 to 2023 in % Pts.**



CSoc continues to be implemented in high-fidelity with NWI standards and principles. All 24 items exceeded the minimum performance goal of 80%, while 23 surpassed the goal of 90%. Results from POC Reviews completed from 01/01/2023 to 12/31/2023 were analyzed to assess the review process in improving question-level compliance rates and the percentage of plans evidencing adherence to NWI best practices.

Compliance rates by item ranged from 87.3% to 99.9%. Of the 24 fidelity items, 15 met or exceeded compliance rates of 98%. When examining the compliance rates by item, the differences in rates from 2022 to 2023 ranged between -2 and +3.5 percentage points, as depicted in Figure 1. Key findings for specific items are detailed below.

- Family Voice & Choice:

- The compliance rate for addressing family preferences is exceptionally high at 99.2%, with 2014 out of 2030 cases compliant.
- When prioritizing needs identified by the family and stakeholders, the rate is even higher at 99.9%, with 2030 out of 2033 cases showing compliance.
- The individualization of services to youth and family culture, preferences, strengths, and needs stands at 99.4%.
- The compliance rate for strategies being unique to the family's culture, skills, and abilities is an impressive 99.8%.
- Strength-Driven:
  - Identifying strengths for all team members shows a compliance rate of 99.5%.
  - The action steps to strengthen caregivers have a slightly lower compliance rate of 97.8%.
  - Matching action steps to known functional strengths and indicating a 'skill not will' team culture have high compliance rates of 99.8%.
- Needs-Based:
  - The linking of needs to CANS/IBHA and reflecting underlying needs is at 99.8% compliance.
  - Addressing risk behaviors and safety concerns has compliance rates of 96.8% and 98.6%, respectively.
  - Ensuring that needs and strategies support services, their amount, frequency, type, and duration shows a compliance rate of 96.8%.
- Outcomes-Based:
  - The data-driven plan has a near-perfect compliance rate of 99.9%.
  - Considering evidence-based practices (EBPs) when appropriate is at 97.0%.
  - Refining and changing strategies to reflect strengths, needs, and effectiveness is 98.5%.
  - The action to resolve barriers is at a lower rate of 91.1%.
- Natural & Community Supports:
  - The inclusion of a diverse team is at 97.5% compliance.
  - Informal/natural supports having strategies and including community-based interventions in the plan are 87.3% and 99.3%, respectively.
  - Utilizing available community-based crisis and/or respite services shows a compliance rate of 97.4%
- Effective Teamwork:
  - The alignment with the team mission is highly compliant at 99.6%.
  - Having multiple team members involved in action steps is at 97.6%.
  - The congruence of the graduation plan with the team mission shows a high rate of 99.7%.
  - The inclusion of activities and goals that providers work on in the plan stands at 98.9%.

The analysis reveals overall high compliance rates across all key elements of the Wraparound process. Areas such as Family Voice & Choice, Strength-Driven, and Outcomes-Based elements show particularly strong adherence. While most areas reflect high fidelity to the Wraparound model, there are opportunities for improvement in certain areas, such as managing low engagement and strengthening informal/natural support strategies. The high compliance rates overall indicate a strong adherence to the Wraparound practice standards, contributing to effective and impactful service delivery.

## Looking Forward

In 2024, a collaborative clinical and quality initiative will be launched to enhance the Unified Wraparound Model of Care in Louisiana, adopting a strengths-based approach that leverages the unique capabilities and perspectives of the Wraparound Agency, Magellan, and the Louisiana Department of Health. This initiative, drawing from the 12-year history of wraparound training and experience of CSoC, as well as the CSoC HCBS waiver, aims to create an effective, efficient, and sustainable Wraparound Model of Care. The goal is to address the diverse needs of Louisiana's families and youth, fostering resilience and long-term well-being through a holistic, family-centered approach.

A key component of this initiative is the Plan of Care (POC) Improvement training, designed to refine and enhance the POC process. This training will focus on integrating technology to streamline processes, enhance communication, and improve care coordination. Team building is a critical aspect, aiming to foster collaboration, communication, and joint decision-making among team members.

The training will also extensively cover the use of OPEEKA, evaluating its current effectiveness and providing comprehensive training for its proficient use to enhance care coordination. Additionally, the incorporation of natural supports into the POC process is emphasized, encouraging their active participation and recognizing their importance in the wraparound process.

Further areas of focus in the training include accountability and documentation, ensuring thorough documentation of collaborative efforts and the development of a method for chronological tracking. The training also involves strategic development within the POC, including formulating diverse strategies for team members, creating adaptable strategies, and integrating effective data collection methods.

This POC Improvement training is integral to the initiative, aimed at strengthening the effectiveness of the Wraparound Model of Care and enhancing the foundational POC process to better serve families and youth in Louisiana.

## High-Acuity and Complexity Case Management

In 2023, Magellan continued several initiatives aimed at members with complex or high-acuity needs. These initiatives aim to ensure an intense care management approach is employed when addressing acute clinical needs and risk behaviors.

### Clinical Procedures

The Clinical Procedures initiative was designed to ensure consistency in care management activities for youth with complex, acute clinical, and functional needs and to support non-clinician Wraparound Facilitators. Procedures were initially created by Wraparound Agencies to emphasize the importance of practitioners and provider input. The CSoC Unit's Medical and Clinical Directors then reviewed and modified procedures to ensure standardization, adherence to clinical practice guidelines, and compliance with waiver assurances and federal/state regulations. The Clinical Procedures were implemented in 2020, equipping Wraparound Facilitators with a suite of specialized activity guides, each attuned to different aspects of the youths' challenges.

- The ***Risk and Safety Procedure*** is at the forefront, addressing the immediate communication needs in acute risk scenarios. This procedure bridges the gap between crisis events and consistent care, ensuring prompt notification and consultation with a Licensed Mental Health Professional (LMHP) for youths exhibiting suicidal or homicidal tendencies. Crucially, it transitions beyond emergency response to encompass ongoing assessment and support, thereby addressing systemic barriers of fragmented care and addressing provider barriers through standardized guidelines. The Child and Family Team's (CFT) role in overcoming treatment

adherence barriers further underscores the procedure's alignment with addressing internal staffing and member barriers.

- The **Trauma Procedure** focuses on youth with trauma-related challenges. These procedures align with clinical guidelines yet are flexible enough to cater to individual needs, thus addressing the barrier of one-size-fits-all approaches. The facilitation of collaboration between LMHPs and CFT, and the emphasis on educating families highlight the critical role of informed and coordinated care. These procedures address the immediate needs arising from trauma and work towards long-term resilience and understanding, tackling provider and member barriers through education and collaboration.
- The **Substance Use** Procedure represents a vital response to substance use issues within the CSoC system. Starting with an in-depth family meeting and progressing through collaboration with treatment providers, these procedures underscore the importance of comprehensive assessment and family involvement. Even in instances of treatment declination, the ongoing engagement and education highlight a commitment to addressing member barriers through persistent support and information dissemination.

In conclusion, these Clinical Procedures, while distinct in their focus areas, collectively form a robust framework addressing the multifaceted needs of CSoC Youth. By interlinking immediate responses with long-term care strategies, they effectively navigate systemic, provider, internal staffing, and member barriers, offering a cohesive and adaptable approach to care planning. These procedures not only respond to current challenges but also lay the groundwork for a more resilient and responsive care system.

### Root Cause Analysis (RCA) Conferences

To better understand the complexities of youth readmitted to an inpatient psychiatric facility within 90 days of prior discharge, Magellan staff conducts Root Cause Analysis discussions with WAAs. In attendance from Magellan are the Medical Director, Clinical Director, Clinical Manager, Care Managers, Wraparound Coordinators, and a quality team representative. The Clinical Director, WAF, and Wraparound Supervisor are in attendance from the WAA. Participants discuss the unmet needs of the youth and what interventions might have prevented the readmission. RCAs also explore whether risk factors have been adequately addressed in the updated crisis plan. Barriers to follow-up after hospitalization are reviewed, and action items are identified to address them. Co-morbid complexities commonly observed in youth needing RCA meetings are autism, intellectual disabilities, and substance use. Most youth with high complexity needs require referrals to OCDD, psychological testing, or substance use treatment services. Magellan works with Wraparound Agencies to assist in locating needed providers and connecting youth and families to appropriate resources.

### Enhanced Risk Youth Project

The Enhanced Risk Youth (ERY) Project targets approximately 5% of CSoC youth identified as being at an elevated level of risk and needing enhanced clinical oversight by the Wraparound Agencies. Youth are identified using a CANS algorithm that targets significant ratings of risk and behavioral needs items, individually and in combination. Once identified as ERY, a workflow is followed that includes utilizing the Assessment Review Tool (ART) to ensure that a youth's CANS and IBHA were completed so that clinically-sound treatment recommendations can be made. Through collaboration with the WAA and CFT, the facilitator submits an updated Plan of Care and a Safety and Risk Summary, which are reviewed by a Magellan LMHP.

Youth identified for the ERY Project are reviewed frequently for as long as they remain on the ERY list, with discussions targeting interventions and strategies on the POC that reduce risk and mitigate harm to the youth or others. When the WAA is ready to remove the youth from their ERY list, documentation is submitted to Magellan, including clinical justification explaining why the youth is ready to be removed. Magellan reviews the information and decides to remove the youth or hold a staffing with the WAA for further discussion.

## Weekly Inpatient Staffings

Magellan conducts weekly internal discussions regarding youth hospitalized in an inpatient facility. Staffing calls are attended by care managers, coordinators, clinical leadership, and the Medical Director. During these calls, medical necessity criteria and service recommendations that may reduce the likelihood of readmissions are reviewed. The Care Managers communicate these suggestions to the WAA for consideration by the CFT. Together the WAA, Family Support Organization, Magellan Care Managers, Wraparound Coordinators, a quality representative, clinical leadership, and the Medical Director discuss currently hospitalized youth to ensure that all appropriate actions are taken, including updating the Crisis Plan, identifying solutions to barriers, and securing follow-up appointments.

## Looking Forward

Building upon the foundation established by the POC Improvement training in the 2024 initiative for the Unified Wraparound Model of Care, the next integral component focuses on Adherence to Clinical Procedures. This section emphasizes the importance of rigorous clinical oversight within the wraparound process. It ensures comprehensive attention to every aspect of a youth's health and behavioral needs, focusing on thorough and accurate documentation.

The Ensuring Comprehensive Clinical Oversight aspect of the training is designed with a clear purpose: to guarantee that clinical oversight effectively addresses safety concerns, risk behaviors, behavioral health needs, and physical health needs, and complies with the standards outlined by the Child and Adolescent Needs and Strengths (CANS) and Independent Behavioral Health Assessment (IBHA). This comprehensive approach is essential for a holistic view of the youth's needs and a tailored response to each case.

Key considerations in this phase of the initiative include a detailed exploration of the differences and synergies between targeted case management and the wraparound approach. The training will facilitate discussions to understand these methodologies, assessing their strengths and how they can be integrated to optimize the care provided. Another critical focus is on Clinical Oversight Documentation. This involves establishing robust guidelines on documentation practices, including what should be documented, the methods of recording, and the frequency of documentation.

Another topic area we will address emphasizes the clear differentiation between coaching and supervision roles. Establishing clear boundaries ensures that each role is effectively executed without overlap. Considerations include establishing timeframes for coaching plans, addressing the management of Enhanced Risk Youth (ERY) cases, setting guidelines for coaches, and defining the role of supervisors. It also explores the integration of coaching with quality assurance, balancing duties between supervisors and lead coaches. These training and coaching components are meticulously designed to enhance the overall effectiveness of the Wraparound Model of Care, ensuring that facilitators, supervisors, and providers are well-equipped to deliver high-quality care. This approach is integral to improving the member and provider experience, aligning with the initiative's overarching goal of creating a more responsive, effective, and empathetic care model.

The goal is to ensure that all aspects of clinical oversight are systematically and effectively recorded, contributing to a more structured and accountable wraparound process. Through this focused attention on Adherence to Clinical Procedures, the initiative aims to elevate the standards of clinical oversight within the wraparound model. This approach is expected to enhance the quality and effectiveness of care and support provided to families and youth in Louisiana, ensuring a comprehensive, well-documented, and high-quality wraparound process.

## Evaluation of Utilization Management

The Utilization Management (UM) department focuses on shaping member care, ensuring that children are in the most appropriate and least restrictive level of care to prevent wasteful or duplicative services while also receiving services necessary to meet their needs. The Magellan UM program is led by a senior-level board-certified General and Child and Adolescent Psychiatrist as the Medical Director. The Clinical Director and Care Managers responsible for UM functions are Licensed Mental Health Professionals (LMHPs). UM activities include:

- **Referral and eligibility determinations:** Magellan recognizes that the LDH has invested significantly in the CSoC program. Therefore, eligibility criteria are carefully applied to ensure that services are only provided to children for whom they are 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.
- **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 in its entirety is also reviewed and helps to shape utilization and minimize over/under utilization of services.
- **Authorizations:** Magellan utilizes the customized MNC to make decisions about the prior authorization of services, review IP admission requests, and conduct retrospective reviews. A clinically appropriate staff makes MNC authorization determinations after thoroughly reviewing all available information regarding the requested service, medical necessity, and circumstances specific to the member. Magellan also coordinates required out-of-network medical care.
- **Over- and Under-utilization:** Magellan monitors service utilization patterns through the UMC to detect over/under-utilization. Magellan 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 youth. If inappropriate utilization is detected at any level, the Clinical, Network, Quality, and Medical staff work together to understand the root cause and risk.

The UM department is staffed with LMHPs. Magellan's UM Program complies with federal utilization control requirements, including certification and recertification of the need for continued stay in 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. The Compliance team actively monitors UM activities for compliance with federal, state, and LDH requirements. UM Program policies and procedures are consistent with NCQA standards, and the team uses customized, evidence-based criteria to guide utilization-related activities.

### Over/Under Utilization of Services

Magellan has processes to continuously monitor system-level and individual member-level utilization to facilitate the timely identification of trends suggestive of under or over-utilization of mental health, substance use, and CSoC waiver services. Because of the small, high-need, specialty population served, Magellan monitors individual member utilization with 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 following activities:

- The Medical Director, Clinical Director, and clinical management staff review monthly and year-to-date utilization data quarterly.
- The Utilization Management Committee (UMC) reviews aggregate utilization data for all levels of care and 30-day readmission rates quarterly. The UMC reports its findings and any interventions to the Quality Improvement Committee.
- The Quality Improvement Committee reviews member grievances and provider complaints related to the UM process quarterly and member and provider satisfaction surveys related to the UM process annually. This is done to assess for any indications of potential under- or over-utilization. If necessary, additional analysis or interventions are applied.
- Care Managers review individual member services and utilization to ensure member needs are met. The Wraparound Facilitator (WAF) is responsible for contacting members at least monthly to ensure the Plan of Care (POC) is implemented and to monitor the member's health and safety.

As part of the annual quality and clinical program evaluation, Magellan reviews the utilization of inpatient services, outpatient, and waiver services. Inpatient care is the most intensive and restrictive level of care in terms of member impact. The potential impact on members of under-utilization is significant in terms of quality of care, the risk to well-being, and treatment outcomes. The potential impact of over-utilization of inpatient care is also significant because a member may receive 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 healthcare resources. Additionally, member grievances and member satisfaction elements related to the UM process are reviewed in the aggregate to ascertain member experience with the UM process. Members who experience barriers to accessing services due to the UM process may submit grievances or express dissatisfaction on member surveys.

Because the CSoC program is governed by a Home and Community-Based Services waiver that targets youth with SED / SMI who are most at risk of out-of-home placement, great emphasis is placed on members receiving services and support that will allow them to live safely with their families or caregivers in the community. Outpatient and waiver services are vital components of the program and are closely monitored by each youth's Care Manager. When reviewing the utilization of services, it is essential to remember that enrollment in the CSoC program is conditional, requiring that the youth served are those with the most severe clinical needs and 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 systemic increases and decreases over time are not expected and would warrant further investigation if observed.

### Member Eligibility

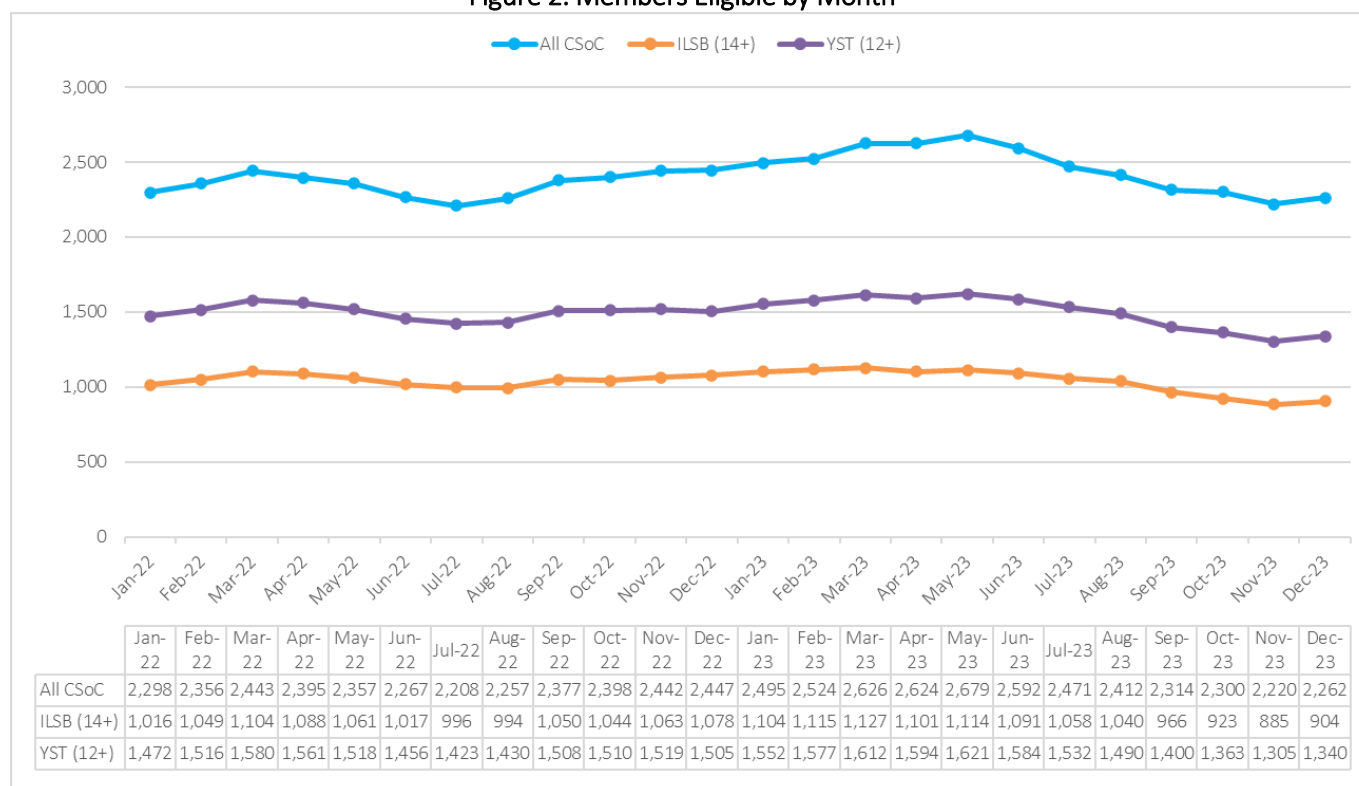
Utilization is examined by comparing eligible youth and the number of members served or youth with a processed service claim, with the eligible group equal to the Members Eligible outlined in Table 3, except for ILSB and YST. These two CSoC Waiver Services have a minimum age requirement to become clinically eligible, as specified in the LDH provider manual, including ILSB (youth 14 years or older) and YST services (youth 12 years or older). Table 3 and Figure 1 present member eligibility by year and month.

**Table 3. Members Eligibility by Year**

Year	Members Eligible	ILSB Eligibility	YST Eligibility
2021	4,093	1,649	2,504
2022	4,569	1,798	2,705
2023	4,973	1,885	2,889



Figure 2. Members Eligible by Month



The unduplicated number of eligible members served in 2023 was 4,973, an increase over the previous year's membership by 404 (N = 4,569) and a cumulative increase of 880 members (N = 4,093) since 2021. Of the eligible members in 2023, 2,889 youth were eligible to receive Youth Support Services, representing 58.1% of the total population, and 1,885, 37.9% of the total population, were eligible to receive Independent Living Skills Building (ILSB), a waiver service uniquely available to youth aged 13 and older. Overall, monthly eligibility rates were largely stable over the past two years, peaking in May of 2023.

## Inpatient Hospitalization

Inpatient hospitalization for mental health or substance use (ASAM 4), measured in days per thousand, is monitored to assess for over and under-utilization. The Utilization Management Committee (UMC) examines both the number of hospital admissions and the length of stay as a first-level analysis of utilization. When findings are outside targeted upper and lower limits, further analysis is conducted of admissions per 1,000 and average length of stay to ascertain the driver of the aberrance. This section will examine utilization for indicators: Inpatient Days per Thousand, Inpatient Admissions per Thousand, Inpatient Average Length of Stay, and Inpatient Readmission Rate. Quantitative findings will be discussed for all indicators, followed by an in-depth analysis of barriers and interventions.

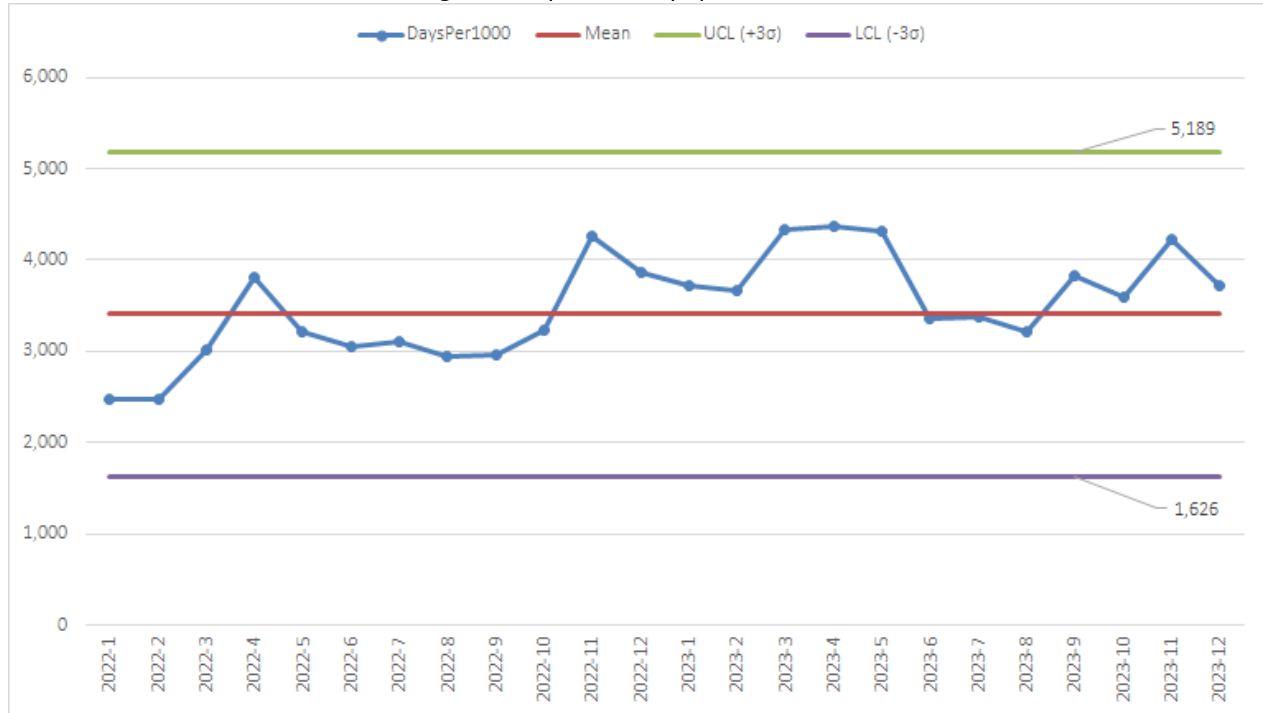
## Inpatient Admissions

Results of the days per 1000 measure for calendar years 2022 and 2023 are displayed in Figures 3 and 4 below and include trend lines and mean rates. The rates displayed are for mental health utilization for the inpatient hospitalization level of care. The UMC evaluates instances of over and under-utilization based on upper and lower control limits (UCL and LCL, respectively) of three standard deviations, using data from the previous two years.

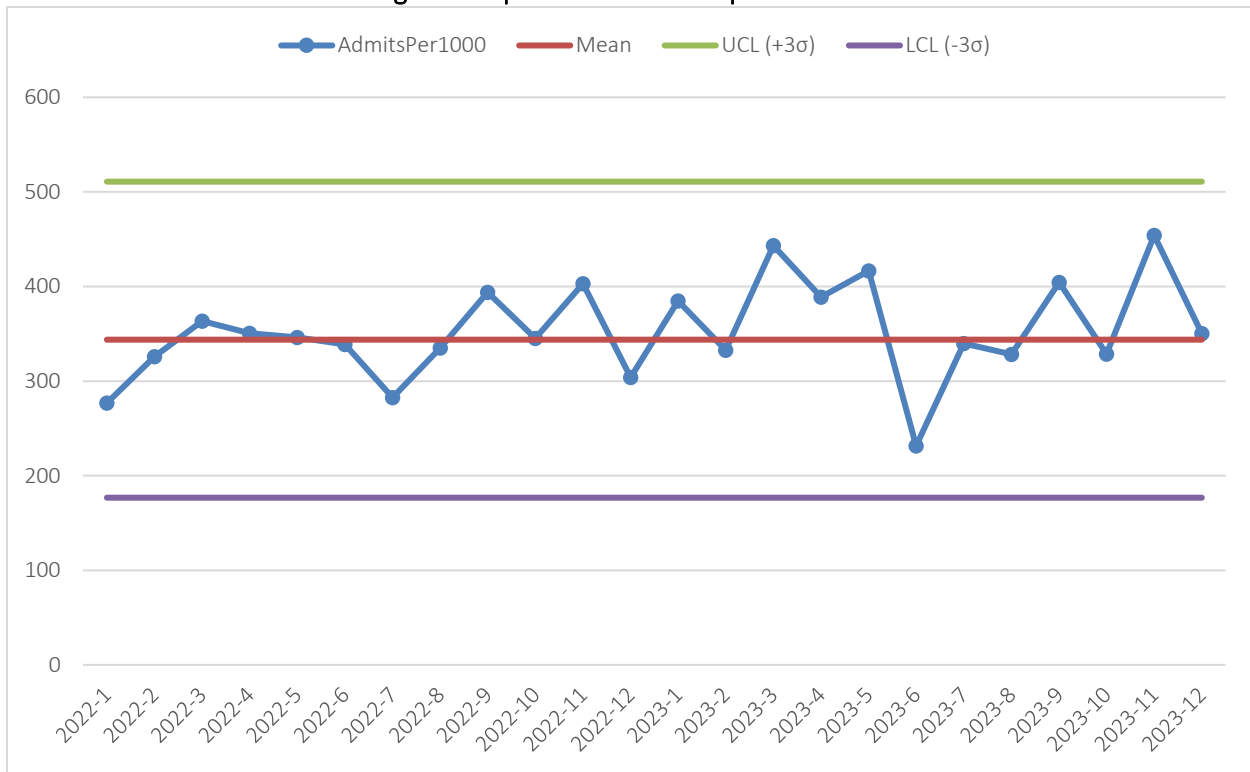


There were no presentations for the treatment of substance use disorders at the ASAM 4 level of care. Youth just entering the CSoC program are particularly vulnerable to inpatient admission because needed services are authorized based on the youth's Plan of Care, which may be submitted up to 45 days post-referral date. Additionally, it takes time for the youth and family to understand the program's principles and goals and to establish rapport with providers. This is illustrated by the percentage of admissions occurring within the first three months of CSoC enrollment. In 2023, quarterly inpatient admissions rates for youth hospitalized within the first three months of enrollment, when needs are typically most acute, accounted for between 24% to 46% of total admissions. These numbers indicate the youth being referred to CSoC are the appropriate youth for the program.

Figure 3. Inpatient Days per Thousand



**Figure 4. Inpatient Admissions per Thousand**



### Average Length of Stay

Multiple factors can impact both admission rates and average length of stay (ALOS), including limitations to access, UM program delays in obtaining authorizations, denials of service that are inappropriate for the member's needs, lack of availability of appropriate alternative services, and provider or practitioner issues. These issues may then result in over- or under-utilization of services. Figure 5 presents the ALOS for 2022 and 2023, again including UCL and LCL.

In 2022 and 2023, the rolling two-year mean for ALOS was 6.7 days, with an upper limit of 10.3 and a lower limit of 3.2. Monthly ALOS varied from 4.9 to 7.1 days in 2022 and from 5.5 to 9.4 days in 2023, resulting in an average duration of stay of 7.5 days for 2023. The highest ALOS in 2022 was observed in April (7.1 days) and in October of 2023 (9.4 days).

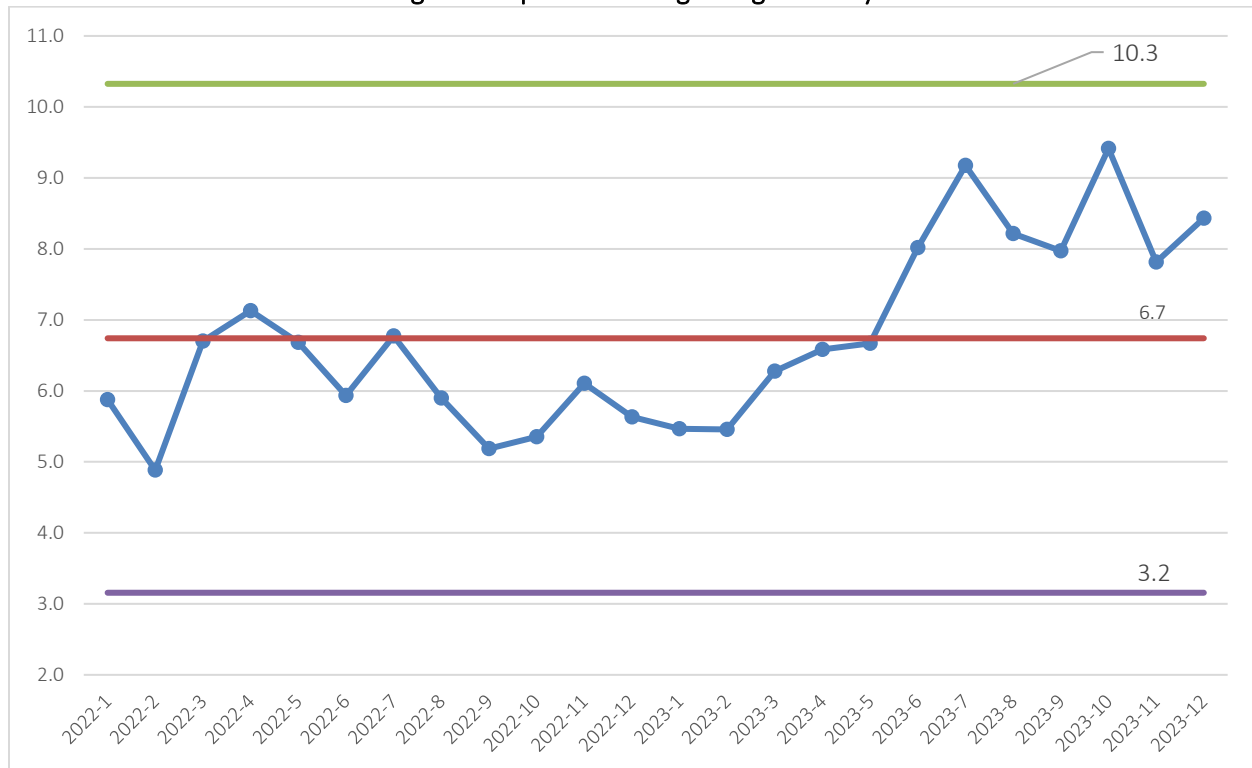
Closer examination of the data reveals that the ALOS continuously fell below the mean from August 2022 to April 2023. In the first five months of 2023, ALOS averaged 6.0 days. It then began to increase significantly, jumping in June of 2023 to 8.0 days. From June 2023 until the end of the year, ALOS exceeded 7 days, resulting in a 6-month average stay of 8.6 days.

Increased length of stay rates generally reflect a small number of outliers, comprised of youth that spend longer than average at this level of care. The quarter details of 2023 outliers are below:

- Q1 2023: There were no significant outliers.
- Q2 2023: There were 3 specific outliers that significantly impacted hospital admission rates: two youth remained inpatient for 14 and 20 days due to PRTF requests being processed, and one youth in DCFS custody remained for 19 days.

- Q3 2023: One youth was admitted to LDH custody with court involvement. Magellan approved a total length of stay for 29 days. Clinical leadership was closely involved in this youth's case and participated in several meetings with LDH and the health plan. Another youth had an abnormally long length of stay due to a DCFS investigation, followed by a request for PRTF. Additionally, there were three youth in DCFS custody with above average lengths due to being unable to return to their previous foster placements.
- Q4 2023: Two youth discharged in this quarter had lengths of stay that exceeded 15 days, both due to DCFS working to find appropriate placement.

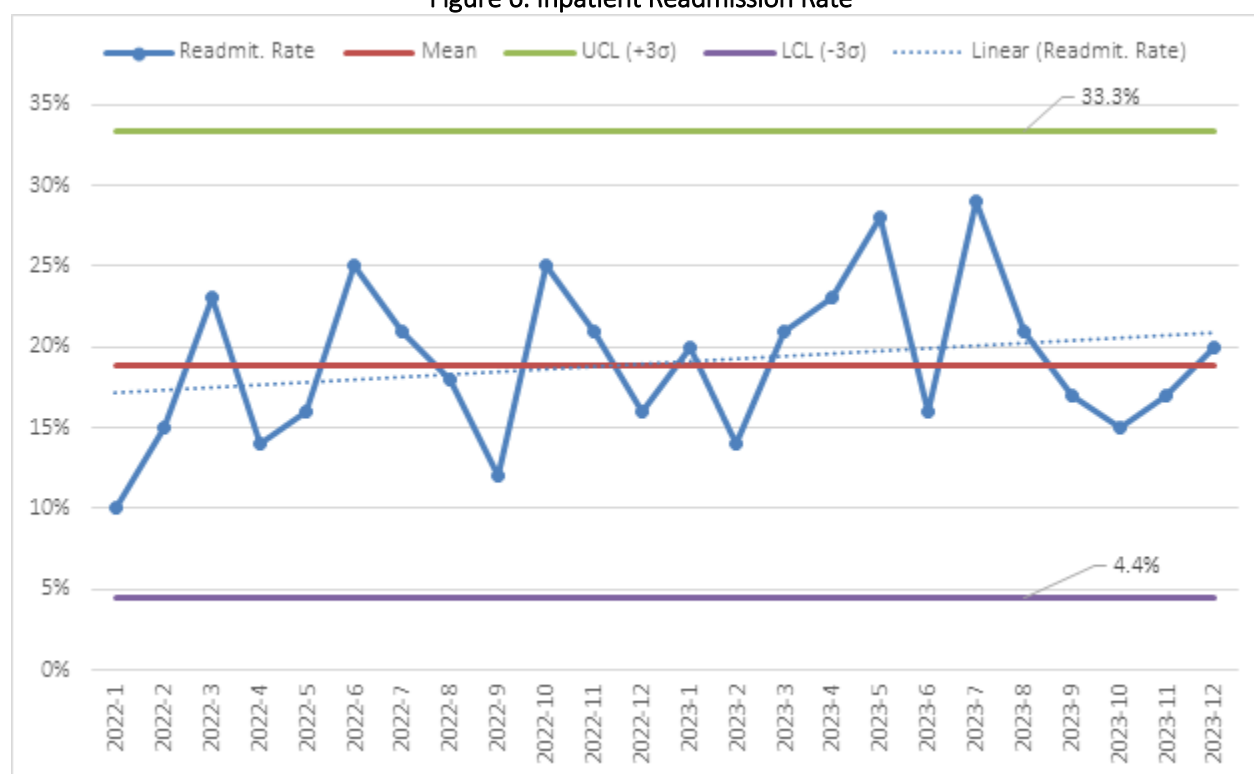
Figure 5. Inpatient Average Length of Stay



### Hospital Readmissions

The readmission rate for inpatient hospitalization varies significantly due to the small number of CSoC youth utilizing this care level. Figure 6 below, presents readmission rates for 2022 and 2023. Data analysis reveals that May of 2023 saw a two-year high readmission rate of 28.8%, while the lowest readmission rate in 2023, 14.0%, occurred in February. Despite fluctuations, readmission rates have trended slowly upward over the past two years.

Figure 6. Inpatient Readmission Rate



Throughout 2023, Magellan continued holding Root Cause Analysis (RCA) discussions. Magellan clinical staff, including the Medical Director and the Wraparound Agency (WAA), attend these calls for any youth readmitted to an inpatient level of care within 60 days of a previous inpatient discharge. As the CSoC population and its acuity level have increased, RCAs are invaluable in decreasing the number of inpatient readmissions for CSoC youth. During these discussions, Magellan and the WAAs review issues with safety, developmental and educational concerns, trauma, substance use, and access to care. Perhaps most importantly, discussions involve collaboration between the WAA and the inpatient facility to develop a comprehensive discharge plan. Wraparound Agencies use the knowledge gained from RCA calls to inform the CFT process, update the youth's Crisis Plan, and ensure that the Plan of Care meets the member's needs.

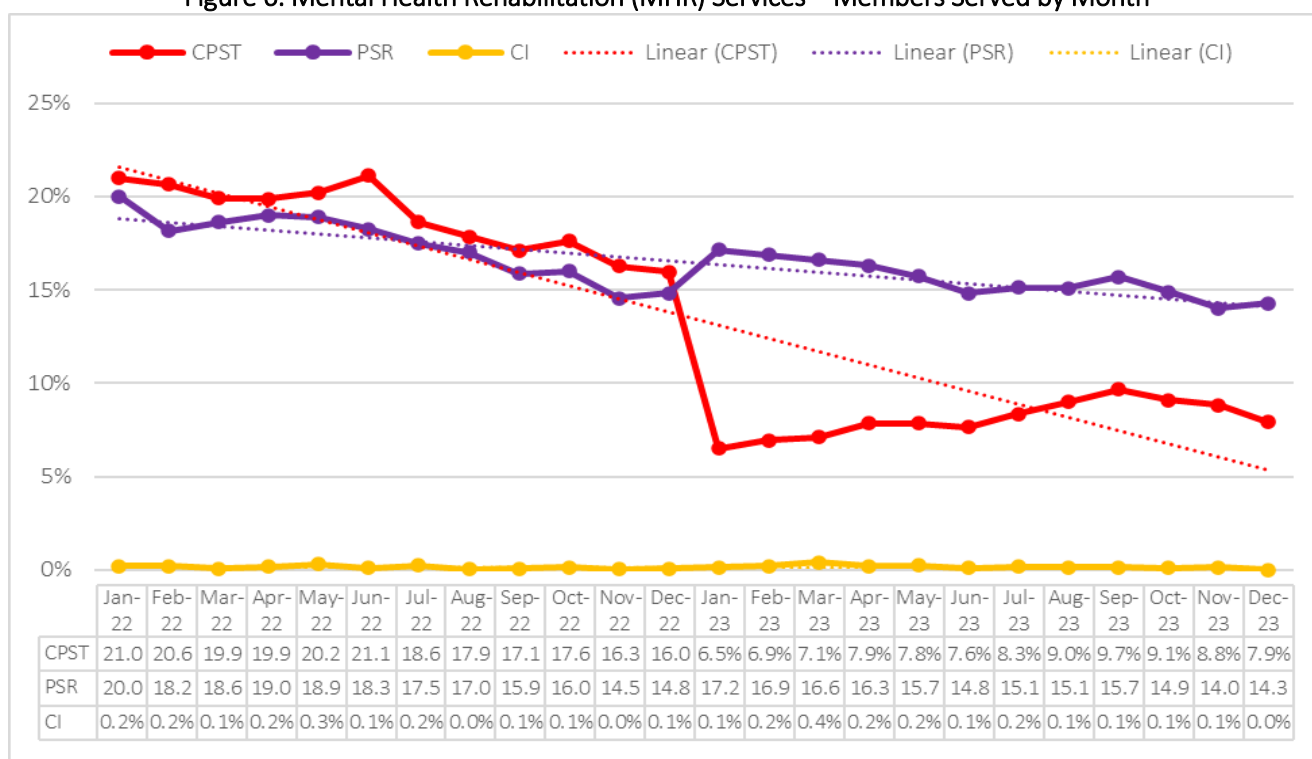
### Mental Health Rehabilitation (MHR) Services

Because services in CSoC members' homes and communities are integral to the program's structure, the Utilization Management Committee oversees the utilization of outpatient and waiver services in addition to inpatient hospitalization. Below, outpatient utilization is reported based on claims from January 2022 through December 2023. The eligible member populations were 4,569 in 2022 and 4,973 in 2023. The data, based on claims and reported as of February 5, 2024, are preliminary. The reported utilization rates are subject to minor adjustments as additional claims for services within each year may be processed, the result of the known 90-day claims lag. Figure 6 below shows the monthly utilization of mental health rehabilitation services for the past two years.

Table 4. Mental Health Rehabilitation (MHR) Services

Service	Time Period	Members Eligible	Members Served	Percent Served
CPST	2022	4,569	1,180	25.8%
	2023	4,973	727	14.6%
PSR	2022	4,569	1,087	23.8%
	2023	4,973	1,067	21.5%
Crisis Intervention	2022	4,569	35	0.8%
	2023	4,973	43	0.9%

Figure 6. Mental Health Rehabilitation (MHR) Services – Members Served by Month



Examination of the overall utilization of Mental Health Rehabilitation services throughout 2022 and 2023 reveals the following trends:

- The percentage of members receiving CPST services declined significantly in January 2023, falling from 16.0% in the previous month to 6.5%.
- Members utilizing PSR services increased beginning in December 2022 and then stabilized throughout 2023, varying from 14.0% to 17.2%.
- Utilization of Crisis Intervention services by CSoc members has been consistently low for both 2022 and 2023.

To understand the reasons for these changes, it is imperative to consider service provision modifications that occurred in 2023. On May 22, 2023, LDH received CMS approval to allow Community Psychiatric Support and Treatment (CPST) services to be provided via telehealth. This update became effective May 1, 2023, allowing

Louisiana Medicaid recipients to continue receiving CPST services by telehealth, a provision initially introduced during the Public Health Emergency (PHE).

Additionally in 2023, a redesign of CPST services was completed by the Louisiana legislature. Senate Bill 213, introduced by Senator Luneau of District 29, amended the service definitions of both CPST and PSR to provide clear distinctions between the two and added allowable practitioner types for CPST. The PSR service definition was revised to focus exclusively on skills-building components as supportive interventions to promote independent functioning, removing psycho-education components.

Regarding the addition of allowable practitioner types, the bill addressed the previous requirement that, to be eligible for Medicaid reimbursement, assessments and counseling services must be rendered by fully-licensed mental health professionals (LMHP) that is able to practice independently. By redesigning the service definition to include counseling, the list of clinical practitioners eligible to deliver CPST Services was expanded to include the following provider types:

- Licensed Mental Health Professional (LMHP)
- Provisionally Licensed Professional Counselor (PLPC)
- Provisionally Licensed Marriage and Family Therapist (PLMFT)
- Licensed Master Social Worker (LMSW)
- Certified Social Worker (CSW)
- Interns from an American Psychological Association-approved internship program

Including mental health counseling in available CPST services adds a clinical component beneficial to individuals diagnosed with serious mental illness, a condition required to receive this service. While these changes are largely positive, barriers were encountered in 2023. Foremost among these was the workforce challenge of a lack of clinical staff available to render the newly defined service. Additionally, Magellan was unable to conduct real-time monitoring utilization of CPST services in the early part of 2023 due to provider claim issues. When these issues were resolved, trends were again observable, with reductions in number of claims for CPST but not for PSR. Contributing to the downward trend in CPST utilization, clinicians who became providers after 4/1/22 were not included in the provider enrollment and therefore had their CPST claims denied. Therefore, current reporting does not provide a good representation of claims received beginning January 1, 2023, preventing an accurate review of CPST utilization until this issue is resolved.

### Traditional Outpatient Services

Traditional outpatient services available to CSoC members include outpatient therapy, visits to prescribers, and psychological testing. The table below presents the utilization of these services in 2022 and 2023. However, caution should be taken when examining utilization rates during the last quarter of 2023. Due to claims lag, the monthly rates reported are likely artificially low and will rise as claims for services are submitted and paid.

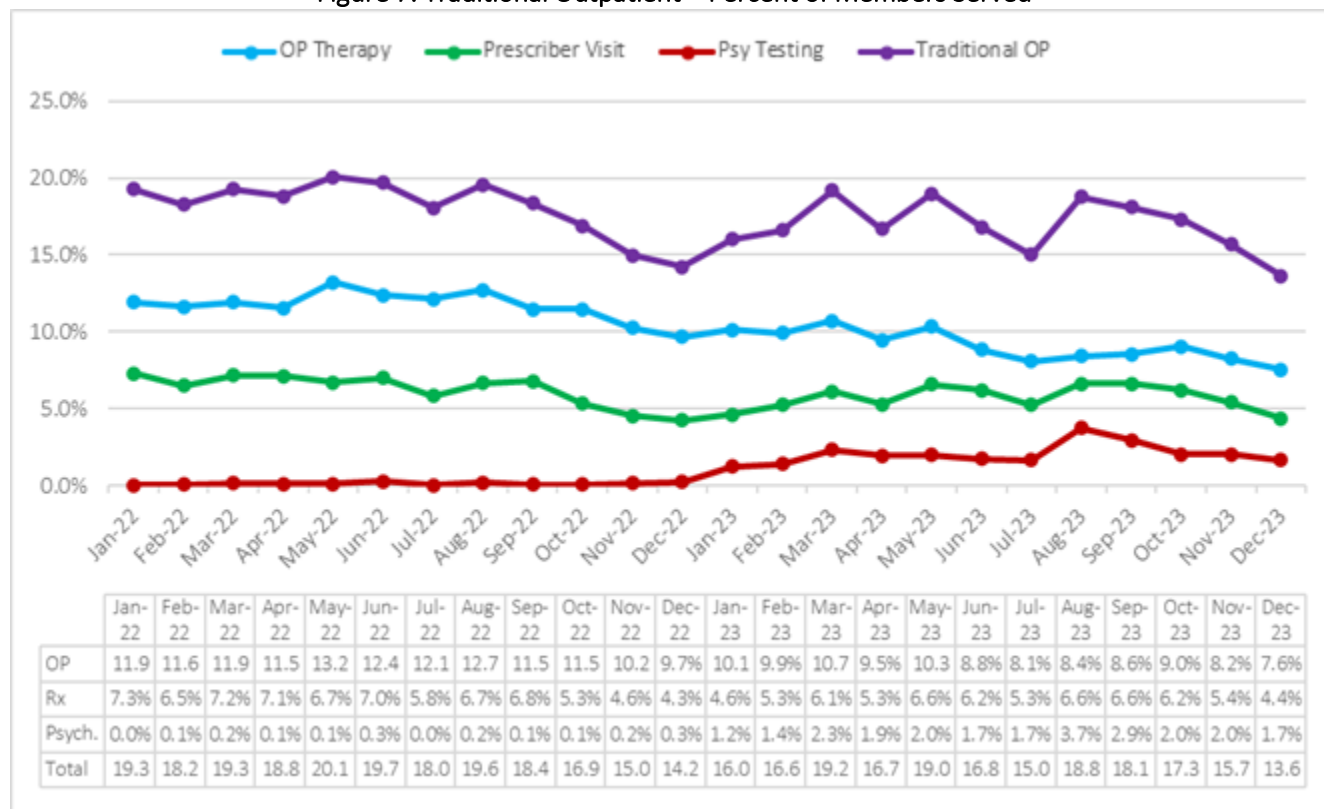
**Table 5. Utilization of Traditional Outpatient Services**

Service	Time Period	Members Eligible	Members Served	Percent Served
OP Therapy	2022	4,569	1,330	29.1%
	2023	4,973	1,082	21.8%
Prescriber Visit	2022	4,569	648	14.2%

CSoc Unit's QAPI Program Evaluation  
Contract Period: 01/01/2023 – 12/31/2023

Service	Time Period	Members Eligible	Members Served	Percent Served
Psychological Testing	2023	4,973	638	12.8%
	2022	4,569	35	0.8%
	2023	4,973	511	10.3%
FQHC	2022	4,569	207	4.5%
	2023	4,973	300	6.0%

Figure 7. Traditional Outpatient – Percent of Members Served



The number of eligible CSoc members grew from 4,569 in 2022 to 4,973 in 2023, an increase of 404 members. Overall, utilization of traditional outpatient services trended down in 2023, though it peaked in March when it was accessed by 19.2% of CSoc youth. The traditional outpatient service most utilized in 2023 was outpatient therapy accessed by 21.8% of members. Psychological testing is the least accessed outpatient service, though utilization was up from 2022 in all months of 2023, peaking at 3.7% in August.

Magellan's Utilization Committee (UMC) meets regularly to assess utilization rates and member needs. In 2023, the UMC reported that CSoc members received, on average, two visits per month for therapy with an LMHP, one monthly prescriber visit, and one visit per month with a Federally Qualified Health Center (FQHC). These reported frequencies are consistent with expectations for youth enrolled in CSoc. The UMC makes concerted efforts to increase the utilization of traditional outpatient services. The committee is hopeful that the 50% increase in reimbursement rates for outpatient therapy and prescriber visits, effective January 1, 2024, will lead to increased utilization of all outpatient service types and more frequent monthly visits.

## Authorization Rates and Timeliness

Magellan strives to achieve timely authorizations and accurate adverse benefit determinations, with a compliance goal set at 97% for both measures. The tables below present the compliance rates for authorization timeliness in 2022 and 2023, categorized by risk level.

Table 6 shows that, in 2022 and 2023, Magellan Care Managers completed 30,631 and 28,609 authorizations, respectively. While the total number of authorizations completed in 2023 decreased by 2,022, overall authorization timeliness rates fell, dropping from 97.5% in the previous year to 84.6%, a decline of 12.9 percentage points and 12.4 percentage points below the established goal.

Authorization requests are classified by risk level, defined as Routine, which must be completed within 14 days of receipt; Urgent, which must be completed within 48 hours; and Emergent, which must be completed within 12 hours. Examined by risk category, compliance rates in 2023 were 83.7% for routine requests and 99.4% for urgent requests. No requests for emergent authorizations were made in 2023.

**Table 6. Authorization Timeliness**

Risk Level	2022			2023		
	# Total Auth.	# Timely Auth.	% Timely Auth.	# Total Auth.	# Timely Auth.	% Timely Auth.
Routine	29,143	28,374	97.5%	26,971	22,577	83.7%
Urgent	1,479	1,475	99.7%	1,638	1,628	99.4%
Emergent	9	9	100 %	0	–	–
Total	30,631	29,858	97.5%	28,609	24,205	84.6%

An adverse benefit determination occurs when Magellan denies a request for an authorization. In contrast to authorization timeliness rates, all adverse benefit determinations in 2023 met and exceeded the goal of 97% compliance, as shown in the table above. Specifically, 100% of routine-level adverse benefit determinations and 99.5% of urgent-level adverse benefit determinations were completed timely. There were no denials for emergent-level authorizations in 2022 and 2023.

**Table 7. Adverse Benefit Determination Timeliness**

Risk Level	2022			2023		
	# Denied Auth.	# Timely Denied Auth.	% Denied Auth.	# Denied Auth.	# Timely Denied Auth.	% Denied Auth.
Routine	134	134	100.0%	97	97	100.0%
Urgent	203	201	99.0%	183	182	99.5%
Emergent	0	–	–	0	–	–
Total	337	335	99.4%	280	279	99.6%

The Utilization Management Committee (UMC) oversees authorizations and denial timeliness rates and closely examines aberrant trends, such as those observed for routine-level (83.7%) and total (84.6%) authorization requests in 2023. While annual data is valuable, examining quarterly compliance rates yields greater insight into changes over time, as shown in Table 8 above. Below are summaries of the UMC's quarterly analyses in 2023.



- Q1 2023: Goals were met for urgent authorizations and all types of service denials but did not meet the goal for routine service authorizations. The overall compliance rate was 95.2% and the average time for routine service authorizations was 13.0 days. Magellan reviewed root causes for missed timelines and determined that these were driven primarily by 3 factors.
  - The number of authorization requests that were submitted increased by 846 compared to the previous quarter.
  - Inpatient admissions, which also require timely CM attention, increased during this quarter,
  - Staffing: One CM had significant errors and productivity issues, and this individual is no longer employed with Magellan.
- Q2 2023: All timeliness standards were met, with an overall compliance rate of 98.5%.
- Q3 2023: Magellan met goals for urgent service authorizations and all types of service denials but did not meet the goal for routine service authorizations. The overall compliance rate for this quarter was 65.9%, down 32.6 percentage points from Q2. Magellan reviewed the root causes for missed timelines and determined that these were driven primarily by the transition to the TruCare platform for authorization management, implemented at the beginning of Q3 on July 1, 2023. Integrating the existing processes and workflows with the new system led to disruption in the usual flow of operations and a dip in performance. Leadership incorporated additional targeted employee training.
- Q4 2023: Magellan met goals for urgent service authorizations and all types of service denials but did not meet the goal for routine service authorizations. The overall compliance rate for the quarter was 73.6%, up 7.7 percentage points from the previous quarter. Magellan reviewed the root causes for missed timelines and determined that these were driven by a combination of the new care management computer system and an increase of 496 authorization requests from Q3.

**Table 8. Authorizations and Denial Timeliness**

Quarter	Total Auth. & Denied Auth.	Total Timely Auth. & Denied Auth.	Overall Compliance Rate
Q1 2023	8,615	8,204	95.2%
Q2 2023	7,373	7,263	98.5%
Q3 2023	6,204	4,086	65.9%
Q4 2023	6,697	4,931	73.6%

In conclusion, Magellan implemented various strategies to address challenges in meeting authorization and adverse benefit determination timeliness standards. The interventions included additional training sessions, individualized support, and backfilling vacant positions. Magellan's Business Transformation and Information Technology departments are devoting significant resources in 2024 review all uses of the TruCare platform, looking specifically for inefficiencies and product / performance improvement opportunities. This demonstrated Magellan's commitment to continuous improvement by incorporating new authorization technology and workflows, addressing identifying root causes of decreases in timeliness compliance, and implementing targeted employee training initiatives

## 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 about a member's behavioral health services. Members are given sixty calendar days from the written notice of adverse benefit determination date to request an appeal. Appeals may be requested orally or in writing, including online. When a request for an expedited resolution is received, a resolution is reached within 72 hours. Standard appeal requests are acknowledged within three business days of receipt, and a determination is made within thirty calendar days.

### Category of Appeals

Member appeals fall into one of five categories:

- Quality of Care
- Access to Care
- Attitude/Service
- Billing/Financial
- Quality of Practitioner Office Site.

In 2022 and 2023, 93 and 106 member appeals were received, respectively. All appeals received in both years were categorized as relating to access to care. The rate of appeals per thousand changed from 23.8 to 29.6, an increase of 5.8. The following table provides details about type of appeals received in 2022 and 2023.

**Table 9. Appeal Categories and Rates Per Thousand**

Category	2022 (N = 3,913)		2023 (N = 3,785)	
	Number	Rate	Number	Rate
Quality of Care	0	0	0	0
Access	93	23.8	106	29.6
Attitude/Service	0	0	0	0
Billing/Financial	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0
<b>Total</b>	<b>93</b>	<b>23.8</b>	<b>106</b>	<b>29.6</b>

### Appeals Processing Indicators

Appeals are processed in accordance with urgency-based classification, either expedited or standard. In 2019, CSoC Unit implemented a rigorous quality assurance procedure for all appeals to ensure ongoing and continuous compliance. While 100% of appeals received in 2022 were acknowledged and resolved timely, rates fell in 2023. In 2023, 112 appeals were received, 19 more than in 2022. Of the total received in 2023, 51.8%, or 58, were expedited appeals, and 48.2%, or 54, were standard appeals. 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. Table 10 provides processing indicators for appeals received in 2022 and 2023.

Processing standards for standard appeals include providing written notice of acknowledgment within three business days and written notification of resolution within thirty calendar days. In 2023, the CSoC Unit completed timely acknowledgments for 50 of 54, or 92.6%, standard appeals. Four acknowledgements were completed

outside of the three business day requirement due to processing errors. This rate was 7.4 percentage points lower than in 2022. To ensure that this drop in compliance is not repeated, the appeals department updated staff coverage processes for instances of unexpected illness.

Expedited appeals do not require written acknowledgement, as they occur only when youth are currently hospitalized. However, expedited appeals do require that written and verbal resolutions be completed within 72 hours. In 2023, this standard was met for 98.3% of expedited appeals. The one instance of not meeting the resolution standard was due to Magellan's Physician Reviewer not contacting the provider timely. As a result, Magellan implemented remedial actions, which included authorizing the days that were initially denied.

**Table 10. Appeals Processing Indicators**

Year	Number Expedited Appeals	% Resolved Timely (within 72 hrs.)	Number of Standard Appeals	Acknowledged Timely (within three bus. days)	Resolved Timely (within 30 cal. days)
2022	41	100%	52	100%	100%
2023	58	98.3%	54	92.6%	98.2%

### Completed Appeals

When the CSoc Unit receives an appeal, an LMHP is assigned to ensure that all elements of the appeal process are carried out in accordance with federal and state requirements. There are two categories of appeals. Benefit appeals are requested directly by the member. Twelve benefit appeals were received in 2023, the same as in 2022. Of those, all were processed and none were withdrawn by the member.

Medical Necessity Criteria (MNC) appeals are typically requested by a member's representative, such as the treating provider. Magellan received 101 MNC appeals in 2023, 20 more than in 2022. Of those received in 2023, 64, or 63.4%, were completed, an increase of 4.1 percentage points from 2022, in which 48 MNC appeals were processed. The number of MNC appeals withdrawn due to lack of member consent more than doubled from 11 in 2022 to 27 in 2023. Far fewer MNC appeals were denied due to untimely filing by the provider, decreasing from 22 in 2022 to 7 in 2023, a decrease of 20.3 percentage points of the total received.

**Table 11. Completed Appeals**

Year	Type	Total Received	Total Processed	% Total Received	Denied - Untimely Filing by Provider	% Total Received	Withdrawn	% Total Received
Benefit	2022	12	11	91.7%	0	0%	1	8.3%
	2023	12	12	100%	0	0%	0	0%
MNC	2022	81	48	59.3%	22	27.2%	11	13.6%
	2023	101	64	63.4%	7	6.9%	27	26.7%

### Appeal Determinations

Appeal determinations are made according to the type of appeal: either an appeal of a UM decision or an adverse benefit determination (i.e., clinical eligibility for the program). In CSoc, benefit determinations (i.e., clinical eligibility) are based on an algorithm specified by LDH, which is applied to the youth's eligibility assessment (i.e.,

CANS and IBHA). The CSoC Unit processed 12 benefit and 64 MNC appeals in 2023. The table below provides the appeal determinations made by Magellan in 2022 and 2023.

**Table 12. Appeal Determinations**

Year	Type	Total Processed	Upheld	% of Total	Partially Upheld	% of Total	Overtured	% of Total
Benefit	2022	11	1	9.1%	0	0%	10	90.9%
	2023	12	0	0%	0	0%	12	100%
MNC	2022	48	31	64.6%	7	14.6%	10	20.8%
	2023	64	42	65.6%	6	9.4%	16	25.0%

All CSoC appeal decisions are made by an appropriate professional. In the case of medical necessity determination appeals, decisions are made by a board-certified child and adolescent psychiatrist. Appeal determinations fall into three categories: Upheld, in which the initial denial is affirmed; Partially Upheld, in which only a portion of the initial denial is affirmed; and overturned, in which the initial denial is fully reversed. In 2023, of the 64 MNC appeals processed, 42, or 65.6%, were upheld, very similar to the percentage upheld in the previous year. Six, or 9.4%, were partially upheld, and sixteen, or 25.0%, were overturned. These rates are relatively similar to the previous year's, with no more than a 5.2 percentage point difference in any determination category.

A qualified CANS-certified LMHP completes benefit appeal decisions. Of the 12 benefit appeals processed in 2023, all were overturned. Clinical benefit determinations are made based on the assessment findings of the CANS and IBHA, completed at enrollment and every 180 days thereafter. In addition to managing assessments, the WAA is tasked with engaging the family, explaining services/benefits available, obtaining the Freedom of Choice form, building a Child and Family Team (CFT), gathering collateral data, and developing an initial plan. Certified Providers conduct assessments with the clinical information known at the time of the assessment, which may be limited due to the condensed timeframe to complete all tasks. In addition, the caregiver may unintentionally neglect to disclose critical information during the assessment. The benefit appeal process allows members to share additional information about the youth's current status to assess clinical eligibility thoroughly.

### State Fair Hearings

When a member believes that Magellan has made an error in determining the outcome of an appeal, they may request a State Fair Hearing (SFH). A State Fair Hearing allows members to explain to a judge why they disagree with an adverse appeal determination and to present supporting evidence. All members have a right to this course of action, the steps of which are provided in writing on all denial notification letters. While SFH requests are almost exclusively initiated by inpatient providers, members must consent to the request. To initiate a State Fair Hearing, a request must be submitted to the Division of Administrative Law (DAL) – Health and Hospitals Section via phone, fax, mail, or online.

**Table 13. State Fair Hearing Requests 2022-2023**

Date of Request	Source	Date of SFH Hearing	Determination
9/13/2022	Inpatient Provider	10/28/2022	Denied
6/1/2023	Inpatient Provider	6/28/2023	Denied
6/26/2023	Inpatient Provider	N/A	Withdrawn
12/13/23	Inpatient Provider	Pending	Pending

State Fair Hearing requests are rare in the CSoC program. Only one SFH request was made in 2022 and was denied due to it being filed without the member's written consent. In 2023, a total of three requests for State Fair Hearings were received, one of which was subsequently withdrawn by the appellant. One request for an SFH in response to an adverse MNC determination was completed in 2023 and is summarized below:

Magellan received notification of this request on 6/1/2023 and submitted evidence supporting the determination to the DAL electronically and by certified mail to the member and provider, an inpatient psychiatric hospital, on 6/8/2023. The videoconference hearing was scheduled for 6/28/2023 and was attended by Magellan representatives and the DAL Administrative Law Judge. However, neither the appellant nor their representative attended the meeting, resulting in the issuance of an *Order Terminating Adjudication* the next day. Shortly thereafter, the DAL determined that it erred by not issuing a *Conditional Order of Dismissal* and the termination order was vacated. This conditional order allowed the appellant or representative an additional ten days to provide, in writing, a request that further action be taken and a cause or reason for failure to attend the originally scheduled hearing. The appellant did not submit a response within the timeframe specified by the DAL tribunal, who therefore issued a *Notification to Department of Abandoned Request for Hearing* on 7/19/2023. The member's representative, a Utilization Reviewer employed by the inpatient provider, subsequently submitted a statement to the DAL tribunal citing both human error and lack of availability of a key medical provider as the cause for not attending the 6/28/2023 hearing. The DAL determined that this statement was insufficient to justify reopening the request and issued an *Order Denying Petition for Reopening* on 7/21/2023.

A third request for a State Fair Hearing was received in December 2023 and was assigned a docket number by the DAL. On 12/19/23, Magellan petitioned for the dismissal of the request due to a lack of member consent. A response to Magellan's petition is pending as of January 2024.

### Eligibility Reconsideration Procedure

CSoC eligibility is linked to CANS ratings. Based on an algorithm developed by LDH in 2012, the number and severity of identified needs are calculated to determine a youth's appropriateness for enrollment. Once an assessor submits a CANS to mp.com, they are immediately notified of the outcome of the applied algorithm. If, following an assessment by an LMHP, the youth is found ineligible for initial or continued CSoC services, that decision can be appealed through Magellan's formal appeals process. In 2022, an increase in the number of eligibility appeals was noted by the Quality Department. Recognizing that the formal appeal process may delay the implementation of needed services and that families just entering CSoC may not be familiar with managed care processes, Magellan introduced an intervention to ensure that any administrative burden to CSoC families is as minimal as possible.

All CANS completed for eligibility determination are reviewed by a Magellan Independent Evaluator (IE) to ensure that all required documentation is submitted, determine youth's level of need, and calculate service authorization spans. When a youth is determined to be ineligible, the IE executes a series of actions to notify the WAA and guardian and offer the option to appeal. Beginning in June 2022, Magellan executed an intervention to create a tiered oversight procedure that allows for the informal reconsideration of CANS ratings through collaboration with WAAs and assessors.

Initially, the *Reviewing CANS and IBHA Procedure* document was updated in 2022 to include a procedure for collaborative oversight when an IE reviews an assessment resulting in an ineligible determination. In 2023, this document was again updated, refining the process to better reflect the roles of the Independent Evaluator, Quality Team, WAA Clinical Directors, and assessors. The updated informal reconsideration procedure is summarized below:

- When a Magellan Independent Evaluator receives an assessment in which CANS algorithm has determined that a youth is ineligible for CSoc services, they closely review the clinical information reported on the IBHA to ensure it is consistent with the assigned CANS ratings.
- If the IE identifies incongruence between the IBHA and CANS ratings that may have affected the eligibility determination, the assessment is forwarded to a quality team member, also an LMHP, for additional review.
- If the quality department reviewer determines there are no inaccuracies or incongruence present, the IE is advised to process disenrollment from the CSoc program in the usual manner.
- If the quality department reviewer determines that the assigned CANS ratings may not accurately reflect the needs of the youth and family, the WAA Clinical Director (CD) of the applicable WAA region is notified and asked to review the assessment documents with the assessor.
- Following their joint review, the CD notifies Magellan of whether the assessor wishes to update or correct any erroneous CANS ratings.
- If the assessor chooses to update the youth's CANS, Magellan assists in facilitating that submission.
- If the assessor chooses not to make any changes to the youth's CANS ratings, Magellan processes the youth's disenrollment from CSoc, which includes notification of formal appeal options.

Tracking of this intervention began in June 2022 and continued throughout 2023. The table below details the instances in which this informal reconsideration procedure was used and its outcomes.

**Table 14. CANS Eligibility Reconsideration: 2022 – 2023**

Month	# Ineligibles Identified Internally		# Ineligibles Warranting Reconsideration		# Rescored by Assessor		# Remaining Ineligible		# Converted to Eligible	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Jan		0		--		--		--		--
Feb		0		--		--		--		--
Mar		2		1		1		1		1
Apr		1		1		1		0		1
May		3		3		3		0		3
Jun	5	4	5	3	5	1	2	2	3	1
Jul	2	0	2	--	2	--	0	--	2	--
Aug	8	5	5	4	5	3	2	1	3	3
Sept	4	2	3	1	3	0	0	1	3	0
Oct	3	3	3	3	1	1	2	2	1	1
Nov	4	4	3	4	2	3	1	1	2	3
Dec	0	0	--	--	--	--	--	--	--	--
Total	26	24	21	20	18	13	7	8	14	13

In 2023, A total of 24 assessments were identified for additional review by Magellan's IE. Of those, 20, or 83%, were then determined by Quality Staff to require collaboration with the regional Clinical Director due to inadequate documentation or incongruent CANS ratings. Magellan greatly values its assessors and their clinical knowledge and experience. However, the decision to update CANS ratings and/or IBHA documentation ultimately

lies with the LMHP. In 2023, there were 13 instances in which assessors agreed that their ratings did not sufficiently capture the needs of the youth and family or were incongruent with CANS rating guidance. Of these, all 13 reconsiderations resulted in youth being found eligible for CSoC services. The seven evaluations in which assessors declined to reconsider their assigned CANS ratings did not result in an appeal of the determination by the caregiver.

Assessors were updated on the number and resolutions of eligibility reconsiderations throughout 2023 during All Assessor Calls. All calls in 2023 included case studies in which attendees collaboratively examined scenarios reflective of typical CSoC youth, reviewed CANS anchor definitions and Assessment Review Tool (ART) rating guidance, and collectively assigned CANS ratings. This intervention was designed to target increased reliability and validity across assessors by facilitating discussions in which assessors can arrive at mutual understanding and application of CANS ratings.

Additionally, All-Assessor Calls in 2023 included targeted training on Life Domain Functioning items, identification of the caregiver in instances of out-of-home placement, and the proper application of the CANS' 6 Key Principles, all of which were identified in 2022 as contributors to erroneous ineligibility determinations. As this intervention began in June of 2022, there is only comparison data for half of the previous year. However, the data shows that in 2023 there were nearly the same number of youth found eligible following reconsideration as there were in only six months in 2022 (14 in 2022 and 13 in 2023). This is evidence that this intervention is effective in ensuring that assessments accurately reflect the needs of youth and families and in reducing barriers to access to CSoC services.

### Member and Provider Experience with the UM Process

In addition to analyzing member grievances and provider complaints, member and provider experience with the UM process is monitored by reviewing experience survey and appeals data. The table below represents the specific questions reviewed by the UMC for both the member and provider experience of care surveys. Both member and provider experience of care surveys showed positive overall satisfaction with Magellan's UM process in 2023. Reductions in positive responses were primarily due to an increase in neutral responses rather than negative responses.

**Table 15. Member Experience of Care Survey – UM Process**

Question	Year	Total # Received	Positive	Neutral	Negative
My child has access to quality healthcare.	2022	286	85.3%	10.8%	3.8%
	2023	294	84.7%	8.8%	6.5%
How pleasant or unpleasant was it to work with CSoC (Magellan)?	2022	287	90.6%	8.0%	1.4%
	2023	294	91.8%	6.1%	2.0%

**Table 16. Provider Satisfaction Survey – UM Process**

Question	Year	Total # Received	Positive	Neutral	Negative
Clinical criteria reflect a generally accepted standard of care.	2022	47	83.9%	12.9%	3.2%
	2023	26	65.4%	19.2%	15.4%



Question	Year	Total # Received	Positive	Neutral	Negative
Clinical decisions are consistent.	2022	42	90.0%	6.7%	3.3%
	2023	26	88.5%	7.7%	3.8%

In evaluating Magellan's Utilization Management (UM) process through the annual Member Experience of Care and Provider Satisfaction surveys for 2022 and 2023, we gathered several key insights concerning satisfaction with healthcare access and service interactions.

The Member Experience of Care Survey, conducted from late July to early September, collected feedback from 296 youth and caregivers. The data revealed a high level of satisfaction with access to quality healthcare, though there was a slight decline. In 2022, 85.3% of respondents (N = 286) expressed positive sentiments, which decreased marginally to 84.7% in 2023 (N = 294). Concurrently, the percentage of negative responses increased from 3.8% to 6.5%. However, members reported a slight improvement in their interactions with Magellan, part of the Coordinated System of Care (CSoC). Positive feedback increased from 90.6% in 2022 (N = 287) to 91.8% (N = 294) in 2023.

The Provider Satisfaction Survey, distributed to 616 providers with 611 successfully delivered, saw a completion of forty-four surveys, yielding a response rate of 7.2%. This survey highlighted a significant shift in provider perceptions concerning whether clinical criteria reflect a generally accepted standard of care. Positive responses decreased sharply from 83.9% in 2022 (N = 47) to 65.4% in 2023 (N = 26), with negative feedback increasing from 3.2% to 15.4%. Further analysis into the factors contributing to this decline can be found in the [Provider Satisfaction Survey](#) section. Additionally, despite a slight decrease, the consistency in clinical decisions remained robust with positive feedback moving from 90.0% in 2022 (N = 42) to 88.5% in 2023 (N = 26).

These surveys provide crucial insights into both member and provider experiences. While member satisfaction with healthcare access and service interactions shows slight fluctuations, the overall positive outlook remains strong. These metrics underscore the importance of addressing provider concerns and maintaining high standards of interaction to continue meeting the needs of both members and providers in Magellan's UM process.

## UM/CM Program Effectiveness

The Utilization Management Committee (UMC), a subcommittee of the QIC, conducted an ongoing qualitative and quantitative analysis of utilization trends, authorization rates, and timeliness, member/provider appeals, member grievances, provider complaints, member/provider experience of care, POC reviews, etc. to ensure the sufficiency of the UM and CM program in meeting the needs of our members.

- Demonstrated strong adherence to the Wraparound Model of care within Magellan's operations in 2023, as evidenced by a review of 2,033 Plans of Care (POCs), achieving exceptionally high compliance in 15 of the 24 fidelity items, with rates reaching 98% or higher, reflecting the effective implementation of core Wraparound principles.
- In 2023, Magellan continued several initiatives, including Clinical Procedures, RCA Conferences, Enhanced Risk Youth Project, Weekly Inpatient Staffings aimed at members with complex or high-acuity needs. These initiatives aim to ensure an intense care management approach is employed when addressing acute clinical needs and risk behaviors.



- Magellan Care Managers completed fewer authorizations in 2023 (28,609) compared to 2022 (30,631), with a noticeable decline in overall authorization timeliness from 97.5% to 84.6%, falling 12.4 percentage points below the target.
- Compliance rates for authorization requests in 2023 varied by risk level, achieving 83.7% for routine and 99.4% for urgent requests, while no emergent authorizations were requested during the year.
- In 2023, Magellan processed 64 medical necessity determination (MNC) appeals with stable outcomes: 65.6% upheld, 9.4% partially upheld, and 25% overturned, demonstrating consistency in appeal decisions.
- Magellan reviewed 24 eligibility appeals in 2023, with 83% flagged for additional collaboration due to issues such as inadequate documentation. Enhancements in assessor training led to 13 adjusted ratings confirming eligibility, improving the reliability and accuracy of CSoC service access evaluations.
- In 2023, three State Fair Hearings (SFHs) were requested; outcomes included one withdrawal, one denial due to non-attendance, and one pending due to missing consent, underscoring the importance of procedural adherence in SFH processes.

Based on information reported above, the current UM/CM program is meeting the needs of CSoC youth and families. Magellan continuously engages with key stakeholders to understand and identify strengths and opportunities to improve the program to meet the needs of our members better. In 2023, actions taken to engage stakeholders included participation in quarterly CSoC Governance Board Meetings (representing the Department of Education, DCFS, OJJ, LDH, and member/family representative), providers and practitioners through monthly QI/clinical advisory committees, and an annual review of member feedback gathered through the experience of care and fidelity surveys.

As a result of the feedback gathered, Magellan will focus on enhancing the Unified Wraparound Model of Care in Louisiana through several strategic initiatives in 2024, as listed below.

- POC Improvement Training: This will involve refining the Plan of Care process with an emphasis on technology integration, team building, and improved care coordination.
- Effective Use of OPEEKA: Training will focus on maximizing the effectiveness of OPEEKA in care coordination and integrating natural supports into the care process.
- Accountability and Documentation: Efforts will be made to enhance documentation practices and develop strategies for effective data collection and tracking within the POC.
- Adherence to Clinical Procedures: The initiative will enforce rigorous clinical oversight, ensuring comprehensive attention to all aspects of a youth's health and behavioral needs, with a focus on accurate documentation as per CANS and IBHA standards.
- Case Management Synergies: Discussions will explore the integration of targeted case management with the wraparound approach to optimize care.
- Clinical Oversight Documentation: Guidelines will be established for robust documentation practices, covering aspects such as recording methods and documentation frequency.
- Coaching and Supervision Roles: Clear boundaries between coaching and supervision will be defined to improve management of Enhanced Risk Youth (ERY) cases and integrate coaching with quality assurance.

These initiatives are designed to bolster the effectiveness of the Wraparound Model of Care, aiming to create a more responsive, effective, and empathetic care model. Additionally, Magellan's Business Transformation and IT departments will review the TruCare platform for inefficiencies and performance improvement opportunities, continuing the commitment to enhance authorization processes and employee training.

# Patient Safety

A critical component of Magellan's Quality Improvement Program is ensuring that CSoC members can safely access and utilize behavioral health services. Magellan endorses the Institute of Medicine's six "Aims for Improvement" within healthcare: safe, effective, patient-centered, timely, efficient, and equitable care. In addition to the Quality of Care/Patient Safety policy, the CSoC Unit performs and monitors various activities designed to provide safe service and care for all youth and families. In addition to establishing 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. Patient safety is the responsibility of all Magellan staff and providers. Magellan's Medical Director, supported by the QI and Clinical Directors, oversees all patient safety and quality of care processes and initiatives.

Routine activities conducted in 2023 to address patient safety include:

- Qualified Licensed Mental Health Professional (LMHP) staff review members' needs and monitor inpatient/outpatient care to ensure members receive appropriate care in the least restrictive setting.
- Magellan Care Managers (CM) review initial assessments, reassessments, Plans of Care (POC), Crisis Plans, and medical and behavioral health histories to ensure individual needs are met continuously.
- All members are enrolled in intensive case management services overseen by Magellan CMs, with extensive experience and training in treating mental and behavioral health disorders. CMs ensure the coordination of care and services to all members at increased risk to themselves or others.
- Using clinical eligibility criteria established by LDH, all CSoC members are connected with a Wraparound Agency (WAA) and Wraparound Facilitator (WAF) that assists with developing and implementing a personalized Plan of Care.
- Member grievances can be filed by a member, member representative, or LDH and are reviewed to identify safety and Quality of Care (QOC) concerns. CSoC staff, facilities, or practitioners may also submit QOC concerns. Magellan physicians and CMs assess safety and quality of care concerns during every utilization management review and care coordination activity. The Medical Director reviews all potential patient safety and QOC concerns. If an investigation is required, it is conducted as specified in the CSoC Unit's Provider Performance Inquiry and Review Policy. The results are 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 any quality of care concerns may have impacted the incident and for which further action is required.
- Provider Inquiries and Reviews are conducted when a potential QOC issue is 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 the provider to identify opportunities for improvement.
- CSoC adopts/establishes Clinical Practice Guidelines and communicates them to practitioners and providers via the provider handbook, website, and newsletter articles. Practitioner adherence to guidelines is measured annually via Treatment Record Reviews. Reviews identify opportunities for improvement and give feedback to assist practitioners in identifying and implementing safer practices in the care and treatment of members.

- Magellan Clinical Practice Guidelines (CPGs) are reviewed annually to ensure criteria reflect the current evidence-based standards of care. The CSoC Unit closely monitors clinical reviews and determinations completed by Care Managers. Additionally, documentation quality is reviewed to ensure consistency and compliance with the published Magellan Care Guidelines.
- The CSoC Unit conducts inter-rater reliability reviews annually to ensure a shared understanding of Medical Necessity Criteria (MNC) and consistency in benefit determinations.
- Credentialing and re-credentialing activities are directed toward 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 comply with accreditation and MBHO criteria.
- The CSoC Unit establishes strict protocols for WAAs to encourage providers to communicate treatment and medication information with other behavioral health professionals treating the member and the member's Primary Care Physician to ensure treatment continuity and to avoid potential negative medication interactions. This expectation is communicated through the provider handbook, inserted into providers included with authorizations, through the treatment record review process, during feedback sessions, and by mailings encouraging members to allow communication between practitioners.
- Treatment Record Reviews (TRR) are conducted annually to monitor practitioner administrative and treatment record-keeping practices, adherence to clinical practice guidelines, and coordination of care activities. The TRR process identifies areas for improvement to promote and maintain safe practices.
- The CSoC Unit monitors network appointment accessibility against Magellan's established timeliness standards to ensure that members can be seen within appropriate time standards based on the urgency of need (emergency, urgent, or routine).
- Magellan ensures providers and members have 24-hour access to LMHP care managers and physicians seven days a week to assist members in accessing treatment and promptly address emergent and urgent needs.
- The CSoC Unit 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. Research indicates that success in ensuring timely aftercare reduces the probability of re-admission to a hospital.
- CSoC implements policies and procedures to facilitate smooth transitions for members when benefit eligibility changes or a previous provider is not in the Magellan network. Abrupt termination with providers or breaks in treatment can often leave members feeling abandoned and vulnerable, increasing the potential of risk to themselves or others.

Key patient safety indicators, including adverse incidents and quality concerns, are presented below. The indicators are reviewed quarterly in the CSoC QIC, and results are tracked and trended to identify improvement opportunities per Magellan's continuous quality improvement process.

## Adverse Incidents

Adverse incidents (AI) are defined as unexpected occurrences in connection with services provided through Magellan, including its subsidiaries and affiliates, which led or could have led to severe 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. The CSoC Unit's Quality Improvement Department tracks, reviews, and investigates adverse incidents. Reporting requirements are listed below:

- Providers must notify Magellan within 24 hours of the discovery of an adverse incident.
- Providers must report significant medication errors, events requiring emergency services, serious injuries or illnesses, elopements, seclusions, or restraints (chemical or mechanical/physical) when the event occurs during service provision for youth enrolled in CSoC.
- Providers must report incidents of death, suicide, suicide attempt, abuse, neglect, extortion, and exploitation, regardless of where it occurs, for youth enrolled in CSoC or discharged from CSoC within 180 days of the incident.

A Quality Improvement Department LMHP completes the following actions to process and report adverse incidents:

- The incident form is screened to assess the level of severity to ensure the safety and well-being of the individuals involved, referring any urgent clinical issues directly to the Medical Director (MD).
- Contact is initiated with the WAA within 48 hours of notification to ensure the youth's Child and Family Team (CFT) is aware of the incident and discusses the action plan for addressing the incident. When an incident involves physical health, pharmacy, and non-covered behavioral health benefits, Magellan's MCO Liaison notifies the youth's health plan for care coordination. Follow-up contact is made within fourteen calendar days of receipt of the incident to review the status of actions taken by the CFT to address safety issues and to provide clinical consultation to the WAA, as needed.
- Investigations are initiated and completed within twelve calendar days of discovery when sentinel events or incidents of abuse or neglect involving a provider are reported. A sentinel event is a subcategory of adverse incidents that result in death, severe harm, or permanent harm. Investigations of sentinel events are conducted under the direction of the CSoC Unit's Medical Director and the QOC Workgroup as specified in the CSoC Provider Performance, Inquiry, and Review Policy.
- Investigations are conducted to ensure that actions taken by the provider before and in response to the incident comply with Magellan's Clinical Practice Guidelines (CPGs), Medical Necessity Criteria (MNC), and Wraparound practice standards. Investigations include member interviews, provider and practitioner interviews, and treatment record reviews. The CSoC Unit reports individual-level remediation actions when an incident of abuse, neglect, exploitation, or death involving a provider is substantiated.

## Incidents by Type and Clinical Acuity

Tables 1 and 2 below detail incidents received in 2022 and 2023, including the number, type, and level of clinical acuity, followed by quantitative and qualitative analyses.

**Table 1. Adverse Incident Frequency Distribution**

Incident	2022	2023	Diff. from 2022
Mechanical/Physical Restraint Use	20	2	-18
Protective Hold	2	1	-1
Chemical Restraint Use	10	0	-10
Seclusion	6	1	-5
Abuse	37	25	-12
Neglect	33	23	-10
Exploitation	0	0	0
Extortion	0	0	0
Serious Injury	9	7	-2

Incident	2022	2023	Diff. from 2022
Suicide attempt	5	0	-5
Suicide	0	0	0
Death – Medical/Environmental	2	4	2
Total Adverse Incidents	124	63	-61

**Table 2. Adverse Incident – Clinical Acuity**

	2022 (N = 3,913)		2023 (N = 3,785)		Comparison to Prior Year
Type	Number	Rate per Thousand	Number	Rate per Thousand	Number
Suicide	0	0	0	0	0
Suicide Attempt	5	1.3	0	0	-5
Non-BH/SU Related Death	0	0	1	.3	+1
Total Rate Per Thousand	5	1.3	1	.3	-4

## Analysis

Comparison of the Adverse Incident Frequency Distribution for 2022 and 2023 reveals notable changes. All incident categories saw declines, with the total number of adverse incidents falling from 124 in 2022 to 63 in 2023, a decrease of 61 instances. In 2022, there were 20 incidents of mechanical and/or physical restraint use. Through investigating the 2022 incidents, Magellan took steps to ensure providers understood directives against physical restraint use. This education proved effective, with only two incidents of restraint use reported in 2023, a decrease of 18. Similarly, protective hold incidents decreased from 2 to 1 and chemical restraint use incidents declined from 10 to 0. Similarly, seclusion incidents declined from 6 in 2022 to 1 in 2023.

Regarding abuse, the number of reported incidents fell from 37 in 2022 to 25 in 2023, a decrease of twelve occurrences. Reported incidents of neglect were also reduced from the previous year, falling from 33 to 23. There were no incidents of exploitation or extortion reported in either year. Serious injury incidents decreased from 9 in 2022 to 7 in 2023, while incidents of attempted suicide were reduced from 5 to 0. However, there was a rise in the number of deaths resulting from medical or environmental causes, increasing from 2 incidents in 2022 to 4 in 2023. These four deaths were comprised of one incident involving death from existing physical health conditions, one from a suspected drug overdose, and two resulting from community gun violence. Qualitative analysis of specific incidents provides insight into the clinical acuity of members and the response of providers to these serious events. A comprehensive systemic analysis concluded that causal factors were not attributable to any providers serving the youth or family.

By examining adverse incidents both quantitatively and qualitatively, it is possible to evaluate Magellan's responsiveness and adherence to care standards and best practices. While any occurrence of an adverse incident is unfavorable, the significant decrease in the number of incidents from the previous year is strong evidence of Magellan's commitment to member safety.

## Incidents Involving Providers

Table 3 displays the number and percent of substantiated adverse incidents that involved a contracted provider or provider staff from 2022 through 2023. In 2022, there were no substantiated incidents involving licensed or certified providers. In 2023, however, there was one substantiated adverse incident. Following substantiation,

Magellan completed an investigation within the specified 12-day timeframe, which yielded one provider corrective action plan.

**Table 3. Substantiated Incidents Involving Licensed/Certified Providers**

Indicator	Measure	2022	2023
Substantiated Incidents involving Licensed/Certified Providers	Number	0	1
Investigations conducted by Magellan within 12 calendar days of discovery	Number	0	1
	Percent	N/A	100 %
Provider corrective actions that occurred within 30 calendar days of discovery	Number	0	1
	Percent	N/A	100 %

### Analysis

In early 2023, a report of an adverse incident involving an inpatient provider was received. The incident involved a hospitalized CSoC youth being abused by another patient. Magellan's Clinical Supervisor was promptly notified of the incident by the youth's Wraparound Agency, and subsequent actions were taken, including informing the CSoC Medical Director and initiating an investigation. The provider shared the Health Standards Section (HSS) report documenting the incident.

Magellan's investigation included a review of the youth's hospital treatment records, the HSS report, Magellan's internal member records, and interviews with relevant parties, thus demonstrating a comprehensive, multi-faceted investigation process. Magellan completed its investigation on 1/24/2023, the findings of which were presented to the CSoC Unit's Quality-of-Care Workgroup. The workgroup classified the provider's response to the incident as a grade-three Quality-of-Care Concern. As a result, Magellan placed the provider on hold from new admissions and initiated corrective actions as outlined in the Provider Performance Inquiry and Review Policy.

Magellan prioritizes member safety and provider accountability. The quantitative data below highlights an increase in substantiated incidents involving providers in 2023 from the previous year.

**Table 4. Adverse Incident Performance Measures**

Indicator	Measure	2022	2023	Comparison to Prior Year (in # or % Pts.)
Total Incidents Referred to Contractor Timely	Denominator	124	63	-61
	Numerator	114	50	64
	Percent	91.9%	79.4%	-12.5%
Abuse Incidents Referred to DCFS or Protective Services Timely	Denominator	70	48	-22
	Numerator	69	48	-21
	Percent	98.6%	100%	+1.4%

In 2022, 114, or 91.9% of incidents were referred to Magellan in a timely manner (N = 124). In comparison, 50, or 79.4% of incidents were reported timely in 2023 (N = 63). It should be noted that the 2023 denominator, or total number of adverse incidents, was nearly half that of 2022. In the category of Abuse Incidents Referred to DCFS or Protective Services Timely, 2022 saw 70 total incidents, with 69 reported timely. In 2023 the number of abuse incidents decreased to 48, all of which were referred timely to the appropriate protective service. This sustained high level of timely referral of instances of abuse demonstrates Magellan's continuous commitment to member safety.

The increase in the percentage of abuse incidents referred to DCFS or other protective services timely in 2023 suggests that Magellan's processes effectively improved this specific aspect of reporting. However, the decline in total incidents referred to Magellan timely indicates that further intervention is needed. Several provider and WAA barriers were identified that contributed to this decline including:

- Delays in supervisory review
- Inconsistent training processes
- Variability in staff knowledge regarding policies and procedures
- Absence of a reporting feedback loop
- Absence of internal provider quality monitoring for this standard
- A misconception among staff that internal agency incident report submissions were sufficient
- The omission of training on this standard from onboarding processes

For one Wraparound Agency in particular, Magellan recognized a trend of delayed reporting and oversaw corrective actions including staff training, attestation to understanding reporting requirements and procedures, and implementation of monthly incident reviews. Additionally, Magellan conducted several interventions in 2023 targeted at all agencies:

- Publishing accessible adverse incident training on the Magellan of LA website
- Educating and aiding providers in recognizing reportable incidents and proper documentation
- Issuing reminders and providing technical assistance to enhance reporting efficiency

In 2024, Magellan will continue to monitor and improve timely reporting and referral of adverse incidents through outreach and collaboration with wraparound facilitators.

## Quality of Care

A Quality of Care (QOC) concern describes an incident in which the care rendered by a provider does not meet a professionally recognized standard of health care or follow evidence-based care guidelines. Any CSoC Unit staff, facility, practitioner, or member/member representative can identify QOC concerns. Concerns are classified according to adverse effects (harm) to the member as described below.

- **Grade 1.** Quality of care concern(s) identified with minimal potential for an adverse effect on the member but, when identified as part of a pattern, could indicate an issue at the provider or system-level
- **Grade 2.** Quality of care concern(s) identified with moderate potential for harm but that did not result in an adverse effect on member



- **Grade 3.** Quality of care concern(s) identified with significant/probable potential for adverse effect on member or did result in harm to the member

The CSoc Unit Medical Director chairs the CSoc QOC Workgroup, which oversees and monitors activities implemented by the CSoc Unit to address quality of care concerns. A Quality Department LMHP conducts the inquiry process, and determinations are made based on the findings of Treatment Record Reviews, site visits, other clinical and policy reviews, and the review of corrective action plans, if applicable. If a concern is substantiated, the QOC Workgroup ensures that provider corrective action plans are implemented and addresses identified concerns effectively.

The resolution and closure of QOC concerns depend on the effectiveness of corrective actions in addressing the root causes and maintaining sustained improvements. Measuring a provider's plan's effectiveness involves verifying the implementation of proposed actions and ensuring they significantly minimize the likelihood of similar future incidents. This verification is carried out by Magellan's Clinical Reviewer, who conducts a record review using a specialized monitoring tool. This tool is instrumental in examining any revisions made to policies and procedures. Magellan's QOC Workgroup makes the final determination of the concern's status based on the results obtained from the tool.

## Results

In 2022 and 2023, one case in the "Adequacy of Program" category was reported. The provider types associated with these concerns were a Wraparound Agency in 2022 and an inpatient facility in 2023. As indicated in Table 7, the 2023 actions required to address QOC concerns were implementing corrective actions with a change to referral status and the termination of a provider from the network. Table 8 provides a monthly examination of the status of QOC concerns and shows that one was carried over from the previous year. The number of open concerns remained low throughout 2023, with the opening of only one concern in January and the closure of one in October.

Regarding the QOC concern opened in 2022, Magellan maintained vigilance in monitoring the involved Wraparound Agency, NCFS, in 2023. The year began with the agency finalizing its quality monitoring plan in January, followed by trial monitoring activities for tool refinement. Collaborative efforts in February focused on updating monitoring plan specifics, and in March, compliance issues were addressed through ongoing technical support, barrier analysis, and process flow revisions. In subsequent months, Magellan observed the agency's continuous quality monitoring, resulting in notable improvements in clinical procedures, supervision, and face-to-face contact. Despite these improvements, Magellan addressed compliance issues prompted by a grievance inquiry in July. In August 2023, NCFS decided to exit the network effective October 31, 2023. Magellan promptly began transition planning with the Louisiana Department of Health, ensuring seamless transfer of services and continued high-quality care. Monthly updates and oversight by Magellan's Quality of Care Workgroup continued, concluding in October with the closure of this QOC concern.

The singular new concern in 2023 originated from a substantiated incident within an inpatient facility where a patient-to-patient sexual assault occurred. This event prompted Magellan's Quality of Care Workgroup to categorize it as a grade 3 quality of care concern, leading to the institution of a "hold" from new admissions effective February 2023. Additionally, Magellan requested that the facility conduct a comprehensive systematic analysis to identify causal factors. Simultaneously, the facility was required to develop a corrective action plan addressing root causes and deficiencies in documentation.



Additional requests included submitting a revised report to the LDH Health Standards Section (HSS) and a sentinel event report to The Joint Commission (TJC). While the facility complied with these requests, the hold remained in place until the facility could show evidence of completion of TJC's Sentinel Event Measure(s) of Success (SE-MOS) Report and TJC's confirmation of intervention effectiveness. The facility was also mandated to submit a similar report to Magellan, detailing corrective actions for deficiencies unrelated to the sentinel event.

In December, the facility submitted evidence of the SE-MOS report to TJC and TJC's response. TJC directed ongoing monitoring due to an overall compliance rate below 90%; the facility's next SE-MOS report is due to TJC on or before April 16, 2024. Recognizing the facility's failure to meet TJC requirements and failure to show evidence of intervention effectiveness for other identified deficiencies, Magellan maintained the hold on new admissions. A thorough evaluation by Magellan's Regional Network Credentialing Committee (RNCC) will determine if the hold will be lifted once all requested documentation is received.

## Clinical and Quality Oversight

Throughout 2023, Magellan conducted random record reviews for high-volume inpatient facilities to ensure compliance with previously identified areas for improvement and industry standards. While no outstanding quality of care issues were identified during these reviews, Magellan provided technical support as needed. The ongoing collaboration through these reviews fosters a transparent and supportive relationship between Magellan and inpatient providers. This approach is believed to have contributed to the low number of quality of care concerns identified in 2023. Magellan's Quality of Care Workgroup, led by the CSoC Unit's Medical Director, will continue to meet at least monthly to oversee and monitor all quality of care activities throughout 2024.

Magellan made significant efforts to ensure that WAA staff, especially facilitators who routinely engage directly with youth and families, have firm guidance on procedures related to member hospitalization. The "Risk and Safety Procedure" within Magellan's Clinical Procedures Initiative is a cornerstone intervention for CSoC youth, developed collaboratively by Wraparound Agencies and CSoC Directors. This procedure aligns with clinical guidelines and evidence-based practices, offering a standardized yet flexible approach for each unique situation. It focuses on prompt response in cases of acute risk, such as suicidal or homicidal ideations or behaviors, necessitating immediate consultation with a Licensed Mental Health Professional (LMHP) to determine the necessary level of care.

Post LMHP consultation, a detailed Safety and Risk Summary is developed, and the Plan of Care (POC) is updated to address all aspects of the youth's mental health needs. The procedure not only caters to emergency situations, but also extends to youth with a history of mental health challenges, offering guidelines for assessing emergent safety concerns and identifying suicidal or homicidal thoughts.

Additionally, the Child and Family Team (CFT) plays a crucial role, tasked with overcoming barriers to treatment adherence and developing or updating a comprehensive crisis plan that addresses all risk factors and assigns specific actions to natural and informal supports.

In September 2023, Magellan conducted the "Safety and Risk Clinical Procedure Training," which saw participation from Magellan, LDH, and Wraparound Agencies. The goal of the training was to enhance understanding and implementation of the Safety and Risk Clinical Procedures, focusing on risks of suicide and homicide among youth, creation of crisis plans, and adopting evidence-based practices. The training was augmented by media that included personal stories of those impacted by suicide and guidance for developing an effective crisis plan. It received high satisfaction ratings, with 8.8 out of 10 on the RISE platform and 8.5 out of 10

on the ZOOM platform. Furthermore, 72.5% of the respondents reported applying the learned procedures in their work, demonstrating the training's practical impact.

Following this, the September/October All-Assessor forum focused on applications of the "Safety and Risk Clinical Procedure" when completing assessments. The call was attended by assessors from various CSoC Regions, including representatives from LDH and Magellan's Independent Evaluators. The session was comprised of an analysis of suicide rates and statistics among Louisiana youth, the role of the CANS and IBHA in the development of effective Crisis Plans, and an in-depth discussion of rating guidance for CANS risk items. Concluding the session, a case study involving youth with significant risk factors was reviewed and collaboratively rated based on expanded CANS guidance.

Magellan's Clinical Team uses the POC Review Tool for ongoing quality monitoring, as depicted in Table 8. In 2022, 98.8% of youth (3,262 out of 3,303) had risk behaviors addressed in their POCs, and in 2023, the compliance rate was 96.8% (1,968 out of 2,033 youth). Additionally, safety concerns were effectively addressed in 96.9% of POCs in 2022 and 98.6% in 2023.

When deficiencies are identified in one or both of the items above, Magellan implements a remediation process swiftly address gaps. Central to the remediation process is ensuring strategies are swiftly added to the plan to address risk behaviors and safety needs. To accomplish this, Care Managers pend or abbreviate the Wraparound Agency authorizations (not associated with behavioral health services) for up to 90 days, so that necessary updates or corrections can be made. Corrected plans are reviewed by the Care Manager to verify appropriate strategies are included prior to building the full 180-day authorization. This process ensures that POCs adequately addresses concerns, thereby enhancing overall patient safety for the youth and family.

**Table 8. POC Review Tool – Safety and Risk Items**

Indicator	Year	Total Reviewed	Not Applicable	Applicable	Yes / Rated 3+	Percent
Risk behaviors addressed	2022	3,303	0	3,303	3,262	98.8%
	2023	2,033	0	2,033	1,968	96.8%
Safety concerns addressed	2022	3,303	651	2,794	2,706	96.9%
	2023	2,033	509	1,909	1,883	98.6%

Discharge outcomes in 2023 showed substantial reductions in risk behaviors among discharged youth, indicating the effectiveness of these interventions. Among 1,156 discharged youth, the prevalence of self-harm decreased from 6.83% initially to 2.77% at discharge, danger to others from 21.37% to 8.82%, and suicide risk from 14.88% to 6.31%. These results underscore the positive impact of the Risk and Safety Procedures on youth safety and well-being.

## Looking Forward

In 2024, Magellan is committed to continuing its support in connecting clinicians within its network and externally, with opportunities to enhance their awareness and skills in managing risk behaviors. In February 2024, Magellan notified providers of a comprehensive continuing education series organized by the Office of Behavioral Health for licensed behavioral health professionals. The series includes the "Collaborative Assessment and Management of Suicidality (CAMS)" training led by Ray Tucker, Ph.D., scheduled for Wednesday and Thursday, June 5-6, 2024.

This two-day training series offers fourteen Continuing Education (CE) hours, with seven hours of instruction each day. Dr. Tucker's training will focus on CAMS, a well-recognized therapeutic framework designed specifically for suicide-specific assessment and treatment. CAMS is recognized for its effectiveness in reducing suicidal thinking and meets the CDC's criteria as a well-supported intervention.

The CAMS framework is known for its flexibility, allowing it to be utilized across various theoretical orientations and disciplines. It applies to a wide range of suicidal patients and is suitable for different treatment settings and modalities. This training will provide participants with in-depth knowledge and skills to effectively assess and manage suicidal risk in patients, contributing significantly to improving patient outcomes in suicide prevention.

# Behavioral Continuum and Behavioral/Medical Integration Activities

Magellan implements policies and procedures to ensure coordination across the behavioral health continuum of care and integration with medical plans to support a whole-person model of care. Many of the policies and procedures implemented by the CSoC Unit were customized to ensure customer requirements are met, allowing qualifying youth to seamlessly transition between their Managed Care Organization (MCO) and Magellan's CSoC program.

As the CSoC Contractor, Magellan administers a specialized behavioral health plan for a small subset of SED/SMI youth and adolescents within the larger Medicaid-eligible population (i.e., 2,900 youth and families). MCOs are responsible for administering and managing physical, behavioral health, and pharmacy benefits for the remaining Medicaid youth and adult population.

In 2023, there were six MCO plans contracted by LDH and Medicaid to manage over one million Louisiana residents eligible for Medicaid benefits. Once a youth is enrolled in CSoC, the MCO continues to manage physical and pharmacy benefits and residential behavioral health and substance use disorder services. At the same time, Magellan administers specialized behavioral health services, including inpatient and outpatient levels of care and waiver support services.

Magellan collects and integrates data to identify opportunities to improve coordination of behavioral healthcare services. This data is collected during critical points of treatment and at discharge from all practitioners and providers participating in the treatment team. This section reviews activities conducted in 2023 to support coordination across the behavioral health continuum and integration of medical activities.

## Continuity and Coordination at Transition of Care

In the Louisiana system of care, Medicaid utilizes an integrated model of care in which the youth's Managed Care Organization (MCO) plan manages behavioral health, physical health, and pharmacy benefits. CSoC is a specialty behavioral healthcare program that requires Magellan, as the LDH CSoC Contractor, to assume responsibility for managing behavioral health services during the youth's enrollment in CSoC. Although Magellan does not have a direct contractual relationship with the MCOs, Magellan is contractually required to employ an MCO Liaison dedicated to supporting members as care is transitioned between their MCO and Magellan.

The transition process is initiated when Wraparound Agencies provide documentation for each discharged youth, including their most recent CANS assessment, Plan of Care, and discharge form. Once cases are reviewed, Magellan's MCO Liaison completes a detailed weekly discharge agenda and sends it to the MCO representative electronically. Following this, a discharge call is led by the liaison and attended by representatives from the MCOs.

Often, after transition, members may be more vulnerable to setbacks. For this reason, Magellan employs a robust medical and clinical oversight system as youth are transitioned from the CSoC program back to their MCOs. The Medical Director exercises oversight of all discharges of youth with medical or psychiatric complexities. In 2023, there were 2,192 CSoC youth disenrolled and transitioned back to their respective MCO for continued services,

treatments, and case management. Magellan tracks this coordination and gathers data including the following: youth's name, DOB, Managed Care Organization (MCO), physical health care coordination category type (i.e., Physical health CM referral, PCP needed, Medication assistance, Pregnancy, Parenting, treatment/Provider assistance requested, and interpreter services for medical appointments), and dates sent/resolved. Additionally, Magellan regularly collaborates with Health Plans and Wraparound Agencies via phone calls and emails. The MCO liaison also supports CSoC members in addressing issues in accessing physical health services, residential behavioral health services, and pharmacy benefits when identified. Coordination of care activities is conducted with MCOs in the following situations:

- When families initiate referrals to CSoC through their health plan, the health plan gathers information, including current and recent providers/service utilization, medication, and living setting, during the referral call and provides that information to Magellan via email real-time while on the call.
- Magellan meets with each MCO, including the HLP Care Coordination Liaison and a health plan representative, to discuss youth discharging from CSoC and transitioning back to their health plan.
- Written documentation is provided by Magellan to the receiving health plan when a member disenrolls. This includes the most recent CANS, discharge POC, and discharge form that includes current providers and authorization needed for continuity of care purposes.
- Coordination is provided when members have difficulty accessing prescribed medications, have an ongoing medical condition, or have increased complexity that may warrant a referral to a medical specialist.
- Coordination occurs when the health plan identifies a new behavioral health need while managing medical care.

In 2023, Magellan's dedicated MCO Liaison continued the critical role of fostering collaboration with the six managed care organizations that serve Louisiana Medicaid youth and families. Below are specific actions and activities undertaken in 2023 to ensure the best possible outcomes for CSoC youth in Louisiana:

- The MCO Liaison conducted weekly calls with all six MCOs throughout 2023.
- In January, Humana joined the MCO Network serving Louisiana Medicaid enrollees. An onboarding training was held in the first quarter of 2023 to familiarize the organization's representatives with the purpose and principles of the wraparound model.
- In 2023, Magellan identified that several organizations hired new individuals to serve as their liaisons to CSoC. Recognizing that many of these individuals were unfamiliar with the program, the MCO Liaison conducted trainings with each of the six MCOs to introduce the CSoC program and wraparound principles, explain the referral process, describe the services available to members, familiarize them with key Magellan staff, and educate them on the critical role of coordination of care in the long-term success of youth and families.
- Magellan's MCO Liaison recognized that the usefulness of weekly discharge calls could be enhanced by updating the workflow to include more clinical and practical information. Calls now include case overviews, with the MCO Liaison summarizing each discharging youth's reason for referral and referral source, progress made while in the program, services received, level of success and reason for discharge, and any known issues or triggers that might negatively impact the youth and family's transition. Additionally, MCOs are encouraged to re-refer youth to the CSoC program in cases of decompensation or the emergence of new needs.
- In 2023, the call workflow was enhanced to include a special focus on youth that discharge from the CSoC program within the first 30 days of referral. Magellan recognizes that, when this happens, the youth may be at an increased risk of re-hospitalization or other out of home placement. Discharge from CSoC during this presumptive period typically occurs because the procedures required for enrollment, such as the initial

assessment and development of the Plan of Care, are not completed. The MCO Liaison facilitates examining barriers preventing full enrollment and what can be done differently in the future.

- Magellan identified that one MCO, Healthy Blue, referred fewer youth to CSoC than other organizations and reached out to identify any barriers. It was pinpointed that the Healthy Blue liaison lacked familiarity with the wraparound agencies and the services offered through CSoC. To remedy this, Magellan's MCO Liaison facilitated calls between the MCO representative and each wraparound agency in August 2023. These calls were attended by the Wraparound Clinical Directors for each region, who provided education on CSoC processes and discussed their relationships with local providers and resources.
- In 2023, Magellan facilitated nineteen multi-agency meetings for youth identified as needing enhanced coordination. In addition to MCO representatives, these meetings were attended by individuals or organizations playing a key role in the welfare of the discharging CSoC youth and family. Attendees included representatives from Wraparound Agencies, LDH, DCFS, OCDD, and OJJ.

Magellan is dedicated to the continuous improvement of processes that directly impact the long-term success of members. In 2024, Magellan's member-centered approach to identifying barriers and enhancing the quality of coordination efforts will continue. Below are barriers identified in the past year and the interventions that Magellan will undertake to address them.

- Within the scope of the 2023 standard operating procedures, it was recognized that enhancements in the coordination process were necessary. While a census of youth currently hospitalized is sent to each MCO daily, the MCO Liaison identified that most MCOs do not regularly review it. This report could be an invaluable resource in proactively coordinating care, allowing discharge planning to begin at admission. In 2024, the MCO Liaison will hold meetings with each organization to determine what barriers exist and how this report can be tailored to their specific needs. The liaison will then collaborate with the Quality Improvement team to make report modifications.
- A key role of the MCO Liaison is to coordinate referrals to Psychiatric Residential Treatment Facilities (PRTF) when deemed necessary by a youth's treatment team. In 2023, Magellan's MCO Liaison identified that some referring agencies would benefit from education about the Medical Necessity Criteria for this level of care. In 2024, Magellan will develop an educational training on the referral criteria and process for PRTF. This training will be presented to organizations that routinely request PRTF services, such as DCFS and OJJ.
- In addition to transition planning, meetings with MCOs to coordinate care of youth with medical complexities, multi-agency involvement, or repeated hospitalizations are conducted as needed. In 2024, Magellan will enhance its tracking of these coordination efforts. Data gathered will include the reason for coordination, youth demographic and regional information, agency involvement, attendees of coordination calls, planned interventions, and outcomes. The systematic analysis of this data will elucidate patterns and trends in the needs of youth transitioning out of the Coordinated System of Care.

In 2023, Magellan's dedicated collaboration endeavors succeeded in enhancing relationships with the state's health plans, improving transition workflows, and streamlining care. Efforts in the coming year will focus on ensuring that the wraparound principle of collaboration remains central to the relationship between Magellan and Louisiana's Managed Care Organizations.

## Coordination of Care between WAAs and Formal Providers

Magellan has policies and procedures to ensure collaboration between Wraparound Agencies (WAAs) and treating providers that promote care coordination for youth across the behavioral health continuum. WAAs must share the youth's current Plan of Care (POC), Individual Behavioral Health Assessment (IBHA), and CANS with the

youth's primary care physician, all providers authorized on the youth's POC, and any other treating behavioral health providers. The shared documents must be retained in the youth's record/chart.

Magellan's treatment record reviews monitor this coordination of care. Data is collected quarterly from Wraparound Agencies and at least annually from provider agencies through Treatment Record Reviews (TRRs). Magellan offers ongoing training and technical assistance for both Wraparound Agencies and providers. Magellan provides education on the importance of collaboration and communication surrounding youth care. Ongoing training is provided via bi-monthly all-provider calls led by Network Management Specialists, monthly visits with WAAs by Wraparound Coordinators, and through pre- and post-treatment record reviews led by Magellan's Licensed Mental Health Professional (LMHP) Clinical Reviewer.

The table below shows the TRR item results evaluating compliance with Magellan's coordination of care requirements for the past two years. In 2023, 94.6% of reviewed records were compliant (N = 354), a nominal decrease from the previous year. In 2022 and 2023, compliance scores were well above the minimum performance threshold of 80%, indicating the effectiveness of care coordination with Wraparound Agencies and formal behavioral health providers.

**Table 1. Treatment Record Review Results**

Element	Year	# of Compliant Records	Total Records Reviewed	Percent
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.	2022	367	384	95.6%
	2023	335	354	94.6%

## Coordination of Care – Provider Termination

If a provider leaves the network for any reason, Magellan acts in accordance with the Provider Contract Termination or Changes Procedure to minimize any interruption in care and facilitate member transition to a different provider. Active assistance is provided as soon as Magellan is notified of a provider termination. Authorization and claims data are used to identify those affected. The guardian is contacted by mail and telephone no more than fifteen business days after receiving the termination (or immediately if Magellan is notified less than fifteen days before the provider's termination date). The provider termination letter includes information on selecting a new provider and Wraparound Coordinators outreach to affected families via telephone, making at least three contact attempts.

If telephone contact is made with the youth's guardian, individualized assistance in selecting a new provider occurs. If the guardian chooses to select a new provider over the phone, they are warm-transferred to a Magellan Care Manager who confirms their choice. Then, a Magellan Care Worker builds an authorization for the new provider and notifies the Wraparound Agency of the update. The guardian may instead consult with the youth's Child and Family Team (CFT). The guardian then notifies the WAA of this choice, and Magellan issues authorizations for the provider when an updated POC is received. Wraparound Agencies may request expedited transition authorizations telephonically or by email before the next CFT to ensure no gaps in care. Additionally, if a youth is in active treatment with a terminating provider who is remaining open, 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.



The table below presents the number of youth with open authorizations for services following provider terminations in 2022 and 2023. In 2023, Magellan supported the transition of care for 90 youth post-provider termination, marking an increase of 48 youth over the previous year. A closer examination of the monthly data reveals that this increase is mainly attributable to the termination of a single provider in June, impacting 40 members. This termination occurred after Magellan found that the provider had been added to the Medicaid exclusion list, which is continuously monitored, resulting in the provider's immediate termination.

**Table 2. Member Engagement for Providers Leaving the Network**

Month	2022			2023		
	Number of Affected Members	Number of Timely Notices	Rate of Timely Notice	Number of Affected Members	Number of Timely Notices	Rate of Timely Notice
January	0	N/A	N/A	9	9	100%
February	6	6	100%	19	19	100%
March	0	N/A	N/A	2	2	100%
April	0	N/A	N/A	2	2	100%
May	0	N/A	N/A	0	N/A	N/A
June	0	N/A	N/A	40	40	100%
July	0	N/A	N/A	0	N/A	N/A
August	3	3	100%	0	N/A	N/A
September	27	27	100%	0	N/A	N/A
October	0	N/A	N/A	0	N/A	N/A
November	6	6	100%	0	N/A	N/A
December	0	N/A	N/A	18	18	100%
Total	42	42	100%	90	90	100%

Youth enrolled in CSoC do not have benefit limits. All services for youth enrolled are individualized and authorized based on the Plan of Care created by each youth's CFT. Magellan assists youth transitioning from pediatric to adult care in several ways, including assisting with warm transfer to their MCO for linkage and continued coordination to adult services by the dedicated health plan liaison. Also, Magellan's MCO Liaison (in consultation with Medical and Clinical Directors) provides coordination during the transition of care. The plan for transition to adulthood, including Medicaid expansion provisions, is continuously monitored on youth's POC. Detailed procedures are as follows:

Youth discharged from CSoC because they turn twenty-one are transitioned back to their Healthy Louisiana Plan for a transition to appropriate adult services. Their MCO is notified of the reason for discharge, and the youth's discharge POC and CANS are shared. Due to COVID-19 eligibility allowances, youth were not required to transition back to their MCO because of age in 2022.

Beginning at age nineteen 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 includes services identified through the CFT process to aid in the transition to adulthood. A licensed Care Manager reviews the transition to adulthood plan using the Plan of Care Review Tool. Before waiver requirement changes that went into effect July 1, 2022, a transition plan was required for youth beginning at age fifteen.



Youth approaching adulthood are monitored for Medicaid Expansion eligibility at the time of referral and during CSoC enrollment. There are different, more stringent clinical eligibility criteria for young adults eligible for Medicaid Expansion. Both the WAA and Magellan closely monitor these members' clinical and financial/administrative eligibility to ensure they continue accessing needed behavioral health services through CSoC or their assigned MCO health plan.

Louisiana Medicaid retains the ultimate authority in determining eligibility. When a member loses Medicaid eligibility, after working with the state Medicaid agency and the WAA to exhaust all avenues of retaining eligibility, the member is disenrolled from the CSoC program. Magellan and the WAA connect the member with treatment providers who provide low or no-cost services, such as Federally Qualified Health Centers, Rural Health Clinics, and Local Governing Entities in their area, and assist with obtaining appointments when necessary. Please see the Children and Adolescent Members section of the Population Assessment for more information on actions taken by Magellan to support transition-aged youth.

## Continuity and Coordination between Behavioral Healthcare and Medical Care

The CSoC Unit collaborates with its health plan partners to monitor and improve coordination between behavioral health and medical care providers. This collaboration includes exchanging pertinent medical and behavioral health histories and diagnoses, appropriate use of pharmacological medications, treatment referrals, access to follow-up care, and information related to coexisting medical disorders or special needs of members with persistent mental illness.

### Magellan Coordination with Primary Care Physicians

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

- At the time of initial referral, if the caller indicates that the youth does not have a PCP, upon completion of the call, the referral form is sent back to the youth's health plan for their assistance to outreach and assist the family in locating one.
- At each POC review, a Magellan Care Manager assesses whether a youth has a PCP and if the POC addresses health needs. 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.

### Provider Coordination with Primary Care Physicians

A comprehensive provider monitoring framework is in place to ensure effective coordination between Magellan network providers and members' Primary Care Physicians (PCPs). This framework includes Treatment Record Reviews (TRRs), which are essential in evaluating the integration and effectiveness of care. The specific procedures for conducting these TRRs and the detailed sampling approach are outlined in the next section.

Conducting TRRs facilitates quality monitoring of provider coordination with PCPs for two primary provider groups: Wraparound Agencies and formal behavioral health providers. The results are compared to the minimum performance threshold of 80% and a goal of 85% compliance. This monitoring ensures providers maintain high standards of care and that services provided by Magellan's network are well-coordinated with the youth's PCP.

### Formal Behavioral Health Providers

Table 3 outlines the results of reviews conducted with formal behavioral health providers, which focused on identifying the youth's PCP and obtaining consent to communicate with them, a critical component of coordinating care. In 2023, the Behavioral Health Record Review Results for PCP Coordination of Care demonstrated notable progress in various areas compared to 2022. Notably, the compliance rate for documenting whether a member has a PCP remained 100% in both years, with all records reviewed (65 in 2022 and 43 in 2023) meeting this criterion.

There was a significant improvement in recording PCP contact information, with the compliance rate increasing from 94.4% (51 out of 54 records) in 2022 to 100% (33 records) in 2023. Additionally, compliance with the "Release of Information signed or refusal noted for communications with PCP" component improved from 86.5% in 2022 to 92.9% in 2023. These results reflect a positive trend in adhering to PCP coordination of care standards, particularly in documenting PCP contact information and managing the release of information.

**Table 3. Behavioral Health Record Review Results – PCP Coordination of Care**

Element	2022			2023		
	# of Compliant Records	Total Records Reviewed	Percent	# of Compliant Records	Total Records Reviewed	Percent
The record documents that the member was asked whether they have a PCP.	65	65	100%	43	43	100.0%
PCP's contact information is documented in the record, if applicable.	51	54	94.4%	33	33	100.0%
Release of Information signed or refusal noted for communications with PCP, if applicable.	45	52	86.5%	26	28	92.9%

### Wraparound Agencies

Table 4 presents the results of the WAA Record Review conducted in 2022 and 2023. In 2023, 92.4% of records showed evidence that the WAA attempted to obtain authorization for PCP communication (328 compliant out of 355 records reviewed), slightly lower than the previous year, yet surpassing the goal by 7.4 percentage points.

The compliance rate for WAA communication with PCP after the initial assessment was 93.2% (331 compliant out of 355 records reviewed), a nominal decline that still surpassed the goal by 8.2 percentage points. The element

"Evidence of PCP communication at other significant points in treatment" showed a notable improvement with a 98.3% compliance rate (118 compliant out of 120 records reviewed), an increase from 2022 and substantially higher than the target goal.

In summary, the 2023 data reflects the ongoing diligence of WAAs in maintaining and enhancing the standards of PCP coordination of care, mirroring the success levels in 2022 and markedly surpassing the established compliance goal.

**Table 4. WAA Record Review – PCP Coordination of Care**

Element	2022			2023		
	# of Compliant Records	Total Records Reviewed	Percent	# of Compliant Records	Total Records Reviewed	Percent
Evidence of provider request of consumer for authorization for PCP communication.	372	386	96.4%	328	355	92.4%
PCP communication after initial assessment/evaluation.	369	386	95.6%	331	355	93.2%
Evidence of PCP communication at other significant points in treatment.	46	48	95.8%	118	120	98.3%

## Discussion

In the complex system of care, effective communication and collaboration with Primary Care Physicians (PCPs) are essential for delivering comprehensive and integrated care. However, various barriers can hinder this coordination, impacting the quality of care provided to patients. The list below outlines specific challenges in coordinating with PCPs, as identified by the Quality Improvement Committee. These challenges were informed by pre- and post-interviews conducted with providers and targeted interventions designed to overcome these obstacles. This approach aims to enhance the overall efficacy of patient care and coordination.

## Barriers

- Most providers understood the necessity of collecting informed consent and the importance of obtaining Authorizations to Use or Disclose (AUD) protected HIPAA information. However, Magellan noted that some providers did not routinely obtain these releases at intake, opting to collect them as needed, either upon the member's request or as dictated by treatment needs.
- Other providers had a standardized process for collecting AUDs but lacked a procedure to ensure the completion of all necessary components of the AUD. In such instances, records often contained an AUD that was either signed but not dated or lacked an identified entity authorized to obtain/release information on behalf of the member. This led to these records being scored unmet in this section.
- Some providers showed a lack of clarity regarding HIPAA regulations. While they attempted to collect an AUD, it was found that the provider's form was invalid because it did not adhere to state/federal guidelines for receiving and disclosing authorized Protected Health Information (PHI).

## Interventions

- All behavioral health providers and WAAs receive a detailed results letter outlining the findings of record reviews and scores for each section.
- If a provider or WAA scores below the minimum threshold, they must submit a written corrective action plan that Magellan must approve. Feedback and assistance are provided as needed.
- Each provider has a designated network management specialist, and each WAA has a wraparound coordinator available to provide on-site and telephone technical assistance and training.
- Quality and Network teams facilitate live new provider orientation trainings emphasizing core quality standards and care coordination expectations as part of new provider onboarding activities when entering the Magellan network.
- In 2023, Magellan piloted a live pre-review orientation with the provider, emphasizing care coordination responsibilities between providers.

## Looking Forward

A critical clinical and quality initiative for 2024 and 2025 is the development of the Unified Wraparound Model of Care to enhance services for families and youth in Louisiana. This model integrates the Ohana and NWIC models with the CSoC HCBS waiver, aiming for a holistic and systematic approach to improve wraparound care coordination and advancement. A key part of this initiative is the comprehensive revision and updating of existing training programs to meet the evolving needs of CSoC members, including creating new, specialized training programs for staff that focus on effective onboarding and ongoing skill development.

A central component of this training curriculum is "Material Enhancing Training on Communication with Medical Providers." This module ensures that effective communication with medical providers is a core element of the wraparound process, aligning all parties involved in a youth's care and facilitating collaborative work towards common goals. The module covers several key areas:

- **Focusing on Improvement:** The objective is to significantly enhance training related to effective communication with medical providers, fostering a deeper understanding and practical application of this principle in the wraparound process.
- **Understanding Roles and Expectations:** Training will focus on defining facilitator expectations in their interactions with medical providers, clarifying the extent of their roles and responsibilities in these communications.
- **Key Aspects of Communication:**
  - **Sharing the Plan of Care (POC):** It is crucial to regularly assess whether medical providers routinely receive a copy of the youth's Plan of Care, ensuring they are informed and engaged in the wraparound process.
  - **Awareness of Psychiatric Medications and Hospitalizations:** Emphasizing the importance of keeping medical providers informed about a youth's psychiatric medications or any psychiatric hospitalizations is vital for comprehensive and coordinated care.

The year 2024 will be dedicated to assessing and developing these trainings, with the goal of fully implementing the training plan in 2025. This initiative is fundamental in enhancing the quality and efficacy of wraparound services, contributing to the broader goal of improving care coordination and support for youth involved with child-serving state agencies in Louisiana.

The 2024 implementation of Opeeka's P-CIS platform will greatly enhance the ability of Magellan to foster collaboration and continuity of care for CSoC youth. P-CIS supports the sharing of screening, assessment, goals, and outcomes information within a Care Circle. When two or more agencies agree to collaborate to serve a CSoC youth, each agency can designate exactly which information to share, including results of screenings and assessments, and with whom and under what circumstances it may be shared (e.g., release of information was obtained, a signed waiver was collected, informed consent was gathered.) In this way, when a youth presents for care, an agency that is part of a Care Circle in P-CIS can search for them on the platform and access any legally shared screens, assessments, outcomes, and goals. If the screen or assessment was recent, then there is no need for the youth and family to repeat that process. Family goals can also be shared and aligned across providers, and partner agencies can elect to share information back. Notes related to a screening tool or assessment will alert the care partner about complementary care, allowing a new level of coordination between Magellan, Wraparound Agencies, and other providers. With the launch of this new platform in 2024, there will be no 'wrong door,' because all doors will lead to the person-centered care model.

# Treatment Record Reviews

Treatment Record Reviews are a key component of the provider monitoring plan. They are intended to collect data on the quality of services providers deliver and ensure compliance with state and federal regulations. Treatment Record Reviews are conducted to provide ongoing training and technical assistance and to advance system-of-care values and principles. The CSoC Unit utilizes specialized review tools developed by Magellan and approved annually by the Louisiana Department of Health (LDH) to ensure that CSoC-specific, contractual, state, and federal requirements are monitored. Magellan utilizes standardized policies and procedures as specified in the provider monitoring plan, submitted and approved annually by LDH. Criteria assessed through review tools include:

- 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
- Continuity and coordination of care, including adequate discharge planning.

Review tools are organized and reported by core sections corresponding to the criteria above. A brief description of the different types of treatment record reviews conducted by the CSoC Unit is provided below.

- **Wraparound Agency (WAA) Record Reviews.** WAA Record Reviews are conducted quarterly for all contracted and certified WAAs to collect data to monitor compliance with waiver requirements, contract deliverables, and fidelity to Wraparound practice. WAA reviews are conducted for a representative member sample from the full population census based on current enrollment to ensure adherence to waiver assurances. A random and stratified based on the regional enrollment data sampling approach is used. Exclusions include members reviewed in the previous quarter and members enrolled for fewer than 31 days. A minimum of 385 member records are reviewed annually, which meets the criteria for a 95% confidence level and  $\pm 5\%$  confidence interval. Reviews are typically conducted in person unless approved by LDH to be conducted remotely. The reviews are conducted by CSoC Coordinators using the WAA Treatment Record Review Tool. CSoC Coordinators must be experienced in working with children and youth with behavioral health needs, proficient in the principles and practice of Wraparound, and skilled in the administration and scoring of the WAA Treatment Record Review Tool.
- **Family Support Organization (FSO) Record Reviews.** FSO Record Reviews are conducted quarterly for all contracted and certified FSO(s) to collect data to monitor compliance with waiver requirements, contract

deliverables, and best practices for peer service delivery. Reviews are conducted remotely or in person. Reviews are conducted by the FSO Coordinator using the FSO Treatment Record Review Tool. Like the CSoC Coordinators, the FSO Coordinator serves as a single point of contact for CSoC FSO(s). The FSO Coordinator must have sufficient experience and expertise in working with children and youth with behavioral health needs, know the principles and practice of Wraparound, and be proficient in administering and scoring the FSO Treatment Record Review Tool.

- **CSoC Waiver Service Provider Record Reviews.** CSoC Waiver Service Provider Record Reviews are conducted once per waiver year for any rendering Short-Term Respite (STR) or Independent Living Skills Building (ILSB) providers to collect data to monitor compliance with waiver requirements, adherence with state/federal regulations, and monitor the quality of care. Reviews are conducted remotely by a Clinical Reviewer using the CSoC Waiver Service Provider Treatment Record Review Tool. Clinical Reviewers must be licensed clinicians/Licensed Mental Health Professionals (LMHP), have sufficient experience and expertise in working with children and youth with behavioral health needs, and be proficient in administering and scoring the Louisiana CSoC Treatment Record Review Tool.
- **MHR/EBP Agency Record Reviews.** MHR/EBP Agency Record Reviews are conducted for a non-representative sample of Mental Health Clinic (LGE Clinics), Behavioral Health Rehab Provider Agencies (Non-Legacy MHR), and Mental Health Rehabilitation Agencies (Legacy MHR) to monitor the quality of care and ensure adherence with state/federal regulations and contract deliverables. Like CSoC Waiver Service Provider Record Reviews, these reviews are conducted remotely by a licensed Clinical Reviewer using the MHR/EBP Agency Treatment Record Review Tool.
- **Clinical Practice Guideline (CPG) Record Reviews.** CPG Reviews are conducted during MHR/EBP Agency Reviews to ensure providers adhere to practice guidelines for the following conditions/diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Major Depressive Disorder (MDD), Conduct Disorder, current or recent suicidal ideation, gestures, and/or attempts, and history of trauma.

After each review, the designated reviewer holds debriefings to provide immediate feedback regarding strengths and improvement opportunities. This is followed by a written results letter that identifies any items scored non-compliant and, depending on the level of deficiencies identified, requests corrective actions to be implemented. The results are compared to the minimum performance threshold of 80% and a goal of 85% compliance, except for waiver assurance performance measures. The goal for waiver assurance performance measures is 100% compliance, with a minimum performance threshold of 90%. Individual remediation is required for any waiver assurance performance measures found to be non-compliant. In addition, WAAs must complete a corrective action plan (CAP) to ensure that aberrant records come into and maintain compliance. CAPs must document barriers associated with non-compliance, interventions to address those barriers, a timeline for remediation, and the responsible person/unit for addressing remedial activities.

Results from reviews are reviewed each quarter by the Louisiana CSoC Utilization Management Committee (UMC) and the Regional Network Credentialing Committee (RNCC) to identify 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 the CSoC Medical Director before making decisions about credentialing, re-credentialing, corrective or disciplinary action, or termination from Magellan's provider network.

## Results

In 2023, the CSoC Unit conducted treatment record reviews for fifty-five providers, which included forty-five CSoC Waiver Service Providers and MHR/EBP Agencies, nine Wraparound Agencies, and the statewide FSO. Table 1

provides a comparison of provider reviews conducted from 2022 to 2023. Tables 2 – 4 provide 2022 and 2023 results by provider type, core section, and clinical practice guideline, followed by item-level results for waiver assurances in Table 5.

**Table 1. Provider Network Compliance Rates**

Year	Number of Providers	Elements Meeting Compliance	Total Number of Elements	Compliance Rate (%)
2022	63	14,372	14,861	96.7%
2023	55	12,123	12,473	97.2%

**Table 2. Treatment Record Review Results by Provider Type**

Element	2022			2023		
	Providers	Member Records	Compliance Rate (%)	Providers	Member Records	Compliance Rate (%)
CSoC Waiver Service & EBP/MHR Agency Providers	53	144	97.4%	45	127	97.6%
Family Support Organization	1	154	95.4%	1	81	97.4%
Wraparound Agencies	9	384	96.9%	9	357	95.2%
Total	63	682	96.7%	55	565	97.2%

**Table 3. Results by Core Sections – 2022 and 2023**

Section	2022			2023		
	Compliant Elements	Total	Compliant Elements	Compliant Elements	Total Elements	Compliance Rate (%)
General	1,420	1,432	99.2%	1,213	1,213	100.0%
Member Rights and Confidentiality	1,682	1,715	98.1%	1,526	1,531	99.7%
Initial Evaluation	2,703	2,758	98.0%	1,973	2,004	98.5%
Treatment Plan	2,404	2,456	97.9%	2,012	2,035	98.9%
Ongoing Treatment / Progress Notes	2,494	2,647	94.2%	2,197	2,298	95.6%
Continuity and Coordination of Care	1,586	1,733	91.5%	1,894	2,051	92.3%
Medication Management	40	41	97.6%	38	40	95.0%



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	2022			2023		
Section	Compliant Elements	Total	Compliant Elements	Compliant Elements	Total Elements	Compliance Rate (%)
Restraints/Seclusions	209	214	97.4%	127	127	100.0%
Patient Safety	382	384	99.5%	339	357	95.0%
Cultural Competency	398	400	99.5%	295	299	98.7%
Adverse Incidents	62	64	96.9%	99	99	100.0%
Discharge Planning	993	1,017	97.6%	410	419	97.9%
Total	14,372	14,861	96.7%	12,123	12,473	97.2%

**Table 4. Clinical Practice Guidelines – 2022 and 2023**

	2021			2023		
Clinical Practice Guidelines	Compliant Elements	Total Elements	Rate (%)	Compliant Elements	Total Elements	Rate (%)
Attention Deficit Hyperactivity Disorder	56	56	100%	126	126	100%
Conduct Disorder	-	-	-	-	-	-
Suicide Risk	-	-	-	-	-	-
Trauma-Informed Care	-	-	-	-	-	-
Total	56	56	100%	126	126	100%

**Table 5. Waiver Assurance Performance Measures – Waiver Year 5 2022 and Waiver Year 1 2023**

		Waiver Year 5 07/01/2021 – 06/30/2022		Waiver Year 1 2023 07/01/2022 – 06/30/2023	
Report ID	Waiver Assurance	Total Records Reviewed	Compliance Rate	Total Records Reviewed	Compliance Rate
LOC 03	Member's level of care determination was made by a qualified evaluator	385	100%	388	100%
POC 01	Plan of Care reflects supports and services necessary to address the member's goals	385	100%	388	100%
POC 02	Plan of Care includes supports and services consistent with assessed health needs, including risks	385	100%	388	100%
POC 03	Member participated in the Plan of Care development, as documented by the member's/authorized representative's signature on the Plan of Care	385	100%	388	100%
POC 05	The Plan of Care was updated when the member's needs changed	385	100%	388	100%

Report ID	Waiver Assurance	Waiver Year 5 07/01/2021 – 06/30/2022		Waiver Year 1 2023 07/01/2022 – 06/30/2023	
		Total Records Reviewed	Compliance Rate	Total Records Reviewed	Compliance Rate
POC 07	The member was given a choice among service providers, as documented by the member/authorized representative's signature on the State-approved form	385	100%	388	100%
POC 08	Member received information on available HCBS, as documented by the member/authorized representative's signature on the State-approved form.	385	100%	388	100%
HW 03	Member received information about how to report critical incidents, as documented by the member/authorized representative's signature on the State-approved form	385	100%	388	100%
HW 05	Member received coordination and support to resolve health needs identified through case management contacts	385	100%	388	100%

In 2023, 565 member records were reviewed from 55 providers for compliance with review criteria. The overall network compliance rate was 97.2% (N = 12,473) in 2023, representing an increase of 0.5 percentage points from 2022. In 2023, all three provider types showed equally high compliance rates that exceeded 95%.

When examining performance by core sections, compliance rates ranged from 92.3% to 100%, all exceeding the 85% goal set for the provider network. Three sections achieved 100% compliance in 2023, including General, Restraints/Seclusions, and Adverse Incidents. Along with high performance in core sections of the review, CSoC Waiver Agencies providing Mental Health Rehabilitation Services also showed high adherence to clinical practice guidelines, as depicted in Table 4, with 100% compliance (N = 126) for ADHD. As in the previous year, the core section with the lowest compliance rate was Continuity and Coordination of Care. For a comprehensive and detailed overview of the strategies and actions we intend to implement in this area, please see [page 148](#) in the preceding section.

Table 5 displays the detailed outcomes of WAA Record Reviews for both Waiver Year 5 in 2022 (spanning from July 1, 2021, to June 30, 2022) and Waiver Year 1 in 2023 (from July 1, 2022, to June 30, 2023). During these periods, 385 and 388 member records were examined, respectively. Notably, all evaluated measures achieved 100% compliance. These reviews, which are crucial for ensuring compliance with the performance measures set by the Louisiana Department of Health (LDH), play a key role in monitoring vital components of the waiver program, and the outcomes are annually reported to the Centers for Medicare & Medicaid Services (CMS).

The results demonstrate that providers have not only met but exceeded the performance goals in quality, documentation, and record-keeping, underscoring the success of the interventions introduced in 2022. These interventions included restructuring the treatment record review process for more direct engagement with

providers, offering education and training on documentation requirements, and providing quarterly real-time technical assistance by Quality Clinical Reviewers. Magellan plans to maintain this approach in 2023 to ensure ongoing provider compliance with record review standards.

Furthermore, the results affirm the high quality of services delivered to CSoC youth and families by network providers and the CSoC Unit's effectiveness in sustaining compliance with care standards and health and welfare waiver assurances. Consequently, no changes to the current Treatment Record Review (TRR) policies and procedures are anticipated for 2024.

## Looking Forward

A critical clinical and quality initiative for 2024 and 2025 involves the development of the Unified Wraparound Model of Care. This effort includes introducing specialized training modules, including "Training on Documentation," tailored specifically for Wraparound Agencies. This training module will be pivotal in ensuring that all relevant information is recorded in the documentation process, both within the Plan of Care (POC) and externally, utilizing technological advances expected after launching OPEEKA. Key focus areas of this module include:

- **Incorporating Technology and Systems:** Highlighting the usage of EHR and OPEEKA in the documentation process and identifying additional training needs to boost proficiency.
- **Content and Location of Documentation:** Provide detailed instructions on what information should be documented in the POC, including its exact location within the document, and identify essential elements for documentation outside the POC, like care coordination activities and continuity of care processes.
- **Enhancing Record-Keeping Effectiveness:** Offering detailed guidance to improve record-keeping practices' effectiveness and efficiency.

This includes instructions on minimum requirements and methods to document in a manner that supports improved efficiencies, emphasizing the principle that specific and standard-meeting documentation is paramount.

In parallel with the training on documentation, the initiative emphasizes establishing comprehensive internal quality monitoring systems within Wraparound Agency Agencies (WAA), with oversight completed by the WAA's Quality Improvement (QI) Director. These systems are critical for ensuring that all facets of wraparound practice meet the highest quality and efficacy standards.

Key aspects of this initiative include:

- **Establishing Internal Quality Monitoring Systems:** Mandating internal quality monitoring by WAAs to oversee critical components of wraparound practice, including adherence to both waiver and non-waiver requirements.
- **Key Considerations for Effective Quality Monitoring:** Developing robust internal monitoring systems within WAAs, ensuring compliance with waiver and non-waiver standards, utilizing various auditing tools, conducting regular chart audits, tracking and addressing deficiencies, and incorporating internal observations and feedback mechanisms.

# Member and Provider Experience of Care

Magellan's CSoC Unit obtains member and provider experience feedback by conducting annual member and provider experience surveys and through member grievance and provider complaint processes. Grievance and complaint processes allow members, providers, member representatives, and external agencies to express comments related to care, service, and/or confidentiality. Experience surveys and grievance/complaint data are tracked and trended to improve operations and staff performance to achieve the highest level of satisfaction and care. The 2023 analyses of both member and provider experience are presented in this section.

## Member Experience of Care Survey

The annual Member Experience of Care survey results play a critical role in understanding what is working and where opportunities exist to better serve and engage CSoC youth and families. This section provides details of the methodology, administration, and results of Magellan's 2023 member survey.

### Methodology

The survey's design integrates frameworks from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and the Experience of Care and Health Outcomes (ECHO®), adhering to Managed Behavioral Healthcare Organization (MBHO) and National Committee for Quality Assurance (NCQA) standards. It includes five demographic and ten Likert scale questions, focusing on the experiences of youth and caregivers in the Coordinated System of Care (CSoC). The survey also features a dichotomous question leading to two additional Likert scale questions.

Administered from July 31 to September 8, 2023, the survey employed an electronic platform offering English and Spanish translations, with Wraparound Agencies (WAAs) identifying and coordinating language services for participants. Wraparound Facilitators (WFs) conducted the survey either telephonically or in person and entered responses into an online platform. Surveys for youth under 18 were completed by caregivers, while those 18 and older had the option to complete the survey themselves or via their caregivers. Anonymity and confidentiality were emphasized to all participants.

In July 2023, Magellan conducted training sessions to enhance survey administration, focusing on various aspects such as facilitator skills, efficient administration, inclusivity, and promoting honest feedback. These sessions, led by the Quality Improvement Director using the Rise platform, aimed to ensure reliable and comprehensive data collection.

### Sampling Approach

In evaluating the Member Satisfaction Survey, Magellan employed a statistically rigorous sample size determination method using the Raosoft Sample Size Calculator. This approach was based on the number of Coordinated System of Care (CSoC) enrollments as of June 30, 2023, detailed in the QM 05 Member Demographics Report. Key parameters for the sample size calculation included a 5% margin of error, a 95% confidence level, a population size of 2,311 (CSoC enrollments), and an assumed response distribution of 50%. This calculation recommended a minimum sample size of 330 for statistical significance, leading Magellan to set the sample size at 332.

A randomized stratified sampling methodology was used to ensure diverse representation across the nine CSoC regions. This process involved dividing the 2,311 enrollees into nine strata, each corresponding to a CSoC region, and then randomly selecting participants within each stratum to minimize selection bias. The total sample size of 330 was proportionally allocated across these regions, with larger regions receiving a correspondingly larger portion of the sample. This methodology yields statistically robust results that reflect the varied experiences of CSoC enrollees, focusing on maximizing response rates and data quality.

This approach, grounded in statistical theory and adapted for the CSoC context, provided a reliable basis for the Member Satisfaction Survey, enabling accurate data collection and insights into member satisfaction across CSoC regions.

## Response Rates

The response rate is calculated by dividing the number of completed surveys by the number of surveys distributed. A completed survey is a survey submitted in which all screens are viewed. Surveys that were started but not submitted were excluded. Respondents were required to complete at least the first two satisfaction questions or three of the other questions in the survey to be considered complete. This section examines regional and longitudinal trends in response rates and examines non-respondents.

## Regional Response Rates

In the 2023 Member Satisfaction Survey, significant regional differences were observed in response rates across the nine CSoC regions. The survey, encompassing an initial sample of 332 and an oversample of 36, yielded a participation rate of 80.4%, with a non-response rate of 19.6%. Regions 4 (Thibodaux) and 8 (Shreveport) achieved perfect response rates with 100% participation, showcasing exemplary engagement. High response rates were also observed in Regions 3 (Covington) at 92.3%, Region 5 (Lafayette) at 92.1%, Region 6 (Lake Charles) at 91.7%, and Region 7 (Alexandria) at 95.5%, and Region 9 (Monroe) at 98.7%. In contrast, Regions 1 (Orleans) and 2 (Baton Rouge) exhibited the lowest response rates at 44.4% and 38.5%, respectively. Table 1 and Figures 1 and 2 provide additional details, illustrating the variability across regions. This allows for further analysis of systemic issues that likely contributed to the variability.

**Table 1. Survey Response Rates**

Region	Total Surveyed	Respondents		Non-respondents	
		Sample Size	Percent of (Row) Total	Number of Participants	Percent of (Row) Total
Region 1	54	24	44.4%	30	55.6%
Region 2	52	20	38.5%	32	61.5%
Region 3	39	36	92.3%	3	7.7%
Region 4	40	40	100.0%	0	0.0%
Region 5	38	35	92.1%	3	7.9%
Region 6	24	22	91.7%	2	8.3%
Region 7	22	21	95.5%	1	4.5%
Region 8	21	21	100.0%	0	0.0%
Region 9	78	77	98.7%	1	1.3%
Statewide	368	296	80.4%	72	19.6%

Figure 1. Response Rates by Region

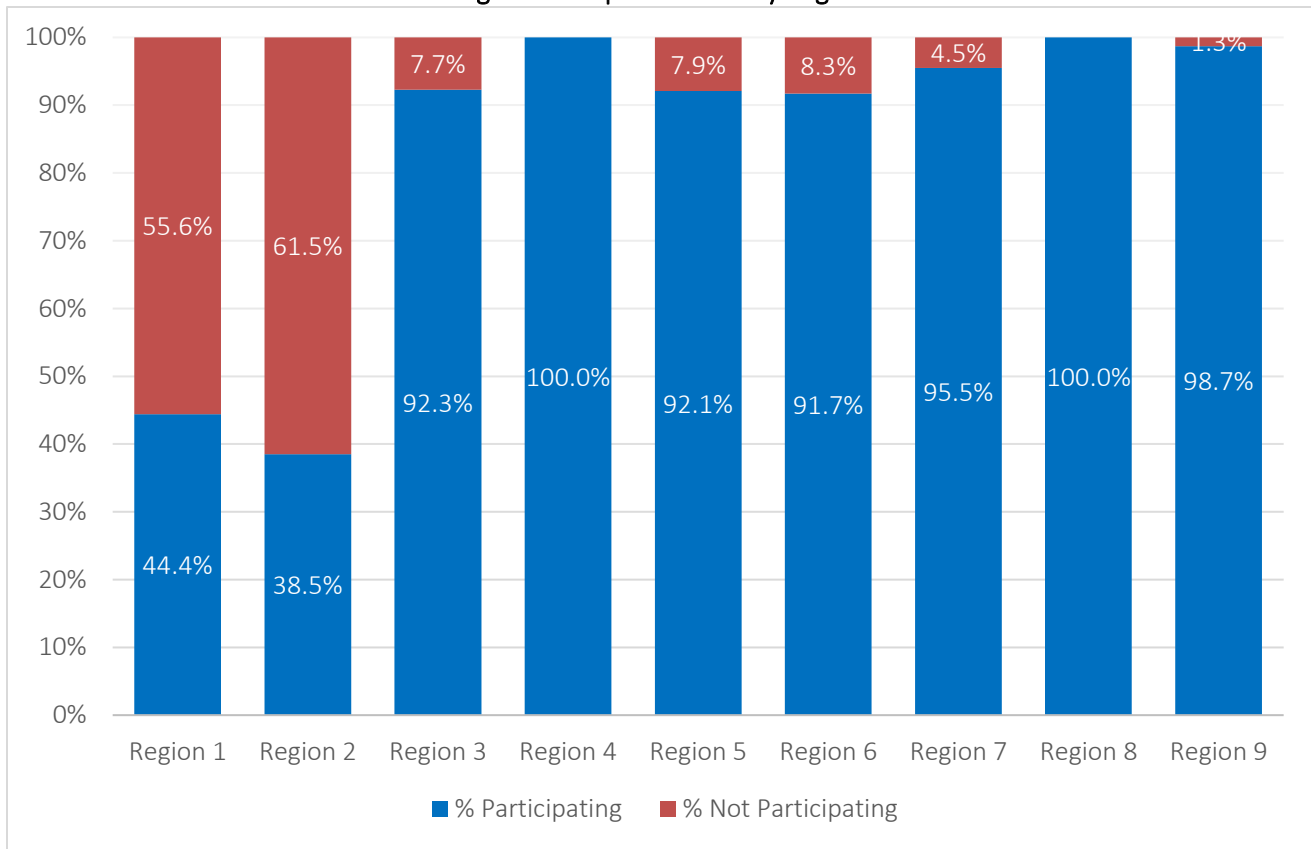
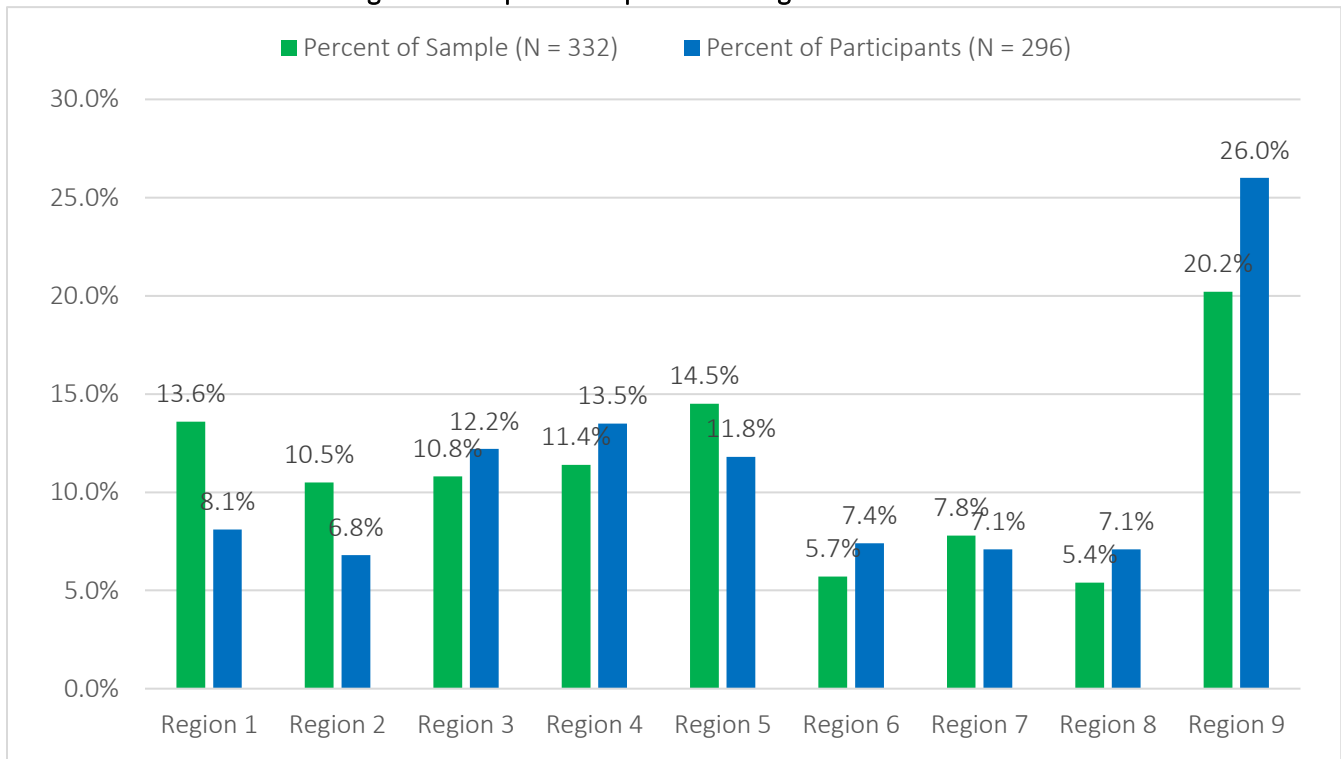


Figure 2. Sample vs. Respondents: Regional Stratification



### **NCFS Wraparound Agency Closure**

In the 2023 Member Satisfaction Survey, the engagement levels in Regions 1 and 2 were significantly impacted by organizational and operational challenges encountered by the National Child and Family Services (NCFS). In response to Quality of Care Concerns identified in April 2022, Magellan required NCFS to implement a comprehensive Corrective Action Plan in late 2022. The plan aimed to address deficiencies in engagement, performance, and compliance. The effectiveness of this plan was monitored by Magellan's Quality of Care Concern Work Group, which includes the CSoc Medical Director. A Quality Clinical Project Manager (LMHP) was assigned to provide NCFS with technical assistance and clinical support, demonstrating a focused approach to managing the identified concerns.

However, in August 2023, Magellan was notified of NCFS's decision to exit the CSoc Network, effective October 31, 2023. This decision, made despite some improvements under the corrective plan, was based on NCFS's assessment that its continued participation in the network was not feasible. Although NCFS staff were not notified of the closure until late August, the organization's local and corporate leadership had already begun planning for the pending closure, which likely affected engagement and participation in the survey.

In response, Magellan, operating under the Louisiana Department of Health's (LDH) supervision, initiated the NCFS WAA Transition Plan in September 2023. This plan was designed to ensure continuity of wraparound facilitation services for youth in Regions 1 and 2 by transitioning these services to two other WAA organizations—Eckerd for Region 1 and Ascent for Region 2. Magellan proactively managed this transition, holding biweekly meetings with the WAAs to track progress and submitting weekly reports to LDH on the referral and staffing status of the newly assigned WAAs.

Because the remaining seven regions achieved a 96.2% participation rate (N = 262), it is believed that the organizational transition is the main contributing factor to the lower engagement levels observed in Regions 1 and 2 instead of systemic provider issues.

### **Results**

This section provides quantitative results for the 2023 Member Experience of Care Survey using positive (strongly agree and agree), neutral (neither agree nor disagree), and negative (disagree and strongly disagree) categories. The tables and figures below present the data and are followed by quantitative and qualitative analysis to compare 2022 and 2023 results. The goal established for the survey was 85% positive satisfaction overall, consistent with CSoc program goals and initiatives. Table 3 shows the number and percent of responses by item for 2022 and 2023, including items related to the use of translation/interpretive services. A total of 294 respondents answered the screening question regarding the use of translation/interpretive services, with only five, or 1.7%, of respondents indicating yes.

### **Overall Satisfaction Analysis**

The evaluation of overall satisfaction is crucial, as it serves as a barometer for the effectiveness and impact of the services provided. By examining satisfaction levels across different subpopulations, we gain valuable insights into the areas of success and those requiring improvement.

As displayed in in Table 2, satisfaction rates rose over the previous year, with an 88.1% overall satisfaction rate in 2022 and 91.0% in 2023. The increase of 2.9 percentage points in 2023 evidences significant achievement and indicates a high level of contentment among service recipients. The satisfaction rate surpassed the goal of 85% overall satisfaction in both years. The 2023 increase was accompanied by a decrease in Neutral satisfaction rates,

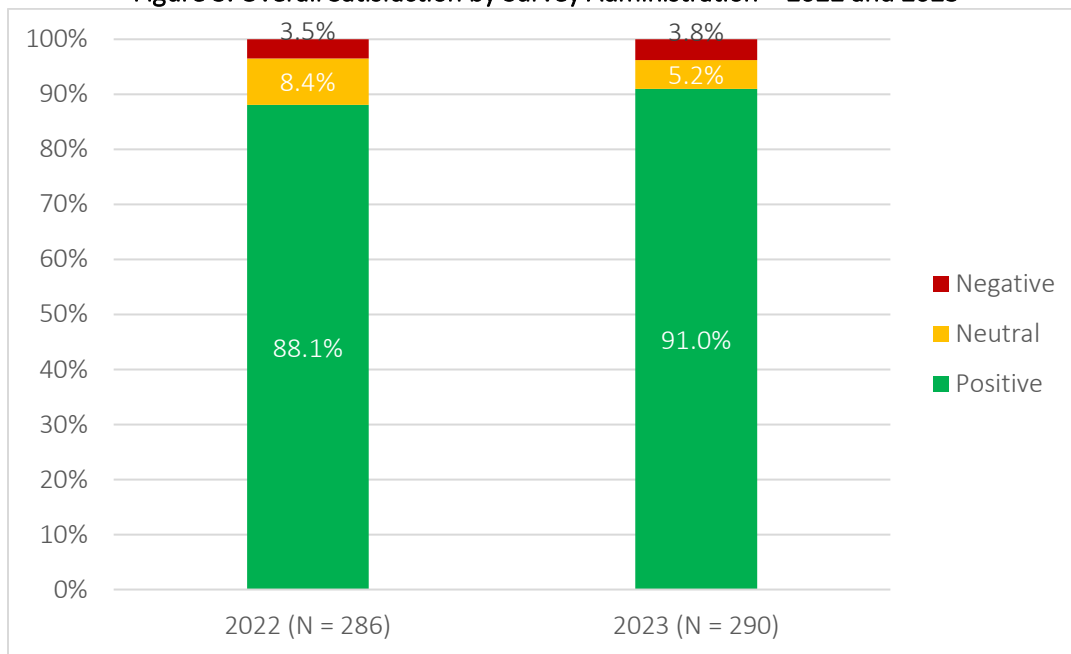
from 8.4% in 2022 to 5.2%. However, the rate of survey respondents reporting overall negative satisfaction increased slightly from 3.5% in 2022 to 3.8% in 2023.

A deeper analysis of survey results will explore overall satisfaction by various demographic categories to understand how different groups perceive the services provided. Understanding satisfaction across these subpopulations is essential to identify specific needs, preferences, and areas for targeted improvement, ensuring that CSOC's services are inclusive and effectively meet the diverse needs of all community members.

**Table 2. Overall Satisfaction by Survey Administration**

Category	2022 (N = 286)	2023 (N = 290)
Positive	88.1%	91.0%
Neutral	8.4%	5.2%
Negative	3.5%	3.8%

**Figure 3. Overall Satisfaction by Survey Administration – 2022 and 2023**



### Item Analysis

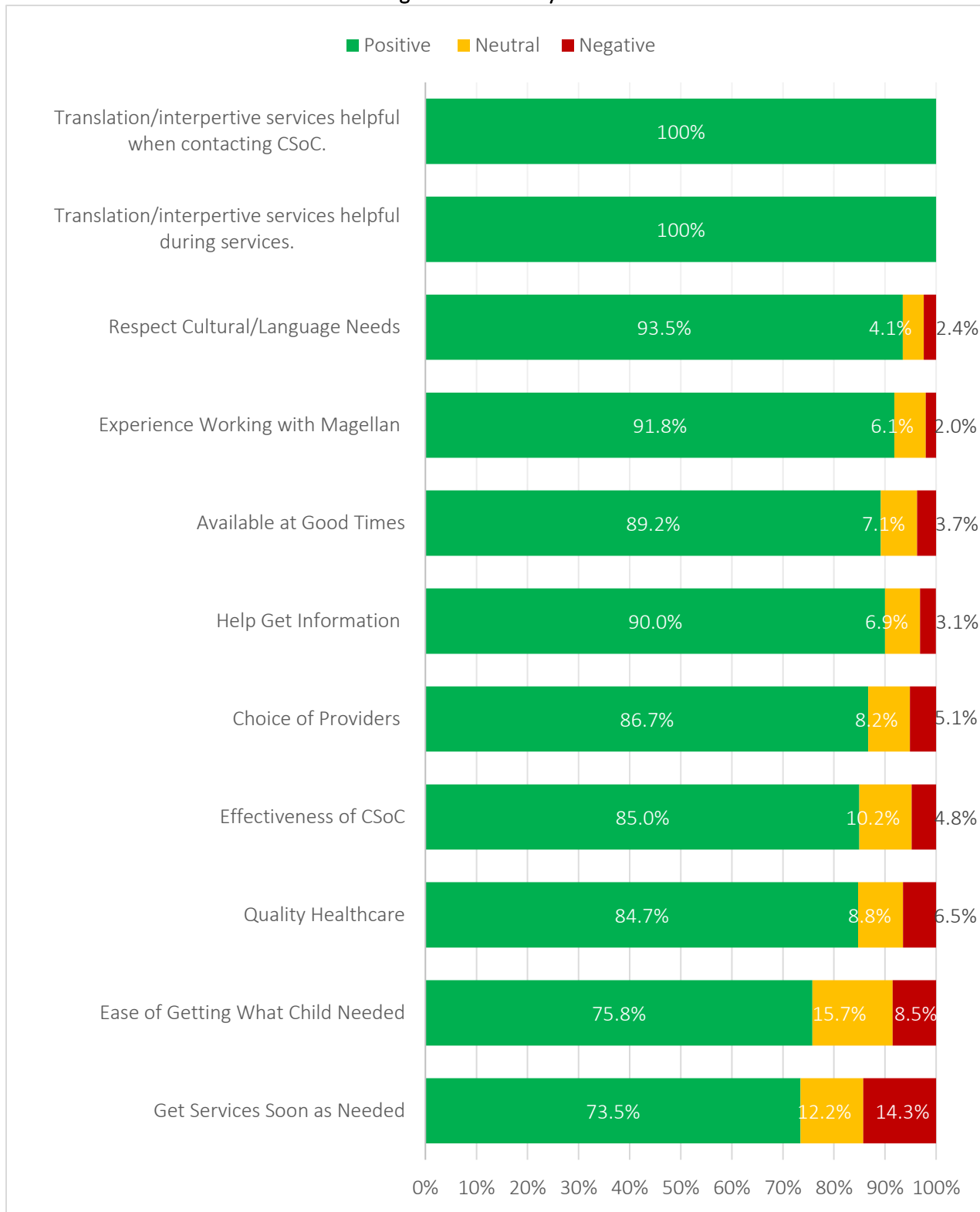
An item-level analysis is conducted to dissect the various components that contribute to overall satisfaction with CSoc services. Item-specific analysis can reveal nuanced insights into the strengths and weaknesses of service delivery. Such an analysis is crucial because it moves beyond general perceptions, enabling us to pinpoint precise aspects of the program that may require intervention. Whether it's the effectiveness of meeting youth and family needs, the ease of accessing services, or the quality of interaction with service providers, each item offers a unique perspective of the member experience. Understanding these details helps formulate more focused and effective intervention strategies, ultimately enhancing service quality and increasing overall client satisfaction. This approach is not just about addressing deficiencies; it's also about recognizing and reinforcing the elements working well, ensuring a holistic approach to service improvement.



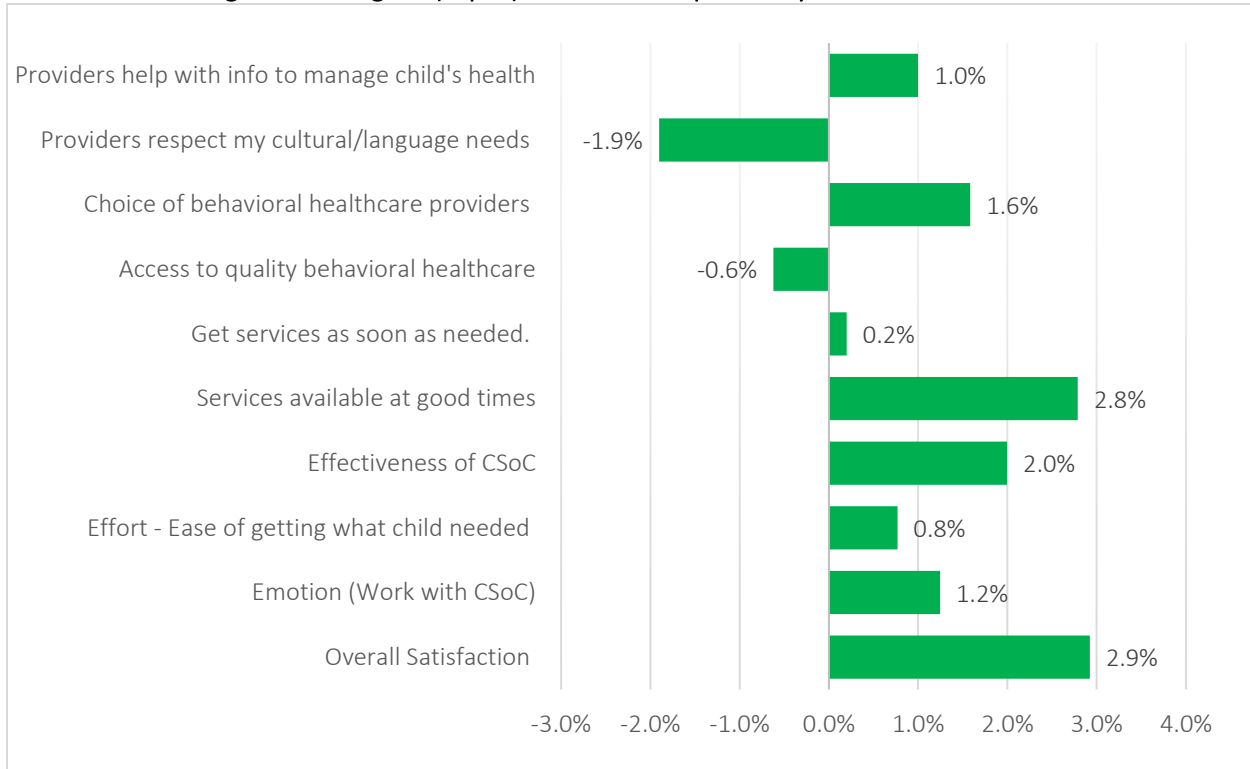
**Table 3. Results by Question**

Question	Year	Number	Yes/ Positive	Neutral	No/ Negative
How pleasant or unpleasant was it to work with CSoC (Magellan)?	2022	287	90.6%	8.0%	1.4%
	2023	294	91.8%	6.1%	2.0%
How easy or difficult was it to get what your child needed?	2022	288	75.0%	14.6%	10.4%
	2023	293	75.8%	15.7%	8.5%
How effective or ineffective was CSoC (Magellan) at meeting your child's needs?	2022	288	83.0%	12.5%	4.5%
	2023	293	85.0%	10.2%	4.8%
The services my child receives through CSoC (Magellan) are available at times that are good for us.	2022	286	86.4%	9.8%	3.8%
	2023	295	89.2%	7.1%	3.7%
My child can get services as soon as they are needed.	2022	285	73.3%	12.3%	14.4%
	2023	294	73.5%	12.2%	14.3%
My child has access to quality behavioral healthcare.	2022	286	85.3%	10.8%	3.8%
	2023	294	84.7%	8.8%	6.5%
I am happy with the choice of behavioral healthcare providers my child has through CSoC (Magellan).	2022	282	85.1%	10.3%	4.6%
	2023	293	86.7%	8.2%	5.1%
CSoC (Magellan) behavioral support providers respect my family's cultural and language needs.	2022	281	95.4%	3.9%	0.7%
	2023	291	93.5%	4.1%	2.4%
My CSoC support providers help me get information to help me manage my health.	2022	282	89.0%	7.8%	3.2%
	2023	291	90.0%	6.9%	3.1%
Did you use language assistance services (interpretation, translation services)?	2022	287	1.7%	-	98.3%
	2023	296	1.7%	-	98.3%
The language assistance services received through CSoC were helpful (interpretation and translation services).	2022	5	100%	0%	0%
	2023	1	100%	0%	0%
The language assistance services (interpretation, translation services) make sessions with my provider better.	2022	5	100%	0%	0%
	2023	5	100%	0%	0%

Figure 4. Results by Item - 2023



**Figure 5. Change in (% pts.) of Positive Responses by Item – 2022 to 2023**



**Figure 6. Change in (% pts.) of Neutral Responses by Item – 2022 to 2023**

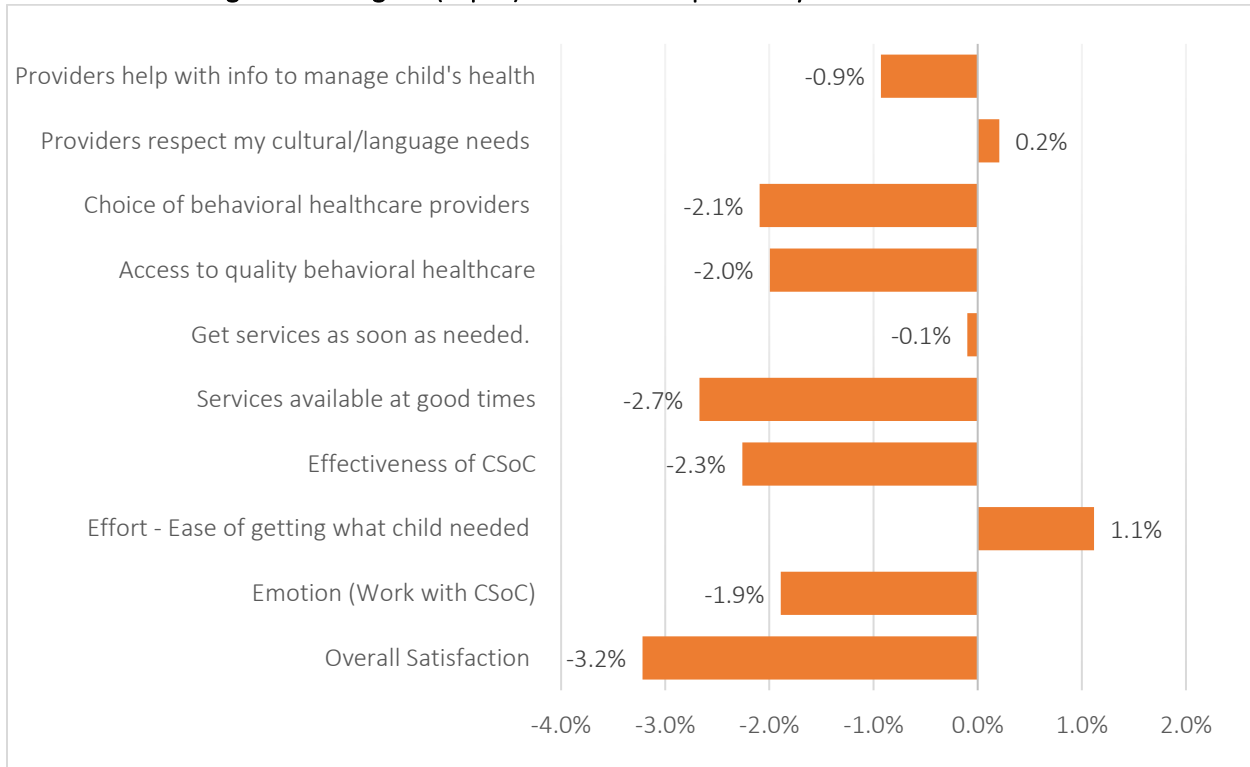
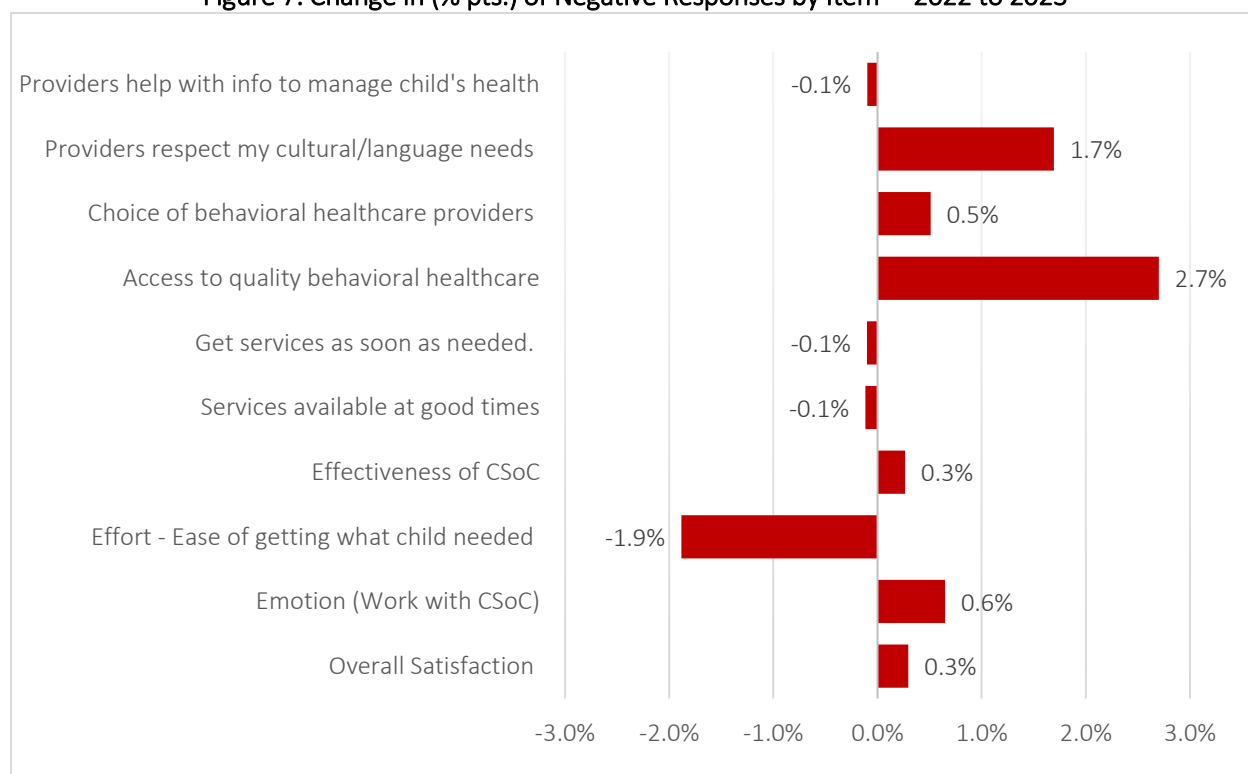


Figure 7. Change in (% pts.) of Negative Responses by Item – 2022 to 2023



The results of Magellan's Member Experience of Care highlighted both key strengths and opportunities for improvement. Significant findings are discussed below.

- **Service Experience:** Most respondents (91.8%) reported satisfaction with CSoC services, signaling effective communication and engagement. However, a small percentage (2.0%) reported dissatisfaction, pointing to potential areas for service quality enhancement.
- **Accessibility and Effectiveness of Services:** Most participants found services accessible (75.8%) and effective (85.0%) in meeting youth needs, though some reported accessibility issues (8.5%) and perceived opportunities to improve access to services (4.8%).
- **Service Timing and Delivery:** Many respondents were satisfied with the convenience of service timing (89.2%) and the timeliness of service delivery (73.5%), but there were noted concerns about scheduling flexibility and reducing service delays.
- **Provider Quality and Choice:** Satisfaction with the quality (84.7%) and choice (86.7%) of healthcare providers was high, with some feedback suggesting the need for further network expansion and quality assurance.
- **Cultural Competence and Support Services:** The program was highly regarded for its cultural and linguistic respect (93.5%) and effective health information management assistance (90.0%).

The 2023 Member Experience of Care survey results indicate strong satisfaction with the CSoC program and valuable insights for continuous improvement. Overall results portray a predominantly positive perception of CSoC services, particularly in regard to user experience, cultural sensitivity, and informational support. Nonetheless, the findings pinpoint pivotal areas for augmentation, especially in service expediency and addressing the less favorable experiences reported by a subset of participants. These insights will inform

forthcoming programmatic developments to ensure that service delivery not only satisfies but surpasses user expectations.

## Member Grievances

To ensure that youth and caregivers understand their right to file a grievance and the process for filing, the CSoC Unit conducts the following actions:

- Magellan of Louisiana's Member and Provider handbooks and websites provide instructions on how to file a grievance, including an online filing method.
- The Quality Director conducts annual reviews of Magellan's Member Handbook, Provider Handbook, and the Magellan of Louisiana web page to ensure that information regarding member grievances is current, accurate, and easily accessible to youth, caregivers, and providers.
- CSoC Coordinators review 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, how to access providers, and member rights and responsibilities. Both youth and families attest in writing that they receive this information on the CSoC Freedom of Choice form.

When member grievances are reported, a Quality Clinical Reviewer, an LMHP, ensures they are processed in accordance with both state and federal regulations. All grievances are reviewed by a Magellan clinician to determine the level of need and require immediate notification of the CSoC Unit's Medical Director to ensure clinically urgent issues are resolved within two calendar days of receipt. Grievances involving quality of care concerns are overseen by the CSoC Medical Director through the Quality of Care Workgroup.

Upon receipt of a grievance, the Clinical Reviewer attempts to contact the grievant by telephone within three business days to provide verbal acknowledgment of the receipt of the grievance, assess the clinical urgency of the grievance, gather additional information or facts regarding the grievance, and explain the procedures for investigation and resolution of the grievance. A written acknowledgment is sent within three business days of receipt, irrespective of telephone contact. In addition to interviewing the grievant, the Clinical Reviewer conducts a thorough investigation, which typically includes the following actions:

- Review of internal member records: assessments, Plans of Care, utilization and care management activities, demographics, claims history, etc.
- Review of treatment records and/or policies and procedures for the involved provider as well as documentation of any internal actions taken by the provider in response to the concern
- Telephonic contact and/or written correspondence with the Wraparound Agency (WAA) and/or involved provider to gather additional facts and discuss actions taken and/or planned in response to the concern.

The findings of the investigation are reviewed to determine whether sufficient evidence is present to substantiate the grievance. The CSoC Unit's goal for all grievances, both substantiated and unsubstantiated, is to obtain a satisfactory resolution. Substantiated grievances require the involved provider to implement formal corrective actions to address areas of identified deficiency. The CSoC Unit makes every effort to provide the grievant with verbal notification of resolution, which is followed by written notification. When resolutions are not satisfactory, Magellan continues to work with the grievant and the provider to successfully resolve the issue within thirty calendar days. When a satisfactory resolution is not possible, Magellan provides appeal rights through verbal and written correspondence.

Tables 4 and 5 below display the member grievances received in 2022 and 2023 by category and processing measures. Table 6 shows the number of substantiated grievances categorized by the subject of dissatisfaction for both years.

**Table 4. Category of Member Grievances**

Category	2022 (N = 3,913)				2023 (N = 3,785)			
	Number	Rate per Thousand	Sub.	Unsub.	Number	Rate per Thousand	Sub.	Unsub.
Quality of Care	0	0	0	0	6	1.6	3	3
Access	1	0.3	0	1	7	1.8	3	4
Attitude/Service	5	1.3	3	2	4	1.1	1	3
Billing/Financial	1	0.3	1	0	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0	0	0	0	0
Total	7	1.8	4	3	17	4.5	7	10

**Table 5. Member Grievance Process Measures**

Year	2022 (N = 7)		2023 (N = 17)	
	Number	Percent	Number	Percent
Clinically Urgent	0	0%	0	0%
Acknowledged Timely	7	100%	17	100%
Resolved Timely	7	100%	17	100%
Notice of Resolution Sent in Timely	7	100%	17	100%

**Table 6. Member Grievance Substantiated by Subject of Dissatisfaction**

Year	2022 (N = 7)			2023 (N = 17)		
	Sub.	Unsub.	Percent Substantiated	Sub.	Unsub.	Percent Substantiated
CSoC Contractor	0	0	0	0	0	0
Wraparound Agency	2	2	28.6%	4	6	23.5%
CSoC Waiver Service Provider	1	0	14.2%	3	0	17.6%
Specialized BH Service Provider	0	1	0	0	3	0
Inpatient Facility	1	0	14.2%	0	1	0
Other	0	0	0	0	0	0
Total	4	3	57.0%	7	10	41.1%

In 2023, 3,785 unique youth and families were enrolled in CSoC. Over the course of the year, seventeen member grievances were received, a rate per thousand of 4.5. This was an increase of 2.7 points from the 2022 rate per thousand of 1.8, which saw 7 grievances received from 3,913 unique CSoC members enrolled in that year. Grievances in 2023 were reported in three of the five possible categories: Quality of Care (6), Access (7), and Attitude/Service (4). Notably, grievances related to Quality of Care and Access both increased by 6, while those

related to Attitude/Service decreased by 1. Unlike in 2022, no grievances were received related to Billing/Financial issues in 2023. No grievances were reported related to the Quality of a Practitioner's Office Site in either year.

Both in 2022 and 2023, all grievances were acknowledged and resolved timely, with the notice of resolution sent promptly, highlighting the efficiency of Magellan's grievance resolution process. While there were no clinically urgent grievances reported in either year, Magellan remains committed to sustaining a high level of responsiveness, recognizing its significant impact on enhancing the overall member experience of care.

Examination of grievances based on the subject of dissatisfaction reveals no grievances related to the CSoC Contractor in either 2022 or 2023. However, consistent with 2022, Wraparound Agencies were the primary subject of dissatisfaction in 2023, accounting for 10 grievances related to the regional Wraparound Agency (an increase from 4 in 2022), 3 related to CSoC Waiver Providers (up from 1 in 2022), 3 related to Specialized Behavioral Health Service Providers (up from 1 in 2022), and 1 related to an Inpatient Facility. No grievances were classified as "Other" in either year.

The total number of member grievances increased from 7 in 2022 to 17 in 2023, the percentage of substantiated grievances was reduced from 57.0% to 41.1%. One qualitative factor worth noting is that three members filed multiple grievances against different providers. Additionally, 5 grievances were directed at the wraparound organization for Regions 1 and 2 (NCFS), 2 of which were substantiated. That organization left the CSoC network at the end of October 2023.

While none of the substantiated grievances produced quality of care concerns (QoCCs), the CSoC Unit's Quality of Care Concern Work Group systematically reviewed all grievances and the corresponding actions taken to address them. This ensured that the providers involved took appropriate corrective measures. In cases of unsubstantiated member grievances, most providers proactively implemented interventions to addressing the issues reported by members.

## Member Grievance Appeals

Members have the right to an appeal when there is an adverse decision relating to a grievance. The CSoC Unit received no requests for appeals of member grievance resolutions in either 2022 or 2023.

## Provider Complaints

The provider complaint process establishes a direct connection to Magellan staff that can resolve issues concerning policies, procedures, or other administrative functions. Providers may 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 a satisfactory resolution of the provider's concern. In addition, any issues, concerns, and requests identified by other state agency personnel, local agencies, and community stakeholders are categorized and processed as provider complaints.

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, a supervisor or designee is involved if this is not possible. Magellan provides written notification of the disposition of the complaint and the opportunity to appeal if an adverse decision is reached. Magellan's Quality and Network Directors (i.e., executives with authority to require

corrective action) oversee and manage the provider complaint process. Should a complaint require escalation, a two-tier process that directs complainants to the CSoc Network Director 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. Details by category of provider complaints received in 2022 and 2023 are presented in Table 8, followed by process measures in Table 9.

**Table 8. Provider Complaints by Category**

Category	2022		2023	
	Number	Percent of Total	Number	Percent of Total
Quality of Care	0	0%	0	0%
Access	0	0%	2	66.7%
Attitude/Service	1	100%	0	0%
Billing/Financial	0	0%	1	33.3%
Total	1	100%	3	100%

**Table 9. Provider Complaint Process Measures**

Year	2022 (N = 1)		2023 (N = 3)	
Process Indicator	Number	Percent	Number	Percent
Acknowledged Timely	1	100%	3	100%
Resolved Timely	1	100%	3	100%
Notice of Resolution Sent Timely	1	100%	3	100%

Magellan received 3 provider complaints in 2023, 2 categorized as Access and 1 relating to Billing/Financial. Two of three provider complaints received were directed at Magellan. In the first instance, a provider expressed dissatisfaction with the Magellan Care Manager's delay in approving plans of care and updating authorizations. This grievance fell under the category of "Access". Magellan's investigation identified the issue as stemming from an individual staff performance. Corrective actions were taken, involving referral to Magellan's human resource department. The concern was remediated through Magellan's human resource policies, and the complaint was substantiated.

The second provider grievance against Magellan involved concerns such as the absence of an external appeal process, refusal to cover placement and transportation days, and denial of coverage for failure to pre-certify on a holiday. This grievance was categorized as "Billing/Financial". The comprehensive investigation included a review of Magellan's policies, procedures, and specific member cases. The investigation found that Magellan adhered to its accrediting body requirements, laws, and contract requirements associated with member appeal rights and medical necessity criteria. Further, regarding holiday precertification, the review identified an isolated instance of misapplying the policy, leading to retrospective coverage for the specified date. The oversight resulted from an individual staff issue rather than systemic issues. The provider's broader concern was not substantiated.

A third complaint was received against a regional Wraparound Agency (i.e., NCFS) from a provider who raised concerns about not being included in the member's plan of care despite providing services before the member's enrollment in CSOC. Also categorized as "Access," the investigation identified omissions in the initial plan due to the member guardian's limited awareness of the provider's organizational name as well as the wraparound facilitator's insufficient collaboration with the provider, incomplete paperwork, and delays in paperwork submission. Corrective actions involved submitting a corrected plan, generating authorizations, and individually



addressing challenges with the facilitator. This complaint was substantiated, leading the wraparound agency to plan a systematic intervention for their staff education.

All complaints received prompt acknowledgment, resolution, and timely communication of resolutions, reflecting a commitment to efficiently address and resolve provider concerns. This suggests a robust and effective provider complaint resolution process in place during both years.

## Provider Appeals (Claims Disputes)

Magellan makes prompt and accurate payment of claims, both paper and electronic submissions, according to applicable federal and state regulations and contractual customer standards for quality and service. This section details the results of internal quality monitoring to ensure claims are processed timely and accurately, followed by an analysis of provider disputes the CSoC Unit received in 2023.

Provider claims are processed according to the following timeframes:

- Perform an initial screen within five (5) business days of receipt of a claim and either reject the claim or assign a unique control number.
- Process and pay or deny, as appropriate, at least ninety percent (90%) of all clean claims for each claim type within fifteen (15) calendar days of the date of receipt.
- Process and pay or deny, as appropriate, at least ninety-nine percent (99%) of all clean claims for each claim type within thirty (30) calendar days of the date of receipt.
- Fully adjudicate (pay or deny) all pending claims within sixty (60) calendar days of the date of receipt.
- Resubmission of a claim with further information or documentation shall constitute a new claim to establish the timeframe for claims processing.

### Claims

Magellan's Quality Auditing team in the Claims Operations Department performs quality audits across all claims systems, accounts, payment amounts, and levels of care. Magellan audits an average of two percent (2%) of all completed claims (post-disbursement), including manually processed and auto-adjudicated claims. Audit criteria include a review of the claim against Magellan standard practices and regulatory and client-specific account requirements, including the elements listed below:

- Claims data correctly entered the claims processing system with an assigned transaction number
- The claim is associated with the correct provider
- Proper authorization was obtained for the service
- Authorization limits have not been exceeded
- Member eligibility at processing date was correctly applied
- The allowed payment amount agrees with the contracted rate
- Duplicate payment of the same claim has not occurred
- Denial reason applied appropriately
- Co-payment application considered and applied, if applicable

- Effect of modifier codes correctly applied
- Proper coding consistent with provider credentials
- Adjustments to claims are appropriately made with supporting documentation
- Payment is appropriately coordinated when other insurance is applicable.

The audit of each claim is documented through a standard checklist and an audit tool within the Magellan Audit Database application. The Audit Database produces specific audit reports by account, processor, and detail. The Audit Database calculates Statistical, Financial Payment, and Processing accuracy ratings. Magellan's auditing program includes a second-level audit to validate the integrity of audit methods and results. Magellan pulls a monthly sample of each auditor's work and performs a second-level audit of the claims to assess auditor accuracy and reliability.

In 2023, the CSoc Unit processed 824,968 clean claims, marking an increase of 389,449 from the previous year. This significant rise in processed claims is likely attributable to the implementation of an alternative payment methodology in November 2022. This methodology used a per member per day rate for the Family Support Organization (FSO), responsible for the statewide provision of Parent and Youth Support and Training waiver services. According to the Utilization of Outpatient Services report for Q4 2023, 266,265 per diem claims were processed for FSO Services.

Despite the increase in claim volume, Magellan successfully met its performance goals for 15-day, 30-day, and 60-day turnaround times (TATs) in both 2022 and 2023. Notable improvements were observed in timeliness, with the 15-day TAT increasing by 0.1 percentage points and the 30-day TAT also seeing an increase of 0.1 percentage points. In 2023, 2% of claims, a total of 18,635, underwent auditing. Audit results indicated that 100% of the reviewed claims were compliant with financial, statistical, and claim payment accuracy standards. Remarkably, claims processing errors were detected in 0% of the audited claims in 2023.

The tables below detail the results of claims processing timeliness and audits conducted in 2022 and 2023. These results underscore the effectiveness of Magellan's Claims Department in ensuring timely and accurate payments of claims.

**Table 9. Claims Processing Timeliness**

Year	15-Day TAT Claims (Goal 90%)		30-Day TAT Claims (Goal 99%)		60-Day TAT Claims (Goal 100%)	
	Number	Percent	Number	Percent	Number	Percent
2022	435,519	99.75%	435,519	100%	435,519	100%
2023	824,968	99.85%	824,810	99.96%	824,968	100.00%

**Table 10. Claims Payment Accuracy Audits**

Indicator – Goal	2022	2023
Total Claims Audited	8,741	18,635
Financial Error Dollars	\$116.55	\$0.00
Financial Accuracy – 97%	100.0%	100.0%
Statistical Accuracy – 99%	100.0%	100.0%

Indicator – Goal	2022	2023
Claim Payment Accuracy	100.0%	100.0%
Claim Processing Accuracy – 98%	99.9%	100.0%

## Provider Appeals

Provider appeals, or provider disputes, occur when a provider disagrees with resolving a claim for service. The CSoC Unit's Network Director is responsible for reviewing and resolving disputes. Provider appeals require written acknowledgment within three business days and resolution within thirty calendar days.

Member eligibility is contingent upon the receipt and approval of the Child and Adolescent Needs Assessment (CANS) & Individual Behavioral Health Assessment (IBHA) and the determination of financial eligibility by the Louisiana Department of Health (LDH). Providers are encouraged to check member eligibility before servicing the member to ensure eligibility and have not been discharged from the program.

The authorization process is based on receiving and approving 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.

**Table 11. Provider Appeal Determinations**

Month	2022				2023			
	Appeals Received	Upheld	Adjusted Payment	Amount	Appeals Received	Upheld	Adjusted Payment	Amount
January	5	5	0	\$0.00	4	2	2	\$2,487.91
February	7	6	1	\$84.25	4	2	2	\$1,205.25
March	3	2	1	\$2,191.82	5	3	2	\$185.90
April	6	5	1	\$162.24	1	1	0	\$0.00
May	5	4	1	\$50.68	7	6	1	\$231.30
June	0	0	0	\$0.00	10	4	6	\$2,446.76
July	1	1	0	\$0.00	0	0	0	\$0.00
August	14	14	0	\$0.00	1	1	0	\$0.00
September	0	0	0	\$0.00	2	1	1	\$1,052.39
October	5	5	0	\$0.00	1	1	0	\$0.00
November	2	2	0	\$0.00	2	1	1	\$323.93
December	3	1	2	\$1481.92	2	2	0	\$0.00
Total	51	45	6	\$3,970.91	39	24	15	\$7,933.44

**Table 12. Provider Appeal Process Measure**

	2022		2023	
	Total	Percent	Number	Percent
Acknowledged Timely	51	100%	39	92%
Resolved Timely	51	100%	39	79%

In 2022, a total of 51 cases were acknowledged timely, achieving a 100% success rate in meeting this standard. Additionally, all 51 cases were resolved timely, maintaining a 100% resolution within the expected timeframe.

Moving to 2023, the acknowledgment of cases within the designated time slightly decreased to 92%, with 39 out of the total cases meeting this standard. However, the resolution of cases within the expected timeframe declined to 79%, indicating a reduction in the timely resolution of cases compared to the previous year.

While the acknowledgment of cases remained high, the decrease in the percentage of timely resolutions in 2023 indicates challenges or delays in addressing and concluding cases promptly. Investigation into the reasons behind the decline in timely resolutions revealed the decrease was attributed, in part, to a learning curve experienced by the staff during the transition from Magellan's quality department managing provider appeals to the network department. Addressing this opportunity for improvement is Magellan's priority into enhancing overall efficiency and effectiveness of this process.

The most common reasons for upheld claims disputes included:

- 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 prior to claims submission.

Looking ahead, Magellan aims to bolster the timely resolution of cases, understanding the importance of promptly addressing and concluding cases for an effective appeals process. The commitment to continuous improvement aligns with Magellan's dedication to maintaining strong partnerships with its network providers.=

## 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 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.

Survey data were collected using the Provider Experience Survey managed by the Analytic Services department using a HIPAA-compliant application for email distribution. The survey methodology utilized an email-out and email-back method to collect providers' perceptions regarding the quality of services received. Surveys were emailed to providers with an authorization or claim between January and June of 2023. The initial emails were sent on 9/21/2023 with a follow-up email to non-responders on 9/28/2023. A goal of 85% positive satisfaction was established for each item. Performance is assessed in relation to the goal and our 2022 results.

Surveys were distributed to 616 providers, of which 611 were delivered, and five were not delivered. Of those 611 surveys delivered, forty-four were completed for a response rate of 7.2%. Compared to 2022, there was a 2.5 percentage point decline in response rate. Tables 13 and 14 below present survey response rates and results of the Provider Satisfaction Survey. Results are categorized according to the type of provider response: positive, neutral, and negative.

**Table 13. Provider Satisfaction Survey Response Rate**

Year	2022	2023
Surveys Distributed	702	616

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Year	2022	2023
Surveys Delivered	649	611
Surveys Non-Delivered	53	5
Surveys Completed	63	44
Response Rate	9.7%	7.2%

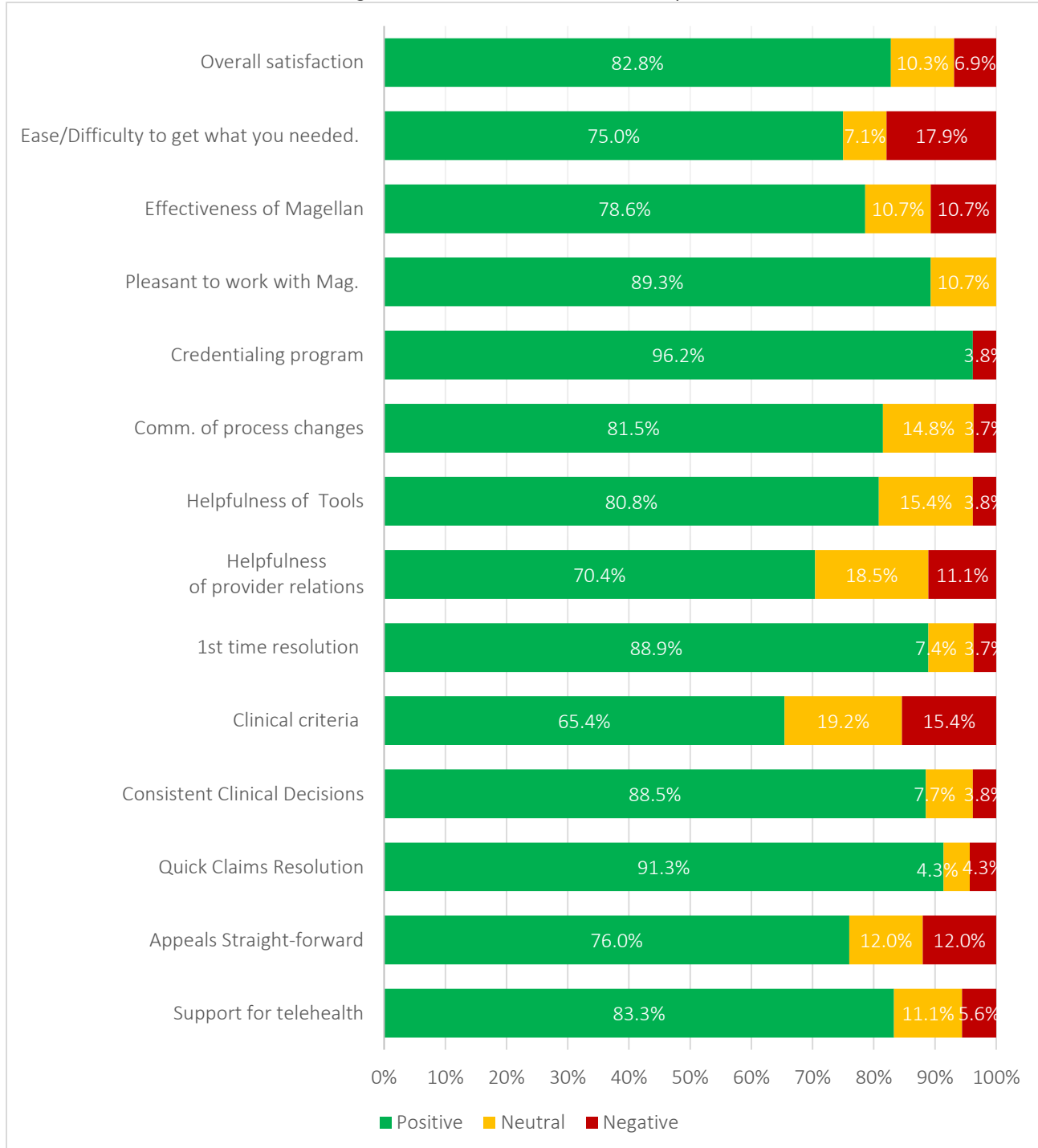
**Table 14. Provider Satisfaction Survey Results – 2022 & 2023**

Area	Item	Year	Number	Positive	Neutral	Negative
Overall Satisfaction	Overall, how satisfied are you with the services provided by Magellan?	2022	59	81.4%	10.2%	8.5%
		2023	29	82.8%	10.3%	6.9%
Effort	How easy or difficult was it to get what you needed?	2022	59	64.4%	23.7%	10.2%
		2023	28	75.0%	7.1%	17.9%
Effectiveness	How effective or ineffective was Magellan at meeting your needs?	2022	58	81.0%	10.3%	8.6%
		2023	28	78.6%	10.7%	10.7%
Emotion	How pleasant or unpleasant was it to work with Magellan staff and/or systems?	2022	58	81.0%	12.1%	6.9%
		2023	28	89.3%	10.7%	0.0%
Magellan's Service	I am satisfied with Magellan's provider credentialing process.	2022	55	90.9%	5.5%	3.6%
		2023	26	96.2%	0.0%	3.8%
	Magellan communicates effectively about process or procedure changes.	2022	56	78.6%	16.1%	5.4%
		2023	27	81.5%	14.8%	3.7%
	Magellan provides tools (e.g., technology, information, other resources) that help providers deliver quality care to members.	2022	54	77.8%	14.8%	7.4%
		2023	26	80.8%	15.4%	3.8%
	Magellan's provider relations staff are helpful.	2022	57	77.2%	15.8%	7.0%
		2023	27	70.4%	18.5%	11.1%
	My issues, questions, or concerns are addressed the first time I raise them.	2022	55	63.6%	20.0%	16.4%
		2023	27	88.9%	7.4%	3.7%
Claims Process	Clinical criteria reflect a generally accepted standard of care.	2022	53	77.4%	20.8%	1.9%
		2023	26	65.4%	19.2%	15.4%
	Clinical decisions are consistent.	2022	52	82.7%	15.4%	1.9%
		2023	26	88.5%	7.7%	3.8%
	Magellan resolves claims quickly.	2022	53	64.2%	22.6%	13.2%
		2023	23	91.3%	4.3%	4.3%
Appeals Process	Magellan practices a straightforward appeals process.	2022	43	65.1%	27.9%	7.0%
		2023	25	76.0%	12.0%	12.0%

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Area	Item	Year	Number	Positive	Neutral	Negative
Telehealth Services	Magellan's support for telehealth services helps me/my practice/organization deliver timely care.	2022	50	80.0%	16.0%	4.0%
		2023	18	83.3%	11.1%	5.6%

Figure 1. Provider Satisfaction Survey – 2023



In 2023, the Provider Satisfaction Survey assessing experiences with Magellan included a series of items spanning various aspects of service delivery. Compared to the previous year, where the response rate was low at 9.7% with 702 surveys distributed, the 2023 survey showed nuanced shifts in provider satisfaction across different categories.

- **Overall Satisfaction:** In 2022, 81.4% of providers reported overall positive satisfaction from 59 responses, a notable decrease from the 100% positive responses in 2021 (N = 59). In 2023, there was a slight improvement, with 82.8% of providers (N = 29) expressing overall positive satisfaction, although this still represented a decrease from the 2021 levels.
- **Effort:** The ease of accessing services saw an increase in positive responses from 64.4% in 2022 (N = 59) to 75.0% in 2023 (N = 28). However, this was accompanied by an increase in negative responses, from 10.2% to 17.9%.
- **Effectiveness:** The effectiveness of Magellan in meeting provider needs slightly decreased in terms of positive responses, from 81.0% in 2022 (N = 58) to 78.6% in 2023 (N = 28). The negative responses also increased from 8.6% to 10.7%.
- **Emotion:** Positive responses regarding the pleasantness of working with Magellan staff and systems increased from 81.0% in 2022 (N = 58) to 89.3% in 2023 (N = 28), with no negative responses reported in 2023.
- **Magellan's Service:** Satisfaction with Magellan's provider credentialing process increased from 90.9% in 2022 (N = 55) to 96.2% in 2023 (N = 26). Communication effectiveness about process or procedure changes also saw a slight improvement from 78.6% positive in 2022 to 81.5% in 2023.
- **Claims Process and Appeals:** There was a significant improvement in satisfaction with how quickly Magellan resolves claims, from 64.2% positive in 2022 (N = 53) to 91.3% in 2023 (N = 23). However, satisfaction with the consistency of clinical criteria and decisions showed mixed results, with a decrease in positive responses for clinical criteria but an increase for consistency in clinical decisions.
- **Telehealth Services:** Support for telehealth services saw a minor improvement in positive responses, from 80.0% in 2022 (N = 50) to 83.3% in 2023 (N = 18).

The 2023 survey results indicate some areas of improvement, particularly in the ease of accessing services and the pleasantness of interactions with Magellan staff and systems. However, there remains a need for ongoing attention to the effectiveness of services and the consistency of clinical criteria. As in previous years, caution should be exercised in generalizing these results due to the relatively small number of survey respondents.

One barrier to conducting anonymous surveys with providers is the significant operational differences and varying interactions with Magellan. For instance, consistency in clinical criteria often correlates with service denials. As highlighted in the [Evaluation of Utilization Management](#) section, denials were exclusively issued to inpatient providers. Since the survey responses are anonymous, it is challenging to ascertain the specific type of provider involved. It is suspected that the respondents encompass a range of provider types, not limited to those from inpatient facilities. This lack of clear provider type identification hampers effective barrier identification. To enhance our reporting clarity, we plan to implement a new tracking mechanism that accurately differentiates between inpatient providers, outpatient providers, and CSoc-exclusive providers such as Wraparound Agencies and Family Support Organizations. This advancement will facilitate more tailored reporting and analysis of subpopulations, significantly improving the relevance and precision of our findings.

## Analysis of Comments

The analysis of comments conducted to comprehend the factors influencing provider satisfaction with Magellan, yielded ten distinct responses. These comments were solicited through the question, "What is the first thing you would like us to work on to improve your experience with Magellan?" Based on these responses, the Quality Improvement Committee (QIC) subsequently identified several areas for improvement and strengths. In the next section, we will discuss the roadmap to improve provider experience.

### Barriers/Opportunities

- **Communication and Responsiveness:** Delays and inconsistency in responses to provider inquiries from Magellan.
- **Claim Processing:** Issues with frequent claim denials.
- **Authorization Process:** Provider reporting issues with slow approval times, difficulties in tracking authorization status and applying correct MIS numbers, and challenges in determining the initiation and continuation of services.
- **Provider Management:** Desire for a single point of contact for practices with multiple service locations.
- **Referral Process:** Uncertainty in handling and initiating services post-referral.

### Strengths

- **Provider Engagement:** Providers are willing to communicate issues and suggest improvements, showing interest in enhancing their status and relationship with Magellan.

In response to the observed decline in response rates to our provider satisfaction surveys, Quality and Network Directors convened with the Corporate Survey Department to explore targeted interventions aimed at enhancing engagement and participation. A notable improvement was identified in the accuracy of provider demographic and contact information, as evidenced by a decrease in non-delivered surveys. However, the primary challenge remains the overwhelming volume of surveys providers are required to complete, which has generally increased.

To address these challenges and improve response rates, several strategic actions have been planned. Firstly, a pre-survey intervention will involve developing and distributing communications to providers, highlighting the impact of their feedback on 2023 actions and encouraging their participation in the 2024 survey cycle. Additionally, we will integrate the administration dates of the provider satisfaction survey into the email signatures of quality and network staff to keep the importance of the survey top-of-mind.

Concurrently, after the issuance of the second email notice, a list of non-responders will be sent to local units for personal outreach, aiming to significantly boost the response rate. Post-survey, we will develop communications to share the survey results and detail specific actions planned to address areas of concern, thereby reinforcing the utility and value of the survey participation. This continuous loop of feedback and action is designed to foster a more responsive and engaged provider network, ultimately enhancing the overall quality of care provided.

## Experience with Magellan

Magellan is committed to continuously improving how CSoC members and providers experience the care and services. As we wrap up the content areas of the 2024 initiative, the focus shifts to establishing robust monitoring and accountability mechanisms within the Wraparound Model of Care. This step is crucial in ensuring the overall effectiveness of the initiative, especially in light of common barriers identified in the CSoC program, such as



ineffective communication, lack of clear vision, poor coordination, inadequate conflict resolution, and inconsistent policy implementation.

To ensure compliance and address financial impact, the initiative will set up systems and measures that guarantee adherence to the agreed-upon model by all participating agencies. This includes monitoring compliance and understanding the financial implications, crucial for overcoming challenges like resource mismanagement.

Strategies for enhanced monitoring and accountability include proposing contractual amendments for Wraparound Agencies (WAAs) to ensure model compliance and adding specific criteria to the WAA re-certification process. These measures aim to reinforce a consistent and transparent approach to compliance, directly addressing issues like ineffective communication and lack of clear direction.

Operational efficiency will be enhanced by reviewing staffing ratios and position requirements, alongside streamlining external observations and reviews by entities like Magellan and the Louisiana Department of Health (LDH). This approach is designed to improve coordination, collaboration, and conflict resolution within the wraparound framework.

Furthermore, the implementation of state-level coaching audits will monitor and ensure the quality of coaching within the wraparound process. This measure responds to the need for effective leadership, stakeholder engagement, and consistent evaluation of program performance.

In conclusion, addressing accountability is fundamental to overcoming the identified barriers in the CSoC program. By creating a comprehensive framework for compliance, operational efficiency, and quality assurance, this initiative aims to uphold high standards of service delivery in the Wraparound Model of Care, enhancing the support provided to families and youth in Louisiana.

# Quality Performance Measures

The CSoC Unit collects data from a wide range of sources to ensure qualitative and quantitative data drive our quality improvement activities. Data sources include 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.

## 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 at 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 Plan of Care Review Tool provides real-time monitoring and improvement of outcomes, while the Assessment Review Tool (ART) helps shape the validity and reliability of the IBHA and CANS.

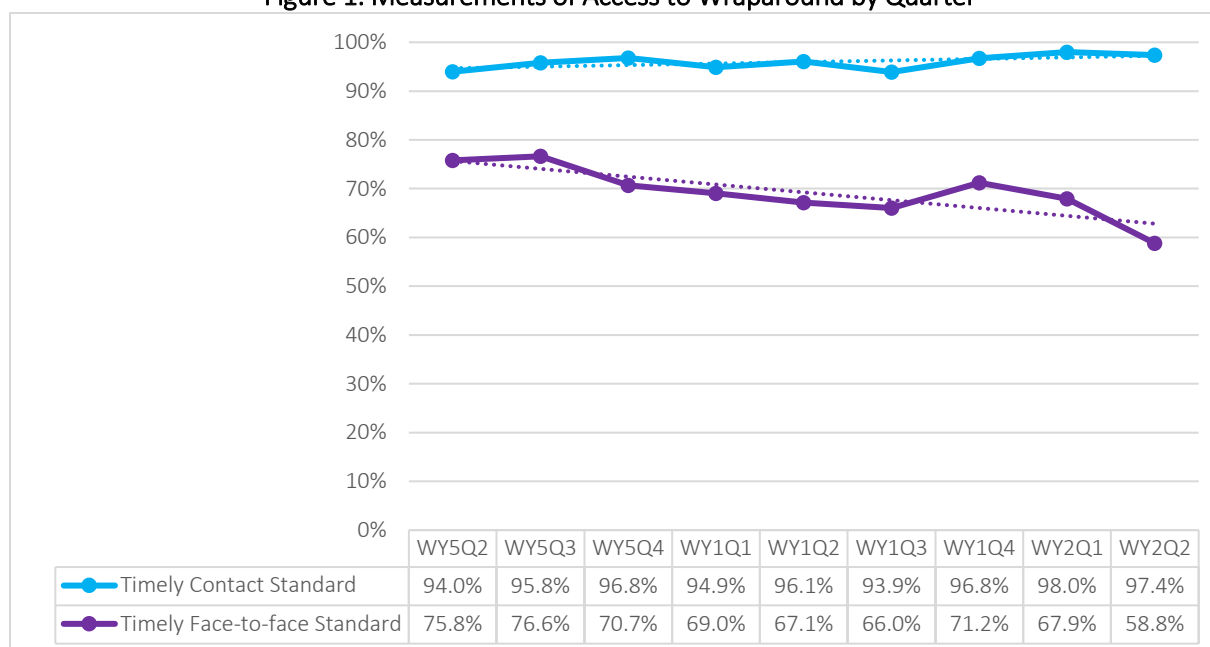
### Access to Wraparound

Access to Wraparound measures are indicators that examine the ability of Wraparound Agencies to engage families at the time of referral. Access to Wraparound evaluates the timeliness of the initial contact, which should occur within 48 hours of the referral, and the timeliness of the first face-to-face contact with the family, expected to occur within seven days of the referral. When taking referral calls, Magellan Care Managers provide specific information to families after verifying that a youth meets presumptive eligibility for CSoC. They explain detailed expectations for the caregiver during the first weeks of enrollment, including phone contact, scheduling, and initial engagement processes. The table and figure below display the annual and quarterly rates for the Access to Wraparound measures reported in 2022 and 2023.

**Table 1. Measurements of Access to Wraparound – Annual Rate**

Performance Measure	Year	Number	Rate
Timely Contact Standard	2022	2,452	96.0%
	2023	2,951	97.4%
Timely Face-to-face Standard	2022	2,098	70.9%
	2023	2,273	58.8%

**Figure 1. Measurements of Access to Wraparound by Quarter**



Initial contact statistics showed a slight improvement, increasing from 93.9% in the first quarter to 97.6% of referrals meeting the timely contact standard in the final quarter. This improvement led to an increase in the Timely Contact Standard compliance rate, rising from 96.0% in 2022 (N = 2,452) to 97.4% in 2023 (N = 2,951). However, during the same period, there was a negative trend in Timely Face-to-Face Contact, with the annual rate declining from 70.9% in 2022 to 58.8% in 2023.

Magellan consulted with Wraparound Agencies to discuss barriers to timely face-to-face appointments within the Coordinated System of Care (CSoc). Key challenges identified included inadequate follow-up for missed appointments, restricted appointment scheduling to standard business hours, high staff turnover, limited caregiver involvement, logistical challenges, leadership tendencies to attribute non-attendance to families, delays in initial face-to-face engagements, and instances where caregivers were not the initiators of the referral process.

In 2023, the Office of Behavioral Health received approval from CMS to implement state-directed payments for eligible home and community-based providers who meet specific performance targets, funded by the American Rescue Plan Act of 2021. Magellan initiated the HCBS Incentives for Wraparound Agency Organizations to promote timely initial contacts and face-to-face interactions. The incentive offered \$18,518.67 per quarter from Q2 to Q4, with a potential maximum of \$55,556 per region.

Figure 2 below illustrate the outcomes of the initiative, showing high compliance rates for timely initial contact with 96.8% in Q2, 98.0% in Q3, and 97.4% in Q4. Six regions earned the incentive, with two regions achieving it in two separate quarters, resulting in a total distribution of \$148,149.33. However, the performance rates for timely face-to-face contact were lower and showed a decline over the quarters: starting at 71.2% in Q2, dropping to 65.7% in Q3, and further to 58.8% in Q4, indicating that the initial targets may have been overly ambitious.

Magellan recommends continuing the incentive payments with a more realistic goal for face-to-face contact to ensure active participation by Wraparound Agency Organizations (WAAs). To effectively address these issues, WAAs can adopt several straightforward strategies to meet targets and earn incentives. These include implementing automated reminders and follow-up calls, which could significantly enhance patient engagement

and reduce instances of non-attendance. Extending service hours to evenings and weekends would better accommodate those with daytime commitments, while improving staff retention and providing comprehensive training could ensure better continuity of care. Additionally, educating caregivers about the importance of behavioral health interventions could foster greater involvement and commitment.

Furthermore, addressing logistical barriers through flexible scheduling and transportation support, shifting leadership perspectives towards proactive engagement, and establishing protocols for quicker initial contact following referrals are all essential measures. These strategies must be carefully evaluated against the backdrop of existing capabilities, including resource availability, staff competencies, and technological infrastructure, to determine their feasibility.

Continuing this initiative is crucial due to its significant impact and the relative ease of implementation within existing operational capacities. WAAs should proactively implement these strategies to achieve the incentives, ensuring a collaborative and supportive approach that aligns with the overarching goals of improving behavioral health service delivery and outcomes.

**Figure 2. WAA Organization Incentive Payments - Timely Initial Contact**

Timely Initial Contact										
Incentive Description: \$18,518.67 for each quarter that meets 100% compliance, for a maximum of \$55,556 per region										
Results by Quarter					Incentive Tracker					
Region	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Total Earned	Potential Earnings
Region 1		▶ 96.2%	▶ 100.0%	▶ 90.6%		⚠ -3.8%	✓ 0.0%	✗ -9.4%	\$18,518.67	\$37,037.33
Region 2*		▶ 93.2%	▶ 91.9%	▶ 95.3%		✗ -6.8%	✗ -8.1%	⚠ -4.7%	\$0.00	\$55,556.00
Region 3		▶ 92.2%	▶ 97.6%	▶ 96.6%		✗ -7.8%	⚠ -2.4%	⚠ -3.4%	\$0.00	\$55,556.00
Region 4		▶ 100.0%	▶ 100.0%	▶ 99.1%		✓ 0.0%	✓ 0.0%	⚠ -0.9%	\$37,037.33	\$18,518.67
Region 5		▶ 97.0%	▶ 100.0%	▶ 98.8%		⚠ -3.0%	✓ 0.0%	⚠ -1.2%	\$18,518.67	\$37,037.33
Region 6		▶ 97.1%	▶ 100.0%	▶ 93.1%		⚠ -2.9%	✓ 0.0%	✗ -6.9%	\$18,518.67	\$37,037.33
Region 7		▶ 100.0%	▶ 97.4%	▶ 98.2%		✓ 0.0%	⚠ -2.6%	⚠ -1.8%	\$18,518.67	\$37,037.33
Region 8		▶ 91.1%	▶ 93.3%	▶ 98.3%		✗ -8.9%	✗ -6.7%	⚠ -1.7%	\$0.00	\$55,556.00
Region 9		▶ 100.0%	▶ 99.1%	▶ 100.0%		✓ 0.0%	⚠ -0.9%	✓ 0.0%	\$37,037.33	\$18,518.67
Statewide		96.8%	98.0%	97.4%		3	4	1	\$148,149.33	\$351,854.67

\*In Q4 2023, youth that were referred prior to 11/01/2023 were excluded. Statewide rates includes all CSoC enrollees.

## Natural and Informal Supports on Plan of Care

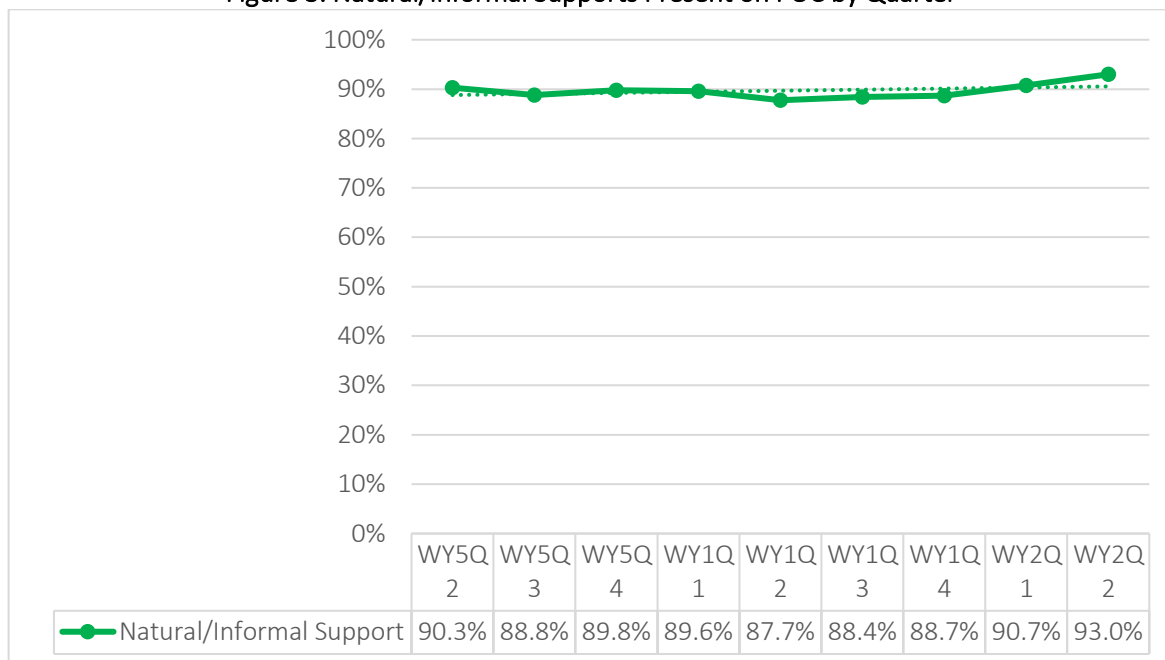
Louisiana families participating in Wraparound are diverse in terms of their structure and composition. CSoC is centered on building a comprehensive Child and Family Team (CFT) for every youth and family. Involvement of natural and informal supports is not only a core value of Wraparound but is also a key factor in sustaining improvements following discharge and establishing strong ties to the community. Compliance with the *Natural and Informal Supports on Plan of Care* item means that a natural/informal support was engaged by the CFT and given specific actions to take that contribute to the improved well-being of the youth and family.

The quantitative analysis for this indicator, denoted as QM 13 - Natural/Informal Support showed marginally increased to 90.2%, with a denominator of 2,386. In 2022, out of a denominator of 2,339, the rate of compliance was 89.5%. This represents a 0.7 percentage point increase from the previous year. A detailed analysis follows the table and figure, that discusses interventions put in place to increase involvement of natural/informal supports on the POC.

**Table 3. Natural/Informal Supports Present on POC – Quarterly Average**

Year	Denominator	Rate
2022	2,339	89.5%
2023	2,386	90.2%

**Figure 3. Natural/Informal Supports Present on POC by Quarter**



Using the POC Review Tool, Magellan Care Managers rate each POC item on a scale of 1-5. A rating of five indicates the item is fully compliant with best practices, while a rating of 1 indicates that 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 3,303 and 2,033 POC Review tools in 2022 and 2023, respectively, indicated a high level of compliance with the Diverse Team standard, with an over 97% compliance in both years. Further, 87.3% of Plans of Care in 2023 included strategies for informal/natural supports, a slight decline of 0.5 percentage points. Magellan’s ability to examine data in this way results in a myriad of opportunities to both evaluate outcomes and implement interventions in real-time. For a full description of POC Review Tool capabilities and protocols, please see the Care Management Initiatives section of this document.

**Table 4. Diverse Child & Family Team**

POC Review Tool Item	Year	Denominator	Compliance Rate
Diverse team	2022	3,303	97.6%
	2023	2,033	97.5%

POC Review Tool Item	Year	Denominator	Compliance Rate
Informal/natural supports have strategies	2022	3,303	87.8%
	2023	2,033	87.3%

### Discharge Outcome Measures

The analysis of discharge outcomes from the CSoC program for 2022 and 2023 provides comprehensive insights, focusing on the settings into which youth were discharged and the reasons for their discharge. As depicted in Table 5 and Figures 5 to 7, the data covered a cohort of 1,351 youth in 2022 and 1,364 in 2023.

A key finding from Figure 4 is that in 2023, 94.1% of youth in the CSoC program were successfully discharged into a home and community setting, which marks an increase of 0.9 percentage points from 2022. This increment underscores the program's foundational goal of avoiding restrictive settings and emphasizes Magellan's continuous efforts to facilitate discharges into more inclusive environments.

Regarding the reasons for discharge, there is a discernible trend towards improved goal attainment. In 2022, discharges due to (75 - 100% goal achievement) were at 41.0%, significantly increasing to 50.7% in 2023. This 9.7 percentage point rise reflects a substantial improvement in meeting the program's objectives. Similarly, the *Good Goals Progress* category (50 - 75% goal achievement) increased from 18.7% in 2022 to 25.9% in 2023. The *Fair Goals Progress* category (25 - 50% goal achievement) remained at 13.0% across both years.

Another observation is the reduction in discharges categorized as *Other* which decreased from 27.2% in 2022 to 19.5% in 2023. This decline of 7.7 percentage points might indicate a more focused approach in the program toward addressing specific discharge goals.

Furthermore, examining the reasons for discharge from a family perspective, the most common reason in 2022 was *Family Decision - Achieved Goals*, accounting for 49.3% of cases. This decreased to 44.8% in 2023. The second most frequent reason, *Family Decision – Other* decreased from 38.6% in 2022 to 29.40% in 2023.

However, there was a significant increase in discharges due to *Family Disengaged* rising from 3.1% in 2022 to 16.00% in 2023. Additionally, discharges due to *Clinical Eligibility No Longer Met* increased from 1.6% in 2022 to 4.4% in 2023, and the *Relocated Out of State* category saw a decrease from 4.4% in 2022 to 2.0% in 2023. In summary, the analysis of the CSoC program's discharge outcomes over 2022 and 2023 reveals an overall positive trend towards successful discharges into home and community settings and an improvement in achieving set goals. The data highlights the program's efficacy in aligning with its foundational objectives and adapting its strategies to optimize outcomes for the youth involved.

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Figure 4. Youth Discharged to Home or Community-Based Setting by Quarter

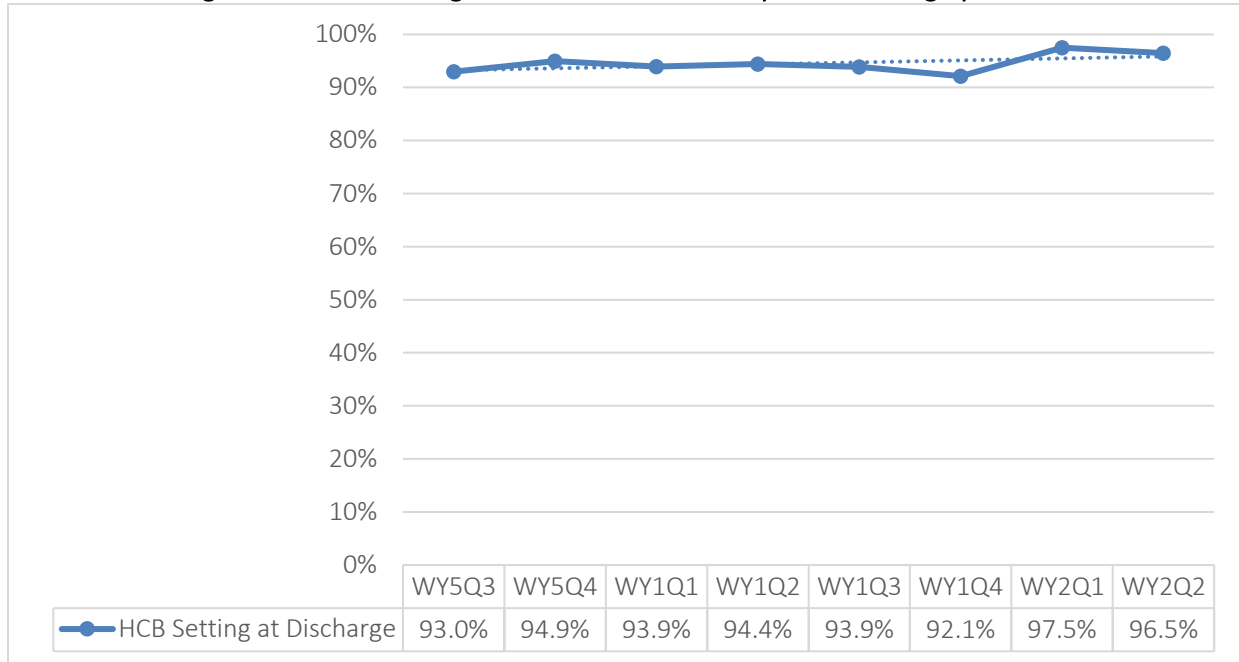
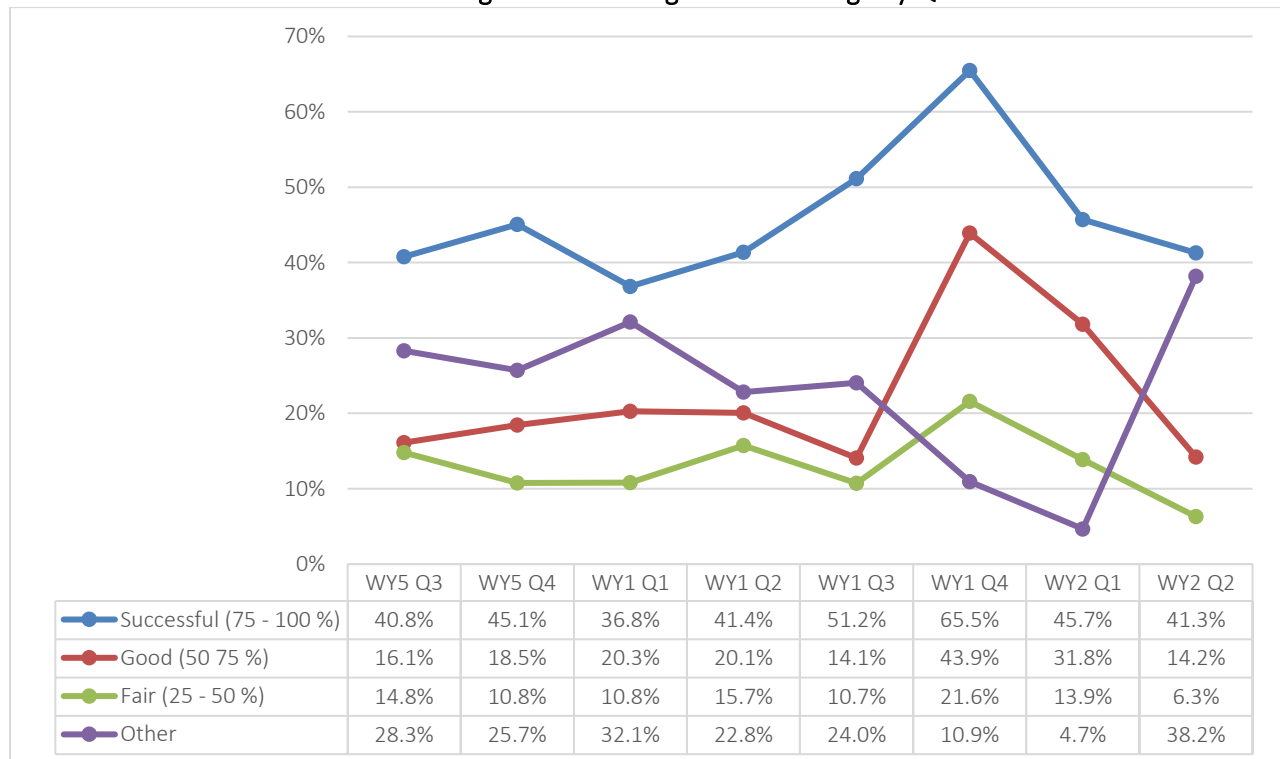
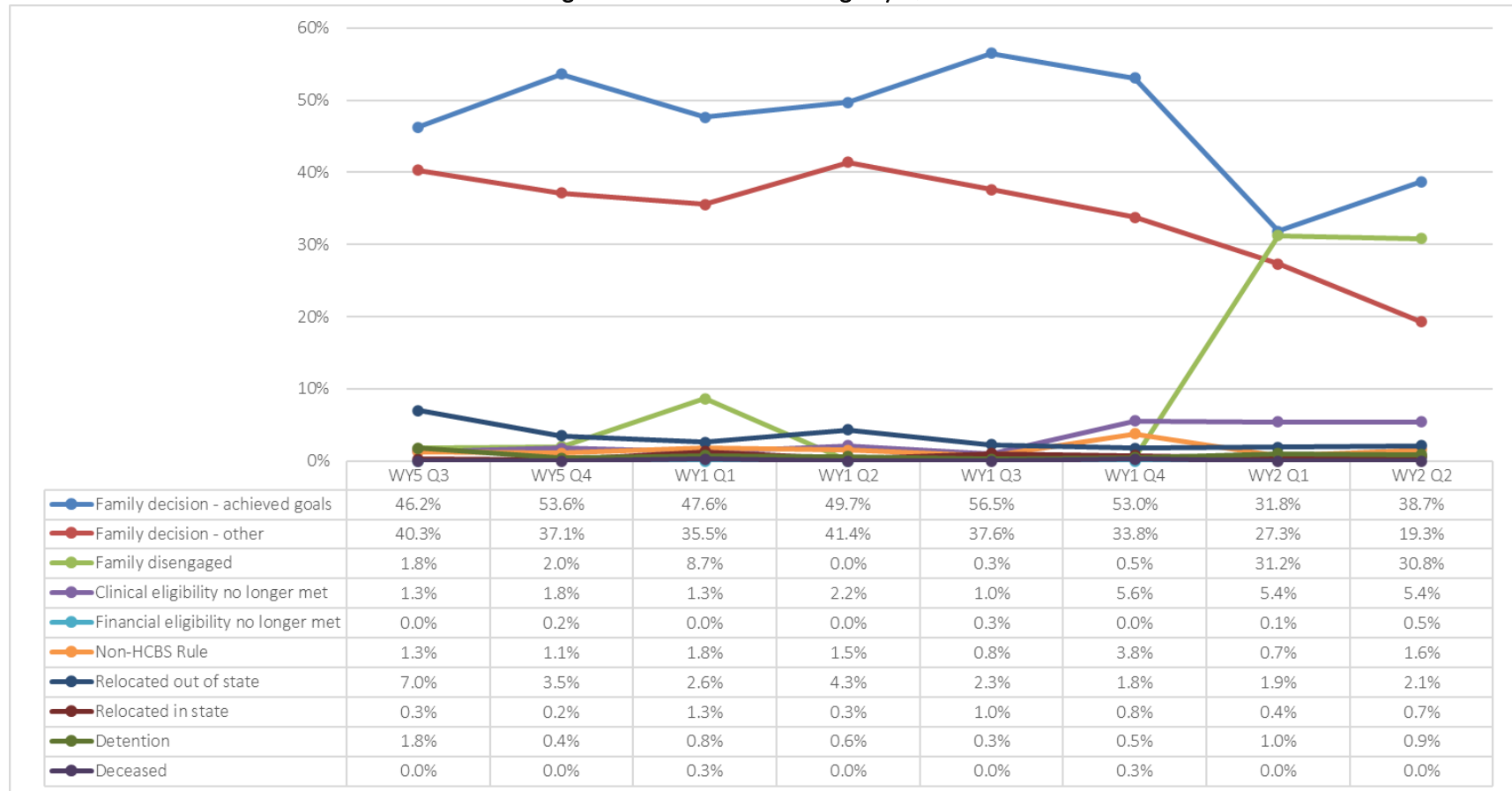


Figure 5. Goal Progress at Discharge by Quarter



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Figure 6. Reasons for Discharge by Quarter





## 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 examines key indicators of functional improvement via the CANS assessment.

The CANS Comprehensive Multisystem Assessment is a multi-purpose tool developed for children's services to support decision-making, including eligibility determination, creating an individualized Plan of Care, facilitating quality improvement initiatives, and monitoring outcomes of services. The CANS is completed by a Licensed Mental Health Professional (LMHP) based on direct interaction with, at minimum, the youth and caregiver. CSoC assessors also communicate with WAA facilitators and providers to gather pertinent collateral information and treatment history.

The Louisiana CANS 1.0 was developed with Dr. John Lyons to meet the unique needs of the state at the initiation of the CSoC program in 2012 and utilizes a localized algorithm to determine level of care and drive treatment planning. In 2024, Magellan will transition to the Louisiana CANS 2.0, an enhanced version that modernizes the tool's language and significantly increases guidance for assessors.

Unlike other psychometric tools, the CANS was developed from a communication perspective to facilitate the connection between the assessment process and the design of the Plan of Care. The CANS examines both the needs and the strengths of youth and their families. Strengths are areas of a youth or caregiver's life where they are doing well or have an interest or ability. Needs are areas where a youth or caregiver requires help or serious intervention. The CANS assessment is subdivided into six domain categories:

- Life Domain Functioning
- Youth Strengths
- Acculturation
- Caregiver Strengths & Needs
- Youth Behavioral & Emotional Needs
- Youth Risk Behaviors

The CANS also includes ten extension modules, which are triggered when key core questions are rated a one or higher. The extension modules allow the assessor to conduct a deeper dive into important needs, including juvenile justice, developmental needs, 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 rating levels. These definitions are designed to translate into actions outlined in the tables below. All actionable items, denoted by a rating of 2 or 3, must be addressed on the Plan of Care.

**Table 5. 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.

**Table 6. 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.

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 above 0.90 with live cases.

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 the member to be included in current and future analytic activities. Extremely high rates of

compliance with electronic submissions have been observed since 2016. This ensures that a continuum of data is available for CSoC youth and families to track progress and outcomes.

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 to assess progress throughout enrollment.

**Health Outcomes**

The Quality Improvement (QI) Work Plan sets forth the performance measures and activities used to measure outcomes, assess quality performance, identify opportunities for improvement, initiate targeted quality interventions, and monitor each intervention’s effectiveness. A summary of key outcome measures is presented below. The results demonstrate positive outcomes that support the effectiveness of the CSoC program in successfully addressing the behavioral health needs of its members.

**Improved Clinical Functioning**

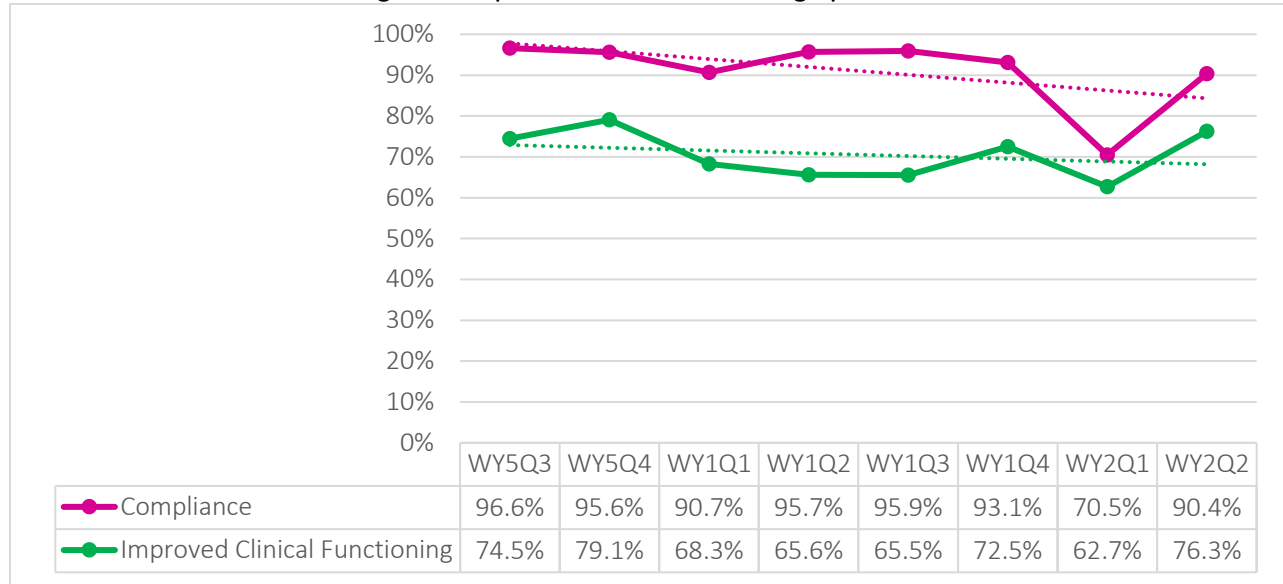
Because CSoC is a short-term intervention with an approximate length of stay of 12 months, it is vital to monitor global change scores quarterly. This is done for both data integrity and to meet LDH requirements for performance measure reporting. This type of monitoring allows LDH, Magellan, and WAA program directors to have real-time mechanisms to evaluate outcomes. Improved clinical functioning is defined as the percentage of members with a decrease of five or more points in global CANS scores from initial to discharge assessment.

The program has consistently maintained positive outcomes, with an annual average of 69.3% (N = 358) of youth showing improvement in clinical functioning in 2023. It must be noted, however, that both the compliance and improvement rates decreased from 2022, falling by 7.4 and 2.2 percentage points, respectively. A closer review of quarterly CANS data reveals that their rate declines were driven largely by significant decreases in WY2 Q1. At this time, the compliance rate fell from 93.1% to a record low of 70.5%. Concurrent with this time period, the wraparound agency NCFS, which serviced Regions 1 and 2 since CSoC’s inception, left Magellan’s provider network. Magellan and the wraparound agencies Eckerd and Ascent were in the midst of executing the transition plan to ensure continuity of care for all members. Directly following this quarter, both rates rebounded, with compliance increasing almost twenty percentage points and improved clinical functioning nearly reaching a 2-year high of 76.3%. The recovery is indicative of effective transition efforts and portends positive outcomes in the future. In addition, Magellan implemented exclusionary criteria for youth discharged subsequent to receiving an Intent to Discharge (ITD) notification, accounting for youth discharged due to disengagement.

**Table 7. Improved Clinical Functioning – Annual Average**

Performance Measure	Year	Denominator	Rate
Compliance	2022	383	94.9%
	2023	475	87.5%
Improved Clinical Functioning	2022	364	71.5%
	2023	358	69.3%

**Figure 8. Improved Clinical Functioning by Quarter**



## School Functioning

CSoC membership is composed primarily of school-aged youth and their ability to function optimally in an educational setting is paramount to their success in other life domains. Deliberate emphasis is placed on evaluating and addressing the educational needs of each member, beginning with the initial assessment and continuing throughout their enrollment. 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 evaluations. Individual items for school behavior and school attendance are also tracked.

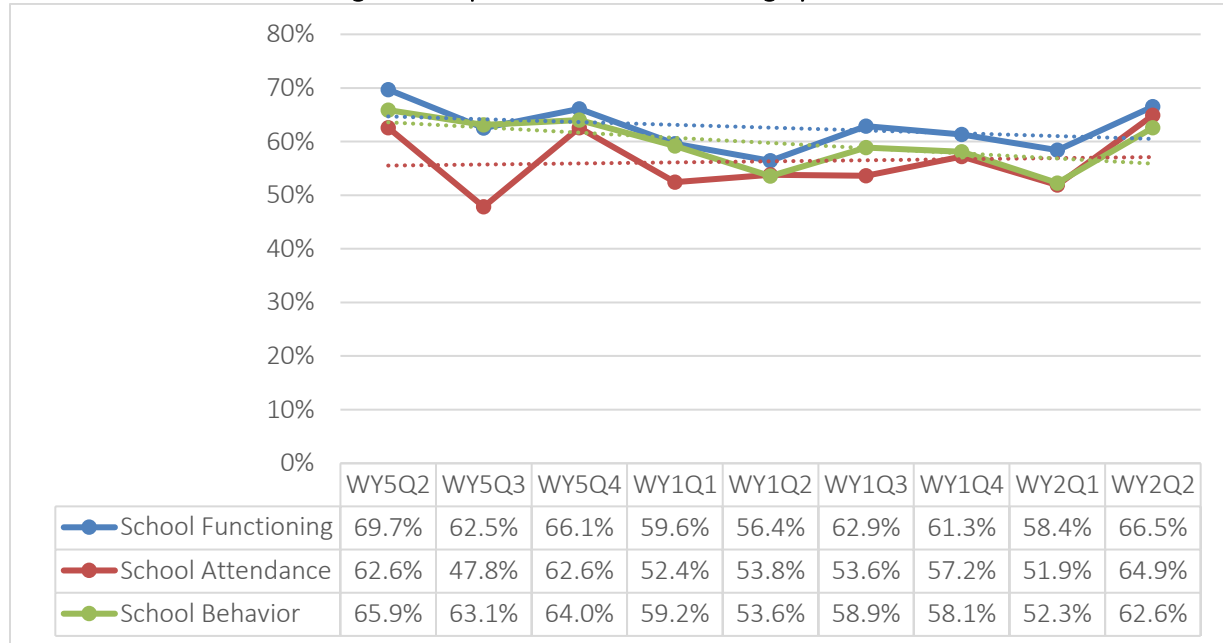
In 2023, fluctuations were observed in rates of CSoC youth evidencing need in school functioning, attendance, and behavior. On average, annual rates of improved clinical functioning were 62.3% for School Functioning (N = 344), 56.9% for School Attendance (N = 157), and 58.0% for School Behavior (N = 289). All school-related rates were largely similar to those in the previous year. Improvements in school attendance and behavior fell slightly, both by less than 2 percentage points.

When examining quarterly data, the trend observed in compliance and overall functioning rate is also apparent here. Rates of improvement for all school measures fell in WY2 Q1 and immediately rebounded in the following quarter. In fact, the last quarter of 2023 achieved the highest levels of school improvement rates observed for the year. This upward trend again bodes well for the future outcomes of CSoC youth.

**Table 8. Improved School Functioning – Annual Average**

Performance Measure	Year	Denominator	Rate
School Functioning	2022	359	62.0%
	2023	344	62.3%
School Attendance	2022	146	57.1%
	2023	157	56.9%
School Behavior	2022	296	60.1%
	2023	289	58.0%

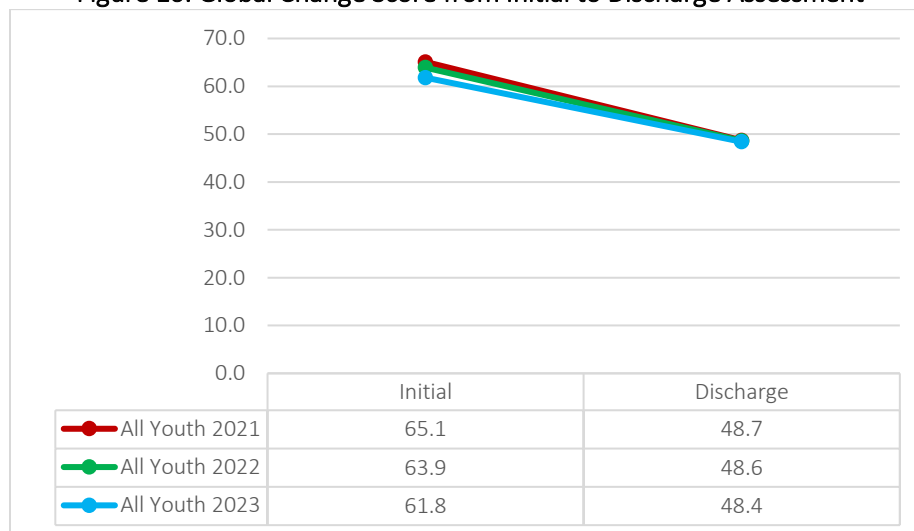
**Figure 9. Improved School Functioning by Quarter**



### Comprehensive Analysis

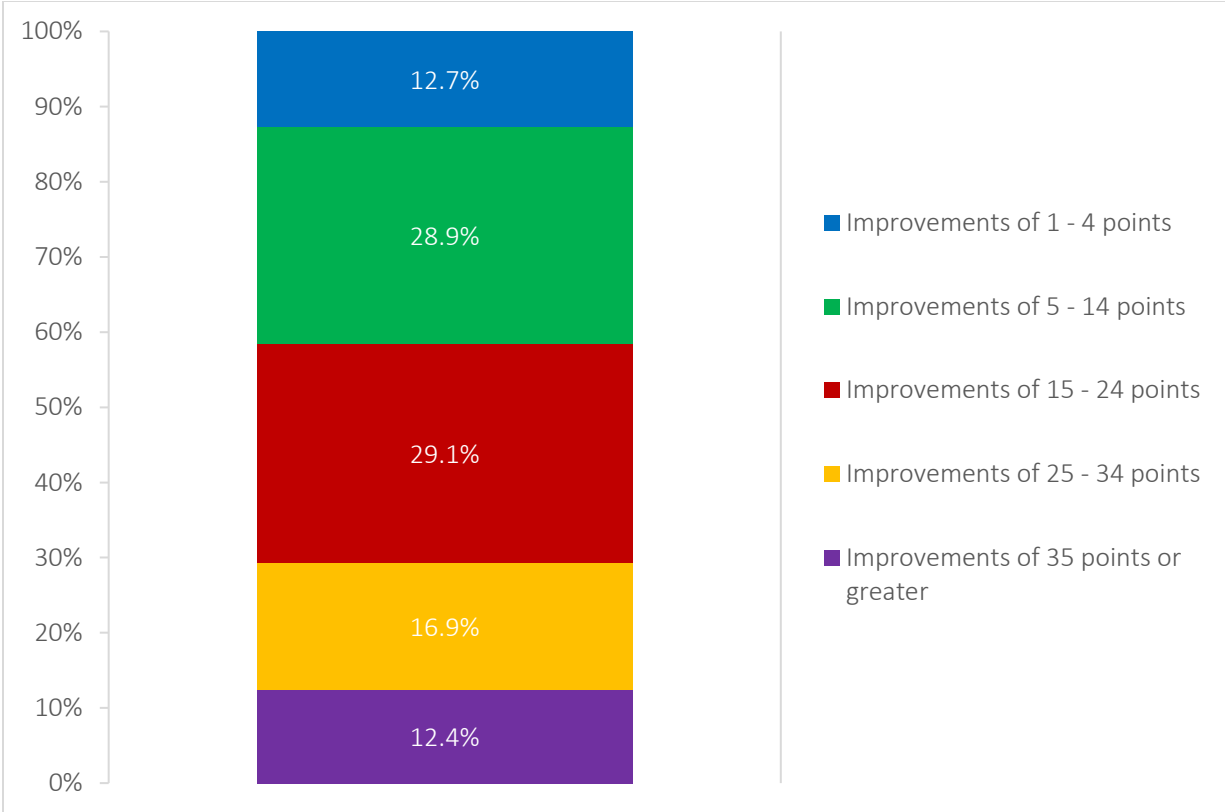
In addition to the prescribed quarterly outcomes monitoring activities, Magellan also conducts multiple levels of analytics throughout the year. Although quarterly monitoring has value, it is also important to look at data over a longer period. This stabilizes the data by allowing more members to be included and provides an opportunity to conduct a statistical analysis of the data to ensure differences are not the result of confounding variables. For the first level of additional analysis, Magellan evaluates the global CANS scores at initial and discharge assessments. This comprehensive analysis shows that strong, consistent outcomes have been sustained over the years. The most recent data shows remarkable similarity to 2021 and 2022 global change scores. In 2023, CSoc youth averaged a global CANS score of 61.8 at initial assessment and 48.4 at discharge, a decrease of 13.4 points.

**Figure 10. Global Change Score from Initial to Discharge Assessment**



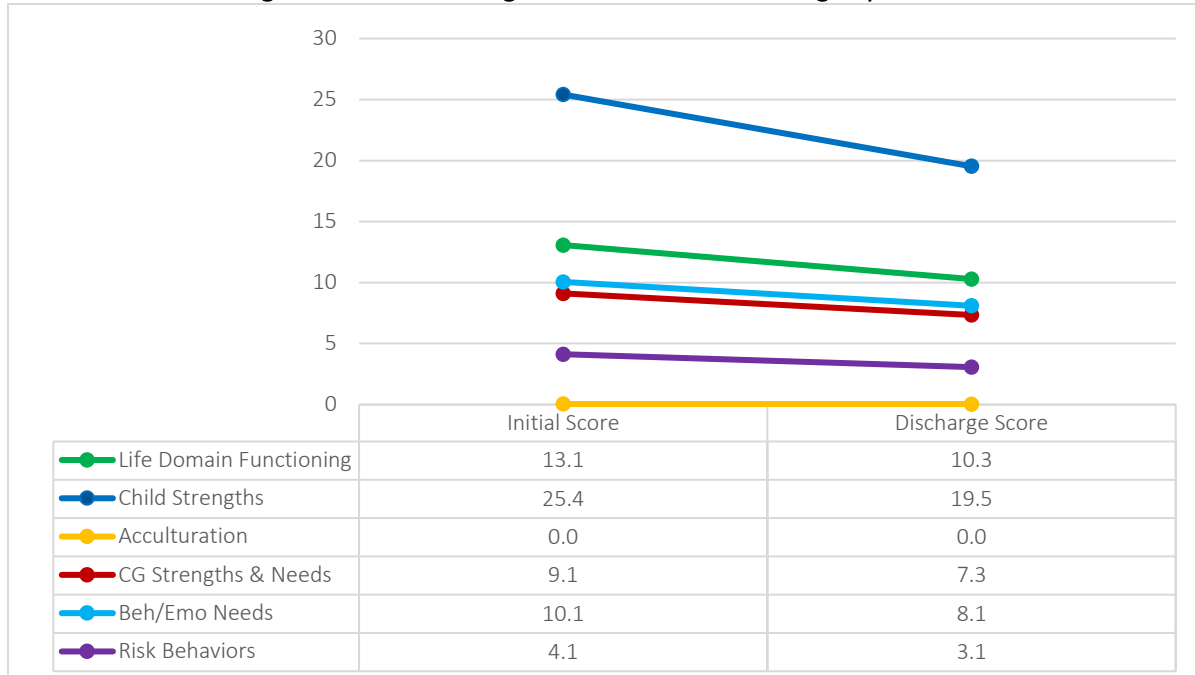
To further elucidate the ability of CSoC to address actionable needs, it is important to look at quantitative measures of global score improvement. The 2023 analysis of CANS data examined 1,156 paired initial and discharge assessments, approximately 75% (N = 868) of which evidenced at least a one point reduction in global change score. The figure below examines that portion of CSoC youth and breaks the level of positive change into categories. This analysis excludes approximately 25% of CANS that had no change in the global score. In 2023, of CSoC youth with discharge global CANS scores that indicated improvement, 87.3% saw a decline of 5 or more points from the initial to discharge assessment (N = 868). Of those 868 youth, more than half, 58.4%, demonstrated improved global CANS scores of fifteen points or greater. The highest category of global change score, denoting improvements of 35 points or greater, was achieved by 108 youth, or 12.4%.

Figure 9. Analysis of Members with Clinical Improvement



Except for the acculturation domain, in which no significant need for improvement was identified, all domain scores showed marked improvement. The greatest improvement in 2023 was observed in the Child Strengths domain, with an average overall change score of 5.9 points from initial to discharge CANS. In 2024, Magellan intends to increase interventions to improve youth and family strengths, which are critical in sustaining the success achieved during enrollment. The CANS area with the next highest improvement was Life Domain Functioning, which evaluates youth needs in all major life domains, including home, family, school, and social. The average score in this domain improved by nearly 3 points, from 13.1 to 10.3.

Figure 10. Global Change Score – Initial to Discharge by Domain

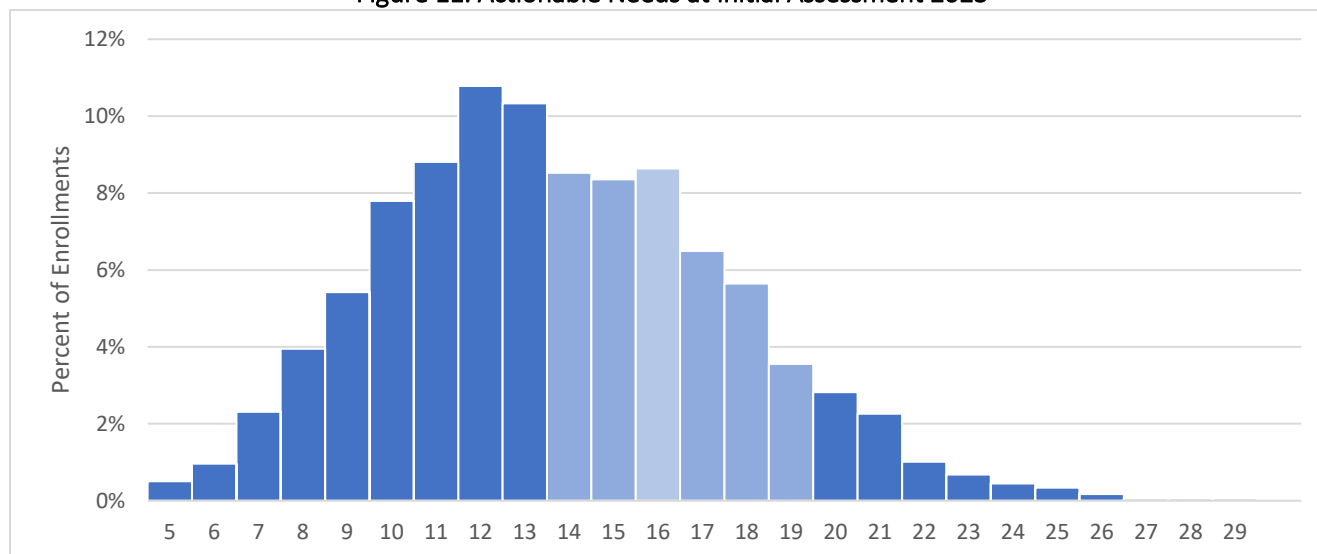


### Actionable Needs

Another area of outcome analysis is the change in the number of actionable needs identified at the initial versus discharge assessment. An actionable need is defined as an item with a CANS rating of two or three. Actionable items are of particular significance for the CSoC program both because they must be addressed in the Plan of Care according to waiver requirements and because they are crucial in prioritizing objectives and guiding strategies. Successfully addressing an actionable item requires that a specific intervention be assigned to the need to elicit improvement. For a need to be defined as met, the item must be rated as a zero or one at discharge assessment.

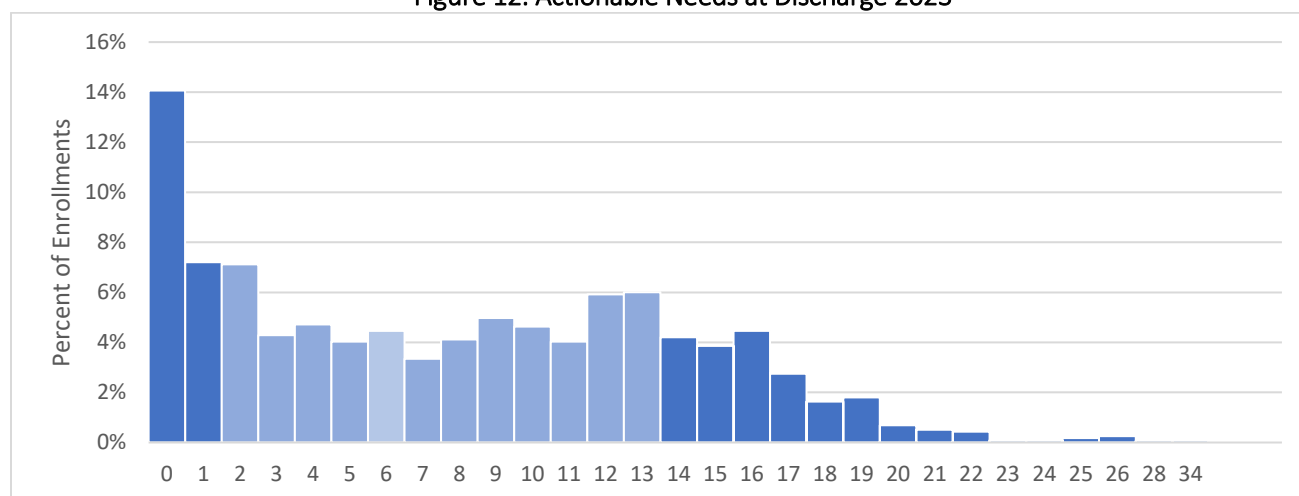
The graphs below illustrate the marked reduction of actionable needs from enrollment to discharge during 2023. The number of actionable needs reported at the initial CANS assessment approximates a normal bell curve. This bell shape indicates that the number of actionable needs is normally distributed across initial assessments.

Figure 11. Actionable Needs at Initial Assessment 2023



Examining the number of actionable needs at the time of discharge reveals a significant change in the shape of the data, shifting from a normal bell shape to a skewed data set. This change in shape signals a significant reduction in the number of actionable needs from enrollment to discharge for CSoC youth.

Figure 12. Actionable Needs at Discharge 2023



The visible shift observed in the graphical depiction of changing actionable needs has been consistent for several years. A comparison of the interquartile data from 2022 to 2023, as detailed in the table below, explicates this pattern. Between 2022 and 2023, the key data points of minimum, median, and standard deviation range varied by no more than 2 points. In 2023, the median number of actionable needs identified at the initial assessment was 13 (N =1,771), with the total number varying from 5 to 29. In comparison, the median number of actionable needs at discharge CANS was reduced to eight and varied from 0 to 34 (N = 1,166). Interquartile analysis shows that the number of initially actionable needs varied from 11 to 16 for the middle 50% of CSoC members. At discharge, that spanned shifted significantly, with the number of actionable needs within one standard deviation of the mean spanning from 2 to 13.



Table 9. Actionable Needs: Interquartile Data

	Year	Assessments	Minimum	Maximum	Quartile 1	Median	Quartile 3
Initial	2022	1614	3	28	12	14	17
	2023	1771	5	29	11	13	16
Discharge	2022	1332	0	30	2	6	13

The CANS measures functionality across many domains, including Youth Risk Behaviors, Caregiver Needs and Strengths, and Behavioral and Emotional needs. Magellan evaluates not only the change in the number of actionable items, but also the type of needs resolved. The figure below details the ten actionable needs that saw the greatest reduction in prevalence from initial to discharge assessment in 2023. This is calculated by comparing initial and discharge CANS ratings, of which there were 1,156 pairs in 2023. The majority, seven items, were in the Youth Risk Behaviors domain, shown in yellow. Risk items assess behaviors with the potential to harm self or others and are most likely to result in hospitalizations or out-of-home placement. The greatest rates of average prevalence reductions for CANS risk items were observed for the *Other Self-Harm* at 59.5%, *Danger to Others* at 58.7%, and *Suicide Risk* at 58.7% (N = 1,156).

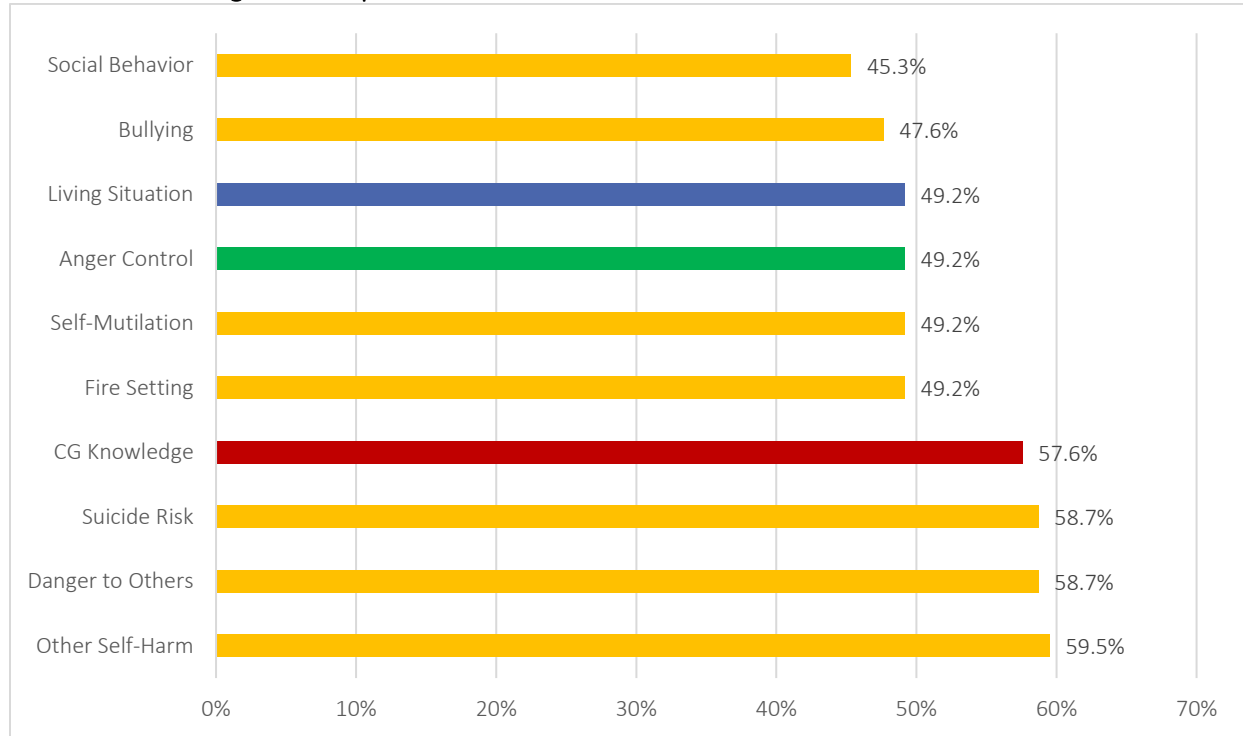
Also among items evidencing the greatest improvement was one measure of caregiver need, denoted by the color red in the figure below. From initial to discharge evaluations, the prevalence of caregivers assessed to need assistance with understanding their child’s behavioral health condition and treatment, measured through the CANS item *Caregiver Knowledge*, was reduced by more than half, a decrease of 57.6%. This was the fourth greatest prevalence reduction achieved in 2023. Additionally, one item from the Behavioral & Emotional Needs domain, *Anger Control*, made it into the top ten, with a prevalence reduction of 49.2%.

Finally, one measure of actionable need in overall life functioning, *Living Situation*, denoted by the color blue in the graph, saw a 49.2% prevalence reduction. Through this item, assessors evaluate the ability of youth to function in their current living situation, whether that be in the family home, foster care, or other community-based setting. Youth with actionable levels of need on this item have moderate to severe functional impairment and struggle to interact effectively with others living in the residence, creating significant problems within the home. Such a significant improvement on this CANS measure reflects the successes achieved through CSoc’s focus on facilitating harmony and communication between the youth and caregivers.

In 2023, Magellan continued its commitment to prioritizing the identification and reduction of potential risks to youth safety. Magellan devoted the majority of its facilitator and assessor trainings in 2023 to clinical procedures that direct actions in circumstances that signify elevated risk including admission to hospital, active suicidal ideations, and use of drugs or alcohol.

Magellan is committed to advancing our understanding of CSoc program dynamics through CANS data. From 2021 – 2022, a tool developed by the Magellan Quality Team, the Assessment Review Tool (ART), was used to evaluate the quality of CSoc youth assessments (consisting of the IBHA and CANS). ART results were used to identify key areas of focus for interventions and assessor trainings. The outcomes of the ART initiative were presented in the 2022 Program Evaluation and evidenced improvement across all targeted assessment areas. In 2023, the Quality Team endeavored to translate those successes and lessons learned into a new approach to assessment guidance made possible by Opeeka and P-CIS technology, planned for implementation in 2024. The following section of this report details this and other quality improvement activities undertaken in 2023.

Figure 13. Top 10 Needs with the Greatest Prevalence Reduction in 2023



# Quality Improvement Activities

The CSoC Unit collects and integrates data from multiple 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 source is replicated and transferred to Magellan's data warehouse for integrated reporting of quality measures. As outlined in our QI Work Plan, the data measures performance against established goals, objectives, and performance indicators. The CSoC Unit analyzes data continuously as specified in the QI Work Plan (i.e., monthly, quarterly, and annually). It evaluates performance against established goals/benchmarks to monitor progress towards goals, identify and prioritize opportunities, and measure the effectiveness of interventions.

When prioritized opportunities are identified, Magellan implements formal Quality Improvement Activities (QIA) to analyze barriers using 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 for interim measurement and monitoring throughout the project timeframe
- Documents changes relative to the baseline measurement
- Analyzes performance goals
- Conducts remeasurement to ensure sustained improvement
- Utilizes comparative data (when available) to establish future performance goals

This section summarizes the quality improvement activities undertaken by the CSoC Unit in 2023.

## The Assessment Review Tool (ART)

Magellan is committed to continually advancing our understanding and development of quality interventions through data, intervention, analysis, and application. A cornerstone of this commitment lies in our dedication to the continuous improvement of the assessment process.

The Assessment Review Tool (ART) was a pivotal intervention in improving the quality of mental health assessments for CSoC youth by Licensed Mental Health Professionals (LMHPs). Initially developed in 2020, the ART served as a comprehensive guide for completing assessments. The CSoC assessment, which both determines eligibility and serves as the foundation for the individualized Plan of Care, consists of the Child and Adolescent Needs and Strengths (CANS) assessment and the Independent Behavioral Health Analysis (IBHA).

The ART's rating system assessed the alignment of CANS ratings with corresponding IBHA narratives and provided individualized feedback to assessors and Wraparound Agency (WAA) Clinical Directors. The ART, evolving through iterative feedback, reached its final version, ART v.5, in 2022. Key areas of focus within the ART included:

- **Documentation of Progress:** Ensuring thorough documentation of response to treatment, including engagement levels, progress, barriers, and emerging issues.

- **Trauma Assessment:** Guiding assessors to evaluate and document trauma experiences, assess and diagnose PTSD, and make trauma-based treatment recommendations for CSoc youth and families.
- **Academic Performance and Needs:** Evaluating and documenting school-related factors, such as attendance, performance, behavior, and the presence of developmental delays or learning disabilities. Assessing the availability of academic accommodations like IEPs or 504 Plans.
- **Evaluation of Risk Factors:** Assessing the risk of harm to self and/or others, with a focus on ensuring that actionable CANS risk behavior items are documented to assist in creating Crisis Plans and safety-focused interventions.
- **Implementation of the Columbia-Suicide Severity Rating Scale:** Making the Columbia Protocol mandatory for all assessments and reassessments starting from 9/1/2022 to ensure the evaluation of suicide risk by licensed clinicians.
- **Method of Assessment:** Emphasizing face-to-face assessments involving both the youth and their caregiver to enhance the quality and accuracy of assessments.
- **Treatment Recommendations:** Ensuring that recommendations align with the reported symptoms and needs of youth and families, are tailored to their unique strengths and needs, and draw from the clinical expertise of the assessors.

To objectively measure the effectiveness of the ART in improving the quality of CSoc assessments, quarterly data was analyzed and shared with assessors and stakeholders. The results, detailed in the 2022 QAPI Program Evaluation, revealed improvements across all targeted areas, including clinical documentation, narrative congruence with CANS ratings, and the assessment's ability to inform the actions and interventions chosen by the Child & Family Team.

## All-Assessor Calls

Magellan's Quality Team introduced All-Assessor Calls more than 3 years ago. These calls, convened every two months, serve as a dynamic platform that brings together a constellation of key stakeholders, including the CSoc Medical Director, Clinical Director, Quality Director, Magellan's Independent Evaluators, representatives from the Louisiana Department of Health (LDH), and, of paramount importance, our Licensed Mental Health Professionals (LMHPs) across the state that assess CSoc youth. These calls are not mere meetings; they embody our commitment to transparency, collaboration, and continuous learning.

The purpose of these calls is multifaceted. Firstly, they serve as a conduit for the timely dissemination of critical updates and revisions to assessment policies and procedures. In a field characterized by evolving best practices and legislative dynamics, keeping our assessors abreast of these changes is fundamental to ensuring the highest standards of care for the youth we serve.

Secondly, the All-Assessor Calls are instrumental in implementing targeted interventions through specialized training sessions. These interventions, crafted based on the evolving needs and challenges identified on the ground, empower our LMHPs with the knowledge and tools needed to navigate the complex terrain of assessing youth with serious mental illness effectively.

Initially introduced in late 2022, a hallmark of these calls has become the collective examination of Case Studies, where assessors collaboratively consider real-world scenarios, striving to arrive at consensus on the application of CANS ratings and IBHA documentation. This collective wisdom hones the skills of our assessors, fosters

consistency, and ensures that youth receive high-quality assessments that build the foundation for success in the CSoC program.

All-Assessor Calls foster open channels of communication between Magellan, our program administrators, and our invaluable assessors. This open dialogue not only encourages feedback but also reinforces the sense of shared purpose in our mission to enhance the lives of the Louisiana youth we serve.

In 2022, All-Assessor Calls centered around the implementation of the ART. However, in 2023, focus shifted towards aligning these calls with initiatives undertaken by the clinical team, specifically emphasizing the Clinical Procedures developed to guide the actions of the Wraparound Child and Family Team. This alignment is crucial to ensuring uniformity and a shared understanding of best practices in caring for CSoC youth and families. By aligning interventions across clinical and quality teams, greater collaboration is fostered between assessors and facilitators in tailoring Plans of Care that effectively address member needs. The table below summarizes the All-Assessor Calls that took place in 2023.

**Table 1. 2023 All-Assessor Calls**

Month	Attendees	Content & Training Topics
March/April	<ul style="list-style-type: none"> <li>Regions Represented: All</li> <li>Independent Evaluators</li> <li>Quality Director</li> <li>Medical Director</li> </ul>	<ul style="list-style-type: none"> <li>2022 Program Evaluation Update and summary of ART outcomes.</li> <li>Plan for 2023 All-Assessor Calls, including the Coordinated Training Track and Case Studies for collaboration and CANS application.</li> <li>Overview of NCQA Reaccreditation and its impact on assessments</li> <li><b>Clinical Procedure: Inpatient Hospitalization.</b> Procedures from admission to discharge, coordination with WF and hospital, updating Crisis Plan</li> <li><b>Case Study:</b> Proper rating of CANS Items: Family, Living Situation, Suicide Risk, and Self-Mutilation.</li> </ul>
May/June	<ul style="list-style-type: none"> <li>Regions Represented: All</li> <li>LDH</li> <li>Independent Evaluators</li> <li>Quality Director</li> </ul>	<ul style="list-style-type: none"> <li>Guidance on the end of the Public Health Emergency and related waiver provisions.</li> <li><b>Clinical Procedures: Developmental/Educational.</b> IEP, 504 Plan, OCDD waiver, referral for Psychiatric Testing, coordination with school and teacher</li> <li><b>Case Study:</b> Identification of I/DD in CSoC youth, assessment of current accommodations and needs, examination of developmental delay on multiple life domains, behavior, and risk factors.</li> </ul>
July/August	<ul style="list-style-type: none"> <li>Regions Represented: 1,2,3,4,5,7,8,9</li> <li>Independent Evaluators</li> <li>Quality Director</li> </ul>	<ul style="list-style-type: none"> <li>Understanding Trauma &amp; ACES, including defining trauma, diagnosing PTSD, and the impact of Adverse Childhood Experiences (ACES).</li> <li>Introduction to updated CANS Reference Guide and expanded item definitions</li> <li><b>Clinical Procedures: Trauma.</b> CANS ratings, completion of ACES, referral to LMHP, and trauma-informed treatment recommendations</li> <li><b>Case Study:</b> Rating Adjustment to Trauma using expanded rating guidance, examination of Trauma Module items</li> </ul>
September/October	<ul style="list-style-type: none"> <li>Regions Represented: 1,3,5,7,8,9</li> <li>Independent Evaluator</li> </ul>	<ul style="list-style-type: none"> <li>Updates impacting Assessors, including changes in network and technology.</li> <li>Transition Plan for Regions 1 &amp; 2</li> <li>CANS 2.0: Nominal changes, expansion of 6 Key Principles, Strategy for Change</li> </ul>

Month	Attendees	Content & Training Topics
	<ul style="list-style-type: none"> <li>Quality Director</li> <li>CSoC Gen. Mgr.</li> </ul>	<ul style="list-style-type: none"> <li><b>Clinical Procedures: Safety &amp; Risk.</b> Suicide rates and statistics among LA youth. Causes of suicide, developing an effective Crisis Plan, Evidence-Based Practices, action steps for assessors and facilitators</li> <li><b>Case Study:</b> Consulting expanded CANS guidance for rating Youth Risk Domain items, Cultural Stress, Independent Living Skills</li> </ul>
November/ December	<ul style="list-style-type: none"> <li>Regions Represented: 1,2,3,4,5,7,8,9</li> <li>LDH</li> <li>Quality Director</li> </ul>	<ul style="list-style-type: none"> <li>CANS Informal Reconsideration Procedure and updates</li> <li>Praed Training Video: It's About the Person, Not the Person in Treatment</li> <li>Guidelines for identifying youth's Caregiver for CANS and IBHA</li> <li><b>Clinical Procedures: Substance Use.</b> Latest national and state substance use statistics, rise in and dangers of vaping among youth, evolving drug laws and impact on assessing youth and family needs</li> <li><b>Case Study:</b> Rating the CANS Substance Abuse item and corresponding module using updated LA CANS 2.0 guidance</li> <li>Vision for 2024 All-Assessor Calls: Focusing on shared knowledge, implementing enhanced assessment tool and platform, growing strengths of youth and families.</li> </ul>

## Enhancing Mental Health Assessments in CSoC

### Independent Behavioral Health Assessment (IBHA)

The ART's development and implementation served as the foundation for the construction of an improved CSoC assessment by enhancing the rigor and consistency of mental health assessments for CSoC youth, providing a framework for assessors to align their evaluations with best practices and clinical expertise. The ART laid the foundation for the quality initiative undertaken in 2023 to develop an evolved Independent Behavioral Health Assessment (IBHA), one that incorporates more than a decade of experience, is built on the most current practices in the field of behavioral health treatment, and utilizes new technologies tailored to the needs of assessors and CSoC youth and families. To accomplish this, Magellan selected Opeeka's Person-Centered Intelligence Solution (P-CIS) suite, which will become the platform for submission of all CANS, IBHAs, and Plans of Care in 2024.

In 2023, Magellan's Quality and Clinical Departments collaborated with P-CIS developers through a series of working sessions to incorporate the ART's guidance as it evolved over its two-year implementation. Through the systematic review of each IBHA section and corresponding ART item, Magellan led P-CIS developers in curating an updated biopsychosocial assessment for CSoC youth and families. One example of this is the incorporation of Assessment Review Tool requirements for the IBHA item *Family History*. The figure below is an excerpt from the tool of one component of evaluating CSoC members' familial histories, adverse circumstances in family of origin. The ART provided a detailed description of documentation requirements and the standards used to evaluate assessors' ability to provide information that can directly inform the Plan of Care.

Figure 1. Excerpt for Assessment Review Tool

Assessment Review Tool v.5		
IBHA Section	Detail	Evaluation
	<i>Social</i>	
<b>Family History</b>  <i>*Information about family may overlap with information found in Living Situation</i>	<b>Component A: Adverse Circumstances</b> Family History section includes a description of adverse circumstances in youth's family of origin. This includes but is not limited to familial history of mental illness, substance abuse, cognitive impairment, physical disability, trauma, abuse or victimization, and absence of parent/Caregiver from youth's life. Significant ratings in Caregiver Strengths & Needs should have corresponding narrative here.	0 = Section provides no description of adverse circumstances in youth's family of origin. This rating would indicate that significant CANS ratings in Caregiver Strengths & Needs domain are not addressed in narrative. 1 = Section contains some useful clinical information about adverse circumstances in youth's family of origin. Narrative includes information that is useful in understanding the family's history and for treatment planning. Some but not all Significant CANS ratings are adequately explained. 2 = Section is comprehensive and useful for treatment planning. All significant CANS ratings have corresponding narrative.

Guidance like that provided in the ART Detail column above will accompany each assessment section in the new P-CIS interface. Incorporating this guidance into the electronic submission platform eliminates the need for assessors to consult separate documents or notes and, most importantly, ensures that assessors across organizations and regions have real-time access to the same assessment standards and guidance. Magellan believes that this intervention will increase the reliability of CSoc assessments and ensure that valuable clinical information is available to the Wraparound Facilitation Team.

## Louisiana CANS 2.0

Additionally in 2023, Magellan's Quality and Clinical Teams collaborated with the Praed Foundation, which promulgates the CANS assessment, to adopt a new, updated iteration of the evaluation tool. Since 2012, the CSoc unit has utilized the LA CANS v. 1.0 to determine eligibility, drive care planning, and monitor outcomes for members. In recent years, the Praed Foundation made updates to the CANS that augment its ability to identify youth and caregiver needs and strengths. By transitioning to the Louisiana CANS 2.0 Reference Guide in 2024, users of the CANS will benefit from its numerous enhancements including:

- **Six Key Principles:** These principles serve as the foundational guidance for CANS users and are critical in understanding the communitric design of the tool. The outcomes of the ART initiative, combined with ongoing feedback and collaboration achieved through All-Assessor Calls, reveal that a primary driver of errors and inconsistencies in CANS ratings is due to the misunderstanding or misapplication of these six principles by assessors. The implementation of the LA CANS 2.0 will include expanded guidance for the application of the principles and will be accompanied by training that focuses on the real-world application of these principles in the assessment of CSoc youth and families.
- **Measurement Properties of the CANS:** This portion of the LA CANS 2.0 improves upon the previous version by explaining the reliability and validity of the CANS and directs assessors in choosing ratings that communicate appropriate action levels.
- **Using the CANS:** The LA CANS 2.0 includes education and guidance for the application of the CANS as an assessment strategy, a guide for treatment planning, an outcomes measurement tool, and a strategy for positive change.
- **Listening Using the CANS:** The updated reference guide adds a section that reflects the principles of motivational interviewing, an evidence-based approach used by mental health professionals to explore internal reasons for change. This section reinforces counseling techniques for eliciting trust and communication including using nonverbal prompts, displaying empathy and acknowledging feelings, actively listening and reflecting, and redirecting focus when necessary.

- **Nominal Changes:** The updated guide includes changes to the names of certain assessment tool items to better align with contemporary mental health terminology, promote cultural sensitivity, and reduce stigma often associated with seeking help for emotional and behavioral needs.
- **Cultural Competency:** The LA CANS 2.0 greatly enhances guidance for evaluating the cultural factors that affect physical and emotional well-being. Unlike the previous version, the new reference guide directs CANS users in assessing the impact of discrimination based on race, cultural practices, sexual orientation, and gender identity on youth and families.
- **Expanded Rating Guidance:** All items of the LA CANS 2.0 reflect the Praed Foundation’s enhanced approach to understanding the intent and application of the CANS assessment to improve validity and reliability across users. Each core and module CANS item include:
  - Item Definition and Intent
  - Questions to Consider
  - Expanded Rating Guidance
  - Supplemental Information

By comparing the Louisiana CANS versions 1 and 2, the enhancements to the new reference guide are apparent. Whereas this initial LA CANS provided only generic item and rating guidance, the new version offers a superior level of explanation and support for CSoC assessors. The two figures below illustrate these stark differences in guidance for the CANS Item *Delinquency/Delinquent Behavior*:

Figure 2. Excerpt from Louisiana CANS Manual v. 1.0

Check	<b>DELINQUENCY</b> <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of delinquency but no acts of delinquency in past 30 days.
2	Recent acts of delinquency.
3	Severe acts of delinquency that places others at risk of significant loss or injury or place child at risk of adult sanctions.



Figure 3. Excerpt from Louisiana CANS 2.0 Reference Guide

<b>DELINQUENT BEHAVIOR*</b> This item includes both delinquent behavior and status offenses that may result from child/youth failing to follow required behavioral standards (e.g., truancy, curfew violations, vandalism, underage drinking/drug use, driving without a license). Sexual offenses should be included as delinquent/criminal behavior. If caught, the child/youth could be arrested for this behavior.	
<b>Questions to Consider:</b> <ul style="list-style-type: none"> <li>Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)? What were the factors associated with them breaking the law?</li> <li>Has the child/youth ever had law enforcement or court involvement?</li> </ul>	
<b>Ratings and Descriptions</b>	
0	<i>No evidence of any needs; no need for action.</i> No evidence or history of delinquent behavior.
1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.
2	<i>Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.</i> Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.
3	<i>Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.</i> Serious recent acts of delinquent activity that place others at risk of significant loss or injury or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary, or gang involvement.
<b>Supplemental Information:</b> Status offenses refer to offense types that apply to children/youth because of their age and would not typically apply to their adult counterparts as a violation of the law. Some common examples of status offenses may include curfew violations, runaway, incorrigibility, school truancy, etc.	
<b>*A rating of '1,' '2,' or '3' on this item triggers the completion of the [1] Juvenile Justice Module.</b>	

Concurrent with the P-CIS platform's introduction will be the Louisiana CANS 2.0 Reference Guide. While all CSoC assessors must undergo annual CANS re-certification through the Praed Foundation, Magellan identified that the reliability and validity of CANS ratings can be affected by differing interpretation of items, individual or regional practices, and “drift” that naturally occurs over time. The P-CIS interface will display the full rating guidance for each CANS item on the screen while the assessor is completing the assessment, ensuring that all assessors have real-time access to consistent rating guidance. Below is a screenshot of what assessors will see when completing the LA CANS 2.0 electronically

Figure 4. P-CIS CANS Interface

The screenshot displays the 'Trauma History' section of the P-CIS CANS interface. A sub-section titled 'CANS Adjustment to Trauma Rating' is active. Below this, the 'Childs Needs' section is shown, categorized under 'Child Behavioral/Emotional Needs'. The text explains that this item is used to describe a child/youth with difficulties adjusting to a traumatic experience. Four radio button options are provided for rating the need: 0(0) for no evidence, 1(1) for identified need requiring monitoring, 2(2) for need interfering with functioning, and 3(3) for dangerous or disabling need. Below the options, 'Considerations' and 'Supplemental Description' are listed.

**Trauma History**

— CANS Adjustment to Trauma Rating

**Childs Needs**

Category: Child Behavioral/Emotional Needs

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

☐ **0(0)** = No evidence of any needs; no need for action. No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences. (0)

☐ **1(1)** = Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action. (1)

☐ **2(2)** = Need is interfering with functioning. Action is required to ensure that the identified need is addressed. Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain. (2)

☐ **3(3)** = Need is dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD). (3)

**Considerations:**

- What trauma was the child/youth exposed to? • How is it connected to the current issue(s)? • What are the child/youth's coping skills? • Who is supporting the child/youth? • Do any diagnoses contribute to the behaviors being seen?

**Supplemental Description:**

\*A rating of '1,' '2,' or '3' on this item triggers the completion of the [D] Trauma Module.

## Looking Forward

Both preparing for and implementing the new technology that will enhance Magellan's quality improvement activities will be an ongoing effort in 2024 that requires extensive collaboration. The key priority for 2024 will be training both internal and external staff to use the new tools. The Quality Department's Clinical Project Manager (PM) will continue to directly support assessors via regular All-Assessor Calls that address the needs and concerns of CSoC clinical evaluators. Collaborative case studies will continue during these calls and will be especially useful as assessors familiarize themselves with the enhanced assessment documents.

Additionally, the PM will function as the primary trainer for the implementation of the Louisiana CANS 2.0. In preparation for this role, the PM completed Praed's *Training the Trainer* course in 2023. This multi-day training certifies individuals to train other CANS users to understand the principles of the CANS and how to properly administer it to identify needs and strengths of youth and caregivers. The skills and resources gained through completion of this course will inform and direct the creation of assessor-specific trainings to accompany the 2024 implementation of the LA CANS 2.0. Feedback received in 2023 revealed that wraparound facilitators preferred and derived more benefit from trainings conducted on the Rise platform. In 2024, trainings developed for assessors will be transitioned to Rise, which allows for more a more interactive experience through the incorporation of media resources and knowledge checks.

# 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 by preventing, detecting, and remedying 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 employees, 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 reviews, investigations, and retrospective reviews of data;
- Conducting utilization management-focused reviews, including provider chart reviews and onsite reviews, member service verification reviews, and post-payment reviews;
- Reviewing claims payments, outliers in utilization and cost, and conducting predictive analytics and social network analyses.

In 2023, the Compliance team acknowledged all Hotline referrals within three days and maintained a 100% completion rate for all employee Annual & New Hire Compliance training.

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.

# Accreditation

NCQA is an independent, not-for-profit organization dedicated to assessing and reporting the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credential verification organizations, disease management programs, and other health-related programs. NCQA reviews include rigorous on-site and off-site evaluations conducted by a team of physicians and managed care experts. A national oversight committee of physicians and behavioral health providers analyzes the team's findings and assigns an accreditation level based on the MBHO's performance compared to NCQA standards.

NCQA MBHO Accreditation standards are purposely high to encourage MBHOs to enhance their quality continuously. There are approximately sixty standards for quality included in the following categories:

- Quality Management and Improvement
- Utilization Management
- Credentialing and Re-credentialing
- Member Rights and Responsibilities
- Preventive Behavioral Health Care Services.

The CSoC Unit pursues ongoing NCQA MBHO accreditation for the following reasons:

- Maintain compliance with contractual requirements.
- Demonstrate the CSoC Unit's commitment to quality and to meeting the highest industry standards.
- Serves as a framework for internal quality improvement—results provide a baseline for improvement over time.
- Ensure internal rigor and discipline result from preparing for and undergoing the NCQA Accreditation Survey process.
- Establish credibility through an external, independent validation of quality.

In 2023, CSoC earned Full Medicaid Managed Behavioral Health Organization (MBHO) Accreditation from the National Committee for Quality Assurance (NCQA), spanning until 06/22/2026. This achievement, as the CSoC unit's first reaccreditation survey, complies with 1.2.1.2 of our contract and shows the sustainability of implementing CSoC within a managed care framework.

# 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

# Endnotes

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<sup>i</sup> 12.2.3.2.6. Describe how the Contractor will collect data on race, ethnicity, gender, age, primary language, and geography and ensure said data is accurate.

<sup>ii</sup> 6.2.4.2.3.3. The needs assessment shall analyze and include the current and desired service utilization trends, including prevalent diagnoses; age, gender, and race/ethnicity and cultural characteristics of the **enrolled population by CSoC region**; best practice approaches; and network and contracting models consistent with LDH, CSoC, and Wraparound Goals and Principles.

<sup>iii</sup> 6.2.4.2.3.3. The needs assessment shall analyze and include the current and desired service utilization trends, including prevalent diagnoses; age, **gender**, and race/ethnicity and cultural characteristics of the enrolled population by CSoC region; best practice approaches; and network and contracting models consistent with LDH, CSoC, and Wraparound Goals and Principles.

<sup>iv</sup> 6.2.4.2.3.3. The needs assessment shall analyze and include the current and desired service utilization trends, including prevalent diagnoses; **age**, gender, and race/ethnicity and cultural characteristics of the enrolled population by CSoC region; best practice approaches; and network and contracting models consistent with LDH, CSoC, and Wraparound Goals and Principles.

<sup>v</sup> 6.2.4.2.3.3. The needs assessment shall analyze and include the current and desired service utilization trends, including prevalent diagnoses; age, gender, and **race/ethnicity** and cultural characteristics of the enrolled population by CSoC region; best practice approaches; and network and contracting models consistent with LDH, CSoC, and Wraparound Goals and Principles.

<sup>vi</sup> 6.2.4.2.3.3. The needs assessment shall analyze and include the current and desired service utilization trends, including prevalent diagnoses; age, gender, and race/ethnicity and cultural characteristics of the enrolled population by CSoC region; best practice approaches; and network and **contracting models consistent** with LDH, CSoC, and **Wraparound Goals and Principles**.

<sup>vii</sup>

6.3.1.2.2. The Contractor shall require all participants in the provider network to have an appointment system for contracted services that is in accordance with prevailing behavioral health community standards as specified below: 6.3.1.2.2.1.

Provisions must be available for obtaining emergent care twenty-four (24) hours per day, seven (7) days per week. Emergent, crisis or emergency services must be available at all times. An appointment shall be available within one (1) hour of request.

6.3.1.2.2.2. Provisions must be available for obtaining urgent care twenty-four (24) hours per day, seven (7) days per week.

An appointment shall be available within forty-eight (48) hours of request. 6.3.1.2.2.3. Routine, non-urgent behavioral

healthcare shall be available with an appointment within fourteen (14) days of request. 6.3.1.2.2.4. None of the above access standards shall supersede the requirements in the waivers or Medicaid State Plan.

<sup>viii</sup> **SOW 6.2.6. Contractor Network Development and Management policies shall be subject to approval by LDH.**

<sup>ix</sup> Develops and expands the use of evidence-based models to deliver covered services. Evidence-based practice (EBP) models may be used by providers to deliver covered services such as LMHP services, CPST services, and PSR services. To develop and expand the use of EBP models, the Contractor may use strategies inclusive of UM and CM protocols that link members to providers using EBP models, recruiting providers trained in EBP models into the network, Contractor-provided workforce development to increase the percentage of network providers who are trained in EBP models, and/or value-based payment strategies to support both the recruitment and retention of trained EBP providers in the network.