



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

March 2020

Colorado Concept Paper: High Fidelity Wraparound Implementation

Background

During the 2019-2020 legislative session, the Colorado Legislature passed Senate Bill 19-195 (SB 19-195), which Governor Polis subsequently signed. With this state authority, the Department of Health Care Policy and Financing (Department) seeks to add High Fidelity Wraparound (HFW) services for children and youth (ages 0-25) at risk of out of home placement or in an out of home placement. The addition of HFW services aligns with Department goals to better coordinate care for our highest risk members and expands on state initiatives to advance wraparound care for children and youth. The Department intends to make this evidence-based, care coordination model available through the Accountable Care Collaborative to system involved children and youth with serious behavioral health challenges.

The Department requests on-going engagement with our federal partners, the Centers for Medicare & Medicaid Services (CMS), in this work. We are interested in discussing the needed authority to cover this new benefit to a carefully defined population of eligible children and youth. This concept paper outlines our thinking as of February 2020.

Colorado's Children and Youth Behavioral Health Landscape

Colorado has a long history of innovating its Medicaid delivery system with a commitment to improve member health and reduce costs. Our Accountable Care Collaborative, now in its second iteration, requires our Regional Accountable Entities (RAEs) to ensure care is coordinated across disparate providers, social, educational, justice, and other community agencies to address complex member needs that span multiple agencies and jurisdictions. Through an administrative per member per month (PMPM) payment and management of a capitated behavioral health payment, the RAEs must manage the physical and behavioral health of the members enrolled to them.

Colorado has taken significant steps toward aligning services, integrating care and increasing behavioral health services. Yet, opportunities to improve outcomes and cost for system-involved children and youth with behavioral health needs remain. This is in part due to the increased likelihood that when children are involved in one system, they are more likely to be involved in other systems. While intending to protect and improve outcomes for children, the different state systems have distinct statutory and/or federal processes and requirements. Thus, vulnerable families report feeling frustrated by the differing demands of multiple systems.¹ These stressors combined with a challenging to navigate system result in families over-utilizing some services through some funding streams and neglecting others—to the detriment of the child's health.

Behavioral health is often the common denominator for families with complex needs. A recent analysis of Colorado Medicaid claims found that over 33% of all foster care, Medicaid enrollees had an identified behavioral health complexity, compared to less than 10% of non-foster care, Medicaid enrollees. While

¹ In the summer of 2014, Casey Family Programs sponsored a series of community forums throughout Colorado that revealed concerns about the current children's behavioral health system.



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physical health complexity among these foster-involved children and youth was still greater than non-foster care involved youth (15% compared to 7%), behavioral health complexities impacted more than double the number of children and youth with physical health complexities. Because of this high incidence of behavioral health conditions in multi-system involved children and youth, HFW will be provided to improve family access to behavioral health services.

The state has an existing and robust community-based behavioral health program into which HFW will easily integrate. The Department offers a continuum of inpatient and outpatient behavioral health services. This includes integrated behavioral health services in primary care settings as well as an array of community-based or (b)(3) alternative services. Complementing these Medicaid services, the Colorado Department of Human Services (CDHS) administers a well-funded crisis support system that includes a statewide crisis hotline, mobile crisis teams, and five-day stabilization clinics. Finally, the Department and CDHS have implemented a Systems of Care (SOC) pilot study in 15 communities across the state through Substance Abuse and Mental Health Services Administration (SAMHSA) funding.² The Department and CDHS have an opportunity to leverage the existing providers, benefits, and systems to implement HFW statewide.

Proposed Approach

The SOC's HFW service would address some of the challenges associated with duplicated and fragmented services for children and youth with behavioral health needs. The SOC framework is a nationally-recognized and evidenced-based approach for children and youth with complex behavioral health care needs.^{3,4} These children and youth have many strengths as well as considerable needs, and their care should be tailored to those specific strengths and needs. The SOC model's HFW refers to an intensive care coordination service offered in home and community-based settings. This coordination involves: engaging children and families, developing treatment plans, identifying and engaging system partners, facilitating treatment for children and their families, and transitioning them to more community supports.

Currently, the Department pays the RAEs an administrative PMPM to ensure members receive appropriate care coordination and case management. The RAEs also receive a separate capitated payment to provide behavioral health services for members. With the administrative PMPM, the RAEs must ensure care coordination is delivered and assume other responsibilities to improve the overall health and wellness of our members. This includes addressing services available from other agencies

² <https://www.samhsa.gov/grants-awards-by-state/CO/discretionary/2017/details><https://www.samhsa.gov/grants-awards-by-state/CO/discretionary/2017/details>

³ National experts identified "wraparound" as the *only* evidenced-based care coordination model for children with complex behavioral health care needs. Pires, S.A., Fields, S., & McGarrie, L. (2016). *Innovations in Children's Behavioral Health: Tiered Care Coordination for Children and Youth Meeting Summary*. Baltimore, MD: The National Technical Assistance Network for Children's Behavioral Health.

⁴ See: *EPSDT – A Guide for States: Coverage in Medicaid Benefit for Children and Adolescents*. Pg. 11-12
https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf



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and entities. The Department proposes building on this foundation of care coordination in our delivery system by paying the RAEs an enhanced administrative PMPM payment to provide wraparound and family supportive services for eligible children and youth.

With this payment, the RAEs will be responsible for several bodies of work to ensure the success of HFW:

1. They will be responsible for providing all eligible children and youth with the four phases of HFW: comprehensive assessment, development and facilitation of the Child and Family Team, creation of an individualized care plan, and monitoring and follow-up activities to ensure successful implementation and completion of the individualized care plan. This requires the development and oversight of family-driven, youth-guided teams, facilitated by a dedicated care coordinator that plans and ensures access to needed behavioral health, medical, oral, social, educational, developmental, and other services and supports.
2. The RAEs must also provide parent/caregiver and youth peer support in the event that families require additional assistance to promote the child/youth recovery plan.
3. This payment would also provide RAEs with administrative resources to implement the program, including: stakeholder outreach, technical support to providers, management of the benefit, and incentive payments to reward value-based care.

The Department plans to monitor and evaluate this work through two pathways. First, the state allocated funds to the Department to hire a contractor that will ensure HFW agencies and facilitators have proper training, maintain credentialing, and adhere to evidence-based standards. Then, the RAEs will be required to contract with agencies and/or facilitators who've been certified by this contractor as a HFW provider. Second, the Department will develop measures to evaluate the quality of HFW through monitoring HFW facilitation and the subsequent utilization patterns of members who receive those services.

Criteria for the HFW program will be limited to children who are at risk of out of home placement or who are in an out of home placement category. This will include children and youth involved in multiple state systems such as child welfare, juvenile justice or the Division of Youth Corrections, disability services and/or who have been identified as needing additional support to prevent involvement in more than one system. To identify these children, the RAEs will use a validated and reliable assessment tool called the Child and Adolescent Needs and Strengths (CANS).⁵ The CANS utilizes a trained assessor that reports answers into an algorithm that objectively determines the level of care a child would benefit from the most. Many other states have utilized the CANS to identify levels of care for at-risk children and youth, and Colorado will benefit from lessons learned about how others have used this tool. Colorado is currently developing the level at which children will qualify for these services, but the state will ensure that it meets evidence-based criteria and budget neutrality calculations as needed.

⁵ The CANS is already being used to determine eligibility for enhanced services in Colorado. Furthermore, states such as; California and New Jersey are utilizing the CANS to determine eligibility for their state-wide programs.

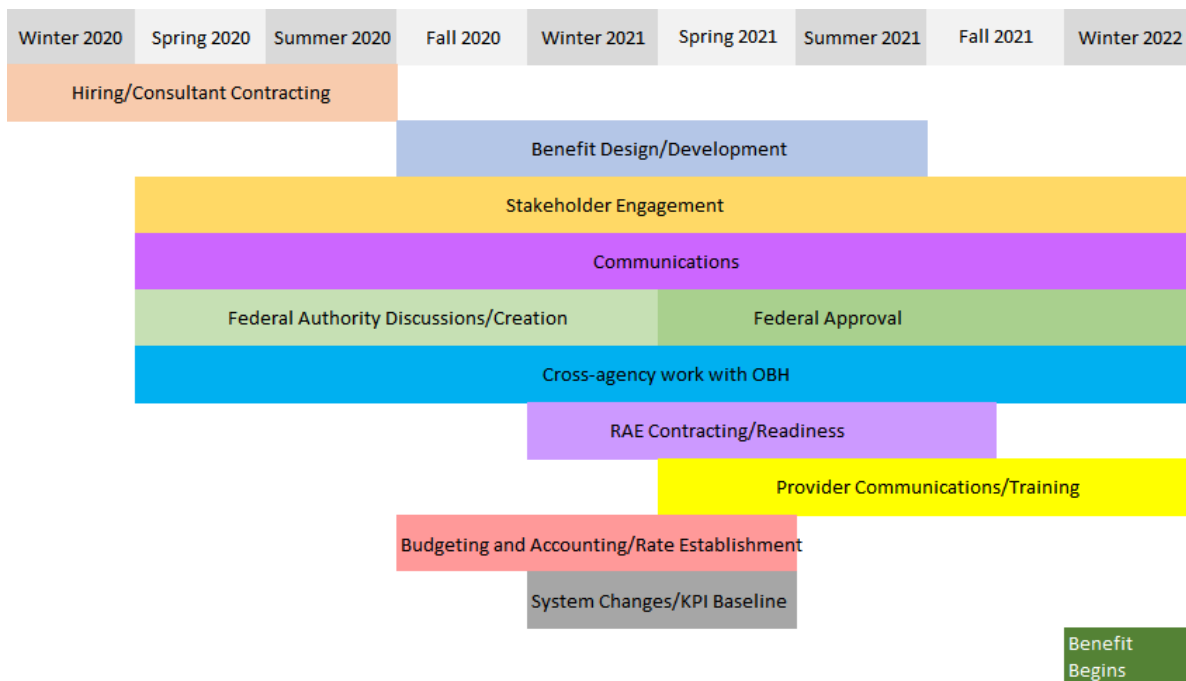


Finally, the Department is committed to designing the benefit to allow for close monitoring and evaluation of: a) model fidelity; b) supported transitions of care; c) clinically appropriate authorizations for service access; and d) assessment intervals to prevent extended utilization of high intensity services after clinical improvements are realized. Through the SOC pilot work at DHS and utilization management protocol through the RAEs, an infrastructure to meet state and federal reporting requirements already exists.

Next Steps and Timeline

The Department would like to begin meeting with CMS to discuss authority requirements for HFW services. While several options exist to implement high fidelity wraparound as a component of a SOC and many states use multiple authorities, Colorado is particularly interested in leveraging our existing Colorado Accountable Care Collaborative Waiver. This is our 1915(b) waiver that allows Colorado to mandatorily enroll most Medicaid beneficiaries into a RAE that is responsible for overseeing both the physical and behavioral health components of the State's Medicaid program. The RAE serves as a risk-based Prepaid Inpatient Health Plan (PIHP) to deliver behavioral health benefits and a Primary Care Case Management Entity to deliver physical health services. Given our existing delivery system, this authority option offers the opportunity to provide HFW services for all Medicaid eligible children and youth.

The Department began its work soon after the Governor signed the authorizing legislation and has outlined the following preliminary timeline.



The Department is appreciative of our partnership with CMS and looks forward to continued collaboration to determine how existing or new authorities will allow us to deliver this benefit.