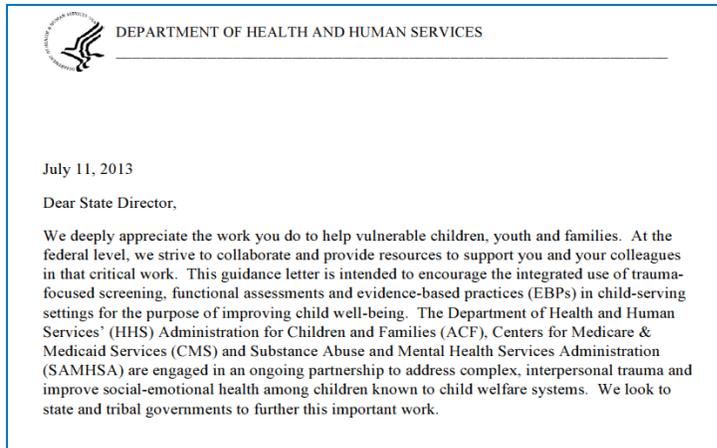


FEDERAL POLICY GUIDANCE & RESOURCES RELATED TO CHILDREN/YOUTH WITH COMPLEX NEEDS

I. SMD 13-07-11 Tri Agency Letter on Trauma Informed Treatment

Federal Partnership Between the Centers for Medicare & Medicaid Services (CMS), Administration for Children and Families (ACF), and Substance Abuse and Mental Health Services Administration (SAMHSA) to Address Complex Interpersonal Trauma & Improving the Social Emotional Health Among Children Known to the Child Welfare System.



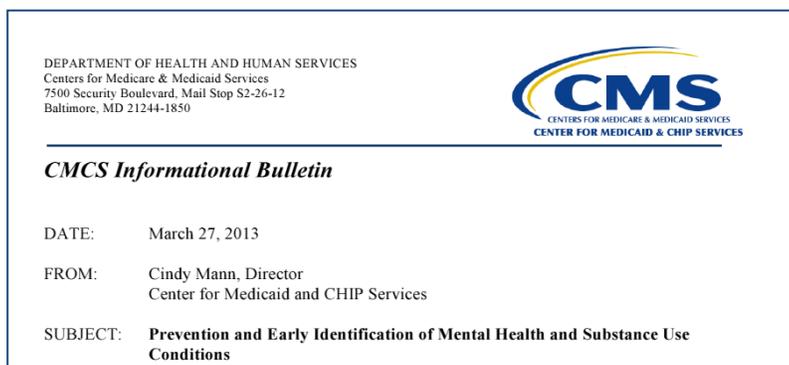
Highlights:

- Goal is to encourage the use of trauma focused screening, functional assessments, and evidence based practices in order to address complex, interpersonal trauma and improve social emotional health among children known to child welfare systems.
- Identifies research showing that trauma occurs with approximately 90% of the children in foster care.
- Describes the direct link and interplay with the issues associated with psychotropic medications.

- Identifies the components of screening, assessment, referral, and interventions.
- Discusses key financial issues, including Title IV-E, Child and Family Services Improvement and Innovation Act demonstration grants, SAMHSA funding of the National Center for Trauma Informed Care, use of block grant funding, and Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits and responsibilities.
- Mentions Medicaid state plan services including cognitive behavioral therapy, crisis management, peer supports, family therapy, targeted case management (TCM), and professional services. It also discusses Affordable Care Act (ACA)-authorized enhanced funding for preventive services; 1915(i) and 1915(c) services and waivers; health homes; alternative benefit plan opportunities; two approaches to managed care for child welfare, including plans with special networks and plans specifically contracted to serve individuals with special needs; integrated care models; and 1115 waivers.
- References the following CMS Informational Bulletin regarding EPSDT dated March 27, 2013.

II. CMCS Information Bulletin

The Needs of Children/Youth & EPSDT Benefits, Specifically Regarding Mental Health and Substance Use Conditions (03-27-13)



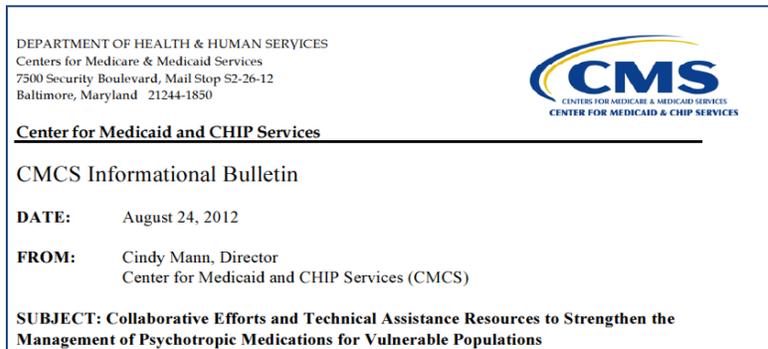
Highlights:

- Resources for states about information available to help them meet the needs of children under EPSDT, especially regarding mental health and substance use disorder (MH/SUD) services
- Addresses clinical guidelines, screening and quality reporting, and professional training.
- Specifies age appropriate screening tools.

- State Initiatives: Colorado Massachusetts, North Carolina, and South Carolina
- Also see reference document #5 below.

III. CMCS Informational Bulletin

Technical Resources to Strengthen Management of Psychotropic Medications for Vulnerable Populations (08-24-12)



Highlights:

- Addresses resources and collaborative efforts to promote appropriate use and enhance oversight of psychotropic medications for children in foster care and individuals living in nursing facilities.
- Discusses “Because Minds Matter” and requirement for states to submit APSR plan by 6/30/12.

IV. Promoting Social Emotional Well Being for Children and Youth Receiving Child Welfare Services

Administration for Children and Families. April 17, 2012

ACYF-CB-IM-12-04: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

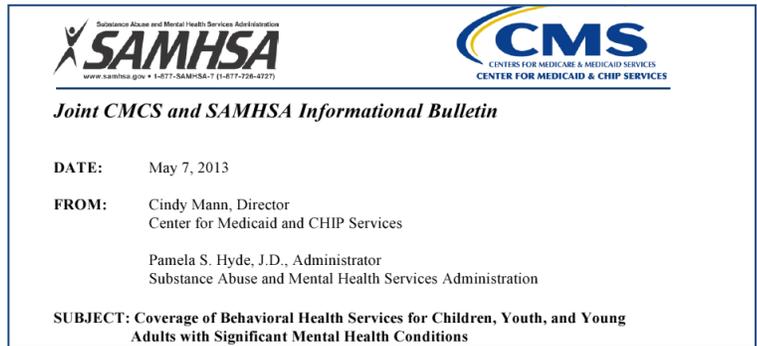
Highlights:

- Identifies as a federal priority the promotion of social and emotional well-being in child welfare and encourages a focus on improving behavioral and social emotional outcomes for youth who have experienced abuse and neglect.
- Establishes a “Well Being” framework.
- Summarizes research on maltreatment and behavioral impact.
- Summarizes federal requirements, including a required state plan, EPSDT, trauma screening and treatment, and psychotropic medication oversight. Describes requirements for Child Abuse Prevention and Treatment Act funding, including early intervention.
- Discusses opportunities for improvement in practice and care, including maximizing use of resources and improving outcomes.
- Discusses strategies for shifting the system to promote social/emotional well-being, and identifies resources.

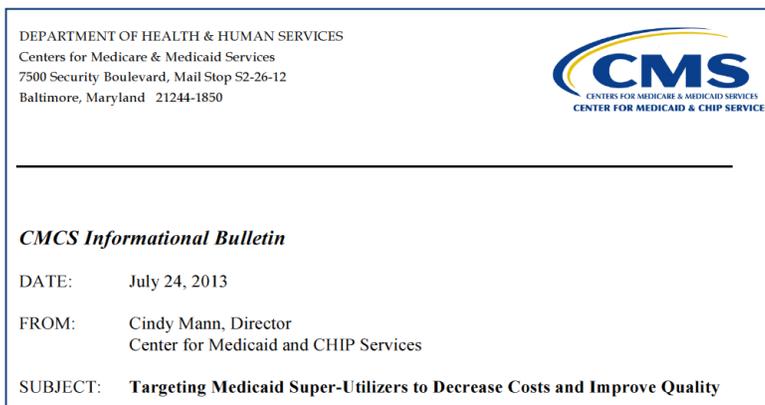
V. SAMHSA CMCS Joint Informational Bulletin Coverage of Behavioral Health services for Children/Youth (05-07-13)

Highlights:

- Provides information intended to assist states in designing a benefit that meets the needs of children, youth, and young adults with significant mental health conditions, with a goal of greater home- and community-based treatment.
- Discusses EPSDT and resources.
- Discusses the evidence and impact on Medicaid programs, including reduced cost of care, improvements in life activities and stability in living situations for youth, and improved clinical outcomes.
- Discusses Medicaid benefit design, Medicaid authorities, and several demonstration options, including state examples. Examples include: intensive care coordination, family and youth peer support services, intensive home based treatment, respite care, mobile crisis response and stabilization, and flexible funds. Gives CMS and other resource links and guidance.
- Discusses Children's Health Insurance Program Reauthorization Act (CHIPRA), Health Information Technology for Economic and Clinical Health (HITECH), and ACA clinical reporting requirements and measures.



VI. CMCS Informational Bulletin Targeting Medicaid Superutilizers to Decrease Costs and Improve Quality (07-24-13)



Highlights:

- Discusses the early promise of targeting “superutilizers” to improve care, improve health, reduce cost, and demonstrate innovation. Indicates that the top 5% of Medicaid beneficiaries account for 54% of spending (“hot spotter” concept). Defines superutilizers as those patients whose high number and cost of health care interventions could have been treated earlier and at less cost, and who are “impactable”.
- Discusses the Center for Medicare & Medicaid Innovation and Robert Wood Johnson funding of ten superutilizer programs, including Ohio.
- Currently has limited use with managed care and long-term care, but holds promise. Notes the research regarding limited success of telephonic outreach in addressing needs of superutilizers.
- Identifies Medicaid payment mechanisms, including primary care case management (PCCM), multi-payer case management, per episode payment for program services, per member per month payments to managed care organizations, and shared savings. Also discusses Medicaid support via enhanced federal match for Medicaid management information systems and health information exchange designs, administrative claiming, health homes, integrated care models, TCM, and access to Medicare data.
- Identifies integrating mental illness and substance use disorders with social supports to improve care/reduce cost. Behavioral health needs targeted in virtually every strategy.

- Identifies key policy decisions for states and providers to decide about initiating a program.
- A few observations, including:
 - Care Oregon’s experience shows that a history of trauma is a predictive risk factor, as is coexisting MH/SUD and lack of timely access to services.
 - Community Care of North Carolina utilizes a fee-for-service, PCCM model, using a clinically based platform to evaluate costs and determine intervention.
 - Maine Community Care Teams include a health home component, which includes developmental disabilities and autism spectrum disorders.
 - Spectrum Health Center for Integrative Medicine developed an episode of care payment for all services during a 6-9 month intervention to the targeted population of super utilizers.

VII. CMCS Informational Bulletin

Coverage & Service Design, Mental Illness & Substance Abuse (12-03-13)

Highlights:

- Discusses benefit design issues regarding mental illness and substance use disorders, especially in light of opportunities with Medicaid expansion (i.e., alternative benefit packages) and the Mental Health Parity and Addiction Equity Act.
- Discusses key principles of coverage of mental illness and substance use disorders.
- Identifies new resources for states.
- Links to briefing document describing the “Good and Modern” MH/SUD system.

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850	
<u>Center for Medicaid and CHIP Services</u> CMCS Informational Bulletin	
DATE:	December 3, 2012
FROM:	Cindy Mann, Director Center for Medicaid and CHIP Services (CMCS)
SUBJECT:	Coverage and Service Design Opportunities for Individuals with Mental Illness and Substance Use Disorders

VIII. CMCS Informational Bulletin

Inpatient Psych Services for Youth under age 21 (11-28-12)

Highlights:

- Discusses the background, services, and payment for inpatient services for youth.
- Acknowledges related EPSDT obligations for these services.
- Discusses CMS willingness to assist states to navigate this issue.

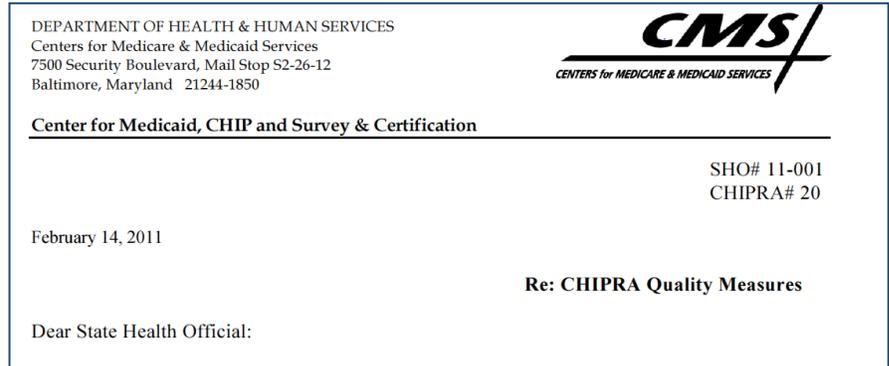
DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850	
<u>Center for Medicaid and CHIP Services</u> CMCS Informational Bulletin	
DATE:	November 28, 2012
FROM:	Cindy Mann, Director Center for Medicaid and CHIP Services (CMCS)
SUBJECT:	Inpatient Psychiatric Services for Individuals under age 21

IX. CHIPRA Quality Measures

SHO 11-001

Highlights:

- Provides guidance to states regarding implementation of CHIPRA 2009 regarding quality of care to children, including the responsibilities to develop, improve, and promote quality of health care to children by:



- Identifying an initial core set of recommended pediatric quality measures for voluntary use by states.
- Creating a Pediatric Quality Measures Program and requiring regular updating of child health quality measures.
- Providing guidance about improving the availability of public information regarding enrollment of children in the Children's Health Insurance Program and Medicaid.

X. Medicaid Handbook: Interface with Behavioral Health Services



Highlights:

- Reviews Medicaid and its role in financing services and treatment for mental health disorders and substance use disorders.
- Discusses services included in Medicaid state plans, the role of the provider, reimbursement, and other factors related to Medicaid

- Available at: <http://store.samhsa.gov/product/SMA13-4773> Pub id: SMA13-4773 Publication Date: 8/2013. Authored by Vorys Health Care Advisors, www.VorysHCAAdvisors.com under contract with SAMHSA's Center for Financing Reform & Innovations and Truven Health Analytics.

XI. SAMSHA Initiative

Youth in Juvenile Justice and Child Welfare Systems



XII. ALSO Center for Health Care Strategies June 2013 "Making Medicaid Work for Children in Child Welfare: Examples from the Field"

Funded by Annie E Casey Foundation

Making Medicaid Work for Children in Child Welfare: Examples from the Field

October 2013
Vorys Health Care Advisors
www.VorysHCAAdvisors.com