



## A Response

**Submitted To:**

West Virginia Department of Health and Human Resources

**Subject:**

Managed Care Alternative for Vulnerable Youth Populations  
RFI Solicitation Number CRFI 0511 HHR1500000002

**Submitted By:**

Magellan Healthcare, Inc.  
4800 North Scottsdale Road  
Suite 4400  
Scottsdale, AZ 85251

**Submission Date:**

February 25, 2015 1:30 p.m. ET

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WV Purchasing Division

# ORIGINAL



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Request for Information  
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Doc Description: Managed Care or Managed Care Alternative Vulnerable Youths

Proc Type: Request for Information

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| 2015-01-28  | 2015-02-25<br>13:30:00 | CRFI 0511 HHR1500000002 | 1       |

**BID RECEIVING LOCATION**

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

**VENDOR**

Vendor Name, Address and Telephone Number:

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Scottsdale, AZ 85251

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**FOR INFORMATION CONTACT THE BUYER**

Robert Kilpatrick

(304) 558-0067

robert.p.kilpatrick@wv.gov

Magellan Healthcare, Inc.

Signature X By:

FEIN # 52-2135463

DATE February 23, 2015

All offers subject to all terms and conditions contained in this solicitation

| INVOICE TO  |         | SHIP TO   |          |
|---|---------|---|----------|
| BUYER - 304-957-0209<br>HEALTH AND HUMAN RESOURCES<br>ONE DAVIS SQUARE, STE 200 |         | BUYER - 304-957-0209<br>HEALTH AND HUMAN RESOURCES<br>ONE DAVIS SQUARE, STE 200 |          |
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| Line | Comm Ln Desc  | Qty     | Unit Issue |
|------|---|---------|------------|
| 1    | Managed Care or Managed Care<br>Alternative Vulnerable Youths | 1.00000 | EA         |

| Comm Code | Manufacturer | Specification | Model # |
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**Extended Description :**

Managed Care or Managed Care Alternative Vulnerable Youths

|               |                                |  |                              |
|---------------|--------------------------------|--|------------------------------|
| HHR1500000002 | <b>Document Phase</b><br>Final | <b>Document Description</b><br>Managed Care or Managed Care A<br>Alternative Vulnerable Youths | <b>Page 3</b><br><b>of 3</b> |
|---------------|--------------------------------|--|------------------------------|

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: HHR150000002**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Magellan Health  
Company  
[Signature]  
Authorized Signature  
2/12/15  
Date

**NOTE:** This addendum acknowledgment should be submitted with the bid to expedite document processing.  
Revised 6/8/2012

February 25, 2015

Buyer: Robert P. Kilpatrick, File 22  
Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, West Virginia 25305-0130

**RE: Request for Information: CRFI 0511 HHR1500000002**

Dear Mr. Kilpatrick:

Magellan Healthcare, Inc. (**Magellan**) is pleased to submit our response to the **Request for Information (RFI): CRFI 0511 HHR1500000002 — Managed Care or Managed Care Alternative for Vulnerable Youth Populations** to assist the West Virginia Department of Health and Human Resources (the “Agency”) in preparing specifications for a prospective solicitation to aid in your goal of supporting the safety, permanency, and well-being of vulnerable youth populations.

This RFI and the upcoming RFP are exciting opportunities for Magellan as a healthcare organization with nearly 20 years of experience in building, delivering, and transforming systems of care for vulnerable youth populations. We have a comprehensive and deep knowledge base that has positioned us as a leader in the industry. Our approach to serving children and youth within a system of care model has allowed us to organize programs to address the unique needs experienced by young people with or at risk for mental health or other challenges. Our coordinated system of care approach is designed to help youth reach their fullest potential—at home, in school, in the community, and throughout life.

We know there is no “one-size-fits-all” system of care. Rather, it must be dynamic, and the following components are key:

- Screening, planning, and treatment must be youth-guided and family-driven, considering all life domains in order to achieve success.
- The care provided must be guided by best practices that are developmentally appropriate and trauma-informed, particularly related to individuals younger than five years of age and transition-age populations.
- Peer youth and peer family support services are essential in helping transition-age youth grow into adulthood, while providing families strength as caregivers and providers.
- Children and their families are often involved in multiple systems, such as special education, child welfare and juvenile justice, so additional support and coordination through programs including our eMbraceCare initiative must be available.

Magellan’s experience has informed our children’s model in a comprehensive nature, ensuring operations support the principles and clinical best practices of systems of care.

This operational support framework includes:

- System collaboration
- High touch care coordination
- Preventative screening
- Assessment and consultation
- Crisis intervention and stabilization
- Quality management and outcomes
- Flexible training program
- Network development and support
- Flexible IT platforms and tools.

**Some highlights of our product offering for this population include the following:**

**Care Coordination**

Magellan's clinically driven care coordination model, eMbraceCare, employs a personalized high touch approach, augmented by technology, which results in an enhanced care experience and ultimately, in better outcomes.

**System Collaboration**

Magellan's expertise in care coordination transcends every level of care. We focus on the development of collaborative structures that include cross-system agreements with other child-serving systems such as child welfare, juvenile justice, and education. This enables us to better serve the children and youth involved with these systems and incorporate trauma-informed care as part of our strategy.

**Network Development**

Magellan's care management model for children's services includes network recruitment, development, credentialing, and various reimbursement structures based on the community and contract. Our focus with providers treating young people fully supports a system of care with multiple levels/tiers in their care continuum from prevention to intensive treatment.

Under this structure, Magellan identifies and prioritizes evidence-based practices that become supported services. Other services include the provision of parent support and training to ensure both engagement and active participation of the family in the treatment process, and crisis prevention and trauma awareness for parents, foster parents, agencies and others.

As a qualified vendor, Magellan offers input on our approach to solutions to improve access to care, improve coordination of care, provide effective communications and training, enhance quality and provide seamless continuity of care, while establishing a methodology for establishing capitated payments for services for the targeted group of children to include medical, dental, vision, behavioral/mental health, and pharmacy services.

**The point of contact for the Magellan response to the RFI is:**

**Shawn Thiele, MSW**

Vice President Business Development and Innovations

Magellan Healthcare, Inc.

Ph: (480) 522-9736

Email: [SThiele@magellanhealth.com](mailto:SThiele@magellanhealth.com)

We look forward to responding to the final RFP issued by the Agency. Please contact Ms. Thiele or myself for further information.

Sincerely,

**Glenn Stanton**

Senior Vice President Business Development

Magellan Healthcare, Inc.

Ph: (410) 591-8085

Email: [GAS Stanton@magellanhealth.com](mailto:GAS Stanton@magellanhealth.com).

## IMPROVED ACCESS TO CARE

- 1.1.1** *Describe the approach(es) to establishing a statewide provider network that is comprehensive and contains providers who can provide a multi-disciplinary and comprehensive service array, either through their own practice or through collaboration with other providers; is accessible to children and their caregivers; incorporates evidence-based best practices and interventions; provides for continuous communication with stakeholders; and has capacity in rural areas and across specialty lines of health services.*
- 1.1.2** *Describe the approach(es) to addressing deficiencies in the Essential Provider and Specialty Provider networks in relation to travel times and distances that may be experienced by a member.*
- 1.1.3** *Describe the approach(es) to providing 24 hours access to a provider or service in emergency situations.*
- 1.1.4** *Describe the approach(es) to measuring and regularly verifying network compliance standards, and actions that will be taken if notified of inappropriate wait times before a member is seen by a provider.*
- 1.1.5** *Describe the approach(es) that would be taken to accommodate actual member enrollment if total exceeds projected enrollment, if this scenario presents an issue.*
- 1.1.6** *Describe the approach(es) to offering/providing crisis response to children and their caregivers.*

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## IMPROVING ACCESS THROUGH SYSTEM COLLABORATION AND CARE COORDINATION

Magellan understands the tremendous responsibility of ensuring vulnerable children and youth receive the care they need. We have two decades of experience coordinating care for children, youth, and families in complex systems of care across the country. Our experience managing children's services for state and county customers such as Pennsylvania, Louisiana, Arizona, and Iowa taught us the value of collaboration to achieve lasting positive outcomes that allow children to live healthy lives and thrive in their communities.

We base our recommendations for West Virginia on our extensive public sector experience and the knowledge and understanding we have gained through collaboration with youth and families, family organizations, child welfare entities, other child-serving agencies, and national experts (both internal and external to Magellan) in child welfare, children's systems of care, family leadership, and advocacy.

To serve the behavioral health and physical health needs of vulnerable youth, West Virginia needs an organization that employs managed care and system of care principles with a proven track record of expertise, experience, and understanding of the population of vulnerable children and youth and their behavioral health and physical health needs.

We recommend that the State establish the following requirements for bidding vendors:

- History of working closely with child-serving systems
- Demonstrated experience coordinating care for at-risk children and youth
- Experience collaborating with child welfare, as demonstrated by references from child welfare entities
- Experience partnering with family organizations to provide support and education to families and caregivers
- Possession of a technological platform to support telehealth engagement
- Availability of online solutions/tools for transition age youth and young adults.

Care coordination for vulnerable youth populations requires specialized knowledge and skills, including understanding the impact of adverse childhood experiences and a trauma informed approach to care. Magellan leverages this specialized knowledge to ensure behavioral health and physical health services are managed and coordinated in a high quality and consistent fashion across providers and systems of care.

#### Enhancing Coordination without Disruption

Magellan's approach to ensuring a comprehensive and accessible provider network begins with identifying and building upon the strengths of the current system of care, while minimizing disruption in continuity of care for members. It is particularly important from a Trauma Informed Care perspective that children with a history of child welfare involvement are able to maintain therapeutic relationships with trusted providers instead of having to transfer to new providers due to changes in eligibility.

With this in mind, we recommend a care coordination and management model for West Virginia in which youth have access to services regardless of whether the youth are members of health plans or fee for service beneficiaries. Youth eligibility for services through the statewide Fee For Service (FFS) network of Medicaid providers is a system strength in West Virginia.

We recommend that members of at risk youth populations continue to retain eligibility for FFS Medicaid services. This will ensure vulnerable youth have access to a full range of providers across the state through the FFS network. This approach ensures maximum access while Magellan is able to leverage its expertise to focus on care coordination, working collaboratively with child serving systems such as children and youth, juvenile justice and community stakeholders. Through this approach, all enrolled West Virginia Medicaid providers will be accessible to at-risk youth and their caregivers.

#### Provider Network Shaping through Engagement and Use of Data

To ensure the provider network has the right types of providers for medical, behavioral health, and support services, we recommend an organization with experience in taking a thoughtful look at community needs, as expressed by members, families, and other stakeholders.

Magellan uses data to engage and assist providers in recognizing and responding to opportunities to improve the quality of care and service outcomes.

#### Ensuring Network Sufficiency

For our public sector contracts, Magellan continuously monitors and adjusts network sufficiency to ensure service types and capacity meet system needs, including culturally diverse priority populations and persons with special needs. Network analysis involves using various data points to ensure a comprehensive review and evaluation of the network capacity aligned with member needs. In addition to contracting relationships, business agreements are another vehicle by which we are able to manage network sufficiency and monitor access to care, wait times, and other performance measures.

As part of our quality improvement program, Magellan employs data collection, analytics, trending, monitoring, and reporting activities to continuously monitor providers to ensure they comply with appointment access standards. We recommend that interested bidders be required to provide a network development plan that addresses how network capacity and sufficiency would be managed.

#### Ensuring 24-Hour Access to Care

##### **Monitoring Wait Times**

As part of our quality improvement efforts, Magellan uses data collection, monitoring, analysis and reporting activities to continuously monitor providers to ensure they meet emergent, urgent, and routine appointment access, assessment, and treatment plan standards, as follows:

- **Emergency behavioral health services:** immediately
- **Urgent care:** within 24 hours of request, including transfer between levels of care during a chemical dependency episode
- **Routine care:** within 14 calendar days of request.



Providers are asked to notify us if they are not accepting new members for any reason so that we do not refer members to these providers. Upon notification, we complete a comprehensive review to ensure the reason is valid and justified in accordance with Medicaid, State, and contractual requirements. We recommend that interested bidders address more specifically how they would ensure access to care within their network development and quality management plans.

### **Crisis Response**

Magellan has extensive experience and expertise in developing and managing crisis service systems, and we would welcome the opportunity to collaborate with the State of West Virginia in developing crisis service capacity.

The goals that we have identified as vital for a responsive resiliency-oriented crisis system are to:

- Provide timely and accessible aid as close to members' home community as possible
- Provide access to a wide range of crisis stabilization options and locations
- Stabilize members as quickly as possible and assist a return to their pre-crisis level of functioning
- Divert members from inpatient psychiatric hospitalization and emergency rooms when appropriate to community-based service alternatives.

Based upon our experience, we understand the complexity of building crisis system capacity and responsiveness. Direct communication, collaboration, and input from all involved stakeholders (including state agencies, first responders, and secure emergency facilities), is critical in ensuring successful planning and implementation. To ensure the most responsive crisis system in rural areas, Magellan recommends the State requires interested bidders to provide a crisis system development and implementation plan. This plan must demonstrate access across all regions urban and rural.

Our approach to ensuring 24-hour access to care also includes establishing a 24-hour crisis line with clinicians specially trained to understand vulnerable youth populations. The crisis line assists members and caregivers in assessing whether they need to access emergency medical and/or behavioral health services.

An example of our success in partnering with communities to enhance the quality of crisis response and improve outcomes for members is the collaboration between Magellan and Montgomery County, Pennsylvania in 2012 to initiate mobile crisis services and a peer support talk line run by peer specialists assisting with crisis intervention. In the first year of the program, the peer support talk line logged more than 1,700 calls, and by the end of 2013, outcomes data indicated a 97 percent diversion rate from hospitalization to appropriate community supports for individuals who had a telephonic and/or mobile crisis intervention.

Magellan's experience collaborating with the child welfare system in Central Arizona to provide children's crisis services is another example of our unique understanding of the crisis response needs of youth in foster care and other vulnerable youth. Magellan collaborated with Arizona Child Protective Services (CPS) and crisis services providers to create specialized teams to respond to crises involving children, including crisis calls from public schools. We partnered with CPS and providers to establish a Rapid Response model to provide urgent, age-appropriate assessments of children immediately after entering into CPS custody.

Magellan developed and administered crisis stabilization services, including a 23-hour crisis observation unit and crisis stabilization teams for children involved with CPS who were at high risk of disruption from their current out-of-home placement. Magellan required all children's crisis personnel to receive training in safely and effectively responding to crises involving children with developmental disabilities, as well as training in Trauma Informed Care (TIC).

## **IMPROVED COORDINATION OF CARE**

- 1.1.7** *Describe the coordination across systems, including the educational system, and continuity of care between health care, child welfare providers, behavioral health providers and care managers with an integrated care plan for all children.*
- 1.1.8** *Describe how a vendor would provide training to ensure a plan of care that is jointly developed and shared among the primary care provider and/or specialist serving as a principal coordinating physician, and the child and caregiver(s).*
- 1.1.9** *Describe the procedures and protocols for using the individualized family service plan (IFSP) information in the development of the member ISP (individualized service plan) and to authorize services.*
- 1.1.10** *Describe procedures and protocols for developing and including an interdisciplinary team in the assessment and care planning process, and how this information will be transferred to the primary care provider.*
- 1.1.11** *Provide a description of the appropriate case mix and staffing ratio of service coordinators to members and the target ratio of service coordinators to members for each service coordination level.*
- 1.1.12** *Describe the process for establishing relationships with community organizations and engage them in providing non-covered services to members.*
- 1.1.13** *Describe the process for creating an ISP, including parties to be consulted, information to be incorporated, and how the member will be involved in the process.*
- 1.1.14** *Describe how a vendor would evaluate and report member progress in meeting goals identified in the ISP.*
- 1.1.15** *Describe a plan for tracking service coordination provided to members, including numbers and types of contact, timeliness of contacts, and qualifications of individuals making the contact.*
- 1.1.16** *How would a vendor meet standards for American Academy of Pediatrics (AAP) for Early & Periodic Screening, Diagnosis and Treatment (EPSDT) testing within 72 hours of placement?*
- 1.1.17** *Describe the service coordination process for members who also receive non-capitated services through the following programs:*
- 1.1.17.1** *Medicaid state plan services such as but not limited to Health Home and Personal Care*
  - 1.1.17.2** *Nursing Facility*
  - 1.1.17.3** *Home and Community Based Services (HCBS) Waiver Services (IDD, TBI, ADW)*

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## **A SYSTEM OF CARE APPROACH TO COORDINATION OF CARE**

Vendors working on behalf of children and their families who have complex healthcare needs must demonstrate understanding and expertise in successfully working across the multiple systems that touch the lives of children. Magellan has 20 years of demonstrated results working with children with mental health challenges, addictions, and primary care needs requiring cross-system coordination and collaboration with healthcare providers as well as education, child welfare, juvenile justice, and other social service and justice systems.

We establish and sustain effective partnerships to best serve children and families, and we train and require providers to demonstrate excellence in care coordination.

For example, in Louisiana, we have effectively partnered with the education system to for three years to coordinate school-based behavioral health treatment and support services for school age children with complex needs. In Arizona, Magellan established an interagency collaborative which led to the creation of system tools such as cross systems specialized resource directory to strengthen communication and outreach around navigating the system and addressing barriers for the improvement of care coordination.

Youth who are involved with child welfare face special challenges. They not only may have experienced early life trauma, such as physical or sexual abuse and/or neglect, but have been traumatized by the very process of having to leave familiar people and places – sometimes abruptly. Many of these children have been involved in or witness to traumatic, stress-producing events, including events that may occur in treatment settings or detention facilities. They require approaches that effectively deal with the aftermath of their situation while minimizing circumstances that may regenerate the experience of trauma.

While particularly true for children involved with child welfare, we realize that trauma informed care and trauma specific services are important for many children with behavioral health conditions. Our approach to meeting the needs of vulnerable children's population is complemented through training for our staff, providers, system partners and families along with our care coordination model.

### Training

Ensuring access and enhancing consistency of application of clinical best practices, such as Trauma Informed Care, is a critical goal of Magellan's system of care approach. By encouraging participation in our committee structure, public forums, technical assistance, and a wide variety of training resources, we are able to raise the quality of cross-system knowledge and skills, which ultimately benefits children, youth, and families through improved outcomes.

We also develop and deliver training curricula with system partners and family leaders in the community to ensure training is customized and relevant. Our online and classroom training opportunities for provider staff, family members, and system partners such as IDD and child welfare, focus on evidence-based treatment modalities such as Wraparound, Multisystemic Therapy (MST), Trauma Informed Care, Functional Behavioral Assessments and Positive Behavior Support (FBA, PBS) which are known to have the highest impact for children involved in multiple system and experiencing complex needs.

In addition to local training options, Magellan has a national network of subject matter experts in such areas of expertise as children's services, medication use with children, family/youth/peer support, youth leadership, systems of care, outcomes, community engagement, cultural competency, and many other pertinent topics. By making our training resources broadly available to stakeholders, we are able to leverage training as a resource to support coordination of care.

Coordination of care for children and youth involved with child welfare requires far more than a traditional doctor-patient relationship. To be effective, coordination of care for children with complex needs require multiple collaborative relationships across a system of care that includes behavioral health and physical health care providers, child-serving agencies, youth, and families. Magellan's approach focuses on the development of collaborative structures that include cross-system agreements with other child-serving systems such as child welfare, juvenile justice, Intellectual and Developmental Disabilities (IDD), and education.

We provide an operational structure that promotes positive system transformation through Governance board, committees, and collaborative protocols. Our structures and tools, provide a vehicle for open communication, partnership with State agencies and other key stakeholders and quality management and oversight as a collective community serving and supporting children and families.

### Collaborative Protocols

Magellan actively engages with stakeholders across the system to enhance collaboration on all levels. Collaborative protocols and business agreements are established to enhance the operation and functionality of the continuum of care; identify and solve system barriers; and solidify the relationships between Magellan, child-serving agencies, and providers. We recommend West Virginia require the managed care entity to engage pediatric and behavioral health providers in the development of written collaborative protocols with key stakeholder agencies to address paths to coordinated service delivery, including screening and assessment.



## THE ROLE OF THE CARE MANAGEMENT ENTITY IN COORDINATION OF CARE

Magellan has a long tenure of leadership in systems of care, behavioral health, and integrated programs. We know there is no “one size fits all” system of care. Rather, it must be dynamic, with the following key components:

- Youth-guided and family-driven screening, service planning, and treatment, considering all life domains
- Evidence-based, best practices that are developmentally appropriate and trauma informed, particularly with children younger than five years and transition age youth
- Youth and family peer support to assist youth in transitioning to adulthood and to strengthen families as caregivers and providers.

An essential function of a managed care entity in a children’s system of care is the dissemination of best practice information to providers and other child-serving agencies. One avenue by which Magellan promotes best practices is our library of Clinical Practice Guidelines (CPG) and related clinical guidance documents that span a wide range of critical topics related to behavioral and physical health conditions experienced by members.

### Clinical Guidance Documents

Magellan’s CPGs have been in place since 1998, when we implemented our first CPGs for substance use and major depressive disorders. These documents provide care managers and providers with clinical decision-making support that promotes the highest quality of clinical care. Magellan’s adopted guidelines are intended to augment, not replace, sound clinical judgment. Prior to adopting each guideline, a multi-disciplinary panel, including board-certified psychiatrists and clinical staff, examines relevant scientific literature and seeks input from network providers as well as consumers and community agencies. Magellan reviews each guideline at least every two years for continued applicability and provides updates as necessary.

In addition to CPGs, Magellan has developed extensive expertise on issues ranging from medication use with young children to alternatives to residential treatment for children and youth. For example, Magellan has developed an industry-leading white paper on prescribing patterns and the proper administration of psychotropic medications, which can be found at: <http://magellanhealth.com/our-solutions/appropriate-use-of-drugs.aspx>.

## INDIVIDUAL CARE COORDINATION

The Magellan approach to care coordination incorporates early screening for the effects of trauma, physical healthcare needs and developmental milestones, and behavioral healthcare needs. The approach creates a bridge between each child’s primary health and behavioral health needs. Central to our approach to care coordination for vulnerable youth is our commitment to youth-guided, family-driven planning through the Child and Family Team (CFT) practice model.

### Service Planning through Child and Family Teams

Magellan adheres to best practices promoted by the National Wraparound Initiative (NWI) for service planning and delivery for children and families by adopting the CFT practice model. A CFT is a team of individuals that includes the child and his or her family and/or caregivers and any other individuals important in the lives of the child and family, including behavioral health provider representatives, primary care physicians, representatives of child welfare or other child-serving agencies, teachers, clergy members, advocates, and others invited by the child and family to participate on the team.

The size, scope and intensity of involvement of the team members are determined by the needs of the child and family and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to achieve the child and family’s goals. Older youth are encouraged to facilitate their own CFT meetings with the help of natural supports or other team members.

The CFT is the hub of decision-making for youth and their families and caregivers. CFT members participate in the assessment process and drive the development and implementation of **individualized service plans (ISP)**.

The CFT process involves the following key activities:

1. Engagement of the child and family/caregivers
2. Immediate crisis stabilization
3. Strengths, Needs, and Culture Discovery assessment
4. CFT formation and coordination of CFT practice
5. Service plan development
6. Ongoing crisis planning

Through our eMbraceCare model of care coordination (described below), Magellan care managers engage CFTs in discussions of clinical recommendations, to support youth and caregivers in making informed decisions about their care.

### **eMbraceCare**

Because vulnerable youth populations are involved in multiple systems, care coordination for these youth requires additional support and a high touch approach, such as Magellan offers through our eMbraceCare model. This clinically driven care coordination model employs a personalized approach, augmented by technology, which leads to an enhanced care experience and ultimately, better outcomes.

Clinical oversight through our eMbraceCare model of care coordination guides individual service planning to ensure the best possible clinical outcomes. At the center of eMbraceCare is our Care Coordination program. Magellan seeks to provide the right amount of care coordination based on the needs of the individual.

### **EPSDT**

Magellan promotes EPSDT services by delivering training and education to providers and members at various non-traditional sites like transitional housing, shelters, and social service agencies. We also leverage technology and expanded points of contact with members by providing information via social media and the member website, through the use of member success stories, program guides, links to national and local resources, and reference educational materials for members and their families.

Educational updates and trainings for providers are offered at a minimum on an annual basis and more frequently if noted as an opportunity for improvement. We further maximize providers' ability to stay current on program requirements and best practice guidelines by providing training targeting EPSDT and subpopulations, including online training on vaccines for children, and current treatment for depression, anxiety, and ADHD in the pediatric population. This is in addition to traditional modes of provider communication like newsletters and on-site training seminars.

Magellan believes firmly in an evidence-based and outcomes-driven approach to care and we continually monitor peer-reviewed literature, professional society guideline statements, and Medicaid and CMS-coverage criteria and update our guidelines as needed. Examples of primary resources we use for clinical guidelines for EPSDT services include the American Academy of Pediatrics, American College of Obstetrics and Gynecology, and the United States Preventive Services Task Force guidelines.

### **Outreach for Dental Services**

Magellan works with dental providers to promote member access through outreach initiatives that emphasize the importance of regular preventive trips to the dentist. We interface with members through mailings and phone calls, participation at community-based events, and web portal resources to educate members and their families about the benefits of good oral health. Member educational materials are written at required reading levels and translated into alternate languages as needed.

### **Coordination of Care for Members Receiving Non-Capitated Services**

Magellan has extensive experience coordinating care to meet the needs of children and adults across a variety of funding streams including programs for expectant mothers using substances; aged, blind and disabled individuals; children with serious emotional disturbances; children with autism; individuals with IDD and unique waiver populations. Our public sector contracts in Iowa, Pennsylvania, Arizona, Louisiana, and Nebraska include both Medicaid and non-Medicaid sources of funding.

Magellan has effectively collaborated with individuals, families, funders, providers and other stakeholders to develop programs that meet the unique needs of these populations. We have demonstrated experience in identifying benefits, verifying eligibility, paying claims consistent within braided funding streams and reporting by funding type.

Our financial assessment process identifies individuals who are potentially eligible for CHIP or Medicare during the enrollment process or, if already enrolled, at regular intervals. We provide assistance to non-Medicaid individuals with applications for CHIP, TANF, SSI, CBAY, COMP, and NOW Waivers or Medicare benefits as needed.

An example of Magellan's successful coordination of care for non-capitated services is our collaboration with the Bureau of Autism Services (OMHSAS) in Lehigh County, Pennsylvania for services for children with Autism Spectrum Disorders (ASD).

Magellan works with Lehigh County, OMHSAS, families, and providers to offer a comprehensive continuum of services designed to meet the specialized needs of individuals with ASD, as well as the following initiatives related to ASD:

- Functional Behavioral Assessments (FBA) to determine and address the reasons for behaviors are offered by providers to families of children with ASD upon the initiation of behavioral health residential services (BHRS), as well as when the team needs additional information to guide treatment planning.
- We work with the Autism Service, Education, Research, and Training (ASERT) Regional Centers to increase access to services to assist young adults transitioning to adult services.
- Magellan worked with counties and providers to create therapeutic after school programs and enhanced residential treatment services to meet the needs of children with ASD.
- We worked with the County to connect a provider group of Board-certified Behavioral Analysts to an in-network BHRS provider as a clinical resource for challenging cases.

Magellan's approach ensures individuals receive timely access to care and do not experience administrative hurdles or delays in care.

## COMMUNICATIONS AND TRAINING

*(In addition to providing initial training, ongoing training for advocates, providers, and other stakeholders will be necessary.)*

- 1.1.18** *Describe how a vendor would provide outreach and training in an ongoing manner to youth and young adults and their respective caretakers who are eligible for services.*
- 1.1.19** *Describe how a vendor would coordinate with other state agencies, health organizations, and community providers, as necessary, to ensure compliance with Section II.D (goal) of Sanders Compliance Plan, thus curtailing the likelihood of a party to petition the Court to reopen Sanders et al v. Lewis, as allowed in Section IX (Dispute Resolutions, Modifications, and Case Termination) of the Sanders Compliance Plan.*
- 1.1.20** *Describe how a vendor would ensure that all children in temporary or permanent legal custody who are in out-of-home placement receive the full benefits of the EPSDT program.*
- 1.1.21** *Describe how training and technical assistance would be provided on an ongoing basis to new enrollees and their parents and caregivers, as well as new providers and other interested parties.*
- 1.1.22** *How would a vendor ensure that staff and contracted providers, including hospitals, pharmacies, and specialty-care providers receive training on this program, including what is and is not allowable exchange of information in a HIPAA compliant organization, in order to preserve and support continuity of care?*
- 1.1.23** *How would a vendor ensure that providers are aware of the requirements of this managed care or managed care-like program for foster, former foster and adoption support children, and how the needs of this population may differ from those in the traditional Temporary Assistance for Needy Families (TANF) MCO population?*
- 1.1.24** *How would a vendor inform eligible members to educate them about their ability to participate in this program and what benefits are available to them?*
- 1.1.25** *Outline the proposed content to be included in a provider manual for both physical and behavioral health.*
- 1.1.26** *Provide a brief description of provider training programs. Please distinguish between training programs for PCPs, acute care providers, behavioral health and community-based services providers. The description should include:*
- a. The types of programs that would be offered, including the modality of training*
  - b. What topics would be covered (billing, complaints, appeals, telemedicine, etc.)*
  - c. Strategy for training providers on requirements of contract on the unique needs of population*
  - d. How provider trainings would be evaluated*
  - e. The frequency of provider trainings*

**1.1.27** *Provide a description of member education materials and a vendor might use them to inform and educate members.*

**1.1.28** *Describe how a vendor would work with caregivers to help them track appointments or tests that enrollees are scheduled for and may miss without further reminders or assistance.*

**1.1.29** *Describe how a vendor would coordinate with the WV Bureau for Public Health and services that are provided by that bureau to improve care, including how a vendor would propose to interface with the State's technology system.*

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## **MAGELLAN'S APPROACH TO COMMUNICATIONS**

Our communication management approach includes collaboration with all stakeholders and use of a formal structure to organize our partnerships, roles and responsibilities, and the best mechanisms for communication through annually reviewed and signed collaborative protocols; steering committee and workgroups that tie back to the advisory council structure; and operational charters to outline the purpose, targeted outcomes and path to get there. These structures and tools allow for touch points for daily problem-solving, weekly monitoring of progress toward milestones, and assessment of any needed "mid-course" corrections to keep implementation on track and ensure ongoing operations are managed efficiently and effectively.

Our approach is further informed by our experience with other programs across the country, the expertise of thought leaders in the fields we work, and our partnerships with national advocacy organizations. Magellan has cultivated longstanding relationships with national experts in the field of children's systems of care, including Eric Bruns, Beth Caldwell (Building Bridges Initiative - BBI), Rusty Clark (Transition to Independence –TIP), Pat Miles (Wraparound and Family, Search and Engagement) and others to implement best-practice models and to train and develop provider staff to maintain fidelity to those best practices. We work side-by-side with families and communities to ensure their awareness and access to available services.

### **Communications Plan**

Accurate, timely, relevant, and ongoing communication at all levels, both internally and externally, is critical to successful systems of care. Developing and maintaining a Communications Plan provides an essential tool to ensure communications are managed throughout the life cycle of the program, from start-up through implementation and ongoing operation. The goal of the Communications Plan is to identify internal and external stakeholders and provide structure to ongoing communication.

Our Communications Plan objectives employ various communication channels, including in-person events, printed materials, emails, online resources, social media, and partnerships with third parties to disseminate information. Our overarching philosophy is one of inclusion, with a focus on member and family voice, choice, and participation. Partnering and building relationships with family leaders and family-run organizations are intrinsic to the Magellan way of doing business. We work side-by-side with children, youth and families at each stage of program design and implementation to ensure that our goals remain aligned and that our implementation strategies are achieving results.

We use these partnerships to inform, educate, and engage children, youth, and families regarding the resources available to help them reside in their communities, participate in routine daily activities, and experience long-term health and longevity. We also engage providers and system partners in planning and decision-making processes, and we ensure our communications account for regional differences, such as in provider availability and experience. Our communication strategies, such as the use of in-the-field meetings (including advisory councils), webinars and customized websites, take into account rural communities with geographic barriers to healthcare access.

### **Member Outreach and Engagement**

Magellan ensures that members have current information about treatment options, and that they know how to access services and how to give feedback about service quality. We also ensure members understand their rights and responsibilities, including participation in system transformation efforts.



Communication examples offered to members by Magellan include:

- Member Handbook
- Locally Targeted Website
- Member Newsletters

### **Peer and Family Support**

Magellan incorporates peer and family support roles to provide a range of supports for members, with an emphasis on community inclusion/participation, wellness, and improving personal health outcomes. We understand and value peer and family support services as an evidence-based practice, and have extensive experience working collaboratively with community-based peer-run and family-run organizations to provide support, training, and technical assistance to children and families to assist them with navigating systems of care and achieving their personal recovery goals.

Magellan's experience with peer and family support services has taught us that technology-enabled resources are particularly relevant solutions for youth and young adults. We recommend that interested bidders are required to present how they will incorporate and prioritize peer and family support within their model of care coordination.

### **Magellan Youth Leaders Inspiring Future Empowerment (MYLIFE)**

A program for youth, by youth, MYLIFE consists of youth between the ages of 13 and 23 who have experience with mental health, substance abuse, juvenile justice, and foster care-related issues. MYLIFE began in Arizona in 2008 and has since expanded across four other states (PA, LA, NE, and FL). The group's activities help develop and hone leadership, advocacy and social skills. The program actively engages youth through teaching, coaching and mentoring and empowers them to use their voices to inspire and create positive change for themselves and other in their local communities.

### **Magellan's Approach to Training**

Magellan is invested in our internal and community-based learning programs because we strongly believe that education is crucial to a healthy community. We are known for offering high quality, culturally competent, diverse learning opportunities that extend beyond personnel and service providers to include our members, their families, and community stakeholders. We will be strategic in our approach to engage participants by using non-traditional training methods and identifying topics that are most relevant to them.

Consistent with our core values of community and stakeholder involvement, we use a collaborative approach that ensures network providers meet and exceed the competency requirements needed to render services in this dynamic delivery system. Magellan's learning resources are designed to equip participants with the knowledge, skills, and expertise necessary to improve and strengthen behavioral health practices.

Magellan prides itself on the strong partnerships it has established within the communities we serve. We recognize that positive outcomes are achieved in collaboration with our system partners. For example, in Arizona, we partnered with key stakeholders including the Department of Health Services, Child Protective Services, Arizona Department of Juvenile Corrections, Maricopa County Juvenile Probation Department, and the Division of Developmental Disabilities to develop practice protocols that corresponded to best practice standards and addressed principal mandates for both partners while representing the best interests for all members.

In addition, we worked with schools, hospitals, law enforcement, fire departments, local shelters and caregivers to provide education about mental health to increase knowledge and improve outcomes for those entrusted to our care. By partnering with community experts who are actively delivering services, receiving services, interacting with the system, and/or researching best practices, we can ensure that training participants will receive the most up-to-date, accurate, and experiential learning opportunity available.

We have offered this type of training in many of our other public sector contracts. For example, in Arizona, we were responsible for providing a comprehensive system orientation upon hire for our internal staff as well as our provider network. In addition, we offered a diverse library of training topics that impact children, youth and families to support ongoing learning and workforce development. To enrich the learning experience and encourage multi-directional and cross-disciplinary learning, all of our classes were open to staff, providers, family members and community stakeholders.

We recommend that interested bidders provide a training plan that addresses the following goals:

- Consistent practice philosophy across the behavioral health system
- To assist behavioral health providers in developing a qualified, knowledgeable, and culturally competent workforce
- To provide timely information regarding new initiatives and best practices that affect the delivery of behavioral health services
- Inclusion of youth and family members in all aspects of the learning process.

Magellan uses learning plans to assign specialized sets of content and/or development actions designed for employees in designated roles. The benefit of learning plans is to provide consistent information to groups of employees who perform like functions. The goal of learning plans is to enhance employees' proficiency in their current roles while helping them grow into potential other roles, all the while ensuring that training requirements are met. Learning Plans are used by Magellan to assign and report on compliance of provider manual training requirements.

We have also successfully utilized learning plans with our provider network to track and monitor compliance of training requirements. Magellan uses contract terms and policies to require its provider network to be accountable for ensuring provider personnel meet training requirements.

#### **HIPAA Compliance Training**

Magellan is fully compliant with the HIPAA Standards for Privacy, Electronic Transactions, and Security. We hold the privacy of patient information as a key tenet of our operations and have implemented policies and procedures for confidentiality that meet or exceed existing state and federal regulations. We provide initial and annual refresher trainings on the confidentiality of member information to all clinical staff and make the training available to provider staff and other stakeholders.

This training pertains to all children and youth receiving services and covers the following specific topics:

- HIPAA and confidentiality requirements
- General rules for uses and disclosures of PHI (Protected Health Information)
- Oral and written transmission of PHI
- Participant right to request privacy protection, access, amendment, or an accounting of the disclosure of PHI
- Verification policy
- Participant representation
- Notice of privacy practices
- Minimum necessary uses and disclosures of PHI
- Uses and disclosures of PHI requiring no permission from the participant
- Uses and disclosures of PHI for marketing, fundraising, and underwriting
- Uses and disclosures for specialized government functions
- Uses and disclosures of PHI requiring prior internal approval
- Uses and disclosures of PHI for judicial and administrative proceedings
- Limited data set and de-identification of PHI
- Unauthorized uses and disclosures of PHI

Upon completion of the training, each attendee must sign a confidentiality agreement that includes a hold harmless provision for the State if the managed care entity or provider breaches confidentiality.

#### **EPSDT Training**

In order to ensure that vulnerable youth receive the full benefits of the EPSDT program, we would work with providers and members to raise awareness around the importance of the EPSDT benefit.

This would include, but not be limited to, training and educational materials that focus on the following:


- Information about the purpose of the EPSDT program
- The importance of comprehensive, preventive, well-child care on a regularly scheduled basis

- The covered benefits available through EPSDT
- How eligible enrollees are identified
- Member education resources
- PCP coordination of care
- Magellan team member responsibilities
- Member outreach and follow-up requirements
- Documentation standards.

In our integrated healthcare implementation in Florida, Magellan developed a customized EPSDT training for the State for the "Child Health Check Up (CHCUP)" program, and conducted extensive outreach with EPSDT-age members' guardians to explain the benefit.

### A Snapshot of the Training Curriculum for Provider Staff

*MCCFLs Responsibilities for CHCUP*



***Ask every member, every time!!***

- Screen children (birth through 20 years old) to ensure timely well child visits, immunizations and dental visit according to the periodicity and immunization tables.
- If member is not up-to-date, assist parent or guardian with scheduling appointment and transportation if needed and track to ensure they keep the appointment.
- Document CHCUP visit in TruCare according to the desk top procedure.

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Magellan  
HEALTHCARE SERVICES

Magellan's Quality Improvement team monitor and identifies members who have not completed their CHCUP health screen and outreaches individuals who are due for health screenings, have been on the list for thirty (30) days, or are more than two (2) months behind in the periodicity screening schedule.



## **ENHANCED QUALITY AND SEAMLESS CONTINUITY OF CARE**

- 1.1.30** *Describe the approach a vendor would take in developing services that range in intensity and restrictiveness (in terms of community integration) based on member situations, or an alternative approach to best meet the needs of members with varying levels of needed care.*
- 1.1.31** *Describe how a vendor would handle multiple placements/removals in a way that is as seamless as possible for the child?*
- 1.1.32** *How would a vendor handle out-of-state placements, and how would a vendor make recommendations for how best to help develop in-state services to bring youth back to West Virginia and as alternatives to sending youth out of state?*
- 1.1.33** *Propose a plan for alternative payment structures (e.g. provider incentives, overcoming limitations of diagnosis-driven eligibility) to increase quality and efficiency through collaboration and innovation to improve access to comprehensive health care. The plan should include:*
- a. Identified opportunities for cost savings*
  - b. Reductions in inappropriate utilization of services, including inappropriate admissions and readmissions*
  - c. Mechanics by which incentive payments to providers to improve quality of care would be made*
  - d. Quality metrics that would be required for provider incentives and shared savings*
- 1.1.34** *Describe the need for a member and/or nurse hotline, and if deemed appropriate, the functionality of such an option, including hours of operation, staffing, and training needed.*
- 1.1.35** *Describe the process for ensuring continuity of prior authorized services when a member transfers from a fee-for-service program to a managed care type of program, including how a vendor might authorize the member's out-of-network providers to complete an existing treatment*
- 1.1.36** *Describe how a vendor would evaluate and make certain that changes in provider are appropriate for the member's unique healthcare needs.*
- 1.1.37** *Describe how a vendor would identify and track new members with high physical or behavioral health needs to assure continuity of care.*
- 1.1.38** *Describe how a vendor would develop a plan to identify and reach out to members with the most immediate service needs leading up to and immediately following implementation of a program.*
- 1.1.39** *Describe the process a vendor would follow to review member complaints, questions, and appeals. The process should start from the receipt of a request and describe each phase of the review including notification of disposition.*
- 1.1.40** *Describe the process for coordinating Medicaid and Medicare care for dual eligibles.*
- 1.1.41** *Describe how a vendor would evaluate for quality assurance and improve performance based on that review.*

- 1.1.42** *Describe the challenges associated with using traditional measures like Healthcare Effectiveness Data & Information Set (HEDIS) for children and adolescents with special healthcare needs and what other types of measures could be used to gauge and measure quality for this population.*
- 1.1.43** *Describe the approach for evaluating member satisfaction.*
- 1.1.44** *Describe how a vendor would actively work with network providers to ensure accountability and improvement in the quality of care provided, including:*
- 1.1.44.1** *How a vendor would reward providers who demonstrate continued excellence or significant performance improvement over time;*
  - 1.1.44.2** *How a vendor would share best practice methods or programs with other providers*
  - 1.1.44.3** *How a vendor would take action against providers who demonstrate unacceptable performance*
  - 1.1.44.4** *Strategies that could be adopted to simplify the administrative procedures*
- 1.1.45** *Describe the utilization management guidelines that would be employed and applied to authorize services.*
- 1.1.46** *Describe the process for initially and periodically screening and assessing members' needs for services and the functional assessment instruments to be used in the evaluation process, including coordinating the requirements for EPSDT.*
- 1.1.47** *Identify the areas believed to be the greatest opportunities for clinical quality improvement in behavioral health, and how a vendor would work to improve clinical behavioral health outcomes.*
- 1.1.48** *Describe how a vendor would use telemedicine, telehealth, and telemonitoring services including opportunities to use video conferencing to improve quality or access to care.*
- 1.1.49** *Please describe the process that would be undertaken to manage the pharmacy benefit under a proposed program.*
- 1.1.50** *How would a vendor ensure that enrollees who are on a non-formulary brand name and/or other potentially costly medications do not have to change to a formulary or generic medication after enrollment?*
- 1.1.51** *How would a vendor ensure that children who are on psychotropic medications are receiving appropriate dosages at the right age and frequency to avoid over or under-utilization or misuse of medications?*
- 1.1.52** *How would a vendor coordinate with the enrollee's PCP and behavioral health provider to ensure each provider has access to the most up-to-date medical records?*

## **MAGELLAN'S APPROACH TO QUALITY AND CONTINUITY OF CARE**

### **Matching Services to Member Needs**

Magellan's approach to care management and care coordination is sensitive to regional, cultural, and other population differences. For example, our care managers initiate clinical case conferences when a youth has complex needs and multiple system stakeholders are involved. Our level of technical assistance and support vary from rural areas to urban areas based on specific needs, and include the use of Clinical Practice Guidelines (CPG) and emerging "promising practices" around outcomes, suicide prevention, and whole-person integration of behavioral health and physical health needs.

Magellan's primary goals are to maximize the use of services that support recovery and resiliency, match services to each member via cultural competence and evidence-based practices, and ensure that services are provided along the full continuum of care. To meet these goals, our clinical decision-making process includes the child and family's broader recovery and resiliency needs. Magellan's care management approach is designed to provide quality of care, full access to care, oversight of routine outpatient care, focused oversight of acute inpatient level of care, and use of clinically driven triggers to identify those members in need of additional support.

Through our eMbraceCare model, we provide care coordination and outreach, refer members to appropriate providers and services, works with members and providers in culturally appropriate ways, identifies members who are in need of more intensive monitoring or support, and consults with providers on issues of fidelity to practice guidelines and unmet service needs.

### **eMbraceCare and Quality Outcomes Tools**

Quality processes with defined measures, strong analytics and reported outcomes are core components of eMbraceCare. The eMbraceCare model utilizes valid and research-based tools to measure individual and population health outcomes. Outcomes tools chosen have a solid research base for validity and reliability as well as good face validity by item. The tools are written at the 4<sup>th</sup>-6<sup>th</sup> grade reading levels for direct use with individuals and families for starting conversations on health, treatment planning, assessment, and progress.

To fully advance the use of measurement and outcomes tools, Magellan provides core outcomes tools for free and accessible to all Magellan providers for Magellan members through our [MagellanHealth.com/provider](http://MagellanHealth.com/provider) portal. The tools are accessible in multiple formats to reduce barriers, including on mobile devices, email link, website, telephonic, interviewer assisted, paper with data entry, and fax. Members, providers and care managers can view the results of the individual assessment to work together on care and positive living planning.

The eMbraceCare model includes National Outcomes Measures and similar quality of life measures as available in our public sector jurisdictions to measure social determinants of health. Where we have access to physical health and pharmacy data, those data are integrated in to the client level such that all our data is connected at the client level for population health reporting and analysis.

### **Alternatives to Out of Home and Out of State Care**

Magellan has extensive experience developing home and community-based services and supports. We have been successful in our county and state programs in reducing the use of out-of-home and out-of-state interventions for children and youth. In Central Arizona, our *Strengthening the Children's Continuum Initiative*, which included family members, residential providers and state agency representatives to learn and apply SAMHSA Building Bridges Initiative principles into practice, resulted in level 1 (most restrictive) residential treatment from 149 children to 50 children (approximately .003% of the enrolled child population) in the first three years of implementation.

A key component of our plan to transition children already in out-of-home care back to the community was the administration of the Child and Adolescent Needs and Strengths (CANS) to guide the planning with the Child and Family Team for discharge. The administration of the CANS was focused on those children who did not already have a discharge plan and/or discharge date within 30 days. Additionally, the plan focused on age group, level of placement restrictiveness, system involvement and complexity of behaviors leading to the reason for admission.

### **Intensive Residential Treatment Facility (IRTF) Model – Pennsylvania**

An example of Magellan's success in developing alternative approaches to meet needs of members with varying levels of need is the Intensive Residential Treatment Facility (IRTF) model in Lehigh and Northampton counties in Pennsylvania. In collaboration with social service systems, Magellan is working with local providers in Lehigh and Northampton counties to pioneer community-based alternatives to traditional residential treatment for children and adolescents with serious emotional disturbance.

The IRTF model represents a fundamental change in how residential treatment is provided and emphasizes community services and supports essential to the success of children and their families. IRTF appears to be a more efficacious and cost-effective care alternative, as emphasized by the level of intensive treatment provided within a brief time frame, the positive outcomes related to lack of readmission, and the reunification of the child with the family much sooner than in traditional RTF.

Longitudinal review of the data 12 months post IRTF discharge for 40 youth discharged, resulted in the following outcomes:

- 48% decrease in youth being admitted into Acute Inpatient (AIP) post-IRTF discharge.
- 73% decrease in admissions into AIP post-IRTF discharge.
- 73% decrease in AIP day's post-IRTF discharge.

Outcome reports for IRTF showed that on average, children in IRTF were in placement outside of the home for 150 days less than children placed in traditional RTF.

Another example of Magellan's success in preventing unnecessary utilization of restrictive levels of care through a system of care approach is our integrated care coordination model in Iowa.

### **Care Coordination for Children's Behavioral Health and Integrated Health Homes – Iowa**

Since the launch of a statewide initiative in 2013 to provide integrated care coordination using a system of care model, Magellan has developed and implemented Integrated Health Homes (IHH), including training, oversight, and ongoing care coordination for more than 9,000 children and youth with serious emotional disturbance (SED) enrolled in the Iowa Medicaid program.

Through the IHH program, Magellan Care Managers actively engaged youth and families, behavioral health and physical health care providers, representatives of involved agencies such as child welfare and juvenile justice, and other formal and informal and natural supports, in joint planning discussions in which the youth and family's voice and choice are heard and respected.

Magellan's role in these joint planning conferences is to ensure the central focus remains on meeting the needs expressed by the youth and family and to encourage the participants to reach consensus on next steps.

In many instances, we are able to educate system stakeholders on the benefits of community-based services and supports and successfully divert placement out-of-home or out-of-state, as exemplified in the following case vignette. Please note that the child's name has been changed to protect member privacy.

#### **Case Vignette: Care Coordination to Support a Child in the Community**

Six-year-old Sierra had been in four foster homes since she was removed from her home in April of 2014. When her ability to remain in her current foster home was at risk due to the foster parents feeling unequipped to deal with Sierra's acting out behaviors, the Dependency Court Judge moved toward placing Sierra in a psychiatric residential treatment facility.

Magellan engaged the child welfare case manager, the foster parents, Sierra's mother (who is involved in services and participating in supervised visits), the school, and community-based behavioral health providers in a joint planning process that resulted in Sierra staying with her current foster family and participating in outpatient treatment services, school-based behavior support, and ongoing visits with her mother. Today, Sierra continues to make progress in her behavior and to achieve school success and stability in her foster home.



### **Continuity of Care for Children with High Needs**

We connect coordination of care with the use of data to develop population-specific strategies and interventions, resulting in enhanced policy decisions and improved quality of services. Our behavioral and physical health integration strategy emphasizes the importance of communication and coordination in addressing co-existing medical disorders and complex health problems through the following steps.

- Step 1: Identifying Children with Special Needs
- Step 2: Engaging Children with Special Needs and their families in Care Coordination
- Step 3: Ongoing Care Coordination Between Behavioral Health (BH) and Physical Health (PH) Providers

We recommend the State require interested bidders to address how they will achieve the outlined steps above.

### **Addressing Complaints, Questions, and Appeals**

Complaints, grievances, and appeals can provide insight into care coordination and participation. Magellan tracks complaints, grievance and appeals by provider to identify patterns that may indicate that providers are not delivering care that meets State and our own standards for clinical practices, member rights and responsibilities, cultural competence and other areas. By identifying a problem as it is emerging, we have the ability to intervene and change the provider's practice before it affects the well-being of other members.

Magellan maintains a process for responding to child/youth, families, stakeholder, or provider initiated complaints and appeals. The process also includes an evaluation of the nature of the complaints on an aggregate basis to determine trends and opportunities for improvement with individual providers or systemic issues.

#### **Magellan's Complaint Process**

We understand that individuals and their advocates are our best sources of information about how well we are doing in delivering high quality, accessible services, and areas requiring improvement. Our complaints process is designed to resolve the caller's concerns, protect their rights, and provide a voice for the individual and community. We ensure that all requirements for complaints are fully incorporated and implemented into our complaints process. Our internal policies and procedures, shared and approved by the State prior to use, provide detailed direction on the complaints process and are used in training providers and Magellan staff.

Possible complaints include, but are not limited to the quality of care or services provided or aspects of interpersonal relationships, such as failure to respect the individual's rights, and access challenges. Complaints can be submitted through a variety of processes, including verbally, electronically, or in writing. They can also be voiced during communication with the clinical staff. Our goal is to ensure children/youth obtain "high-touch," individualized, timely, and effective assistance to address their concerns. Our comprehensive complaint system is designed to resolve the complainant's concerns, protect their rights, and provide a voice for the child/youth, families and other stakeholders to assist Magellan to continuously meet systemic and quality of service goals.

Magellan uses the data generated by the complaints management system to identify and address any trends or patterns in use or misuse of services, as well as implement program enhancements to increase the child/youth's ability to obtain needed services and achieve optimal treatment outcomes.

We recognize that many child/youth and/or family members may feel anxious, embarrassed, or fearful of retaliation, when faced with the prospect of communicating a concern. To mitigate this concern, our staff is available to assist providers and members in completing the complaints process. When a caller contacts Magellan with a complaint, the Customer Service Representative will walk the caller through the complaints process.

To ensure child/youth and family members are knowledgeable about the complaints process, we include information on the process in the Member Handbook and on our website. We review the processes as well as the importance of notifying Magellan of any concerns during our provider and member forums and during training opportunities we offer to members, family members, providers, community programs, and other stakeholders.

### **Magellan's Grievance Process**

Any Magellan employee may accept a grievance. Our staff members are well-trained in the grievance process and are able to distinguish between concerns, grievances, appeals, and potential quality of care concerns. Expressions of dissatisfaction may be initiated by a child/youth, family member, network provider, or other involved party or stakeholder and may concern a variety of issues, including access to care, timeliness of care, or general dissatisfaction with the program or services. Grievances may be filed online, verbally, or in writing.

Every effort is made to take initial action toward resolving grievances on an immediate (within 24 hours) basis. Grievance resolutions are provided to child/youth and family members in writing. In addition, we make every attempt to contact the child/youth and family member and notify them verbally with the goal of real-time communication and ensuring that the reason for their grievance has been addressed. If the review and resolution process involves sharing information with third parties or the release of protected health information (PHI), we first obtain the appropriate releases from the member. Written responses are provided to the member, the child/youth's representative (if designated), service provider, and others, as applicable, within five days of the decision.

### **Appeals Process**

An appeal is defined as *a request for review of an action*. Magellan staff accepts and document an oral request for an appeal, explain the process, and inform the child/youth or representative that the oral request must be followed by a written, signed request, unless the request is for an expedited resolution. When a request for an expedited resolution is received, staff accepts the request and resolves within three business days. Standard appeal requests are acknowledged within three business days and a determination is made within applicable timeframes. Appeals are documented and tracked in a database.

### **Quality Assurance and Member Satisfaction**

We utilize a range of methods to assess member and family satisfaction, including consumer and family satisfaction teams, satisfaction surveys, and drug and alcohol satisfaction surveys. To improve satisfaction, we analyze the resulting data and feedback in combination with other process measures, such as complaints, and provider access and appointment availability measures. We share the data with our key stakeholders and departments to support refinement of our processes and procedures, and we adjust or develop indicated interventions.

Magellan has extensive experience with tools such as the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, which we have used in six states with publicly funded programs (Iowa, Louisiana, Nebraska, Florida, Pennsylvania, and Arizona). Magellan administers the tool with a focus on respecting cultural diversity and attention to the unique communication needs of the individuals we serve, including caregivers of children with Serious Emotional Disturbance (SED), whose condition may affect their ability to clearly communicate their feelings and opinions.

Our team of experts in quality outcomes, evaluation, and research possess more than 40 years of experience in survey research to bring to bear in maximizing the effectiveness of survey data results, survey distribution, and data collection methodologies. Magellan has historically administered more than 385,000 surveys annually, including 52,600 surveys to evaluate member satisfaction with care and services for our public sector contracts.

### **Telehealth**

Magellan is aware of the challenges facing children, youth, and their families who find it difficult to meet with behavioral health professionals in a traditional face-to-face manner. As a result, Magellan offers a virtual solution to help improve access to care. The experience mirrors that of face-to-face healthcare engagements and interactions, yet from the comfort of one's home or private setting.

Whether it is through traditional face-to-face or secure technology-enabled solutions, Magellan is able to meet the child/youth and family where they are – in a confidential manner. We deliver complete care on their health journey.

In developing telehealth services, we will build on our experience developing and using telehealth services in other contracts where we serve large rural populations, such as in Iowa and Nebraska.

In addition, we form collaborative agreements with leading providers of behavioral telehealth services to provide a telehealth platform where needed and to engage and train providers in other programs, such as to support the telehealth needs of our clients in the State of Nebraska, which has a large rural population. We have achieved successful outcomes by leveraging telehealth platforms and services to facilitate team meetings, engage with behavioral health providers, as well as with other child-serving systems that are involved with children, youth, and families.

#### Pharmacy Services

Magellan recommends incorporating clinical management processes to respond to the whole needs of this vulnerable population. We use the combined knowledge and experience from years in the industry and clinical expertise of our related company, Magellan Rx Management, Inc., to provide unique clinical programs to improve health outcomes. Magellan Rx Management understands the unique needs of West Virginia, and we have worked closely with the State and other stakeholders to develop the single Preferred Drug List (PDL) for West Virginia.

Our team of clinical professionals provides clinical reviews and recommendations regarding medication therapies. This helps to ensure consistency in a patient's therapy, particularly when non-formulary medications are included in the care plan. Depending on customer need, this can include clinical monographs, pharmacy and therapeutics recommendations, clinical edit recommendations or decisions, and retrospective review. We monitor pharmacy claims data to help identify practitioners who prescribe outside best-practice norms, and provide consultation as to appropriate treatment options.

Our **Whole Health Rx<sup>SM</sup>** program is specifically tailored to identify retrospective outlier prescriber behavior and uses a multi-modal approach to increase evidence based prescribing. This proven program has shown to significantly improve outcomes, and decrease overall health care costs.

Magellan case management services can include complete psychosocial evaluation to identify appropriate therapies and approaches, as well as disease management to further ensure the appropriate dosage and utilization of prescribed drugs. We are committed to ensuring that parents, caregivers, and members have the information necessary to make informed decisions.

## FINANCE

**1.1.53** *Describe what methodology might be used for establishing capitated payments for these services or how they might be set up. If possible, provide a projected cost for serving a population similar to that described in the Statement of Need, above, or an existing cost to operate in another state or states with similar populations of eligible youth.*

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### ESTABLISHING CAPITATED PAYMENTS

Title 42 CFR 438.6(c) requires that capitation rates paid by the state to the MCOs be certified as actuarially sound. Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates, and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, costs include, but are not limited to health benefits, health benefit settlement expenses, administrative expenses, government mandated assessments, fees, taxes and the cost of capital.

Based upon our research and experience, we believe the guides provided in the following referenced web links provide extensive information on establishing actuarially sound capitation rates:

- The Actuarial Standards Board Proposed Actuarial Standard of Practice exposure draft Medicaid Managed-Care Capitation Rate Development and Certification released December 2013:  
[http://www.actuarialstandardsboard.org/pdf/exposure/Medicaid\\_exposure%20draft\\_december%202013.pdf](http://www.actuarialstandardsboard.org/pdf/exposure/Medicaid_exposure%20draft_december%202013.pdf)
- The Center for Medicaid and CHIP Services 2015 Managed Care Rate Setting Consultation Guide (in particular Section I. 2015 Medicaid Managed Care Rates):  
<http://medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/2015-medicaid-manged-care-rate-guidance.pdf>

Costs can vary quite significantly based upon specific populations, covered services, benefit plan design and required administrative functions. *It is difficult to assess the appropriate capitation rate for this group without access to baseline data.*

PMPM ranges for this population should be reviewed against the following: Wraparound Agency, High Fidelity Wraparound services, traditional behavioral health services and administrative costs. Other state specific fees and taxes would also need to be considered if applicable. These types of programs generally include provider type expenses that are funded by monthly fixed amounts, measured by submission of encounter data.

**1.1.54** *Describe how a vendor might calculate admin costs for administration of such a program. What costs would factor into administration of such a program? What is a typical billing period for administrative and other costs?*

### CALCULATING ADMINISTRATION COSTS

The guides that are noted above also touch upon administrative costs to consider. Such items include:

- Direct labor – the salary expense for employees dedicated to servicing the program and related fringe expenses for benefits and payroll taxes. The “high touch” or high penetration rate of this population requires a higher staffing to member ratio model.
- Direct non-labor – expenses that are incurred in transacting business including office occupancy, telephone and data lines, office supplies, printing, equipment repairs and maintenance, employee travel, mailings and other such costs.
- Costs associated with providing IT support and access to the data center for dedicated employees and for contract specific reporting.
- Network costs to contract and credential providers.
- Amortized costs of purchased furniture, telephones, data communications, desktop equipment and other hardware required for the contract.



- Claims-processing functions.
- Operational and financial team oversight and general corporate overhead costs covering many shared services functions including items such as legal, corporate accounting and tax, facilities, analytical services, executive and human resources.

A typical billing period is monthly. The billing process is usually done on a per member per month or per enrolled per month basis. This billing can be done on a self-billing basis by the State Agency or by Magellan based on eligibility data provide. The more common method is self-billing.

Alternatively, Magellan can provide a billing based on actual member utilization at cost plus an administrative load.

## **CASE SCENARIOS**

*(Given the following scenarios, please answer the associated questions that follow that relate to each case study.)*

### **1.1.55 CASE SCENARIO #1 (MATT)**

*Matt is a 19 months old boy who was placed in foster care at birth from the hospital. Matt's parents' parental rights were terminated and he remains in foster care. Due to his medical needs, placing Matt has been a challenge. Matt has a brain anomaly, cortical dysplasia, epilepsy and developmental delays. Matt has medication to control his seizures, which have become more controlled. When Matt has a seizure, the flap in his throat tends to close and he usually needs repositioning to open the airway, but sometimes oxygen is needed so it must be continuously available. Matt has been evaluated for his developmental delays, vision problems, and speech therapy. Matt's provider has not received the results of these evaluations yet and follow-up with the hospital is needed.*

#### **Case Scenario Questions:**

*1.1.56.1 What is a typical care management approach for each child, beginning with describing your assessment strategy? Please consider the placement setting and legal status in determining the proposed approach.*

*1.1.56.2 How would a vendor educate and engage the various parties responsible for the well-being of the child and about the ongoing care required?*

*1.1.56.3 Describe the care coordination activities that might be initiated and timelines related to the child, including communication between key people involved in the child's care. How would a vendor ensure timely access to specialty providers that should be seen in addition to those already being seen, including mental health providers?*

*1.1.56.4 When would a vendor contact the child's social worker and what information would a vendor typically share?*

*1.1.56.5 How would a vendor track the areas of concern related to the child's care in a typical system?*

*1.1.56.6 How would a vendor coordinate the specific Durable Medical Equipment (DME) needs of the member?*

*1.1.56.7 How would a vendor address potential cultural and language barriers?*

*1.1.56.8 How would a vendor work with the school system to ensure appropriate accommodations are made?*

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Demonstrating proposed models, concepts and operations through the means of case scenarios is an excellent way to illustrate "real life" applicability. Magellan recommends the State consider asking bidding vendors to provide an experiential response along with the above detailed questions to case scenarios in the RFP.

### **1.1.56 CASE SCENARIO #2 (BEN)**

*Ben is 8 years old and entered foster care after living in an unsafe environment for several years. He is legally free for adoption. He was placed with his uncle who wants to adopt him; however, he is concerned about his future behavioral health care needs and what long-term support options he will have given the exposure to trauma Ben has experienced. Ben is currently on multiple psychiatric medications and his teachers complain of ADHD-like symptoms.*

#### **Case Scenario Questions:**

**1.56.1.1** *What is a typical care management approach for each child, beginning with describing your assessment strategy? Please consider the placement setting and legal status in determining the proposed approach.*

**1.56.1.2** *How would a vendor educate and engage the various parties responsible for the well-being of the child and about the ongoing care required?*

**1.56.1.3** *Describe the care coordination activities that might be initiated and timelines related to the child, including communication between key people involved in the child's care. How would a vendor ensure timely access to specialty providers that should be seen in addition to those already being seen, including mental health providers?*

**1.56.1.4** *When would a vendor contact the child's social worker and what information would a vendor typically share?*

**1.56.1.5** *How would a vendor track the areas of concern related to the child's care in a typical system?*

**1.56.1.6** *How would a vendor coordinate the specific Durable Medical Equipment (DME) needs of the member?*

**1.56.1.7** *How would a vendor address potential cultural and language barriers?*

**1.56.1.8** *How would a vendor work with the school system to ensure appropriate accommodations are made?*

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