

Children's Comprehensive Care and MCOs (Superior Health Plan and BCBS service delegation)

Detailed breakdown of responsibilities of each party

1) Member enrollment

CCC responsibilities:

- A) Provide the MCO the active patients who are served in the clinic.
- B) Notify the MCO about any changes, to include transfer to another plan, moving out of area or death.

MCO responsibilities:

- A) Responsible for enrolling members into the plan.
- B) Responsible for performing the Health Risk Screening and Service Coordination Leveling.

2) Service Coordination

CCC responsibilities:

- A) Hire and supervise RN case managers to serve as named service coordinators. CCC will equip these service coordinators (SC) with cell phones for families to directly access them. The CCC will ensure that the service coordination requirements in the MCOs contract with HHSC and functions specified in UMCM and handbook that are relevant to this population are fully executed. To this end SC will be responsible for the following tasks:
 - 1. Perform STAR Kids Screening & Assessment Instrument (SAI) and submit to TMHP via MCO provided secure electronic system.
 - a. the SAI will be performed in the home unless member's LAR preference outside of the home
 - 2. Based on the SAI – which is a holistic evaluation of the member's health status and needs, engage the member and the member's LAR (and other caretakers) in the design of the member's Individual Service Plan (ISP):
 - a. at least annually
 - b. following a significant change in health condition or life circumstance
 - c. upon request from the member or the member's LAR
 - 3. Provide mandated face to face encounters and mandated telephonic communication and provide documentation to MCO of such contacts, in accordance with member's assigned complexity.
 - 4. Coordinate referrals, prior authorizations, DME, PDN and therapy orders and ensure services are expeditiously received.

5. Provide support and connection to social service and family support services as appropriate.
6. Participate in annual preventative visits and goal discussions at CCC along with other multi-disciplinary team members with consent from the individual, parent or authorized representative.
7. Attend fair hearing for denial of medical necessity (telephonic presence).

B) Provide access to named SC through direct cell phone. SC will provide coordination for referrals, supplies, home health services and therapies and will assist families accessing community-based services as appropriate. In addition, SC will provide support during hospitalization and post discharge to make sure care plan is smoothly implemented.

1. CCC health home will provide the MCO designated staff access to the electronic medical record (EMR) allowing the MCO ability to monitor and/or audit care coordination.

MCO responsibilities:

- A) Provision of secure devices (e.g. iPads) with appropriate software utilized for SAI data entry and submission.
- B) Oversight of SAI, ISP and telephonic/face to face contacts by monitoring their own software and the CCC EMR as needed.
- C) Submit SAI and ISP to TMHP.
- D) Final responsibility for the SAI including notifying the CCC SC for additional information required and notification of approval and/or denial.
- E) Ensure member receives appropriate service coordination.
- F) Ensure services are provided as necessary to meet member's needs.
- G) Ensure HHSC requirements for service coordination are met.
- H) Determine prior authorization for evaluations and services, simplifying prior authorization processes by mutual agreement with CCC.

3) Provider Training

CCC responsibilities:

- A) CCC SC will complete all state mandated training as well as training required by MCO.
- B) Provide proof of completion per MCO contract.
- C) Complete required continuing education hours per MCO contract.

MCO responsibilities:

- A) Provide all state mandated training specific to the completion of SAI, ISP and telephonic/face to face contacts to the CCC SC.
- B) Provide MCO specific training to CCC SC for the provision of services or coordination of services.

4) Complexity

CCC responsibilities:

CCC, using the most recent evidence-based references to ‘weigh’ the complexity of its members, will assess the members individually based upon: age, complexity/chronic disease states, technological assistance, functional supports, existence of waivers and payer to assign a clinical category score.

Service coordination of the member needs will include (or be assisted) by the following:

- A) CCC will streamline processes to allow for efficiencies in care coordination including:
 - a. integrating follow up visits with specialists
 - b. tele-rounding in hospitalized member/patients
 - c. the prior authorization process – simplified by mutual agreement with MCO partner to minimize paperwork burden

- B) CCC will implement a dashboard that will track nurse case manager tasks to include:
 - a. SAI completion
 - b. ISP completion
 - c. timeliness of EPSDT
 - d. number of proactive phone calls
 - e. post hospitalization calls.

- C) Measurement- the appropriateness of the Service Coordinator to Member ratio will be tracked by metrics. This rigorous analysis will allow the clinic leadership to adjust ratios in consultation with MCOs to achieve the most efficient ratio.
 - a. completion of tasks (per dashboard)

 - b. completion/monitoring of CoIIN measures (Q 6 months) including questions in the areas of:
 - 1. medical health home
 - 2. shared plan of care
 - 3. unmet need for child healthcare services
 - 4. child quality of life
 - 5. management of symptoms (in the areas of pain/discomfort, tolerance of feeding/elimination and sleep)
 - 6. family well being
 - 7. family patient engagement
 - 8. staff experience
 - 9. care coordination
 - 10. transition to adult system of care

 - c. track SC turnover rate

The CCC will assess complexity using the following formula to determine CCC SC caseload. There will be flexibility based on specific situations -but the CCC anticipates keeping the ratio of patients to SC to a score of approximately 1:50. See below for the complexity scale:

Clinical Category	Score
Any waiver	1
Not on waiver, but on STAR Kids - with PDN or age under 24 months	1
Not on waiver, but on STAR Kids - no PDN; older than 24 months	0.75
*Not on STAR Kids - with PDN or age under 24 months	0.75
*Not on STAR Kids - no PDN; older than 24 months	0.5

PDN = private duty nursing assigned

**= not under HHSC purview but including to describe complexity scoring of additional non-STAR KIDS population.*

5) Funding

CCC responsibilities:

- A) CCC will negotiate with each MCO a per member per month rate for delegated service coordination.
- B) Through this SC delegation project there will be no duplication of payment for services.
- C) CCC will not utilize grant award(s) to fund the service coordination role.
- D) CCC SC will not have an interest in or be employed by a provider of home and/or community- based services provided to patients.