

Louisiana Coordinated System of Care:

# Predictive Modeling Using the CANS in Wraparound

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TCOM CONFERENCE 2018

**Magellan**  
HEALTH<sup>SM</sup>



Offices in 26 states & D.C.



10,700 Total Employees

## Magellan HEALTHCARE<sup>SM</sup>

- ✓ State Medicaid programs and integrated management for special populations, including individuals with serious mental illness and those needing long-term services and supports

- ✓ Behavioral health management and employee assistance programs
- ✓ Specialty healthcare management, including musculoskeletal, cardiac and advanced imaging

Focused on Complex  
Populations, Delivering  
Differentiated Services

**38M** commercial  
lives

**1.5M** government  
lives

**1k+** employer  
contracts

## Magellan Rx MANAGEMENT<sup>SM</sup>

- ✓ Full-service Pharmacy Benefit Manager (PBM) that expands beyond traditional core services
- ✓ More than 40 years of Medicaid and more than 30 years of self-funded employer experience

- ✓ Value-driven solutions: targeted clinical and powerful engagement strategies, advanced analytics, leading-edge specialty pharmacy programs
- ✓ Medicare Part D Prescription Drug Program

Full-Service PBM  
Focused on High-Growth  
Specialty Spend

**13.7M** medical  
pharmacy lives

**2M** commercial  
PBM lives

**27** states & Washington DC in  
State Medicaid PBA business

# Biography




Wendy Bowlin, LPC, MS, MBA, serves as the Director of Quality and Outcomes for Magellan Healthcare, Inc. (Magellan) in Louisiana. She is responsible for the establishment, implementation and maintenance of the quality program for a Louisiana's statewide Coordinated System of Care (CSoC), a specialty children's behavioral health Medicaid program serving at risk youth. As the Director of Quality, she is responsible for ensuring compliance with federal and state laws and contract requirements, implementing fidelity and provider monitoring plans, monitoring outcomes and overseeing quality improvement projects. She previously served as the Director of Quality for Magellan Health in Louisiana and has 10 years of clinical experience in working with youth with severe mental and behavioral health challenges. She earned her master's degree in Counseling Psychology from Louisiana State University in Shreveport, master's degree in Business Administration from University of Southeastern Louisiana and a bachelor's degree in psychology from the University of Mississippi.

## Acknowledgments

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- Analysis conducted by Keane Tzong of Magellan's Healthcare Informatics Department under the supervision of Leah Polcar.

# Objectives





# Louisiana's Coordinated System of Care

# Louisiana's Coordinated System of Care "CSoC"



REGIONS OF AVAILABILITY

✓ Grounded in the principles of **Wraparound** and **System of Care** values

✓ Funded through Medicaid and CMS 1915(c) waiver

✓ Serves children and youth **ages 5 - 20** who have serious mental health and substance use challenges and are in or at **risk of out-of-home placement.**

✓ At inception, the goals of the CSoC included:

- Reducing state's costs by leveraging Medicaid and other funding sources as well as increasing service effectiveness and reducing duplication across agencies
- Reducing out-of-home placement for children currently in placement and future admissions of children and youth with significant behavioral health challenges and co-occurring disorders
- Improving the overall outcomes of children and their caregivers



- REGION 1: Orleans
- REGION 2: Baton Rouge
- REGION 3: Covington
- REGION 4: Thibodaux
- REGION 5: Lafayette
- REGION 6: Lake Charles
- REGION 7: Alexandria
- REGION 8: Shreveport
- REGION 9: Monroe



# The Evolution of CSoC



## 2008-2011

- **2008:** Medicaid begins exploring the 1915(c) waiver as an alternative to residential placement
- CSoC structure developed based under guidance of a statewide governance board
- **2011:** Louisiana Medicaid applies and obtains five year 1915(c) waiver; establishes a 1915(b3) waiver for lower levels of need

## 2012-2015

- **2012:** Louisiana executes Managed Care Organization (MCO) contracts for physical health for Medicaid eligible members
- **March 2012:** LDH executes carved-out behavioral health contract administered by Magellan Healthcare, including the implementation of Phase I of the CSoC
- **November 2014:** Magellan implements Phase II of CSoC

## 2015-Current

- **December 2015:** Medicaid implements an integrated, carved-in model for behavioral health; CSoC remains a carved-out specialty children's program under Magellan's management
- **July 2017:** CMS renews 1915(c) waiver for 5 years; amendments include the age range changed from 0-21 to 5-20
- **July 2018:** Request for Proposal released to move program from Administrative Service Only (ASO) to capitation/risk contract

# Benefits of CSoC



CSoC enrollees have access to all traditional Medicaid behavioral health and substance use services funded through the 1915(b) waiver as well as:



**Independent comprehensive assessment** to guide planning



**Connection** to Wraparound Agency (WAA) and Family Support Organization (FSO)



**Individualized care planning process** through Child and Family Teams (CFTs) that link families to services/supports



**Access to specialized services**

- Parent Support and Training
- Youth Support and Training
- Short-Term Respite
- Independent Living/Skills Building

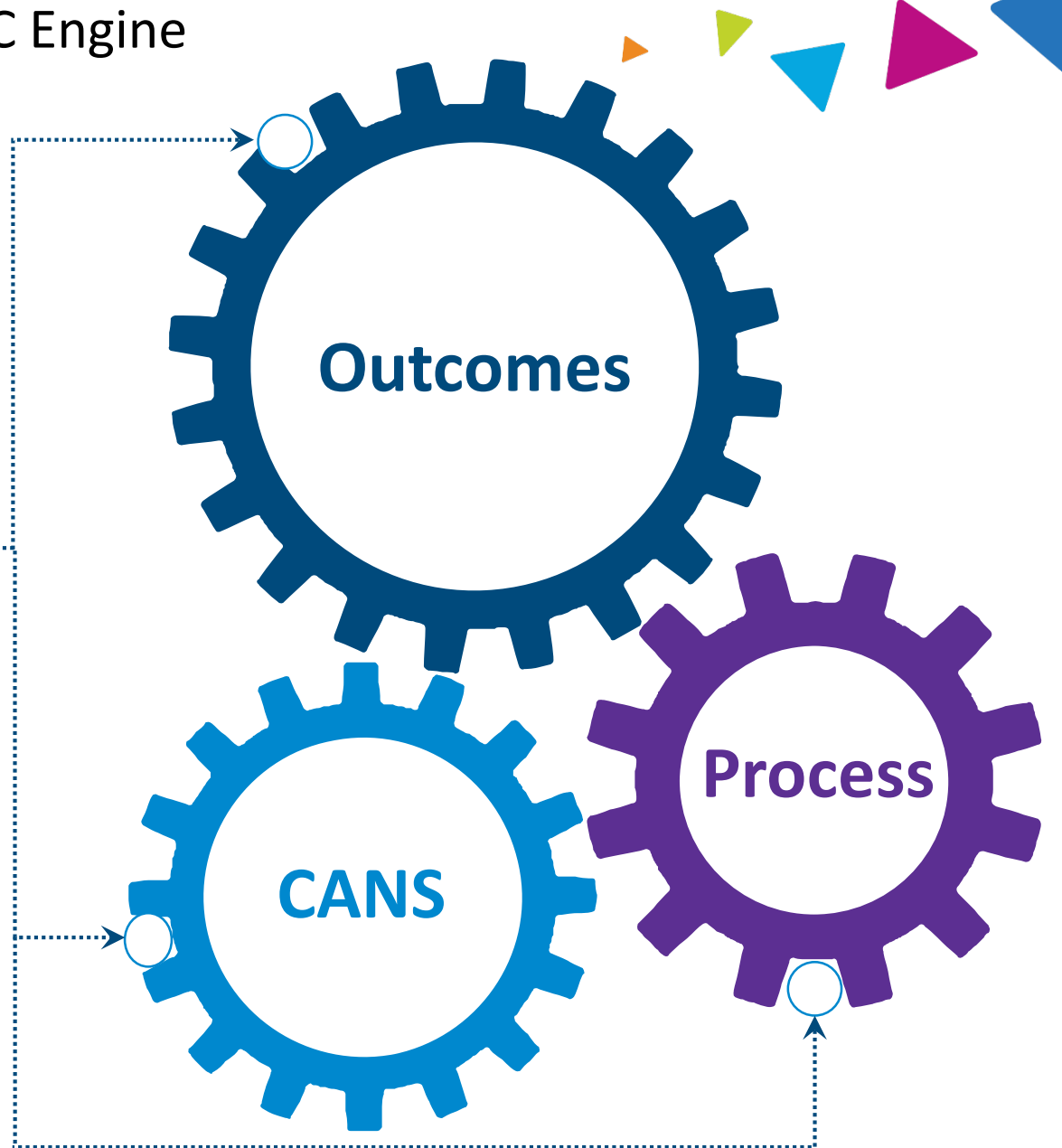




# Child and Adolescent Needs and Strengths (CANS) Assessment and CSoC

# How CANS Drives the CSoC Engine

- ✓ Eligibility Algorithms
- ✓ Waiver Requirements
- ✓ Performance Measures





## Domains

- Child's Functioning
- Child Strengths
- Caregiver Strengths & Needs
- Child's Behavioral Health Needs
- Child's Risk Behavior
- Acculturation

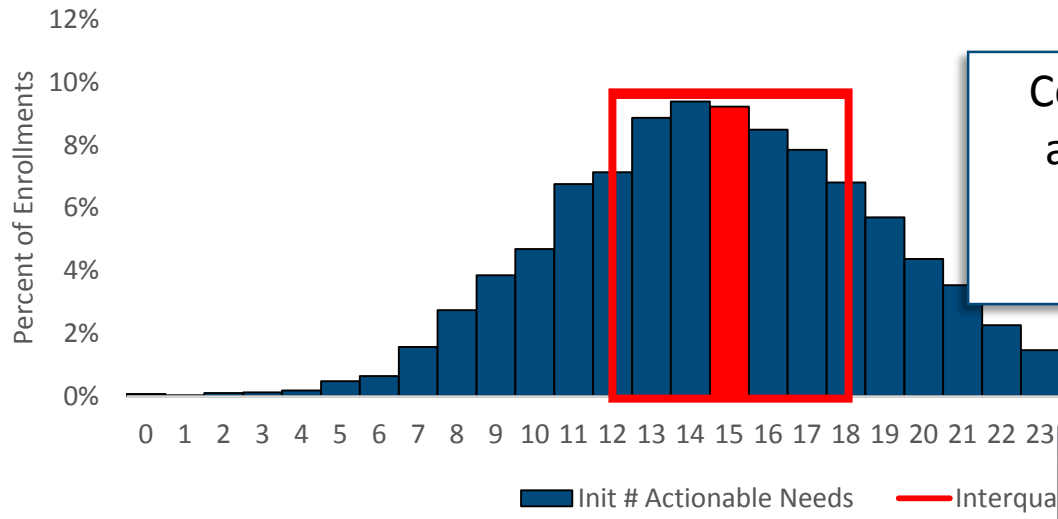
## Modules

- School
- Developmental Disability
- Family/Caregiver
- Trauma
- Substance Use
- Violence
- Sexually Abusive Behavior
- Runaway
- Juvenile Justice
- Fire Setting
- Sexual Abuse

# Achieving Strong Outcomes



Initial (n=7943)

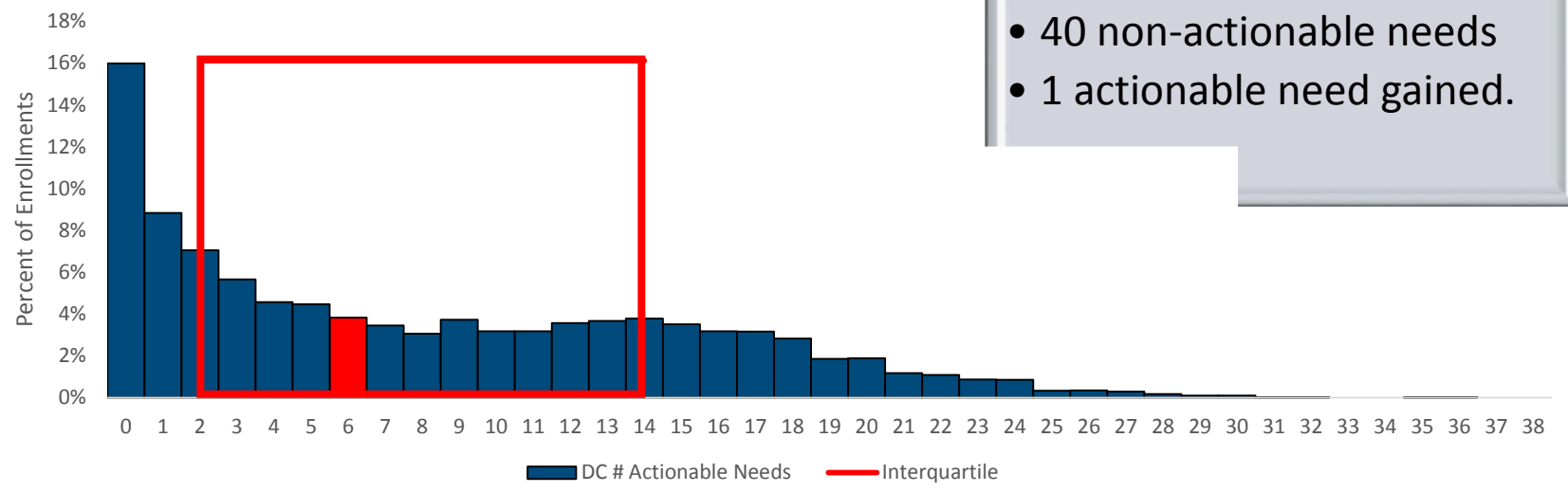


Compare the number of actionable needs from initial to discharge administrations

Detailed Analysis

- 9 met actionable needs
- 5 stayed actionable needs
- 40 non-actionable needs
- 1 actionable need gained.

Discharge (n=5101)



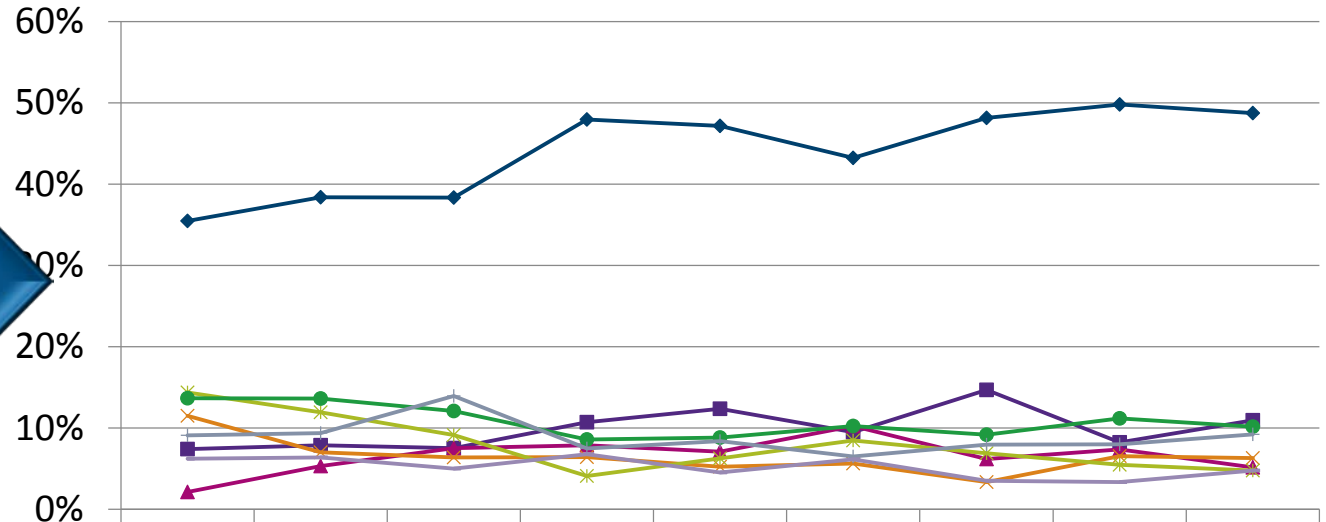
Less complex → More complex

Red box accounts for ~50% of youth.

# Continuous Quality Improvement



Over 30% of youth discharge out of program unsuccessful....  
*Why???*



	WY4Q 4	WY5Q 1	WY5Q 2	WY5Q 3	WY5Q 4	WY5Q 5	WY1Q 1	WY1Q 2	WY1Q 3
Successful Discharge	35.5%	38.4%	38.4%	47.9%	47.2%	43.2%	48.1%	49.8%	48.8%
Good Discharge	7.4%	7.9%	7.5%	10.7%	12.4%	9.5%	14.7%	8.2%	10.9%
Fair Discharge	2.2%	5.3%	7.5%	7.9%	7.1%	10.2%	6.2%	7.4%	5.2%
Residential Placement	11.5%	7.0%	6.4%	6.4%	5.3%	5.6%	3.4%	6.5%	6.3%
Legal Guardian Discontinued Services	14.4%	11.9%	9.1%	4.1%	6.3%	8.5%	6.9%	5.5%	4.8%
Child/Family Disengaged from Services	13.7%	13.7%	12.1%	8.6%	8.8%	10.2%	9.2%	11.2%	10.2%
Relocation	9.1%	9.4%	13.9%	7.5%	8.4%	6.5%	8.0%	8.0%	9.2%
Other	6.2%	6.4%	5.0%	6.8%	4.6%	6.2%	3.5%	3.4%	4.8%



# Analysis Plan

# Models Tested



## Model 1

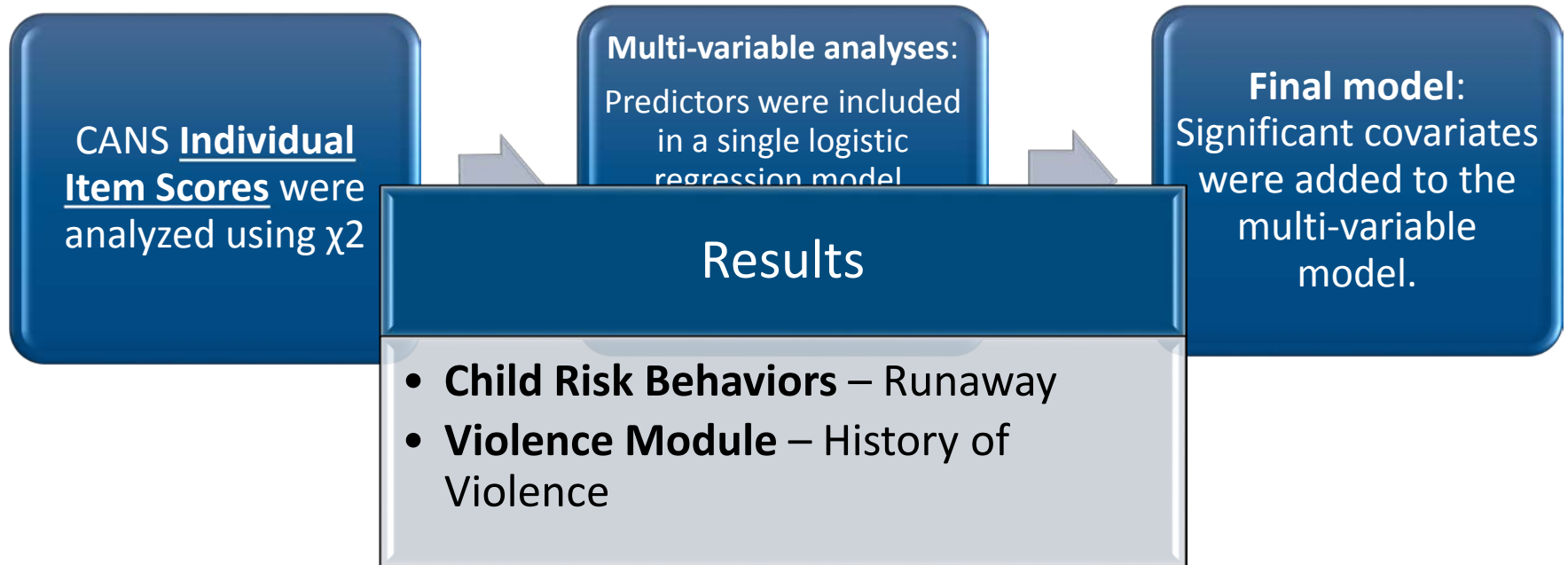
- CANS Individual Item Scores

## Model 2

- CANS Domain and Module Scores

## Model 3

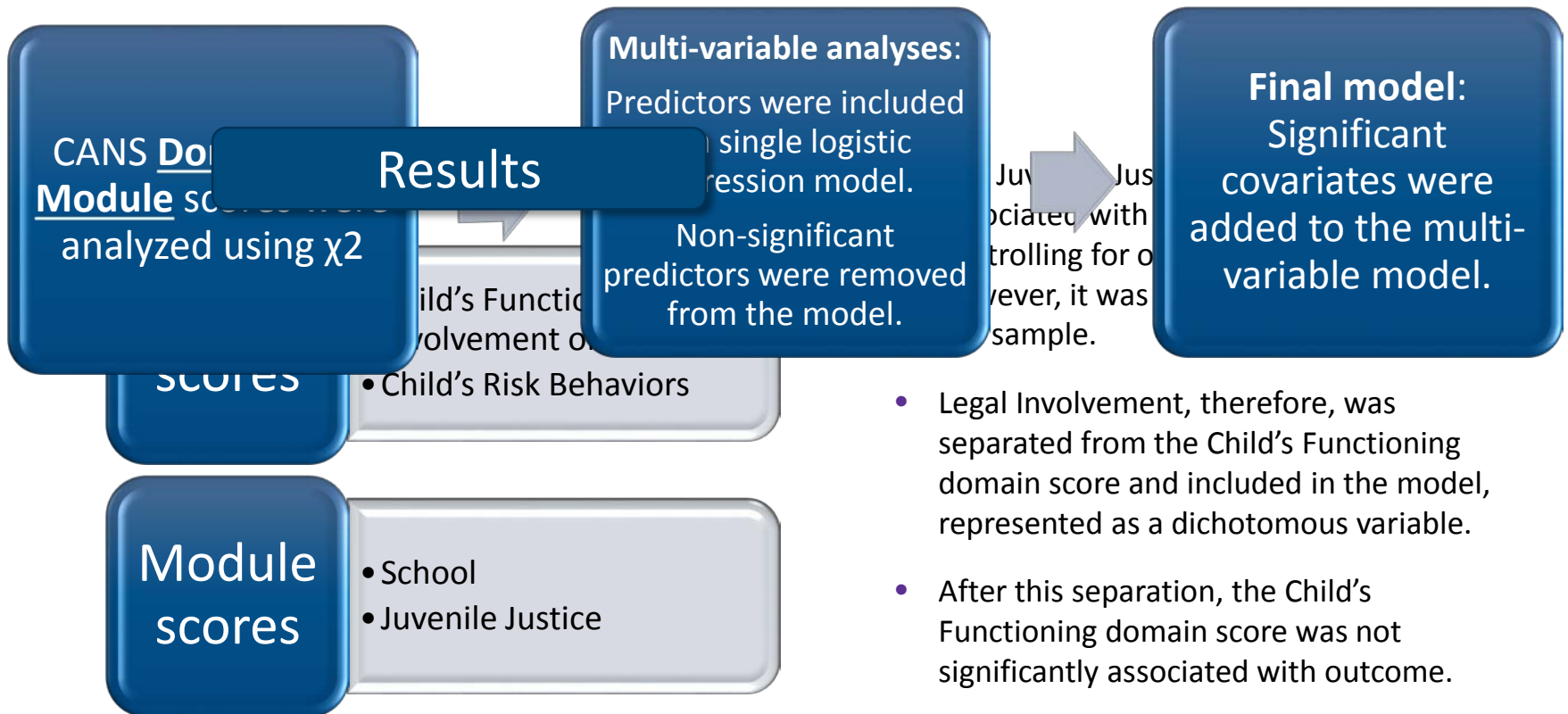
- CANS Emergent Factors established through Factor Analysis

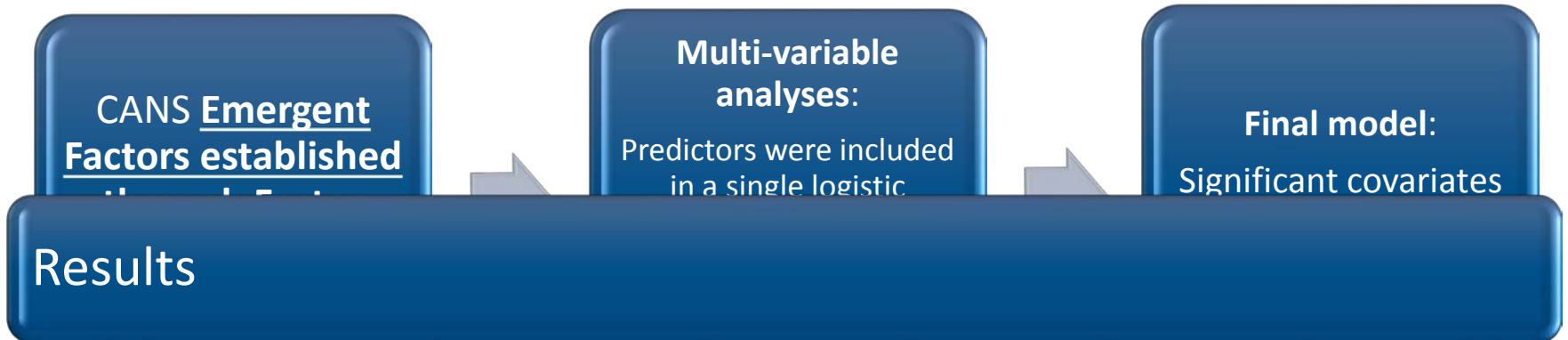


*A number of individual CANS items were answered by only a small proportion of the overall sample, so they were excluded from the multi-variable analyses.*



# Model Two





- **Family & Community:** Items related to the child’s overall environment and behavior as it relates to that environment
- **Social:** Items related to the child’s good behavior
- **Conduct:** Items related to the child’s bad behavior

# Model 3: Factor Details



## Family & Community

- **Child's Functioning:** Family, Living Situation, School, Recreation
- **Child Strengths:** Educational, Community Life, Youth Involvement with Care, Resiliency, Resourcefulness
- **Caregiver Strengths & Needs:** Knowledge, Family Stress
- **Child Behavioral/Emotional Needs:** Oppositional, Anger Control
- **School Module:** Behavior, Achievement, Attendance

## Social

- **Child's Functioning:** Social Functioning, Judgment
- **Child Strengths:** Family, Interpersonal, Optimism, Talents/Interest
- **Caregiver Strengths & Needs:** Supervision
- **Child Risk Behavior:** Social Behavior
- **School Module:** Relation with Teacher(s)

## Conduct

- **Child Behavioral/Emotional Needs:** Conduct
- **Child Risk Behaviors:** Delinquency

# Competing Models



Model	Predictors	Sample Size	Concordance
1	Child's Risk Behaviors – Runaway question; Violence Module – History of Violence question	1922	0.593
2	Child's Risk Behavior domain score; School module score	3027	0.622
3	"Family & Community" domain; "Social" domain; "Conduct" domain	3027	0.620

Final models controlled for history of out-of-home placements before CSoC enrollment and legal involvement.

# Putting Analysis into Action

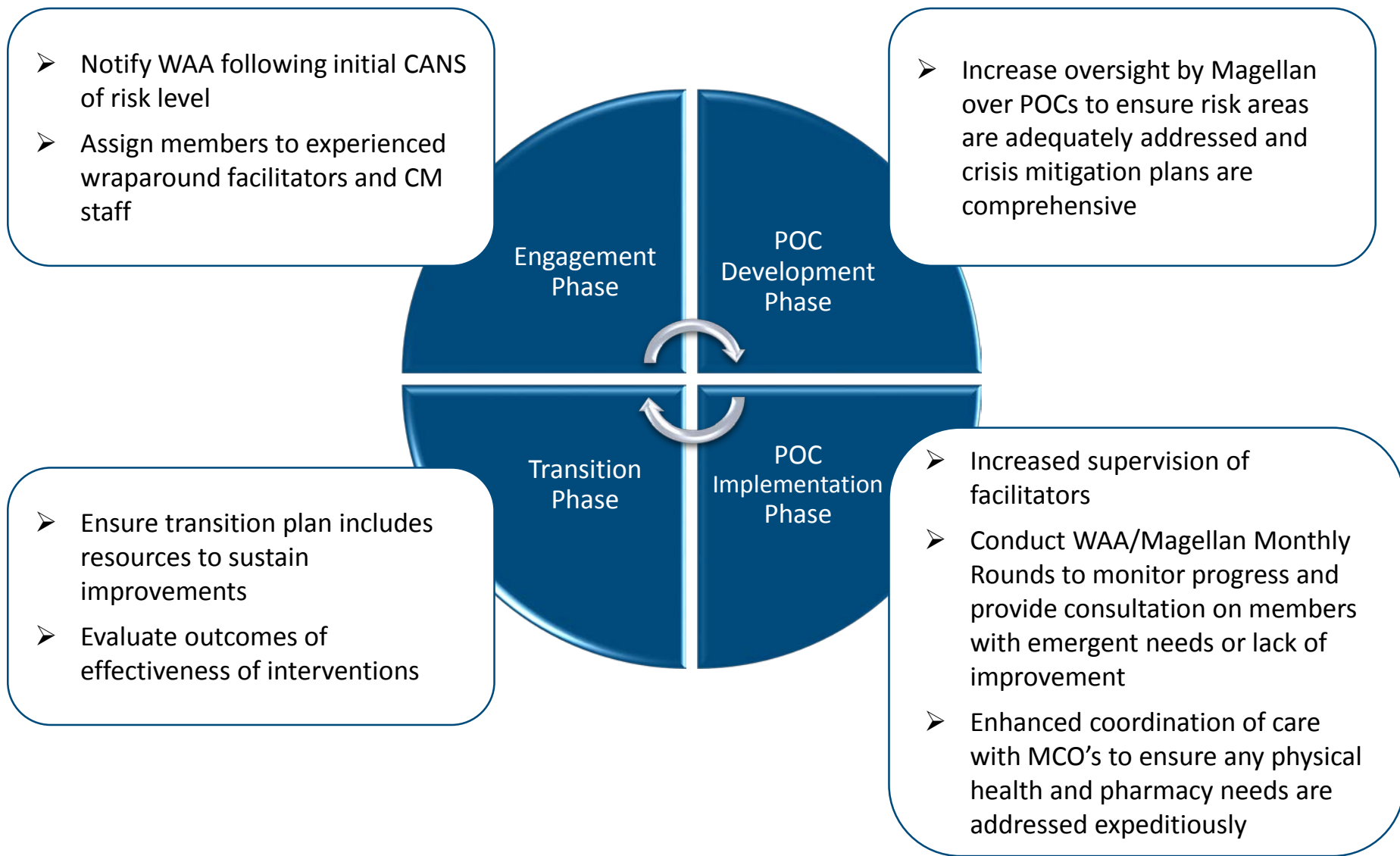


Indicators	
History of Legal Involvement	Yes
History of Out of Home Placements	Yes
CANS Risk Domain Score	7
CANS School Module Score	5
Risk Category	
Probability of unsuccessful discharge	56%
Risk category	High
Probability Cutoffs	
High risk	0.55
Above-average risk	0.38
Low risk	0.32

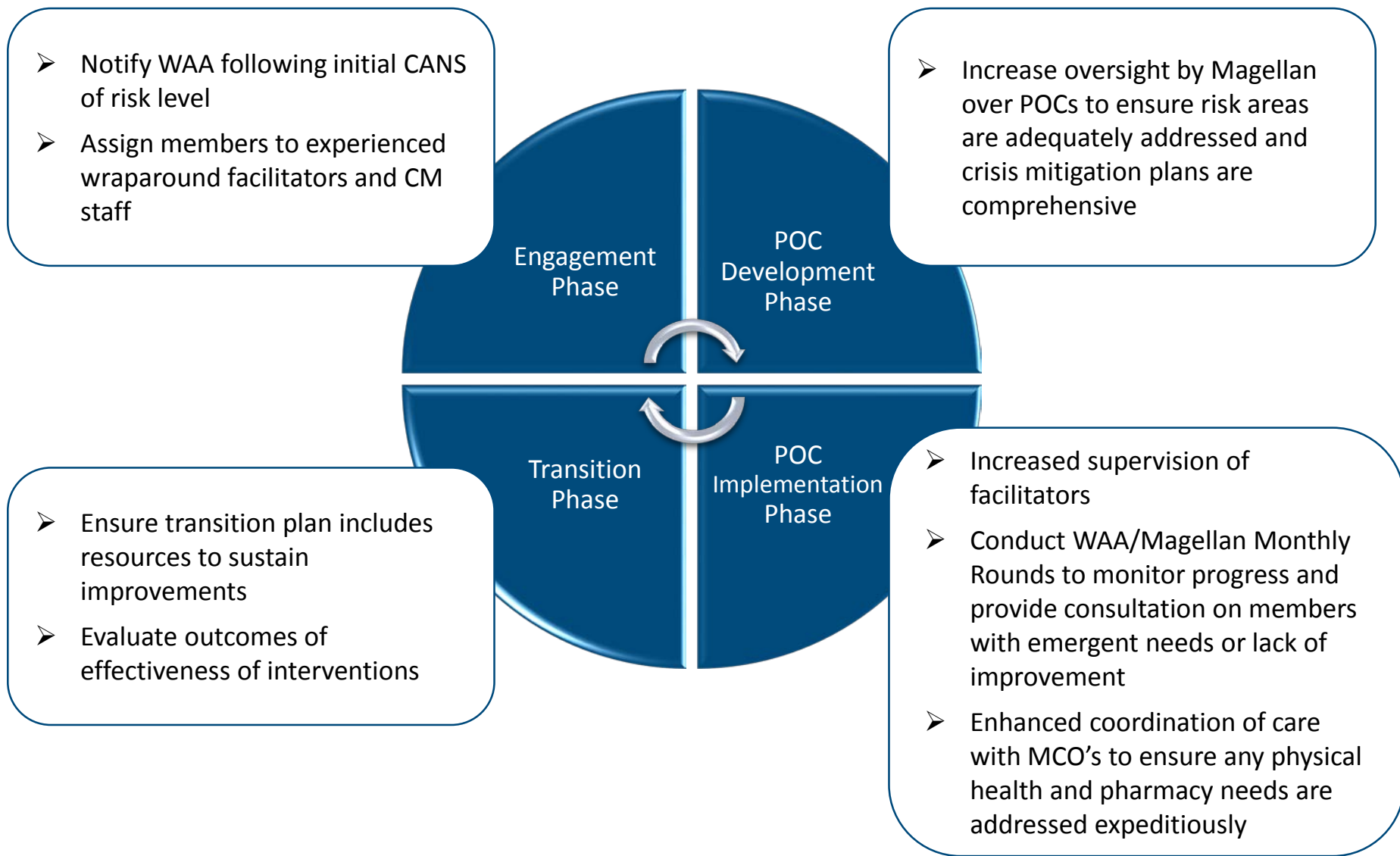


	2018-01 -- 2018-03	2018-04 -- 2018-06
Pct_HighRisk	6.0%	5.4%
Pct_AboveAvg	29.9%	29.9%
Pct_LowRisk	25.3%	26.2%
Pct_LowestRisk	26.8%	26.9%
Pct_IncompleteData	11.9%	11.6%

# Practical Applications to Wraparound Model



# Practical Applications to Wraparound Model





**Goal:** Increase Predictive Power  
of the Model



Tiered Case Management  
Risk Stratification  
Alternative Reimbursement  
Strategies





Questions?

Leading humanity  
to healthy,  
vibrant lives



**Magellan**  
HEALTH<sup>SM</sup>

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