

Exhibit 1: The MCE's Network Management Plan to Achieve ICC Program Access Standards

**1. "Outlier" Management**

**a. Criteria for identifying CSAs that are outliers relative to ICC wait time**

CSAs are considered outliers relative to access to care when they meet one or both of the following "outlier targets":

- (i) Outlier Target #1: A CSA has any number of youth waiting over the target number of days for ICC. Beginning in November, using the October 2011 data, CSAs with youth waiting over 30 days were considered outliers. In December, using the November 2011 data, any CSAs with youth waiting over 20 days were considered outliers. In January, using the December 2011 data, any CSAs with youth waiting over 10 days are considered outliers.
- (ii) Outlier Target #2: A CSA's average time to offer families an appointment is greater than 3 calendar days.

**b. For CSAs Meeting Criteria for Outlier Target #1, CSAs and MCEs Will Take the Following Steps:**

- (i) The CSA must report the reason that any Member is waiting past the target number of days and its plan to enroll the Member.

(ii) If a CSA reports that a Member is “waiting because there is no provider with availability nearby,” the following Network Management Action occurs:

(iii) MBHP’s Youth Regional Network Manager (YRNM) contacts the CSA Program Director within 3 days of data submission to verify that the CSA is:

- Screening to be sure the youth is waiting for ICC;
- Offering to refer the family to another CSA, if nearby;
- Appropriately triaging referrals to other behavioral health services; and
- Ensuring that the CSA’s caseload and staffing pattern promotes access and quality of care.

(iv) If after the YRNM contacts the CSA Program Director youth are still found to be waiting over the targeted number of days for services, the YRNM notifies the Member’s MCE. The MCE then contacts the member to ensure access to other behavioral health services when indicated. Note that this is not intended to divert the member from ICC, but is to ensure that the member is obtaining all other medically necessary CBHI services while awaiting ICC.

**c. For CSAs Meeting Criteria for Outlier Target #2, CSAs and MCEs Will Take the Following Steps:**

- (i) The CSA's TA team requests that the CSA submit, within 5 days, an updated Development Plan that includes tasks and a timeline to address screening, referral and triage processes, as well as staffing and hiring patterns as well as any other necessary action items to ensure timely access to care.
  
- (ii) The TA team reviews the tasks and timelines in the revised Development Plan and provides technical assistance as needed.
  
- (iii) Every month, the TA team examines the member level list of youth waiting for services for more than three days. The TA team identifies CSAs who persistently enroll Members after three days and contacts them to review their progress on implementing their Development Plans. [See if this works for you – I needed to clarify that this list of actions is for CSAs who meet criteria for outlier target #2 – anyone enrolled in over three days. ]
  
- (iv) In the event that a CSA has not met the three day standard for a particular month, the TA team determines the next course of action based on such factors as the severity and/or chronicity of the problem, the history of agency responsiveness to TA/NM interventions, etc. Interventions may include:
  - 1. Urgent phone or in person conference between TA team and CSA Director, which may result in a revised CSA Development Plan;

2. Urgent in person conference between TA team, CSA Director and one or more of the following:

- CSA agency CEO or other senior staff
- MBHP Statewide Youth Network Manager (YNM)
- MBHP Regional Director
- MCE Behavioral Health Directors

3. Formal written corrective action plan.

**d. Support of TA Teams by MCE Behavioral Health Directors and MassHealth's Office of Behavioral Health**

On a monthly basis, TA teams provide written updates to the MCE BH Directors and MassHealth Office of Behavioral Health regarding all CSAs who are outliers relative to access, noting progress on Development Plan tasks and timelines, as well as the impact of TA interventions. The MCE BH Directors and OBH staff provide feedback and guidance to TA teams aimed at strengthening the network management activities and interventions used with CSAs. The TA teams contact the MCE BH Directors on a weekly basis on any urgent matters concerning access.

**1. Strengthened Technical Assistance and Network Management for All CSAs**

**a. Refinement of the Data Reporting Process**

- (i) The deadline for submitting the CSA Monthly Data Workbook has been moved up to the 8<sup>th</sup> of the month to enable the MCEs to use the data more quickly in these network management activities.
- (ii) MBHP, on behalf of the MCEs, contacts every CSA with youth waiting over the target number of days between the 8th and the 20th of the month.
- (iii) MBHP sends the CSA Program Director a copy of the Wait List Follow-up Report, which lists all youth (by ID #) waiting over the target number of days.

**b. Best Practices for Timely Access to ICC Services**

MBHP, on behalf of the MCEs, identified 9 CSAs that offer families appointments between 3 and 6 days from the initial contact with the family, based on data reported in September 2011. The MCEs asked these CSAs to share information about their referral, triage and staffing protocols and processes that enables them to regularly offer an appointment within 3 days. The MCEs have disseminated a **tip sheet** to all CSAs that contains these best practices.