APPENDIX A

Q&A
SELECTED STATES

Program Name	Focal Population	Key Features	Sources of Funding	System Management	Scope of Services	Financing Mechanisms/Waivers/FFP Strategies/Revenue Reinvestment
Arizona Division of Behavioral Health Services (DBHS), within the Arizona Dept. of Health Services (ADHS)	Title XIX and XXI eligible children and adults; children and adults with developmental disabilities, eligible for services from AZ Long Term Care Services (ALTCS); non-title XIX/XXI persons with SMI; and, subject to appropriation: non-title XIX/XXI- General Mental Health adults, - Substance Abuse adults, and - Children	For Title XIX and XXI children, the Arizona Division of Behavioral Health Services (DBHS) programs are designed to fully implement the obligations under the JK Settlement Agreement (the result of an EPSDT lawsuit). The obligations of the agreement emphasize partnering with families and children, interagency collaboration, and individualized services aimed at achieving meaningful outcomes for children and families. The provisions of the Agreement are summarized in the "Arizona Vision" statement and accompanying "Arizona Children's Principles".	Title XIX and XXI funds; SAMHSA block grants including a CMHS grant; state appropriations for DD/ALTCS and SMI; and "other federal, state and local funds." Has a very "liberal" 1115 Demonstration waiver that has allowed them to get Medicaid reimbursement for peer support activities, family services and supported employment.	RBHAs, one per geographic region, are charged with assessing the service needs in their region and developing a plan to meet those needs. They develop and manage a network of providers to deliver a broad array of behavioral health care services.	Standard acute inpatient and outpatient BH services AND, non-room and board portions of residential care; psycho-social and cognitive rehabilitation services; support services including case management, family support, peer support, respite, flex funds; prevention services.	RBHAs are paid through monthly capitation payments for the Title XIX and XXI populations. Payments for state-funded clients and certain administrative costs are paid in 12 monthly payments. Profit and loss on any of these sources of revenue are capped at 4% of that type of revenue. AZ will pay a performance incentive of up to 1% of Title XIX and XXI revenue to contractors who meet or exceed performance indicators.
Arizona Collaborative Initiatives for Serving Children and Families (JK Settlement Agreement)	All children served by public sector programs	Structures and processes to implement the Arizona Vision and Children's Principles over time. The process is lead by an interagency Children's Executive Committee and the recent projects include: the 300 Kids project, a two site pilot program testing implementation strategies for individualized, strengths-based planning and support through Child and Family Teams; extensive training of state staff by Vroon VanDenBerg, LLP; development of respite services; a progressive series of "Practice Improvement Protocols" and several workgroups developing capacity-building and practice-improvement strategies for substance abuse services, medication management and "family-centered" practice.	Existing State and Federal resources.	Works through existing management structures to implement the cross-agency Arizona Vision and Principles.		

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Delaware Diamond State Health Plan	All children eligible for Medicaid and SCHIP; some services for uninsured children. Children receiving the most intensive services number about 2,600 annually, with about half active with another state agency such as child welfare or juvenile justice.	Commercial MCOs manage an integrated benefit covering physical health care and brief, short-term behavioral health care and the State Division of Child Mental Health Services (DCMHS), acting as a JCAHO-accredited public MCO, manages behavioral health care for children with moderate to severe disorders. DCMHS is the first public and the first child system in the nation to be JCAHO-accredited.	Title XIX and XXI funds; mental health general and block grant funds and some Title IV-E funds. DE has had a CMHS demonstration grant which has supported the development of systems' infrastructure such as information management systems; training capacity; a statewide parent support organization.	Managed by the state Medicaid agency through the MCO contracts. Key provisions include: requiring the commercial MCOs to enroll DCMHS providers in their networks. Further, providers cannot discriminate between commercial and Medicaid-insured consumers. DCMHS provides ongoing training for MCOs and providers. To improve continuity of care, children who become Medicaid-eligible automatically remain eligible for at least six months.	Children in Delaware, insured or uninsured, have access to a BH outpatient benefit of 30 hours per year through commercial MCOs. Any child who needs more intensive services, including those who have exhausted commercial insurance benefits, can be referred to DCMHS. Based on medical necessity, DCMHS services include: 24/7 statewide mobile crisis services, crisis residential services, intake and assessment, treatment planning, monitoring and case management, outpatient services, behavioral aides, intensive outpatient services, wraparound services and supports, in-home services, day treatment and partial hospitalization, therapeutic foster care, therapeutic group homes, residential treatment, inpatient hospitalization and family support and education. ALL RESIDENTIAL/GROUP HOME SERVICES ARE PROVIDED THROUGH DCMHS. Also, DE has a SAMHSA grant serving a sub-population who 1) are enrolled in special education; 2) have a DSM IV dx and 3) are having problems functioning in school, home or community. Past practice has favored placement in residential schools, often out of state.	Medicaid pays the commercial MCOs a capitation payment of approx. $100 per member per month. Medicaid pays DCMHS a bundled rate of $4,239 per member per month, based on actual DCMHS client service data. The state holds the risk in this system, providers are at no risk. Outpatient providers are paid fee for service and residential providers are program funded. Some flexible funding is available in the system but is cumbersome to access, reducing its use from the extent intended. The DCMHS data system is fully relational with Medicaid's system and supports Medicaid's rate setting for this program. All of the services provided through DCMHS are FFP-able with the exception of therapeutic respite service and flex funds (state funds that pay for mentors, music/art/recreation/sports). Federal revenue is retained in the Department of Services for Children, Youth and Their Families, with approx. 25% returning to DCMHS. Delaware operates this system through its 1115 Waiver.
New Jersey Children's System of Care Initiative	All children and adults eligible for publically-funded behavioral health services.	A single, statewide integrated system of behavioral health care replacing the previous system in which each agency (child welfare, juvenile justice mental health and Medicaid) provided its own set of BH services. The New Jersey Department of Human Services is the state purchaser and has contracted with a statewide ASO-type "Contracted Systems Administrator (CSA)", regionally-based Contracted Care Management Organizations (CMOs) and Family Support Organizations (FMOs).	Existing State and Federal resources including funds from child welfare, juvenile justice, mental health and Medicaid, new funds approved by the legislature and expansion in Medicaid covered services facilitated by conversion from the Medicaid Clinic to the Rehabilitation Services Option.	The CSA coordinates, authorizes and tracks care for all children entering the system and assists the Department of Human Services in the management of the system. The CSA provides coordinated 24 hour access to care, operates a toll-free Access to Care line, and supports utilization management, quality management and information management functions. Specifically, it facilitates a single method for paying BH providers and maintains one electronic record of BH care across child-serving systems for all children, both Medicaid and non-Medicaid.	Broad benefit: assessment (screening, evaluation and diagnostic services), mobile crisis/emergency services, out-of-home crisis stabilization services, acute inpatient hospitalization, residential treatment center care, group home care, treatment homes/therapeutic foster care, intensive face-to-face care management, outpatient treatment, partial hospitalization, intensive in-home services, behavioral assistance, wraparound services and family support.	The contracts with the CSA and the CMOs are currently no-risk contracts. The goal is to move to case-rate contracts with the CMOs as the experience base grows in the program. A key factor in the development of New Jersey's Initiative was the increase in Medicaid covered services, facilitated by converting from the Medicaid Clinic to the Rehabilitation Services Option and using EPSDT funds to screen children in the initiative.

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New Mexico – Behavioral Health Purchasing Collaborative	All children and adults eligible for publically-funded behavioral health services.	Plans for an Interdepartmental Behavioral Health Purchasing Collaborative, a *single behavioral health entity* (BHE) jointly funded and managed by nine state agencies.	All sources of state and federal revenue for BH services in New Mexico, including Title XIX, XXI and IV-E, SAMHSA block grants. *New Mexico currently spends a total of $157M for BH prevention, treatment and state level administration.*	Only very broad outlines have been determined: There will be a single behavioral health entity responsible for purchasing or providing all public behavioral health services in New Mexico and "there will be some kind of regional presence...for clinical problem-solving, quality oversight and local consumer and stakeholder input at the local or regional level; it does not mean different data systems, different utilization review criteria or processes or different responsible entities in different geographic locations." A draft concept paper is due in March 2004, an RFP in September 2004, selection in early 2005 for implementation by July 1, 2005.	In the process of being determined. The Services/Benefit Package/Populations Subgroup proposes four categories of services with separate "needs-based" eligibility criteria: 1) *core services* including the current Medicaid outpatient benefit, current state-funded crisis, respite, outpatient and supportive services and proposed *new*, more intensive outpatient services including mobile crisis services, intensive outpatient and home based services; 2) Care Coordination; 3) "Specialty Components" – services for people with "acute/chronic needs" including partial hospitalization, hospitalization, treatment foster care, group homes and residential care and 4) "Unique Components" for people with special needs such as sex offenders, people with brain injuries, people who are "DD/MI High Risk", etc. The services in this category are not described, with the exception of Assertive Community Treatment.	Not available yet.
Rhode Island – Comprehensive Evaluation, Diagnosis, Assessment, Referral and Reevaluation (CEDARR) Initiative	Children with special health care needs including youth with serious behavioral health disorders, autism and related disorders, severe medical or physical disabilities, developmental disabilities and those who are technology dependent.	The cornerstone of the initiative is the CEDARR "Family Center", not a physical Center, but staff located around the state who meet with children and families in their homes. The Center is intended to serve as a family-centered, comprehensive source of information, clinical expertise, connection to community support and assistance to help the family meets their child's needs.	CEDARR services can be billed directly to Medicaid, (not the Medicaid MCOs) or commercial insurors, or are paid for directly by parents.	The CEDARR Initiative is managed by the state's DHS, which sets certification standards for CEDARR Family Centers and for CEDARR Service Providers.	There are six CEDARR services provided by the Family Centers: Initial Family Assessment – a strengths-based profile of the child and family across life domains, including child's developmental and diagnostic hx., treatment hx., the family's insurance status and potential eligibility for public programs. Specialty Clinical Evaluation – initial assessment may indicate need for a specialty clinical evaluation, conducted by affiliated specialists. Development of the Family Care Plan and Treatment Consultation – the development of a comprehensive service plan with the family, professionals and providers. Family Care Coordination Assistance – limited to six-months; can be re-accessed during transitions. Family Care Plan Review and Revision – care plan is reviewed every six months. Basic Services and Supports – Centers provide a range of basic services Crisis Intervention Services – Family Centers are accessible 24/7 to respond to crises. Services include clinical triage and crisis follow-up care coordination. Finally, the Family Care Plan authorizes medically-necessary Medicaid-covered services, accessed through CEDARR providers affiliated with the	The specific CEDARR services, described under Scope of Services, are considered M EPSDT services. The DHS created two new provider types: CEDARR Family Centers and CEDARR Direct Service and Support Providers. CEDARR services may be paid directly by MA, by MA MCOs or by commercial insurers. The Family Centers are required to coordinate with all of the various payers and coordinate benefits for children with TPL.

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Wisconsin Wraparound Milwaukee (WM)	Children with serious emotional disorders who have been identified by child welfare or juvenile justices as being at risk for residential or correctional placement. WM serves about 600 children a year.	WP is a publicly-operated care management organization, with the Child and Adolescent Services Branch (CASB) of the County Mental Health Division acting as the managed care entity. The Care Coordinators use a wraparound approach and WM provides over 80 core services delivered by 240 providers through a fee for service arrangement. Youth and families choose their providers for services authorized in the care plan. WM has a 24/7 mobile crisis team operated directly by the CASB and serving the whole county, not just the 600 enrolled youth.	Child welfare funds for residential services, through a case rate to WM (9.5M); juvenile justice residential treatment funds(8.5M); medicaid capitation ($1557 per member per month, 10M annually); mental health crisis billing, block grant funds and commercial insurance ($2M). Annual total of $30M.	Wraparound Milwaukee manages the system using managed care technologies such as a management information system designed specifically for WM, capitation and case-rate financing mechanisms, service authorization procedures, provider network development and management, accountability mechanisms and utilization management.	WM provides a broad array of services: case management; medication management; outpatient therapies; assessments and evaluations; psychiatric hospitalization; various in-home support services including parent aides, child care and housekeeping; respite care; various supports for children and youth such as mentoring, tutors, life coaches, recreation, after-school programming, specialized camps, supported work; and crisis homes, foster care, treatment foster care, in-home treatment, day treatment, residential treatment and transportation.	