



Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H., Director

## **CISC Letter of Direction #xx**

**Date:** **Date Signed**

**To:** **Centennial Care 2.0 Managed Care Organizations**

**From:** **Nicole Comeaux, Director, Medical Assistance Division**

**Subject:**

**MCO Participation in CYFD Joint Clinical Reviews, Triage Planning Meetings, Individualized Planning Process (IPP) Approach, Child and Adolescent Needs and Strengths (CANS) Assessment (Appendix A TO 4.1\_A TO 1.2), and High-Fidelity Wraparound Services for Children in State Custody (CISC) (Appendix D IT 2.1)**

**Title:** **MCO Requirements for Children in State Custody (CISC)**

The purpose of this Letter of Direction (LOD) is to provide guidance, clarification, and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) for the implementation of specific care coordination activities to address the provision of physical and behavioral health services for children in state custody (CISC). This LOD outlines MCO Care Coordination requirements for every CISC enrolled with the MCO to ensure the provision and participation of the CISC's assigned Care Coordinator in Triage Planning, Joint Clinical Reviews, Discharge Planning, Child and Adolescent Needs and Strengths (CANS) assessments and High-Fidelity wraparound services. This LOD shall be considered an applicable instrument to communicate, update and clarify information by Human Services Department (HSD) governed by the provisions of the Medicaid Managed Care Contract section 1.3.3.

### **[New Definitions] Section 2 Definitions, Acronyms and Abbreviations**

**High Fidelity Wraparound (HFW)** is an intensive Care Coordination approach that identifies services and supports for a youth and family, who are involved in multiple systems, to meet their unmet needs. This intensive Care Coordination model strives to create a teaming model that unifies all plans of care.

**Guardian Ad Litem (GAL)** . Means an attorney appointed by the children's court to represent and protect the best interests of the child in an abuse and neglect case under the New Mexico Children's Code who has the powers and duties described in N.M.Stat. 32-1-7

**Joint Clinical Review** of out of state placements with CYFD when the placement is not part of the child's permanency plan. The Joint Clinical Review will occur every thirty (30) days at a minimum and the first Joint Clinical Review will occur within thirty (30) days of the child's placement in an out of state facility.

**Joint Clinical Review Audit Tool** was developed by HSD and CYFD, to ensure a thorough and detailed evaluation of required services and assessments has occurred and that gaps in services have been identified and addressed.

**The Individualized Planning Process (IPP)** approach, developed by CYFD and HSD outlines the process for convening an IPP team for making decisions and for delivering services and supports for each Child in State Custody. The Individualized Planning Approach shall be informed by the Child and Family Teaming (CFT), collaborative decision making, High Fidelity Wraparound models, and shall prioritize the child's voice and choice. The process shall also be strengths based, connected to natural supports and respectful of the child's family and unique cultural heritage.

**Child and Family Team (CFT)** shall include, but is not limited to: the Member and/or Member's family, the Member's care coordinator, the CYFD Protective Services (PS) case worker and supervisor, the CYFD Community Behavioral Health Clinician (CBHC), Resource Family, identified natural supports, Tribal Representative, Office of Tribal Affairs if child is Native American, the Member's Case Manager (or equivalent) at the Residential Treatment Agency or provider, and the Guardian Ad Litem (GAL) or Member's Attorney and, if applicable, a representative from the Service Provider.

## **[New Acronyms] Section 2 Definitions, Acronyms and Abbreviations**

**CAT**-Crisis Assessment Tool

**CANS**-Child and Adolescent Needs and Strengths

**CYFD CBHC**-Children Youth and Families Community Behavioral Health Clinician

**IPP**-Individualized Planning Process

In collaboration with the Children Youth and Families Department (CYFD), the Medical Assistance Division (MAD) is revising or adding the following sections and subsections to outline the direction to the MCOs for CISC:

4.12.13 Coordination and Collaboration with CYFD, including CISC. The purpose of Care Coordination for CISC is to make sure medically necessary services are identified, provided, and documented in the child's file, and analyzed when developing plans for future care and services. Care Coordination will further the goal of HSD and CYFD's joint process to "maximize each child's access to services." CISC should be assigned Care Coordination Level 2, at a minimum, upon initial contact unless and until circumstances warrant otherwise.

(New Section and Subsections) 4.12.13.12 The CONTRACTOR shall collaborate with CYFD to identify children in out of state placements. The Member's MCO care coordinator shall participate in a Joint Clinical Review of out of state placements with CYFD when the placement is not part of the child's permanency plan. The Joint Clinical Review will occur every thirty (30) days at a minimum and the first Joint Clinical Review will occur within thirty (30) days of the child's placement in an out of state

facility. The Joint Clinical Review includes an evaluation of the Member's clinical course and access to health services as a means of identifying gaps in medical and behavioral health care, including strategies to address the identified gap and to promote in-state community based services and placements.

The Joint Clinical Review Team, including members from CYFD and HSD or a managed care organization, will develop a discharge plan which includes identification of in-state resources that may need to be developed for the child to return to New Mexico. The Permanency Planning Worker (PPW) will work with the CONTRACTOR to secure services that could be funded by Medicaid.

4.12.13.12.1 The CONTRACTOR shall ensure care coordinators, upon hire and annually, receive training on the Individualized Planning Process (IPP) approach. The IPP approach, developed by CYFD and HSD, outlines the process for convening an IPP team that will make decisions and deliver services and supports for each CISC. IPP is an individualized, trauma-responsive approach that includes the family as an equal partner to the maximum extent possible and prioritizes the child's voice and choice. The team will work together to identify needs and connect to resources and supports. The resulting individualized plan will help unify the team under a vision with specific, targeted outcomes. The IPP approach is strengths-based and emphasizes addressing both underlying and articulated needs of the children, youth and families involved through shared responsibilities with team members assigned specific tasks to help children and families reach their goals.

4.12.13.12.2 The CONTRACTOR shall ensure care coordinators, upon hire and annually, receive training prior to participating in a Joint Clinical Review. The training will include the "Joint Clinical Review Audit Tool," developed by HSD and CYFD, to ensure a thorough and detailed evaluation of required services and assessments has occurred and that gaps in services have been identified and addressed.

4.12.13.12.3 The Joint Clinical Review Meeting will occur using the IPP team approach. The Child and Family Team shall include, but is not limited to: the Youth and Family, the Member's (CONTRACTOR) care coordinator, the CYFD Protective Services (PS) Case Worker and PS Supervisor, the CYFD Community Behavioral Health Clinician (CBHC), Resource Family, identified natural supports, Tribal Representative, Office of Tribal Affairs if child is Native American, the Member's Case Manager (or equivalent) at the Residential Treatment Agency or provider, and the Guardian Ad Litem (GAL) and Member's Attorney and, if applicable, a representative from the Service Provider.

4.12.13.12.4 CYFD will conduct a Triage Meeting, for all CISC when a recommendation is made for an out of state placement in a behavioral health treatment setting or Residential Treatment Center (RTC) setting due to extraordinary circumstances necessary to protect the safety and security of the child as documented in the child's record and approved by the Secretary or the PS Director of CYFD. The CONTRACTOR shall ensure the Member's MCO care coordinator participates in the Triage Meeting with the Youth and Family, the Member's (CONTRACTOR) care coordinator, the CYFD Protective Services (PS) Case Worker and PS Supervisor, the CYFD Community Behavioral Health Clinician (CBHC), Resource Family, identified natural supports, Tribal Representative, Office of Tribal Affairs if child is Native American, the Member's Case Manager (or equivalent) at the Residential Treatment Agency or provider, and the Guardian Ad Litem (GAL) or and Member's Attorney and, if applicable, a

representative from the Service Provider. The CONTRACTOR will ensure the Member's placement in an out of state RTC meets the standard of Medical Necessity.

4.12.13.12.5 The CONTRACTOR shall ensure the Member's care coordinator and other applicable MCO staff participate in the Triage Meeting to contribute to the discussion regarding the following:

4.12.13.12.5.1 Medical necessity and requirements for the level of care for TFC or RTC.

4.12.13.12.1.2 Viable options for in state and out of state TFC/RTC level of care.

4.12.13.12.1.3 Solutions to any barriers, including barriers to a less restrictive placement that may be presented during the Triage Planning Meeting regarding provider access.

(New Section and Subsection) 4.12.13.13 The CONTRACTOR shall participate in Child and Family Teaming Meetings with CYFD, Children's PS Division, and JJS Division to review support and least restrictive service and setting options for each CISC.

4.12.13.13.1 The CONTRACTOR shall ensure the Member's care coordinator receives IPP training, as well as trauma-responsive training, offered by CYFD and HSD, prior to participating in an IPP.

4.12.13.13.2 The IPP Approach shall be informed by Child and Family Teaming (CFT), collaborative decision-making, and shall prioritize the child's voice and choice. The process shall also be strengths-based, connected to natural supports, and respectful of the child's family and unique cultural heritage.

4.12.13.13.3 The Child and Family team members shall include: the Youth and Family, the Member's MCO (CONTRACTOR) care coordinator, the CYFD Protective Services (PS) Case Worker and PS Supervisor, the CYFD Community Behavioral Health Clinician (CBHC), Resource Family, identified natural supports, Tribal Representative, Office of Tribal Affairs if child is Native American, the Member's Case Manager (or equivalent) at the Residential Treatment Agency or provider, and the Guardian Ad Litem (GAL) or and Member's Attorney and, if applicable, a representative from the Service Provider.

4.12.13.13.4 The CONTRACTOR shall ensure the Member's comprehensive care plan includes the IPP team decision for support and least restrictive service and setting options.

(New Section) 4.12.13.14 The CONTRACTOR shall ensure care coordinators, upon hire and annually, attend and participate in the CANS 101 training provided by CYFD and HSD. The CANS is a multiple purpose information integration tool that is designed to be the output of a screening process (non-clinical). The purpose of the CANS is to communicate with stakeholders and accurately represent the needs and strengths of the child and family. The CANS will guide the team in identifying and understanding the child's and family's needs which will assist in determining services and supports. CISC will have a Crisis Assessment Tool (CAT) and a CANS completed by the assigned CYFD staff. High-Fidelity Wraparound (HFW) providers will conduct a CANS within 30 days of enrollment and every 6 months up to and including discharge. CANS will be updated in between cycles if life changing/significant events occur or dispositional proceeding warrants. The CONTRACTOR may request the CANS from PS Caseworker or the Provider with the appropriate release of information. Children 14 years of age or over, must consent to a release of information. The purpose of the CANS is

to communicate to team members the CISC strengths, deficits, symptoms, and needs. Team members include the care coordinator from the MCO and may include existing providers, Guardian ad litem's, youth attorneys, and court appointed special advocates (CASA's).

(New Section) 4.12.13.15 The CONTRACTOR shall ensure care coordinators, upon hire and annually, attend and participate in the NM High Fidelity Wraparound Foundations training conducted by CYFD and HSD. HFW is an intensive care coordination approach that identifies services and supports for a youth and family, who are involved in multiple systems, to meet their unmet needs. This intensive care coordination model strives to create a teaming model that unifies all plans of care. A HFW team is developed by the HFW facilitator and the youth/family. The team members develop an overall plan of care that includes a vision statement, addresses initial conditions that brought the child/youth/family for help, builds on strengths, addresses needs, documents safety contingencies, details roles, actions and specifies an evaluation process. Decisions are made within the team meeting framework. The CONTRACTOR, at the discretion of the family, may be asked to participate as HFW team members.

This LOD will sunset upon inclusion into the NM Medicaid Managed Care Services Agreement.