OKLAHOMA’S JOURNEY

Health Homes for Children with Serious Emotional Disturbance utilizing a Wraparound Process
Background

Health Homes for Children with SED

Approximately one out of 10 children in the United States has a serious emotional disorder, and mental health conditions represent the most costly health condition among children. The health home provision of the Affordable Care Act (ACA) provided an opportunity for Oklahoma to improve the quality and cost of care for these children using intensive care coordination with high fidelity Wraparound.
A strategy to build a system of care to improve health, enhance access and quality and control costs for members with SMI or SED.
Oklahoma currently uses the Client Assessment Record (CAR) rating scale for service placement, and the Ohio Scales tool to support the payment risk category and track outcomes.

Children who meet the definition of SED generally have CAR scores that result in Level 3 or 4 placement.

Children with lower CAR scores may be more appropriate in Oklahoma’s Medical Home program (SoonerCare Choice).
There are two risk categories (or levels of care coordination) for which payment is made for eligible children:

Category 1: Moderate resource use
Category 2: High intensity (Wraparound) resource use

The risk categories are based on criteria determined by ODMHSAS, and intended to reflect the overall level of:

- Activity in the Comprehensive, Person Centered Care Plan;
- Provision of at least the minimum qualified Health Home Services;
- Frequency of contacts (face-to-face visits, phone calls, referrals, or care coordination)
Risk Category 1: Moderate Resource Use – G9009

Children and adolescents appropriate for this category require extensive system coordination and more significant engagement by behavioral health providers and at least one other child serving agency. Service coordination is an important aspect of this category for maintaining the child or adolescent in the community.

Eligibility:
Most likely the CAR scores equate to level 3. (Intensive Service Coordination).
This level of care coordination is for individuals that meet the medical necessity criteria for Wraparound services.

Typically a child or adolescent’s service needs must require the involvement of multiple components within the system of care. For example, an adolescent may require the services of a probation officer, a mental health clinician, a child and adolescent psychiatrist, and a special education teacher to be maintained in the community.

These children and adolescents, therefore, need intensive, clinically informed case management to coordinate multi-system and multidisciplinary interventions. *

The Care Coordinator maintains a caseload of 8-10 families with a minimum of 12 hours of service contact per month per family to include weekly face-to-face contacts with the youth and family.

* Source: CALOCUS Instrument, 2010
Oklahoma is utilizing a high fidelity Wraparound process for children who meet criteria for high intensity Health Home.

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These children and adolescents, therefore, need intensive, clinically informed case management along with the Wraparound process to coordinate multi-system and multidisciplinary interventions.

The Care Coordinator maintains a caseload of 10 families with a minimum of 12 hours of service contact per month per family to include weekly face-to-face contacts with the youth and family.
In order to receive the rate for the Wraparound level of coordination:

- Individual’s Client Assessment Record (CAR) score equates to a Level 4, and a clinician rated Ohio scale shows significant clinical impairment, and at least one of the following conditions:
  - Hospitalization within the past three months;
  - Multiple hospitalizations, ED use and/or crisis center admissions;
  - Intensive array of services are in place, including case management, therapy, medication management, and family support services, at a minimum;
  - Chronic physical health condition, such as diabetes or asthma or other chronic physical health condition;
  - Child was in the custody of OKDHS or OJA within the past six months.
  - At high risk of out of home/out of community placement as indicated by an attestation signed by a LBHP (form provided by the State). Attestation will include a narrative explaining the changes and challenges in function and the circumstances surrounding imminent out of home/community placement and an updated psychosocial assessment with supporting CAR scores.
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Engaging Primary Care
  - More difficult than anticipated
  - Must have the help of the Medicaid Agency

Must have dedicated teams that meet regularly

It is impossible to over prepare providers for change.
Next Steps

- Moving from the longstanding use of the CAR as the assessment tool. Considering the ASI-MV among other possibilities.
- Combining the various screenings that OK currently requires into perhaps one screening tool that can be built into the EHRs.
- Implementing the Zero Suicide Initiative throughout the Health Home network (not just the CMHCs).
References

- Oklahoma Department of Mental Health & Substance Abuse Services Health Home Page
  
  [http://www.ok.gov/odmhsas/Mental_Health/Oklahoma_Health_Homes/index.html](http://www.ok.gov/odmhsas/Mental_Health/Oklahoma_Health_Homes/index.html)

- Oklahoma Department of Mental Health & Substance Abuse Services Administrative Rules
  
  [http://www.ok.gov/odmhsas/Additional_Information/Provider_Certification/ODMHSAS_Administrative_Rules/Administrative_Rules_That_Are_Currently_In_Effect.html](http://www.ok.gov/odmhsas/Additional_Information/Provider_Certification/ODMHSAS_Administrative_Rules/Administrative_Rules_That_Are_Currently_In_Effect.html)

- Oklahoma Healthcare Authority Health Home Page
  
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