

Care Management Entities: A National Overview Improving Quality, Cost and Outcomes

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National Health Policy Forum, Washington, DC

December 16, 2011



This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

What Is A Care Management Entity (CME)?

- An organizational entity – such as a non profit organization or public agency - that serves as *the* “locus of accountability” for defined populations of youth with complex challenges and their families who are involved in multiple systems
- Is accountable for improving the quality, outcomes and cost of care for populations historically experiencing high-costs and/or poor outcomes

Pires, S.A. (2010). Washington, D.C.: Human Service Collaborative

Child and Youth Populations Typically Served by CMEs

- Children & adolescents with serious emotional & behavioral challenges at risk of out-of-home placement in residential treatment, group homes and other institutional settings
- Youth at risk of incarceration or placement in juvenile correctional facilities
- Children in child welfare
- Children & adolescents returning from institutional placements in residential treatment, correctional facilities or other out-of-home setting
- Children & adolescents at risk of or returning from psychiatric inpatient settings
- Detention diversion and alternatives to formal court processing for juveniles
- Other populations (e.g., youth at risk for alternative school placements)

Care Management Entities Are Values-Based*

Care is:

- Youth-guided and family-driven
- Individualized
- Strengths-based, resiliency focused
- Culturally and linguistically competent
- Community-based, integrated with natural supports
- Coordinated across providers and systems
- Solution focused
- Data-driven, evidence-informed

**Values draw on system of care values*

Redirecting High Cost, Poor Outcome Spending through Care Management Entities

Strategies:

- Redirect dollars from high cost/poor outcome services (e.g., residential, detention, group homes)
- Invest savings per youth served in home and community-based service capacity
- Promote diversification/"re-engineering" of residential treatment centers

Care Management Entity Functions

At the Service Level:

- Child and family team facilitation using high quality Wraparound practice model
- Screening, assessment, clinical oversight
- Intensive care coordination
- Care monitoring and review
- Peer support partners
- Access to mobile crisis supports

At the Administrative Level:

- Information management – real time data; web-based IT
- Provider network recruitment and management (including natural supports)
- Utilization management
- Continuous quality improvement; outcomes monitoring
- Training

Variation in Types of CME Entities

- **Public agency as CME** – Wraparound Milwaukee
- **Non profit organization with no other role** – New Jersey Care Management Organizations
- **Existing non profit organization with other direct service capability** – Massachusetts Community Service Agencies
- **Hybrid** – Non profit organization with other direct service capability in formal partnership with neighborhood organization – Cuyahoga County, OH Coordinated Care Partnerships
- **Non profit HMO** – Mental Health Services Program for Youth

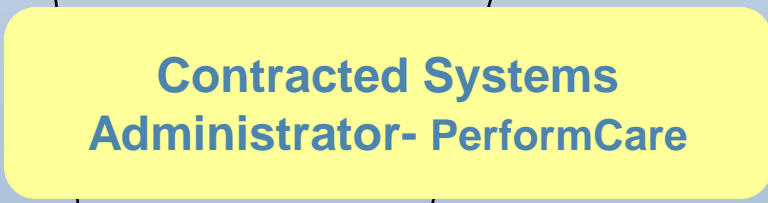
Care Management Entity Financing Mechanisms

Use of:

- Multiple Funding Streams
- Blended or Braided Funding
- Case Rates

NJ – Contracted Management Structure

BH, CW, MA \$\$ - Single Payor
↓



- 1-800 number
- Screening
- Utilization management
- Outcomes tracking



Any licensed DCF provider

Family peer support, education and advocacy, Youth movement

Lead non profit agencies managing children with serious challenges, multisystem involvement

Examples of Outcomes

Milwaukee Wraparound

- Reduction in placement disruption rate from 65% to 30%
- School attendance for children in child welfare improved from 71% days attended to 86% days attended
- 60% reduction in recidivism rates for youth in juvenile justice from one year prior to enrollment to one year post enrollment
- Decrease in average daily RTC population from 375 to 50
- Reduction in psychiatric inpatient days from 5,000 days per year to less than 200
- Average monthly cost of \$4,200 (compared to \$7,200 for RTC, \$6,000 for juvenile detention, \$18,000 for psychiatric hospitalization)

Marion County, IN

- Reduced recidivism (youth are 78% less likely to return to a child-serving agency)
- Improved scores on CAFAS, CBCL, BERS
- Improved school attendance and academic performance
- 86% of families reported that services were helpful
- 82% of youth reported that services were helpful
- 86% of families reported that services reflected their family's strengths and culture

New Jersey estimates it has saved over \$30m in inpatient costs alone over the past three years

Potential of Care Management Entity as Health Home

Health Home Functions:

- Comprehensive care management
- Care coordination and health/behavioral health promotion
- Transition care across multiple settings
- Individual and family support services
- Linkage to social supports and community resources

Health Home Goals:

Improve the quality and cost of care for
populations with –

- Co-occurring chronic conditions
- Serious behavioral health challenges, including children
- At risk

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Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grants (Section 401d)

- 10 grants awarded to (18) states by Federal Centers for Medicare and Medicaid Services (CMS) to “establish and evaluate a national quality system for children’s health care which encompasses care provided through the Medicaid program and CHIP.”
 - Test new measures for quality of care
 - Promote the use of health information technology (HIT)
 - **Evaluate provider-based models**
 - Demonstrate impact of a model electronic health record (EHR) format
 - Adopt/modify one – or more – of the above

5-year grants with a national evaluation (Lead evaluator: Mathematica Policy Research)

http://www.insurekidsnow.gov/professionals/CHIPRA/grants_summary.html

Maryland, Georgia and Wyoming Collaborative CHIPRA Grant Project

- *“Improve the health and social outcomes for children with serious behavioral health needs by implementing and/or expanding a Care Management Entity (CME) provider model to improve the quality - and better control the cost - of care for children with serious behavioral health challenges who are enrolled in Medicaid or the Children’s Health Insurance Program.”*

The states will show:

- **Improved clinical and functional outcomes**
- **Improved access to home and community based services**
- **Improved cost outcomes per capita**
- **Increased resiliency for youth and families**

through a Care Management Entity approach

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