

Attachment 1  
Continuation of Section C: Monitoring Results

V. Coordination and Continuity of Care Standards

Strategy: Primary Care and Coordination.

Summary of results: NorthSTAR does not provide primary care health services. The NorthSTAR behavioral health organization coordinates behavioral health services and physical health care services with State of Texas Access Reform health maintenance organizations. Staff from the behavioral health organization, State Office, State of Texas Access Reform health maintenance organizations, and the local behavioral health authority meets quarterly to review and monitor the implementation of care coordination activities.

Problems identified: Need for improved communication/coordination among State of Texas Access Reform health maintenance organizations, the behavioral health organization, and NorthSTAR providers.

Corrective action: The behavioral health organization and health maintenance organizations meet to share information. The behavioral health organization provides training for network providers on Texas Health Steps' health-screening program to improve coordination with medical care.

Program change: The State and the local behavioral health authority will monitor the behavioral health organization to ensure periodic meetings occur with health maintenance organizations related to care coordination. The State and the local behavioral health authority will monitor provision of preventive health screening information to providers from the behavioral health organization.

Strategy: Additional services for enrollees with special health care needs.

Summary of results: The behavioral health organization provides a clinical screening for all children who present for services to aid the clinician in determining the best treatment alternative. Individuals with multiple or complex needs are referred to a specialty provider network when clinically indicated. Standardized assessments then target behavioral symptomatology and functional deficits.

Problems identified: Enrollees with special health care needs require more comprehensive services.

Corrective action: The State requires the behavioral health organization to work with specialty provider network providers and other community agencies to ensure a wide service array to meet the needs of this population.

Program change: The State and the local behavioral health authority continue to monitor frequency and intensity of services for enrollees with special health care needs utilizing data gathered from the Resiliency and Disease Management model.

VI. Coordination and Continuity of Care Monitoring

Strategy: The State and the local behavioral health authority ensure that the State of Texas Access Reform health maintenance organizations/NorthSTAR programs continue to improve care coordination through policy and operations.

Summary of results: The Care Coordination workgroup (the behavioral health organization, State of Texas Access Reform health maintenance organizations, the local behavioral health authority, and State staff) met quarterly during this waiver period to address identified issues related to coordination of care and to resolve service barriers.

Problems identified: Ongoing need for timely communication/coordination.

Corrective action: The State and the local behavioral health authority will monitor the behavioral health organization to ensure periodic meetings occur with State of Texas Access Reform health maintenance organizations related to care coordination. The State and the local behavioral health authority will monitor provision of preventive health screening information to providers from the behavioral health organization.

Program change: The State and the local behavioral health authority will direct the behavioral health organization to hold regularly scheduled meetings with the State of Texas Access Reform health maintenance organization staff and the specialty provider network providers to determine specific procedures to enhance program education.

Strategy: The State is a participant in the Regional Advisory Committee.

Summary of results: Committee members, including staff from HHSC, the enrollment broker, the State of Texas Access Reform health maintenance organizations, the behavioral health organization, the local behavioral health authority, the State Office, and various community-based service providers, meet to identify and address care coordination-related issues.

Problems identified: Problematic issues regarding the coordination of care between physical and behavioral health services continue to occur.

Corrective action: Participating agencies share information and policies to resolve issues.

System change: N/A

Strategy: The State tracks complaint trends or patterns to identify and correct problems related to care coordination and/or continuity of care.

Summary of results: Monthly complaint reports submitted by the behavioral health organization and the local behavioral health authority were tracked and trended by the State. Reports from the local behavioral health authority were reviewed and any local issues related to care coordination identified. Additionally, a quarterly workgroup met to improve service coordination for continuity of care with regard to discharge planning at Terrell State Hospital. Attendees included the behavioral health organization, state hospital care managers, community-based providers, hospital social work staff, and the local behavioral health authority staff.

Problems identified: Periodic complaints occur related to care coordination and continuity of care.

Corrective action: Additional technical assistance provided to the behavioral health organization by the State and the local behavioral health authority regarding care coordination and continuity of care issues.

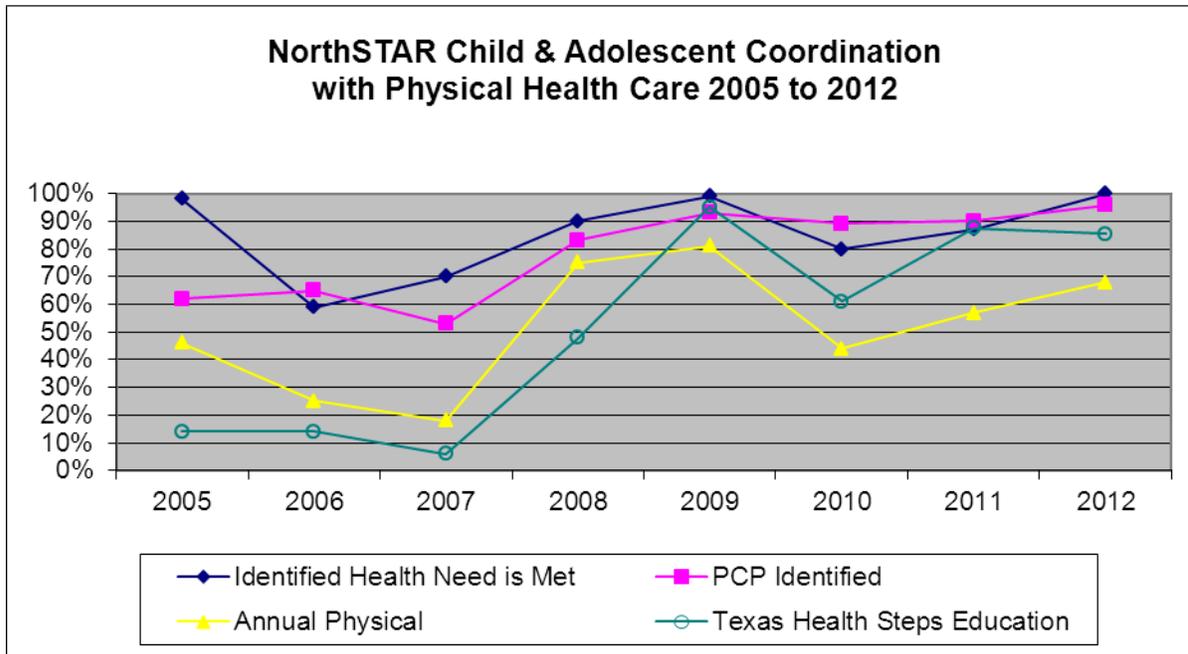
System change: The local behavioral health authority attend discharge planning meetings at Terrell State Hospital and monitor disposition of problematic cases.

Strategy: Behavioral Health Organization Quality Improvement Project: NorthSTAR Care Coordination for Children 2012

The purpose of this study was to increase Texas Health Steps participation and coordination of physical health needs with a primary care physician among NorthSTAR enrollees under the age of eighteen. A sample of ninety-five charts from eight specialty provider networks that serve children and adolescents was selected. The sample was limited to Medicaid clients since one of the review elements was to assess whether Texas Health Steps education was addressed.

Average outcomes from the 2012 study:

- Physical Health Need Present: 20%
  - Identified Health Need is Met: 100%
  - PCP Identified: 96%
  - Annual Physical: 68%
  - THS Education: 85%
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- The percent of charts with identified health needs met was 100 percent and the percent of primary care physicians identified was 96 percent.
  - 100 percent of members who did not have a primary care provider (PCP) identified received a primary care provider referral.
  - 90 percent of the total sampled members had a physical within the past 2 years documented in their charts.
  - Commonly reported health issues included asthma, allergies and stomach/GI issues.
  - There was significant improvement in Texas Health Steps education from the 2005-2010 average to 2012, due in part to the Department of State Health Services providing training at specialty provider network meetings to educate providers on Medicaid benefits, including Texas Health Steps.



\*In 2010, the methodology of this study was changed from provider-selected charts to a method of a randomized sample for more meaningful results.

Program progress: There was marked improvement from the last study but there remain opportunities to continue to improve coordination of care between physical and behavioral health providers.

Continued action: The behavioral health organization will continue with provider audits and will continue to work with specialty provider network providers to develop best practice procedures to ensure that members are educated at regular intervals about physical health benefits available to them, and that documentation that this has been done is present in the medical record.

Program enhancements: Care Coordination Audits will be an ongoing activity with feedback to providers and to the Care Coordination Committee that includes the Medicaid and CHIP Health Plans for this population. The annual Treatment Record Review tools have also been updated to capture coordination of care elements. Texas Health Steps will be invited to present to the specialty provider network in 2013.

Specialty Provider Network Best Practices:

- Several specialty provider networks chose to set aside one month in the year to make sure all families were educated on Texas Health Steps and other physical health benefits.
- Some specialty provider networks have incorporated annual physicals and Texas Health Steps education into forms that are updated regularly such as medication visits, treatment plans or annual medical information update forms.
- Several specialty provider networks have developed a form to notify primary care providers that members are receiving medications and behavioral health services.
- Specialty provider networks that have integrated care coordination elements into other routine documentation generally scored higher.