

**OBJECTIVE 1: Provide Services and Supports to Class Members** consistent with the Agreement — The agencies will progressively make available to Class Members and their families the medically necessary services/supports as described in the Agreement to match the Class Members' strengths and needs in a timely manner. The Services/Supports Workgroup, chaired by the Division of Behavioral Health, will advise the agencies responsible for compliance with the Agreement.

***Expected Results of Accomplishing Objective 1:*** A service array and a service delivery system, as defined in the Agreement, have been developed and implemented such that Jeff D. services and supports are timely provided to eligible youth in the appropriate scope, intensity, and duration necessary to achieve their intended purposes.

**Strategies to accomplish Objective 1:**

- A. Operationally define the array of services/supports that shall be provided to the Class per the Agreement by October 30, 2016.
  - 1. Define the services/supports available to Class Members in sufficient detail to guide the provision and reimbursement methodologies used by the state.
    - a. Establish advisory Services/Supports Workgroup.
    - b. Workgroup will review the services within the services/supports categories listed in Appendix C of the Agreement and make recommendations to establish the state's continuum of care for Class Members.
    - c. Determine how to deliver mandated services/supports in alignment with the Principles of Care (PoC) and Practice Model (PM) and as incorporated in the Idaho Behavioral Health Authority Standards of Care.
- B. Determine what services/supports are presently available, from what agency or agencies by October 30, 2016.
  - 1. Establish services/supports baselines by cataloging what services/supports are presently delivered to Class Members.
    - a. Identify which agencies provide what services/supports.
    - b. Estimate how many presumed Class Members each agency presently serves and with what services/supports.
    - c. Estimate the amount, frequency and duration of services/supports received by presumed Class Members.
    - d. Identify how services/supports are presently funded.
- C. Determine which existing services/supports need to be modified by October 30, 2016.

1. Based on the outcome of Strategy A & B above, analyze existing services/supports to identify specific changes that may need to be made.
  - a. Identify which services/supports need no changes.
  - b. Identify which services/supports need changes.
  - c. Determine specific changes for modified services/supports and what policy changes and resources (including funding) are necessary to implement those changes.
  - d. Determine the timeline for implementing services/supports and integrate the timeline into the CMHR Project plan.
  - e. Amend service array descriptions, if necessary.
- D. Determine which new services/supports need to be added by October 30, 2016.
  1. Based on the outcome of Strategy A above, identify services/supports that are not currently available.
    - a. Determine new services/supports and what authority, policy changes, and resources are necessary to implement the new services/supports.
    - b. Establish the timeline for implementing services/supports and integrate the timeline into the CMHR Project plan.
    - c. Amend service array descriptions, if necessary.
- E. Develop reimbursement methodology and guidance for providers and contractors for the delivery and reimbursement of services/supports as defined in Appendix C between 60 to 120 days prior to the rollout of each service.
  1. Determine the funding for each service/support, leveraging Medicaid funds whenever possible (“Medicaid backbone model”), and opportunities for blended and/or braided funding.
    - a. Align reimbursement strategies with the Idaho Behavioral Health Authority Standards of Care.
    - b. Establish reimbursement methodologies used for each of the services/supports to be delivered.
  2. Establish provider requirements for delivery and reimbursement of services/supports.
    - a. Establish provider requirements and criteria for modified and new service/supports.
      - i. Align with state regulations consistent with the Principles of Care.
      - ii. Where there are no state regulations, make recommendations to be responded to by administrators and directors of agencies.
      - iii. Incorporate changes into mental health provider agreements, and contracts, including Idaho Behavioral Health Plan.
  3. Develop necessary billing and coding guidance for providers to be able to deliver services and supports.

- a. Review existing billing requirements in each agency for the services/supports defined in Strategy A above. Where possible, make changes to billing requirements for greater consistency within and across agencies.
  - b. Publish coding and billing guidance in agency written materials and Practice Manual (developed in Objective 4).
  - c. Update coding and billing guidance in agency written materials and Practice Manual periodically based on feedback from stakeholders or as needed to maintain compliance with federal or state requirements for reimbursement.
- F. Reevaluate the gaps analysis and reimbursement methodologies above, added to the lessons learned in providing services using the Medicaid backbone model, to identify ways to increase access to services statewide over time.
- G. Estimate and report the number of Class Members annually.
- 1. Develop and implement a methodology to estimate the number of Class Members.
    - a. Identify indicators for use in making estimation.
      - i. Conduct literature review of common indicators or proxy indicators of serious emotional disturbance.
      - ii. Identify common and proxy indicators in use across agencies.
      - iii. Based on literature review of indicators of serious emotional disturbance, agencies develop consensus document listing variables agencies will use for tracking estimated Class Membership over time.
    - b. Test outcome estimation against national estimations or other appropriate benchmark.
  - 2. Establish an initial estimated range of the number of Class Members by October 30, 2016 that will utilize services/supports under the Agreement for each year of the implementation period.
    - a. Report numbers of Class Members served in each year of the roll-out schedule.
  - 3. Update estimate annually to confirm and/or modify variables that comprise methodology in order to obtain highest probability of accurate estimation.
- H. Assess system capacity by January 30, 2017.
- 1. Develop methodology to assess the current statewide system capacity and estimate the statewide system capacity necessary to provide all of the service and supports statewide to Class Members under the Agreement.
  - 2. Identify metrics to be used to measure current statewide and regional capacity, taking into account historical utilization data.

3. Utilize metrics to measure current statewide and regional capacity for the timely delivery of services and supports.
  4. Formulate initial recommendations to inform Objective 4 of this Plan, Sustainable Workforce and Community Stakeholder Development, to establish and maintain system capacity.
- I. Draft the CMHR Project Plan by September 30, 2016,
1. Develop the CMHR Project plan that supports the workgroups including QMIA.
    - a. The Project plan will include opportunities for stakeholders to provide input on the Project plan and collaboration on Project activities. Stakeholders include:
      - i. Class Members and their families,
      - ii. Providers, and
      - iii. Advocates and other stakeholders.
    - b. Updates to the Project plan will include input from the workgroups.
  2. Develop and implement a statewide transition model to move Class Members' and their families' from the current service system to the new SoC.
    - a. Develop protocol for identifying and transitioning Class Members currently accessing mental health services.
    - b. Develop business processes, infrastructure and transitions teams to support the transition, implementation and ongoing operations. Transition teams will be comprised of agencies' staff, providers, Class Members and their families, and Regional Behavioral Health Board representatives.
  3. Develop methods to solicit input from the Class Members and their families throughout planning, implementation and transition to identify successes and opportunities for improvement as defined by them.
  4. The state shall provide Plaintiffs' counsel with the draft CMHR Project plan 30 days before initial publication for comment.
- J. Implement programmatic changes determined by strategies A through G, in this objective and outlined in the Project plan including modified services, new services and system capacity changes to meet scope, intensity, and duration necessary to achieve their intended purposes. Implementation of the full service/supports array will be completed statewide by June 30, 2019.
1. Based on completion of strategies A through G, implement financing necessary to provide services/supports to Class Members.
    - a. IDHW will use information obtained from Strategies under this Objective to implement the most effective means for funding modified and new services/supports.

- b. IDJC and SDE will work with IDHW using information obtained from Strategies A and B under this Objective to determine opportunities for increasing effectiveness and efficiency in the use of state general funds to address Class Members' and their families' treatment needs and to determine the most appropriate means for obtaining financing to cover the gaps in capacity that are identified.
  - i. The Interagency Governance Team (IGT), established in Objective 6, will review and monitor the funding used for Class Members' and their families' mental health services/supports and will make recommendations to the agencies' administrators and directors for the development of financing approaches that maximize the most effective and efficient use of funding for the SoC as described in the Agreement.
  - ii. Study existing funding across agencies: 1) that targets education and training for consideration of reallocation toward producing remedies to identified gaps; and 2) for opportunities to blend funding in a joint effort to address identified gaps.
  - iii. Seek grant opportunities with SAMHSA and other funders for system transformation and in support of activities that will fulfill the commitments under the Agreement.
  - iv. Seek partnerships with universities and other learning institutions to develop opportunities for joint efforts to provide education and training that targets identified gaps. This work will be coordinated with the Workforce Development Workgroup.