

Spotlight on Wyoming

July 2015

This brief highlights the major strategies, lessons learned, and outcomes from Wyoming's experience during the first 5 years of the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). For this demonstration, CMS awarded 10 grants that supported efforts in 18 States to identify effective, replicable strategies for enhancing the quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality is leading the evaluation of the program.

Wyoming designed and piloted a care management entity (CME)

With support from State agencies serving youth with complex behavioral health needs, CMEs help to orchestrate the many services needed by these youth and their families.¹ Wyoming Medicaid used the CHIPRA quality demonstration to develop and implement its first CME. Wyoming Medicaid—

- **Engaged staff from various child-serving agencies in the CME design process.** Wyoming formed a workgroup that brought together staff from Medicaid, mental health, child welfare, and juvenile justice agencies to design and implement the CME pilot. At the outset, most staff in the agencies were unfamiliar with the CME concept. According to the CHIPRA quality demonstration staff, although educating these and other stakeholders about the model took longer than expected, the collaboration ultimately helped to break down barriers to communication among agencies.
- **Designed a model for CME services.** Wyoming found that CME development was a complex and iterative process. It took the State nearly 3 years to identify funding for CME services, select the CME's target population, and outline the services to be provided. The State faced several design challenges, including

Wyoming's Goals: Improve services for children with complex behavioral needs by—

- Piloting a care management entity (CME) to improve coordination across child-serving agencies.
- Integrating CME services with other health information technology initiatives in the State.

Partner States: Maryland and Georgia implemented similar projects and met with Wyoming quarterly to discuss lessons learned.

agencies' competing priorities and stakeholders' steep learning curve. On the other hand, the State made two insightful decisions that helped it understand the design options. Wyoming dedicated certain staff to leading CME development, and it consulted both with a contractor that had CME expertise and with experienced States, including its CHIPRA quality demonstration partners Maryland and Georgia.

Key Features of Wyoming's CME Pilot

Wyoming Medicaid funded and managed the CME, which:

- Operated in a seven-county pilot area.
- Served youth ages 4 to 21 who had a serious qualifying mental health diagnosis or who qualified for services at a residential treatment center.
- Contracted with behavioral health providers and community-based nonprofits to deliver:
 - Intensive care coordination according to the National Wraparound Initiative's model.¹
 - Family support services.
- **Piloted the CME model in a seven-county area.** Wyoming Medicaid awarded the CME contract to a managed care organization with behavioral health experience, the only organization to respond to the State's request for proposals. Since this CME is headquartered in Colorado, it had to contract with behavioral health providers and community-based

nonprofit organizations in Wyoming to deliver intensive care coordination and family support services. Wyoming helped to train these organizations in the CME model. Enrollment in the CME pilot was initially slow because referral providers in the community did not understand and, in some cases, did not trust the CME model. In response, Wyoming improved the referral process by facilitating outreach activities between the CME and other providers. From June 2013 to January 2015, the CME served 142 youth and their families, surpassing the State's goal of 100 youth during the pilot period.

“We haven't yet worked with many children, but we have seen individual successes. We had one kid go from being on lots of psychotropic medications and struggling in school to getting off all their medications and preparing to graduate.”

— CHIPRA Demonstration Staff, April 2014

- **Planned ahead to implement the CME model statewide.** While the pilot was underway, the State started preparing to offer CME services statewide. Identifying funding to continue CME services beyond the pilot took longer than anticipated. The State indicated that the process could have been expedited if regional CMS leaders responsible for approving funding changes had been involved in discussions at the outset of the demonstration. Despite this setback, the State is adapting its CME model to reflect lessons learned from the pilot. Changes include increasing quality monitoring, requiring CMEs to implement quality improvement (QI) projects and step up their community outreach to referral organizations and families, and providing the CME and its staff with additional training in family support services. Wyoming Medicaid continues to involve staff from different child-serving agencies in CME QI and design discussions.

Wyoming started integrating health IT into the CME

Wyoming worked to align CME activities and existing health information technology (IT) efforts, such as a total

health record that allows multiple providers to see more complete health information online and a telehealth network. During the first few years of the demonstration, the State focused less on integrating CME activities with these non-demonstration health IT efforts because of the complexity of CME design and the competing priorities for health IT resources. Towards the end of the grant, however, CHIPRA demonstration staff started to leverage the State's health IT initiatives to:

- **Make the total health record useful for CME providers.** The State added fields for CME data to the total health record, including care coordination plans. The State also trained CME staff to use the total health record to identify service gaps or the duplication of services, although technical difficulties still limit the record's usability.
- **Required the CME to use telehealth services.** The CME is contractually required to work with the State to identify how telehealth services could be used to improve both access to services and the quality of care. During the pilot, the CME began to explore how telehealth might improve service delivery, but it made limited use of the technology. Wyoming expects telehealth services to play a larger role when the CME starts operating in areas in which behavioral health services are more limited.

Key demonstration takeaways

- Cross-agency collaboration in Wyoming helped to break down communication barriers among child-serving agencies, thereby promoting a more coordinated model of care.
- The design of Wyoming's CME, a new service delivery model for the State, was a complex and lengthy undertaking. The State relied on advice and assistance from experienced States and a contractor to develop and implement the pilot.
- Wyoming and the CME had to conduct outreach and education in order to encourage providers to refer youth to the CME.
- Piloting the CME in a seven-county region allowed the State to evaluate and refine the model before implementing it statewide.

- Delays in CME implementation, coupled with competing health IT priorities, limited Wyoming’s ability to fully align CME activities with the State’s non-demonstration health IT initiatives.

Endnote

1. CMEs follow the high-fidelity wraparound care planning model outlined by the National Wraparound Initiative. For more information, visit <http://nwi.pdx.edu/>.

Continuing Efforts in Wyoming

Wyoming will continue to pursue its CHIPRA quality demonstration activities until February 2016 under a grant extension approved by CMS. Moving forward, the State plans to—

- Expand CME services statewide under a contract executed in April 2015.
- Continue encouraging cross-agency collaboration on CME design and monitoring. The State will also look for new CME funding mechanisms that involve resources from several agencies.
- Continue efforts to integrate CME services with other State health IT initiatives, including telehealth.

LEARN MORE

Wyoming’s CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site available at <http://www.ahrq.gov/policymakers/chipra/demoeval/demostates/wy.html>.

The following products highlight Wyoming’s experiences—

- *Implementation Guide No. 2: Designing Care Management Entities for Youth with Complex Behavioral Health Needs.*
- *Evaluation Highlight No. 6: How are CHIPRA quality demonstration States working together to improve the quality of health care for children?*

The information in this brief draws on interviews conducted with staff at Wyoming agencies, CMEs, and family advocacy organizations and a review of project reports submitted by Wyoming to CMS.

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