

**1997-98 SURVEY OF STATE HEALTH CARE REFORM INITIATIVES  
AFFECTING BEHAVIORAL HEALTH SERVICES FOR  
CHILDREN AND ADOLESCENTS AND THEIR FAMILIES**

**State:** \_\_\_\_\_

**Respondent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Check the types of health care reform in which your state is engaged. (Check all that apply.)**

- \_\_\_\_\_ **None**
- \_\_\_\_\_ **Medicaid reform for physical health only (no behavioral health)**
- \_\_\_\_\_ **Medicaid reform for behavioral health only (includes mental health only or mental health and substance abuse)**
- \_\_\_\_\_ **Medicaid reform for physical health and behavioral health services**
- \_\_\_\_\_ **Insurance reform**
- \_\_\_\_\_ **Comprehensive health care reform for entire state population**
- \_\_\_\_\_ **Other, Specify** \_\_\_\_\_

**Please duplicate this form and complete a separate survey form for each type of reform, if your state is engaged in more than one type.**

**GENERAL INFORMATION ABOUT STATE HEALTH CARE REFORM**

**(If necessary, feel free to add a brief explanation to any of your responses.)**

1. Which of the following types of health care reform are you describing on this survey form? (Check only one.)

- \_\_\_\_\_ Medicaid reform for physical health only (no behavioral health)
- \_\_\_\_\_ Medicaid reform for behavioral health only (includes mental health only or mental health and substance abuse)
- \_\_\_\_\_ Medicaid reform for physical health and behavioral health services
- \_\_\_\_\_ Insurance reform
- \_\_\_\_\_ Comprehensive health care reform for entire state population
- \_\_\_\_\_ Other, Specify \_\_\_\_\_

2. What are the stated goals of this reform? (Check all that apply.)

- \_\_\_\_\_ Cost containment
- \_\_\_\_\_ Increase access
- \_\_\_\_\_ Expand service array
- \_\_\_\_\_ Improve quality
- \_\_\_\_\_ Improve accountability
- \_\_\_\_\_ Other, Specify \_\_\_\_\_

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**Return completed survey to: Mary Ann Kershaw  
Research & Training Center for Children's Mental Health  
13301 Bruce B. Downs Blvd. Tampa, FL 33612**

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3. Briefly describe this reform.

4. Is this reform a statewide reform or limited to certain geographic areas? (Check only one.)

- Statewide reform
- Limited geographic areas with intent to phase in statewide
- Limited geographic areas

If statewide, did it begin in limited geographic areas?

Yes  No

5. Does this reform involve the use of a Medicaid waiver?

Yes  No

If yes, specify type of waiver \_\_\_\_\_

6. Does this reform include substance abuse services?

Yes  No

7. If this reform includes both physical health and behavioral health services, is there parity between physical and behavioral health services?

Yes  No

If no, check all of the following choices that apply.

- Mental health services are subject to higher co-payments and deductibles
- Substance abuse services are subject to higher co-payments and deductibles
- There are lifetime limits on mental health services
- There are lifetime limits on substance abuse services
- There are day and/or visit limits on mental health services
- There are day and/or visit limits on substance abuse services

8. At what stage of implementation is the state with respect to this reform? (Check only one.)

- Proposal
- Proposal approved, planning underway
- Early implementation (less than one year)
- Middle implementation (one to three years)
- Late implementation (more than three years)

Specify the start date of the implementation of the reform:

\_\_\_\_\_

9. Who at the state level has the lead responsibility for planning and overseeing implementation of behavioral health services for this reform? (Check all that apply.)

- Governor's office
- State health agency
- State Medicaid agency
- State mental health agency
- State substance abuse agency
- Other, Specify \_\_\_\_\_

10. In your judgment, to what extent were each of the following involved in the initial planning and implementation of this reform?

	Not Involved	Some Involvement	Significant Involvement
Families			
State child mental health staff			
State substance abuse staff			
State child welfare staff			
Other child-serving agencies			

11. In your judgment, to what extent are each of the following involved in current refinements and implementation of this reform?

	Not Involved	Some Involvement	Significant Involvement
Families			
State child mental health staff			
State substance abuse staff			
State child welfare staff			
Other child-serving agencies			

12. Briefly describe how families of children and adolescents with emotional and substance abuse disorders are currently involved in refinements and implementation of the reform.

13. Is the state funding a family organization to play some role in the reform?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify role.

14. For which of the following populations has the reform included a discrete planning process?

- \_\_\_\_\_ Adolescents with substance abuse disorders
- \_\_\_\_\_ Children and adolescents with serious emotional disorders
- \_\_\_\_\_ Children and adolescents involved with the child welfare system
- \_\_\_\_\_ Culturally diverse children and adolescents

15. Briefly describe the major changes, if any, the state has made in its reform since initial implementation that affect children and adolescents with emotional and substance abuse disorders and their families?

### POPULATION AND SERVICES

1. What is the population affected by this reform? (Check all that apply.)

- \_\_\_\_\_ Entire state population
- \_\_\_\_\_ Uninsured
- \_\_\_\_\_ Total Medicaid population
- \_\_\_\_\_ Portion of Medicaid population

If the total Medicaid population is not covered, which of the following subgroups are covered? (Check all that apply.)

- \_\_\_\_\_ AFDC population
- \_\_\_\_\_ Poverty related population
- \_\_\_\_\_ Aged, blind, and disabled population (SSI)
- \_\_\_\_\_ Pregnant women and children
- \_\_\_\_\_ Children and adolescents in the child welfare system
- \_\_\_\_\_ Children and adolescents in the juvenile justice system
- \_\_\_\_\_ Other, Specify \_\_\_\_\_

2. What age group is affected by this reform?

- \_\_\_\_\_ All ages
- \_\_\_\_\_ Children and adolescents only
- \_\_\_\_\_ Adults only

3. Does the reform include coverage for behavioral health services for children and adolescents that is different from behavioral health coverage for adults?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Explain

4. For each type of service, indicate how the service is covered. (Check all that apply.)

Service	Covered Under Reform	Covered By Another Funding Source	Not Covered By the State Through any Source
MENTAL HEALTH SERVICES			
Assessment and diagnosis			
Outpatient psychotherapy			
Medical management			
Home-based services			
Day treatment/partial hospitalization			
Crisis services			
Behavioral aide services			
Therapeutic foster care			
Therapeutic group homes			
Residential treatment centers			
Crisis residential services			
Inpatient hospital services			
Case management services			
School-based services			
Respite services			
Wraparound services			
Other, Specify			

Service	Covered Under Reform	Covered By Another Funding Source	Not Covered By the State Through any Source
<b>SUBSTANCE ABUSE SERVICES</b>			
Assessment and Diagnostic Evaluation			
Intensive Outpatient Services			
Outpatient Individual Counseling			
Outpatient Group Counseling			
Outpatient Family Counseling			
School-Based Services			
Day Treatment			
Ambulatory Detoxification			
Residential Detoxification			
Inpatient Detoxification			
Residential Treatment			
Inpatient Hospital Services			
Partial Hospitalization			
Methadone Maintenance			
Relapse Prevention			
Case Management			

5. Does the reform expand the array of home and community-based services for children and adolescents with emotional and substance abuse disorders that are covered?

Yes     No

6. Does the reform include coverage for both acute (i.e., episodic, short-term) and extended (long-term) behavioral health care services?

Acute care only  
 Acute and extended care

7. If the reform covers acute care only, who is primarily responsible for providing extended behavioral health care services to children and adolescents? (Check all that apply.)

- Public child mental health system
- Public child welfare system
- Other public child-serving systems
- Public substance abuse system
- Other, Specify \_\_\_\_\_

8. Does the reform include behavioral health services to infants, toddlers, and preschool children and their families?

Yes       No

9. Does the reform incorporate EPSDT requirements?

Yes       No

10. Does the reform include differential coverage for behavioral health services for children and adolescents with serious behavioral health disorders and/or adults with serious and persistent behavioral health disorders? (Check all that apply.)

- Behavioral health coverage is different for children and adolescents with serious behavioral health disorders
- Behavioral health coverage is different for adults with serious and persistent behavioral health disorders

11. If there is differential coverage for children and adolescents with serious behavioral health disorders, what does it involve? (Check all that apply.)

- Expanded service array
- Intensive case management
- Interagency treatment and service planning
- Wraparound services or flexible service dollars
- Family support services
- Higher capitation or case rate
- Other, Specify \_\_\_\_\_

12. Does the reform build on previous or ongoing efforts to develop community-based systems of care for children and adolescents with serious and complex disorders and their families?

Yes       No

13. From the following list, check the system of care values and principles that are incorporated into the reform's RFPs, contracts, and service delivery protocols.

- Broad array of community-based services
- Family involvement
- Individualized, flexible care
- Interagency treatment and service planning
- Case management
- Cultural competence

## DESIGN AND MANAGEMENT

1. Which of the following best characterizes the design of this reform? (Check only one.)
  - Integrated design (i.e., administration and financing of physical health and behavioral health are integrated, including instances where physical health plans subcontract with behavioral health plans)
  - "Divided" design (i.e., some behavioral health services are integrated with the physical health system while splitting out others for separate management and financing)
  - Behavioral health carve out (i.e., behavioral health financing and administration are separate from physical health financing and administration)
  
2. If you checked "behavioral health carve out," how are the administration and financing of substance abuse services handled?
  - There is a separate substance abuse carve out
  - The behavioral health carve out includes mental health and substance abuse
  - Substance abuse is integrated with physical health
  - Substance abuse remains fee for service
  
3. What types of entities are used as managed care organizations (MCOs) for behavioral health services under the reform? (Check all that apply.)
  - For-profit managed health care organizations
  - Nonprofit managed health care organizations
  - For-profit behavioral health managed care organizations
  - Nonprofit behavioral health managed care organizations
  - Private, nonprofit agencies
  - Government entities, Specify \_\_\_\_\_
  - Other, Specify \_\_\_\_\_
  
4. Has the type of MCO been changed since the initial implementation of the reform?
  - Yes       No

Explain
  
5. How many MCOs are used in the reform to manage behavioral health services?
  - One MCO statewide
  - One MCO per region
  - Multiple MCOs
  
6. In conjunction with the reform, has training and orientation been provided to MCOs and providers related to serving the following populations? (Check all that apply.)
  - No training
  - Training related to children and adolescents with serious emotional disorders
  - Training related to adolescents with substance abuse disorders
  - Training related to children and adolescents involved with the child welfare system
  - Training related to the Medicaid population in general



7. In conjunction with the reform, has training and orientation about the goals and operation of the managed care system been provided to any of the following groups? (Check all that apply.)

- No training
- Families
- Providers
- Public child welfare system
- Other child-serving systems
- Other, Specify \_\_\_\_\_

8. Which management mechanisms, if any, are utilized in the delivery of behavioral health services under this reform? (Check all that apply.)

- Screeners/gatekeepers
- Case management
- Prior authorization
- Utilization management
- Preferred and/or exclusive provider arrangements
- Other, Specify \_\_\_\_\_

9. If case management is utilized in the reform, is the primary focus service authorization and utilization management or accessing, brokering, coordinating, and advocacy?

- Primary focus on service authorization and utilization management
- Primary focus on service accessing, brokering, coordinating, and advocacy
- Both

10. Are there additional or special management mechanisms that this reform requires for children and adolescents with serious behavioral health disorders because they are a more complex and costly patient population?

- Yes       No

If yes, specify type of mechanisms.

11. Are there additional or special management mechanisms that this reform requires for children and adolescents involved with the child welfare system?

- Yes       No

If yes, specify type of mechanisms.

12. Does this reform involve the designation of essential providers for behavioral health service delivery?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, specify the types of agencies designated as essential providers.

13. Does the reform incorporate provisions to ensure the inclusion of culturally diverse and indigenous providers in provider networks?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

14. Has this reform involved the use of criteria for determining “medical necessity” or “clinical necessity” for accessing behavioral health services?

Yes \_\_\_\_\_      No \_\_\_\_\_

15. Have medical necessity criteria been changed since initial implementation of the reform?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, explain how and why.

16. Does the reform incorporate clinical decision making criteria specific to behavioral health care services for children and adolescents?

\_\_\_\_\_ Level of care criteria/patient placement criteria  
\_\_\_\_\_ Practice guidelines  
\_\_\_\_\_ No criteria specific to children and adolescents

17. Does this reform involve the use of a grievance and appeals process?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, which of the following groups is the major source of grievance and appeals? (Check only one.)

\_\_\_\_\_ Families  
\_\_\_\_\_ Behavioral health care providers  
\_\_\_\_\_ Child welfare system  
\_\_\_\_\_ Other child-serving systems

18. Does this reform involve the use of some type of trouble-shooting system or mechanism (e.g., 800 #, ombudsman, etc.) for consumers and/or providers of behavioral health services?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, specify type of mechanism.

19. Does the reform incorporate new or revised standards, licensure or credentialing requirements for behavioral health professionals or programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

**FINANCING AND RISK**

1. Does this reform involve use of capitation or case rate financing?

- \_\_\_\_\_ Capitation
- \_\_\_\_\_ Case rates
- \_\_\_\_\_ Neither

2. Have the capitation or case rates changed since initial implementation of the reform?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain how and why.

3. Does the reform incorporate built-in mechanisms to reassess and adjust capitation and case rates at specific intervals?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Which of the following agencies contribute to the financing of behavioral health services for children and adolescents in the reform? (Check all that apply.)

- \_\_\_\_\_ Mental health
- \_\_\_\_\_ Health
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ Child Welfare
- \_\_\_\_\_ Education
- \_\_\_\_\_ Juvenile Justice
- \_\_\_\_\_ Substance Abuse
- \_\_\_\_\_ Other, Specify \_\_\_\_\_

5. If capitation or case rates are used, please complete the following matrix as applicable.

Population	Amount of Capitation Rate (Specify if annual or monthly)	Amount of Case Rate (Specify if annual or monthly)	Basis for Rate (e.g. prior utilization, etc.)
Adults and children and adolescents-physical and behavioral health			
Children and adolescents – physical and behavioral health			
Adults and children and adolescents – behavioral health only			
Children and adolescents – behavioral health only			
Adults – behavioral health only			
Children and adolescents with serious emotional disorders			
Adults with serious and persistent mental illnesses			
Adolescents with substance abuse disorders			
Children and adolescents in state custody (i.e., child welfare)			
Other, Specify			

6. If capitation or case rates include both physical and behavioral health, does the state require that a specified percentage of the rate be allocated to behavioral health care?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, specify percentage \_\_\_\_\_

7. Does this reform involve use of a risk adjustment mechanism?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, specify the risk adjustment mechanisms used.

8. If risk adjustment is used, what is the purpose of the risk adjustment? (Check all that apply.)

- \_\_\_\_\_ To guard against underservice for children and adolescents with serious disorders
- \_\_\_\_\_ To protect service providers who are sharing the risk
- \_\_\_\_\_ Other, Specify \_\_\_\_\_

9. In what way do the state and MCOs share the financial risks and benefits?
- MCOs have all the benefit and all the risk  
 State has all the benefit and all the risk  
 MCOs and state share risk and share benefit  
 MCO and state share risk only  
 MCO and state share benefit only
10. Do MCOs push risk down to providers?
- Yes       No
11. Does the state put a limit on MCO profits?
- Yes       No
12. Does the state put a limit on MCO administrative costs?
- Yes       No
13. Does the state require reinvestment of savings back into the behavioral health system for children and adolescents?
- Yes       No
- If yes, how are savings reinvested? (Check all that apply.)
- Creating new or more services  
 Serving more children and adolescents  
 Other, Specify \_\_\_\_\_
14. Besides reinvestment of savings, is the state investing in service capacity development for behavioral health services for children and adolescents and their families?
- Yes       No

**QUALITY AND OUTCOME MEASUREMENT**

1. Does this reform incorporate a quality measurement system?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, does it include measures specific to behavioral health services for children and adolescents and their families?
- Yes \_\_\_\_\_ No \_\_\_\_\_
2. How are families involved in the quality measurement process?
- Not involved  
 Focus groups  
 Surveys  
 Involved in the design of the quality measures and/or process  
 Involved in monitoring the quality measurement process  
 Other, Specify \_\_\_\_\_

3. What types of outcomes does this reform measure specific to behavioral health services for children and adolescents and their families? (Check all that apply.)

- Cost
- Access
- Service utilization patterns
- Clinical and functional outcomes
- Parent satisfaction
- Youth satisfaction
- Other, Specify \_\_\_\_\_
- None

4. What sources of information are used to measure behavioral health outcomes for children and adolescents and their families under the reform? (Check all that apply.)

- Families
- Providers
- Child welfare system
- Major child-serving systems
- Family organizations
- Other, Specify \_\_\_\_\_
- None

5. Are there mechanisms to track the impact of the reform on other child-serving systems (e.g., cost shifting)?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. If there is a formal evaluation of the reform, does it include a focus on children and adolescents with emotional and substance abuse disorders and their families?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **CHILD WELFARE MANAGED CARE**

1. In your state, is the child welfare system implementing or planning to implement reform related to the management, financing, or delivery of child welfare services at the state or county levels?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is this reform initiative defined as “managed care?”

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is this reform initiative coordinated with the state health care reform (i.e., Medicaid managed care)?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Briefly describe any child welfare reform initiative that is defined as managed care.

4. Contact person for information about the child welfare managed care initiative.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency: \_\_\_\_\_

**TECHNICAL ASSISTANCE MATERIALS/INFORMATION**

On the list below, please indicate the types of material/information related to behavioral health service delivery for children and adolescents that you have in your state that may be useful to other states undertaking health care reforms.

- \_\_\_\_\_ Requests for proposals
- \_\_\_\_\_ Medical/clinical necessity criteria
- \_\_\_\_\_ Standards for professionals
- \_\_\_\_\_ Standards for programs
- \_\_\_\_\_ Level of care criteria
- \_\_\_\_\_ Quality measurement criteria
- \_\_\_\_\_ Grievance and appeals procedures
- \_\_\_\_\_ Capitation or case rate setting methods
  
- \_\_\_\_\_ Risk adjustment methods
- \_\_\_\_\_ Contracts with managed care entities
- \_\_\_\_\_ Health care reform legislation
- \_\_\_\_\_ Outcome measures for children and adolescents with emotional and substance abuse disorders and their families
- \_\_\_\_\_ Outcome "report card"
- \_\_\_\_\_ Medicaid waiver applications

**PLEASE INCLUDE WITH YOUR RESPONSE ANY OF THE ABOVE ITEMS THAT YOU HAVE CHECKED AND WOULD BE WILLING TO SHARE WITH OTHER STATES**

# **Appendix A**

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**1997–98 Survey of State Health Care Reform Initiatives  
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Children and Adolescents and their Families**