



Report to the Legislature

Medicaid Treatment Child Care (MTCC)

ESSB 6386 Section 202(19), Chapter 372, Laws of 2006

June 2006

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Report to Legislature
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TABLE OF CONTENTS

I.	Introduction	2
II.	Background	3
III.	Current Status	4
IV.	Service Utilization	5
V.	Project Team Charter	6
VI.	Service Utilization Chart	12

Medicaid Treatment Child Care (MTCC)
Report to Legislature
June 2006

INTRODUCTION

A budget proviso was included in the final 2006 Supplemental budget (ESSB 6386, Section 202(19)) that requires the Department of Social and Health Services (DSHS), Children's Administration (CA) to design a referral process for public health nurses and TANF workers to access services for children and families from the Medicaid Treatment Child Care (MTCC) program beginning July 1, 2006.

The proviso states, "The department shall authorize children referred to the MTCC program by local public health nurses and case workers from the temporary assistance for needy families (TANF) program, as long the children meet the eligibility requirements outlined in the Washington State plan for the MTCC program."

The proviso also requires the department to compile quarterly reports that are due to the legislature and are to include information regarding "(a) the number of referrals, (b) the number of authorized referrals and child enrollments and (c) program expenditure levels." This is the first quarterly report and covers the period January – March 2006.

Medicaid Treatment Child Care (MTCC)
Report to Legislature
June 2006

BACKGROUND

Medicaid Treatment Child Care (MTCC) is a contracted service that provides medically necessary psycho-social services to young children at risk of child abuse and neglect. Providers conduct a process to admit, assess and diagnose each child authorized by CA. A Multi-Disciplinary Team (MDT) meets after the child has an assigned diagnosis to generate the child's Individual Treatment Plan (ITP). An ITP is developed to address the needs identified in this process. The services provided under the ITP include, but are not be limited to, the following:

- therapeutic play;
- individual counseling for behavior modification;
- family counseling;
- group interventions with both child and parent; monthly home visits; and
- facilitated groups for caregivers.

Currently there are four contractors in four CA regions providing MTCC services. Qualified providers may apply at any time to become an MTCC contractor. During the first quarter of calendar year 2006 (January through March 2006) an average of 258 children were served per month. For Fiscal Year 2007 (July 1, 2005 through June 30, 2006) CA has sufficient funding to serve approximately 327 children on average per month.

Medicaid Treatment Child Care (MTCC)
Report to Legislature
June 2006

CURRENT STATUS

In order to implement the MTCC proviso, a workgroup was convened in May 2006 which included CA staff, contractors, legislative staff, local public health districts, Economic Services Administration and Children's Administration. A charter was drafted which identified the issues to be addressed and the tasks to be completed in order to facilitate referrals to MTCC services from public health nurses and TANF case workers. See attachment #1.

The work group developed the following for a July 1 implementation:

- guidelines for identifying potential qualified cases for MTCC services,
- a referral criteria and procedures,
- an authorization form and process,
- additional reporting requirements/data needs related to this report,
- roles and responsibilities for all involved parties; and
- a communication plan.

Criteria and Referral Process:

The workgroup devised a referral and authorization process that would facilitate access for all the administrations into the MTCC program. See attachment #2. Local Public Health Districts and TANF social workers have the ability to screen potential clients, talk with the provider about appropriateness and make referrals for potential children in need and send referrals to Children's Administration. An authorization process within Children's Administration has been implemented. See attachment #3. Criterion for referrals was established that reflects at-risk populations for Children's Administration. See attachment #4.

The work group will reconvene in the fall 2006 to review the implementation and problem solve any issues.

Medicaid Treatment Child Care
Report to Legislature
June 2006

SERVICE UTILIZATION

The following information responds to the proviso requirement that "Starting in June 2006, the department shall report quarterly...on the MTCC program and include...information on: (a) The number of referrals; (b) the number of authorized referrals and child enrollments; and (c) program expenditures levels. Currently the number of children referred to the program and the number authorized are the same. There has not been a separate reporting mechanism that captures referrals within Children's Administration prior to the proviso implementation. With the implementation of the new referral procedures to support this proviso, a referral process has been developed and new referral data will be provided by the contractors for service beginning July 1st 2006. The new mechanism will capture new referrals, eligibility and authorizations from CA/TANF and PH. This is being put into place effective July 1, 2006. In an effort to gather relevant data for the legislature, CA will hand count new referrals for those children entering MTCC during the April – June time period prior to the proviso implementation. This data will reflect CA referrals only. Subsequent reports will be able to reflect number of new referrals, number of referrals found eligible and those that were authorized for all three administrations.

See the attached Service Utilization chart, page 12.

MTCC Service Expenditures by Region

	January through March 2006 Expenditures by Month of Service	Fiscal Year 2006 Expenditures To Date – July 2005 – April 2006	Total CA Allotment for FY 2006
Region 1	\$19,453	\$61,022	
Region 2	\$181,613	\$581,575	
Region 4	\$714,929	\$2,459,455	
Region 5	\$44,502	\$140,567	
Total	\$960,497	\$3,242,619	\$6,741,095

**MTCC Budget Proviso Implementation Plan
Project Team Charter**

Team Name: MTCC Budget Proviso Implementation Team

Team Lead: Barb Putnam

Team Sponsor: Ross Dawson

Project Team Mission:

Develop an expanded referral process for the MTCC program that will include TANF and Public Health for those children who are eligible by July 1, 2006.

Identified Issues to be Discussed:

Expanding the program to include referrals from TANF and Public Health increases the referral base and provides opportunity for more children to participate in services provided through the MTCC program. To implement the referral expansion several issues need to be discussed and resolved.

- Development of referral criteria – How does the referral source (Public Health and TANF) know which child might benefit from MTCC?
- Authorization- Who will authorize the referral for MTCC?
- Development of referral procedures-What do referring sources need to know and do to effect a referral?
- Contract management –How do we track expenditures and where should the MTCC contract be managed, at CA Headquarters or at the regional level?
- Data Management – What data do we need to develop the reports to the Legislature and how do we collect it?
- Development of a communication plan – How should we inform referrals sources and stakeholders about the expansion, referral criteria and procedures?
- Roles and responsibilities.

Proviso Provisions

The intent of the budget proviso is to expand the referral base for the MTCC programs beyond referrals made by Children's Administrations case workers and increase utilization of the program.

The Department shall report to the legislature quarterly (beginning June 2006) on:

- Number of referrals
- Number of authorized referrals and child enrollments
- Program expenditure levels

Designated Resources Available

For Fiscal 2006, General and State funds of \$3,700,000 are available. For Fiscal 2007, the same amount, \$3,700,000 of General and State Funds are available.

The Implementation Plan

Timeframe	Activity
May 8 – 12, 2006	<ul style="list-style-type: none">• Identify potential members for workgroup• Invite members to workgroup• Teleconference pre-meeting with CA regional staff
May 16, 2006	<ul style="list-style-type: none">• Initial meeting<ul style="list-style-type: none">○ Review of tasks and timelines○ Eligibility and selection criteria○ Authorization issues○ Roles and responsibilities
May 23, 2006	<ul style="list-style-type: none">• Second meeting<ul style="list-style-type: none">○ Finalize criteria○ Finalize referral procedures and forms○ Communication plan
June 2, 2006	<ul style="list-style-type: none">• Third meeting<ul style="list-style-type: none">○ Contract management○ Data management○ Finalize communication plan
June 13, 2006	<ul style="list-style-type: none">• Present implementation and communication plan to CA management for approval
June 20-24, 2006	<ul style="list-style-type: none">• Implement communication plan
July 1, 2006	<ul style="list-style-type: none">• Programs begin serving children referred from Public Health and TANF

MTCC PROVISO IMPLEMENTATION PROJECT TEAM

Region	Representative
Region 1	Pam Copeland or Diane Valdez
Region 2	Paul Mantz-Powers
Region 4	Jane Wu or Nancy Taft
Region 5	Sophia Kouidou-Giles or Nancy Sutton

Headquarters	Representative
PPI	Barb Putnam
PPI	Diane Inman
PPI	T. Simmons
PPI	Tammi Erickson
Contracts	Priscilla Wolfe
Federal Funding	Jann Hoppler

External	Representative
Rep Ruth Kagi	Rep Kagi, David Beard
Legislative Staff	Hyeok Kim
	Sydney Forrester
Public Health – R1	Barbara Feyh, Cathy Fritz
Public Health – R2	Mary Hart
Public Health – R4	Lois Schiffer
Public Health – R5	David Vance
ESA	Sheri Bruu-Deleon
ESA	Holly St. John
ESA	Stacey Bushaw
Child Haven	Debra Ronnholm
EPIC	Frank Rowland
Sunrise	Glenda Witherspoon
TLC	Julie Dhatt Honekamp

Guidelines for Characteristics Associated with Risk of Child Abuse and Neglect

Prepared for the MTCC Proviso Workgroup

The following characteristics may be used to identify families that are at risk of abuse or neglect. One or more of these characteristics in and of themselves do not constitute abuse and/or neglect, although the more factors that are apparent strengthen the potential that the family may be at risk.

- ➔ Few perceived and/or actual sources of financial and emotional support (socially and financially isolated), especially with any or all of the following:
 - Age of children (0 -5)
 - Several children close in age
 - Young parent(s): teens and early twenties (and therefore, young children)
- Mental health/Substance abuse
 - Drug or alcohol abuse by the parent(s) and not in treatment
 - Mental illness diagnosed and not controlled
 - Bouts of depression
- Domestic violence with violent partner still in family
- Chronically Impoverished (i.e. consistently during one or more years)
- Severe emotional problems of a child or a mentally ill child
- Poor education and work experience
- ➔ History of abuse/neglect for the child
- ➔ Parental history of abuse/neglect as a child

Referral/Authorization Form Instructions

This form has two functions and acts as both a referral form and an authorization form.

Section 1: REFERRAL

This is to be filled out by the referent.

Lines 1 – 3: Indicate where you are referring the child to, which program, program site, provider number, address and contact information. The information for this is on the “MTCC Provider Contact and Catchment Area” list, attached.

Line 4: Indicate the referred child’s name, case number that is intrinsic to your administration and date of birth.

Section 2: NEW AUTHORIZATION or REAUTHORIZATION, ON-GOING SERVICES

This is to be filled out by the referent.

The boxes on top of this section need to be checked to indicate whether this is a brand new referral and initiation of services **OR** whether it is a reauthorization for on-going services. Services need to be reauthorized every six months for continuation in the program.

Line 1: Indicate referent name, worker identification number and date of referral.

Line 2: Indicate the office or branch where the referent is located, which administration you are from and the phone number.

Section 3: CHILDREN’S ADMINISTRATION ONLY

This is to be filled out by the Children’s Administration gatekeeper and is the financial authorization for the program payment.

Line 1 & 2: The Children’s Administration gatekeeper will sign, date and authorize the dates of service.

Children's Administration
Medicaid Treatment Child Care Program
Referral/Authorization

REFERRAL:

MTCC CONTRACTED PROVIDER		MTCC SITE	
Name Here		Provider Site Here	
MTCC PROVIDER NUMBER		MTCC ADDRESS	
0000-01		Provider Address Here	
MTCC CONTACT PERSON			PHONE
Contact Name Here			(000) 000-000
CHILD'S NAME	CASE NUMBER	DATE OF BIRTH	
Child's Name Here	000-000	00/00/0000	

NEW AUTHORIZATION ☐

RE-AUTH/ON-GOING SERVICES ☐

REFERRANT/SOCIAL WORKER NAME		DATE	WORKER ID #
Name Here		00/00/0000	00000
OFFICE/BRANCH	CA <input type="checkbox"/> ESA <input type="checkbox"/> PH <input type="checkbox"/> (please check your organization)		PHONE
Office/Branch Name Here			(000) 000-0000

CHILDREN'S ADMINISTRATION ONLY

CA GATEKEEPER NAME		DATE
Gatekeeper Name Here		00/00/0000
AUTHORIZATION DATES	BEGIN	END
	00/00/0000	00/00/0000

Send completed form to your local Children's Administration Gatekeeper at:

DCFS Region 1 MS: B 32-21	1313 N. Atlantic, Suite 2000 Spokane, WA 99201 FAX: 509 363-4601	DCFS Region 2 MS: B 39-10	315 Holton Avenue, Suite 200 Yakima, WA 98902 FAX: 509 575-2677
DCFS Region 3 MS: N 31-9	840 North Broadway, Bldg B, Suite 540 Everett, WA 98201-1294 FAX: 425 339-3968	DCFS Region 4 MS: N 17-21	100 W Harrison Street, Suite S400 Seattle, WA 98119-4141 FAX: 206 281-6288
DCFS Region 5 MS: N 27-30	1949 South State Street Tacoma, WA 98405 FAX: 253 593-2366	DCFS Region 6 MS: 45714	6860 Capitol Boulevard Olympia, WA 98504-5714 FAX: 360 725-6769

Medicaid Treatment Child Care
Report to Legislature
June 2006

Authorized Referrals and Child Enrollments

Calendar Year 2006

First Quarter: January – March 2006

Children Served*	Region 1	Region 2	Region 4	Region 5		Number Referred by CA/TANF/PH	Number found eligible	Number authorized
Jan-06	4	51	191	12				
Feb-06	5	57	188	11				
Mar-06	5	55	183	13				

*This table reflects the number of children per CA region that received service and the contractor has received payment.

MTCC Proviso Implementation

New Referrals, Eligibility and Authorizations

First Quarter: January – March 2006

*This table will be utilized in the future
Current report - **1st Quarter** – mechanisms to collect this data are not available.
2nd Quarter – data will be hand counted, (April – June 2006). Numbers will reflect CA referrals only.
3rd Quarter – data will reflect CA, with TANF and PH as new partners in the referral process. (July – September 2006).