

# Intensive Care Coordination Subcommittee Meeting

**Jenny Erdman**, HHS Quality, Innovation &  
Medical Policy Bureau Chief

June 18, 2024



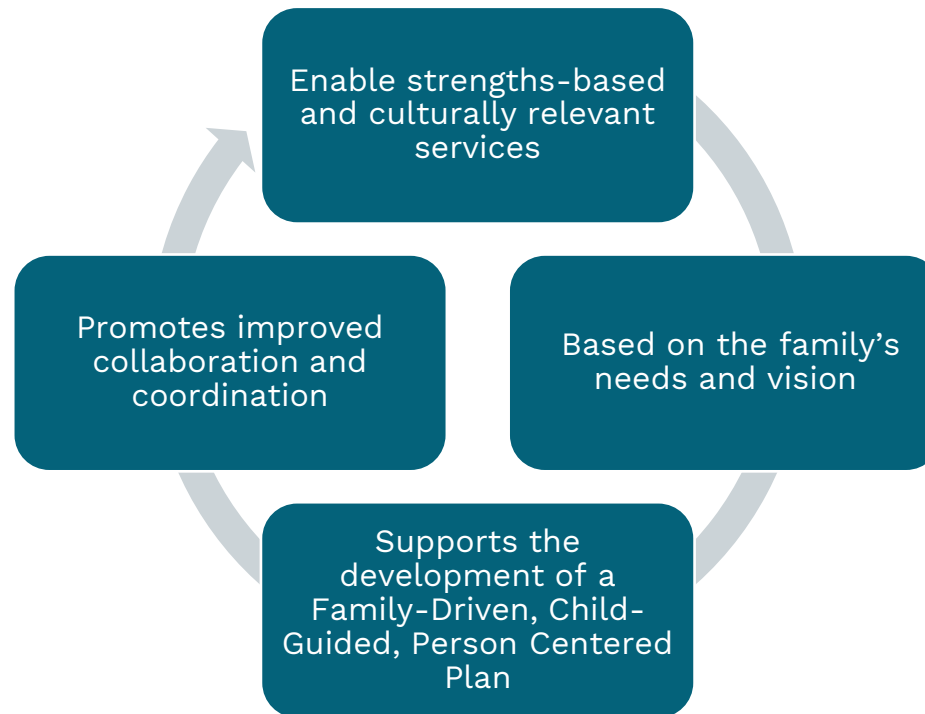
Health and  
Human Services



# Agenda

- ▶ Access to Services
  - Initial Engagement
  - Ongoing Engagement
  - Transitions
- ▶ Discussion
- ▶ Public Comment

# Assessment Settlement Agreement Requirements



# Current Recommendation: Child and Adolescent Needs and Strengths

- ▶ Strength-based assessment tool that considers both a person's strengths and needs by rating items on a scale from 0 – 3.
- ▶ Uses input from child/youth, family, and other people involved in the person's life.

# Core Items

- ▶ *Life Functioning Domain*
- ▶ *Strengths Domain*
- ▶ *Cultural Factors Domain*
- ▶ *Caregiver Resources & Needs*
- ▶ *Behavioral/Emotional Needs Domain*
- ▶ *Risk Behaviors Domain*

# Illinois



A behavioral health professional uses CANS to assess need for intensive home and community-based services.



Children who are eligible get assigned to an organization that provides care coordination.



Children are placed in tiers based on need to receive either 1) high fidelity wraparound or 2) intensive care coordination.

# Washington



Providers use the CANS to assess children for eligibility for the Wraparound with Intensive Services (WISe) Program.



A WISe provider agency assigns children and youth to a care coordination team.



Washington developed a website to house electronic versions of the CANS.

# Initial Engagement

- ▶ In the current system, what works best for identifying a youth that might benefit from care coordination?
- ▶ What works best to connect a youth and their family to care coordination services?
- ▶ As we think about the new Intensive Care Coordination services, what is important to consider for identification and engagement of youth?



# Ongoing Engagement

- ▶ In the current system, what works best to keep youth and families engaged in care coordination and accessing services?
- ▶ What are the challenges keeping youth and families engaged?

# Transitions

- ▶ What is the best process for reassessment and changing tiers/service intensity when needs change?
- ▶ Settlement Agreement descriptions:
  - Care coordinators will develop a transition plan with the CPT, and implement such plan when the child has achieved the goals of the PCP
  - Care coordinators will collaborate with the other service providers and agencies on behalf of the child and family
- ▶ As we think about the new Intensive Care Coordination services, what is important to consider for transitions of youth?



# Discussion

---



Health and  
Human Services





# Public Comment

---



Health and  
Human Services