

# **An Overview of Network Development**

## **For KidCare**

The Departments recognize that continuing their efforts to develop a comprehensive network of services and supports is essential to the success of the KidCare initiative. Two important new strategies are being developed to continue expansion of service capacity. First, the Departments will implement the enhanced care clinic, which will provide higher rates for routine outpatient service in return for timely access. Second, DCF will convert selected community service grants to FFS under a payment structure that enables providers to expand capacity to meet demand.

The Departments have also provided for substantial network development activities by the ASO. Network development is an integral part of the overall services of the ASO. The KidCare model will enable the ASO to carry out network development activities in much the same way, and with much of the flexibility that exists in managed care systems in other states.

Working collaboratively, the Departments and the ASO will have three major strategies to strengthen Connecticut's provider network and improve access for KidCare children and families. The ASO will have primary responsibility for 1) identifying network deficiencies by local area and 2) identifying and recruiting new providers, as well as providing technical assistance to existing providers to support service expansions. The Departments will be responsible for enrolling new providers and adding billable services for existing providers.

### **Identifying Network Deficiencies by Local Area**

The ASO's System Managers will have lead responsibility for identifying access issues, gaps in local delivery systems, and issues related to quality of care through:

- Sharing data with Community Collaboratives that reflects local utilization patterns; data will be generated by the Quality Management Department to allow comparison between local areas on a variety of measures such as timeliness of access, service utilization by level of care, delays in discharge from hospitals, residential facilities and emergency departments.
- Listening to recommendations and feedback from the Collaboratives, and using those recommendations in the creation of Local Area Development Plans;
- Reviewing instances of unmet needs of children and families in the local area, as reported by Managed Service System staff, Care Managers and Intensive Care Managers as well as others in the delivery system;
- Meeting with providers, affiliated delivery systems, advocacy groups and others to identify issues and concerns as well as opportunities for improvement;

- Monitoring complaints, grievances and appeals to identify issues related to service access;
- Develop and analyze satisfaction surveys and system evaluations to identify issues related to service access, such as requests for services in particular languages or areas of clinical specialties;
- Identifying findings of quality management studies and other initiatives that may identify opportunities in which provider training could improve quality and/or access of treatment;
- Meeting regularly with network providers to review provider-specific profiles reflecting the work of that provider in comparison with the work of providers of like services; offering additional support and/or training based on identified opportunities to improve. Excellent providers may be invited to provide training to other providers, thus expanding the use of effective practices.

## **Recruiting Providers and Offering Technical Assistance**

The priorities and process for expanding local area service capacity and new services will be proposed by each ASO System Manager in a Local Area Development Plan. The System Managers, with the assistance of provider relation's staff, will be responsible to identify providers to develop those priority services. This will include:

- Working with Community Collaboratives and other community groups to identify organizations that might provide services needed in a local area (i.e. a YMCA whose staff might be qualified to provide therapeutic monitoring or a residential provider interested in expanding to offer in-home services);
- Identifying the need for, and arranging training in new ways of providing services or new therapeutic modalities, such as Multi-Systemic Therapy, to increase the number of providers qualified to provide designated evidence-based best practices;
- Offering data to providers regarding unmet needs and the projected demand for services to assist providers in planning adding to or expanding their service array.

The Provider Relations staff will handle the more technical aspects of assisting providers—and organizations preparing to become providers—to prepare for providing services or new services. This may include:

- Assisting an organization accurately complete a provider application;

- Assisting the provider's staff understand how and when to request prior authorization or concurrent review for a service for a KidCare child or family;
- Assisting a provider understand and comply with regulations (e.g. licensure, supervisory requirements, documentation standards) for a service the provider might be considering adding;
- Interviewing providers who drop out of the network and tracking the reasons for their resignation, including recommending corrective action as necessary;
- Tracking providers frequently providing services through a Single Case Agreement and initiating network recruitment efforts;
- Tracking reasons given by providers who decline to apply for network status and recommending corrective action as necessary (e.g. adjustments in reimbursement rates or regulations).

Family Peer Specialists, Peer Specialists and others also will have an important role in recruiting providers. Non-network providers recommended by families who have received services from those providers will be offered the opportunity to submit an application for the KidCare network.

## Provider Enrollment

DSS and DCF staff will remain responsible for the actual management of the KidCare network, which will include:

- Enrolling providers and
- Establishing reimbursement rates and codes.

Other responsibilities retained by Department staff includes assuring overall contract compliance by the ASO and by network providers and assuring effective interfaces between all the Departments contractors, including the ASO, the Husky MCOs, and the Medicaid fiscal agent.