## 12. SOCIALLY NECESSARY SERVICES (SNS)

The MCO must be responsible for serving as an Administrative Services Organization (ASO) for the delivery of SNS as defined by BCF and outlined within the Department’s SNS Utilization Management Manual.

### 12.1 Contracting

The Department shall retain authority for screening, enrollment and contracting with SNS providers to administer services for youth. The MCO must allow for the authorization of services to any provider approved by BCF. BCF shall provide a monthly enrollment report of all qualified providers permitted to serve enrollees as a validation tool by which to authorize services.

### 12.2 Invoicing

Invoicing shall remain the responsibility of BCF. The provider must continue to submit invoices directly to BCF for payment. The MCO must assist the provider with validating any information needed for invoicing purposes by providing information as needed (e.g. total authorized units of a service for the month) upon request of the provider. The MCO must provide such information back to the provider within three (3) calendar days.

### 12.3 Reporting

The MCO must collect a monthly progress report from the provider for each family served by the 10th day of each month. This document is the same as that to be submitted to the Department. Providers of home studies, clinical reviews and Clinician Administered PTSD Scale (CAPS) reports are not required to submit monthly progress reports, but may only submit their invoice once the home study, clinical review or CAPS report has been provided to the CPS caseworker. The MCO must coordinate with the CPS caseworker and BCF to determine if this deliverable has been met so the Department may issue payment.

The MCO must report monthly to the Department on underserved areas of the State where they believe additional SNS providers should be permitted to enroll to address a gap in care.

### 12.4 Retrospective Reviews

The MCO must administer retrospective reviews of the SNS providers. Any such review must be conducted within three (3) years of the term of the BCF agreement with the provider. Providers must score at least eighty (80) percent during their retrospective review for each service reviewed. Providers failing to meet eighty (80) percent will be placed on a probation period for each respective service failing to meet that threshold. The MCO must provide a written notice that the probation period is in effect. At the end of the probation period, the MCO must conduct another assessment. If the provider continues to score less than eighty (80) percent for that service, the service will be closed for that provider and the provider will no longer be eligible for referrals for that service. If the provider scores a zero (0) on any safety related service during any review, the service will be automatically closed for the provider.

The MCO must provide a report on each provider assessment to BCF outlining the results of each of the services under review, the methodology by which the provider was reviewed, the scores for each service area, provider strengths, weaknesses (opportunities for improvement), documentation that all staff have met background check, licensure and educational requirements, as applicable, and recommendations for next steps to improve provider processes. BCF shall take appropriate action to provider contracts based on the feedback submitted by the MCO. The MCO must provide its reports to BCF within thirty (30) calendar days of completion of the assessment and must coordinate with BCF throughout the process to expedite any necessary action.

The MCO must continuously monitor the utilization of services and provide monthly reports, due fifteen (15) days after the conclusion of the month, that highlight geographic areas in which there is a high utilization of services required with low provider enrollment (e.g. providers must travel greater than forty-five (45) minutes to render services) or the use of providers that are not most geographically appropriate in the requested service area. The report must provide recommendations to BCF on how to address such service gaps and misutilization of providers.

### 12.5 Authorization Requirements

The MCO must establish a bidirectional IT solution by which the MCO can receive SNS authorization requests entered by the CPS caseworker into the State’s FACTS system and return authorization approvals. The MCO must authorize services entered into the system within twenty-four (24) hours of entry. The MCO must not require authorization for emergency services. The CPS caseworker shall retain the authority to select the vendor to be used for SNS, however, the MCO must be available to assist the worker with identification of a provider, if needed.

The MCO must authorize the services for the scope and duration of the request by the CPS caseworker, as appropriate, and may reauthorize services pending review of progress by the enrollee. In the event the duration of services is not outlined within the request, the MCO must coordinate with the CPS caseworker to determine the most appropriate level of service for the initial authorization. During contract year one (1), the MCO must utilize the existing BCF Utilization Management Manual for its authorization review process.

The MCO must also establish a provider portal by which the provider may review their authorizations to determine the scope and duration of services authorized by the MCO. Authorization information must be uploaded within twenty-four (24) hours of approval. In contract year one (1), the provider portal must replicate the elements of the existing provider tool for accessing referrals, requesting additional services, and meeting other provider needs. The MCO may develop its own system in parallel for implementation in future contract periods.

### 12.6 Focus Groups

The MCO must conduct at least twelve (12) focus groups throughout the year with youth, families and foster parents that reside in the community and utilize SNS. The focus groups should be used as an opportunity to provide the Department with feedback on where services are being most impactful, so programmatic changes may be made to improve the overall health of the program. The focus groups must target, at a minimum, the following six (6) areas:

1. Access

2. Service Delivery

3. Gaps in Support Systems

4. Engagement with System Staff

5. Cultural Competency

6. Consumer Knowledge of Services and Supports

The MCO must collaborate with BCF on the questions to be used in the focus groups to ensure the most useful information is being collected. A sample template of questions is located in Appendix J.