



# Utah Case Study: Shared Plans of Care to Improve Care Coordination for CYSHCN

## Background

In Utah, 16.4 percent of all children have special health care needs, and 27 percent of all children and youth with special health care needs (CYSHCN) are served by Medicaid and the Children's Health Insurance Program (CHIP).<sup>1,2</sup> The Utah Department of Health (UDOH) houses the bureaus of Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN), which oversee the state's Title V Maternal and Child Health Services Block Grant program, and the Division of Medicaid. These divisions work together to provide coordinated care for eligible CYSHCN up to age 21.<sup>3</sup>

Enrollment in managed care is mandatory for Medicaid-enrolled CYSHCN and is required in 13 of Utah's 29 counties.<sup>4</sup>

Under the state's Medicaid managed care program, medical care is administered by accountable care organizations (ACOs) and behavioral health is provided through prepaid mental health plans.<sup>5</sup>

Utah's Bureau of CSHCN currently oversees several programs that help coordinate care for CYSHCN. One of its primary initiatives is the Integrated Services Program (ISP), which provides care coordination as well as information and support related to primary and specialty health care, behavioral health, developmental and educational programs, financial support resources, and social services to CYSHCN.<sup>6</sup>

## About This Case Study

This case study is part of the issue brief, [State Strategies for Shared Plans of Care to Improve Care Coordination for Children and Youth with Special Health Care Needs](#), which examines strategies and opportunities states can use to advance the use of SPoCs for children and youth with special health care needs.

## Utah's Approach to Shared Plan of Care Implementation

UDOH provides direct clinical services, including care planning, to CYSHCN. In 2014, Utah received a State Implementation Grant (SIG) to Enhance Systems of Services for CYSHCN through Systems Integration from the Health Resources and Services Administration's Maternal and Child Health Bureau, which enabled it to move to the more comprehensive shared plans of care (SPoCs) and establish formal processes to support their use. Utah developed a [standardized SPoC template](#) for use by care coordinators across the state. Utah's SPoC efforts currently target CYSHCN in rural areas who receive direct clinical services from the Bureau of CSHCN. Utah funds its SPoC implementation efforts through its state Title V Maternal and Child Health Services Block Grant program. As of July 2018, Utah had implemented SPoCs for 845 CYSHCN.

Training, tools, and information about care coordination and SPoCs are available to providers and care coordinators through Utah Children's Care Coordination Network (UCCCN).<sup>7</sup> UCCCN holds monthly meetings at regional sites, featuring presentations by experts and problem-solving case sharing by care coordinators. These meetings help generate buy-in from local entities for the use of SPoCs. UCCCN also maintains a listserv that disseminates care coordination resources and best practices. Utah Family Voices educates families about SPoCs and the overall care planning process, and UDOH offers additional education on SPoCs through informational presentations and one-on-one trainings for families.

## Developing and Maintaining SPoCs

Creation of SPoCs is typically led by a child's ISP care coordinator. The ISP care coordinator creates the SPoC in the state's electronic medical record (EMR), also known as Cadurx. Families are able to access the SPoC through a patient portal. A paper copy of the SPoC is also printed and distributed to all members of the care team and families of CYSHCN. While Cadurx is capable of exporting the SPoC to other health systems, compatibility between Cadurx and other EMR systems in the state remains a challenge.

Utah established a formal ISP [Policies and Procedures](#) manual to guide SPoC development by ISP care coordinators and ensure uniformity in their implementation across the state. Utah ISP staff review the EMRs for CYSHCN to make sure the appropriate information is documented and timeframes for follow-up and connecting with families are met. ISP staff hold monthly meetings to discuss SPoC implementation and identify ways to improve the implementation process. UDOH staff also track the frequency with which they meet and work with families, who face multiple challenges, in order to gauge the effectiveness of SPoCs. Recognizing the value of using a quality improvement approach to implementing SPoC, Utah is exploring opportunities to establish more formalized mechanisms to monitor SPoC implementation.

## Lessons Learned and Future Plans

Utah reports several lessons learned based on its SPoC implementation experience. The value of obtaining buy-in early, particularly from high-level state policymakers, including Medicaid, public health, and behavioral health, is essential to catalyzing the policy changes needed to support uptake of SPoCs. For example, states can explore reimbursement structures to support care coordination and provide incentives for providers to implement SPoCs. Addressing silos between systems and concerns about privacy and data sharing can also facilitate information exchange and increase cross-agency collaboration and coordination.

In the future, UDOH plans to expand use of SPoCs by strengthening partnerships and exploring additional sources of funding. To promote collaboration, they will continue to hold and pursue additional memorandums of understanding with partner organizations, including the Utah Valley University Center for Autism and the state's Birth to Three program, to facilitate CYSHCN referrals for care coordination services. ISP is also considering how to leverage the existing state health information exchange, Utah Health Information Network, to help break down silos and give providers greater access to patient information. UDOH also plans to collect additional quality data using a quality improvement approach to aid their efforts to obtain additional sources of funding and support the expansion of SPoC throughout the state.

## Endnotes

1. Child and Adolescent Health Measurement Initiative, "2016 National Survey of Children's Health (NSCH) data query," Data Resource Center for Child and Adolescent Health, retrieved June 2018, <http://childhealthdata.org/browse/survey/results?q=4562&r=46>.
2. Child and Adolescent Health Measurement Initiative, "2016 National Survey of Children's Health (NSCH) data query," Data Resource Center for Child and Adolescent Health, retrieved June 2018, <http://childhealthdata.org/browse/survey/results?q=4828&r=46&q=619&r2=1>.
3. "Children with Special Health Care Needs (CSHCN)," Utah Department of Health, updated August 2018, <https://health.utah.gov/cshcn/>.
4. "State Medicaid Managed Care Program Design for Children and Youth with Special Health Care Needs," National Academy for State Health Policy, September 2017, <https://nashp.org/state-medicaid-managed-care-program-design-for-children-and-youth-with-special-health-care-needs/>.
5. "State Medicaid Managed Care Program Design for Children and Youth with Special Health Care Needs," National Academy for State Health Policy, September 2017, <https://nashp.org/state-medicaid-managed-care-program-design-for-children-and-youth-with-special-health-care-needs/>.
6. "Integrated Services Program," Utah Department of Health, updated March 2018, <https://health.utah.gov/cshcn/programs/integratesrvs.html>.
7. "Utah Children's Care Coordination Network," University of Utah Health Department of Pediatrics, updated February 2018, <https://www.medicalhomeportal.org/clinical-practice/care-coordination-in-portal-partner-states/utah-childrens-care-coordination-network>.