CHIPRA Quality Grant 2011

Medicaid and Children's Health Insurance Programs: CHIPRA Quality Demonstration Grants, "Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)": Section 401D, HHS-2010-CMS-CHIPRA-002, and CFDA 93.767

CHIPRA Grant Award: Wyoming was awarded a CHIPRA Demonstration Grant in 2010 in concert with Maryland and Georgia to implement and / or expand a Care Management Entity (CME) provider model using High Fidelity Wraparound to improve the quality and cost of care for Medicaid and SCHIP children with serious behavioral health disorders.

GRANT INFORMATION

Grant Period: **FY2010 – FY2015**
Wyoming's Grant Amount: **$450,000 per year for 5 years or $2.25 million**
Grant Management: **A multi-agency committee** (PTAC) **will manage the grant**
Wyoming is in **YEAR 2** of the grant after completing a year planning phase.

GRANT OBJECTIVES

Successfully implement by 2015

Category C (Primary) - Wyoming will:

- ✓ Through the engagement of Center for Health Care Strategies (CHCS), successfully complete the requirements of a quality improvement learning collaborative designed to support the implementation and/or expansion of a CME provider model.
- ✓ Plan and implement a CME approach.
- ✓ Demonstrate increased access to home and community based services and supports and reduce use of hospital and residential care.
- ✓ Demonstrate improved clinical and functional outcomes against baseline for youth served.

Category B - Wyoming will demonstrate that:

- ✓ Its CMEs approach has implemented a personal health record for children with serious behavioral health needs.
- ✓ The implemented health information technology is being used to:
  - Improve timeliness and access to care
  - Support quality improvement efforts at the provider level.
  - Identify and address disparities in health status among racial and ethnic minority populations.
  - Improve prescribing and monitoring of psychotropic medication use.

Category E - Wyoming will demonstrate:

- ✓ That children served through a CME provider model will have improved access to home and community based services and peer supports.
- ✓ Reduced use of restrictive services (hospital and residential) for youth served through the CME model.
- ✓ Improved clinical and functional outcomes for children served through the CME model.
- ✓ Reductions in disproportional use of restrictive services by racial and ethnic minority youth and increased access to home and community based services and peer supports.
- ✓ Children and their families served through the CME model will have greater involvement in their own care and an improved quality of care.

"This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government."