

Magellan Healthcare, Inc. Wyoming's Care Management Entity

# Family and youth guide to High Fidelity Wraparound

Building resiliency; keeping youth at home, in school and out of trouble



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# Welcome to Magellan

## Wyoming's Care Management Entity

Welcome and congratulations for taking this step for your youth and family. We know complex behavioral health conditions of youth can cause challenges at home, at school or in the community. Your enrollment in High Fidelity Wraparound means you're taking control of your family's future. It means you're giving each family member a voice! This handbook will be used as a guide through the process. It should be kept as a resource for transition out of the High Fidelity Wraparound process.

## What's a Care Management Entity?

A Care Management Entity manages the High Fidelity Wraparound program. Which means we set the rules and provide training for all the people involved in the High Fidelity Wraparound process:

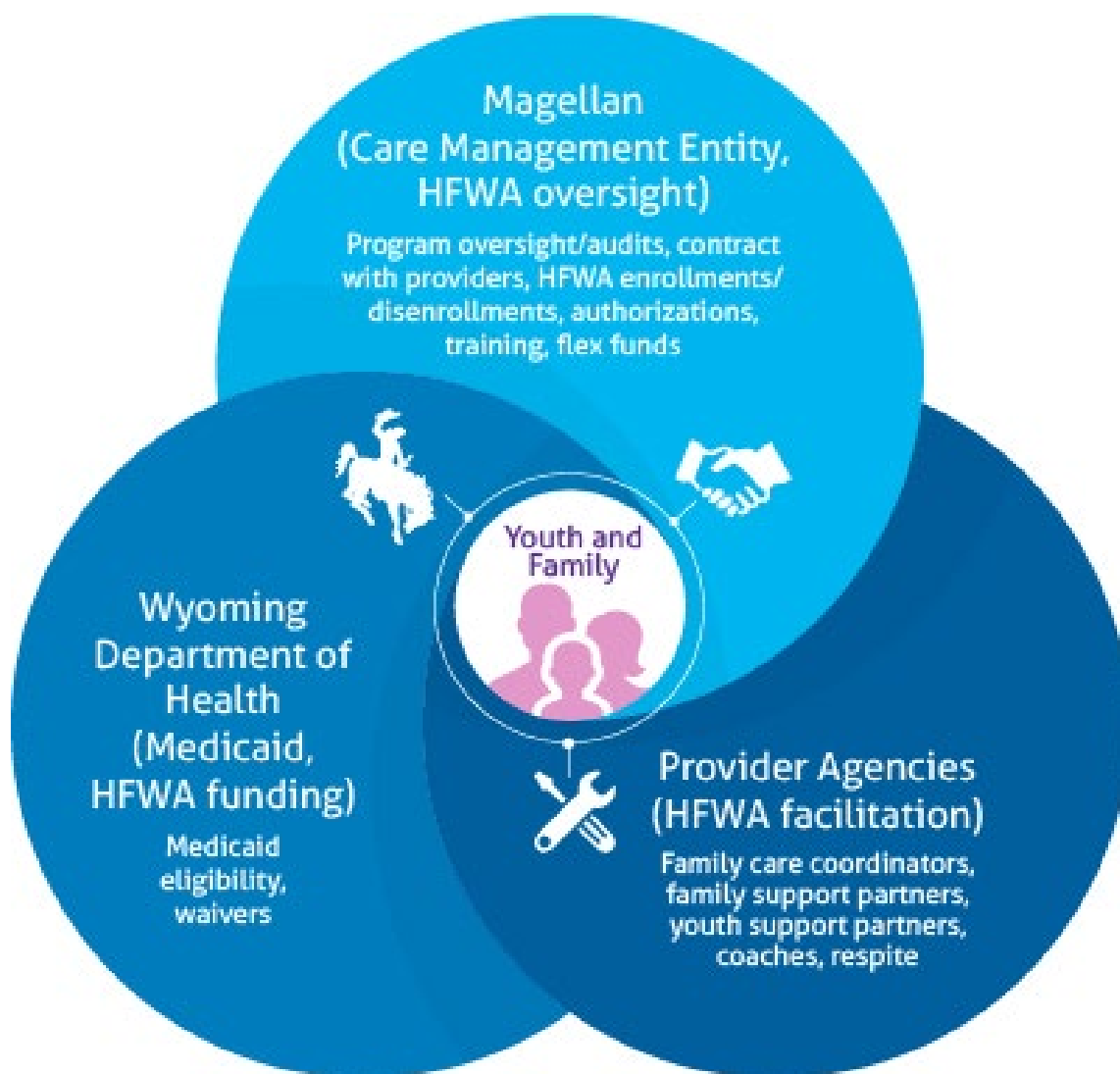
- Providers.
- Family Care Coordinators.
- Family Support Partners.
- Youth Support Partners.
- Coaches.

See below for a picture of how the Care Management Entity works.

This is a community-based program that allows us to help youth lead successful lives. To do this, we work with the Wyoming Department of Health, Division of Healthcare Financing (Medicaid). We also work with other state agencies. Together, we manage care and services. Our team does this in a way that supports your youth and family's needs. Magellan and everyone in the High Fidelity Wraparound process highly respect what makes each youth and family unique:

- Cultural and life experiences.
- Specific strengths and needs.

## How everyone works together



## Contact us

### ***Magellan in Wyoming***

PO Box 20520, Cheyenne, WY 82003

Monday through Friday, 8 a.m. – 5 p.m., 24 hour availability

Toll-free: 1-855-883-8740

TDD/TTY: 1-800-424-6259

Website: [www.MagellanofWyoming.com](http://www.MagellanofWyoming.com)

Email: [WyomingInfo@MagellanHealth.com](mailto:WyomingInfo@MagellanHealth.com)

## Getting help in other languages and formats

If you would like to get written information in your preferred language, such as Spanish, or in a format such as Braille, please contact us using the toll-free number above. Our TDD/TTY number is above. Or visit [www.MagellanofWyoming.com](http://www.MagellanofWyoming.com).

## What to do in a crisis

\*If your child's life is in danger, call 911\*

## Youth crisis support

What is a crisis? If your child/youth is acting in a way you believe might lead to an emergency, do the following:

- **Call 911 in a life threatening emergency or go to your nearest emergency room.**
- **Call your mental health provider**
- **Call your Magellan High Fidelity Wraparound provider.**
  - Your Family Care Coordinator and/or your Family Support Partner will help figure out your level of need and help organize support. This could include:
    - Asking your child and family team to take action.
    - Linking to local resources and/or hospital care if needed.
- **Follow your crisis plan.** If you have questions, talk to your Family Care Coordinator.
- **Call your child's doctor.** If you don't already have one, your Family Care Coordinator can help you find one.

**If you need a second opinion, have your health care provider call the Partnership Access Line.** Mental health consultation outreach for children is open from 9 a.m. to 6 p.m. daily for medical or mental health providers to consult with child or adolescent psychiatrists. Call 1-877-501-7257 or contact the Partnership Access Line online at <http://wyomingpal.org>.

- The Partnership Access Line gives medical or mental health providers direct access to child and adolescent psychiatry sessions for second opinions and consultations.
- Children can also be assessed through a phone service supported by the State.
- The website for these services is <http://www.uwyo.edu/wind/wytn/>.

# Getting Started

High Fidelity Wraparound is a proven planning process. It follows a series of steps to guide your youth and family to make changes and achieve your hopes and dreams. The process helps youth stay at home, in school and out of trouble. We do this by bringing people together from different parts of your life. Together, they support you and your youth make changes and achieve your vision. The High Fidelity Wraparound process is designed to:

- Be short-term.
- Support and empower your youth and family.
- Create help for the team of your choice.
- Help you be confident in your ability to manage on-going behavioral health needs.

## 10 High Fidelity Wraparound Principles

The High Fidelity Wraparound process relies on a set of 10 guiding principles (listed below). The process may vary in different communities, but High Fidelity Wraparound always uses the principles. It is these principles that create success in the program. They are based on those from the National Wraparound Initiative.

1. *Family voice and choice*  
Youth and families identify their team. The team provides options so that the plan reflects family values and preferences.
2. *Team-supported*  
The team is committed to youth and families through informal, formal and community support relationships.
3. *Natural supports*  
The team and plan support individual and community relationships for youth and families.
4. *Collaboration*  
Team members work together to blend ideas to develop the plan. They share responsibility for setting up the plan and monitoring its results.
5. *Community-based*  
Services should be provided in the most responsive, open and easy-to-access settings possible.
6. *Culturally competent*  
The plan respects and builds on the values, preferences, beliefs and culture of the child/youth and family.
7. *Individualized*  
The team develops an approach to supports and services that closely fits each youth/family's needs.
8. *Strengths-based*  
The plan builds on the capabilities, knowledge and skills of the child and family. It also does this for their community and for other team members.



9. *Unconditional*

Despite challenges, the team persists in working toward the plan of care goals. They do this until the team agrees that a formal High Fidelity Wraparound process is no longer required.

10. *Outcomes-based*

Through the plan of care, the team strives to reach clear goals that youth and families say are important. The team monitors progress toward goals and revises the plan if needed.

# What is your part in High Fidelity Wraparound?

Your team will need you to participate in the following ways:

1. Medicaid eligibility is required for High Fidelity Wraparound.
2. Annual Medicaid renewal is required.
3. Update your address, email address and phone number with Medicaid and your Family Care Coordinator when it changes.
4. Be in contact with your chosen Family Care Coordinator within three working days of referral to set a time to meet in person.
5. Help build a team and make decisions with them.
6. Be a part of the Child and Family Team meetings at least once a month.
  - a. It might be more than one time a month.
  - b. Meetings are planned with your Family Care Coordinator.
7. Help find your family's strengths and needs.
8. Be willing to talk about difficult issues with your Family Care Coordinator or your Family Support Partner.
9. Work with your Family Care Coordinator and Family Support Partner to complete the assessments, crisis plans and all other documents.
10. Develop the Plan of Care during the first 46 days of enrollment.
11. Use the plans when needed.
12. If the plans are not working, talk about your concerns at the next Child and Family Team meeting.
13. Or contact your Family Care Coordinator.
14. Understand this is a process and it takes time.
15. Build a team of natural supports (friends and family) that will replace your original High Fidelity Wraparound supports.
16. Be aware that the Family Care Coordinator has a timeframe. Your support in following this will help High Fidelity Wraparound continue seamlessly.

# What does High Fidelity Wraparound look like?

Each team usually looks different. In Wyoming, every team must have a Family Care Coordinator. Below is a list of all the types of people who could be on your team. They will help you:

- Decide what you want for your future.
- Help you understand and get ready for the process.
- Guide you to develop a child and family team.
- Support your team's progress.

## ***Family Care Coordinator (facilitator)***

A Family Care Coordinator is a person who is trained to coordinate the High Fidelity Wraparound process, support the family and team and is responsible for all documents Magellan needs to keep High Fidelity Wraparound in place. The person may change over time. This depends on what works best for your family. For example, a parent, caregiver or other team member may take over facilitating team meetings after a period of time. Your chosen Family Care Coordinator will remain part of your formal team until High Fidelity Wraparound ends.

## ***Family Support Partner***

A Family Support Partner is a person who has experience building relationships in wraparound. This person is a formal member of the team. His or her role is to serve as a partner, peer mentor, advocate and a resource for family members, until natural supports can fulfill this role. Many times, they will leave the team prior to the end of wraparound.

## ***Youth Support Partner***

A Youth Support Partner is a young adult between the ages of 18 and 26. This person has personal experience with High Fidelity Wraparound. He or she is a member of the wraparound team. Similar to the Family Support Partner, the Youth Support Partner's role is to serve as a partner, peer mentor, advocate and resource for youth until natural supports can be fulfilled. Many times, they will leave the team prior to the end of wraparound.

## ***Respite***

Respite is a short-term service that gives relief for the main caregiver(s). Once respite has been documented as needed in the plan of care, your Family Care Coordinator will help locate respite providers. Parenting a child with emotional or behavioral health needs can be stressful. Daily family life, health care appointments and problems that come up can be tiring. Respite can help relieve stress and teach valuable coping skills when they are needed most.

### ***Paid supports (formal)***

Formal supports usually represent certain agencies. Examples of formal supports:

- Therapists/mental health providers.
- Department of Family Services workers.
- Probation or parole officers.
- School representatives.

### ***Non-paid supports (natural and informal)***

Sometimes this is someone who has a long-term relationship with the family. They could be extended family members, close neighbors or friends. These “go-to” people are people the family trusts.

Examples of supports are:

- Friends
- Neighbors
- Spiritual leaders.
- Landlords.
- Sponsors.
- Support group leaders.
- Someone in the neighborhood who could be brought to the team for support.
- Coworkers
- Past teachers

## **Other ways Magellan can support**

### ***Flex funds***

You may apply for flex funds if your family has an urgent financial need. These are funds used for expenses to support your family’s Plan of Care. Flex funds should be asked for as a last option (emergency). Please work with your child and family team to request flex funds. Your family care coordinator can help with the process to request flex funds. Funds are not certain and may not be available.

### ***Youth and Family Training***

Youth and Family Training is available to youth, who before joining Magellan, did not have active Medicaid. This training is done either one-on-one or in small groups of two to five and helps build skills like social learning or peer to peer learning. Not everyone enrolled in High Fidelity Wraparound qualifies for this service. Ask your Family Care Coordinator if this is right for your child’s plan of care.

### ***Telehealth***

Telehealth is a different way to hold meetings by using a video conferencing system. It’s a good alternative when traveling is hard. These things are needed for Telehealth:

- An electronic device with a camera.
- An internet connection.

***What if I think my child needs physical or behavioral health services other than High Fidelity Wraparound?***

You and your child and family team will build a Plan of Care that starts with the needs your and your team say are the most important right now. Those needs will be outlined in the Plan of Care. If your needs include physical or behavioral health services that are not covered within High Fidelity Wraparound, your Family Care Coordinator will help you find those services. For more information on available services through Medicaid besides High Fidelity Wraparound, please call 1-800-251-1269.

# What can I expect from my Family Care Coordinator?

Your Family Care Coordinator will be your primary contact for this process. You can decide if you want to meet with your Family Care Coordinator either in person or via telehealth. The Family Care Coordinator will get to know you and your family, your strengths, your hopes and dreams, the challenges you face and where you would like to see change. They will help you get started with enrollment, all the way to the end of formal High Fidelity Wraparound.

Your Family Care Coordinator will meet you, and explain their role, more about High Fidelity Wraparound and what to expect. This person will be here to help with anything that comes up for you and your family while in High Fidelity Wraparound. **All meetings should be scheduled at a time and place that work best for you.** The first meetings will include completing paperwork. All forms will take about one week to complete. Your Family Care Coordinator will meet with you a minimum of twice per month.

# High Fidelity Wraparound phases

On the next pages, each phase of the High Fidelity Wraparound process is outlined. This will help you understand what to expect and what to do. Don't forget you have a team to help you!

## **Phase 1: Engagement to Enroll in High Fidelity Wraparound (1 – 7 days to complete)**

A Family Care Coordinator meets with your family. They will discuss the High Fidelity Wraparound process and listen to your family's story.

*The spaces below are for you to what should happen when during High Fidelity Wraparound. Feel free to ask your Family Care Coordinator questions, this is a collaborative partnership.*

- Fill out Intake Form, Intake Form Consent, Rights and Responsibilities, Freedom of Choice, the Level of Care by your counselor, for High Fidelity Wraparound services to begin (in the first 7 days).
- Promise to be a part of this process with a team.
- Meet with Family Care Coordinator and independent assessor to explain your story and they will fill out the CASII.

## **Phase 2: Focusing (Enrolled and Beginning – Days 8-14)**

- Develop a vision for the future
- Strength, Needs, and Cultural Discovery.
- The Child and Adolescent Needs and Strengths (CANS) inventory.
- The Adverse Childhood Experiences (ACEs) Survey.
- Prioritize behavior change needs

Talk about immediate needs and crises. With your team, put together an initial crisis plan if needed to become stable.

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Describe your vision for the future.

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Identify people who care about your family and those who have helped each family member.

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Decide who will attend a meeting to develop a plan of care with you.

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Decide where to have the meeting.

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Write a strengths list. What does your child do best? What do you do best?

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Agree on who will contact likely team members.

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**Phase 3: Planning (15-32 days to complete)**

- Crisis Meeting
- Preparation for the first Child and Family Team meeting
- Hold the first Child and Family Team meeting – create a Plan of Care. When the meeting is over, each team member will know what they have to do. They will also know how to contact other team members. This can take more than one meeting.
- Debrief how the meeting went and plan the next one within the next 30 days (max)



**Do the next steps with the team:**

Make a mission statement that describes how the team will support your family.

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Set up ground rules to follow when your team meets (what are a couple that are important to you)?

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What does your family think they could change so you can achieve your vision? Choose one or two so you don't get overwhelmed.

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Brainstorm different objectives to meet your needs.

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What are the Tasks that each team member is going to do or support your family in doing?

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- Sign the Plan of Care.
- Each team member understands roles and responsibilities.
- Expand your crisis plan to include who will help if things don't go as planned. The plan will say who should be called and in what order. This document is a work in progress. The team is expected to meet after a crisis occurs to help with better ways to prevent the crisis from happening.
- Schedule future team meetings that work for you.
- Sign any additional release of information forms needed.
- The Plan of Care has been given to all team members.
- Participated in Child and Family Team meetings.
- All team members are doing something in the plan.

**Phase 4: Plan implementation (46 days – six months and beyond if needed)**

Your family has made a promise to take action on the Plan of Care. Your team members are dedicated to supporting your family. You and your team will do these things at meetings:

- Review accomplishments and celebrate what’s going well.
- Talk about whether your plan is working.
- Adjust things that aren’t working.
- Assign new tasks as needed.
- Review the crisis plan.
- Add new team members if needed.
- Update release of information forms if needed.
- The Family Care Coordinator updated the plan of care with all team members’ signatures. This is done at least every 30 days.
- Progress is shared regularly.
- Received a copy of your plan of care and copies of other needed documents.
- The team is meeting often enough to check on progress and make adjustments for things that aren’t working.
- A meeting summary with details of accomplishments has been shared with all team members.
- Complete youth and caregiver surveys called the Wraparound Fidelity Index (WFI-EZ)—done six months after enrollment.
- An updated Child and Adolescent Needs and Strengths (CANS) inventory and Transition Assets to be completed every 90 days.

Goals completed:

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Skills gained:

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## Transition Assets Tool

This will be done every three months to assess the skills needed for success after Wraparound.

Category	Items - please refer to the "Transition Assets Tool Guide" for clarification	Rating Scale					TOTAL of 4 rows
		1	2	3	4	5	
<b>Develops vision of a better future</b>	How are you doing at assessing your situation and dreaming of a future?						
	How are you doing at identifying needed behavior change?						
	How are you feeling about your motivation and self-efficacy at meeting those changes?						
	How are you doing at developing short term objectives to make changes?						
<b>Effectively Advocates for their own needs</b>	How are you identifying advocacy needs?						
	How are you doing at asking directly and respectfully for what you need while listening to the other person to understand their point of view, the rules related to your request, or to reflect on your approach when it doesn't work?						
	How are you doing at being persistent and modifying the way you advocate, continuing to advocate in the face of challenges and learning more effective advocacy strategies? Effective advocacy requires patience and persistence to make sure your needs get met.						
	How are you doing at seeking help when you need it?						
	How are you doing at knowing when and how to ask for help in advocacy? Successful advocacy also means sometimes asking for help from others to advocate for you.						
<b>Identifies, Engages and Maintains Support</b>	How are you doing at identifying other people who can support the change you wish for?						
	How are you doing at engaging these people and forming a collaborative partnership?						
	How are you doing at communicating with and motivating these people to help support the changes? How are the reciprocal relationships and communication?						
	How are you and your supports doing at celebrating accomplishments and contributions?						

Category	Items - please refer to the "Transition Assets Tool Guide" for clarification	Rating Scale					
		1	2	3	4	5	TOTAL of 4 rows
<b>Planning Using Your Culture of Support</b>	How are you doing at identifying the behavior change targets?						
	How are you doing at identifying strengths and culture related to behavior change needs?						
	How are you doing at brainstorming options for making changes?						
	How are you doing at developing action plans?						
<b>Manages Behavior Change to Ensure Success</b>	How are you doing at debriefing all team members on the plan and the process?						
	How are you doing at following through on your action steps?						
	How are you doing at monitoring and ensuring implementation of the team's action steps?						
	How are you doing on monitoring and ensuring whether you plan is working?						
<b>Navigates System and Accesses Resources as Needed</b>	How are you doing at identifying possible resources for the changes you're working on?						
	How are you doing at identifying people to provide the resources?						
	How are you doing at following up to determine and choose resources or supports that best meet your needs?						
	How are you doing at overcoming obstacles and getting help to access resources and services as needed?						
<b>Managing Family Crisis and Behavior Challenges</b>	How are you doing at clearly identifying crisis and the resolution?						
	How are you doing at developing a prevention plan based on the Behavior Exploration?						
	How are you doing at understanding the causes of the crisis and finding alternative behaviors?						
	How are you doing at coming to know when to ask for help in the crisis situation?						
<b>Develops and Maintains Natural Support System</b>	How are you doing at matching needs with current natural supports?						
	How are you doing at understanding what you get and give in your natural support relationships?						

Category	Items - please refer to the "Transition Assets Tool Guide" for clarification	Rating Scale					
		1	2	3	4	5	TOTAL of 4 rows
	How are you doing at maintaining the natural supports you already have?						
	How are you doing at finding new natural supports?						
						Total	
						Total/8	

**Please refer to the "Transition Assets Tool Guide" for further clarification on how to fill this form out**

- Select highest (largest number) that describes family and place on TA Scale
- Add four items in each category
- Add all 8 Scores and divide by 8 = Average Transition Score

**Phase 5: Transition to discharge (six months – 12 months)**

You will reach a point when the team will not need to meet regularly. This will happen when your family has the confidence to continue toward goals without a formal High Fidelity Wraparound team.

As a family, you'll have a record of everything that happened throughout the High Fidelity Wraparound process. Your family, with team support makes a plan for the future. This includes who to call if you need help or to meet again as a team. Your team will help brainstorm other options to use after transition from formal High Fidelity Wraparound.

You'll reach this final phase when you and your family can do or have the following:

- Run your own team meetings.
- Have a plan for after your formal High Fidelity Wraparound team has transitioned. This will include roles and responsibilities of each team member.
- Feel confident about the skills on the transition readiness scale (see previous page):
  - Ability to hope and dream.
  - Confidence advocating for yourself and your family.
  - Understand the systems your family is involved in.
  - How to get the support you need.
  - Are able to stay connected to the support system your family needs.
  - Have confidence you can find new community resources to meet the ongoing needs of youth and family.
  - Understand and have a good crisis plan in place.
- You have the discharge summary.
- Discharge plan that describes how ongoing services will be accessed if necessary.
- A phone number list of team members and community supports, whom you can contact if needed.
- High Fidelity Wraparound discharge has been discussed with the whole team.

- Written documents that describe strengths and successes.
- A quality crisis plan you can use as needed.
- A discharge Child and Adolescent Needs and Strengths (CANS) inventory.
- You choose how to celebrate your big accomplishment as a family and a team!

# Family wellness

## **Primary Care Physician**

It's important to have a medical professional to advise you and your team on care options. Options can include medication and therapy. Having a Primary Care Physician helps ensure you have a "go to" professional in the event of crisis. Having someone who knows your youth and situation, can help your youth receive care in your community whenever possible. This is important for long-term positive outcomes.

## **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

Early and periodic screening, diagnostic and treatment (EPSDT) is a benefit for eligible children with preventive healthcare services. This includes regular checkups and full physical and mental healthcare from birth up to age 21. These assessments (or "screenings") must include check-ups in four areas:

- Physical health
- Dental health
- Vision
- Hearing

Magellan's Family Care Coordinator will work with you and your preferred primary medical health care provider if you have one. If you don't have a Primary Care Physician, your Family Care Coordinator will help you find one if you wish. A Primary Care Physician can help manage healthcare needs in a way your Family Care Coordinator cannot. It's important for your child's overall health to be connected to primary care provider who understands their health care needs and can help make suggestions to the team on helpful interventions and how best to coordinate care.

# Youth involvement

Magellan strongly encourages youth to be involved in all aspects of their own care. Youth should be seen as experts in their own lives. They should be actively involved in the High Fidelity Wraparound process. This includes selecting their own goals and deciding how those goals will be reached. When young people are actively involved in their plan of care, they are more likely to follow through with plan objectives and achieve positive outcomes.

## **MY LIFE program**

Your youth may benefit greatly from participating in an innovative program that Magellan sponsors. MY LIFE (Magellan Youth Leaders Inspiring Future Empowerment) is a free program offered to any youth, there's no requirement that the youth is in wraparound, in between the ages of 13 and 23. The program engages youth through teaching, coaching and mentoring. The program helps them use their voice to inspire and create positive change for themselves and others in the community. Regular events are the foundation of the MY LIFE model. They provide opportunities for youth to:

- Create a community of support.
- Plan monthly activities.
- Practice social skills.
- Learn from presenters and peers.
- Develop leadership skills.

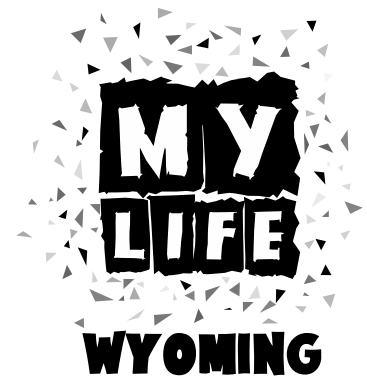
MY LIFE also provides a much-needed voice in the community to fight negative views about behavioral health and foster care issues. MY LIFE benefits the individual youth by helping them build:

- Self-confidence.
- Positive social supports.
- Leadership skills.

## **MY LIFE Wyoming**

Join your local MY LIFE group!

MY LIFE is in several Wyoming communities. Contact us to find the location of one nearest you and the schedule for events. Learn more by visiting the MY LIFE page at [www.MagellanofWyoming.com](http://www.MagellanofWyoming.com). For more about MY LIFE, visit [www.Facebook.com/MYLIFEYouth](http://www.Facebook.com/MYLIFEYouth).





# Measuring family satisfaction and experience

There are two ways we want to hear about your experience. We use the WFI-EZ and a Member Satisfaction Survey. Families and youth will be asked to complete a very important survey for High Fidelity Wraparound called the Wraparound Fidelity Index (or “WFI-EZ”). This survey asks about your experience and satisfaction with the High Fidelity Wraparound process. This survey is required. It is used to determine how well the principles of High Fidelity Wraparound are being applied. People on the team will be asked to take the survey also.

There is no right or wrong answer to the questions. Your personal information is kept private. The results of the WFI-EZ help High Fidelity Wraparound providers, the Wyoming Care Management Entity and the Wyoming Department of Health make improvements to High Fidelity Wraparound. A report on the findings is sent to the Wyoming Department of Health. Magellan and the State of Wyoming have high standards when it comes to working with families. Participation in these surveys allows us to gauge the helpfulness of the process and make positive changes to help families.

Additionally, there is an annual Member Satisfaction Survey that is important for you to complete. This survey gives you the opportunity to let Magellan know about the positives of the High Fidelity Wraparound program as well as areas where we could improve. This survey is optional. This survey is confidential unless you give us permission to follow-up with you on any comments you make.

# Confidentiality

Information about your youth and family will not be shared with others unless you say it's okay. You will sign a release of information form, which allows the following groups and people to share information:

- Magellan
- Family Care Coordinator
- Family Support Partner
- Youth Support Partner
- Respite Provider
- Child and Family Team

We share information to develop, implement and monitor your family's Plan of Care. Information about you and your family will always remain private. The only time this would not be the case would be in situations when:

- Your youth threatens to harm him/ herself or others.
- Someone believes that abuse or neglect might be happening.

Such reports should be made to the Department of Family Services office in the county where the child or youth lives.

# Member Rights and Responsibilities

Your family has rights and responsibilities under the High Fidelity Wraparound program. In particular, as a member of the program, your youth's rights are very important. Family Care Coordinators must explain your child's rights at the first visit.

## ***Your rights***

As an enrollee in the program, your child or youth has the right to:

- Be treated with respect, dignity and privacy.
- Be treated fairly, whatever his/her:
  - Race.
  - Religion.
  - Gender.
  - Sexual orientation.
  - Ethnic background.
  - Disability.
- Have your youth's treatment and other information kept private. The only time we may share treatment records is when required. (The Confidentiality section provides more details).
- Have access to care.
- Learn about treatment in a way that:
  - Respects your culture.
  - You can understand.
  - Fits your needs.
- Take part in making your child's plan of care.
- Get information in a language your family can understand.
- Get things translated for free.
- Get information in other ways if you ask for it.
- Get information about Magellan and its:
  - Providers.
  - Programs.
  - Services.
- Role in the treatment process.
- Know about the clinical rules followed in your youth's care.
- Ask providers and others on the Child and Family Team about their work history and training.
- Not to be forced to do something you're not comfortable with. This is based on a federal law.
- Give your thoughts on the rights and responsibilities policy.
- Ask for a specific certified provider in our network.
- Have your child's team make decisions based on your youth's needs.
- Get healthcare services that obey Wyoming and federal laws.
- Help make decisions about your youth's healthcare. This includes the right:
  - To get a second medical opinion.
  - To say "no" to treatment. This is your right unless the court says otherwise.

- File a complaint or grievance about:
  - Magellan.
  - A High Fidelity Wraparound provider.
  - The care your youth receives.
- File an appeal about a Magellan action or decision.
- Get a copy of your youth's records. You can ask that they be changed or corrected.
- Use your rights. This will not affect the way Magellan and its providers treat you.
- Talk with your child and family team about what strategies are right for your child.
- Ask for information in a way that you can get to it easily. This applies if you have a visual, hearing or physical disability. This will help you know about the benefits and services you can get.
- Receive information about the benefits provided by us and about benefits you might have, that are not provided by us. There are not any services we do not cover because of moral or religious objections.
- Receive training on my rights and understand the process for instances of abuse, neglect and exploitation.
- Choose between in-person services or telehealth services or a combination of both.

### ***Your responsibilities***

- As the parent or guardian of a youth, you have the responsibility to:
- Fully participate with the Family Care Coordinator and team in making and carrying out your Plan of Care.
- Ensure Medicaid benefits are current.
- Ensure safety of your child and anyone providing care in your home.
- Give Magellan the information they need. This helps support quality care and getting the right services.
- Ask questions about your child's care. This helps you and your team understand your child's condition. It helps create goals and plans you agree on.
- Follow your child's Plan of Care. This plan is agreed upon by the whole team and it is the responsibility of everyone to make sure it is completed. If you encounter barriers, you can contact your family care coordinator.
- Attend all team meetings. You should call the Family Care Coordinator as soon as you know you need to reschedule a meeting.
- Tell the child and family team if the plan of care does not seem to be working.
- Share worries about the quality of your child's care.
- Tell someone if you think abuse or fraud happens. (This is someone not being honest.) If you suspect abuse or fraud, call **Magellan's Corporate Compliance Hotline**. You can reach this number 24-hours a day, seven days a week.
  - This hotline is run by an outside company.
  - You do not have to give your name when you call.
  - You can also send an email.
  - Magellan will look into all calls and emails.
  - The calls and emails will stay private.
  - *Corporate Compliance hotline: 1-800-915-2108.*

- *Corporate Compliance email address:* Compliance@MagellanHealth.com.
- You can also report fraud, waste or abuse through **Magellan’s Special Investigations Unit** hotline.
  - *Special Investigations Unit hotline:* 1-800-755-0850.
  - *Special Investigations Unit email:* SIU@MagellanHealth.com.
- You may also report fraud, waste and abuse to the state or federal government.

# Enrollee Grievances

## What if I have a serious issue I am unhappy about?

If you are dissatisfied about any matter other than an adverse benefit determination, you, have the right to file a grievance at any time. You can have someone you know help you through this process. The way we handle this is called our “grievance process.” You will hear the words “filing a grievance.” This is what we call the process when you make a grievance or voice your concern. Reasons for grievances can include, but are not limited to:

- You are unhappy with the quality of care or services.
- You believe a provider did not respect your youth’s rights.
- You believe a provider has been unprofessional.
- A provider has abused or mistreated your youth.
- Your youth has been put in a dangerous setting or situation.

You may contact us for help in filing your grievance by phone, email, or mail. If you need assistance with filing your grievance, Magellan is able to help. We can connect you with resources at your request and at no cost.

Magellan Healthcare, Inc.  
C/O Quality Department  
PO Box 20520  
Cheyenne, WY 82003  
Email: [WYQuality@MagellanHealth.com](mailto:WYQuality@MagellanHealth.com)  
Phone: 307-459-6165 or 1-855-883-8740, TTY: 1-800-424-6259

Whether you call, write to us or email, you will receive an acknowledgement that Magellan received your grievance. Magellan will resolve your grievance and let you know the outcome within 90 calendar days from when Magellan received your grievance. This follow-up letter will explain the steps Magellan will take to address your concern.

If you are not happy with our decision, you can ask for a State Fair Hearing to review Magellan’s decision. You have 90 days from receipt of the grievance resolution letter to request a State Fair Hearing. You can request a hearing by calling or writing to the State at:

Division of Healthcare Finance-Medicaid  
Wyoming Department of Health  
Attention: Lisa Brockman  
Herschler Building  
122 West 25<sup>th</sup> Street, 4-West  
Cheyenne, WY 82002  
1-307-777-7531

# Enrollee Appeals

If you do not agree with our decision on the amount or duration of the High Fidelity Wraparound services you requested, you have the right to appeal our decision. You may call us for help in filing your appeal. You, or someone you name to act for you (your “authorized representative”), may file your appeal. The person filing for you must have your written consent.

All telephone requests will be written on an appeal form for you. You have the right to review your file before or during the appeal process. You may present information in person, by telephone or in writing. If you would like to review your file, records or any other documents about your appeal, or to present additional information, please let us know when you file your appeal.

## **Timing of Appeal**

You have 60 calendar days from the date of our written adverse determination letter, to file an appeal. You may request a standard or expedited appeal by calling or writing.

## **Standard Appeal**

A standard appeal is for non-urgent services. We have 30 calendar days after we receive your appeal request to make our decision. If the initial standard appeal request was made orally, a written signed appeal request must be submitted to Magellan. The date of the initial oral filing will be treated as the date of the appeal request. Within five working days of receiving your appeal we will send you a letter letting you know we received your appeal request.

## **Expedited Appeal**

An expedited appeal is filed when you or your doctor believe waiting 30 calendar days for a decision could harm your health. We have 72 hours after we receive your appeal request to make a decision. If you ask for an expedited appeal without support from your provider, we will decide if the request meets the requirements. If not, your request will be decided within 30 calendar days.

## **Requests for More Time**

You or your provider may ask for more time. We may ask for more time if it is in your best interest. We may extend the time we have to decide your appeal by 14 calendar days. If we need more time, we will tell you why in writing. The extra time notice (Notice of Extension) will also include information about your right to file a grievance if you do not agree with us taking extra time. Include the following with your grievance request:

- Name,
- Address,
- Medicaid ID#,
- Reasons for grievance,
- Any supporting medical records or doctors’ letters or
- Any other information that explains why this service should be approved.

Send your grievance request to:

Magellan Healthcare, Inc.  
Attention: Quality Department  
PO Box 20520  
Cheyenne, WY 82003  
Email: [WYQuality@MagellanHealth.com](mailto:WYQuality@MagellanHealth.com)  
Phone: 1-855-883-8740, TTY: 1-800-424-6259

### **Right to a State Fair Hearing**

You, or someone you choose with your written permission, have a right to a state fair hearing with the Wyoming Department of Health if the adverse action is upheld by Magellan. You must request a hearing within 90 days from Magellan's notice of resolution (Notice of Action appeal Determination).

To request a Hearing, you can contact:

Division of Healthcare Finance-Medicaid  
Wyoming Department of Health  
Attention: Lisa Brockman  
Herschler Building  
122 West 25<sup>th</sup> Street, 4-West  
Cheyenne, WY 82002  
1-307-777-7531

Request to Continue Benefits During the Internal Appeal Process and the Hearing Process  
Magellan must continue your benefits if:

- (1) You, your authorized representative or your provider, with your written consent, file the appeal timely.
- (a) Timely filing means filing on or before the later of the following:
  - (i) within 10 days of Magellan mailing the notice of action; or
  - (ii) the intended effective date of Magellan's proposed action.
- (2) The appeal involves the termination, suspension or reduction of a previously authorized course of treatment;
- (3) The services were ordered by an authorized provider;
- (4) The original period covered by the original authorization has not expired; and
- (5) The member requests extension of benefits.

If you are approved to continue to receive care while your appeal or hearing is being reviewed, care will be continued until one of the following happens:

- you withdraw your appeal request;
- 10 days pass after Magellan mails your appeal uphold decision, unless you request a Hearing within the 10-day timeframe, with another request for continuing your benefits until a Hearing decision can be reached;



- the Hearing office upholds the non-authorization;
- the time period or service limits of the previously authorized service has been met.

If care was continued and Magellan or the Hearing Officer upholds the initial non-authorization decision, Magellan may have you repay for the care you received during the appeal review. But if Magellan or the Hearing Officer overturns the initial non-authorization, Magellan will issue an authorization for the services in question.

# More important information

## Get involved! Advisory councils

Advisory councils are designed to help us gather critical information on how we can improve the services we offer to youth and families. Through regional advisory councils, we share program information and details about local services. We encourage you to participate in a meeting to improve the system of care in Wyoming. Upcoming meeting information can be found by going to [www.MagellanofWyoming.com](http://www.MagellanofWyoming.com).

## Provider resources

Please visit our website [www.MagellanofWyoming.com](http://www.MagellanofWyoming.com) to find a High Fidelity Wraparound or respite provider. You can use the provider search function on the website to find a provider by location or name. You may also customize your search to meet the needs of your child and family.

## Community resources

Please visit our website, [www.MagellanofWyoming.com](http://www.MagellanofWyoming.com), for an up-to-date list of local community resources that can help you find assistance with job training, food banks and more.

## Helpful links

Use these guides for more information about psychotropic medications:

- Appropriate Use of Psychotropic Drugs in Children and Adolescents: A Clinical Monograph (Magellan Health, Inc.),  
<https://www.magellanprovider.com/media/55579/psychotropicdrugsinkids.pdf>
- Choosing the Right Treatment: What Families Need to Know About Evidence- Based Practices (National Alliance on Mental Illness),  
[https://www.aacap.org/App\\_Themes/AACAP/docs/member\\_resources/toolbox\\_for\\_clinical\\_practice\\_and\\_outcomes/sources/NAMI\\_Handbook.pdf](https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/sources/NAMI_Handbook.pdf)

## Independent assessors

The independent assessor is the person who completes the CASII and ESCII Assessments as part of the process to determine if a youth meets the clinical qualifications for High Fidelity Wraparound. More information about the independent assessor may be found here:

<https://www.magellanofwyoming.com/youth-families/find-a-provider/>

## Nondiscrimination statement

Magellan Healthcare, Inc., d/b/a Magellan in Wyoming (hereinafter Magellan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Magellan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Magellan Healthcare provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language (ASL) interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
  - Auxiliary aids and services

If you need these services, contact [WyClinical@MagellanHealth.com](mailto:WyClinical@MagellanHealth.com).

If you believe that Magellan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Wyoming Quality Improvement Department, 1-800-424-6259, Fax: 1-888-656-2597, [WYQuality@MagellanHealth.com](mailto:WYQuality@MagellanHealth.com). You can file a grievance verbally or by mail, fax or email. If you need help filing a grievance, Quality Improvement Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available Care [Mhttps://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Glossary

Below is a list of terms you may hear.

## **Care Management Entity (CME)**

Magellan Healthcare serves as the care management entity for High Fidelity Wraparound in Wyoming. This means that Magellan oversees the enrollment of members into the program and oversees the delivery of services.

## **Crisis Plan**

A practical, detailed and useful plan to prevent and/or intervene to keep everybody safe and provide support after a crisis. This should be a plan that is handy so you can use it when needed.

## **Family Care Coordinator (FCC)**

A family care coordinator is a person who is trained to coordinate the High Fidelity Wraparound process for a family. The person in this role may change over time. This depends on what works best for the family. For example, a parent, caregiver, or other team member may take over facilitating team meetings after a period of time.

## **Family Support Partner (FSP)**

A family support partner is a person who has experience building relationships in wraparound. This person is a formal member of the team. His or her role is to serve as a partner, peer mentor, advocate and resource for family members, until natural supports can fulfill this role.

## **Youth Support Partner (YSP)**

A youth support partner is a young adult between the ages of 18 and 26. This person has personal experience with High Fidelity Wraparound. He or she is a member of the wraparound team. Similar to the family support partner, the youth support partner's role is to serve as a partner, peer mentor, advocate and resource for youth until natural supports can be fulfilled.

## **Formal supports**

Services and supports provided by professionals (or those who are "paid to care") under requirements for which there is oversight by state or federal agencies, national professional associations or the general public arena.

## **High Fidelity Wraparound Principles**

Ten statements that define the High Fidelity Wraparound philosophy and guide the activities of the process.

## **Independent Assessor**

A person who is trained and authorized to complete the CASII or ESCII evaluation. These are required with the application.

**Member**

The use of the term member in the High Fidelity Wraparound setting is referring to the youth enrolled in the program

**Mission statement**

A statement crafted by the child & family team that provides a one- to two- sentence summary of what the team is working toward with the youth and family.

**Natural supports**

Individuals or organizations in the family's own community, kinship, social or spiritual networks. This could be friends, extended family members, ministers, neighbors, etc.

**Outcomes**

Child, family or team goals stated in a way that can be observed and measured.

**Plan of care (POC)**

A document that describes the family, the team and the work that has to be done to meet the family's needs and achieve the family's long term vision.

**Provider**

A person who contracts with Magellan to provide High Fidelity Wraparound. This may be a Family Care Coordinator, Family Support Partner, Youth Support Partner or Respite provider.

**Respite**

A service that includes your child spending time with a certified respite provider and works on skills building. It is available short-term and is episodic in nature.

**Strategies**

Statements in a plan of care that describe specific activities. They include who will do it and when.

**Strengths**

Strengths are the assets, skills, capacities, actions, talents, potential and gifts in each family member, each team member, the family as a whole, and the community. In High Fidelity Wraparound, strengths help family members and others to successfully navigate life situations. Thus, a goal for High Fidelity Wraparound is to promote these strengths and to use them to accomplish the goals in the team's plan of care.

**Telehealth**

An available service that allows anyone with an Internet connection to work with certified providers around the state to receive their services.

**Vision statement**

A statement made by the youth and family (with help from his or her Family Care Coordinator) that describes how he or she wishes things to be in the future.

**Wraparound team** A group of people—chosen with the family and connected to them through natural, community and formal support relationships—who develop and implement the family’s plan, address unmet needs and work toward the family’s vision.

