

**Statement of Work  
High Fidelity Wraparound  
Care Management Entity  
State of Wyoming**

**PROGRAM NAME:** Magellan Wyoming Care Management Entity

**PROVIDER TYPE:** **Youth and Family Trainer**  
Wyoming High Fidelity Wraparound

**SERVICE DESCRIPTION:**

A Youth and Family Trainer is responsible for supporting and assisting families within the High-Fidelity Wraparound process. Youth and Family Training is a requirement for youth who are enrolled in the 1915 (c) Waiver. These providers have certifications as a Family Support Partner or Youth Support Partner that allow them to support training for families through their High-Fidelity Wraparound experience.

The main responsibilities include:

- Improved Social Interaction Skills
- Successful Family Interactions
- Development of Coping Skills
- Strength-Based Behavior Management
- Accessing Community and Cultural Activities
- Alignment with Plan of Care (POC) Objectives
- Health and Safety Awareness
- Understanding Waiver Procedures
- Crisis Prevention and Planning
- Self-Advocacy in the Family Care Team
- Identifying and Accessing Services and Resources
- Understanding Policies and Procedures
- Monthly Reporting to Family Care Coordinator
- Collaboration with Mental Health Professionals

Youth and Family Training (YFT) in the High-Fidelity Wraparound process is provided by a Family Support Partner (FSP) or Youth Support Partner (YSP) and helps youth and their families learn important skills to manage their care plans, become stronger, and improve their overall well-being. The training focuses on areas such as social skills, family relationships, and coping strategies. Families are taught how to communicate better, resolve conflicts, and build healthy relationships. The training also covers how to manage emotions, use positive behavior strategies, and prevent crisis situations, all based on the youth's individual care plan. Families also learn

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how to find and use community, cultural, and recreational activities, and how to navigate the Medicaid waiver process. The training helps families understand their rights, identify resources, and understand the rules that affect their ability to get services. Throughout the process, the training is created with the Child and Family Team and includes input from qualified mental health professionals when needed. This ensures that the training is effective and meets the family's needs. Families also receive support in tracking their progress, reporting challenges and successes, and working closely with the Family Care Coordinator to make sure all care is well-coordinated. This service gives families the tools they need to succeed and advocate for themselves.

This service can be provided in different ways, depending on the needs of the youth and family. It may be done in a group setting where multiple youth are involved, or it could be one-on-one with the youth. The service might also be provided one-on-one with a parent or guardian, to fit the family's situation.

## **SUMMARY OF PRINCIPLES**

The values of Wraparound match the system of care framework. At its core, Wraparound focuses on listening to families and respecting their choices. This approach, called “voice and choice,” ensures that the family's perspective (including the youth's) is the most important part of planning and decision-making.

Wraparound values emphasize creating plans and services that are personalized, family-led, culturally respectful, and connected to the community. It also aims to build a family's natural and community support system by strengthening relationships and using resources within their network. Wraparound focuses on strengths, helping families and teams recognize and build on their talents and abilities.

In the High-Fidelity Wraparound model, all roles—Family Care Coordinators, Family Support Partners, Youth Support Partners, respite providers, and as applicable their supervisors—must follow the 10 principles supported by the National Wraparound Initiative (<http://www.nwi.pdx.edu>) and the Substance Abuse and Mental Health Services Administration (SAMHSA). These principles are:

1. **Family voice and choice:** The family's input is key.
2. **Team-based:** A supportive team works together.
3. **Natural :** Uses resources like friends and community connections.
4. **Collaboration:** Everyone works as a team.
5. **Community-based:** Services are rooted in the family's community.
6. **Culturally competent:** Plans respect the family's culture.
7. **Individualized:** Tailored to each family's unique needs.
8. **Strengths-based:** Focuses on talents and abilities.
9. **Unconditional:** Committed to helping the family, no matter what.
10. **Outcome-based:** Focused on achieving positive results.

## **REQUIREMENTS AND PERFORMANCE OUTCOMES OF A FAMILY SUPPORT PARTNER**

The Care Management Entity will monitor all provider performance on an ongoing basis and subject it to formal review according to a periodic schedule established by the Care Management Entity and the State, consistent with industry standards or State laws and regulations. The Care Management Entity will identify strengths and areas for improvement, and the provider will be asked for performance improvement and/or corrective action or be terminated if substantial progress toward corrective action is not taken. All Youth and Family Trainers are required to provide to the Care Management Entity within defined timelines outlined in detail in Magellan's Provider Handbook at a minimum the following:

1. Skill Development and Training to Support Appropriate Social Interaction
  - a. Provide targeted training to improve the youth's and family's social interaction skills.
  - b. Focus on developing positive communication, relationship-building, and conflict resolution techniques.
    - i. Note: All skill development should be designed in collaboration with the Child and Family Team and, if needed, include input from a qualified mental health professional.
  - c. Performance Measure: Document improvements in communication, relationship-building, and conflict resolution skills demonstrated by the youth and family.
  - d. Action: Record the successes in a contact note. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
2. Skill Development and Training to Support Successful Family Interactions
  - a. Offer training that promotes healthy, supportive interactions among family members.
  - b. Provide strategies to help families improve family dynamics, communication, and support for one another.
    - i. Note: Skill development should be based on the needs identified by the Child and Family Team, and a qualified mental health professional should be involved in developing strategies.
  - c. Performance Measure: Document improvements in family communication, mutual support, and healthier family dynamics.
  - d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
3. Intervention Coaching to Support the Development of Coping Skills and Techniques
  - a. Teach coping strategies and emotional regulation techniques to youth and family members.

- b. Support the family in developing tools to handle stress, crisis, and other challenging situations.
    - i. Note: Coping skills training should be tailored by the Child and Family Team and developed in consultation with a qualified mental health professional to ensure appropriateness.
  - c. Performance Measure: Document how the youth and family have successfully applied coping strategies and emotional regulation techniques in managing stress and crisis situations.
  - d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
- 4. Techniques for Strength-Based Behavior Management and/or Support
  - a. Provide training on behavior management techniques that focus on the strengths of the youth and family.
  - b. Use strength-based approaches to encourage positive behavior and build resilience.
    - i. Note: The behavioral management techniques should be developed with input from the Child and Family Team, and a qualified mental health professional should be involved in planning and evaluation.
  - c. Performance Measure: Document the successful application of strength-based behavior management techniques, highlighting positive behavioral changes and resilience-building efforts.
  - d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
- 5. Specific Training on Successfully Accessing Community, Cultural, and Recreational Activities
  - a. Offer training to help the youth and family identify and access community, cultural, and recreational activities that align with their needs.
  - b. Support the family in overcoming barriers to accessing community, cultural, and recreational resources.
    - i. Note: The strategies to access these activities should be developed collaboratively by the Child and Family Team, with the involvement of a mental health professional if needed.
  - c. Performance Measure: Document successful identification and participation of the youth and family in community, cultural, and recreational activities, and how they have overcome barriers to these activities.
  - d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
- 6. Training and Education for the Individualized Plan of Care (POC)
  - a. Provide education and training that aligns with the goals and action plans specified in the youth's individualized Plan of Care.

- b. Ensure that families understand and can implement objectives outlined in the POC.
    - i. Note: Training and education should be tailored based on the objectives set by the Child and Family Team, with oversight and support from qualified mental health professionals.
  - c. Performance Measure: Document the family's understanding and progress toward the objectives and action plans outlined in the Plan of Care, including completion of milestones and tasks.
  - d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
- 7. Providing Instruction Regarding Health and Safety Issues
  - a. Train families on basic health and safety issues related to youth care, including medical needs such as the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT), safety protocols, and emergency preparedness.
  - b. Ensure that families are aware of health risks and preventive measures and understand how to respond to medical and safety issues.
  - c. Performance Measure: Document the family's understanding and application of health and safety protocols, including how they manage medical needs and respond to emergencies.
  - d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
- 8. Waiver Guidelines and Service Provision Overview
  - a. Provide training on the processes and requirements for Medicaid 1915(b) and 1915(c) waivers.
  - b. Explain waiver eligibility, responsibilities, and how to navigate the Medicaid system to access services.
  - c. Performance Measure: Document the family's understanding and ability to navigate Medicaid 1915(b) and 1915(c) waiver procedures to access services.
  - d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.
- 9. Planning and/or Crisis Prevention Training Specific to the POC
  - a. Offer crisis prevention strategies and planning tailored to the youth's Plan of Care (POC).
  - b. Teach the family how to prevent crisis situations based on individualized care needs and goals.
    - i. Note: Crisis prevention training should be developed in collaboration with the Child and Family Team and, if necessary, involve a qualified mental health professional.

- c. Performance Measure: Document how the family has successfully applied crisis prevention strategies and responded to crisis situations in line with the individualized Plan of Care.
- d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.

#### 10. Helping Youth and Family Develop Self-Advocacy Skills

- a. Provide coaching to help the youth and family develop self-advocacy skills within the Family Care Team.
- b. Empower families to speak up, make decisions, and advocate for their needs within the team setting.
- c. Performance Measure: Document the family's participation and advocacy in the Family Care Team by noting their involvement in decision-making and the confidence they exhibit when expressing their needs.
- d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.

#### 11. Identifying Services and Resources for Youth and Family Needs

- a. Train families on how to identify and access appropriate services, community resources, and supports that meet the specific needs of the youth and family.
- b. Ensure that families know how to navigate the available resources effectively.
- c. Performance Measure: Document the family's progress in identifying and accessing community resources, services, and supports that meet their specific needs.
- d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.

#### 12. Explaining Policies Affecting Access to Services

- a. Provide clear explanations of relevant policies, procedures, and relationships that impact the youth and family's access to services.
- b. Help families understand how system-level factors may influence their ability to access necessary care and support.
- c. Performance Measure: Document the family's understanding of relevant policies, procedures, and relationships, including how they are applying this knowledge to access services.
- d. Action: Record the successes in contact notes. Documentation should be uploaded to the electronic health record within 3 business days of the contact.

### **FREQUENCY/DURATION:**

The Care Management Entity, via prior authorization of the plan of care, will administer a prior authorization for the requested frequency and duration of services (units requested) on a 90 day cycle dependent on the needs of the youth/family. This is based on the following documentation:

- Family Story and Culture
- CANS
- CASII/ECSII
- Level of Care
- Intake Documents
- The Needs as identified by the Child and Family Team.

A Youth and Family Trainer should work with a family to the frequency and duration as specified in the Plan of Care. Per Medicaid policy, do not submit a claim for payment that is not fully documented in Magellan's electronic health record.

## **FIDELITY MONITORING**

To maintain a contracting relationship with the Care Management Entity, all providers must complete initial training and be either in the process of certification or certified. Re-certification is due annually. Documentation of annual staff re-certification will be provided to the Care Management Entity for each High-Fidelity Wraparound provider to demonstrate continued adherence to the fidelity standards. The Care Management Entity certification of a High-Fidelity Wraparound provider will be withdrawn if current requirements, training and documentation are not maintained. Please refer to the Provider Handbook. The Magellan standards include requirements for cultural competency, and other National Wraparound Initiative standards that every High-Fidelity Wraparound provider is expected to adhere to and demonstrate for quality and excellence.

## **TRAINING REQUIREMENTS**

Please refer to the Provider Certification Guide for specific training requirements for the Family Support Partner or Youth Support Partner. This service is provided by providers who have met certification requirements for either of these roles and are in good standing in one of these two roles. This can be found at [www.magellanofwyoming.com](http://www.magellanofwyoming.com)

## **NON-REIMBURSEABLE ACTIVITIES**

The following activities by Wraparound Family Care Coordinators are not reimbursable:

- Activities that are not delivered to a specific enrolled child or the family of that child in support of the child's Plan of Care.
- The High-Fidelity Wraparound provider must ensure that only specifically documented coordination and delivery of High-Fidelity Wraparound services and support are reimbursed by the Care Management Entity. Activities that are the responsibility of another State agency and are excluded from Medicaid coverage (such as child welfare

permanency planning or behavioral health services) are not to be billed as High-Fidelity Wraparound.

- Participation by other Medicaid providers in the planning process should be reimbursed separately, only if appropriate and in accordance with the guidelines for service delivery for that provider and is not covered by this Statement of Work.
- Providers adhere to noncovered services per CMS 1500.
  - Non covered services also include but are not limited to:
  - Consultation to other persons and agencies about non-Members, public education, public relations activities, speaking engagements and education
  - Services not provided through face-to-face contact with the Member, other than collateral contacts necessary to develop or implement the Plan of Care or aid in the High-Fidelity Wraparound process.
  - Residential room, board, and care
  - Substance abuse programs or curriculum
  - Recreation and socialization services
  - Vocational services and training
  - Appointments not kept
  - Day care
  - Remedial or other formal education
  - Travel time
  - Transportation
  - Record keeping time
  - Time spent writing progress notes, assessments or Plan of Care without the member or family.
  - Legal Services
  - Substance Abuse Treatment Programs
  - Alternative Therapies
  - Spiritual Support
  - Fundraising
  - Renovation
  - Tutoring
  - Driving lessons

## **STAFFING REQUIREMENTS**

Provider qualifications required in order to contract with the Care Management Entity for the provision of High-Fidelity Wraparound services are stipulated below.

Requirements include the following:

- Family Support Partners need to have a high school diploma or GED equivalent AND as preference two years personal/lived experience with children with serious emotional behavioral challenges. Two years' work experience may be considered.
- At least 21 years of age.
- Possess a valid driver's license, appropriate auto insurance and reliable transportation.
- CPR and First Aid Certification.



- Completion of the required Care Management Entity and State training for provider.
- Completion of the required Care Management Entity and State training and credentialing processes.
- Enrolled as a Wyoming Medicaid Provider through the State's Fiscal Agent.
- Successful completion of all Central Registry and FBI/DCI background screenings.
- Demonstration of high fidelity to National Wraparound Initiative standards through ongoing participation in wraparound fidelity monitoring using the Wraparound Fidelity Assessment System.

High Fidelity Wraparound Youth Support Partner must meet the following prerequisites:

- Youth Support Partners need to have a high school diploma or GED equivalent with behavioral health needs OR experience overcoming various systems and obstacles related to mental and behavioral health challenges
- 18-26 years of age.
- Possess a valid driver's license, appropriate auto insurance and reliable transportation.
- CPR and First Aid Certification.
- Completion of the required Care Management Entity and State training for provider.
- Completion of the required Care Management Entity and State training and credentialing processes.
- Enrolled as a Wyoming Medicaid Provider through the State's Fiscal Agent.
- Successful completion and passing of all Central Registry and FBI/DCI background screenings.
- Demonstration of high fidelity to National Wraparound Initiative standards through ongoing participation in wraparound fidelity monitoring using the Wraparound Fidelity Assessment System.

## **ENROLLED POPULATIONS TO BE SERVED BY WRAPAROUND**

Individuals found eligible for the High-Fidelity Wraparound program will be enrolled in the Care Management Entity and the Children's Health Insurance Program Reauthorization Act, the federal grant that allows for the Care Management Entity. The following individuals will be eligible for Medicaid reimbursement under the Care Management Entity program:

- Children eligible for Medicaid; and
- Children eligible for Medicaid through the 1915(c) Waiver services

Children identified as meeting the criteria for the High-Fidelity Wraparound as determined by the CASII, ECSII and Level of Care must be:

- Youth ages 6 to 20 years old must have a minimum CASII composite score of 20, and youth ages 4 and 5 years old must have an ECSII score of 18 to 30 OR the appropriate social and emotional assessment information provided to illustrate the level of service needs; and
- Must have a DSM Axis 1 or ICD diagnosis that meets the State's diagnostic criteria.

And may include:

- Medicaid youth ages 4 to 21 at risk of out-of-home placement (defined and identified as youth with 200 days or more of behavioral health services within one State fiscal year).
- Medicaid youth ages 4 to 21 who currently meet Psychiatric Residential Treatment Facility level of care or are placed in a Psychiatric Residential Treatment Facility.
- Medicaid youth ages 4 to 21 who currently meet acute psychiatric stabilization hospital level of care; had an acute hospital stay for mental or behavioral health conditions in the last 365 days; or are currently placed in an acute hospital stay for mental or behavioral health conditions;
- Youth on the Children's Mental Health Waiver 1915(c); or
- Medicaid youth ages 4 to 21 referred to the Care Management Entity (who meet defined eligibility, including clinical eligibility and SED criteria).

## **REPORTING REQUIREMENTS**

High Fidelity Wraparound providers/vendors will provide outcomes data and adhere to financial, quality, and other reporting requirements at the request of Wyoming Magellan Care Management Entity.

## **DOCUMENTS BY REFERENCE**

In addition to this contract and statement of work, all provider/vendors are required to adhere to the stipulations, regulations, performance guidelines and reporting as fully described in the following documents.

- 1915 (c) HCBS Waiver
- 1915 (b) Waiver: Wyoming Medicaid's Youth Initiative – A High-Fidelity Wraparound Community-based Alternative for Youth with Serious Emotional/Behavioral Challenges
- Direct billing and Wyoming Rules