

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

PROGRAM NAME: Magellan Wyoming Care Management Entity

PROVIDER TYPE: Youth Support Partner
Wyoming High Fidelity Wraparound

SERVICE DESCRIPTION:

A Youth Support Partner is a young adult, ages 18 to 26 years old, with personal experience participating in a system of care (mental health, special education, child welfare, juvenile justice). They provide one-on-one support to enrolled youth to work on empowering the youth and skill building.

The main responsibilities include:

1. Share personal experiences to build rapport. Set clear boundaries about the YSP's role, and maintain balanced conversations focused on the youth's goals and aspirations.
2. Have empathy and relationship building with the enrolled youth. The YSP will foster open communication and build trust through one-on-one conversations. They will actively listen while providing validation to the youth.
3. Guide youth in setting goals while providing ongoing encouragement. Customize support based on the youth's unique needs and strengths while connecting them with their High Fidelity Wraparound team.
4. Foster hope, understanding, affirmation, and individual support for youth.

In High Fidelity Wraparound, the Youth Support Partner is committed to empowering youth, respecting their values, and helping them build a sustainable support network that will continue even after formal services end. Their goal is to improve overall stability and well-being.

The Youth Support Partner is a voluntary service for youth enrolled in High Fidelity Wraparound. A Youth Support Partner will not exceed a capacity of 1:25 enrolled youth for their caseload. Youth Support Partners may be asked to lead groups and provide Youth and Family Training for members on the 1915 (c) Waiver. The Team will coordinate development of a Wraparound plan for all enrolled individuals in accordance with requirements under the State's 1915(b) and 1915(c) Waivers. This plan should include the following interventions: behavioral health, Early Periodic Screening and Diagnostic Treatment (EPSDT) and who the primary care physician is for the youth. It does not substitute for the service planning requirements of the behavioral health providers involved with the youth and family. It coordinates services and supports across multiple plans through the Team and as the Plan of Care develops.

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 supports:** 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 YOUTH SUPPORT PARTNER

1. Build Hope
 - a. Performance Outcome: Practice selective sharing of relevant personal experiences, set clear boundaries regarding the YSP’s role, maintain balanced conversations focused on the youth’s goals
 - b. Measure: YSP will document how they work to build hope in the electronic health record.
2. Create Shared Understanding
 - a. Strengthen empathy by actively listening to the youth’s unique experiences. The YSP should foster open dialogue and effective communication to build mutual understanding and trust while ensuring their voice is heard.

- b. Measure: YSP will document the relationship with the youth. The documentation should reflect communication and a mutual understanding of the youth's perspectives and needs.
- 3. Affirmation
 - a. Help youth identify their personal goals and develop a clear roadmap for achieving them.
 - b. Provide regular follow-up on the youth's goals, offering encouragement, guidance, and motivation as they work toward their aspirations.
 - c. Measure: YSP will document how they work to affirm the youth's goals within the electronic health record.
- 4. Normalization
 - a. Share personal stories to normalize the challenges the youth face, helping them understand that struggles are part of the human experience.
 - b. Validate the youth's emotions and experiences, fostering a sense of belonging and reducing feelings of isolation.
 - c. Measure: YSP will document how they work to normalize the youth's struggles within the electronic health record.
- 5. De-stigmatization
 - a. Advocate within the team and community to challenge and reduce stigma about individuals with 'in the system' experiences.
 - b. Measure: YSP will document de-stigmatizing attitudes within the team and community. They will work toward a more inclusive and understanding environment for youth.
- 6. Relationship Building
 - a. Build rapport and trust with the youth through one-on-one conversations, ensuring that they feel safe and valued.
 - b. Actively listen to the youth, offering affirmation and validation to strengthen their confidence and voice.
 - c. Measure: YSP will document rapport and relationship building in contact notes.
- 7. Individualized Support
 - a. Customize support strategies based on the unique strengths, needs, and goals of each youth, ensuring that interventions are personalized.
 - b. Help integrate the youth into their High Fidelity Wraparound team, ensuring they receive tailored support that aligns with their journey.
 - c. Measure: YSP will document the individualized support in contact notes.
- 8. Documentation and Communication
 - a. The YSP will keep timely and accurate records of all meetings, progress, and care plan changes, following requirements.
 - b. Measure: 100% of required documentation will be submitted on time, including contact notes, progress updates, and critical incidents, in compliance with CMS 1500 standards and the provider handbook or manual. Documentation should be uploaded to the electronic health record within 3 business days of the contact.

9. Privacy and Confidentiality

- a. Performance Outcome: The FSP will ensure that all activities protect the family's privacy and comply with confidentiality regulations (45 CFR, parts 160 and 164).
- b. Measure: 100% compliance with privacy regulations and confidentiality standards.

The Care Management Entity will continuously monitor provider performance and conduct formal reviews based on a periodic schedule set by the Care Management Entity and the State, in line with industry standards or State laws and regulations. Strengths and areas for improvement will be identified, and providers will receive feedback on strengths, requests for performance improvement if needed, and/or corrective action plans. Providers failing to make substantial progress may face termination. All Youth Support Partners must submit required information to the Care Management Entity within the timelines specified in Magellan's Provider Handbook.

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 Support Partner should work with a family to the frequency and duration as specified in the Plan of Care not to exceed 4 hours per day of Youth Support Services. Per Medicaid policy, do not submit a claim for payment that is not fully documented in Magellan's electronic health record.

REPORTING REQUIREMENTS

Youth Support Partners will keep Contact Notes updated and follow quality documentation and reporting requirements as requested by Wyoming Magellan Care Management Entity.

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 supports 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 the 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

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 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.

WFI-EZ is a tool Magellan uses in monitoring High Fidelity Wraparound. Using the Wraparound Fidelity Assessment System tools (i.e. WFI-EZ) is essential in establishing and maintaining fidelity to the wraparound model. High Fidelity Wraparound providers are expected to participate in completing the WFI-EZ and support caretakers and youth to complete one also. The Family Care Coordinator shall prompt the enrollee, their family, the Family Support Partner and the Youth Support Partner at least 30 calendar days before the WFI-EZ assessment date. Participation and review of fidelity monitoring and quality improvement activities to improve fidelity and meet additional minimum fidelity requirements established by the Care Management Entity is an essential part of improving wraparound for families.

TRAINING REQUIREMENTS

Please refer to the Provider Certification Guide for specific training requirements for the Youth Support Partner. This can be found at www.magellanofwyoming.com.

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.

Youth Support Partner: Requirements include the following:

- 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. 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 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)); and
- Medicaid youth ages 4 to 21 referred to the Care Management Entity (who meet defined eligibility, including clinical eligibility and SED criteria).

DOCUMENTS BY REFERENCE

In addition to this contract and statement of work, all providers 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