

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

PROGRAM NAME: Magellan Wyoming Care Management Entity

PROVIDER TYPE: Family Support Partner
Wyoming High Fidelity Wraparound

SERVICE DESCRIPTION:

Wraparound is a family-driven, youth guided process that uses the family’s strengths as well as their supports to create a plan to meet the family’s needs and create hope. The High Fidelity Wraparound model aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. Additionally, wraparound plans are more holistic than traditional care plans in that they address the needs of the youth within the context of the broader family unit and are also designed to address a range of life areas. Through the team-supported planning and implementation process, wraparound also aims to increase the problem-solving skills, coping skills, self-efficacy and a social support network of young people and their family. The ultimate goal is to help youth develop and maintain positive connections within their communities, achieve in school, enjoy health and wellbeing, have friends and successfully live with families.

The Family Support Partner is a member of the High Fidelity Wraparound team with lived experience, and ideally has experience as a caregiver of a youth with behavior health challenges. They add value to the team through their personal experience and ability to empathize with the family. Family Support Partners help the family navigate uncomfortable environments, help a family identify and engage natural supports while building skills and increasing their self-efficacy. Family Support Partners can also provide assistance to groups youth and caretakers of two to eight to work on skill building.

SUMMARY OF PRINCIPLES

The values of wraparound, as expressed in its core principles, are fully consistent with the system of care framework. Our philosophy of care begins with an open, non-judgmental mindset and allows for the principle of “voice and choice”, which stipulates that the perspectives of the family – including the youth –must be given primary importance during all phases and activities of wraparound. The Family Support Partner plays an important role in supporting voice and choice. The values associated with wraparound further require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent and community based. Additionally, the wraparound process should increase the “natural and community support” available to a family by supporting the strengthening of

interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. Due to this the Family Support Partner role will be needed less and less over time and many times they will leave the team before the family finishes wraparound. Finally, the wraparound process should be "strengths based", including activities that purposefully help the team, child and family to recognize, utilize, and build talents, assets and positive capacities.

All functions within the High Fidelity Wraparound model – The Family Care Coordinators, Family Support Partners, Youth Support Partners, Respite providers and supervisors are expected to adhere to the ten principles outlined and supported by the National Wraparound Initiative (<http://www.nwi.pdx.edu/>) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Those principles are:

1. Family voice and choice
2. Team based (supported)
3. Natural supports
4. Collaboration
5. Community based
6. Culturally competent
7. Individualized
8. Strengths based
9. Unconditional
10. Outcome based

Specialized Wraparound Service Requirements include:

- Help prepare and debrief the family and natural supports for the completion of the Strengths, Needs, Culture Discovery, CANS, ACE Survey, Crisis Team, Child and Family Team and Plan of Care (including a crisis plan) within the first 46 days of enrollment. Provide information for these activities via Contact Notes.
- Support the completion of the Child and Adolescent Needs and Strengths (CANS) assessment and the Transition Assets continues every 180 days after the initial one by talking with the family and providing contact notes.
- When the Family Support Partner is assigned to a team, the Family Support Partner is required to complete contact notes.
- Family Support Partners may be asked to lead groups and provide Youth and Family Training for members on the C Waiver.
- When Family Support Partners are on a team, they will be required to complete a WFI-EZ for each family at six months of enrollment.
- Prepare and debrief the family and natural supports for the child and family team process, there is a maximum ratio:
 - Family Support Partner to child ratio of 1:25.
- Input individual data into a management information system capable of tracking and monitoring functions and integrated with the Care Management Entity's electronic health record, Fidelity EHR and any other tools identified by the Care Management Entity.

- Support the family and team to follow the 10 principles of wraparound consistent with federal requirements in conjunction with the Care Management Entity under the State’s Medicaid 1915(b) and 1915(c) waivers.
- Work with families and the Family Care Coordinator to expand access to federal funding when available (i.e., help them complete Medicaid applications).
- The Team, which includes professional, community and natural supports will take the lead in the development of the Plan of Care and documented by the Family Care Coordinator. The Family Support Partner will support these efforts by talking with the family, natural supports and whoever else is identified, to make sure they understand and agree with the Plan of Care and have the supports needed for implementation.
- The Family Support Partner may be assigned activities through the Plan of Care to support the family in developing skills and complete activities.

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).

PERFORMANCE OUTCOMES

The Care Management Entity will monitor all provider/vendor 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 Family Support Partners 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. Submit contact notes in Fidelity EHR for each encounter with a team member including youth and family.
2. All Plan of Care activities must protect each enrollee's privacy in accordance with the privacy requirements at 45 CFR, parts 160 and 164, subparts A and E, to the extent that they are applicable.
3. The Family Support Partner, as designated in the Plan of Care, will prepare and debrief with the family members regarding Team Meetings and record this in Contact Notes.
4. The Family Support Partner, as designated in the Plan of Care, will support the family during the Behavior Exploration providing family perspective. This will be clearly documented in Contact Notes. The Family Support Partner will then support the family by preparing and debriefing the Crisis Planning meeting and completing Contact Notes.
5. The Family Support Partner service unit amounts will be requested in the Plan of Care by the Family Care Coordinator and authorized by the Magellan Clinical team. Family Support Partners are encouraged to communicate with Family Care Coordinator's the number of units needed for each activity they are assigned in the plan. The first possible day would be day eight at the completion of a complete application.
6. A team meeting can be convened at any time in which needs or circumstances have changed or the child/youth and parents or caregivers of the child/youth feel it is warranted, or the needs of the child/youth require the Team to meet on a more frequent basis. The expectation is that the Family Support Partner and the Family Care Coordinator will coordinate with each other and the team to meet the needs of the family.
7. Youth who are out of home Psychiatric Residential Treatment Facilities or Residential Treatment will be limited in the amount of Family Support Partner time available to them while in placement. This should be reflected in updated plan of care and return to community notices submitted by the active Family Care Coordinator.
8. Documentation must demonstrate throughout the wraparound process a focus on planning for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the regular Medicaid or behavioral health system). The focus on purposeful transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities. There should be documentation showing the specific activities, skills and strategies that the Family Support Partner contributes and that the Family Support Partner's role is gradually being taken on by the natural supports or the

youth and family themselves. This will lead to fewer and fewer units being needed. Documentation must be maintained and available upon request.

TRAINING REQUIREMENTS

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

NON-REIMBURSEABLE ACTIVITIES

The following activities by Wraparound Family Support Partner 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 Medicaid. 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.
- Transportation of the client is not a reimbursable component of High Fidelity Wraparound. The provider will coordinate with local Medicaid transportation supports and also help children and families connect with natural supports to provide needed transportation as part of the Team process.
- 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.

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.

Family Support Partner: Requirements include the following:

- Family Support Partners need to have a high school diploma or GED equivalent AND two years' work or personal experience with children with serious emotional behavioral challenges.
- 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/vendor.
- 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.

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.

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.

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