

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

PROGRAM NAME: Magellan Wyoming Care Management Entity

PROVIDER TYPE: Respite Provider
Wyoming High Fidelity Wraparound

SERVICE DESCRIPTION:

Respite service is intended to be utilized on a short-term, temporary basis to provide relief from the daily burdens of care. Respite care cannot be used to substitute for care while the primary caregiver is at work or during services otherwise available through the public education programs, including education activities and after school supervision.

Respite services shall accommodate the needs of the participant/family. The respite site and services shall match the identified needs of the participant and family. Respite and its intent to support primary High Fidelity Wraparound services is outlined in the person's plan of care prior to services being authorized.

Respite services within the Care Management Entity High Fidelity Wraparound model must be delivered in accordance to 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
3. Natural supports
4. Collaboration
5. Community based
6. Culturally competent
7. Individualized
8. Strengths based
9. Unconditional
10. Outcome based

LOCATION:

Service settings are either based in the provider's residence, the participant's residence or in community locations that are not institutional in nature, such as parks, malls, stores, and other activity centers. Respite is not an overnight service.

PROVIDER/YOUTH RATIO:

Respite is to be provided for one participant at a time, unless prior approval is given by the Care Management Entity. Only unique and exceptional circumstances would be considered in providing services for more than one participant.

FREQUENCY/DURATION:

Respite service will be restricted to a set number of hours per calendar year for the enrolled and qualified participants. The Care Management Entity, via prior authorization of the plan of care, will control the distribution of units on a monthly basis dependent on the needs of the youth/family and up to the allocated annual amount/limit. It is required that the respite provider be a present and active member of the Child and Family Teams and that specified intervention is tied to the need, and that frequency and duration are specified in the Plan of Care.

The maximum number of units allowed per youth for respite care is 416 units per calendar year. Each unit is 15 minutes.

NOTE: Documentation in the Plan of Care is required for respite services to be identified in the claims system for proper payment to the rendering provider.

PROVIDER QUALIFICATIONS:

Any provider of respite services is required to attain and maintain a certification for this service from the Care Management Entity, and meet all specified State criteria listed below:

- Successfully complete a criminal history background check, which includes a Central Registry, Federal Bureau of Investigations (FBI)/Division of Criminal Investigation (DCI), and Office of Inspector General background screening.
- Maintain a current CPR and First Aid Certification.
- At least 21 years of age.
- Two years' work/personal experience with children (preference given to individuals who have worked with a child with serious emotional disturbance).
- Maintain current auto insurance if transporting Prepaid Ambulatory Health Plan enrollees/youth.
- Complete all provider trainings required by the Care Management Entity and State.
- Complete High Fidelity Wraparound overview training to understand their role as member of the High Fidelity Wraparound service benefit and Child and Family Team.

- Enrolled as a Wyoming Medicaid Provider through the State’s Fiscal Agent.

FREQUENCY OF VARIFICATION:

A respite provider who is determined to be out of compliance with the state requirements at any point in the year may receive notification from the Prepaid Ambulatory Health Plan regarding the nature of the non-compliance issue and a specified timeframe for resolution. The Prepaid Ambulatory Health Plan has the authority to monitor individuals at any time during service if there has been any of the following:

- A complaint via the complaint process;
- An incident via the reporting process;
- An internal referral via the referral process; and/or
- There is indication the individual is not complying with the rules and regulations.

REPORTING REQUIREMENTS:

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

Respite providers must submit contact notes in Fidelity EHR for each encounter with a youth. Documenting specific activities, skills and strategies that the Respite Provider contributes.

DOCUMENTS BY REFERENCE:

In addition to this contract and scope 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
- Wyoming Medicaid State Plan under Title XIX of the Social Security Act: Targeted Case Management Services