

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Heather Valentiny

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to revise the Wraparound Services for Children and Adolescents subsection of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter within the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual to align with model fidelity. The revisions are intended to better define each phase of the wraparound planning process and provide policy for telemedicine, Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance (SEDW) requirements, plan elements, and documentation requirements. In addition, language is being revised throughout to improve organization and promote understanding and support to providers.

Reason for policy (problem being addressed):

To align wraparound policy with model fidelity.

Budget implication:

budget neutral

will cost MDHHS \$, and is budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT	
Michigan Department of Health and Human Services	
Project Number: 2331-BH	Date: October 24, 2023

Comments Due: November 27, 2023
Proposed Effective Date: January 1, 2024
Direct Comments To: Heather Valentiny
E-Mail Address: Valentinyh@michigan.gov
Phone: _____ **Fax:** _____

Policy Subject: Revision to Wraparound Services for Children and Adolescents

Affected Programs: Medicaid, Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance (SEDW)

Distribution: Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP)

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Purpose: To align wraparound policy with model fidelity.

Cost Implications: None

Potential Hearings & Appeal Issues: None known

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Public Notice Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, date submitted:	Submitted date:

Tribal Notification: Yes No - **Date:** _____

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed: _____

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP)

Issued: December 1, 2023 (Proposed)

Subject: Revision to Wraparound Services for Children and Adolescents

Effective: January 1, 2024 (Proposed)

Programs Affected: Medicaid, Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance (SEDW)

The purpose of this policy is to revise the Wraparound Services for Children and Adolescents subsection of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter within the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual to align with model fidelity. The revisions are intended to better define each phase of the wraparound planning process and update policy for telemedicine, Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance (SEDW) requirements, plan elements, and documentation requirements.

Wraparound Services for Children and Adolescents

Wraparound is an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) State Plan Service when delivered to children/youth under 21 years of age. Wraparound is not exclusive to children/youth served under the SEDW; however, all children/youth being served under the SEDW must be enrolled in and receiving Wraparound services.

Wraparound is an individualized, holistic, comprehensive, youth-guided, and family-driven planning process. This voluntary process utilizes a collaborative team approach including children/youth and their family and their choice of professional and natural supports. The planning process follows four stages: Hello-Engagement and team preparation, Help-Initial plan development, Heal-Implementation, and Hope-Transition.

The Child and Family Team's plan is built on strengths and driven by underlying needs. The plan provides realistic strategies to meet meaningful, measurable and attainable outcomes that the Child and Family Team develop. Ongoing evaluation of the Child and Family Team's plan occurs during each Child and Family Team meeting and adjustments are made as needed. Children/youth and families served in Wraparound shall meet two or more of the following criteria:

- Children/youth who are involved in multiple child/youth serving systems.
- Children/youth who are at risk of out-of-home placements or are currently in out-of-home placement.
- Children/youth who have received other mental health services with minimal improvement in functioning.
- The risk factors exceed capacity for traditional community-based options.
- Numerous providers are working with multiple children/youth in a family and the identified outcomes are not being met.

Children and youth receiving Wraparound cannot also receive supports coordination or targeted case management at the same time. In addition, PIHPs shall not pay for the case management function provided through home-based services and Wraparound at the same time.

Medicaid providers delivering Wraparound services must request approval to provide Wraparound from MDHHS through a certification process defined by MDHHS, and certification must occur every three years. Programs are to be certified to ensure adherence to Medicaid policy requirements and fidelity to the Wraparound model.

Organizational Structure

The required organizational structure of Wraparound programs must include a Wraparound facilitator, supervisor, and Community Team. The organizational structure must also define the roles and responsibilities of those staff and the Community Team; and delineate expectations regarding child and family team capacity.

- Wraparound facilitators may not have more than one provider role with any one family (i.e., may not be both the home-based therapist and Wraparound facilitator for the same child/youth and family).
- The responsibility for directing, coordinating, and supervising the staff/program shall be assigned to a specific staff position who meets the requirements of a Child Mental Health Professional (CMHP).
- Services and supports identified in the Wraparound planning process shall be available to the child/youth and family and provided as outlined in the Wraparound plan.
- The Child and Family Team ratio shall be reflective of the needs of individual children/youth and families being served and shall not exceed a ratio of one facilitator to 10 Child and Family Teams. The number of Child and Family Teams for one facilitator may increase to a maximum of 12 when two Child and Family Teams are in the Hope phase.
- If facilitators are assigned to other programs as well as Wraparound, the number of Wraparound child/youth and family teams they facilitate shall correlate to the percentage of their position dedicated to providing Wraparound facilitation.
- If a facilitator is providing Wraparound to 5 or more children/youth in the Hello or Help phase, the caseload is to remain at 10-12, no more than 15 with mixed caseload. If a facilitator is providing Wraparound to less than 5 youth in the Hello or Help phase, the caseload is to remain at 10-12, no more than 20 with mixed caseload.

Qualified Staff

Wraparound facilitators must:

- Complete the MDHHS New Facilitator training within 90 days of hire. The Medicaid encounter cannot be reported until after completion of the initial training unless provisional approval has been applied for and granted by MDHHS.
- Complete a minimum of two MDHHS Wraparound trainings per calendar year.
- Demonstrate proficiency in facilitating the Wraparound process, as monitored by their supervisor.
- Participate in and complete MDHHS-required evaluation and fidelity tools.
- Possess a bachelor's degree in any field and be a CMHP or be supervised by a CMHP.
- Wraparound facilitators and those who provide supervision to facilitators will attend additional training (16 hours) related to provision of support to children/youth and their families served in the waiver annually as required by MDHHS. This training is in addition to requirements identified in the Qualified Staff subsection and is for all supervisors and Wraparound facilitators.

Wraparound supervisors shall:

- Complete the MDHHS New Facilitator training within 90 days of hire and one additional MDHHS supervisory training in their first year of supervision. If the supervisor is working directly with children and families, they must complete the initial training prior to reporting Medicaid encounters.
- Attend two MDHHS Wraparound trainings annually, one of which shall be a Wraparound supervisor-specific training.
- Participate on the Community Team.
- Provide individualized, weekly supervision and coaching to the Wraparound staff and maintain a supervision log. Supervision logs will be available at site reviews and re-enrollment. Supervision logs should show evidence of ongoing evaluation of each component for all Wraparound phases, periodic review of documentation, and quarterly (at minimum) review of progress toward outcomes.
- Ensure documentation of attendance at required trainings is maintained for all Wraparound staff and available for review upon request.
- Wraparound facilitators and those who provide supervision to facilitators will attend additional training (16 hours) related to provision of support to children/youth and their families served in the waiver annually as required by MDHHS. This training is in addition to requirements identified in the Qualified Staff subsection and is for all supervisors and Wraparound facilitators.

The Community Team shall:

- Include representation from system partners, other child serving agencies and local community agencies.

- Provide support to Wraparound staff, supervisors, and child and family teams and address barriers and needs to improve outcomes for children, youth and families.
- Work as a collaborative body to improve community service delivery to children, youth and families.
- Provide support to other child serving community agencies who are experiencing challenges meeting the needs of children, youth and families with complex needs.
- Implement additional activities and responsibilities that reflect the individual needs of the community.

Amount and Scope of Service

- Child and Family Teams shall meet once per week, at minimum, during the Hello and Help phases.
- Child and Family Teams shall meet twice monthly, at minimum, during the Heal phase. The Heal phase begins once the plan has been developed and the team agrees stabilization has been achieved.
- Child and Family Teams shall meet monthly, at minimum, during the Hope phase. The Hope phase begins when the team agrees that the child/youth and family are ready to graduate from the Wraparound process.

Location

The following requirements apply to the child/youth and their parents/primary caregivers. Professional and natural supports may join Child and Family Team meetings either in-person or via simultaneous audio/visual telemedicine during all phases, according to the preference of the child/youth and their parents/primary caregivers.

All Child and Family Team meetings are to be provided in-person during the Hello and Help phases.

Child and Family Team meetings may be provided either in-person or via simultaneous audio/visual telemedicine during the Heal and Hope phases, according to the preference of the child/youth and their parents/primary caregivers, with the following exceptions:

- Development of the transition plan (Hope phase) is to be completed in-person.
- Graduation activities (Hope phase) are to be completed in-person.
- Child and Family Team meetings are to be provided in-person for the first 60 days upon a child/youth transitioning back to their home and community from out-of-home placement.

Throughout all Wraparound phases, Child and Family Team meetings are to be provided in-person for children/youth being served under the SEDW.

Child and Family Team's Plan and Wraparound Planning Processes

The Child and Family Team's plan shall reflect a family-driven/youth-guided approach, and shall include the following: individualized, strength-based, measurable outcomes and action-step strategies to meet the needs of the child/youth and family.

The following planning process activities and supporting documentation shall be completed for each child/youth and family:

- Safety/Crisis Plan
- Family Vision Statement
- Needs Assessment
- Strengths Narrative
- Child and Family Team Mission Statement
- Child and Family Team Plan
- Child and Family Team Meeting Minutes
- Transition Plan
- Graduation Summary

Evaluation and Outcomes Measurement

The enrolled provider will comply with the State of Michigan Wraparound evaluation requirements. Current evaluation requirements are:

- MDHHS requires the timely and thorough completion of (1) the Family Status Report (initially, quarterly, upon graduation, and one additional follow-up time), (2) Team Membership form (quarterly and upon changes), and (3) Fidelity form (at 6 and 12 months).
- Follow up is required with children/youth and their families 3- 6 months after transition to ensure improvements have been maintained, that the child/youth is stable, and the family is adequately supported.
- Additional evaluation tools will be completed as identified and requested by MDHHS.
- Adherence to Wraparound model fidelity may be reviewed at enrollment, re-enrollment, and at technical assistance visits through file review, family interviews, and evaluation and fidelity tools.