Service Name and Description

High Fidelity Wraparound

High fidelity wraparound (HFW) is an intensive, team-based, person-centered supportive service that provides coordinated, integrated, family-driven care to meet the complex needs of children, youth and young adults ages 3 – 20 years who are involved with multiple systems (e.g., mental health, child welfare, juvenile/criminal justice, special education), who are experiencing serious emotional or behavioral difficulties, have dual diagnosis (MH and/or SUD, and IDD) with complex needs, and are at risk of placement in therapeutic residential settings, or other institutional settings, or have experienced multiple crisis events. For individuals with dual diagnoses, a case by case determination will be made related to appropriateness for HFW.

Procedure Code: H0032 U5 1 Unit = Per Month

Service Goals/Objectives/Treatment Philosophies

The National HFW Initiative describes the program philosophy and goals as follows: "The HFW process 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, HFW plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and to address a range of life areas. HFW Plans will include physical health care needs and goals as part of the teaching the family/youth self-advocacy.

Through the team-based planning and implementation process – as well as availability of research-based interventions that can address priority needs of youth and caregivers – HFW also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. Finally, there is an emphasis on integrating the youth into the community and building the family's social support network. The goal is to teach the family to be self-sufficient in planning, advocacy and whole person care for their child.

Anticipated Outcomes

a) Decrease in the frequency of crisis episodes (use of ED, mobile crisis, and facility based crisis).
b) Youth's improvement in developmentally appropriate functioning as measured by the CANS (up to age 17) and CALOCUS or LOCUS for transition age youth.

c) Reduction of inpatient hospitalizations related to mental health or substance use disorders.
d) Improved family assets as defined by the Transitional Readiness Scale/Score.
e) Reduced residential treatment days.
f) Connection to primary care physician practice and engaged in physical healthcare primary and specialty needs.

Service Exclusions

A member receiving high fidelity wraparound will be excluded from Tailored Care Management (TCM).

- TCM and HFW may overlap for 30 days.

Services cannot occur during the same authorization period as the following:

- Multi-systemic therapy (MST)
- Family centered treatment (FCT)
- Assertive community treatment team
- Community support team
- Tenancy support team
- Substance use residential treatment

Services may occur during the same authorization period as the following if the plan and request clearly demonstrate the roles of each team, and why coordination is needed above and beyond what the below services are expected to do:

- Basic outpatient services
- In-home therapy services (IHTS)
- Intensive in-home services (IIHS)
- Intercept
- Transitional youth services
- Day treatment
- Substance abuse intensive outpatient (SAIOP)
- Substance abuse comprehensive outpatient treatment (SACOT)
- High fidelity wraparound may occur on a short-term basis with child residential treatment services to assist in facilitation of discharge planning. The timeframe would be based on acuity of need and clinical justification.

Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed qualified professional). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the

best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed qualified professional; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1) That is unsafe, ineffective, or experimental or investigational.
2) That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

EPSDT and Prior Approval Requirements

1) If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2) Important additional information about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide,* and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:
https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html.

EPSDT provider page: http://www.ncdhhs.gov/dma/epsdt/.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problem.

Provider Organization Requirements

- Providers must meet qualification for participation in NC Medicaid program and be enrolled in NC Tracks.
- Provider must be credentialed and enrolled as a network provider with the Alliance Health Provider Network, in good standing, and contracted to deliver the service.

Program and Staff Supervision

Coach/supervisor– Bachelor's level qualified professional with two or more years post-graduate experience with the population served. Must complete an HFW training curriculum, approved by Alliance and MH/IDD/SAS, and be certified as HFW coach and in accordance with model expectations.

Must complete basic Tailored Care Management training to understand care management functions and responsibility related to whole health care. Minimum of monthly individual supervision.

Facilitator- Bachelor's level qualified professional with two or more years post-graduate experience with the population served. Must complete an HFW training curriculum, approved by Alliance and MH/IDD/SAS, and be certified as HFW Facilitator and in accordance with model expectations. Must complete basic Tailored Care Management training to understand care management functions and responsibility related to whole health care. Minimum of monthly individual supervision by the HFW couch.

Youth partner- Bachelor's degree in a human services field from an accredited university; or associate's degree in a human service field from an accredited school and one year of experience working with children/adolescents/transition age youth; or high school diploma or GED and a minimum of two years of experience working with children/adolescents/ transition age youth. Must have lived experience with mental health or substance abuse challenges. Must complete an HFW training curriculum, approved by Alliance and MH/IDD/SAS, and be certified as HFW coach and in accordance with model expectations. Youth partner receives weekly supervision from the HFW coach (exceptions are allowed for illness, holidays, etc. with corresponding documentation

Family partner- Bachelor's degree in a human services field from an accredited university; or associate's degree in a human service field from an accredited school and two years of experience working with children/adolescents/transition age youth; or high school diploma or GED and a minimum of four years of experience working with children/adolescents/ transition age youth. Must have lived experience as a primary caregiver for a child who has/had mental health or substance abuse challenges. Must complete an HFW training curriculum, approved by Alliance and MH/IDD/SAS, and be certified as HFW coach and in accordance with model expectations. Holds national certification in family peer support recognized by the National Federation of Families https://www.ffcmh.org/certification or is actively working on completing certification and is on track to complete family peer support certification within eighteen months of hire date. Family partner receives weekly supervision from the HFW coach (exceptions are allowed for illness, holidays, etc. with corresponding documentation).

Service Type/Setting

This service is provided in homes and communities.

Entrance Criteria and Eligibility Requirements

Prior authorization is required according to the approved Alliance Health Benefit Plan.

A Comprehensive clinical assessment (CCA) or addendum that demonstrates medical necessity shall be completed prior to provision of this service. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be used as part of the current comprehensive clinical assessment or addendum

A signed service order shall be completed by a physician, licensed psychologist, physician assistant, or nurse practitioner according to his or her scope of practice. Each service order shall be signed and dated by the authorizing professional and shall indicate the date on which the service was ordered. A service

order shall be in place prior to or on the first day that the service is provided. The service order shall be based on a comprehensive clinical assessment of the member's needs.

A complete service authorization request (SAR), person-centered plan, comprehensive clinical assessment and crisis plan must be submitted with initial requests. Continued authorization requests must include an updated person-centered plan. Services are based upon a finding of medical necessity, must be directly related to the member's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals detailed in the member's person-centered plan.

Initial authorization for services is one unit per month and may not exceed six units. Reauthorizations may not exceed 60-days. Maximum authorization period is 18 units.

Eligibility Criteria

The member is eligible for this service when all the following are met:

a) Have a primary mental health or substance use disorder diagnosis as defined by the DSM-5, or any subsequent editions of this reference material, may have a co- occurring diagnosis of intellectual and developmental disability.

OR

b) Have a primary I/DD diagnosis as defined by DSM-5, or any subsequent editions of this reference material, **and** a co- occurring diagnosis of mental health or substance use disorder

AND

c) based on the current comprehensive clinical assessment (completed within the past year), this service was indicated and there are no other more appropriate services.

AND

d) Youth's symptoms and behaviors are unmanageable at home, school or community settings.

AND

Must meet at least one of the following criteria below (e through k):

e) Is at risk of placement into a therapeutic residential setting, Level II group or Level II family setting or individuals in these settings needing intensive support to transition home (note for these individuals a shortened length of stay in level II would be expected)

f) Youth could be stepping down from PRTF, Level IV, III or II group and Level II family to other least restrictive community-based setting.

g) Has a recent history of multiple inpatient psychiatric hospitalizations (in the past year) or one stay that exceeded 14 days.

h) Directly transitioning or has been discharged in the past six months from Juvenile Justice related facilities (Assessment Center, YDC, Detention, Eckerd, etc.).

i) Child welfare involvement including congregate care.

j) Older adolescents whose family situation is such that they are moving toward independence.

k) There is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine).

Continued Stay Criteria

A youth is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's PCP; or the beneficiary continues to be at risk for out-of-home residential treatment based on current clinical assessment, history, and the tenuous nature of the functional gains.

AND

One of the following applies:

a) The youth has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms;

b) The youth is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP;

c) The youth is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the beneficiary's premorbid level of functioning, are possible; or

d) The youth fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The beneficiary's diagnosis should be Re-assessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations shall be revised based on the findings. This includes a consideration of alternative or additional services.

Discharge Criteria

A youth meets the criteria for discharge if any one of the following applies:

a) The youth has achieved goals and is no longer in need of high-fidelity wraparound services;

b) The youth's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down to a lower level of care;

c) The youth is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services;

d) The youth or legally responsible person no longer wishes to receive services; or The youth, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina

community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

Service Documentation Requirements

A full service note for each contact or intervention (such as individual counseling, case management, crisis response) for each date of service, written and signed by the person(s) who provided the service will contain the following information: recipients name, service record number, Medicaid identification number if applicable, service provided, date of service, place of service, type of contact (face to face, telephone call, collateral, or telehealth), purpose of contact, providers interventions, time spent providing interventions, description of effectiveness of intervention, and signature and credentials of the staff member(s) providing the service. Beginning at the time of admission, all interventions/activities regarding discharge planning and transition with youth, family/caregiver, and child and family team will be documented.

A documented discharge plan shall be discussed with the individual and included in the service record.

Monitoring Activities

The MCO will review claims monthly to monitor patterns and trends in utilization of this service.

The MCO will monitor service utilization through prior authorizations, utilization management, and post payment reviews.

The MCO will monitor level of care and outcomes tracking with use of the CANS or CALOCUS periodically and at discharge. The reviewed/updated scores/levels will be submitted with re-authorization requests. It is expected that this service would be effective and resulting in positive outcomes when a lower score is reported in the request for re-authorization. This would indicate a plan for successful transition back to basic services (OPT).

Description of provider level monitoring activities:

- Wraparound coach uses the high-fidelity wraparound instrument (HFWI).
- Wraparound coach certifies the wraparound facilitator is conducting wraparound facilitation to fidelity through use of coaching and live shadowing.
- All wraparound staff (coach, supervisor, family partner, and youth partner) completes certification for their role.
- Completion of CANS or CALOCUS and NC TOPPS to track outcomes for individual children. Aggregate data is reviewed to support provider in delivery of service.
- Adherence to model fidelity monitoring plan approved by the LME-MCO.

Unit of Service:

One per month.

Anticipated units of service per person:

High fidelity wraparound length of stay is 9-12 months or 9 -12 monthly units.