

**Alternative or “in Lieu of” Service Description
Template**

1. Service Name and Description:

Service Name: High Fidelity Wraparound

Procedure Code: H0032-U3
H0032-U3-Z1 Encounter

Description:

2. Information About Alliance Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
<p>Children and Adolescents with MH/SU primary and can include co-occurring I/DD not functionally eligible for the NC Innovations Waiver program but are in crisis due to their diagnosis</p>	<p>3-20</p>	<p>475 Eligible</p>	<p>Youth eligible for this service include:</p> <ul style="list-style-type: none"> • Children, youth, and young adults with Serious Emotional Disturbance (SED) if 3-17, Serious Mental Illness (SMI) if 18-20 and still covered by Child Medicaid • have multiple mental health diagnoses, academic challenges, and family stressors, such as poverty and parental mental health and substance use problems • Involved in (or history of) multiple child-serving systems (e.g., child welfare, juvenile justice) • Have history of placements in PRTF or other restrictive settings within the past year • At risk of needing PRTF or other long term out-of-home placements • Transition age youth in need of an increase and strengthening of family and community support to transition from DSS care or out of home placement to independent living (due to aging out of system)

3. Treatment Program Philosophy, Goals and Objectives:

Treatment Program Philosophy:

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 youth/young adults 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. Typically, this would be for youth with primary mental health diagnosis with co-occurring substance use disorder or an individual with co-occurring intellectual or developmental disabilities in the mild-moderate range. High Fidelity Wraparound is also utilized in a pro-active manner to serve those high-risk youth that are involved with multiple agencies. These youth may have used crisis services or have had psychiatric hospitalizations and also meet the entrance criteria outlined below.

Objectives and Goals:

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. 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 care for their child.

4. Expected Outcomes:

Expected clinical outcomes include but are not limited to the following:

- 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

5. Utilization Management:

Entrance Process

A comprehensive clinical assessment or addendum and that demonstrates medical necessity shall be completed prior to the provision of this service. If a substantially equivalent assessment is available, reflects the current level of functioning, it may be utilized as a part of the current comprehensive clinical assessment or addendum. Relevant diagnostic information shall be obtained and be included in the Person Centered Plan or the Wraparound Plan of Care. If the member is receiving another enhanced service, the PCP must include High Fidelity Wraparound in the goals and interventions.

Due to the complex nature and urgency of admission, a Comprehensive Clinical Assessment or addendum with documentation of meeting the entrance criteria is acceptable for initiation of services.

Entrance Criteria

To be eligible for this service youth must meet the following criteria:

- 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.

OR

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.) In need of support with coordination of assessments to address co-occurring behavioral health and specialized medical needs.

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

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

The 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)

EPSDT Special Provision

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 practitioner). 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 practitioner; 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.

A. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

Provider Requirements

The below requirements are standard for all sites and teams providing or wanting to provide High Fidelity Wraparound in the State of North Carolina. High Fidelity Wraparound services must be delivered by staff employed by a MH/IDD/SAS provider organization that meet the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A N.C.A.C. 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being a member of the Alliance Health provider network. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina

Staffing Requirements

Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

Please note the table below reflects one team. A provider may have more than one team.

Position	Degree/Experience	Training Requirements	FTE
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<p>Coach</p> <p>Note: 1 coach can work with up to 4 teams at a time</p>	<p>Qualified Professional with two or more years of post- graduate experience with the population served.</p>	<p>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.</p>	<p>.25-.5</p>
<p>Facilitator</p>	<p>Bachelor’s Level Qualified Professional with two or more years post-graduate experience with the population served.</p>	<p>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.</p>	<p>1</p>
<p>Family Partner</p>	<p>Bachelor's degree in a human services field from an accredited university; <u>or</u> associate’s degree in a human service field from an accredited school and two years of experience working with children/adolescents/transition age youth; <u>or</u> high school diploma or GED and a minimum of four years of experience working with children/adolescents/ transition age youth</p> <p>Must have lived experience as a primary caregiver for a child who has/had mental health or substance abuse challenges</p>	<p>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 year of hire date.</p> <p>Must complete an HFW training curriculum, approved by MCO and the NC DM and in accordance with model expectations. .</p>	

Youth Partner	<p>Bachelor's degree in a human services field from an accredited university; <u>or</u> associate's degree in a human service field from an accredited school and one year of experience working with children/adolescents/transition age youth; <u>or</u> high school diploma or GED and a minimum of two years of experience working with children/adolescents/ transition age youth</p> <p>Must have lived experience with mental health or substance abuse challenges.</p>	Must complete an HFW training curriculum as approved by Alliance and the MH/IDD/SAS and in accordance with model expectations.	.5
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Supervision:

- Facilitator to receive a minimum of monthly individual supervision by the HFWCoach
- Family Partner receives weekly supervision from the HFW Coach (exceptions are allowed for illness, holidays, etc. with corresponding documentation)
- Youth Partner receives weekly supervision from the HFW Coach (exceptions are allowed for illness, holidays, etc. with corresponding documentation)

B. Unit of Service:

Services	rate	unit of service
High Fidelity Wraparound	1784.00	1 per month

C. Anticipated Units of Service per Person: 9-12

D. Targeted Length of Service: 9-12 months

E. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.

Youth with SED or SMI who have the most complex needs and who have been in restrictive residential care or who are at imminent risk for residential level of care require:

- Intensive care coordination (high fidelity wraparound facilitation)
- Access to family and youth peer support (Family and Youth Partner)
- Individualized service planning process
- Multi system support and service coordination

High Fidelity Wraparound packages all four of these requirements and provides a flexible, culturally responsive, and family driven service for the youth whose care requires working across multiple child serving agencies.

High Fidelity Wraparound is currently available in North Carolina in five pilot sites which are grant funded. Alliance was awarded the Tiered Case Management grants in both Durham and Cumberland, which includes High Fidelity Wraparound. Alliance developed the In Lieu of service definition in 2018 to help meet the needs of our beneficiaries with high risk and complex needs. Currently, to prepare for the state plan to have High Fidelity Wraparound as the assigned Care Management for these youth in 2022, Alliance sees the need to expand the High Fidelity Wraparound Service availability through expansion further in the available continuum in line with the Care Management of the future.

10. Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.

Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Level II Family	S5145	Per diem	270-365	24,635 – 33,303
Level II Group	H2020	Per diem	270-365	34,104-46,103

Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
High Fidelity Wraparound	H0032-U3	Monthly	9-12	16056-21,408

HFW Encounter	H0032-U3- Z1	Encounter	At minimum to model fidelity	0
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Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)
Claims data will reflect monthly service billing and encounters. Data will be uploaded to DHB by the MCO.

Encounter Data will be recorded by providers with the minimum standard of a service note for each contact, service event, or intervention per the Records Management and Documentation Manual.

Providers will collect and report/provide access through sharing of the health record to all encounter data. At a minimum, this would include time spent on family-based sessions, individual sessions, child and family teams, and indirect contacts.

Description of 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.

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.