

Michigan Department of Community Health

Bulletin Number: MSA 12-18

Distribution: Prepaid Inpatient Health Plans

Issued: June 1, 2012

Subject: Revisions to Mental Health/Substance Abuse Chapter, Section 17.3.N Wraparound Services, and Section 2.3 of the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix

Effective: July 1, 2012

Programs Affected: Children's Mental Health Wraparound Services including Children's Emotional Disturbance Home and Community Based Services Waiver (SEDW)

This bulletin describes changes to the Mental Health/Substance Abuse Chapter, Section 17, Sub-Section N.3, Wraparound Services and Section 2.3 of the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Appendix. This bulletin establishes standards and the process for the enrollment of Wraparound programs with the Michigan Department of Community Health (MDCH).

Medicaid providers delivering Wraparound services (provided either as a 1915(b) **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service** or an **SEDW service**) must request approval from MDCH through an enrollment process defined by MDCH and re-enrollment must occur every three years. Programs are to be re-enrolled to ensure policy and Wraparound model fidelity adherence.

Organizational Structure: The required organizational structure must include a Wraparound facilitator, supervisor and community team; define the roles and responsibilities of those staff and the community team; and delineate expectations regarding caseload sizes.

- 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 youth/ 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 and family and provided as outlined in the Wraparound plan.
- The caseload ratio shall be reflective of the needs of individual children and families being served and shall not exceed a ratio of one facilitator to 10 child and family teams. Caseloads may increase to a maximum of 12 when two child and family teams are transitioning from Wraparound.
- If facilitators are assigned to other programs as well as Wraparound, the number of Wraparound child and family teams they facilitate shall correlate to the percentage of their position dedicated to providing Wraparound facilitation. For example, if a worker is a .50 FTE Wraparound facilitator, the number of teams assigned to that Wraparound facilitator shall not exceed six, when one team is in transition. In addition, mixed caseloads shall not exceed 15 total cases.

Qualified Staff

Wraparound Facilitators shall:

- Complete the MDCH/Michigan Department of Human Services (MDHS) three-day new facilitator training provided within 90 days of hire.
- Complete a minimum of two MDCH/MDHS-provided Wraparound trainings per calendar year.

- Demonstrate proficiency in facilitating the Wraparound process as monitored by their supervisor and community team.
- Participate in and complete MDCH-required evaluation and fidelity tools.

Wraparound Supervisors shall:

- Complete the MDCH/MDHS three-day Wraparound new facilitator training and one additional supervisory training in their first year of supervision.
- Attend two MDCH/MDHS Wraparound trainings annually, one of which shall be a Wraparound supervisor training.
- Participate on the community team.
- Provide individualized clinical supervision and coaching to the Wraparound staff weekly based on their individual needs and experience, and maintain a supervision log. Supervision logs will be available at site reviews and re-enrollment.
- Ensure documentation of attendance at required trainings is maintained for all Wraparound staff and available for review upon request.

The Community Team shall:

- Provide a gate-keeping role that includes: determination of eligibility, review of referrals, review and authorization of Wraparound Plans of Service and Wraparound budgets.
- Provide oversight of model fidelity through the review of Wraparound Plans.
- Provide support to Wraparound staff, supervisors, and child and family teams and problem-solves barriers/needs to improve outcomes for youth and families.
- Maintain evidence of its review and approval of Wraparound plans, budget, crisis and safety support plans, and outcomes.
- Provide guidance and oversight to Wraparound staff regarding model fidelity and safety assurance.

Plans of Service

The Wraparound plan shall reflect a family-driven/youth-guided approach, and shall include the following:

- Evidence that the child and family team completed each step/phase of the Wraparound process, including completion of the strengths/culture discoveries, needs assessments, crisis/safety support plans, Wraparound plans, outcomes, and the development of the family mission statement.
- Individualized child/youth and family outcomes that are developed and measured by each child and family team.
- A strength-based, needs-driven, and culturally-relevant plan that is stated in the language of the child and family.
- Evidence of regular updates as the needs of the child/youth and family change (annual updates alone are not sufficient).
- Any services, supports, and interventions that are provided to the family.
- A mixture of formal and informal support and services.
- An individualized crisis/safety support plan that reflects the child/youth and families strengths and culture, and seeks to build skills/competencies that reduce risk.
- Measurement of outcomes identifying when transition plans should be developed, addressing any barriers to graduation and identifying how services and supports will be maintained after Wraparound has ended.
- Evidence that the child and family team review and measure outcomes at least monthly and present outcomes and measurement to the Community Team for their review at least quarterly.

Amount and Scope of Service

- All Wraparound team meetings shall be documented in the form of minutes.
- All collateral contacts shall be documented in the form of contact/progress notes.

- Meeting frequency is guided by the family's needs and level of risk. Child and family teams shall meet weekly until the Wraparound plan has been developed and is being implemented.
- Exceptions to Wraparound model expectations regarding the frequency of meetings can occur to fit the families need and availability, and must be documented in the case file.
- When the plan is successfully implemented and the youth and family has stabilized meeting frequency may decrease to twice monthly.
- Wraparound child and family teams begin to transition from the formal process when the identified outcomes are met and shall not exceed three months in duration. Monthly meetings may occur during the transition phase.
- When the transition phase is successfully completed, the youth/child and family will graduate from the process.
- Upon graduation, documentation will be developed that will include the strengths and needs identified by the team, progress toward outcomes, continuing services and supports, and who will provide them. The family will receive a copy of this document.

Evaluation and Outcomes Measurement

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

Current evaluation requirements are:

- Completion of the Family Status Report form at intake and every three months until the family graduates from Wraparound. Upon graduation, the post-graduation/follow-up report will be completed. Additional evaluation tools will be completed as identified and requested by MDCH.
- Ensure completion of the Child and Adolescent Functional Assessment Scale (CAFAS) at intake, quarterly and at graduation.
- Adherence to Wraparound model fidelity may be reviewed at enrollment, re-enrollment and at site reviews through case file review, family interviews, and evaluation and fidelity tools.

1915(c) Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW)

All SEDW Wraparound enrolled providers must meet all the requirements in the enrollment standards as listed above. In addition, due to the intense needs and level of risk of children/youth and their families served in the SEDW community based waiver all SEDW Wraparound providers must meet the following additional requirements:

- Wraparound facilitators must possess a bachelor's degree 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 MDCH. This training is in addition to identified requirements for all supervisors and Wraparound facilitators.
- Caseload shall be 8-10 per facilitator based on the needs and risks of the child/youth and family. Caseloads may increase to a maximum of 12 when two child and family teams are transitioning from Wraparound.
- SEDW site reviews will assess fidelity to the model through case file review, quality assurance of all SEDW provided services/supports and interviews with children/youth and family members.
- All SEDW enrolled providers must participate in the statewide evaluation project that consists of gathering data on the Family Status Report at intake, quarterly and graduation.
- Completion of the Michigan Wraparound Fidelity Index at six months and upon graduation.
- Participation in any additional model fidelity or quality assurance evaluation tools as requested by MDCH.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration