

LAKESHORE REGIONAL ENTITY
Wraparound Services for Children and Adolescents

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Wraparound services for children and adolescents is a highly-individualized planning process facilitated by specialized supports coordinators. Wraparound utilizes a Child and Family Team, with team members determined by the family and often representing multiple agencies and informal supports. The Child and Family Team creates a highly individualized Wraparound plan with the child/youth and family that consists of mental health specialty treatment, services and supports covered by the Medicaid mental health state plan, waiver, B3 services and other community services and supports.

2. Practice Principles

- a. The Wraparound plan is the result of a collaborative team planning process that focuses on the unique strengths, values and preferences of the child/youth and family, and is developed in partnership with other community agencies. This planning process tends to work most effectively with children/youth and their families who, due to safety and other risk factors, require services from multiple systems and informal supports. The Community Team, which consists of parents/guardians/legal representatives, agency representatives, and other relevant community members, oversees Wraparound.
- b. The Wraparound plan may also consist of other non-mental health services that are secured from, and funded by, other agencies in the community.
- c. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- d. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- e. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service (IPOS).

3. Credentialing Requirements *Refer to current Medicaid Provider Manual for updated requirements*

- a. All Wraparound services must obtain approval from MDHHS and meet the program components as outlined in the MDHHS Medicaid Provider Manual.
- b. Medicaid providers delivering Wraparound services (provided either as a 1915(b) Early and Period Screening, Diagnosis, and Treatment (EPSDT) service or an SEDW service) must request approval to provide Wraparound from MDHHS through an enrollment process defined by MDHHS, and re-enrollment must occur every three years. Programs are to be re-enrolled to ensure policy and Wraparound model fidelity adherence.
- c. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- d. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.

- e. Providers of Wraparound services must meet the staff qualifications as defined by the MDHHS Michigan PIHP/CMHSP Provider Qualification per Medicaid Services and HCPCS/CPT Codes.
- f. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- g. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
 - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
 - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.
 - v. Be able to perform basic first aid and emergency procedures.

4. Service Requirements

- a. Provider's supports and services will be based upon the IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the Individual's IPOS requires revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual(s) primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an IPOS.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.

5. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Wraparound facilitators shall:
 - i. complete MDHHS three-day new facilitator training within 90 days of hire.
 - ii. complete a minimum of two MDHHS Wraparound trainings per calendar year.
 - iii. demonstrate proficiency in facilitating the Wraparound process, as monitored by their supervisor and Community Team.

- iv. participate in all and complete MDHHS-required evaluation and fidelity tools.
- c. Wraparound supervisors shall:
 - i. complete the MDHHS three-day Wraparound new facilitator training within 90 days of hire and one additional MDHHS supervisory training in their first year of supervision.
 - ii. attend two MDHHS Wraparound trainings annually, one of which shall be a Wraparound supervisor training.
 - iii. Participate on the Community Team.
 - iv. 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.
 - v. Ensure documentation of attendance at required trainings is maintained for all Wraparound staff and available for review upon request.
- d. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

6. Eligibility Criteria/Access Requirements/Authorization Procedures

- a. Children/youth and families served in Wraparound shall meet two or more of the following criteria:
 - i. Children/youth who are involved in multiple child/youth serving systems.
 - ii. Children/youth who are at risk of out-of-home placements or are currently in out-of-home placement.
 - iii. Children/youth who have been served through other mental health services with minimal improvement in functioning.
 - iv. The risk factors exceed capacity for traditional community-based options.
 - v. Numerous providers are serving multiple children/youth in a family and the identified outcomes are not being met.
- b. Children/youth receiving Wraparound would not also receive, at the same time, the Supports Coordination coverage or the state plan coverage Targeted Case Management. In addition, PIHPs shall not pay for the case management function provided through home-based services and Wraparound at the same time.
- c. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- d. Waiver eligibility requires verification of no change in waiver status.
- e. The [Lakeshore Region Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. This document is located on the Lakeshore Regional Entity website at www.lsre.org. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.