December 22, 2015

Frequently Asked Questions for CMHCs
Regarding Kentucky IMPACT, Targeted Case Management, and High Fidelity Wraparound

Question: What is High Fidelity Wraparound (HFW)?

Answer: The National Wraparound Institute tells us that, in recent years, Wraparound has been most commonly conceived of as an intensive, individualized care planning and management process. Wraparound is not a treatment per se. The Wraparound 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/youth and family. The research demonstrates that the best outcomes for children/youth and families are achieved when the utilization of Wraparound adheres most strictly to the model, that is, with a high degree of fidelity.

Question: Will there still be a Kentucky IMPACT Program?

Answer: Yes. Kentucky IMPACT will continue to be the name referring to a program provided by the regional community mental health centers (CMHCs) for which Targeted Case Management is its keystone service. The program is grounded in the principles and values of the wraparound process. The program will serve children and youth with SED who are receiving TCM and those receiving HFW.

Question: Do the Medicaid TCM billing regulations apply to both High Fidelity Wraparound and TCM for SED?

Answer: Yes. The Medicaid billing regulation applies to both, as a client must be eligible for TCM in order to be referred to HFW (see 907 KAR 15:060 Coverage provisions and requirements regarding targeted case management for individuals with a severe mental illness and children with a severe emotional disability/907 KAR 15:065 Reimbursement provisions and requirements regarding targeted case management for individuals with a severe mental illness and children with a severe emotional disability).

Question: Will blended caseloads be permitted?

Answer: No. HFW Facilitators will serve only children/youth meeting the objective eligibility criteria for HFW. Similarly, Service Coordinators providing TCM may not serve children receiving HFW.

Question: Does provision of Service Planning count toward caseload for a HFW Facilitator?

Answer: Yes. If the High Fidelity Wraparound Facilitator provides Service Planning *or any other allowable rehabilitation service, including clinical services* to any client, that client is counted as a client on that HFW Facilitator's caseload for that month which may not exceed 10. *This includes High Fidelity Wraparound Supervisors*. Additionally, the regulations pertaining to rehabilitation services apply; thus, the person may not provide TCM and a rehabilitation service to the same client.

Question: Does provision of Service Planning count toward caseload for a Service Coordinator providing TCM?

Answer: Yes. Per regulation (907 KAR 15:050 Coverage provisions and requirements regarding targeted case management for individuals with a mental health or substance use disorder and chronic or complex physical health issues), if the Service Coordinator providing TCM provides Service Planning *or any other service, including clinical services* to any client, that client is counted as a client on that Service Coordinator's caseload for that month which may not exceed 25.

Question: Are Flexible Funds (formerly referred to as IFBSS) still available?

Answer: Yes. There are Flexible Funds available in the CMHC HFW allocation. These funds are available for children and youth receiving TCM, including those receiving HFW. These funds may be used for any *child-specific*, goal-related service as documented in the client's service plan. CMHCs may also designate a portion of their SED funding allocation from DBHDID as Flexible Funds as long as the funds are spent for child-specific purposes.

Question: Are there funds available for children/youth with no payor source?

Answer: Yes. Per the 2016 CMHC Contract, DBHDID allocated funds for the purchase of services for individuals without insurance coverage (Medicaid, Medicare, or private insurance) or for individuals who cycle in and out of health insurance coverage. DBHDID shall also purchase services that may not be covered by insurance under guidelines specified in the contract. Thus, a portion of both the SED and HFW allocations may be used to cover provision of TCM and HFW for children with no payor source.

Question: Who can supervise Service Coordinators providing Targeted Case Management?

Answer: Depending on the payor source, refer to the Medicaid regulations for specific requirements for billing supervisors (see 907 KAR 15:060 Coverage provisions and requirements regarding targeted case management for individuals with a severe mental illness and children with a severe emotional disability/907 KAR 15:065 Reimbursement provisions and requirements regarding targeted case management for individuals with a severe mental illness and children with a severe emotional disability). Please also refer to the most current CMHC contract for additional guidance.

Question: Are regions required to complete the Team Observation Measure (TOM)?

Answer: Currently, completion of the TOM is required for HFW. Use of the TOM for TCM is at the discretion of the agency. However, the use of other fidelity measures is being explored for future use, and more information regarding this may be included in the SFY 2017 CMHC contracts.

Question: If we decide to provide High Fidelity Wraparound, do we have to serve a specific number of children/youth and families over the course of the year?

Answer: Yes. Each HFW facilitator will carry a maximum caseload of 10. Projected estimates have been shared individually with the CMHCs.

Question: Will the HFW funds be reconciled at the end of the SFY?

Answer: Yes.

Question: Is High Fidelity Wraparound expected for all children and youth receiving TCM from a CMHC?

Answer: No. Objective eligibility criteria for serving youth via HFW is discussed in general terms in the contract and outlined more fully in a guidance document. It is also expected that TCM will be delivered according to the principles of Wraparound.

Question: What are the qualifications for the HFW Facilitators?

Answer: HFW Facilitators are required to meet all eligibility and training requirements of the DBHDID regulation (908 KAR 2:260 Targeted case manager: eligibility and training). In addition, HFW Facilitators must complete the “Introduction to Wraparound” and “Engagement in the Wraparound Process” trainings provided by DBHDID. Position guidance for HFW Facilitators and HFW Supervisors is available to guide staff selection.

Question: What are the qualifications for the HFW Supervisors?

Answer: HFW Supervisors are required to meet all eligibility and training requirements of the DBHDID regulation (908 KAR 2:260 Targeted case manager: eligibility and training). In addition, HFW Supervisors must complete the "Introduction to Wraparound" and "Engagement in the Wraparound Process" trainings provided through DBHDID. Ideally, the HFW Supervisor has extensive experience providing TCM to children, youth, and their families via the Wraparound process and has the skills that support successful supervision and coaching. Position guidance for HFW Facilitators and HFW Supervisors is available to guide staff selection. You may also refer to your agency's contract with DBHDID for additional information.

Question: Can the billing supervisor be the same for TCM and HFW Supervisors?

Answer: Yes, as long as she/he meets Medicaid billing supervisor criteria.

Question: Can the Children's Services Director (CSD) serve as the billing supervisor for both TCM and HFW Facilitators?

Answer: Yes, if the CSD meets Medicaid billing supervisor criteria, the CSD can be the billing supervisor for both TCM and HFW Facilitators. However, the billing supervisor does not have to be the immediate/daily HFW Supervisor.

Question: Does the HFW Supervisor have to be an independently licensed clinician or associate?

Answer: No. DBHDID has prepared position guidance for HFW Supervisors.

Question: Does the HFW Supervisor have to be 1.0 FTE?

Answer: No. As long as the required ratio of one High Fidelity Wraparound Supervisor to seven High Fidelity Wraparound Facilitators is maintained the Supervisor may engage in other services.

Question: Can the HFW Supervisor provide HFW or any other services?

Answer: Yes. The HFW Supervisor may carry a HFW caseload proportionate to their supervisor-facilitator ratio (e.g., national consultants recommend that those with a supervisor-facilitator ratio of 7:1 carry a HFW caseload of no more than 2). It is recommended that HFW Implementation Advisors are consulted when allocating supervisory resources.

Question: Can the HFW Supervisor supervise the LRC?

Answer: Yes. The HFW Supervisor may carry a HFW caseload proportionate to their supervisor-facilitator ratio (e.g., national consultants recommend that those with a supervisor-facilitator ratio of 7:1 carry a HFW caseload of no more than 2). It is recommended that HFW Implementation Advisors are consulted when allocating supervisory resources.

Question: Can the LRC supervise the HFW Supervisor?

Answer: Yes. During the transition period, if the LRC meets Medicaid billing supervisor criteria s/he can supervise the HFW Supervisor.

Question: Can Service Coordinators providing TCM (not HFW Facilitators) serve both adults and children while maintaining a caseload of 25?

Answer: Yes. The Service Coordinators providing TCM (not HFW Facilitators) can provide TCM services to any TCM eligible population for which they have been credentialed (i.e., having met the eligibility and training requirements as per 908 KAR 2:260 Targeted case manager: eligibility and training) as long as their total caseload size does not exceed 25.

Question: For children and youth who are provided HFW, who will be responsible for entering the client information into the IMPACT Outcomes Management System (IOMS)?

Answer: This is an agency decision.

Question: What forms are required for HFW reporting?

Answer: During SFY 2016, CMHCs will need to report expenditures of HFW allocated funding on the Financial Planning and Implementation Form 117 (due quarterly), the Project Report Form 102 (due quarterly), and the HFW Expenditures Form (due at the end of SFY 2016). Additional reporting may also be required.

Transitioning to High Fidelity Wraparound in the IMPACT Outcomes Management System (IOMS)

Effective July 1, 2015, only new HFW clients need to be entered into the IOMS. Any new clients (those approved after July 1) receiving TCM, but who are not in HFW should not be entered into IOMS nor do surveys need to be completed on them.

The existing TCM clients who are transitioning to HFW should continue to be tracked as before in IOMS. The same holds true for the existing TCM clients who are NOT transitioning to HFW. Regions will need to continue to track them in IOMS, complete the required surveys, and exit them from the system when they leave the program.

If any new TCM-only clients with approval dates of July 1, 2015 or later have already been entered into the system, contact IPOP to have them removed from the system. Additionally, if any existing clients were exited simply because they are not transitioning to HFW, please contact IPOP to have those records restored.

No clients should be identified as HFW recipients until after the initial HFW training and eligibility criteria are finalized, approximately January, 2016.

Question: What are the expected timeframes for contacts following referral?

Answer: Best practice would require contact with the family within 3 days of referral acceptance, a face-to-face meeting with the family within 7 days, and the first Family Team Meeting within 30 days.

Question: What is the timeframe for implementation?

Answer: HFW Facilitators may begin implementing the strategies following their initial 3-day training. The launch date for state-wide implementation is January 1, 2016. It is anticipated that caseloads will naturally build over time rather than having all families start on January 1, but that current capacity will be reached by June 30, 2016.

Question: What tools are being used to determine eligibility? What are the dates for upcoming training on the eligibility tools?

Answer: The CASII/ECSII and/or the CANS (Kentucky Version) will be used (in addition to other requirements) to determine eligibility through FY 2017. However, until the service intensity tool for the CANS is finalized, the CASII/ECSII should be used as one criterion to determine eligibility. Beginning in FY 2018, only the CANS (Kentucky Version) will be used. Department-sponsored training on the CASII and ECSII planned for January, 2016. KICC-

sponsored training on the CANS will be offered at the System of Care Academy, June 8-10, 2016.

Question: Our agency is currently using the CALOCUS to determine service intensity. Can we use that instead of the CASII?

Answer: The CASII is an updated version of the CALOCUS. As it is more current, we would encourage agencies to transition to the use of the CASII.

Question: Since the HFW Facilitator will count a Family Team Meeting as a contact for Medicaid billing purposes, can other team members (such as a therapist or a peer support specialist) bill Medicaid for that time as well?

Answer: The HFW Facilitator can use the family team meeting as a contact AND one other provider can bill for that Family Team Meeting. This is because TCM is billed as a monthly service and not a daily service – therefore there is no duplication in billing dates and times for the Facilitator and one other provider. However, if there are multiple billing providers present, the time will need to be charged to only one of them or divided among them. Care should be taken to avoid overlapping billing by providers. This includes any billing to Medicaid even if an entity outside the CMHC is also eligible to bill. If someone other than the HFW Facilitator is billing for the time of the Family Team Meeting, the note should reflect a billable service in accordance with the definition of a Medicaid billable service (e.g., documentation stating only "attended Family Team Meeting" would not meet criteria).

Question: Will there be a blanket referral form state-wide?

Answer: Each agency will utilize its own referral form. We suggest using a version of the current IMPACT nomination form for your region. Referral processes and nomination forms should be adjusted to reflect any additional criteria established by the agency to prioritize HFW referrals. Please remember that referring agencies (whose geographic borders often differ from those of the CMHC) appreciate similar forms. In addition, any CMHC can accept another CMHC region's form. Making a fillable form available electronically will also likely expedite referrals.

Question: Will there be specific billing codes for HFW and TCM?

Answer: Currently, HFW is billed as TCM.

Question: Will DBHDID issue guidance on salaries for HFW Facilitators or Supervisors?

Answer: No. DBHDID considers salary determinations to be the responsibility of each agency.

Question: Can HFW Facilitators provide services under the Michelle P. Wavier (MPW)?

Answer: HFW and MPW services may not overlap due to billing regulations; clients must receive services under one program or the other, not both. In addition, HFW Facilitators may not provide services to MPW clients, as this would count against their caseload limit of 10 families.

Question: Are clients with co-occurring substance use disorders eligible for HFW?

Answer: Clients with SUD who also meet all HFW eligibility criteria may receive HFW. Please refer to specific regulations for SUD TCM.

Question: Is there a requirement that children/youth have a therapist in order to receive HFW?

Answer: Each Family Team will determine its own membership, and it is not required that the child/youth be receiving therapy services. However, for evaluation, clinical consultation, and eligibility determination (both initial and ongoing), as well as chart management, a therapist will need to be available to the team and may be necessary to carry responsibility for the medical record. Each CMHC should have its own protocol in place for these situations.

Question: Should the family transition to TCM or out of all TCM after HFW goals are met?

Answer: This should be a decision made by the Family Team.

Question: What role can RIAC/LIAC play in supporting HFW implementation?

Answer: RIAC/LIAC will be vital partners in identifying services and supports available to all youth and families within a community. In addition, RIAC/LIAC will be ideally situated to address community barriers and develop helpful programs and supports at the community level.

Question: Are there any consequences for selecting current TCM families for HFW?

Answer: It would be important to consider things like eligibility criteria and family willingness to participate in a more intensive team approach when considering a switch to HFW. In addition, taking referrals from child-serving agencies/entities outside the CMHC is encouraged.

Question: Does the three day HFW introductory training count toward the state requirements for initial TCM training?

Answer: The 12-hour core training is a separate training that is required for all Targeted Case Managers and HFW Facilitators in Kentucky by regulation [908 KAR 2:260. Targeted case manager: eligibility and training]. The three day HFW introductory training may count toward the requirement for the additional six hours of training that is required to provide services for youth with SED.