



## P R O V I D E R   B U L L E T I N

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**To:           Psychiatric Residential Treatment Facilities, Managed Care Organizations, Care Management Organizations, Acute Care Hospitals, Psychiatric Hospitals, Psychiatrists, Health Service Providers in Psychology, Community Mental Health Centers, Mental Health Clinics, Physicians, Case Management**

**Subject:   Community Alternative to Psychiatric Residential Treatment Facilities**

## Overview

The Office of Medicaid Policy and Planning (OMPP) and Division of Mental Health and Addiction (DMHA) are pleased to announce receipt of a five-year grant from the Centers for Medicare and Medicaid Services (CMS) to further develop intensive community-based services for youth ages 6 through 20 (up to the 21<sup>st</sup> birthday) who are either residing in a Psychiatric Residential Treatment Facility (PRTF) or who may be eligible for admission to a PRTF because of their high level need for mental health services. This Community Alternative to Psychiatric Residential Treatment Facility (CA-PRTF) grant will be implemented following 1915(c) waiver guidelines. This bulletin describes the following:

- Eligibility criteria
- Access to CA PRTF grant services
- Application process
- Plan of care
- Provider qualifications, certification, and enrollment
- Youth and family satisfaction surveys
- Outcome monitoring.
- Wraparound fidelity index
- Identification and notification of potential CA-PRTF grant participants currently served through PRTFS
- Appeal process

## Eligibility Criteria

To be eligible for CA-PRTF grant services, the participant must meet the following criteria:

- Be age 6 through 20, up to the 21<sup>st</sup> birthday
- Be eligible for community-based Medicaid services
- Reside in a county that is an access point
- Have completed either the Child and Adolescent Needs and Strength (CANS) assessment or the Adult Needs and Strength Assessment (ANSA), which identifies the individual as needing a PRTF level of care

A participant meeting the above criteria and currently residing in a PRTF may be able to access grant services to assist with the transition back to community-based care. Youth living in the community who meet the above criteria may access grant services as an alternative to treatment in a PRTF.

During the first year, up to 200 participants can be served through the grant. **Enrollment in the grant program is based on the above criteria and the date and time of application.**

## Access to CA-PRTF Grant Services

Select counties with community mental health centers are designated as access points for CA-PRTF grant services. There are currently 40 access points across the state. Before accepting CA-PRTF grant applications, there must be at least one certified wraparound facilitator at the access point.

The access point must have a functioning system of care that adheres to the following core values:

- Child centered and family driven with the strengths and needs of the child and family dictating the types and mix of services provided
- Community-based: services, management, and decisions are determined in the community
- Culturally competent, with services that are responsive to the cultural, racial, religious, and ethnic differences of the families they serve

Over time, additional access points will be added. See a list of participating counties and access points on the FSSA/DMHA Web site at <http://www.in.gov/fssa/dmha/index.htm>.

## Application Process

Families may apply for CA-PRTF grant services for their children through the local designated access point. For a child in treatment at a PRTF, the child and family may request an application from the facility. A PRTF Level of Care form and CA-PRTF Grant application will be provided to the family when they request grant services. The forms are also available on the FSSA/DMHA Web site at <http://www.in.gov/fssa/dmha/index.htm>.

## Clinical Assessment

As part of the eligibility determination process, a CANS or ANSA must be completed with the child and family and submitted to the Indiana Behavioral Health Assessment System (IBHAS) at <http://ibhas.in.gov>. A qualified mental health professional, who is a certified CANS user, from a designated access point or a PRTF must complete this assessment. Based on the child's assessment ratings, the system will generate a recommendation for the appropriate intensity or level of mental health care.

## Plan of Care

Within 10 working days from the participant's initial visit to the access point or PRTF, the entity that completed the initial clinical assessment must submit the results along with the application and initial plan of care (POC) to DMHA for approval. The initial POC must meet the following criteria:

- Be as comprehensive as possible and include any services necessary to immediately engage the family.
- Include wraparound facilitation services. See the *CA-PRTF Grant Services* section of this bulletin for details.

DMHA will approve the plan or reply with questions within five business days. The wraparound facilitator will address identified concerns and resubmit the plan to DMHA within five business days. DMHA will respond within five business days. Once the POC is approved, the wraparound facilitator will receive a notice of action that the family can begin receiving services through the grant.

The wraparound facilitator will work with the child and family to identify and assemble a child and family team within the first 30 days. Through the child and family wraparound team planning process, the initial POC will be expanded to meet the needs of the child and family. The POC must include cost-effective services, that meet the needs identified in the CANS or ANSA. This POC is effective for one year from the initial approval date. The wraparound facilitator is responsible for formally updating the POC in the INsite database throughout the year based on the changing needs of the child and family.

## Level of Care Redetermination

The level of care needed by a child who is served through the CA-PRTF grant will be formally redetermined every 12 months. The PRTF Level of Care Form, including a CANS or ANSA reassessment, will be completed through the child and family team to document the need for continued or step-down services. The wraparound facilitator must submit the PRTF Level of Care Form and CANS or ANSA reassessment to DMHA for approval.

## CA-PRTF Grant Services

Grant services include wraparound facilitation, wraparound technician, respite care, non-medical transportation, habilitation services, training, and support of unpaid caregivers, consultative clinical and therapeutic services, and flex funds. All services must be properly documented in the POC and based on the needs of the participant and family.

## Service Standards

All providers are expected to complete a monthly status report that includes the following client information:

- Name
- Date of service
- Type of service
- Units/hours billed
- Identification of need and objective
- Description of activities completed to address need

Providers must submit a copy of the monthly status report to the wraparound facilitator within five business days after month's end.

## Habilitation Services

Habilitation services are conducted face-to-face with the participant by a mentor or peer mentor and address the needs of the participant. Habilitation services include the following:

- Developing skills to identify feelings; anger and emotional management; how to give and receive feedback, criticism, and praise; problem-solving; decision making; and assertive behavior
- Learning to resist negative peer pressure and to develop pro-social peer interactions, improve communication skills, optimize developmental potential, address substance abuse and use issues, and to build and promote positive coping skills
- Learning how to have positive interactions with peers and adults; encourage therapeutic and/or positive play with or without parents or guardians; encourage positive community connections; and develop non-paid, natural supports for child and family

Habilitation services do not include services that are mandated under the Individuals with Disabilities Education Act (IDEA). There is no limit to the amount, frequency, or duration of these services; however, the services provided must meet, not exceed, the needs of the participant identified by the CANS or ANSA.

## Respite Care

Respite care can be planned and provided on a routine basis or as an emergency in response to a crisis. Respite care can be provided in the participant's home or private place of residence, a child care home, or a facility licensed by the Indiana Family and Social Services Administration (IFSSA), Division of Family Resources (DFR), or by the Indiana Department of Child Services.

- Routine, non-crisis, respite care is billed in 15-minute increments for up to seven hours in any one day. Non-crisis respite care that exceeds seven hours per day must be billed using the service code for seven to 24 hours and is reimbursed at a daily rate.
- Crisis respite care is provided for eight to 24 hours at a daily rate.

Respite care provided in 24-hour units may not exceed 29 consecutive days in any six-month period.

## Consultative Clinical and Therapeutic Services

Consultative clinical and therapeutic services that are not covered by the State Plan may be provided when they are necessary to improve the participant's independence and inclusion in the community and/or to assist unpaid caregivers and paid support staff in carrying out individual treatment and/or support plans. These services may be delivered in the participant's home, in the school, or in the community as described in the POC to improve consistency across service systems:

- Home- or community-based consultation activities are provided by professionals in psychology, social work, counseling, and behavior management. The services include assessment, development of a home treatment and/or support plan, training and technical assistance to carry out the plan, monitoring of the participant and other providers in the implementation of the plan and compensation for participation in the child and family team meetings.
- Crisis counseling and family counseling may be provided.

There is no limit to the amount, frequency, or duration of this service; however, the services provided must meet, not exceed, the needs of the participant identified by the CANS or ANSA.

## Flex Funds

Flex funds are used to purchase a variety of one-time or occasional goods or services needed for participants and their families when the goods or services cannot be purchased by any other funding

source and the goods or services are directly related to the enrolled child's POC. Flex funds must be listed in the participant's POC and related to one or more of the following outcomes:

- Success in school
- Living at the person's own home or with family
- Development and maintenance of personally satisfying relationships
- Prevention or reduction of adverse outcomes, including arrests, delinquency, victimization, and exploitation
- Becoming or remaining a stable and productive member of the community

Flex funds are limited to a maximum of \$2,000 per participant per year.

### **Non-Medical Transportation**

Non-medical transportation services are available to assist grant participants and their families with gaining access to the following if specified in the POC:

- Grant services
- Other community services, activities, or resources

All family and community resources must be exhausted prior to accessing this service. Non-medical transportation services are limited to a maximum of \$2,000 per participant, per year.

### **Training and Support for Unpaid Caregivers**

Training and support for unpaid caregivers are available for any person, family member, neighbor, friend, co-worker, or companion who provides uncompensated care, training, guidance, companionship, or support to a grant participant.

- Training includes instruction about treatment and other services included in the POC as well as conferences, classes, or events in areas such as building parenting skills, child and adolescent development, how to deal with substance abuse, stress reduction, problem solving, communication techniques, advocacy skills, developing community support, building supportive child-parent relationships, monitoring and supervision techniques, positive play, and decision-making skills.
- Peer support may be provided to assist the unpaid caregiver in meeting the needs of the participant.

All training for individuals who provide unpaid support to the participant must be included in the participant's POC. Reimbursement is not available for the costs of travel, meals, and overnight lodging to attend a training event or conference. There is a maximum of \$120 per participant, per day for this service.

### **Wraparound Facilitation**

Wraparound facilitation is a comprehensive service designed to carry out the wraparound process through the child and family team. The wraparound team is responsible for ensuring that all needs of the child and family are being met as well as identified in the written plan of care. The wraparound facilitator will do the following:

- Supervise the wraparound team.
- Maintain a caseload of no more than 10 participants regardless of the funding source.
- Refrain from directly providing any grant services, other than wraparound facilitation and/or wraparound technician, to the participant even if their agency/organization is certified to provide those services.

There is no limit to the amount, frequency, or duration of this service; however, the services provided must meet, not exceed, the needs of the participant identified by the CANS or ANSA.

### **Wraparound Technician**

The wraparound technician will work with the family about the day-to-day activities identified in the POC. The wraparound technician is responsible for the following: :

- Providing progress reports to other team members.
- Making recommendations to the team.
- Taking guidance under the supervision of the wraparound facilitator.

There is no limit to the amount, frequency, or duration of this service; however, the services provided must meet, not exceed, the needs of the participant as identified by the CANS or ANSA.

## **Provider Qualifications, Certification, and Enrollment**

Individuals, agencies, or family members meeting the necessary requirements may be eligible to provide grant services. The access point has provider qualification and enrollment packets. Provider qualifications are also listed on the FSSA/DMHA Web site at <http://www.in.gov/fssa/dmha/index.htm> under the heading *Indiana's Community Alternatives to Psychiatric Residential Treatment Facilities*. An individual or agency may become certified at any time. All providers of grant services whether they are an agency, individual, or family member must follow the same certification process.

To become certified as a CA-PRTF provider, complete the following steps:

1. Select the grant service in which you are interested and qualified. Complete the certification packet and send the packet with required supporting documents to the following address:

**CA-PRTF Grant Certification**  
**Division of Mental Health and Addiction**  
**Indiana Family & Social Service Administration**  
**402 West Washington St., W353**  
**Indianapolis, IN 46204-2739**  
**Confidential Fax: 317 233-1986**

2. After being certified by DMHA as a CA-PRTF provider, you will receive a letter from DMHA advising how to enroll as a CA-PRTF provider with EDS. DMHA staff can assist you with this process.
3. Once selected by a child and family team to provide grant services, a certified provider may participate on the wraparound team.
4. Complete any additional required training.
5. Update certification records as indicated.

## **Criminal History and Background Investigations**

Criminal history checks are required for wraparound facilitators, technicians, providers of training and support, respite care providers, and habilitation providers. Criminal history checks are also required for providers of non-medical transportation who are not immediate family members or legal guardians. State and local checks are required at the time of provider certification. The provider must obtain the criminal history check and provide documentation to DMHA, if individually certified, or to the agency employer. Criminal history checks will be maintained in agency files and available upon request.

In the certification process, agency providers are to maintain documentation of mandatory investigations and/or screenings in staff personnel records, available for audit. Individual providers are required to submit evidence of investigations and/or screenings to DMHA. As part of the quality assurance process, audits will include random review of personnel records. Any provider found to be out of compliance with this requirement will be required to submit a corrective action plan. A follow-up on-site review will verify that the corrective action plan has been followed. If the corrective action plan has not been followed and the provider remains out of compliance, further action will be taken that could result in suspension or permanent revocation of the provider's certification.

## **Abuse Registry**

State and local abuse registry screenings are required for wraparound facilitators, technicians, providers of training and support, respite care providers, and habilitation providers. State and local checks are required at the time of provider certification and are updated annually. The provider must obtain the Abuse Registry Screen and provide documentation to DMHA, if individually certified, or to the agency employer. Abuse Registry Screens will be maintained in agency files and available upon request.

In the certification process, agency providers are to maintain documentation of mandatory screenings in staff personnel records, which must be available for audit. Individual providers are required to submit evidence of screenings to DMHA. As part of the quality assurance process, audits will include random review of personnel records. Any provider found to be out of compliance with this requirement will be required to submit a corrective action plan. A follow-up on-site review will verify that the corrective action plan has been followed. If the corrective action plan has not been followed and the provider remains out of compliance, further action will be taken that could result in suspension or permanent revocation of the provider's certification.

## **State Policies About Services Provided by Relative or Legal Guardian**

Non-medical transportation may be provided by a relative or legal guardian if the treatment team deems that no other provider or resource is available. Respite care may be provided by a relative who does not live in the home and is not a legal guardian. In both cases the provider must be a certified waiver provider and selected by the family to provide this service. If respite care is provided by a relative, the wraparound technician must verify the service was provided by making at least one unannounced visit during the time the respite service is scheduled.

## **Selecting Grant Providers**

Participants have the freedom to choose which approved grant provider will be part of their team and participants can change providers at any time. Wraparound facilitators will review a list of approved CA-PRTF grant providers with the family and/or participant for each service authorized in the POC. The participant and family members are encouraged to interview potential providers to make the best choice for their family. If a non-certified provider is chosen, DMHA will work with the individual or agency to assist with the certification process.

## **Billing and Reimbursement**

CA-PRTF participants will be monitored through INsite, Indiana's case management system, which is linked to the Medicaid claims system. The wraparound facilitator will enter into INsite the participant's POC that specifies the type and amount of services needed as well as the provider of those services identified by the family. After the POC has been approved by DMHA, the providers will receive a notice of action indicating the type and amount of services they have been authorized to provide for a participant. Providers must receive the notice of action before they can bill for any

services through the grant. All providers (agencies, individuals, and family members) will submit a bill for services to EDS for reimbursement. Providers can obtain more information about billing for services by contacting their area EDS Provider Relations consultant. The area EDS Provider Relations consultants are listed on the following Web site:

[http://www.indianamedicaid.com/ihcp/ProviderServices/pr\\_list\\_bottom.htm](http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_bottom.htm). Please refer to the *Service Standards* section in this bulletin about documentation requirements for providers.

Approved service providers will bill the grant for all services that are authorized in the POC. Participants who are eligible for Medicaid Rehabilitation Option (MRO) or Medicaid Clinical Option (MCO) services may receive these services in addition to services that have been authorized in the POC. Wraparound facilitators must follow their agency's procedure for documenting any MRO or MCO services that a participant is receiving in the treatment plan and progress notes. The wraparound facilitator is responsible for ensuring that there is no duplication of billing between grant and other Medicaid services.

## Youth and Family Satisfaction Surveys

All participants and families who are served through PRTFs or through the CA-PRTF grant will be contacted at the end of treatment or annually to complete the Youth Services Survey (YSS) and the Youth Services Survey for Families (YSS-F).

## Monitoring Outcomes

The CANS or ANSA reassessment will be completed every six months to monitor outcomes for participants receiving grant services. For children who are served through a PRTF, the CANS or ANSA reassessments will also be completed every 90 days.

## Wraparound Fidelity Index

The Wraparound Fidelity Index (WFI 4.0) will be used to monitor fidelity to the wraparound model of care. Children over age 11 and families who participate in grant services will be contacted annually to complete a brief interview regarding services. Wraparound facilitators will also be asked to complete the WFI 4.0 annually. For children under age 11, the WFI is completed by the family and the wraparound facilitator.

## Identification and Notification of Potential CA-PRTF Grant Participants Currently Served Through PRTFS

Upon admission to a PRTF, the family will be notified by letter and a brochure about services available through the CA-PRTF grant project to support the child or youth's transition back to the community. If the family lives in a county that is an access point, they will be asked to sign a form allowing the community mental health center or grant representative to call them to provide more information.

## Appeal Process

Families will receive a Notice of Action form within three days of determination of an action to be taken. Actions include confirmation or denial of eligibility for grant services and termination, reduction, or increase to all or any grant services. The back of this notice includes an explanation of a person's right to appeal and the instructions and time lines for an individual about the appeal process.