Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs

STATE AND COMMUNITY PROFILES

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to advancing access, quality, and cost-effectiveness in publicly financed health care. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve individuals with complex and high-cost health care needs. Its work focuses on: enhancing access to coverage and services; integrating care for people with complex needs; advancing quality, delivery system, and payment reform; and building Medicaid leadership and capacity.

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CARE MANAGEMENT ENTITIES FOR CHILDREN WITH SERIOUS BEHAVIORAL HEALTH NEEDS
A CHIPRA QUALITY IMPROVEMENT COLLABORATIVE

This resource is a product of *Care Management Entities for Children with Serious Behavioral Health Needs: A Quality Improvement Collaborative*. The Center for Health Care Strategies (CHCS) is serving as the coordinating entity for this five-year, three-state project funded by the Centers for Medicare & Medicaid Services' Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration grant program. The grant, which is funding Maryland (lead state), Georgia, and Wyoming, supports a Care Management Entity (CME) approach to improving quality and reducing costs for high-utilizing Medicaid- and CHIP-enrolled children with serious behavioral health challenges.

CMEs provide a centralized mechanism for coordinating the full array of needs for children and youth with complex behavioral health issues. These entities incorporate health information technology, high-quality wraparound, intensive care coordination, family and youth peer support, and access to home and community-based services. Through the collaborative, the states are implementing and/or expanding their use of the CME model, and testing financing strategies that coordinate Medicaid and other funding streams. The collaborative is part of a national evaluation to assess the impact of these provider-based models on the quality of health care for children.

CONTENTS

PROGRAM DEFINITIONS

State and community intensive care coordination programs profiled in this resource are grouped under three headings:

1. **ESTABLISHED PROGRAMS**: Those that have been in existence for some time, have outcomes data, and are involved in continuous quality improvement;
2. **EVOLVING PROGRAMS**: Those that have established approaches in parts of the state and are either: (1) expanding statewide, or (2) revamping their approach to intensive care coordination/wraparound, often within the context of utilizing new Medicaid strategies; and
3. **EMERGING PROGRAMS**: Those that are in the early stages of developing intensive care coordination programs using wraparound.

INTRODUCTION

Approximately one in 10 children in the United States has a serious emotional disorder,[1] and mental health conditions represent the most costly health condition among children.[2] Nearly three million children in Medicaid – about 10 percent of the Medicaid child population – use behavioral health care, yet their cost of care comprises an estimated 38 percent of all Medicaid expenditures for children.[3] A variety of options in Medicaid and under the Affordable Care Act (ACA), such as health homes and 1915(i) home and community-based services,[4] provides an opportunity for states to improve the quality and cost of care for these children.

In May 2013, the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a federal bulletin on behavioral health services for children, youth, and young adults with significant mental health conditions.[5] The bulletin sought to help states design a Medicaid benefit for this population that incorporates seven key services and supports—one of which is intensive care coordination (ICC) using the wraparound approach. The bulletin describes the components of ICC as follows:

- Assessment and service planning;
- Accessing and arranging for services;
- Coordinating multiple services;
- Access to crisis services;
- Assisting the child and family in meeting basic needs;
- Advocating for the child and family; and
- Monitoring progress.

The CMS/SAMHSA bulletin specifically references wraparound as an effective approach to ICC for children with significant mental health conditions.

Intensive Care Coordination using Wraparound vs. Traditional Care Coordination Approaches

Wraparound emerged in response to the unique characteristics of children with significant mental health conditions, which typically include extensive systems involvement and the need to work closely with families and caregivers. These factors have implications for care coordination staffing ratios, reimbursement rates, and care coordinator qualifications that differ from those for the adult population.

WHAT IS WRAPAROUND?

Wraparound is not a service, but rather a structured approach to service planning and care coordination for individuals with complex needs (most often children, youth, and their families), which:

- **Is built on key system of care values:** family- and youth-driven, team-based, collaborative, individualized, and outcomes-based; and
- **Adheres to specified procedures:** engagement, individualized care planning, identifying strengths, leveraging natural supports, and monitoring progress.

The wraparound process can be employed in conjunction with intensive care coordination to holistically address behavioral and social needs. The wraparound approach to intensive care coordination incorporates a dedicated full-time care coordinator working with small numbers of children and families. Families involved in intensive care coordination using wraparound also have access to family and youth peer support services. Care coordinators engage youth and their families to establish an individualized child and family team that develops and monitors a strengths-based plan of care. Teams address youth and family needs across domains of physical and behavioral health, social services, and natural supports.

Because it is a discrete process, wraparound can be continued independent of intensive care coordination. However, this has implications for organizational staffing, costs, and more. Learn more: www.nwi.pdx.edu.

Care coordination staffing ratios for adults tend to be higher than for children. For example, Missouri's health home model for persons with serious mental health conditions has a nurse care manager-to-recipient ratio of 1:250.[6] In ICC approaches using fidelity wraparound, the care coordinator-to-child/family ratio typically does not exceed 1:10.[i] Traditional case management approaches for children with serious behavioral health conditions, have found quality outcomes to be minimal, particularly in comparison to ICC approaches using high quality wraparound.[7]

Rates for traditional or adult-focused care coordination are typically lower than for children with complex needs. In Missouri, the health home per member per month (PMPM) rate is $78,[8] while a national scan of care coordination rates in ICC/wraparound approaches revealed a range of $780-$1,300 PMPM.[9]

[i] Some ICC/wraparound approaches serve populations of children with mixed levels of acuity, using tiered case ratios; even in these approaches, however, ratios do not exceed 1:15 across the population, with lower ratios for those children with more serious challenges.

An effective wraparound approach entails intensive, face-to-face interactions with the child, family, and other system partners like schools and courts.

Wraparound care coordinators must typically meet requirements for a specific number of hours per week of face-to-face interaction. Investment in this model of ICC – even at the higher rate – results in per capita cost savings through reduced use of expensive facility-based care (e.g., inpatient psychiatric hospitalization, residential treatment, emergency room use, etc.).

Lengths of stay in ICC/wraparound approaches range from about 7-18 months, with certain populations of children – such as those involved in child welfare or with complex co-occurring conditions – typically having longer enrollment. These average lengths of stay have implications for the assumptions underlying health home enrollment. For adults with serious mental illness or child populations with complex medical conditions, the health home may be envisioned as a "lifetime" provider, which is not the case for most children with serious behavioral health challenges.

The Emerging Evidence Base for Wraparound

As states develop customized care coordination programs for populations with complex needs – through health homes, the 1915(i) provision of the ACA, and other vehicles – wraparound offers a promising approach supported by an emerging evidence base.[10] For example, Wraparound Milwaukee (see page 25) reduced total child population use of psychiatric hospitalization from an average of 5,000 to less than 200 days annually and reduced its average daily residential treatment facility population from 375 to 50. Maine found a 28 percent reduction in total net Medicaid spending among youth served in its Wraparound Maine initiative, even as use of home- and community-based services increased. Cost reductions for youth enrolled in Wraparound Maine were driven by a 43 percent decrease in the use of psychiatric inpatient treatment and 29 percent drop in residential treatment.[11] New Jersey estimates that the state has saved over $40 million in inpatient psychiatric expenditures over the last three years through its system of care, which incorporates a wraparound approach for children with serious emotional disorders.[12]

CMS' Alternatives to Psychiatric Residential Treatment Facilities (PRTF) waiver demonstration compared home- and community-based services (implemented using the wraparound approach) to treatment in PRTFs. The PRTF waiver demonstration evaluation report concluded that across all state grantees over the first three waiver years, youth maintained or improved their functional status, while services cost substantially less than institutional alternatives. In most cases, waiver costs were around 20 percent of the average per capita total Medicaid costs for services in institutions from which youth were diverted, representing average per capita savings of $20,000 to $40,000.[13]

In this Resource

The state and county examples profiled here include many that have been in existence for some time and have demonstrated cost and quality outcomes, as well as some that are new. Even those that have been underway for some time may be in the process of revamping in the context of larger Medicaid redesign and health reform initiatives. The profiles contain a wealth of information on the various ways that ICC using wraparound is being employed across the country. This resource is not intended to represent an exhaustive list of all states and communities in the country that are implementing ICC using wraparound. Rather, it is intended to help states and communities that are considering developing ICC using wraparound for children and youth with serious behavioral health needs to understand the various ways that these programs can be structured, implemented, and evaluated.

SECTION ONE: ESTABLISHED ICC/WRAPAROUND PROGRAMS

The following states and communities have ICC programs using high-quality wraparound that are fully established, with sustainable funding streams and a full array of services and supports for children with behavioral health needs. These programs have outcomes data (some publicly available) and are involved in continuous quality improvement.

Louisiana
Massachusetts
Michigan
Nebraska
New Jersey
Cuyahoga County, Ohio
Dane County, Wisconsin
Milwaukee County, Wisconsin

LOUISIANA	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Department of Health & Hospitals, Office of Behavioral Health and Medicaid through a contract with a statewide managed care organization (MCO)
Agency responsible for overseeing provision of ICC/wraparound	Department of Health & Hospitals, Office of Behavioral Health and the statewide MCO
Entities providing ICC/wraparound	There are four private nonprofit Wraparound Agencies in LA (contracted with the statewide MCO) to provide wraparound. Each agency will serve at least two different administrative regions of the state once statewide implementation occurs. There is only one Wraparound Agency serving each region.
Number of children/youth served through ICC/wraparound annually	2,025 children/families (during contract year March 2013–February 2014)
Population(s) served	Children or youth under the age of 22, with a mental health, substance use, or co-occurring disorder; at-risk of or in out-of-home placement; generally with cross-system involvement (e.g., juvenile justice, child welfare or special education). Access the original request for proposal for the full description of the population.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	LA Child and Adolescent Needs and Strengths Assessment (CANS) Comprehensive Multisystem assessment tool
Individual/entity that conducts eligibility screening	Statewide MCO
Entity that authorizes enrollment in ICC/wraparound	Statewide MCO and state Medicaid office
Tool(s) used for assessment once children are enrolled	The LA CANS Comprehensive Multisystem assessment is conducted at admission, 180 days after enrollment, at disenrollment, and at any time during enrollment when a significant change in identified risk factors or family strengths is observed and a decision regarding change in level of care is required.
Average length of involvement with ICC/wraparound	237 days (2013)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Wraparound Agencies must be certified through the Office of Behavioral Health and then credentialed through the statewide MCO. **Office of Behavioral Health Certification Process** The Wraparound Agency applies to the Office of Behavioral Health for certification. Care coordinators must meet/maintain required provider qualifications as defined by the Louisiana Behavioral Health Partnership Service Definitions Manual. Care coordinators must keep documentation of completion of required trainings and observations, and the Wraparound Agency must ensure that all Wraparound Facilitators and Wraparound Supervisors participate in fidelity monitoring using the Wraparound Fidelity Assessment System. **Statewide MCO Process** Wraparound Agencies must obtain certification from the Office of Behavioral Health, and complete a LA Medicaid Interested Provider form, a W9, curriculum vitae, and a credentialing application. The credentialing process includes, but is not limited to: Primary Source Verification and Regional Network and Credentialing Committee review.
Education requirement for care coordinators	Bachelor's degree in a human service field, or bachelor's in any field with a minimum of two years full time experience in relevant family, child/youth, or community service capacity. Relevant alternative experience may be substituted for the bachelor's degree requirement in individual cases, subject to approval by the Office of Behavioral Health.
Certification requirements for care coordinators	Certification requirements for care coordinators include completion of the University of MD Institute for Innovation and Implementation's training in: (1) Introduction to Wraparound; (2) Engagement in the Wraparound Process; and (3) Intermediate Wraparound. Care coordinators must also participate in on-site coaching sessions from an Office of Behavioral Health-approved trainer/coach,

LOUISIANA	
	for a minimum of one year.
Care coordinator to child/family ratio	1:10

Credentialing requirements for supervisors of care coordinators	Supervisors/coaches have the same minimum educational requirements as care coordinators. The Office of Behavioral Health does not credential, but does certify supervisors/coaches.
	
	Certification Requirements
	▪ Completion of University of MD Institute for Innovation and Implementation's Training in: (1) Introduction to Wraparound; (2) Engagement in the Wraparound Process; and (3) Intermediate Wraparound; and (4) Advanced Wraparound Practice: Supervision and Managing to Quality;
	▪ Registration in the Institute for Innovation and Implementation online technical assistance tracker;
	▪ Attendance at coaches orientation meeting;
	▪ Participation in a minimum of four coaching sessions conducted by a national trainer from the Institute for Innovation and Implementation;
	▪ Demonstrated proficiency in the following Wraparound Practice Improvement Tools:
	  ▪ Coaching Observation Measure for Effective Teams (COMET)
	  ▪ Supportive Transfer of Essential Practice Skills (STEPS) Wheel
	  ▪ Coaching Response to Enhance Skills Transfer (CREST) Tool
	  ▪ Supervisor Assessment System (SAS) Tool;
	▪ Successful completion of the following:
	  ▪ Submission of one Document Review using the COMET – Must match national trainer at 85% or greater
	  ▪ Online Submission of 12 COMETS – Each COMET must include: referral; two consecutive plans of care; family story/timeline; and crisis plan. Must match national trainer at 85% or greater.

Supervisor to care coordinator ratio	1:8
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Children/youth enrolled in wraparound have access to all services available under the LA state plan and Medicaid waivers. Consultation to Wraparound Agencies by psychiatrists or APRNs is not required, but Wraparound Agencies can use their funding to secure whatever they feel is needed to support their staff. The chief medical officer and medical administrator of the statewide MCO are also both child psychiatrists and can consult as needed.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A – Children who require medication and associated monitoring access these services through the Medicaid funded service array.
Role of psychiatrist/APRN on child and family team	A psychiatrist/APRN actively engaged in treatment with a child/youth would provide consultation to the team about that specific child/youth. The clinician would be invited to participate in each team meeting. Plans of care are not reviewed and signed at the agency level by a psychiatrist or APRN.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	All children/youth receiving ICC can access Parent Support and Training and Youth Support and Training. These are distinct services from ICC and are not required as part of ICC.
Financing for parent/caregiver peer support	Medicaid fee-for-service
Rate for peer support	$10 per 15 minutes; a rate increase has been proposed to CMS, which would raise the rate to $12.50 per 15 minutes.
Entity responsible for development and training of peer partners	The Office of Behavioral Health, the state MCO, and the state family support organization.
Financing for peer partner development and training	Initially, mental health block grants, state general funds, Medicaid reimbursement (50/50), with some funding from child welfare social services block grants to train family/youth peer support providers. The Office of Behavioral Health and some state Medicaid dollars currently fund training

LOUISIANA	
	through the University of MD for parent/youth support specialists. The statewide MCO has also funded training for these staff.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid; state general funds (child welfare, juvenile justice – for non-Medicaid child welfare/juvenile justice involved youth); mental health block grant funds (for non-Medicaid/non-state agency involved youth)
ICC/wraparound rate and billing structure	Administrative payment: $1,035 PMPM Administrative payment to statewide MCO: $137 PMPM
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/A
Provider/clinician reimbursement for participation in child and family team meetings	Yes, providers are paid for participation in child and family team meetings through Medicaid. ▪ **Service categories**: Other Licensed Practitioner Sessions ▪ **Billing codes**: 90832 – Psychotherapy (30 minutes); 90834 – Psychotherapy (45 minutes); 90837 – Psychotherapy (60 minutes)
Medicaid vehicles used to finance ICC/wraparound	Waivers: 1915(b), 1915(c)
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Individual Wraparound Agency coaches/supervisors are being trained to offer all three required trainings for new care coordinators; however, there is no additional funding for this role.
Care coordinator access to mobile crisis response and stabilization services	There is access to Medicaid funded crisis stabilization. Some regions in the state fund mobile crisis response through state general funds and block grants. The statewide MCO continues to build the crisis response network, which will be financed through Medicaid.
Care coordinator access to intensive in-home services	Medicaid State Plan services: ▪ Home Builders ▪ Functional Family Therapy ▪ Community Psychiatric Support and Treatment ▪ Psychosocial Rehabilitation
Entity responsible for provider network development	Statewide MCO
EVALUATION AND MONITORING	
Entity responsible for utilization management	Statewide MCO
Tools used to measure ICC/wraparound quality and fidelity	Wraparound Fidelity Index – Short Version (WFI-EZ), Document Review Form
Entity responsible for tracking quality and fidelity	Office of Behavioral Health, statewide MCO
Outcomes tracked	Out of home placements; child/youth functioning in home, school, and community; psychiatric emergency department utilization; inpatient psychiatric utilization; cost.
Entity responsible for tracking outcomes	Statewide MCO
Outcomes data	▪ Coordinated System of Care - Report to the Governance Board - 10/24/13 ▪ Louisiana Behavioral Health Partnership - Coordinated System of Care - Transforming the System - 7/25/13
IT system used to support ICC/wraparound	Multiple IT systems are used to support ICC (none customized) including provider agency; state agency (i.e. child welfare, juvenile justice, education) administrative data; and the statewide MCO (e.g., authorization, claims) systems.
Contact	Connie Goodson, LMSW, *Director, Coordinated System of Care, Louisiana Office of Behavioral Health,* Connie.Goodson@LA.GOV

MASSACHUSETTS	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	MassHealth (MA Medicaid) through its six contracted Managed Care Entities.
Agency responsible for overseeing provision of ICC/wraparound	MassHealth and the MA Executive Office of Health and Human Services
Entities providing ICC/wraparound	There are 22 private nonprofit entities providing ICC across 32 Community Service Agencies in MA.
Number of children/youth served through ICC/wraparound annually	9,095 youth and families (FY2013, but since some individuals have more than one MassHealth identification number, the actual number of unique utilizers is slightly lower.)
Population(s) served	Youth who meet defined criteria for SED and additional specific criteria. Access the full description of eligibility criteria here.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	Standard medical necessity criteria are used to screen for eligibility across the six Managed Care Entities.
Individual/entity that conducts eligibility screening	Community Service Agencies (private nonprofit agencies)
Entity that authorizes enrollment in ICC/wraparound	Managed Care Entities
Tool(s) used for assessment once children are enrolled	CANS is used as part of a comprehensive psychosocial assessment for ICC
Average length of involvement with ICC/wraparound	The weighted average of the length of enrollment for youth in ICC is 8 months and the average length of enrollment for youth who graduate from ICC is 11-12 months.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must be CANS certified. The ICC provider ensures that all care coordinators complete the state-required training program for ICC and have successfully completed skill- and competency-based training to provide ICC Services (the full list of training topics can be found here under Staffing Requirements). Care coordinators must successfully complete skill- and competency-based training in the delivery of ICC consistent with systems of care philosophy and the wraparound planning process and have experience working with youth with SED and their families. Care coordinators must also participate in weekly individual supervision with a behavioral health clinician licensed at the independent practice level, as well as in weekly individual, group, or dyad supervision with the senior care coordinator.
Education requirement for care coordinators	Master's degree in a mental health field (including, but not restricted to, counseling, family therapy, social work, psychology, etc.); or bachelor's degree in a human services field and one year of relevant experience working with families or youth. If the bachelor's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. Individuals with an associate's degree or high school diploma must have a minimum of five years of experience working with the target population; experience in navigating any of the child/family-serving systems; and experience advocating for family members who are involved with behavioral health systems.
Certification requirements for care coordinators	All care coordinators must be CANS certified. In addition, many ICC providers are pursuing Vroon VanDenBerg wraparound certification for their care coordinators and family partners; however, this is not a state requirement.
Care coordinator to child/family ratio	1:10 average
Credentialing requirements for supervisors of care coordinators	Supervisors must be master's level clinicians, with at least three years of experience providing outpatient behavioral health services to youth and families (experience with home-based or wraparound models preferred). The ICC provider ensures that all senior care coordinators complete the state-required training program for ICC and have successfully completed skill- and competency-based training to supervise care coordinators.
Supervisor to care coordinator ratio	1:8 average

MASSACHUSETTS	
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Yes
Hours per week psychiatrist/APRN is available	Depending upon the size of the Community Services Agency, availability ranges from 2-8 hours per week.
Psychiatrist/APRN role in medication management	The role of the psychiatrist/APRN is consultation.
Role of psychiatrist/APRN on child and family team	The psychiatrist/APRN is available to the care coordinators in a variety of ways including consultation, training, communication with other medical professionals, and participation on care planning teams. However, the psychiatrist/APRN does not sign care plans.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Parent/caregiver support is available to parents/caregivers of youth receiving ICC through a separate Medicaid service, Family Support and Training. This service is also available to parents/caregivers of youth receiving In-Home Therapy and Outpatient services.
Financing for parent/caregiver peer support	Parent/caregiver support is a Medicaid state plan service, funded through MassHealth's Managed Care Entities.
Rate for peer support	$15.60 per 15 minutes
Entity responsible for development and training of peer partners	The providers of parent/caregiver peer support (i.e. Community Service Agencies) are responsible for the initial and on-going training for this service.
Financing for peer partner development and training	Built into the Community Service Agency rate.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid
ICC/wraparound rate and billing structure	Rate for master's level care coordinator: $23.74 per 15 minutes Rate for bachelor's level care coordinator: $18.88 per 15 minutes
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time.
Provider/clinician reimbursement for participation in child and family team meetings	Yes, through Medicaid
Medicaid vehicles used to finance ICC/wraparound	Targeted Case Management through Medicaid SPA
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Providers of care coordination are required to train all new staff and provide annual training to all staff.
Care coordinator access to mobile crisis response and stabilization services	All youth under the age of 21 enrolled in MassHealth have access to mobile crisis intervention funded through Medicaid.
Care coordinator access to intensive in-home services	In-Home Therapy services are funded through Medicaid.
Entity responsible for provider network development	The MassHealth Managed Care Entities are responsible for developing the provider network for ICC.
EVALUATION AND MONITORING	
Entity responsible for utilization management	MassHealth Managed Care Entities
Tools used to measure ICC/wraparound quality and fidelity	ICC quality is measured through the use of the WFI-Parent/Caregiver, the Team Observation Measure (TOM), and a medical record review completed by the Managed Care Entities using a formalized review tool. Additionally, MA uses the System of Care Practice Review tool for annual reviews of the service.
Entity responsible for tracking quality and fidelity	Quality and fidelity are monitored by providers, the Managed Care Entities, and MassHealth.
Outcomes tracked	MA tracks many process variables on a monthly basis. The state uses the CANS and is exploring its use to track clinical outcomes.
Entity responsible for tracking outcomes	MassHealth

MASSACHUSETTS	
Outcomes data	Rates of inpatient hospitalization have declined over the period that MassHealth has implemented ICC and other home- and community-based services. Contact Jack Simons (information below) for additional information.
IT system used to support ICC/wraparound	Providers use their own systems.
Contact	Jack Simons, *Assistant Director, Children's Behavioral Health Initiative, Executive Office of Health and Human Services*, jack.simons@state.ma.us

MICHIGAN	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	MI Department of Community Health
Agency responsible for overseeing provision of ICC/wraparound	MI Department of Community Health
Entities providing ICC/wraparound	Wraparound is a Medicaid Early, Periodic Screening Diagnosis and Treatment (EPSDT) state plan service in MI. All Prepaid Inpatient Health Plans are required to ensure wraparound support is available to all youth and families who meet criteria for the service in their catchment areas. This is done by oversight of county level community mental health providers, who may also contract out this service to private providers while maintaining responsibility for the quality of the service and fidelity to the model.
Number of children/youth served through ICC/wraparound annually	1,300 children/families in FY12
Population(s) served	Wraparound is primarily provided to youth with SED. Some providers also provide wraparound to youth with intellectual and developmental disabilities.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	Child and Adolescent Functional Assessment Scale (CAFAS) to determine functional impairments, which assists with eligibility determination for SED criteria
Individual/entity that conducts eligibility screening	Assessment for eligibility is completed by providers of the Prepaid Inpatient Health Plans and Community Mental Health Service Providers.
Entity that authorizes enrollment in ICC/wraparound	The Prepaid Inpatient Health Plan authorizes enrollment in ICC using quality wraparound. MI Department of Community Health requires an enrollment process for all providers. Wraparound must be available to all youth who meet criteria as indicated above, and the provider must meet the Department of Community Health qualifications as identified in the MI Medicaid Manual.
Tool(s) used for assessment once children are enrolled	CAFAS is required to be administered at intake, quarterly, annually, and exit.
Average length of involvement with ICC/wraparound	The average length of stay is 11 months.
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Wraparound facilitators must: ▪ Complete the Department of Community Health/MI Department of Human Services three-day new facilitator training within 90 days of hire; ▪ Complete a minimum of two Department of Community Health/Department of Human Services-provided wraparound trainings per calendar year; ▪ Demonstrate proficiency in facilitating the wraparound process as monitored by their supervisor and community team; and ▪ Participate in and complete Department of Community Health-required evaluation and fidelity tools.
Education requirement for care coordinators	Wraparound facilitators must have a minimum of a bachelor's degree. There is a wraparound "broker" designation for those with a high school diploma. Many wraparound facilitators have master's degrees.
Certification requirements for care coordinators	N/A – same as credentialing requirements listed above. MI requires that wraparound programs be enrolled by the Department to ensure high fidelity to

MICHIGAN	
	the model. Standards are clearly outlined in the MI Medicaid Provider Manual.
Care coordinator to child/family ratio	1:10; if a facilitator has families who are transitioning out of the process they may add additional families, not to exceed 12.
Credentialing requirements for supervisors of care coordinators	Supervisors must be licensed, master's-level social workers, must meet the child mental health professional (CMHP) provider qualification, and must complete the same training requirements as care coordinators.
Supervisor to care coordinator ratio	MI does not have a standardized supervisor to wraparound facilitator ratio.
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Care coordinators have access to psychiatric consultation.
Hours per week psychiatrist/APRN is available	Varies
Psychiatrist/APRN role in medication management	All children on psychotropic medications are monitored by a psychiatrist.
Role of psychiatrist/APRN on child and family team	The role of the psychiatrist varies depending on the needs of the youth and family, but could include membership on the wraparound team and a role as advisor to the team. Psychiatrists are not required to sign the wraparound plan.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Parent support partners are an EPSDT Medicaid State Plan service in MI. This service is expanding statewide. Parent support partners are identified as a strategy to meet an identified need during the wraparound planning process.
Financing for parent/caregiver peer support	Parent support partners are a Medicaid covered service in MI under the 1915(b) Mental Health Managed Care Specialty Services and Supports Waiver.
Rate for peer support	1915(b) waiver rate = $9-15 per hour 1915(c) waiver rate = $80 (one per day allowed, maximum of four per month)
Entity responsible for development and training of peer partners	MI requires parent support partners to be trained using a model developed by the Department of Community Health with assistance from a statewide family organization, the Association for Children's Mental Health. The Department of Community Health contracts with the Association for Children's Mental Health to provide initial and ongoing training and technical assistance to parent support partners across the state.
Financing for peer partner development and training	Federal block grant dollars are used to provide training and technical assistance to parent support partners.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid is the primary funding source for wraparound in MI. Additionally, some counties have developed blended funding models. System of care grants have also been helpful to some communities in getting programs started.
ICC/wraparound rate and billing structure	1915(b) waiver rate = $87.51 per 15 minutes (Code: H2021) 1915(c) waiver rate = $412.68 per meeting, up to 4 per month (Code: H2022)
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time
Provider/clinician reimbursement for participation in child and family team meetings	Participation in team meetings is often funded through an individual's employer (e.g., Community Mental Health Service Providers, probate courts, Department of Human Services, schools). Some private providers participate and volunteer their time. During team meetings, Medicaid only covers services provided by the wraparound facilitator, not by other team members.
Medicaid vehicles used to finance ICC/wraparound	Wraparound is a required service under MI's 1915(c) waiver for children with SED; and it is an EPSDT service under the state's 1915(b) Mental Health Managed Care Specialty Services and Supports waiver.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes, one full time staff position at the Department of Community Health is dedicated as the Statewide Wraparound Coordinator. This position oversees the initial three-day training and develops an annual training calendar to provide ongoing skill development. The three-day training is offered quarterly at a minimum. The training and technical assistance budget utilizes federal mental

MICHIGAN	
	health block grant funds.
Care coordinator access to mobile crisis response and stabilization services	Mobile crisis response units are available through some Prepaid Inpatient Health Plans/Community Mental Health Service Providers and will be a required service available statewide by January 1, 2015.
Care coordinator access to intensive in-home services	Home-based services are a required Medicaid covered service under the 1915(b) Mental Health Managed Care Specialty Services and Supports waiver.
Entity responsible for provider network development	MI Department of Community Health contracts with Prepaid Inpatient Health Plans, which are responsible for developing provider networks
EVALUATION AND MONITORING	
Entity responsible for utilization management	Prepaid Inpatient Health Plan
Tools used to measure ICC/wraparound quality and fidelity	The Department of Community Health contracts with MI State University to collect and analyze data gathered from a comprehensive family status report questionnaire that is completed initially, quarterly, at exit, and at three months post-exit. In addition, the Department of Community Health utilizes a fidelity survey that measures the degree to which facilitators, parents, youth, and team members feel the team process has embodied MI's 13 values.
Entity responsible for tracking quality and fidelity	Department of Community Health in conjunction with MI State University. The Prepaid Inpatient Health Plan is responsible for tracking quality and fidelity on an ongoing basis.
Outcomes tracked	CAFAS scores, school functioning and attendance, legal status, medications prescribed, whether a child/youth is living in their community, frequency of placement changes if in the foster care system, who are their team members, resiliency factors, community involvement (activities, volunteering etc.).
Entity responsible for tracking outcomes	Prepaid Inpatient Health Plans
Outcomes data	N/A
IT system used to support ICC/wraparound	No customized system is used.
Contact	Millie Shepherd, *Wraparound Coordinator, Michigan Department of Community Health,* shepherdm@michigan.gov

A COUNTY TAKE ON THE STATE MODEL: LIVINGSTON COUNTY, MICHIGAN

Livingston County, Michigan has tailored and expanded upon the state's wraparound program to serve the needs of its children and families in several distinct ways. The county has established a Human Service Collaborative, comprised of 26 appointed members from its health and human services agencies, that work together to coordinate services across these systems. The Collaborative is, among other things, responsible for overseeing the provision of ICC/wraparound in Livingston County. Another cross-agency body – the Community Consultation Team, which consists of designated system partners from child welfare, mental health, schools, substance abuse, juvenile courts, public health, and family representatives – is responsible for authorizing enrollment in wraparound services.

Livingston County uses a unique blended funding mechanism to provide ICC/wraparound services. The county blends funds from the following sources:

- Medicaid: 1915(b) and 1915(c) waivers;
- General revenue: state mental health, state child welfare, state match of county child care funding; and
- Local revenue: public health, substance use tax dollars, county court allocation, child welfare court allocation.

Financial and outcomes data are presented monthly to the funding partners. Over the last 10 years, youth enrolled in wraparound in Livingston County have showed improved functioning on the CAFAS by an average of 38 points (double the amount considered statistically significant). The 10-year average for children in Livingston County's wraparound program who stayed in a community placement or moved to a less restrictive placement is 79 percent.

Livingston County's wraparound program serves between 60 and 80 families annually, with an 11-month average length of involvement.

NEBRASKA

REGION 3

Nebraska has implemented ICC/wraparound across its six behavioral health regions. This profile highlights Region 3, which was an early implementer of the state's Professional Partner Program (ICC/wraparound), helping to inform the statewide expansion.

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	NE Department of Health and Human Services, Division of Behavioral Health and Division of Children and Family Services
Agency responsible for overseeing provision of ICC/wraparound	Division of Behavioral Health and Regional Behavioral Health Authorities
Entities providing ICC/wraparound	**Public entities**: There are six Regional Behavioral Health Authorities across NE – Region 1: Behavioral Health; Region 2: Human Services; Region 3: Behavioral Health Services; 4: Behavioral Health System; Region 5: Systems; Region 6: Behavioral Healthcare
Number of children/youth served through ICC/wraparound annually	268 youth (2013, Region 3 only)
Population(s) served	Children and youth who experience SED; are at-risk of committing a juvenile offense; at-risk of becoming a ward of the state to access behavioral health services; at-risk of dropping out of or failing school. Families that are high risk for maltreatment. Transition age youth who experience a behavioral health disorder and are transitioning to independent living. All youth enrolled exhibit functional impairment in life domains.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	Professional Partner Screening Form (NE tool)
Individual/entity that conducts eligibility screening	Intake worker of the Regional Behavioral Health Authority. For families that are high risk for maltreatment, the state child welfare entity (Division of Children and Family Services) conducts the intake and refers to the program.
Entity that authorizes enrollment in ICC/wraparound	For youth who have SED, authorization is not required; however, the youth are registered with the Division of Behavioral Health. For families who are at high risk of maltreatment, the Division of Children and Family Services authorizes enrollment in the program.
Tool(s) used for assessment once children are enrolled	CAFAS
Average length of involvement with ICC/wraparound	9 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	No credentials are required.
Education requirement for care coordinators	A bachelor's degree with at least 2 years of experience in a human services field.
Certification requirements for care coordinators	No
Care coordinator to child/family ratio	1:10 (generally)
Credentialing requirements for supervisors of care coordinators	Bachelor's, master's preferred
Supervisor to care coordinator ratio	1:7
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	On an as-needed basis; regular, ongoing consultation provided by a PhD psychologist.
Hours per week psychiatrist/APRN is available	As needed
Psychiatrist/APRN role in medication management	This service is purchased through providers; and both are utilized in medication management based on need and availability.
Role of psychiatrist/APRN on child and family team	Very rarely do psychiatrists/APRNs participate on a child and family team due to availability, and they do not sign-off on plans of care. However, a psychiatrist/APRN may consult with the team as needed.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Yes. This service is not required, but is highly utilized.
Financing for parent/caregiver peer support	State fund dollars

NEBRASKA REGION 3	
Rate for peer support	There is no set rate for peer support in NE. The state contracts with the family run organizations on a cost reimbursement basis with a capped annual contract amount. Expenses are billed and reimbursed monthly. Region 3 has a separate contract with the family run organization for programs focused on transition age youth. Additional programs developed by Region 3 for transition age youth include: supported employment, use of the Transition to Independence Process in the wraparound program for these youth, a transitional youth advocate program provided by a peer in the family run organization (Families CARE), and an emergency community support program (crisis case management) specifically for transition age youth.
Entity responsible for development and training of peer partners	Family run organizations (one in each of the 6 Behavioral Health Regions). The state contracts with the NE Federation of Families for Children's Mental Health, which subcontracts with the 6 affiliate family run organizations. Region 3's transitional youth advocate peer program (Families CARE) is contracted on an expense reimbursement basis. Region 3 allocates an annual amount based on Families CARE's budget and reimburses the organization for the expenses associated with this program on a monthly basis.
Financing for peer partner development and training	State general funds
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	State general funds (mental health); county tax match funds
ICC/wraparound rate and billing structure	$840.70 per month, effective July 1, 2014
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	No
Provider/clinician reimbursement for participation in child and family team meetings	Yes, providers are reimbursed for participation in team meetings using state general funds through the Region (reimbursement rate matches the hourly rate that professional/clinician receives)
Medicaid vehicles used to finance ICC/wraparound	N/A
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes, training costs are included in the monthly case rate
Care coordinator access to mobile crisis response and stabilization services	Yes, financed through contracts with the 6 Regional Behavioral Health Authorities
Care coordinator access to intensive in-home services	Yes, funded through Medicaid and Division of Behavioral Health, based on eligibility
Entity responsible for provider network development	Regional Behavioral Health Authority through contracts with the Department of Health and Human Services, Division of Behavioral Health
EVALUATION AND MONITORING	
Entity responsible for utilization management	Regional Behavioral Health Authority
Tools used to measure ICC/wraparound quality and fidelity	CAFAS, Child Behavior Checklist (CBCL), Protective Factor Survey, Basis 24, WFI
Entity responsible for tracking quality and fidelity	Regional Behavioral Health Authorities report quality and fidelity measures to the Division of Behavioral Health; Regions contract with outside entities for WFI
Outcomes tracked	Wraparound fidelity
Entity responsible for tracking outcomes	Regional Behavioral Health Authorities and Division of Behavioral Health
Outcomes data	N/A
IT system used to support ICC/wraparound	Region 3 uses Lavendar & Wyatt Systems, Inc. Essentia management information system, customized specifically for the Professional Partner Program for intake, progress notes, individualized family support plan generation, monthly progress reports and outcome reporting.
Contact	Beth Baxter, *Regional Administrator, Nebraska Region 3 Behavioral Health Services*, bbaxter@region3.net

NEW JERSEY	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	A state entity, the NJ Children's System of Care (Division of Children's System of Care in the NJ Department of Children and Families (formerly the Division of Children's Behavioral Health Services), is the purchaser of care management using quality wraparound.
Agency responsible for overseeing provision of ICC/wraparound	The Children's System of Care oversees the policy development and provision of care management.
Entities providing ICC/wraparound	NJ has 15 care management organizations, which are private non-profit organizations responsible for providing care management and community resource development. All 15 organizations are single source entities which provide no other services.
Number of children/youth served through ICC/wraparound annually	Over 9,000 children/youth per month
Population(s) served	The Children's System of Care is responsible for the provision of services for youth with complex behavioral health challenges, youth with a developmental/intellectual disability, and youth with primary substance abuse challenges. NJ care management organizations provide care management to youth with complex behavioral health challenges, both moderate and high needs, and—through a comprehensive Medicaid waiver—will be addressing some of the needs of youth with a developmental disability who demonstrate behavioral challenges.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	CANS
Individual/entity that conducts eligibility screening	NJ has a contracted systems administrator (i.e., a non risk-based administrative services organization (ASO), currently PerformCare), which provides eligibility screening for all youth entering the Children's System of Care.
Entity that authorizes enrollment in ICC/wraparound	The contracted systems administrator authorizes enrollment in care management.
Tool(s) used for assessment once children are enrolled	CANS
Average length of involvement with ICC/wraparound	12-18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Within the contracted systems administrator, care coordinators are required to have a clinical graduate degree and clinical license. Care managers in the care management organizations are not required to be credentialed.
Education requirement for care coordinators	Bachelor's degree and experience within the field.
Certification requirements for care coordinators	NJ does not require certification at this time, but the state is working to implement a certification process for care managers.
Care coordinator to child/family ratio	NJ recently unified all care management services, so the ratio is shifting. Optimal caseload size is 1:14 for youth who have both moderate and high needs.
Credentialing requirements for supervisors of care coordinators	Supervisors within the care management organizations are required to have a master's degree, with licensure preferred.
Supervisor to care coordinator ratio	1:6
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	This is not specifically offered, but care management organizations have the capacity to consult with the child/adolescent psychiatrist at the Department of Children and Families and at the contracted systems administrator.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	NJ has 15 family support organizations that provide peer support to all families receiving care management. All family support organizations are nonprofit

NEW JERSEY	
	family run organizations.
Financing for parent/caregiver peer support	Medicaid administrative funds.
Rate for peer support	Family support organizations have a fixed contract and do not bill directly for peer support services.
Entity responsible for development and training of peer partners	NJ has a contract with Rutgers University Behavioral Health Care for all training. The family support organizations are also trained by the Alliance of Family Support Organizations for specific training needs.
Financing for peer partner development and training	The family support organizations are included in the Children's System of Care training contract, which is financed with state dollars.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid and state only
ICC/wraparound rate and billing structure	The bundled rate for care management for youth with both moderate and high needs is $550.00 per month per youth. Care coordinators have blended case loads that include youth in both levels of care.
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	NJ plans to pilot a health home in Bergen County in May 2014, which will be embedded within the care management organization. The state sees the health home as a natural extension of the child family team process, which includes high fidelity wraparound.
Provider/clinician reimbursement for participation in child and family team meetings	Out of home treatment providers and intensive in community providers are paid to participate in child family team meetings, and this is built into the Medicaid rate for each service.
Medicaid vehicles used to finance ICC/wraparound	SPA for most of the services provided (ICC is covered in the SPA as targeted case management); waivers for some specific services. ▪ **1115 waiver SED**, allows youth with complex behavioral health needs to receive three additional services – Transitioning Life Skills, Non-Medical Transportation and Youth Support Training ▪ **Autism Spectrum Disorder Pilot** for a maximum 200 youth to receive an evidence-based practice intervention; NJ has chosen to provide Applied Behavioral Analysis for individuals under the age of 13 ▪ **Developmental Disability/Mental Illness Pilot**, which allows for: case/care management; individual supports; natural supports training; intensive in community–habilitation; respite; non medical transportation; and interpreter services
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	NJ has a contract with Rutgers University Behavioral Health Care to provide training for all system partners, including care managers.
Care coordinator access to mobile crisis response and stabilization services	NJ has Mobile Response and Stabilization Services available across the state, financed through Medicaid and NJ state only dollars. This service is dispatched through the contracted services administrator and care management organizations have limited access.
Care coordinator access to intensive in-home services	Yes, funded through Medicaid.
Entity responsible for provider network development	NJ Children's System of Care is responsible for the development of the intensive in-community services provider network. Care management organizations manage a subset of this network specific to their communities.
EVALUATION AND MONITORING	
Entity responsible for utilization management	The contracted services administrator is responsible for utilization management.
Tools used to measure ICC/wraparound quality and fidelity	WFI, TOM
Entity responsible for tracking quality and fidelity	Care management organizations are responsible for tracking quality and fidelity specific to wraparound. The contracted services administrator tracks quality of the care plan and family team process and Children's System of Care tracks program quality and outcomes.
Outcomes tracked	Clinical/functional outcomes; fidelity; progress towards goals; overall sustainability; satisfaction (at the contracted services administrator, care management organization, mobile response and stabilization, and family

NEW JERSEY	
	support organization levels); use of children's crisis intervention services and residential treatment services. All out of home treatment sits in the Children's System of Care, so length of stay, engagement and outcomes of the intervention are able to be tracked. However, the children's crisis intervention services units (CCIS) are inpatient psychiatric facilities in NJ. They are currently overseen by the Department of Human Services and do not sit within the Children's System of Care so retrieving outcome data is somewhat more complicated. The average length of stay for CCIS is seven days.
Entity responsible for tracking outcomes	The full system tracks outcomes.
Outcomes data	Currently in progress.
IT system used to support ICC/wraparound	NJ uses a proprietary system called Children and Youth Behavioral Health Electronic Record (CYBER), which is an electronic record that allows all system partners to document their work within a single record. The CANS has been embedded in CYBER as well as the Level of Care Instrument.
Contact	Elizabeth Manley, *Director, New Jersey Children's System of Care*, Elizabeth.Manley@dcf.state.nj.us

CUYAHOGA COUNTY, OHIO

CUYAHOGA TAPESTRY SYSTEM OF CARE

Cuyahoga County is an example of an Ohio county with an established ICC/wraparound approach that it has financed through cross-agency funding at the local level.

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Cuyahoga County Office of Health and Human Services, Division of Children and Family Services, Cuyahoga Tapestry System of Care
Agency responsible for overseeing provision of ICC/wraparound	Cuyahoga Tapestry System of Care established an in-house ASO to coordinate and manage the system of care.
Entities providing ICC/wraparound	Cuyahoga Tapestry System of Care employs a community wraparound process serving families through care coordination and family advocacy. It partners with four private Medicaid providers or care coordination agencies and four family advocate agencies (Clusters) to provide high fidelity wraparound services through March 2015.
Number of children/youth served through ICC/wraparound annually	713 youth and families (2013)
Population(s) served	Children eligible for enrollment are involved with, or at risk of involvement with multiple public systems; have multiple needs; range in age from 5-18; and are identified by the Division of Children and Family Services, Juvenile Court and/or other community partners/families as appropriate for referral to the ASO for Tapestry care coordination.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	All referrals are coordinated through the ASO, and a screening process was developed to assist the referent in identifying appropriateness.
Individual/entity that conducts eligibility screening	Cuyahoga Tapestry System of Care receives referrals via three sources: Division of Children and Family Services, Juvenile Court, and the community. An enrollment specialist employed by Cuyahoga Tapestry System of Care screens and processes all referrals.
Entity that authorizes enrollment in ICC/wraparound	Cuyahoga Tapestry System of Care
Tool(s) used for assessment once children are enrolled	Care coordination providers complete a diagnostic assessment and administer the Ohio Scales to measure outcomes for youth receiving mental health services.
Average length of involvement with ICC/wraparound	10 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	N/A
Education requirement for care coordinators	Bachelor's degree

CUYAHOGA COUNTY, OHIO CUYAHOGA TAPESTRY SYSTEM OF CARE	
Certification requirements for care coordinators	Cuyahoga Tapestry System of Care requires all care coordination staff to participate in training, coaching, and wraparound certification. Tapestry has made inroads in building local capacity to provide training, coaching, and certification to wraparound facilitators and family support professionals. The Tapestry office serves as the funder and monitor of high fidelity wraparound training and certification in Cuyahoga County.
Care coordinator to child/family ratio	1:12
Credentialing requirements for supervisors of care coordinators	Master's degree
Supervisor to care coordinator ratio	1:12
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Formal consultation is not required, although each care coordination partner agency provides a variety of services and supports for children and families, including mental and behavioral health services. Various advanced clinical practitioners are employed within each respective agency, and can be made available to provide clinical consultation to staff when needed, including psychiatrists, clinical psychologists, social workers (LSW, LISW, LISW-S), counselor/psychotherapists (LPC, LPCC, MFT, PhD), and mental health nurse practitioners.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Enrolled youth/families are not required to have a family advocate/parent support partner involved on the wraparound team; however, every youth/family has access to this support through the Cluster if requested. Cuyahoga Tapestry System of Care requires a partnership between care coordination agencies and CCDCFS Family to Family Neighborhood collaborative agencies (Clusters), to provide direct services in the neighborhoods.
Financing for parent/caregiver peer support	Tapestry has contracted with four family advocate (Cluster) agencies to provide community-based parent/youth advocacy and supports through a fixed-cost reimbursement model Local health and human services levy funds are the primary funding source for these services; Medicaid funding is not used.
Rate for peer support	The rate for each lead cluster agency varies according to approved budgets. Current contracts are funded through March 2015 (July 1, 2013 – March 31, 2015), and range from $525,894.00 to $775,410.00.
Entity responsible for development and training of peer partners	Cluster partners are required to designate staff as trainers through Tapestry's training institute. Advocates participate in learning communities and work on a blended team, providing an array of activities such as support groups, participation on child and family teams, and identifying and linking traditional and non-traditional supports.
Financing for peer partner development and training	Local health and human services levy funding supports Tapestry's training institute. This includes additional training and skill development supports for parent/caregiver peer partners.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Tapestry is supported by local health and human services funding. Care coordination agencies provide community psychiatric supportive treatment and are expected to maximize Medicaid services as deemed appropriate or as recommended by a diagnostic assessment, psychiatrist, physician, psychologist, or other professional and are accessed and provided by authorized Medicaid contract agencies.
ICC/wraparound rate and billing structure	Reimbursed at a case rate of $22.89 per child per day
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED	This is being considered; however, wraparound services and supports via Tapestry have not yet been integrated into the OH Medicaid Health Homes initiative.

CUYAHOGA COUNTY, OHIO CUYAHOGA TAPESTRY SYSTEM OF CARE	
Provider/clinician reimbursement for participation in child and family team meetings	Providers are not paid to participate in the child and family team meetings.
Medicaid vehicles used to finance ICC/wraparound	N/A, components of wraparound are billed to community psychiatric supportive treatment as appropriate.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Tapestry has developed a comprehensive training institute, funded through local health and human services dollars that offers a three day core wraparound training twice a year, as well as 8-10 wraparound booster sessions. Tapestry is an approved provider of continuing education credits through the Counselor, Social Worker & Marriage and Family Therapist Board of OH. Tapestry manages training operations, and training is facilitated by a variety of approved community-based wraparound specialists and family advocates, and incorporated within the provider contract deliverables.
Care coordinator access to mobile crisis response and stabilization services	Yes, care coordinators have access to a mobile crisis team which offers in-person crisis interventions, mental health, and suicide prevention hotlines. Care coordinators can also access flexible wraparound supports, which could include crisis response and/or stabilization services via discretionary funds or Provider Services Network.
Care coordinator access to intensive in-home services	Yes, through funding from local pooled funds. Medicaid is occasionally billed partially for eligible youth, and some state funds are used. OH does not have intensive home-based treatment as part of its state Medicaid plan, although the state has been pursuing this.
Entity responsible for provider network development	Tapestry established the Provider Services Network in 2007 to provide families with flexible wraparound supports. Tapestry holds Memoranda of Understanding (MOUs) with approximately 25 community-based vendors who are members of the Network. These MOUs establish a unit rate for each service proposed, with no promise of any minimum number of referrals or any minimum payment amount. The Network is accessed by care coordinators once needs are identified by the family and wraparound team, and aligns with the family's plan of care.
EVALUATION AND MONITORING	
Entity responsible for utilization management	Tapestry, in partnership with Case Western Reserve University. Tapestry has established a comprehensive continuous quality improvement (CQI) process, as well as a wraparound field fidelity monitoring component in partnership with Case Western Reserve University. The current CQI and field fidelity models were developed to monitor performance and track indicators and measures designed to promote Tapestry's outcomes.
Tools used to measure ICC/wraparound quality and fidelity	National Wraparound Initiative fidelity instruments, including TOMS and WFI-EZ (new in 2014)
Entity responsible for tracking quality and fidelity	Tapestry ASO staff in partnership with Case Western Reserve University
Outcomes tracked	Tapestry primary outcome goals: improved family and youth functioning; reduced recidivism in juvenile justice; reduced recidivism in child welfare; and increased efficiency and effectiveness in service delivery. The CQI process also tracks a variety of practice and process indicators such as: Ohio Scales outcomes for problem severity and functioning; placement changes; engagement implementation and graduation activities (e.g., face to face contacts, team meetings, etc.).
Entity responsible for tracking outcomes	Tapestry through contracts with Case Western Reserve University
Outcomes data	Access outcomes information here: http://cuyahogatapestry.org/en-US/results-outcomes.aspx. A comprehensive program evaluation is currently underway in partnership with Case Western Reserve University.
IT system used to support ICC/wraparound	Tapestry employs Synthesis, developed by Wraparound Milwaukee. It is a comprehensive web-based case management, service authorization, records, and fiscal management information system. Synthesis allows Tapestry to track services and payments in real time and produce a variety of reports related to service and continuous quality improvement.

CUYAHOGA COUNTY, OHIO CUYAHOGA TAPESTRY SYSTEM OF CARE	
Contact	Jacqueline Fletcher, *Care Network Manager, Cuyahoga Tapestry System of Care*, fletcj@odjfs.state.oh.us

DANE COUNTY, WISCONSIN CHILDREN COME FIRST	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Children Come First is administered by Dane County Department of Human Services under contract with the WI Department of Health Services
Agency responsible for overseeing provision of ICC/wraparound	Dane County Department of Human Services under contract with the WI Department of Health Services
Entities providing ICC/wraparound	Dane County Department of Human Services (a government entity) provides wraparound care to children and youth in Children Come First who are placed in residential treatment. Dane County contracts with a private not for profit entity, Community Partnerships, to provide wraparound case management to other Children Come First enrollees.
Number of children/youth served through ICC/wraparound annually	Average of 200 children annually
Population(s) served	Children Come First serves Medicaid eligible Dane County residents ages 5-18 with SED who are at imminent risk of psychiatric hospitalization or other institutional placement and are exhibiting significant functional impairments in their home and community. Traditional mental health treatment must be attempted prior to enrollment in the program.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	Children/youth are screened for eligibility using a tool created by Dr. John Lyons (author of the CANS) as well as an eligibility checklist created by the state Department of Health Services. The state hopes to move to using the comprehensive version of CANS currently used in WI by child welfare.
Individual/entity that conducts eligibility screening	Eligibility for Children Come First enrollment is screened by a staff panel consisting of Dane County Department of Human Services staff from a variety of special areas, as well as a parent advocate, staff from a community mental health center and a representative from the not-for-profit agency that provides Children Come First services.
Entity that authorizes enrollment in ICC/wraparound	Enrollment is authorized at the time of the eligibility screening.
Tool(s) used for assessment once children are enrolled	CBCL, the University of California Los Angeles Post-Traumatic Stress Disorder Index, trauma screen and depression screen for children during the intake assessment.
Average length of involvement with ICC/wraparound	16 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must have a bachelor's degree in social work or a human services related field. Several staff have master's degrees. They must hold a WI social work license.
Education requirement for care coordinators	Bachelor's degree
Certification requirements for care coordinators	There are no specific certification requirements.
Care coordinator to child/family ratio	1:10 maximum
Credentialing requirements for supervisors of care coordinators	Bachelor's degree is required, but most supervisors have a master's degree.
Supervisor to care coordinator ratio	1:8
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Yes, there is a child psychiatrist who acts as the program's medical director. The medical director provides some consultation time to care coordinators and signs off on individual plans of care.
Hours per week psychiatrist/APRN is available	Consultation is convened in a group format of 4-5 coordinators for up to 2 hours each month.

DANE COUNTY, WISCONSIN CHILDREN COME FIRST	
Psychiatrist/APRN role in medication management	Another child psychiatrist is contracted to the Children Come First initiative to provide medication management. The contracted psychiatrist provides up to 10 hours of medication management services per month.
Role of psychiatrist/APRN on child and family team	The child psychiatrists under contract to Children Come First have a limited role in the day to day operations of the family teams unless there is a team question regarding the child's current medication needs.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Children Come First has a parent advocate on staff and individual services and support groups are offered to parents of children enrolled in the program. All parents are encouraged to utilize parent support and education groups even after their child's Children Come First services have ended. Children Come First also purchases individual parent skill building services via the provider network and refers parents to 2 statewide parent advocacy groups. The program does not, however, train peer support staff.
Financing for parent/caregiver peer support	Parent advocacy is a covered service under the capitated payment.
Rate for peer support	Peer support is not a purchased service.
Entity responsible for development and training of peer partners	N/A
Financing for peer partner development and training	N/A
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	1115 waiver; Children Come First is funded as a 1915(a) Medicaid managed care program. Required match monies are supplied by Dane County General Purpose Revenue (tax levy).
ICC/wraparound rate and billing structure	The current capitated payment to Children Come First is $1,670.67 per month per child. Children Come First receives a single capitated payment for case management as well as all other wraparound services. The rate is calculated by the WI Department of Health Services and certified CMS.
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/A
Provider/clinician reimbursement for participation in child and family team meetings	No
Medicaid vehicles used to finance ICC/wraparound	Children Come First is a Medicaid waiver program, however, it is not a traditional children's waiver program. The state garners approval from CMS for Children Come First rate certification and program structure; and the program operates under an 1115 waiver.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Both the county and the vendor agency train care coordinators. Staff training is an expectation as part of the capitated payment.
Care coordinator access to mobile crisis response and stabilization services	Dane County Department of Human Services funds the Emergency Services Unit (mental health crisis unit) with Medicaid crisis stabilization funds, general purpose revenue, and mental health block grant funding. When applicable, Medicaid Crisis Intervention/Stabilization revenues are collected for individual crisis stabilization services, as this service is not included in the capitated payment.
Care coordinator access to intensive in-home services	Children receive Intensive In-Home Services as part of the capitated payment via the Children Come First provider network.
Entity responsible for provider network development	The MCO (Children Come First) is responsible for developing the provider network. Dane County delegates this responsibility to the purchase of service vendor, Community Partnerships.
EVALUATION AND MONITORING	
Entity responsible for utilization management	MCO (Children Come First), Dane County Department of Human Services

DANE COUNTY, WISCONSIN CHILDREN COME FIRST	
Tools used to measure ICC/wraparound quality and fidelity	Youth Services Survey for Families and WFI
Entity responsible for tracking quality and fidelity	MCO shares these responsibilities between the purchase of service vendor , Community Partnerships and Dane County Department of Human Services
Outcomes tracked	Overall child functionality (CBCL); restrictiveness of living scores; satisfaction outcomes (Youth Services Survey for Families); utilization costs
Entity responsible for tracking outcomes	Dane County Department of Human Services
Outcomes data	N/A
IT system used to support ICC/wraparound	Dane County utilizes a secure web based data system to create plans of care, crisis plans, and transition and discharge plans. The system also is utilized for case note documentation and provider network authorization and payment.
Contact	Marykay Wills, *Mental Health and Alternate Care Services Manager, Dane County Department of Human Services*, wills.marykay@countyofdane.com

MILWAUKEE COUNTY, WISCONSIN WRAPAROUND MILWAUKEE	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Bureau of Milwaukee Child Welfare, Delinquency and Court Services Division, Behavioral Health Division; WI Medicaid
Agency responsible for overseeing provision of ICC/wraparound	Milwaukee County Behavioral Health – Wraparound Milwaukee
Entities providing ICC/wraparound	Wraparound Milwaukee contracts with 8 community agencies to provide care coordination services (110 care coordinators)
Number of children/youth served through ICC/wraparound annually	1,500 children/youth/families annually
Population(s) served	Wraparound Milwaukee serves both court-ordered and voluntary families who meet SED criteria defined in a contract between Milwaukee County and the state Medicaid office. These criteria include: ▪ The federal (SAMHSA) definition of SED; ▪ Must have clinical symptoms consistent with SED within the last six months and having persisted over the past year; ▪ Presence of a DSM-IV diagnosis; ▪ Functional impairment in any of the following areas: psychosis, dangerous to self or others, lack of self-care, personal grooming, lack of age-appropriate decision making, social relationships, peers and adults, family, disruptive behavior, violence, school/work; ▪ Involved with two or more service systems; and ▪ At risk of immediate placement in psychiatric hospital, residential care or correctional system.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	Wraparound Milwaukee has designated screener/assessment staff who use a screening protocol (includes CANS for certain things related to out of home care).
Individual/entity that conducts eligibility screening	The screen may be conducted by a multi-agency team consisting of individual representatives from a mental health agency, a child welfare agency, the juvenile justice system, the education system, the crisis response unit, and a non-residential community based provider, and two parents of children with SED (but not a parent whose child is being assessed for admission). The screen may also be conducted by a Wraparound Milwaukee identified clinician with extensive training in working with youth with SED and their families, which is the method Wraparound Milwaukee is currently exclusively employing. Wraparound Milwaukee also arranges for a psychological assessment to help determine if the child meets the SED criteria, which is done through a designated group of psychologists in the provider network.
Entity that authorizes enrollment in ICC/wraparound	Wraparound Milwaukee, a designated specialized MCO

MILWAUKEE COUNTY, WISCONSIN WRAPAROUND MILWAUKEE	
Tool(s) used for assessment once children are enrolled	CBCL, Youth Self Report, and the CANS in certain cases
Average length of involvement with ICC/wraparound	18 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Background and driver's license checks, personal references
Education requirement for care coordinators	Bachelor's degree in a relevant area of education or human services and a minimum of one year of continued experience providing mental health services.
Certification requirements for care coordinators	All care coordinators must become certified to provide care coordination for Wraparound Milwaukee by completing 70 hours of mandatory training in wraparound philosophy and policies, as well as attending a Family Orientation within 6 months of their hire date. The certification training is held at least twice a year. Once a care coordinator has been hired, it is the agency's responsibility to ensure the employee completes the required training in its entirety within the first six months of hire to continue to receive family referrals from Wraparound Milwaukee. To honor Wraparound Milwaukee's commitment to providing quality care to families, as well as meeting the needs of the care coordinators, the organization offers ongoing trainings/care coordinator meetings on a variety of topics as needed, most of which are mandatory.
Care coordinator to child/family ratio	**Newly-hired care coordinators** (first 2 months of employment): 1:4 **Care coordinators** (after 2 months): 1:8 After two months, care coordinator maintains a caseload of eight families with a minimum of 14 hours of service contact per month per family, to include weekly face-to-face contacts with the youth and family. For youth in out-of county placements (more than one hour outside of Milwaukee County), care coordinators are expected to have monthly face-to-face contact and weekly phone contact with these youth. This is in addition to the weekly face-to-face contacts that are occurring with the family who resides in Milwaukee County. **REACH care coordinator**: 1:12 (voluntary program, youth/families can self-refer) **Lead care coordinator in REACH**: 1:6 **Lead care coordinator in Wraparound Milwaukee**: 1:4 (in Wraparound Milwaukee, youth/families are enrolled by court order—child welfare or delinquency)
Credentialing requirements for supervisors of care coordinators	A master's prepared social worker, psychologist, nurse, or other master's level health care professional with at least one year experience as a care coordinator with the Wraparound Milwaukee program or a person with a bachelor's degree in a health care related field with at least three years of experience in care coordination or in-home treatment – one of which must have been acquired in the Wraparound Milwaukee program, or with approval from Wraparound Milwaukee Administration.
Supervisor to care coordinator ratio	1:6
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Yes
Hours per week psychiatrist/APRN is available	Wraparound Milwaukee has one full-time child and two part-time child psychologists on staff, available as needed. They staff our medication clinics, which operate five days per week. We also have two RNs assigned to the medication clinic, who are available for consultation purposes.
Psychiatrist/APRN role in medication management	Wraparound Milwaukee does not use psychologists directly related to medication management.
Role of psychiatrist/APRN on child and family team	Initial treatment decisions, ongoing care, and treatment monitoring are done within the child and family team. The team determines "medical necessity;" all care is signed off on by either a psychologist or a psychiatrist. This person may be either a treating clinician on the team or a consultant to the team.

MILWAUKEE COUNTY, WISCONSIN WRAPAROUND MILWAUKEE	
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Peer support is provided to families in Wraparound Milwaukee through the family run organization, Families United of Milwaukee, Inc. Families have choices regarding assignment to an advocate, however all families attend a family orientation conducted by Families United of Milwaukee, Inc.
Financing for parent/caregiver peer support	Peer support is covered through pooled funding from Medicaid, child welfare, and juvenile justice.
Rate for peer support	$23.00 per hour (paid to agencies who hire the peer specialists)
Entity responsible for development and training of peer partners	Families United of Milwaukee, Inc. and Wraparound Milwaukee management staff provide parent support training.
Financing for peer partner development and training	Wraparound Milwaukee's pooled funding (Medicaid, child welfare, and juvenile justice).
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Pooled funds across child serving systems ($54 million for 2014) to increase flexibility and availability of funding – Wraparound Milwaukee is single payor. ▪ Child welfare – funds through case rate ▪ Juvenile justice – funds budgeted for residential treatment and juvenile corrections placements ▪ Medicaid capitation – $1,923 per enrollee per month ▪ Mental health – Crisis billing, Healthy Transitions Initiative grant, health maintenance organization commercial insurer The purpose of combining categorical funds from different sources and agencies into a single funding stream is to gain more flexibility in how these funds can be spent on individual services; once blended, these funds are indistinguishable.
ICC/wraparound rate and billing structure	$32 per day for Wraparound Milwaukee (based on 8 families) $22 per day for REACH (based on 12 families)
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	WI has a new medical home for youth in foster care in Milwaukee and 6 adjoining counties; Wraparound Milwaukee is working with the state Medicaid agency on ideas for a health home model for SED youth enrolled in Wraparound Milwaukee.
Provider/clinician reimbursement for participation in child and family team meetings	Yes, through pooled funds in the budget. Treatment plan meeting attendance is billed at a flat rate of $96.00.
Medicaid vehicles used to finance ICC/wraparound	▪ 1915(a) allows for a voluntary managed care system for a defined populations in a defined geographical area ▪ 1915(a) special Medicaid managed care entity ▪ HFS 34 (emergency mental health services – FFS crisis billing)
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes, Wraparound Milwaukee funds training and utilizes its own staff and 80 hour training curriculum.
Care coordinator access to mobile crisis response and stabilization services	Care coordinators have access to mobile crisis response and stabilization, which is funded using Medicaid (HFS 34 and capitation payments) and through a $750,000 contract with child welfare to provide dedicated crisis teams to foster families.
Care coordinator access to intensive in-home services	Care coordinators have access to in-home services, funded through pooled funds as part of Wraparound Milwaukee's benefit plan.
Entity responsible for provider network development	Wraparound Milwaukee, the CME, works with 200 provider agencies and also credentials behavioral providers for Family Health Plan of WI.
EVALUATION AND MONITORING	
Entity responsible for utilization management	Wraparound Milwaukee
Tools used to measure ICC/wraparound quality and fidelity	▪ TOM ▪ Annual performance review ▪ Facilitation review ▪ Plan of care/progress report audits ▪ Disenrollment progress report

MILWAUKEE COUNTY, WISCONSIN WRAPAROUND MILWAUKEE	
Entity responsible for tracking quality and fidelity	Wraparound Milwaukee, Quality Assurance/Quality Improvement office and Wraparound Milwaukee management staff
Outcomes tracked	Clinical, educational, permanency/safety, juvenile recidivism, satisfaction, cost-savings, etc.
Entity responsible for tracking outcomes	Wraparound Milwaukee's Quality Assurance/Quality Improvement office
Outcomes data	Access Wraparound Milwaukee's 2012 annual report here: http://wraparoundmke.com/research/annual-reports/
IT system used to support ICC/wraparound	Synthesis is web-based software developed and owned by Wraparound Milwaukee. It is a single database that includes demographic, clinical, cost and outcome data for youth. It tracks enrollee-based and vendor-based data. Progress notes, plans of care and crisis plans, placement, service authorization and payments, and cost are collected.
Contact	Bruce Kamradt, *Administrator, Children's Mental Health Services, Milwaukee County/Wraparound Milwaukee* bruce.kamradt@milwaukeecountywi.gov

SECTION TWO: EVOLVING ICC/WRAPAROUND PROGRAMS

The following states and communities have established ICC/wraparound programs in regions of the state and are either: (1) expanding statewide; or (2) revamping their approach to ICC/wraparound, often within the context of utilizing new Medicaid strategies, in order to enhance and sustain their programs.

Georgia
Maryland
Clermont County, Ohio
Oklahoma
Pennsylvania

GEORGIA	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Department of Behavioral Health and Developmental Disabilities and Department of Community Health (Medicaid)
Agency responsible for overseeing provision of ICC/wraparound	Department of Behavioral Health and Developmental Disabilities and Department of Community Health (Medicaid)
Entities providing ICC/wraparound	Quasi-governmental agencies: (1) Viewpoint Health and (2) Lookout Mountain Community Services
Number of children/youth served through ICC/wraparound annually	Approximately 1,000
Population(s) served	Children, adolescents, and young adults ages 21 or younger who are uninsured or have coverage under the Medicaid program and: • Require an intensive program in an out-of-home setting due to behavioral, emotional, and functional problems which cannot be addressed safely and adequately in the home; • Have a mental health diagnosis; or co-occurring substance-related disorder and mental health diagnosis; or co-occurring mental health diagnosis and mental retardation/developmental disabilities **Additional Criteria for Children/Youth in the Community Based Alternatives for Youth CME Program** Youth/young adult must meet the target population criteria as noted above. If they are in the Community Based Alternatives for Youth (CBAY) Program (GA's Alternatives to Psychiatric Residential Treatment demonstration waiver, currently funded through the Balancing Incentives Program, Money Follows the Person, and 1915(c) waiver funds), they must meet additional requirements, including the Child and Adolescent Service Intensity Instrument (CASII) or Child Adolescent Level of Care Utilization System (CALOCUS) at or above Level 6 or CAFAS at 140 or above and home scale of 30. Additionally, the youth will have shown serious risk of harm in the past 30 days and/or evidence of unmanageable behavioral health needs. **Additional Criteria for Children/Youth in Non-Waiver CME Program** If the child/youth is in the non-waiver CME Program, they must meet the target population criteria noted above as well as additional requirements including CASII or CALOCUS at or above Level 5, or a CAFAS score of 110 or above and a home scale of 20. Additionally, the child or youth will have shown serious risk of harm in the past 90 days and/or evidence of unmanageable behavioral health needs.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	CANS, CASII, CALOCUS, CAFAS
Individual/entity that conducts eligibility screening	**CBAY youth –** an external review organization **Non-waiver youth** – the CME provider
Entity that authorizes enrollment in ICC/wraparound	**CBAY youth** – the Department of Behavioral Health and Developmental Disabilities **Non-waiver youth** – the CME provider
Tool(s) used for assessment once children are enrolled	CANS
Average length of involvement with ICC/wraparound	7.5 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators are required to go through a series of wraparound trainings, receive supervision, shadow a worker and receive coaching from the GA State University Center of Excellence in Children's Behavioral Health.
Education requirement for care coordinators	Bachelor's degree
Certification requirements for care coordinators	No
Care coordinator to child/family ratio	1:10

GEORGIA	
Credentialing requirements for supervisors of care coordinators	Bachelor's degree, but master's preferred. All supervisors are required to go through a series of wraparound trainings, receive supervision, shadow a worker, and receive coaching from the GA State University Center of Excellence in Children's Behavioral Health.
Supervisor to care coordinator ratio	1:6
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Youth may receive physician supports external to the CME and the CME has responsibility for coordination and collaboration with that external physician. A CME is not required to have a physician on the team, or to have a consultation agreement with a physician for the ICC work.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Peer support services are required as part of ICC/wraparound services
Financing for parent/caregiver peer support	This service is covered by Medicaid in the Community Based Alternatives for Youth Program and by mental health block grant dollars for GA's non-waiver program.
Rate for peer support	$20.78 per 15 minutes
Entity responsible for development and training of peer partners	Department of Behavioral Health and Developmental Disabilities and through contract with GA State University
Financing for peer partner development and training	Federal Children's Health Insurance Program Reauthorization Act (CHIPRA) and Community Based Alternatives for Youth program funding. The state is currently working towards making parent and youth peer support a Medicaid-billable service in order to ensure sustainability.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid – 1915(c), Money Follows the Person (MFP), and Balancing Incentive Program (BIP); state dollars – mental health, general revenue; and federal mental health block grant dollars
ICC/wraparound rate and billing structure	$721.05 PMPM
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/A
Provider/clinician reimbursement for participation in child and family team meetings	Yes –limited resource coordination participation reimbursement is allowed through Medicaid Rehabilitation Option service: Community Supports.
Medicaid vehicles used to finance ICC/wraparound	1915(c) Home and Community-Based Services (HCBS) waiver, Money Follows the Person, and Balancing Incentives Program
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes – through GA State University Center of Excellence. Currently financed with Community-Based Alternatives for Youth program dollars and will be financed through state mental health dollars and/or mental health block grant dollars going forward.
Care coordinator access to mobile crisis response and stabilization services	Yes – financed through Medicaid and state funds.
Care coordinator access to intensive in-home services	Yes – financed through Medicaid and state funds.
Entity responsible for provider network development	The Department of Behavioral Health and Developmental Disabilities develops and maintains the treatment and recovery support services provider network. The CME develops the non-traditional provider network, however the Department of Behavioral Health and Developmental Disabilities manages the contracts for the network.

GEORGIA

EVALUATION AND MONITORING	
Entity responsible for utilization management	CME and/or state agency, depending on payor source and program
Tools used to measure ICC/wraparound quality and fidelity	Wraparound Fidelity Index and the Document Review Form
Entity responsible for tracking quality and fidelity	CME and Department of Behavioral Health and Developmental Disabilities (through its contract with the GA State Center of Excellence). Additionally, there is a broad-based constituent Quality Council for this program, which includes state-level child-serving agencies, providers, and families with lived experience.
Outcomes tracked	Out of home placements, improvement in functioning (from parental perspective and the CANS), family empowerment, resiliency, satisfaction, cost neutrality.
Entity responsible for tracking outcomes	GA State University
Outcomes data	In fiscal year 2011, children/youth enrolled in a CME showed a statistically significant decrease in functional impairment (with average score on the Columbia Impairment Scale dropping from 2 to 1.5.
IT system used to support ICC/wraparound	Synthesis, however, transitioning to Care Logic, so that the provider agency has ownership of the data and the information is in a clinical record at the provider agency. As GA moves to have this work funded by multiple payor sources, it makes sense for the information to be housed with the provider for billing purposes.
Contact	Laura Lucas, *CHIPRA Project Director, Georgia Department of Behavioral Health and Developmental Disabilities,* Laura.Lucas@dbhdd.ga.gov

MARYLAND

Maryland has two care management structures for children with complex behavioral health needs and their families – (1) a statewide CME procured by the Governor's Office for Children, and (2) local care coordination organizations (CCOs), which are targeted case management (TCM) providers authorized to provide ICC under the state's pending 1915(i) and TCM Medicaid state plan amendments (SPAs). As applicable, the responses below include information for both the current statewide CME and the pending local CCOs (which are distinguished in italics).

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	CME: Governor's Office for Children on behalf of the Children's Cabinet, which is comprised of the Secretaries from the State Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources (child welfare), and Juvenile Services, the Superintendent of the MD Department of Education, and the Executive Director of Governor's Office for Children, who serves as Chairperson of the Children's Cabinet *CCOs: Department of Health and Mental Hygiene, which includes both the Behavioral Health Administration and Medicaid, through the pending TCM SPA. The Core Service Agencies (the local mental health authorities responsible for planning, managing and monitoring public mental health services at the county level) will individually or regionally procure CCOs for service delivery under the TCM SPA. MD is revising its Medicaid service of TCM for youth to include a third, more intensive tier that uses the wraparound service delivery model for youth who are enrolled in the 1915(i) for children with serious behavioral health challenges as well as those children who meet the medical necessity criteria for the 1915(i) but who are not financially eligible.*
Agency responsible for overseeing provision of ICC/wraparound	CME: Governor's Office for Children on behalf of the Children's Cabinet *CCOs: Under the pending SPA, the Department of Health and Mental Hygiene is responsible for policy development and oversight and remains the single state agency for Medicaid. The local Core Service Agencies will assist Department of Health and Mental Hygiene with the oversight of providers, as they are responsible for selecting and contracting with TCM providers to serve as CCOs.*
Entities providing ICC/wraparound	CME: MD Choices, LLC, a private nonprofit, is the current statewide CME under a

MARYLAND	
	contract with Governor's Office for Children on behalf of the Children's Cabinet. *CCOs: Under the pending SPA, the CCOs in each local jurisdiction (or region) will be responsible for delivering ICC/wraparound to children and families.*
Number of children/youth served through ICC/wraparound annually	CME: Up to 370 children at any one time *CCOs: Under the pending 1915(i) SPA, the initial goal is to serve 200 children/youth annually, with an ultimate goal of serving 500-750 children and youth each year.*
Population(s) served	CME: ▪ Children/youth enrolled in the 1915(c) PRTF Demonstration Waiver who meet residential treatment center level of care criteria; ▪ Youth who meet SED diagnostic criteria and are in, or at risk of entering, the foster care system in Baltimore City or the nine counties on MD's Eastern Shore, respectively served by MD CARES and Rural CARES System of Care grants; ▪ Youth in juvenile justice and child welfare out-of-home and group care diversion served through the Children's Cabinet Interagency Fund; ▪ Youth served through MD CARES and Rural CARES throughout the state through state-funded Stability Initiative designed to expand service delivery to the population; ▪ Youth at high risk for becoming a victim or perpetrator of violence targeted for school-based referrals in Baltimore City and Prince George's County through state-funded SAFETY Initiative; and ▪ Children and adolescents with mental health, substance abuse and co-occurring conditions in Baltimore County, MD served through the LIFT, System of Care Expansion Grant. *CCOs:* *Medical necessity criteria under the pending 1915(i) SPA requires that the child or youth must:* ▪ *Be under 18 years old at the time of enrollment;* ▪ *Reside in a home- and community-based setting and, for the initial phase-in, in one of the geographic areas in MD where the benefit is available;* ▪ *Have parental/guardian consent to participate;* ▪ *Have a behavioral health disorder amenable to active clinical treatment;* ▪ *Have a SED and continue to meet the service intensity needs and medical necessity criteria for the duration of the enrollment, including being actively involved in ongoing mental health treatment;* ▪ *Demonstrate impaired functioning and service intensity as evidenced by a comprehensive psychosocial assessment;* ▪ *Have a score of 5 on the Early Childhood Service Intensity Instrument (ECSII) or 6 on the CASII or a score of 4 on the ECSII or 5 on the CASII and meet certain additional criteria;* ▪ *Have received a determination that the accessibility and/or intensity of the currently available community supports and services are inadequate to meet his or her needs.* *Youth must also meet financial eligibility criteria to be enrolled in the 1915(i); youth who are Medicaid/MD Children's Health Program enrolled, but do not meet financial eligibility criteria may be served by the CCO through Tier 3.* *Note: Through MD's System of Care Expansion Implementation Cooperative Agreement, entitled LIFT, pre-1915(i) rollout of the CCO model began in 2013 starting in Baltimore County.*
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	CME: Screening is based upon above-described eligibility criteria. *CCOs: Under the pending 1915(i) SPA, medical necessity criteria will be established through a Certificate of Need, which includes a current psychosocial assessment, psychiatric evaluation, and other relevant clinical information,*

MARYLAND	
	including the ECSII or CASII.
Individual/entity that conducts eligibility screening	CME: Eligibility screenings are performed by the referral sources (DJS, DHR, Core Service Agencies, LCT, LMB, public local school systems). Each referral source uses a single gatekeeper to maintain consistency in adherence to the eligibility criteria. *CCOs: Under the pending 1915(i) SPA, eligibility screenings are performed by the Department of Health and Mental Hygiene-contracted ASO in collaboration with the Core Service Agencies.*
Entity that authorizes enrollment in ICC/wraparound	CME: After the referral source gatekeeper has determined that a youth is eligible and has referred the youth to the CME, the CME's Clinical Director reviews the referral and authorizes enrollment. *CCOs: Under the pending 1915(i) SPA, Department of Health and Mental Hygiene or its designee, which may include the ASO, in a team decision process with the Core Service Agencies, will review the Certificate of Need documents and complete the CASII for conformance with the approved Medicaid medical necessity criteria. When the Certificate of Need is determined to meet the medical necessity criteria, the ASO, on behalf of Department of Health and Mental Hygiene, authorizes all of the medically appropriate behavioral health services.*
Tool(s) used for assessment once children are enrolled	CME: CANS is completed at least every three months to determine areas of continued focus and attention *CCOs: Under the pending 1915(i) SPA, the CANS is completed at least every three months to inform the development of the individualized plan of care for areas of continued focus and attention. The CASII is used for redetermination and as needed based on crisis events or changes in clinical/family presentation.*
Average length of involvement with ICC/wraparound	CME: Historical average length of involvement has varied across different populations served by the CME as well as across contracts. For the Stability and SAFETY Initiatives the CME length of stay is a maximum of 15 months. New enrollment under MD CARES and Rural CARES has ended and it is anticipated that all youth enrolled in these slots will complete service by September 30, 2015, although the Stability Initiative was established by the Children's Cabinet to sustain and expand this priority population previously funded by SAMHSA through these cooperative agreements. *CCOs: Under the pending 1915(i) SPA, there is no cap on the duration of services, but there will be a medical necessity criteria redetermination at least annually and the youth must continue to meet financial eligibility for the 1915(i) or for Medicaid/MD Children's Health Program (for TCM).*
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	CME: At time of hire, care coordinators enroll in MD's Wraparound Practitioner Certification Program, which must be successfully completed within two years. *CCOs: Under the pending SPA, at the time of hire, care coordinators begin a series of trainings which includes Systems of Care overview, Introduction to Wraparound, Engagement in the Wraparound process, and Intermediate Wraparound. Final decisions regarding the certificate process for the CCO are pending.*
Education requirement for care coordinators	CME: Bachelor's degree if the candidate does not have lived experience; High school diploma if the candidate has lived experience. *CCO: Under the pending SPA, bachelor's degree if the candidate does not have lived experience; High school diploma if the candidate has lived experience.*
Certification requirements for care coordinators	CME: Care coordinators and care coordinator supervisors are required to enroll in the Wraparound Practitioner Certificate Program offered by the University of MD School of Social Work Institute for Innovation & Implementation. Core training courses include CANS Training, System of Care Overview, Introduction to Wraparound, Engagement in the Wraparound Process, Intermediate

MARYLAND	
	Wraparound Practicing – Improving Wraparound Practice, Advanced Wraparound Practice – Supervision in Wraparound, and Introduction to Training and Coaching Tools. Further, CME staff is required to participate in regular coaching and to demonstrate proficiency in the Wraparound practice model. Access a full description of training requirements and courses. *CCOs: Under the pending 1915(i) SPA, the proposed certification requirements for CCOs include an organizational certification with a focus on supervisor skill development, and fidelity measures. Data collection and reporting time frames to be determined by contract but will occur minimally twice a year.*
Care coordinator to child/family ratio	CME: between 1:9 and 1:11 *CCOs: Under the pending 1915(i) SPA, the rate developed for the CCO for wraparound care coordination assumes a 1:8 care coordinator to youth ratio.*
Credentialing requirements for supervisors of care coordinators	CME: Care coordinator supervisors must have a master's degree in a human services field and two years of experience in a human services position. A licensed mental health professional in the state is preferred. Also must have at least one year of experience working in community-based service provision; have at least one year of experience working with children, youth and families; possess an understanding of child and adolescent development; have completed trainings on wraparound, crisis planning, system of care, and comprehensive screening and assessment tools, as approved by the Children's Cabinet; and; are enrolled in or have completed the Wraparound Practitioner Certificate Program or other equivalent training and certification, as approved by the Children's Cabinet. *CCOs: Under the pending SPA, a care coordinator supervisor must be a licensed mental health professional with a minimum of a master's degree and be legally authorized to practice under the Health Occupations Article, Annotated Code of MD, and licensed under MD Practice Boards in the profession of: Social work; Professional Counseling; Psychology; Nursing; or Medicine. Also must have a minimum of one year of experience in behavioral health working as a supervisor; a minimum of one year of experience working with children and youth with mental health or co-occurring disorders; and meets the training and certification requirements for care coordinator supervisors, as set by the Department of Health and Mental Hygiene.*
Supervisor to care coordinator ratio	CME: Between 1:6 and 1:8 *CCOs: 1:8*
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	CME and *CCO*: Psychiatrist consultation is not within the CME structure, but the CME can access psychiatric consultation through the public behavioral health system and the ASO.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	CME and *CCO*: If the child/youth is receiving medication, the care coordinator and ASO are looking to ensure that there is a licensed physician who is managing the medication, who is often a psychiatrist. Any prescribing physician can consult with a child psychiatrist through MD's psychopharmacology consultation project.
Role of psychiatrist/APRN on child and family team	CME and *CCO*: The treating psychiatrist (or physician) is an invited member of the child and family team.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	CME and *CCOs*: Family peer-to-peer support is available to families enrolled in care coordination. Family peer support specialists are employed through family support organizations.
Financing for parent/caregiver peer support	CME: Family peer-to-peer support is provided through discretionary funds made available to the child and family team. The CME contracts with the family support organization.

MARYLAND	
	CCOs: Under the pending 1915(i) SPA, family peer-to-peer support is a Medicaid billable service. (Youth enrolled in TCM Tier 3 who are not able to access the 1915(i) will not be able to receive this service through Medicaid.)
Rate for peer support	CME: Family peer-to-peer support using discretionary funds has been aligned with the rate available under MD's PRTF Demonstration Waiver, which was established at $50 per session and limited to face-to-face sessions of at least one hour with a limit of one session per day. It is anticipated that the rate for peer-to-peer support will change to align with the 1915(i) SPA upon approval by CMS and adoption by the Department of Health and Mental Hygiene. CCOs: *Under the pending 1915(i) SPA, the proposed rates for face-to-face family peer-to-peer support are: $63.88 per hour; $31.94 per 30 minutes; and $15.97 per 15 minutes. The proposed rate for telephonic peer-to-peer support is $7.98 per 15 minutes.*
Entity responsible for development and training of peer partners	CME: Peer support providers must be enrolled in the Wraparound Practitioner Certificate Program for Family Support Partners. A specific organization is not named as the responsible entity for the development and training of peer support partners. *CCOs: Under the pending 1915(i) SPA, peer support providers are required to be certified either through The Institute for Innovation & Implementation's Wraparound Certificate Program or become certified by the National Certification Commission for Family Support, which certifies individual Parent Support Providers.*
Financing for peer partner development and training	CME: Wraparound training and coaching provided to peer support partners is financed through pooled funding from the Children's Cabinet Interagency Fund and through the SAMHSA Systems of Care grants. *CCOs: N/A. Under the pending 1915(i) SPA, only time spent for attending training is built into the proposed family peer-to- peer rate.*
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	CME: With the exception of federal grant funds from SAMHSA that have supported youth served in the MD CARES and Rural CARES slots, ICC/wraparound is funded with state general fund dollars from the Children's Cabinet Interagency Fund. *CCOs: For the pending 1915(i) SPA, ICC will become a new (highest) level of care within targeted case management, which is part of the Medicaid State Plan. The 1915(i) SPA requires that CCOs be approved as TCM providers.* *Also, as noted above, federal funds from the SAMHSA-funded System of Care Expansion Implementation Cooperative Agreement, entitled LIFT, have supported pre-1915(i) rollout of the CCO model.*
ICC/wraparound rate and billing structure	CME: The state funded rate as of July 1, 2014 will be a full year equivalent of $14,048.62 annual per child (approximately $1,170.71 per child per month). This rate is inclusive of care coordinator costs and CME operating expenses for the first year of the CME contract. *CCOs: Under the pending 1915(i) SPA, ICC was initially proposed as a 1915(i) service at the rate of approximately $11,839 per member per year. MD has since removed ICC from the pending 1915(i) SPA and instead included ICC as part of a tiered TCM service structure through pending TCM and 1915(b) SPAs. The rate and billing increments are currently in development.*
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	MD has established a health home model for children and adults. Health home providers are limited to mobile treatment providers; community based opiate treatment programs; and psychiatric rehabilitation programs.
Provider/clinician reimbursement for participation in child and family team meetings	N/A

MARYLAND	
Medicaid vehicles used to finance ICC/wraparound	CME: None *CCOs: Fee-for-service system through the pending 1915(i) SPA; TCM SPA.*
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	The Institute for Innovation & Implementation at the University of MD School of Social Work was established by the Children's Cabinet in 2005 as MD's Center of Excellence on Systems of Care. Among other activities, the Institute provides training, coaching, and technical assistance on Wraparound care coordination.
Care coordinator access to mobile crisis response and stabilization services	CME: For children/youth and families served by the CME, some form of crisis response services are available in most, but not all jurisdictions, most commonly through grant-funded programs. *CCOs: For youth enrolled in the pending 1915(i) SPA, mobile crisis response and stabilization services will be a Medicaid billable service through the public behavioral health system. Youth receiving Tier 3 TCM services who are not enrolled in the 1915(i) will have access to the same crisis response services available to youth served by the CME, which are typically grant-funded and vary in their design, capacity, and availability.*
Care coordinator access to intensive in-home services	CME: For children/youth and families served by the CME, intensive in-home services are available in some but not all jurisdictions. *CCOs: For children receiving services under the pending 1915(i) SPA, intensive in-home services will be available and billed to Medicaid as a specialized service. Youth receiving Tier 3 ICC services will have access to the same intensive in-home services that are available currently in some but not all jurisdictions.*
Entity responsible for provider network development	CME: The CME is responsible for provider network development in collaboration with the local child- and family-serving agencies. *CCOs: Under the pending 1915(i) SPA, the Core Service Agencies and the ASO, on behalf of Department of Health and Mental Hygiene, are responsible for provider network development. The CCO is responsible for supporting the identification of natural supports and providing input to the Core Service Agencies and the ASO on the gaps in service array.*
EVALUATION AND MONITORING	
Entity responsible for utilization management	CME: The CME is responsible for utilization review of the plan of care, but does not have responsibility for management of services funded outside of discretionary funds. Management remains a responsibility of the funder, which is often the public behavioral health system. *CCOs: Under the pending 1915(i) SPA, the Core Service Agencies and the ASO are responsible for utilization review and management on behalf of Department of Health and Mental Hygiene.*
Tools used to measure ICC/wraparound quality and fidelity	CME: The Institute utilizes data from the WFI-EZ, COMET, TOM, Impact of Training and Technical Assistance, California Health Kids Survey - Resilience & Youth Development Module, and Family Empowerment Scale to monitor and measure ICC/wraparound quality and fidelity. *CCOs: Under the pending 1915(i) SPA, the process by which ICC/wraparound quality and fidelity are measured and the tools used to measure the quality and fidelity is in the process of being finalized.*
Entity responsible for tracking quality and fidelity	CME: Fidelity and quality of the care coordination are monitored by The Institute for Innovation & Implementation on behalf of the Children's Cabinet. *CCOs: Under the pending 1915(i) SPA, the entities responsible for tracking the fidelity and quality of the care coordination is in the process of being finalized. The ASO, in collaboration with the Core Service Agencies, monitors quality of all Medicaid-funded providers.*
Outcomes tracked	CME: Outcomes tracked by The Institute include: cost, clinical and functional, and resiliency data in addition to demographic, utilization, mental health, CANS, living situation/placement, and discharge data from the CME provider. Administrative data from the Department of Human Resources, Department of

MARYLAND	
	Juvenile Services, Department of Health and Mental Hygiene, and other state agencies, including Medicaid claims and contact with the child welfare and juvenile justice systems, are also tracked to support analyses of additional cross-agency outcomes for youth served by the CME. *CCOs: Outcomes for the pending 1915(i) SPA are in the process of being finalized and may be similar to the outcomes tracked for the CME.*
Entity responsible for tracking outcomes	CME: The Institute collects process and outcomes data for the Children's Cabinet. *CCOs: The entity responsible for tracking outcomes for the pending 1915(i) SPA on behalf of the Department of Health and Mental Hygiene is in the process of being finalized.*
Outcomes data	CME initial outcomes: ▪ Youth enrolled in the 1915(c) Medicaid PRTF Demonstration Waiver (note: the PRTF Waiver was not reauthorized by Congress and therefore new enrollments ended in September 2012) and served by the CME had an average per member, per year cost of care of $32,987 (Medicaid costs only; n=174). Youth enrolled in a PRTF during the same time (not served by the CME) had an average per member, per year cost of care of $153,417 (Medicaid costs only; n=1,119). These costs include the capitated MCO rate, medications, inpatient hospitalizations, oral health care, home health services and all services covered by Medicaid. (Time Period: September 30, 2009-June 30, 2011 (claims paid through 10/31/11). Source: Medicaid claims data provided by The Hilltop Institute to the University of MD under the CHIPRA Quality Demonstration Grant (November 2011)). ▪ A total of 213 youth were discharged from the CME during the first and second quarters of FY14. The most common reasons for discharge included Successful Completion (35%). Youth in the PRTF Waiver were most likely to discharge with a Successful Completion (58%). (Source: The Institute for Innovation & Implementation, University of MD School of Social Work, June 2014). *CCOs: Not yet available, 1915(i) and TCM SPA are pending CMS approval.*
IT system used to support ICC/wraparound	CME: MD does not maintain its own care coordination IT system. The CME uses its own IT system called "The Clinical Manager." The Governor's Office for Children, on behalf of the Children's Cabinet, has been a party to the development of the TMS WrapLogic IT system. When it is fully operational, the Governor's Office for Children, on behalf of the Children's Cabinet, may require the CME to switch to this system. The Children's Cabinet reserved the ability to require the CME to use TMS WrapLogic or another IT system that they designate in the CME request for proposal, which was incorporated into the statewide contract. *CCOs: MD is in the process of developing comprehensive care coordination IT system called TMS-WrapLogic, which is in the final stages of development. The system is designed to be able to track individual youth and point of care, in addition to aggregate data (including costs). A final decision has not been made regarding whether all CCOs will be required to use a particular system and what the cost might be for the use of TMS-WrapLogic.*
Contact	Ari Blum, *The Institute for Innovation and Implementation at the University of Maryland School of Social Work,* ablum@ssw.umaryland.edu

ENGAGE: OHIO'S EMERGING STATEWIDE MODEL

Ohio is a county-structured state in which several counties, such as Cuyahoga and Clermont, have had long-standing ICC/wraparound approaches (profiled in the previous section and below). Through a SAMHSA system of care expansion grant, the state is developing plans, procedures, and processes for statewide expansion of ICC/wraparound—an initiative called ENGAGE. Learn more about Ohio's statewide expansion through ENGAGE here.

CLERMONT COUNTY, OHIO

CLERMONT FAST TRAC

Clermont County is an example of an Ohio county that has implemented ICC/wraparound using primarily SAMHSA system of care grant funds and is in the process of transitioning to sustainable funding.

GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Currently, a grant from SAMHSA pays for all five Wraparound Facilitators and has paid for the consultation the county has received. The clinical coordinator (wraparound supervisor) is paid through local contributions by members of Clermont County Family & Children First Council (children's services, juvenile court, mental health & recovery board, board of developmental disabilities, county commissioners, health district and Clermont Recovery Center). Pooled funds are also supported by local contributions. In Year 6, a portion of the wraparound program will be paid for through local Family & Children First funds.
Agency responsible for overseeing provision of ICC/wraparound	In Ohio, each county oversees its own wraparound program if it has one (this may change as the state implements its ENGAGE SAMHSA grant).
Entities providing ICC/wraparound	Clermont County Family & Children First provides wraparound through SAMHSA grant funding (Clermont County Mental Health & Recovery Board is the grantee). Family & Children First staff are employed by the Mental Health & Recovery Board. The state requires every county to have a Family & Children First Council to serve multi-need, multi-system children. Each county Family & Children First Council works under an administrative agent, which is a government entity.
Number of children/youth served through ICC/wraparound annually	Approximately 98 children/families annually 366 children/families served since the program began in September 2010
Population(s) served	Children/youth 3-21 with a mental health diagnosis, who have multi-needs and multi-system involvement (or who could benefit from multi-system involvement)
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	The youth must be 3-21 and have multiple needs and multi-system involvement. A mental health diagnosis is required, although this requirement is sometimes waived.
Individual/entity that conducts eligibility screening	Family & Children First clinical coordinator, employed by the Clermont County Mental Health & Recovery Board
Entity that authorizes enrollment in ICC/wraparound	Family & Children First clinical coordinator, employed by the Clermont County Mental Health & Recovery Board
Tool(s) used for assessment once children are enrolled	CANS (developed for Clermont County) and Revised Cuyahoga Level of Care Tool
Average length of involvement with ICC/wraparound	6-12 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	None – OH does not have a credentialing process
Education requirement for care coordinators	Bachelor's degree (Clermont County requirement)
Certification requirements for care coordinators	No
Care coordinator to child/family ratio	1:15
Credentialing requirements for supervisors of care coordinators	None per OH, but Family & Children First requires a master's degree and license (social worker or counselor)
Supervisor to care coordinator ratio	1:5
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	No
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A

CLERMONT COUNTY, OHIO CLERMONT FAST TRAC	
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Yes - Offered as part of care coordination
Financing for parent/caregiver peer support	Funded by SAMHSA grant funds, but will transition to local funds (through local contributions). Peer Support (family member to family member) is currently not part of OH's state Medicaid plan.
Rate for peer support	N/A
Entity responsible for development and training of peer partners	Family run organization
Financing for peer partner development and training	Currently, SAMHSA grant funds
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	SAMHSA grant funds and local contributions
ICC/wraparound rate and billing structure	SAMHSA grant funds and local contributions currently pay for salaries and benefits
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	N/A
Provider/clinician reimbursement for participation in child and family team meetings	No, unless a provider chooses to bill the time to case management to Medicaid
Medicaid vehicles use to finance ICC/wraparound	N/A, wraparound is not a support/service covered in the state's Medicaid plan
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Currently, the grantee has this capacity through grant funding. The grantee has a contract for wraparound consultation, but consultation is decreasing as grant funds decrease, so current focus is on training the clinical coordinator to provide the training internally.
Care coordinator access to mobile crisis response and stabilization services	Yes, the grantee has a mobile crisis team and these services were funded by a Department of Justice grant and SAMHSA, but now funded completely by Mental Health & Recovery Board (local levy funds).
Care coordinator access to intensive in-home services	Yes, through funding from local pooled funds. Medicaid is occasionally billed partially for eligible youth, and some state funds are used. Ohio does not have intensive home-based treatment as part of its state Medicaid plan, although the state has been pursuing this.
Entity responsible for provider network development	Family & Children First, working through its administrative agent – the Mental Health & Recovery Board.
EVALUATION AND MONITORING	
Entity responsible for utilization management	Clermont County Family & Children First
Tools used to measure ICC/wraparound quality and fidelity	WFI-EZ
Entity responsible for tracking quality and fidelity	Family & Children First and University of Cincinnati Evaluation Team
Outcomes tracked	WFI-EZ measures, Level of Care, CANS
Entity responsible for tracking outcomes	Family & Children First and University of Cincinnati
Outcomes data	Access information on outcomes at www.clermontfasttrac.org
IT system used to support ICC/wraparound	The grantee has a contract with Social Solutions ETO (Efforts to Outcomes) for a wraparound database that was built for the FAST TRAC program.
Contact	Gretchen Behimer, *FAST TRAC Project Director, Clermont County Mental Health and Recovery Board*, gbehimer.fcf@ccmhrb.org

OKLAHOMA	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	OK Department of Mental Health and Substance Abuse Services contracts with local community mental health centers and private Medicaid providers
Agency responsible for overseeing provision of ICC/wraparound	OK Department of Mental Health and Substance Abuse Services
Entities providing ICC/wraparound	Community mental health centers, youth services agencies, and private provider agencies.
Number of children/youth served through ICC/wraparound annually	Approximately 2,000 children/families annually
Population(s) served	Children from birth to 25 years of age with emotional, socio-emotional, behavioral, or mental disorder diagnosable under the DSM-IV or its ICD-9-CM equivalents. Children may or may not be in state custody. Child does not have to be enrolled in Medicaid (since state funding is used), though about 75% of enrollees have Medicaid coverage.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	Children/youth are screened by host agencies using psychosocial assessments; At this time, a specific clinical assessment tool is not required, but this is under negotiation (considering the CASII).
Individual/entity that conducts eligibility screening	Local community mental health center, private Medicaid contracted providers, licensed behavioral health providers
Entity that authorizes enrollment in ICC/wraparound	Local community mental health center, private Medicaid contracted providers, licensed behavioral health providers
Tool(s) used for assessment once children are enrolled	Ohio Scales
Average length of involvement with ICC/wraparound	ICC is 6-9 months, wraparound is 6-12 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Must be certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 and must complete OK Systems of Care Wraparound 101 training.
Education requirement for care coordinators	Bachelor's degree
Certification requirements for care coordinators	Care coordinators must complete wraparound training curriculum approved by the state Department of Mental Health and Substance Abuse Services
Care coordinator to child/family ratio	1:8-10
Credentialing requirements for supervisors of care coordinators	Care coordinators must complete training with the Department of Mental Health and Substance Abuse Services and get a basic credential, after which they are coached to a skill set. When care coordinators pass the skill set, they are fully credentialed.
Supervisor to care coordinator ratio	1:5
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Limited consultation is provided, varied between providers.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Families have the option to have a family support provider
Financing for parent/caregiver peer support	State and Medicaid dollars
Rate for peer support	$9.43 per 15 minutes (Medicaid rate)
Entity responsible for development and training of peer partners	State and local agencies

OKLAHOMA	
Financing for peer partner development and training	Department of Mental Health and Substance Abuse Services funds and federal SAMHSA System Of Care grant funds
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid, state mental health funds, some child welfare funds, and SAMHSA Systems of Care Expansion grant funds
ICC/wraparound rate and billing structure	Currently fee for service at $16.38 per 15 minutes (Medicaid rate)
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Yes, wraparound and ICC will be part of the model used in OK's health home to serve youth with SED.
Provider/clinician reimbursement for participation in child and family team meetings	Providers are not currently reimbursed for team meetings, but will be through the health home, once fully developed.
Medicaid vehicles used to finance ICC/wraparound	Rehab Option under the SPA; Billing codes used — Wraparound: T1016HETF (for a licensed wraparound provider), Bachelor's level wraparound provider: T1017HETF, Family support: T1027HE, Therapeutic behavioral health services: H2019HE
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	The Department of Mental Health and Substance Abuse Services has state and regional coaches who provide training and coaching to local providers. This is funded through state funds and the System of Care grants.
Care coordinator access to mobile crisis response and stabilization services	Mobile response and stabilization services (funded through Medicaid and state behavioral health dollars) are available, however it is difficult to provide in some rural areas, so may not be available everywhere. Through a pilot project, 22 counties in the eastern part of the state are being saturated with mobile response and crisis services for children in foster care (the state is also seeking some child welfare dollars for this project).
Care coordinator access to intensive in-home services	Yes, funded through Medicaid, state mental health, and System of Care grant dollars
Entity responsible for provider network development	The Department of Mental Health and Substance Abuse Services contracts with mental health providers for training and is responsible for hiring, providing additional training, and ongoing coaching of care coordinators. The Department of Mental Health and Substance Abuse Services also puts many resources into developing the broader provider network through training in wraparound, crisis response, trauma-focused cognitive behavioral therapy, motivational interviewing, etc.
EVALUATION AND MONITORING	
Entity responsible for utilization management	Department of Mental Health and Substance Abuse Services
Tools used to measure ICC/wraparound quality and fidelity	WFI-EZ and 'Wrap Event' reporting designed as part of the state wraparound initiative and analyzed by the Systems of Care evaluation team
Entity responsible for tracking quality and fidelity	Department of Mental Health and Substance Abuse Services (Data Support Services unit), local contracted mental health providers and University of OK E-Team as the Systems of Care/wraparound evaluators.
Outcomes tracked	Discharge type; length of service; changes in school measures (i.e. days absent, days suspended); changes in days spent in out-of-home placement; changes in self-harming behaviors; changes in number of contacts with law enforcement; changes in psychometric (problems & functioning) scale measures (Ohio Scales)
Entity responsible for tracking outcomes	Data are collected by front-line staff and analyzed by the Systems of Care evaluation team and/or the Department of Mental Health and Substance Abuse Services Data Support Services unit.
Outcomes	After 6 months in wraparound (2013): ▪ Reduced out-of-home placement: 49% ▪ Reduced school detentions: 51% ▪ Reduced number of youths self harming: 42% ▪ Reduced arrests: 66% ▪ Reduced contacts with law enforcement: 51% ▪ Reduced days absent from school: 46%

OKLAHOMA	
	▪ Reduced days suspended from school: 69%
IT system used to support ICC/wraparound	The Systems of Care evaluation team has created a web-based data system – the Youth Information System – allowing continuous data input from wraparound sites across the state and real-time reporting. Line staff and/or administrative staff at the System of Care sites enter data related to regular assessments (Ohio Scales and other outcome measures) and to wraparound activities. These data can be monitored at the client level by the sites and are regularly (monthly, quarterly, annually) aggregated for broader dissemination by the evaluation team.
Contact	Jackie Shipp, *Director, Community Based Services, Oklahoma Department of Mental Health and Substance Abuse Services*, JShipp@odhmsas.org

PENNSYLVANIA	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	PA has five behavioral health managed care organizations (BHMCOs), three of which assist with payment for ICC/wraparound (Community Care Behavioral Health, Magellan, and Value Options Behavioral Health). PA employs multiple methods for procurement of state contracts (e.g., directly with the MCO or regional oversight group developed by counties contracts with MCO, etc).
Agency responsible for overseeing provision of ICC/wraparound	PA Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services
Entities providing ICC/wraparound	There are numerous nonprofit provider agencies in the 13 counties with high fidelity wraparound programs. These providers are all part of the BHMCO networks, and they provide other services in addition to wraparound, such as behavioral health services, residential treatment, etc.
Number of children/youth served through ICC/wraparound annually	345 children annually; 1,200 youth and their families have been served by high fidelity wraparound in PA over the course of five years
Population(s) served	Primarily youth ages 8-18 with a mental health diagnosis (current or past), multi-system involvement, and Medicaid eligibility. A child/youth's level of placement is also considered.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	Eligibility is determined based on the PA Code's consumer eligibility criteria for ICC, available here.
Individual/entity that conducts eligibility screening	MCO
Entity that authorizes enrollment in ICC/wraparound	MCO
Tool(s) used for assessment once children are enrolled	No
Average length of involvement with ICC/wraparound	9-16 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must complete high fidelity wraparound training, coaching, and monitoring, and be approved by Youth and Family Training Institute (the organization responsible for implementation of wraparound in PA). The Youth and Family Training Institute provides training, credentialing, coaching, and evaluation of wraparound throughout the state. The Institute credentials all wraparound providers in the state. Two statewide team coaches credential any wraparound providers, one statewide coach credentials family peer support providers, and one statewide coach credentials youth peer support providers. The credentialing process is based on the Vroon VanDenBerg model, and inter-rater reliability is used to train staff, who must also attend a five-day team training (split up over a month). When a provider is credentialed they have two years to complete advanced credentialing and

PENNSYLVANIA	
	renewal. The Youth and Family Training Institute has also implemented a coach advisory panel to provide guidance on relevant topics. Youth and families are involved in all aspects of the work, and 51% of Youth and Family Training Institute staff have lived experience. The organization is tri-chaired – includes director, a youth chair and a family chair. BHMCOs are also invited to participate in the credentialing training, which Community Care Behavioral Health recently completed.
Education requirement for care coordinators	Bachelor's degree
Certification requirements for care coordinators	N/A
Care coordinator to child/family ratio	1: 10-12 (Each family/youth peer support partner has a caseload of about 25 families)
Credentialing requirements for supervisors of care coordinators	Master's level coaches, receive Youth and Family Training Institute credentialing and are responsible for both supervision and coaching (i.e., one supervisor will supervise eight wraparound facilitators, four youth peer facilitators, and four family peer support facilitators, and will serve as coach for 100 families)
Supervisor to care coordinator ratio	1:8
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Some agencies contract with clinical agencies, but most often the master's level coach is the clinical expert and coordinates with outside psychiatry if necessary.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Family support partners are part of the wraparound team
Financing for parent/caregiver peer support	Peer support services are part of the program rate (paid through Medicaid administrative funds)
Rate for peer support	Varies by provider and MCO; range is about $9-16 per hour
Entity responsible for development and training of peer partners	Youth and Family Training Institute (Office of Mental Health and Substance Abuse Services)
Financing for peer partner development and training	State funds through Office of Mental Health and Substance Abuse Services
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	High fidelity wraparound is currently in 13 out of 67 counties, and counties use various funding sources for start up (e.g., reinvestment funds through one of PA's Medicaid MCOs), and move to Medicaid financing after it is established. Some counties use SAMHSA System of Care grant dollars; child welfare dollars (three counties); or juvenile justice dollars (Philadelphia County) to fund wraparound.
ICC/wraparound rate and billing structure	Wraparound facilitators in PA are not case managers and do not bill in units or 15 minute increments. The wraparound program is funded through a per-episode rate (about $12,000), which covers the cost of a coach, wraparound facilitator, family support partner, and youth support partner for one child/family from enrollment to graduation (with average lengths of stay at 9-16 months). The rate is paid from the administrative budgets of the MCOs, and quarterly reports are submitted to the MCOs by wraparound agencies during start-up which informs the rate. Dollars saved on the physical health side are reinvested to support wraparound.
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Not at this time
Provider/clinician reimbursement for	Provider participation in team meetings is billed to the clinical service provided,

PENNSYLVANIA	
participation in child and family team meetings	as allowable.
Medicaid vehicles used to finance ICC/wraparound	Medicaid administrative funds
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes through the Youth and Family Training Institute
Care coordinator access to mobile crisis response and stabilization services	Yes, almost all counties have crisis response services paid through the Medicaid MCO or county mental health dollars; mobile crisis, crisis overnight, and respite care are available, but not every county chooses to fund the same service array.
Care coordinator access to intensive in-home services	Yes, funded through Medicaid
Entity responsible for provider network development	County and BHMCO
EVALUATION AND MONITORING	
Entity responsible for utilization management	MCO
Tools used to measure ICC/wraparound quality and fidelity	WFI-EZ, TOMS, and an outcomes tool created by the Youth and Family Training Institute being piloted in four counties
Entity responsible for tracking quality and fidelity	The Youth and Family Training Institute does the fidelity scoring and has created an outcomes tool which it is piloting in four counties
Outcomes tracked	Behavioral and emotional strengths; clinical symptomatology; social functioning; development; living arrangements; education info; caregiver strain; parenting characteristics and child adjustment; cultural competence of services; client satisfaction with services; stability in housing; education and employment; crime and criminal justice; perception of care; social connectedness; and services received
Entity responsible for tracking outcomes	Mental health service utilization is monitored by Mercer, which reviews quarterly reports from each child/family's high fidelity wraparound team. The outcomes database resides with Youth and Family Training Institute, but can be accessed by counties.
Outcomes data	Joint Planning Team quarterly report to Mercer (for mental health only, does not include child welfare or juvenile justice)
IT system used to support ICC/wraparound	The high fidelity wraparound teams use a state system to support ICC/wraparound; each county has its own database and MCOs use their own utilization tracking and reporting systems.
Contact	Stan Mrozowski, *Director, Pennsylvania Department of Public Welfare Children's Bureau*, smrozowski@pa.gov

SECTION THREE: EMERGING ICC/WRAPAROUND PROGRAMS

In the following states and communities, ICC/wraparound programs are being piloted or are in the early stages of implementation.

El Paso County, Colorado
Illinois (Child Welfare)
Illinois (Medicaid)
Rhode Island
Wyoming

EL PASO COUNTY, COLORADO REACH (YOUTH AND FAMILIES)	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	The Office of Behavioral Health is funding the demonstration, which includes some child welfare dollars. Referrals come from child welfare, probation, and the schools; however, as of yet these agencies are not contributing funds in the demonstration year.
Agency responsible for overseeing provision of ICC/wraparound	This is a demonstration project that began July 1, 2013 (services began September 1, 2013) and will continue until September 30, 2014. Current oversight through the Office of Behavioral Health, and locally through AspenPointe Health Network (non profit administrative/managed services organization), which is contracted to the Office of Behavioral Health to serve as a CME.
Entities providing ICC/wraparound	Care coordinators were initially funded through pilot dollars, and then transitioned to salaried employees of the community mental health center (CMHC), AspenPointe Health Services. AspenPointe developed a CME called REACH Youth and Families and hopes to develop "care coordination agencies" in the community with expansion (which is dependent on funding).
Number of children/youth served through ICC/wraparound annually	25 children/families in the demonstration (2013 is the program's first year)
Population(s) served	Youth ages 10-18 who are involved with multiple systems or agencies within El Paso County (primarily child welfare and probation). The youth must have an identifiable SED, must be at risk of or in out-of-home placement, and must have a minimum composite score of level 3-4 on the CASII.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	All referrals are screened using the CASII
Individual/entity that conducts eligibility screening	The CME program manager screens all referrals made to the program during the pilot.
Entity that authorizes enrollment in ICC/wraparound	The referral is initiated by either child welfare or probation and then screened in or out of the program by the CME program manager.
Tool(s) used for assessment once children are enrolled	CASII, National Outcomes Measures (NOMS), and CO Client Assessment Record (CCAR)
Average length of involvement with ICC/wraparound	N/A (too early to determine)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators are trained in high fidelity wraparound by a Vroon VanDenBerg-trained coach. Care coordinators receive consultation from a high fidelity wraparound trainer and will be credentialed as certified wraparound facilitators.
Education requirement for care coordinators	Master's degree
Certification requirements for care coordinators	No certification requirement, but wraparound training is required.
Care coordinator to child/family ratio	1:12
Credentialing requirements for supervisors of care coordinators	Master's degree and behavioral health licensure (currently licensed clinical social worker (LCSW).
Supervisor to care coordinator ratio	1:2 (because this is a pilot)
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	As employees of the mental health center, care coordinators have access to all resources of the mental health center, which includes psychiatrists, nurses, psychologists, and master's level licensed therapists.
Hours per week psychiatrist/APRN is available	Mental health professionals are available for consult on an as-needed basis.
Psychiatrist/APRN role in medication management	Medication management is an evolving aspect of CO's CME pilot.
Role of psychiatrist/APRN on child and family team	The prescriber is welcome to participate on the child and family team, as appropriate; however, to date, this has not been required or requested.
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	A family advocate (with lived experience) was hired in January 2014 for the CME pilot and has begun to interact with the children and families and to develop

EL PASO COUNTY, COLORADO REACH (YOUTH AND FAMILIES)	
	and define the family advocacy support strategy for the CME. This position is currently funded through the CME grant. Planning for the sustainability of funding for this service is in process. The mental health center also employs family advocates with whom CME staff can coordinate.
Financing for parent/caregiver peer support	Currently grant funds support this role but sustainable strategies are being explored including Medicaid funding.
Rate for peer support	The CME is working to establish a baseline for the calculation of a case rate, but none exists at this time.
Entity responsible for development and training of peer partners	Court Appointed Special Advocates (CASA) of the Pikes Peak Region currently hold the family advocate position, which is responsible for developing the family advocacy component of the CME in El Paso County. The individual holding this position has direct experience caring for children with complex social/emotional needs and multisystem involvement. Training has been a collective effort with the CME coordinating with the state and independent experts to obtain family advocacy and wraparound training, training in trauma informed care, and training in other areas deemed appropriate to inform the work.
Financing for peer partner development and training	This position is currently funded through the CME grant, but planning for the sustainability of funding for this service is in progress.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid through managed care (CMHC).
ICC/wraparound rate and billing structure	**Current coding and rates**: H2021 at $40.66 per 15 minutes up to 4.25 hours H2022 at $476.06 for 4.25 to 8 hours These rates are adjudicated under the capitated mental health contract. The coding manual only identifies a per encounter requirement, so there are no weekly or monthly maximums at this time.
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	State is undecided
Provider/clinician reimbursement for participation in child and family team meetings	Only if the services of a given provider are provided and funded through El Paso County Department of Human Services' "core services," providers can be reimbursed for participation in "staffings" or team meetings. Currently, under Medicaid, mental health providers can bill for a staffing if minimum standards are met (i.e., at least three providers from different specialties/disciplines are present, and meeting is a minimum of 30 minutes). With a client present the code is 99366, without client it is 99368. If the minimum standards (above) are not met, the encounter is coded as case management (T1016).
Medicaid vehicles used to finance ICC/wraparound	Medicaid 1915(b) waiver
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	CO has in-state trainers that have been trained through Vroon VanDenBerg
Care coordinator access to mobile crisis response and stabilization services	Yes, through the Medicaid behavioral health managed care contract.
Care coordinator access to intensive in-home services	Yes, through Medicaid behavioral health managed care, and if child welfare is involved, through child welfare funding.
Entity responsible for provider network development	The CME is currently responsible, but works with a local collaborative management board. AspenPointe Health Network (the ASO) also manages the core services provider network for El Paso County child welfare and is beginning to find ways to influence and coordinate these two networks. There are currently no specific funds for provider network development.
EVALUATION AND MONITORING	
Entity responsible for utilization management	CME
Tools used to measure ICC/wraparound quality and fidelity	Team Member Feedback Form (covers all phases of wraparound), TOM, and Document Review Measure.
Entity responsible for tracking quality and	The CME, program evaluator and program manager.

EL PASO COUNTY, COLORADO REACH (YOUTH AND FAMILIES)	
fidelity	
Outcomes tracked	Wraparound fidelity; clinical and functional outcomes; medication monitoring; use of family advocates/peer supports/community resources; reduced residential service use; improved satisfaction with services.
Entity responsible for tracking outcomes	CME with state assistance
Outcomes data	N/A (too early)
IT system used to support ICC/wraparound	The ASO, AspenPointe Health Network, has a customized IT system, which is in development to meet the identified needs and processes discovered during the CME pilot. The system allows for documentation by case and attaches forms specific to the interventions completed by care coordinators (i.e., plan of care, crisis plan, team meeting documentation).
Contacts	Claudia Zundel, *Director of Child, Adolescent and Family Services, Colorado Department of Human Services*, claudia.zundel@state.co.us Brandi Haws, *Clinical Director, Health Network and Telecare, AspenPointe*, brandi.haws@aspenpointe.org

PARALLEL PROGRAM DEVELOPMENT IN ILLINOIS: MEDICAID AND CHILD WELFARE

Two state agencies in IL are piloting CMEs – the Department of Children and Family Services (child welfare) and Healthcare and Family Services (Medicaid). Eventually, the state hopes to have one unified approach across agencies.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (CHILD WELFARE)	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Department of Children and Family Services
Agency responsible for overseeing provision of ICC/wraparound	Department of Children and Family Services
Entities providing ICC/wraparound	Private nonprofit – IL CHOICES
Number of children/youth served through ICC/wraparound annually	Target is to reach 200+ youth annually
Population(s) served	Must be children/youth from 4-county target area (Ford, Iroquois, Champaign, and Vermilion counties), with a primary focus on children/youth who are wards of the Department of Children and Family Services experiencing a SED or other serious behavioral health needs (no specific diagnostic criteria are required). Children/youth who are currently in residential placement, psychiatric hospitalization, or specialized foster care programs (like therapeutic foster care). Children/youth in traditional foster care that have placement stability issues (i.e., referred for a placement stability staffing, clinical intervention or placement preservation), or children referred to system of care services at a community mental health center that offers flexible services. Children/youth who are wards of the Department of Children and Family Services that go into psychiatric crisis, screened through the Screening, Assessment and Support Services (SASS) system. Excludes medically complex children/youth and children with developmental disabilities with no other diagnosis but—can include those with co-occurring disorders.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	No standardized tool used – children/youth are identified by case managers within the Department of Children and Families or private contracted agencies. Eligibility is based on level of placement.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (CHILD WELFARE)	
Individual/entity that conducts eligibility screening	Initial identification done by case managers who then refer to Department of Children and Family Services Care Coordination Office for eligibility determination.
Entity that authorizes enrollment in ICC/wraparound	Department of Children and Family Services
Tool(s) used for assessment once children are enrolled	CANS at baseline, every 3 months, and at discharge;, and Strengths-based Discovery Assessments
Average length of involvement with ICC/wraparound	N/A (too early to tell) Criteria for "graduation" is achievement of permanency (i.e., when Department of Children and Family Services case closes; child is adopted or goes back home with parent; child achieves stability in placement: 12 months in current placement or step down from residential into community setting sustained for 12 months)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Bachelor's degree in human services field, plus 3 years of supervised experience (can be internships, volunteer, etc.)
Education requirement for care coordinators	Must have a bachelor's degree; some care coordinators are master's level.
Certification requirements for care coordinators	No state certification requirements yet
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of care coordinators	Master's degree with 3 years of supervised experience (currently all supervisors are licensed, but it's not a requirement)
Supervisor to care coordinator ratio	1:7-8
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Not at this time If necessary, clinical director would connect with clinical director at CMHC (since most children/youth are already connected to CMHC/psychiatrist). Psychiatrist would become part of child and family team (any service utilized is built in to the CME's line of care, whether financed by child welfare or Medicaid).
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Offered as part of the provider service array and as part of the services currently being developed in communities.
Financing for parent/caregiver peer support	Peer support is not a Medicaid covered service in IL yet, but this is being explored. Support provided by peers is currently billed under other Medicaid reimbursable services (e.g., community support) by staff that qualify as "Mental Health Professionals." The state has Certified Recovery Support Specialist and Certified Family Partnership Professionals certification programs. Peer support through the CME, Choices, does not require that the individual providing the service have lived experience.
Rate for peer support	Support provided by peers is currently billed at the mental health professional rate: $16 for 15 minutes The CME is in conversation with SOAR Youth Programs and several other local and state organizations around becoming peer support providers. Choices' typical rates for this paraprofessional role in other states run $20-40 per hour, with no cap.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (CHILD WELFARE)	
Entity responsible for development and training of peer partners	Any organization the CME contracts with is responsible for the training and professional development of its own staff. However, the current CME, Choices, is committed to exploring strategies to support professional development in partnership with various service providers through training and technical assistance. The IL Children's Mental Health Partnership and the Division of Mental Health are also committed to the development of a statewide family run organization that would help provide such support to local family run organizations across the state. IL Children's Mental Health Partnership is trying to put together a statewide family run organization to provide training to community-based family run organizations. Within the local network, the CME encourages providers to set up resources to help with workforce development and training, but is not ultimately responsible.
Financing for peer partner development and training	Department of Children and Family Services, general revenue
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Child welfare general revenue (IV-E claiming on placement) Department of Children and Family Services directly pays placement providers, and reconciles that against a case rate for each child enrolled in the CME, which is held responsible for case rate, but the Department of Children and Family Services continues to direct pay for placement. The Department of Children and Family Services is not currently billing Medicaid for ICC; IL's Medicaid program is in the process of implementing its own ICC contract (also with Choices).
ICC/wraparound rate and billing structure	Case rates are tiered based on placement of child at time of enrollment (i.e., residential/psychiatric hospital; independent living/transition; specialized foster care; traditional foster care). The CME is responsible for the ICC case rate, which is all-inclusive, except for Medicaid services. Specific rate information is not available.
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	Yes, ultimately, the state wants the Medicaid CME model to move toward health homes.
Provider/clinician reimbursement for participation in child and family team meetings	Yes, providers are paid a "team meeting rate" by the CME, based on negotiated rates for their specific services, since providers are not able to bill Medicaid for the time. Providers receive reimbursement consistent with their respective negotiated service rates with the CME. For example, a therapist may receive $66.60/hour for attendance, whereas a mentor might receive $28/hour for participation in the child and family team meeting.
Medicaid vehicles used to finance ICC/wraparound	Currently no Medicaid vehicles are being used, but targeted case management and 1915(i) State Plan Amendment are being considered for the future.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes, funded through the CME, Choices, with their revenue across multiple contracts.
Care coordinator access to mobile crisis response and stabilization services	Mobile crisis response and stabilization services are available through the Department of Children and Family Services' SASS program (a crisis intervention/hospital diversion program). These services are Medicaid funded for all children/youth, however, this is an older model of crisis response, with more focus on screening, rather than mobile response and stabilization in the community. All children enrolled in the CME must have a crisis plan, and ideally would not need to access formal crisis response, unless absolutely necessary.
Care coordinator access to intensive in-home services	There are no specific intensive in-home services; however, plans of care will include services that are provided in the home to help stabilize families. The CME pays providers for these services out of the case rate, and Medicaid funds in-home therapy services from Medicaid certified providers. The CME is exploring the potential for developing and funding various models of intensive in-home services.
Entity responsible for provider network development	The CME (supported through funding from Department of Children and Family Services), develops the provider network and is at risk for all services, except Medicaid-covered services.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (CHILD WELFARE)	
EVALUATION AND MONITORING	
Entity responsible for utilization management	Utilization management is a shared responsibility between the Department of Children and Family Services, the CME, and the child and family team. It is tied to risk (i.e., the CME, Choices, is at risk), but the Department of Children and Family Services is ultimately responsible for utilization management.
Tools used to measure ICC/wraparound quality and fidelity	WFI-EZ
Entity responsible for tracking quality and fidelity	The CME – Choices' Director of Evaluation and Research and the Quality Improvement Team
Outcomes tracked	CANS, placement level of care, psychiatric hospitalizations, high-fidelity wraparound, utilization of dollars, number of providers, array of provider network, number of services/organizations in provider network, length of stay in certain levels of care, transitions in levels of care, emergency department use (physical and behavioral health), immunizations, well-child visits, dental visits, school performance, etc.
Entity responsible for tracking outcomes	Shared function of Department of Children and Family Services, the CME, and state university partner (Chapin Hall). An outcomes study is being planned.
Outcomes data	N/A (too early)
IT system used to support ICC/wraparound	Clinical Manager, Choices proprietary system
Contact	Kristine Herman, *Associate Deputy Director, Illinois Department of Children and Family Services*, Kristine.Herman@illinois.gov

ILLINOIS HEALTHCARE AND FAMILY SERVICES (MEDICAID)	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Healthcare and Family Services (Medicaid)
Agency responsible for overseeing provision of ICC/wraparound	Healthcare and Family Services (Medicaid)
Entities providing ICC/wraparound	Private nonprofit – IL Choices
Number of children/youth served through ICC/wraparound annually	Target is to reach 850 children/youth annually
Population(s) served	Medicaid children with a historical utilization of the state's Screening, Assessment and Support Services (SASS) program (a crisis intervention/hospital diversion program) and inpatient psychiatric hospitalization
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	No standardized tool used – children/youth are identified by case managers in private contracted agencies and eligibility is based on level of placement.
Individual/entity that conducts eligibility screening	CME (Choices) and possibly select providers.
Entity that authorizes enrollment in ICC/wraparound	CME (Choices)
Tool(s) used for assessment once children are enrolled	CANS
Average length of involvement with ICC/wraparound	N/A (too early to tell)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	No formal credential required
Education requirement for care coordinators	Bachelor's degree
Certification requirements for care coordinators	No certification requirements yet
Care coordinator to child/family ratio	1:10, 1:20, 1:40 (three-tier system based on intensity)
Credentialing requirements for supervisors of care coordinators	Master's degree

ILLINOIS HEALTHCARE AND FAMILY SERVICES (MEDICAID)	
Supervisor to care coordinator ratio	1:8
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	TBD. Project will have a medical director who may serve as a psychiatric care resource but the preference is for the demonstration clinical director to be an advanced practice nurse. Positions have yet to be filled.
Hours per week psychiatrist/APRN is available	TBD
Psychiatrist/APRN role in medication management	TBD
Role of psychiatrist/APRN on child and family team	TBD
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Offered as part of the provider service array and as part of the services currently being developed in communities.
Financing for parent/caregiver peer support	Peer support is not a Medicaid covered service in IL at this time. The state is exploring the feasibility of leveraging the Certified Family Partnership Professional credentialing program and opening the service up as a Medicaid funded service in the future. In the demonstration, Choices may purchase peer supports through funds made available as part of the demonstration not tied directly to Medicaid expenditures.
Rate for peer support	TBD
Entity responsible for development and training of peer partners	IL is exploring multiple strategies for the training and development of peer partners, including the development of a peer credential – the Certified Family Partnership Professional. In addition, advocates and state agencies will play a direct role in supporting and training peer partners in the demonstration.
Financing for peer partner development and training	Some state training funds, some through funds made available as part of the demonstration – not tied directly to Medicaid expenditures.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid
ICC/wraparound rate and billing structure	Case rate = $415 PMPM
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	TBD
Provider/clinician reimbursement for participation in child and family team meetings	Yes, Medicaid case management billing code.
Medicaid vehicles used to finance ICC/wraparound	Community Mental Health Services Vehicle = TCM, T1016: $13.68 – $19.31, depending upon level of provider and location of service. Access IL's Community Mental Health Services Guide for more information: http://www.hfs.illinois.gov/assets/cmhs.pdf.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes, funded through the CME, Choices, with their revenue across multiple contracts.
Care coordinator access to mobile crisis response and stabilization services	Yes, the CME (Choices) is responsible for ensuring access to mobile crisis response in its demonstration area.
Care coordinator access to intensive in-home services	Yes
Entity responsible for provider network development	CME (Choices)
EVALUATION AND MONITORING	
Entity responsible for utilization management	CME (Choices)
Tools used to measure ICC/wraparound quality and fidelity	TBD
Entity responsible for tracking quality and fidelity	Healthcare and Family Services (Medicaid)

ILLINOIS HEALTHCARE AND FAMILY SERVICES (MEDICAID)	
Outcomes tracked	CANS scores, service utilization, psychiatric hospitalizations data, quality wraparound data, mobile crisis outcomes, provider network development, engagement, total cost of care, emergency department use (physical and behavioral health), immunizations, well-child visits, dental visits, school performance, etc.
Entity responsible for tracking outcomes	Healthcare and Family Services (Medicaid)
Outcomes data	N/A (too early)
IT system used to support ICC/wraparound	Yes, Choices Clinical Manager (proprietary system)
Contact	Shawn Cole, *Manager, Illinois Department of Healthcare and Family Services*, shawn.cole@illinois.gov.

EXPLORING WRAPAROUND: IOWA'S SYSTEM OF CARE PLANNING GRANT

Iowa is an example of a state that is using a SAMHSA system of care planning grant to explore transition of various ICC approaches in the state to a fidelity ICC/wraparound approach. The state is receiving training and technical assistance on the high fidelity wraparound process in order to understand what infrastructure, training, and ongoing support is necessary to ensure that wraparound is provided to high fidelity standards in its system of care (SOC) and Integrated Health Home (IHH) programs. No final decision has been made on implementation of a high-fidelity wraparound process at this time. However, as all three SOC providers in Iowa are also IHH providers, the goal is to integrate SOC principles and practices into the IHH model so that Iowa has one SOC-based IHH model of service coordination for children with SED, regardless of insurance status.

RHODE ISLAND	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	RI Department of Children, Youth and Families
Agency responsible for overseeing provision of ICC/wraparound	RI Department of Children, Youth and Families
Entities providing ICC/wraparound	The Department of Children, Youth and Families contracts with two private non-profit agencies to provide wraparound services: Family Service RI (Ocean State Network for Children and Families) and Child & Family Services (RI Care Management Network).
Number of children/youth served through ICC/wraparound annually	337 youth/families
Population(s) served	For families involved with the Department of Children, Youth and Families, population is primarily children and youth between 6-18 years of age residing in congregate care settings and Treatment Foster Care. The Department also contracts for wraparound services for children and youth at risk for involvement with the Department of Children, Youth and Families through prevention-focused Family Care Community Partnerships.
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	N/A
Individual/entity that conducts eligibility screening	N/A
Entity that authorizes enrollment in ICC/wraparound	Department of Children, Youth and Families
Tool(s) used for assessment once children are enrolled	CANS, the Ohio Scales, Ages and Stages, North Carolina Family Assessment
Average length of involvement with ICC/wraparound	12-13 months
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Care coordinators must participate in wraparound training and certification. Additionally, they must: have a minimum of three years of experience providing

RHODE ISLAND	
	family-based services; have the ability to engage, support, and provide care planning with strong facilitation skills; have experience with children's mental health, child welfare, or juvenile justice systems; and have knowledge of community resources and experience with obtaining services for children and families.
Education requirement for care coordinators	Bachelor's degree
Certification requirements for care coordinators	Care coordinators are required to become practice certified in Wraparound RI. The training and certification is done by the Child Welfare Institute (jointly run by the Department of Children, Youth and Families and RI College).
Care coordinator to child/family ratio	1:15 (by contract)
Credentialing requirements for supervisors of care coordinators	Supervisors must participate in wraparound training and certification. Additionally, they must have a master's degree in social work, psychology, counseling, or a related field; at least 5 years experience providing family-based services with a least one year supervising or administrating programs; and must be an independently licensed practitioner in the behavioral health field.
Supervisor to care coordinator ratio	1:6 care coordinators and 1:2 family support partners
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Not at this time.
Hours per week psychiatrist/APRN is available	N/A
Psychiatrist/APRN role in medication management	N/A
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Peer support is offered to families as part of the Family Support Team and these services are provided by trained family support partners.
Financing for parent/caregiver peer support	Peer support services are funded by Medicaid through an 1115 waiver
Rate for peer support	RI has used state appropriations, state mental health block grant funds, and federal Title IV-B funds to finance peer support. The state's provider networks are working with the state to bill Medicaid for the delivery of wraparound by network care coordinators and family support partners. Currently, peer support reimbursement is part of a bundled rate for the network provider, and the family run organization is paid through a cost reimbursement contract with the network provider.
Entity responsible for development and training of peer partners	Family organization
Financing for peer partner development and training	RI general funds
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid and general revenue
ICC/wraparound rate and billing structure	The Medicaid rate for wraparound services provided through the Family Care Community Partnerships is $85 per day. We do not currently have a Medicaid billable rate for wraparound services provided through the Networks of Care. RI Medicaid has provided initial approval for billing Medicaid for wraparound services provided by the Networks of Care as of 7/1/2014. The wraparound rate and the methodology for claiming are still in development.
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	No. RI has established health homes, and is using Comprehensive, Evaluation, Diagnosis, Assessment, Referral, Re-evaluation (CEDARR) family centers as providers of health homes for children and youth with special health care needs (CSHCN) who may also have SED.
Provider/clinician reimbursement for participation in child and family team meetings	No

RHODE ISLAND	
Medicaid vehicles used to finance ICC/wraparound	Medicaid claiming will likely be available for services provided through the Networks of Care through the RI State Plan. Currently, services provided through the Family Care Community Partnerships are billed as Costs not Otherwise Matchable - through the state's global waiver.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Trainings are provided by the Child Welfare Institute and are claimed through Title IV-E funds.
Care coordinator access to mobile crisis response and stabilization services	Crisis and stabilization services are in development.
Care coordinator access to intensive in-home services	Yes
Entity responsible for provider network development	MCO and CME
EVALUATION AND MONITORING	
Entity responsible for utilization management	Combination of state agency, network, and MCO (e.g., Neighborhood Health Plan of RI for children in foster care).
Tools used to measure ICC/wraparound quality and fidelity	WFI-EZ
Entity responsible for tracking quality and fidelity	Department of Children, Youth and Families
Outcomes tracked	Outcomes tracked include process, impact, medium- and long-term outcomes, and wraparound fidelity. Highlights include: maltreatment in foster care, repeat maltreatment, entries into foster care, median length of time in foster care, re-entries into foster care, median length of time to foster care re-entry, placement at discharge and placement at re-entry, level of care placement changes, child and family well-being and functioning,
Entity responsible for tracking outcomes	Department of Children, Youth and Families
Outcomes data	Currently, the state has only one year of data since the inception of Family Care Networks Wraparound. Access quarterly reports for the Family Care Community Partnerships program here.
IT system used to support ICC/wraparound	Modifications were made to the state Statewide Automated Child Welfare Information System to support data collection
Contact	Leon Saunders, *Administrator, Management Information Systems, RI Department of Children, Youth and Families*, Leon.Saunders@dcyf.ri.gov

WYOMING	
GENERAL STRUCTURE	
Principal purchaser/contractor for ICC/wraparound	Department of Health
Agency responsible for overseeing provision of ICC/wraparound	Department of Health
Entities providing ICC/wraparound	An MCO (Wyoming Access) serves as the CME in WY. It contracts with a number of private providers for ICC/wraparound.
Number of children/youth served through ICC/wraparound annually	N/A (program began June 2013)
Population(s) served	Medicaid eligible youth between the ages of 4-21 with an Axis I diagnosis and a CASII score between 20-27 (inpatient level of care)
ELIGIBILITY AND SCREENING	
Tool used for eligibility screening	CASII and ECSII tools are used to determine the level of care
Individual/entity that conducts eligibility screening	The clinical manager employed by Wyoming Access oversees the process within the CME, making sure the youth is Medicaid eligible and has an Axis I diagnosis. Providers that are credentialed in the CASII/ECSII assessment tools are assigned to complete the CASII/ECSII by the clinical manager.
Entity that authorizes enrollment in ICC/wraparound	Authorization for enrollment comes from Wyoming Access, based on the criteria set out by the Department of Health.

WYOMING	
Tool(s) used for assessment once children are enrolled	CASII and the CANS; CASII is done for eligibility and every six months thereafter, and the CANS is completed every three months
Average length of involvement with ICC/wraparound	N/A (program began in June 2013)
REQUIREMENTS FOR CARE COORDINATORS	
Credentialing requirements for care coordinators	Days 1-4 of high fidelity wraparound training, family care coordinator/family support peer specific two-day training and coaching.
Education requirement for care coordinators	Bachelor's degree with two years related experience.
Certification requirements for care coordinators	Days 1-4, family care coordinator/family support peer specific two-day training, Completing Workbooks, and working with a coach.
Care coordinator to child/family ratio	1:10
Credentialing requirements for supervisors of care coordinators	Bachelor's degree with two years of related experience.
Supervisor to care coordinator ratio	1:10 for supervising or for working with families. Supervisors also work with families, and when this occurs, combined case load of care coordinators and families cannot exceed 10 (e.g., five care coordinators and five families or one family and nine care coordinators)
ROLE OF PSYCHIATRY	
Access to psychiatric consultation for care coordinators (from psychiatrist or advanced practice registered nurse, APRN)	Yes, Wyoming Access has a psychiatrist on staff with whom care coordinators can request consultation.
Hours per week psychiatrist/APRN is available	20 hours
Psychiatrist/APRN role in medication management	The psychiatrist reviews medication, monitors quarterly changes, and checks all children for WY's standards on psychotropic medication
Role of psychiatrist/APRN on child and family team	N/A
PARENT/CAREGIVER PEER SUPPORT	
Provision of parent/caregiver peer support	Peer support services are offered to families, but not required
Financing for parent/caregiver peer support	Peer support services are covered under the Medicaid state plan as TCM
Rate for peer support	$9.50 per 15 minutes (WY is working to increase rate)
Entity responsible for development and training of peer partners	WY's family support peer model is pending implementation; the state has a contract with Susan Boehrer at Vroon VanDenBerg and is working with family care coordinator coaches to get dual credentialing (i.e. dual family care coordinator/family support peer credential).
Financing for peer partner development and training	Covered under the CME contract, the CHIPRA demonstration grant funds, and behavioral health division block grant funds.
FINANCING FOR INTENSIVE CARE COORDINATION USING QUALITY WRAPAROUND	
Funding mechanisms for ICC/wraparound	Medicaid state plan, using a Targeted Case Management (TCM) and 1915(i) SPA
ICC/wraparound rate and billing structure	$18.50 per hour (in pending TCM SPA); CME currently receives a per member per month rate from the state and pays a per member per month rate to their vendors
Considering using ICC/wraparound providers as part of the health homes approach for children and youth with SED (if state is pursuing a Medicaid health home)	The CME is not currently part of WY's health home approach, but as the systems continue to be built, the intent is that they will grow together.
Provider/clinician reimbursement for participation in child and family team meetings	Currently through Medicaid SPA services, but as the CME moves to a risk based model, providers will be paid through the CME.
Medicaid vehicles used to finance ICC/wraparound	Medicaid SPAs – TCM for children and 1915(i); WY is working on restructuring its 1915(c) waiver to be part of the CME as well.
STAFF TRAINING, CAPACITY, AND PROVIDER NETWORKS	
Capacity to train care coordinators	Yes, built into the CME contract; trainings occur frequently and coaches are supported financially and administratively by the CME.
Care coordinator access to mobile crisis response and stabilization services	No, there are no specific service codes for crisis response services in WY. However, crisis screening and planning are part of the plan of care developed

WYOMING	
	during the initial engagement phase with a child and family. Medicaid covers services provided to youth in crisis settings (usually the Department of Family Services or other state funding through the Behavioral Health Division) via the Medicaid state plan. Family care coordinators can access telehealth to work with families in crisis.
Care coordinator access to intensive in-home services	No, the only intensive in-home service currently available is high-fidelity wraparound.
Entity responsible for provider network development	Wyoming Access, but this will not begin until WY is in Phase 2 of the CME implementation (beginning in February 2015).
EVALUATION AND MONITORING	
Entity responsible for utilization management	State/local public agency and the CME. The CME is responsible for utilization management for children that are enrolled in the CME, but another contractor is responsible for utilization management if a child is not enrolled in the CME.
Tools used to measure ICC/wraparound quality and fidelity	Currently in development, but will begin with WFI-EZ and TOM
Entity responsible for tracking quality and fidelity	State/local public agency and CME. The CME is responsible for tracking many quality measures, but the state is also responsible for some, in addition to ensuring the CME is accurately and appropriately tracking quality and fidelity.
Outcomes tracked	Children's success in their homes and communities; clinical and functional improvement; family and youth resiliency; access to home and community based services; and cost
Entity responsible for tracking outcomes	CME and the state have shared responsibilities
Outcomes data	N/A (in progress)
IT system used to support ICC/wraparound	The CME has customized its IT system to be able to track high fidelity wraparound activities, but the system is still a work in progress.
Contact	Lisa Brockman, *Medicaid Behavioral Health Program Manager, Wyoming Department of Health*, lisa.brockman@wyo.gov

ADDITIONAL RESOURCES

Becoming a Medicaid Provider of Family and Youth Peer Support Services: Considerations for Family Run Organizations
Center for Health Care Strategies, February 2014

Customizing Health Homes for Children with Serious Behavioral Health Needs
Human Service Collaborative, March 2013

Examining Children's Behavioral Health Service Utilization and Expenditures
Center for Health Care Strategies, December 2013

National Wraparound Initiative: http://nwi.pdx.edu

Return on Investment in Systems of Care for Children with Behavioral Health Challenges
National Technical Assistance Center for Children's Mental Health, April 2014

GLOSSARY OF ACRONYMS

ACA: Patient Protection and Affordable Care Act

APRN: Advanced practice registered nurse

ASO: Administrative services organization

BHMCO: Behavioral health managed care organization

CAFAS: Child and Adolescent Functional Assessment Scale

CALOCUS: Child Adolescent Level of Care Utilization System

CANS: Child and Adolescent Needs and Strengths Assessment

CASII: Child and Adolescent Service Intensity Instrument

CBCL: Child behavior checklist

CCIS: Children's crisis intervention services

CCO: Care coordination organization

CEDARR: Comprehensive, Evaluation, Diagnosis, Assessment, Referral, Re-evaluation

CSHCN: Children with special health care needs

CMHP: Child mental health professional

CMS: Centers for Medicare & Medicaid Services

COMET: Coaching Observation Measure for Effective Teams

CREST: Coaching Response to Enhance Skills Transfer Tool

CMHC: Community mental health center

CME: Care management entity

ECSII: Early Childhood Service Intensity Instrument

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment benefit

HCBS: Home and community-based services

ICC: Intensive care coordination

MCO: Managed care organization

PMPM: Per member, per month

PRTF: Psychiatric Residential Treatment Facilities

SAMHSA: Substance Abuse and Mental Health Services Administration

SAS: Supervisor Assessment System Tool

SASS: Screening, Assessment and Support Services

SED: Serious emotional disturbance

SPA: State plan amendment

STEPS: Supportive Transfer of Essential Practice Skills Wheel

TCM: Targeted case management

TOM: Team Observation Measure

WFI: Wraparound Fidelity Index

WFI-EZ: Wraparound Fidelity Index, Short Version

ENDNOTES

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