QUICK REFERENCE

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Intensive Care Coordination Using High-Quality Wraparound: Rates and Billing Structure

OVERVIEW

Intensive care coordination using high-quality wraparound is an approach to care that has shown promising outcomes for children with serious behavioral health needs and their families.[1] Rather than a specific *service*, wraparound is a structured approach to service planning and care coordination for individuals with complex needs. Built on *system of care* values, it is a family- and youth-guided, strengths-based, collaborative, and outcomes-driven process that is tailored for the individual. High-quality wraparound (also called *high fidelity* or *fidelity wraparound*) includes four phases: engagement, plan development, plan implementation, and transition. It also adheres to specific steps: discovering strengths, needs, and culture; creating a child and family team; developing an individualized plan of care; leveraging natural supports; and monitoring progress.[2]

States and communities across the country are implementing intensive care coordination programs using high-quality wraparound, and while the underlying values[3] of these programs are largely the same, there are broad variations in their structure, operations, and financing. The Center for Health Care Strategies (CHCS) conducted a scan of intensive care coordination programs using high-quality wraparound for children and youth with behavioral health needs in states and communities nationwide.[4] This resource, drawn from the national point-in-time scan, highlights the billing structure and rates for care coordination and wraparound services across all of the states and communities profiled. It provides a reference for understanding the variety of billing structures and range of rates for these services.

Intensive care coordination using high-quality wraparound requires low care coordinator-to-child/family ratios; high frequency of face-to-face contact; the facilitation of child and family teams; and coordination of activities across multiple systems.[5] Because it is comprehensive and used primarily with high-utilizing, high-cost populations, such as children and youth with significant behavioral health needs, rates for intensive care coordination using the wraparound approach tend to be higher than those for individuals in traditional or less intensive care coordination models. However, the length of involvement in intensive care coordination tends to be shorter than in other, less intensive care coordination models, with an average duration between 16-18 months.[6]

Rates can be structured in a number of ways, including as case rates paid daily, monthly, annually, or per episode of care to the provider or managed care organization. Case rates may be limited to funding *only* care coordination with high-quality wraparound, or can include other supports and services such as family and youth peer support; home- and community-based services; inpatient psychiatric hospitalization; and psychiatric residential treatment. All-inclusive case rates (as used in Wraparound Milwaukee), cover the cost of intensive care coordination in addition to all other necessary behavioral health services and supports. Rates for intensive care coordination can also be set up as fee-for-service payments (as in Massachusetts), in which a specific dollar amount is paid per unit or time increment (e.g., 15-minutes, 30-minutes, or 1-hour). In addition, rates may have a daily, weekly, monthly, or annual cap on services.

This resource was produced with support from the Substance Abuse and Mental Health Services Administration by the Center for Health Care Strategies, a core partner in the Technical Assistance Network for Children's Behavioral Health.

Care Coordination Rates and Billing Structure

ESTABLISHED PROGRAMS[7]	
Louisiana	■ $1,035/child per month (administrative payment to intensive care coordination/wraparound provider) ■ $137/child per month (administrative payment to managed care organization)
Massachusetts	■ $23.74/15 minutes (master's level care coordinator) ■ $18.88/15 minutes (bachelor's level care coordinator)
Michigan	■ $87.51/15 minutes (1915(b) waiver rate) ■ $412.68/meeting, up to 4 per month (1915(c) waiver rate)
Nebraska	■ $840.70/child per month
New Jersey	■ $550/child per month (bundled care management rate for youth with both moderate and high needs)
Cuyahoga County, OH	■ $22.89/child per day
Dane County, WI	■ $1,670.67/child per month
Milwaukee County, WI	■ $32/day for Wraparound Milwaukee (based on 8 families) ■ $22/day for REACH (based on 12 families)
EVOLVING PROGRAMS[8]	
Georgia	■ $721.05/child per month
Maryland	■ $14,048.62/child annually (approximately $1,170.71 per month for the care management entity) ■ Rates for intensive care coordination under pending 1915(i) state plan amendment are in development
Clermont County, OH	N/A (SAMHSA grant funds and local contributions currently pay for salaries and benefits)
Oklahoma	■ $16.38/15 minutes (fee-for-service Medicaid rate)
Pennsylvania	■ $12,000/episode of care (approximately; paid from managed care organization administrative budgets)
EMERGING PROGRAMS[9]	
El Paso County, CO	■ $40.66/15 minutes up to 4.25 hours ■ $476.06 for 4.25 to 8 hours
Illinois (Child Welfare)	■ TBD (tiered based on placement of child at time of enrollment; specific rate information is not yet available)
Illinois (Medicaid)	■ $415/child per month
Rhode Island	■ $85/day (Medicaid rate for wraparound services provided through Family Care Community Partnerships) ■ Rhode Island Medicaid provided initial approval for billing for wraparound services as of July 1, 2014; the wraparound rate and methodology for claiming are still in development
Wyoming	■ $18.50/hour (in pending Targeted Case Management state plan amendment) ■ Care management entity currently receives a per member per month rate from the state and pays a per member per month rate to vendors

INNOVATIONS IN CHILDREN'S BEHAVIORAL HEALTH RESOURCE SERIES

This resource is a product of the **Innovations in Children's Behavioral Health Resource Series**, developed by the *Technical Assistance Network for Children's Behavioral Health (TA Network)* through support from the Substance Abuse and Mental Health Services Administration (SAMHSA).

In May 2013, the Centers for Medicare & Medicaid Services and SAMHSA issued a bulletin on behavioral health services for children, youth, and young adults with significant mental health conditions. The bulletin sought to help states design a Medicaid benefit for this population incorporating seven key elements: (1) intensive care coordination; (2) parent/youth peer supports; (3) intensive in-home services; (4) respite; (5) mobile crisis response; (6) customized goods and services; and (7) trauma-informed care. The *TA Network* is issuing resources on each of key elements to help states and communities advance systems of care for children and youth with serious behavioral health needs and their families.

The **Center for Health Care Strategies (CHCS)**, a partner in the *TA Network*, is a nonprofit health policy resource center dedicated to advancing health care access, quality, and cost-effectiveness in publicly financed care. For more information, visit www.chcs.org.

[1] E. Bruns and J. Suter. "Summary of the Wraparound Evidence Base." In E.J. Bruns and J.S. Walker (Eds.), *The Resource Guide to Wraparound.* (Portland, OR: National Wraparound Initiative, 2011), Chapter 3.5.

[2] To learn more about wraparound, visit the National Wraparound Initiative: http://www.nwi.pdx.edu/.

[3] B. Stroul, G. Blau, and R. Friedman. (2010). "Updating the system of care concept and philosophy." Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. http://gucchdgeorgetown.net/data/documents/SOC_Brief2010.pdf.

[4] To access the national scan, visit: http://www.chcs.org/resource/intensive-care-coordination-using-high-quality-wraparound-children-serious-behavioral-health-needs-state-community-profiles/.

[5] S. Pires. "Customizing Health Homes for Children with Serious Behavioral Health Challenges." Human Service Collaborative. March 2013. http://www.chcs.org/resource/customizing-health-homes-for-children-with-serious-behavioral-health-challenges/.

[6] S. Pires op cit.

[7] "Established" programs are those that are fully established, with sustainable funding streams and a full array of services and supports for children with behavioral health needs. They also have outcomes data (some publicly available) and are involved in continuous quality improvement.

[8] "Evolving" programs are those in states/communities that have established intensive care coordination programs using wraparound in regions of the state and are either: (1) expanding statewide; or (2) revamping their approach to intensive care coordination using wraparound, often within the context of utilizing new Medicaid strategies, in order to enhance and sustain their programs.

[9] "Emerging" programs are those being piloted or in the early stages of implementation.