
Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-14-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

May 21, 2014

Teri Green, State Medicaid Agent
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #14-007

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-007. This SPA concerns Wyoming's Target Case Management for children with severe emotional disturbance, who are between the ages of 4 and 21 and who are being served by the Care Management Entity (CME) or by the Children's Mental Health Waiver..

Please be informed that this State Plan Amendment is approved effective March 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: Chris Bass
Lee Clabots, Deputy Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

14-007

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 441.18, 42 CFR 440.169

7. FEDERAL BUDGET IMPACT:

\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, Pages 4a, 4b, 4c, 4d, 4e, 4f, 4g, 4h

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to update the targeted case management state plan to include eligible services provided to children with a serious emotional disturbance (as defined in Federal Register, volume 58, no. 96, published May 20, 1993, pgs. 29422 through 2942) who are between the ages of four (4) and twenty one (21) and who are being served by the Care Management Entity (CME) or by the Children's Mental Health Waiver.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 02/24/14

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

02/24/14

18. DATE APPROVED: 05/21/14

19. EFFECTIVE DATE OF APPROVED MATERIAL:

3/1/14

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

State Plan under Title XIX of the Social Security Act
State/Territory: WYOMING

TARGETED CASE MANAGEMENT SERVICES
Children with Serious Emotional Disturbance

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Children and youth ages four (4) through twenty-one (21) who meet the definition of having a serious emotional disturbance (per Federal Register, volume 58, no. 96, published May 20, 1993, pgs. 29422 through 29425)

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to **180** consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

___ Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - facilitation and support for the youth and their family to gather information from, or, to access a Level of Care evaluation by a licensed mental health professional to obtain a current diagnosis and identify instances where the youth might meet Medicaid criteria for inpatient psychiatric care.
 - The evaluation must be completed annually and signed by a licensed mental health provider.
 - the individual plan of care indicating need for TCM services is updated every (180) days, or, more often if indicated.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:

TN#: WY14-007

Approval Date 05/21/14

Effective Date: 3-1-14

Supersedes TN#: New

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals;
 - identifies a course of action to respond to the assessed needs of the eligible individual; and
 - Development of the Individual Plan of Care for TCM.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
 - based on the information gathered during the comprehensive assessment, provide assistance to the youth and their family to access the most appropriate community-based supports and resources that are for the direct and exclusive benefit of the youth.
- ❖ Monitoring and follow-up activities:
- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may assist the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's Plan of Care;
 - services in the care plan are adequate; and,
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
 - The High Fidelity Wraparound Family Care Coordinator responsible for the plan of care, in collaboration with the individual client and their child and family team, must update the plan of care at least every 180 days.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Provider of TCM services must comply with state requirements for obtaining initial credentialing as a High Fidelity Wrap Around provider and must recertify their credentials on an annual basis to ensure fidelity with the high fidelity wrap around model. The goal of this model is to facilitate the family's acquisition of skills and knowledge for self-efficacy, youth empowerment to achieve desired outcomes, and assist the family to develop and maintain an effective support system.

TN#: WY14-007

Approval Date 05/21/14

Effective Date: 3-1-14

Supersedes TN#: New

The wraparound “facilitator” (FCC) is the family care coordinator who organizes, convenes, and coordinates this process in conjunction with the youth and their family. Family and youth peer support providers are integral to teams serving youth with behavioral health challenges and their families, and they are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge.

Every child and family team must include a Family Care Coordinator and participants can choose to include a Family Support Partner and/or a Youth Support Partner on their child and family team. The High Fidelity Wraparound Family Care Coordinator responsible for the plan of care, in collaboration with the youth and their child and family team, develops the goals and activities of TCM.

Family Care Coordinator (FCC)

1. Qualifications:
Bachelor’s degree in a human service area (or related field), or, two years work/personal experience in providing direct services or linking of services for youth experiencing serious emotional disturbance.

2. Skills:
 - a. Well developed interpersonal and relationship building skills;
 - b. Efficient time management and scheduling;
 - c. Small group meeting management skills;
 - d. Public speaking;
 - e. Familiarity with children’s services including child welfare, mental health, substance abuse, juvenile justice, and special education;
 - f. Ability to build trust with clients while recognizing, identifying and maintaining appropriate boundaries;
 - g. Knowledge and understanding of income supplements and entitlements;
 - h. Current knowledge of emotional and behavioral health disorders in children;
 - i. Knowledge and understanding of families’ rights and responsibilities in the mental health system, their rights in education settings, and the IEP process, and knowledge of other child-serving systems;
 - j. Knowledge of the system of care in the child’s community;
 - k. Effective written, oral, and interpersonal communication skills;
 - l. Ability to communicate, comprehend, and perform functions from written and oral instructions;
 - m. Must be organized with the ability to take direction and prioritize tasks;
 - n. Must have ability to maintain confidentiality; and,
 - o. Exhibits mature judgment and emotional stability.

3. Requirements:
 - a. Must be at least 21 years of age;
 - b. Complete all State required training components;
 - c. Posses a valid driver’s license, appropriate automobile insurance, and reliable car;

TN#: WY14-007

Approval Date 05/21/14

Effective Date: 3-1-14

Supersedes TN#: New

- d. Maintain current CPR and First Aid Certification; and,
 - e. Complete the High Fidelity Wrap Around credentialing processes as specified by Medicaid.
4. Role and Duties:
FCC's are responsible for implementing the phases and related activities of the HFWA process, advocating for and supporting the child/youth and family, and coordinating the child and family team meetings, documentation, and processes.

The FCC is primarily responsible for the following functions:

- a. Maintaining open lines of communication between all team members;
- b. Initiate and oversee completion of needed assessments and evaluations as identified by the team;
- c. Facilitate the development of the individualized plan;
- d. Locate, arrange, and refer child/youth and family to direct services as identified in the individualized plan; and,
- e. Identifying when objectives in the plan are not being met, or identification of barriers to achieving the objectives of the plans.

Family Support Partner (FSP)

- 1. Qualifications:
 - a. High school diploma or GED equivalent;
 - b. Must be a parent or caregiver of a child with behavioral health needs or have two years experience working closely with children with serious emotional/behavioral challenges and their families;
 - c. Minimum two years experience in the behavioral health field; and,
 - d. Completion of credentialing requirements as specified by Medicaid.
- 2. Skills:
 - a. Knowledge and understanding of income supplements and entitlements;
 - b. Ability to build trust with clients while recognizing, identifying and maintaining appropriate boundaries;
 - c. Current knowledge of emotional and behavioral health disorders in children;
 - d. Knowledge and understanding of families' rights and responsibilities in the mental health system, their rights at school, and the IEP process, and knowledge of other child-serving systems;
 - e. Knowledge of the system of care in the community and ability to assist the family in accessing the local system of care; and,
 - f. Effective written, oral, and interpersonal communication skills including:
 - i. Ability to communicate, comprehend, and perform functions from written and oral instructions

TN#: WY14-007

Approval Date 05/21/14

Effective Date: 3-1-14

Supersedes TN#: New

- ii. Must be organized, able to take direction and prioritize tasks; and,
 - iii. Must have the ability to maintain confidentiality.
 - g. Exhibits mature judgment and emotional stability.
3. Requirements:
- a. Must be at least 21 years of age;
 - b. Must successfully pass all background screens as required by Medicaid; and,
 - c. Completion of all Medicaid required training components.

4. Roles and Duties:

The FSP is a formal member of the wraparound team whose role is to serve the family, and help them engage and actively participate on the team, and make informed decisions and drive the process. The FSP does not provide clinical services, but rather the unique peer to peer support on their lived experience of raising and/or 2 years of work experience in programs serving populations with a child or youth with emotional, behavioral (including substance use), and mental health challenges.

The FSP should be well versed in the community, continuum of care, and the social contexts affecting wellness. The FSP may function as a mediator, facilitator, or bridge between families and agencies. FSPs ensure each family is heard and that their individual needs are being addressed and met. The FSP communicates with and educates child and family team members on wraparound principles, including family voice and choice, to ensure fidelity to the process.

The FSP service must be provided by a parent/family organization or through direct hire by the Medicaid Provider agency.

Youth Support Partner (YSP)

1. Degree and/or experience:
- a. High school diploma or GED equivalent;
 - b. Must be a youth with behavioral health needs or have experience overcoming various systems and obstacles related to mental and behavioral health;
 - c. Must successfully pass all background screens as required by Medicaid; and,
 - d. Completion of credentialing as specified by Medicaid.
2. Skills:
- a. Interpersonal and relationship building skills;
 - b. Familiarity with children's services including child welfare, mental health, substance abuse, juvenile justice, and special education; and,
 - c. Ability to build trust with clients while recognizing, identifying and maintaining appropriate boundaries.
3. Requirements:
- a. Must be 18-26 years of age; and,
 - b. Complete all Medicaid required training components

TN#: WY14-007
Supersedes TN#: New

Approval Date 05/21/14

Effective Date: 3-1-14

4. Roles and Duties:

YSPs are young adults with personal experience participating in the system of care (mental health, special education, child welfare, juvenile justice) as a youth with behavioral health needs. YSP's may have experience overcoming various systems and obstacles related to seeking and maintaining recovery from their own behavioral health disorders. YSPs have the skills, training, and experience to perform the functions of their role.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

FCC's, family peer and youth peer support providers must complete initial and ongoing training and certification as defined by the State as part of the provider credentialing process. Training, credentialing, and supervision must provide and support a basic set of competencies that are necessary to perform the TCM functions with fidelity to the high fidelity wraparound model. Failure to maintain credentials appropriate to the provider's role will result in suspension and/or disenrollment from the Medicaid program.

The high fidelity wraparound approach is a form of intensive care coordination for children with significant mental health conditions. It is a team-based, collaborative process for developing and implementing individualized care plans for children and youth with complex needs and their families. The wraparound "facilitator" (FCC) is the family care coordinator who organizes, convenes, and coordinates this process in conjunction with the youth and their family. Family and youth peer support providers are integral to teams serving youth with behavioral health challenges and their families, and they are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person

providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§1902(a)(25) and 1905(c))

TN#: WY14-007

Approval Date 05/21/14

Effective Date: 3-1-14

Supersedes TN#: New

Additional Limitations:

While targeted case management services can be used to provide more services beyond those required by an institution's discharge plan to facilitate the person's transition into the community, targeted case management services should not be used to supplement the duties of a covered institution to conduct discharge planning.

TN#: WY14-007

Approval Date 05/21/14

Effective Date: 3-1-14

Supersedes TN#: New