



HIGH FIDELITY WRAPAROUND

October, 2018

What is High Fidelity Wraparound Model?

Wraparound is an ecologically based process building on the collective action of a team to mobilize resources and talents from a variety of sources to support families in their communities. In the wraparound process, a team of people are brought together around all of the components of a family's life incorporating their history, culture, relationships and other relevant information to address their challenges and formulate possible solutions. The National Wraparound Implementation Center is the certifying body for the State of Georgia's High Fidelity Wraparound model.

Intensive Customized Care Coordination (IC3) is a provider-based High Fidelity Wraparound model intervention comprised of a team selected by the family or caregiver in which the Child and Family Team (CFT) identify the goals and appropriate strategies to reach the goals. IC3 assists individuals in identifying and gaining access to required services and supports, as well as, medical, social, educational, developmental and other community resources through referral to appropriate traditional and non-traditional providers, paid, unpaid and natural supports. IC3 is a set of interrelated activities for identifying, planning, budgeting, documenting, coordinating, securing and reviewing the delivery and outcome of appropriate services for individuals through a wraparound approach.

Why Wraparound?

- To ensure caregivers and youth have access to needed resources, supports and services;
- To ensure families' voices are heard and they are full decision makers in charge of their own lives; and
- To ensure families have ownership of the planning process, in partnership with the team, and are in agreement and committed to carrying out the plan.

Care Management Entities

In Georgia, IC3 is facilitated through two state-contracted Care Management Entities (CMEs), Lookout Mountain and View Point Health.

Fund Sources

In December 2006, the Center for Medicare and Medicaid Services awarded nine states grants to develop care delivery systems to help move children with mental illness from institutional settings to community-based treatment. Georgia was one of the nine states to receive a Community Alternatives to Psychiatric Residential Treatment Facility (PRTF) Demonstration Grant. The demonstration was designed to test: 1) the cost-effectiveness of providing services in a child's home or community, rather than in a PRTF; and 2) whether the services improved or maintained the child's functioning.

States were required to establish a 1915(c) Home and Community Based Waiver to cover children under 21 years of age in the demonstration project not otherwise eligible for Medicaid. Georgia's waiver, Community Based Alternatives for Youth (CBAY), was approved in September 2008. The Georgia Department of Community Health (Medicaid Division) was responsible for administration of the program, while the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) was responsible for the operational side of the program and the demonstration grant.

After the demonstration ended in September 2012, DBHDD sustained the program through a combination of federal and state-funded sources: Balancing Incentive Plan (BIP), Money Follows the Person (MFP), and state funds supported by the Mental Health Block Grant dollars. Enrollment eligibility differed according to the



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funding stream. BIP and MFP funding supported youth considered to be more high-risk — meeting PRTF level of care — and therefore needing more intensive services to be maintained in the community. State funds provided support for lower-risk youth, with the intention of providing treatment before individuals needed deeper-end services (PRTF level of care). State-funded youth received four of the 13 services offered through BIP and MFP, but all received individualized assistance through the High Fidelity Wraparound Model.

BIP funding sunsetted in June 2016. Enrollment of newly eligible MFP members will continue until December 31, 2018. After the close of enrollment, MFP sustainability funding will continue to support enrolled youth until any of the following, whichever comes first: March 31, 2020 (program end); OR until the child is discharged out of the program; OR the child reaches the age of 18. IC3, and Certified Peer Support-Parent and -Youth, became Medicaid billable services under a Medicaid Rehabilitation Option State Plan Amendment, effective October 1, 2017.

Child and Family Team

The child, family, care coordinator (CC), Certified Peer Support-Parent (CPS-P), and one natural support, at a minimum, comprise the CFT. Inclusion of a Certified Peer Support-Youth is preferred, but not mandatory. CCs who deliver IC3, and work in partnership with the individual and their family, caregivers or legal guardian, are responsible for assembling the CFT. Each CFT includes both professionals and non-professionals, who provide individualized supports and whose combined expertise and involvement ensure plans are individualized and person-centered; built upon strengths and capabilities; and address individual health and safety issues.

IC3 Versus Traditional Case Management

IC3 differs from traditional case management in the following ways:

- Coaching and skill-building of the individual and parent or caregiver: empowers their self-activation and self-management of their personal resiliency, recovery and wellness toward stability and independence;
- The intensity of the coordination: an average of three hours of coordination weekly;
- The frequency of the coordination: an average of one face-to-face meeting weekly;
- The caseload: an average of 10 youth per care coordinator;
- The average service duration: 12 to 18 months;
- Involvement in a partnership with a High Fidelity Wraparound-trained CPS-P as a part of the Wrap Team: the CPS-P, while a required partner in the IC3 process, bills Medicaid separately as Parent Peer Support in accordance with the DBHDD Behavioral Health Provider Manual;
- Development of a CFT: minimally comprised of the individual, parent or caregiver, the Wrap Team (CC, CPS-P; and
- CFT meeting: held minimally every 30 days, where all decisions regarding the Individual Recovery Plan are made.

Population Served

State Funds:

- Youth ages five to 21 years old;
- Youth is uninsured or has Medicaid eligibility;
- At risk of being placed in an intensive program in an out-of-home setting due to behavioral, emotional and functional concerns that cannot be addressed safely and adequately in the home;
- Have a mental health diagnosis; co-occurring substance-related disorder and mental health diagnosis; or co-occurring mental health diagnosis and mental retardation/developmental disabilities; and
- Youth has shown serious risk of harm in the past 90 days as evidenced by the following:
 - Current suicidal ideation with clear, expressed intention or currently suicidal or homicidal with past history of carrying out such behavior; and at least one of the following:
 - Indication or report of significant and repeated impulsivity or physical aggression, with poor judgment or insight, and that is significantly endangering to self or others; or
 - Recent pattern of excessive substance use (co-occurring with a mental health diagnosis as indicated in the target population definition above) resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use; or
 - Clear and persistent inability, given developmental disabilities, to maintain physical safety or use environment for safety.

Additional Criteria for Money Follows the Person

- Youth must meet level of care and have been in a PRTF for 60 days or more at the time of submitting the CBAY MFP enrollment packet;
- Of the 60 or more days, youth has at least one day being Medicaid eligible; and
- Youth will discharge from the PRTF to their family or a placement with no more than four unrelated youth.

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