



# **Kansas Medicaid Utilization Management Guidelines**

**Subject:** Wraparound Facilitation – Serious Emotional Disturbance Waiver

Status: Active Current Effective Date: 01/26/17
Last Review Date: 2/23/18

## Description

The function of the wraparound facilitator is to form the wrap-around team consisting of the participant's family, extended family, and other community members involved with the participant's daily life for the purpose of producing a community-based, individualized Plan of Care. This includes working with the family to identify who should be involved in the wraparound team and assembly of the wraparound team for the Plan of Care development meeting.

### **Components:**

- 1. The wraparound facilitator guides the Plan of Care development process of the team to assure that waiver rules are followed.
- 2. The wraparound facilitator also is responsible for reassembling the team when subsequent Plan of Care review and revision are needed, at minimum on a yearly basis to review the Plan of Care and more frequently when changes in the participant's circumstances warrant changes in the Plan of Care.
- 3. The wraparound facilitator will emphasize building collaboration and ongoing coordination among the family, caretakers, service providers, MCO care coordinator, and other formal and informal community resources identified by the family and promote flexibility to ensure that appropriate and effective service delivery to the participant and family/caregivers.
- 4. The wraparound facilitator provides ongoing wraparound services through the participants time on the SED waiver.
- 5. Facilitators will be certified after completion of specialized training in the wraparound philosophy, waiver rules and processes, waiver eligibility and associated paperwork, structure of the participant and family team, and meeting facilitation.

### **Clinical Indications**

## **Eligibility Criteria:**

Member must be currently eligible for the Kansas Serious Emotional Disturbance (SED) Waiver.

## **State of Kansas Definition of Medical Necessity:**

- Medical Necessity means that a clinical intervention for an otherwise covered category of service, is not specifically excluded from coverage, and is medically necessary, according to all of the following criteria:
  - Authority
  - Purpose
  - Scope
  - Evidence
  - Value

#### **Additional Service Criteria:**

- 1. Wraparound facilitation is used to bring the managed care organization, participant, family and Community members together to discuss and complete an individualized Plan of Care.
- 2. Wraparound facilitation is intended to form the wraparound team for the purpose of assisting in the creation of the plan of care. TCM assists individuals with access to medical, social educational and other services outside of the waiver. The KanCare MCOs have delegated the provision of targeted case management to the state's community mental health centers. The Target Case Manager (TCM) and Wrap Around Facilitator (WAF) cannot be the same person. However, a TCM for one participant may be a WAF for a different participant.
- 3. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
- 4. Receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) or designated Licensed Mental Health Professional (LMHP) with experience regarding this specialized mental health service, and such shall be available at all times to provide back up, support, and/or consultation.



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## **Discussion/General Information**

## Allowed Modes(s) of Delivery:

- Individual
- On-site
- Off-site

### **Limitations/Exclusions:**

- Services must be prior authorized.
- Wraparound Facilitation is provided in addition to targeted case management to address the
  unique needs of waiver/grant clients living in the community and does not duplicate any other
  Medicaid State Plan Service or services otherwise available to the recipient at no cost.

### **Provider qualifications:**

- Have at least a BA/BS degree or be equivalently qualified by work experience or a combination
  of work experience in the human services field and education with one year of experience
  substituting for one year of education:
- Completion of Wraparound Facilitation/Community Support Training according to a curriculum approved by the appropriate state agency prior to the delivery of service.
   www.trainingteams.org
- Pass Kansas Bureau of Investigation (KBI), state child abuse check, adult abuse registry and motor vehicle screens.

#### **Definitions**

Not Applicable

## References

Approved 2017 Application for 1915(c) Home and Community-Based Services Waiver-SED Waiver, pg. 43-45.

## **Websites for Additional Information**

http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/program-list/sed-waiver

History		
Status	Date	Action
Approved	5/24/18	Approved by MOC