



Wyoming CME Clinical Eligibility Criteria

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Preamble - Principles of Clinical Eligibility Determinations

Individualized, Needs-Based, Least-Restrictive Treatment

Magellan is committed to the philosophy of providing home-and community-based care coordination at the most appropriate, least-restrictive level of care necessary. We see the continuum of care as a fluid pathway, where youth and their families may enter the High Fidelity Wraparound (HFWA) Program as an appropriate diversion from out-of-home placement or more restrictive psychiatric residential treatment facilities, or residential treatment for complex emotional and behavioral health needs. Care coordination is individualized, active and takes into consideration the youth and their family's stage of readiness to change and ability to voluntarily participate in all stages of the HFWA process.

The level of care criteria that follow are guidelines for determining enrollment eligibility for youth with SED or SPMI disorders as listed in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5™). Youth that meet the eligibility criteria for enrollment in the 1915(b) waiver as outlined by the State of Wyoming Department of Healthcare Financing Medicaid Office will be enrolled in the CME HFWA program if the family chooses this option as an alternative to higher levels of out-of-home care.

Clinical Judgment and Exceptions

The Magellan Clinical Eligibility Criteria Guidelines direct the Care Management Entity to use clinical eligibility criteria for enrollment into the HFWA program based on specific guidelines set forth in the Wyoming Medicaid State Plan Amendment. The state of Wyoming Office of Medicaid Financing makes all exception determinations.

Guiding Principles, Program Objectives and Core Values of the System of Care

Guiding Principles

Family voice and choice

Youth and families identify their team. The team is committed to them through informal, formal, and community support and service relationships.

Team-based

The team is committed to youth and families through informal, formal, and community support and service relationships.

Natural supports

Solutions include networks of interpersonal and community relationships.

Collaboration

Team members blend their perspectives to develop the plan and share responsibility for implementing, monitoring, and evaluating its results.

Community-based

Service and support strategies should take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible. Teams should engage their communities as natural supports.

Culturally competent

The plan respects and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

Individualized

The team develops and implements a tailored approach to supports and services that fit the youth and family.

Strengths based

The process identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

Unconditional

There is a continuous commitment to working toward the goals included in the wraparound plan.

Outcome-based

The goals of the plan are tied to indicators of success that show youth and families are getting the outcomes they say are important.

Program Objectives

1. Ensure availability and access.
2. Provide individualized services.
3. Include evidence-informed and promising practices.
4. Provide services in the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners.
6. Integrate services at the system level.
7. Provide care management methods at the practice level.
8. Provide developmentally appropriate services that produce optimal outcomes.
9. Facilitate the transition of youth to adulthood.
10. Incorporate promotion, prevention, and early identification and intervention.
11. Incorporate continuous accountability and quality improvement mechanisms.
12. Protect member and family rights, and promote effective advocacy.
13. Serve in a manner that is non-discriminating.

Core Values

- Family-driven
- Youth-guided
- Cultural and linguistic competence
- Individualized and community-based
- Evidence-based.

Clinical Eligibility Definitions

Magellan reviews all 1915(b) waiver applications for enrollment. The state of Wyoming defines clinical eligibility for 1915(b) Waiver - Wyoming Medicaid's Youth Initiative as: "A High Fidelity Wraparound (HFWA) Community-Based Alternative for Youth with Serious Emotional/Behavioral Challenges."

Eligibility Criteria

- Youth ages 6-20 must have a minimum composite score of twenty (20) on the Child and Adolescent Service Intensity Instrument (CASII).*
- An independent assessor (outside of the High Fidelity Team) must complete the assessment.
- The initial CASII must be completed within six months of application.
- An annual re-evaluation is required.
- Youth ages four and five:
 - Must have an Early Childhood Intensity Instrument (ECSII) score of eighteen (18) to thirty (30) **OR** the appropriate social and emotional assessment information provided to illustrate level of service needs; and
 - Must have a DSM Axis 1 or ICD diagnosis that meets the State's diagnostic criteria.

* Assessment must be completed within 12 months, or annual assessment.

Level of Care and Targeting Criteria

- Medicaid youth ages 4-20 at risk for out-of-home placement (defined and identified as youth with 200 days or more of behavioral health services within the State's fiscal year); or
- Medicaid youth ages 4-20 who currently meet the PRTF level of care or placed in a PRTF; or
- Medicaid youth ages 4-20 who currently meet acute psychiatric stabilization hospital level of care; had an acute hospital stay for mental or behavioral health conditions in last 365 days; or are currently placed in an acute hospital stay for mental or behavioral conditions.

Magellan Clinical Eligibility Criteria are in accordance with state and federal law or regulations, including Medicare national or local coverage determinations, concerning scope of practice for certified, independent practitioners, e.g., high fidelity wraparound family care coordinators.

Excluded Populations

- Youth residing in a Nursing Facility or ICF/MR.
- Youth enrolled in another Medicaid managed care program
- Youth enrolled with the following waivers, or who have met all the applicable clinical criteria and been placed on a waitlist:
 - *Children's Developmental Disability Waiver – WY Waiver #0253*
 - *Acquired Brain Injury (ABI) – WY Waiver #0370*
 - *Developmental Disability Supports Waiver – WY Waiver #1060*

- *Developmental Disability Comprehensive Waiver – WY Waiver #1061*
- *Long Term Care Waiver – WY Waiver #0236*
- *Assisted Living Facility Waiver – WY Waiver #0369*

Family Support

Criteria for Enrollment

I. Enrollment – Severe Emotional Disturbance or Severe and Persistent Mental Illness

Criteria A or B, and C must be met.

- A. Youth enrolled in the 1915(b) Waiver (Wyoming Medicaid’s Youth Initiative).
- B. Youth enrolled in the 1915(c) Waiver (Children’s Mental Health Waiver).
- C. Service must be recommended on youth’s Plan of Care.

II. Enrollment - Intensity and Quality of Service

Criteria A through G must be met.

- A. Partner with the Family Care Coordinator,
- B. Model positive behavior,
- C. Advocate and support the family to identify their own strengths, needs, culture and vision,
- D. Share appropriate personal experiences,
- E. Mentor families to improve their confidence and ability to advocate for their family,
- F. Mentor families to help them manage the services available to them, and
- G. Support the development, reconnection and strengthening of the family’s support system.

Criteria for Continued Stay

Criteria A or B, and C must be met.

Continued Stay

- A. Continues enrollment in the 1915(b) Waiver (Wyoming Medicaid’s Youth Initiative).
- B. Continues enrollment in the 1915(c) Waiver (Children’s Mental Health Waiver).
- C. Service continues to be recommended on the Plan of Care.

Youth Support

Criteria for Enrollment

I. Enrollment – Severe Emotional Disturbance or Severe and Persistent Mental Illness

Criteria A or B, and C must be met.

- A. Youth enrolled in the 1915(b) Waiver (Wyoming Medicaid’s Youth Initiative).
- B. Youth enrolled in the 1915(c) Waiver (Children’s Mental Health Waiver).
- C. Service must be recommended to support a specific goal or goals on youth’s Plan of Care.

II. Enrollment - Intensity and Quality of Service

Criteria A through G must be met.

- A. Partner with the Family Care Coordinator,
- B. Model positive behavior,
- C. Advocate and support the family to identify their own strengths, needs, culture and vision,
- D. Share appropriate personal experiences,
- E. Mentor families to improve their confidence and ability to advocate for their family,
- F. Mentor families to help them manage the services available to them, and
- G. Support the development, reconnection and strengthening of the family’s support system.

Criteria for Continued Stay

Criteria A or B, and C must be met.

Continued Stay

- A. Continues enrollment in the 1915(b) Waiver (Wyoming Medicaid’s Youth Initiative).
- B. Continues enrollment in the 1915(c) Waiver (Children’s Mental Health Waiver).
- C. Service continues to be recommended on the Plan of Care.

Youth and Family Support and Training

Criteria for Enrollment

I. Enrollment - Severe Emotional Disturbance or Severe and Persistent Mental Illness

Criteria A and B must be met.

- A. Youth enrolled in the 1915(c) Waiver (Children's Mental Health Waiver).
- B. Service must be recommended to support a specific goal or goals on youth's Plan of Care.

II. Enrollment - Intensity and Quality of Service

Criteria A through M must be met.

- A. Skill development and training to support appropriate social interaction;
- B. Skill development and training to support successful family interactions;
- C. Intervention coaching to support the development of coping skills and techniques;
- D. Techniques for strengths-based behavior management and/or support;
- E. Specific training on successfully accessing community, cultural and recreational activities;
- F. Training and education directly related to helping the youth and family through objectives and action planning identified in the individualized Plan of Care (POC);
- G. Instruction regarding health and safety issues;
- H. Training on waiver procedures associated with service provision and waiver responsibilities;
- I. Planning and/or crisis intervention training specific to the POC;
- J. Supporting the youth and family with the development of skills leading to better self-advocacy in the Family Care Team;
- K. Support with skill development related to the identification of services and resources pertinent to youth and family needs;
- L. Explaining and interpreting policies, procedures, and relationships that have an impact on the youth and family's ability to live in the community (such as educational and/or juvenile justice systems); and/or
- M. Providing monthly reporting to the Family Care Coordinator regarding successes and challenges.

Criteria for Continued Stay

Criteria A and B must be met.

Continued Stay

- A. Continues enrollment in the 1915(c) Waiver (Children's Mental Health Waiver).
- B. Service continues to be recommended to support a specific goal or goals on the Plan of Care.

Respite

Criteria for Enrollment

I. Admission - Severe Emotional Disturbance or Severe and Persistent Mental Illness

Criteria A or B, and C must be met.

- A. Youth enrolled in the 1915(b) Waiver (Wyoming Medicaid's Youth Initiative).
- B. Youth enrolled in the 1915(c) Waiver (Children's Mental Health Waiver).
- C. Service must be recommended to support a specific goal or goals on youth's Plan of Care.

II. Enrollment – Intensity and Quality of Service

Criteria A through D must be met.

- A. Respite service is intended to be utilized on a short-term, temporary basis for an unpaid caregiver to provide relief from the daily burdens of care and should be primarily episodic in nature.
- B. Respite care cannot be used to substitute for care while the primary caregiver is at work or during services otherwise available through public education programs, including education activities and after-school supervision.
- C. Respite services shall accommodate the needs of the participant/family. The respite site and services shall match the identified needs of the participant and family.
- D. Respite and its intent to support primary High Fidelity Wraparound services (HFWA - targeted case management provided via a HFWA delivery model) are outlined in the youth's plan of care prior to services being authorized.

Criteria for Continued Stay

Criteria A or B, and C must be met.

Continued Stay

- A. Continues enrollment in 1915(b) Waiver (Wyoming Medicaid's Youth Initiative).
- B. Continues enrollment in 1915(c) Waiver (Children's Mental Health Waiver).
- C. Service continues to be recommended on the Plan of Care.

High Fidelity Wraparound

Criteria for Enrollment

I. Severity of Need: Severe Emotional Disturbance or Severe and Persistent Mental Illness

Criteria A or B, and C must be met.

- A. Youth enrolled in the 1915(b) Waiver (Wyoming Medicaid's Youth Initiative).
- B. Youth enrolled in the 1915(c) Waiver (Children's Mental Health Waiver).
- C. Service must be recommended on youth's Plan of Care.

II. Enrollment – Intensity and Quality of Service

Criteria A and B must be met.

- A. This service is performed by the Family Care Coordinator as an administrative joint treatment planning activity to develop and facilitate implementation of individualized Plans of Care for children and youth.
- B. Assessments, Plans of Care, and other required clinical documentation will be submitted in a timely and correct manner as required in the 1915(b) and 1915(c) waivers and other governing documents.