



PRTF Alternative CHANCE Waiver Provider Training

November 27, 2012

Introductions

The purpose of this training:
to inform and train qualified PRTF Alternative CHANCE
waiver providers of waiver policy and general rules
guiding service provision.

Federation of Families

ON THE ROAD TO FAMILY DRIVEN CARE



FEDERATION OF FAMILIES

For Children's Mental Health

History of Family-Driven Care

- 2003: The President's New Freedom Commission on Mental Health issued *Achieving the Promise: Transforming Mental Health Care in America*
- Goal Two: Mental health care must be consumer and family driven



History of Family-Driven Care (cont.)

12th Version

Working Definition of Family-Driven Care



Family-Driven Care Defined

Version 12, June 2007

Families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, State, tribe, territory, and nation. This includes...



Family-Driven Care Defined (cont.)

Version 12, June 2007

- Choosing *culturally* and *linguistically* competent supports, services and providers*
- Setting goals
- Designing, implementing, and *evaluating* programs*
- Monitoring outcomes
- Partnering in funding decisions

****Revisions are italicized***

Guiding Principles of Family-Driven Care

Version 12, June 2007

1. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make choices for improved planning for individual children and their families.
2. Families and youth, providers and administrators embrace the concept of sharing decision-making responsibility for outcomes.



Guiding Principles of Family-Driven Care (cont.)

Version 12, June 2007

3. *All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute drivers at any time.**
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.

****Revisions are italicized***

Guiding Principles of Family-Driven Care (cont.)

Version 12, June 2007

5. Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and allow families *and youth to have choices*. *
6. Providers take the initiative to change practice from provider driven to family driven.

****Revisions are italicized***



Guiding Principles of Family-Driven Care (cont.)

Version 12, June 2007

7. Administrators allocate staff, training, support, and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families and *where family- and youth-run organizations are funded and sustained.**
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.

**Revisions are italicized*

Guiding Principles of Family-Driven Care (cont.)
Version 12, June 2007

9. Communities embrace, value, and celebrate the diverse cultures of their children, youth, and families *and work to eliminate mental health disparities.**
10. Everyone who connects with children, youth, and families continually advances his/her own cultural and linguistic responsiveness as the population served changes.

**Revisions are italicized*

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USC

**Process and measures
PRTF Waiver Evaluation**

Measures

- ▶ Minimum Data Set (MDS)
 - ▶ Child Behavior Checklist (CBCL)
 - ▶ Satisfaction Surveys: Caregiver and Youth
 - ▶ Fidelity Surveys
 - ▶ Stakeholder interviews
 - ▶ Caregiver interviews
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Frequency

- ▶ CBCL, MDS, Satisfaction Surveys and Fidelity Surveys should be administered once every 6 months.
- ▶ Stakeholder interviews: currently in process
- ▶ Caregiver interviews: will begin in January
 - USC evaluators will contact the primary identified Caregiver once an Informed Consent Form is received.

Informed Consent

- ▶ Each Caregiver who consents to participate must indicate their willingness by signing the informed consent form updated October, 2012
 - ▶ When received by the USC evaluation team, the Caregiver will be contacted as identified on the consent form.
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Guidelines for Completing Research Measures

- Use clean copies of measures
 - Complete forms using black ink
 - Write legibly
 - Do not leave any items blank
- 

Guidelines for Completing Research Measures

- Double check the Medicaid ID number
- Date the form
- Check that all items are complete BEFORE the client/ caregiver departs

CBCCL Example:

**Medicald
Number at
the TOP**

			Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18			For office use only ID# _____	
CHILD'S FULL NAME First _____ Middle _____ Last _____			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)				
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl		CHILD'S AGE _____	CHILD'S ETHNIC GROUP OR RACE _____		FATHER'S TYPE OF WORK _____		
MOTHER'S TYPE OF WORK _____		TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____		THIS FORM FILLED OUT BY: (print your full name) _____	
GRADE IN SCHOOL _____		Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.				Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
NOT ATTENDING SCHOOL <input type="checkbox"/>						Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____	

Important!

CBCL Example:

Please tell us gender, it isn't polite to guess

It's helpful if the same person completes all CBCLs

CHILD BEHAVIOR CHECKLIST			or office use only	
CHILD'S FULL NAME First Middle Last		PARENT (Please specify: laborer, lather, etc.) FATHER'S TYPE OF WORK _____ MOTHER'S TYPE OF WORK _____		
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE _____	CHILD'S ETHNIC GROUP OR RACE _____	THIS FORM FILLED OUT BY: (print your full name) _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____		
GRADE IN SCHOOL _____	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. Be sure to answer all items.			Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
NOT ATTENDING SCHOOL <input type="checkbox"/>				Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____

Final Notes

- ▶ Remember to give your case managers the Informed Consent Form so that your client's Caregiver may be contacted
 - The interview doesn't take too much time and will help inform our practices
- ▶ The Evaluation Measures are best given during, or prior to the treatment plan updates.
 - Use information to inform the treatment process and service delivery model

South Carolina Department of Health and Human Services

CHANCE Waiver staff

CMS approved the CHANCE waiver renewal application

compromises were required to get approval

What you need to know going forward



- ❖ Changes to the PRTF CHANCE Waiver and effect on providers and participants
- ❖ Implementing CMS approved changes
- ❖ Future of the 1915 (c) PRTF Alternative CHANCE Waiver
- ❖ Hot topics

Psychiatric Medical
Assessment was removed
from the waiver

Changes

Psychiatric Medical Assessment

- ❖ PMA was not being used: Service utilization for this service was 1 unit billed in the past 2 years.
- ❖ PMA is available as a state plan service.

The assigned case manager cannot provide both case management and direct services to the same waiver participant.

A provider agency can offer Case Management and other direct services; the restriction is on the individual person providing case management.

Changes

Assigned Case Manager

In situations where a Case Manager (CM) is providing both CM and direct services, participants will need to decide if they want to keep that person as their CM or direct service staff.

CM/direct service worker will need to determine if they will continue to provide case management or other direct services to those on their CM caseload.

Providers can continue providing CM and direct services as usual, but must ensure that the CM is not providing direct services to those on their caseload.

Initial Level of Care assessments cannot be provided by the person who referred the applicant.

This will only effect participants and providers in the event that enrollment is re-opened.

Changes

Youth applying to participate in the Waiver must provide the Federation of Families with documentation to substantiate the need for waiver services prior to proceeding with the eligibility process.

This will only effect participants and providers in the event that enrollment is re-opened.

Changes

Wraparound Services are broken down into four separate services:

- ❖ **Wraparound Behavioral Intervention**
- ❖ **Wraparound Independent Living Skills**
- ❖ **Wraparound Community Support Services**
- ❖ **Wraparound Caregiver Supports**

Unexpected changes

Wraparound Services are broken down into four separate services

Participants who receive wraparound services, Case Managers and Wraparound providers will need to determine which services best fit with the goals they are currently working towards.

Providers will need to clearly document service delivery based on the area of Wraparound they are providing as there will be 4 codes rather than 1.

Removal of

- ❖ Individual Therapy
- ❖ Family Therapy
- ❖ Group Therapy
- ❖ Assessment
- ❖ Crisis Intervention

from the waiver as these services are available through the state plan

Unexpected changes

Removal of Individual Therapy, Family Therapy Group Therapy, Assessment and Crisis Intervention

Participants, Clinicians and CM will need to determine if Intensive Family Services (IFS) can meet the needs of the waiver participant.

If IFS is not sufficient the participants will work with the CM to access services offered through the state plan. See provider manuals for more information.

Any services approved prior to 2/1/13 are authorized to be provided until the expiration of the budget.



Removal of Individual Therapy, Family Therapy Group Therapy, Assessment and Crisis Intervention

After 2/1/13 these services will not and cannot be authorized by DHHS through the CHANCE waiver.

Providers enrolled in Medicaid to provide state plan services may go through the appropriate process to continue to provide necessary services to Waiver participants (RBHS, LIP, physician referrals etc.)

Providers may offer services like these through Intensive Family Services if the provider meets the qualifications and the service is appropriate for the waiver participant.

Service Plan Development
will no longer be a billable
service.

Unexpected changes

Service Plan Development

This will not have any direct impact on the waiver participant.

Case Managers and Waiver Providers are required to participate in the development of the Plan of Care (POC) as it is a function that is built into the rates that providers are paid for rendering services.

The Case Manager (CM) can bill for time they spend with the waiver participant and/or family discussing plan development. The time spent writing the POC is not a billable activity, it is part of the CM's administrative responsibilities.

Implementation

Provider Manual to be published 1 / 1 / 13.

Providers are expected to train existing staff on new policy by 4 / 1 / 13.

New staff should be trained on New Policy by 4 / 1 / 13 or within 30 days of employment.

Implementation

All changes to the CHANCE waiver will go into effect on 2/1/13.

Case Managers and providers should discuss these changes with families now to make them aware and start planning.

New forms will be made available and **MUST** be used as of 2/1/13.

Children's Mental Health Accessibility Act (S.3289)

On June 13, 2012 Senators John Kerry (D-MA) and Charles Grassley (R-IA) introduced the Children's Mental Health Accessibility Act (S. 3289), bipartisan legislation to expand the Medicaid home and community-based services waiver to include youth in or at risk of placement in an institution called a psychiatric residential treatment facility (PRTF).

Children's Mental Health Accessibility Act (S.3289)

This Bill is in Senate Finance Committee since 6/13/12 – no new actions to report.

The bill was introduced by Sen. Kerry [MA] and has 5 cosponsors:

- ▶ Sen. Begich [AK]
- ▶ Sen. Brown [MA]
- ▶ Sen. Cochran [MS]
- ▶ Sen. Grassley [IA]
- ▶ Sen. Wicker [MS]

<http://thomas.loc.gov/cgi-bin/query/z?c112:S.3289.IS:>

What happens if the legislation does not pass?

Kids currently in the Waiver will be able to access waiver services until 9/30/14 when the waiver expires.

All kids enrolled in the waiver will have a transition plan prior to the expiration of the waiver to ensure that appropriate supports are in place for each participant.

SCDHHS is pursuing alternatives to the Waiver in order to serve this population of kids in the community setting, in the event that this legislation is voted down.

What happens if the legislation passes?

We might have the opportunity to open enrollment up to additional children.

We will have the opportunity to continue to improve upon the current services and possibly add services to our menu.

Assessment

We are planning to do an amendment to the CHANCE waiver to add Assessment back into the Waiver. This change would be pending CMS approval of the Amendment to the waiver.

Hot Topics

A decorative blue gradient shape at the bottom of the slide, transitioning from a lighter blue on the left to a darker blue on the right.

Reminders:

Plan of Care reviews must:

Occur every 90 days.

Occur through the Service Plan Development team meeting process.

Plan review and discussion MUST include the waiver participant and their family; all waiver service providers; and anyone else who the waiver participant wants to be involved.

Reminders:

The CM is responsible for coordinating the 90 day meetings to ensure there is no gap in the plan/services.

The Waiver CM is responsible for monitoring and coordinating all services related to behavioral health that help keep the waiver participant in the least restrictive environment.

Reminders:

90 day plans are authorized by DHHS Waiver staff for the 90 day period identified on the Plan of Care (POC)

Plans that have not been reviewed and authorized in the past 90 days are not valid and services are not authorized.

Reminders:

If a POC meeting cannot occur within the 90 day period **because of a family conflict**, the CM can do a desk review which will update the plan until the meeting can be held.

The desk review requires the CM to make contact with the Waiver participant/family, all waiver providers and other services providers as necessary to update the plan. **This review should be done on or before the date of the expiration of the previous POC.**

Documentation must be kept to show justification for desk review, completion of desk review and Service Plan Development meeting occurrence/date.

Desk review must be signed by the CM and submitted to DHHS waiver staff for authorization. When meeting is held documentation of meeting and any updates to the POC must be submitted to DHHS.

Reminders:

- ▶ The Plan of Care must be distributed to the family and Waiver service providers as soon as possible following DHHS's approval of the budget
- ▶ **The Level of Care eligibility determination MUST be completed annually – failure to do so will put services billed at risk of recoupment**

Reminders:

There is no guarantee that a Qualified waiver provider will get a referral for a waiver client:

Waiver participants and their family have the right to freedom of choice regarding who provides services to them. This is a 1915(c) waiver assurance that we must comply with.

The Federation of Families, the family advocacy group for the waiver, provides the family with a list of providers and information about the services the providers can offer.

Reminders:

There is no guarantee that a Qualified waiver provider will get a referral for a waiver client:

Waiver participants/families choose providers and can change their mind at any time, for any reason.

Intimidation or bribery to elicit or retain waiver participant referrals is unethical and against the law.

Reminders:

The CM should review the Plan of Care, budget and authorization prior to submitting them to DHHS for authorization. DHHS waiver staff review the POC to ensure that:

- ▶ POC is individualized based on needs of waiver participant and family
- ▶ Waiver assurances are being met
- ▶ Essential elements of the POC are included
- ▶ The 90 day authorization period is correctly identified

Errors delay the process to authorize services.

Reminders:

Share Personal Health Information (PHI) in accordance with the law:

- ▶ Fax or mail is safest way to send PHI
- ▶ Email is **NOT** a secure way to send PHI – think of email like sending a post card through the mail.
- ▶ Secure email is the only way to send any PHI through email

More information regarding the technical requirements for sending PHI through email (HIPAA Hi-tech) can be found at the following links:

<http://www.sc.gov/Pages/PrivacyandSecurity.aspx>;

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html>;

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=d19004a7f4f83d56179b6b57728ebf79&rgn=div8&view=text&node=45:1.0.1.3.79.3.27.6&idno=45>

Most Importantly:

The services you provide through the CHANCE Waiver are having a positive and life changing impact on the waiver participants and their family

Contact us

- CHANCE Waiver WEBSITE:
<http://msp.scdhhs.gov/CHANCE>
- Behavioral Health Division Director – Pete Liggett, Liggett@scdhhs.gov – (803) 898–2505
- Project Director – Erin Donovan – (803) 898–2581, Donovan@scdhhs.gov
- Quality Assurance & Quality Improvement Coordinator – Amanda K Newell – (803) 898–8129, Newell@scdhhs.gov

Contact us

FOR INTAKE, REFERRAL AND ADVOCACY

- Federation of Families;
Belinda A. Pearson-Barber (803) 772-5210,
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<http://fedfamsc.org/>

Contact us

FOR QUESTIONS RELATED TO DATA
COLLECTION AND REPORTING

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The End