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Letter of Direction #99

Date: August 3, 2023

To: Centennial Care 2.0 Managed Care Organizations

From: Lorelei Kellogg, Acting Director, Medical Assistance Division 
Jacqueline Nielsen, Acting Director, Behavioral Health Services Division 

Subject: Implementation of NM High-Fidelity Wraparound (HFW) Program

Title: NM High-Fidelity Wraparound Program

The purpose of this Letter of Direction (LOD) is to provide guidance to the Centennial Care 2.0 Managed Care Organizations (MCOs) for implementation of the New Mexico High-Fidelity Wraparound (HFW) Program and to configure their systems for payment for High-Fidelity Wraparound (HFW).

High-Fidelity Wraparound is an intensive care coordination approach that facilitates a team-based process to maximize strengths and address underlying needs. A HFW team is developed through the guidance and choice or discretion of the youth/family and should include natural, informal, and formal supports. Examples of natural, informal and formal supports are a family member (natural), a pastor (informal), and a protective service worker (formal).

Eligible Recipients

A member is eligible to receive HFW if they meet the following criteria:

- a. Children or youth who have a current or historical SED diagnosis;
- b. Functional Impairment in two or more domains identified by the Child and Adolescent Needs and Strengths (CANS) tool;
- c. Have current or historical involvement in two or more systems such as special education, behavioral health, protective services or juvenile justice, or at risk for such involvement in the case of children aged 0 to 5; and
- d. At risk or in an out of home placement.

Benefit Description

- a. Intensive Care Coordination through dedicated full-time care coordinators working with small numbers of children and families. The care coordinator will be required to follow state guidelines for care of children with SED who are eligible for HFW. Care

coordinators work in partnership with representatives of key stakeholder groups, including families, agencies, providers, and community representatives to plan, implement, and oversee HFW coordination plans.

- b. Treatment Planning: The individualized care coordination plans are developed by engaging with the beneficiary's family or caretakers and other members of the beneficiary's community. Such plans must be family and youth-driven, team-based, collaborative, individualized, and outcomes-based. The plan of care must address youth and family needs across domains of physical and behavioral health and social services.

Eligible Providers:

Effective July 1, 2023, HFW is no longer restricted to Health Homes and may be provided by any provider who is approved by the HFW Steering Committee. Providers may complete the HFW Provider Application at the following website: <https://centerofinnovationnm.org/nm-wraparound/wrap-provider-application/>.

Approved providers will be issued an approval letter which will be used to complete enrollment in New Mexico Medicaid and for contracting with MCOs. Eligible providers must maintain the staffing requirements outlined below.

Wraparound Facilitator

- Complete the requirements of the Facilitator in Training (FIT) track as described in the New Mexico Wraparound CARES Program Manual and Provider Implementation Guide;
- Obtain Wraparound certification from the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) within 6 to 12 months of hire and maintain certification thereafter;
- Wraparound Facilitators must be certified or be actively enrolled as a FIT to begin serving families. Wraparound facilitators must also be certified in Wraparound by the NMCBBHP between 6 to 12 months from completing the "Foundations of Wraparound Practice" training; and
- Must have a bachelor's or master's degree in social services, human services, or an equivalent field with a minimum of two (2) years lived and/or paid experience working with the target population. Facilitators may have a high school diploma or General Educational Development (GED) with a minimum of six (6) years lived and/or paid experience working with the target population. Facilitators may have an associate degree in social services, human services, or an equivalent field with a minimum of four (4) years lived and/or paid experience working with the target population.

Wraparound Supervisor-Coach

A Wraparound Supervisor-Coach will provide coaching/technical assistance to Wraparound Facilitators in their implementation of the New Mexico Wraparound model.

- Complete the requirements of the FIT track as described in New Mexico High

Fidelity Wraparound Program Manual and Provider Implementation Guide;

- Obtain Wraparound certification from the NMCBBHP within 6 to 12 months of hire and maintain certification thereafter;
- Complete the requirements of the Coach in Training (CIT) track as described in New Mexico Wraparound CARES Program Manual and Provider Implementation Guide; and
- Obtain Coaching Endorsement from CYFD-BHS within 6 months of being accepted in the CIT track.
- The Wraparound Supervisor-Coach must have a bachelor's degree in social services, human services, or an equivalent field with a minimum of four (4) years' experience working with the target population and/or HFW program and supervision. Lived experience can count for two (2) of the four (4) years required experience; or
- A master's degree in social services, human services, or an equivalent field with a minimum of two (2) years experience working with the target population and/or HFW program and supervision. Lived experience can count for one (1) of the two (2) years' experience.

Family Peer Support Worker

- Complete Parent Peer Support Provider Module Trainings;
- Take and pass the Certified Family Peer Support Worker (CFPSW) certification exam through the NMCBBHP;
- Complete the 40-hour required work/volunteer experience within 90-days of passing the CFPSW certification exam;
- Maintain CFPSW certification;
- Be at least 18 years of age or older;
- Have a valid Driver's License;
- Have a high school diploma or GED; and
- Must have been or are a parent or primary caregiver of a child or youth who: 1) Received a mental health diagnosis or developmental disability diagnosis with a co-occurring mental health diagnosis before the age of 18; and 2) Navigated child serving systems on behalf of the child.

Program Director or Administrator

- Have demonstrated working knowledge of clinical assessments, determination of admission criteria, clinical oversight for all rounds, and crisis safety planning;

- Have Prior work experience in various community settings dealing with SED identified youth; and
- Must meet agency's requirements for Program Director or equivalent.

Clinical Director

- Link Wraparound to agencies internal and external processes for referral and coordination;
- Clinically oversee patient care;
- Be an Independently Licensed Clinician pursuant to NM Regulations/Boards (Licensed Clinical Social Worker (LCSW) or Licensed Professional Clinical Counselor (LPCC));
- Meet all experience, training, and other requirements as defined by the provider agency; and Complete Foundational Wraparound Training for administrators within 3-months of hire.

The MCOs should ensure that providers follow the NM HFW Program Manual available at the following website: https://centerofinnovationnm.org/wp-content/uploads/2023/04/NMHF_Wraparound-Program-Manual-Provider-Implementation-Guide.April2023.pdf.

Program Implementation

Effective July 1, 2023, HFW is no longer restricted to Health Homes and may be provided by any provider who is approved by the HFW Steering Committee. Approval letters will be provided to the provider. Approved HFW providers will be identified in the MMIS through the use of a HFW indicator. There is no restriction of provider type for this service. The MCOs will contract for HFW only with those providers who have been approved.

HFW is not being implemented as delegated care coordination model. The MCO care coordinators will be required to participate as a member of the HFW team when requested by the member or their guardian and actively participate in the team meetings. If the MCO care coordinator is not invited to be part of the team, the HFW provider will give the action plan to the MCO care coordinator as outlined in the HFW Provider Manual. MCO care coordinators will be invited to be a team member, at the discretion of the youth/family. All decisions including referrals, authorizations and transitions to care are made through the team decision making process, therefore the MCO care coordinator and the HFW facilitator must communicate after each team meeting or when there is a change in the action plan. So as not to duplicate assessment it is expected that the Care Coordinator will receive documentation including assessments and service documentation from the HFW facilitator. The care coordinator must ensure they receive a copy of the HFW action plan from the HFW facilitator. The care coordinator shall consult with the HFW facilitator to ensure the member's comprehensive care plan includes the HFW team decision for planning, support and least restrictive service and setting options.

MCOs are directed to configure their systems accordingly to reimburse for HFW Services.

All rates described in this LOD have been calculated and considered as a component of the MCO capitations rates.

Billing and Reimbursement

Payment of per member per month (PMPM) for NM HFW services to approved provider will be as follows:

- The facility NPI may be used in the rendering provider field as well as in the billing provider field.
- CANS must be in place before billing may begin. The monthly unit may be billed thereafter.
- No additional code will need to be billed in conjunction to the G9003 code.
- FQHC: Use the CMS 1500 claim form with the FQHC encounter rate for reimbursement. For Managed Care, payment is made at the higher of the encounter rate, the fee schedule amount, or a negotiated rate.
- For FQHC, IHS, and Tribal 638: if preferring to utilize the fee schedule rates, please contact the MAD Benefits and Reimbursement Bureau.

CPT Code	Description	Units	Claim Form	Medicaid FFS Rate
G9003	COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL	1	CMS-1500	\$1,995.41

MCOs are directed to implement changes associated with these instructions, including system changes and provider contract negotiations as needed no later than 60 days from the date of issuance of this directive. The Human Services Department (HSD) directs the MCOs to provide biweekly updates to HSD on the status of implementation every other Friday beginning July 30, 2023, until otherwise directed by HSD.

For any claims submitted after July 1, 2023, but not paid based on these new parameters, the MCOs are directed to adjust payments retroactive to July 1, 2023. The deadline to reprocess claims is September 30, 2023.

MCOs should also continue to engage in the BHSD facilitated billing and credentialing meetings and find ways to reduce or remove provider administrative barriers for accessing behavioral health services and implementing HFW.

This LOD will sunset upon inclusion into the Behavioral Health Policy Manual and/or the NM Medicaid Managed Care Services Agreement and NMAC.