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Child Mental Health Wraparound – 2022 Updates Questions & Answers

General Questions

Q: When will the State Plan Amendment public comment period end?

A: We will post the draft SPA in Summer 2022. The public comment period will last for 30 days after posting.

Q: How will the Child Mental Health Initiative be affected by these changes?

A: More information to come from the Department of Child Services.

Wraparound Facilitation Provider Organizations

Q: If my agency provides Wrap Facilitation, what other services can we provide?

A: If a current wrap facilitation provider is also providing habilitation, and training and support for the unpaid caregiver they will need to decide if they will continue to provide WF or Hab, FST and/or home- and community-based respite. WF agencies will be permitted to provided facility-based respite.

Q: If my agency currently provides Wrap Facilitation, Hab, FST and Home-and Community-Based Respite, which services can we provide after the amendment goes into effect?

A: Your agency will need to decide between WF and Hab/FST/HCB Respite

Q: What about Respite and Facility Based Respite?

A: Facility-based respite is allowed because facilities are to be enrolled as their own location. Home- and community-based respite would not be allowed for the wrap facilitation agency.

Q: If CMHCs are allowed to provide WF and MRO services like Skills and Case Management, why can't non-CMHCs provide Hab and FST?

A: The Child Mental Health Wraparound team does not oversee Medicaid Rehabilitation Option services.

Q: If our WF agency has to stop doing Hab and FST, do we get to continue providing Hab and FST until the youth leaves the CMHW program, or do we have to make those changes when the SPA amendment goes into effect? In other words, is there a transition period?

A: Yes, there will be a transition period.

Q: How will the change of WF agencies not providing other CMHW services impact youth enrolled in CMHI?

A: This will be evaluated by needs and availability of resources. More information to come from DCS.

CMHW Access Site

Q: Why is DMHA going to a single agency for the Access Site?

A: To come into full compliance with requirements by the federal government for an independent assessment.

Q: What agency will be performing Access Site responsibilities? Will it be one agency for the whole state?

A: Child Advocates will be the statewide access site for all 92 counties.

Q: Will the agency bill for completing the Child & Adolescent Needs & Strengths assessment?

A: No, Child Advocates will not bill Medicaid for completion of the CANS.

Q: Will the agency be reimbursed for Access services?

A: Yes, Child Advocates will be reimbursed for education, outreach, assessments, reports to DMHA and participation in the local system of care.

Q: How will the statewide Access Site know the availability of each WF agency on the pick list? Will each WF agency need to have a point person that communicates this information to the Access Site?

A: We are currently enhancing the Tobi database to include a module for this function. Wrap facilitation agencies are also required to collaborate with Child Advocates, the new statewide access site.

Q: Will there be training on how to make this flow prior to the launch of this statewide access site?

A: Yes, there is a webinar scheduled for Jan. 13, 2022. More information about the roll out plan will be provided during this webinar. There is also a mandatory training for all current access sites. Sign-up for all of these events is included in this announcement.

Q: Will DMHA still determine eligibility and create the Initial Care Plan in Tobi?

A: Yes.

Q: If a family doesn't have a diagnosis for the youth, what happens?

A: Child Advocates will link the family to an appropriate agency/individual to obtain a diagnosis.

Q: How will the statewide Access Site agency know all the resources in each county?

A: Child Advocates will be responsible for making referrals and linking families to resources in the county. The local SOC is a great place to share information about available community resources.

Q: Will the Access Site do face to face assessments?

A: Yes

Q: Will the Access Site participate in local SOCs?

A: Yes

Q: Please explain how having a statewide access site will meet the goal of easy access for families. It seems like the process will add another step to the current family friendly process of being assessed by a local agency that is in the family's community.

A: A statewide access site is required to be in full compliance with requirements set by the federal government for an independent assessment.

Q: How will a WF agency know they have a new youth assigned to them?

A: This process will remain the same as it now. Upon approval of initial eligibility, the wraparound facilitation agency and Wraparound Facilitator will receive an email of the approval through the Tobi system. DMHA will assign access to the participant file in Tobi to the chosen WF.

Q: Will WF agencies still have the Access Site dashboard in Tobi?

A: No.

Q: Will DCS require a denial from the Access Site for a referral to the CMHI?

A: If the child has Medicaid, yes.

Q: How will referrals to the CMHI program be made?

A: More information to come from DCS.

Q: How will the new 1-800 Access Site number and process be communicated/marketed to the public? To local referral sources and community members?

A: Child Advocates will be responsible for marketing the new centralized telephone number and ensuring families across the state are aware of the program.

Q: What will be the turnaround time for WFs selected from the pick list to contact the family and begin the process?

A: All processes and timeframes will remain the same.

Q: Is the statewide Access site taking over everything April 1, 2022, or will there be an overlap period during the transition (in re: to new referrals and collecting data)?

A: Child Advocate is set to begin functioning as the access site in Phase 1 counties beginning March 1, 2022. Rollout in all 92 counties will be completed by the end of 2022.

Q: What information does the state need from current local Access sites for the transition, and by when?

A: Further guidance will be forthcoming. Please plan to attend the webinar on January 13, 2022.

Q: What will collaboration with current local Access sites look like, between now and April 2022?

A: Further guidance will be forthcoming to ensure a smooth transition. Please plan to attend the webinar on January 13, 2022.

Q: How does DMHA plan to support local Access sites/agencies during the transition from local to a statewide Access Site, if/when staff managing the access responsibilities move on to other positions?

A: As per CMHW policy, access sites must remain in place until a new access site provider has been selected by DMHA. This means that if an individual staff member moves on to another position, the current authorized agency remains responsible for access site duties and responsibilities.

Q: How long do you anticipate the referral process will take for families with the central access site, from the date a referral is initiated to when the family starts wraparound? This is also in re: to what timeframe would be expected for the central access site processing a referral from start to finish?

A: All processes and timeframes will remain the same.

Q: Once statewide Access Site is in place, what will the workflow be from referral to first visit with WF agency, and what will communication be with WF agencies during that time? Completing CANS, completing evaluation for diagnosis, matching with available agency, submitting application in Tobi, approval, notification of family/Wrap agency will the

statewide Access site do the CANS assessment with the family to determine eligibility prior to being sent to the county?

A: All processes and timeframes will remain the same.

Q: When a youth is approved for wraparound, what will that hand off look like? I.e., will a notification come through on a system (email? Tobi?) to the chosen WF agency when a youth is approved, what information will a WF agency receive, will agencies have any head's up prior to receiving a new referral?

A: This process will remain the same as it now. Upon approval of initial eligibility, the wraparound facilitation agency and wraparound facilitator will receive an email of the approval through the Tobi system. DMHA will assign access to the participant file in Tobi to the chosen wraparound facilitator.

Q: What will the state's expectations be, around local Wraparound agencies accepting or declining a new youth (due to specific needs of youth, conflict of interest, clinical safety concerns, capacity, etc.)?

A: This process will remain the same as it now. Upon approval of initial eligibility, the wraparound facilitation agency and WF will receive an email of the approval through the Tobi system. DMHA will assign access to the participant file in Tobi to the chosen WF. If the agency has indicated capacity for a referral, then they are expected to partner with a family that has chosen them.

Q: Can current Access Sites give input for the statewide Access Site on the assessment process?

A: The assessment process is defined in the state plan amendment, Indiana Administrative Code, and in the policy manual, and will not change.

Habilitation and Training & Support for the Unpaid Caregiver

Q: Could you clarify if Hab and FST providers need to be an accredited agency or if they can be a non-accredited agency?

A: They can be either.

Q: Will LLC paperwork be suitable for "agency" criteria?

A: Yes, if the Limited Liability Company has an Employer Identification Number taxpayer ID, rather than the proprietor's social security number.

Q: I am currently an individual provider. How do I change this designation to an agency?

A: It is the provider's responsibility to obtain an agency status. Once obtained, DMHA can offer guidance on updating the providers information in Tobi and Medicaid.

Q: Do you have a list of clinical supervisors who have been approved? Or other guidance on how I can find a clinical supervisor to partner with?

A: Providers can consult with the individuals currently providing their clinical supervision. Ultimately, the agency is responsible for employing or contracting with a clinician who is or can become authorized and enrolled.

Q: Will FST & HAB providers still be able to bill for services since they will no longer be a rendering provider?

A: Yes

Q: If Hab and FST providers no longer need to register as rendering providers, and I already have a rendering number, what do I do?

A: You won't need to do anything. You may continue to provide services as you are currently. When a claim is submitted, the claim will use the rendering provider number of the clinical supervisor of the agency. This is the current practice for other clinical mental health services.

Q: Will Hab and FST providers be able to provide other services if they are no longer rendering provider's....such as BDDS waiver services?

A: These are unrelated.

Respite

Q: What is the process for family members to be added to a pick list to provide respite for participants?

A: Families go through the same authorization and enrollment process as other respite providers. They may enroll as an independent or find an agency who will employ them. The revised application form will include a space to indicate if the respite provider is family. DMHA will then add the provider to the respite care-family pick list.