

ENHANCED FAMILY TREATMENT PROGRAM

(INTENSIVE HOME AND COMMUNITY BASED SERVICES)

DEPARTMENT OF MENTAL HEALTH

PROGRAM DESCRIPTION

The purpose of Children’s Intensive Home and Community Based Services (IHCBS) is to serve those children, youth and families with the most disabling mental illnesses or serious emotional disturbances in community settings rather than institutional settings. Under the Global Commitment to Health waiver, Home and Community Based Services can be offered through DA/SSAs as IHCBS for children. IHCBS are a small sub-set of services formerly known as Enhanced Family Treatment or “waiver” services. IHCBS may be provided to children and adolescents who have a primary mental health diagnosis and who are receiving, or who in absence of IHCBS would otherwise require, the level of care provided in an inpatient psychiatric care facility (hospital or residential). Through IHCBS, designated and specialized services agencies may create plans of care with an intensive level of support and also expand Medicaid coverage to services beyond State Plan covered services.

CASE MANAGEMENT ASSESSMENT

The table below identifies whether certain tasks or direct services are performed by IHCBS case management providers. It also estimates the number of clients served, which can be used as a tool to understand what resources may be required to modify the IHCBS system of care.

Case Management Assessment							Scope: FY18	
Provider	Direct HCBS Services Provided?	Determines Eligibility for IHCBS?	Develops Person Centered/ Individualized Care Plan?	Directs beneficiaries to specific service providers?	Helps manage budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People receiving Direct HCBS Services
1	Yes	Yes	Yes	Yes	Yes	No	12	12
2	Yes	Yes	Yes	Yes	Yes	No	0	0
3	Yes	Yes	Yes	Yes	Yes	No	7	7
4	Yes	Yes	Yes	Yes	Yes	No	18	21
5	Yes	Yes	Yes	Yes	Yes	No	11	11
6	Yes	Yes	Yes	Yes	Yes	No	1	1
7	Yes	Yes	Yes	Yes	Yes	No	24	83
8	Yes	Yes	Yes	Yes	Yes	No	1	1

9	Yes	Yes	Yes	Yes	Yes	No	5	5
10	Yes	Yes	Yes	Yes	Yes	No	5	5

CONSUMER SURVEY DATA

The Children and Family Perception of Care Survey is administered bi-annually by the Department of Mental Health to adolescents age 13-17 receiving services from Designated Agencies who are Medicaid enrolled ([DMH Scorecard](#)). This survey is inclusive of youth who receive EFT/IHCBS, but not limited to the IHCBS population. Survey questions include the following:

Parent Survey (2014):

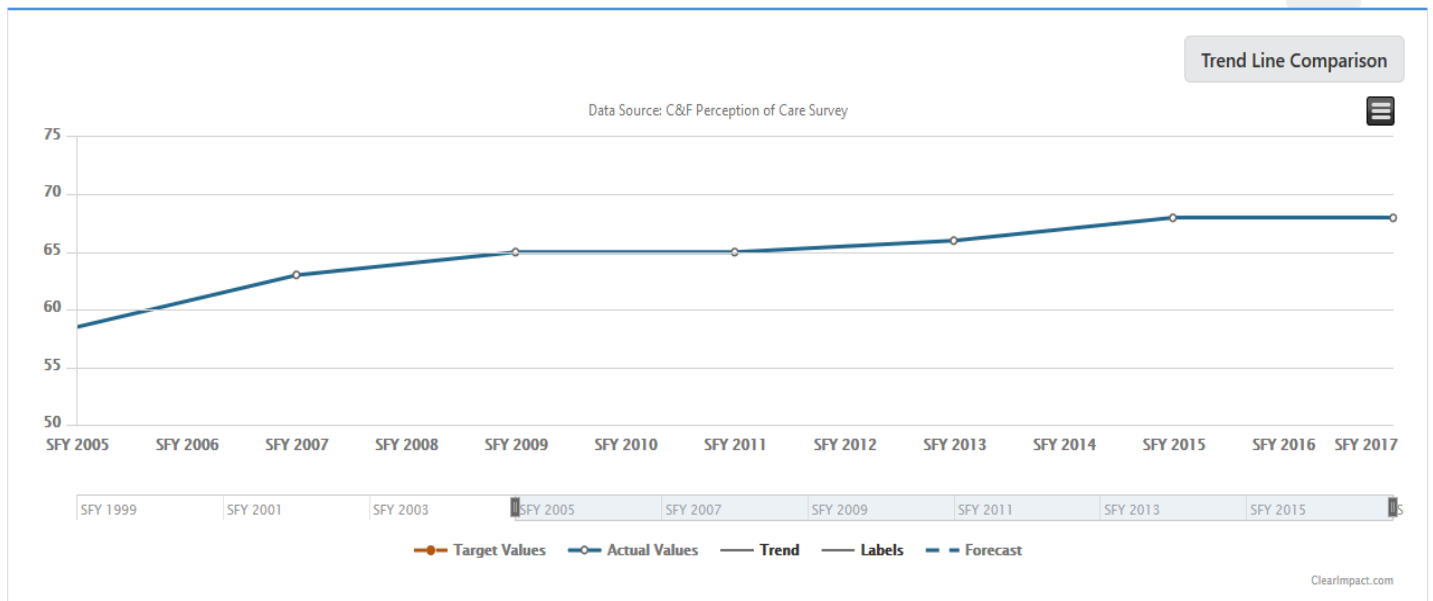
- 1. I helped to choose my child’s treatment goals. **85%**
- 2. I helped to choose my child’s services. **84%**
- 3. I participated in my child’s treatment. **85%**
- 4. The location of my child’s services was convenient for us. **92%**
- 5. Services were available at times convenient for us. **86%**
- 8. Staff asked me what I wanted/needed. **81%**
- 24. Staff treated me with respect. **90%**

Adolescent Survey (2013):

- 3. The staff asked me what I wanted/needed. **82%**
- 12. I helped to choose my treatment goals. **82%**
- 13. I helped to choose my services. **68%**
- 14. I participated in my own treatment. **81%**
- 15. I got the help I wanted. **75%**
- 19. The location of my mental health services was convenient. **78%**
- 21. Services were available at a time convenient for me. **78%**
- 24. Staff treated me with respect. **89%**

% of adolescents reporting positive outcomes

68% SFY 2017



CURRENT AREAS OF POTENTIAL CONFLICT OF INTEREST

1. DA determines eligibility for IHCBS and develops the plan of care for IHCBS services with the individual and parent/guardian.
2. DA case manager who develops the plan of care works for same agency as provider of EFT/IHCBS direct services or oversees providers of IHCBS who are external to the DA.
3. DA staff oversee the financial components of IHCBS plan of care provided through the DA or through contract with IHCBS providers external to the DA. Other mental health services may be provided concurrent to the IHCBS plan of services, which may be coordinated but not overseen by DA.

CURRENT PREVENTION AND MITIGATION OF CONFLICT OF INTEREST

Effective January 1, 2019, the Department of Mental Health, in collaboration with the Department of Vermont Health Access, launched a substantial mental health payment reform initiative for how publicly funded services for both children and adults are delivered and paid for. The payment model includes a single prospective monthly case rate payment to participating DA and SSA providers for each population served. Clinical services can more readily focus on individual assessment and their service needs rather than being limited by program eligibility criteria or billable clinician productivity requirements. Provider access within the network of providers has been expanded, allowing the individuals served to have more choice in where and from whom they get services.

Individuals and families have a choice of providers from the DA or private sector for clinical services in the service plan. The [Mental Health Provider Manual](#) identifies HCBS requirements for the person-centered planning process and the need for strategies for solving conflict or disagreement within the process:

“Person-centered planning is a way to assist individuals needing services and supports to construct and describe what they want and need to help facilitate good treatment and recovery. In mental health programs, a person-centered plan is required for treatment and must meet the requirements described below” (Mental Health Provider Manual, p. 50).

Quality oversight occurs through a [regular agency review process \(Re-Designation\)](#) that occurs every four years and includes minimum standards chart review, program review, and review of adherence to administrative practices and quality standards. These include an assessment of the agencies’ provision of service options, person-centered planning, and grievance and appeal process. [These reports are available on the DMH website.](#)

[Grievance and appeals regulations](#) outline the process for resolving disagreements, disputes, or complaints about service delivery (Health Care Administrative Rule 8.100).

APPLICABLE STATUTES, REGULATIONS, AND PROCEDURES

- [Administrative Rules on Agency Designation](#)
- [18 V.S.A. § 7401\(15\)](#) requires DMH to contract with Community Mental Health Centers (Designated Agencies)
- [Mental Health Provider Manual](#)
- [Minimum Standards for Children’s Mental Health Definitions and Intent and Chart Audit Tool](#)
- [DMH Statewide System of Care Plan](#)
- [DMH Policy: Care of Psychological Trauma in the Mental Health System](#)
- [Procedural Guidelines for Prior Authorization of Out of Home Treatment](#)
- [DCF Residential Treatment Program Licensing Regulations](#)
- [DCF Therapeutic Foster Home Licensing Regulations](#)
- [DCF Child Placing Agency Regulations](#)