State of Rhode Island
Executive Office of Health and Human Services

Center for Child and Family Health

Certification Standards

for

CEDARR Family Centers

October 1, 2011

CONTENTS

CONTENTS (Continued)

CONTENTS (Continued)

APPENDICES

Appendix I: *Reimbursement for Services*

Appendix II: *Application Guide*

Appendix III: *Glossary of Terms*

Appendix IV: *Quality Management Strategy*

Appendix V: *Complaints, Grievances and Appeals*

Appendix VI: *Health Homes Addendum*

I. PROGRAM OVERVIEW

1.1 Introduction

These Certification Standards are issued by the RI Executive Office of Health and Human Services (EOHHS) for providers of services under the Comprehensive Evaluation Diagnosis Assessment Referral and Re-evaluation (CEDARR) Initiative. This document provides guidance to interested parties who may choose to apply for certification as CEDARR Family Centers and as a set of requirements for continued certification. The State reserves the right to amend these standards at any time regarding standards of performance, giving reasonable notice to providers about changes effecting their operations.

Through this Initiative, the State has defined a set of services for Children with Special Health Care Needs that will be provided by certified CEDARR Family Centers (CFCs) and reimbursed by the Medicaid Program. The goal is to ensure timely access to appropriate, high quality services for Children with Special Health Care Needs and their families.

The CEDARR Initiative was implemented to achieve a Statewide Vision developed by the Leadership Roundtable on Children with Special Health Care Needs and their families. The Leadership Roundtable is a statewide group of family members, providers, state agencies staff and advocates whose focus is the improvement of the system of care for Children with Special Health Care Needs.

Statewide Vision

All Rhode Island children and their families have an evolving, family centered strength based system of care, dedicated to excellence, so they can reach their full potential and thrive in their own communities.

Leadership Roundtable on Children and Their Families with Special Health Care Needs, April 15, 1999

Through its coverage of services for Medicaid eligible children, the CEDARR Initiative takes an important step toward achievement of this vision. This initiative will ensure that CEDARR services are available to all children who are Medicaid eligible. Services available through the CEDARR Initiative are intended to enhance the statewide capacity to implement a broad array of community-based, clinically appropriate, family centered services for children and their families. The CEDARR Initiative will accomplish this goal through two broad delivery system components:

- CEDARR Family Centers
- CEDARR Direct Service Providers

CEDARR Family Centers:

Children with Special Health Care Needs are eligible to receive services through the CEDARR Initiative. Children with Special Health Care Needs are defined by the Federal Maternal and Child Health Bureau (MCHB) definition:

> Children with Special Health Care Needs are those children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Families are eligible to access a CEDARR Family Center at any time through self-referral or other referral sources. The degree of ongoing involvement depends on individual circumstances and is voluntary at the family's discretion. The CEDARR Family Center is designed to provide a structured system for facilitating the assessment of need for, and the provision of Medically Necessary services that may be available for children pursuant to federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirements, as well as referrals to community based services and supports that benefit the child and family.

Consistent with the statewide vision noted above, it is anticipated that CEDARR Family Center services will ultimately be available to all children regardless of whether or not they are eligible for Medicaid. CEDARR Family Centers may establish sliding scale fee arrangements based on income for families who are not Medicaid eligible and who would benefit from CEDARR Basic Services and Supports.

CEDARR Direct Services

CEDARR Family Centers will provide families with the assessment needed to determine whether the child and family are eligible for a CEDARR Direct Service. CEDARR staff must be knowledgeable about Direct Service eligibility requirements, program features and expected outcomes in order to ensure that appropriate referrals are made to CEDARR Direct Service Providers. EOHHS has issued Certification Standards for all CEDARR Direct Services which include program requirements, service descriptions, staff qualifications, family involvement, eligibility requirements and performance standards.

A glossary of terminology, lists of program details, and other explanatory information are contained in Appendix III. Certification standards for each Direct Service contain detailed information about each direct service. These standards can be accessed on the EOHHS website:

http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/CEDARRServices.aspx

1.2 Background

CEDARR Family Centers are a central point of entry to assist families of Children with Special Health Care Needs facing multiple challenges in: confronting a system of care which poses significant challenges; providing definitive diagnoses; identifying treatment options; referring to appropriate services or other systems, e.g., special education, Early Intervention or behavioral health. Family interaction with a CEDARR Family Center is meant to decrease barriers to community based service options and to prevent a child's out-of-home placement or institutionalization.

To achieve these goals, CEDARR Family Centers provide families with information, objective professional assessment, care planning, care coordination, and referral assistance and support. This comprehensive array of services must be family centered and community based as it is acknowledged that families play a central role as the constant in their child's life and is an essential partner in his/her care. In addition, all services submitted to Medicaid for reimbursement must comply with established Medical Necessity criteria.

The emphasis of the CEDARR Initiative is on affirming current strengths while establishing the means to support new and expanded capacity in critical areas. It is important to ensure that available resources are utilized to their full potential, and that service coordination is maximized, while duplication of effort is minimized. CEDARR Family Centers may defer care coordination services as appropriate to other providers who are actively engaged with families, or to the child's health care plan and assist families, as appropriate, in obtaining care coordination assistance from these entities.

The CEDARR Family Center is the entity, accountable to both the State and the family, to develop accurate and reliable information that identifies effective service and support options currently available in the system, and services and capacities requiring creation, improvement, or expansion. Also, CEDARR Family Centers are responsible for providing assistance to the family in accessing and coordinating services. These services include the full range of services that impact on Children with Special Health Care Needs and include, but are not limited to, health, behavioral health, education, substance abuse and juvenile justice services. The State assigns considerable authority to the CEDARR Family Center to support this role. The CEDARR Family Center actively integrates the full range of services into a comprehensive program of care.

Services provided through the CEDARR Initiative are designed to improve the appropriateness of care, support a more positive family-care system, promote clinical excellence, improve outcomes and promote overall cost effectiveness. Through the CEDARR initiative the State furthers its commitment to a high quality standard of care in Rhode Island for Children with Special Health Care Needs.

1.3 Commitment to Family Centered Care

The CEDARR Initiative seeks to incorporate the key elements of family centered, community based care into practice. Participating providers are expected to develop practices and programs consistent with the principles of family centered care. Core practices of family centered care include:

- Incorporating into policy and practice the recognition that the family is the constant in a child's life, while the service system and support personnel within those systems fluctuate.

- Providing individualized services in accordance with the unique needs and potential of each child and guided by the child and family specific care plan which recognizes health, emotional, social and educational needs.

- Facilitating family/professional collaboration at all levels of hospital, home, and community care:

    - care of an individual child;
    - program development, implementation, evaluation, and evolution; and
    - policy formation.

- Exchanging complete and unbiased information between families and professionals in a supportive manner at all times.

- Incorporating into policy and practice the recognition and honoring of cultural diversity, family traditions, strengths and individuality within and across all families, including ethnic, racial, spiritual, social, economic, educational, and geographic diversity.

- Ensuring services are provided in the least restrictive, most normative environment that is clinically appropriate.

- Recognizing and respecting different methods of coping present in families and implementing comprehensive policies and programs that provide developmental, educational, emotional, environmental and financial supports to meet the diverse needs of families.

- Encouraging and facilitating family-to-family support and networking.

- Ensuring that hospital, home and community service and support systems for children needing specialized health and developmental care and their families are flexible, accessible, and comprehensive in responding to diverse family-identified needs.

- Appreciating families as families and children as children, recognizing that they possess a wide range of strengths, concerns, emotions, and aspirations beyond their need for specialized health and developmental services and support.

- Ensuring services that enable smooth transitions between service systems and natural supports which are appropriate to developmental stages of the child and family.

II. CEDARR INITIATIVE: PRINCIPLES OF DESIGN AND OPERATION

2.1 System for Purchase of Services: Expanded Services, Provider Certification

Design of the overall structure of the CEDARR Initiative is built on two principles:

- Identifying current service needs and gaps in health care services for children with special health care needs and their families.

- Establishing and operating a system of accountable, high quality family centered services to meet those needs.

The State is fulfilling its statutory mandate in implementing the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component of the federal Medicaid benefit. Under EPSDT, all states must screen eligible children, diagnose any conditions found through a screen and then furnish appropriate medically necessary treatment to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services.[1] EPSDT requires the State make available all services listed in the federal Medicaid law, whether or not such services are covered under the state plan. [2]

Certified CEDARR Family Centers will be authorized to provide a set of medically necessary services for Children with Special Health Care Needs which will be reimbursed through Medicaid. Certified CEDARR Direct Service Providers will be authorized to provide a set of specialized services which will be reimbursed through Medicaid. These providers will play distinct roles in the CEDARR Initiative.

2.1.1 CEDARR Family Centers

The CEDARR Family Centers provide an identified set of basic services and supports in addition to a set of specialized services. CEDARR Family Centers work with the children and families: to assess current circumstances and presenting issues; to identify continuing needs; and to identify resources and/or services to assist the child and family to address their needs. For many families, this level of assessment, planning, and resource assistance is all they require. They are able to assimilate the information provided and are capable of connecting with the identified health and social service professionals of their choice, and are independently able to implement their child's health care plan. Some families require further assistance and may continue their relationship with the CEDARR

[1] 42 U.S.C. '1396d(a)

[2] Social Security Act, Section 1905(r)(5)

Family Center for the development of the Family Care Plan (FCP) and provision of services defined in this document.

The Family Care Plan can include CEDARR Direct Service(s) and/or other non-CEDARR services and supports. In cases where CEDARR Direct Service(s) are planned, CEDARR Family Centers are expected to fully manage and complete the provider referral process culminating in the recommendation of service(s) to the State. The CEDARR Family Center can make referrals or facilitate referrals to all other services and supports determined to be necessary for the child and family, including medically necessary services, and help to coordinate arrangements for identified services and supports. When medically necessary services are required, CEDARR Family Center's must collaborate with the family, and the child's Primary Care Physician, including RIte Care Health Plans.

In some cases, the CEDARR Family Center will need to continue to work with the family to support efforts to gain access to needed services and to track receipt of services and progress in meeting stated outcomes. In other cases, families will be able to utilize the information and support provided by the CEDARR Family Center to independently access needed services. CEDARR Family Centers may also provide this support to families receiving CEDARR Direct Services if needed and requested by the family. The extent of the CEDARR Family Center's involvement will depend on the specific circumstances of the child and family, other resources available to the family, ongoing need for support, and family agreement. The intensity of family need for formal service(s) and supports should mirror the degree of family involvement. All families are encouraged and supported to be an active participant in their child's services.

CEDARR Family Centers are required to provide basic services and clinical expertise for Children with Special Health Care Needs within the following broad disability categories:

- Autism spectrum disorders
- Behavioral health
- Technology dependent care/children who are medically fragile
- Severe medical and/or physical disabilities
- Developmental disabilities

2.1.2 CEDARR Direct Service Providers

CEDARR Direct Service Providers provide services as described in the Certification Standards developed for each direct service. All CEDARR Initiative services are intended to provide specialized treatment and support for Children with Special Health Care Needs that enable them to maximize their potential while avoiding out of home placement such as residential care or hospitalization. Please refer to the Certification Standards for each service for detailed information about each CEDARR direct service.

The State has developed Certification Standards for the following CEDARR Direct Services:

- Home-Based Therapeutic Services (HBTS)
- Kids Connect
- Personal Assistance Services and Supports (PASS)
- Respite for Children Program

The CEDARR Family Center will also advise the State on unmet service needs, opportunities to increase efficiencies, and the criteria upon which direct services and supports should be measured.

2.2 Eligibility, Family Choice, and Scope of Services

2.2.1 Eligibility for CEDARR Initiative Services

CEDARR Initiative services are established as EPSDT- based Medicaid services which are eligible for reimbursement by the State for all Medicaid eligible children under the age of 21, including children enrolled in RIte Care or RIte Share. CEDARR Family Centers are encouraged to pursue all available sources of funding and program support.

2.2.2 Family Choice in Use of Services

CEDARR Family Center Services and Supports are voluntary. Families may choose any certified CEDARR Family Center. CEDARR Family Center's must be able to serve families from all areas of the state.

A Family Care Plan developed through a CEDARR Family Center may identify a variety of direct service options based on the strengths and needs of the individual child and family. CEDARR Family Centers need to advise families on the full range of providers that offer those services so that families can make an informed choice for a provider or service. CEDARR Family Centers are required to offer a choice of providers and advise the family about the relevant strengths of different providers pertinent to the circumstances of the child and family. The State will monitor the separation of the CEDARR Family Center from direct service providers.

Interaction with a CEDARR Family Center does not impact the delivery of other Medicaid reimbursed services that families receive, however, receipt of CEDARR Direct Services are contingent on an assessment of need by a CEDARR Family Center. The CEDARR Family Center and RIte Care Health Plans are required to coordinate their interaction with families to avoid unnecessary duplication of plans and to coordinate efforts and services.

2.2.3 Scope of Covered Services and Family Care Plan

The Family Care Plan (FCP) is intended to be comprehensive and holistic in the interests of the child and family, although its main focus should be on services and supports either directly provided by or arranged through the CEDARR Family Center. It is to be based upon the strengths and needs of the child and family at the time that it is developed. It may identify a wide range of services which are

provided or paid for by Medicaid, Federal, State, local, public or private agencies. It may also include services/activities for which no payer is available or that do not require payment. Inclusion in the Family Care Plan (FCP) of services identified as being provided by other providers is optional. (e.g. Certified Nursing Assistant services (CNA) or Individualized Education Program (IEP) services) However, it is expected that if the child is receiving services outside of the CEDARR system, these services will be considered when developing the FCP to avoid unnecessary duplication of services as well as promoting coordination of effort.

The CEDARR Family Center is required to coordinate its efforts with other parties in order to maximize the efficacy of all services provided and eliminate duplication of effort. A service recommended in a Family Care Plan that may be available through another public agency does not in any way bind that public agency. When a Family Care Plan is developed in collaboration with other parties (e.g. Local Education Agencies (LEAs), Early Intervention (EI), Department of Children Youth and Families (DCYF) and its system of services), the Family Care Plan may identify services which the other agency has agreed to provide and/or finance.

2.3 Acceptance of Family Care Plan by Parent or Other Appropriate Individual

The CEDARR Initiative places strong emphasis on family involvement. It is required that the child's parent(s) or guardian actively participate in the development of the CEDARR Family Care Plan and on any plan for CEDARR Direct Services. Assurance of parent/guardian involvement is indicated by parental/guardian signature on the plan.

Collaborating agencies, such as the LEA or DCYF can be of assistance in identifying the legally responsible adult.

2.4 Coordination and/or Collaboration with Other Parties

It is a fundamental objective that the CEDARR Family Centers assist families in accessing CEDARR Direct Services, and other community-based services and supports. CEDARR Family Centers must develop integrated relationships with existing community resources, including, but not limited to, community mental health providers, Early Intervention, and school departments. The CEDARR Family Center, at the family's request, can play the principal role as organizer, information source, guide, advocate, and facilitator for the family by helping the family to assess strengths and needs, identify treatment goals and services, and navigate agency and system boundaries. In order to fulfill this role, the CEDARR Family Center staff must have knowledge of the unique program requirements and policies of these entities, and follow those policies, in order to provide the family with effective assistance.

Active coordination with other entities in support of the child and family is an integral component of this effort. A valuable service for families can be the identification of the services and supports provided through other means and the agreement and identification of which entity is responsible for the delivery and payment for various needed services. Identification and use of natural supports, including other family members, friends, neighbors, community and faith-base organizations, is also

encouraged and should be a priority so that joint and collaborative family centered planning can be accomplished. With parental consent, the development of the Family Care Plan should occur in collaboration with other service providers involved with the child. At the discretion of the family, the Individualized Family Service Plan (IFSP) or the Individualized Education Program (IEP) may be included as part of the FCP. These efforts should not be limited to the examples stated here, they should apply to all systems of care that the child and family is accessing (i.e., RIte Care Health Plans, DCYF programs, etc.).

If factors prevent the timely implementation of services for the child and family, the primary obligation of the CEDARR Family Center is to meet the needs of the child and family as fully as possible within their scope of practice.

2.4.1 Other State and Local Public Agencies

There are a range of State and local agencies which may be actively involved with a child with special health care needs. These include (but are not limited to) Local Education Agencies, DCYF supported services or programs, and Early Intervention. Each of these agencies functions with a set of legal obligations and authorities, funding arrangements and limitations, and service capabilities. A long-standing and widely shared goal has been the development of a system which blends these several resources in a seamless and productive manner. It is expected that the CEDARR Family Center staff will work closely with representatives from other agencies to identify opportunities for unified plans so that the Family Care Plan will ensure that the overall needs of the child and family are addressed.

There may be considerable overlap between the services and needs identified in an IEP or IFSP and those in the CEDARR Family Care Plan. Minimally, there should be an emphasis on coordination with the school department or Early Intervention provider. It is possible that an IEP or IFSP may inform the development of the FCP.

2.4.2 Existing Systems of Care

The State anticipates that other providers and systems of care will provide many of the services to which CEDARR Family Centers will refer, and that the CEDARR Initiative will provide new avenues with which to explore and assess creative solutions to the challenges faced by families of Children with Special Health Care Needs, as well as the improvements in overall system performance that will satisfy them. A central goal is to provide child and family access to services through a seamless system. The CEDARR Family Center shall emphasize linkages with community interagency structures from major child and family service agencies, including health care, education, child welfare, juvenile justice and other community natural supports and family representatives. The CEDARR Initiative identifies a series of expectations and performance requirements for providers. Based on these standards, the State will pay for approved and certified services.

2.4.3 Primary Care Provider, Primary Coordinating Physician or Medical Home Provider

Most children have a primary care provider (PCP), a Primary Coordinating Physician or a Medical Home. If a child does not have any of these, the CFC should assist the family in linking with an appropriate PCP, Primary Coordinating Physician or a Medial Home provider. The CFC and the child's primary medical care provider should be active partners in coordinating care for the child. CFC staff are expected to develop procedures to ensure the coordination between the CFC and the child's medical home, including the Managed Care Plan.

2.4.4 RIte Care Plans, Other Third Party Payers

The CEDARR Family Center is required to coordinate efforts with a variety of payers as the insurance coverage status of children using the CEDARR Initiative may vary. The State agrees to pay for Medicaid-covered services provided to children who are Medicaid eligible either directly on a fee for service basis or through RIte Care contracted Health Plans as part of a managed care benefit package. For children covered through RIte Care certain services will be in plan and the responsibility of the Health Plan; other services are out of plan and will be paid directly on a fee for service basis by the State.

The CEDARR Family Center is expected to be fully knowledgeable concerning the programmatic elements and eligibility rules of all publicly financed programs, and the requirements of all commercial payers' products and programs to enable it to support the family's need for information, and for it to make credible determinations as to financial responsibility for services identified in the Family Care Plan. It is <u>not</u> the intent of the CEDARR Initiative that CEDARR Family Center, CEDARR direct service providers or other State programs supplant other payers who have a fiscal or fiduciary responsibility for services or supports needed by the child or family.

Under its contract with EOHHS, a RIte Care Health Plan is responsible for a comprehensive range of benefits and for the overall coordination of care for its members. Some of these services are out of plan for Children with Special Health Care Needs. Out of plan means that they are beyond the scope of contracted benefits. However, the State will not pay on a fee for service basis for services for which the Health Plan is contractually responsible. The CEDARR Family Center must be knowledgeable about RIte Care benefit coverage to help families effectively implement their Family Care Plans. The CEDARR Family Center shall not seek to redirect RIte Care covered services to fee-for-service (FFS) or to move appropriately enrolled RIte Care beneficiaries into fee for service eligibility categories. If there is a possibility that a child or other family member may be eligible for Supplemental Security Income (SSI) through the Social Security Administration (SSA), the CFC should refer the family to a Family Resource Counselor who can assist the family with applying for SSI and its potential impact on the family.

All children and families enrolled with a RIte Care Health Plan have access to care coordination services if needed. For these families CEDARR Family Center staff should confer and collaborate with the RIte Care Plan's Care Coordination department to determine which entity would best meet the care coordination needs of the child and family.

It is also expected that CFC Staff and CEDARR Direct Service providers will actively coordinate with the child's Health Plan. The RIte Care Health Plan remains contractually responsible for

overall care coordination for the child and is committed to remain involved with the family. The CEDARR Family Center must be fully aware of the provider networks of each of the Health Plans as well as the policies and procedures for authorization of in-plan services, and work to ensure that service recommendations to families identify in-network providers. The Center for Child and Family Health at EOHHS will provide information needed to support this function.

In the event that the RIte Care Health Plan does not concur with the services recommended by the CFC for the child or family, the family may access the Health Plan's appeal process. If this does not result in resolution satisfactory to the family, the family can then access the DHS' Fair Hearing Process. (Appendix V) The role of the CFC is to inform the family and assist them in accessing these processes.3

Some of the children who are Medicaid eligible using CEDARR services will also have some commercial health insurance coverage indicating a third party liability (TPL)[4]. TPL refers to any individual entity (e.g. insurance company) or program (e.g. Medicare) that may be liable for all or part of a Medicaid beneficiary's health coverage. Under Section 1902(a)(25) of the Social Security Act, EOHHS is required to take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource to the Medicaid recipient. The CEDARR Family Center is required to work with EOHHS and with Direct Service providers in identifying other insurance and program coverages. If other insurance coverage is identified the CFC must notify EOHHS within 5 (five) business days.

2.5 Statewide Capacity

A CEDARR Family Center must have the capacity to provide services to families in geographically accessible and local settings, and may not limit access or participation by geographic or regional catchment area. This is particularly important for the provision of Basic Services and Supports, including specialized services (see Section 4.4.2). The CEDARR Family Center must be able to meet with families at a mutually agreed upon location.

2.6 Dissemination of Information about CEDARR Initiative

The State will provide informational brochures that explain the CEDARR initiative and identify certified CEDARR providers.

CEDARR Family Centers and certified Direct Service providers may also develop materials which identify or otherwise describe their participation in the CEDARR Initiative. Certified providers must submit marketing materials to the State in draft form for State review and approval for dissemination.

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3 If an In-Plan service is denied by a RIte Care Health Plan the family should first seek to appeal the decision utilizing the Health Plans Appeal process. If the denial is upheld, then the family can access the DHS Fair Hearing Process. (Appendix V)

[4] Further detail on third party liability requirements is contained in the Rhode Island Executive Office of Health and Human Services, Medicaid Program Provider Reference Manual, Section 100-60.

2.7 Linguistic and Cultural Competency

The CEDARR Family Center must be able to demonstrate how it will be able to provide services to persons for whom English is not a primary language and how it will work effectively in multiple community and cultural settings. The CEDARR Family Center must include in its policies, procedures and practices how it will honor cultural diversity, strengths and individuality within and across all families, including race, religion, ethnicity, environmental and financial supports.

III. CERTIFICATION PROCESS

3.1 Submission of Certification Application Required

To be eligible for reimbursement for CEDARR Family Center services the provider must be certified by the State as a CEDARR Family Center.

Applications will be evaluated on the basis of written materials submitted to the State. The State reserves the right to conduct an on site review and to request additional information or clarification prior to final scoring of any application. The State reserves the right to limit the number of entities which may become certified as CEDARR Family Centers.

Prior to submitting an application for certification as a CEDARR Family Center, the applicant should fully review these Certification Standards and agree to comply with the requirements as outlined. The State reserves the right to amend the Certification Standards from time to time, with reasonable notice to participating certified providers and other interested parties.

3.2 Instructions and Notifications to Applicants

This document stipulates the Certification Standards for CEDARR Family Centers. Certified CEDARR Family Centers are to comply with all performance requirements contained herein and as amended from time to time.

These certifications standards also serve as the application guide and Section V identifies the standards against which applications will be scored. These are divided into six core areas:

- Organizational Structure
- Strength of Program Approach
- Organization of Service Delivery System
- Quality Assurance
- Organizational Capability
- Data Collection and Reporting

Specific standards and expectations are identified within each of these six areas, details for each are provided in Sections 5.1.1, 5.1.2, etc. Applications will be scored on the basis of responses to each of these specific standards and expectations.

An Application Guide is included in Appendix III to guide the applicant in preparing its application. Applicants are to address each of these areas in the sequence presented. Program content requirements are contained in the general body of these Certification Standards.

Upon receipt, applications will be reviewed for completeness and for compliance with core expectations and incomplete applications will be returned without further review.

All materials submitted to the State for consideration in response to these Certification Standards are considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception.

A Letter of Interest must be submitted by potential applicants at least thirty (30) days prior to submission of a final application. This will ensure that the State is able to keep interested parties fully informed as to any scheduled meetings or program clarifications, modifications or addenda that may be needed. Inquiries, Letters of Interest (LOI) and completed applications should be directed to:

Administrator
Center for Child and Family Health, Executive Office of Health and Human Services
Hazard Building, #74
74 West Road
Cranston, Rhode Island 02920

For all complete applications the State will convene a CEDARR Family Center Application Review Committee to evaluate applications and make recommendations on certification to the Associate Director, Executive Office of Health and Human Services.

The following certification outcomes are possible as a result of the review process:

- **Certification With No Conditions (Initial) -**The provider agency fully meets all certification requirements.

- **Certification With Conditions -**An applicant may describe a program that meets most of the Certification Standards, but does not fully comply with the certification requirements at the time of application submission. The applicant will be offered "Certification with Conditions" and application deficiencies will be identified by the State. The applicant will be required to address issues by submitting a corrective action plan with specific dates for addressing these. This plan must be accepted and approved by EOHHS. Failure to comply fully with the corrective action plan may result in loss of certification.

- **Not Certified -** The applicant does not meet requirements for certification. In no case will a potential vendor in the Not Certified status be allowed to provide any CEDARR service or bill the Medicaid authority for any such activity. The provider agency may reapply at anytime.

- **Provisional Certification and Suspension of Certification-**As a result of its ongoing oversight responsibilities EOHHS may identify deficiencies wherein a provider agency is not in satisfactory compliance with certification and/or performance

standards. In such instances, EOHHS will notify the provider agency in writing of any such deficiencies. Failure by the provider agency to successfully address and resolve all stated deficiencies may result in the implementation of provisional reimbursement rates for non-compliance, suspension and/or termination of certification.

Once a provider is certified as a CEDARR Family Center, the provider shall be enrolled by HP Enterprise Services (HP), the fiscal agent for the state Medicaid agency, as a provider of these services. If there are any questions about the enrollment form or enrollment process, please call HP at 1-800-964-6211. A CEDARR Family Center may represent an affiliation between several entities at different physical locations; the applicant must indicate which agency is the lead agency as the State will enroll one entity as the CFC.

3.3 Informational Meetings for Interested Parties

The State will schedule informational meetings for those pursuing certification applications. These meetings will provide the opportunity for questions and answers. Whenever possible, applicants should submit written requests for information and clarification.

3.4 Certification Period

The State reserves the right to certify one or more applicants. In the event of initial certification and upon any subsequent review, areas of deficiency will be identified and timely corrective action plans required. Certified CEDARR Family Centers are required to notify the State in the event of any material changes in their organizational circumstances or program operations. The State will monitor the performance of certified CEDARR Family Centers and their continued compliance with certification requirements and their programs of care. The State reserves the right to identify deficiencies in performance and/or compliance with CEDARR requirements, which may result in a suspended or terminated certification.

IV. CEDARR FAMILY CENTER AND REQUIRED SCOPE OF SERVICES

4.1. Statement of Intent

CEDARR Family Centers must be established at accessible sites that are family centered/friendly, reflect parent and professional collaboration, and have the capacity to support Children with Special Health Care Needs and their families. The CEDARR Family Center staff will help families gain access to services and blend both formal and informal community and specialized supports necessary for healthy family functioning. The CEDARR Family Center staff is intended to serve as a source of information, clinical expertise, and a connection to community supports and other systems of care for families with Children with Special Health Care Needs.

4.2 Brief Description of the Role of CEDARR Family Center

The State will certify CEDARR Family Centers to help provide Rhode Island Children with Special Health Care Needs and their families access to high quality **C**omprehensive **E**valuation, **D**iagnostic, **A**ssessment, **R**eferral, **R**e-evaluation services and supports.

Each child and his or her family will have the opportunity to voluntarily collaborate with a CEDARR Family Center staff to help identify and understand their child's strengths and needs, to develop a Family Care Plan, and to specify and/or navigate provider referrals, funding sources and related services and supports, as appropriate.

A family may choose to use a CEDARR Family Center for assessment of needs, evaluation, referral, and care coordination. The CEDARR Family Center staff will assist the family in identifying, choosing, and coordinating services and supports. The CEDARR Family Center staff will continue to work with the family to support efforts to gain access to needed services and to track receipt of services and progress in meeting treatment goals. The family may chose a long-term or short-term relationship with the CEDARR Family Center, depending on the families needs.

The CEDARR Family Center serves children who are Medicaid eligible. If a child is not enrolled in Medicaid the CEDARR Family Center staff will conduct a preliminary review and link families with community resources that can assist in applying for Medical Assistance and may establish other payment mechanisms such as sliding scale fee schedule for families that are not Medicaid eligible.

The CEDARR Family Centers will provide (a) basic services and supports to all families seeking assistance and may provide and (b) specialized services based on the identified needs of the child and family. The CEDARR Family Center will work with the child and family to determine current circumstances, continuing needs and reasonable next steps.

It is expected that each child and family's experience with the CEDARR Family Center be unique and tailored to the needs of the child and family at the time the interaction is occurring. If the child and family's needs change, the amount of interaction and assistance provided by the

CEDARR Family Center staff will change as well.

If service(s) are identified outside those provided by the CEDARR Family Center, the staff will assist the family in selecting a provider and will help to coordinate arrangements for the service(s).

Families may access a CEDARR Family Center through self-referral or by other referral sources, including a Primary Care Physician, a Health Plan or other providers. When these sources initiate the referral, the CEDARR Family Center must contact the family within ten (10) calendar days of referral, document the attempts made and share the results with the referral source.

Initial contact with a family by CEDARR Family Center staff is crucial for the establishment of a relationship between the family and the CEDARR Family Center. This contact represents the opportunity to identify initial family concerns or needs and appropriate triage.

The CEDARR Family Center must have protocols and staffing capacity to respond during normal business hours to the following types of initial family contacts:

- **Informational inquiry contact**: The family seeks general information about the nature and scope of CEDARR Family Center Services or information about community services or supports. There is no further contact with the family at that time.

- **Routine initial service contact**: The family contacts the CEDARR Family Center seeking services on a non-urgent or routine basis. In a routine initial contact, the call may progress to a more in-depth discussion regarding the child and family's needs, and some limited family supports may be provided over the phone. This discussion may guide the determination of next steps and potential services described in Section 4.3.

- **Urgent need contact during normal business hours**: This type of situation requires intervention on an immediate basis during normal business hours. The family should have immediate access to a CEDARR Family Center licensed clinician or to an appropriately licensed clinician for Clinical Triage and support. This is based on a contact with family or child indicating a situation in which a child poses an imminent risk to self or to others; and/or where there appears to be imminent risk of an out of home placement.

4.3 Scope of Required Services

This section identifies CEDARR Family Center services which will be reimbursed by the State and the expectation for each service. Staff directly employed by the CEDARR Family Center, through contract personnel, independent contractors, independent practitioners or subcontractors may provide these services. Certified CEDARR Family Centers must be able to provide the full range of basic services and supports to Children with Special Health Care Needs and their families across the full spectrum of special health care needs. Each CEDARR Family Center will also provide or be able to access specialized services for children and families as needed in each of the identified areas. (See Section 2.1.1) The ability of the CEDARR Family Center to provide the full range of services to

CEDARR Family Center clients in all geographic areas may be based on agreements between the CEDARR Family Center and other entities.

The scope of services provided by CEDARR Family Center Staff or through agreements or contracts with other entities:

Basic Services and Supports -

- Initial Family Intake and Needs Determination (IFIND)
- Crisis Intervention Support
- Health Needs Coordination
    - Special Needs Resource Information
    - System Mapping and Navigation
    - Resource Identification
    - Eligibility Assessment and Application Assistance
    - Peer Family Support and Guidance
- Family Care Plan Development (FCP)
- Family Care Plan Review (FCPR)

Specialized Services -

- Therapeutic Counseling
- Group Intervention

4.4 Services Description

4.4.1 Basic Services: Initial Family Intake and Needs Determination (IFIND), Crisis Intervention Support, Health Needs Coordination, Family Care Plan Development, Family Care Plan Review

4.4.1.1 Initial Family Intake and Needs Determination (IFIND)

The Initial Family Intake and Needs Determination (IFIND) is an in-depth, face-to face meeting between the family and CEDARR staff to determine actions to meet the child and family's needs. An IFIND appointment must be offered to occur within thirty (30) calendar days of initial request, or sooner, based upon the urgency of the child and family's needs. The family and the CEDARR staff shall determine the most effective way to address their immediate concerns. Every effort should be made to include, or have the child present during a portion of the IFIND visit.

It is expected that the level of information gathered during the IFIND address the unique needs of each child and family and be related to the level of assistance requested by the family from the CEDARR Family Center. If the child or family's needs change at any time during their engagement with the CEDARR Family Center, additional information can be obtained as needed.

During the IFIND, staff may obtain information about any of the following:

- Presenting needs and assessment of urgency

- Current Developmental Functioning and Relevant History (i.e.)

    - Child and Family Background and Functioning,
    - Medical,
    - Psychiatric,
    - Educational,
    - Social and Recreational

- Current interactions with other health care providers

- Participation with other programs (e.g., Special Education, Early Intervention, DCYF programs, Pediatric Practice Enhancement Project, etc.)

- Care coordination through RIte Care Health Plans, Commercial Insurers, other entities

- Family strengths, needs, and supports

- Social, community, and spiritual involvements and supports

- Knowledge of or linkage with advocacy or other groups (e.g. Parent Support Network (PSN), Rhode Island Parent Information Network (RIPIN), Family Voices, etc.)

It is expected that CEDARR Family Center staff will gather sufficient information during the IFIND to complete a determination of the needs of the child and family and to develop a plan to address these needs. Additional information may be needed to make a determination about the appropriateness or efficacy of identified interventions. In these instances, the CEDARR staff will review all recent clinical assessments and any existing treatment plans [i.e. Individual Education Program (IEP), Individual Family Service Plan (IFSP)]. This review process should not prevent or delay the provision of services required to meet the immediate and short-term needs of the child and family.

For the purposes of a child and family's interactions with a CEDARR the term "Assessment" is to be interpreted as a method in which information is gathered, synthesized and analyzed in order to identify the most appropriate course of action to meet the current needs of the child and family. "Assessment" is not a one-time occurrence but rather an ongoing process that will continue for the entire engagement that a child and family has with a CEDARR Family Center. Continuous assessment and re-assessment is necessary in order to assure that the services recommended by the CEDARR Family Center, as detailed in the Family Care Plan, are sufficient to meet the needs of the child and family.

An initial Family Work Plan shall be developed if it is determined during the IFIND that the child and family would benefit from any CEDARR service or CEDARR Direct Service.

The State will provide the format for the Family Work Plan (see Appendix V) which will be

developed to establish an immediate, short-term work plan that will also serve the following purposes:

- Provide an opportunity for the family to express the reason that they contacted a CEDARR Family Center, and their expected outcomes

- Provide an opportunity for the CEDARR Family Center to explain its processes, available services, roles and responsibilities, next steps and time frames

- Establish, in family friendly language, a reasonable expectation on the part of the family about how the CEDARR process will work going forward, individual roles and responsibilities and expected time frames

The Family Work Plan shall be completed at the end of the IFIND visit and signed by both the family and CEDARR staff. Family signature on the Work Plan indicates that the family wishes to continue its relationship with the CEDARR Family Center. The Family Work Plan should be reviewed with the family during subsequent visits.

It is important that the Family Care Plans and services be developed based on current evidence-based research and nationally endorsed standards of practice. Evidence-based practice means the conscientious, explicit, and judicious use of current best evidence in making decisions about the diagnosis and treatment of children. It includes the integration of individual clinical expertise. It is expected that CFCs work with clinical experts as part of their team. This may result in the need for the CFC to arrange for specialty clinical evaluations, assessments and diagnosis for the child and family.

4.4.1.2 Crisis Intervention Support and Crisis Support Plan

Recognizing that families may experience a crisis that requires immediate support, CEDARR Family Centers are authorized to assist the family in planning for potential crises and for linking them to supports and services in a timely manner. Crises include medical emergencies, behavioral health crises, food or housing problems, service delivery issues (provider coverage), etc. An important component of the IFIND process is the development of a Crisis Support Plan as part of Crisis Intervention Support. The Crisis Support Plan should be completed during the IFIND visit and a copy of the plan left with the family at the conclusion of this visit.

The CEDARR Clinician will work with the family to develop an individualized Crisis Support Plan which includes individuals or agencies for the family to contact in the event of a specific crisis (e.g., child's Primary Care Physician (PCP), local mental health center) and actions to take to ensure the safety of the child and family. This plan should be completed by during the IFIND visit. Subsequently, the Plan should be reviewed and updated at each Family Care Plan Review. Each CEDARR must submit a template of their Crisis Support Plan to the State for approval.

The CEDARR Family Center is not expected to be a direct provider of crisis intervention services; rather it is responsible in assisting the family in identifying providers to call in the event of a specific

crisis or emergency. However, the CEDARR Family Center must be able to provide crisis follow-up and care coordination for those instances when the family is open to the CEDARR Family Center.

When notified of the crisis, the CEDARR Family Center clinical staff , within one business day, will offer direct follow-up communication with clinical staff of the direct service provider of crisis intervention services, collaboratively work with the family in determining next steps, and arrange for community-based services as appropriate. This crisis follow-up coordination must directly involve and be closely overseen by a licensed clinician although additional staff of the CEDARR Family Center may be involved.

4.4.1.3 Health Needs Coordination

Health Needs Coordination (HNC) is designed to be delivered in a flexible manner best suited to the family's preferences and to support goals that have been identified by developing linkages and skills in order for families to reach their full potential and increase their independence in obtaining and accessing services.

Each episode must be documented in the child's record when HNC is provided to the family. HNC may be provided by the CEDARR Family Service Coordinator or the licensed Clinician beginning with the enrollment or registration of the child, as appropriate. These services may be provided as a stand-alone service or as part of ongoing services as included in a Family Care Plan and may be provided per child up to 18 hours in a 12-month period.

Health Needs Coordination does not replace Care Coordination available to the child and family through other sources funded by Medicaid (i.e., RIte Care Health Plans, CAITS, etc.) or through other systems of care (i.e., DCYF programs).

HNC may include the following:

- Regular follow up with families, Direct Service providers and others involved in the child's care to ensure the efficient provision of services.
- Information about specific disorders, including treatment and provider options. This information must be provided in a family friendly and culturally competent manner. The objective is to enable the family to be as fully knowledgeable as possible about their child's condition.
- Information about systems of support, services, assistance and legal rights available to Children with Special Health Care Needs and their families.
- Information about formal and informal resources beyond the scope of services covered by Medicaid, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith based organizations, etc. Whenever possible**,** families should be informed of opportunities and supports that are closest to home, that are the least restrictive and that promote integration in the home and community. CEDARR Family Center staff should emphasize the use of informal, natural community supports as a primary strategy to assist children and families.

- Information about formal and informal opportunities for support from other families experiencing similar situations, either on an individual level or through formal support groups. Entities such as the Rhode Island Parent Information Network (RIPIN) and the Parent Support Network (PSN), or other entities whose mission is focused on specialized health care populations may be sources of this type of support. CEDARR Family Centers may, individually or in collaboration with others, support the activities of peer support groups by providing meeting space for the groups or other in-kind services such as materials. However, reimbursement related to these activities is available for client-specific activities only.

- Service delivery oversight and coordination to ensure that medically necessary services are being delivered in the manner that satisfies the requirements of the individual program(s) and meet the needs of the child and family.

- Assistance in locating and arranging specialty evaluations as needed to assist in the development or implementation of the Family Care Plan. These evaluations must be coordinated with the child's Primary Care Provider and/or Health Plan. This also includes follow-up and ongoing consultation with the evaluator as needed, during the course of a child's enrollment with the CEDARR Family Center.

4.4.1.4 Family Care Plan Development

For some families, the interaction with a CEDARR Family Center ends with the completion of the IFIND. Others may continue their involvement with the CEDARR Family Center, leading to the development of a Family Care Plan.

All Family Care Plans are developed and authorized for up to twelve (12) months. The initial Family Care Plan must be available to the family no later than thirty (30) days from the completion of the IFIND. Family Care Plans written for twelve months will be reviewed and documented with the family at the six month point which provides an opportunity to make changes or updates for the remaining 6 months of duration. The Family Care Plan must be developed with and signed by the child's parent(s) or authorized guardian(s).

4.4.1.4.1 Principles for Development of the Family Care Plan

Utilizing the IDIND, the FC will review current diagnosis, evaluation, care and referral options, and other pertinent information, and will work with the family to identify the child's current strengths and challenges, to develop the Family care Plan. The FCP is developed with the family and child (when appropriate), to assist the family in its efforts to:

- Address the clinical care needs of the child
- Support the family in its efforts to maintain a supportive and therapeutic home environment

- Prevent out of home placements or hospitalizations
- Gain access to medical, social, educational and other services and programs
- Assist with transitions as they occur in the child's life

General principles for the FCP include, but are not limited to:

- Plans shall be individualized, detailed, flexibly designed and developed within the family's cultural and community context.

- Functional and measurable outcomes meaningful to the family shall be the basis of every Family Care Plan. Interventions and objectives identified in the Family Care Plan should map back to child and family's designated outcomes. These objectives must include decision or review points for the re-evaluation of service level, types and intensity.

- The Family Care Plan will be developed with the family and, as appropriate, in coordination with existing community resources.

- The Family Care Plan will be developed in coordination with the child's PCP/Medical Home and the child's RIte Care Health Plan.

- The Family Care Plan is based on assessment information, on the strengths and needs of the child and family and on clinical protocols which indicate the level, types and intensity of care considered medically necessary and appropriate. Support shall be targeted to occur in the most natural environment and in the least restrictive setting appropriate.

- The Family Care Plan can include a referral to CEDARR Direct Services, other services (e.g., behavioral health, medical, social,) and CEDARR Services (i.e., Health Needs Coordination, Therapeutic Counseling).

- The Family Care Plan should identify both natural and formal supports needed and incorporate interventions designed to meet all.

- Where formal supports (i.e., CEDARR Direct Services) are involved, attention should be given toward building on the strengths of the child, family, extended family and community supports to support long-term empowerment and discourage over-reliance on long-term professional or para-professional services.

4.4.1.5 Family Care Plan Review (FCPR)

Progress in achieving Family Care Plan goals and objectives and their continuing appropriateness must be regularly reviewed and modified as appropriate. Renewal plans are up to twelve (12) months in duration. Twelve month plans must be reviewed by the sixth (6^{th}) month of the plan and a

progress report developed. The Family Care Plan Review must be developed with and signed by the child's parent(s) or authorized guardian.

The Family Care Plan Review serves three purposes:

1. To review and update as necessary the information initially gathered during the IFIND and recorded in the Clinical Narrative. This provides a continuous assessment and re-assessment of needs of the child and family and will inform any changes or additions to the Family Care Plan.

2. To review progress towards the goals and interventions contained within the current Family Care Plan with the expectation that the effectiveness of any interventions will be analyzed along with their continued appropriateness and effect on functional outcomes.

3. A review of the efficacy of CEDARR Direct Services on the child and family including an assessment of the ongoing medical necessity of CEDARR Direct Services.

Changes in a Family Care Plan can be made at anytime during a family's engagement with a CEDARR Family Center based upon changes in the family's needs and/or newly identified or resolved issues with the child. A full FCPR is not required in this instance. However, any changes in the Family Care Plan do require parental authorization and signature.

4.4.2 Specialized Services

4.4.2.1 Therapeutic Counseling

Therapeutic Counseling is intended to provide an immediate support to children and families enrolled with a CEDARR Family Center. The need will be determined through the IFIND, Family Work Plan, or Family Care Plan. The primary objective is for the CEDARR Family Center and the family to work collaboratively to maximize the child's opportunity to succeed in the most natural, least restrictive environment.

Therapeutic Counseling will help to strengthen a family's ability to stabilize a situation and to maintain the child at home. It can assist the family while waiting for other therapeutic services or when they have an urgent issue. Therapeutic Counseling is not intended to replace, or duplicate other available therapeutic services that will meet the family's longer term needs.

Therapeutic Counseling is provided by a licensed clinician who will:

- Work with the family to:
    - assess the most pressing needs of the child and family;
    - identify triggers and patterns linked with problems;
    - set individual goals for the child/family in the areas of self-management and skill acquisition
    - help develop specific intervention strategies that they will be able to carry out in the home environment to work toward the established goals

Therapeutic Counseling is achieved through regular consultation with the family and child through face to face visits or non-face to face contact, if appropriate for the need. Non-face to face contact may be appropriate to accomplish:

- Responding to parent's inquiries regarding the treatment interventions outlined during a Therapeutic Counseling visit,
- Reporting results of evaluations,
- Clarifying or altering previous treatment instructions,
- Integrating new information from other health care professionals into treatment,
- Adjusting therapies, and
- Providing therapeutic crisis support

Therapeutic Counseling can be provided up to a maximum of twelve (12) hours per six (6) months if requested by the family, is clinically appropriate, and other existing therapeutic services are not readily available**.**

4.4.2.2 Group Intervention

Group Intervention is intended to support families and caregivers in their efforts to maintain Children with Special Health Care Needs at home. Group Intervention is intended to increase understanding of specific disabilities, increase understanding of the short and long-term impacts of disabilities on the lives of children and families, and strengthen their ability to navigate the system and work effectively with service providers. Group Intervention can also provide essential skills for behavior management and structured interventions.

This therapeutic service is conducted in a group setting (or through other means utilizing present or future teleconferencing technology) and must use approaches that have been established as best practices. The focus of the group may be diagnosis specific (e.g., Oppositional Defiant Disorder) or may focus on information appropriate to families whose children have various types of disabilities.

A licensed clinician must be present and provide ongoing supervision of the development and implementation of the program and ensure appropriately qualified trainers/facilitators. A group constitutes a minimum of two participants. Families may attend a Group Intervention sponsored by any of the CEDARR Family Centers. All group interventions must be approved by the State prior to implementation. The group proposal must include the following components:

- Clearly identified scope and sequence of the content, goals, and objectives
- Prepared materials and handouts, as needed
- Credentials of trainers and facilitators are identified, including relevant specialized training and experience.
- Clearly established logistics for the training

- Time and Location
- Length of time for each session, number of sessions
- Participation expectations
- Technology to be utilized and methods of documentation of participation (if applicable)

- Presence of an evaluation component from which effectiveness or outcomes can be measured.

4.5 CEDARR Family Center Service Performance Requirements

Performance requirements are identified for each of the reimbursed CEDARR Family Center services.

Initial Family Intake and Needs Determination (IFIND)

Timeliness: Routine basis Initial Family Intake and Needs Determination and Basic Services and Supports must be offered to take place within thirty (30) calendar days of request by the family. It is expected that 100% of IFINDs be offered within the stated time frame.

Frequency: An Initial Family Intake and Needs Determination can be conducted for any child entering the CEDARR Family Center. If a family ends its relationship with a CEDARR Family Center and re-engages with the same CEDARR Family Center within twelve (12) months, a new IFIND will be completed only if substantial changes have occurred with the child or family.

If a family ends its relationship with a CEDARR Family Center and then re-engages with another CEDARR Family Center within twelve (12) months of IFIND completion, the previous IFIND will be shared with the new CEDARR Family Center upon parental consent.

If the family ends its relationship with a CEDARR Family Center and engages with a new or the same CEDARR Family Center after twelve (12) months of the development of the IFIND, a new IFIND will be performed.

Outcome: The CEDARR Family Center staff shall have completed an initial review of the child and family's needs and developed a Family Work Plan that identifies the family's concerns/requests, actions required to address their requests, reasonable next steps, roles and responsibilities, and time frames. A Crisis Support Plan shall also be completed as a component of the IFIND.

Location: Services are to be provided in the family's home, CEDARR Family Center or other mutually agreed upon, appropriate site.

Staff: The licensed clinician alone or in conjunction with the Family Service Coordinator will perform the IFIND.

Health Needs Coordination

Timeliness: The CEDARR Family Center must respond to the request for Health Needs Coordination within three (3) calendar days. The service itself should be provided within a reasonable timeframe based upon the nature of the request.

Frequency & Duration: The service may be provided at any time from the point a family registers with a CEDARR Family Center. HNC can be provided up to a maximum of 20 hours per twelve month period per child. Services over the maximum are allowed with justification, and must receive prior approval from EOHHS.

Outcome: Family will increase understanding of the child's disabling condition (e.g., prognosis, interventions/treatment), available resources for children with similar special needs, the structure of the existing systems of services and supports (e.g., state and local programs, community resources, service providers, eligibility requirements), and/or shall have been provided specific opportunities for linkages for peer group support. All HNC activities must be documented in the case record and relate to goals identified in the Family Work Plan or Family Care Plan.

Location: Services are to be provided in the home, the CEDARR Family Center, other community setting, or through other communication means (i.e., telephonic, secure e-mail, etc.)

Staff: Services are to be provided by the Family Service Coordinator under the supervision of the licensed clinician or, where appropriate, the Licensed Clinician.

Family Care Plan Development

Timeliness: The Family Care Plan will be completed no later than thirty (30) days from the completion of the IFIND visit. Ninety (90) percent of Family Care Plans must meet the timeliness criteria.

Frequency: An Initial Family Care Plan can be developed when an IFIND is completed.

Outcome: A Family Care Plan, as described in Section 4.4.1.4 will be developed with and signed by the family representative and the CEDARR Family Center clinician.

Location: Development of the Family Care Plan can occur at the CEDARR Family Center, the family's home or other appropriate site.

Staff: The Family Care Plan must be developed by the Licensed Clinician with input from the family, Family Service Coordinator and others as appropriate.

Family Care Plan Review

Timeliness: A Family Care Plan will be approved for up to a period of twelve (12) months. An expiring Family Care Plan must be reviewed by the CEDARR Family Center, the family and other key participants and a revised Family Care Plan will be completed prior to expiration. (It is recommended that this review start at least two months prior to the FCP's expiration date.)

Frequency: Family Care Plan Review will occur annually. A progress review of the Family Care Plan with the family must occur within the sixth month of the Plan.

Outcome: An updated and revised Family Care Plan will be developed with and signed by the parent/guardian and the CEDARR Family Center Clinician. One hundred (100) percent of all FCPR must meet the timeliness criteria.

Location: Review of the Family Care Plan can occur at the CEDARR Family Center, the family's home or other appropriate site.

Staff: The Family Care Plan review must be developed by the Licensed Clinician with input from the family, the Family Service Coordinator and others as appropriate.

Therapeutic Counseling

Timeliness: Therapeutic Counseling must begin within a time frame agreed upon by the Clinician and the family.

Frequency & Duration: Therapeutic Counseling can be provided up to a maximum of twelve (12) hours per six (6) months. Therapeutic counseling must be requested by the family and is clinically appropriate, and other existing therapeutic services are not available

Outcome: The CEDARR Family Center clinician will provide the family with any or all of the following:

- Assistance in assessing and prioritizing needs
- Demonstrate skills and techniques to deal with individual needs
- Assistance in strengthening the family's overall ability to meet the child's needs and manage daily schedule
- Transition to an appropriate therapeutic intervention

All Therapeutic Counseling activities must be documented in the case record and relate to goals identified in the Family Work Plan or Family Care Plan.

Location: Services can be provided in the home, CEDARR Family Center or other community setting. Crisis or follow-up services may be provided by telephone when done in conjunction with face-to-face contacts as described in Section 4.4.2.1

Staff: Service must be provided by a Licensed Clinician within a CEDARR Family Center

Group Intervention

Timeliness: Group Interventions approved by EOHHS may be available periodically throughout the year to support outcomes identified in the Family Care Plan.

Frequency: Reimbursement for participation in a specific Group Intervention program is permissible one time only on behalf of a specific child (the group program may include more than one session). Group sessions can occur as frequently as once a week. Group Intervention offerings will be reviewed on a regular basis by the CEDARR Family centers in conjunction with the State to determine if they meet the needs of the children and families enrolled in the CEDARR system.

Duration: Each Group Intervention is limited to a specified number of sessions within an established program as approved by the State. A session shall be a minimum of ninety minutes and a maximum of two hours. Families will be eligible for up to thirty (30) sessions of Group Intervention per year.

Outcome: The parent or caregiver will gain information and skills to more effectively care for the child. Group Intervention will increase understanding of specific disabilities, increase understanding of the short and long term impacts of a disability on the child and families' lives, and strengthen abilities to navigate the system and work effectively with service providers. It will also provide essential skills about specific interventions

and prevention strategies. Each Group will have an established evaluation component, the results of which will be shared with the State within thirty (30) calendar days of completion of the group.

Location: At the CEDARR Family Center or other community setting or through other means utilizing present or future teleconferencing technology.

Staff: A Licensed Clinician must have a direct involvement in presentation of the Group Intervention program.

4.6 CEDARR Family Care Plan, Coordination with Direct Service Provider and Authorization of Services

CEDARR Direct Services were established in order to provide a continuum of services to Children with Special Health Care Needs who are Medicaid eligible. CEDARR Family Centers refer children to these services after an assessment as part of the IFIND and FCP processes.

4.6.1 Relationship between CEDARR Family Center and Direct Service Provider

The CEDARR Family Center's role is to ensure that appropriate referrals are made for CEDARR direct services and once services begin that they successfully meet the child's needs as identified in the FCP and in accordance with established eligibility criteria for the particular service. Direct service treatment plans are developed by the direct service provider and family. The direct service plan is reviewed and approved by a CEDARR Family Center clinician who ensures the clinical appropriateness of goals and interventions proposed. Ongoing coordination and collaboration between the CEDARR Family Centers, the family and Direct Service Providers is essential during the implementation and provision of direct services.

The CEDARR Family Center will assist the family in identifying a Direct Service provider. They will also track receipt of services and monitor progress in meeting stated goals and outcomes. The CEDARR Family Center is responsible, in conjunction with the family and Direct Service Provider, to determine the following:

- the types of service and interventions needed
- the frequency, duration and intensity of services
- the anticipated outcomes
- discharge criteria
- referrals to other services

The CEDARR Family Center takes the lead to communicate on a regular basis with the family, Direct Service Provider and RIte Care Health Plan, as appropriate. This may include, but is not limited to, face-to-face meetings, conference calls and written updates. The CEDARR Family Center will collect and assess progress updates, and utilization/outcome data from families and

Direct Service Providers. This information will be incorporated in the review of the Family Care Plan.

The CEDARR Centers shall inform the State of any unresolved programmatic issues with any Direct Service provider.

4.6.2 Direct Services as a Component of the CEDARR Family Care Plan

If Direct Services are a component of the FCP, then each Direct Service Plan must be reviewed by a CEDARR licensed clinician and meet the following criteria:

- Services must meet the definition of Medical Necessity (see glossary)
- Services and Interventions should be evidenced based for the child's diagnosis and developmental age
- The Direct Service plan shall indicate the anticipated number of hours and duration of service, the method for measuring progress towards obtaining the stated goals, and points for reassessment of service level, type and intensity.

4.6.3 Time Frame for CEDARR Family Center Review of the Direct Service Treatment Plans

Ongoing collaboration between the CEDARR Family Center and the Direct Service provider begins once a Direct Service Provider is available to provide services. The CEDARR Family Center will send the Direct Service Provider a copy of the IFIND and FCP to assist in the development of the child's initial direct service treatment plan. The Direct Service Provider will coordinate an initial meeting with the family and CEDARR staff in order to facilitate the development of the treatment plan. Issues to be discussed may include: duration, intensity and frequency of services, specific goals and outcomes, interventions to be used, discharge planning, and clarification of roles and responsibilities of the Direct Service Provider, family and CEDARR Family Center.

Once an initial Direct Service Treatment Plan has been completed and submitted to the CEDARR Family Center, the CEDARR clinical reviewers will complete the review of the treatment plan within thirty (30) calendar days of receipt of the plan. During the review process, CEDARR clinical reviewers should communicate with the CEDARR staff responsible for that case. In some cases, it may be necessary for the CEDARR clinical reviewer to contact the Direct Service Provider to discuss concerns or clarify information included in the treatment plan or to request clarifying information to assist in making a decision on the request. Please refer to the Certification Standards for each Direct Service (HBTS, Kids Connect, PASS and Respite) for specific information regarding timelines and policies regarding authorization and re-authorization of each direct service.

The CEDARR review process will result in a recommendation for approval or denial made to EOHHS. The CEDARR clinical reviewer will send the findings from the treatment plan review to the Direct Service Provider informing them of the specific review action taken. Based on these

recommendations, the Direct Service Providers will either begin treatment or provide the CEDARR with the requested additional information or revisions to the treatment plan within nine (9) calendar days.

If a treatment plan is denied by the CEDARR clinical reviewer, then collaboration between the CEDARR Family Center, clinical reviewer, Direct Service provider, and family will take place to explore appropriate options. In the event that resolution cannot be agreed to, the family will be informed of their rights to appeal using the DHS Fair Hearing Process (see glossary).

If during treatment, a conflict arises that can not be resolved between a family and a Direct Service Provider, it is the role of the CEDARR Family Center to facilitate a resolution. The CEDARR Family Center may use a variety of strategies that include but are limited to the following:

- Identify the exact nature of the conflict
- Assist in identifying potential solutions
- Convene meetings between the family and Direct Service Provider
- Facilitate communication among collateral providers as needed

In the event that resolution is not achieved, the CEDARR Family Center will resume its role in referring the child to an appropriate service. The CEDARR Family Center will maintain communication with DHS regarding any unresolved conflicts and will inform parents of the process of making a formal complaint through the DHS Fair Hearing process.

All families must be made aware of their right to the DHS Fair Hearing Process if they are denied authorization for CEDARR Direct Services or if the request for authorization has been changed. The CEDARR Family Center will provide the family with the required documentation requesting the DHS Fair Hearing. The CEDARR Family Center will then remain available to EOHHS to provide all required documentation and attend any meetings as needed.

4.7 Transition and Discharge

CEDARR services are based on the child's and family's need for on-going assessment, more intensive care coordination services, and management of CEDARR Direct Services. Discharge planning is a dynamic process involving family members, the CEDARR Family Center Clinician and the Family Service Coordinator in conjunction with direction from the clinical supervisor, the child's Health Care Plan, the child's primary care physician, and any involved service providers. From first contact Family members are expected to be fully informed about the objectives of CEDARR and knowledgeable about transition and discharge planning from the start of services

In preparation for discharge from CEDARR, the CEDARR Family Center Clinician must define the appropriate and timely transition of care from CEDARR services. This may include one or more joint meetings with the involved parties previously listed and any new or continuing treatment providers. The CEDARR Family Center Clinician shall work collaboratively with the other providers involved with the child and family to facilitate a timely and seamless transition to other services.

4.7.1 Discharge Criteria

Any one of the following criterion may be used to determine the child's readiness for discharge:

1) The goals and objectives established in the CEDARR Family Work Plan and/or Family Care Plan have been successfully met and the family is not in need of additional CEDARR Direct Services or other services.

2) The family has been linked to services and supports identified in the Family Work Plan and/or Family Care Plan, and the child has access to case management/care coordination services from another entity.

3) The family, guardian, or child (when appropriate) withdraws consent for CEDARR services.

4) The child has lost Medicaid eligibility.

5) It has been determined that an administrative discharge is needed.

4.7.2 Administrative Discharge

There may be critical situations when CEDARR Family Center services become compromised or inappropriate, necessitating suspension or discontinuation of care. These situations can include, but are not limited to:

- The child's home environment presents safety risks to the staff making home visits, including but not limited to: sexual harassment, threats of violence or assault, alcohol or illegal drug use, and health risks.

- The family is not successfully following the CEDARR Family Center's program rules and regulations, despite multiple, documented attempts to address the issues.

The CEDARR Family Center has the responsibility to identify and address critical situations or circumstances. When multiple efforts to resolve difficulties (including lack of engagement in the CEDARR process) have failed and are documented, the CEDARR Family Center can initiate discontinuing services.

4.7.2.1 Suspension or Termination of Care – No Safety Concerns

- CEDARR Family Centers must demonstrate compliance with the following EOHHS requirements when termination of services for non-safety concerns takes place:

- The CEDARR Family Center must set forth its policies and procedures in writing regarding termination of services for non-safety concerns

- Written notification shall be sent to the child's family or guardian prior to discontinuing CEDARR Family Center Services

- Reasons for discontinuing treatment must be stated

- Alternative resources and /or referrals, if appropriate, must be given

4.7.2.2 Suspension or Termination of Care – Safety Concerns

- The CEDARR Family Center shall have in place procedures for dealing with risks and safety to the well-being of staff who conduct home visits, including:

- The CEDARR Family Center must conform to all aspects of mandated reporting of suspected child abuse,

- The CEDARR Family Center must seek emergency evaluation of the child when indicated,

- The CEDARR Family Center may need to seek intervention from the local police department if a situation warrants such action,

- The CEDARR Family Center must provide immediate notification to the family and EOHHS when CEDARR Family Center services are suspended or terminated. A record of written documentation must be maintained that describes safety concerns and directives to staff and family that resulted in suspension or termination of care.

4.7.2.3 Suspension or Termination – Parent Initiated

A parent or guardian has the right to terminate CEDARR Family Center services at any time. It is expected, however, that the center will make every effort to satisfactorily acknowledge any reasons that may contribute to a parent or guardian's request to end services. It is also expected that the CEDARR Family Center will assist the parent or guardian by referring to other resources for assistance, if requested.

V. CERTIFICATION STANDARDS

Section 5.0 identifies the six core areas of the CEDARR Certification Standards. Within each core area, specific characteristics and performance expectations within each core area. These core areas are:

5.1 Organizational Structure
5.2 Strength of Program Approach
5.3 Organization of Service Delivery System
5.4 Quality Assurance
5.5 Organizational Capability
5.6 Data Collection and Reporting

5.1 Organizational Structure

5.1.1 Incorporation

A CEDARR Family Center must be legally incorporated. The certified entity shall serve as the entity responsible for meeting all of the terms and conditions for a CEDARR Family Center. It is preferred, but not essential that the certified entity be a not-for-profit 501(c) (3) corporation as it is expected that additional grant funding may be available through other sources.

The corporate structure of the CEDARR Family Center must be clearly delineated. Governance must be identified; composition of the Board of Directors and any conditions for membership must be clear. Section 5.5.4 addresses ownership and controlling interest exclusions.

The State requires disclosure of any linkages of participants with any other provider of CEDARR Family Center services and/or direct services. Potential conflicts of interest must be identified. Partnership and/or contractually linked participants must be identified along with their role including families and/or family support organizations.

An organizational chart that includes the names and titles of those in leadership roles must be made available to the State.

5.1.2 Organized Management and Operating Structure

The CEDARR Family Center must function as an integrated system, assuring consistency and quality in performance across sites.

5.1.3 Family Centeredness and Community Focus

The CEDARR Family Center must utilize input from the community and from families and practice principles of family centeredness. Potential ways to meet these objectives are:

- Family participation on the Board of Directors.

- Formal family advisory committee for the CEDARR Family Center and the local sites.

- Intake assessment, care planning and care coordination conducted by trained staff, who in addition to other qualifications are themselves, experienced consumers of services for children with special health care needs (i.e., family members).

- Linkages with entities with strong local supports, history of engagement of informal networks.

- Support and endorsement of representative groups, parents, advocacy groups.

- Organizational vision and/or mission statement endorsing key principles.

5.1.4 Services Are Geographically Accessible To Families Throughout the State

A CEDARR Family Center must have statewide capacity and provide services to families in geographically accessible and local settings.

A CEDARR Family Centers must ensure local access to services and make accommodation for the transportation difficulties that may be faced by families with limited resources.

5.1.5 Separation From Direct Service Provider

The CEDARR Family Center plays a critical role as an independent evaluator and advisor for the family. This role is critical to ensure that the child and family have access to the appropriate level of service they need. Independence from direct service providers allows the CEDARR Family Center to perform more effectively in its multiple roles. These include: making referrals, reviewing proposed treatment plans, approving treatment plans, and tracking receipt of services, while working with the family to assess progress and the efficacy of interventions. The CEDARR Family Center is expected to work closely with direct service providers while maintaining a level of independence from the direct service provider. These arrangements must ensure that CEDARR Family Centers and Direct Service Provider agencies comply with all relevant State and Federal statutes, regulations, and policies, including those pertaining to the prohibition of any remuneration (including any kickback, bribe, or rebate) in exchange for referrals for services for which payment may be made in whole or part under a Federal health care program.

If a CEDARR Family Center is affiliated with a direct service provider, then it must provide the State with the policy/procedures it will use to ensure an “arms length” relationship from the direct service provider at both the organizational level and the service delivery level. These policies and procedures should address how the CEDARR Family Center:

- Will assure Family Choice of direct service providers to avoid the risk or perception of restricted referrals for Direct Services.

- Will assure that the assessment and the treatment plan proposal are focused on the strengths and needs of the child and family.

- Will assure that the family will be presented with all available treatment options including any potential conflicts of interest, and documentation of their choice in the process.

- Will assure evaluations by independent experts (meaning that they are not affiliated with direct service providers)

- Will assure that if a direct service provider affiliated with the CEDARR Family Center provides services to the CEDARR Family Center client that the CEDARR Family Center will establish procedures to ensure objective measurement of provider performance and will evaluate its success in reaching objectives.

- Will assure a separate corporate entity and related operating protocols if affiliated with a direct service provider.

- Will address safeguards to ensure the maintenance of formal "arms length" arrangements to avoid potential conflicts of interest as components of its Compliance and Quality Assurance program.

5.1.6 Ability to Demonstrate a Positive Relationship with Community Agencies

CEDARR Family Centers must work productively with direct service providers and community agencies as outlined in section 2.4 of the Certification Standards.

5.1.7 State of the Art Clinical Expertise

CEDARR Family Centers must demonstrate clinical expertise in the following areas:

- Treatment recommendations and referral to appropriate specialists.

- Strength-based family centered practice.

- Determination of appropriate level of care, scope of services, frequency, intensity, duration of Direct Services.

- Development of care plans with appropriate and measurable goals and objectives; with identification of services to address such goals and objectives.

- Care management and oversight, standards for prospective, concurrent and retrospective utilization review.

5.1.8. Organizational Capacities

CEDARR Family Center will be evaluated on their ability to deliver services as outlined in section 4.5 and successfully carry out the following:

- Provision of basic services and supports as outlined
- Working with families and natural supports
- Family Care Plan development and Care Coordination
- Care plan design with review and oversight based on established clinical standards
- Working with children with special health care needs and their families
- Recognition as a strength-based, family centered provider of services

5.2 Strength of Program Approach

5.2.1. Demonstrated Understanding of CEDARR Initiative and Role of CEDARR Family Center

For certification, CEDARR Family Centers must demonstrate a clear understanding of the CEDARR Family Center role, and maintain a service approach and philosophy consistent with the goals of the CEDARR Initiative.

5.2.2 Family Centered Program of Care

CEDARR Family Centers must incorporate principles of family centered care into their philosophy, service program and operations. Core practices of family centered care may include:

- Family involvement in program development, implementation, and evaluation
- Family involvement in care planning
- Emphasis on family centered program outcomes
- Programs and service delivery flexible enough to meet individual needs
- Approaches to assuring families are encouraged to voice concerns and provide input
- Combination of formal programs and informal networks

5.2.3 Coordination with Other Parties

CEDARR Family Centers must demonstrate how they actively coordinate their efforts with other parties involved with the child and family.

Coordination with other parties and systems involved with the child and family is fundamental.

Systematic approaches avoiding duplication of effort should be identified for:

- State and local public agencies, including DCYF, RIDE, DOH, MHRH and their related programs and entities, as delineated in Section 2.4
- RIte Care Health Plans or commercial carriers
- Others, as appropriate to the care plan, and as identified by the family

5.2.4 Place of Business/Dedicated Phone Line/Hours of Service

CEDARR Family Centers must have access to welcoming, safe, confidential and physically accessible places for meeting the families in a business setting, either through a CEDARR Family Center location or shared sites with other entities. Other entities can include agencies that are part of the CEDARR Family Center founding group e.g. hospitals, behavioral health agencies, health centers or other entities e.g. schools, community service agencies. Professional sites used for staff to meet with families should include access to meeting rooms that protect privacy and confidentiality. Meetings with families should be scheduled to accommodate families (e.g. during the day, after work hours, evenings, Saturdays).

The CEDARR Family Center must have its own identified phone line providing twenty-four hour telephone capacity. The phone line should be answered in person Monday through Friday during business hours so that a CEDARR representative can respond to phone messages, urgent and crisis situations during the day.

5.2.5 Linguistic and Cultural Competency

The CEDARR Family Center must provide services to persons for whom English is not a primary language and work effectively in multiple community and cultural settings. The CEDARR Family Center must have policies, procedures and practices that:

- Demonstrate its ability to effectively communicate with persons in their primary language. This includes individuals who are deaf or hard of hearing and who utilize alternative communication formats.

- Demonstrate its ability to work effectively in multiple community and cultural settings with people of different racial, ethnic, class, language and religious backgrounds.

- Demonstrate formal linkages with local community agencies that support and assist families from a variety of backgrounds.

- Provide materials descriptive of the CEDARR Family Center and the service program that are available in languages reflective of the communities served and at literacy levels accessible to the widest audience.

5.3 Organization of Service Delivery System

CEDARR Family Centers are required to provide the full range of services and supports that are described in this document. The range of required services includes a combination of basic services and supports and specialized services. It is required that this overall service delivery system be integrated and managed in a way which provides for consistency across settings, quality of care, and clear lines of accountability for performance.
This section of the Certification Standards identifies the organization for the delivery of services as described in Section 4 which must be effectively addressed in order to be certified.

This section of the Certification Standards also stipulates certain requirements regarding staff qualifications required for the performance of certain functions.

5.3.1 Chart of Organization

The CEDARR Family Center must have a sound organizational approach to ensure the provision of effective, timely, high quality CEDARR Family Center services. The chart of organization must indicate both the job titles and the specific credentials for those individuals who fill identified positions. This chart should be updated on a yearly basis and made available to the State for review. The chart of organization must be provided and maintained on a current basis as personnel changes and relationships are adjusted.

5.3.2 Service Team Roles, Practice Guidelines and Scope of Practice

A CEDARR Family Center must maintain written practice guidelines along with identification of how adherence to such guidelines is systematically monitored. Protocols must include clear delineation of the role and scope of practice of each position within the service provision team. The respective roles of licensed professional and non-licensed personnel need to be clearly defined. Clear description of the role of each member is needed in such areas as:

- Roles in the provision of each of the CEDARR Family Center Services and Supports (Initial Family Intake and Needs Determination, Family Care Plan, Family Care Plan Review and care coordination)

- Supervision plan
- Staff evaluation

CEDARR Family Centers must have established standards regarding team meetings, case conferences, team participants, periodic assessments, and plan revision as appropriate. Protocols identifying guidelines for coordination with other parties involved with the child and family are also required.

The ways in which service provision teams are organized and organization of the service program will vary by CEDARR Family Center. Potential care teams might include:

The Family Service Coordinator can be responsible for initial contact with the child and family, coordination of assessment and care planning processes, provision of family supports, Peer Family Support group sessions, and assistance in Family Care Coordination. The Family Service Coordinator has a knowledge base of, and/or direct experience with children having special health care needs. All reasonable attempts should be made to employ a guardian or caregiver of children with special health care needs. The work of the Family Service Coordinator falls under the auspices of the Licensed Clinician.

The Clinician is responsible for completion of the IFIND, initial Family Care Plan, Family Care Plan Review, direction of Family Service Coordinator, and review of CEDARR Direct Service Plans. The Clinician must be licensed by the Rhode Island Department of Health (e.g. Licensed Clinical Social Worker, Nurse Practitioner, Marriage and Family Therapist, Mental Health Counselor, Licensed Independent Social Worker, or Psychologist) with demonstrated competence/experience as appropriate to the specialty area of the CEDARR Family Center, (see definition of Licensed Clinician in Glossary of Terms). Staff knowledge of, and relationship with, the statewide and regional provider community is essential.

Detailed job descriptions must be developed for each position. Personnel providing CEDARR Family Center Services must meet all applicable State requirements. All CEDARR Family Center personnel may be required to attend a State sponsored training program. A CEDARR Family Center must have a process in place by which it assures the competence of service team members. Position job descriptions will address such areas as:

- Reporting relationship
- Functional tasks, performance expectations
- Required skills, training, and experience. Specialized knowledge of, and experience with:
    - area of special health need

  - public service systems
  - community resources
  - care coordination

- Requirements should specify:
  - education and degree requirements
  - specialized training
  - specific requirements pertinent to current competence to perform role

- Licensure or certification requirements, as appropriate

- Agency orientation and/or in service training requirements prior to provision of services

- Successfully passed a criminal record clearance

- Confirmation that providers have not been excluded from Medicaid participation based on a query of the Office of the Inspector General's List of Excluded Individuals/Entities (LEIE) or Medicare Exclusion Database (MED).

- Nature of engagement (employee of specified entity, contracted consultant, other)

5.3.3 Service Delivery Practice Guidelines and Protocols

For each CEDARR Family Center service or support delivered, the CEDARR Family Center must be able to demonstrate that it maintains sound written and approved clinical practice guidelines for the delivery of all services listed in Section 4 of these Standards. These protocols should be reviewed and updated annually. Each protocol must address the following:

- Statement of approach to provision of this service, defined objectives
- Expected role of family, staff, other parties
- Time-lines for performance
- Identification of any standard tools used
- Foundations in, or commitment to evidence-based practice
- Scope of practice limitations for individual staff positions

5.3.4 Data Collection and Outcome Measures

The work of the CEDARR Family Center is based on a data driven system. The CEDARR Family Center will evaluate and analyze all data on the individual child and family; including interpreting, integrating and communicating data to and from professionals. Compliance with State data submission requirements is mandatory.

5.4 Quality Improvement

5.4.1 Quality Improvement Plan

CEDARR Family Centers are required to have policies, procedures and activities for quality review and improvement acceptable to the State. This Quality Improvement Plan must be reviewed and updated on an annual basis. Please see Appendix IV "CEDARR Family Center Quality Management Strategy" for further information. Components might include, but are not limited to:

- Regular case conferences
- Care process improvement strategies
- Audit of client records for completeness and accuracy
- Degree to which all of the services identified in the Family Care Plan are actually provided
- Methods of evaluating staff performance
- Outcome analysis
- Degree of coordination with other systems, coordination of plan
- Identification of internal performance standards in such areas as:
    - Phone abandonment rate
    - Timeliness of appointments
    - Caseload standards for personnel

The CEDARR Family Center's Quality Improvement plan shall include time frames for plan objectives and systematic review by the governing board of the agency. The CEDARR Family Centers will also be required to respond to periodic and annual report requests by the State to address Quality Improvement issues. Details of these Reports are contained in Appendix IV.

5.4.2 Recordkeeping

The CEDARR Family Center shall maintain a complete confidential case record which complies with established clinical documentation requirements and adheres to the most current standards of confidentiality, for each child and family. All records must be maintained for the period of time dictated by State or Federal record retention policy. The record must include but is not limited to:

- Initial Family Contact intake form
- Date of initial contact with CEDARR Family Center
- All assessment related materials, including delineation of problems and strengths and involvement of key parties
- Family Work Plan
- Family Crisis Support Plan
- Family Care Plan, including goals, objectives, goals and objectives attainment summary, treatment modalities, service scope and duration, performing provider (by name), time-frame
- CEDARR Family Center Direct Services (HBTS, PASS, Kids Connect, Respite) contacts, plan approvals, review sheets and progress reports
- Progress notes, notation of involvement with family, others (e.g., Early Intervention, Special Education)
- Clinical specialty evaluation recommendations
- Case conference summaries
- Recommendations for treatment plan modification, continuance and discharge
- Ongoing progress reports

5.4.3 Privacy and Security of Records

The CEDARR Family Center must comply with the most current Federal and State laws pertaining to privacy and security of all Personal Health Information (PHI), including client records. The CEDARR Family Center must have provisions for sharing information about the treatment with the direct treatment providers, the primary care provider and others, as appropriate.

5.4.4 Staff Credentialing

The CEDARR Family Center shall ensure that staff meets all requirements for their respective positions. Current records shall be maintained to document compliance.

5.4.5 Continuing Education

The CEDARR Family Center is required to ensure that staff maintain and improve upon knowledge and skills needed to provide high quality services and to maintain professional licensure and/or

certification. CEDARR Family Centers shall maintain documentation of trainings attended by staff. CEDARR Center participation in any mandatory State sponsored training will be required.

5.4.6 Environment of Care

The CEDARR Family Center will have policies and procedures for ensuring safety in the care environment for both the client and for staff (e.g., protocols for identification and monitoring of safety risks, guidance to staff and to families for how to identify and deal with difficult and potentially dangerous situations).

5.4.7 Grievance and Appeals

The CEDARR Family Center will have written policies and procedures to inform families of their rights and methods to seek redress of grievances and appeals. A family friendly, well publicized grievance and appeals process shall be established. Related policies, procedures, and materials are to be provided to families at the onset of involvement and at least annually thereafter. The family's role in resolution should be clearly developed. These materials should advise the family of grievance and appeal procedures (both formal and informal) within the CEDARR Family Center, and the DHS Fair Hearing process. In addition, the state has developed a "CEDARR Complaint Form" to be used by any family to address complaints about the CFC experience which is submitted to the State for resolution.

The CEDARR Family Center shall have established policies, procedures and related records to track all grievance and appeals to ensure a focus on customer service, family input, documentation and response to complaints, and prompt complaint resolution.

5.4.8 Family Satisfaction

The CEDARR Family Center must implement a State approved method for assessing family satisfaction at least annually and submitting the results to the State. Typically this is met by an Annual Family Satisfaction Survey.

5.5 Organizational Capability

5.5.1 Administrative and Financial Systems

The CEDARR Family Center must be able to perform the operational functions necessary to oversee and support the program. Related areas include capacity to manage ongoing operations, including operating an efficient billing system, to coordinate effectively across multiple sites and to maintain positive partnerships with the various involved entities or programs.

This is particularly critical where the CEDARR Family Center involves the joint efforts of more than one party. The CEDARR Family Center must demonstrate a sound approach to financial management in areas such as:

- Demonstrating capacity for timely billing for services and describing arrangements for internal calculation of services generated by site and by type, for revenue distribution to participating parties and for tracking payments received against claims

- Methods for determining future cash requirements and plans for ensuring adequate cash flow

- Risk management arrangements, with specific attention to general liability, professional liability, and directors and officer's liability

- Policies, procedures and experience in third party liability and coordination of benefits in relation to Medicaid

5.5.2 Business Plan Projections for CEDARR Family Center

CEDARR Family Center must maintain a business plan that includes plans for development and a projected monthly revenue and expense statement for the first twelve months of operation with appropriate line item notes to identify assumptions (e.g., number of persons served, services to be provided, associated revenues and expenses). The plan should also identify the ways in which initial expenses leading to operations will be managed.

5.5.3 Independent Audit

Upon request, the CEDARR Family Center must provide the State a copy of its most recent audit.

5.5.4 Ownership and Control Interests

Under Federal regulations at 42 CFR section 1002.3(a), providers entering into or renewing a provider agreement must disclose to the State Medicaid Agency the identity of any excluded individual with an ownership or control interest in the provider agency. The Office of the Inspector General (OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP) and all Federal health care programs (as defined in section 1128B(f) of the Social Security Act (the Act)) based on the authority contained in various sections of the Act, including sections 1128, 1128A, 1156, and 1892.

An individual is considered to have an ownership or control interests in a provider entity if it has direct or indirect ownership of five (5) percent or more, or is a managing employee (e.g., a general manager, business manager, administrator, or director) who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-to-day operations of the entity as defined in section 1126(b) of the Act and under 42 CFR 1001.1991(a)(1).

The CEDARR Family Center must attest in writing at the time of application for initial certification by the RI EOHHS and on an annual basis thereafter that none of the CEDARR's ownership or controlling interests has been excluded from participation in Federal health care

programs.

In the event that any individual with ownership or controlling interests in the CEDARR becomes excluded from Federal participation, or is the subject of an investigation by any Federal or State agency, the CEDARR will notify the RI EOHHS in writing within seven (7) calendar days.

5.6 Data Collection and Reporting

A primary responsibility of a CEDARR Family Center is to provide information to both the family and to the State.

On an annual basis, the CEDARR Family Center will collect and assess progress updates from all Direct Service providers, will collect and analyze both utilization and outcome data, and will incorporate this information in the re-evaluation of the Family Care Plan, as necessary.
On an aggregate basis, the CEDARR Family Center will provide the State with reports on a regular basis (per reporting schedule) describing activity, service utilization, and outcomes for all children and families having a relationship with the Center.

The CEDARR Family Center shall maintain a State Approved data collection and reporting system (hardware, software, connectivity to State computer systems, data configuration and strategy for collection). The State reserves the right to negotiate the details of this plan.

6. Readiness

It is expected that CEDARR applications submitted to the State will describe a structure and approach to service delivery which is substantially complete at the time of submission. Applicants will be expected to be able to provide services in accordance with CEDARR Family Center requirements not later than thirty (30) days following notification of the approval of their application. Part of the certification review involves assessment of readiness. Information must be provided that will enable the State to make informed assessments regarding readiness. The State recognizes that in some cases certain aspects of the application may describe intentions of the CEDARR Family Center applicant rather than capacity actually in place on the date of application submission. The applicant should clearly identify the points at which the application describes currently existing versus planned activities and capacity. This section of the application should provide specific appropriate detail about any outstanding tasks and associated time lines for completion. It is anticipated that applications may represent the combined efforts of more than one entity. Applications should include copies of all executed contracts and/or affiliation and partnership agreements which detail respective responsibilities, authorities and related financial arrangements. This shall include pertinent incorporation documents or filings.

APPENDIX I:
REIMBURSEMENT FOR SERVICES

Rates for the reimbursement for Services provided by CEDARR Family Center are available upon request.

APPENDIX II:
APPLICATION GUIDE

For
Certification as a CEDARR Family Center

APPENDIX II:
APPLICATION GUIDE

GENERAL INFORMATION

1. Overview

This application guide provides information and instructions regarding the submission process and the review of applications, providing guidance for applicants in the development and submission of a complete application packet.

2. Application Submission and Review

Applications will be evaluated on the basis of written materials and other pertinent information submitted to the State. The State reserves the right to conduct an on site review and to otherwise seek additional clarifications from the applicant prior to final scoring of the application. The State reserves the right to limit the number of entities which may become certified as CEDARR Family Centers.

The applicant will have the opportunity to fully review these Certification Standards and agree to comply with the requirements as outlined. The State reserves the right to amend the Certification Standards from time to time, with reasonable notice to participating certified providers and other interested parties.

Prior to technical review, submitted applications will be reviewed for completeness and for compliance with core expectations. Incomplete applications will be returned without further review.

Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards will be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception.

A Letter of Interest must be submitted by potential applicants at least thirty (30) days prior to submission of a final application. This will ensure that the State is able to keep interested parties fully informed as to any scheduled meetings or program clarifications, modifications or addenda that may be needed. Inquiries, Letters of Interest (LOI) and completed applications should be directed to:

Administrator
Center for Child and Family Health, Executive Office of Health and Human Services
Hazard Building, #74
74 West Road
Cranston, Rhode Island 02920

The State will convene a CEDARR Family Center Application Review Committee to evaluate applications and make recommendations on certification to the Associate Director, Executive Office of

Health and Human Services. A periodic review process will be established by the State, depending on the submission of applications.

CEDARR Family Center applications will be reviewed and scored based on the degree to which an applicant complies with the requirements set forth in these Certification Standards. The following certification outcomes are possible as a result of the review process. These are:

- **Certification With No Conditions (Initial) -** The provider agency fully meets all certification requirements.

- **Certification With Conditions -** An applicant may describe a program that meets most of the Certification Standards, but does not fully comply with the certification requirements at the time of application submission. In such case, the applicant may be offered "Certification with Conditions" and application deficiencies will be identified by the State. The applicant will be required to address them by submitting a corrective action plan with specific dates for addressing deficient areas of compliance. This plan must be accepted and approved by EOHHS. Failure to comply fully with the corrective action plan may result in loss of certification.

- **Not Certified -** The applicant does not meet requirements for certification. In no case will a potential vendor in the Not Certified status be allowed to provide any CEDARR service or bill the Medicaid authority for any such activity. The provider agency may reapply at anytime.

- **Provisional Certification and Suspension of Certification-**As a result of its ongoing oversight responsibilities EOHHS may identify deficiencies wherein a provider agency is not in satisfactory compliance with certification and/or performance standards. In such instances, EOHHS will notify the provider agency in writing of any such deficiencies. Failure by the provider agency to successfully address and resolve all stated deficiencies may result in the implementation of provisional reimbursement rates for non-compliance, suspension and/or termination of certification.

In order to be certified as a CEDARR Family Center, it is necessary to meet performance requirements and standards as detailed in this document. Once a provider is certified as eligible to provide CEDARR Family Center services, the provider shall be enrolled with HP as a provider of these services. If there are any questions about the enrollment form or enrollment process, please call HP at 1-800-964-6211. A CEDARR Family Center may represent an affiliation between several entities at different physical locations. Nonetheless, each service provider agency formally affiliated with the CEDARR Family Center must be enrolled with HP under the umbrella of the approved CEDARR Family Center.
The State will schedule informational meetings for those pursuing certification applications. These meetings will provide the opportunity for questions and answers. Whenever possible, applicants should submit written requests for information and clarification.

If an applicant requires specific clarification regarding aspects of these Certification Standards a written request to that effect should be submitted and a written response will be provided. All written responses will be issued as CEDARR Family Center Memoranda. These Memoranda will represent formal

extensions of, and amendments to, these CEDARR Family Center Certification Standards. The Certification Application Guide may also be amended to accommodate these changes or to provide more specific guidance on required materials.

3. Compliance Review

Prior to technical review, submitted applications will be reviewed for completeness and for compliance with core expectations. Incomplete applications will be returned without further review. Amended applications may be re-submitted at a later date.

4. Application Scoring

The Certification Standards for CEDARR Family Centers provide an overall description of the CEDARR Initiative and outline the terms and conditions that will govern operation and oversight of CEDARR Family Centers. Section V of this Certification Standards document identifies the specific standards against which applicants will be evaluated. These standards are grouped in six core areas or *application components*. These application components are listed below along with the relative weighting in the overall scoring.

Application Component	Weighting
1. Organizational Structure	35%
2. Strength of Program Approach	20%
3. Organization of Service Delivery System	15%
4. Quality Assurance	15%
5. Organizational Capability	5%
6. Data Collection and Organization	10%

For each of these six areas the Certification Standards document identifies specific certification requirements or individual standards. Each individual standard is in turn weighted for its contribution to overall scoring within the respective application component.
Level of proposal compliance with each standard will be scored individually. Based on review of applications, each standard will be scored as follows:

Score 1 *Inadequate compliance.* The organization fails to meet the expectations of the standard.

Score 2 *Limited Compliance*. The organization meets few expectations of the standard.

Score 3 *Partial Compliance.*	The organization meets some expectations of the standard.
Score 4 *Significant Compliance*.	The organization meets most of the expectations of the standard and its approach demonstrates sufficient understanding of, and commitment to, program expectations.
Score 5 *Substantial Compliance*.	The organization consistently meets or exceeds all major expectations of the standard and demonstrates particular strength in its approach.

Certification applications will be independently reviewed by assigned members of the review team. The review team may choose to conduct a site visit and readiness review in order to complete its work. The final score for each standard will be the average of the scores assigned by the review team members. A threshold total score for all areas will be established as the basis for recommendation for provisional certification. Certification will not be recommended for an applicant scoring below three on any individual standard. For certain standards a higher minimal threshold may be established.

A key element in review is the applicant's readiness to begin services. Applicants are expected to demonstrate their ability to begin service delivery not later than thirty (30) days from formal notification of certification.

APPLICATION GUIDE FOR CERTIFICATION AS A CEDARR FAMILY CENTER

Instructions: Certification as a CEDARR Family Center is achieved through State approval of a written application and a mandatory on-site review. This application guide identifies the information required to conduct the certification review. All sections should be completed fully so as to sufficiently describe the applicant's approach to meeting the Certification Standards. Additional materials may be included/appended as appropriate.

1. Letter of Transmittal

Each application must include a letter of transmittal signed by an owner, officer or authorized agent of the applicant. The letter shall identify that in submitting the application it is understood that the applicant agrees to comply with the program requirements and Certification Standards as issued and amended from time to time. EOHHS reserves the right to amend these requirements with reasonable notice to participating providers. The applicant further understands that as a provider within the Medicaid program it is obligated to comply with all state and federal rules and regulations that apply to all Medicaid providers.

2. Executive Summary

The Executive Summary is intended to highlight the contents of the application and provide the review team with a broad understanding of the applicant's organizational structure and program philosophy.

3. Cover Sheet

Name of Corporation Submitting Application:_____

Name and Title of Person Authorized to Conduct Business on Behalf of Corporation:

Name:_____

Title:_____

Contact Person for Questions on Application:_____

Address (street):_____

City or Town:_____ State: _____Zip: _____

Phone:_____ Fax: _____

Federal Employee Identification Number:_____

Medicaid Provider Number (if applicable):_____

Date of Application Submission:_____

4. Background on Applicant

Please provide a brief introduction to the application to provide the review team with an understanding of the materials in the application. This might, for example, describe some of the background considerations leading to submission of the application and/or the structure of the organizational partnerships and affiliations represented. Formal affiliations should be identified.

5. Body of Application

The main body of the application should be organized as delineated below. This sequencing corresponds with that contained in Section V, *Certification Standards for CEDARR Family Centers*. Applicants should reference Section V in particular and the *Certification Standards* more generally for further guidance in addressing individual items. Any changes, amendments or clarifications to the *Certification Standards* will be distributed to all entities which have submitted a formal Letter of Interest as outlined above.

5.1 Organizational Structure

- 5.1.1 Incorporation
- 5.1.2 Well Integrated and Organized Management and Operating Structure
- 5.1.3 Family Centeredness and Community Focus in Design of Organizational Structure
- 5.1.4 Services are Geographically Accessible to Families Throughout the State
- 5.1.5 Separation From Direct Service Provider
- 5.1.6 Ability to Demonstrate a Positive Relationship with Provider Community
- 5.1.7 State of the Art Clinical Expertise
- 5.1.8 Organizational Capacities

5.2 Strength of Program Approach

- 5.2.1 Demonstrated Understanding of CEDARR Program Initiative and Role of CEDARR Family Center
- 5.2.2 Key Issues Impacting Program Success
- 5.2.3 Family Centered Program of Care
- 5.2.4 Coordination with Other Parties
- 5.2.5 Place of Business/Dedicated Phone Line/Hours of Service
- 5.2.6 Linguistic and Cultural Competency

5.3 Organization of Service Delivery System

- 5.3.1 Chart of Organization
- 5.3.2 Service Team Roles, Practice Guidelines and Scope of Practice
- 5.3.3 Service Delivery Practice Guidelines and Protocols
- 5.3.4 Data Collection and Outcome Measures

5.4 Quality Improvement

- 5.4.1 Quality Improvement Plan

5.4.2 Record keeping
5.4.3 Confidentiality
5.4.4 Staff Credentialing
5.4.5 Continuing Education
5.4.6 Environment of Care
5.4.7 Grievance and Appeals
5.4.8 Family Satisfaction

5.5 Organizational Capability

5.5.1 Administrative and Financial Systems
5.5.2 Business Plan Projections for CEDARR Family Center
5.5.3 Independent Audit
5.5.4 Ownership and Control Interests

5.6 Data Collection and Reporting

6. Readiness

It is expected that CEDARR applications submitted to the State will describe a structure and approach to service delivery which is substantially complete at the time of submission. Applicants will be expected to be able to provide services in accordance with CEDARR Family Center requirements not later than thirty (30) days following notification of the approval of their application. Part of the certification review involves assessment of readiness. Information must be provided that will enable the State to make informed assessments regarding readiness. The State recognizes that in some cases certain aspects of the application may describe intentions of the CEDARR Family Center applicant rather than capacity actually in place on the date of submission of the application. The applicant should clearly identify the points at which the application describes currently existing versus planned activities and capacity. This section of the application should provide specific appropriate detail as to any outstanding tasks and associated time lines for completion. Additionally, it is anticipated that applications may represent the combined efforts of more than one entity. Application submissions should include copies of all executed contracts and/or affiliation and partnership agreements which detail respective responsibilities, authorities and related financial arrangements. This shall include pertinent incorporation documents or filings.

APPENDIX III:
GLOSSARY OF TERMS

Appendix III
Glossary of Terms

Arms Length	A demonstrated functional separation between the CEDARR Family Center and Direct Service Providers. An arms length relationship provides assurance to families and the State that evaluations and referrals for services are family centered and unbiased.
CEDARR	Comprehensive, Evaluation, Diagnosis, Assessment, Referral and Re-Evaluation
CEDARR Family Center Certification Application	Entities seeking to be certified by the State as a CEDARR Family Center must submit this application for review, evaluation and formal action. Any qualified organization may apply for certification as a CEDARR Family Center.
Certified CEDARR Direct Services Provider	An entity certified by the State to provide CEDARR Direct Services.
CEDARR Initiative	A State sponsored initiative to provide a family centered program to improve access to services and quality of care for children with special health care needs.
Certification Process	The process through which the State formally identifies an entity as eligible to become a Certified CEDARR Family Center or CEDARR Direct Service Provider. Certified providers are then authorized to receive payment for provision of certain Medicaid reimbursable services as described in the applicable Certification Standards.
Children with Special Health Care Needs	Those children who have or are at increased risk for chronic health conditions which require specialized health and related services or supports of a type or amount beyond that required by children generally. Special health care needs includes: medical conditions and technology dependence; physical disabilities; behavioral health; autism spectrum disorders; and developmental disabilities.
Comprehensive	The inclusion of a broad range of health, educational, social, and related services in delivering care to a child.
Crisis Support Plan (CSP)	A crisis support plan is developed for families by a licensed clinician during their initial meeting. The CSP identifies who the family should contact in the event of a medical, behavioral health or other emergency, e.g. food, housing, fuel.
Days	Unless otherwise specified, the term “days” refers to calendar days.

Department of Health (DOH)

The Rhode Island Department of Health (RIDOH) is the designated Title V agency for the State of Rhode Island. Housed within the RIDOH is the Office of Special Health Care Needs (OSHCN) located in the Division of Community, Family Health, and Equity (DCFHE).

The OSHCN is organized under RIGL 23-13-1 Maternal and Child Health Services (MCHB) for Children with Special Health Care Needs (CSHCN) in accordance with Title V of the Social Security Act. With the Omnibus Budget Reconciliation Act (OBRA) of 1989, Public Law 101-239, State Title V Programs for CSHCN were given the responsibility to "provide and promote family centered, community-based, coordinated care for children with special health care needs, and facilitate the development of community-based systems of services for such children and their families".

Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH)

The State Agency that serves individuals with developmental disabilities, mental health and substance abuse issues, and chronic long term medical and psychiatric conditions.

DHS Fair Hearing Process

DHS Fair Hearing Process is available to any applicant for or a recipient of, DHS funded services, who is dissatisfied with a decision of the agency or a delay in such a decision. This process includes a review before an impartial appeals officer to ensure correct application of law and agency administrative policies and standards.

Early Intervention (EI)

Early Intervention is a voluntary program that provides early identification, services, and supports for families of infants and toddlers (birth-to-three) who are experiencing developmental delays, have certain diagnosed conditions, or whose circumstances are likely to result in significant developmental problems. This is a Federal program (Part C of the Individuals with Disabilities Education Improvement Act) that is administered in Rhode Island by the Executive Office of Health and Human Services through certified Early Intervention programs.

Early and Periodic, Screening, Diagnosis and Treatment (EPSDT	EPSDT refers to a federal mandate that Medicaid programs provide a broad spectrum of services to children to meet their health needs (CFR 42 1396d(a)). States are required to screen eligible children, diagnose conditions found through a screening and then furnish appropriate medically necessary treatment to correct or ameliorate conditions discovered through the screening process. In this respect EPSDT encompasses all services provided to children under Medicaid and is not a separate program within Medicaid.
Eligibility for CEDARR Services	All children with special health care needs and their families are eligible to access services and/or supports through certified CEDARR Family Centers. The State will pay for such services provide to Medicaid eligible beneficiaries.
Executive Office of Health and Human Services (EOHHS)	The State Medicaid Agency in Rhode Island
Family Care Plan (FCP)	A plan developed by the CEDARR Family Center in collaboration with the family and other involved persons and entities. This plan incorporates information from other plans (e.g. IEP, IFSP), by including all stakeholders in the child's care in the planning process, including the family and those direct care providers who will implement the plan.
Family Centered Care	Family Centered Care recognizes and respects the pivotal role of the family in the lives of children. It supports families in their natural care-giving roles, promotes typical patterns of living, and ensures family collaboration and choice in the planning and provision of services and supports to the child and family.
Family Needs	The needs of families for health services or supports related to the demands of the special health care needs of their children, specifically those necessary to allow the family to appropriately care for their child with special health care needs.
Family Work Plan (FWP)	A family work plan is developed by CEDARR Staff at any point during the IFIND process for families that could benefit from any CEDARR service or CEDARR Direct Service. The FWP documents the child's identified needs, reasonable steps to address these needs, time frames for these steps, responsible entities to complete the plan and expected outcomes.
Geographically Available	Care that is accessible to all children regardless of their place of residence.

HBTS Home-Based Therapeutic Services (HBTS)	HBTS is a CEDARR Direct Service provided to children with Medicaid coverage who have severe behavioral health and/or developmental disorders. Services are individualized and are provided in the child's home or community by trained paraprofessionals who are overseen by licensed health care professionals. Parents participate in the development of the treatment plan and are aware of and participate in helping their child develop new skills that are specified in the treatment plan.
Individualized Education Program (IEP)	The IEP is a written document for children who have been identified as eligible for special education. IEPs must be developed, reviewed and revised in accordance with IDEA 2004 Section 300.320 through Section 300.324
Individual Family Service Plan (IFSP)	An Individualized Family Service Plan is developed for all eligible children enrolled in Early Intervention. The plan is family-driven and outlines the child's strengths and needs and includes strategies and supports to be used to meet the desired outcomes of the family.
Individualized	Care that reflects the unique, physical, developmental, emotional, social, educational, and cultural needs of the individual within the context of the family.
Initial Family Intake And Needs Determination (IFIND)	The FIND process includes an in-depth, face-to-face meeting with the family to identify a course of action to meet the child's and family's needs. This meeting should be scheduled within five (5) days for urgent situations and fourteen (14) days for routine situations.
Integrated	Care that includes a system for communication and advocacy in order to ensure that children and their families participate fully in all aspects of society regardless of their disability or illness.
Interdisciplinary	A process of communication and interaction among persons who bring a variety of diagnostic, therapeutic, and habilitative skills and knowledge to bear upon the development and implementation of a family care plan.
Kids Connect	Kids Connect is a CEDARR Direct Service that provides therapeutic services, delivered in DCYF licensed childcare centers for children and youth with special health care needs. Kids Connect can provide opportunities for the development of socialization, communication and adaptive behavior skills for children.

Leadership Roundtable on Children with Special Health Care Needs	The Leadership Roundtable is a statewide group of family members, providers, state agencies and advocates whose focus is the improvement of the system of care for children with special health care needs.
Licensed Clinician	Clinician licensed by the Rhode Island Department of Health (DOH) in the following disciplines: LICSW or LCSW (Licensed (Independent) Social Worker, Psychologist, LMFT (Licensed Marriage and Family Therapist), LMHC (Licensed Mental Health Counselor), MD (Medical Doctor), RN (Registered Nurse), OT (Occupational Therapist), PT (Physician Therapist), and SLP (Speech and Language Therapist).
Linguistic and Cultural Competency	Knowledge, sensitivity and respectful policy, practice and philosophy responsive to specific linguistic and cultural norms of diverse populations.
Local Education Agency (LEA)	The LEA is a public board of education or other public authority, including a combination of school districts or public non-profit charter schools that have administrative control and direction of a public elementary or secondary school.
Medicaid Agency	The Executive Office of Health and Human Services (EOHHS) is the State agency responsible for administration of Rhode Island's Medicaid program.
Medicaid Eligible Children	Children who have been determined by EOHHS to be eligible for services covered through the Rhode Island Medical Assistance program.
Medical Home	A medical home is a team approach to providing healthcare that is accessible, family centered, continuous, comprehensive, coordinated, compassionate and culturally effective. The child's health care professional and family act as partners in a medical home to identify and access all the medical and non-medical services needed. The Department of Health (DOH) oversees a Medical Home Initiative. For further information go to the DOH website www.health.ri.gov
Medical Necessity	Medical, surgical or other services required for the prevention, diagnosis, cure, or treatment of a health-related condition, including such services necessary to prevent a decremental change in either medical or mental health status.

The Office for Diverse Learners (ODL) at RIDE	The RIDE office responsible for the implementation of the Individuals with Disabilities Education Act (IDEA), early-childhood education programs, and programs and services for students with disabilities under various state and federal acts, including Title I and the education of English Language Learners (ELL) under Title III of the No Child Left Behind Act (NCLB).
PASS	Personal Assistance Services and Supports (PASS) is a consumer/family-directed Home and Community based program for Children with Special Health Care Needs designed to maximize a family's choice and control. The core goal is to facilitate independence in the areas of: • Activities of Daily Living • Individual Safety • Social Participation
Peer Families	Families who have experience with children with special health care needs and are able and willing to offer peer support and guidance to other families with children with special health care needs.
Primary Care Provider(PCP)	The Physician or pediatric nurse practitioner who is considered the main provider of health care for the particular child or youth.
Principle Coordinating Physician	Some children with special health care needs may have an ongoing clinical relationship with a particular specialist who serves as a principal coordinating physician for that child's special health care needs and who plays a critical role in managing that child's care on a regular basis throughout the year.
Respite for Children	A Waiver from the Centers for Medicare and Medicaid Services (CMS) that allows certain children with special health care needs to receive a specific amount of Medicaid reimbursable respite hours in a calendar year.

RI Department of Elementary and Secondary Education (RIDE)	The State Agency responsible for carrying out policies and programs regarding public and nonpublic elementary and secondary education (grades prekindergarten through 12) throughout the state and for fulfilling the mission of the Board of Regents for Elementary and Secondary Education, which is to lead and support schools and communities in ensuring that all students achieve at high levels; RIDE responsibilities include developing and implementing academic standards and statewide assessments, managing educator certification, and administering federal programs, including programs for students with disabilities through its Office for Diverse Learners
RIte Care	RIte Care is Rhode Island's Medicaid managed care program for children and families. Through this program eligible children are enrolled in Health Plans contracted by EOHHS. Most children who are Medicaid eligible, are enrolled with a RIte Care Health Plan for a comprehensive benefit package. CEDARR Family Centers must coordinate their efforts with RIte Care Health Plans.
Special Education	Special education is specially designed instruction, provided at no cost to the parents, to meet the unique needs of a child with a disability (as defined by IDEA 2004 §300.8). IEPs are written for eligible children and include special education as defined by IDEA 2004 §300.39 and may included related services as defined by IDEA 2004 §300.34. The Rhode Island Department of Education (RIDE) through its Office for Diverse Learners oversees special education programs statewide.
Technical Assistance	Assistance from the State provided to CEDARR applicants to clarify State intention and requirements in such areas: preparation of certification applications, designing CEDARR delivery systems or operational issues before or after certification is granted.
The State	For the purposes of the CEDARR Initiative the State is defined as a collaboration of The Executive Office of Health and Human Services, The Department of Education, The Department of Health, The Department of Children, Youth and Families, and The Department of Mental Health, Retardation and Hospitals.
Third Party Payer	Refers to insurers, HMOs, and other payment arrangements in which an individual (or employer) pays premiums to an entity (third party) which then pays for agreed-upon health care services.

APPENDIX IV:
CEDARR Family Center Quality Management Strategy

APPENDIX IV

CEDARR Family Center Quality Management Strategy

In order to ensure that high quality, family centered, and cost-effective services are provided to all children and families enrolled in the CEDARR system, the State requires each CEDARR Family Center to participate in Quality Assurance and Improvement activities as part of a broader Quality Management Strategy.

The Quality Management Strategy for CEDARR Family Centers will consist of the following three components that examine specific areas within CEDARR operations and will be designed to ensure that there is no overlap in the data provided to satisfy each component:

1. Internal Quality Assurance and Performance Improvement Plan specific to each CEDARR Family Center subject to the approval of EOHHS and the CEDARR Interdepartmental Team[5];

2. Quarterly and Annual Reports;

3. Program Evaluation Site Visits

The specific requirements for each component are described below.

All of the activities described below will be utilized to determine an agency's ongoing Certification status. If deficiencies are identified during this process the CEDARR Family Center may be required to submit a corrective action plan to EOHHS and the CEDARR Interdepartmental Team detailing how the deficiency will be corrected. Failure to submit and implement an appropriate corrective action plan may result in EOHHS taking action against the agency's Certification status.

1. Internal Quality Assurance and Performance Improvement Plan

The CEDARR Family Center is required to have policies and procedures and activities dedicated to quality review and improvement (e.g. formal Quality Assurance or Performance Improvement program). This process includes a Quality Improvement plan that is submitted annually to EOHHS. Areas of focus for the QI plan will be determined by the CEDARR Family Center on an annual basis. The CEDARR Family Center will ensure that information is collected and used to improve the **overall** quality of service and performance of their program. The Quality Assurance/Performance Improvement (QA/PI) program that the CEDARR Family Center develops should strive to:

- improve the delivery of service to the clients;
- document how the preferences of clients in the provision of services is assured;
- measure the process, efficacy and outcomes of the services provided directly by the CEDARR Family Center.

5 The CEDARR Interdepartmental Team is made up of representatives from the RI Departments of Human Services, Education, Health, and Children Youth and Families. The Interdepartmental Team provides oversight, guidance and support to the CEDARR Family Centers

The CEDARR Quality Improvement Plan must include:

1. A written performance improvement plan, which contains clearly articulated goals and objectives, data analysis methodology, outcomes management, record review and operational/systems improvement.

2. The QI work plan should include measurable goals and objectives (with timetables for their achievement) that will indicate success or the need to re-evaluate and change internal processes. Client concerns and input should be considered when determining annual PI activities.

3. The CEDARR QI plan should delineate strategies for the assessment of client or organizational needs, identification of internal or external service gaps, and the integration of that data into organizational decision-making processes.

4. The CEDARR QI Plan should include its execution of one (1) annual performance improvement project directed at the population it serves. This project will involve:

- Measurement of performance using objective quality indicators
- Implementation of system interventions to achieve improvement in quality
- Evaluation of the effectiveness of interventions
- Planning and initiation of activities for increasing or sustaining improvement

2. Quarterly and Annual Reports

The CEDARR Family Centers are required to provide reports to EOHHS on a regular basis for review by EOHHS program staff and the CEDARR Interdepartmental Team. The content of these reports will include performance measures specific to the delivery of the services described in Sections II and IV of the CEDARR Certification Standards.

Reports will be completed on either a Monthly, Quarterly or Annual basis. Please use Figure 1 for required reports and submission frequency.

Figure 1: Performance Reports (Section 4.5)

Measure	Standard	Report	Report Period	Due Date:	Frequency
The Initial Family Intake and Needs Determination and Basic Services and Supports are provided on a routine basis. Routine appointments must be offered to take place within 30 calendar days of request by the family.	100% of IFINDs be offered within the stated time frame.	a) Number of completed IFIND appointments b) Percentage within 30 days c) Average Turn around time, i.e. days from referral to appointment d) Reasons/Justification for not completing the IFIND with in 30 days.	Prior Quarter ending,	30 days after the end of the Quarter or no later than 5/1/xx 8/1/xx 11/1/xx 2/1/xx	Quarterly
The Family Care Plan will be completed no later than 30 days from the completion of the IFIND visit.	90% of Family Care Plans must meet the timeliness criteria.	a) Number of completed FCP b) Percentage completed with in 30 days. c) Average Turn around time, days from IFIND to completed FCP d) Reasons/ Justifications for not completing the FCP with in 30 days.	Prior Quarter ending,	30 days after the end of the Quarter 5/1/xx 8/1/xx 11/1/xx 2/1/xx	Quarterly
An expiring FCP must be reviewed by the CEDARR, family and other key participants and a revised FCP will be completed prior to expiration.	100% of all FCPRR must meet the timeliness criteria.	a) Number of FCPRR completed in the reporting period, b) Percentage complete prior to expiration of the prior care plan c) Reasons/ Justifications for not completing FCPRR prior to expiration	Prior Quarter ending,	30 days after the end of the Quarter 5/1/xx 8/1/xx 11/1/xx 2/1/xx	Quarterly

Figure 1 Performance Reports

Measure	Standard	Report	Report Period	Due Date:	Frequency
4.6 Referrals		a) Number of new Direct Service and/or referrals made to other community supports	Prior Year	60 days after the end of the calendar year or by March 1	Yearly
Service Utilization	Section 5.6 : On an aggregate basis, the CEDARR will provide the State with reports describing activity, service utilization, and outcomes for IFIND/IFA, FCP and FCPR	a) Number services delivered, b) Average hours provided c) Average Turn around time d) Average Hours provided by staff level	Prior Month ending, 1/15/xx 2/15//xx 3/15/xx 4/15/xx 4/15/xx Etc.	15 days after the end of the month	Monthly
Registration/ Enrollment	Section 5.6	a) Number of new CEDARR registrations b) Number of CEDARR registrations closing for the reporting period and the reason for all terms, i.e., member aged off, lost ma, etc…	Prior Quarter ending, 5/1/xx 8/1/xx 11/1/xx 2/1/xx	30 days after the end of the Quarter	Quarterly
Direct Service Review	5.6 Data Collection and Reporting	1.The Number of plans reviewed 2.Average Direct Service hours requested and recommended 3.Average Turn around Time (TAT) for review.	5/1/xx 8/1/xx 11/1/xx 2/1/xx	30 days after the end of the Quarter	Quarterly

Figure 1 Performance Reports

Measure	Standard	Report	Report Period	Due Date:	Frequency
Annual Staffing Reports (point in time snapshot)	5.1 Organizational Structure	a) Total FTE positions available b) Total filled c) Average Caseload d) Wage Range e) Current Staff Licenses and Qualifications f) languages spoken g) Number of staff with CSHCN experience as defined in section 5.13 f) Internal Training Calendar for staff and Number of staff attending each session. g) Number Staff Evaluations conducted in the prior 12 month period. h) Number new hires in the prior 12 month period i) Number positions vacated in the prior 12 month period	Prior year	60 days after the end of the calendar year or by March 1	Annual report
The CEDARR Family Center should have an established State approved method for assessing family satisfaction at least annually and submitting the results to the State.	5.4.8 Family Satisfaction	Annual report and method for assessing family satisfaction, the results of the assessment and actions taken to correct any areas of concern identified in the family satisfaction analysis.	Prior year	60 days after the end of the calendar year or by March 1	Annual report

3. Program Evaluation Site Visits

Site visits to all CEDARR Family Centers will be conducted by EOHHS program staff and the CEDARR Interdepartmental Team on a periodic basis. The interval between compliance site visits shall not exceed three (3) years. Components of the site visits include:

1. Review of CEDARR Client Records
2. Interviews with CEDARR staff
3. Facility Review

APPENDIX V:
Complaints, Grievances and Appeals

DATE: _____ EOHHS Staff receiving complaint: _____

CEDARR Family Center

Concern/Complaint Information Form

Please complete and return to: EOHHS – Center for Child and Family Health
Hazard Building #74 Lower Level
74 West Road
Cranston, RI 02920
ATTN: Paul Choquette
Fax # (401)462-2939

PERSON FILING COMPLAINT:

_____

ADDRESS:

_____
Street City/Town Zip Code State

DAYTIME TELEPHONE: _____

RELATIONSHIP TO CHILD: _____

CHILD'S NAME (if applicable): _____ DATE OF BIRTH: _____

PARENTS NAME (if applicable): _____

ADDRESS (if applicable): _____
Street City/Town State Zip Code

CEDARR Family Center (circle one):

About Families Family Solutions Families First Empowered Families

State the nature of the complaint include specific dates and instances of the problem. Additional space is available on back of this form.

_____

_____

_____

_____

Has the CEDARR Family Center been made aware of this complaint? YES____ NO____ (if yes):

To Whom: _____ Date: _____ In Writing: _____ Verbal: _____

PARENT'S SIGNATURE OR SIGNATURE OF PERSON COMPLETING THE FORM IF OTHER THAN PARENT/GUARDIAN

Date

DATE: _____

STAFF TO FOLLOW-UP: _____ DATE: _____

Communication with CEDARR Family Center: Completed By: _____ Date: _____

Follow-up Required:

Communication to Complainant:

Additional Action Required:

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES **DHS-121**
REQUEST FOR A HEARING **REV. 01/90**

SECTION I - IDENTIFYING INFORMATION

NAME _____
Recipient Category Case Number/Social Security Number

ADDRESS _____
Number and Street City/Town ZIP

SECTION II - STATEMENT OF COMPLAINT (To be completed by applicant or recipient).

☐ I wish to continue to receive the amount of assistance and/or food stamps I now receive until the hearing decision

☐ I do not wish to continue to receive the amount of assistance and/or food stamps I now receive until the hearing decision

☐ If the hearing decision is not in my favor, I understand that I must repay any assistance and/or food stamps for which I am determined ineligible.

Signature _____ Date _____
(Recipient)

SECTION III - STATEMENT OF AGENCY POLICY (to be completed by the agency representative)

Date received by Regional or District Office _____

Indicate Specific Manual Reference:

☐DHS Manual Section _____

☐Food Stamp Manual Section _____

Explain agency decision in relation to complaint and policy: _____

_____

_____

_____

_____

_____ _____

Signature of Agency Representative
District Office

Signature of Supervisor

AGENCY USE ONLY

Date received in the hearing office _____ Date of hearing _____

INSTRUCTION FOR COMPLETING DHS-121

This form is used by both the client and the agency representative to:

Identify in writing by the client the cause of his/her complaint or grievance; and

Identify by the agency representative the policy on which the decision causing the complaint was based.

This form is given to the client at the time s/he decides to appeal an agency decision.

For Food Stamps: A client has 90 days from the date of the Notice of Agency Action to request a hearing.

For All Other Programs: A client has 30 days from the date of the Notice to request a hearing.

Sections I and II

These two sections can be filled out by the client alone, or by the client and agency representative, if the client needs help in completing the form. The section is signed by the person making the complaint.

Section III

After Sections I and II are completed, the agency representative completes Section III, citing the agency policy(ies) with reference to the particular manual sections(s) that was the basis for making the decision. This section is signed by the agency representative and supervisor. The area identifying the area and district are completed. The form is routed promptly to the hearing office at Central Office.

NOTE: When the DHS-121 is completed by the client and mailed directly to Central Office, without being routed through the regional or district office, the hearing office makes a copy of the DHS-121. The original is sent to the regional or district office for completion of Section III. The DHS-121 must be returned to the hearing office at Central Office within seven (7) days.

Legal Help

At the scheduled hearing, you may represent yourself, or be represented by someone else such as a lawyer, a relative, a friend, or another person. If you want free legal help, call Rhode Island Legal Services at 274-2652 (outside the Providence calling area, call toll free at 1-800-662-5034).

INFORMATION ABOUT HEARINGS FOR APPLICANTS AND RECIPIENTS OF FINANCIAL ASSISTANCE, FOOD STAMPS, MEDICAL ASSISTANCE AND SOCIAL SERVICES

The Department of Human Services (DHS) has a responsibility to provide financial assistance, food stamps, medical assistance, and social services to individuals and families for whom eligibility is determined under the provisions of the Social Security Act, the Rhode Island Public Assistance Act, the Food Stamp Act, the Rhode Island Medical Assistance Act and Title XCX Social Services.

The hearing process is intended to insure and protect your right to assistance and your right to have staff decisions reviewed when you are dissatisfied. You have asked for a hearing because of an agency decision with which you disagree. The following information is sent to help you prepare for your hearing and to inform you about what you may expect and what will be expected of you when it is held.

1. WHAT IS A HEARING?

A hearing is an opportunity provided by the Department of Human Services to applicants or recipients who are dissatisfied with a decision of the agency, or a delay in such a decision for a review before an impartial appeals officer to insure correct application of the law and agency administrative policies and standards.

2. WHO CONDUCTS A HEARING?

A hearing is conducted by an impartial appeals officer appointed by the Director of the Department of Human Services to review the issue(s) and give a binding decision in the name of the Department of Human Services,

3. WHO MAY ATTEND A HEARING?

A hearing is attended only by persons who are directly concerned with the issue(s) involved. You may be represented by legal counsel if you chose and another witness or a relative or friend who can speak on your behalf. The Agency is usually represented by the staff member involved in the decision and/or that worker's supervisor. Legal services are available to persons wishing to be represented by legal counsel through Rhode Island Legal Services (274-2652) or (1-800-662-0534).

If an individual chooses to have legal representation, e.g. be represented by an attorney, paralegal, or legal assistant, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the legal representative access to the agency case record. It is also needed for the Hearing Office to confirm the representation for purposes of follow-up, review, request for continuances, etc.

4. WHERE IS THE HEARING HELD?

The hearing may be held at a regional or district office or in an individual's home when circumstances require.

5. HOW CAN YOU LEARN ABOUT THE DEPARTMENT'S RULES AND REGULATIONS?

Section III of the attached form (DHS-121) shows the policy manual references, which are at

issue in your hearing. You may review the Department's regulations at any local welfare office during regular business hours.

You may also review the Department's hearing decisions rendered on or after April 1987. They are available only at the DHS Central Administration Building, 600 New London Avenue, Cranston Rhode Island, between the hours of 9:00 a.m. and 11:00 a.m. and between the hours of 1:00 p.m. and 3:00 p.m. Monday through Friday.

6. WHAT ARE YOUR RIGHTS RELATIVE TO THE HEARING?

You have a right to examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing, as well as during the hearing.

You may present your case in any way you wish without undue interference, by explaining the situation yourself or by having a friend, relative, or legal counsel speak for you, and you may bring witnesses and submit evidence as discussed above to support your case. You will have an opportunity to question or refute any testimony or evidence and to confront and cross-examine adverse witnesses.

7. HOW IS A HEARING CONDUCTED?

A hearing differs from a formal court procedure because you are not on trial and the appeals officer is not a judge in the courtroom sense. However, any person who testifies will be sworn in by the appeals officer.

After you have presented your case, the staff member will explain the provisions in law or agency policy under which s/he acted. When both sides have been heard, there will be open discussion under the leadership and guidance of the appeals officer. The entire hearing is recorded on tape.

8. HOW WILL THE HEARING DECISION BE MADE?

The tape recording of the testimony of the persons who participated in the hearing, together with all papers and documents introduced at the hearing, will be the basis for the decision.

The appeals process is generally completed within 30 days of the receipt of your request, but will never exceed sixty (60) days for food stamps and ninety (90) days for all other programs unless you request a delay, in writing, to prepare your case.

The appeals officer will inform you of her/his findings, in writing, following the hearing. If you are still dissatisfied, you have a right to judicial review of your case. The agency staff member wants to be as helpful as possible in assisting you to prepare for the hearing. If you have any questions about what you may expect, or what may be expected of you, be assured that you may call your eligibility technician or worker.

APPENDIX VI:
HEALTH HOMES ADDENDUM

(EFFECTIVE 10/1/2011)

Introduction

Section 2703 of the Patient Protection and Affordable Care of 2010 afforded States the option of adding "Health Homes for Enrollees with Chronic Conditions" to the scope of services offered to individuals receiving Medicaid by applying for an Amendment to the RI Medicaid State Plan. This provision is an important opportunity for Rhode to address and receive additional Federal support for the enhanced integration and coordination of primary, acute, behavioral health (mental health and substance use), and long-term services and supports for persons across the lifespan with chronic illness.

The Rhode Island Executive Office of Health and Human Services (EOHHS), as the designated Medicaid entity, submitted a request to the Centers for Medicare and Medicaid Services (CMS) on August 26, 2011, to designate CEDARR Family Centers as Health Homes for Children and Youth with Disabilities and Chronic conditions.

The design of the CEDARR System of Care and the CEDARR Family Centers makes this a unique opportunity to implement the principles of Section 2703 Health Homes within an existing infrastructure of providers, trained professionals and engaged stakeholders. Utilizing CEDARR Family Centers as Health Home providers allows RI to begin implementing this program with a minimum of delay and expenditure of valuable resources.

CMS has issued guidelines (summarized below) to the State on required services, eligibility criteria, quality management and program evaluation. For purposes of the Health Homes initiative all current and future Certified CEDARR Family Centers will be required to abide by these requirements, in addition to the existing CEDARR Certification Standards as revised in 2009.

Health Homes Requirements

Population Criteria

Medicaid recipients who meet the following criteria are eligible for CEDARR Health Home services:

- Has a severe mental illness, or severe emotional disturbance
- Has two or more chronic conditions as listed below:
  - Mental Health Condition
  - Asthma
  - Diabetes
  - Developmental Disabilities
  - Down Syndrome
  - Mental Retardation
  - Seizure Disorders
- Has one chronic condition listed above and is at risk of developing a second

Provider Standards

As previously mentioned, the current CEDARR certification standards, under which all CEDARR Family Centers operate will be utilized as the Provider Standards for CEDARR Health Homes. In addition all providers of Health Home Services agree to:

- Provide quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;
- Coordinate and provide access to high-quality health care services informed by evidence-based clinical practice guidelines;
- Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders;
- Coordinate and provide access to mental health and substance abuse services;
- Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care;
- Coordinate and provide access to chronic disease management, including self-management support to individuals and their families;
- Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services;
- Coordinate and provide access to long-term care supports and services;
- Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services;
- Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate; and
- Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.

Health Home Services

Health Homes are required to provide the following services to all eligible individuals.

- **Comprehensive Care Management**- Comprehensive Care Management is provided by CEDARR Family Centers by working with the child and family to: assess current circumstances and presenting issues, identify continuing needs, and identify resources and/or services to assist the child and family to address their needs through the provision of an Initial Family Intake and Needs Determination; develop a Family Care (or Treatment) Plan which will include child specific goals, treatment interventions and meaningful functional outcomes; and regular review and revision of the Family Care Plan to determine efficacy of interventions and emerging needs. Integral to this service is ongoing communication and collaboration between the CEDARR Team and the clients Primary Care Physician/Medical Home. *CEDARR staff (Licensed Clinician and Family Service Coordinator) shall utilize the Initial Family Intake and Needs Determination (IFIND), Family Care Plan (FCP) and Family Care Plan Review (FCPR)to provide Comprehensive Care Management.*

- **Care Coordination**- Care Coordination is designed to be delivered in a flexible manner best suited to the family's preferences and to support goals that have been identified by developing linkages and skills in order for families to reach their full potential and increase their independence in obtaining and accessing services. This includes:

- Follow up with families, Primary Care provider, service providers and others involved in the child's care to ensure the efficient provision of services.
- Provide information to families about specific disorders, treatment and provider options, systems of support, services, assistance and legal rights available to Children with Special Health Care Needs and their families, resources beyond the scope of services covered by Medicaid, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith based organizations, etc.
- Service delivery oversight and coordination to ensure that services are being delivered in the manner that satisfies the requirements of the individual program(s) and meet the needs of the child and family.
- Assistance in locating and arranging specialty evaluations as needed, in coordination with the child's Primary Care Provider. This also includes follow-up and ongoing consultation with the evaluator as needed.

Care Coordination will be performed by the member of the CEDARR Team (Licensed Clinician or Family Service Coordinator) that is most appropriate based upon the issue that is being addressed. *CEDARR staff (Licensed Clinician and Family Service Coordinator) shall utilize Health Needs Coordination (HNC) to provide Care Coordination.*

Health Promotion- Health Promotion assists children and families in implementing the Family Care Plan and in developing the skills and confidence to independently identify, seek out and access resources that will assist in managing and mitigating the child's condition(s), preventing the development of secondary or other chronic conditions, addressing family and child engagement, promoting optimal physical and behavioral health, and addressing and encouraging activities related to health and wellness. This service will include the provision of health education, information, and resources with an emphasis on resources easily available in the families' community and peer group(s). *CEDARR staff (Licensed Clinician) shall utilize Therapeutic Counseling and Group Intervention to provide Health Promotion.*

Comprehensive Transitional Care- Transitional Care will be provided by the CEDARR Team to both existing clients who have been hospitalized or placed in other non-community settings as well as newly identified clients who are entering the community. The CEDARR Team will collaborate with all parties involved including the facility, primary care physician, Health Plan (if enrolled) and community providers to ensure a smooth discharge into the community and prevent subsequent re-admission(s). Transitional Care is not limited to Institutional Transitions but applies to all transitions that will occur throughout the development of the child and includes transition from Early Intervention into School based services and pediatric services to adult services. *CEDARR staff (Licensed Clinician and Family Service Coordinator) shall utilize Health Needs Coordination (HNC) to provide Comprehensive Transitional Care.*

Individual and Family Support Services- The CEDARR Team is responsible for providing assistance to the family in accessing and coordinating services. These services include the full range of services that impact on Children with Special Health Care Needs and include, but are not limited to, health, behavioral health, education, substance abuse, juvenile justice and social and family support services. The CEDARR Team will actively

integrate the full range of services into a comprehensive program of care. At the family's request, the CEDARR Team can play the principal role as organizer, information source, guide, advocate, and facilitator for the family by helping the family to assess strengths and needs, identify treatment goals and services, and navigate agency and system boundaries. *CEDARR staff (Licensed Clinician and Family Service Coordinator) shall utilize Health Needs Coordination (HNC) to provide Individual and Family Support Services.*

Referral to Community and Social Support Services- Referral to Community and Social Support Services will be provided by members of the CEDARR Team and will include information about formal and informal resources beyond the scope of services covered by Medicaid, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school-based services, faith based organizations, etc. Whenever possible, families will be informed of opportunities and supports that are closest to home, that are the least restrictive and that promote integration in the home and community. Members of the CEDARR Team will emphasize the use of informal, natural community supports as a primary strategy to assist children and families. *CEDARR staff (Licensed Clinician and Family Service Coordinator) shall utilize Health Needs Coordination (HNC) to provide Referral to Community and Social Supports.*

Additional Requirements

To fully achieve the goals of the Health Homes initiative, certain actions which were previously viewed as suggested are now required and subject to EOHHS performance review requirements. Those include:

- Documented yearly outreach to the child's Primary Care Physician and Medicaid Managed Care Plan (if applicable)
- Documented yearly Body Mass Index (BMI) Screening for all children 6 years of age or older. If BMI screen is not clinically indicated, reason must be documented
- Documented yearly Depression Screening utilizing the Center for Epidemiological Studies Depression Scale for Children (CES-DC) (or equivalent) for all children 12 years of age or older. If depression screening is not clinically indicated, reason must be documented
- Yearly review of immunizations, screenings and other clinical information contained in the KIDSNET Health Information System