State of Rhode Island

Executive Office of Health and Human Services

Practice Standards

Cedar Family Centers

Effective January 1, 2016

INTRODUCTION and CERTIFICATION

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 has been 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 the former CEDARR Family Centers as Health Homes for Children and Youth with Disabilities and Chronic conditions.

CMS issued guidelines to the State on required services, eligibility criteria, quality management and program evaluation. Based on the experience of the Health Homes initiative, the EOHHS is requiring Certification for Cedar Family Centers "Health Homes", effective 1/1/16.

I. TARGET POPULATION

Eligibility
Cedar 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. Cedar Family Centers are encouraged to pursue all available sources of funding and program support.

Population Criteria
Medicaid recipients who meet the following criteria are eligible for Cedar Services:

- Suspected of having a severe mental illness, or severe emotional disturbance
- Suspected of having 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

II. REQUIRED SCOPE OF SERVICES

Statement of Intent
Cedar Services 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 Cedar staff will help families gain access to services and blend both formal and informal community and specialized supports necessary for healthy family functioning. The Cedar 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.

A family may choose to use a Cedar Family Center for assessment of needs, referral, and care coordination. The Cedar staff will assist the family in identifying and coordinating services and supports. The Cedar staff will work with the family to support efforts to gain access to needed services and to track receipt of services.

It is expected that each child and family's experience with the Cedar 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 Cedar staff will change as well.

If service(s) are identified outside those provided by the Cedar 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 Cedar 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 Cedar Family Center must contact the family within ten (10) calendar days of referral. Cedar shall document attempts made to reach the family and response to the referral source.

Cedar Family Centers agree to:

- Provide quality-driven, cost-effective, culturally appropriate, and person- and family-centered health home services;
- Coordinate preventive and health promotion services, including prevention of mental illness and substance use disorders, as indicated by the Family Care Plan;
- Coordinate mental health and substance abuse services, as indicated by the Family Care Plan;
- Provide comprehensive care management, care coordination, and transitional care across settings. Transitional care includes 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 chronic disease management, including self-management support to individuals and their families, as indicated by the Family Care Plan;
- Coordinate individual and family supports, including referral to community, social support, and recovery services, as indicated in the Family Care Plan;
- Coordinate long-term care supports and services, as indicated in the Family Care Plan;
- Develop a person-centered care plan for each individual that coordinates and integrates clinical and non-clinical health-care related needs and services;
- Demonstrate a capacity to use health information technology, 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 relative to performance measures;
- Provide families with written Cedar policies and ensure families are knowledgeable about their right to make a formal complaint at any time to EOHHS.

III. COMMITMENT TO FAMILY CENTERED CARE

Cedar 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:
- 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.
- Recognizing and respecting that families present with different methods of coping.
- 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.
- Recognizing that families and children 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 relevant to the developmental stages of the child and family.

Family Choice in Use of Services
Cedar Services are voluntary. Families may choose any certified Cedar Family Center. Cedar Family Centers must be able to serve families from all areas of the state.

A Care Plan developed through a Cedar Family Center may identify a variety of direct service options based on the strengths and needs of the individual child and family. Cedar Family Centers 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.

Interaction with a Cedar Family Center does not impact the delivery of other Medicaid reimbursed services that families receive. The Cedar 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.

Linguistic and Cultural Competency
The Cedar 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 Cedar 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.

IV. HEALTH HOME SERVICES AND SUPPORTS

Cedar Family Centers are required to make available the following services to all eligible individuals.

1. Comprehensive Care Management

Comprehensive Care Management is provided by Cedar Family Centers by working with the child and family to: assess current circumstances and presenting issues, identify strengths and needs, and identify resources and/or services to assist the child and family to address their needs

through the provision of an Assessment and development of a Family Care Plan.

A. Needs Assessment

The Needs Assessment is a face-to face meeting between the family and Cedar staff to determine the current needs of the child and family. The Assessment must be completed within forty-five (45) calendar days of initial request, or sooner, based upon the urgency of the child and family's needs. The family and the Cedar 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 visit.

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

The Needs Assessment process shall include the following considerations:

- Presenting concern(s)/need(s)
- Current interventions/involvements
- Approaches/strategies tried or considered
- Formal and informal resources
- Barriers or limitations
- Other relevant information
- Need for crisis planning

It is expected that Cedar staff will gather sufficient information during the Needs Assessment 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 efficacy of identified referrals. In these instances, the Cedar staff will identify as an action in the Family Care Plan.

B. Family Care Plan

The initial Family Care Plan must be completed within forty-five (45) calendar days from referral. Family Care Plans will be reviewed with the family and updated as needed. The Family Care Plan must be developed with and signed by the child's parent(s) or authorized guardian(s) as an agreement to work towards the action plan as indicted. A Family Care Plan must be reviewed and signed by an independently licensed clinician and may be in place for up to twelve (12) months.

General principles for the Care Plan 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. The Family Care Plan must include: Action Steps to address the identified needs, Timelines for Completion, the Party responsible for

carrying out the Action Step and the Date the Action Step is achieved or the family deletes.

- The Family Care Plan will be developed with the family and in coordination with existing community resources.
- The Family Care Plan is based on assessment information, on the strengths and needs of the child and family. Support shall be targeted to occur in the most natural environment and in the least restrictive setting appropriate.
- The Family Care Plan should identify both natural and formal supports needed and incorporate services and supports designed to meet all.
- Where formal supports 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.

C. Crisis Support Plan

Recognizing that families may experience a crisis that requires immediate support, Cedar 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 assessment and care plan process is the development of a Crisis Support Plan as part of Crisis Intervention Support. The Crisis Support Plan should be completed as needed and a copy of the plan left with the family.

If needed, the Cedar Family Center 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. The plan should be reviewed and updated as needed.

The Cedar 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 Cedar Family Center must be able to provide crisis follow-up and care coordination for those instances when the family is open to the Cedar Family Center.

When notified of the crisis, the Cedar 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 Cedar Family Center may be involved.

2. 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 increase their independence in obtaining and accessing services. This includes:

- Provide and assist families in obtaining information 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, insurance plans, school-based services, faith based organizations, etc.
- Assistance in locating and arranging specialty evaluations as needed, in coordination with the child's Primary Care Provider and payer. This also includes follow-up and consultation with the evaluator as needed.
- Follow up with families, Primary Care provider, service providers and others involved in the child's care to ensure engagement of services and supports.

Primary Care Provider

Most children have a primary care provider (PCP). If a child does not have one, the Cedar Family Center should assist the family in linking with a PCP. The Cedar Family Center and the child's primary medical care provider should be active partners in coordinating care for the child. The Cedar Family Center is expected to develop procedures to ensure the coordination between the Cedar Family Center and the child's PCP. Documentation of this collaboration is required.

RIte Care Plans, Other Third Party Payers

Cedar Family Centers are required to coordinate efforts with a variety of payers as the insurance coverage status of children using the Cedar Family Center may vary. Cedar Family Centers are 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's Care Plan. It is <u>not</u> the intent of the Cedar Family Center or other State program to supplant other payers who have a fiscal or fiduciary responsibility for services or supports needed by the child or family.

The Cedar 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. The Cedar Family Center is required to work with EOHHS and with direct service providers in identifying other insurance and program coverages in order to ensure that Medicaid is the payer of last resort. If other insurance coverage is identified the Cedar Family Center must notify EOHHS within 5 (five) business days.

In the event that the RIte Care Health Plan does not concur with the services recommended by the Cedar Family Center for the child or family, the family may access the Health Plan's appeal process.

- **Health Needs Coordination**

  Health Needs Coordination (HNC) is a scope of services designed to support the enrolled child and family in addressing goals identified in a signed Cedar Family Care Plan. It is to be delivered in a flexible manner that is best suited to the family's current needs and

preferences. The desired outcome of HNC is for the child and family to develop the linkages and skills needed in order for them to reach their full potential and increase their independence through the efficient integration of an array of medical and non-medical services and supports.

Health Needs Coordination takes into consideration services and service delivery systems unique to children and particularly children with special health care needs. Optimum results from any one intervention or service will not be achieved if it is delivered in isolation and only through the provision of coordination activities will the desired results be obtained. Health Needs Coordination is also the method by which a child and family will receive assistance when transitions between various levels of care and service delivery systems occur and as a means to provide individual support tailored to the needs of each child and family as well as information and referral to community resources and services.

HNC may include the following:

- Follow up with families, direct service and support providers and others involved in the child's care to ensure achievement of Family Care Plan goals.
- Information and education 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, insurance payers, 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. Cedar 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.
- 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 Cedar Family Center.

3. Referral to Community and Social Support Services

Referral to Community and Social Support Services will be provided by the Cedar Family Center

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, insurance payers, 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. The Cedar Family Center will emphasize the use of informal, natural community supports as a primary strategy to assist children and families.

4. Individual and Family Support Services

The Cedar 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 their families and may include, but are not limited to, health, behavioral health, education, substance abuse, juvenile justice and social and family support services. The Cedar Team will actively integrate the full range of services into a comprehensive Family Care Plan. At the family's request, the Cedar Family Center 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.

5. Comprehensive Transitional Care

Transitional Care will be provided by the Cedar 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 Cedar 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 and includes transition from pediatric services to adult services.

6. 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).

Health Promotion is intended to provide an immediate support to children and families enrolled with a Cedar. The primary objective is for the Cedar and the family to work collaboratively to maximize the child's opportunity to succeed in the most natural, least restrictive environment.

Health Promotion 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. Health Promotion is not intended to replace, or duplicate other available therapeutic services that will meet the family's longer term needs.

Health Promotion is provided by competent Cedar staff 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

Health Promotion is achieved through regular consultation with the family and child through face to face visits or non-face to face contact or may include group intervention. Health Promotion is intended to support families and caregivers in their efforts to maintain Children with Special Health Care Needs at home. Health Promotion 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 families' ability to navigate the system and work effectively with service providers. Health Promotion groups can also provide information sharing or skill building for families and children.

V. TRANSITION AND DISCHARGE

From first contact family members are expected to be fully informed about the role of the Cedar Family Center and knowledgeable about transition and discharge planning from the start of services. Discharge planning may include meetings with families and other involved parties in order to ensure achievement of Family Care Plan goals.

Discharge Criteria

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

1) The goals and actions established in the Family Care Plan have been successfully met and the family is not in need of additional Cedar services.
2) The family has been linked to services and supports identified in the Family Care Plan.
3) The family, guardian, or child withdraws consent for Cedar services.
4) The child has lost Medicaid eligibility.
5) It has been determined that an administrative discharge is needed.

Administrative Discharge

There may be critical situations when Cedar services and supports become compromised, necessitating suspension or discontinuation of services. If 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, alternative meeting arrangements may be required, but the Cedar 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 Cedar process) have failed and are documented, the Cedar can initiate discontinuing services.

Suspension or Termination of Care – No Safety Concerns

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

- The Cedar 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 Cedar Services
- Reasons for discontinuing Cedar Family Center involvement must be documented and shared with the family along with their right to make a formal complaint to EOHHS.
- Alternative resources and /or referrals, if applicable, must be given
- EOHHS may request documentation of suspensions or terminations. Written documentation must be maintained that describes safety concerns and directives to staff and family that resulted in suspension or termination of care.

If safety concerns are present, the below must also be addressed.

Suspension or Termination of Care – Safety Concerns

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

- The Cedar must conform to all aspects of mandated reporting of suspected child abuse and neglect
- The Cedar must seek emergency evaluation of the child when indicated,

Suspension or Termination – Parent Initiated

A parent or guardian has the right to terminate Cedar 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. Families must be notified of their right to make a formal complaint to EOHHS. It is also expected that the Cedar will assist the parent or guardian by referring to other resources for assistance, if requested.

VI. CEDAR PERFORMANCE MEASURES

To fully achieve the goals of Health Homes for Children and Youth with Disabilities and Chronic Conditions, Cedar Family Centers are required to collect and report performance measures. The Cedar will provide EOHHS with reports on performance measures at least annually, no later than March 31 for the previous calendar year. EOHHS also reserves the right to request data on performance measures on an ongoing basis for program oversight. The following performance measures are required. EOHHS reserves the right to require additional performance measures with reasonable notice provided to gather the information.

1. Assessment completed within 45 calendar days of initial referral
2. Family Care Plan completed within 45 calendar days from initial referral
3. Family Care Plan Goals Met
    a. 50% of goals completed within 3 months
    b. 75% of goals completed within 6 months
    c. 100% of goals completed within 12 months
4. Family Care Plan coordination documented in the case record. % coordinated with:
    a. Primary Care Provider
    b. Health plans
    c. Hospitals/inpatient facilities
5. Annual Family Satisfaction Surveys
6. 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
7. 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
8. Yearly review of immunizations, screenings and other clinical information contained in the KIDSNET Health Information System
9. # of Complaints and Resolutions and type of complaint

EOHHS will provide incentive payments to Certified Cedar Family Centers that meet performance expectations. Performance expectations will developed in 2017, following submission of 2016 performance data.

Appendix 1: CEDAR CERTIFICATION STANDARDS

ORGANIZATIONAL STRUCTURE

1. **Incorporation**

A Cedar 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 Cedar 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 Cedar Family Center must be clearly delineated. Governance must be identified; composition of the Board of Directors and any conditions for membership must be clear.

EOHHS requires disclosure of any linkages of participants with any other provider of Cedar 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 EOHHS.

2. **Services Are Geographically Accessible To Families Throughout the State**

A Cedar Family Center must have statewide capacity and provide services to families in geographically accessible and local settings. A Cedar Family Center must offer home based services and supports.

3. **Separation from Direct Service Provider**

Cedar plays a critical role as an independent, unbiased advisor for the family. This role is critical to ensure that the child and family have access to the necessary level of service they need. Independence from direct service providers allows the Cedar Family Center to perform more effectively in its role. The Cedar 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 Cedar and 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 Cedar is affiliated with a direct service provider, then it must provide EOHHS with the policy/procedures it will use to ensure an “arm’s 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 Cedar Family Center:

- Will assure family choice of direct service providers to avoid the risk or perception of restricted referrals for services.

- Will assure that the family will be presented with all available treatment and support options including any potential conflicts of interest, and documentation of their choice in the process.
- Will address safeguards to ensure the maintenance of formal "arm's length" arrangements to avoid potential conflicts of interest as components of its Compliance and Quality Assurance program.

4. **Place of Business/Dedicated Phone Line/Hours of Service**

The primary location of Cedar services and supports are to be delivered in a family's home and community. Cedar Family Centers must also have access to welcoming, safe, confidential and physically accessible places for meeting the families in a business setting, either through a Cedar location or shared sites with other entities. Meetings with families should be scheduled to accommodate families (e.g. during the day, after work hours, evenings, Saturdays).

The Cedar 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 Cedar representative can respond accordingly to families.

5. **Linguistic and Cultural Competency**

Cedar must provide services to persons for whom English is not a primary language and work effectively in multiple community and cultural settings. The Cedar 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 Cedar and the service program that are available in languages reflective of the communities served and at literacy levels accessible to the widest audience.

6. **Chart of Organization**

Cedar must have a sound organizational approach to ensure the provision of effective, timely, high quality Cedar 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 and must be available to EOHHS upon request.

STRENGTH OF PROGRAM APPROACH

1. **Demonstrated Understanding of the Role of the Cedar Family Center**

Organizations must demonstrate a clear understanding of the Cedar Family Center role and maintain a service approach and guiding principles consistent with the goals of the Cedar Family Center.

2. **Family Centeredness and Community Focus**

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

- Organizational vision and/or mission statement endorsing key principles.
- Evidence of family participation on the Board of Directors.
- Utilization of a formal family advisory committee for the Cedar Family Center.
- Utilizing staff that have are/been experienced consumers of services for children with special health care needs (i.e., family members).
- Documented agreements and linkages with entities with strong local supports, history of engagement of informal networks.
- Support and endorsement of representative groups, parents, advocacy groups.

3. **Staff Competency**

Cedar Family Centers must demonstrate staff competency in the following areas:

- Strength-based family centered practice
- Needs assessment and care plan development
- Community resources available to children and families
- Medical complexities
- Autism Spectrum Disorders
- Behavioral health
- Developmental disabilities
- Legal issues experienced by families of children with special health care needs

Cedar Family Centers may be required to participate in statewide training and/or meet expectations for core competencies, as developed and made available.

4. **Organizational Capacities**

Cedar Family Centers must demonstrate their ability to successfully deliver Health Home services:

1. Comprehensive Care Management
    a. Assessment
    b. Family Care Plan
2. Care Coordination
3. Referral to Community and Social Support Services
4. Individual and Family Support Services
5. Comprehensive Transitional Care

Cedar must submit Assessment and Family Care Plan tools, templates, and forms for EOHHS approval. A sample is provided in Appendix 5.

5. **Ability to Demonstrate a Positive Relationship with Community Agencies, Schools, Medical Homes, Behavioral Health Providers, Health Plans, and Hospitals**

Cedar Family Centers must work productively with direct service providers and community agencies. Cedar 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, BHDDH, DHS and their related programs and entities
- Medical homes
- RIte Care Health Plans or commercial insurers
- Others, as indicated in the family's care plan, as identified by the family

6. **Service Team Roles, Practice Guidelines and Scope of Practice**

A Cedar 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.

Cedar Family Centers must have established standards regarding staff supervision, staff evaluation, team meetings and participants, case conferences, assessments, and care plan development and revisions. Protocols identifying guidelines for coordination with other parties involved with the child and family are also required.

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

- Reporting relationship(s)
- 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)

QUALITY IMPROVEMENT

1. Quality Improvement Plan

Cedar providers are required to have policies, procedures and activities for quality review and improvement acceptable to the EOHHS. This Quality Improvement Plan must be reviewed, updated and submitted to EOHHS annually by March 31 of each year. Components include, but are not limited to:

- State Performance measures
- Care process improvement strategies
- Audit of client records for completeness and accuracy
- Evaluation of staff performance
- Outcome analysis
- Identification of internal performance standards in such areas as:
    - Timeliness of referral to initial contact
    - Caseload standards for personnel

Cedar's Quality Improvement plan shall include time frames for plan objectives and systematic review by the governing board of the agency. The Cedar will also be required to respond to periodic and annual report requests by EOHHS to address Quality Improvement issues.

2. Recordkeeping

Cedar 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:

- Date of initial contact with the Cedar
- Assessment
- Family Care Plan
- Progress notes, notation of services and supports to the family in alignment with the Family Care plan, others (e.g., Early Intervention, Special Education)
- Case conference summaries

3. Privacy and Security of Records

Cedar 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 Cedar Family Center must have provisions for sharing information about the child and family with the direct treatment providers, the primary care provider and others, as necessary.

4. Staff Credentialing

Cedar shall ensure that staff meets all requirements for their respective positions. Current records shall be maintained to document compliance.

5. Professional Development

Cedar Family Centers are 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. Cedar Family Centers shall maintain an individual professional development plans for each staff member and track participation in professional development offerings. Professional

development plans and participation must be made available to EOHHS per request. EOHHS may require participation in mandatory State sponsored professional development.

6. **Environment of Care**

Cedar 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).

7. **Complaint Procedures**

Cedar will have written policies and procedures to inform families of their rights and process to make a formal complaint to Cedar and/or to EOHHS. A family friendly, well publicized complaint 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. EOHHS has developed a "Cedar Complaint Form" to be used by any family to address complaints about the Cedar experience which shall be submitted to EOHHS for review and resolution.

Cedar shall have established policies, procedures and related records to track all complaints to ensure a focus on customer service, family input, documentation and response to complaints, and prompt complaint resolution.

8. **Family Satisfaction**

Cedar must implement an EOHHS approved method for assessing family satisfaction at least annually and submit the results to the State. Typically this is met by an Annual Family Satisfaction Survey.

ORGANIZATIONAL CAPABILITY

1. **Administrative and Financial Systems**

Cedar 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 Cedar involves the joint efforts of more than one party. The Cedar Family Center must demonstrate a sound approach to financial management in areas such as:

- Demonstrating capacity for timely billing for services
- 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

2. **Independent Audit**

The Cedar Family Center must provide EOHHS a copy of its annual financial audit.

3. **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).

Cedar 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 Cedar'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 Cedar becomes excluded from Federal participation, or is the subject of an investigation by any Federal or State agency, the Cedar will notify the EOHHS in writing within seven (7) calendar days.

4. **Data Collection, Outcome Measures and Reporting**

The work of the Cedar Family Center shall be based on a data driven system. The Cedar 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. This includes quarterly submission of enrollment data, with family notice and opportunity to opt out, to the RI Department of Health for the KIDSNET system.

On an aggregate basis, the Cedar will provide the State with reports on performance measures at least yearly. EOHHS also reserves the right to request data on performance measures on an ongoing basis for program oversight or to add or change the performance measures with reasonable notice.

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

Appendix 2: APPLICATION GUIDE FOR CERTIFICATION

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.

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 a CEDARR Family Center.

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.

Completed applications should be directed to:

Brenda DuHamel, Chief
Executive Office of Health and Human Services
Hazard Building, #74
74 West Road- Room B-4
Cranston, Rhode Island 02920

The State will convene a Cedar Application Review Committee to evaluate applications. A periodic review process will be established by the State, depending on the submission of applications. Cedar 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.

In order to be certified as a Cedar 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 Cedar 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 Cedar Family Center may represent an affiliation between several entities at different physical

locations. Nonetheless, each service provider agency formally affiliated with the Cedar must be enrolled with HP under the umbrella of the approved Cedar Family Center.

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

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.

Application Scoring

The Certification Standards provide an overall description of the Cedar Family Center and outline the terms and conditions that will govern operation and oversight of Cedar. Below are the application components along with the relative weighting in the overall scoring of each application.

Application Component	Weighting
1. Organizational Structure	12%
2. Strength of Program Approach	50%
4. Quality Improvement	22%
5. Organizational Capability	4%

Level of proposal compliance with each standard will be scored individually. Based on review of applications, each standard will be scored as follows:

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 certification. Certification will not be recommended for an applicant scoring below 73 points total. 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 fifteen (15) days from formal notification of certification.

Appendix 3: APPLICATION FOR CERTIFICATION

Instructions: Certification as a Cedar Family Center is achieved through State approval of a written application and possibly an 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

A brief 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 intent.

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. 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. The highlighted areas require an attestation to comply only. All other areas require an essay describing organizational understanding and approach.

Organizational Structure

1. **Incorporation**
2. **Services are Geographically Accessible to Families Throughout the State**
3. **Separation From Direct Service Provider**
4. Place of Business/Dedicated Phone Line/Hours of Service
5. Linguistic and Cultural Competency
6. **Chart of Organization**

Strength of Program Approach

1. Demonstrated Understanding of the Role of the Cedar Family Center
2. Family Centeredness and Community Focus
3. Staff Competency
4. Organizational Capacities
5. Ability to Demonstrate a Positive Relationship with Provider Community
6. Service Team Roles, Practice Guidelines and Scope of Practice

Quality Improvement

1. Quality Improvement Plan
2. Recordkeeping
3. **Privacy and Security of Records**
4. **Staff Credentialing**
5. Professional Development
6. Environment of Care
7. **Complaint Procedures**
8. **Family Satisfaction**

Organizational Capability

1. **Administrative and Financial Systems**
2. **Independent Audit**
3. **Ownership and Control Interests**
4. **Data Collection, Outcome Measures and Reporting**

Readiness

It is expected that Cedar Family Center 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 Cedar requirements not later than fifteen (15) 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 Cedar 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 4:
COMPLAINTS

Cedar 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: Jason C. Lyon, LICSW
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

CEDAR FAMILY CENTER: _____

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

_____

_____

_____

_____

Has the Cedar Family Center been made aware of this complaint? YES____ NO____ (if yes):
Date:_____ To Whom:_____ In Writing:_____ Verbal:_____

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

Appendix 5: Assessment/Care Plan Sample Template

Cedar Family Center
Assessment and Family Care Plan

Name:
Date Of Birth:
Parent/Guardian(s):
Address:
Phone/Contact Info:

Date of Referral:
Date of Assessment:

Health Insurance Info:
Pediatrician:

Presenting concern(s)/need(s):

Current interventions/involvements:

Approaches/strategies tried or considered:

Formal and informal resources:

Barriers or limitations:

Other relevant information:

Child and Family Goal:

Action/Strategy	Person Responsible	Timeframe	Status

Add additional goals as needed

Signatures and dates:

Appendix 6: Payment Methodology

Certified Cedar Family Centers will be able to submit a claim upon completion of each individual Needs Assessment and Family Care Plan, contingent upon signature of an independently, Rhode Island licensed clinician. This fee will be paid no more than one time per 365 days from the date of the family signature on the Family Care Plan.

Rate = $969

Infrastructure and Incentive Payments

EOHHS will provide an infrastructure payment to those organizations shifting from previous certification as a CEDARR Family Center to a new Certified Cedar Family Center in order to address transitional costs. This payment will be made in January 2016.

EOHHS will utilize CEDARR enrollment numbers from January 2015 and provide a payment of $200 for 50% of January 2015 enrollment.

Incentive payments of up to $200 per child will be available in 2018 for meeting performance expectations, which will be determined following collection of data on performance measures from 2016, and made available in 2017.