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**Child Mental Health Wraparound provider announcements:** Multiple updates have been made to the CMHW case management database Tobi and are scheduled for release May 15, 2020.

#### **Access sites**

The Tobi database now allows for an application for CMHW to be submitted without a Medicaid ID number. This change insures families receive appeal rights.

#### **Reasons for termination (for wraparound facilitators)**

When closing a participant's record, please note "Non-Compliant" will no longer be an option from the drop down menu on the participant status. The option of "Failed Engagement" should now be used.

#### **Pick list updates (all CMHW providers)**

The Division of Mental Health and Addiction is making improvements to the CMHW pick list that will improve its usefulness to families and providers. These updates include renaming of respite care services and the addition of respite categories. Also, agencies will be able to assign counties to individual staff, not just the agency.

#### **Respite Care**

The Division of Mental Health and Addiction has been hosting a respite care workgroup for several months which has included family advocates, providers and state staff. These improvements are a result of those on-going meetings. The word "crisis" for respite caused families and providers alike that this service is to be used when the **youth** is in crisis. This service is actually intended to be used when the **caregiver** is experiencing a crisis. For example, the caregiver is caring for a sick family member. There is also concern that this label reflects negatively on the caregiver; therefore, the new name for this service is **unexpected respite**.

Another concern has been that facilities providing respite are encouraged to enroll for all 92 counties in the state so that families in each county will be able to access those services. The unintended consequence is that local home-and community-based respite providers also working for those providers appear on the pick list for counties they are unable to serve. This has led to frustration for families and facilitators alike. **For this reason, respite is being divided into two broad categories, home-and community-based respite, and facility based respite.** Facility based respite providers will still be encouraged to enroll in all 92 counties, while home -and community-based respite staff will only be assigned to the counties they serve.



DMHA has drafted a technical guide for adding respite care services to a plan of care that can be found on the provider information page, and at this link:

[https://www.in.gov/fssa/dmha/files/RESONPOC\\_Technical\\_Guidance.pdf](https://www.in.gov/fssa/dmha/files/RESONPOC_Technical_Guidance.pdf)

Changes to respite care services are as follows:

Current	Update
Routine respite hourly	Home & Comm. Respite Routine Hourly
Routine respite daily	Home & Comm. Respite Routine Daily
Crisis respite daily	Home & Comm. Respite Unexpected
New	Facility-Based Respite Routine Hourly
New	Facility-Based Respite Routine Daily
New	Facility-Based Respite Unexpected

**There is no change to PRTF Respite.**

**Next steps:**

**All current service authorizations for respite care will be automatically converted to home- and community-based respite.** If you are a facility based respite care provider with existing service authorizations, you are not required to update your current services authorizations, so long as the correct category (home-and community-based vs. facility based) is selected in the future. There is no change in service rates.

All respite care agencies should review their existing provider staff and determine which counties each individual will serve. DMHA will receive those assignments from the agencies and update the pick list. This will mean that families will only see names on the pick list of staff who work in their county.

**Habilitation and Training and Support for the Unpaid Caregiver**

Like the changes to respite, HAB and FST providers will be able to assign their staff to specific counties they are able to serve. All HAB and FST provider agencies should review their existing provider staff and determine which counties each individual will serve. DMHA will receive those assignments from the agencies and update the pick list. This will mean that families will only see name on the pick list of staff who work in their county.

**Staff assigned to county updates**

Please review the instructions provided at the link below, and submit your agency updates by June 30, 2020.

[https://www.in.gov/fssa/dmha/files/DMHA\\_Provider\\_Pick\\_List\\_Updates\\_May\\_2020.pdf](https://www.in.gov/fssa/dmha/files/DMHA_Provider_Pick_List_Updates_May_2020.pdf).

These instructions are very easy to follow. You will need to go to the DMHA Incident Reporting and Complaint portal, print a provider summary, note the updates needed, and submit them as indicated in the instructions. Changes will be processed in the order received. If you need an extension, please contact [Olga.Murray@fssa.in.gov](mailto:Olga.Murray@fssa.in.gov) before May 31.