

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC145

NAME: SED (SERIOUS EMOTIONAL DISTURBANCE) WAIVER SERVICES

INITIAL APPROVAL DATE:	11/01/2021	BY: Administrative Committee
(LAST) REVISION DATE:		BY:
(LAST) REVIEW DATE:	10/19/2023	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

- I. **PURPOSE:** The purpose of this policy is to define the roles in the utilization and monitoring of this waiver.
- A) The Home and Community-Based Waiver for children with serious emotional disturbance (referred to as the SEDW) is administered by the Michigan Department of Health and Human Services (MDHHS) and funded with Federal Medicaid dollars matched by local resources, including state General Fund/general purpose dollars allocated to Community Mental Health Service Programs (CMHSP's)
 - B) The SEDW is designed to provide in-home services and supports to children under age 21 with serious emotional disturbance (SED) who meet the criteria for admission to a state inpatient psychiatric hospital (i.e., Hawthorn Center) and who are at risk of hospitalization if waiver services are not provided
- II. **APPLICATION:**
Populations MI and ID/DD
Programs: **Direct – ALL**
Contracted – ALL
- III. **ELIGIBILITY:** To meet eligibility, the individual must:
1. Meet the current MDHHS contract criteria for the state psychiatric hospital (Hawthorn Center) and be at risk of hospitalization.
 2. Demonstrate serious functional limitations that impair their ability to function in the community. The functional criteria will be identified using the Child and Adolescent Functional Assessment Scale (CAFAS[®]).
 3. PECFAS will be required for any child 4-6 years old (Intake, quarterly and at exit from CMHSP). For children 3-4 years old in SED Waiver and Wraparound, PECFAS is required.
 4. CAFAS will be required for any child 7-17 years old (Intake, quarterly and at exit from CMHSP) For youth aged 18-21 that are involved in the SED Waiver and Wraparound the CAFAS is required.
 5. CAFAS[®]/PECFAS score of 90 or greater for children aged 12 or younger; or

6. CAFAS[®] score of 120 or greater for children aged 13 to 18;
 7. Be under the age of 21;
 8. Reside with his/her birth or adoptive parents(s), or
 9. In the home of a relative who is the child's legal guardian, or
 10. In foster care or therapeutic foster care, with a permanency plan to return home.
 11. Be financially eligible for Medicaid when viewed as a family of one (i.e., when parental income and assets are waived);
 12. Be in need of Waiver services in order to remain in the community; and
 13. Receive at least one Waiver service per month.
- B. If the child resides with birth/adoptive family or is a temporary ward of the state, the birth/adoptive family must be willing and able to:
1. Choose SEDW services as an alternative to hospitalization;
 2. Participate in the development of the Individual Plan of Service (IPOS);
 3. Obtain and submit required documentation (e.g., Waiver Certification form, signing the IPOS).
- C. The birth/adoptive/foster family must be willing and able to:
1. Allow services to be provided in the home setting;
 2. Provide care and supervision beyond the services authorized through the Waiver.
- D. New Enrollments
1. The Sanilac CMH Primary Worker is responsible for accepting and reviewing referrals for the SEDW.
 2. If the SEDW Lead determines a child is not eligible for the SEDW, the Primary Worker must provide a denial and hearing notice to the family.
 3. The Sanilac CMH SEDW Lead is responsible for providing the Waiver Certification and the Family Choice Assurance paperwork to the wraparound facilitator, data entry into the Waiver Support Application (WSA) database and for submitting it to MDHHS for review, approval, and enrollment.
 4. The wraparound facilitator and/or Primary worker is responsible for orienting the family to the SEDW, completing the waiver application packet for each child, and providing the signed paperwork to the SEDW Lead.
 5. For children who are not Medicaid eligible at the time the SEDW application is submitted to MDHHS, the family will receive a Medicaid application and a copy of the MSA-1785 Policy Decision from the MDHHS Medical Services Administration (MSA) after MDHHS approves the child's enrollment in the SEDW. The Medicaid application must be completed and submitted to the local MDHHS office within 14 days of receipt. The wraparound facilitator and/or SEDW Lead is responsible for following up with the family to ensure this is completed.
 6. For children who are Medicaid eligible at the time the SEDW application is submitted to MDHHS, the family will receive a letter from the MDHHS MSA, along with a copy of

the MSA-1785 Policy Decision issued to the local DHHS.

- a. Upon receipt of the child's MIhealth ("my health" = Medicaid) card, the Wraparound Facilitator must notify the SEDW Lead of the Medicaid recipient identification number. Failure to submit this information will result in the rejection of all SEDW Medicaid billings until the information is submitted.
- E. A Medicaid application must be completed annually, while the child is on the SEDW. (The local DHHS office will notify the family when the Medicaid redetermination is needed. The original MSA-1785 is used by MDHHS to continue to waive parental income and assets when determining the child's eligibility for Medicaid.)
- F. Eligibility for the SEDW must be recertified annually.

IV. PROCEDURE:

SCREENING AND SELECTION PROCESS:

- A. Any Primary Worker may identify and refer a child who is a candidate for enrollment in the SEDW. This is a child who meets all eligibility requirements for the SEDW, and whose family will choose SEDW services for their child, as an alternative to hospitalization.
- B. The SEDW Lead obtains the necessary documentation that verifies the child meets the criteria for a state psychiatric hospital (Hawthorn Center), and demonstrates serious functional limitations that impair his/her ability to function in the community. The Child and Adolescent Functional Assessment Scale (CAFAS®) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS®) is used to identify functional limitations and must be completed within 45 days of the referral.
- C. Upon determination of eligibility, the SEDW Lead contacts the Wraparound Supervisor and enters authorizations and an admission for wraparound services.
- D. The Wraparound Supervisor assigns the case to a facilitator who will meet with the family to orient them to the SEDW and complete the Waiver Certification and Family Choice Assurance forms.

APPLICATION PROCESS:

- A. Once the Waiver Certification and Family Choice Assurance forms have been submitted by the wraparound facilitator to the SEDW Lead, a waiver application packet must be completed by the SEDW Lead and submitted to MDHHS for review and approval, and for the child's enrollment in the SEDW. Below is the list of all items that must be included in the initial waiver application. **Note:** A child is enrolled in the SEDW only after the MDHHS receives and approves a completed SEDW application from the CMHSP.
 - 1. Referral letter signed by the CMHSP designee
 - 2. Waiver Certification and Family Choice Assurance
 - 3. Evidence of adoption or court documents (if applicable)
 - 4. Demographic Intake Data (optional)
 - 5. CAFAS®, PECFAS®, or DECA® Summary

6. Copy of MIhealth (Medicaid) card, if applicable (optional)
- B. For the SEDW candidate who is currently Medicaid eligible and receiving specialty mental health services and supports under the 1915(b) Managed Care Program, the Wraparound Facilitator will explain the following two (2) points to the child and family:
 1. While some of the SEDW services are similar to those the child/family has been receiving, services included in the Specialty Managed Care Program and additional (b)(3) services will not be available while the child is on the SEDW.
 2. "Traditional" covered mental health services will be available while the child is on the SEDW, but they may not look exactly like the services the child has been receiving. (These services will be billed fee-for-service; they will not be covered by a capitated payment.)
- C. The SEDW Lead compiles the above-mentioned documents (the cover letter, the Waiver Certification form with original signatures, the Demographic Intake Data form, the CAFAS[®] Summary, and the MIhealth card – if applicable). The application packet must be submitted to MDHHS via the Wavier Support Application (WSA).
- D. After MDHHS has clinically approved the child for enrollment in the SEDW, MDHHS completes the DHS-49-A (Appendix 3-6) and sends it and a memo to the MDHHS MSA policy section. This provides notification to Medicaid that the child is clinically eligible for the SEDW. MSA completes the MSA-1785 and sends it and the DHS-49-A to the local MDHHS office (with a copy to the family). The MSA-1785 serves as notification to MDHHS to process the Medicaid application using PEM 172. Once a Medicaid number is received for the SEDW-enrolled child, MDHHS notifies Medicaid that the child is eligible for the SEDW, and that the capitated payment to the Prepaid Inpatient Health Plan (PIHP) should be discontinued (as claims will be paid fee-for-service).
- E. If application packet is not approved, the Primary Worker is responsible to provide notice of denial of SEDW and the right to the Medicaid Fair Hearing process to any family of a child denied SEDW. Sanilac CMH must copy Division of Services to Children and Families (MDHHS) on the notice of the right to hearing that is sent to the family. For the temporary ward who is not in parental home, the parent would have to consent to the child's participation in the SEDW. Because the parent has the legal authority to consent/request, it follows that the parent would receive the notice of MDHHS/CMH case action and therefore retains the right to request a hearing.

INITIATION OF SEDW SERVICES:

- A. Once the child has been clinically approved and enrolled in the SEDW waiver, waiver services may begin.
- B. Upon request, the local DHHS office can issue retroactive Medicaid, with an effective date corresponding to the date of clinical approval for the SEDW. However, if services are provided prior to the Medicaid effective date, or if Medicaid eligibility is denied, federal Medicaid match dollars will not be available for the services provided.

ANNUAL RECERTIFICATION PROCESS:

- A. If the child continues to meet SEDW eligibility criteria, and to require the services of the SEDW, the SEDW Lead must submit all of the following recertification documents to MDHHS:
 1. The Waiver Certification form must be completed and signed within 12 months

of the previous Waiver Certification. The date of the Signature of the Designee for CMHSP is considered the renewal date. The Waiver Certification form must be submitted to MDHHS within 30 days of signature to maintain eligibility;

2. Referral letter signed by the CMHSP designee;
3. An updated CAFAS[®], PECFAS[®], or DECA[®] Summary to document the child continues to meet SEDW eligibility criteria;
4. IPOS/Wraparound Plan (if 2nd. recertification);
5. Recent assessments and evaluations (if 2nd. recertification);
6. Last 3 months of billings (if 2nd. recertification);
7. MDHHS staff will review the recertification documents, and will complete and sign section 2 of the Waiver Certification form. A copy of the signed form will be sent to the SEDW Lead for the child's file.
8. The SEDW Lead is responsible for notifying the wraparound facilitator of the approval/denial of the recertification and updating the funding source in the child's EMR chart.

COVERED WAIVER SERVICES:

- A. Community Living Supports – CLS
- B. Family Home Care Training
- C. Family Support and Training
- D. Therapeutic Activities (recreation, music and art therapy)
- E. Respite Care Services
- F. Child Therapeutic Foster Care (CTFC)
- G. Therapeutic Overnight Camping
- H. Wraparound Services
- I. Home Care Training, Non-Family
- J. Choice Voucher
- K. Overnight Health & Safety Support

WAIVER TRANSFERS AND TERMINATIONS:

- A. The wraparound facilitator is responsible for notifying the SEDW Lead of any updates/changes in the child's address/placement, court wardship, adoption, and placement outside of a community setting (detention, hospital, institution, etc.)
 1. The SEDW Lead must change the SEDW recipient's service status to "inactive" in the Waiver Support Application (WSA). A child can remain enrolled in the SEDW up to 90 days with an inactive service status.
 2. If the child returns to the community within 45 days of the inactive date, the SEDW Lead switches the recipient's status back to "active."

3. If the child does not return within 45 days, the SEDW Lead must contact MDHHS and provide a status update.
 4. If the update does not include a detailed plan to return to the community within the next 45 days, the SEDW Lead must send notice of appeal and terminate.
 5. If the update includes a solid plan to return to the community within the next 45 days, the service status remains inactive until the date the recipient returns to the community.
- B. When a child and his/her family move to a county within Michigan that has an enrolled CMHSP provider for the SEDW, the child remains eligible for the waiver. The SEDW Lead is responsible for contacting the new PIHP/CMHSP SEDW Lead, facilitating a transfer date, and uploading/submitted a "change form" in WSA. However, if the child and his/her family move to a county where the CMHSP is not an enrolled provider of the SEDW, but is placed in foster care with a permanency plan to return to original county then the original county remains the County of Financial Responsibility (COFR) and the child can remain on the waiver as long as the child continues to meet other eligibility criteria and the SEDW is managed by the responsible SEDW county.
- C. A notice of SEDW termination should be sent to the family and MDHHS 12 days prior to the termination. The notice must indicate the reason for the termination and the final date of SEDW services.
- D. All terminations (including voluntary withdrawals) require written notification to the parent(s) regarding the right to an administrative hearing.
- E. Circumstances that result in the termination of SEDW services include:
1. The family moves out of a SEDW approved/enrolled CMHSP;
 2. The family moves out of Michigan;
 3. The child is hospitalized at the state psychiatric hospital (Hawthorn Center);
 4. The child no longer meets the following criteria: hospitalization in a state psychiatric hospital or demonstration of serious functional limitations that impair his/her ability to function in the community (determined using the CAFAS[®], PECFAS[®], or DECA[®]);
 5. The child is placed outside the family home without a permanency plan to return home;
 6. The child reaches the age of 21;
 7. SEDW services are no longer necessary or being provided to ensure health and safety issues or to prevent hospitalization;
 8. Child loses Medicaid eligibility due to a new financial status, or the family has not submitted the necessary documents to the MDHHS to maintain Medicaid eligibility;
 9. Failure to renew a Waiver Certification form annually (based upon CMHSP provider signature date);
 10. The child has not utilized a SEDW service within 30 days; or
 11. The child's death.

- F. When a termination occurs, a letter from the Wraparound Facilitator must be sent to the family confirming the reason and date of termination. Additionally, a DCH-0092 Request for Hearing (Appendix 8-5) must be sent to the family 12 days prior to the termination, with notification of the family's right to an administrative hearing. All voluntary withdrawals from the SEDW require a letter to MDHHS indicating date of, and reason for, the withdrawal. The family or the CMHSP (with a copy to the parents) may write this letter; however, it is the responsibility of the CMHSP to forward the letter to MDHHS within 12 days of the termination. This is considered a negative action; therefore, the Request for Hearing form must be sent to the family. It will be the responsibility of the CMHSP to issue the notice for all voluntary withdrawals.

V. ATTACHMENTS

VI. REFERENCES:

MDCH SED Waiver Technical Assistance Manual - Version 2.2
Michigan Medicaid Provider Manual