

SED WAIVER

**(A Home and Community-based Services Waiver for
Children with Serious Emotional Disturbance)**

TECHNICAL ASSISTANCE MANUAL

**WORKING DRAFT – MAY 2007
Version 2.2**

ACKNOWLEDGEMENTS

This waiver is the result of the vision of a few, brought to life by the commitment and energy of many. The SED Waiver (SEDW) is grounded in hundreds of hours of work by committed partners at the local and state levels. With heart-felt gratitude, we acknowledge the contributions of everyone who has collaborated with the Michigan Department of Community Health (MDCH) to make this waiver a reality. Special acknowledgement and thanks are given to the late Sherry Whalen. Without her effort, we might not be standing on the threshold of another opportunity to improve services to children and families. Thank you, Sherry.

This Technical Assistance Manual is intended to guide Community Mental Health Service Providers and their community partners in the implementation of the SEDW. The manual is a “work-in-progress”, and will be revised based on input from the implementing agencies / communities. This manual is the collaborative effort of all MDCH staff members responsible for implementing the SEDW. We invite your suggestions as to how to improve this manual, and its utility.

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CHAPTER 1: INTRODUCTION

The home and community-based services waiver for children with serious emotional disturbance (referred to as the SEDW throughout this manual) is administered by the Michigan Department of Community Health (MDCH) and funded with Federal Medicaid dollars matched by local resources, including state general fund/general purpose dollars allocated to Community Mental Health Service Programs (CMHSPs). The SEDW is designed to provide in-home services and supports to children under age 18 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.

The waiver is limited to children residing in counties whose CMHSP has a SEDW plan approved by the MDCH. These CMHSPs have demonstrated strong collaboration with essential community partners, the capacity to provide intensive community-based services and the fiscal capacity to manage interagency funding. The SEDW provides a mechanism for maximizing local funding in ways that help earn federal Medicaid dollars for services provided to this population. The CMHSPs with approved SEDW plans include: CMH Authority of Clinton-Eaton-Ingham Counties; CMH for Central Michigan; Livingston County CMH Authority; Macomb County CMH Services; and Van Buren Community Mental Health Authority. The total number of annual SEDW slots currently approved by the Centers for Medicare and Medicaid Services (CMS) is 43. Each CMHSP has an individually approved number of waiver slots.

The SEDW is authorized under section 1915(c) of the Social Security Act. As a Medicaid-funded program, services covered under the SEDW are available to individuals under 18 years of age who meet the SEDW criteria and qualify for Medicaid – either under ‘regular’ Medicaid financial eligibility criteria or as a ‘family of one’ (i.e., disregarding parental income / assets). (The SEDW, as the Children’s Waiver Program, has been approved to ‘waive’ the deeming of parental income and assets, thereby viewing the waiver candidate as a family of one. This means only the child’s income and assets are considered in determining financial eligibility for Medicaid.)

The purpose of this manual is to describe for CMHSP staff and families of children on the waiver all aspects of the program as approved by CMS and the MDCH. The SEDW Manual provides technical assistance related to: screening and selection of children for waiver eligibility; the application and approval process; the process and principles of wraparound; developing a plan of service (POS) that addresses each child’s / family’s needs; developing a budget that aligns with the POS; services and supports covered by the SEDW; Medicaid billing and reimbursement; administrative hearing procedures; requirements related to transfers and terminations; and the quality assurance process. This manual also contains a glossary of terms, appendices and attachments.

The following principles are the foundation upon which the SEDW is based:

- A POS, specific to the needs of the child and family, will be developed for each child served by the waiver, using a family centered approach.

- All services will be provided using a family centered approach and will build on family strengths.
- Services will be culturally relevant.
- An array of intensive community-based services will be available to all children served under this waiver.
- CMHSPs will partner with other service and support systems in their communities to purchase and provide services specified in the POS.
- Child and family outcomes will be monitored and feedback will be used to continually improve services.

Funding

CMHSPs participating in this waiver are encouraged to partner with their local agencies in securing state and local general fund / general purpose funding. While this requires significant local planning and collaboration, it maximizes local resources by earning Federal Medicaid dollars. MDCH and Michigan Department of Human Services (MDHS) staff will continue to work with their local partners to identify local match, as well as to facilitate collaboration. The match funds must be certified by the local CMHSP as bonafide local match, as stipulated in the agreement between MDCH and the CMHSP. These funds must qualify as local match under section 7.2 Revenue Sources for Local Obligation of the MDCH/CMHSP Managed Mental Health Supports and Service Contract, which defines local match. Typical local fund sources used as match include, but are not limited to, CMHSP general funds and the MDHS Child Care Fund. Title IV-E funds cannot be used as match. To ensure the local funds are bonafide match, the CMHSP must include documentation of the type and source of funds that will be used to meet the match obligation under the waiver. This documentation is provided in the individual child's budget, and in the agreement between the CMHSP and MDCH.

The MDCH/CMHSP Managed Mental Health Supports and Service Contract now require each CMHSP to have an annual compliance examination. (Appendix 1-1; also accessible at http://www.michigan.gov/documents/mdch/MDCH_Community_Mental_Health_Compliance_Examination_Guidelines_173168_7.pdf) The compliance examination should include a review of local funds to determine if they qualify under section 7.2.

Local interagency agreements and/or memoranda of understanding should be developed that stipulate the amount and type of local funding used as match for Medicaid for services provided to children on the SEDW. Communities should consider other funding sources to cover wraparound services that are not billable to Medicaid.

How To Use This Manual

Key points about each topic are noted in the framed box at the beginning of each chapter. The Glossary lists abbreviations and acronyms used throughout the manual. Sample forms are included at the end of the first chapter in which instructions for their completion are given. Each is referred to as an “appendix” and is numbered sequentially within each chapter. E.g., Appendix 3-1 is the first appendix in Chapter 3. Also included in chapter appendices are sample letters and forms that relate to the SEDW, but that MDCH completes. Documents that are informational and apply to the SEDW broadly are included as attachments in Chapter 12. E.g., PEM 172 is Attachment A, Appendix 12.

The footer on each page identifies the chapter (e.g., Chapter 1 – Introduction) and the page number. Page numbers include both the chapter number, and the sequential number within the chapter (e.g., Page 4-3 signifies Chapter 4, page 3).

Sample forms and letters are inserted in the appendices as “pictures” and cannot be edited. Please use the electronic version of the various forms and letters e-mailed to you along with this manual.

Chapter 10 – Quality Assurance & Improvement is still “under development” – meaning we didn't get final draft material completed before sending this to you. We will send the “working draft” of that chapter to you at a later date.

Throughout the manual, symbols are used to draw special attention to key items:



This symbol is used to alert the reader to documentation requirements.



This symbol is used when a physician's prescription is required.



This symbol identifies helpful hints.



This symbol indicates prior approval from the CMHSP is required.

Community Mental Health
COMPLIANCE EXAMINATION GUIDELINES
Michigan Department of Community Health



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INTRODUCTION

These Community Mental Health (CMH) Compliance Examination Guidelines are being issued by the Michigan Department of Community Health (MDCH) to assist independent audit personnel, Prepaid Inpatient Health Plan (PIHP) personnel, and Community Mental Health Services Program (CMHSP) personnel in preparing and performing compliance examinations as required by contracts between MDCH and PIHPs or CMHSPs, and to assure examinations are completed in a consistent and equitable manner.

These CMH Compliance Examination Guidelines require that an independent auditor examine compliance issues related to contracts between PIHPs and MDCH to manage the Concurrent 1915(b)(c) Medicaid Programs (hereinafter referred to as "Medicaid Program"), and contracts between CMHSPs and MDCH to manage and provide mental health services and supports to individuals with serious mental illness, serious emotional disturbances or developmental disabilities as described in MCL 330.1208 (hereinafter referred to as "GF Program"). These CMH Compliance Examination Guidelines, however, DO NOT replace or remove any other audit requirements that may exist, such as a Financial Statement Audit and/or a Single Audit. An annual Financial Statement audit is required. Additionally, if a PIHP or CMHSP expends \$500,000 or more in federal awards¹, the PIHP or CMHSP must still obtain a Single Audit.

These CMH Compliance Examination Guidelines require that an independent auditor examine compliance issues related specifically to MDCH contracts with PIHPs for the Medicaid Program, and MDCH contracts with CMHSPs for the GF Program. These CMH Compliance Examination Guidelines, however, do not address compliance examinations for CMHSPs for the Medicaid funds received under contract with PIHPs. PIHPs are ultimately responsible for the Medicaid funds received from MDCH, and are responsible for monitoring the activities of affiliated CMHSPs as necessary to ensure subawarded Medicaid Program funds are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts. Therefore, PIHPs must either require their independent auditor to examine compliance issues related to the Medicaid funds awarded to the affiliated CMHSPs, or require the affiliated CMHSP to contract with an independent auditor to examine compliance issues related to contracts between PIHPs and CMHSPs to manage the Medicaid Program. Further detail is provided in the Responsibilities – PIHP Responsibilities Section (Item #'s 7, 8, & 9).

These CMH Compliance Examination Guidelines will be effective for fiscal years ending on or after September 30, 2007.

Failure to meet the requirements contained in these CMH Compliance Examination Guidelines may result in the withholding of current funds or the denial of future awards.

¹ Medicaid payments to PIHPs and CM HSPs for providing patient care services to Medicaid eligible individuals are not considered Federal awards expended for the purposes of determining Single Audit requirements.

RESPONSIBILITIES

MDCH Responsibilities

MDCH must:

1. Periodically review and revise the CMH Compliance Examination Guidelines to ensure compliance with current Mental Health Code and federal audit requirements, and to ensure the **COMPLIANCE REQUIREMENTS** contained in the CMH Compliance Examination Guidelines are complete and accurately represent requirements of PIHPs and CMHSPs; and distribute revised CMH Compliance Examination Guidelines to PIHPs and CMHSPs.
2. Review the examination reporting packages submitted by PIHPs and CMHSPs to ensure completeness and adequacy within four months of receipt.
3. Issue a management decision (as described in the Examination Requirements – Management Decision Section) on findings and questioned costs contained in the PIHP or CMHSP examination reporting package within six months after the receipt of a complete and final reporting package.
4. Monitor the activities of PIHPs and CMHSPs as necessary to ensure the Medicaid Program and GF Program funds are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts. MDCH will rely primarily on the examination engagements conducted on PIHPs and CMHSPs by independent auditors to ensure funds are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts. However, MDCH may determine it is necessary to also perform a limited scope compliance examination or review of selected areas. Any additional reviews or examinations shall be planned and performed in such a way as to build upon work performed by other auditors. The following are some examples of situations that may trigger an MDCH examination or review:
 - a. Significant changes from one year to the next in reported line items on the FSR.
 - b. A PIHP or CMHSP entering the MDCH risk corridor.
 - c. A large addition to an ISF per the cost settlement schedules.
 - d. A material non-compliance issue identified by the independent auditor.
 - e. The CPA that performed the compliance examination is unable to quantify the impact of a finding to determine the questioned cost amount.
 - f. The CPA issued an adverse opinion on compliance due to their inability to draw conclusions because of the condition of the agency's records.

CMH COMPLIANCE EXAMINATION GUIDELINES

Responsibilities

PIHP Responsibilities

PIHPs must:

1. Maintain internal control over the Medicaid Program that provides reasonable assurance that the PIHP is managing the Medicaid Program in compliance with laws, regulations, and the provisions of contracts that could have a material effect on the Medicaid Program.
2. Comply with laws, regulations, and the provisions of contracts related to the Medicaid Program.
3. Prepare appropriate financial statements.
4. Ensure that the examination required by these CMH Compliance Examination Guidelines is properly performed and submitted when due.
5. Follow up and take corrective action on examination findings.
6. Prepare a corrective action plan to address each examination finding included in the current year auditor's reports including the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the PIHP does not agree with the examination findings or believes corrective action is not required, then the corrective action plan shall include an explanation and specific reasons.
7. Monitor the activities of affiliated CMHSPs as necessary to ensure subawarded Medicaid Program funds are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts. PIHPs must either (a.) require the PIHP's independent auditor (as part of the PIHP's examination engagement) to examine the records of the affiliated CMHSP for compliance with the subawarded Medicaid Program provisions, or (b.) require the affiliated CMHSP to contract with an independent auditor to examine compliance issues related to contracts between PIHPs and CMHSPs to manage the Medicaid Program. If the latter is chosen, the PIHP must incorporate the examination requirement in the PIHP/CMHSP contract and develop Compliance Examination Guidelines specific to their PIHP/CMHSP contract. Additionally, if the latter is chosen, the CMHSP examination must be completed in sufficient time so that the PIHP auditor may rely on the CMHSP examination when completing their examination of the PIHP if they choose to.
8. If requiring an examination of the affiliated CMHSP, review the examination reporting packages submitted by affiliated CMHSPs to ensure completeness and adequacy.
9. If requiring an examination of the affiliated CMHSP, issue a management decision (as described in the Examination Requirements – Management Decision Section) on findings and questioned costs contained in affiliated CMHSP's examination reporting packages.

CMH COMPLIANCE EXAMINATION GUIDELINES

Responsibilities

CMHSP Responsibilities

(as a recipient of Medicaid funds from PIHP and a recipient of GF funds from MDCH)

CMHSPs must:

1. Maintain internal control over the Medicaid and GF Programs that provides reasonable assurance that the CMHSP is managing the Medicaid and GF Programs in compliance with laws, regulations, and the provisions of contracts that could have a material effect on the Medicaid and GF Programs.
2. Comply with laws, regulations, and the provisions of contracts related to the Medicaid and GF Programs.
3. Prepare appropriate financial statements.
4. Ensure that the examination required by these CMH Compliance Examination Guidelines, and any examination required by the PIHP from which the CMHSP receives Medicaid funds are properly performed and submitted when due.
5. Follow up and take corrective action on examination findings.
6. Prepare a corrective action plan to address each examination finding included in the current year auditor's reports including the name(s) of the contact person(s) responsible for corrective action, the corrective action planned, and the anticipated completion date. If the CMHSP does not agree with the examination findings or believes corrective action is not required, then the corrective action plan shall include an explanation and specific reasons.

EXAMINATION REQUIREMENTS

PIHPs under contract with MDCH to manage the Medicaid Program, and CMHSPs under contract with MDCH to manage the GF Program are required to contract annually with a certified public accountant in the practice of public accounting (hereinafter referred to as a practitioner) to examine the PIHP's or CMHSP's compliance with specified requirements in accordance with the AICPA's Statements on Standards for Attestation Engagements (SSAE) 10 – Compliance Attestation – AT 601 (Codified Section of AICPA Professional Standards) (hereinafter referred to as an examination engagement). The specified requirements and specified criteria are contained in these CMH Compliance Examination Guidelines under the Section titled "Compliance Requirements."

Practitioner Selection

In procuring examination services, PIHPs and CMHSPs must engage an independent practitioner, and must follow the procurement standards prescribed by the Grants Management Common Rule (A-102 Common Rule). The codified common rule for PIHPs and CMHSPs is located at 45 CFR 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments. Procurement standards are addressed in Section 92.36. In requesting proposals for examination services, the objectives and scope of the examination should be made clear. Factors to be considered in evaluating each proposal for examination services include the responsiveness to the request for proposal, relevant experience, availability of staff with professional qualifications and technical abilities, the results of external quality control reviews, and price. When possible, PIHPs and CMHSPs are encouraged to rotate practitioners periodically to ensure independence.

Examination Objective

The objective of the practitioner's examination procedures applied to the PIHP's or CMHSP's compliance with specified requirements is to express an opinion on the PIHP's or CMHSP's compliance based on the specified criteria. The practitioner seeks to obtain reasonable assurance that the PIHP or CMHSP complied, in all material respects, based on the specified criteria.

Practitioner Requirements

The practitioner should exercise due care in planning, performing, and evaluating the results of his or her examination procedures; and the proper degree of professional skepticism to achieve reasonable assurance that material noncompliance will be detected. The specified requirements and specified criteria are contained in these CMH

CMH COMPLIANCE EXAMINATION GUIDELINES

Examination Requirements

Compliance Examination Guidelines under the Section titled "Compliance Requirements." In the examination of the PIHP's or CMHSP's compliance with specified requirements, the practitioner should:

1. Obtain an understanding of the specified compliance requirements (See AT 601.40).
2. Plan the engagement (See AT 601.41 through 601.44).
3. Consider the relevant portions of the PIHP's or CMHSP's internal control over compliance (See AT 601.45 through 601.47).
4. Obtain sufficient evidence including testing compliance with specified requirements (See AT 601.48 through 601.49).
5. Consider subsequent events (See AT 601.50 through 601.52).
6. Form an opinion about whether the entity complied, in all material respects with specified requirements based on the specified criteria (See AT 601.53).

Practitioner's Report

The practitioner's examination report on compliance should include the information detailed in AT 601.55 and 601.56, which includes the practitioner's opinion on whether the entity complied, in all material respects, with specified requirements based on the specified criteria. When an examination of the PIHP's or CMHSP's compliance with specified requirements discloses noncompliance with the applicable requirements that the practitioner believes have a material effect on the entity's compliance, the practitioner should modify the report as detailed in AT 601.64 through AT 601.67.

In addition to the above examination report standards, the practitioner must prepare:

1. A schedule(s) of findings for the Medicaid and/or GF Program(s) that includes the following:
 - a. Reportable conditions that are individually or cumulatively material weaknesses in internal control over the Medicaid and/or GF Program(s).
 - b. Material noncompliance with the provisions of laws, regulations, or contracts related to the Medicaid and/or GF Program(s).
 - c. Known fraud affecting the Medicaid and/or GF Program(s).
2. A schedule(s) showing reported Financial Status Report (FSR) amounts, examination adjustments, and examined FSR amounts for the Medicaid and/or GF Program(s). The examination adjustments must be explained. This schedule is called the "Examined FSR Schedule."
3. A schedule(s) showing a revised cost settlement(s) for the PIHP or CMHSP based on the Examined FSR Schedule(s). Any amount due back to MDCH from the PIHP or CMHSP represents a "questioned cost" amount. This schedule is called the "Examined Cost Settlement Schedule."

CMH COMPLIANCE EXAMINATION GUIDELINES

Examination Requirements

Examination Report Submission

The examination must be completed and the reporting package described below must be submitted to MDCH within the earlier of 30 days after receipt of the practitioner's report(s), or nine months after the end of the PIHP's or CMHSP's fiscal year end. The PIHP or CMHSP must submit the reporting package to MDCH at the following address:

Michigan Department of Community Health
Office of Audit
Quality Assurance and Review Section
P.O Box 30479
Lansing, Michigan 48909-7979
Or
400 S. Pine Street
Capital Commons Center
Lansing, Michigan 48933

Alternatives to paper filing may be viewed at www.michigan.gov/mdch by selecting Inside Community Health – MDCH Audit.

Examination Reporting Package

The reporting package includes the following:

1. Practitioner's report as described above;
2. Corrective action plan prepared by the PIHP or CMHSP.

Penalty

If the PIHP or CMHSP fails to submit the required examination reporting package within nine months after the end of the agency's fiscal year and an extension has not been granted by MDCH, MDCH may withhold from current funding five percent of the examination year's grant funding (not to exceed \$200,000) until the required reporting package is received. MDCH may retain the withheld amount if the reporting package is delinquent more than 120 days from the 9-month due date and MDCH has not granted an extension.

Incomplete or Inadequate Examinations

If MDCH determines the examination reporting package is incomplete or inadequate, the PIHP or CMHSP, and possibly its independent auditor will be informed of the reason of inadequacy and its impact in writing. The recommendations and expected time frame for resubmitting the corrected reporting package will be indicated.

CMH COMPLIANCE EXAMINATION GUIDELINES

Examination Requirements

Management Decision

MDCH will issue a management decision on findings and questioned costs contained in the PIHP or CMHSP examination report within six months after the receipt of a complete and final reporting package. The management decision will include whether or not the examination finding is sustained; the reasons for the decision; the expected PIHP or CMHSP action to repay disallowed costs, make financial adjustments, or take other action; and a description of the appeal process available to the PIHP or CMHSP. Prior to issuing the management decision, MDCH may request additional information or documentation from the PIHP or CMHSP, including a request for practitioner verification or documentation, as a way of mitigating disallowed costs. The appeal process available to the PIHP or CMHSP is included in the applicable contract.

If there are no findings and/or questioned costs, MDCH will notify the PIHP or CMHSP that the review of the examination reporting package is complete and the results of the review.

COMPLIANCE REQUIREMENTS

The practitioner must examine the PIHP's or CMHSP's compliance with the following specified requirements.

FSR Reconciliation

The auditor must reconcile the Financial Status Report (FSR) to the general ledger, and determine if amounts reported on the FSR are supported by the PIHP's or CMHSP's general ledger. Any differences between the general ledger and FSR should be adequately explained and justified, and all FSR reporting must comply with the contractual FSR reporting instructions. Any differences not explained and justified must be shown as an adjustment on the practitioner's "Examined FSR Schedule."

Expenditure Reporting

The auditor must determine if the PIHP's or CMHSP's expenditures reported on the FSR comply with the Office of Management and Budget (OMB) Circular A-87 cost principles, the Mental Health Code (Code), and contract provisions. Any reported expenditures that do not comply with the OMB Circular A-87 cost principles, the Code, or contract provisions must be shown on the auditor's "Examined FSR Schedule."

Generally, OMB Circular A-87 cost principles require that for costs to be allowable they must meet the following general criteria:

- a. Be necessary and reasonable for proper and efficient performance and administration of the grant.
- b. Be allocable to the grant under the provisions of the applicable OMB Circular.
- c. Be authorized or not prohibited under State or local laws or regulations.
- d. Conform to any limitations or exclusions set forth in the applicable OMB Circular, other applicable laws and regulations, or terms and conditions of the grant and agreement.
- e. Be consistent with policies, regulations, and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.
- f. Be accorded consistent treatment.
- g. Be determined in accordance with generally accepted accounting principles.
- h. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period.
- i. Be the net of all applicable credits.
- j. Be adequately documented.

CMH COMPLIANCE EXAMINATION GUIDELINES

Compliance Requirements

All reported expenditures must be traceable to the agency's general ledger, and adequately supported.

Reimbursements to **subcontractors** (including PIHP payments to CMHSPs for Medicaid services) must be supported by a valid subcontract and adequate, appropriate supporting documentation on costs and services. Contracts should be reviewed to determine if any are to related parties. If related party subcontracts exist, they should receive careful scrutiny to ensure the reasonableness criteria of OMB Circular A-87 was met. If subcontractors are paid on a net cost basis, rather than a fee-for-service basis, the subcontractors' costs must be verified for existence and appropriate supporting documentation. If the subcontract is for inpatient services, the rates need to be reviewed to ensure the rates paid do not exceed the rates generally paid for Medicaid patients. NOTE: Rather than the practitioner performing examination procedures at the subcontractor level, agencies may require that subcontractors receive examinations by their own independent practitioner, and that examination report may be relied upon if deemed acceptable by the practitioner.

Reported costs for **less-than-arms-length transactions** must be limited to underlying cost. For example, the agency may rent their office building from the agency's board member/members, but rent charges cannot exceed the actual cost of ownership if the lease is determined to be a less-than-arms-length transaction. Guidance on determining less-than-arms-length transactions is provided in OMB Circular A-87.

Reported costs for **sale and leaseback arrangements** must be limited to underlying cost.

Capital asset purchases that cost greater than \$5,000 must be capitalized and depreciated over the useful life of the asset rather than expensing it in the year of purchase. All invoices for a remodeling or renovation project must be accumulated for a total project cost when determining capitalization requirements; individual invoices should not simply be expensed because they are less than \$5,000.

Costs must be allocated to programs in accordance with relative benefits received. Accordingly, **Medicaid costs must be charged to the Medicaid Program, and GF costs must be charged to the GF Program**. Additionally, **administrative/indirect costs** must be distributed to programs on bases that will produce an equitable result in consideration of relative benefits derived.

Distributions of salaries and wages for employees that work on multiple activities or cost objectives, must be supported by personnel activity reports that meet the standards listed in OMB Circular A-87.

Expenditures relating to providing the **20 outpatient visit services** for Qualified Health Plans (QHPs) must be recorded as earned contract expenditures, NOT matchable expenditures.

CMH COMPLIANCE EXAMINATION GUIDELINES

Compliance Requirements

Revenue Reporting

The auditor must determine if the PIHP or CMHSP has properly reported all revenue on the FSR.

SSI revenue and other reimbursements that support matchable Medicaid and GF expenditures must be properly recorded to offset matchable expenditures.

SSA Revenue received and then sent to residential providers cannot be recorded as a matchable expenditure.

Revenue received from QHPs for providing 20 outpatient visits must be recorded as earned contract revenue.

Procurement

The auditor must determine if the acquisition of assets or services complied with contractual and regulatory requirements.

Rate Setting and Ability to Pay

The auditor must determine if service rates are updated at least annually. The auditor must determine if consumers are completing ability to pay forms.

Internal Service Fund (ISF)

The auditor must determine if the establishment, funding, and maintenance of any Internal Service Fund complies with the contractual provisions. The auditor must verify that:

- a. The establishment and funding of the ISF is based on a sound actuarial study or historical cost information,
- b. assumptions used in the actuarial or historical study used to justify the ISF are supported,
- c. any interest earned on the ISF is reinvested back into the ISF,
- d. any use of the ISF is for risk corridor financing for allowable costs, and
- e. any overfunding of the ISF is reduced through an abatement of current charges.
- f. The ISF is not commingled with funds of other departments, agencies, governmental funds or entities.

Medicaid Savings and General Fund Carryforward

The auditor must determine that Medicaid Savings and General Fund Carryforward earned in the previous year was used in the current year on allowable expenditures and it was properly recorded on the FSR (matchable expenditures must be properly reduced).

Match Requirement

The auditor must determine if the PIHP or CMHSP met the local match requirement. As part of this determination, the auditor must determine if items considered as local match actually qualify as local match. Some examples of funds that do NOT qualify as local match are: (a.) revenues (such as workers' compensation refunds) that should be offset against related expenditures, (b.) interest earned from ISF accounts, (c.) revenues derived from programs (such as the Clubhouse program) that are financially supported by Medicaid or GF, (d.) donations of funds from subcontractors of the PIHP or CMHSP, and (e.) donations of items that would not be an item generally provided by the PIHP or CMHSP in providing plan services.

If the PIHP or CMHSP does not comply with the match requirement in the Mental Health Code Chapter 3 sec. 302, or cannot provide reasonable evidence of compliance, the auditor shall determine and report the amount of the short fall in local match requirement.

Service Documentation

The auditor must determine if services are adequately documented according to contractual and Code provisions.

Consumer Fund Review

The auditor must determine that consumer funds are maintained separate from other CMH funds, amounts are accurate, SSI revenue is properly recorded, rent payments made on behalf of consumers are accurate, consumers' funds are not commingled and used for each others' expenses, and sufficient controls exist to protect the consumers' funds.

RETENTION OF WORKING PAPERS AND RECORDS

Examination working papers and records must be retained for a minimum of three years after the final examination review closure by MDCH. Also, PIHPs are required to keep affiliate CMHSP's reports on file for three years from date of receipt. All examination working papers must be accessible and are subject to review by representatives of the Michigan Department of Community Health, the Federal Government and their representatives. There should be close coordination of examination work between the PIHP and affiliate CMHSP auditors. To the extent possible, they should share examination information and materials in order to avoid redundancy.

CMH COMPLIANCE EXAMINATION GUIDELINES

Effective Date and MDCH Contact

EFFECTIVE DATE AND MDCH CONTACT

These CMH Compliance Examination Guidelines are effective beginning with the fiscal year 2006/2007 examinations. Any questions relating to these guidelines should be directed to:

James B. Hennessey, Director
Office of Audit
Michigan Department of Community Health
Capital Commons Center
400 S. Pine Street
Lansing, Michigan 48933
hennesseyj@michigan.gov
Phone: (517) 335-5323 Fax: (517)335-5443

Debra S. Hallenbeck, Manager
Quality Assurance and Review, Office of Audit
Michigan Department of Community Health
Capital Commons Center
400 S. Pine Street
Lansing, Michigan 48933
hallenbeckd@michigan.gov
Phone: (517) 241-7598 Fax: (517) 335-5443

GLOSSARY OF ACRONYMS AND TERMS

- AICPA.....American Institute of Certified Public Accountants.
- CMHSP.....Community Mental Health Services Program (CMHSP). A program operated under Chapter 2 of the Michigan Mental Health Code – Act 258 of 1974 as amended.
- Examination Engagement.....A PIHP or CMHSP’s engagement with a practitioner to examine the entity’s compliance with specified requirements in accordance with the AICPA’s Statements on Standards for Attestation Engagements (SSAE) 10 – Compliance Attestation - AT 601 (Codified Section of AICPA Professional Standards).
- GF Program.....The program managed by CMHSPs under contract with MDCH to provide mental health services and supports to individuals with serious mental illness, serious emotional disturbances or developmental disabilities as described in MCL 330.1208.
- MDCH.....Michigan Department of Community Health
- Medicaid Program.....The Concurrent 1915(b)/(c) Medicaid Program managed by PIHPs under contract with MDCH.
- PIHP.....Prepaid Inpatient Health Plan. An organization that manages Medicaid specialty services under the state’s approved Concurrent 1915(b)/1915(c) Waiver Program, on a prepaid, shared-risk basis, consistent with the requirements of 42 CFR part 401 et al June 14, 2002, regarding Medicaid managed care.
- Practitioner.....A certified public accountant in the practice of public accounting under contract with the PIHP or CMHSP to perform an examination engagement.
- SSAE.....AICPA’s Statements on Standards for Attestation Engagements.

CHAPTER 2: ELIGIBILITY

To be eligible¹ for the SEDW the child must:

- Meet the current MDCH contract criteria for, and be at risk of, hospitalization in a state psychiatric hospital (Hawthorn Center);
- Demonstrate serious functional limitations that impair his/her ability to function in the community. The functional criteria will be identified using the Child and Adolescent Functional Assessment Scale (CAFAS®).
 - CAFAS® score of 90 or greater for children age 12 or younger; or
 - CAFAS® score of 120 or greater for children age 13 to 18;
- Be under the age of 18;
- Be financially eligible for Medicaid when viewed as a family of one (i.e., when parental income and assets are waived); and
- Be in need of and receive at least one waiver service per month.

Introduction

The SEDW is authorized under section 1915(c) of the Social Security Act. This legislation allows the state to provide home and community-based waiver services to a targeted population who, without the waiver services, would be at risk of hospitalization in a state psychiatric hospital. This waiver also allows the state to waive (i.e., disregard) parent's income and assets when determining Medicaid eligibility for those children who are not Medicaid eligible in their own right. (That is, eligibility for the SEDW enables the local MDHS to view the waiver candidate as a "family of one" when processing the Medicaid application.²) To be eligible for the SEDW, all of the following requirements must be met.

Eligibility Requirements

The child must:

- Meet the current MDCH contract criteria for the state psychiatric hospital (Hawthorn Center) and be at risk of hospitalization;
- Demonstrate serious functional limitations that impair their ability to function in the

¹ The Waiver Certification submitted to MDCH as part of the initial SEDW application and annually thereafter, is used to document critical aspects of eligibility. This form is discussed in Chapter 3.

² This policy is detailed in the MDHS Program Eligibility Manual, item PEM 172. A copy is included as Attachment A, Chapter 12.

community. The functional criteria will be identified using the Child and Adolescent Functional Assessment Scale (CAFAS®).

- CAFAS® score of 90 or greater for children age 12 or younger; or
- CAFAS® score of 120 or greater for children age 13 to 18;
- Be under the age of 18;
- Reside with his/her birth or adoptive parents(s), or
 - In the home of a relative who is the child's legal guardian, or
 - In foster care or therapeutic foster care, with a permanency plan to return home.
- Be financially eligible for Medicaid when viewed as a family of one (i.e., when parental income and assets are waived);
- Be in need of waiver services in order to remain in the community; and
- Receive at least one waiver service per month.

The birth/adoptive family must be willing and able to:

- Choose SEDW services as an alternative to hospitalization;
- Participate in the development of the POS;
- Obtain and submit required documentation (e.g., Waiver Certification form, signing the POS).

The birth/adoptive/foster family must be willing and able to:

- Allow services to be provided in the home setting;
- Provide care and supervision beyond the services authorized through the waiver.



NOTE: A child is enrolled in the SEDW only after the MDCH receives and approves a completed SEDW application from the CMHSP.

CHAPTER 3: SCREENING, SELECTION, APPLICATION AND RENEWAL PROCESS

- The Community Team is responsible for accepting and reviewing referrals for the SEDW.
- The CMHSP is responsible for completing a waiver application packet for each child, and for submitting it to MDCH for review, approval and enrollment.
- For children who are not Medicaid eligible at the time the SEDW application is submitted to MDCH, the family will receive a Medicaid application and a copy of the MSA-1785 Policy Decision from the MDCH Medical Services Administration (MSA) after MDCH approves the child's enrollment in the SEDW. The Medicaid application must be completed and submitted to the local MDHS office within 14 days of receipt.
- For children who are Medicaid eligible at the time the SEDW application is submitted to MDCH, the family will receive a letter from the MDCH MSA, along with a copy of the MSA-1785 Policy Decision issued to the local MDHS.
- Upon receipt of the child's mihealth (Medicaid) card, the CMHSP Wraparound Facilitator must fax MDCH a copy of the Medicaid recipient identification number, the date Medicaid became effective, and the start date for SEDW services. Failure to submit this information will result in the rejection of all SEDW Medicaid billings until the information is submitted.
- A Medicaid application must be completed annually, while the child is on the SEDW. (The local MDHS office will notify the family when the Medicaid redetermination is needed. The original MSA-1785 is used by MDHS to continue to waive parental income and assets when determining the child's eligibility for Medicaid.)
- Eligibility for the SEDW must be recertified annually.

Introduction

This chapter will describe the screening and selection process for waiver candidates. It will also cover the application process, clinical approval process, financial determination process, and the annual renewal process.

Screening and Selection Process

The role of the Community Team is to serve as the gatekeeper for the SEDW slots in each county. This means that the Community Team will be responsible for accepting and reviewing referrals for the SEDW. The Community Team also will be responsible for other tasks and oversight responsibilities identified throughout this manual. The criteria used for accepting and reviewing referrals by the Community Team will vary by county; however, one or more of the

following criteria typically apply:

- The child is involved in multiple systems;
- The child is at risk of an out-of-home placement, or is currently in out-of-home placement;
- The child and family have received other community services and supports with minimal improvement; and
- Numerous providers are serving multiple children in the family, and service outcomes have not been met.

Using the above general criteria, the Community Team identifies and refers to the CMHSP 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. The CMHSP Wraparound Facilitator 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®) is used to identify functional limitations. (See below for discussion of the CAFAS®.)

Upon determination of eligibility, a tentative POS (refer to Chapter 4) and Children's SEDW Annual Budget (refer to Chapter 5) are developed, with the assistance of the Wraparound Facilitator. The Wraparound Facilitator works with the child's family/team to identify the child's most urgent need(s) and obtain assessments by the appropriate clinicians to assist in the final development of a POS.

CAFAS®

The Child and Adolescent Functional Assessment Scale (CAFAS®) is an assessment rating tool that measures functional assessment of school aged children and adolescents. Each of the CMHSPs participating in the SEDW must also participate in the Michigan Level of Functioning Project (LOF Project), and must comply with all requirements of that project, including data collection and reporting³. The CAFAS® provides an objective, reliable and valid way to identify behaviors that impair a child's functioning. The (CAFAS®) must be completed by someone who has completed training and has correctly scored the CAFAS® vignettes provided by Kay Hodges, Ph.D.

Within family centered practice, the CAFAS® is best utilized when it is completed and discussed with the child/adolescent and family. In using the CAFAS®, a trained, reliable rater should provide a brief explanation of the CAFAS® to the family, and then - working with the

³ The CAFAS® must be completed, and data reported to the LOF Project, quarterly. However, only the initial CAFAS® must be submitted to MDCH as part of the application package. Interim CAFAS® scores are not used to determine continuing eligibility for the SEDW. If the child is still on the SEDW 12 months from initial enrollment, the most recent CAFAS® Summary must be submitted as part of the SEDW recertification process.

family - use the CAFAS® to identify needs important to the child/adolescent and family. Additionally, the CAFAS® should help to identify strengths of the child/adolescent and family that can be used to develop a plan that will best meet the child's/adolescent's and family's needs and desires.

The CAFAS® score is used in determining eligibility for the SEDW. The Wraparound Facilitator should obtain a copy of the completed CAFAS® Summary, as this is a critical element in the Community Team's decision about potential candidates for the SEDW. A copy of the CAFAS® Summary must be sent to MDCH as part of the application packet, and a copy must be maintained in the child's CMHSP record.

Application Process

Once the initial POS and budget have been developed for the waiver candidate, a waiver application packet must be completed by the CMHSP and submitted to MDCH 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 MDCH receives and approves a completed SEDW application from the CMHSP.

-  Cover letter from the CMHSP Director (Appendix 3-1);
-  Waiver Certification (Appendix 3-2);
-  Demographic Intake Data (Appendix 3-3);
-  CAFAS® Summary (Appendix 3-4);
-  Children's SEDW Annual Budget (Appendix 5-1); and
-  Copy of mihealth (Medicaid) card, if applicable.

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:

- 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.

- “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.)

Cover Letter (Appendix 3-1)

The CMHSP Director must attest, via the SEDW application cover letter, that, to his/her best knowledge, the data and documents submitted to MDCH regarding the SEDW candidate are accurate and complete. Additionally, the letter must indicate that, in keeping with the SEDW agreement, the Director ensures that Medicaid is billed for services to children enrolled in the SEDW only when the service is:

- Covered by the SEDW; and
- Determined to be medically necessary; and
- Not covered or paid for from other sources, including Title IV-E funds.

Waiver Certification Form (Appendix 3-2)

The Waiver Certification Form is a double-sided form with three (3) areas for completion. When printing and copying the form, it is imperative this form be copied ‘double-sided’ – so that all information is complete, and the “Family Choice Assurance” is included with the Waiver Certification.

The first section is to be completed by the CMHSP and includes items 1-15. Most of the items are self-explanatory; instructions for those that may not be are given below:

- 1. or 2. – “Initial Certification” or “Annual Recertification” - check the box that applies.
- 4. – If the child is Medicaid eligible at the time the application is submitted, put the Medicaid Recipient ID# in item 4. (If the child previously had Medicaid, but is not currently eligible, do not include the number on the Waiver Certification. However, include a note to this effect in item #3, Demographic Intake Data form.)
- 6. – List the child’s complete address, including zip code.
- 7. – Please double-check the child’s birth date, as it is frequently submitted incorrectly.
- 8. – “CMHSP or Approved Community-Based Mental Health and Developmental Disability Services Provider” – Insert the name of the CMHSP submitting the SEDW application.

- 9. – “Provider Medicaid #” – Insert the submitting CMHSPs Medicaid Provider ID#. Use the Medicaid Provider number for the CMHSP as a Provider Type 77 (not as a Provider Type 21).
- 10. – This item must be checked, as this is one of the SEDW eligibility requirements.
- 11.a. or 11.b. – Check whichever is appropriate, based on the child’s age.
- 12. – This item must be checked. (This is an opportunity to double-check to see that the reverse side, “Family Choice Assurance” has been completed and signed.)
- 13. – “Waiver Recommended” – Check the box that applies; items 10 and 11.a. or 11.b. must be checked if the waiver is recommended. (**Note:** Both ‘yes’ and ‘no’ are choices as this form is used both to ‘certify’ eligibility, and to notify MDCH when a child no longer meets the eligibility requirements.)
- 14. – Signature of the Wraparound Facilitator and date attesting to the child’s eligibility and recommendation for the waiver.
- 15. – Signature of the “Designee for CMHSP...” This can be the CMHSP Director’s signature or the signature of someone designated with this authority by the Director.

The next section of the Waiver Certification, items 16-19, is identified as “For Department Use Only”, and is to be completed by MDCH staff.

The third section of the Waiver Certification form is the Family Choice Assurance section, and is to be completed by the child’s parent or legal guardian. This section verifies that the Wraparound Facilitator has informed the family of their right to choose between the community-based services provided by the SEDW and hospitalization in a state psychiatric hospital. The parent(s) must check one of the three choices listed in this section. This section also confirms that the family has been informed of their choice of qualified service providers. The parent/legal guardian signs and dates the “Family Choice Assurance” section of the form. The Wraparound Facilitator, as witness to the parent or guardian’s signature, also signs and dates the form.

Demographic Intake Data Form (Appendix 3-3)

The Wraparound Facilitator works with the family to complete the Demographic Intake Data form. This must be completed in its entirety. If there is an area that doesn’t apply, please insert “NA” (for ‘not applicable’), rather than leaving the item blank. This will help ensure that no areas are overlooked.

CAFAS® Summary (Appendix 3-4)

The CAFAS® is composed of ten scales that are rated by a clinician who is a trained, reliable rater. Each of the ten scales is scored with a rating of:

- 0 - No impairment, or
- 10 - Mild impairment, or
- 20 - Moderate impairment, or
- 30 - Severe impairment.

There are eight scales that measure the functioning of the child/adolescent and two scales that measure caregiver resources.

Child/Adolescent Scales:

- School/Work Role Performance
- Home Role Performance
- Community Role Performance
- Behavior Toward Others
- Moods/Emotions
- Self-Harmful Behavior
- Substance Use
- Thinking

Caregiver Scales:

- Material Needs
- Family/Social Support

The child/adolescent receives a score on each of the eight scales and these are then added together to come up with a total score. This total score is used to determine eligibility for the SEDW. A child/adolescent would be eligible for the SEDW with a CAFAS® score of 90 or greater (if the candidate is age 12 or younger) or with a CAFAS® score of 120 or greater (if the candidate is age 13 to 18). Please refer to CAFAS® Summary (Appendix 3-4) for an example of a completed CAFAS® Summary.

A copy of the CAFAS® Summary must be sent to MDCH as part of the application packet, and a copy must be maintained in the child's CMHSP record.

Children's SEDW Annual Budget (Appendix 5-1)

Once the POS is completed, the Children's SED Waiver Annual Budget must be developed, reflecting the identified services and the amount and frequency of service to be provided. Only those services identified in the POS should appear on the budget. Refer to Chapter 5 for detailed instructions for completing the budget. The budget for the initial POS is submitted to MDCH as part of the application packet. **Note:** While it is expected the POS, and therefore the budget, will be updated as frequently as appropriate to the child's / family's needs, only the subsequent budget at the time of the annual recertification needs to be submitted to MDCH.

mihealth (Medicaid) Card

If the child is eligible for Medicaid at the time the SEDW application is submitted, the Wraparound Facilitator must obtain a copy of mihealth (Medicaid) card.

Putting It All Together



The Wraparound Facilitator compiles the above-mentioned documents (the cover letter, the Waiver Certification form with original signatures, the Demographic Intake Data form, the CAFAS® Summary, the Children's SED Waiver Annual Budget, and the mihealth card - if applicable). The application packet must be submitted to MDCH – attention Children's Home and Community Based Waivers Program. A copy of the application must also be maintained in the child's CMHSP record.

Clinical Approval Process

The SEDW staff at MDCH reviews completed application packets within 7 days of receipt and certifies clinical eligibility. An eligibility determination is based on a review of the following:

- Waiver Certification form documenting the child meets the current MDCH contract criteria for the state psychiatric hospital and has a CAFAS® score of 90 or greater (if the child is age 12 or younger) or a CAFAS® score of 120 or greater (if the child is age 13 to 18);
- The Family Choice Assurance section of the Waiver Certification form is appropriately completed and signed.
- The CAFAS® Summary confirms the child's CAFAS® score;

- The Demographic Intake Data form identifies diagnoses that are consistent with the eligibility requirements.

MDCH staff will review the application packet, and will complete and sign section 2 of the Waiver Certification form. An MDCH staff person will contact the Wraparound Facilitator by phone to inform them of the approval date. Additionally, a copy of the signed Waiver Certification form and a cover approval letter (Appendix 3-5) will be sent to the Wraparound Facilitator informing them of the clinical approval and (if applicable) instructing them to assist the family in applying for Medicaid at the local MDHS office. A copy of the signed form should be maintained in the child's file.

If the application packet is incomplete or inaccurate, it will be returned to the CMHSP for completion and resubmission prior to enrollment.

Notifications

After MDCH has clinically approved the child for enrollment in the SEDW, MDCH completes the DHS-49-A (Appendix 3-6) and sends it and a memo (Appendix 3-7) to the MDCH MSA policy section. This provides notification to Medicaid that the child is clinically eligible for the SEDW. MSA completes the MSA-1785 (Appendix 3-8) and sends it and the DHS-49-A to the local MDHS office (with a copy to the family⁴). The MSA-1785 serves as notification to MDHS to process the Medicaid application using PEM 172 (Attachment A, Appendix 12).

Once a Medicaid number is received for the SEDW-enrolled child, MDCH 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).

Initiation of SEDW Services

Once the child has been clinically approved and enrolled in the SEDW waiver, the CMHSP may begin to provide waiver services. Upon request, the local MDHS 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. The Wraparound Facilitator is responsible for notifying MDCH of the start date of services.

Financial Determination Process

If the child is eligible for Medicaid at the time the SEDW application is submitted, or has an application pending, Medicaid sends a copy of the DHS-49A form and the MSA-1785 policy

⁴ The letter from MSA to the family serves as notification they should proceed with the Medicaid application. See "financial determination process", below, for detail.

memo to the local MDHS office. A letter and a copy of the MSA-1785 are also sent to the child's family.

If the child is not eligible for Medicaid at the time the SEDW application is submitted, Medicaid will send the family a packet of information regarding applying for Medicaid. Included in this packet are a letter of instruction, a copy of the DHS-49A and the MSA-1785 policy memo, and an Application for Assistance (a.k.a. Medicaid application). Upon receipt of the packet, the family must complete the Medicaid application. (**Note:** Although the eligibility decision will be based on the child's income and assets only, it is possible the local MDHS office will require that the family complete the Medicaid application providing financial information for all family members.)

Income eligibility exists when the child's gross income is equal to or less than the amount designated by Medicaid. In calendar year 2006, the limit on income is \$1,809 per month and the limit on assets is \$2,000⁵. Countable assets include, but are not limited to cash, savings, checking and credit union accounts, cars, trucks, campers, motorcycles and other vehicles, stocks and bonds, land contracts, farm or business equipment and machinery, real property (land) other than the homestead, trusts, and cash surrender value of life insurance policies. **Note:** An irrevocable (pre-paid) burial trust up to \$2,000 is not considered an asset.

Once the Application for Assistance has been completed, the family must send (or take) it to the local MDHS office. An addressed envelope will be provided. The packet must be submitted to MDHS within 14 days of receipt and must include the following:

- Completed DHS-1171 application; and
- Documentation of child's income and assets.
- While not essential, it may be helpful for the family to include a copy of the MSA-1785. This will alert the MDHS caseworker to look for the documentation they received from Medicaid, instructing them to process the application disregarding parental income and assts. This may save time!

MDHS will review and determine financial eligibility to ensure the child meets or is below Medicaid income and asset limits when viewed as a family of one, "waiving" parent's income and assets. The standard of promptness for this review is 45 days.

The local MDHS worker will assign a Medicaid recipient identification number if the child is not currently enrolled in Medicaid. Once financial eligibility is determined, MDHS will send a letter of confirmation to the family followed by the mihealth (Medicaid) card. **Note:** Unless the child is exempt (e.g., is in foster care or is enrolled in a commercial health insurance managed care plan) the child will be required to enroll in a Medicaid managed care plan. Information about the choices available in the child's geographic location will be provided by the vendor handling Health Plan enrollment for Medicaid.

⁵ The income and asset limits are detailed in PEM 172 (see Attachment A, Chapter 12).



The Wraparound Facilitator should ask the family to call as soon as they receive confirmation of Medicaid eligibility and/or when they get the child's mihealth card. The Wraparound Facilitator must make a copy of the mihealth card and fax it to The Children's Home and Community Based Waivers Director at (517) 241-5777.

Remember, the effective date of Medicaid can be retroactive to the date of clinical approval. Sometimes, but not typically, the retroactive effective date is 90 days prior to the date the Medicaid application was submitted. **Note:** The CMHSP cannot bill for SEDW services provided prior to the clinical approval date.



Medicaid financial determinations must be completed on an annual basis (i.e., 12 months from the first date of Medicaid eligibility). Failure to comply with this requirement in a timely manner will result in termination of the child's Medicaid eligibility. The necessary forms will be sent to the family by MDHS. MDHS will use the initial MSA-1785 to waive parental income and assets when making subsequent determinations of the child's financial eligibility for Medicaid. **Note:** While it will certainly be possible to get Medicaid reinstated, unnecessary delays in getting (and being reimbursed for) services will result.



The required MDHS forms must be submitted in a timely manner to avoid delay in the onset of services or a denial of waiver eligibility.



A copy of the child's mihealth card must be submitted to the MDCH to ensure timely approvals and reimbursement.

Annual Recertification Process



If the child continues to meet SEDW eligibility criteria, and to require the services of the SEDW, the Wraparound Facilitator must submit all of the following recertification documents to MDCH:

- 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 MDCH within 30 days of signature to maintain eligibility;
- An updated CAFAS® Summary to document the child continues to meet SEDW eligibility criteria;

- Children's SED Waiver Annual Budget. The budget must be based on the services identified in the current POS;
- Copy of current mihealth card; and
- An updated Demographic Intake Data form (with changes highlighted).

MDCH 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 Wraparound Facilitator for the child's file.

Date

Ms. Deborah Milhouse-Slaine
Michigan Department of Community Health
Lewis Cass Building - 5th Floor
320 Walnut Street
Lansing, Michigan 48913

RE: Waiver for Children with Serious Emotional Disturbance (SEDW) Application

Dear Ms. Milhouse-Slaine:

Please find the enclosed SEDW application for _____, who is a consumer of _____ CMHSP. The application packet includes the following completed items:

- 1) Waiver Certification
- 2) Children's SED Waiver Annual Budget
- 3) Demographic Intake Data
- 4) CAFAS® Summary
- 5) Copy of Medicaid Card (if currently eligible)

On behalf of the above-named CMHSP, I attest, based on best knowledge, information and belief, that all data submitted to the State are accurate, complete, and true. This statement applies to all documents pertaining to the SEDW, including but not limited to the following information: performance indicator data, recipient rights data, sentinel events data, annual budget planning documents, and fee-for-service billings. I also attest that, in keeping with the agreement, we will ensure Medicaid fee-for-service is only billed for services to children enrolled in the SEDW when the service is: 1) a service covered by the SEDW; 2) determined to be medically necessary; and 3) not covered or paid from other sources of funds, including Title IV-E funds.

We will commence waiver services upon approval of this waiver application.

If you have any questions, please call _____ at _____ or email at _____.

Sincerely,

_____, Executive Director
Name

Michigan Department of Community Health
Home and Community Based Waiver for Children with a
Serious Emotional Disturbance

FAMILY CHOICE ASSURANCE

Child Name

Family Name

I understand that my child is eligible for HCBS-SED Waiver services as an alternative to services in a state psychiatric hospital.

I have been informed that my child may receive services in my home and/or community. I have been informed about the home and community-based services waiver program for children with serious emotional disturbance, which may be used as an alternative to pursuing admission to a state psychiatric hospital.

My signature below indicates I have been informed of the options available for my child; and I am aware of my choice of qualified service providers.

My choice is to: (check one)

1. Keep my child at home with supports from the home and community-based services waiver program and request a Wraparound facilitator work with me to develop an individual plan of service for my child.

2. Pursue state psychiatric hospitalization for my child.

3. Refuse all services.

Signatures:

Parent/Legal Guardian

Date

Witness (Wraparound Facilitator)

Date

_____ Check if you are submitting this form with updated information only.

**SED WAIVER PROGRAM
DEMOGRAPHIC INTAKE DATA**

To be completed by Community Mental Health Service Program (CMHSP).

1. Child's Name: _____
Last First Initial
2. Child's Current Address and Phone Number: (____) _____

Street

City State Zip
3. Child's Medicaid ID Number (8 digit): _____
4. SSI Eligible? _____ Yes _____ No _____
Effective Date
5. Child's Date of Birth: _____
6. Male: _____ Female: _____
7. Diagnosis: Primary: _____
Secondary: _____
8. CAFAS score: _____ date of determination: _____
Child is age 12 or younger: YES ___ NO ___
9. Responsible Community Mental Health Service Program: _____
10. CMHSP County Code Number: _____
11. CMHSP Director: _____
12. CMHSP Address: _____
Street

City State Zip
13. CMHSP Telephone Number: (____) _____
14. Wraparound Facilitator: _____
15. Wraparound Facilitator's Telephone Number: (____) _____
16. Address of Wraparound Facilitator (if different than Director's)

Street City State Zip

All information must be complete if this child is new to the SED Waiver Program.

- 17. E-mail Address of Wraparound Facilitator: _____
- 18. Placement at Time of Referral (check one):
Home ___ Foster Care ___ Group Home ___ Hawthorn Center ___ Other _____
- 19. Placement upon approval of the waiver (check one):
Home ___ Therapeutic Foster Care ___ Foster Care _____
- 19.a. If in Foster Care, reason for placement: Voluntary ___ Abuse/Neglect ___ Other _____
- 19.b. If in Foster Care, is the child eligible for Title IV-E? Yes ___ No ___
- 20. Special Education Classification: _____
- 21. Information Regarding Child's Father:
Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone Number: (____) _____ E-mail address: _____
- 22. Information Regarding Child's Mother:
Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone Number: (____) _____ E-mail address: _____
- 23. Information Regarding Child's Foster Arrangement and Parent(s):
Check type: "Regular" Foster Care ___ Therapeutic Foster Care ___
Information Regarding Foster Father:
Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone Number: (____) _____ E-mail address: _____

Information Regarding Foster Mother:
Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone Number: (____) _____ E-mail address: _____

Client Report 1

Page 1 of 4

Assessment Report on the Child and Adolescent Functional Assessment Scale (CAFAS®)

TEST

Client ID Number 123456789	Last Name Sample	First Name Susan	Middle Name K	Birthdate 9/1/1994	Age 11	Gender Female
Client ID Number 2						

Date of CAFAS 10/31/2005	Admit Date 10/31/2005	Days Since Last CAFAS 0	CAFAS Administration 1st Evaluation	Period Rated 3 Month	Rater Linus VanPelt
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Caregiver/Custodians

Caregiver Jan & John Doe 123 Any Street Anytown MI 98765	Custodian	Notes:
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Diagnoses on Record

Axis I Major Depressive, Recurrent Cannabis Abuse	Axis IV Emotional abuse CONFLICT/PROBLEMS BETWEEN CAREGIVERS	
Axis II No Diagnosis on Axis II	Axis V	
Axis III	Situational Trauma/Stress: Substance Abuse Disorder: Developmental Disability:	

Information on Current Rating Period

Information Source:

In Person Contact: Parent, Youth, School Personnel, Juvenile Justice/Police

Telephone Contact:

Review of Documents:

Service Received by Youth or Family:

Youth's Location:

Youth's Living Arrangements and/or Residential Placements: Family Home (Parent or Guardian)

Psychiatric Medication: Yes:

Case Management: Yes, because family qualifies for another youth

Nonresidential Services: Emergency/Crisis Services, Intake or Screening, Evaluation, Assessment, or Diagnosis, Alcohol, Drug Counseling, Home-Based Services, Wraparound Services

Multi-agency Involvement: Mental Health, Court, Police, Juvenile Justice

Interagency Developed Service Plan: No

Family Participated in Developing Service Plan: Yes

Functioning:

Unexcused School Absences: Chronic

Disciplinary Consequences at School:

Contact with Juvenile Justice or Police:

CAFAS Items Selected

Score	Description	Scale
30	3 Judged to be a threat to others because of aggressive potential (i.e., resulting from youth's actions or statements); monitoring or supervision needed.	School/Work
30	4 Harmed or made serious threat to hurt a teacher/peer/co-worker/supervisor.	School/Work
30	8 Disruptive behavior, including poor attention or high activity level, persists despite the youth having been placed in a special learning environment or receiving a specialized program or treatment.	School/Work
20	52 Frequent use of profane, vulgar, or curse words to household members.	Home

http://10.8.24.80/Cafas/CafasCGI.EXE

6/27/2006

Client Report 1

20	53 Repeated irresponsible behavior in the home is potentially dangerous (e.g., leaves stove on).	Home
20	54 Run away from home overnight and likely whereabouts are known to caregivers, such as friend's home.	Home
10	80 Minor legal violations (e.g., minor driving violations, unruly conduct such that complaint was made, trespassing onto neighbor's property, or harassing neighbor).	Community
10	81 Single incidents (e.g., defacing property, vandalism, shoplifting).	Community
20	93 Behavior frequently/typically inappropriate and causes problems for self or others (e.g., fighting, belligerence, promiscuity).	Behavior/Others
20	95 Spiteful and/or vindictive (e.g., deliberately and persistently annoying to others, intentionally damaging personal belongings of others).	Behavior/Others
20	96 Poor judgment or impulsive behavior resulting in dangerous or risky activities that could lead to injury or getting into trouble, more than other youth.	Behavior/Others
20	97 Frequent display of anger toward others; angry outbursts.	Behavior/Others
20	124 Fears, worries, or anxieties result in the youth expressing marked distress upon being away from the home or parent figures; however, the youth is able to go to school or engage in some social activities.	Moods/Emotions
20	126 Emotional blunting (i.e., no or few signs of emotional expression; emotional expression is markedly flat).	Moods/Emotions
20	146 Non-accidental self-harm, mutilation, or injury which is not life-threatening but not trivial (e.g., suicidal gestures or behavior without intent to die, superficial razor cuts).	Self-Harmful
30	159 Use of substances is associated with serious negative consequences (e.g., injured, in accident, doing illegal acts, failing classes, experiencing physical health problems).	Substance Use
30	163 For 12 years or younger, uses regularly (once a week or more).	Substance Use
10	195 Expression of odd beliefs or, if older than eight years old, magical thinking.	Thinking
10	196 Unusual perceptual experiences not qualifying as pathological hallucinations.	Thinking
10	205 Occasional negative impact on the youth's functioning due to the youth's needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	Primary Caregiver
20	224 Family conflict is pervasive and continual (characterized by hostility, tension, and/or scapegoating, etc.).	Primary Caregiver
20	225 Family members are insensitive, angry and/or resentful to the youth.	Primary Caregiver
20	226 Marked lack of parental supervision or consistency in care (e.g., frequently does not know whereabouts of youth; does not know youth's friends).	Primary Caregiver

CAFAS RESULTS

Subscale Scores	CAFAS Scale	Impairment Level
30	School/Work Role Performance	Severe Impairment
20	Home Role Performance	Moderate Impairment
10	Community Role Performance	Mild Impairment
20	Behavior Toward Others	Moderate Impairment
20	Moods/Emotions	Moderate Impairment
20	Self-Harmful Behavior	Moderate Impairment
30	Substance Use	Severe Impairment
10	Thinking	Mild Impairment
160	YOUTH TOTAL based on 8 scores	

CAFAS Categories for Summarizing Extent of Overall Dysfunction For Youth Total Based on 8 Scores

The categories below describe a continuum of impairment/dysfunction. The category which applies to this client is checked. This description is based on input using the computer program options and may not offer the best summary description for any given client. If the rater thinks that another description of the client's degree of impairment is more appropriate, please indicate this by checking the first option in this section and by providing relevant information in the rater's comments.

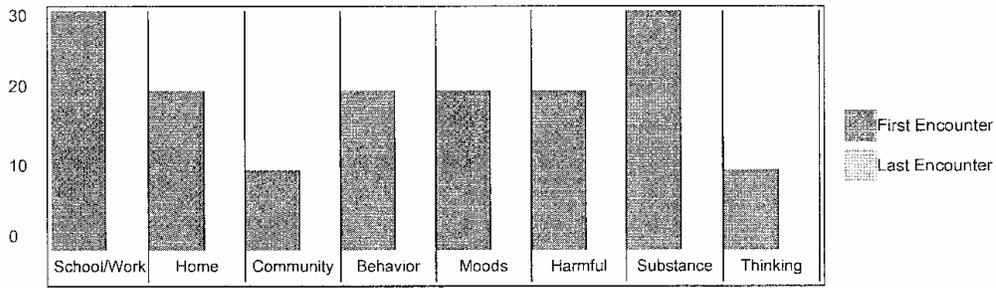
- None of these categories are appropriate. See Comments.
 - Total Youth Score was not generated because one or more scales were not rated.
 - Total Youth Score of 0: No Dysfunction: Preventive intervention may be desirable if child is at known risk.
 - Total Youth Score of 10: Youth may benefit from some level of intervention or prevention efforts.
 - Total Youth Score of 20-40: Youth can likely be treated on an outpatient basis provided that youth risk behaviors are not present.
 - Total Youth Score of 50-90: Youth may need additional services beyond outpatient care. If risk behaviors are demonstrated by the youth or by caregivers, more intensive services may be needed.
 - Total Youth Score of 100-130: Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care.
 - Total Youth Score of 140 or higher: Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community.
- Youth Risk Behavior, based on items endorsed on the CAFAS:**
- Has made a serious suicide attempt or is considered to be actively suicidal (119,142-145) or possibly suicidal (146-148)

Client Report 1

Signature of Youth

Date

Summary



Date of CAFAS	Assessment Sequence	Schl/Wrk	Home	Comm.	Behavior	Mood	Harm	Substance	Thinking	8 Score Youth Total	Caregiver	
											Mat	Support
10/31/2005	1st Evaluation	30	20	10	20	20	20	30	10	160	10	20

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<http://10.8.24.80/Cafas/CafasCGI.EXE>

6/27/2006

DATE:

<CMHSP DIRECTOR'S NAME>, <DIRECTOR'S TITLE>
<NAME OF THE CMHSP>
<ADDRESS LINE 1>
<ADDRESS LINE 2>
<CITY>, Michigan <ZIP>

Attention: <NAME OF THE WRAPAROUND FACILITATOR>, <TITLE>

Dear <SALUTATION> <WRAPAROUND FACILITATOR'S LAST NAME>:

SUBJECT: Department of Community Health (DCH) Approval of <CMHSP'S NAME>'s
Serious Emotional Disturbance Waiver (SEDW) Applicant, <CHILD'S FULL
NAME> (County Code: <XX>)

We are pleased to inform you that the Department has reviewed your application package for
<CHILD'S FULL NAME> and found <HIM/HER> to be clinically eligible to receive SEDW
services, effective <DATE OF THE APPROVAL>.

It is essential that you, as the responsible mental health agency, manage <CHILD'S FIRST
NAME>'S care in strictest compliance with the requirements outlined in the Medicaid Provider
Manual and SEDW agreement.

Please note that your SEDW Program Summary (attached) has been updated to include your
total number of approved SEDW enrollees and the identified budget totals.

Notice of this DCH approval is being sent to the DCH-MSA Eligibility Office, which will notify and
request your local Department of Human Services (DHS) office to review and determine
<CHILD'S FIRST NAME>'s eligibility for Medicaid under the special enrollment provisions of the
SEDW. You should immediately notify the family they will be receiving the DHS 1171 Medicaid
application in the mail. This application must be completed and submitted to the local DHS
office both initially, and annually while <CHILD'S FIRST NAME> is on the SEDW. You may wish
to notify your colleagues at the DHS of this MDCH approval and offer your agency's assistance
in facilitating their review. (Note: If <CHILD'S FIRST NAME> is already Medicaid eligible, a
Medicaid application does not have to be made at this time. It will only need to be made when
requested by DHS.) Please submit a copy of the Medicaid card to me once a Medicaid ID
number is issued, along with written verification of the date SEDW services began. This
information is necessary to facilitate payment of Medicaid Fee-For-Service billings.

<CMHSP DIRECTOR'S NAME>, <DIRECTOR'S TITLE>
<NAME OF THE CMHSP>
<DATE>
Page 2

Waiver services may begin at any time after DCH approval; however, DHS determination of financial eligibility for Medicaid is necessary to obtain a Medicaid recipient identification number and for reimbursement by Medicaid. Until a waiver start date is received, any Medicaid billings will be rejected. Additionally, a Plan of Service (POS) must be developed and available in the home within seven (7) days of the commencement of services per the Michigan Mental Health Code. All funding will be provided by Fee-For-Service reimbursement on the basis of your Medicaid billings.

We look forward to working with you on the implementation of the SEDW. If you have any questions, please contact Debbie Milhouse-Slaine at (517) 241-5757 or at Milhouse@Michigan.gov.

Sincerely,

Irene Kazieczko, Director
Bureau of Community Mental Health Services

IK/sm

Attachment

c: Mark Kielhorn
Deborah Milhouse-Slaine
Keith Andrykovich

MEDICAL -SOCIAL ELIGIBILITY CERTIFICATION
Michigan Department of Human Services

PROGRAM: Check appropriate box(es):		Grantee Name (Client Name if not grantee)	
<input type="checkbox"/> PEM 154 Child	<input type="checkbox"/> Retro MA	Social Security Number	Case Number
<input type="checkbox"/> MA Disabled	<input type="checkbox"/> SDA	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth
<input type="checkbox"/> MA Blind	<input type="checkbox"/> Other: _____	County District Section Unit Worker	Client ID Number
MEDICAL CASE STATUS – Check appropriate box(es):		Worker's Name	
<input type="checkbox"/> New App. Date _____	<input type="checkbox"/> Medical Rev. Date _____	Telephone Number/Ext. ()	
<input type="checkbox"/> Reapplication Date _____	<input type="checkbox"/> Case Rev. Date _____		
<input type="checkbox"/> Reopening Date _____	<input type="checkbox"/> Retro MA Month _____		

▼ THE REMAINDER OF THIS FORM IS COMPLETED BY THE MEDICAL REVIEW TEAM (MRT) ▼

SECTION I – DECISION DEFERRED

Decision Deferred

Signature _____ Date _____

SECTION II – DECISION

	Approved	Denied
MA-Disabled/Blind Client's physical or mental impairment(s) can be expected to result in death, OR has lasted or can be expected to last for at least 12 consecutive months and prevents working in any substantial gainful employment (SGA). _____		
SDA Physical or Mental Impairment prevents employment of 90 days or more. (PEM Item 261) _____		
Other (Specify) _____		

SECTION III – COMMENTS AND / OR REQUIRED ACTIONS FOR REVIEW

Month and Year Condition Began	Month/Year Medical Review Requested	Lifetime
<input type="checkbox"/> FIA-49, Medical Examination Report	<input type="checkbox"/> Current FIA-49-B, Social Summary	
<input type="checkbox"/> FIA-49I, Eye Examination Report	<input type="checkbox"/> Current FIA-49-BU, Social Summary Update	
<input type="checkbox"/> FIA-49-D, Psychiatric/Psychological Examination Report	<input type="checkbox"/> FIA-49-F, Medical-Social Questionnaire	
<input type="checkbox"/> FIA-49-E, Mental Residual Functional Capacity	<input type="checkbox"/> FIA-49-G, Activities of Daily Living (recommended)	
<input type="checkbox"/> Hospital Admitting / Discharge Summary	<input type="checkbox"/> Old Medical Packet	
<input type="checkbox"/> Clinic Notes _____	<input type="checkbox"/> FIA-1552 SSI Verification (or equivalent)	
<input type="checkbox"/> Test Results _____	<input type="checkbox"/> Mandatory Treatment (See Below)	
<input type="checkbox"/> Consultative Exams	<input type="checkbox"/> FIA-4761	
<input type="checkbox"/> SSA / DDS Consultative Exam	<input type="checkbox"/> FIA-4762	
<input type="checkbox"/> MRS Services Report	<input type="checkbox"/> Other	
<input type="checkbox"/> Other _____		
Mandatory Treatment		

<input type="checkbox"/> Client is medically eligible for MA disabled or blind and SDA but is NOT to be referred to the Social Security Administration to apply for Supplemental Security Income (SSI) benefits (PEM Item 271).		

MEDICAL REVIEW TEAM CERTIFICATION (Signature of a physician is required and applies to disability decisions rendered on behalf of Title XIX applicants / recipients).

Medical Consultant Signature	Date	Medical Social Work Consultant Signature	Date
_____	_____	_____	_____

DATE OF LETTER

Ms. Jan Smith
Client Eligibility Enrollment
Medical Services Administration
Department of Community Health
400 South Pine, P.O. Box 30479
Lansing, Michigan 48909

Re: APPLICANT'S FULL NAME

Dear Ms. Smith:

This letter is to inform you that the Michigan Department of Community Health (MDCH) has determined that APPLICANT'S FULL NAME is clinically eligible to receive services under the MDCH Medicaid Special Targeted Home and Community-Based Services Waiver for children with Serious Emotional Disturbance (the DCH SED Waiver Program).

The effective date of the MDCH approval is DATE OF DCH APPROVAL. APPLICANT'S FIRST NAME date of birth is APPLICANT'S DOB. His/her current address is 1957 Townline Road, Traverse City, Michigan 49684. This child is not currently Medicaid eligible. **Note: The letter should 'substitute' the following sentence if the child has current MA:** This child is currently Medicaid eligible; the MA ID# is xxxxxxxx

Please provide me with a copy of the MSA-1785 you send to the local county DHS office.

Should you have any questions concerning this case, please call me at 241-5757. Thank you in advance for your expeditious processing.

Sincerely,

Deborah Milhouse-Slaine, Director
Children's Home & Community Based Waivers

DMS/sm

POLICY DECISION
Michigan Department of Community Health
Medical Services Administration

TO:	Macomb Co DHS Attn: INTAKE	Date: Case Name: Case Number: D.O.B. MA ID #:	January 3, 2006 Doe, John 05/16/1999 12 34 56 78
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SUBJECT: SED Waiver Program (PEM 172)
REQUEST FOR MA

Under Section 1515 of the Social Security Act, Group 1 Medicaid coverage is available for unmarried disabled children under age 18 if:

- a) the child requires a level of care provided in a medical institution (i.e. hospital, skilled nursing facility or intermediate care facility); and
- b) appropriate care can be provided for the child at home; and
- c) MA cost of care at home is less than the MA cost of care in a medical institution; and
- d) the child would be eligible for SSI if he/she were in a medical institution.

The Department of Community Health has documented that criteria (a) through (c) are met for the above named child. The DHS-49A certifying disability is attached.

The child meets criterion (d) above and is eligible for MA under the SED Waiver category if all of the eligibility factors in PEM Item 172 are met, **utilizing only the child's income and assets as stated in PEM 172.**

Use the SED Waiver category only when the child is not receiving FIP or SSI. Use the SED Waiver category before using a Group 2 MA category. Eligibility for this child under the SED Waiver category may be determined for any retro MA or current period beginning on or after December 22, 2005.

If you have any questions concerning this case, please contact Jan Smith at (517) 241-8656.

Attachment
cc: Deborah Milhouse-Slaine, DCH
Parent(s) of John Doe

Respondent Signature:

Jan Smith, Analyst
Eligibility Quality Assurance

CHAPTER 4: WRAPAROUND - PROCESS AND PRINCIPLES

- Wraparound is not a program; it is a process.⁶
- The MDCH staff, in partnership with other state agencies, consumers and the State Wraparound Steering Committee, will provide guidance to ensure fidelity to the wraparound model.
- The MDCH staff, in partnership with other state agencies, will provide the necessary training and technical support to ensure community success in implementing the SEDW and wraparound.
- MDCH, in partnership with other state agencies, will assist in addressing barriers that impact communities implementing the SEDW and wraparound.

Introduction

The wraparound process is an individualized, needs-driven, strengths based process for children and families with multiple needs. This process has resulted in significantly improved outcomes for children and their families. Because the wraparound process involves interagency collaboration, the Community Collaborative and the Community Team should oversee the process. The fundamental elements of the wraparound process include:

- The philosophy of unconditional commitment;
- An infrastructure which includes the Collaborative Body, Community Team, Wraparound Facilitator, and Child and Family Team;
- A Strengths and Culture Discovery, and Life Domains needs planning; and
- A safety plan that addresses health and safety risks.

The wraparound process is based on the following best practice values:

- Child Well-Being
- Family-Focused
- Safety
- Individualized
- Cultural Competency
- Strength-Based
- Parent/Professional Partnerships
- Collaboration and Community Support
- Outcome Based
- Social Networks and Informal Supports

⁶ A PowerPoint presentation on Wraparound is included as Attachment B, Chapter 12.

- Community-Based
- Direct Practice and System Persistence
- Cost Effective and Cost Responsible

Fidelity to the Wraparound Model

The Community Collaborative will suggest potential individuals for membership on the Community Team. Membership should include all agencies and others that work with children and families or can provide resources. Membership may be different based on the differences in the community. The Community Collaborative develops a charge that outlines roles and responsibilities that are consistent with the functions described below.

Community Teams provide the support and gate-keeping function for wraparound in the community. The membership and functions of the Community Teams are outlined below.

Membership of the Community Team:

- Administrators and mid-managers of public agencies providing services - such as MDHS, CMHSP, Public Health Department, Schools, and Probate/Family Court;
- Parents and/or youth who have experienced services; and
- Community members - may include private non-profit administrators, local business people, faith-based organizations, family/friends of families, and other community leaders with an interest in children and families.

Functions of the Community Team:

- Targeting and setting priorities: The Community Team determines which population(s) of children/adolescents receive(s) priority for services, taking into consideration resources and the needs of stakeholders. In most communities, children at high risk of out-of-home placement are targeted. For purposes of determining eligibility for the SEDW, the child must be at risk of a psychiatric hospitalization.
- Gate-keeping: The Community Team determines: 1) the information to be submitted by the referring party, and 2) the decision-making process and timetable for review and approval for wraparound. The Community Team accepts, reviews, and approves referrals. If the referral and approval is also for an application for the SEDW, it is the Wraparound Facilitator's responsibility to complete the application and send it to MDCH for final approval and enrollment in SEDW.
- Committing resources: The Community Team identifies funding, including flexible funds to serve the targeted populations to develop and provide individualized services. For each family, the Community Team determines who will provide resource coordination to facilitate wraparound services. The Community Team keeps track of the extent and use of resources and ensures that funds are expended according to the requirements of the fund source (e.g., Medicaid, various MDHS funds, county/local funds, etc.). The Community Team reports to the Community Collaborative on the expenditures and

outcomes. The Community Team members identify staff and assure that participation on Child and Family Teams is a staff priority.

- Plan and budget review and approval: For each family, the Community Team reviews a wraparound plan developed by the Child and Family Team. The Community Team reviews the plan for completeness (e.g., strengths, needs, strategies, funding, cost of services, outcomes) and the inclusion of crisis/safety plans. If the Community Team does not approve the plan, it is returned to the Child and Family Team for revision.
- Performance monitoring: The Community Team develops and implements a system to identify and measure outcomes that includes regularly scheduled data collection, analysis, review and utilization for informed decision making.
- Training /Support: The Community Team develops an on-going training plan for parents, agency staff and community members involved in the wraparound process. The training addresses the fundamental elements of the wraparound process and family-centered approaches/partnering with families. The training plan includes development of local coaches to mentor new facilitators, team members and service providers in the wraparound process. The Community Team supports the Wraparound Facilitators by troubleshooting barriers in the development and implementation of individualized plans.



A copy of the Community Team's recommendations and the SEDW application must be maintained in the child's record for audit purposes.



Documentation must be maintained in the child's records that tracks the extent and use of resources and ensures that funds are expended according to the requirements of the fund source (e.g., Medicaid, various MDHS funds, county/local funds, etc.).



A copy of the wraparound plan developed by the Child and Family Team must be maintained in the child's file.

Child and Family Team

The Child and Family Team includes those persons most familiar with the child and family, plus service providers and community members. The majority of team members are the parents plus family members, friends and neighbors selected by the family.

Functions of the Child and Family Team:

- Participates in the Strengths and Culture Discovery;
- Develops a wraparound plan that is family-centered;
- Develops crisis and safety plans;

- Works to support the implementation of the wraparound plan;
- Accesses informal and formal supports/resources;
- Monitors services/supports for effectiveness;
- Evaluates on a regular basis the individual/family outcomes identified by the wraparound plan;
- Pledges unconditional commitment;
- Revises the wraparound plan based on changing needs, newly identified or developed strengths and/or on the result of an outcomes' review; and
- Makes provisions for long term support of the family after formal services are completed.

Core concepts of planning:

The Strengths and Culture Discovery process, completed by the Child and Family Team, identifies the assets of the family, assists the members of the Child and Family Team to obtain a balanced picture of the family and of other team members, and begins the joining process between the family and the team. The strengths and culture discovery process is built on the identified strengths and culture of the child and family. It is the role of the Wraparound Facilitator to ensure this is completed.

The Strengths and Culture Discovery:

- Should consider cultural differences in approaching families;
- Should identify the personal assets (values/attitudes, preferences, traditions/daily rituals, skills/abilities, interests, attributes/features) and resources of the individual, family and team member;
- Should focus on the child, other family members and the family as a whole across all life domains; and
- Sets the stage for a holistic planning process.

Life Domain Planning:

Each Child and Family Team ensures that the plan is family-driven, not agency driven, and that it includes planning across all life domains, including; emotional / psychological / behavioral, health, education / vocational, financial / resources, cultural / spiritual, crisis, safety, housing / home, relationships / attachments, legal, daily living, family, social / recreational, and other life domains, as determined by the Child and Family Team.

Life Domain planning is always a blend of formal and informal resources. It uses strategies based on strengths, focused on need, and which are individualized, and community-based. It

includes a Crisis Plan that is intended to help prevent a crisis and to deal with the crisis when it occurs. The child, the family and/or the Child and Family Team define the “crisis”. The Crisis Plan should provide for around-the-clock response in the community (24 hours per day, 7 days per week) and include a safety plan that is intended to insure the safety of the children or family members in the home.

Resource Assessment/Utilization:

The Child and Family Team develops a POS and a budget is completed that outlines use of community funds, family contributions, community donations and Medicaid funds. The Community Team approves all budget expenditures as recommended by the Child and Family Team.

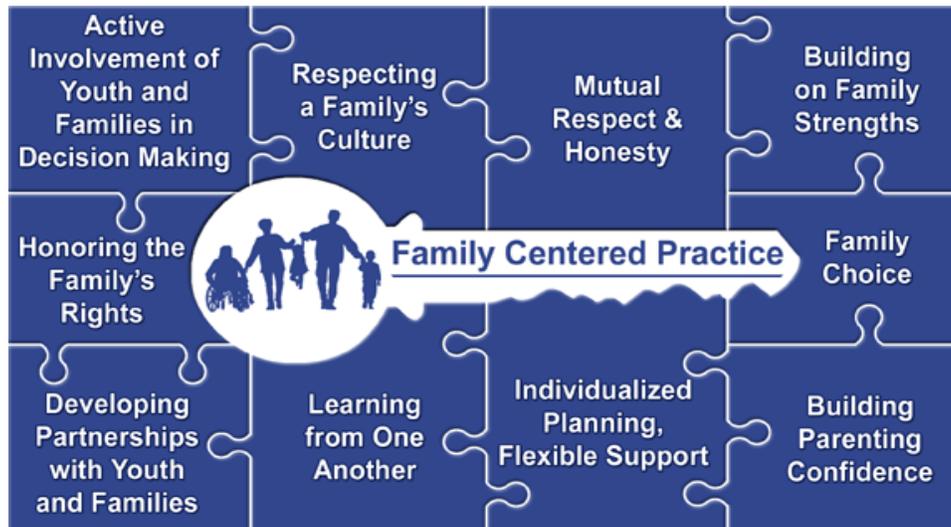
Community Collaboration:

To facilitate wraparound services in the community, the Community Collaborative needs to:

- Recognize that community agencies must share their resources in order to support children and families;
- Sponsor the wraparound process;
- Establish the Community Team;
- Set goals, objectives and outcomes for the Community Team who manages the wraparound process;
- Facilitate participation of agency staff in the wraparound process and prioritize their involvement on Child and Family Teams;
- Commit to the availability and management of funding and/or other resources to facilitate the Wraparound process in their community (e.g., staff participation on Child and Family Teams, funding);
- Receive reports from the Community Team and monitor progress and outcomes; and
- Promote training and education in the wraparound philosophy and approach, for all staff serving children and families.

Person-Centered Planning / Family Centered Practice

Person-Centered Planning / Family Centered Practice encompasses the belief that the family is at the center of the planning process and the service providers are collaborators. The family is the constant throughout the life of their children, while fluctuations occur at the service system level due to personnel changes and turnover.



Responsibilities of the Wraparound Facilitator:

The Wraparound Facilitator facilitates the wraparound process for children and their families. The Wraparound Facilitator is key in facilitating the planning and delivery of individualized services and supports.

Functions of the Wraparound Facilitator include, but are not limited to:

- Inspire a strong non-judgmental, family-centered approach;
- Set the stage for unconditional commitment;
- Receive accepted referrals from the Community Team;
- Contact the family and facilitates a Strengths Assessment process at the initial meeting with the family or at the first meeting of the Child and Family Team;
- Configure a Child and Family Team with each family;
- Facilitate the meetings of the Child and Family Team; make adjustments for the culture and comfort level of the individual team members;
- Assist the Child and Family Team in developing an individualized service and support wraparound plan, which is culturally relevant and includes crisis and safety plans;
- Submit wraparound plans to the Community Team for review and approval;
- Identify existing categorical services and makes recommendations regarding their usefulness, given the needs of the child and family;
- Create and facilitates the implementation of services and supports which do not presently exist;

- Facilitate the development of transition strategies;
- Advocate for the child and family;
- Assess training needs and arranges training of key individuals;
- Manage individual wraparound budget plans and expenditures while working with fiscal staff;
- Monitor the provision of services and supports; and
- Provide data so that the Community Team and the Community Collaborative can monitor outcomes of wraparound plans and expenditures.

Responsibilities of the Wraparound Supervisor:

- Provides day-to-day consultation and coaching to the Wraparound Facilitator to ensure best practice values and fidelity to the model;
- Oversight to ensure the wraparound process results in a POS that accurately reflects the child's and family's needs;
- Accountability that community safety is planned for and risk has been reduced;
- Connection to the children, families and teams to ensure satisfaction, progress and fidelity to the model; and
- Support staff in training and technical assistance that will support higher fidelity (ensure facilitators have necessary skill set to perform duties).

Development of the POS

The wraparound process steps below should be followed when developing a POS. (See Appendix B for the outline of a PowerPoint presentation about the wraparound process.)

- **Step 1:** Getting to Know You - Developing a Partnership / child and family team development
- **Step 2:** Start Meeting with Strengths / Culture Discovery
- **Step 3:** Set Mission / Vision
- **Step 4:** Needs Discovery
- **Step 5:** Prioritize Needs
- **Step 6:** Action Planning
- **Step 7:** Team Commitments

- **Step 8:** Outcomes and Evaluation
- **Step 9:** Documentation
- **Step 10:** Crisis / Safety Planning (throughout the process)

Establishing methodology for implementation of the POS

The Child and Family Team is charged with developing a POS for each child and family. The Wraparound Facilitator will go through the steps of the wraparound process outlined above to identify the child's and family's needs and create an action plan to meet the needs and outcomes. The team will determine the amount of services that will be provided, with the family having the lead voice on what makes sense to meet the outcomes. Services should reduce over time and other supports should be in place. This will vary based on the needs, outcomes and safety risk of the child and family. The team will review the service needs as it relates to needs and outcomes, and ensure the POS also incorporates strengths and is culturally relevant. The Community Team should also track service array trends.

Revising the Plan of Service

- The POS will be reviewed at least monthly by the Child and Family Team and revisions will be reflected in the POS, and Child and Family Team minutes;
- Outcomes will be reviewed and progress measured by the Child and Family Team at least monthly and changes will be made if needed;
- The POS will be formally reviewed every six months by the Community Team;
- The supervisor will review the POS at least every three months; and
- The Child and Family Team, supervisor and the Community Team will review crisis and safety plans.



A copy of the POS and any updates to the POS must be maintained in the child's file, along with a copy in the child's home.



For the SEDW, it is required that the POS addresses the coordination and oversight of any identified medical care needs to ensure health and safety. This includes areas of concern such as drug / medication complications, changes in psychotropic medications, medical observation of unmanageable side effects of psychotropic medications or co-existing general medical condition requiring care.

CHAPTER 5: INDIVIDUALIZED ANNUAL BUDGET

- The CMHSP is obligated to ensure local financial match for federal funds paid under the SEDW for services to enrolled children. In the event that partner agencies are unable to provide the required local obligation (e.g., Child Care Fund), or provide funds that don't qualify as match for Federal Medicaid funds, the CMHSP is responsible for providing the match obligation.
- The CMHSP staff is responsible for completing the child's POS, developing an individualized annual budget that supports the POS, and ensuring that the budget is reviewed and approved by the Community Team.
- The Children's SEDW Annual Budget form must be completed as part of the initial SEDW application packet, and with each annual recertification thereafter.
- The Community Team is responsible for approving and signing the child's budget.

Introduction

This section will describe: the financing of the POS, including a brief discussion of funding; the alignment of the child's POS and budget; and completion of the budget form.

Financing Services

The CMHSP is obligated to ensure local financial match for federal funds paid under the SEDW for services to enrolled children. In the event that partner agencies are unable to provide the required local obligation (e.g., Child Care Fund), or provide funds that don't qualify as match for Federal Medicaid funds, the CMHSP is responsible for providing the match obligation. Prior to the beginning of each fiscal year, the CMHSP must provide certification to the MDCH that local/state funds are: available for each child enrolled on the SEDW; identified in the child's Annual Budget, and qualify as bona fide match to Federal funds. For fiscal year 2007 this certification takes the form of the agreement between the MDCH and the CMHSP. This certification is a financial commitment for all children served by the CMHSP who are enrolled in the SEDW. In subsequent years the certification will be part of the MDCH/CMHSP Managed Mental Health Supports and Services Contract (commonly known as the GF contract).

Some examples of funds that qualify as bona fide federal match are state or local general fund / general-purpose dollars, and the local Child Care Fund. The CMHSP shall include documentation of the type and source of funds used to meet the match obligation under the SEDW. The CMHSP and its partner agencies may elect to use excess local contributions to pay for the cost of products or services that are not covered under the SEDW or other Medicaid State Plan services. The CMHSP must separately report this use of excess local contributions on the budget. Funding arrangements and community partners will vary from CMHSP to CMHSP.

For each enrolled child, there will be a POS and an individualized budget that reflects the services identified in the POS and enumerates the source and amount of both Medicaid and local match funds.

Aligning the POS and the Individualized Budget

The budget should be consistent with the POS developed by the Child and Family Team (See Chapter 4 - Wraparound Process and Principles – for detail on developing the POS). The budget should match the amount, duration and scope of the services identified in the POS and be supportive of the POS as it was developed. Only those services identified in the POS should be identified in the budget. The Community Team is responsible for approving and signing the budget.

Completing the SEDW Annual Budget Form (Appendix 5-1)



Note: The SEDW Annual Budget form is written as a Microsoft Excel spreadsheet. These instructions are for completing the budget electronically. It may be helpful to save a copy of this spreadsheet as a backup in a folder other than your working folder.

Below are screen shots of the SEDW budget form to help illustrate the narrative for completing the budget. We have tried to make the budget form as easy to complete as possible. There are many cells that do not require data entry, as they contain formulae that will calculate results automatically. (The cells that calculate automatically are highlighted in Example 2.) **Note:** Do not type over these formulae, as this will prevent totals from calculating correctly. We are aware this need for caution may be inconvenient – but we have not figured-out how to ‘lock’ the cells so you can’t overwrite them, while still enabling you to select individual services and have the fee screen fill-in. If you inadvertently overwrite a cell, either ‘undo’ your typing, or revert to your backup file!



The SEDW Annual Budget must be completed (after development of the initial POS) and submitted to MDCH as part of each child’s initial application for the SEDW and with each annual recertification. During the time the child is on the SEDW, it is expected the POS, and therefore the budget, will be updated frequently to reflect changes in the child’s / family’s needs. Those ‘mid-year’ revised budgets do not need to be submitted to MDCH.

The demographics section of the budget (see Example 1) includes basic demographic information for the child, as well as the Budget Start Date and Budget Stop Date. The Budget Start Date must be the child’s anticipated start date of services. The Budget Stop Date should be either 12 months from the start date, or the anticipated date services will end.

Example 1

Please complete the demographic section with appropriate information.

Budget Start Date is the anticipated start date of service.

Budget Stop Date is 12 months from the start date, or the anticipated termination date of services.

Waiver Services are listed with corresponding Medicaid fee screens (for non-holiday dates and one child).

After completing the demographics, please indicate: the type of service to be provided (as specified in the child's POS); the name of the provider; the number of units of service per month (as specified in the child's POS); the number of months the service is to be provided; and the unit cost for that service. **Note:** you should enter your charges / cost for each service in the "Unit Cost" column. The "Fee Screen" provided is for one child (vs. multiple children in the same household enrolled in the SEDW) and for non-holiday rates. This may be updated, as appropriate. (For example, you may update the fee screen to reflect serving multiple children in the same household.) The *SEDW Database effective May 1, 2006*, lists SEDW services, procedure codes, parameters and fee screens; and is provided as Attachment C, Chapter 12.

Once you have entered the above information, the spreadsheet will calculate the cost per month, the annual cost, the amount of Medicaid reimbursement to be provided (for Medicaid Services), and whether non-match funds will be required (see Example 2). For Medicaid, the CMHSP staff will need to identify the source and amount of match. Upon completion of a row for a particular service the "Annual Cost" and the "Funding Total" should match. If these do not match, there is an error somewhere in the row.

Example 2

For each service on the POS, enter data in these columns: **Provider, # of units per mo., # mos, Unit cost, and Source/amount of match.** The highlighted cells will then compute automatically. **Note:** Manually changing these cells will result in calculation errors.

6	Service as identified in the Individualized Plan of Service	Provider	# of units per mo.	# mos	Unit cost	Fee Screen	Cost per month	Annual cost	Source/amount of match				Medicaid Funds	Non-match Funds Including Title IV-E	Funding Total	
									Child Care Fund	GF/GP	Other specify	Other specify				
8	Waiver Services															
9	Wraparound Facilitation / Community Support				\$ -	\$ 340.00	\$ -	\$ -						\$ -	FALSE	\$ -
10	Respite Care				\$ -	\$ 6.40	\$ -	\$ -						\$ -	FALSE	\$ -
11	Community Living Services / Supports (CLS)				\$ -	\$ 6.40	\$ -	\$ -						\$ -	FALSE	\$ -
12	Therapeutic Overnight Camp				\$ -	\$ 1400.00	\$ -	\$ -						\$ -	FALSE	\$ -
13	Transition Services				\$ -	\$ -	\$ -	\$ -						\$ -	FALSE	\$ -
14	Waiver Subtotal									\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
15	Other Medicaid State Plan Mental Health Services															
16					\$ -	\$ -	\$ -	\$ -						\$ -	FALSE	\$ -

Other Medicaid State Plan Mental Health Services

Under “Other Medicaid State Plan Mental Health Services”, each Medicaid State Plan Service that CMHSPs may provide to SEDW enrollees is listed in the drop down list. Once a service is selected, the fee screen will be filled in automatically (see Example 3). The HCPCS Code also will be filled in automatically in column A, however this does not appear unless the whole worksheet is highlighted and Format → Column → Unhide is chosen.

After the correct service is selected, the completion of this section is similar to the Waiver Services section above. The name of the provider, the number of units per month, the number of months, and the unit cost will need to be completed. The Fee Screen will auto fill. Once the above information is provided, the spreadsheet will then calculate the cost per month, the annual cost, the amount of Medicaid to be provided (for Medicaid Services), and whether non-match funds will be required (see Example 4). For Medicaid, the CMHSP staff will need to identify the source and amount of match. Upon completion of a row for a particular service, the “Annual Cost” and the “Funding Total” should be the same.

Example 3

Under **Other Medicaid State Plan Mental Health Services**, each Medicaid State Plan service is listed in the drop down list. Once a service is selected, the **Fee Screen** will fill-in automatically.

6	7	Provider	# of units per mo.	# mos	Unit cost	Fee Screen	Cost per month	Annual cost	Source/amount of match				Medicaid Funds	Non-match Funds Including Title IV-E	Funding Total
									Child Care Fund	GF/GP	Other specify	Other specify			
16	Other Medicaid State Plan Mental Health Services														
17															
18															
19															
20															
21															
22															
23															
24	State Plan Subtotal Other Community Services														
25															
26															
27															

Once a service is selected, enter the **# of units per mo.**, **# mos**, and **Unit cost**. **Cost per month** and **Annual cost** will calculate automatically.

6	7	Provider	# of units per mo.	# mos	Unit cost	Fee Screen	Cost per month	Annual cost	Source/amount of match				Medicaid Funds	Non-match Funds Including Title IV-E	Funding Total
									Child Care Fund	GF/GP	Other specify	Other specify			
16	Other Medicaid State Plan Mental Health Services														
17			60	6	\$ 80.00	\$ 66.74	\$ 4,800	\$ 28,800	\$ 5,215	\$ 5,215			\$ 13,597	4,774	\$ 28,800
18															
19															
20															
21															
22															
23															
24	State Plan Subtotal Other Community Services														
25															
26															
27															

This example shows the agency **Unit Cost** being higher than the **Fee Screen**. This results in the need for **Non-match Funds** to support the service. This example also shows the **Child Care Fund** and **GF/GP** as the 2 sources of match for the **Medicaid Funds**.

Other Community Services

Please complete all sections for “Other Community Services” (other than “Cost per month”, “Annual cost”, and “Funding Total” - as formulae are built-in for each of these cells).

Signatures

Upon completion of the budget, the CMHSP Designee and the Community Team must sign the budget before it can be submitted to MDCH as part of the Initial Packet (see Example 5).

Example 5

The screenshot shows a Microsoft Excel spreadsheet titled "Microsoft Excel - SED Waiver Budget Sheet draft 5-18-06-Final.xls". The interface includes a menu bar (File, Edit, View, Insert, Format, Tools, Data, Window, Help), a toolbar with icons for file operations and formatting, and a formula bar. The spreadsheet grid shows columns B through Q and rows 1 through 44. Rows 2-5 contain fields for "Child's Name", "Date of Birth", "CMH File #", "Child's Medicaid #", "Wraparound Facilitator", "Budget Start Date", and "Budget Stop Date". Row 6 is the start of a table with the following headers: "Service as identified in the Individualized Plan of Service", "Provider", "# of units per mo.", "# mos", "Unit cost", "Fee Screen", "Cost per month", "Annual cost", "Source/amount of match" (subdivided into "Child Care Fund", "GF/GP", "Other specify", "Other specify"), "Medicaid Funds", "Non-match Funds Including Title IV-E", and "Funding Total". Rows 34-37 contain signature lines for "CMHSP Designee Signature", "Date", "MDCH Reviewer Signature", "Date", "Reviewed and Approved by Community Team", and "Community Team Signatures". The status bar at the bottom shows "Ready" and the system tray includes a clock showing 3:55 PM.

Children's SEDW Annual Budget

Child's Name: _____ Date of Birth: _____
 CMH File #: _____ Child's Medicaid #: _____
 Wraparound Facilitator: _____ Budget Start Date: _____ Budget Stop Date: _____

Service as identified in the Individualized Plan of Service	Provider	# of units per mo.	# mos	Unit cost	Fee Screen	Cost per month	Annual cost	Source/amount of match			Medicaid Funds	Non-match Funds Including Title IV-E	Funding Total
								Child Care Fund	GF/GP	Other specify			
Waiver Services													
Wraparound Facilitation / Community Support				\$ -	\$ 340.00	\$ -	\$ -				\$ -	FALSE	\$ -
Respite Care				\$ -	\$ 6.40	\$ -	\$ -				\$ -	FALSE	\$ -
Community Living Services / Supports (CLS)				\$ -	\$ 6.40	\$ -	\$ -				\$ -	FALSE	\$ -
Therapeutic Overnight Camp				\$ -	#####	\$ -	\$ -				\$ -	FALSE	\$ -
Transition Services				\$ -		\$ -	\$ -				\$ -	FALSE	\$ -
Waiver Subtotal								\$ -	\$ -	\$ -	\$ -		\$ -
Other Medicaid State Plan Mental Health Services													
▼					\$ -	\$ -	\$ -				\$ -	FALSE	\$ -
▼					\$ -	\$ -	\$ -				\$ -	FALSE	\$ -
▼					\$ -	\$ -	\$ -				\$ -	FALSE	\$ -
▼					\$ -	\$ -	\$ -				\$ -	FALSE	\$ -
▼					\$ -	\$ -	\$ -				\$ -	FALSE	\$ -
▼					\$ -	\$ -	\$ -				\$ -	FALSE	\$ -
State Plan Subtotal								\$ -	\$ -	\$ -	\$ -		\$ -

SED_Waiver_Budget_Sheet_Final_5_23_06

Children's SEDW Annual Budget

Service as identified in the Individualized Plan of Service	Provider	# of units per mo.	# mos	Unit cost	Fee Screen	Cost per month	Annual cost	Source/amount of match				Medicaid Funds	Non-match Funds Including Title IV-E	Funding Total	
								Child Care Fund	GF/GP	Other specify	Other specify				
Other Community Services															
						\$ -	\$ -								\$ -
						\$ -	\$ -								\$ -
						\$ -	\$ -								\$ -
						\$ -	\$ -								\$ -
						\$ -	\$ -								\$ -
						\$ -	\$ -								\$ -
Community Subtotal								\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	
TOTALS								\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	

CMHSP Designee Signature _____ Date _____ MDCH Reviewer Signature _____ Date _____

Reviewed and Approved by Community Team _____ Date _____

Community Team Signatures _____

CHAPTER 6: SERVICE DESCRIPTIONS AND PROVIDER QUALIFICATIONS

- All services, and service providers, must be identified in the child's POS.
- The type and amount of service provided and billed under the SEDW must be determined necessary to meet the needs of the child.
- Each SEDW service is provided and billed according to the amount, frequency and duration stated in the POS.
- SEDW services are billed on a fee-for-service basis.
- Providers of all SEDW services must meet qualifications as specified in this chapter or in the Medicaid Provider Manual.⁷
- Qualified providers of the family's choice deliver each service and support.
- Certain SEDW *waiver* and other *Medicaid State Plan services* require prescriptions.⁸

Introduction

Children enrolled in the SEDW are excluded from Michigan's Capitated Specialty Mental Health Medicaid Managed Care 1915(b)(c) concurrent waiver programs. In addition to SEDW *waiver* services, children served by the SEDW have access to certain *other* Medicaid Mental Health services (e.g., Psychotherapy, Medication Management, OT and PT Evaluation, Home-based Service) provided by their CMHSP, on a fee-for-service basis. Chapter 7 provides billing instructions for SEDW services.

This chapter provides detailed information about SEDW waiver services, including parameters on the use of these services; and cursory information about other Medicaid State Plan services. The complete list of services that can be billed to Medicaid for SEDW consumers – both *waiver services* and *other Medicaid State Plan services* – is found in Attachment C, Chapter 12. The *MDCH-CMHSP Serious Emotional Disturbance (SED) Waiver Database* was effective May 1, 2006. For each service, it lists the CPT/HCPCS code, modifier (when applicable), short description, Medicaid fee screen, and applicable quantity / time frame parameters. (**Note:** This document is available on the web, and is updated periodically when there are changes in Medicaid fee screens or CPT/HCPCS codes. The document is available on the *Information For Medicaid Providers* home page (http://www.michigan.gov/mdch/0,1607,7-132-2945_5100---00.html) under “Medicaid Billing and Reimbursement - Provider Specific Information”, “MH/SA (PIHP/CMHSP/Children's Waiver)”. Participating CMHSPs should routinely check this site for updates.)

⁷ See Appendix 6-1 for provider qualifications and standards for SEDW waiver services. Refer to the MH/SA section of the Medicaid Provider Manual for information about requirements for covered Medicaid Mental Health Services.

⁸ All required prescriptions must meet requirements as specified in the Medicaid Provider Manual (e.g., prescriptions for occupational and physical therapy must include a diagnosis, frequency, and duration of the service).

Documentation requirements are noted for each service and marked with a . If a physician's order, prescription, referral or approval is required, the symbol **R** is used.

Each child must have a comprehensive POS that specifies the services and supports that the child and his / her family will receive. The POS is to be developed through the Wraparound planning process. Each child must have a Wraparound Facilitator who is responsible to assist the child/family in identifying, planning and organizing the Child and Family Team, developing the POS and coordinating services and supports. The Wraparound Facilitator is responsible for monitoring supports and service delivery, as well as the health and safety of the child, as part of their regular contact with the child and family, with oversight by the Community Team.

COVERED WAIVER SERVICES

Community Living Supports – CLS:

Description

Note: The HCPCS description for this service is “Comprehensive Community Support Services”.

Community Living Supports (CLS) are used to increase or maintain personal self-sufficiency, thus facilitating the child's achievement of his/her goals of community inclusion and remaining in the family home. The supports may be provided in the child's home or in community settings (e.g., libraries, city pools, etc.).

CLS provides assistance to the family in the care of their child, while facilitating the child's independence and integration into the community. The supports, as identified in the POS, are provided in the child's home and may be provided in community settings when integration into the community is an identified goal. Skills related to activities of daily living - such as personal hygiene, household chores, and socialization - may be included. CLS may also promote communication, relationship-building skills and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the child, enabling the child to attain or maintain his/her maximum potential. These supports may serve to reinforce skills or lessons taught in school, in therapy, or in other settings.

CLS includes assistance with skill development related to activities of daily living such as personal hygiene, household chores, socialization, improving communication and relationship-building skills, participation in leisure and community activities, and medication administration. It also includes staff assistance, support and/or training with such activities as: improving the child's social interactions and internal controls by instilling positive behaviors and increasing resiliency factors that should reduce risk factors; non-medical care (i.e., not requiring nursing or physician intervention); transportation (excluding to and from medical appointments) from the child's home to community activities, among community activities, and from the community

activities back to the child's home; participation in regular community activities and recreation opportunities (e.g., attending movies, concerts, events in a park, volunteering, etc.); assisting the family in relating to and caring for their child; attendance at medical appointments; and acquiring or procuring goods (other than those listed under shopping) and non-medical services. CLS can be used for reminding, observing, rewarding and monitoring pro-social behaviors.

Service Parameters

- This service must be billed in 15-minute units, up to a maximum of 744 units per month.
- Individuals who are identified in the POS as service providers must meet provider qualifications as defined in Appendix 6-1.



Documentation of provider qualifications and standards must be maintained for all CLS staff.



All service costs must be maintained in the child's record for audit purposes.

Family Training/Support:

Description

Note: The HCPCS description for this service is “Home Care Training, Family”.

Family Training is a training and counseling service for the families of children served on this waiver. For purposes of this service "family" is defined as the person(s) who live with or provide care to a child served on the waiver, and may include a parent and/or siblings or the foster parent(s) for a child in Therapeutic Child Foster Care. Training includes instruction on treatment interventions, other support services and interventions specified in the POS, and updates as necessary to safely maintain the child at home.

Family Training is also a counseling service directed to the family and designed to improve and develop the family's skills in dealing with the life circumstances of parenting a child with special needs and to help the child remain at home. All family training must be included in the child's POS and must be provided on a face-to-face basis (i.e., in person and with the family present).

Service Parameters

- All Family Training must be included in the child's POS and must be provided on a face-to-face basis. This service must be billed per session, up to a maximum of four sessions per month.



Documentation of provider qualifications and standards must be maintained for all providers of Family Training.



The child's POS identifies the service to be provided, the family members that will participate, and the goals, frequency, and duration of direct contacts.

Respite Care Services:

Description

Respite care services are provided to individuals unable to independently care for themselves. Respite care is furnished on a short-term basis, due to the absence of, or need for relief of, those persons normally providing care.

Respite care can be provided in the following locations:

- Individual's home or place of residence;
- Family friend's home in the community; or in a
- Licensed Family Foster Home.

Service Parameters

- Cost of room and board cannot be included as part of respite care, unless the care is provided in a respite care facility that is not a private residence. **Note:** When respite care is provided in a facility, room and board costs are included in the charge for the service; room and board charges are not separately reimbursed.
- This service must be billed in 15-minute units, up to a maximum of 1248 units per month.
- The CMHSP must bill actual costs and will receive Medicaid reimbursement up to the screen amount.



Documentation of provider qualifications and standards must be maintained for all Respite providers.

Child Therapeutic Foster Care (CTFC): Note – This future service is under development, and cannot yet be provided and billed to Medicaid for children on the SEDW.

Description

Note: Two HCPCS codes will be used for this service: “child foster care, therapeutic” will be used for children ages 0 through 10; “adult foster care, therapeutic” will be used for children ages 11 and older. At this time, neither of these codes are on the SEDW Database; they will be added once the requirements for the service, and fee screens, have been established.

Child Therapeutic Foster Care (CTFC) is an evidence-based practice. It provides an intensive therapeutic living environment for a child with challenging behaviors. Important components of CTFC include: intensive parental supervision; positive adult relationships; reduced contact with children with challenging behaviors; and family behavior management skills. CTFC seeks to change the negative trajectory of a child's behavior by improving his/her social adjustment, family adjustment and peer group interaction. CTFC attempts to decrease negative behavior and increase appropriate behavior and build pro-social skills. Foster parents, teachers, therapists and other adults act as change agents for the child. They all contribute to the treatment of the child and the preparation of his/her family for the child's return to the home and community. Foster parents are specially recruited, trained and supervised. The total number of individuals living in the home, including the child on the SEDW, who are unrelated to the principal care provider, cannot be greater than one. Appendix 6-2 is a chart comparing “therapeutic” foster care to “regular” foster care.

Service Parameters

- The CTFC programs must be licensed and pre-enrolled by MDCH.
- Separate payment will not be made for homemaker or chore services, for community living services provided by the foster parents, or for respite care provided to the foster parents of a child receiving CTFC services - as these services are integral to and inherent in the provision of CTFC.
- CTFC must be billed as a ‘per diem’ service, up to a maximum of 365 days per year.
- Services must be delivered in accordance with SMDL #01-013, the January 19, 2001 letter from CMS to State Child Welfare and Medicaid Directors. (Appendix 6-3)

Therapeutic Overnight Camping:

Description

Note: The HCPCS code description for this service is “therapeutic camping, overnight”.

Therapeutic Overnight Camping is a group recreational and skill building service in a camp setting aimed at meeting goal(s) detailed in the child's POS. The service unit is a “session”, typically encompassing several days and nights. Coverage includes: camp fees, including enrollment and other fees; transportation to and from the camp; and additional costs for staff with specialized training with children with serious emotional disturbances.

Service Parameters

- This service must be billed per session, with a maximum of three (3) sessions per year.
- Room and Board costs must be excluded from charges billed to Medicaid for this service.
- The camps must be licensed by MDHS.
- The child's POS must include therapeutic overnight camping; and
- Camp staff must be trained in working with children with SED.



Documentation of provider qualifications and standards must be maintained for all providers of Therapeutic Overnight Camping.



There must be documentation in the POS that Therapeutic Overnight Camping is a direct medical or remedial benefit to the child.

Community Transition Service:

Description

Community Transition Service is a one-time-only expense to assist children returning to their family home and community while the family is in the process of securing other benefits (e.g. SSI) or resources (e.g., governmental rental assistance and/or home ownership program benefits) that may be available to assume these obligations and provide needed assistance. Coverage includes: assistance with utilities, insurance, and/or moving expenses where such expenses would pose a barrier to a successful transition to the child's family home; interim assistance with utilities, insurance, or living expenses when the child's family - already living in an independent setting - experiences a temporary reduction or termination of their own or other community resources; home maintenance when, without a repair to the home or replacement of a necessary

appliance, the child would be unable to move there, or if already living there, would be forced to leave for health and safety reasons.

Coverage excludes those adaptations or improvements to the home that are: of general utility or are cosmetic; considered to be standard housing obligations of the child's family; on-going housing costs; and costs for room and board that are not directly associated with transition arrangements while securing other benefits.

Service Parameters

- This service is limited to one (1) Community Transition service during the time the child is enrolled in the SEDW – whether or not the enrollment is for multiple periods of time.
- The service must be of direct medical or remedial benefit to the child.
- Standards of value purchasing (as detailed in the Medicaid Provider Manual) must be followed.
- All services provided must be in accordance with applicable state or local building codes.
- Maintenance of the home must be the most reasonable alternative, based on a review of all options.
- The existing residential structure must have the capability to accept and support the proposed changes. The infrastructure of the home involved must be in compliance with any applicable local codes. The home maintenance involved shall exclude costs for improvements exclusively required to meet local building codes.
- The home maintenance must incorporate reasonable and necessary construction standards, excluding cosmetic improvements. The adaptation cannot result in valuation of the structure significantly above comparable neighborhood real estate values.
- The child's POS must include a goal to return to his/her home and community, to the residence targeted for the Community Transition service.



The CMHSP, or its contract agency, must document that a repair is more cost-effective than replacement or purchase of a new item. If equipment requires repair due to misuse or abuse, the CMHSP, or its contract agency, must provide evidence of training in the use and maintenance of the equipment to prevent future incidents.



The POS must document the family's control (e.g., signed lease, rental agreement, deed) of their living arrangement.



The record must document efforts under way to secure other benefits, such as SSI, or public programs (e.g., the family is on a waiting list) so when these become available, the family will assume these obligations. Examples of this could be governmental rental assistance,

community housing initiatives and/or home ownership programs, etc.



Documentation of provider qualifications and standards must be maintained for all providers of Community Transition services.



The plan must include documentation that, as a result of the POS, including community transition services and associated equipment or adaptation, institutionalization of the child will be prevented.



Requests for Community Transition services must be prior authorized by the CMHSP following denial by all other applicable resources (e.g., private insurance, Medicaid).

Wraparound Services:

Description

Note: The HCPCS code description for this service is “community-based wraparound service”.

Wraparound service facilitation and coordination for children and adolescents is a highly individualized planning process performed by specialized Wraparound Facilitators employed by the CMHSP who, using the Wraparound model, coordinate the planning for - and delivery of - services and supports that are medically necessary for the child. The planning process identifies the child's strengths and needs, as well as strategies and outcomes. Wraparound utilizes a Child and Family Team with team members determined by the family, often representing multiple agencies and informal supports. The Child and Family Team creates a highly individualized family-centered POS for the child that consists of mental health specialty treatment and services and supports covered by the SEDW as waiver or Medicaid State Plan Mental Health services. The POS may also include other non-mental health services that are secured from, and funded by, other agencies in the community.

The Wraparound plan is the result of a collaborative team planning process that focuses on the unique strengths, values, and preferences of the child and family and is developed in partnership with other community agencies. The Community Team, consisting of parents, agency representatives, and other relevant community members, oversees wraparound.

Wraparound includes

- Planning and/or facilitating planning using the Wraparound process. **Note:** Wraparound services comprise both direct contact with the child / family and collateral contacts.
- Developing a POS utilizing the Wraparound process.

- Linking to, coordinating with, follow-up of, advocacy for, and/or monitoring of SEDW and other Medicaid State Plan services with the Community Team and other community services and supports.
- Brokering service providers, with the assistance of the Community Team.
- Assisting with access to other entitlements, and coordinating with the Medicaid Health Plan or other health care providers.

Wraparound excludes

- Case management that is the responsibility of the child welfare, juvenile justice, or foster care systems.
- Case management for legal or court-ordered non-medically necessary services.
- Direct service provision.
- Services and supports that are the responsibility of other agencies on the Community Team.
- All services described as “unallowable services” in SMDL #01-013, the January 19, 2001 letter from CMS to State Child Welfare and Medicaid Directors. (Appendix 6-3)

It is not intended that the Wraparound Facilitator “does everything”! The focus of Wraparound is to ensure the POS gets implemented; it is a process of enabling and facilitating. The Wraparound Facilitator provides case management, overall service coordination, communication with the Community Team, and is responsible for implementing the POS. If the child / family receives home-based services as part of the POS, the focus for home-based services is treatment, not case management.

Service Parameters

- This is a per diem service, with a maximum of 4 billable days per month.
- There must be at least one (1) face-to-face contact per month with the child and / or the family.
- If both the home-based therapist and the Wraparound Facilitator participate in a Child and Family Team meeting, the home-based therapist cannot separately bill for ‘treatment planning’ on this date.
- Only dates of service on which there is a face-to-face contact (with the child or family) can be billed to Medicaid.
- The individual who is identified in the POS as the Wraparound Facilitator must meet provider qualifications as defined at the end of this chapter. Provider qualifications and standards (listed at the end of this chapter) must be maintained for all staff providing services to the child and family.



Documentation of provider qualifications and standards must be maintained for all providers of Wraparound services.

OTHER MEDICAID MENTAL HEALTH SERVICES COVERED BY THE SEDW

Below is the complete list of Medicaid Mental Health State Plan services that can be billed for SEDW consumers. **Note:** For each service, the *MDCH-CMHSP Serious Emotional Disturbance (SED) Waiver Database* (Attachment C, Chapter 12) lists the CPT/HCPCS code, modifier (when applicable), the short description, Medicaid fee screen, and applicable quantity / time frame parameters. Services billed in excess of the allowable parameters will not be paid. Refer to the MH/SA section of the Medicaid Provider Manual for information about requirements (e.g., provider qualifications, if a prescription is needed, etc.) for these services. We include descriptions for some, but not all of the services. Refer to your CPT/HCPCS code books for full descriptions and supplemental information for all services.

- **Psychiatric Diagnostic Interview Examination**

The psychiatric diagnostic interview is an examination that includes a history, mental status and a disposition; and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of the patient.

- **Interactive Psychiatric Diagnostic Interview Examination**

The interactive psychiatric diagnostic interview is an examination typically furnished to children. It involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the clinician and a patient who has not yet developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he/she were to use ordinary adult language for communication.

- **Individual Psychotherapy**

Individual psychotherapy is insight oriented, behavior modifying and/or supportive; it is provided face-to-face. It can be provided in an office or outpatient facility. It can be provided with or without medical evaluation and management services, and for sessions of varying lengths of time.

- **Individual Psychotherapy, Interactive**

Individual interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility (face-to-face). It can be provided with or without medical evaluation and management services, and for sessions of varying lengths of time.

- **Family Psychotherapy (without patient present)**

Family psychotherapy - without the patient present, is insight oriented, behavior modifying and/or supportive. It can be provided in an office or outpatient facility.

- **Family Psychotherapy (Conjoint psychotherapy) with Patient Present**

Family psychotherapy - conjoint, with the patient present, is insight oriented, behavior modifying and/or supportive, in an office or outpatient facility.

- **Group psychotherapy (other than of a multiple-family group)**

Group psychotherapy - other than of a multiple-family group, is insight oriented, behavior modifying and/or supportive, in an office or outpatient facility.

- **Pharmacologic (Medication) Management**

Pharmacologic management includes prescription use & review of medication with no more than minimal medical psychotherapy.

- **Evaluation of speech, language, voice, communication, and/or auditory processing, and/or aural rehabilitation status**

This service is used to report evaluation of speech production, receptive language, and expressive language abilities. Tests may examine speech sound production, articulatory movements of oral musculature, the patient's ability to understand the meaning and intent of written and verbal expressions, and the appropriate formulation and utterance of expressive thought.

- **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group (2 or more individuals)**

- **Psychological testing**

Psychological testing includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS; per hour of the psychologist's or physician's time; both face-to-face time with the patient and time interpreting test results and preparing the report. Psychological testing may also be conducted by a qualified health care professional interpretation and report; may be administered by a technician, per hour of technician time, face-to-face; or administered by a computer, with qualified health care professional interpretation and report.

- **Neurobehavioral status exam**

A neurobehavioral status exam is a clinical assessment of thinking, reasoning and judgment, EG acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.

- **Neuropsychological testing**

Neuropsychological testing (e.g., Halstead-Reitan neuropsychological battery, Wechsler memory scales and Wisconsin card sorting test), per hour of the of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report. Neuropsychological testing may also be conducted by a qualified health care professional interpretation and report; may be administered by a technician, per hour of technician time, face-to-face; or administered by a computer, with qualified health care professional interpretation and report.

- **Occupational Therapy Evaluation**

It is anticipated that therapy will result in a functional improvement that is significant to the child's ability to perform daily living tasks appropriate to his/her chronological developmental or functional status. These functional improvements should be able to be achieved in a reasonable amount of time and should be durable (i.e., maintainable). Therapy to make changes in components of function that do not have an impact on the child's ability to perform age-appropriate tasks is not covered. Therapy must be skilled (i.e., requiring the skills, knowledge, and education of a registered occupational therapist). Interventions that could be expected to be provided by another entity (e.g., teacher, registered nurse, licensed physical therapist, family member, or caregiver) are not considered a Medicaid benefit under this coverage.

Services must be prescribed by a physician and may be provided on an individual or group basis by an occupational therapist or occupational therapy assistant, currently registered by the State of Michigan, or by an occupational therapy aide who has received on-the-job training. The occupational therapist must supervise and monitor the assistant's performance with continuous assessment of the child's progress, but on-site supervision of an assistant is not required. An aide performing an occupational therapy service must be directly supervised by a qualified occupational therapist that is on site. All documentation by an occupational therapy assistant or aide must be reviewed and signed by the appropriately credentialed supervising occupational therapist.



A physician's prescription is required and is valid for one year from the date of signature. The prescription must indicate the diagnosis, and the amount, scope and duration of the recommended therapy.

- **Occupational Therapy Re-Evaluation**

- **Sensory Integrative Techniques**

Sensory integrative techniques are used to enhance sensory processing and promote adaptive responses to environmental demands. This is a face-to-face, 1 to 1, service.

R A physician's prescription is required and is valid for one year from the date of signature. The prescription must indicate the diagnosis, and the amount, scope and duration of the recommended therapy.

- **Nursing Assessment / Evaluation**
- **Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders**
- **Nutrition counseling, dietitian visit**
- **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face**
- **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face**
- **Crisis Intervention Service**

Crisis intervention is an unscheduled activity conducted for the purpose of resolving a crisis situation requiring immediate attention. Activities include crisis response, crisis line, assessment, referral, and direct therapy. Services are billed in 15-minute units. The standard for whether or not a crisis exists is a "prudent layperson" standard. That means that a prudent layperson would be able to determine from the child's symptoms that crisis services are necessary. Crisis situation means a situation in which the child is experiencing a serious mental illness or serious emotional disturbance, and one of the following applies:

- The child can reasonably be expected within the near future to physically injure himself, or another individual, either intentionally or unintentionally.
- The child is unable to provide him/herself food, clothing, or shelter, or attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the child or to another individual.
- The child's judgment is so impaired that he/she is unable to understand the need for treatment and, in the opinion of the mental health professional, his/her continued behavior as a result of the mental illness or emotional disturbance can reasonably be expected in the near future to result in physical harm to the child him/herself or to another individual.
- **Community psychiatric supportive treatment (home-based services)**

This is "home-based services", and must be provided on a face-to-face basis. Services are billed in 15-minute units, with a maximum of 90 units per month.
- **Mental health assessment, by non-physician**

- **Alcohol and/or drug assessment**
- **Behavioral health screening to determine eligibility for admission to a treatment program**
- **Behavioral health counseling and therapy**
- **Alcohol and/or drug services - group counseling by a clinician**
- **Alcohol and/or drug services - intensive outpatient treatment program**

This is a program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan, including assessment, counseling, crisis intervention and activity therapy

- **Behavioral health; short-term residential (non-hospital treatment program), without room and board**
- **Therapeutic, prophylactic or diagnostic injection (specify substance or drug), subcutaneous or intramuscular**

**APPENDIX B-2
 PROVIDER QUALIFICATIONS
 A. LICENSURE AND CERTIFICATION CHART**
 The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

Service	Definition	Provider	License	Cert.	Other Standard
Wraparound Facilitation/Community Support	A highly individualized planning process performed by specialized wraparound facilitators employed by the CMHSP, or an approved community-based mental health and developmental disability services provider, or its provider network who, using the Wraparound model, coordinate the planning for, and delivery of, services and supports that are medically necessary for the child. Wraparound utilizes a Child and Family Team with team members determined by the family. The plan may also consist State plan and waiver services and other non mental health services that are secured from and funded by other agencies in the community. The Wrap-around plan is the result of a collaborative team planning process that focuses on the unique strengths, values, and preferences of the child and family and is developed in partnership with other community agencies.	Approved community-based mental health and developmental disability services provider, such as a CMHSP	N/A	Accreditation by one of the DCH-approved accreditation organizations, provision of a continuum of care, including crisis intervention and participation in a system of care including both a governing coalition and service delivery endorsing the values and principles of a system of care. Provider entities will maintain documentation that individual Wraparound Facilitators meet "other standards" and training requirements as described in the provider qualification chart.	Wraparound Facilitators must complete DCH required training. A bachelor's degree in human services or a related field; or other approved work/personal experience in providing direct services or linking of services for children with SED. Wraparound facilitators must have a criminal history screen, a screen with state and local Child Protection Agency registries. They must be supervised by an individual who meets criteria as a qualified mental health professional (QMHP), who has completed DCH required training.
Respite Care	Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care	Approved community-based mental health and developmental disability services provider, such as a CMHSP		See endnote a	MA enrolled; See endnote b

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Service	Definition	Provider	License	Cert.	Other Standard
Respite Care – Continued		Aide-level staff* Foster Care Provider	MCL 722.122(Children), [Foster Care Licensure]		As Specified in the POS; see endnote c Services may be provided in or out-of-home - as specified in the POS
Community Living Services / Supports (CLS)	CLS: are used to increase or maintain personal self-sufficiency, thus facilitating an individual's achievement of his/her goals of community inclusion and participation, independence or productivity. The supports may be provided to the participant/family in their residence or in community settings.	Approved community-based mental health and developmental disability services provider, such as a CMHSP Aide-level staff*		See endnote a	MA enrolled; See endnote b
Family Home Care Training	Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, and/or siblings. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. It is also a counseling service directed to the family and designed to improve and develop the family's skills in dealing with the life	Approved community-based mental health and developmental disability services provider, such as a CMHSP Psychologist Masters Level Social Worker	Current license under part 18 of Michigan PA 368 of 1978, as amended	See Endnote a Current certification of registration under Michigan PA 352 of 1972, as amended	MA enrolled; See endnote b

Service	Definition	Provider	License	Cert.	Other Standard
Child Therapeutic Foster Care	<p>circumstances of parenting a child with special needs. All family training must be included in the child's individual plan of care and must be provided on a face-to-face basis.</p> <p>Child Therapeutic Foster Care (CTFC) is an evidence-based therapeutic living environment for a child with a behavior disorder. Important components of CTFC include: intensive parental supervision, positive adult-youth relationship, reduced contact with other children w/ behavior disordered, and family behavior management skills. CTFC seeks to change the negative trajectory of a child's behavior by improving social adjustment, family adjustment and peer group relationships. CTFC attempts to decrease negative behavior and increase appropriate behavior and build pro-social skills. Foster parents, teachers, therapists and other adults act as change agents for the child. They all contribute to the treatment of the child and the preparation of his/her family for returning home. Foster parents are specially recruited, behaviorally trained and supervised by qualified mental health professionals. The total number of individuals (including persons served in the waiver) living in the home, unrelated to the principal care provider, cannot exceed 1. Separate payment will not be made for homemaker or chore services, community living services provided by the foster parents, respite care furnished for the foster care parents,</p>	<p>QMHP</p> <p>Foster Care Provider</p> <p>See endnote d</p>	<p>MCL 722.122 [Foster Care Licensure]</p>	<p>DHS certified</p>	<p>CFR 483.430</p> <p>As specified in the POS</p>

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Service	Definition	Provider	License	Cert.	Other Standard
Therapeutic Overnight Camp	as these services are inherent in the provision of CTFC. Community living services not provided by foster parents, but by other trained staff will be provided and paid for separately. Other waiver services such as wraparound and family home care training may also be provided as well as other medically necessary state plan services A group recreational and skill building service in a camp setting aimed at meeting a goal(s) detailed in the beneficiary's individualized plan of care.	Camp counselors and other camp staff	Licensed camps	DHS Certified	As specified in the POS
Transition Services	Assistance to the family with one-time-only expenses to assist beneficiaries to return to, or remain in, their home, while the family is in the process of securing other benefits (e.g. SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) that may be available to assume these obligations and provide needed assistance	Licensed Builder Utility Companies	MCL 339.601(1) MCL 339.601.2401 MCL 339.601.2404 Licensed Utility Companies		As specified in the POS As specified in the POS

Endnotes

- a. Must meet certification requirements as specified in Section 232a of the Michigan Mental Health Code, Public Act 258 of 1974, as amended, and the Administrative Rules applicable thereto.
- b. Must be able to provide, either directly or under contract, a comprehensive array of services, as specified in Section 206 of the Michigan Mental Health Code, Public Act 258 of 1974, as amended, and the Administrative Rules applicable thereto.
- c. Trained staff performing respite care and CLS must, in addition to the specific training, supervision, and standards for each support/service, be:
 - Responsible adults at least 18 years of age
 - Free from communicable disease
 - Able to read and follow written plans of service/supports as well as participant-specific emergency procedures
 - Able to write legible progress and/or status notes
 - In "good standing" with the law (i.e., not a fugitive from justice, a convicted felon or illegal alien)
 - Successfully completed Recipient Rights Training
 - Able to perform basic first aid and emergency procedures.
- d. In addition to 'therapeutic foster care', these children are eligible to receive all other SED waiver services and Medicaid State Plan services, as medically necessary and as specified in the POS. Family Home Care Training may be provided to the parent(s) providing therapeutic child foster.

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Providers of all services must meet qualifications as specified in this appendix and by Medicaid. Separate payment will not be made for homemaker or chore services, community living services provided by the foster parents, or respite care furnished for the foster care parents, as these services are integral to and inherent in the provision of Child Therapeutic Foster Care. In addition the Child Therapeutic Foster Care per diem will not be paid for the time a child attends Therapeutic Overnight Camp sessions.

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Comparison Chart Therapeutic Foster Care Compared to Regular Foster Care

<p><u>Therapeutic Foster Care</u> (Note: This SEDW service is under development; at this time it cannot be provided and cannot be billed to Medicaid.)</p>	<p><u>Regular Foster Care</u></p>
<ol style="list-style-type: none"> 1) Therapeutic foster care is a cost effective alternative to hospitalization. 2) Foster families are specially recruited, behaviorally trained and supervised. 3) A structured and therapeutic living environment is provided. 4) In conjunction with the foster care placement family therapy is provided for the youth's biological or adoptive family. 5) The foster parents are trained to use a structured behavioral system. 6) Home visits are closely supervised and conducted throughout the youth's placement in the foster home. 7) Frequent contact is maintained between foster home, youth's teacher, foster care workers, and therapists. School attendance and performance is monitored daily. 8) Only one foster youth may be placed in a home. 9) Families must complete 20 hours of pre service training based on a learning theory and are taught to implement a daily behavioral management program and provided ongoing training. 10) Youth participate in therapy (provided by qualified mental health professionals) focused on developing effective problem solving, social, emotional regulation skills. 	<ol style="list-style-type: none"> 1) Regular Foster care is not intensive enough to serve as an alternative to hospitalization. 2) Foster families are recruited but are not always given specialized behavioral training or supervision. 3) The foster family home is not required to be structured or therapeutic. 4) Family Therapy may or may not be provided to the youth's biological or adoptive family. 5) The foster parents do not necessarily use a structured behavioral program. 6) Home visits are not closely supervised 7) Contact with various individuals can be sporadic 8) Many foster youth may be placed in a home. 9) Families receive minimal training 10) Youth may or may not participate in therapy

SMDL #01-013

January 19, 2001

Dear State Child Welfare and State Medicaid Director:

The Department of Health and Human Services (HHS) is dedicated to providing support to children and other populations who receive case management services. We want to take this opportunity to clarify HHS policy on targeted case management services under the Medicaid program as it relates to an individual's participation in other social, educational, or other programs.

When social programs or other programs are also the providers of Medicaid case management services, a number of complex issues may arise. This letter clarifies existing HHS policy regarding State plan case management and Title IV-E foster care programs. Specifically, this letter discusses: (1) the Medicaid definition of case management services, (2) whether services provided to individuals not eligible for Medicaid, or eligible but not part of the target population, can be covered, and (3) application of third party liability rules.

Please note that we anticipate issuing additional guidance for State plan case management as it relates to all programs through notice and comment rulemaking in the future.

I. Definition of Case Management Services

Sections 1905(a)(19) and 1915(g)(2) of the Social Security Act (the Act) define case management as services which will assist an individual eligible under the State plan in gaining access to needed medical, social, educational, and other services. Case management services are referred to as targeted case management (TCM) services when the services are not furnished in accordance with Medicaid statewideness or comparability requirements. This flexibility enables States to target case management services to specific classes of individuals and/or to individuals who reside in specified areas.

Because the statute permits states flexibility to target Medicaid case management services based on any characteristic or combination of characteristics, States may use eligibility for, or participation in, a state social welfare program or other programs as the basis for defining the target population among Medicaid eligible individuals. Foster care programs employ their own case workers who, in addition to facilitating the delivery of foster care benefits and services, help individuals access and coordinate the delivery of other services. When foster case workers are also enrolled in Medicaid as providers of case management services, States must undertake a careful review to ensure the activities to be claimed under Medicaid meet the definition of case management and are not directly connected to the delivery of foster care benefits and services.

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While HCFA has not further defined case management services in regulations, activities commonly understood to be allowable include: (1) assessment of the eligible individual to determine service needs, (2) development of a specific care plan, (3) referral and related activities to help the individual obtain needed services, and (4) monitoring and follow-up. When consistent with Medicaid requirements discussed below, Medicaid can be used to supplement these activities for Medicaid eligible individuals when they are embedded in another social or other program. We discuss below activities that are allowable case management as well as activities that would be unallowable as case management. In general, allowable activities are those that include assistance in accessing a medical or other service, but do not include the direct delivery of the underlying service.

Assessment: This component includes activities that focus on needs identification. Activities include assessment of an eligible individual to determine the need for any medical, educational, social, and other services. Specific assessment activities include: taking client history, identifying the needs of the individual, and completing related documentation. It also includes gathering information from other sources such as family members, medical providers, and educators, if necessary, to form a complete assessment of the Medicaid eligible individual.

Care Planning: This component builds on the information collected through the assessment phase and includes activities such as ensuring the active participation of the Medicaid-eligible individual and working with the individual and others to develop goals and identify a course of action to respond to the assessed needs of the Medicaid eligible individual. The goals and actions in the care plan should address medical, social, educational, and other services needed by the Medicaid eligible individual.

Referral & Linkage: This component includes activities that help link Medicaid eligible individuals with medical, social, educational providers and/or other programs and services that are capable of providing needed services. For example, making referrals to providers for needed services and scheduling appointments may be considered case management.

Monitoring/Follow-up: This component includes activities and contacts that are necessary to ensure the care plan is effectively implemented and adequately addressing the needs of the Medicaid eligible individual. The activities and contacts may be with the Medicaid eligible individual, family members, providers, or other entities. These may be as frequent as necessary to help determine such things as (i) whether services are being furnished in accordance with a Medicaid eligible individual's care plan, (ii) the adequacy of the services in the care plan, and (iii) changes in the needs or status of the Medicaid eligible individual. This function includes making necessary adjustments in the care plan and service arrangements with providers.

Unallowable services: Medicaid case management services do not include payment for the provision of direct services (medical, educational, or social) to which the Medicaid eligible individual has been referred. For example, if a child has been referred to a state foster care program, any activities performed by the foster care case worker that relate directly to the provision of foster care services cannot be covered as case management. Since these activities are a component of the overall foster care service to which the child has been referred, the

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activities do not qualify as case management. In the case of foster care programs, we view the following activities as part of the direct delivery of foster care services and therefore may not be billed to Medicaid as a case management activity. The following list is intended to be illustrative and not all inclusive: research gathering and completion of documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies, and making placement arrangements. During the State plan approval process, HCFA will provide guidance to determine Medicaid billable activities.

II. Contacts with Non-eligible or Non-targeted Individuals

There is confusion involving contact with individuals who are not eligible for Medicaid or, in the case of targeted services, individuals who are Medicaid eligible but not part of the target population specified in the State plan. HCFA policy permits contacts with non-eligible or non-targeted individuals to be considered a Medicaid case management activity, and to be billed to Medicaid, when the purpose of the contact is directly related to the management of the eligible individual's care. It may be appropriate to have family members involved in all components related to the eligible individual's case management because they may be able to help identify needs and supports, assist the eligible individual to obtain services, provide case workers with useful feedback, and alert them to changes.

On the other hand, contacts with non-eligibles or non-targeted individuals that relate directly to the identification and management of the non-eligible or non-targeted individual's needs and care cannot be billed to Medicaid. While the nature of the contacts may squarely fall into one of the components of case management (i.e., assessments, care planning, referral and follow-up), Medicaid cannot be used to pay for them due to the fact that the individual is not Medicaid eligible or is eligible but does not meet the targeting criteria set by a State in its State plan amendment.

III. Third Party Liability

In accordance with Medicaid third party liability policy, Medicaid would only be liable for the cost of these services if they fall within the definition of case management and there are no other third parties liable to pay.

The Administration for Children and Families has clarified that the Title IV-E program does not authorize reimbursement for the assessment, care planning, and monitoring of medical care and services. Since the Title IV-E program is not liable for the assessment, care planning, and monitoring of medical care needs, the cost for such activities could be billed to the State Medicaid program if the activities are furnished to a Medicaid eligible individual who is a member of a target group defined in the State plan. This also assumes that there is not another third party payer available to cover the costs of medical case management services provided to a Medicaid eligible individual.

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In contrast, referrals to medical care providers are Title IV-E reimbursable. This means that referrals are not billable to Medicaid. Because Title IV-E is liable for covering case management for a range of other services (including referrals to medical care), States which offer Medicaid case management services to foster care populations must properly allocate case management costs between the two programs in accordance with OMB Circular A-87 under an approved cost allocation program.

If you have any questions, please contact Mary Jean Duckett, Director, Division of Benefits, Coverage and Payment, Disabled and Elderly Health Programs Group at 410-786-3294.

Sincerely,

/s/
Olivia A. Golden
Assistant Secretary for Children and Families

/s/
Timothy M. Westmoreland
Director
Center for Medicaid and State Operations
Health Care Financing Administration

cc:
ACF Regional Administrators

HCFA Regional Administrators

HCFA Associate Regional Administrators for Medicaid and State Operations

Brent Ewig
Senior Director, Access Policy
Association of State and Territorial Health Officials

Lee Partridge
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

CHAPTER 7: MEDICAID BILLING & MEDICAID REIMBURSEMENT

- SEDW services – both waiver and Medicaid Mental Health State Plan services – provided to children served by the SEDW are billed fee-for-service.
- SEDW services cannot be billed to Medicaid until the child is enrolled in the SEDW, a Medicaid ID number has been issued, and the Wraparound Facilitator has informed the MDCH of the Medicaid ID number, Medicaid effective date, and the start date for SEDW services.
- Claims for SEDW services must be line billed using the special instructions detailed in this chapter. This means all services using the same procedure code, provided on a single date of service, must be billed on a single service line. Series billing is not allowed on the professional claim form.
- For children with private insurance, follow the requirements in the “Coordination of Benefits” chapter of the Medicaid Provider Manual.
- All billed SEDW services must be included in the POS, and must be included in the budget approved by the Community Team.
- The CMHSP should verify Medicaid eligibility each month. Any services delivered during a period of ineligibility cannot be billed to Medicaid.
- The CMHSP should bill it's cost / charge for each service. Services will be reimbursed at the lower of their cost or the Medicaid fee screen.
- Current Medicaid fee screens for SEDW-billable services are included in this manual (Attachment C, Chapter 12), and may be accessed through the MDCH website.

Introduction

A child must be enrolled in the SEDW and have a Medicaid ID and SEDW enrollment effective date prior to the CMHSP billing Medicaid. As noted elsewhere in this manual, it is the Wraparound Facilitator's responsibility to inform the MDCH SEDW staff upon receipt of this information. This information is necessary to enter the child into the SEDW database, and to enable the CMHSP to bill for services.

Procedure Codes

The SEDW procedure codes, effective May 1, 2006 can be found in Attachment C, Chapter 12. Current Medicaid codes and screens can also be accessed through the MDCH website at: www.michigan.gov/mdch/0,1607,7-132-2945_5100-87515--,00.html. Click on “Information for Medicaid Providers”, and then click on “Provider Specific Information”. Scroll down until you see “MH/SA (PIHP/CMHSP/SED Waiver)”, and then select the most recent date listed after “SED Waiver Services database”. Once you get the .pdf file, you can ‘send’ the link to your desktop and keep it handy for referral.

Prior Authorization

All billed SEDW services must be included in the child's POS, and must be included in the budget approved by the Community Team. In general, the budget approved by the Community Team stands as the 'authorization'. When a service requires a 'prior authorization letter' be sent to the provider (e.g., CLS, respite), a copy of the documentation must be maintained in the child's file. As all services will be billed fee-for-service, and all claims will be paid manually, no prior authorization number will be necessary, and no prior authorization letter needs to be sent to Medicaid with the claim.

Services/Quantity Billed

Only those services, and the scope and duration of those services, identified in the POS can be billed to Medicaid. The total quantity of authorized services billed to Medicaid each month cannot exceed the authorization for that month. The billing unit for each service (e.g., 15-minute unit, session, per diem) depends on the procedure code being billed.



Billing Parameters and Helpful Hints

- Refer to Attachment C, Chapter 12 for billing parameters for each code / service. The parameters (e.g., "limited to 10 per month") for the Medicaid Mental Health State Plan services are the same for the SEDW as they are for other Medicaid beneficiaries served by the PIHP/CMHSP.
- When billing selected mental health services, group services are only appropriate for services identified as "group" in the code description.
- Medication Administration is not billable when any other nursing or physician service is being provided during that time.
- Occupational and/or Physical therapy sessions are covered up to a maximum of 8 sessions per month.

Other Insurance Coverage

Please refer to the "Coordination of Benefits" chapter of the Medicaid Provider Manual, for a detailed explanation of how to bill Medicaid when other insurance is involved. **Note:** All rules/requirements for the primary insurance must be followed; Medicaid is the payer of last resort. If the private insurance carrier requires prior authorization to determine coverage, a request for prior authorization must be submitted to the insurance carrier to obtain funding or a denial of coverage for the item. If a child has reached the annual or lifetime cap under private insurance, this must be documented as required in the Medicaid Provider Manual.

How to Bill Medicaid

Electronic claims submission is required by MDCH for all SEDW claims billed to Medicaid. Claims must be submitted in the electronic ANSI X12N 837 4010A1 professional format. CMHSP providers must use this version. **Note:** For more information on the format of electronic claims, go to the MDCH website. At the Electronic Billing webpage you may reference the Companion Guide and other resources.

You must “line bill”, using these instructions. This means, for each SEDW enrollee, for each month, all services using the same procedure code, provided on a single date of service, must be billed on a single service line. Series billing is not allowed on the professional claim form. **Note:** claims must be submitted directly to MDCH; do not use a billing agent!

- For claim submission, you must zip the file and use a password to protect it.
- All SEDW billings must use the password of SED for your files to be processed.
- Within the file you must also indicate a T in the ISA15 segment of the Interchange Envelope, and
- 004010X098A1 in the GS08 segment.
- You may then attach the zipped file within an email to AutomatedBilling@michigan.gov
- To ensure proper retrieval of your files, please use a subject line of SED Waiver Billing.

Claim Completion

The information in the Billing & Reimbursement for Professionals chapter of your Medicaid Provider Manual and the 837P Implementation Guide should be used in conjunction with the following:

- Only one claim per beneficiary may be completed within each month, which must include all services rendered.
- Separate claims will not be processed.

Replacement Claims

Replacement claims must be submitted when:

- All or a portion of the claim was paid incorrectly, or
- A third party payment was received after MDCH made payment, or
- A portion of the claim was rejected.

When replacement claims are received, MDCH deletes the original claim and replaces it with the information from the replacement claim. It is very important to include all service lines on the replacement claim the way it should have been billed originally.

All money paid on the first claim will be debited and payment will be based on information reported on the replacement claim only.

All the instructions for claim completion apply to completing a replacement claim. **Note:** A replacement claim must also include all of the following:

- Claim frequency type code 7,
- An original claim reference number entered must be entered as 1234567890, and
- A brief explanation within Loop 2300 Segment NTE.

Remittance Advice (RA)

A Remittance Advice (RA) will be produced to inform providers about the status of their claims. The RA will be included on the check.

How You'll Get Paid

Although you will bill your cost for each service, the amount approved for payment will be the lower of your charge or the Medicaid fee screen. You will receive a warrant for the Federal (Medicaid) portion of the total amount approved for payment. You will receive one warrant with payment for all children for whom you submitted claims in a given month.

CHAPTER 8: APPEALS

- A legally sufficient notice of action must be sent whenever a Medicaid covered service is denied, suspended, reduced or terminated.
- CMHSPs are responsible for providing notice on actions taken locally.
- MDCH is responsible for providing notice on actions taken at the state level.
- Each CMHSP must assign a hearings coordinator.
- An administrative law judge (ALJ) will conduct hearings.

Introduction

The Administrative Tribunal provides an administrative hearing to appellants requesting a hearing who do not agree with a decision made by MDCH or CMHSP. The Administrative Tribunal issues timely, clear, concise and legally accurate hearing decisions and orders. For a complete description of the administrative hearing process or to access the Administrative Tribunal Forms please refer to MDCH website, www.michigan.gov/mdch and select “Inside Community Health”, then select “Health Policy, Regulation & Professions” and finally, select “MDCH Administrative Tribunal”. You can access the Administrative Tribunal Policy and Procedures Manual at this web site, as well as download the various Administrative Tribunal forms noted in this Chapter.

Notice of the Right to an Administrative Hearing

The parent or guardian must be sent a written notice of actions affecting eligibility or amounts of Medicaid benefits or Medicaid covered services for their child. This may include a termination, suspension or reduction of Medicaid eligibility or covered services. There are two types of written notice:

Adequate Action Notice (Appendix 8-1)

An “adequate notice” is a written notice sent to the parent or guardian at the same time an action takes effect (i.e., not pended). Adequate notice is provided in the following circumstances:

- Denial of new services not currently being provided;
- Approval or denial of an application;
- Completion of a POS;
- Increase in service benefits. **Note:** A POS, developed through the planning process, identifies the services to be provided. Any additional services would require an addendum to the POS and a new Adequate Action Notice.

Advance Action Notice (Appendix 8-2)

“Advance notice” is required when an action is being taken to reduce, suspend or terminate a benefit or service the child is currently receiving. The notice must be mailed at least 12 days before the intended action takes effect. The action is pended to provide the parent or guardian an opportunity to react to the proposed action. If the parent or guardian requests a hearing before the date of action, the agency may not terminate or reduce benefits or services until a decision and order is issued by the ALJ, or the parent or guardian withdraws the request for hearing, or the parent or guardian does not appear at a scheduled hearing.

Responsibility for Giving Notice

A DCH-0092 Request for Hearing form (Appendix 8-3) or its equivalent shall be sent to the parent or guardian with all adequate or advance notices. Hearing request forms, hearing summary forms, withdrawal forms and return postage paid envelopes may be ordered by completing DCH-0646 - Administrative Tribunal Forms Requisition (Appendix 8-4) and mailing it to the address listed on the form.

It is the responsibility of the CMHSP to designate a hearings coordinator who will serve as the liaison between the agency and the Administrative Tribunal. The purpose of the hearings coordinator is to serve as the single contact point for the Administrative Tribunal in order to communicate procedural aspects of any case. The hearings coordinator may also represent the CMHSP at a hearing.

Request For Hearing (Appendix 8-3)

If a parent or guardian wants to appeal an action, the request for a hearing must be in writing and sent to the State Office of Administrative Hearings and Rules (often referred to as the Administrative Tribunal). The hearing request should provide the name, address and telephone number of the child for whom the hearing is being requested. The name, address and telephone number of the parent or guardian requesting the hearing, if different, should be included. The benefit or program involved should be clearly identified. The hearing request should identify what decision is being challenged. All requests for hearings must be mailed to:

State Office of Administrative Hearings and Rules
For the Department of Community Health
PO Box 30763
Lansing MI 48909

If a Request for Hearing is received in another location within MDCH, or at a CMHSP, a copy of the request should immediately be faxed to the State Office of Administrative Hearings and Rules at (517) 334-9505 with a follow-up telephone call to the Office (1-877-833-0870) to ensure that the fax has been received. The original request should be forwarded to the State Office of Administrative Hearings and Rules within seven (7) days.

The parent/guardian or authorized hearing representative has 90 calendar days from the date of the written notice of action to request a hearing. The State Office of Administrative Hearings and Rules must receive the written hearing request within that 90-day period.

If a Medicaid covered service is being reduced, suspended or terminated, a written notice must be mailed to the child or authorized representative at least 12 days before the intended action takes effect. If the parent or guardian requests a hearing before the date of action, the agency may not terminate or reduce benefits or services until a decision and order is issued by the ALJ, or the parent or guardian withdraws the request for hearing, or the parent or guardian does not appear at a scheduled hearing.

Processing Requests For Hearings

Upon receipt of a hearing request, the State Office of Administrative Hearings and Rules will assign a docket number and fax a copy of the Request for Hearing to the CMHSP that took the action being appealed. The hearings coordinator is responsible for receiving hearing requests, identifying the responsible staff and forwarding a completed Hearing Summary to the State Office of Administrative Hearings and Rules and the appellant within 14 days of receipt of the hearing request, but no later than seven (7) days prior to a scheduled hearing date.

Hearing Summary (Appendix 8-5)

The CMHSP staff will prepare the DCH-0367 Hearing Summary form and present the case at the hearing. The Hearing Summary must be completed in its entirety. The narrative must include all of the following:

- Clear statement of the action or decision being appealed, including all programs involved in the action
- Facts which led to the action or decision
- Policy which supported the action or decision
- Correct address of the appellant or authorized hearing representative
- Copy of the documents the CMHSP intends to offer as exhibits at the hearing
- Appellants and authorized hearing representatives (AHR) have the right to review the case record and obtain copies of all documents and materials to be used or relied upon at the hearing. Send a copy of the hearing summary, and all supporting documents to be used at the hearing, to the appellant and AHR. All parties should receive copies of the Hearing Summary and all documents at least seven (7) days before the scheduled hearing.
- Copy of the documents should also be sent to the Children's Home and Community Based Waiver Director.

The DCH-0367 Hearing Summary may be ordered via the DCH-0646 - Administrative Tribunal Forms Requisition (Appendix 8-4).

Hearings

Hearings are routinely scheduled for telephone conference calls. The ALJ conducts the hearing from his office. The appellant or AHR is directed to the local CMHSP or other location as indicated on the notice. The appellant or AHR may request permission of the Administrative

Tribunal to appear by phone from an alternative location. The request must be made to the State Office of Administrative Hearings and Rules at least one full business day before the hearing. The appellant or AHR may request the ALJ appear in person at the hearing. The ALJ will travel to the local office or facility.

The parties will present their positions to the ALJ who will determine whether the actions taken are correct according to fact, law, policy and procedure. Following opening statement(s), if any, the ALJ will direct CMHSP representative to explain the agency's position. The Hearing Summary, or highlights of it, may be read into the record. The Hearing Summary may be used as a guide in presenting evidence.

Both parties must have adequate opportunity to present the case, bring witnesses, establish all pertinent facts, argue the case, refute any evidence, cross-examine adverse witnesses and cross-examine the author of a document offered in evidence.

The ALJ must ensure the record is complete and may take an active role in the questioning of witnesses and parties. The ALJ will assist either side to ensure all necessary information is presented on the record, or refuse to accept evidence the ALJ believes is unduly repetitious, immaterial, irrelevant or incompetent. Either party may state on the record its disagreement with the ALJ's decision to exclude evidence and the reason for the disagreement and object to evidence the party believes should not be part of the hearing record. When refusing to admit evidence, the ALJ must state on the record the nature of the evidence and the reason it was not admitted. The ALJ may allow written documents to be admitted in place of oral testimony if the ALJ decides this is fair to both sides.

When attending a hearing, CMHSP staff is expected to present themselves in a professional manner and attire. No food or beverages are permitted.

Request For Withdrawal Of Appeal (Appendix 8-6)

An appellant or AHR may agree to withdraw their Request for Hearing at any time during the hearing process. The appellant or AHR should complete the DCH-0093 – Request for Withdrawal of Appeal (Appendix 8-6) or its equivalent and return it immediately in the postage paid envelope to the State Office of Administrative Hearings and Rules. The Request for Withdrawal of Appeal can be ordered via the Administrative Tribunal Forms Requisition.

When an issue is still in dispute, do not suggest that the appellant or AHR withdraw their Request for Hearing or mail a withdrawal form to the appellant or AHR unless asked to do so by the appellant.

When all issues have been resolved, the appellant or AHR may wish to withdraw the Request for Hearing. A Request for Withdrawal of Appeal form can be submitted, or the appellant or AHR can submit a signed, written statement. The withdrawal must clearly state why the appellant or AHR has decided to withdraw the Request for Hearing. Enter all identifying case information on the withdrawal, attach the original copy to the request and forward them to the State Office of Administrative Hearings and Rules. File a copy of the withdrawal in the child's record.

Hearing Decisions

The ALJ's Decision and Order is the final determination of MDCH. Rehearing or reconsiderations may be requested within 30 days of the Decision and Order. The State Office of Administrative Hearings and Rules will send the Decision and Order to the appellant or the AHR for the CMHSP. The State Office of Administrative Hearings and Rules will send a DCH-0829 - Order Certification (Appendix 8-7) with the Decision and Order to the AHR if the Decision and Order requires implementation by CMHSP. Since the Order Certification confirms the status of the Decision and Order's implementation (e.g., when the Decision and Order has or will be acted upon), it must be completed in a timely manner and returned to the State Office of Administrative Hearings and Rules. It is the AHR's responsibility to ensure that the decision is implemented within 10 calendar days of the Decision and Order mailing date.



Documentation of all completed Administrative Hearing forms and decisions must be maintained in the child's file.

ADEQUATE ACTION NOTICE

Date

Name
Address
City, State, Zip

RE: Beneficiary's Name:
Beneficiary's Medicaid ID Number:

Dear _____:

Following a review of the mental health services for which you have applied, it has been determined that the following service(s) shall not be authorized. The reason for this action is <reason> . The legal basis for this decision is 42 CFR 440.230(d).

Service(s)	Effective Date
_____	_____
_____	_____

If you do not agree with this action, you may request a Michigan Department of Community Health fair hearing within 90 calendar days of the date of this notice. Hearing requests must be made in writing and signed by you or an authorized person.

To request a fair hearing, complete the enclosed "Request for Hearing" form - DCH-0092 (SOAHR), and return it in the enclosed pre-addressed envelope, or mail to:

**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. BOX 30763
LANSING, MICHIGAN 48909**

You have a right to an expedited hearing if waiting for the standard time for a hearing would seriously jeopardize your life or health or would jeopardize your ability to attain, maintain, or regain maximum function. To request an expedited hearing, you must call, toll-free, 877-833-0870.

You may contact the State Office of Administrative Hearings and Rules, toll free, at 877-833-0870 if you have further questions.

Enclosures:
Request For Hearing Form
Return Envelope

ADVANCE ACTION NOTICE

Date

Name
Address
City, State, Zip

RE: Beneficiary's Name:
Beneficiary's Medicaid ID Number:

Dear _____:

Following a review of mental health services and supports that you are currently receiving, it has been determined that the following service(s) shall be <reduced, terminated or suspended> effective <date>. The reason for this action is <reason>. The legal basis for this decision is 42 CFR 440.230(d).

Service(s)	Effective Date
_____	_____
_____	_____

If you do not agree with this action, you may request a Michigan Department of Community Health fair hearing within 90 calendar days of the date of this notice. Hearing requests must be made in writing and signed by you or an authorized person.

To request a fair hearing, complete the enclosed "Request for Hearing" form - DCH-0092 (SOAHR), and return it in the enclosed pre-addressed envelope, or mail to:

**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. BOX 30763
LANSING, MICHIGAN 48909**

You have a right to an expedited hearing if waiting for the standard time for a hearing would seriously jeopardize your life or health or would jeopardize your ability to attain, maintain, or regain maximum function. To request an expedited hearing, you must call, toll-free, 877-833-0870.

You will continue to receive the affected services until the hearing decision is rendered if your request for a fair hearing is received prior to the effective date of action.

ADVANCE ACTION NOTICE

Page 2

If you continue to receive benefits because you requested a fair hearing you may be required to repay the benefits. This may occur if:

- The proposed termination or denial of benefits is upheld in the hearing decision.
- You withdraw your hearing request.
- You or the person you asked to represent you does not attend the hearing.

You may contact the State Office of Administrative Hearings and Rules, toll free, at 877-833-0870 if you have further questions.

Enclosures:

Request For Hearing Form
Return Envelope

REQUEST for HEARING INSTRUCTIONS

You may use this form to request a hearing. You may also submit your hearing request in writing on any paper.

A hearing is an impartial review of a decision made by the Michigan Department of Community Health or one of its contract agencies that client believes is wrong.

GENERAL INSTRUCTIONS:

- Read ALL instructions FIRST, then remove this instruction sheet before completing the form.
- Complete **Section 1**.
- Complete **Section 2** only if you want someone to represent you at the hearing.
- **Do NOT** complete Section 4.
- Please use a PEN and PRINT FIRMLY.
- If you have any questions, please call toll free: **1 (877) 833 - 0870**.
- Remove the BOTTOM (**Yellow**) copy and save with the instruction sheet for your records.
- After you complete this form, mail it in the enclosed self addressed, postage paid envelope or mail to:

**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30763
LANSING MI 48909**

- You may choose to have another person represent you at a hearing.
 - This person can be anyone you choose but he/she must be at least 18 years of age.
 - You **MUST** give this person written permission to represent you.
 - You may give written permission by checking **YES** in **SECTION 2** and having the person who is **representing you complete SECTION 3. You MUST still complete and sign SECTION 1.**
 - Your guardian or conservator may represent you. A copy of the Court Order naming the guardian/conservator must be included with this request.

<ul style="list-style-type: none"> • The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, political beliefs or disability. • If you need help with reading, writing, or hearing, you are invited to make your needs known to the Department of Community Health. 	
If you do not understand this, call the Department of Community Health at (877) 833-0870. Si Ud. no entiende esto, llame a la oficina del Departamento de Salud Comunitaria. إذا لم تفهم هذا، اتصل بإدارة الصحة المحلية التابعة لولاية ميشيغن.	1 (877) 833 - 0870
Completion: Is Voluntary	

REQUEST FOR HEARING
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30763
LANSING, MI 48909
1 (877) 833-0870

SECTION 1 – To be completed by PERSON REQUESTING A HEARING:

Your Name			Your Telephone Number ()	Your Social Security Number	
Your Address (No. & Street, Apt. No.)			Your Signature		Date Signed
City	State	ZIP Code			
What Agency took the action or made the decision that you are appealing.				Case Number	
<p>I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. <i>Use Additional Sheets if Needed.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
Do you have physical or other conditions requiring special arrangements for you to attend or participate in a hearing? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please Explain in Here):					

SECTION 2 – Have you chosen someone to represent you at the hearing?

Has someone agreed to represent you at a hearing? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, have the individual complete section 3)
--

SECTION 3 – Authorized Hearing Representative Information:

Name of Representative			Representative Telephone Number ()		
Address (No. & Street, Apt. No.)			Representative Signature		Date Signed
City	State	ZIP Code			

SECTION 4 – To be completed by the AGENCY distributing this form to the client

Name of Agency			AGENCY Contact Person Name		
AGENCY Address (No. & Street, Apt. No.)			AGENCY Telephone Number ()		
City	State	ZIP Code	State Program or Service being provided to this appellant		

DCH-0092 (SOAHR) (Rev 3/06)

DISTRIBUTION: WHITE (2nd page) Administrative Tribunal, YELLOW - Person Requesting Hearing

ADMINISTRATIVE TRIBUNAL FORMS REQUISITION
 STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
 FOR THE DEPARTMENT OF COMMUNITY HEALTH



INSTRUCTIONS:

- Order only the forms listed below on this requisition.
 All other items will be deleted.
- Specify the quantity you **NEED** in single units
 (use **EACH**, not pad, package, box, carton, etc.).
- Make a **PHOTOCOPY** for your records.
- Allow **3 weeks** for processing and delivery.
- Complete this form and mail it to:
ADMINISTRATIVE TRIBUNAL
PO BOX 30763
LANSING MI 48909
- You may also fax your order to: **(517) 334-9505**

REQUESTER INFORMATION:

Requesting Business or Office Name			Date of Request	Phone Number ()
Attention of			Approval Signature(s) (as needed)	
Delivery Address (Number and Street)				
City	State	ZIP Code		

REQUESTED ITEMS:

1 COMMODITY NUMBER	2 QUANTITY NEEDED EACH (NOT Pad, Pkg. Box or Ctn.)	3 FORM or ENVELOPE IDENTIFICATION NUMBER	4 FORM or ENVELOPE TITLE
4829 -			
0092		DCH-0092	Request For An Administrative Hearing
0093		DCH-0093	Hearing Request Withdrawal
0367		DCH-0367	Hearing Summary
0368		DCH-0368	Administrative Tribunal – Business Reply Envelope
0646		DCH-0646	Administrative Tribunal Forms Requisition <i>(preprinted – not electronic fill-in enabled)</i>

AUTHORITY: None COMPLETION: is Voluntary, but this information is required to obtain a supply of the above printed materials.	The Department of Community Health is an equal opportunity employer, services, and programs provider.
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For Office Use Only

Administrative Services Approval	Date Processed	DMB - Processed by
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DCH-0646 – SOAHR (Rev.6/06) Previous Edition May Be Used

Make a photocopy for your records

HEARING SUMMARY

STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH

INSTRUCTIONS:

Complete this form and mail it at least **seven (7) calendar days** prior to the scheduled hearing to:

**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30763
LANSING MI 48909**

If you have questions, you may call toll free
1 (877) 833-0870

AND

- THE CLIENT/BENEFICIARY/PATIENT

SECTION 1 – Case Information:

Case Name	Case Number	Co.	Dist.	Sect.	Unit	Wkr.
-----------	-------------	-----	-------	-------	------	------

SECTION 2 – Hearing Summary:

1. Effective Date of Action	2. Date Appellant was Notified of Department Action	3. Date Hearing Requested
4. Were Medicaid services continued pending outcome of the hearing? <input type="checkbox"/> NO <input type="checkbox"/> YES		5. Was Conference Held Prior to Hearing? <input type="checkbox"/> NO <input type="checkbox"/> YES
6. Explanation of Action(s) Taken:		
7. Facts and Fact Sources Used in Taking This Action(s):		
8. Law(s), Regulation(s) or Policy Manual Item(s) Used in Taking This Action(s):		

SECTION 3 – Signature:

9. Prepared By: (Signature)	10. Date Signed	11. Phone Number
The Department of Community Health is an equal opportunity employer, services and programs provider.		COMPLETION: Is Voluntary

DCH-0367 (SOAHR) (Rev. 5/06)

REQUEST FOR WITHDRAWAL OF APPEAL

STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH

The purpose of this form is for an appellant / beneficiary to **withdraw** his / her request for an appeal (either an Administrative Hearing or a Department Review).

APPELLANT INSTRUCTIONS:

- Answer ALL questions completely.
- Please use a PEN and PRINT FIRMLY.
- Remove the BOTTOM copy for your records.
- If you have any questions, you may call toll free: **1 (877) 833 - 0870.**
- After you complete this form, mail it in the enclosed postage paid envelope to:
**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30763
LANSING MI 48909**

Name		Telephone Number ()	Case Number
Your Address (No. & Street, Apt. No., etc.)		Signature	Date Signed
City	State		
Docket Number.	Date of Scheduled Hearing / Review		Your Social Security Number

Please CANCEL my request for an appeal for the following reason:

- The Department of Community Health has changed its action / decision.
- Other (Please explain):

Authority: 42 CFR 431.200 – 431.250; 42 USC 1397aa; 42 USC 700 <u>et seq.</u> ; MCLA 330.1001 <u>et seq.</u> ; MCLA 400.1 <u>et seq.</u> ; MCLA 333.1101 <u>et seq.</u> ; Department of Community Health Appropriations Act.	
Completion: Is voluntary.	
The Department of Community Health is an equal opportunity employer, services, and programs provider.	
If you do not understand this, call the Department of Community Health. Si Ud. no entiende esto, llame a la oficina del Departamento de Salud Comunitaria. إذا لم تفهم هذا، اتصل بإدارة الصحة المحلية التابعة لولاية ميشيغن.	1 (877) 833 - 0870

DCH-0093 (SOAHR) (Rev.6/06) COPY DISTRIBUTION: WHITE - Administrative Tribunal
YELLOW - Person requesting a withdrawal

ORDER CERTIFICATION
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH

INSTRUCTIONS:

- Complete this form and mail it to the following address within **10 days** of the Department's receipt of the hearing decision.

STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30763
LANSING MI 48909

SECTION 1 – Case Information:

Case Name		Case Number				
Docket Number	Date of Decision and Order	Co.	Dist.	Sect.	Unit	Wkr.

SECTION 2 – Certification:

I certify that the action(s) contained in the decision and order **were** completed by _____ on _____ Date
Name of Agency

_____ **has not been able to**
Name of Agency
comply with the decision and order **within 10 days** for the following reasons:

The expected Action Date is: _____ Date _____ Staff Signature _____ Date

I certify that the actions contained in the decision and order **were** completed **after 10 days** by: _____ on _____ Date
Name of Agency

_____ **will never be able to**
Name of Agency
comply with the decision and order for the following reasons:

Staff Signature _____ Date

SECTION 3 – Signatures:

Prepared By: (Name and Title)	Date	Phone Number
Supervisor Signature	Date	Phone Number

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, political beliefs, or disability.	AUTHORITY: 42 CFR 431.200 – 431.250
	COMPLETION: Is Voluntary
	CONSEQUENCE: None

COPY DISTRIBUTION: WHITE - Administrative Tribunal
YELLOW - DCH / Agency
PINK- DCH / Agency

DCH-0829 (SOAHR) (6/06)

CHAPTER 9: WAIVER TRANSFERS AND TERMINATIONS

- When a child and his/her family moves to a county within Michigan that has an enrolled CMHSP provider for the SEDW, the child remains eligible for the waiver. However, if the child and his/her family move to a county where the CMHSP is not an enrolled provider of the SEDW, the child's waiver must be terminated
- A notice of SEDW termination should be sent to the family and MDCH 12 days prior to the termination. The notice must indicate the reason for the termination and the final date of SEDW services.
- All terminations (including voluntary withdrawals) require written notification to the parent(s) regarding the right to an administrative hearing.

Introduction

The SEDW serves children residing in Michigan who meet the eligibility criteria for the program. Each CMHSP that is an approved SEDW provider is responsible for assisting the family in the application and implementation of the waiver. When a child and his/her family moves to a county within Michigan that has an enrolled CMHSP provider for the SEDW, the child remains eligible for the waiver. However, if the child and his/her family move to a county where the CMHSP is not an enrolled provider of the SEDW, the child's waiver must be terminated. This chapter will describe the process used to ensure a smooth transition to the new CMHSP. This chapter also lists those circumstances that may result in the transfer of SEDW services and outlines the process necessary to terminate the SEDW.

SEDW Transfers

Once the family has informed the Wraparound Facilitator they are moving to another county within Michigan, the Wraparound Facilitator must determine if the county the child is moving to is one of the counties approved for the SEDW. If the county is not an SEDW provider, the waiver must be terminated at the time of the child's move. Please refer to the termination portion of this chapter for instructions on termination of waivers. If the county the child is moving to has an approved SEDW provider, the Wraparound Facilitator must do all of the following:

- Immediately contact MDCH SEDW staff by phone and send a follow-up letter with the expected date of transfer and destination of the transfer.
- Obtain a release of information from the family within five working days to facilitate communication and coordination with the new CMHSP.
- Prepare a packet of information to forward to the new CMHSP. This packet must contain a copy of the current POS, the SED Waiver Annual Budget, current assessments,

mihealth (Medicaid) card, current Waiver Certification form and CAFAS® Summary. This should be completed within five working days.

Once the Wraparound Facilitator has informed MDCH of the move, MDCH must do the following:

- Contact the new CMHSP where the family will reside to inform them of the impending transfer; and
- Periodically check to ensure the transfer process is proceeding.

The initiating Wraparound Facilitator will submit a letter to MDCH within five working days confirming the actual date of the family's transfer and their last date of SEDW services in that county.

The Wraparound Facilitator at the new CMHSP must do the following:

- Review the transfer packet;
- Contact the family;
- Identify the Child and Family Team within seven days (consistent with the Michigan Mental Health Code);
- Identify the Community Team;
- Work with the Child and Family Team to determine if the current POS will be adopted as written, revised, or a new person-centered planning/ family-centered practice meeting will be scheduled;
- Complete a new Waiver Certification form and obtain appropriate signatures;
- Prepare a Children's SED Waiver Annual Budget based on the adopted, revised, or new POS; and
- Complete a new CAFAS® Summary, if necessary.

Allocation of Waiver Slots

Each of the CMHSPs that are enrolled SEDW providers has an individually approved number of waiver slots. When a child enrolled in the SEDW moves to another county the following process should be used:

- If the new CMHSP has waiver slot vacancies, the transferring child receives one of the vacancies.
- If the new CMHSP does not have a waiver vacancy, the waiver slot from the originating CMHSP follows the child to the new CMHSP. When the new CMHSP has a waiver

vacancy, that slot is returned to the CMHSP who lost a slot to that CMHSP. This will be facilitated by MDCH by way of written correspondence.

Final Approval For a Transfer Waiver

The new Wraparound Facilitator will compile the appropriate documentation as noted in the application process (Chapter 3), and submit the necessary documents to MDCH within 30 days of the transfer date. This packet must include a start date for SEDW services, and a copy of the Medicaid card. MDCH staff will review the submitted documents and finalize the transfer. MDCH will issue a letter to the new CMHSP director within 14 days of receipt of the packet.

Funding Responsibilities for Transfers (The County of Financial Responsibility – COFR)

Attachment C1.3.1 of the MDCH/CMHSP General Fund (GF) contract stipulates that the COFR for services provided is the county where the parents (and the child) have their primary residence. If the parents have joint legal custody, then the COFR is the residence of the custodial parent at the time of placement. If the child is placed in foster care on a temporary basis, with the express intent of the child returning to the county in which the custodial parent resides, the COFR shall remain the county in which the parent resides. When all parental rights have been terminated, the COFR shall be where the child resides.

SEDW Terminations

Circumstances that result in the termination of SEDW services include:

- The family moves out of a SEDW approved/enrolled CMHSP;
- The family moves out of Michigan;
- The child is hospitalized at the state psychiatric hospital (Hawthorn Center);
- 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®);
- The child is placed outside the family home without a permanency plan to return home;
- The child reaches the age of 18;
- SEDW services are no longer necessary or being provided to ensure health and safety issues or to prevent hospitalization;
- Child loses Medicaid eligibility due to a new financial status, or the family has not submitted the necessary documents to the MDHS to maintain Medicaid eligibility;
- Failure to renew a Waiver Certification form annually (based upon CMHSP provider=s signature date);

- The child has not utilized a SEDW service within 30 days; or
- The child's death.

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 MDCH 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 MDCH 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.



All voluntary withdrawals and terminations from the SEDW require a letter to the MDCH indicating the date and reason for the withdrawal or termination. A copy of the letter must be maintained in the child's CMHSP file.



All notifications of hearing rights must be maintained in the child's CMHSP file.

CHAPTER 10: QUALITY ASSURANCE & IMPROVEMENT

THIS CHAPTER IS UNDER DEVELOPMENT AND WILL BE PROVIDED AT A LATER DATE.

CHAPTER 11: GLOSSARY

AHR - Authorized Hearing Representative

ALJ - Administrative Law Judge

CAFAS® - Child and Adolescent Functional Assessment Scale

CCF - Child Care Fund

CLS - Community Living Supports

CMHSP - Community Mental Health Service Program

CMS - Centers for Medicare and Medicaid Services

COFR - County of Financial Responsibility

CTFC - Child Therapeutic Foster Care

DCH-0092 - Request for Hearing

DCH-0093 – Request for Withdrawal of Appeal

DCH-0367 - Hearing Summary

DCH-0646 - Administrative Tribunal Forms Requisition

DCH-0829 - Order Certification

DHS-1171 - Application for Assistance (Medicaid Application)

DHS-49A – Medical-Social Eligibility Certification (MDHS)

GF contract - MDCH/CMHSP Managed Mental Health Supports and Services Contract

GF/GP – General Fund / General Purpose

LOF Project – The Michigan Level of Functioning Project

MDCH - Michigan Department of Community Health

MDHS - Michigan Department of Human Services

MH/SA – Mental Health / Substance Abuse

mihealth card – Medicaid card

MSA - Medical Services Administration

MSA-1785 – Policy Decision (MDCH/MSA)

OT – Occupational Therapy

PEM – Program Eligibility Manual (MDHS)

PIHP - Prepaid Inpatient Health Plan

POS - plan of service

PT – Physical Therapy

SED – Serious Emotional Disturbance

SEDW – SED Waiver

CHAPTER 12: ATTACHMENTS

ATTACHMENT A: PEM 172

ATTACHMENT B: WRAPAROUND POWERPOINT PRESENTATION

ATTACHMENT C: SEDW DATABASE

ATTACHMENT D: QUESTIONS & ANSWERS – APRIL 11, 2006

PEM 172 1 of 3 CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE PPB 2006-004
 (SED) WAIVER 4-1-2006

**DEPARTMENT
POLICY**

MA ONLY

This is an SSI-related Group 1 MA category.

MA is available to a child who requires care in the state psychiatric hospital, (Hawthorn Center) but can be cared for in the community for less cost.

The SED waiver is available in the following counties:

- Clare
- Gladwin
- Ingham
- Isabella
- Livingston
- Macomb
- Mecosta
- Midland
- Osceola
- Van Buren

The child must be under age 18, unmarried, a current patient in a psychiatric hospital or at risk of such placement; must demonstrate serious functional limitations that impair ability to function in the community; and must have a Child and Adolescent Functional Assessment Scale (CAFAS) score of 90 or greater (if under age 13) or have a CAFAS score of 120 or greater (if age 13 or older), as determined by the local Community Mental Health Services Program (CMHSP)

The income and assets of the child's parents are not considered when determining the child's eligibility.

The DCH and DHS share responsibility for determining eligibility for the SED Waiver. The DCH, in cooperation with the local CMHSP, has responsibility for determining non-financial eligibility factors for the SED Waiver. Financial eligibility is determined by DHS.

All eligibility factors must be met in the calendar month being tested.

**NONFINANCIAL
ELIGIBILITY
FACTORS**

**DCH
Responsibilities**

DCH determines that clinical eligibility exists. That is:

- a. The child requires a level of care provided in the state psychiatric hospital (Hawthorne Center); and

PEM 172 2 of 3 **CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE (SED) WAIVER** PPB 2006-004
4-1-2006

- b. It is appropriate to provide such care for the child in the community; and
- c. The average estimated cost to Medicaid of caring for the child in the community does not exceed the average estimated cost to Medicaid for the child's care in the state psychiatric hospital.

Mental Health Services to Children and Families within DCH is responsible for the following at application and medical review:

- Obtaining and reviewing clinical evidence of the child's serious emotional disturbance and functional limitations from the local CMHSP, and
- Certifying disability on the DHS-49-A, Medical-Social Eligibility Certification.

DCH certifies on the MSA-1785, Policy Decision that the requirements in (a) through (c) above are met.

If the child is not receiving MA, DCH will send the family:

- A copy of the MSA-1785, and
- A DHS-1171, Assistance Application, with the address of the local office to mail the completed application.

Communication to the Local Office

DCH will send the MSA-1785 and the DHS-49-A to the local DHS and CMHSP offices whether or not a child is an MA recipient. DCH will send a letter of termination when a child is no longer eligible for this category. Pursue eligibility for other MA categories when a child is no longer eligible for the waiver.

Local Office Responsibilities

Do not authorize MA under this category without a MSA-1785 and DHS-49-A instructing you to do so. Use this category when the child is not an SSI or FIP recipient. Use this category before using a Group 2 category.

Treat the receipt of the MSA-1785 as a request for assistance, if it is received for a child who is not an MA applicant or recipient.

Determine if the child meets the MA eligibility factors in the following items:

- PEM 220, Residence
- PEM 223, Social Security Numbers
- PEM 225, Citizenship/Alien Status
- PEM 257, Third Party Resource Liability
- PEM 260, MA Disability/Blindness
- PEM 270, Pursuit of Benefits

PEM 172	3 of 3	CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE (SED) WAIVER	PPB 2006-004 4-1-2006
		<p>Note: DCH is responsible for obtaining clinical evidence and for certifying disability on the DHS-49-A. See "DCH Responsibilities".</p>	
INQUIRIES		<p>Inquires from medical providers or parents concerning clinical eligibility under this category should be directed to the local CMHSP.</p>	
FINANCIAL ELIGIBILITY FACTORS		<p>Financial eligibility is determined by the local office. Count only the child's own income and assets. Do not deem income and assets from the child's parents to the child.</p>	
Groups		<p>The child is a fiscal and asset group of one.</p>	
Assets		<p>The child's countable assets cannot exceed the asset limit in PEM 400. Countable assets are determined based on MA policies in PEM 400 and 401.</p>	
Divestment		<p>Do not apply policy in PEM 405.</p>	
Income Eligibility		<p>Income eligibility exists when the child's gross income is equal to or less than:</p> <ul style="list-style-type: none"> • \$1737 for months in calendar year 2005. • \$1809 for months in calendar year 2006. <p>Gross income is the amount determined after applying MA policies in PEM 500 and 530. Do not apply the deductions in PEM 540 and 541.</p>	
VERIFICATION REQUIREMENTS		<p>Verification requirements for all eligibility factors are in the appropriate manual items.</p>	
CIMS INSTRUCTIONS		<p>Refer to "How Do I"</p>	
LEGAL BASE		<p>MA</p> <p>Social Security Act, Section 1915 (c)</p>	

Wraparound Facilitator Training
May 22, 23, 24, 2006

Trainers: Jamie Pennell, Ruth Almen, Craig Delano, Shareen MacBride-
Wicklund and Connie Conklin
Some information from Pat Miles, National Consultant

Wraparound IS NOT



A Program

It is a Process!

What is Wraparound?

- Wraparound is a planning process: It is about ACTION
- The planning process identifies strengths, needs, strategies (staffed services and non-staff items) and outcomes.
- Wraparound utilizes a Child and Family Team with team members determined by the family, often representing multiple agencies, and informal supports.
- The Child and Family Team creates a highly individualized plan for the child and family that consists of services and supports

Wraparound in Michigan

- Tends to serve children at risk of out of home placement
- Children and Families involved in multiple systems
- Projects tend to be funded by multiple sources
- The Community Team in each county tends to provide the gatekeeping function for Wraparound
- At a state level, the evaluation and training of wraparound is the same for DCH and FIA

Jamie's Perspective

- A positive way of dealing with life...offering hope as an alternative to crisis and stigma
- It teaches families to use their strengths and advocate for the best needs and interest of their family
- It is a process that highlights child and family well being through the belief that safety is non-negotiable
- Every person has a role and influence already, this process emphasizes cooperation, accountability and achievement of families desired outcomes

Connie's Perspective

- Wraparound is a PLANNING process with emphasis on PLANNING
- Safety is non-negotiable and is the community's responsibility
- It allows people to approach difficult situations with creativity, respect and hope
- The intent of Wraparound is to provide strategic opportunities to children, youth and families that optimize their strengths and respect their culture
- It is important to balance Process and Outcomes

Ruth's, Craig's and Shareen's Perspectives

What feels different about Wraparound

- It makes practical sense in a world that at times does not
- Children, families and professionals look to the good news, don't live in the bad
- The process allows you to advocate for the right services and supports for families and not just what is available
- Teams provide a sense of hope, accountability and a sense of belonging to each other: "we are in this together"
- It provides youth and families a stronger voice in choosing the amount of help they need

What feels different about Wraparound (2)

- Communities come together in a more purposeful way and combine resources
- Professional roles are driven by what the youth and family need not by what has always been done
- Creativity is encouraged
- The results drive the process and the process drives results
- Youth and family's differences are embraced

Our Guiding Belief:
"If Human Beings are perceived as potentials rather than problems, as possessing strengths instead of weakness, as unlimited rather than dull and unresponsive, then they thrive and grow to their capabilities"
Robert Conklin

Wraparound is about Values and Principles
But...You have to do them to have them

MICHIGAN WRAPAROUND

BEST PRACTICE VALUES

Summarized by: Constance Conklin

Value One: Child Well-Being:

- ◆ Best interest of the child
- ◆ Should always ensure child's needs are met
- ◆ Permanency for the child/family
- ◆ Reduction of transitions/disruption in their lives
- ◆ Strengthen family relationships
- ◆ Ensure child's voice is heard

Value Two: Family-Focused:

- ◆ Family-Centered: Consider strengths, needs, outcomes for all family members
- ◆ Access, voice and ownership
- ◆ Help them improve family relationships
- ◆ Recognition that family members are interdependent on one another

Value Three: Safety (Child, Family, and Community)

- ◆ First priority should be safety of all
- ◆ Have open honest discussion about safety concerns
- ◆ Safety should be a priority on team: any team member raises concern, if the team will address it by developing a plan
- ◆ Safety should be the community's responsibility

Value Four: Individualized

- ◆ No two plans should look the same
- ◆ If something works for one family, it doesn't mean it works for everyone
- ◆ There should be no menu of services
- ◆ Individuals are complex beings so even categorical services may need to be flexible
- ◆ Flex funds should be available to support individualization

Value Five: Cultural Competency:

- ◆ Get to know the family's traditions, rituals, etc
- ◆ Ask what they do for birthdays, holidays, etc.
- ◆ Think beyond ethnicity as someone's culture
- ◆ Understand your own cultural issues and the impact that has on you

Value Six: Direct Practice and System Persistence

- ◆ Unconditional commitment to the child/family
- ◆ NO bounce around: never give up: we are in this together
- ◆ No blame, No shame: Change the plan instead
- ◆ System persistence: Bust barriers of the system/fill gaps in service delivery
- ◆ Use the strength of the child and family team to address systemic issues

Value Seven: Community-based

- ◆ Kids and families need a link to their home community by involvement in community life
- ◆ Research is questioning the value of treatment centers (institutional care) and supporting the use of therapeutic foster care and other community based alternative
- ◆ Reduce isolation, teach coping/problem solving skills while they are living in the community
- ◆ Stress and build on the strengths and decrease safety risks by developing comprehensive plans that utilize natural/community supports as much as possible

Value Eight: Strength-Based

- ◆ Strengths are an essential ingredient in wraparound plans
- ◆ Strengths help teams focus and build on the assets instead of focus on the problems or liabilities
- ◆ Strengths should be reflected in all parts of the larger plan and at every intervention
- ◆ Start and end meetings with the positive celebrate successes

Value Nine: Parent/Professional Partnership

- ◆ Very important to share information to level playing field
- ◆ Involve parents/kids in quality improvement and on all levels of the infrastructure
- ◆ Relationships are conducted in a mutual "No Blame, No Shame" Fashion
- ◆ "No decisions made without us"

Value Ten: Collaboration and Community Support

- ◆ Recognize and utilize the strengths of the community/different agencies
- ◆ Embrace the philosophy of "Community Children" and decrease turf issues
- ◆ Share resources and information
- ◆ Engage the families in opportunity to be part of the community
- ◆ Do what makes sense and not what has always been done

Value Eleven: Social Networks and Informal Supports

- ◆ Expand the support network for children and families
- ◆ Think about the long term support for a child and family
- ◆ Re-engage natural supports that have been lost
- ◆ Strive for independence/empower relationships

Value Twelve: Outcome Based

- ◆ Measurable Results/Accountability
- ◆ Real outcomes: What does the family want from wraparound in concrete terms
- ◆ What does the system want out of wraparound
- ◆ How will we measure data
- ◆ "Without data, you are just another person with an opinion"

Value Thirteen: Cost effective and Cost responsible

- ◆ Flex funds should be funds of last resort
- ◆ Utilize community resources as a way of engaging the community and increase being cost-responsible
- ◆ Consider the long-term effects of every decision you make regarding flex funds

Vision/Values Exercise

"You must be the change you wish to see in the world"
Mahatma Gandhi

Steps for Developing a Wraparound Plan

- Step 1: Getting to Know You/Developing a Partnership
- Step 2: Start Meeting with Strengths/Culture
- Step 3: Set Mission/Vision
- Step 4: Needs Discovery
- Step 5: Prioritize Needs
- Step 6: Action Planning
- Step 7: Team Commitments
- Step 8: Outcomes and Evaluation
- Step 9: Documentation
- Step 10: Crisis/Safety Planning (throughout the process)

Four Phases of Wraparound Implementation

- Team Preparation
 - Get people ready to be a team
 - Complete strengths/needs chats
- Initial Plan Development
 - Hold initial planning meetings
 - Develop a team "culture"
- Plan Implementation & Refinement
 - Hold team meetings to review plans
 - Modify, adapt & adjust team plan
- Plan Completion & Transition
 - Define good enough
 - "Unwrap"

What we are discovering?

- When wraparound is implemented as a *planning* process then it can lead to good results or outcomes
- The steps of the wraparound process are the organizing mechanism to ensure we have the right information to build the right plan to produce the right results

Qualifiers For This Training

- The parents who participate do so voluntarily, please honor this
- This training models a process, but not the product
- This is not how it happens in real life
 - It doesn't happen over three days
 - Team members come with their own agenda
 - You are still mandated reporters
 - Confidentiality needs to be honored: Keep all conversations in the training room

Engaging Families

Engaging with people is a process not an event or one appointment

Engagement

- Meet with the family wherever they want. Try to meet with as many members as possible
- Share a little about your work experience during introductions (what do you want to know)
- Just listen to their story
- Never offer solutions
- Ask about what has worked well in the past
- Listen for strengths, culture and for people that may be supportive to the family

Engagement: What works

- Listen first, talk last
- Be present at that moment
- Know how and when to use your experience and expertise
- Talk in simple language not letters
- Acknowledge difficulty of the situation
- Someone who remembers what was said
- Acknowledging strengths
- Someone who follows through

A few keys to develop a partnership

- Keep an open mind
- Be honest
- Share information and expertise
- Assume positive intent
- Define and negotiate expectations
- Know what you want and need from the partnership
- Know what you know and what you need to know
- Advocate together for what makes sense
- Ensure voice of everyone that is impacted
- Share concerns and worries
- Keep things action oriented and solution focused
- Be proactive not reactive
- Focus on strengths and find new opportunities to use them

We have two ears and one mouth so that we can listen twice as much as we speak. ~Epictetus

- Engaging Youth**
- Don't micro-manage: allow normal mistakes
 - Put them in charge
 - Remember they are there
 - Poll strengths from other people
 - Key in on their interest
 - Have them define participation
 - Do what you say you are going to do

A good example has twice the value of good advice. ~Author Unknown

- Engaging Youth**
- Let voice be heard/create opportunities
 - Give choices/ options of control
 - Meet separately to build rapport
 - Understand "why" they don't engage
 - Give same respect as adults
 - Remember your role: you are not their parents
 - Don't make simple things so complicated

- Youth Engagement**
- Deal with the here and now
 - Don't spend time with lectures and insight-oriented approaches
 - Use more cognitive behavioral approaches: practice new techniques
 - Be family-centered
 - Start where they are but provide some structure
 - Create opportunities for them to be successful
 - Challenge thinking patterns

- Credo for Support video**
- This four minute video by Kunc is designed for people who work together with persons with disabilities.
 - If you want more information about how to order, you can go to www.normemma.com. You can view and hear Credo from this site.
 - My favorite quote is "Do not work on me, work with me."

The greatest good you can do for another is not just to share your riches but to reveal to him his own.
~Benjamin Disraeli

Strength and Culture Discovery



"A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort"
Herm Albright

Strengths and Culture

- You need to institutionalize strengths in your everyday life if you expect to sustain this way of working with others
- You have to recognize that despite your intent, your values or the person you are impacts those you work with. Recognize the strengths of your culture, but embrace the culture of those you work with as their own and develop a plan that represents their culture.

Key Assumptions in Strength Discovery

- All people have strengths
- Each person's strengths are unique
- Change is supported by building on strengths
- People know their own strengths and needs
- Exploring strengths identifies commonalities
- Cultures, traditions, rituals should be viewed as a strength to be build upon and respected

What You Get from Strengths Discovery

- Understanding of the family's perspective
- Corrected history of events
- Grasp on commonalities
- Something to look forward to: opportunities for positive long-term connections
- Perception of what has been helpful in the past
- Keys to a plan
- List of possible connections to build on
- Assets held by key people in the family's life

Descriptive and Functional Strengths

- Descriptive Strengths
 - Describe,
 - Typically are adjectives
- Functional Strengths
 - Action based
 - Typically describe a skill, ability, or capacity
 - Explore what, how and why

Another way to think about Strengths/Culture

- **Attitudes/Values:** We take care of our own, we are independent, spiritual
- **Skills/Abilities:** I.e. woodworking, writing, talking to people, grows beautiful roses
- **Preferences:** Likes to spend time alone, prefers not to watch T.V., junk food
- **Attributes or Features:** pretty blue eyes, high energy, talker
- **Interests:** Politics, Religion, history, sports, computers

A thought from Gracie: It may be bad things that make us stronger but it is the good things that help us grow

Strengths Questions to Consider

- What interests or hobbies do you have?
- What are you most proud of?
- What would your best friend say about you?
- When do you feel creative?
- What trait did you have as a child that you still carry today?
- Do you any brothers or sisters?
- Is there a central thing you can rely on to get yourself out of a jam?

Strengths Questions to Consider

- What did you like about past jobs you have had?
- What is the most exciting thing you have ever done?
- How do you want to be remembered?
- What do your kids/pets like about you?
- What do you want to be doing in 5 years?
- What would our friends say are your best traits?

Other Tools You might use

1. Do a collage
2. Free Day Exercise
3. Take a big piece of Paper and draw a person. Have them write strengths on the different parts of the body. Hand-basketball player, head-good at math, etc
4. Do a Strengths Genogram: What good things have been passed down fo you
5. Just get to know how people learn..most people are visual and hands-on learners
6. Write a rap song
7. Write a monthly strengths and culture summary of what the team has learned in chapters that can be put together at the end

Strengths Exercise

Culture Exercise

"Joy comes from using our potential"
Will Schultz

Facilitation Tips
Remember it is your job to Facilitate and
make the connections of the process
"The Catalyst"

What should happen in wraparound meetings?
The Wraparound Team process **IS NOT**
A group of committed people that get together to admire problems and challenges
INSTEAD....
it is a team process and this team has a shared mission and works together creatively to develop strategies to meet needs that utilize strengths, incorporate culture to produce results

Mechanics of Facilitation

- Develop a team agenda for each meeting with family/team
- Ability to facilitate brainstorm process
- Be visual and tailor to learning styles of participants
- Document all meeting meetings and agreements
- Balance process with detailed planning with a focus more on planning: ensure process happens outside of meeting
- Develop ground rules to each meeting
- Ensure the voice and validate expertise of all team members
- Develop a team communication plan
- Be creative in your approach (tools) you use to gather the necessary information to aid in the process

The Heart of the Facilitator

- Create an open environment that seeks to understand
- Have fun
- Transfer facilitation to the family
- Be strength-based,
- Prioritize safety
- Anticipate worries, concerns
- Search for commonalities and agreements
- Make sure everyone is invited and orient them to the process before the first meeting
- Even if you know the answer or have a solution, try to bring them out in others first

Inspiring your Teams

- Be a visionary
- See beyond the time frames: create hope
- Communicate to your team
 - Deliverables
- Delegate the tasks to the team member with that expertise
- Trust your team members
- Create opportunities for everyone to participate successfully
- Avoid micromanagement: are you wrapping or suffocating?
- Have an "open door" policy
- Share the credit, take the blame

Some information from Theina Charles

You will succeed as a facilitator if you do this:

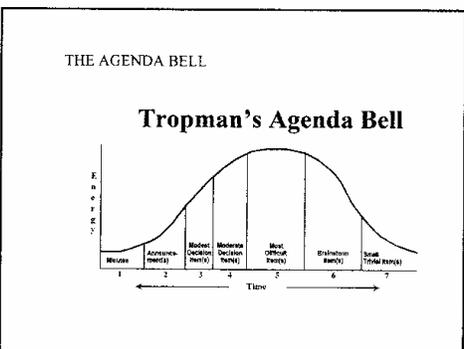
- >Prioritize agenda items
- >Assume positive intent
- >Believe in someone's ability to change and create opportunities for their life to be different
- >Focus on the outcomes when you are stuck
- >Compare strengths of individuals to what you are actually **DOING**
 - >Be nice and have fun
 - >Document agreements
 - >Address safety and conflict directly
 - >**Never** underestimate someone's potential
- >**LISTEN** and if you think you are talking too much then you are
 - >Be Proactive, not reactive
- >Keep aware of your non-verbal communication

Facilitation Nightmares

- Hidden agendas
- Doing too much yourself
- Token parent/family voice
- Facilitating your own agenda
- Miscommunication
- Overloaded facilitators
- No ground rules
- Lack of focus or organization
- Side meetings
- Perceptions/Judge-ments (Blame/shame)
- Inability or unwillingness to deal with conflict
- Not addressing safety issues
- Not figuring out how the team will make decisions

Designing a meeting

- Developing the Agenda
 - What to include?
 - What not to include?
 - How much is too much?
 - Format?
 - Information
 - Decision making
 - Agenda items for the next meeting
 - Evaluation



Examples of Ground Rules

- Be Respectful
- Be on time or call
- Give others the benefit of the doubt
- Don't get mad if someone has a better idea
- Listen
- Have fun
- Be a doer not a sayer
- One person talks at a time
- Write down exactly what was said
- Everyone has a voice

Child and Family Team Development

You don't refer "TO" Wraparound
You refer "WITH"

Who are your supports?

- When something good happens in your life who do you call?
- What about if something stressful happens?
- If you checked your email, phone bills who have you been in contact with in the last 3-6 months, year
- Who do you miss?
- Who was a support in the past?
- Who thinks your child(ren) are the best kid(s) ever?
- Who will impact whether or not we meet the outcomes?
- Think of all areas of your life (life domains), who support you in those areas? Do you need more support? What about other family members

Common Members of Teams

- All Family Members: the more family members the better the process
- Parents should decide about children/youth involvement although this is highly encouraged for the process to work
- Child welfare worker, Therapist, Probation officer
- School personnel: principal, teachers, social worker, lunch lady, secretary, janitor, etc
- Neighbors, grandparents, aunts, uncles, friends, co-workers, coaches, faith-based people or anyone else the child/youth/family identifies

The Impact of "Gathering"

Why Teams?

- Traditional single intervention don't seem to be as effective or meet needs when child/family's are being served by multiple systems
- Working in a vacuum of your agency, school, etc provides fragmented help and less opportunities to achieve good outcomes and more chances families will be blamed
- Two heads are better than one
- Blending of expertise and information creates a clearer idea of what might work
- The use of an organized wraparound approach provides role clarification and increases the helping process
- Shared mission and outcomes increases result oriented approaches
- Better use of assets, strengths and resources of all agencies and family members

The results of the team process

- Shared information and expertise that is useful and communicated in a strength-based, needs-driven process increases successful outcomes of a child, youth and family's life
- The system responds to needs, utilizes their strengths, resources and assets while blending with the family's strengths to create opportunities that they know will produce results (That is the charge of the team)
- OR think about it this way...

More Importantly: Why Teams

- No one person, agency or system can typically protect children and families with the attention they deserve
- It is the combination of resources, expertise and collective energy that can impact difficult situations most effectively
- Teams push systems more effectively than individuals
- Attendance at meetings does not make the team...commitment to the mission and outcomes determines the team

"The people that influence you are the people that believe in You"
Henry Drummond

Never doubt that a small group of thoughtful committed citizens can change the world, indeed, it's the only thing that ever does. - Margaret Mead

Mission/Bumper Stickers

Step 3: Set Mission/Bumper Sticker

- Mission should include why you are coming together
- Use family voice in setting mission
- Use the life domains as a guide
- The direction that the team is striving for during their time together
- The Final Destination

"The best way to predict the future is to invent it"

Prof. Phil Enneke, Ph.D

Examples of Vision/ Mission Statements

- Learn, Love and Live together peacefully
- One for all, all for one, Thou Shall not give up on thy family
- Get the monkey off my back, give peace a chance
- To live day to day with a rainbow overhead
- No more fears, No more tears...Happy Days are here at last
- Move Forward, Don't look back

Identification of Needs

They say a person needs just three things to be truly happy in this world: someone to love, something to do, and something to hope for. **Tom Bodett**

First Big Idea

Bad Behavior comes from unmet needs

Second Big Idea
**Getting a service
does NOT
necessarily mean
needs are met**

Third Big Idea
"Children's Greatest Resource is their Family"
Howard Mandeville

Joining with Families to Meet Needs
• Difficult behaviors tell us important things about a person's life
• Common "misses" for kids and families
- Meaningful relationships
- Sense of safety and well being
- Power and control
- Joy
- Relevant skills and knowledge
- A sense of value and self worth

Needs & Wraparound
Practice Patterns
• Identified together as a team
• Prioritized as most important together
• Focus on the "why" of a need not the "how" of it
• Use descriptive terms
- To learn, to know, to experience, to develop, to feel, to be, etc.
• Deal with the "big" stuff
- Families deserve to know their teams are dealing with their larger challenges

Examples of Need Statements
• Behavior: Using Drugs
• Potential needs statements:
• Callie needs to know she can have a different future
• Callie needs to feel accepted
• Callie needs to find alternative ways to experience fun
• Callie needs to develop relationships with people that support my sober life

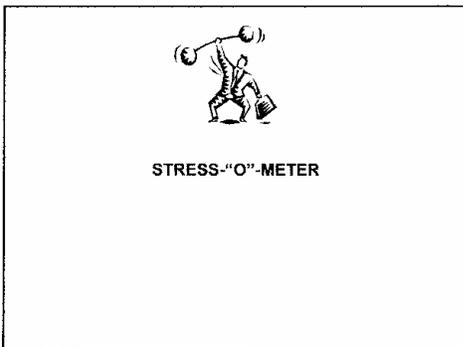
**Identify Needs Not
Limitations
Raise Expectations and Hope**

Life Domain Areas for Planning to Meet Needs

↗Social/Fun	↗Spiritual
↗Emotional	↗Safety
↗Feelings	↗Legal
↗Family	↗Medical/Health
↗A Place to Live	↗Finances
↗School/Work	↗Relationships
↗Cultural	

Services and Needs are Different

Proposed Service	Reframed as a Need
Therapist	Someone to talk to
Positive Peer Socialization Group	Good friends to hang with
Life Skills Group or Class	Becoming an active part of the household
Vocational Assessment	Finding a job
Point System Behavior Management Class	Learning how to be a regular kid
Support Group	To know there are other people like me



"Now is the time. Needs are great, but your possibilities are greater"
 Bill Blackman

Prioritization of Needs

Key Questions about Prioritizing Needs

Has immediate safety for all family members, community been adequately addressed?

- Is there a small set of needs the team has chosen to work on first (1-3)?
- Do the prioritized needs reflect the family's choices?
- Do the selected needs address the "big" stuff in the family and system life?
- Did the selection process "fit" the team?

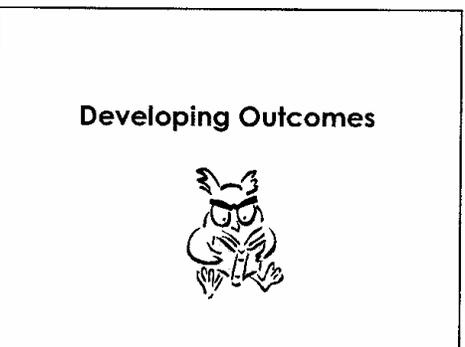
Action Planning

- ### Creating the Action Plan
- Review your strengths and Culture Discovery and provide a visual
 - Brainstorm all options/strategies to meet the need
 - Pretend like there are no services available then add them later
 - Review the total list of strategies, ensure strengths/culture were incorporated and then ask the family to chose
 - Add any details to the strategies
 - Establish time frames for completion
 - Establish person responsible to ensure implementation

- ### Resiliency Factors Research Says is Important
- Development of life skills (problem solving, critical thinking)
 - Social competence
 - Ability to express own feelings
 - Sense of humor
 - Internal focus of control
 - Good health
 - Ability to engage adults for support
 - Vision of the future
 - Sense of community and belonging (rituals, tradition, celebration)
 - Involvement in meaningful activities
 - High Expectations and academic support in schools

- ### Helpful Hint:
1. Look to enhance skills and focus less on what they cannot do
 2. Relate it to what they understand and like to teach skill.

"The best way to have a good idea is to have lots of ideas"
Linus Pauling



"Vision without action is a daydream"
Japanese Proverb

"Action without Vision is A Nightmare"

Getting to Outcomes

The difference between measuring how hard we work and whether it makes a difference

"If you accept the expectations of others, especially negative ones, then you never will change the outcome."
Michael Jordan

Effective Outcome Statements

- Are based in the life of the family
- Describe how we will know life is better
- Need to be positively stated
- Are simple enough anyone can understand
- Reflect the concerns of the team
- Are measurable

Outcomes should be Motivating

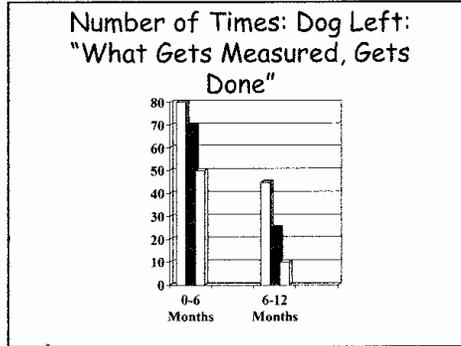
- Outcomes should be the "real results" that families identify for themselves
- You should not try to re-write or paraphrase what they say but you should always try to get at the positive result versus the compliance of negative behavior

Examples of Outcomes

- When we have our extended family over for dinner, they will stay the entire time
- When a state car stops pulling into my driveway
- When my best friends aren't the car repair mechanics
- When I finish the quilt I have been working on for several years
- When my child does something and I know what to do about it
- When I talk to my best friend and we laugh
- When I see my child's smile at least once a day

OUTCOME #1: When my child comes into the house, the dog stays in the room

Beginning Scale/Date:	
Family Scale:	0 1 2 3 4 5 6 7 8 9 10 No Progress Some Progress Completed
Team Scale:	0 1 2 3 4 5 6 7 8 9 10 No Progress Some Progress Completed
Scaling Date:	
Action to be Taken:	



"Even if you are on the right track, you'll get run over if you just sit there" Will Rogers



- Key Questions about Team Commitments**
- Did every team member get a job?
 - Did you ensure due dates?
 - Is there a loop of accountability to complete the task? Reminders?
 - Did you ensure that the team member with the job has the necessary information to complete the task successfully?
 - Did you blend strengths and expertise to maximize successful outcomes?

"Teamwork divides the task and doubles the Success"

A Play on Words in the wraparound process

- The difference between goals, needs, tasks and outcomes
- **Goals** are what you are working toward (Process-oriented)
- **Needs** are things or actions we need help with to improve the direction of our lives (Where is our focus)
- **Tasks/strategies** are what you do to get there (Verbs-Actions)
- **Outcomes** are the results from doing it (Results)

The Illustration

- Our **goal** is to manage bills more effectively
- We **need** to have a sense of security as a family
- The **tasks** may include doing a monthly budget, opening a savings account, doing some odd jobs, taking a class to learn a trade I enjoy
- Examples of **outcomes** may be: I will have money left at the end of the month to buy a cup of coffee, money in my savings account, A place to call home, A job I love, etc.

Family Example

Crisis and Safety Planning

Crisis & Safety Planning

- **Definition of a Crisis**
"A crisis is when the adults don't know what to do"

- Carl Schick

"One of the true tests of leadership is the ability to recognize a problem before it becomes an emergency."

Arnold H. Glasgow

Why do Crisis and Safety Plans

- Because you will not always be available for a crisis
- To teach and develop coping skills and tools to live differently
- Create opportunities for growth: Developing competencies
- Accountability to act better/make better decisions
- Address all team members concerns/risks
- Reduce risks/give options and alternatives

Essential Ingredients of Crisis/Safety Plans

- Strengths/Assets/Interests are evident in plans
- Action steps to change/handle events or behaviors to stressors
- Proactive and Reactive steps
- 24 hours-7 days a week response and support
- They have long-term sustainability
- Natural supports/community resources are utilized first
- There is constant revision, not blaming
- Documentation: If you don't write it down, it never happened
- Manage your reaction - Stay calm
- Strategies across environment
- Individualize: Don't use the same strategies for behaviors for every person
- Add skills not phone numbers of who to call

Identifying Triggers of Crisis

Look at the person's history

- New situations-**success, social situations, work**
- Job related stress-**shift work, schedules, relationships**
- Change in routine-**morning rituals, bedtime, homework**
- Loss of job-financial, identity
- Medication issues-**side effects, stigma, weight gain**
- Health issues-**Nutrition, withdrawn from caffeine, nicotine, alcohol**
- Stressed relationships-**lost ties, time constraints, distance**
- Need for structure, security, routines, traditions, etc.-**identity, a place to belong, culture**

How to Identify a Safety Issue

- **Legal Mandates:** p.s, Schools, duty to warn, etc
- **System/Agency Report:** worries, concerns, past knowledge
- **Family Report:** past, fears/worries
- **Structural:** use life domains as guide: transportation, child care, supervision, housing, etc
- **Values vs. Safety:** I.e. cluttered house vs. fire hazard

Support Plan

Supervision/Child Care Plan Date: _____
Week of _____

Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							
12 am							
1 am							
2 am							
3 am							
4 am							
5 am							

Wraparound Support Plan

Strengths/Interest/Learning style of Individual/Family: _____

Anticipated Situation or Behavior	What we will do:	Who will do it?	By When
	To Prevent from happening:		
	1.		
	2.		
	3.		
	4.		
	5.		
	How will we react:		
	1.		
	2.		
	3.		
	4.		

Signature of the Team/Family: _____ (adapted from community partnerships)

Wraparound Support Plan			
Strengths/Interest/Learning style of individual/Family: Nell enjoys to talk to Anyone that will listen. She does better if she can do something and not get LECTURED. She enjoys older people and is very social. She has an interest in Dance and soccer.			
Anticipated Situation	What we will do:	Who will do it?	By When
Skipping School	To Prevent from happening: 1. Try to find new friends and tell other friends she will be out away 2. Dad will have weekly communication with the school 3. If the bi-weekly progress report is not good or they don't bring it home, then they are promised all weekend 4. Go to Mr. B's office when scouted 5. Carry around my future goals with me 6. Participate in the group at school 7. Join the soccer team	Nell and one new friend Dad and Team Nell and Dad Mr. Band Nell Nell Nell and team	October 1 Sept. 1st On-going On-going On-going Sept Spring
	How will we react: 1. For every hour they skip, they need to do one extra chore 2. Nell will adopt a snail from the senior center and do yard work, shop, or spend time 3. A tardy counts for an entire hour 4. Violate her probation after each incident	Nell and Dad Nell and PO Nell and Team Team	On-going On-going On-going On-going

Strengths/Interest/preferences etc.: Nell needs more external supports right now as she gets her own internal controls. She needs a system of accountability that consists of people checking up on her (drug screen, being where she is supposed to be. She also needs hope that things can be different for her life. She likes to talk about her struggles with others and needs to know that despite messing up, she will still have fun things in her life			
Situation	What will we do	Who will do it	By When
Using drugs	To prevent from happening: 1. If my dad suspects he can give me a drug screen 2. If I am in a situation where others are asking, I can contact Aunt, Dad or Neighbor 3. Continue to go to AA 4. Give Dad phone numbers to where I am going and if I leave I will call 5. Celebrate anniversaries of sobriety 6. Dad will monitor my friends 7. Continue to work on my "badges" of	Dad, Nell, and PO Aunt, neighbor, Dad and Nell Nell Nell, Dad and Team Team Team	
If I use drugs	4. If only TV or movies I can watch will be focused on stories of inspiration and recovery 2. No friends until I have two weeks of clean drug screens 3. Offer more support-use 24 hour forum 4. Team will get these tapes	Nell and Therapist Team Team Team Team	

Critical thoughts about Crisis/Safety Planning

- Seek to understand not to be understood
- Assume positive intent
- Prepare the family team to talk the reality
- Remind people of the final outcomes/vision
- Use tools to identify stressors/risks
- Review it frequently and change accordingly
- If people gain or feel more control over their lives, they tend to make better decisions. Find ways to empower their control by sharing information and resources and guiding their decision making
- If you find yourself worried about something, then develop a plan-it is better to be safe than sorry

Financing the Plan

- Now that you have action steps, go through each strategy and account for the funding source
- Utilize the team, community and the community team to find resources
- Only use flexible funds as a last resort
- Think about how if this work it will be sustained long term

Wraparound Documentation Expectations

- The strengths and culture discovery will be written in a narrative format
- There will be a crisis/safety plan for every family
- The plan format will consist of strengths, needs, outcomes, who is responsible with set time frames
- Every child and family team meeting will be documented
- The plan should be signed by the child and family team and comm. Team
- There should be some evidence of a phase out/transition/graduation plan from wraparound

Information Needed in a Wraparound Plan

- Family descriptors
- Team membership
- Strengths lists for all involved
- Positively stated prioritized needs
 - Can be augmented with brief history
- Planned actions that tie to strengths
- Clearly articulated measurable outcomes
- Progress updates

Family Team Plan

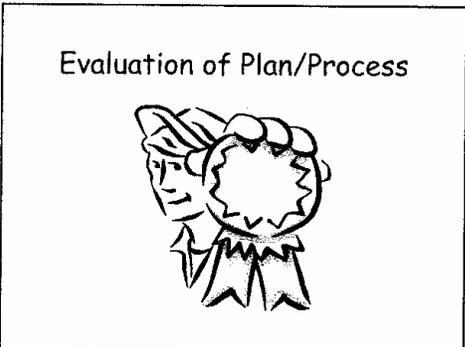
Family: _____ Facilitator: _____
 Meeting Date: _____ Present: _____

Need	Strategy	Strength (must match w/ a strategy)	Who will do it?	When will it be done?	Outcome (how will we know what we've done it?)	Expense?

"Goals are dreams with deadlines"
Diana Stiefel Hunt

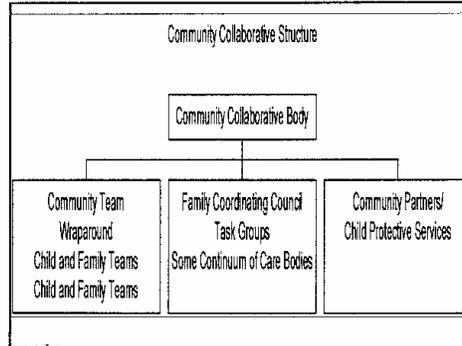


- ### Effective Transition Plans
- Begin early in the wraparound team process
 - Should be based on progress toward outcomes
 - Build on what has been accomplished
 - Shift the balance of activity from the system to the family and community
 - Assure meeting family, system, and community outcomes
 - Support rather than abandon the family

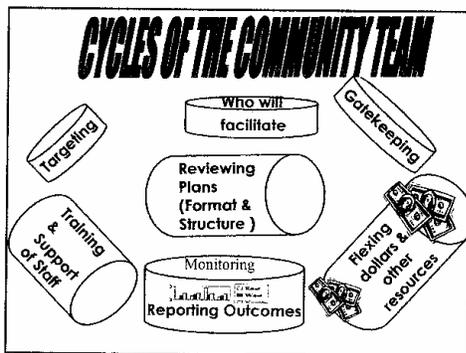
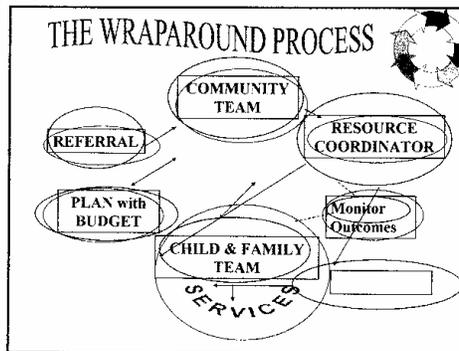


- ### Wraparound Plans Should
- Increase skills and opportunities by utilizing strengths and culture
 - Raise expectations with a clear pathway
 - Increase internal confidence
 - Read like a recipe toward outcome achievement
 - Address all team members concerns and worries
 - Include a role for all team members
 - Ensure accountability for all team members
 - Provide a sense of hope in the future

"To accomplish great things, we must not only act, but also dream; not only plan, but also believe"
Anatole France



- ### Typical Community Team Membership
- Supervisors from DHS, Court and Mental Health agencies
 - School representatives (school social worker, special education coordinator, principal, etc)
 - Private Agency providers
 - Health Department
 - Faith-Based Community
 - Parents or Youth
 - Business Community
 - United Way
 - Police Officers
 - General Citizens



- ### POSSIBLE FUNDING SOURCES
- DHS - CSPP, CPCP, SF/SC
 - DCH - Block grant, Medicaid
 - DOE - Capacity building Grant
 - Courts - Child Care Funds
 - National (Grants) foundations - Skillman, Robert Wood Johnson
 - Substance Abuse
 - United Way
 - Friend of the court
 - Native Tribe areas
 - Business Organization (Wal-Mart, Meijers, Lumber Companies)
 - Foundations (Kellogg, Dow, Mott)

Parting Thoughts about
Wraparound

***"The more you try to control
people, the less responsible
and accountable they become"***
Lebow and Spitzer

**"Though no one can go back and make
a brand new start, anyone can start
from now and make a brand new
ending."Carl Bard**

Rev. 5-9-06 MDCH - CMHSP - Serious Emotional Disturbance (SED) Waiver Database
Effective May 1, 2006

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
90772		THER/PROPH/DIAG INJ, SC/IM	A	\$10.55	LIMITED TO 5 PER MONTH
90801		PSY DX INTERVIEW	A	\$86.77	LIMITED TO 1 PER MONTH
90802		INTERACTIVE PSY DX INTERVIEW	A	\$92.15	LIMITED TO 1 PER MONTH
90804		PSYCHOTHERAPY, 20-30 MIN	A	\$37.25	LIMITED TO 10 PER MONTH
90805		PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$40.91	LIMITED TO 10 PER MONTH
90806		PSYCHOTHERAPY, 45-50 MIN	A	\$55.98	LIMITED TO 10 PER MONTH
90807		PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$59.64	LIMITED TO 10 PER MONTH
90808		PSYCHOTHERAPY, 75-80 MIN	A	\$83.54	LIMITED TO 10 PER MONTH
90809		PSYCHOTHERAPY, 75-80, W/ E&M	A	\$86.55	LIMITED TO 10 PER MONTH
90810		INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$40.26	LIMITED TO 10 PER MONTH
90811		INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$45.00	LIMITED TO 10 PER MONTH
90812		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$60.28	LIMITED TO 10 PER MONTH
90813		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$63.51	LIMITED TO 10 PER MONTH
90814		INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$87.41	LIMITED TO 10 PER MONTH
90815		INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$90.00	LIMITED TO 10 PER MONTH
90846		FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$54.26	LIMITED TO 10 PER MONTH
90847		FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$66.31	LIMITED TO 10 PER MONTH
90853		GROUP PSYCHOTHERAPY	A	\$18.30	LIMITED TO 10 PER MONTH
90862		MEDICATION MANAGEMENT	A	\$29.50	LIMITED TO 5 PER MONTH
92506		SPEECH/HEARING EVALUATION	A	\$75.14	LIMITED TO 1 IN 90 DAYS
92507		SPEECH/HEARING THERAPY, INDIVIDUAL	A	\$35.52	LIMITED TO 8 PER MONTH
92508		SPEECH/HEARING THERAPY, GROUP	A	\$16.79	LIMITED TO 8 PER MONTH
96101		PSYCHO TESTING BY PSYCH/PHYS	A	\$55.12	LIMITED TO 1 IN 90 DAYS
96102		PSYCHO TESTING BY TECHNICIAN	A	\$25.19	LIMITED TO 1 IN 90 DAYS
96103		PSYCHO TESTING ADMIN BY COMP	A	\$15.93	LIMITED TO 1 IN 90 DAYS
96116		NEUROBEHAVIORAL STATUS EXAM	A	\$61.79	LIMITED TO 1 IN 90 DAYS
96118		NEUROPSYCH TST BY PSYCH/PHYS	A	\$73.85	LIMITED TO 1 IN 90 DAYS
96119		NEUROPSYCH TESTING BY TECH	A	\$37.68	LIMITED TO 1 IN 90 DAYS
96120		NEUROPSYCH TST ADMIN W/COMP	A	\$27.34	LIMITED TO 1 IN 90 DAYS
97003		OT EVALUATION	A	\$46.07	LIMITED TO 2 PER YEAR
97004		OT RE-EVALUATION	A	\$27.77	LIMITED TO 2 PER YEAR
97533		SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$14.86	MAXIMUM OF 2 SESSIONS PER MONTH; EACH SESSION UP TO 4 UNITS
97802		MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.33	MAXIMUM OF 2 SESSIONS PER YEAR; EACH SESSION UP TO 4 UNITS

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CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
97803		MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MIN	A	\$10.33	MAXIMUM OF 5 SESSIONS PER MONTH; EACH SESSION UP TO 4 UNITS
H0001		ALCOHOL AND/OR DRUG ASSESSMENT	A	\$159.62	LIMITED TO 1 IN 90 DAYS
H0002		BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION FOR TREATMENT PROGRAM	A	\$80.00	LIMITED TO 1 IN 90 DAYS
H0004		BEHAVIORAL HEALTH COUNSELING & THERAPY; PER 15 MIN.	A	\$23.51	LIMITED TO 26 UNITS PER MONTH
H0005		ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	A	\$57.51	LIMITED TO 5 SESSIONS PER MONTH
H0015		ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	A	\$103.21	LIMITED TO 31 SESSIONS PER MONTH
H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$202.56	LIMITED TO 14 DAYS PER MONTH
H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	A	\$297.47	LIMITED TO 1 IN 90 DAYS
H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (HOME BASED SERVICES), FACE-TO-FACE; PER 15 MIN	A	\$66.74	LIMITED TO 90 UNITS PER MONTH
H2011		CRISIS INTERVENTION SERVICE; PER 15 MIN	A	\$59.38	LIMITED TO 48 UNITS PER MONTH
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$6.40	LIMITED TO 744 UNITS PER MONTH
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$9.60	Holiday rate
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$4.80	LIMITED TO 744 UNITS PER MONTH
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$7.20	Holiday rate
H2022		COM WRAP-AROUND SV, PER DIEM	A	\$340.00	MAXIMUM OF 4 PER MONTH
H2022	TT	COM WRAP-AROUND SV, PER DIEM MORE THAN ONE PATIENT	A	\$255.00	MAXIMUM OF 4 PER MONTH
M0064		MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$15.50	LIMITED TO 5 PER MONTH
S5111		HOME CARE TRAINING, FAMILY, PER SESSION	A	\$150.00	LIMITED TO 4 PER MONTH
S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$24.48	LIMITED TO 13 PER MONTH
T1001		NURSING ASSESSMENT/EVALUATION	A	\$46.17	LIMITED TO 1 IN 90 DAYS
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$6.40	LIMITED TO 1248 UNITS PER MONTH
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$9.60	Holiday rate
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$4.80	LIMITED TO 1248 UNITS PER MONTH
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$7.20	Holiday rate
T2036		THERAPEUTIC CAMPING, OVERNIGHT; EACH SESSION	A	\$1,400.00	MAXIMUM OF 3 SESSIONS PER YEAR

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Effective May 1, 2006

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
T2038		COMMUNITY TRANSITION; PER SERVICE	A	\$0.01	LIMITED TO 1 IN 3 YEARS SERVICES ARE AUTHORIZED BY CMHSP

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**Children's Serious Emotional Disturbance
Home and Community-Based Services Waiver (SEDW)**

Questions/Answers

The SEDW is administered by the Michigan Department of Community Health (MDCH) and funded with local, state and federal Medicaid dollars. This program is designed to provide in-home services and supports to children under age 18 with serious emotional disturbance (SED) who meet the criteria for admission to a state inpatient psychiatric hospital (Hawthorn Center) and who are at risk of hospitalization without waiver services. The waiver is limited to 43 children residing in counties whose Community Mental Health Services Program (CMHSP) has an approved SEDW plan with the MDCH, has demonstrated strong collaboration with essential community partners, has the capacity to provide intensive community-based services, and has the fiscal capacity to manage interagency funding appropriately.

The CMHSPs with approved SEDW plans include: CMH Authority of Clinton-Eaton-Ingham Counties; CMH for Central Michigan; Livingston County CMH Authority; Macomb County CMH Services; and Van Buren Community Mental Health Authority.

1. Question: Are we focusing only on kids at risk or can they be out-of-home (with goal of reunification)?

Response: The eligibility requirements for the SEDW include children under age 18 with serious emotional disturbance that meet the criteria for admission to a state inpatient psychiatric hospital and are at risk of hospitalization without waiver services. For those children residing outside the family home, Medicaid eligibility is established and medically necessary Medicaid State Plan services, appropriate to the child's condition and needs, should be provided. The SEDW provides for the waiving of parental income, allowing the State to view the child as a "family of one" for purposes of determining the child's Medicaid eligibility - thereby enabling Medicaid to be a funding source for needed services. Because the Michigan Mental Health Code requires that we provide services in the least restrictive environment - which, for children, is generally the home of their birth or adoptive parent(s) - this waiver will focus on that population. However, if a child in foster care meets the SEDW eligibility criteria and needs waiver services to successfully transition home and reunite with their birth or adoptive parent(s), the child can be enrolled in the SEDW and receive the needed services while in foster care, during the transition period.

Medicaid fee-for-service funds paid to the CMHSP under the SEDW may be utilized for the implementation of or continuing participation in locally established multi-agency shared funding arrangements developed to address the needs of beneficiaries served through multiple public systems. Local interagency agreements and/or memoranda of understanding will stipulate the amount and source of funding. Medicaid funds may be billed on a fee-for-service basis for services to children enrolled in the SEDW when the service is: 1) a covered service in the SEDW; 2) determined to be medically necessary; 3) not covered or paid for from other sources including Title IV-E funds. Monitoring safeguards, and relevant documentation must be in place to ensure compliance. The transitional plan must identify the goals to achieve reunification and a target date for the child's return home.

Under Title IV-E, the federal government will reimburse a state at its state Medicaid matching rates in four categories. These categories include: foster care maintenance payments for

eligible children; short and long-term training for State and local agency staff who administer the Title IV-E program; administrative expenditures necessary for the administration of the program; and costs of required data collection systems. See Attachment A (Social Security Act, Part E- Federal Payments For Foster Care and Adoption Assistance).

2. Question: What is the criterion for “at risk” of hospitalization?

Response: We are using the criteria specified in the Medicaid Provider Manual, Mental Health/Substance Abuse, Section 8.5.C. Inpatient Admission Criteria: The manual states:

Inpatient psychiatric care may be used to treat a child or adolescent with mental illness or serious emotional disturbance that requires care in a 24-hour medically structured and supervised facility. The SI/IS criteria for admission are based on the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments and manifesting a level of clinical instability (risk) that are, either individually or collectively, of such severity that treatment in an alternative setting would be unsafe or ineffective.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

The individual must meet all three criteria outlined in the table...

The three criteria are: diagnosis, severity of illness, and intensity of service. 'Diagnosis' and 'intensity of service' are excerpted and 'severity of illness' is summarized below. (Please refer to the Medicaid Provider Manual for the approved Severity of Illness/ Intensity of Service – SI/IS criteria sets)

- I. Diagnosis: The beneficiary must be suffering (sic) from a mental illness, reflected in a primary, validated, current version of DSM Axis I, or ICD diagnosis (not including V Codes).
- II. Severity of Illness (signs, symptoms, functional impairments and risk potential): At least one of the following manifestations is present:
 - a. Severe psychiatric signs and symptoms;
 - b. Disruptions of self-care and independent functioning;
 - c. Harm to self; harm to others;
 - d. Drug/medication complications or co-existing general medical condition requiring care.
- III. Intensity of Service: The person meets the intensity of service requirements if inpatient services are considered medically necessary and if the person requires at least one of the following:
 - a. Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.
 - b. Close and continuous skilled medical observation is needed due to otherwise unmanageable side effects of psychotropic medications.
 - c. Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) to protect the consumer, others, and/or property, or to contain the consumer so treatment may occur.

- d. A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the consumer's signs and symptoms.

3. Question: Must the CMHSP do the assessment of eligibility for the SEDW?

Response: Although the Community Team will identify potential waiver applicants, the CMHSP is responsible for the assessment of eligibility and certification for the SEDW.

4. Is eligibility for Medicaid based on financial status or on disability?

Response: To be eligible for the SED Waiver, the child must meet both medical and financial eligibility criteria, as specified below.

Medical criteria:

- Meets current MDCH contract/Medicaid Provider Manual criteria for the state psychiatric hospital; and
- Demonstrates serious functional limitations that impair their ability to function in the community (functional criteria will be identified using the Child and Adolescent Functional Assessment Scale [CAFAS])
 - CAFAS score of 90 or greater for children age 12 or younger; or
 - CAFAS score of 120 or greater for children age 13 to 18.

Financial criteria:

- Low-income families with children as described in Section 1931 of the Social Security Act; or
- SSI recipients; or
- Optional categorically needy aged or disabled who have income at 100% of the Federal poverty level (FPL); or
- Special home and community-based waiver individuals who:
 - Would be eligible for Medicaid if they were in an institution; and
 - Have been determined to need home and community-based services in order to remain in the community; and
 - Are covered under the terms of this waiver; and
 - Have a special income level equal to 300% of the SSI Federal benefit (FBR).

5. Can we develop our own models of Therapeutic Foster Care?

Response: No, the MDCH, in collaboration with the CMHSPs, will develop the standards for certification of therapeutic foster care. See also response #49.

6. Are we using Wraparound "generic" or existing model?

Response: The expectation is that sites will do high-fidelity Wraparound that has a strong link to the Community Team. Sites will complete the mandated Wraparound Quality Assurance tools to ensure fidelity to the model. Training and technical assistance will be offered to sites to assist in ensuring the integrity of the model.

7. Are we using the existing rates for Medicaid State Plan services?

Response: For the most part, yes. Most Medicaid State Plan services have an established Relative Value Unit (RVU) that is the basis for the Medicaid fee screen for the service. When a RVU exists, the established fee screen must be maintained. Where there is no RVU, we will work with the participating CMHSPs to collect data on "usual and customary costs" and will use the data to establish rates. (See also response #8)

8. Do we have flexibility to set waiver rates?

Response: It is difficult to establish new (different) rates for the SEDW services that are currently covered by other waiver programs (e.g., the Children's Waiver Program). However, Medicaid has agreed to look at "usual and customary costs" in determining fee screens for the SEDW services – whether or not there is a RVU for the service because it is covered by another waiver program. A CMHSP/MDCH committee completed their work as of January 18, 2006 and made recommendations for establishing rates.

9. Do we bill at our costs or at the Medicaid screen amount?

Response: The CMHSPs will bill their charge/cost and will be reimbursed at their cost, or the Medicaid fee screen, whichever is less.

10. Where do "ADCF" children fit in?

Response: Although the SED Waiver can create Medicaid eligibility for children, it does not preclude children who are currently Medicaid eligible in their own right (e.g., because they are on SSI or live in a household receiving a TANF grant). For complete detail regarding eligibility, please refer to responses #2 and #4. With regard to children in foster care, please refer to response #1.

11. Can the SEDW pay Room & Board costs?

Response: No.

12. Can we close a case and use Child Care Fund (CCF)?

Response: The CCF can't be used if a case is completely disconnected from the court or Michigan Department of Human Services (MDHS). The court or MDHS needs to keep some involvement with the child, even if it's only diversion, prevention or consent calendar, etc.

13. Does funding for waiver services have to be through the CCF?

Response: No, the county may use the CCF as match, but is not obligated to do so.

14. What is a clean match?

Response: Please refer to section 7.2.1 of the CMHSP GF/GP Contract. This section was handed out at the SEDW kick-off meeting, and specifies what can be used as match. "Clean match" is the appropriation of general county funds to the CMHSP by the County Board of Commissioners.

15. Who certifies Therapeutic Foster Care Homes?

Response: In collaboration with the participating CMHSPs, MDCH will develop standards for Therapeutic Foster Care homes and will certify the homes.

16. Can we get a copy of the SEDW application?

Response: If you would like a copy of the SED Waiver application, please email your request to Debbie Milhouse-Staine at Milhouse@Michigan.gov

17. Are we required to include SEDW children in our Encounter Data?

Response: Encounter data for beneficiaries enrolled in the SED Waiver is not required at this time. However, you will be required to submit quality improvement data (demographic data), as stipulated in the PIHP/Medicaid contract.

18. Does this (Medicaid eligibility) expand to meet medical needs as well?

Response: Children enrolled in the SEDW will be eligible for Medicaid State Plan health care/medical service benefits. In most instances, the child will be enrolled in a Medicaid Health Plan (Medicaid managed care), which will cover the child's medically necessary health care. (Note: the beneficiary must follow the Medicaid Health Plan's rules and regulations.) If the child is exempt from enrolling in a Medicaid Health Plan (e.g., because the child is covered by a private health insurance managed care plan or is in MDHS foster care), Medicaid services will be billed and paid 'fee-for-service'. In all instances where the beneficiary has both private health insurance and Medicaid (both managed care and fee-for-service), there will be coordination of benefits between the child's private insurance and Medicaid.

19. Does the waiver slot follow the child if they move to another county?

Response: When a child and his/her family moves to a county within Michigan that has an enrolled CMHSP provider for the SEDW, the child remains eligible for the waiver. However, if the child and his/her family move to a county where the CMHSP is not an enrolled provider of the SEDW, the child's waiver must be terminated. When a child enrolled in the SEDW moves to another county, the following process should be used:

- If the new CMHSP has waiver slot vacancies, the transferring child receives one of the vacancies.
- If the new CMHSP does not have a waiver vacancy, the waiver slot from the originating CMHSP follows the child to the new CMHSP. When the new CMHSP has a waiver vacancy, that slot is returned to the CMHSP who lost a slot to that CMHSP. This will be facilitated by MDCH through written correspondence.

20. Can they/we transfer SEDW slots county to county within a CMH Board?

Response: Yes.

21. Will sentinel reporting be included in the contract?

Response: Yes; the SEDW contract includes the requirement to report sentinel events to MDCH.

22. What happens if a child shows improvement in his/her CAFAS score at the annual review - will the child be disenrolled at one year?

Response: At the annual review, the child must continue to meet all eligibility criteria, including CAFAS score. If, at a quarterly (not annual) review, a child's CAFAS score improves to the point he/she would not be eligible for the SEDW, the child may remain on the SEDW until the next annual review as long as he/she continues to need the services and supports available through the SEDW. (See also response #50.)

23. Can we enroll another child in a vacated waiver slot?

Response: If a slot is vacated during the waiver year (fiscal year) and the child's Medicaid will be discontinued, you can enroll another child in the vacated slot, effective the month following the month the child vacates his/her SEDW slot. If the slot is vacated due to the child's death or move out-of-state, another child can be enrolled in the vacated slot immediately. If a slot is vacated during the waiver year and the child's Medicaid will not be discontinued, you must wait until the beginning of the next fiscal year to fill the slot. The requirement is for an unduplicated count of Medicaid beneficiaries during the fiscal year. All vacated waiver slots can be filled at the beginning of each fiscal year (which is also the SEDW year).

24. If a child is disenrolled from the waiver and then re-enrolled, can we use G.F. during the time the child was disenrolled?

Response: Yes.

25. How often do we review eligibility?

Response: The CMHSP must review and determine eligibility for the SEDW annually. The recommendations are then forwarded to MDCH for their review. (See also responses #22 and #27.)

26. Who signs the SEDW Certification form if the child is in foster care?

Response: The person who is legally responsible for the child signs the Waiver Certification form.

27. What date is the re-certification due?

Response: The re-certification must be received by MDCH no later than 365 days from the original Waiver Certification signature date (item # 16 of the form).

28. If a child, who is currently being served through the SEDW, requires inpatient psychiatric hospitalization, how will that hospitalization be funded, and will the child retain their waiver slot?

Response:

- If there is private insurance, the funding for these children will be handled as with any other child with private insurance.
- Psychiatric hospitalization is a State Plan service for individuals under age 22 in certified public or private institutions for mental diseases. (See Supplement to Attachment 3.1-A, page 32 of State Plan). Medicaid may be used to fund placement of these children, if they remain eligible for Medicaid.
 - For continued Medicaid eligibility for children being institutionalized at Hawthorn it is necessary for you to assert that their stay will be longer than 30 days. Medicaid eligibility continues, and the hospitalization at Hawthorn can be billed to Medicaid on a fee-for-service basis.
 - Future research is needed to determine the parameters for continued Medicaid eligibility for children hospitalized in a private psychiatric hospital. This information will be provided as it becomes available.
- When a child is removed from the SEDW due to a psychiatric hospitalization, that slot is held for the child, who can be re-enrolled upon discharge, as long as the discharge occurs prior to the beginning of a new waiver year. A new waiver year begins October 1 of each year.

29. Do we have to do all paperwork for termination and re-enrollment in the waiver?

Response: When a child is terminated from the SEDW, a letter to MDCH indicating the reason for the termination and the date of the termination is sufficient. For re-enrollment, a new Waiver Certification form must be submitted to MDCH, along with an updated demographic form (when necessary).

30. When can we start billing for waiver services?

Response: We anticipate April 1, 2006 as the earliest date for enrollment in the SEDW. Each child's waiver 'start date of service' will be equal to or later than his/her SEDW enrollment / eligibility date. The CMHSP can bill MDCH for waiver services provided on or after the start date of service (as long as the child's Medicaid eligibility is retroactive to this date). CMHSPs will bill MDCH for waiver services at the beginning of the month following the month of service. Therefore, the earliest date that a CMHSP could bill MDCH for SEDW services would be May 1, 2006 (for waiver services provided during April 2006 to a child with a waiver enrollment date, start date of service and Medicaid eligibility during April 2006).

31. Will these children be included in our capitated rate?

Response: No. Beneficiaries will be removed from the capitation rate for Medicaid mental health services during the period they are enrolled in the SEDW.

32. Please clarify health eligibility – managed care versus fee for service.

Response: See response #18.

33. Do you need a paper copy (of the SEDW application)?

Response: Yes. Due to the need for signatures on the CAFAS, Budget and Waiver Certification, paper copies of all components of the SEDW application must be submitted to MDCH.

34. What is the Federal match rate for Medicaid?

Response: For FY 2006, the Federal match rate is .5659.

35. Billing questions: Will we use the 837 format for electronic billing? How often do you want us to bill? What are the dates for monthly billing? Will there be edits/capabilities on billing for Medicaid?

Response: CMHSPs will bill MDCH monthly for all services provided to SEDW beneficiaries in the prior month. Claims for services will not be submitted to MMIS; claims will be handled as a 'miscellaneous transaction' and will be paid via a manual payment methodology. It is a Medicaid requirement that all claims be submitted for payment within twelve (12) months of service. Special billing instructions have been developed, which will be provided to the CMHSPs.

36. With regard to site review – what does this need to look like? Combine PCP requirement.

Response: MDCH staff will draft an SEDW Site Review protocol for review/comment by the participating CMHSPs and the Department's Quality Management staff. As it does for the Children's Waiver Program (CWP), the SEDW Site Review protocol will incorporate the principles of family-centered practice/person-centered planning. The SEDW site review schedule will be coordinated with the Department's QMP and CWP site review schedule.

37. How do you integrate what you are doing with the community's existing Team?

Response: The Community Team would need to be informed about the SEDW criteria and other expectations/requirements so they can provide the necessary oversight. This would not be much different than when other new funding sources and contractual expectations have been added to wraparound. The biggest training/technical assistance and additional duties would be around budget approvals, oversight of safety and risk factors for this high-risk population and ensuring a comprehensive provider network. Due to the small number of children and families that are going to be served under the waiver in the foreseeable future, we don't anticipate an additional burden to existing Community Teams. Training and technical assistance will probably be needed in all/most sites; and MDCH and MDHS are prepared to address all such needs as they are identified.

38. Will a child be eligible for the SEDW if they have a developmental disability and a serious emotional disturbance?

Response: Yes, if the child's primary diagnosis is a serious emotional disturbance and he/she meets all eligibility requirements for the SEDW. Note: a child **cannot** be enrolled in more than one waiver at a time.

39. What about Public Relations materials/brochure – family, local government?

Response: MDCH staff will develop a Fact Sheet for use by communities included in the SEDW Pilot Program; however, this will not be available until June. CMHSPs and their local partners are welcome to develop public relations materials to meet their needs.

40. Is the SEDW, and waiver services, an entitlement for families?

Response: No, a waiver is not an entitlement. For beneficiaries enrolled in a waiver, including the SEDW, individual services also are not an entitlement. Each service must be determined to be: medically necessary, appropriate to condition, identified in the child's assessments, and specified in the individualized plan of service.

43. Are we committed to the specific amount of money we said would be our local match? overall? by county? Or is our commitment just to the number of slots?

Response: CMHSPs were chosen to participate in the "pilot" SEDW based, in part, on having the available funds to purchase the necessary services for the number of children identified by the county to be enrolled in the SEDW. (These children, by definition, are the children who are the most severely impaired and most at risk of hospitalization at Hawthorn.) Although the CMHSP is not obligated to commit the specific amount of money originally identified, it is obligated to provide match sufficient to: 1) fill the number of slots approved for that CMHSP; and 2) purchase services and supports necessary to meet the child's needs, as identified in the child's individualized plan of service.

44. Michigan has approval from CMS for 43 slots for 5 CMHSPs. Although each CMHSP has approval from MDCH for a designated number of slots (based on what the CMHSP had committed to, and had identified funding for), the CMS approval is only for the total number of slots within the 5 CMHSPs. What would happen when CMHSP "A" fills all their slots, CMHSP "B" has a vacant slot and CMHSP A has a consumer who meets the eligibility requirements for the waiver and requests an administrative hearing to obtain a slot?

Response: If CMHSP "A" has all their slots filled, but CMHSP "B" has openings, the Administrative Tribunal will order that an open slot be given to CMHSP "A" for that consumer. CMHSP "A" will be responsible for match dollars to meet the needs of the additional waiver consumer.

45. If the commitment is to the money amount, can it be prorated because the first year will not be a full fiscal year?

Response: See response #43.

46. If we send in our local match and then do not bill enough services to use all the money, do we lose all of our match?

Response: You are not actually sending MDCH your local match dollars; you are only identifying where those dollars will be coming from. Any unused local match will continue to be available for other uses.

47. Is the paperwork as simple as it can possibly be?

Response: Yes, as a Medicaid Program designed to serve children with a serious emotional disturbance, it is imperative that sufficient oversight and documentation be maintained.

48. If the cost for a service exceeds the Medicaid fee screen, can the CMHSP use Medicaid funding to pay for the additional costs or do they have to use GF/GP?

Response: They must use GF/GP.

49. If a CMHSP is not currently a part of the CAFAS LOF via computer, will this be required? If yes, how do we arrange that?

Response: Yes, it is required that you be part of the LOF project. All you need to do to be part of the LOF project is to send Jim Wotring an e-mail requesting to participate and identifying a program and MIS contact staff person. Jim will forward the request to Kay Hodges and the LOF project at EMU.

50. Is there the option for any model of therapeutic foster care other than MTFC (Oregon), since apparently we will be able to enroll children before it is possible to get providers trained in MTFC.

Response: See response #5. Although we envision a model of Therapeutic Foster Care that is quite similar to the Oregon model, it is not the Oregon model per se. In collaboration with the CMHSPs and MDHS, MDCH will develop the standards and criteria for certification/enrollment of Therapeutic Foster Care programs. This collaborative process will allow ample opportunity for input by the participating CMHSPs.

51. Must a child be terminated from the SEDW on his/her 18th birthday, or can they stay on the SEDW until their next annual certification if they continue to need the services and supports provided by the SEDW?

Response: The child must be terminated from the SEDW when they turn age 18. Note: If the child is eligible for Medicaid when they turn 18, the vacated SEDW slot cannot be filled until October 1. This will be the 'usual' case, as parental income and resources are not considered when determining Medicaid eligibility for persons age 18 and older.