

BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 25-28

Distribution: Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMSHP)

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Subject: Children's Waiver Program

Effective: As Indicated

Programs Affected: Medicaid

The purpose of this bulletin is to update policy for Michigan Medicaid coverage of the Children's Waiver Program (CWP) to align with the provisions of the waiver renewal approved by the Centers for Medicare & Medicaid Services (CMS) effective September 1, 2024.

Eligibility

The Michigan Department of Health and Human Services (MDHHS) is removing the eligibility requirement for CWP that the child must have a score on the Global Assessment of Functioning (GAF) Scale of 50 or below.

Community Living Supports (CLS)

CLS are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the beneficiary's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.). Coverage includes assisting prompting, reminding, cueing, observing, guiding and/or training in the following activities:

- Meal preparation
- Laundry
- Routine, seasonal, and heavy household care and maintenance
- Activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
- Shopping for food and other necessities of daily living

CLS may not supplant services otherwise available to the beneficiary through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 or state plan services, (e.g., Personal Care [assistance with activities of daily living (ADLs) in a certified specialized residential setting] and Home Help or Expanded Home Help [assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping]). If such assistance appears to be needed, the beneficiary must request Home Help and, if necessary, Expanded Home Help from MDHHS. CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help or Expanded Home Help. If the beneficiary requests it, the Prepaid Inpatient Health Plan (PIHP) (i.e., case manager, Intensive Care Coordination with Wraparound [ICCW] care coordinator, or supports coordinator) entity must assist him/her in (1) requesting Home Help or (2) filling out and sending a request for Fair Hearing when the beneficiary believes that the MDHHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the MDHHS assessment.

Staff assistance, support and/or training with activities such as:

- Money management.
- Non-medical care (not requiring nurse or physician intervention), which includes observing and/or monitoring while preserving the health and safety of the beneficiary as they are waiting for medical care or hospitalization.
- Socialization and relationship building.
- Transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded).
- Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting).
- Attendance at medical appointments.
- Acquiring or procuring goods, other than those listed under shopping, and non-medical services.
- Reminding, observing and/or monitoring of medication administration. For beneficiaries who are unable to self-administer medications, CLS may support the beneficiary with administration. CLS are not intended to replace or supplant what would be the responsibility of a parent or guardian of a minor to provide.
- Observing and/or monitoring with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Transportation to medical appointments is covered by Medicaid through Fee-for-Service (FFS) or the Medicaid Health Plan. Payment for CLS may not be made, directly or indirectly, to responsible relatives (i.e., spouses, or parents of minor children), or guardian of the beneficiary receiving CLS assistance with meal preparation, laundry, routine household care and maintenance, activities of daily living and/or shopping may be used to complement Home Help or Expanded Home Help services when the beneficiary's needs for this assistance have been officially determined to exceed the MDHHS allowable parameters. CLS may also be used for

those activities while the beneficiary awaits the decision from a Fair Hearing of the appeal of a MDHHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help or Expanded Home Help.

CLS provides support to a beneficiary younger than 18, and the family in the care of their child, while facilitating the child's independence and integration into the community. This service provides skill development related to ADLs, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; and skill development to achieve or maintain mobility, sensory-motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the child. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. For children and adults up to age 26 who are enrolled in school, CLS are not intended to supplant services provided in school or other settings

Enhanced Transportation

Enhanced transportation is no longer a benefit offered through CWP. Non-Emergency Medical Transportation (NEMT) is a State Plan service that can be used by any beneficiary with Medicaid regardless of CWP enrollment.

Environmental Accessibility Adaptations (EAAs)

Requests for EAAs must be prior authorized by the overseeing PIHP. EAAs will no longer be sent to MDHHS for review by the CWP Clinical Review Team.

Overnight Health and Safety Supports (OHSS)

MDHHS updated the eligibility criteria for OHSS. OHSS may be appropriate when:

- Service is necessary to safeguard against injury, hazard, or accident, including monitoring for non-life-threatening self-harm behaviors that require redirection.
- Service will allow beneficiary to remain at home safely after other available preventive interventions (e.g. appropriate assistive technology, environmental modifications and specialty supplies and equipment (i.e., Lifeline, Personal Emergency Response System [PERS], electronic devices, etc.)) have been undertaken to ensure the least intrusive and cost-effective intervention is implemented.

The following exceptions apply for OHSS:

- Payments for OHSS may not be made, directly or indirectly, to responsible relatives (i.e., spouses or parents of minor children) or the legal guardian.
- OHSS cannot be provided in a licensed residential setting.
- If the beneficiary receiving OHSS demonstrates the need for CLS or Respite, the IPOS must document coordination of services to assure no duplication of services provision with OHSS.
- It does not include friendly visits or other social activities.

- It is not available for medical needs beyond provider qualification requirements (aide level staff) for this service.
- It is not available in anticipation of a medical emergency.
- It is not available for a beneficiary without physical, cognitive, or memory impairment who has anxiety about being alone at night.
- It is not an alternative to inpatient psychiatric treatment.

Respite

Respite care services are provided to beneficiaries on a short-term basis because of the need for relief of those persons normally providing care. The purpose of respite care is to relieve the beneficiary's family from daily stress and care demands. "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations). Decisions about the methods and amounts of respite are decided during the person-centered planning process and are specified in the individual plan of service. Paid respite care may not be provided by a parent or legal guardian of a CWP beneficiary.

Respite care can be provided in the following locations:

- The beneficiary's home or place of residence
- The home of a relative or family friend's home in the community
- Licensed Foster Family Home
- Licensed Foster Family Group Home
- Licensed Children's Camp
- Licensed Children's Therapeutic Group Home

Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.

CWP Prior Authorization

Community Mental Health Services Programs (CMHSPs) will submit Prior Review and Approval Request (PRAR) to the overseeing PIHP. PRARs will no longer be sent to MDHHS for review by a CWP Clinical Review Team.

Specialized Medical Equipment and Supplies

Requests for specialized medical equipment and supplies are now sent to the PIHP for the PRAR process. Requests should no longer go to MDHHS.

- Vehicle modifications can be made to appropriate vehicles. MDHHS will only refer to "vehicles" in Medicaid policy and will not establish specific requirements for "vans" and "mini vans".
- MDHHS is also clarifying policy to allow for coverage of vehicle modifications to newly purchased vehicles or purchasing of vehicles with a pre-installed lift.

Specialty Services

Equine Therapy has been added as a specialty service. An equine therapist must hold a current license in the State of Michigan as an occupational therapist, physical therapist, speech pathologist, clinical social worker, psychologist, or professional counselor. The equine therapist must have appropriate specialized training and experience and must deliver services within their scope of practice. Specialized training includes (but is not limited to) the following credentials:

- Certification by the American Hippotherapy Certification Board
- Certification by other MDHHS-approved certification boards
- Completion of documented coursework in an applicable training program that is administered by an accredited university and approved by MDHHS

Equine services are limited to four sessions per therapy per month.

Enrollment and Disenrollment

Eligibility for CWP includes the requirement for the child or youth to reside in a home or community-based setting at the time of enrollment into the waiver. It is also the requirement that the family agree to receive intensive home and community-based waiver services.

MDHHS will no longer make an adverse determination on waiver enrollment based on the family's intent to pursue institutionalization or hospitalization. MDHHS will not deny enrollment or hold enrollment for the CWP if the family is seeking residential services. If a youth who is enrolled in one of the waiver programs is admitted to a residential program or hospital for a full calendar month, the PIHP should switch the beneficiary's waiver status to inactive using the Waiver Support Application (WSA). For inactive CWP beneficiaries who have not received waiver services in three months, the PIHP should proceed with disenrollment.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

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Policy, Letters & Forms.

Approved

A handwritten signature in dark ink, reading "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director
Health Services