

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Children’s Serious Emotional Disturbance Home and Community-Based
Services Waiver (SEDW)

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. The Children’s Serious Emotional Disturbance Home and Community-Based Waiver (SEDW) Program provides services that are enhancements or additions to Medicaid State Plan Coverage for children up to age 21 with serious emotional disturbance (SED) who are enrolled in the SEDW. MDHHS operates the SEDW through contracts with the CMHSPs. The SEDW is a fee-for-service program administered by the CMHSP in partnership with other community agencies. The CMHSP will be held financially responsible for any costs authorized by the CMHSP and incurred on behalf of the SEDW individual.

2. Practice Principles

- a. The SEDW enables Medicaid to fund necessary home and community-based services for children up to age 21 with SED who meet the criteria for admission to a State inpatient psychiatric hospital and who are at risk of hospitalization without waiver services. The CMHSP is responsible for assessment of potential waiver candidates.
- b. Application for the SEDW is made through the CMHSP. The CMHSP is responsible for the coordination of the SEDW services. The Wraparound Facilitator, the child and his family and friends, and other professional members of the planning team work cooperatively to identify the child’s needs and to secure the necessary services. All services and supports must be included in an Individual Plan of Service (IPOS).
- c. A SEDW beneficiary must receive at least one SED waiver service per month in order to retain eligibility.
- d. To be eligible for this waiver, the child must meet all of the following criteria.
 - i. Live in a participating county (refer to Coverage Area subsection of Medicaid Provider Manual); OR
 - ii. Live in foster care in a non-participating county pursuant to placement by MDHHS or the court of a participating county, with SEDW oversight by a participating county’s CMHSP; AND
 - iii. Reside with the birth or adoptive family or have a plan to return to the birth or adoptive home; OR
 - iv. Reside with a legal guardian; OR
 - v. Reside in a foster home with a permanency plan; OR
 - vi. Be age 18 or age 19 and live independently with supports; AND
 - vii. Meet current MDHHS criteria for the State psychiatric hospital for children; AND
 - viii. Medicaid eligibility criteria and become a Medicaid beneficiary; AND
 - ix. Demonstrate serious functional limitations that impair the ability to function in the community. As appropriate for age, functional limitation will be identified using the Child and Adolescent Functional Assessment Scale (CAFAS®) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS®):
 - (1) CAFAS® score of 90 or greater for children age 7 to 12; OR
 - (2) CAFAS® score of 120 or greater for children age 13 to 18; OR
 - (3) For children age 3 to 7, elevated PECFAS® subscale scores in at least one of these areas: self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards others; AND

- x. Be under the age of 18 when approved for the waiver. If a child on the SEDW turns age 18, continues to meet all non-age-related eligibility criteria, and continues to need waiver services, the child can remain on the waiver up to their 21st birthday.
 - e. Each child must have a comprehensive IPOS that specifies the services and supports that the child and his family will receive. The IPOS is 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 IPOS, 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.
 - f. Covered Waiver Services include the following (for full definitions of each service, please consult the Medicaid Provider Manual):
 - i. Child Therapeutic Foster Care.
 - ii. Community Living Supports.
 - iii. Family Home Care Training.
 - iv. Family Support and Training.
 - v. Home Care Training, Non-Family.
 - vi. Respite Care.
 - vii. Therapeutic Activities.
 - viii. Therapeutic Overnight Camp.
 - ix. Transitional Services.
 - x. Wraparound Services.
 - g. In addition to SEDW services, children served by the SEDW have access to Medicaid Mental Health State Plan services provided by their CMHSP on a fee-for-service basis. Services that can be billed to Medicaid are listed on the MDHHS CMHSP Serious Emotional Disturbance (SED) Waiver Database which is available on the MDHHS website.
 - h. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff that have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
 - i. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning.
 - j. MDHHS encourages the use of natural supports to assist in meeting an individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.
- 3. Credentialing Requirements** *Refer to current Medicaid Provider Manual for updated requirements*
- a. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
 - b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
 - c. Providers of SEDW services must meet the staff qualifications as defined by the MDHHS Michigan PIHP/CMHSP Provider Qualification per Medicaid Services and HCPCS/CPT Codes.
 - d. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.
 - e. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.

- f. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- g. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
 - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
 - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.
- h. All SEDW Wraparound enrolled providers must meet all the requirements in the enrollment standards as listed in the Qualified Staff subsection. In addition, due to the intense needs and level of risk of children/youth and their families served in the SEDW community-based waiver, all SEDW Wraparound providers must meet the following additional requirements:
 - i. Wraparound facilitators must possess a bachelor's degree and be a CMHP or be supervised by a CMHP.
 - ii. Wraparound facilitators and those who provide supervision to facilitators will attend additional training (sixteen (16) hours) related to provision of support to children/youth and their families served in the waiver annually as required by MDHHS. This training is in addition to requirements identified in the Qualified Staff subsection and is for all supervisors and Wraparound facilitators.
 - iii. Caseloads shall be 8-10 per facilitator based on needs and risks of the child/youth and family. Caseloads may increase to a maximum of twelve (12) when two (2) child/youth and family teams are transitioning from Wraparound.
 - iv. SEDW site reviews will assess fidelity to the model through case file review, quality assurance of all SEDW-provided services/supports, and interviews with children/youth and family members.
 - v. All SEDW enrolled providers must participate in the statewide evaluation project that consists of gathering data on the Family Status Report at intake, quarterly, and at graduation.
 - vi. Completion of the Michigan Wraparound Fidelity Index at six (6) months and upon graduation.
 - vii. Participation in any additional model fidelity or quality assurance evaluation tools as requested by MDHHS.

4. Service Requirements

- a. Provider's supports and services will be based upon the IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the IPOS requires revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that individual.
- d. Provider shall ensure coordination of care occurs between the individual(s) primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an IPOS.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the individual. Provider shall be responsive to the

particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.

- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.

5. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

6. Eligibility Criteria/Access Requirements/Authorization Procedures

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [Lakeshore Regional Entity PIHP Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.