

The Right Door for Hope, Recovery and Wellness

Chapter Title <b>Clinical</b>		Chapter # <b>C</b>	Subject # <b>310.8</b>
Subject Title <b>Children's Waiver Program</b>	Adopted <b>NEW</b>	Last Revised <b>1/26/2021</b>	Reviewed <b>1/26/2021</b>

**1.0 PURPOSE**

The purpose of this operating procedure is to define the roles in the utilization and monitoring of the Children's Waiver Program.

**2.0 SCOPE**

- 2.1 The Children's Waiver Program (CWP) is administered by the Michigan Department of Health and Human Services (MDHHS) and funded with State and Federal Medicaid dollars.
- 2.2 This program is designed to provide in-home services and support to Medicaid-eligible children with developmental disabilities, who would otherwise be at risk of out-of-home placement into and an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
- 2.3 This program has limited enrollment based upon state dollars appropriated by the Michigan Legislature.
- 2.4 Individuals are enrolled based upon eligibility criteria:
  - 2.4.1 The child must meet criteria for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), and be at risk of an ICF/IID out-of-home placement.
  - 2.4.2 Has a developmental disability as defined in federal law.
  - 2.4.3 Resides with birth or adoptive parents, a relative with legal guardianship, or in specialized foster care (with a permanency plan to return home within 30 days).
  - 2.4.4 Under the age of 18.
  - 2.4.5 Medicaid eligible when viewed as a family of one.

**3.0 NEW ENROLLMENTS**

- 3.1 All potential referrals to the Children's Waiver Program are to be screened by The Right Door for Hope, Recovery and Wellness' Access Department to determine that all available and appropriate covered services for the child have been utilized. If the child may be eligible for the CWP, the screen will be forwarded to the CWP coordinator. The CWP coordinator will be a QIDP with the Category of Care training as defined by the MDHHS.
- 3.2 If the CWP Coordinator determines that a child is at risk and a CWP pre-screen is appropriate, the family is scheduled and referred for a CWP pre-screen to be completed by the CWP coordinator or qualified clinician.
- 3.3 The pre-screen application is to be reviewed by the CWP coordinator and then sent to MDHHS via the Waiver Support Application online (WSA).
  - 3.3.1 The MDHHS staff score the pre-screen.

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**3.3.2** The pre-screen score places the child on a Priority Weighing List which contains a sequential list of all pre-screen scores and is updated each time pre-screens are scored.

**3.3.3** While on the weighing list, the CWP Coordinator will schedule updated pre-screenings in accordance with the WSA User Training Manual for the following intervals: 5 months after date of initial prescreen, then completing at 11 months of initial prescreen, then annually (WSA Section 4.1-4.2).

**3.4** Once an opening occurs and MDHHS determines priority status, the CWP Coordinator is notified by email, and the child/family receives an invitation to apply for the CWP.

**3.4.1** Once notified, the CWP coordinator works on assigning a Case Manager. The CWP Case Manager will be a QIDP with the Category of Care training as defined by the MDHHS.

**3.4.2** The case manager collects the required demographic information, DHS 49 (Medical Examination Form) and Waiver Certification, then documents in aRDie via chart note and sends aRDie message to the CWP coordinator for review and confirmation.

**3.4.3** The Case Manager will submit all documents into the aRDie chart. The Case Manager will assist the family with completion of the CWP Medicaid packet sent to the family and notify the CWP Coordinator once the application has been completed and CWP Medicaid Identification number is active.

**3.4.4** The CWP coordinator, upon receiving notification that all documents are obtained, submits all required information into the Waiver Support application for processing by MDHHS, including the active Medicaid Identification number.

**3.4.5** After this information is reviewed by MDHHS, the CWP Coordinator will be notified of approval.

**3.4.6** Covered services can begin on the MDHHS invite date to apply for CWP.

#### **4.0 CHILDREN'S WAIVER PROVIDER QUALIFICATIONS**

**4.1 INDIVIDUALS WHO PROVIDE RESPITE AND CLS:** Individuals who provide respite and CLS must:

**4.1.1** Be at least 18 years of age.

**4.1.2** Be able to practice prevention techniques to reduce transmission of any communicable diseases from themselves to others in the environment where they are providing support.

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**4.1.3** Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.

**4.1.4** Be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).

**4.1.5** Be able to perform basic first aid and emergency procedures.

**4.1.6** Be trained in recipient rights.

**4.1.7** Be an employee of The Right Door or its contract agency(ies), or an employee of the parent who is paid through a Choice Voucher arrangement. The Choice Voucher System is the designation or set of arrangements that facilitate and support accomplishing self-determination through the use of an individual budget, a fiscal intermediary and direct consumer-provider contracting.

**4.2 INDIVIDUALS PERFORMING CASE MANAGEMENT FUNCTIONS:**

Individuals performing case management functions must meet the requirements for a Qualified Intellectual Disability Professional (QIDP) and have:

**4.2.1** A minimum of a Bachelor's degree in a human services field.

**4.2.2** One year of experience working with people with developmental disabilities.

**5.0 CATEGORY OF CARE DETERMINATION FOR COMMUNITY LIVING SUPPORTS**

**5.1** Determination of the Category of Care/Intensity of Care and the amount of CLS services (hours needed) is done by the case manager annually through the person-centered planning process and is discussed and reviewed by the CWP coordinator, who will make the determination based upon this information.

**5.2** The case manager will be responsible for providing documentation related to the child's challenging behaviors which will include a detailed description addressing type of behaviors, frequency/intensity/duration/settings of the behaviors, how recently serious behaviors have occurred, the effects of the behavior on family and property, level of family intervention to prevent behavioral occurrences, in what ways the family has to alter their normal routine to address the child's behavioral needs, prognosis for change, and the age/size/mobility of the child. The Case Manager will document in LEO all service needs and notify of its completion to the CWP Coordinator.

**5.3** The CWP coordinator will review and approve those services for CWP cases that qualify for Categories II, III, or IV. Code descriptions and Cases that qualify for Category of Care I or have unusual circumstances that

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qualify for an exception will be submitted to CRT (DHHS Clinical Review Team) for DHHS authorization. Approved Children's Waiver codes and descriptions is in MDHHS-CMHSP Children's Waiver Database January 2018.

**6.0 MONITORING**

- 6.1 The CWP Coordinator is required to pull a random sample quarterly (With assistance from the IS department) and audit the chart(s) using the aRDie audit tool to ensure specific services and supports align with the individual's assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and time-frame for implementing are identified in the IPOS.
- 6.2 Findings from the chart audit will be used for quality improvement initiatives in the Children's Waiver Program.

**7.0 CWP BUDGETS**

- 7.1 Budgets are completed annually based upon the person-centered plan.
- 7.2 The budget will then be entered into the clinical record of the individual.
- 7.3 The CWP coordinator will approve services according to the approved budget in the WSA.
- 7.4 If the family has entered into a Self-Determination agreement for service delivery (Choice Voucher), the budget will be provided to the FMS (previously the FI) for implementation.

**8.0 REFERENCES**

- 8.1 **Michigan Medicaid Provider Manual**
- 8.2 [WSA User Training Manual](#)
- 8.3 **MDHHS-CMHSP Children's Waiver Database**

**9.0 ATTACHMENT – Category of Care worksheet**

Kerry Possehn, Chief Executive Officer	Date			

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**The Right Door for Hope, Recovery and Wellness**  
Narrative for Category of Care for Children's Waiver Program

Date Category of Care was Determined: \_\_\_\_\_

Circle applicable category per Section:

CHILDREN'S WAIVER DECISION GUIDE TABLE				
ADDITIONAL FAMILY RESOURCES	DOCUMENTED CATEGORY OF NEED FOR HOURLY CARE AUTHORIZATION			
	CATEGORY IV	CATEGORY III	CATEGORY II	CATEGORY I
<b>Section I – Number of Caregivers</b> 1. Two or more caregivers live in home; both work F/T 2. Two adult caregivers; one works F/T 3. Two adult caregivers; neither is employed 4. One adult caregiver lives in home and works F/T 5. One adult caregiver; does not work F/T	4 - 8 2 - 8 2 - 4 4 - 8 2 - 6	6 - 10 2 - 8 2 - 6 4 - 10 2 - 8	8 - 12 4 - 10 4 - 8 8 - 12 8 - 10	12 - 16 10 - 16 8 - 12 12 - 16 10 - 14
<b>Section II – Health Status of Caregivers</b> 1. Significant health issues 2. Some health issues	6 - 8 4 - 6	6 - 10 4 - 8	10 - 14 8 - 12	12 - 16 10 - 12
<b>Section III – Additional Dependent Children</b> 1. Applicant has one or more siblings age 5 or older 2. Applicant has one or more siblings under age 5	2 - 4 4 - 6	2 - 6 4 - 8	4 - 8 6 - 8	8 - 12 8 - 12
<b>Section IV – Additional Children with Special Needs</b> 1. Applicant has one or more siblings with nursing needs 2. Applicant has one or more siblings with non-nursing special needs	4 - 8 2 - 4	6 - 8 2 - 6	4 - 8 N/A	8 - 12 N/A
<b>Section V – Night Interventions</b> 1. Requires 2 or fewer interventions at night or total time less than one hour 2. Requires 3 or more interventions requiring one hour or more to complete	2 - 4 4 - 8	2 - 6 6 - 8	4 - 8 6 - 10	8 - 12 8 - 12
<b>Section VI – School</b> 1. Child attends school an average of 25 hours per week	6 max	6 max	8 max	12 max

Category of Care Chosen: I    II    III    IV

Explanation of Decision per Narrative below:

Section 1: Number of Caregivers:

Section 2: Health Status of Caregivers:

Section 3: Additional Dependent Children:

Section 4: Additional Dependent Children with Special Needs:

Section 5: Night Interventions:

Section 6: Schools: