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Policy Area Children Services

## CHILDREN'S HOME AND COMMUNITY BASED WAIVER

### POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that a comprehensive array of services and supports that promote recovery, self-determination, community integration and participation, optimum independence, productivity and family resiliency will be provided to eligible individuals and their families through the Children's Home and Community Based Services Waiver Program (CWP).

### PURPOSE

To provide standards and procedures regarding the provision of CWP services.

### APPLICATION

The policy applies to children under the age of 18 with a documented developmental disability and a need for medical or behavioral supports and services at home who meet CWP criteria, which identifies families who need to have income eligibility requirements waived in order for the child to become Medicaid eligible. It also applies to DWIHN Staff, the Service Providers (SP) and their subcontractors responsible for the provision of the CWP services.

### KEY WORDS

1. Active Treatment
2. Category of Care
3. Children's Home & Community-Based Waiver Program (CWP)

4. Community Living Supports (CLS)
5. Developmental Disability
6. Individualized Plan of Services/Person-Centered Planning (IPOS/PCP)
7. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care
8. Medical Necessity
9. Person-Centered Planning
10. Pre-Screen Score
11. Qualified Mental Health Professional (QMHP)
12. Qualified Intellectual Disabilities Professional (QIDP)
13. Waiver Support Application (WSA)

## STANDARDS

1. To be eligible all of the following requirements must be met:
  - a. The child must be under the age of 18 and in need of habilitation services;
  - b. The child must have a developmental disability as defined in Michigan state law;
  - c. The child must reside with his/her birth or legally adoptive parent(s) or with a relative who has been named the legal guardian for that child under the laws of the State of Michigan, provided that the relative is not paid to provide foster care for that child;
  - d. The child is at risk of being placed into an Intermediate Care Facility for individuals with Intellectual and Disabilities (ICF/IID) facility because of the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/IID facility but, with appropriate community support, could return home;
    1. The child must be in need of an active treatment program consisting of specialized and generic training, health services, and related services directed toward the acquisition of behaviors necessary to function with as much self-determination and independence as possible.
  - e. The child resides within a family whose income exceeds Medicaid income guidelines. They would benefit from income eligibility requirements being waived in order for the child to become Medicaid eligible.
  - f. Exceed Medicaid income and asset limits when viewed as a family of one (the parent's income is waived once the child is invited to the CWP).
2. The following Waiver Services may be provided to a child enrolled in the CWP when the service is identified in the child's Individual Plan of Services and Supports:
  - a. Community Living Supports;
  - b. Enhanced Transportation;
  - c. Respite Care;
  - d. Specialty Services- music therapies, recreations therapies, art therapies and massage therapies;

- e. Home Care Training, Non-Family;
  - f. Home Care Training, Family;
  - g. Specialized Medical Equipment & Supplies;
  - h. Environmental Accessibility Adaptations (EAAs); and
  - i. Financial Management Services/Fiscal Intermediary Services.
3. Other Medicaid State Plan Services are available provided coordination with third party payers:  
Examples include:
- a. Family Therapy;
  - b. Speech Therapy;
  - c. Occupational Therapy;
  - d. Physical Therapy;
  - e. Targeted Case Management;
  - f. Durable Medical Equipment; and
  - g. Private Duty Nursing.
4. Eligibility Determination:
- a. The CWP Provider shall have a process in place to assess eligibility.
  - b. If not eligible, the child and his/her family must be given written notification about the appeal and grievance options.(see Customer Service Enrollee/member Appeal Policy for more details).
  - c. If eligible, the CWP Provider shall complete and submit the pre-screen application to the DWIHN I/DD Clinical Specialist via the Waiver Support Application (WSA) system. Once reviewed the pre-screen application will then be submitted to Michigan Department of Health and Human Services (MDHHS). Note that the pre-screening information must be updated at least every six (6) months and/or whenever there is a change in the child's situation until MDHHS invites the child to apply. A new pre-screen needs to be completed every 12 months. 6 month updates and annual pre-screens should not be completed more than 30 days before their due date.
  - d. MDHHS reviews the pre-screen application. Once scoring is complete, the child is placed on the weighing list. However, if additional information is needed, MDHHS places the application on hold and provides the CWP Provider with further instructions.
5. Invitation to Apply:
- a. MDHHS sends an invitation letter to the child's family and to the CWP Provider when a slot becomes available.
  - b. MDHHS contacts the local MDHHS office who, in turn, sends an application packet to the family.
  - c. Within thirty (30) days from the invitation letter, the CWP Provider assists the family in completing the application packet and enters the following information into the WSA system.

1. the Waiver Certification Form;
    2. the Demographic Intake Form; and
    3. the DHS-49 Medical Examination form.
  - d. Within fourteen (14) days after receiving the information, an MDHHS Clinical Review Team reviews the application packet and determines clinical eligibility.
6. After Approval of Initial Application:
  - a. The CWP Provider shall:
    1. Complete all relevant assessments and a Category of Care narrative (see the Children's Waiver Program Technical Assistance Manual May 2004 for more details about the Category of Care narrative);
    2. Develop the child's Individual Plan of Service (IPOS) to include all medically necessary services and supports (see the DWIHN Individual Plan of Service policy for more details);
    3. Explain and offer Self Determination to the family;
    4. If chosen, facilitate the self determined services; which is an arrangement giving the parent(s) of the child who is receiving services and supports from the CWP, control within specified conditions and limitations over the resources allotted for services agreed upon in the IPOS; and
    5. Enter the Medicaid ID number into the WSA system.
  - b. MDHHS reviews and enters CWP eligibility into the Community Health Automated Medicaid Processing System (CHAMPS), the web-based MDHHS Medicaid claims processing system.
7. On-going CWP Provider Responsibilities:
  - a. Ensure all staff providing CWP services meet at least MDHHS licensing, training and scope of practice requirements (see DWIHN Credentialing and Re-Credentialing policy for more details):
  - b. Provide training to Community Living Support and Respite staff on the child's IPOS;
  - c. Ensure the child receives at least one (1) Waiver service per month;
  - d. Complete an annual re-certification within three hundred and sixty five days (365) days of the initial/previous certification;
  - e. Review 100% of CWP clinical records using the standardized DWIHN Case Record Review tool annually;
  - f. Review 100% of staff qualifications using the standardized DWIHN Staff Qualifications Review tool annually;
  - g. Complete and submit a discharge plan at least three (3) months prior to the child aging out of the CWP; (Child ages on the last day of the month of their 18th birthday)
  - h. Coordinate transfer of the CWP when a child moves to or from other Counties or Regions.

- i. Complete dis-enrollment when child no longer meets waiver criteria
8. On-going DWIHN Responsibilities:
- a. Conduct on site CWP Provider reviews in collaboration with DWIHN's Quality Management Department to ensure compliance with all CWP requirements;
  - b. Review all Pre-Screen assessments prior to submitting to MDHHS;
  - c. Review all recertification documents prior to submitting to MDHHS;
  - d. Provide on going technical assistance to all CWP Providers as requested and during the CWP quarterly monthly or bi-monthly provider check-in meetings;
  - e. Review findings from the CWP Provider's self-monitoring tool and provide technical assistance as needed.
9. MDHHS shall:
- a. Terminate CWP services under the following conditions:
    - 1. Family moves out of Michigan;
    - 2. Child is not receiving at least one (1) CWP service a month;
    - 3. No active treatment needs are being identified or provided;
    - 4. Child moves from their parent's, or legal guardian's, home;
    - 5. Child reaches the age of 18;
    - 6. CWP services are no longer necessary to ensure health and safety;
    - 7. The family becomes Medicaid eligible;
    - 8. CWP's failure to submit CWP certification;
    - 9. A parent or guardian requests withdraw from CWP (Note: withdrawal requests must be made by the parent or guardian in writing (exception: deceased children) – a Supports Coordinator can submit the request for withdrawal); and/or
    - 10. Child is deceased.

## QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

# LEGAL AUTHORITY

1. Michigan Mental Health Code (Act 258 of 1974 as amended) MCL. 330.1700, 1712, 1100a.
2. MDHHS Medicaid Provider Manual

# RELATED POLICIES

1. Benefit Policy
2. Credentialing and Re-Credentialing Policy
3. Children’s Home and Community Based Waiver Program (CWP) Annual Recertification Process
4. Customer Service Enrollee/Member Appeal Policy
5. Individual Plan Of Service/Person Centered Planning Policy
6. Member Grievance Policy

# CLINICAL POLICY

YES

# INTERNAL/EXTERNAL POLICY

EXTERNAL

# EXHIBIT(S)

1. CWP\_UserTrainingManual

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## Attachments

[CWP\\_UserTrainingManual\\_v14 \(1\).pdf](#)

## Approval Signatures

Step Description	Approver	Date
Stakeholder Feedback	Allison Smith: Project Manager	Pending
Compliance/Administrative Review	Yolanda Turner: VP of Legal Affairs	07/2024
Compliance/Administrative Review	Sheree Jackson: Vice President of Compliance	05/2024

Compliance/Administrative Review	Stacie Durant: VP of Finance	05/2024
Compliance/Administrative Review	Tiffany Devon: Director of Communications	05/2024
Compliance/Administrative Review	Manny Singla: Executive VP of Operations	05/2024
Clinical Review Committee	Shama Faheem: Chief Medical Officer	05/2024
Clinical Review Committee	Ebony Reynolds: Vice President of Direct Clinical Services	04/2024
Clinical Review Committee	Ryan Morgan: Director of Residential Services	04/2024
Clinical Review Committee	April Siebert: Director of Quality Improvement	04/2024
Clinical Review Committee	Daniel West: Director of Crisis Services	04/2024
Clinical Review Committee	Judy Davis: Director of Substance Abuse Disorders	04/2024
Clinical Review Committee	Leigh Wayna: Director of Utilization Management	04/2024
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	04/2024
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	04/2024
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	04/2024
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	04/2024
NCQA Committee	Allison Smith: Project Manager	04/2024
NCQA Committee	Shana Norfolk: Strategic Planning Administrator	04/2024
NCQA Committee	Tania Greason: Quality Administrator	04/2024
NCQA Committee	Maria Stanfield: Director of Strategic Operations	03/2024
Unit Review and Approval	Cassandra Phipps: Director of Children's Initiatives	03/2024
Unit Review and Approval	Luke Gogliotti: Clinical Specialist IDD-CI	03/2024