



# CHILDREN'S INITIATIVES

## Supports and Specialty Services for Children, Youth and Families

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Supports and Specialty Services for Children, Youth and Families, also known as “B3 Services” are all part of the “State plan service”. If a provider determines services to be “medically necessary” than it is the responsibility of the provider to locate and include these services in the Individual Plan of Service (IPOS).

It is critical that clinicians, youth and families are not only aware of these supports and services but also begin to include them in the IPOS thru the Person Center Planning Process. These services and supports are meant to aid in the over focus of keeping children and youth “at home, in school and in the community”. The purpose of this document is to help treatment teams better understand the relevance of these services, when to include Parent Support Partners (PSP), Respite and Community Living Supports (CLS) in the IPOS.

### What are Medicaid “B3s” services?

Additionally paid for mental health supports and services that should be offered, provided and/or located to better assist a child or their family that is experiencing difficult challenges revolving around the symptoms or circumstances of their serious emotional disturbance (SED) diagnosis or developmental disability. In Michigan, the Michigan Department of Community Health (MDCH) determines additional *medically necessary* mental health Medicaid paid services to be indiscriminately and openly provided through a managed care system called the Managed Specialty Supports and Services Program (MSS&S Program) and includes:

1. Medicaid State Plan Services (also known as b-waiver services)
2. 1915(b)(3) supports and services (also known as additional supports and services and referred to as B3s)
3. 1915(c) Waiver or Habilitation Supports Waiver (also known as HAB Waiver)

#### 1915(b3) additional services criteria

B3 Supports & Services cannot be used for goals inconsistent with least restrictive environment (i.e., most integrated home, work, community meeting individual’s needs and desires) and individual choice & control unless:

- documentation that health and safety would otherwise be jeopardized; or
- that least restrictive arrangements/choice & control opportunities have been demonstrated to be unsuccessful
- Goals are to be those of the individual first, not those of a parent, guardian, provider, therapist, or case manager, no matter how well intentioned.
- supports and services should assist the individual to attain outcomes that are typical in his community;

#### Medical Necessity

Includes Services and Supports that are designed to assist with attaining or maintaining sufficient function to achieve goals of community integration and participation, independence, productivity, or recovery.

### Who is eligible and how do I get them the services?

All Medicaid recipients and children/youth under 18 years old, including their caregivers/family members are eligible. The child/youth, caregiver and/or family more than likely will present with complex needs in which average Medicaid approved community services may not be sufficient enough to maintain him/her in the community. If the services are not offered at your agency then you should seek these services out when the child or family voice the need for them and if the PIHP determines it is medically necessary to safely maintain or assist with the achievement of IPOS goals.

## How does a Medicaid recipient access B3 services?

### Service Authorization

Services you request must be authorized or approved by [the PIHP or its designee]. That agency may approve all, some or none of your requests. You will receive notice of a decision within 14 calendar days after you have requested the service during person-centered planning, or within 3 business days if the request requires a quick decision.

Any decision that denies a service you request or denies the amount, scope or duration of the service that you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you do not agree with a decision that denies, reduces, suspends or terminates a service, you may file an appeal.

Medically necessary supports and services are identified in the individual plan of service resulting from the process of person-centered planning. The plan should identify when services are to begin and end and must specify:

- Amount (how much).
- Duration (how long).
- Scope (who, how and where).

## Goals and Services for the Individual Plan of Service (IPOS)

Medically necessary supports and services are to be identified in the individual plan of service (IPOS) that was determined during the process of a person-centered planning meeting. Medical necessity for B3s includes services and supports that are designed to assist with attaining or maintaining sufficient function to achieve goals that are directly related to the following three areas:

- 1) Community Inclusion and Participation: Consumer and/or family utilization of and participation in community services to integrate them in the community in a fashion that a typical community citizen may be interacting. Uses community services and participates in community activities in the same manner as the typical community citizen
  - a. Examples of supports that could help with community inclusion and participation:
    - i. Community Living Supports: Can assist someone in getting to and participating in regular community activities
    - ii. Respite: Temporary relief for caregivers
    - iii. Parent Support Partners: Supports and Links individuals with community activities and resource in which they wish to participate.
- 2) Independence: Freedom from another's influence, control and determination. This is based on how the individual or family members define "freedom" and can include support given by parents and others to help children develop skills necessary to be successful in the community. Community can include school and other social settings. Supports and services that may be necessary to teach children how to enter adulthood and live independently.
  - a. What this means to someone needs to be discussed during the Person Centered Planning process. This may mean different things for different people, for example
    - i. Living apart from mom and dad
    - ii. Being able to take a bus to where they want to go
    - iii. What to eat, when to get up, what to watch on television
    - iv. Learning to do something instead of needing help
  - b. Examples of supports that could help with independence:
    - i. Community Living Supports: Assistance and training in areas of life activities. Learning skills needed to get a job or to engage in meaningful activities such as school and/or volunteering.
    - ii. Parent Support Partners: Supports skill building such as advocacy and accessing resources in the community.
- 3) Productivity: Activities that lead to maintenance of or increase in self-sufficiency, typically work or school.

- a. Examples might include:
  - i. Community Living Supports: Learning skills needed to get a job or to engage in meaningful activities such as school and/or volunteering.
  - ii. Parent Support Partners: Supports skill building and activities to support parent self sufficiency

**Note:** *The plan must specify: 1) Amount (how much) 2)Duration (how long, when begins and ends) 3) Scope of Service (who, how and where)*

### **Parent Support Partners (Family Support and Training):**

Family-focused services provided to family (natural or adoptive parents, spouse, children, siblings, relatives, foster family, in-laws, and other unpaid caregivers) of persons with serious mental illness, serious emotional disturbance or developmental disability for the purpose of assisting the family in relating to and caring for a relative with one of these disabilities. Parent Support Partner is a parent/caregiver of a child with emotional, behavioral or other mental health challenges. A PSP brings their own life experiences, skills and knowledge to support and empower other parents who are facing challenges and barriers.

The services target the family members who are caring for and/or living with an individual receiving mental health services. The service is to be used in cases where the beneficiary is hindered or at risk of being hindered in his/her ability to achieve goals of a) performing activities of daily living; b) perceiving, controlling, or communicating with the environment in which he/she lives; or c) improving his or her inclusion and participation in the community or productive activity, or opportunities for independent living. The training and counseling goals, content, frequency and duration of the training must be identified in the beneficiary's individual plan of service, along with the beneficiary's goal(s) that are being facilitated by this service.

#### Includes:

1. Education and training including instructions about treatment regimens, and use of assistive technology and/or medical equipment that are needed to safely maintain the person at home specified in the individual plan of service.
2. Counseling and peer support provided one-on-one or in group for assistance with identifying coping strategies for successfully caring for or living with a person with disabilities.

#### Include Parent Support Partner in IPOS when a child/family:

Needs support in reaching goals

Requires knowledge and support to access local resources

Requires support in attending child related meetings such as; IEPC.

Require assistances in building skills to access services, advocate for their child and understanding systems complexities.

### **Respite Care Services:**

Services that are provided to assist in maintaining a goal of living in a natural community home by temporarily relieving the unpaid primary care giver. Decisions about the methods and amounts of respite should be decided during person-centered planning. PIHPs may not require active clinical treatment as a prerequisite for receiving respite care. These services do not supplant or substitute for community living support or other services of paid support/training staff.

1. Respite care may be provided in the following settings:
  - a. Beneficiary's home or place of residence
  - b. Licensed family foster care home
  - c. Facility approved by the State that is not a private residence, such as: Group home or Licensed respite care facility
  - d. Home of a friend or relative chosen by the beneficiary and members of the planning team
  - e. Licensed camp
  - f. In community (social/recreational) settings with a respite worker trained, if needed, by the family

Include RESPITE in IPOS when a child is:

In the highest level of care (home based, wraparound, multi-family therapy)

Involved multiple systems (foster care, juvenile justice, CMH)

Transitioning to the community from hospitalization, foster care and/or residential care

Know for frequent Emergency Room appearances

**Community Living Supports (CLS):**

CLS Staff generally provides training, cueing, guidance, and supervision. They (CLS) provide assistance to a 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 activities of daily living, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; 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.

The supports, as identified in the individual plan of services, are provided in the child's home and may be provided in community settings when integration into the community is an identified goal. These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplant services provided in school or other settings. Individuals who are identified in the individual plan of services to provide CLS to the child and family must meet provider qualifications.

Include COMMUNITY LIVING SUPPORTS in IPOS when a child:

Lacks basic interpersonal skills to maintain relationships

Lacks basic daily living skills to be productive

Requires skill building to aid in staying in home, in school and in the community

**Tips of Clinicians:**

- Discuss the services at the initial engagement
- Considers use of services after crisis has taken place
- Upon return from out of home care
- Those children recently home from acute care, hospitalization, etc

**Source Documents:**

The Michigan Department of Community Health (MDCH)

Medicaid Provider Manual

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

Michigan's Mental Health System –After We're Gone

[www.afterweregone.net/files/POFMod2-2-17-11.ppt](http://www.afterweregone.net/files/POFMod2-2-17-11.ppt)

Michigan Department of Community

Mental Health Mental Health & Substance Abuse Administration

Focusing a Partnership for Renewal and Recommitment to Quality and Community in the Michigan Public Health System

[http://www.michigan.gov/documents/mdch/Announcement\\_Public\\_Forum\\_251323\\_7.pdf](http://www.michigan.gov/documents/mdch/Announcement_Public_Forum_251323_7.pdf)

## QUICK REFERENCE

B3s Supports and Services offered in Wayne County	Definition	When is this Appropriate	What should be provided
<b>Community Living Supports (CLS)</b>	Supportive services used to increase or maintain personal self-sufficiency and daily functioning, by providing one-on-one training, cueing, guidance, and supervision, to improve skill-building approaches for child/youth or guardian/family member(s).	Used in cases where the child/youth or guardian/family is in need of extra support and services that increase independent functioning in the community or home setting.	A One-on-One trained individual that works intensively with the recipient and team to provide added support Recreation (parks, movies, concerts, sports), shopping, socialization (visiting friends, attending activities),
<b>Parent Support Partners (PSP)</b>	<p>Guardian and family support and training that is uniquely tailored to specifically assist the family by providing, one-on-one or group, counseling and/or peer support.</p> <p>This can help them to identify coping strategies and system dynamics to assist with caring for or living with a child with mental health or developmental disabilities.</p>	Used in cases where the beneficiary is hindered or at risk of being hindered in his/her ability to achieve goals of a) performing activities of daily living; b) perceiving, controlling, or communicating with the environment in which he/she lives; or c) improving his or her inclusion and participation in the community or productive activity, or opportunities for independent living.	The guardian/family will receive a trained PSP who also has personal experiences and knowledge of raising a child/youth with emotional, behavioral or other mental health challenges. The assigned PSP will work with all parties engaged with the child/youth and family to accomplish specific goals related to improving ability to cope with stressors and function within systems such as school, agencies, and community programs.
<b>Respite</b>	<p>Assistance in maintaining a goal of living in a natural community home by temporarily relieving the unpaid primary care giver and temporarily placing a child in the care of another adult.</p> <p><u>Respite care may not be provided by:</u> parent of a minor beneficiary receiving the service, spouse of the beneficiary served, individual's guardian.</p> <p><u>Respite care may not be provided in:</u> day program settings, ICF/MR, nursing homes, or hospitals</p>	When the child/family or PIHP provider reports or identifies the need for time to relax All parties need to work collaboratively to develop rapport, safety plans, and appropriate placements for the child.	<u>Provided in the following settings:</u> Beneficiary's home or place of residence, Licensed family foster care home, Facility approved by the State that is not a private residence such as: Group home or licensed respite care facility, home of a friend or relative chosen by the beneficiary and members of the planning team, licensed camp, in community (social/recreational) settings with a respite worker trained, and if needed by the family.