

The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #		Subject #
Clinical	C		310.7
Subject Title	Adopted	Last Revised	Reviewed
Children’s Severe Emotional Disturbance Waiver Services	07/17/2020	9/27/24	10/28/20; 1/20/21; 12/20/21; 2/20/23; 11/21/23; 3/15/24; 9/27/24

PROCEDURE

Application

This procedure shall apply to the Severe Emotional Disturbance Waiver services of The Right Door for Hope, Recovery and Wellness.

1. Provider Enrollment

The CMHSP will operate the Severe Emotional Disturbance Waiver (SEDW) under the expectations of an MDHHS enrolled SEDW provider/SEDW contract provider.

2. Medical Necessity

Severe Emotional Disturbance Waiver Services shall utilize Medical Necessity criteria as determined by the Michigan Department of Health and Human Services and the Mid-State Health Network affiliation as guidelines for determining access to services. The Michigan Medicaid Provider Manual is to be utilized as a guideline to assist staff in identifying what services and supports are available to individuals receiving Severe Emotional Disturbance Waiver Services.

3. Eligibility

To receive SEDW Services, a youth must minimally reside within the designated area served, meet MDHHS criteria for psychiatric hospitalization, be (or become) a Medicaid beneficiary and have a qualifying MichiCANS. See Michigan Medicaid Provider Manual: Children’s Severe Emotional Disturbance Home and Community Based Services Waiver Appendix for the additional specifications.

4. Authorization Procedure

4.1. Prior Authorization

4.1.1. Initial SEDW Services authorizations shall be determined at the time of initial clinical assessment. The assessor shall consult with the SEDW lead as necessary regarding the initial service authorization.

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4.1.2. Ongoing SEDW Service authorizations will be determined with input from the Wraparound Child and Family Team, including clinical, professional and natural supports. CMHSP Wraparound staff/program have final responsibility for the authorization of services.

4.2. Once SEDW is authorized, the assigned SEDW staff (Wraparound Facilitator/Coordinator) will work with the Wraparound Child and Family Team to develop a person-centered family plan of service. The plan shall identify strengths, needs, strategies and outcomes in accordance with the Wraparound Planning Process. This plan (IPOS/Wraparound Plan) is then submitted for authorization by the designated SEDW supervisor or designee.

5. Eligible Services

5.1. Services that are eligible to be authorized for the Severe Emotional Disturbance Waiver shall be those as identified in the Medicaid Provider Manual. See Michigan Medicaid Provider Manual: Children’s Severe Emotional Disturbance Home and Community-Based Services Waiver Appendix.

5.2. For children determined ineligible for the SEDW, the CMHSP informs the family of its rights to request a fair hearing by providing written adequate notice of denial of the SEDW to the family.

6. SEDW Roles and Qualifications

6.1. CMHSP will designate an SEDW lead. The lead will serve as a point of contact for the PIHP (and MDHHS as appropriate) as well as the local DHHS SEDW lead regarding SEDW referrals, processes, data collection and communication. Wraparound Facilitators/Coordinators (SEDW direct staff) will serve as the primary workers authorizing services on SEDW cases in accordance with program guidelines. Service authorizations will occur as outlined above. SEDW leads will supervise the Wraparound program.

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6.2. All SEDW Wraparound enrolled providers must meet all the requirements in the enrollment standards as listed in the Qualified Staff subsection of the Michigan Medicaid Manual. 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:

6.2.1. Wrap Supervisor

6.2.1.1. Complete the MDHHS three-day Wraparound new facilitator training within 90 days of hire and one additional MDHHS supervisory training in their first year of supervision.

6.2.1.2. Attend two MDHHS Wraparound trainings annually, one of which shall be a Wraparound supervisor-specific training.

6.2.1.3. Participate on the Community Team.

6.2.1.4. Provide individualized supervision and coaching to the Wraparound staff weekly based on their individual needs and experience and maintain a supervision log.

6.2.2. Wraparound facilitator

6.2.2.1. Complete the MDHHS three-day new facilitator training within 90 days of hire.

6.2.2.2. Wraparound facilitators must possess at least a bachelor’s degree and be a CMHP or be supervised by a CMHP.

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6.2.2.3. Wraparound facilitators and those who provide supervision to facilitators will attend additional training (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.

6.2.2.4. 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 12 when two children/youth and family teams are transitioning from Wraparound.

6.2.3. Non-licensed/non-certified providers meet provider qualifications:

6.2.3.1. At least 18 years of age

6.2.3.2. In good standing with the law.

6.2.3.3. Free from communicable disease.

6.2.3.4. Be trained in the IPOS by the appropriate professional.

7. Participant Enrollment

7.1. SEDW lead (Wraparound Supervisor) enters the perspective enrollee into the MDHHS WSA and generates the required MDHHS documents to be reviewed with the family.

7.2. SEDW direct staff (Wraparound Facilitator/Coordinator) shall review with perspective SEDW enrollees/family the designated MDHHS enrollment documents such as the SEDW Certification/Recertification document and the Family Choice Assurance document. Family shall sign the documents and indicate their interest in participation in the SEDW.

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7.3. SEDW lead (Wraparound Supervisor) uploads the signed MDHHS documents to the WSA and submits the documents for PIHP and subsequent MDHHS review and approval.

7.4. SEDW lead (Wraparound Supervisor) receives notice from the WSA once a case has been approved for the SEDW. This notice is provided to insurance, Fiscal and IT staff at the CMH.

7.5. SEDW direct staff (Wraparound Facilitator/Coordinator) informs the perspective SEDW family when MDHHS has approved the SEDW application.

7.5.1. Family awaits Medicaid application from MDHHS directly.

7.5.2. SEDW staff assists with the completion and submission of the Medicaid application as necessary.

7.6. Once the family receives notice of Medicaid approval, the Medicaid number is provided to the SEDW lead so that the Medicaid number can be entered into the WSA.

8. Participant Disenrollment

8.1. SEDW lead (Wraparound Supervisor) updates WSA to disenroll youth based on eligibility criteria and/or family choice. Family should be provided notice of closure of service in accordance with CMH adequate/advance notice practices.

8.2. SEDW lead receives notice of disenrollment. This notice is provided to insurance, Fiscal and IT staff at the CMH.

9. MDHHS Coordination and Referrals

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- 9.1. CMHSP will/has developed local agreements with county local MDHHS offices outlining roles and responsibilities regarding the MDHHS SEDW Child Welfare Project. The CMHSP coordinates with local MDHHS workers, PIHP SEDW Coordinator, CMHSP SEDW Leads and Wraparound Supervisors to identify a specific referral process for children identified as potentially eligible for the SEDW.
- 9.2. The CMHSP will participate in required SEDW Child Welfare Project state/local technical assistance meetings and trainings.
- 9.3. CMHSP has a process in place to collect and report to the PIHP all data as requested by MDHHS.

10. Level of Care Determination

- 10.1. Level of care shall be driven by clinical need initially with input from the referring source(s)/presenting situation. Ongoing level of care will be determined by the clinical needs as observed, evaluated and determined by the Wraparound Child and Family Team, Community Team, SEDW Lead, Wraparound Supervisor and/or Utilization Management as appropriate.
- 10.2. The CMHSP shall assure that SEDW services will not be provided for the SEDW enrolled beneficiaries who reside in an institutional setting, including a psychiatric hospital, CCI or are incarcerated for an entire month.

11. Quality Assurance and Quality Improvement

Review of Service: SEDW Services will be reviewed via clinical records reviews. The amount, scope and duration of services as specified in the approved plan of service are evaluated as part of clinical record reviews. Service capacity to meet the needs of SEDW recipients is also examined during this process.

12. Utilization Management

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12.1. Utilization Management is inherent in quality person-centered planning processes, which look at resources available to the individual other than CMH services before CMH provided services are utilized. Staff shall utilize resources in the following order:

- 12.1.1. What resources is the individual able to utilize;
- 12.1.2. What resources are available from the individual’s family and friends;
- 12.1.3. What resources are available to the general community membership;
- 12.1.4. What resources are available from other public agencies;
- 12.1.5. What resources are available from CMH.

13. Local Contributions

CMHSP and its partner agencies may elect to use excess local contributions to fund the 1915(c) Waiver for Children with Serious Emotional Disturbance (SED) to pay for the cost of products or services that do not qualify as allowable under this waiver. The CMHSPs shall separately report this use of excess local contributions as specified in the FSR.

Kerry Possehn, CEO	Date		