

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Children's Home and Community-Based Services Waiver (CWP) Policy		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date:	Related Policies:
Procedure: <input type="checkbox"/>	Author: Waiver Coordinator	Review Date: 11.01.2022	
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Purpose

This policy sets forth the guidelines and expectations for Mid-State Health Network's (MSHN) administration of the Children's Home and Community-Based Waiver Program (CWP).

Policy

- A. MSHN shall administer the CWP program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Medicaid Provider Manual.
- B. 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 an Immediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
- C. CWP beneficiaries must be enrolled through the Michigan Department of Health and Human Services (MDHHS) enrollment process by the Prepaid Inpatient Health Plan (PIHP) designee. The enrollment process must include verification that the beneficiary meets all of the follow eligibility criteria:
 - a. The child must have a developmental disability (as defined in Michigan state law), be less than 18 years of age, and in need of habilitation services.
 - b. The child must reside with his 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.
 - c. The child is at risk of being placed into an 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.
 - d. The child must meet, or be below, Medicaid income and asset limits when viewed as a family of one (the parent's income is waived).
 - a. The child's intellectual or functional limitations indicate that he/she would be eligible for health, habilitative, and active treatment services provided at the ICF/IID level of care. Habilitative services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Active treatment includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services. Active treatment is directed toward the acquisition of the behaviors necessary for the beneficiary to function with as much self-

determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status.

- D. CWP beneficiaries must receive at least one of the following children's waiver services per month in order to retain eligibility.
 - a. Community Living Supports (CLS)
 - b. Enhanced Transportation
 - c. Family Training
 - d. Non-Family Training
 - e. Financial Management Services/Fiscal Intermediary Services
 - f. Respite Care
 - g. Specialty Services (including Music, Art, Recreation, and Massage Therapies)
 - h. Overnight Health and Safety Support
- E. Other CWP supports/services include:
 - a. Environmental Accessibility Adaptations (EAAs)
 - b. Fencing
 - c. Specialized Medical Equipment and Supplies
- F. The beneficiary's services and supports must be specified in the individual's plan of services developed through the person-centered planning process that must be specific to:
 - a. Medical necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.
 - b. Amount: The number of units (e.g., 25 15-minute units of community living supports) of service identified in the individual plan of service or treatment plan to be provided.
 - c. Scope: The parameters within which the service will be provided, including Who (e.g., professional, paraprofessional, aide supervised by a professional); How (e.g., face-to-face, telephone, group or individual); and Where (e.g., community setting, office, beneficiary's home).
 - d. Duration: The length of time (e.g., three weeks, six months) it is expected that a service identified in the individual plan of service or treatment plan will be provided.
- G. MSHN shall establish adequate procedures to assure effective administration of the program across the region including:
 - a. Prior Review and Approval Request (PRAR)

Applies to

All Mid-State Health Network Staff Selected

MSHN Staff, as follows:

MSHN's CMHSP Participants: ☒ Policy Only ☒ Policy and Procedure

Other: Sub-contract Providers

Definitions

CWP: Children's Home and Community-Based Services Waiver Program

EAA: Environmental Accessibility Adaptations

MDHHS: Michigan Department of Health and Human Services

PIHP: Prepaid Inpatient Health Plan

PRAR: Prior Review and Approval Request

ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities – 42 CFR 435.1009 – an institution (or distinct part of an institution) that (a) is primarily for the diagnosis, treatment, or rehabilitation of people with developmental disabilities or persons with related conditions; and (b) provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

Developmental Disability: means either of the following:

1. If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
 - a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments
 - b. Is manifested before the individual is 22 years old
 - c. Is likely to continue indefinitely
 - d. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - i. Self-care
 - ii. Receptive and expressive language
 - iii. Learning
 - iv. Mobility
 - v. Self-direction
 - vi. Capacity for independent living
 - vii. Economic self-sufficiency
 - e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
2. If applied to a minor, birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (1) if services are not provided.

Other Related Materials

N/A

References/Legal Authority

MDHHS – PIHP Contract;

MDHHS Medicaid Provider Manual: Section 14 – Children's Home and Community-Based Services Waiver (CWP)

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
07.2020	NEW Policy	Chief Behavioral Health Officer
09.2022	Biennial Review	Chief Behavioral Health Officer