

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>Severe Emotional Disturbance Waiver (SEDW)</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 11.10.2020	<b>Related Policies:</b>
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Chief Behavioral Health Officer	<b>Review Date:</b> 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 Severe and Emotional Disturbance Waiver (SEDW) program.

### **Policy**

MSHN shall administer the SEDW program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Medicaid Provider Manual.

### **I. Eligibility**

SEDW 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 the following (all must apply):

- A. Meet the current MDHHS contract criteria for the state psychiatric hospital for children (Hawthorn Center) and be at risk of hospitalization.
- B. Demonstrate serious functional limitations that impair their ability to function in the community. The functional criteria will be identified using the Child and Adolescent Functional Assessment Scale (CAFAS®) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS).
- C. CAFAS®/ score of 90 or greater for children age 7 to 12 ; or
- D. CAFAS® score of 120 or greater for children age 13 to 18;
- E. For children ages 3 to 7, elevated PECFAS subscale scores in at least one of these areas: self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards others
- F. Be under the age of 18 when approved for the waiver. If a child on the SEDW turns 18, continues to meet all non-age-related eligibility criteria, and continues to need waiver services, the child can remain on the waiver up to their 21<sup>st</sup> birthday
- G. Reside with his/her birth or adoptive parents(s), or
- H. In the home of a relative who is the child's legal guardian, or
- I. In foster care or therapeutic foster care, with a permanency plan to return home.
- J. Be financially eligible for Medicaid when viewed as a family of one (i.e., when parental income and assets are waived);
- K. Be in need of waiver services in order to remain in the community
- L. SEDW beneficiaries must receive at least one SEDW service per month in order to maintain eligibility. 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:
  1. **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.
  2. **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.
3. Scope: 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.
  4. Duration: 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, taxi or bus, group or individual); and Where (e.g., community setting, office, beneficiary's home).

## **II. Caregiver Roles and Expectations**

If the child resides with his or her birth/adoptive family or is a temporary ward of the state, the birth/adoptive family must be willing and able to do the following:

- A. Choose SEDW services as an alternative to hospitalization,
- B. Participate in the development of the individual plan of service (IPOS),
- C. Obtain and submit required documentation (e.g. Waiver Certification form, signed IPOS, etc.),
- D. Allow services to be provided in the home setting,

### **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**

CAFAS: Child and Adolescent Functional Assessment Scale

IPOS: Individual Plan of Service

MDHHS: Michigan Department of Health and Human Services

PECFAS: Preschool and Early Childhood Functional Assessment Scale

PIHP: Pre-Paid Inpatient Health Plan

SEDW: Waiver for Children with Serious Emotional Disturbance

### **Other Related Materials**

N/A

### **References/Legal Authority**

Medicaid Managed Specialty Supports and Services FY20 MDHHS/PIHP Contract

Michigan Medicaid Provider Manual

### **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