

Policy 13.2

POLICY TITLE:	CHILDREN'S HOME AND COMMUNITY-BASED WAIVER (CWP)	POLICY # 13.2	REVIEW DATES	
Topic Area:	SERVICE DELIVERY		5/5/23	
Applies to:	Lakeshore Regional Entity, member CMHSPs and Network Providers	ISSUED BY: Chief Executive Officer		
Developed and Maintained by:	CEO and Designee	APPROVED BY: Board of Directors		
Supersedes:	N/A	Effective Date: May 19, 2022	Revised Date:	

I. PURPOSE

To establish guidelines and expectations for LRE administration of the CWP.

II. POLICY

- A. LRE shall administer the Children's Home and Community Based Waiver Program (CWP) 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/IDD).
- 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 law), be less than 18 years of age, and in need of habilitation services.
 - b. The child must have a score on the Global Assessment of Functioning (GAF) Scale of 50 or below.
 - c. 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.
 - d. The child is at risk of being placed into an ICF/IDD facility because of the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/IDD facility but, with appropriate community support, could return home.
 - e. 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).

- f. The child's intellectual or functional limitations indicate that they would be eligible for health, habilitative, and active treatment services provided at the ICF/IDD level of care.
- D. CWP beneficiaries must receive at least one children's waiver service per month to retain eligibility. Children's waiver services include the following:
- a. Community Living Supports (CLS)
 - b. Enhanced Transportation
 - c. Environmental Accessibility Adaptations (EAAs)
 - d. Family Training
 - e. Non-Family Training
 - f. Fencing
 - g. Financial Management Services/Fiscal Intermediary Services
 - h. Respite Care
 - i. Specialized Medical Equipment and Supplies
 - j. Specialty Services (Art Therapy, Massage Therapy, Music Therapy, and Recreational Therapy)
 - k. Overnight Health and Safety Support
- E. 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.
- F. LRE shall establish adequate procedures to assure effective administration of the program across the region including:
- a. Prescreen, Initial Application, and Eligibility
 - b. Annual Recertification
 - c. Disenrollment and Transfer
 - d. Prior Review and Approval Request
 - e. Specialized Medical Equipment and Supplies

- f. Clinical Review Team

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE, member CMHSPs and Network Providers.

IV. MONITORING AND REVIEW

This policy will be reviewed by the LRE CEO and designee, on an annual basis.

V. DEFINITIONS

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

ICF/IDD (Intermediate Care Facility/Intellectual-Developmental Disability 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:

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.

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 from 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 (a) if services are not provided.

VI. RELATED POLICIES AND PROCEDURES

- A. LRE Service Delivery Policies and Procedures

VII. REFERENCES/LEGAL AUTHORITY

- A. MDHHS Medicaid Specialty Supports and Services Contract
- B. Michigan Medicaid Provider Manual

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
5/19/22	New	CEO and Designee
5/5/23	Annual Review	CEO and Designee