

| POLICY TITLE:                   | SEVERE EMOTIONAL DISTURBANCE<br>HOME AND COMMUNITY-BASED<br>WAIVER (SEDW) | POLICY # 13.3                         | REVIEW DATES  |
|---------------------------------|---|---------------------------------------|---------------|
| Topic Area:                     | SERVICE DELIVERY  |                                       | 5/5/2023      |
| Applies to:                     | Lakeshore Regional Entity, Member<br>CMHSPs and Network Providers         | ISSUED BY:<br>Chief Executive Officer |               |
| Developed and<br>Maintained by: | CEO and Designee  | APPROVED BY:<br>Board of Directors    |               |
| Supersedes:                     | N/A   | Effective Date:<br>May 19, 2022       | Revised Date: |

## I. PURPOSE

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

### II. POLICY

The Lakeshore Regional Entity (LRE) shall administer the Severe Emotional Disturbance Home and Community-Based Services Waiver (SEDW) program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Medicaid Provider Manual.

1. 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. Live in participating county, or
- B. Live in foster care in non-participating county pursuant to placement by MDHHS or the court of a participating county, with SEDW oversight by a participating CMHSP, and
- C. Reside with the birth or adoptive family or have a plan to return to the birth or adoptive home; or
- D. Reside with a legal guardian; or
- E. Reside In a foster home with a permanency plan; or
- F. Meet current MDHHS criteria for the state psychiatric hospital for children; AND
- G. Medicaid eligibility criteria for the state psychiatric hospital for children; and
- H. 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<sup>®</sup>).
- I. Demonstrate serious functional limitations that impair the ability to function in the community. As appropriate for age, functional limitation will be

identified using the Child and Adolescent Functional Assessment Scale (CAFAS<sup>®</sup>) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS<sup>®</sup>):

CAFAS<sup>®</sup> score of 90 or greater for children age 7 to 12; OR CAFAS<sup>®</sup> score of 120 or greater for children age 13 to 18; OR For children age 3 to 7, elevated PECFAS<sup>®</sup> subscale scores in at least one of these areas: self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards others; and

- J. 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 21st birthday.
- K. SEDW beneficiaries must receive at least one SEDW service per month in order to maintain eligibility.
- 2. Administration of the SEDW

LRE shall establish adequate procedures to assure effective administration of the program across the region including:

- A. Initial Screening, Application and Service Start,
- B. Annual Recertification,
- C. SEDW Slot Transfer, and
- D. SEDW Financial Monitoring.

### 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 CEO and Designee on an annual basis.

### **V. DEFINITIONS**

<u>CAFAS:</u> Child and Adolescent Functional Assessment Scale <u>IPOS:</u> Individual Plan of Service <u>PECFAS:</u> Preschool and Early Childhood Functional Assessment Scale <u>PIHP:</u> Prepaid Inpatient Health Plan <u>SEDW:</u> Severe Emotional Disturbance Waiver

### **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
- C. MDHHS SED Children Technical Requirement

# 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  |
|                |                       |                   |
|                |                       |                   |