



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Clinical Practice	Procedure: Enrollment in Children with Serious Emotional Disturbances Waiver	
Last Updated: 12/3/2024	Owner: Clinical Division	Pages: 5

I. PURPOSE

To provide procedural and operational guidance on the enrollment process for the Children with Serious Emotional Disturbances Waiver.

II. DEFINITIONS

A. Child and Adolescent Functional Assessment Scale (CAFAS):

Comprehensive assessment of a child’s day-to-day functioning across critical life subscales and determine whether a child’s functioning improves over time. The CAFAS is designed for children ages five (5) to nineteen (19) (i.e., kindergarten and higher) with serious emotional disturbance (SED).

B. Devereux Early Childhood Assessment (DECA):

A standardized, strength-based tool that assesses the protective factors and screens for social and emotional risks in very young children. DECA is designed for children ages zero (0) to five (5).

C. 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. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

D. Michigan Child and Adolescent Needs and Strengths (MichiCANS):

An information integration tool that is designed to demonstrate the needs and strengths of the child and family and to reflect growth, progress, and changes in life events. The MichiCANS is designed for children ages zero (0) to twenty-one (21) with serious emotional disturbances (SED) and/or intellectual developmental disabilities (IDD).

E. Preschool and Early Childhood Functional Assessment Scale (PECFAS):

Comprehensive assessment of assessment of a child’s day-to-day functioning across critical life subscales and determine whether a child’s functioning improves over time.

The PECFAS can be used on children as young as three (3) years old and may be used up to the age of seven (7), depending on the developmental level of the child, with serious emotional disturbance (SED).

F. Waiver Support Application (WSA):

The Waiver Support Application (WSA) is the Michigan Department of Health and Human Services (MDHHS) enrollment/assignment, maintenance, and management tool.

III. PROCEDURE

A. The Children with Serious Emotional Disturbance Waiver (SEDW) makes it possible for Medicaid to fund home and community-based services for children that meet the following eligibility requirements:

1. The child must be under the age of 18 when approved for the waiver.
 - a) If a youth is on the waiver when they turn eighteen (18), continues to meet all non-age related eligibility criteria, and continues to need waiver services, then they can remain on the waiver up to their twenty-first (21st) birthday.
2. The child must meet eligibility criteria for Medicaid and become a Medicaid beneficiary.
3. The child must have a serious emotional disturbance as defined in Michigan state law and demonstrate serious functional limitations that impair their ability to function in the community.
4. The child must meet current MDHHS criteria for the State psychiatric hospital for children as defined in the Michigan Medicaid Provider Manual.
5. The child must reside with the birth or legally adoptive parent, or reside with a legal guardian, or reside in a foster care home with a permanency plan.
6. Demonstrate serious functional limitations that impair their ability to function in the community. As appropriate for age, functional limitation will be identified using the Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), or the Devereaux Early Childhood Assessment (DECA) clinical version scales and indicated by the following scores:
 - a) For children aged two (2) to four (4): scores in the concern range across DECA clinical version scales:
 - i. Protective factor scales (initiative, self-control, and attachment) that are in the concern range with a total protective factor T-score of 40 or below and/or
 - ii. Elevated scores on one or more of the behavioral concerns 32 scales (attention problems, aggression, withdrawal/depression, emotional control problems) with a T-score of 60 or above.

- b) For children aged three (3) to seven (7): elevated PECFAS subscale scores in at least one of these areas – self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards others.
 - c) For children aged seven (7) to twelve (12): CAFAS score of 90 or greater.
 - d) For children aged thirteen (13) to eighteen (18): CAFAS score of 120 or greater.
- B. When seeking SEDW for a child not currently open with a MCCMH provider, the parent or legal guardian would contact the MCCMH Customer Service Department at 586-99-MCCMH (996-2264) to be connected to Managed Care Operations (MCO) in order to complete a telephonic screening to request this waiver.
- 1. MCO will assist the parent or legal guardian in scheduling an intake assessment with the appropriate MCCMH provider for the requested waiver service within fourteen (14) calendar days from the initial request.
 - 2. The MCCMH waiver provider will complete the following documentation:
 - a) MCCMH Intake Assessment
 - b) MichiCANS
 - c) CAFAS or PECFAS, as appropriate based on the child's age
 - d) Family Choice Assurance Form
 - e) Waiver Certification Form.
- C. When seeking SEDW for a child currently open with a MCCMH provider, the primary case holder shall:
- 1. Complete the documentation in the child's FOCUS EMR necessary to support the request. This includes, but is not limited to:
 - a) Adding the service to the Individual Plan of Service (IPOS);
 - b) Completing an updated MichiCANS; and
 - c) Updating the child's Annual Assessment to document the medical necessity of the requested waiver.
 - 2. The primary case holder notifies Managed Care Operations (MCO) of the request through the designated email alias: MCORquests@mccmh.net
 - 3. MCO will communicate the request to the appropriate MCCMH provider for the requested waiver service.
 - 4. The MCCMH waiver provider will coordinate with the primary case holder to schedule an assessment within fourteen (14) calendar days of receiving the referral from MCO. The waiver provider will:

- a) Review the updated assessment and the updated MichiCANS in the FOCUS EMR.
- b) Complete the CAFAS or PECFAS, as appropriate based on the child's age.
- c) Complete the Family Choice Assurance Form.
- d) Complete the Waiver Certification Form.

D. The MCCMH waiver provider contacts the MCCMH Children's Administrator via email at ChildrensAdministrator@mccmh.net to initiate the PIHP eligibility review. The email must include the following:

1. Indicate that this is a request for New SEDW enrollment
2. Include the name and MCCMH case number of the child
3. Attach the Waiver Certification Form
4. Attach the Family Choice Assurance Form

E. The MCCMH Children's Administrator has fourteen (14) calendar days to make a medical necessity determination on the request.

1. When it is determined that the child meets criteria for SEDW, the Children's Administrator will notify the MCCMH waiver provider via email of this determination.
 - a) The MCCMH waiver provider adds the child to the WSA and uploads all required documentation.
 - b) The MCCMH waiver provider will notify the parent or legal guardian of the determination.
2. When it is determined that the child does not meet the criteria for SEDW, this determination is communicated via email to the primary case holder and the MCCMH waiver provider. The MCCMH Children's Administrator sends a Notice of Adverse Benefit Determination to the parent or legal guardian.

IV. REFERENCES

A. MDHHS-MCCMH PIHP Contract - Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program.

B. MDHHS Medicaid Provider Manual

V. RELATED POLICIES

A. MCCMH MCO Policy 12-001 “Access, Eligibility, Admission, Discharge”

VI. EXHIBITS

None

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	12/3/2024	Creation of Procedure	MCCMH Clinical Division
2	2/20/2025	Implementation of Procedure	MCMH Clinical Division