



# MACOMB COUNTY

## COMMUNITY MENTAL HEALTH

Subject: <b>Clinical Practice</b>	Procedure: <b>Enrollment in the Children’s Waiver Program</b>	
Last Updated: <b>12/3/2024</b>	Owner: <b>Clinical Division</b>	Pages: <b>3</b>

### I. PURPOSE

To provide procedural and operational guidance on the enrollment process for the Children’s Waiver Program.

### II. DEFINITIONS

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

B. 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).

C. 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’s Waiver Program (CWP) 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.
2. The child must not be eligible for Medicaid or covered by Medicaid.

3. The child must have a developmental disability as defined in Michigan state law.
  4. The child must have challenging behaviors and complex medical needs that would result in the child being at risk of placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) without waiver services.
  5. The child must live with a birth or legally adoptive parent or with a relative that has been named the legal guardian by the court (and who is not paid to provide foster care for the child).
  6. The child must have identified needs for a consistent and intensive program of in-home services and supports focused on developing skills for the child to function with an much independence as possible and/or to prevent the loss of current abilities.
- B. When seeking CWP, a 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.
- C. 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.
- D. The MCCMH waiver provider will complete the intake assessment, including the MichiCANS, in the FOCUS Electronic Medical Record (EMR).
1. If the clinician completing the intake assessment determines that the child does not meet the eligibility criteria for CWP, they will notify the MCCMH Children's Administrator.
    - a) The Children's Administrator will review all available documentation to make a medical necessity determination on the request.
      - i. When it is determined that the child does not meet the eligibility criteria for CWP, the Children's Administrator will send a Notice of Adverse Benefit Determination to the parent or legal guardian.
      - ii. When it is determined that the child does appear to meet the eligibility criteria for CWP based on the intake assessment, this will be communicated by the Children's Administrator to the MCCMH waiver provider, and they will continue with the enrollment process.
  2. If the clinician completing the intake assessment determines that the child appears to meet the eligibility criteria for CWP, they will complete the CWP Prescreen at the time of the intake.
- E. The MCCMH waiver provider will enter the CWP Prescreen into the WSA.

- F. The WSA sends an electronic notification to the MCCMH Children's Administrator to initiate the PIHP eligibility review.
1. When the request is incomplete or does not have enough information to make a medical necessity determination, the Children's Administrator will return the request to the MCCMH waiver provider within the WSA for more information.
- G. The MCCMH Children's Administrator has fourteen (14) calendar days from the receipt of a completed request to make a medical necessity determination on the request.
1. When it is determined that the child meets criteria for CWP, the Children's Administrator will send the prescreen to MDHHS for scoring and MDHHS assigns the child a priority rating. The Children's Administrator will notify the MCCMH waiver provider via email of this determination. 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 CWP, the Children's Administrator will return the prescreen to the MCCMH waiver provider in the WSA with the reason for the return. The MCCMH Children's Administrator sends a Notice of Adverse Benefit Determination to the parent or legal guardian.
- H. Based on the assigned priority rating, MDHHS will place the child on a weighing list for the waiver.
1. The MCCMH waiver provider must complete an updated prescreen every six (6) months while the child is on the waiting list. This is submitted in the WSA.
  2. MDHHS notifies the parent/legal guardian and the MCCMH waiver provider when the child is awarded a slot in the CWP.
  3. The MCCMH waiver provider completes the DHS 49 form in the WSA, uploads the IPOS, certification form, signed consent, and completes the child and family demographic information once the child is awarded a slot in the CWP.

**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	MCCMH Clinical Division