Waiver for Children with Serious Emotional Disturbance (SEDW)

A collaborative effort to achieve better outcomes for children with serious emotional disturbance
Welcome and Introductions

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Welcome and Introductions

Kalamazoo Community Mental Health and Substance Abuse Services

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Family
Barb, Jeff and Michael

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Who are workshop attendees?

- Parents/Family
- CMHSPs
- Foster Care/Adoption workers
- Administrators
- Wraparound Facilitators
- Juvenile Court staff
- Other?
Today’s Presentation

• Overview of the SEDW
  ✓ Currently Participating Sites: plan to go statewide with approval of 1115 waiver
  ✓ Eligibility requirements
  ✓ Quality Improvement
  ✓ Services

• Child Welfare Project: foster care and adopted children
• Operational considerations
• Community Mental Health role and process
• One family’s experience
Other Topics of Interest?
SEDW Overview

- Currently approved by the Centers for Medicare and Medicaid Services (CMS) through Sept. 2018
- Administered by the MDHHS and managed by CMHSPs
- Provides in-home services and supports to children with serious emotional disturbance and their families
- Available in enrolled counties only
SEDW Overview

• Is separate from the Mental Health 1915(b)(c) Medicaid managed care waiver for specialty mental health services and supports, using a capitation payment system
• Is billed “fee for service”, and
• Provides enhancements or additions to Medicaid State Plan mental health coverage
• Enables federal match funds to support collaborative service delivery in a child’s community
Current Sites

CMH of Central Michigan, HealthWest (formerly CMH Services of Muskegon), Detroit-Wayne County CMH Agency, CMH Authority of CEI, Kalamazoo CMH Services, Genesee County CMH Services, Livingston County CMH Authority, Macomb County CMH Services, Network 180, Northern Lakes CMH Authority, Oakland County CMH Authority, Saginaw County CMH Authority, Van Burens CMH Authority

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Current Sites—continued

Washtenaw Community Health Organization, Berrien Mental Health Authority, St Clair County Mental Health Authority, Lifeways, Summit Pointe, Newaygo County Mental Health Center, Bay-Arenac Behavioral Health, Gratiot County CMH Services, Allegan County CMH Services, Pathways, Woodlands Behavioral Health Network, West Michigan CMH System

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Purpose of 1915 (c) Waiver

Provide Medicaid coverage to children who:

- Without the provisions of this waiver would require placement in state’s psychiatric hospital for children
- Would otherwise not be Medicaid eligible while residing with their birth or adoptive families
SEDW Eligibility Criteria

- Live in a participating county; or
- Live in foster care in a non-participating county pursuant to placement by DHHS or the court of a participating county, with SEDW oversight by a participating county’s CMHSP and
- Reside with the birth or adoptive family or have a plan to return to the birth or adoptive home; or
- Reside with a legal guardian; or
- Reside in a foster home with a permanency plan; or
- Be age 18, 19 or 20 and live independently with supports
SEDW Eligibility Criteria

• The child must:
  – Be under the age of 18 when approved for the waiver, but can remain on the waiver until age 21 if other eligibility requirements are met.
  – Reside with his/her birth/adoptive parents(s), a relative who is the child’s legal guardian, or in foster care with a permanency plan.
  – Have a primary DSM Axis I mental health diagnosis,
  – Be in need of and receive at least one Waiver service per month
  – Meet CMHSP contract criteria for and is at risk of inpatient hospitalization in the state psychiatric hospital
Inpatient Admission Criteria: Children Through Age 21

“Inpatient psychiatric care may be used to treat a child or adolescent with mental illness or serious emotional disturbance who requires care in a 24-hour medically structured and supervised facility. The SI/IS criteria for admission are based on the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments and manifesting a level of clinical instability (risk) that are, either individually or collectively, of such severity that treatment in an alternative setting would be unsafe or ineffective.”
Eligibility Criteria...continued

• The child must have at least one of the following:
  - Severe psychiatric signs and symptoms
  - Disruptions of self-care and independent functioning
  - Harm to self or others
  - Drug/Medication complications or co-existing general mental condition requiring care
  - Special consideration: If Substance Use Psychiatric condition must be primary
Eligible Criteria ... continued

- The Child must demonstrate serious functional limitations that impair his/her ability to function in the community (functional criteria is identified using the Child and Adolescent Functional Assessment Scale [CAFAS])
  - CAFAS score of 90 or greater for children age 12 or younger; or
  - CAFAS score of 120 or greater for children age 13 to 18.
  - For children age 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
Eligibility Issues

- Maintain eligibility for one year even if CAFAS scores improves
- Eligibility reviewed at annual recertification

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Financial Eligibility

• The Child must meet Medicaid eligibility criteria
  – Note: If a child is not Medicaid eligible while residing with his/her family and is determined clinically eligible for the SEDW, the child can be viewed as a “family of one” to meet financial eligibility for Medicaid.
MDHHS - SEDW staff conduct:

- State level reviews of all applications and recertifications, and
- On-site reviews:
  - Use a SEDW quality management protocol to ensure that federal requirements and assurances are met
  - Wraparound Model Fidelity Assurance
  - Are conducted bi-annually
    - Report of the findings
    - Plans of correction
Quality Assurance & Improvement

Must establish Quality Improvement Project for Performance Measures with compliance < 86%.

**FY 15 compliance < 86%**

C-1: Number and percent of applicants for provision of SEDW services that meet initial credentialing standards prior to provider enrollment.

(66% compliance FY 14)
(76% compliance FY 15)

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Quality Assurance & Improvement

Must establish Quality Improvement Project for Performance Measures with compliance < 86%.

C-3: Number and percent of non-licensed, non-certified waiver service providers that meet provider qualifications as stated in the Michigan Medicaid Provider Manual.

(76% compliance FY 14)  
(91% compliance FY 15)
Quality Assurance & Improvement

Must establish Quality Improvement Project for Performance Measures with compliance < 86%.

**FY 15 compliance < 86%**

C-4: Number and percent of waiver providers that meet staff training requirements.

(52% compliance FY 14)
(82% Compliance FY 15)

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Quality Assurance & Improvement

Must establish Quality Improvement Project for Performance Measures with compliance < 86%.

D-7: Number and percent of IPOS for enrolled consumers in which services and supports are provided as specified in the plan, including type, amount, scope, duration and frequency.

(75% compliance FY 14)
(87% compliance FY 15)
Covered Waiver Services

- Wraparound Services
- Community Living Supports
- Family Training
- Family Training & Support (family support partners)
- Non-Family Training
- Respite Care
- Therapeutic Activities (art, music, rec)
- Therapeutic Child Foster Care
- Therapeutic Overnight Camp
- Transition Services

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Other Covered Services

• Mental Health State Plan services that can be billed to Medicaid on a fee for service basis by the CMHSPs

• Natural supports

• In-kind services provided by community agencies
Community Living Services (CLS)

- Assistance with skill development, related to:
  - Activities of daily living (such as personal hygiene)
  - Household chores
  - Socialization
  - Improving communication and relationship-building skills

- Staff assistance, support and/or training with:
  - Improving social interactions and internal controls
  - Transportation to community activities
Family Home Care Training

- Training and counseling services provided by professional staff for the families of individuals served on the waiver.
  - Instruction about treatment interventions and support intervention
  - Counseling service for family members
Family Support & Training

- Provided by a parent support partner, which supports parents/families of children with SED to:
  - Be empowered,
  - Be confident, and
  - Have skills that will enable them to assist their child to improve in functioning.
Respite Care

- Respite care is a service provided to individuals unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.
Non-Family Training

- Provides coaching, training, supervision and monitoring of CLS staff by clinicians (i.e., licensed psychologist, MSW, OT, PT, SLP or Child Mental Health Professional).
- Training of hourly care staff (CLS and respite) on the IPOS is required prior to staff providing a service.
Therapeutic Activities

- The focus of therapeutic activities is to interact with the child to accomplish the goals identified in the POS.

- Service Activities include:
  - Music Therapy,
  - Recreation Therapy, and
  - Art Therapy.
Child Therapeutic Foster Care

• Provides an intensive therapeutic living environment for a child with challenging behaviors. Important components of CTFC include:
  – Intensive parental supervision
  – Positive adult-youth relationships
  – Reduced contact with other children with behavioral disorders
  – Family behavior management skills
Therapeutic Overnight Camp

- A group recreational and skill building service in a camp setting aimed at meeting goals detailed in the child’s plan of service. A session can be one or more days and nights of camp.
Transition Services

- This is a one-time-only expense to assist a child returning to the family home and community while the family is in the process of securing other benefits (e.g. SSI) or resources (e.g., governmental rental assistance and/or home ownership programs) that may be available to assume these obligations and provide needed assistance.
Wraparound

- Wraparound Service Facilitation and Coordination for Children and Adolescents is:
  - a highly individualized planning process
  - performed by specialized wraparound facilitators
  - coordinate the planning for, and delivery of, services and supports for the identified child
How does Wraparound Fit In?

- Wraparound is a planning process: It is about ACTION
- The planning process identifies strengths, needs, strategies (staffed services and non-staff items) and outcomes.
- Wraparound utilizes a Child and Family Team with team members determined by the family, often representing multiple agencies, and informal supports.
- The Child and Family Team creates a highly individualized plan for the child and family that consists of services and supports.
Key Features

- Child and Family Team
- Team Facilitator
- Strengths and normalized needs
- Family access, voice and ownership
- Unconditional
- Cultural Competency
- Creativity
- Monitoring/evaluation: Outcome oriented
- Community ownership
- Community safety
Operational Information

- Process for establishing Medicaid eligibility
- Use of inactive status
Child Welfare Project
Desired Outcomes for the Child Welfare Project

- Maximized fiscal efficiencies across service systems
- Children live in the least restrictive family setting in the community
- Children are able to achieve permanency with a family
- Children have improved functioning across life domains
Child Welfare Project
Target Population

- Children in foster care and children adopted from the Michigan child welfare system:
  - with extensive mental health needs
  - meet all SEDW eligibility requirements
  - Can maintain eligibility for one year even if they return home
Children/Youth in Child Welfare System needs

- Have a higher rate of emotional and behavioral disorders than the general population of children
- History of multiple transitions and losses
- History of abuse and neglect
Operational Considerations

- Local system collaboration to identify eligible children
- Private agency foster care involvement
- Impact of court orders
- Local system collaboration to refer eligible children

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The Community Mental Health Role and Process

- Educate local partners
- Identification of eligible children
- Assess for eligibility and submit SEDW referrals to the state
- Authorize services

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One Family’s Experience with the SEDW

- Barb, Jeff and Michael’s experience
- How did we learn about the SEDW
- How participating in the SEDW and Wraparound helped our family

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SEDW Evaluation & Reporting

- Evaluation plan using agreed upon outcomes: CAFAS at intake, quarterly, annually and exit
- Wraparound Program Evaluation
- Development of fiscal, legislative & program reports:
  - Based on data analysis using a web-based application and data base
    - Progress
    - Implementation
    - Outcomes
    - Cost effectiveness
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