

HOME AND COMMUNITY BASED SERVICES CHILDREN'S MENTAL HEALTH WAIVER INFORMATION PACKET

The intent of the Medicaid Home and Community Based Children's Mental Health Waiver (CMH) is to identify services/supports that are not available through other mental health programs/services that can be utilized in conjunction with traditional services to develop a comprehensive support system for children with serious emotional disturbance. These services will allow children in this targeted population to remain in their homes and communities.

GENERAL PARAMETERS

- The total cost of CMH Waiver services cannot exceed \$1818 per month.
- The waiver cap of children served is 600.
- The child and his/her family must choose HCBS services as an alternative to institutional services.
- The child must receive Medicaid targeted case management services when CMH Waiver services begin.
- An interdisciplinary team (IDT) meets to plan the interventions and supports a child and family need to safely maintain the child's physical and mental health in her or his family's home. The team shall consist of the child, his/her parent(s) or legal guardian(s), Medicaid targeted case manager, service provider(s), mental health professional(s), DHS service worker (if applicable) and any other person(s) that the child and his/her family choose to include.
- Each child will have an individualized outcome achievement plan (OAP) – also referred to as an individualized comprehensive plan (ICP) - collaboratively developed by a Medicaid targeted case manager in conjunction with the child, his/her family, and other members of the IDT. This plan documents the agreed upon goals, objectives and service activities. Also collaboratively developed with the IDT, is an individualized crisis plan that is designed to enable the child and his/her family to prevent, self-manage, alleviate or end a crisis.
- The OAP/ICP must be completed prior to implementation of services and must be reviewed/updated annually.
- In order to receive CMH Waiver services, an approved CMH Waiver service provider must be available to provide the waiver services agreed upon.
- A child who is eligible for CMH Waiver services is also eligible to receive mental health services through the Iowa Plan.
- Medicaid waiver service cannot be simultaneously reimbursed with another Medicaid waiver service or Medicaid service.
- CMH Waiver services cannot be provided when a child is an inpatient of a medical institution.
- A child must need and use, at a minimum, one unit of waiver service during each quarter of the calendar year.
- A child who does not reside in his/her home for a period of sixty consecutive days shall forfeit CMH Waiver eligibility.
- A child shall access all other services for which he/she is eligible and which is appropriate to meet his/her needs as a precondition of eligibility for the CMH Waiver.
- Following is the hierarchy for accessing waiver services:
 1. Private insurance
 2. Iowa Plan
 3. Medicaid State Plan and/or EPSDT (Care for Kids) services
 4. Children's Mental Health Waiver services

CONSUMER ELIGIBILITY CRITERIA

Children may be eligible for HCBS Children’s Mental Health Waiver services by meeting the following criteria:

- Be an Iowa resident
- Be aged from birth to age 18 years of age
- Be determined eligible for Medicaid (Title XIX). Consumers may be Medicaid eligible prior to accessing waiver services or be determined eligible through the application process for the waiver program. Additional opportunities to access Medicaid may be available through the waiver program even if the child has previously been determined ineligible. May be SSI-related or FMAP-related
- Has a diagnosis of serious emotional disturbance as verified by a psychiatrist, psychologist or mental health professional within the past twelve months:
 - Serious emotional disturbance means a diagnosable mental, behavioral, or emotional disorder that (1) is of sufficient duration to meet diagnostic criteria for the disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) and (2) has resulted in a functional impairment that substantially interferes with or limits a child’s role or functioning in family, school, or community activities. Serious emotional disturbance shall not include developmental disorders, substance-related disorders, or conditions or problems classified in the DSM-IV-TR as “other conditions that may be a focus of clinical attention (V codes) unless they co-occur with another diagnosable serious emotional disturbance.”
- Be determined by Iowa Medicaid Enterprise (IME) Medical Services to need Hospital level of care.

SERVICE DESCRIPTIONS

CMH Waiver services are individualized to meet the needs of each child. Decisions regarding what services are appropriate, the number of units or the dollar amounts of the appropriate services are based on the child’s needs as determined by the child, the child’s family and an interdisciplinary team.

The CMH Waiver services include:

- Environmental Modifications and Adaptive Devices
- Family and Community Support Services
- In Home Family Therapy
- Respite

Environmental Modifications, Adaptive Devices

WHAT: Environmental modifications and adaptive devices are items installed or used within the child’s home that address specific documented mental health, health or safety concerns. This service shall be provided under the recommendation and direction of the mental health professionals that are included on the child’s interdisciplinary team. Items may include, but are not limited to, smoke alarms, window/door alarms, pager supports, motion sensors and fencing.

WHERE: In the child’s home

DOES NOT INCLUDE: Adaptations available through Medicaid Durable Medical Equipment and Supplies

UNITS: A unit is the cost of a purchased and/or installed modification or adaptive device

MAXIMUM: \$6,000 per year

Family and Community Support Services

WHAT: This service shall be provided under the recommendation and direction of the mental health professionals that are included in the child's interdisciplinary team. This service shall support the child and his/her family by helping them with the development and implementation of strategies and interventions that will result in the reduction of stress and depression and will increase the child's and family's social and emotional strength. Depending on the needs of the child and the child's family members (individually or collectively), family and community support services may be provided to the child, to the child's family members or to the child and family members as a family unit. This service shall incorporate recommended support interventions and activities that may include the following:

- a. Developing and maintaining a crisis support network for the child and his/her family
- b. Modeling and coaching effective coping strategies for the child's family member(s)
- c. Building resilience to the stigma of serious emotional disorder for the child and the family
- d. Reducing the stigma of serious emotional disturbance by the development of relationships with peers and community members
- e. Modeling and coaching the strategies and interventions identified in the child's crisis intervention plan pursuant to 441-24.1(225C) to life situations with his/her family and in the community
- f. Developing medication management skills.
- g. Developing personal hygiene and grooming skills that contribute to the child's positive self image
- h. Developing positive socialization and citizenship skills.

Transportation and Therapeutic Resources:

The Family and Community Support Services service may include an amount not to exceed \$1500.00 annually per child for transportation within the community and/or purchase of therapeutic resources. Therapeutic resources may include books, training packages, and visual or audio media as recommended by the mental health professionals that are included on the child's interdisciplinary team. The therapeutic resources are the property of the child and/or family. The interdisciplinary team must identify the transportation or therapeutic resources as a support need and must verify that the child, the child's family or legal guardian, or community resources cannot provide it. The annual amount available for transportation and therapeutic resources must be listed in the child's individual comprehensive plan.

Providers must maintain records to ensure the transportation or therapeutic resources provided do not exceed the maximum amount authorized in the child's individual comprehensive plan. Transportation and therapeutic resources must be clearly identified and supported in the annual cost reporting requirements found in IAC 441-79.1(15)"a" (1).

WHERE: In the child's home or community

DOES NOT INCLUDE: Vocational and pre-vocational services, supported employment services, room and board, academic services, general supervision, childcare, parenting or case management

UNITS: A unit is one hour

MAXIMUM: \$34.63 per unit

In Home Family Therapy

WHAT: In-home family therapy services are skilled therapeutic services provided to the child and family. Services will increase the child and family's ability to cope with the effects of the child's serious emotional disturbance on the family relationships. The goal of in-home family therapy is to maintain a cohesive family unit. The service must support the family in developing coping strategies that will enable the child to continue living within the family environment.

WHERE: In the child's home

UNIT: A unit is an hour. Any period less than one-hour shall be prorated.

MAXIMUM: \$92.70 per hour.

Respite

- WHAT:** Respite services are provided for a temporary (short term) period. Services give relief to the usual caregiver and provide all the necessary care that a usual caregiver would provide during that period. The “usual caregiver” means a person or persons who reside with the child and are available on a 24-hour-per-day basis to assume responsibility for the care of the child.
- WHERE:** Respite may be provided in the child’s home, certified camps, organized community programs, (YMCA, recreation centers, etc.) ICF/MR, RCF/MR, hospital, nursing facility, skilled nursing facility, foster group care, foster family home, or DHS licensed daycare or childcare center.
- Respite care provided in a location other than the child’s home or an enrolled provider’s facility must be pre-approved by the parent or guardian and interdisciplinary team, must be authorized in the child’s individual comprehensive plan, and must be consistent with the way the location is used by the general public. Respite in these locations may not exceed seventy-two (72) continuous hours.
- An enrolled facility providing respite may not exceed the approved or licensed capacity, and services shall be provided in location and for duration consistent with the facility’s license. Respite services provided in a facility will not be reimbursable if the living unit is otherwise reserved for persons on a temporary leave of absence.
- DOES NOT INCLUDE:** Respite cannot be provided to children during the hours in which the usual caregiver is employed, except when the child is attending an approved camp setting.
- Respite shall not be simultaneously reimbursed or provided with duplicative services under the waiver.
- UNIT:** A unit is one hour.
- MAXIMUM:** Up to the unit maximum per type of agency (home health agency, home care agency, non-facility care, and facility) listed in IAC 441-79.1(2) and not to exceed \$294.00 per day or the facility per diem rate. A maximum of no more than fourteen consecutive days of 24 hour respite may be reimbursed.
- Respite services provided to three or more children who require nursing care because of a mental or physical condition for a period exceeding 24 consecutive hours *must* be provided by a licensed health care facility as described in the Iowa Code chapter 135C.

APPLICATION PROCESS

The application process for the Children’s Mental Health Waiver requires a coordinated effort between the Department of Human Services and other agencies on behalf of the prospective child. If you are currently working with personnel from the Department of Human Services, please contact that person regarding the Waiver application process.

Please respond immediately to correspondence from an income maintenance worker, a service worker or a Medicaid case manager. This will decrease the amount of time needed to complete the application process and assist in communication.

1. Application for Medicaid (Title XIX) and the CMH Waiver is made with an income maintenance worker (IM) at the local DHS Office. The IM Worker will secure a payment slot or put the child’s name on a waiting list. Upon availability of a payment slot, the IM Worker will process the application, obtain financial information from the family to determine the child’s Medicaid eligibility, and refer the child and family to a Medicaid targeted case manager (TCM) who works near the child’s home county.
2. The Medicaid targeted case manager (TCM) will contact the family to schedule a meeting with the child and parents to complete a level of care assessment. The assessment must be completed for the child as one of the eligibility requirements for the CMH Waiver. At the time of this meeting, the family will also need current documentation within the past twelve months from a psychiatrist, psychologist, or certified mental health professional that the child has a mental health diagnosis of serious emotional disturbance (SED). The TCM will send the completed assessment and the verification of SED diagnosis into Iowa Medicaid Enterprise (IME) Medical Services. IME Medical Services will review the documentation submitted and make a determination if the child meets the level of care.
3. After the level of care has been completed, the TCM will contact those to be included, and convene an interdisciplinary team (IDT) meeting. The IDT will determine the services that are needed, the amount of service to be provided and the provider(s) of the services. The end result of the interdisciplinary team decisions will be an individual comprehensive plan developed by the Medicaid targeted case manager.
4. The Individualized Services Information System (ISIS) process must be completed with the culmination of an approved service plan prior to the implementation of services. An approved service plan entered into the ISIS system authorizes payment for CMH Waiver services.
5. The Medicaid targeted case manager will issue a Notice of Decision to the family and to the selected service providers if the child is approved to receive the CMH Waiver services.