

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURES

Date Issued **05/23**

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| CHAPTER Service Delivery | | CHAPTER 03 | SECTION 001 | SUBJECT 0030 |
| SECTION Treatment | | SUBJECT Children's Waiver Program – Category of Care | | |
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I. APPLICATION:

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Sub-Contractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) is to utilize the Children's Waiver Program (CWP) Category of Care Decision Guide to determine the amount of publicly supported Community Living Supports (CLS) hourly care based on a child's identified health and behavioral needs.

III. DEFINITIONS:

The Children's home and Community Based Services Waiver Program (CWP) provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18 who are enrolled in the CWP. The Children's Waiver is a fee- for- service program administered by the CMHSP. The CWP enables Medicaid to fund necessary home-community based services for children with developmental disabilities who reside with their birth or legally adoptive parent(s) or with a relative who has been named legal guardian under the laws of the State of Michigan, regardless of their parent's income.

IV. STANDARDS:

A. CATEGORIES OF CARE: CHILDREN WITH CHALLENGING BEHAVIORS

The amount of CLS services (i.e., the number of hours) that can be authorized for a child is based on several factors, including the child's care needs which establish waiver eligibility, child's and family's circumstances, and other resources for daily care (e.g., private health insurance, trusts bequests, private pay). In addition to identifying the family situation and the specific behaviors as described in the category definitions, the following elements contribute to the overall assessment of need:

1. Type of behaviors identified;
2. Frequency, intensity, and duration of identified behaviors;
3. How recently serious behaviors occurred;
4. Actual specific effects of the behavior on persons in family and property;
5. Level of family intervention required to prevent behavioral episodes;

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6. Extent to which family must alter normal routine to address behavioral needs of the child;
7. Prognosis for change in the child's behavior;
8. Whether or not child functions more effectively in any current setting than in other settings; and
9. Age, size, and mobility of child.

1. CATEGORY IV

Qualifications: Demonstrates mild level behaviors that may interfere with the daily routine of the family. Definitions Mild Behavior: Infrequent or intermittent behaviors including pinching, hitting, slapping, kicking, head banging, and/or elopement without careful supervision when there is evidence of lack of judgment regarding danger, or an extremely high activity level requiring extensive supervision and redirection.

2. CATEGORY III

Qualifications: Demonstrates a daily pattern of medium level behaviors including self-injurious, physically aggressive or assaultive behaviors that have not resulted in hospitalization or emergency room treatment for injuries in the past year, or has engaged in occasional, significant property destruction that is not life-threatening.

Definitions Pattern of Behavior: In addition to a single serious episode in the last year, significant daily behaviors are documented.

Medium Behavior: Includes behaviors defined in the Category II definition of "moderate behavior" when emergency room treatment or hospitalization have not been required for treatment of injuries resulting from the behavior. Examples include head banging resulting in bleeding and bruising without concussion or detached retina, hair pulling without removing hair from the scalp, smearing feces without PICA, and biting without drawing blood.

Occasional Property Destruction: Property destruction that occurs with a frequency not greater than one time per week.

3. CATEGORY II

Qualifications: Demonstrates a daily pattern of moderate self-injurious, physically aggressive or assaultive behavior when medical intervention or emergency room treatment has been required for treatment of injuries in the past year without resulting hospitalization, or if the child has engaged in frequent, significant property destruction that is not life threatening.

Definitions Moderate Behavior: Includes behaviors that pose a significant risk of injury to self or others in the immediate environment. Examples include physical assault or self abuse resulting in injuries requiring hospital emergency room treatment without hospital admission in the past year, biting that breaks the skin, hair pulling resulting in removal of clumps of hair from the scalp, multiple daily episodes of smearing feces with associated PICA, and head banging resulting in documented concussion or detached retina.

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4. CATEGORY I

Qualifications: Demonstrates a pattern of severe self-injurious, physically aggressive or assaultive behavior, or life-threatening property destruction that has occurred one or more times in the past year. Documented evidence of additional behavioral problems on a frequent basis each day supports a need for one-to-one intensive behavioral treatment.

Definitions Severe Behavior: Poses a very significant risk of serious injury or death to self, a family member, or others in the immediate environment. Examples include fire setting, physical assault or self-abuse resulting in injuries to self or others requiring inpatient hospital admission for treatment in the past year.

B. CATEGORIES OF CARE: MEDICALLY AND PHYSICALLY COMPLEX CHILDREN

The purpose of this Section is to help the CMHSP determine whether CLS services are medically necessary. The following categories do not, in and of themselves, establish eligibility for publicly funded hourly care.

1. CATEGORY IV

Qualifications: A medical condition and requires significant levels of daily assistance or guidance with activities of daily living (ADLs). In addition, medical condition is stable and observations and interventions are required infrequently. Interventions require minimal training and are associated with minimal or no risk to health status.

Examples: Includes levels of support that would exceed those expected for a person of the child's age in the areas of:

- a. Assistance and/or guidance in ADLs including eating, toileting, bathing, grooming; dressing, and mobility (ambulation and transferring);
- b. Assistance and/or guidance with physical transfer (e.g. bed to chair);
- c. Assistance and/or guidance with therapeutic positioning and physical therapy; or
- d. The child weighs 80 pounds or more and is not ambulatory and/or not mobile and unable to assist the primary caregiver.

2. CATEGORY III

Qualifications: A medical condition that routinely requires daily hourly care or support in order to maintain and/or improve health status. Clinical observations and interventions may be intermittent. Medical interventions are typically associated with minimal risk to health status, and delayed interventions are not associated with imminent risk to health status.

Examples: Includes a combination of interventions such as:

- a. G-tube feedings with no oral suctioning needs;
- b. PRN oxygen administration less often than daily over the past 30 days with or without pulse oximeter;

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- c. Daily oxygen administration at less than two liters without pulse oximeter and without the need for on-going judgments and observations for oxygen needs (e.g. routine nightly administration without other skilled nursing interventions);
- d. Catheterization fewer than five times per day;
- e. Routine chest physiotherapy four or more times per day;
- f. Ostomy care;
- g. Total feeding or formal feeding program requiring more than 45 minutes per meal with need for special trunk-head positioning.

Concurrent diagnosis of severe hypertonicity, severe contractures, or severe scoliosis that requires therapeutic positioning every two hours; or Documented evidence that positioning causes apnea and cyanosis, and that positioning is limited to positions with the body in less than a 45 degree angle to horizontal plane.

3. CATEGORY II AND CATEGORY I

Services for Category II and Category I children are covered under the Medicaid State Plan private duty nursing (PDN) benefit. Refer to the Private Duty Nursing Chapter of the Medicaid Manual for PDN coverage criteria.

V. PROCEDURE:

Case Manager

1. Will assess the child to determine category of care based on above criteria once the child is accepted into the Children's Waiver Program (CWP).
2. Will have necessary training needs to assess appropriate category of care as outlined by the CWP.
3. Will base the determination of the amount of hourly care is the result from a PCP process that considers both the child's and family's needs.
4. Will follow up that, all documentation and assessments, for those children who qualify for Category of Care I, are approved by the MDHHS Children's Waiver Review Team.
5. Completes an Annual Category of Care Narrative that includes All Points from Children's Waiver Decision Guide Table (i.e number of care givers, health status of caregivers, additional dependent children, etc.)
6. Will continue to utilize the Children's Waiver Decision Guide Table as referred to in the Medicaid Provider Manual.

VI. REFERENCES:

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A. Medicaid Provider Manual

B. Children's Waiver Program Technical Assistance Manual

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 06/10, 05/12, 07/13, 07/14, 11/15, 11/16, 01/19, 05/21, 05/22.