

Iowa Medicaid Child Mental Health Waiver Utilization Management Guidelines

Description

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

CMH Waiver services include:

- Environmental modifications, adaptive devices and therapeutic resources.
- Family and community support services.
- In-home family therapy.
- Respite care.

To qualify for *CMH Waiver* services, the patient must be:

- An Iowa resident.
- 18 years of age or younger.
- Determined eligible for Medicaid (Title XIX). Patients 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 was previously determined ineligible.

CMH Waiver participants must have an illness or illnesses that meet criteria for a condition found in the most current version of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.

The member must have service needs that can be met under the *CMH Waiver* program, as documented in the treatment plan developed in accordance with rule 441—83.127(249A).

- The member must be a recipient of targeted case management services or be identified to receive targeted case management services immediately following program enrollment.
- A member may not receive *CMH Waiver* services and foster family care services (under 441—Chapter 202) at the same time.
- A member may be enrolled in only one HCBS waiver program at a time.

Clinical indications

Children may be eligible for an *HCBS CMH Waiver per Iowa Administrative Code 441 IAC 83.122 (249A)* services by meeting the following:

- Have a diagnosis of SED as verified by a psychiatrist, psychologist or mental health professional within the past 12 months (see Definitions)
- Be determined by Iowa Medicaid Enterprise (IME) Medical Services to need psychiatric hospitalization serving children under the age of 18 level of care

Assessment: The case management comprehensive assessment provides a thorough picture of the person and their service needs. As a result, individual items and the entire assessment lend themselves to developing interventions and programming for the comprehensive treatment plan.

Purpose of the assessment/reassessment is:

- To identify the member's areas of deficits, strengths and preferences.
- To identify any barriers to maintaining the member's current level of functioning.
- To identify health and safety risks in order to reduce the risk of harm through interventions, resources and service activities.
- To determine the need for any medical services.
- To provide the foundation for developing the comprehensive treatment plan and crisis intervention plan.

The case management comprehensive assessment contains grouping of information on:

- Member information.
- Medical and physical issues:
 - Medication list
- Mental health/behavioral/substance abuse.
- Housing and environment.
- Social.
- Transportation.
- Education.
- Vocational.

A mental health professional must complete an initial and annual evaluation that substantiates a mental health diagnosis of SED and certify the applicant's level of care with the state of Iowa.

Treatment plan

Services must be included in a comprehensive person-centered treatment plan. The comprehensive person-centered treatment plan must be developed through a person-centered planning process driven by the member in collaboration with the member's interdisciplinary team, as established with the case manager or integrated health home coordinator.

The treatment plan shall:

- Be based on information in the case management comprehensive assessment.
- Specify the type and frequency of the waiver services and providers that will deliver the services.
- Identify and justify any restriction of the member's rights.

The comprehensive person-centered treatment plan:

- Includes people chosen by the member.
- Provides necessary information and support to the member to ensure that the member directs the process to the maximum extent possible.
- Is timely and occurs at times and locations of convenience to the member.
- Reflects cultural considerations and uses plain language.
- Includes strategies for solving a disagreement.
- Offers choices to the member regarding services and supports the member receives and from whom.
- Provides a method to request updates.
- Is conducted to reflect what is important to the member to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare.
- Identifies member strengths, preferences, needs (clinical and support) and desired outcomes.
- May include whether and what services are self-directed.
- Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, health care and wellness, education, and others.

The *HCBS CMH Waiver* written comprehensive treatment plan documentation:

- Reflects the member's strengths and preferences.
- Reflects clinical and support needs.
- Includes observable and measurable goals and desired outcomes.
 - Identifies interventions and supports needed to meet those goals with incremental action steps, as appropriate
 - Identifies the staff people, businesses or organizations responsible for carrying out the interventions or supports
- Identifies for a member receiving supported community living services:
 - The member's living environment at the time of enrollment.
 - The number of hours per day of direct staff supervision needed by the member.
 - The number of other members who will live with the member in the living unit.
- Reflects providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS, including:
 - The name of the provider.
 - The service authorized.
 - Units of service authorized.
- Includes risk factors and measures in place to minimize risk.
- Includes individualized backup plans and strategies when needed.

- Identifies any health and safety issues that apply to the member based on information gathered before the team meeting, including a risk assessment
- Identifies an emergency backup support and crisis response system to address problems or issues arising when support services are interrupted or delayed or the member's needs change
- Identifies that providers of applicable services shall provide for emergency backup staff
- Includes the names of the individuals responsible for monitoring the plan.
- Is written in plain language and understandable to the member.
- Documents who is responsible for monitoring the plan.
- Documents informed consent of the member for any restrictions on the member's rights, including maintenance of personal funds and self-administration of medications, the need for the restriction, and either a plan to restore those rights or written documentation that a plan is not necessary or appropriate.

Any rights restrictions must be implemented in accordance with *441 IAC 77.25(4)*.

- Includes the signatures of all individuals and providers responsible
- Is distributed to the member and others involved in the plan
- Includes purchase and control of self-directed services
- Excludes unnecessary or inappropriate services and supports

The comprehensive treatment plan, including and especially the *HCBS CMH Waiver*, must be:

- Reviewed and updated for progress toward goals and objectives every 90 days.
 - Are service goals or objectives being achieved?
 - Is there progress toward goals and objectives?
 - Have changes occurred in the identified service needs of the child, as listed on form *470-4694, Case Management Comprehensive Assessment*, or as indicated by the *Supports Intensity Scale Core Standardized Assessment*?
 - Is the treatment plan consistent with the identified service needs of the child, as listed in the treatment plan?
- Updated annually.
- Updated when there is a change in the member's circumstances.
- Updated upon request of the member.

Continuation of services

A member's waiver eligibility shall continue until one of the following conditions occurs:

- The member fails to meet eligibility criteria listed in rule *441—83.122(249A)*.
- There is an inpatient admission to a medical institution for 30 or more consecutive days.
 - After the member has spent 30 consecutive days in a medical institution, the local office shall terminate the member's waiver eligibility and review the member for eligibility under other Medicaid coverage groups.
 - If the member returns home after 30 consecutive days but no more than 60 days, the member must reapply for *CMH Waiver* services, and the IME medical services unit must reassess the member's level of care.

- The member does not reside at the member’s natural home for a period of 60 consecutive days. After the member has resided outside the home for 60 consecutive days, the local office shall terminate the member’s waiver eligibility and review the member for eligibility under other Medicaid coverage groups.

The local office of Iowa Department of Human Services shall notify the member and the member’s parents or legal guardian through *Form 470-0602, Notice of Decision*.

Service descriptions

The member’s waiver services are individualized to meet the needs of each child per the individualized treatment plan. The decision regarding what services are appropriate and the number of units or the dollar amounts of the appropriate services are based on the identified needs of each individual child and child’s family and the interdisciplinary team.

General parameters

- All HCBS waiver services must be provided in integrated community-based settings.
- The monthly total cost of *CMH Waiver* services are not to exceed \$2,006.34.
- The child and family must choose HCBS services as an alternative to institutional services.
- The child must receive integrated health home services when *CMH Waiver* services begin.
- An interdisciplinary team meets to plan the interventions and supports a child and family need to safely maintain the child’s physical and mental health in the child’s home.
 - This team consists of the child, the child’s parents or legal guardians, case manager, integrated health home, service providers, mental health professionals and any other person(s) that the child and child’s family choose to include.
- Each child will have an individualized comprehensive treatment plan (ICP) developed with the entire interdisciplinary team — with agreed upon goals, objectives and service activities, and crisis plan.
- The ICP is to be completed before implementation of services and must be reviewed and updated annually.
- *CMH Waiver* services will only be provided by an approved *CMH Waiver* service provider and must be available to provide identified services.
- A child who is eligible for the *CMH Waiver* is also eligible to receive mental health services through Iowa Medicaid.
- Medicaid waiver services cannot be simultaneously reimbursed with another Medicaid waiver service or Medicaid service.
- Waiver services are not to be provided in an inpatient medical institution.
- If a child does not reside in the home for a period of 60 consecutive days, the child shall forfeit *CMH Waiver* service eligibility.
- Hierarchy for accessing waiver services:
 - Private insurance
 - Medicare

- Medicaid and/or Early and Periodic Screening, Diagnostic and Treatment (Care for Kids)
- *CMH Waiver* services

CMH Waiver services include:

- Environmental modifications and adaptive devices.
- Family and community support services.
- In-home family therapy.
- Respite.

Environmental modification and adaptive devices

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 identified on the individualized treatment plan and approved by the interdisciplinary team.

- Items may include but are not limited to smoke alarms, window or door alarms, pager supports, and motion sensors.
- Member is eligible to access up to \$6,366.61 per year per *Iowa Administrative Code* Chapter 79.1(2).
- Service unit includes the cost of the purchased or installed modification or adaptive device.

Service exclusions:

- Items ordinarily covered by Medicaid
- Items funded by education or vocational rehabilitation programs
- Items provided by voluntary means
- Repair and maintenance of items purchased through the waiver
- Fencing

Family and community supports services

This service will be provided as assessed and recommended per the member’s individualized treatment plan and approved by the interdisciplinary team. This service supports the child and family by helping with development and implementation of strategies and interventions that will result in the reduction of stress and depression, and will increase the child and family’s social and emotional strength.

- 1 unit = 15 minutes
- Service incorporating child individually or the child and family as a unit
- Service incorporating recommended support interventions and activities that may include the following:
 - Developing and maintaining a crisis support network for the member and for the member’s family
 - Modeling and coaching effective coping strategies for the member and family members
 - Building resilience to the stigma of SED surrounding the member and the family

- Reducing the stigma of SED by the development of relationships with peers and community members
- Modeling and coaching the strategies and interventions identified in the member's crisis intervention plan as defined in *Iowa Administrative Code 441 24.1 (225C)* for life situations with the member's family and in the community
- Developing medication management skills
- Developing personal hygiene and grooming skills that contribute to the member's positive self-image
- Developing positive socialization and citizenship skills
- Transportation and therapeutic resources that are recommended by the mental health professional and included as part of the individual treatment plan and interdisciplinary team
 - Services to not exceed \$1,500 annually per child for transportation or therapeutic resources.
 - Resources include the following recommended by mental health professional and included in individual treatment plan:
 - Books
 - Training packages
 - Visual or audio media
 - Providers must maintain records of requested services and resources and clearly identify the support and cost requirements per *Iowa Administrative Code 79.1(25) a (1)*.
 - Must be provided in the child's home or community.
 - Does not include the following:
 - Vocational and prevocational services
 - Supported employment services
 - Room and board
 - Academic services
 - Child care or general supervision
 - Parenting or care management

In-home family therapy

In-home family therapy services are skilled therapeutic services provided to the child and family. Services are meant to increase the child and family's ability to cope with the effects of the child's SEDs on the family relationships. The goal of in-home family therapy is to maintain the family unit and support the child and family in developing coping strategies that will enable the child to continue living within the family environment.

- Service to be provided in the home
- 1 unit = 15 minutes

Respite

Respite care services are provided to the member giving temporary relief to the usual caregiver. It provides all necessary care that the usual caregiver would provide during that time period. The purpose of respite care is to enable the member to remain in the member's current living situation.

Specialized respite is provided on a staff-to-member ratio of one-to-one or higher for individuals with specialized medical needs requiring monitoring or supervision provided by a licensed registered nurse or licensed practical nurse.

Group respite is provided on a staff-to-member ratio of one-to-one or higher for individuals without specialized medical needs that would require care by a licensed nurse or licensed practical nurse.

- One unit = 15 minutes
- Service provided in any of the following places:
 - Member's home or another family's home
 - Camps and organized community programs (YMCA, recreation centers, senior citizens centers, etc.)
 - Intermediate care facility/intellectual disability, residential care facility/intellectual disability
 - Hospital, nursing facility, skilled nursing facility
 - Assisted living program, adult day care center
 - Foster group care, foster family home, Department of Human Services licensed day care
- Service not including:
 - Reimbursement for services of a living unit that is otherwise reserved for persons on a temporary leave of absence
 - Members residing in the family, guardian or usual caregiver's home during the hours in which the usual caregiver is employed unless the member is in a residential camp setting
 - Reimbursement for duplicative services under the waiver
- Limitations
 - Up to the maximum per type of agency (home health agency, home care agency, nonfacility care and facility) listed in *441 IAC 79.1(2)* and not to exceed *Iowa Administrative Code* limitations. Maximum of no more than 14 consecutive days of 24-hour respite may be reimbursed.
 - Services not to be provided to three or more individuals for a period exceeding 24 consecutive hours for individuals who require nursing care because of a mental or physical condition must be provided by a licensed health care facility as described in the *Iowa Administrative Code*, Chapter 135C.

Coding

Specific limits for minimum and maximum amount of services per quarter are determined by each member's case.

Most common codes used in *CMH Waiver* claims include but are not limited to:

Procedure/HCPCS code	Modifier	Service definition
H0046		In-home family therapy, 15-minute unit
H2021		Family & Community Support, 15-minute unit
S5150	U3	Respite (HH agency, home/nonfacility, specialized); 15-minute unit
S5150		Respite (HH agency, home/nonfacility, basic): 15-minute unit
T1005	U3	Respite (hospital or NF); 15-minute unit
T1005	U3	Respite (ICF/ID); 15-minute unit
T1005	U3	Respite (adult day care); 15-minute unit
T1005	U3	Respite (child day care); 15-minute unit
T1005	U3	Respite (RCF); 15-minute unit
T1005		Respite (HH agency, home/nonfacility, group); 15-minute unit
T1017		Targeted case management
T2036		Respite (resident camp); 15-minute unit
T2037		Respite (group day camp)
T2039		Home and vehicle modification (vehicle modifications only); per service

Discussion/general information

Individuals must have a need for assistance with activities of daily living or need assistance due to their inability to function independently in their home or community related to their disability or age. Once the applicant is approved for the HCBS waiver, an interdisciplinary team is assembled to assist in assessing the needs of the member, identify what services can meet the member's needs, identify who can provide the services, and the amount of services and cost of services.

The members' selection of HCBS means the provision of these services must be based on the assessed service needs of the member, and services must be available to meet their needs. The Iowa Department of Human Services requires advance approval for services. The services must also be cost-effective and least costly to meet the needs of the member. All services and providers must be identified in the treatment plan for each member.

Definitions

Assessment: the review of the member's current functioning about the member's situation, needs, strengths, abilities, desires and goals

SED: a diagnosable mental, behavioral or emotional disorder that:

- Is of sufficient duration to meet diagnostic criteria for the disorder specified by the current version of the *DSM-5*, published by the American Psychiatric Association
- Has resulted in a functional impairment that substantially interferes with or limits a member’s role or functioning in family, school or community activities

SED shall not include neurodevelopmental disorders, substance-related disorders, or conditions or problems classified in the current version of the *DSM-5* as **other conditions that may be a focus of clinical attention**, unless these conditions co-occur with another diagnosable serious emotional disturbance.

Treatment plan: a written, person-centered, outcome-based plan of services developed using an interdisciplinary process, which addresses the provision of all relevant services and supports; may involve more than one provider

References

1. [Case Management Comprehensive Assessment form](#).
2. *Coding Source: Home- and Community-Based Services (HCBS) Provider Manual* (Iowa Department of Human Services, August 1, 2014) and State Fee-Schedule for codes H2016.
3. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA. 2013. Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed on May 11, 2016.
4. HCPCA Code: 2016 Alpha-numeric HCPCS file, Downloaded from [CMS.gov](http://cms.gov) — A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. Accessed on May 11, 2016.
5. [Iowa Department of Human Services Comprehensive Assessment](#)
6. [Iowa Department of Human Services, Home and Community-Based Services \(HCBS\), Chapter III. Provider-Specific Policies, dated August 1, 2014.](#)
7. Iowa Department of Human Services, [Chapter 83 — Medicaid Waiver Services](#).
8. *Iowa Administrative Code*, [Human Services Department 441-130.5](#)
9. *Iowa Administrative Code*, [Human Services Department 441-202](#)

History

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