



Iowa | Medicaid and Children’s Health Insurance Program

Iowa Medicaid child mental health waiver UM guideline

Subject: Child Mental Health (CMH) Waiver

Guideline #:

Current Effective Date: 06/15/2016

Status: Active

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Description

The intent of the Medicaid Home and Community Based Services Children’s Mental Health Waiver (HCBS 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 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.

Child Mental Health Waiver services include:

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

To qualify for services, the patient must be:

- Be an Iowa resident;
- Be aged from birth to age 18 years of age;
- Be 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 been determined ineligible;

CMH 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 5 (DSM 5).

The member must have service needs that can be met under the children’s mental health waiver program, as documented in the Treatment Plan developed in accordance with rule 441—83.127(249A).

1. The member must be a recipient of targeted case management services or be identified to receive targeted case management services immediately following program enrollment.
2. A member may not receive children’s mental health waiver services and foster family care services under 441—Chapter 202 at the same time.
3. A member may be enrolled in only one HCBS waiver program at a time.

Clinical Indications

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

- Has a diagnosis of SED as verified by a psychiatrist, psychologist or mental health professional within the past twelve months (see Definitions);
- Be determined by Iowa Medicaid Enterprise (IME) Medical Services to need Psychiatric Hospital serving children under the age of 18 level of care.
- The IME medical services unit or a managed care organization shall certify the applicant's level of care annually based on information submitted on Form 470-4694.
 - Case Management Comprehensive Assessment, for children aged 3 and under

or

- The interRAI - Child and Youth Mental Health (ChYMH) for those aged 4 to 20 and other supporting documentation as relevant.

AND

- For those aged 12 to 18, the interRAI - Adolescent Supplement shall also be completed in addition to the interRAI - Child and Youth Mental Health (ChYMH). Form 470-4694, the interRAI - Child and Youth Mental Health (ChYMH), and the interRAI - Adolescent Supplement are available on request from the IME medical services unit.

Assessment

The Case Management Comprehensive Assessment provides a comprehensive picture of the person and the service needs. As a result, the individual items and the entire assessment lend themselves to developing interventions and programming for the Comprehensive Treatment Plan.

Purpose of the Assessment/Reassessment

- 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 the Crisis Intervention Plan.

The Case Management Comprehensive Assessment contains grouping of information on:

1. Member Information
2. Medical and Physical Issues
 - Medication List

3. Mental Health/Behavioral/Substance Abuse
4. Housing and Environment
5. Social
6. Transportation
7. Education
8. Vocational

A mental health professional must complete an initial and annual evaluation that substantiates a mental health diagnosis of serious emotional disturbance 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:

1. Be based on information the Case Management Comprehensive Assessment;
2. Specify the type and frequency of the waiver services and providers that will deliver the services;
and
3. Identify and justify any restriction of the member's rights.

The comprehensive person-centered Treatment Plan:

1. Includes people chosen by the member;
2. Provides necessary information and support to the member to ensure that the member directs the process to the maximum extent possible;
3. Is timely and occurs at times and locations of convenience to the member;
4. Reflects cultural considerations and uses plain language;
5. Includes strategies for solving a disagreement;
6. Offers choices to the member regarding services and supports the member receives and from whom;
7. Provides method to request updates;
8. 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;
9. Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the member;
10. May include whether and what services are self-directed;
11. Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others;

The HCBS waiver written comprehensive Treatment Plan documentation:

12. Reflects the member's strengths and preferences;
13. Reflects clinical and support needs;
14. Includes observable and measurable goals and desired outcomes:
 - a. Identify interventions and supports needed to meet those goals with incremental action steps, as appropriate;
 - b. Identify the staff people, businesses, or organizations responsible for carrying out the interventions or supports.
15. Reflects providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS, including:
 - a. Name of the provider;
 - b. Service authorized;
 - c. Units of service authorized;
16. Includes risk factors and measures in place to minimize risk;
17. Includes individualized backup plans and strategies when needed;
 - a. Identify any health and safety issues that apply to the member based on information gathered before the team meeting, including a risk assessment;
 - b. Identify 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;
 - c. Providers of applicable services shall provide for emergency backup staff;
18. Includes the names of the individuals responsible for monitoring the plan;
19. Is written in plain language and understandable to the member;
20. Documents who is responsible for monitoring the plan;
21. Documents the 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).

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

The comprehensive Treatment Plan, including and especially the HCBS CMH must be:

1. Reviewed and updated for progress towards goals and objectives every ninety (90) days;
 - Service goals or objectives have been achieved;
 - Progress toward goals and objectives is not being made;
 - Changes have 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;
 - The Treatment Plan is not consistent with the identified service needs of the child, as listed in the Treatment Plan; and
2. Updated annually; OR
3. When there is a change in the members circumstances; OR
4. At the request of the member.

Continuation of Services

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

1. The member fails to meet eligibility criteria listed in rule 441—83.122(249A);
2. The member is an inpatient of a medical institution for 30 or more consecutive days;
 - a. 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;
 - b. If the member returns home after 30 consecutive days but no more than 60 days, the member must reapply for children's mental health waiver services, and the IME medical services unit must re-determine the member's level of care;
3. 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's parents or legal guardian through Form 470-0602, Notice of Decision.

Coding

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

Most common codes used in Child Mental Health Waiver claims, but not limited to:

Procedure / HCPC 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/non-facility, specialized); 15 minute unit
S5150		Respite (HH agency, home/non-facility, 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/ non-facility, group); 15 minute unit
T1017		Targeted Case Management
T2036		Respite (resident camp); 15 minute unit
T2037		Respite (group day camp)

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” means the review of the member’s current functioning about the member’s situation, needs, strengths, abilities, desires, and goals.

“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 current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) published by the American Psychiatric Association; and
2. has resulted in a functional impairment that substantially interferes with or limits a member's role or functioning in family, school, or community activities.

Serious emotional disturbance 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" means a written person-centered, outcome-based plan of services developed using an interdisciplinary process, which addresses the provision of all relevant services and supports. It may involve more than one provider.

References

1. Case Management Comprehensive Assessment form . Accessed on April 20, 2020.
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, 5th Edition. Arlington, VA. 2013. Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed on April 20, 2020.
4. HCPC Code: 2016 Alpha-Numeric HCPCS File, Downloaded from [CMS.gov](http://www.cms.gov) - A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. Accessed on April 20, 2020.
5. [Iowa Department of Human Services Comprehensive Assessment Instructions](#). Accessed on April 20, 2020.
6. [Iowa Department of Human Services, Home and Community-Based Services \(HCBS, Chapter III. Provider – Specific Policies, dated August 1, 2014\)](#). Accessed on April 20, 2020.
7. Iowa Department of Human Services, [Chapter 83-Medicaid Waiver Services](#). Accessed on April 20, 2020.
8. Iowa Administrative Code, [Human Services Department \[441-130.5\]](#) Accessed on April 20, 2020.
9. Iowa Administrative Code, [Human Services Department \[441-202\]](#). Accessed on April 20, 2020.

Websites for Additional Information

None

History

Status	Date	Action
New	3/15/2016	Created
Approval	06/15/2016	Medical Operations Committee

Approved	5/24/18	Approved by MOC
Approval	5/24/19	Medical Operations Committee (MOC)-Approval Needed
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