



Department for Aging
and Disability Services

**SERIOUS EMOTIONAL
DISTURBANCE (SED)**

Home and Community Based Services (HCBS)

Program Manual

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KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Serious Emotional Disturbance (SED) Program Manual

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Acronyms

AC – Attendant Care
 CAFAS – Child and Adolescent Functional Assessment Scale
 CBCL – Child Behavior Check List
 DCF – Department for Children and Families
 HCBS – Home and Community Based Services
 ICE Form – Initial Clinical Eligibility Form
 JJA - Juvenile Justice Authority
 KDADS – Kansas Department for Disability and Aging Services
 KDHE – Kansas Department for Health and Environment
 MCO – Managed Care Organization
 PECFAS: Preschool and Early Childhood Functional Assessment Scale.
 PRFC – Professional Resource Family Care
 PST – Parent Support and Training
 QMHP – Qualified Mental Health Professional
 SED – Serious Emotional Disturbance
 WAF – Wraparound Facilitation or Wraparound Facilitator

Terms and Definitions

Annual Review

A clinical evaluation of the waiver participant by a Qualified Mental Health Professional (QMHP) to determine if a waiver participant meets clinical eligibility requirements in order to continue to receive waiver services. The annual review occurs each year during the 30 days prior to the date of the previous assessment.

CAFAS

Child and Adolescent Functional Assessment Scale. An assessment tool/rating scale which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use issues.

CBCL

Child Behavior Checklist. An assessment tool designed to define child behavioral problems empirically and assess in a standardized format the behavioral problems and social competencies of children as reported by parents, teachers, or the youth himself or herself. The versions of the CBCL include the parent/guardian form, Teacher Report (TR), and Youth Self Report (YSR).

ES-3160

A Kansas Department of Health and Environment (KDHE) document used by the CMHC to notify Kansas Department for Aging and Disability Services and KDHE that the waiver participant has met clinical eligibility requirements for the SED Waiver and that financial eligibility needs be established.

An MCO or Medicaid eligibility staff may submit a 3160 to the CMHC to request a clinical eligibility determination for a person they believe may be eligible for the SED Waiver

ES-3161

A KDHE document completed by the CMHC or MCO to notify KDADS and KDHE of changes to a waiver participant's eligibility status or other change in demographic/provide The Functional Eligibility denial will trigger a state fair Hearing. 33 days.

Functional eligibility needs to be reviewed and approved by the KDADS Program Manager. The ES-3161 is sent to KDADS after the annual review if level of care is not met. The KDADS Program Manager will review and approve and forward to KDHE for closure and NOA distribution. KDHE will notify KDADS, CMHC and MCO by completed 3161.

Exception request

Exceptions to certain clinical eligibility requirements can be made in circumstances when adequate documentation exists to justify why the exception should be made. Clinical eligibility exceptions can be approved based on the waiver participant's minimum age, maximum age, and CBCL score. Eligibility exception requests comes through KAMIS to the KDADS SED Program Manager to be approved or denied (see the exception criteria in this manual).

Initial Clinical Eligibility Form (ICE Form)

SED Waiver clinical eligibility document completed by QMHP that includes eligibility

determination worksheet, Criteria for Serious Emotional Disturbance worksheet (previously Attachment B), and Current Evidence Supporting Child/Youth's SED Waiver Status (previously Attachment D).

Kansas Department for Aging and Disability Services

Long Term Services and Support Commission oversees the Home and Community Based Services' Serious Emotional Disturbance Waiver Program which provides children with mental health conditions special intensive support to help them remain in their homes and communities. The state agency administers the Serious Emotional Disturbance Waiver. Program Manager for SED Waiver is the point of contact. Kansas Behavioral Health Services Commission manages mental health services in Kansas, working with 26 community mental health centers across the state. In addition, it oversees addiction and prevention service programs for the State of Kansas, including target workforce development initiatives. The commission is also charged with overseeing the state's two psychiatric hospitals.

Notice of Action (NOA)

A document sent to the waiver participant/s parent/guardian by the State notifying Waiver Participants of changes or eligibility. MCO send out NOA when there is an adverse action to the participant's service plan. (60+3 days) For a closure the MCO will send a 3161 to KDADS. The KDADS Program Manager will review, sign the 3161, and send to KDHE. NOA will be sent as appropriate by KDHE.

Person Centered Service Plan or "Service Plan" (not PCSP which is an IDD waiver term)

The service plan must be developed through a person-centered planning process, managed by the MCO. It reflects the individual's strengths and preferences, clinical and support needs, goals and desired outcomes, and the providers of services/supports, including unpaid supports provided voluntarily in lieu of waiver or state plan home and community-based services.

Personal Interest Inventory

Tool used by the MCOs to gather specific information on the waiver participant to develop the Person-Centered Service Plan.

PECFAS

Preschool and Early Childhood Functional Assessment Scale. The assessment tool used for children who are under 5 or not yet in school. The PECFAS can also be used for older children functioning at a lower developmental level. Children 5 and older or who are in Kindergarten or a higher grade are given the CAFAS.

Plan of Care

The treatment planning document developed by the Community Mental Health Center. This outlines the waiver participant's identifying information, strengths and needs, treatment goals, treatment objectives, crisis plan, services to be provided to meet the youth's emotional well-being. Used in wrap around process. Plan of care is a component of the Person-Centered Service Plan which the MCO will develop. (Note: CMHC develops a "plan of care" not a "service plan" to work off of until the MCO develops their Person Center Service Plan (which is important for waiver compliance).

Provisional Plan of Care

Temporary financial plan of care created during the eligibility process which allows the CMHC to start services before the Person Centered Service Plan is created by the MCO outlining the approved service plan. It also shows that there is at least one Wavier service the child can access.

Qualified Mental Health Professional

A Master's level clinician who is licensed by the Kansas Behavioral Sciences Regulatory Board or an ARNP, PA or MD and employed by a CMHC that determines initial and continued clinical eligibility for the SED Waiver consumers.

Wraparound Facilitator

A mental health professional employed by a CMHC and is responsible for the development of the Plan of Care and arranging and monitoring waiver service provision.

Wraparound Team

The Wraparound Team consists of the waiver participant, parent(s)/guardian(s), family, friends, natural supports, mental health professionals, and any other person chosen by the family to participate in the development of the Person Center Service Plan. The Wraparound team develops the Person -Centered Service Plan with the MCO.

SED Waiver Eligibility Requirements

A community mental health center (CMHC) must complete a clinical evaluation to determine if a child/youth qualifies for the SED Waiver. In order to qualify for waiver services, the child/youth must meet the minimum criteria, and eligibility must be established in the correct order. Those criteria are listed below.

Inpatient Psychiatric Criteria

1. In the absence of HCBS/SED services a waiver participant must be determined as likely to need inpatient psychiatric hospitalization level of care as described in 42 CFR 440.160

Diagnosis

1. A mental health diagnosis identified in the current DSM
2. Diagnoses V codes, substance abuse or dependence, and intellectual or developmental disorders cannot be the sole diagnosis and must co-occur with a qualifying mental, behavioral, or emotional disorder.

Serious Emotional Disturbance (SED) criteria

1. Must meet SED criteria.
2. Transitional age youth can be designated as both SED and SPMI. _If the Waiver participant is on the waiver, SED should be marked in AIMS.

Functional Assessment

3. All SED waiver participants must meet minimum scores on the Child Adolescent Functional Assessment Scale {CAFAS) and the Child Behavior Checklist (CBCL).
4. The CBCL is a “self-reporting” assessment that families, caregivers and individuals complete. All versions of the standard CBCL, Teacher Report Form -TRF, the Youth Self Report- YSR are acceptable. Youth over the age 18, the Adult Behavioral Checklist (ABCL) maybe substituted for the CBCL.
5. The minimum score for the CBCL is a t-score of 70 on any of the 3 subscales.
- 6.
7. An exception for subscale scores 63 through 69 may be requested using the exception process outlined on page 9 of the manual, under Exceptions to SED Waiver Criteria.
8. CMHC service providers can assist in obtaining CBCL results (e.g. helping the family understand the instrument and questions).

2 . The Child Adolescent Functional Assessment Scale (CAFAS) is used to assess a child/youth’s day to day functioning across critical like domains. The following domains are assessed: school/work, home, community, behavior toward others, moods and emotions, substance abuse, self-harm and thinking, Preschool and Early

Childhood Functional Assessment Scale (PECFAS) may be used for children under age 5. The range of clinical scores of the PECFAS are the same as those utilized for children above the age of 5.

- a. The qualifying score for the CAFAS is a total score of 100 or a score of 30 on two subscales
- b. There is no exception process for the CAFAS,

Age

1. A waiver participant must be between the ages of 4 and 18; although a request for eligibility exception may be submitted for a child younger than 4, and older than 18 through the age of 21. The exception must be approved by KDADS SED Waiver Manager following the defined exception process on page 9 of the manual. The approved and signed age exception form by KDADS Program Manager must be kept on file.
2. At youth's Annual Review during their 18th year, follow the process outlined in Section C of Annual Evaluation of Level of Care for requesting approval of ongoing eligibility for youth over 18.
3. If a waiver participant is over the age of 18, he or she can become eligible for the SED Waiver through age 21 provided they have been identified as having a serious emotional disturbance and received rehabilitative community based services any time during the 180 days **prior** to turning age 18, or would have accessed community based services during that time period but were unable due to their institutional or residential status, provided they continue to meet the functional and financial eligibility criteria.

Steps for Determining SED Level of Care

The steps for determining SED Level of Care are:

1. The child has to meet SED criteria (see eligibility criteria)
2. Complete the CAFAS, CBCL, and Initial Clinical Eligibility (ICE) Form
3. QMHP will complete the CAFAS and record subscales, assessment total and date. Completed on the ICE Form. CAFAS form (paper or electronic) must be signed by the QMHP with credentials and date and maintained in the clinical record.
4. The CAFAS must be completed within 90 calendar days before the clinical eligibility date. If the CAFAS does not meet the minimum threshold, the child is NOT eligible for the HCBS SED Waiver.
5. The minimum total score is 100, or 30 on any 2 subscales.
6. Complete the CBCL and record the t-score for the CBCL subscales, and date completed on the ICE Form.
7. The CBCL must be completed within 180 calendar days before the clinical eligibility date. The minimum t score for any of the three subscales is 70. If the subscales do not meet the threshold but fall between 63 and 69, CBCL exception can be requested. If the subscales are 62 or below, the child is not eligible for the HCBS SED Waiver.
8. If a CBCL exception is required, the QMHP must submit an eligibility exception request (Attachment D) for the CBCL score to the KDADS SED Waiver Program Manager. The date of the eligibility exception request approval becomes the clinical eligibility date.
9. The youth (if 18) or legal guardian completes the Medicaid Application online to complete the financial eligibility. If the child/youth is already on Medicaid. CMHC staff may assist the guardian/youth in completing this process. When the application is "submitted" the system will give a confirmation #. Print this page to send with the 3160 to KDHE.
10. A strength and needs assessment and provisional plan of care is developed by the CMHC with the child/youth/family to include the services that are needed until the initial plan of care is completed.
11. Send the 3160, Medicaid confirmation page (or put on 3160 comments), Provisional Plan of Care (PPOC) to KDADS.SED @ks.gov. The ICE packet, CAFAS, CBCL, Strengths and Needs assessment are to be uploaded to KAMIS (see instructions for uploading to KAMIS).

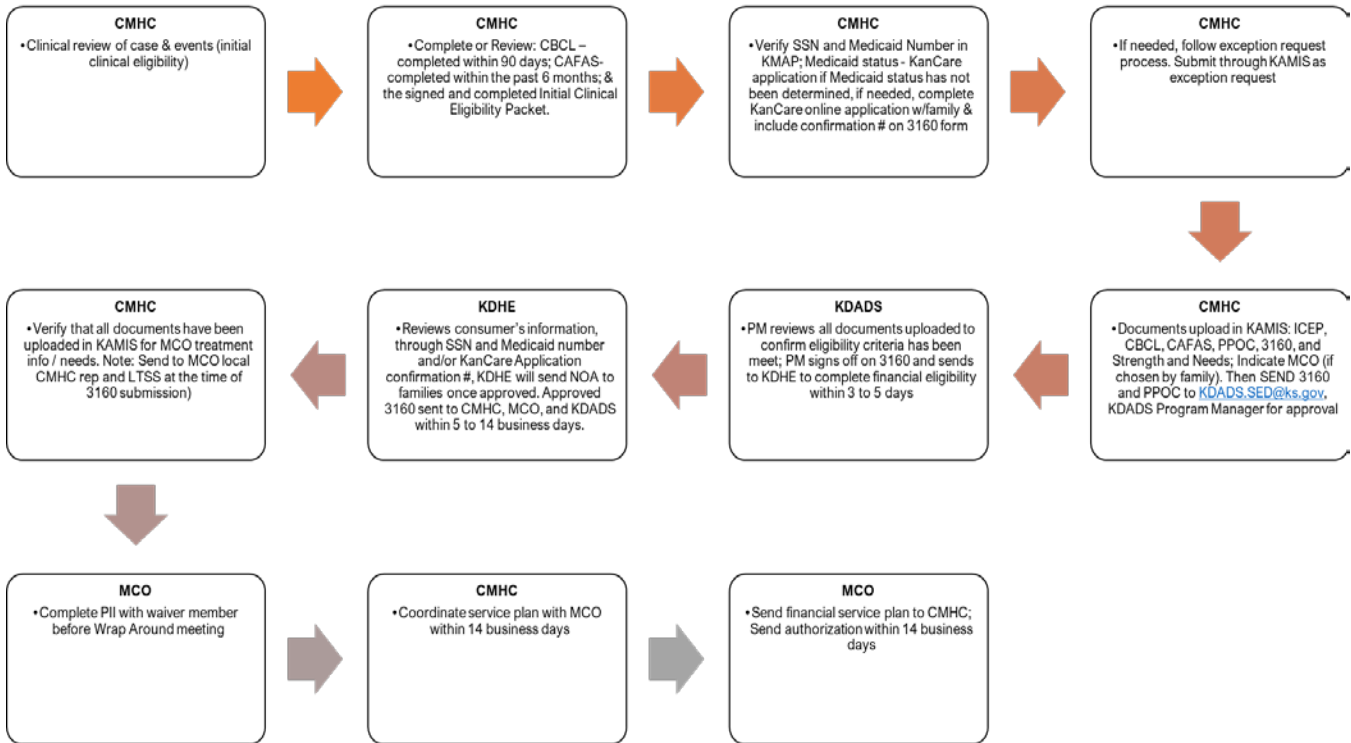
12. Clinical eligibility by KDADS should be determined within 5 days. Financial eligibility should be determined within 10 days by KDHE. KDHE will forward the Approved or Denied 3160 and the PPOC to the assigned MCO, CMHC, and KDADS after signing the 3160 and send out the NOAs to the family.
13. If Exception Request is required, submit a clinical eligibility exception request for the youth's age (Attachment B & C) to the KDADS SED Waiver Program Manager if the child/youth is younger than 4 or between 18 and 21 years of age. The date of the eligibility exception request approval becomes the clinical eligibility date. Follow instructions on Exception Request forms for uploading required eligibility documents to KAMIS. Email a 3160, PPOC, and Medicaid Application Confirmation number (or put confirmation page on 3160 comments) to KDADS SED Waiver Program Manager to sign, if approved. KDADS will then send these documents to KDHE/ /MCO Mailboxes with items in #7. KDHE will approve financial eligibility and notify CMHC, MCO, KDADS, and send NOA to family.
14. Once financial eligibility has been determined and an MCO assigned, the MCO will complete the Person-Centered Service Plan and Personal Interest Inventory within 14 days in collaboration with the CMHC.
15. CMHC will coordinate with the child/youth/family and MCO to schedule an initial wraparound to develop the plan of care.
16. If a child on the SED Waiver receives inpatient services in a Psychiatric Residential Treatment Facility, Qualified Residential Treatment Program, or Youth Residential Center for longer than 30 days, they must re-apply for SED Waiver services.
17. A KDHE document completed by the CMHC, MCO or KDADS to notify KDHE of changes to a waiver participant's eligibility status or other change in demographics. The ES-3161 is sent to KDHE after the annual review if level of care is not met. KDHE will notify KDADS, CMHC and MCO by completed 3161.

KDHE will send the NOA for a waiver eligibility discontinuance based on failure to meet functional eligibility criteria or other requirements of the waiver program.

The State further specifies its target group(s) as follows:

To be clinically eligible for the SED waiver, youth must meet age requirements, meet the SED clinical criteria, have qualifying scores on standard assessments, and be at risk for inpatient psychiatric hospitalization.

Figure 1: Process Map: Steps for Determining SED Waiver Eligibility



Exceptions to SED Waiver Criteria

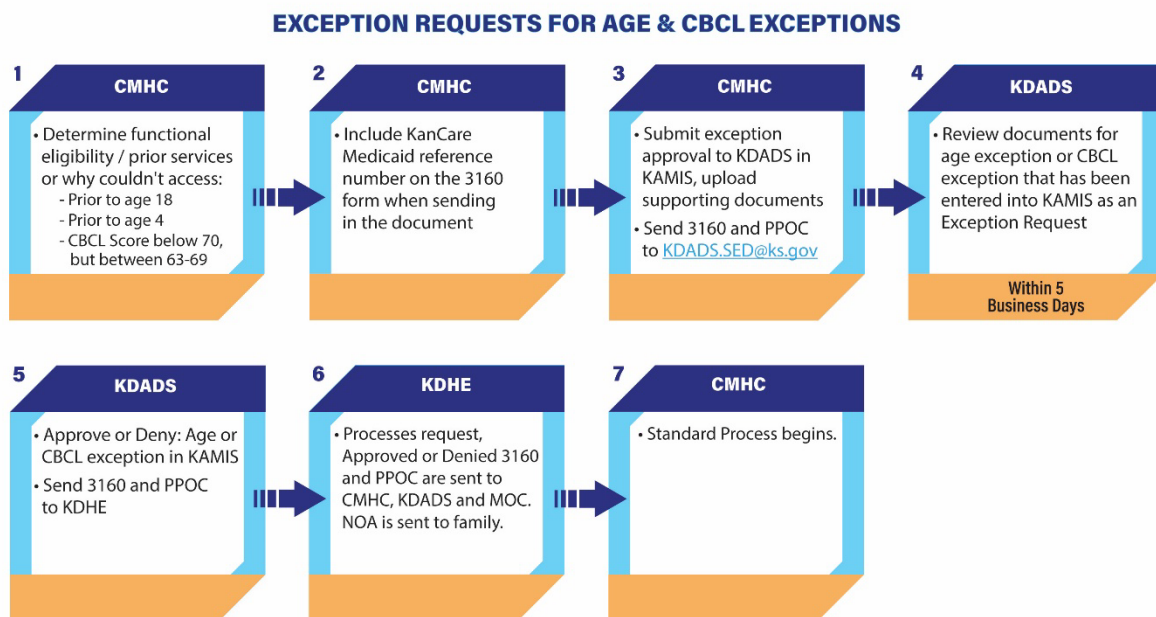
Exceptions to allow a child/youth to access the SED Waiver outside of the eligibility criteria can be requested for:

1. CBCL subscale does not meet the qualifying score of 70 on any subscale, but falls between 63 and 69 in one category;
2. Minimum Age: Children under age 4 who have a need for SED Waiver services;
3. Maximum Age: Youth who are over the age 18 and meet the clinical criteria for the SED waiver,
4. Initial or Ongoing Age Exceptions for Maximum Age:
5. Initial Access: the youth is at risk for inpatient psychiatric hospitalization based upon presenting behaviors related to a qualifying mental health disorder. b. attestation that the youth has received community-based services any time during the past 6 months PRIOR to turning age 18 or would have accessed community-based services during that time period but were unable due to their institutional or residential status.
6. Ongoing Waiver Access: Prior to their 19th birthday or at their Annual Level of Care. Participant may continue on the SED waiver if found eligible to continue by the QMHP up to the youths 22nd birthday. See Attachment Form E for directions.

Steps for requesting Initial Exception to SED Wavier Criteria

1. A determination is made within 5 business days of documented KAMIS request, CMHC will complete an SED Waiver exception request and upload required documentation (ICE Form, CAFAS, CBCL, exception request form) into KAMIS (will have to create a client).
2. Fill out a 3160 and email to KDADS.SED@ks.gov to sign/approve the exception. Include PPOC and Medicaid Application confirmation page (or indicate in comments section on 3160).
3. KDADS SED Waiver Program Manager will have 5 business days to process the exception request.
4. KDADS SED Waiver Program Manager will sign and send the 3160 form which includes the Medicaid Application confirmation number on, and the PPOC to KDHE for financial eligibility determination.
5. KDHE will send completed 3160 and PPOC to MCO. The approved 3160 to the CMHC and KDADS for their records. KDHE will send NOA to family or waiver participant.

Figure 2: Process Map: Exceptions

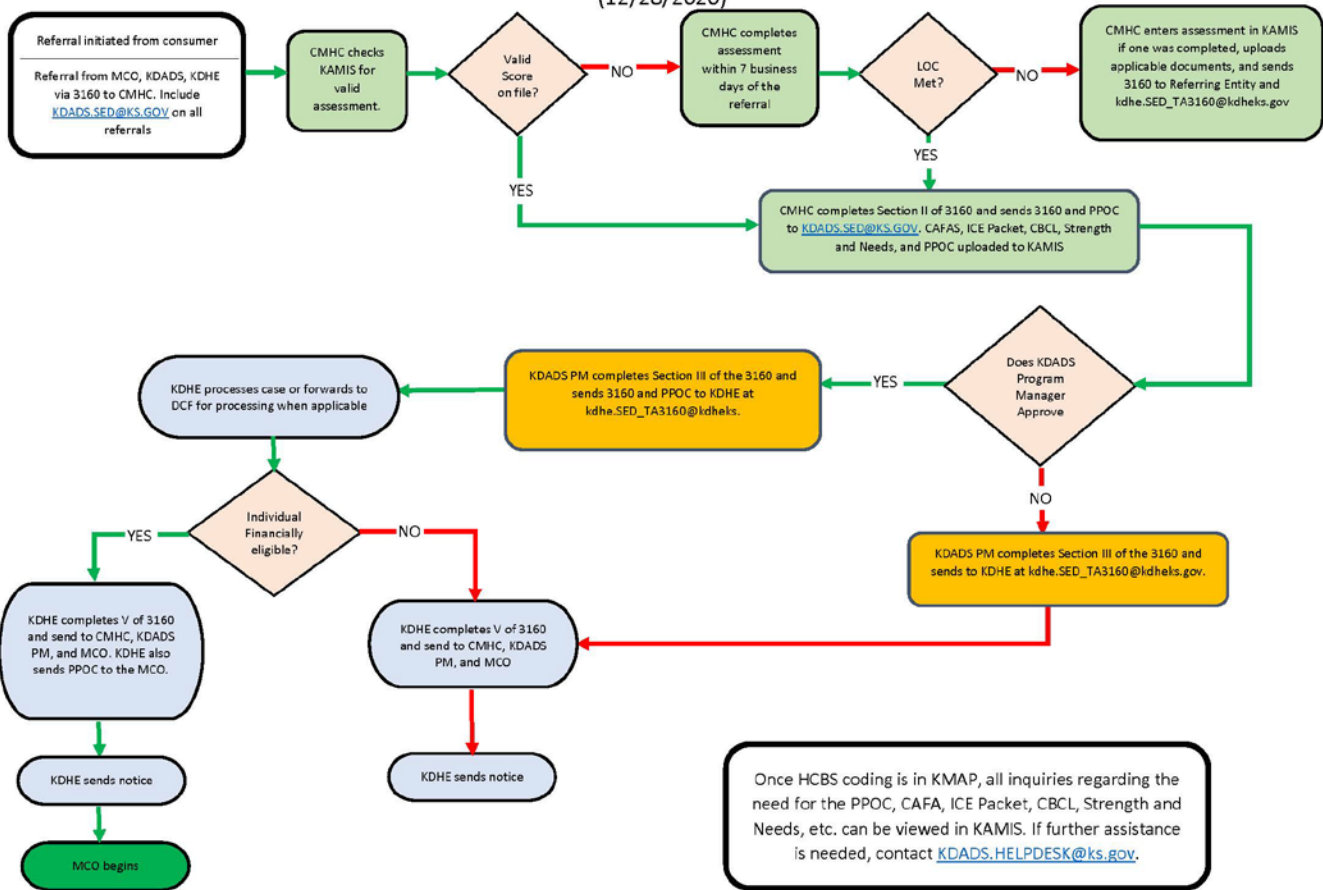


Notice of Action Requirements

A document sent to the waiver participant/s parent/guardian by the State notifying Waiver Participants of changes or eligibility. For a closure the MCO, KDADS, or assessing entity, will send a 3161 to KDHE. KDHE will send NOA. *MCO may send a letter informing the waiver participant that waiver services will end, but the letter should not include appeal rights.*

MCO will send out NOA when *the MCO has made an adverse action to the participant's service plan. The NOA should include the right to appeal the adverse action within (60+3 days).*

Figure 3: SED Waiver 3160 Flowchart
(12/28/2020)



Financial Eligibility

Financial eligibility for the SED Waiver is determined by KDHE via a submitted KanCare HCBS application. However, a new KanCare application does not need to be submitted for a member with active Medicaid benefits at the time of submission. Check KMAP to check current and up to date Medicaid status. CMHCs can assist families in completing the online application. Only the child/youth income/assets are considered when determining financial eligibility.

If the parent/guardian requests to have prior medical expenses reviewed, the parent/guardian/youth should check the "prior medical" box on the application.

If the parent/guardian/youth are completing a new KanCare HCBS application online the CMHC should be given and retain copy of the confirmation of the application. As well as indicate the confirmation number on the 3160 for point of reference for eligibility worker.

A parent/guardian or youth age 18 or older must complete and submit the required application online. Note: Youth who has turned 18, or prior to their 19th birthday; KDHE can receive a newly completed KanCare application. KDHE doesn't require a new application for ongoing SED waiver youth until they receive their 19-year-old generated report, which is when KDHE can require an application for the SED waiver youth recipient. The new application will be in the youth's name as primary verses under parents' name as primary applicant. KDHE recommends checking KMAP at annual review and KDHE does not need a 3160 or 3161 in these cases.

CMS requires KDADS to process all ongoing age exceptions in KAMIS for continuation on the SED waiver services, when the youth reaches 18 years old. Uploaded completed functional reassessment in KAMIS after their Annual Level of Care meeting. Send in ongoing age exception request prior to the youth's 19th birthday and each year after until 22nd birthday. Further directions can be found when completing Attachment E: SED Waiver Annual Evaluation of Level of Care (LOC).

Client Obligation

There are instances when a child/youth's income may exceed the income standard for Medicaid. In such cases, a client obligation amount is calculated by KDHE eligibility staff. The client obligation is a monthly amount the individual/family is responsible for paying toward his or her cost of waiver services each month. The monthly client obligation must not exceed the monthly cost for the six waiver services (Parent Support and Training, Wraparound Facilitation, Short Term Respite Care, Independent Living/Skills Building, Attendant Care, and Professional Resource Family Care) the waiver participant receives. If the monthly client-obligation exceeds the monthly cost of the six waiver specific services, the Waiver participant is no longer eligible for the SED Waiver.

Kansas Medical Assistance Plan (KMAP) Website

The Kansas Medical Assistance Program (KMAP) website provides information to Medicaid beneficiaries and providers. Authorized providers can access the secure website to inquire about claims and verify a waiver participant's eligibility for the SED Waiver. The waiver participant's eligibility screen lists the Program (e.g.: HCBS Serious Emotional Disturbance), Effective Date, and End Date in the eligibility section and the client obligation.

KAMIS Uploading Instructions for SED Waiver – Effective 1/1/21

SED ASSESSMENT UPLOADING PROCESS

1. Create new person record for client if they do not exist yet in Person Admin.
2. Nothing needs to be entered on the SED Additional Info tab prior to creating the SED Assessment.
3. Create the SED Assessment.
4. Enter the Assessment Date – the date the clinical assessment is completed, and functional eligibility determined. This date will then auto-populate the Clinical Eligibility Date on the SED Additional Info tab in Person Admin.
5. Complete Subscale Scores page.
6. Save the Assessment in “Approved” status.
7. CMHC attaches relevant documents using the Upload Files utility on the Assessment's Main page. Relevant documents include: ICE Form, CAFAS, CBCL, PPOC, Strengths and Needs.
8. CMHC emails KDADS Program Manager: 3160 and PPOC
9. KDADS Program Manager reviews documents and works with CMHC if any additional documentation is needed.
10. KDADS Program Manager sends KDHE the 3160 form and provisional POC.
11. KDHE determines financial eligibility and notifies KDADS Program Manager, the CMHC, and the MCO of the financial eligibility date.

12. CMHC enters the financial eligibility date in the HCBS Effective Date field on the SED Additional Info tab of the client's Person Admin record.
13. The HCBS Effective Date is auto-populated in the SED Related Dates region on the Main Information page of the SED Assessment.

Changes will be made to the SED Additional Info tab, SED Program Date Information region:

The screenshot shows a web application interface with a navigation bar at the top containing tabs: Person Search 16, Person Admin 2 (selected), Background Check 17, CRC Worklist 21, Reports 15, Home 2, Associates and Affiliations 31, IDD Additional Info 32, SUD Additional Info 33, and SED Additional Info 34 (selected). Below the navigation bar is a form titled 'SED Program Date Information' with the following fields:

- * Family Choice Date:
- * Clinical Eligibility Date:
- SED Compliance Date:

Below the form are 'Cancel' and 'Save' buttons. Underneath is a section titled 'Customer Obligation Listing' with the text 'no data found' and an 'Add Obligation Information' button.

14. "Family Choice Date" will be hidden (will display for assessments dated prior to 1/1/2021, for historical data).
15. "HCBS Effective Date" field will be added.
16. "Clinical Eligibility Date" will auto-populate from "Assessment Date" entered on Initial Assessment Main page.
17. "SED Compliance Date" will be hidden.
18. Definitions/functionality of fields in the SED Program Date Information region:
19. **Clinical Eligibility Date** – This is the date that the SED Assessment is completed and clinical eligibility for the SED waiver determined. This date could auto-populate with the Assessment Date that is entered in the SED Assessment.
20. **HCBS Effective Date** – This is the date that KDHE determines the client's financial eligibility for the SED waiver.

NOTICE: Request that you check KDADS website routinely for the most up to date forms to be utilized in processing SED waiver.

SED Waiver Services

The six specific services provided under the SED waiver are described on the following pages.

Parent Support and Training

Parent Support and Training is designed to provide families of children who have been identified to have a serious emotional disturbance and in need or at risk of more intensive level of care such as inpatient psychiatric hospital, psychiatric residential treatment facility (PRTF), or crisis. Services may provide the training and support necessary to ensure engagement and active participation of the family in the treatment planning process with the ongoing implementation and reinforcements of skills learned throughout the treatment process. Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the participant. Parent Support and Training can be provided anywhere in the community that is agreeable to the individual. For the purposes of this service, “family” is defined as the persons who live with or provide care to a person served on the waiver, and may include parent, spouse, children, relatives, grandparents, or foster parents. Services may be provided individually or in a group setting.

Components of Parent Support and Training

1. Support, coaching and training provided to the family members to increase their ability to provide as safe and supportive environment in the home and community for the member.
2. Helping the families identify and use healthy coping strategies to decrease caregiver strain, improve relationships with family, peers and community members and increase social supports.
3. Assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the waiver participant in relation to their mental illness and treatment;
4. Development and enhancement of the families specific problem-solving skills, coping mechanisms, strategies for the waiver participant's symptom/behavior management;
5. Assist the family in understanding the various requirements of the waiver, such as the crisis plan and plan of care process
6. Educational information and understanding on the participant's medications or diagnoses; interpreting choice offered by service providers; and assisting with the understanding policies, procedures and regulations that impact the participant with mental illness while living in the community; provide information on supportive resources in the community;
7. Services must be intended to achieve the goals and or objectives identified in the participant's individualized plan of care.

Provider Qualifications

- High School diploma or equivalent.
- Minimum 21 years of age.
- Preference is given to parents or caregivers of children with SED
- Completion of Parent Support training according to a curriculum approved by KDADS within *six months* of hire.
- Pass KBI, Department of Children and Families child abuse check, adult abuse registry checks and motor vehicle screens.

Allowed Modes of Delivery

- Family
- Group
- On-site
- Off-site
- Teletherapy/Telehealth

Limitations and Exclusions

1. There are no limits; provider managed
2. Service requires prior authorization
3. 1 FTE to 10 participants / families is maximum group size.
4. Parent Support and Training will not duplicate any other Medicaid State Plan service or other services otherwise available to the recipient at no cost.
5. Operationally, individuals receiving Parents Support Training do not simultaneously receive Professional Resource Family Care

Additional Service Criteria

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals, all coordination must be documented in the youth's medical record.
2. Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Independent Living/Skills Building

Independent Living/Skills Building services are designed to assist waiver participants who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings. Children may begin accessing this service at age 14.

Components of Independent Living / Skills Building

1. Independent Living/Skills Building activities are provided in partnership with waiver participants to help him or her arrange for the services needed to become employed, find transportation, housing, and continue their education.
2. Services are individualized according to each waiver participant's strengths, interests, skills, goals as specified in the Plan of Care.
3. It would be expected that Independent Living/ Skills Building activities take place in the community.
4. This service can be utilized to train and cue normal activities of daily living and instrumental activities of daily living.
5. Housekeeping, homemaking (shopping, childcare, and laundry services), or basic services solely for the convenience of a waiver participant receiving independent living / skills building are not covered.
6. The following are examples of appropriate community settings rather than an all-inclusive list:
 7. a grocery store to shop for food,
 8. a clothing store to teach the participant what type of clothing is appropriate for interviews,
 9. an unemployment office to assist in seeking jobs or assist the participant in completing applications for jobs,
 10. apartment complexes to seek out housing opportunities, and
 11. laundromats to teach the participant how to wash clothing.
12. Other appropriate activities can be provided in other community setting as identified through the Plan of Care process.
13. Transportation is provided between the participant's place of residence and other services sites or places in the community and the cost of transportation is included in the rate paid to providers of this service

Provider Qualifications

- High school diploma or equivalent.
- Minimum 21 years of age.
- Pass KBI, DCF child abuse check, adult abuse registry and motor vehicle screens.
- Completion of an approved training in the skills area(s) needed by the transitioning youth
- according to a curriculum approved by KDADS prior to providing the service.

Allowed Modes of Delivery

- Individual
- On-site
- Off-site
- Independent Living / Skills Building will not duplicate any other Medicaid State Plan service or other services otherwise available to recipient at no cost.

Limitations/Exclusions

1. Service requires prior authorization
2. No limits; provider managed

Additional Service Criteria

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian.
2. Coordination with other child serving systems should occur as needed to achieve the treatment goals.
3. All coordination must be documented in the youth's medical record.
4. Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Short Term Respite Care

Short Term Respite Care provides temporary direct care and supervision for the participant. The primary purpose is to provide relief to families/caregivers of a participant with serious emotional disturbances in or outside the home:

Components of Short-Term Respite Care

1. The service is designed to help meet the needs of the primary caregiver, as well as the identified participant.
2. Normal activities of daily living are considered content of the service when providing respite care. These include:
 3. support in the home, after school, or at night,
 4. transportation to and from school, medical appointments, or other community-based activities,
 5. and/or any combination of the above.
6. Short Term Respite Care can be provided in an individual's home or place of residence or provided in other community settings.
7. Other community settings include:
 8. Licensed Family Foster Home.
 9. Licensed Crisis House
 10. Licensed Emergency Shelter
 11. Out-of-Home Crisis Stabilization House/Unit/Bed.
 12. Not covered- see Limitations
13. The cost of transportation is included in the rate paid to providers of these services.
14. Short Term Respite care can be provided in a group setting as long as the safety of the waiver participant is maintained.
15. Overnight settings outside the family and/or relative's home, must meet the applicable DCF licensure requirements.

Provider Qualifications

- High School diploma or equivalent.
- Minimum 21 years of age.
- Completion of respite training according to the curriculum approved by KDADS prior to providing the service.
- Pass KBI, DCF child abuse check, adult
- Individual or group
- Abuse registry and motor vehicle screens.
- Certification in: First Aid, CPR, Crisis Prevention/ Management (example: Crisis Prevention Institute (CPI, Mandt, etc.)

Allowed Modes of Delivery

- On Site
- Off Site

Limitations/Exclusions

1. Service requires prior- authorization
2. Short Term Respite Care is not available to participants in foster care because that service is available through foster care contracts. It can be provided to participants who are in state custody who are living at home.
3. Short Term Respite Care will not duplicate any other Medicaid State Plan service or other services otherwise available to recipient at no cost.
4. Other community settings which involve alternative financial coverage for placement including Licensed Foster Homes, Licensed Emergency Shelters, Out of home Crisis Stabilizations houses/units/beds, or Institutions of Mental Diseases (IMD).
5. Service cannot be provided in a Youth Residential Center (YRC 1 or 2) or Qualified Residential Treatment Program (QRTP).
6. Federal Financial Participation is not claimed for the cost of room and board.

Additional Service Criteria

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
2. Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Wraparound Facilitation

Wraparound Facilitation is provided in addition to targeted case management to address the unique needs of a participant living in the community. Wraparound facilitation is used to bring the managed care organization, the participant, family and community participants together to discuss community-based services and develop an individualized Person-Center Service Plan.

Wraparound facilitation cannot duplicate TCM services and have to be requested by the participant and/or their family support network. Wraparound facilitation is intended to form the wraparound team for the purpose of establishing pertinent community-based services and develop an individualized Person-Centered Service Plan. This includes working with the participant's family to identify who should be involved in the wraparound team and assembly of the wraparound team when initial and subsequent Service Plan reviews and/or revision are needed. Target Case Manager (TCM) assist individuals with access to medical, social, educational and other services outside the waiver. The KanCare MCOs have delegated the provision of targeted case management to the State's community mental health centers. The TCM and WAF may be the same person. TCM/WAF services cannot be billed at the same time by the same individual provider for the same participant. It is preferred that the TCM for one participant may be a WAF for a different participant.

Components of Wraparound Facilitation

1. The function of the wraparound facilitator is to form the wraparound team consisting of the participant's family, extend family, other community members involved with the participant's daily life, and the participant's chosen MCO, for the purpose of establishing the community-based services and develop the

Person-Centered Service Plan. This includes working with the participant's family to identify who should be involved in the wraparound team and assembly of the wraparound team when subsequent Service Plan review and revision are needed.

2. The wraparound facilitator will promote flexibility to ensure appropriate and effective service delivery to the participant and parents or caregivers. Wraparound teams meet at the minimum of yearly or more frequently when changes in the participant's circumstances warrant changes in the Service Plan.
3. The WAF provides ongoing wraparound services through the participants time on the SED waiver. Facilitators will be certified after completion of specialized training on Kansas Train in the wraparound philosophy, waiver rules and processes, waiver eligibility and associated paperwork, structure of wraparound team and facilitation.

Provider Qualifications

- Minimum of BA/BS degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education with one year of experience substituting for one year of education.
- Completion of Wraparound Facilitation according to a curriculum approved by KDADS within one year of hire (6 months preferred).
- Pass KBI, DCF child abuse check, adult abuse registry and motor vehicle screens.
- Facilitators will be certified after completion of specialized training in the wraparound philosophy, waiver rules and processes, waiver/grant eligibility and associated paperwork, structure of the waiver participant and family team, and meeting facilitation.

Allowed Modes of Delivery

- Individual
- On-site
- Off-site
- Service requires prior authorization
- Teletherapy/Telehealth Option

Limitations/Exclusions

1. Wraparound facilitation cannot duplicate any services provided by target case management services.
2. If the WAF and the TCM are the same person, they may only bill for one service at a time.
3. Pay close attention when billing the allotted time for wraparound specifically verses TCM roles.

Additional Service Criteria

4. Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Professional Resource Family Care

Professional Resource Family Care is intended to provide intensive supportive resources for the waiver participant and family. This service offers intensive family-based support for the waiver participant's family through the utilization of a co-parenting approach provided to the waiver participant in a surrogate family setting. This service is provided outside of the family home.

Components of Professional Resource Family Care

1. The goal is to support the waiver participant and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time.
2. During the time the professional resource family is supporting the waiver participant, there is regular contact with the family to prepare for the participant's return and ongoing needs as part of the family.
3. It is expected that the waiver participant, family and the professional resource family are integral members of the participant's individual treatment team.
4. Transportation is provided between the waiver participant's place of residence and other services sites or places in the community; and the cost of transportation is included in the rate paid to providers of these services.

Provider Qualifications

- High School diploma or equivalent.
- Minimum 21 years of age.
- Completion of state approved training according to a curriculum approved by KDADS prior to providing the service.
- Pass KBI, DCF child abuse check, adult abuse registry, and motor vehicle screens.
- Family residence licensed by Department of Children and Families.
- Certification in First Aid, CPR, Crisis Prevention/Management (example: CPI, Mandt, etc.)

Allowed Modes of Delivery

- Individual
- On-Site
- Off-Site

Limitations/Exclusions

1. Service requires prior authorization.
2. Professional Resource Family Care may not be provided simultaneously with Short Term Respite Care services.
3. Professional Resource Family Care is not available to participants in out of home placement because that service is available through foster care contract (Therapeutic Foster Care).
4. FFP is not claimed for the cost of room and board.
5. Professional Resource Family Care does not duplicate any other Medicaid State Plan service or service otherwise available to the waiver participant at no cost.

Additional Service Criteria

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the waiver participant's medical record.
2. Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

Attendant Care [§1915(c)] / Personal Care (waiver language)

The service enables the waiver participant to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness. Assistance is in the form of direct support, supervision and/or cuing so that participant performs task by him/herself. Such assistance most often relates to performance of Activities of Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in their home and community.

Components of Attendant Care

1. Services should generally occur in community locations where the waiver participant lives, works, attends school, and/or socializes.
2. Services must be recommended by a wraparound team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in youth's Person-Centered Service Plan.
3. Transportation is provided between the participant's place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this services. KanCare MCO's will be responsible for all other transportation needs for the waiver participant.

Provider Qualifications

- High school diploma or equivalent.
- Minimum 18 years of age and at least 3 years older than the youth.
- Completion of state approved training according to the curriculum approved by KDADS prior to providing the service.
- Pass KBI, DCF child abuse check, adult abuse registry, and motor vehicle screens.

Allowed Modes of Delivery

- Individual
- On-site
- Off-site

Limitations/Exclusions

1. Services must be prior authorized. Attendant Care has no unit limit.
2. Services provided at a work site must not be job tasks oriented.
3. Services provided in an educational setting must not be educational in purpose or duplicate services required to be provided by the educational institution.
4. Services furnished to a waiver participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with intellectual or developmental disabilities, or institution for mental disease are non-covered.
5. Attendant Care does not duplicate any other Medicaid State Plan Service or service otherwise available to the waiver participant at no cost.

Additional Service Criteria

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the waiver participant's medical record.
2. Providers must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) and supervision shall be available at all times.

One Waiver Service Monthly Requirement

Per waiver language:

Reasonable Indication of Need for Services: In order for an individual to be determined to need waiver services, an individual must require:

1. the provision of at least one waiver, as documented in the service plan, AND
2. the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan.

The SED waiver must be closed when a waiver service has not been provided to a waiver participant for two consecutive months.

KDHE, the MCO's, and the CMHC's review data to determine if waiver services are being received monthly. If members are identified, outreach will occur to identify any barriers to receiving services. The CMHC's must document their attempts to provide a service at least once a month and their attempts to reduce barriers to receiving services.

Review of the Telehealth / Teletherapy Option

A telehealth option is available under the specific waiver service, listed under allowed modes of delivery.

- i. Telehealth or teletherapy services is expected to assist in supporting the individual. The individual's preference and choice of location is the primary determinant of service delivery method. Telehealth promotes participants ability to access services and supports in their preferred setting.
- ii. Through training and other resources, the provider and MCO will assist individuals in attaining the knowledge required to operate technologies that facilitate successful telehealth delivery.
- iii. The individual's consent is taken when determining their service delivery. The individual is given the option to change their preferences at any time during their user experience with the telehealth delivery methodology.
- iv. The MCOs will seek consent and document the consent received from the individual if they opt for telehealth delivery method. The consent documentation will be required to be included in the person-centered service plan.
- v. The MCOs shall require their affiliated telehealth providers to have back up plans. The state may require the managed care organizations to present random sample of their provider back up plans for inspection.
- vi. Placement of devices will respect the person's right to privacy and meet HIPAA compliance. The provider/MCO will assure the service is delivered on a HIPAA compliant platform.
- vii. Telemonitoring devices will not be placed in bedrooms and bathrooms.
- viii. Telehealth services delivered through the waiver will be of no cost to the participant.

Person-Centered Service Plan

Person Centered Service Plans for SED Waiver participants must be developed by a wraparound team.

Wrap-Around team

The Wrap Around Facilitator is responsible for facilitating the date and time of the team meeting and coordinating participation and information. The MCO is a participant in the meeting and responsible for the creation of the person-centered service plan. The person served is the person choosing who is leading. Each meeting will be case by case pending participants lead/choice.

The MCO care coordinators will work with the Community Mental Health Centers (CMHC's) to create and approve plans of care for waiver clients utilizing waiver services. All changes to the Person-Centered Service Plan will be done by the MCO care coordinator.

The WAF has the responsibility to form the wraparound team consisting of participant's family, extended family, and other community members involved with the participant's daily life to provide information to assist in the MCO development of the Person-Centered Service Plan. The WAF continues to be responsible for reassembling the team when subsequent Person Centered Service Plan review and revision is needed, at minimum every 90 days to review the Person Centered Service Plan and more frequently when changes in the participant's circumstances warrant changes in the Person Centered Service Plan. Wrap -Around team will provided in-person/face to face meetings, at a minimum at the initial and annual meetings as well as the 90 day intervals.

The purpose of the Person-Centered Service Plan is to:

1. Assess the waiver participant's individual strengths and needs.
2. Develop goals and objectives based on the waiver participant's identified strengths and needs.
3. Specify the services needed to accomplish those goals and objectives
4. The Person-Centered Service Plan developed by the wrap-around team, will Identify providers (name of CMHC) for specific services in amount duration and scope.

Essential elements to the Person-Centered Service Plan document include:

1. Identifying information including name, beneficiary ID, DOB, address/phone, parent/guardian name, contact information, and diagnosis
2. Participation list: Including level of involvement, relationship to the waiver participant, and phone number. The participation list should include only those participants of the treatment team that participated in that particular review of the Person-Centered Service Plan.
3. Strengths and Needs Assessment: Each strength and need in each domain must be addressed. For example, if there are no legal issues, list "no legal issues" as strength in that domain rather than "NIA".
4. Goals and Objectives: The goals and objectives should be measurable and reflect the strengths and needs of the waiver participant.
5. Crisis Plan: The crisis plan should be thorough, including action steps, and person(s) responsible for each potential crisis. Each crisis plan must have triggers and action steps for crisis aversion, crisis resolution, and post-crisis follow-up.
6. Services indicated: services indicated should outline specific services in amount, duration, and scope.
7. Signatures: If 5 or older, waiver participants should sign their Person-Centered Service Plan, or documentation should exist to explain the absence of a signature. Such documentation may include a progress note, or a note on the signature line indicating the reason for a lack of signature. All participants, including the legal guardian shall sign and date the Person-Centered Service Plan document signature page. The person signing as legal guardian needs to have legal authority to do so. The approved mental health professional is the QMHP, whom is required to sign off on plans and provide supervision.

Natural Supports

Natural supports to the waiver child/youth and his/her family-are highly encouraged to participate when forming the wraparound team and developing the Person-Centered Service Plan. Natural supports can include but are not limited to immediate and extended members, members of the community who provide support to the waiver participant and/or his or her family, and friends.

Goals and Objectives

A key factor in developing an effective **Person-Centered Service Plan** is to develop clear, measurable goals and objectives. The strengths and needs assessment provide the foundation for developing goals and objectives of the Person-Centered Service Plan.

Strengths and Needs Assessment

The following is a list of possible strengths that can be included in the strengths/needs assessment. It is important to note that all domains must be addressed in the strength/needs assessment.

1. Able to verbalize needs
2. Usually is prompt and on time

3. Belonging to several clubs
4. Maintains positive work attitude
5. Uses conflict resolution skills
6. Meets personal goals
7. Passing all classes at school
8. Tolerant when frustrated
9. Remedies for difficulties
10. Able to meet new/appropriate friends
11. Organizes well
12. Enjoys community service
13. Responds well to incentives
14. Obtained driver's license
15. Gives/receives feedback
16. Works well with group of peers
17. Sensitive to other cultures
18. in his/her church
19. Has a job
20. Enjoys teamwork/is a team player
21. Likes to help others
22. Applies leadership skills
23. Wants to accept responsibility
24. Behavior appropriate to situation
25. Complete homework
26. Enjoys leisure activities
27. Able to use computer
28. Handles disappointment without outbursts
29. Uses negotiation skills
30. Enjoys organized games
31. Likes to participate at school
32. Enjoys field trips
33. Attends support group
34. Provides homework help to siblings
35. Learns from experiences
36. Uses anger management skills
37. Asks permission
38. Respectful toward adults
39. Able to complete chores
40. Is able to express love for family
41. Able to follow instructions
42. Social skills: appropriate conversation, respect,
43. Saves money for special purchases
44. Appropriate language, interaction with job
45. Able to keep monthly schedule
46. Interviewing/resume development skills
47. Attends school regularly
48. Able to dress appropriately

Crisis Plan

A crisis plan is developed in conjunction with the team. Each component of the Crisis Plan must be completed, including action steps, and person(s) responsible for crisis identified.

Potential crisis. Each crisis plan must have triggers and action steps for crisis aversion, crisis resolution, and post-crisis follow-up. All team members need access to the crisis plan.

Below are some guidelines in developing effective crisis plans.

Effective crisis plans:

1. Are developed before a crisis occurs
2. Anticipate a crisis based on past behavior
3. Plan to meet the needs of the whole family
4. Address training needs for behavior management for the parent, so that management can happen as effectively in the home as well by the MH/BH team at the CMHC.
5. A crisis is a process with a beginning, middle and end. Plan a response with a beginning, middle, and end.
6. A crisis plan is written and reviewed regularly.
7. Crisis plans are modified as needed based on the changing needs of the family and waiver participant.
8. Establish capacity for 24-hour crisis response
9. Establish a clear measure of when the crisis is over

10. Schedule a wraparound team meeting within three days following a crisis.

Person-Centered Service Plan: Reviews

The Person-Centered Service Plan must be reviewed, and wraparound facilitation must be provided at least every 90 calendar days with the waiver participant and/or parent/guardian.

1. This cycle may not correspond exactly with your 90 day treatment plan reviews for Medicaid. It is best practice for the Person-Centered Service Plan and treatment plan reviews to happen at the same time.
2. The date you review the Person-Centered Service Plan with the waiver participant and/or parent/guardian restarts the 90-day review cycle.

Person Centered Service Plan review:

Participants

Participants must include the child/youth (if the child/youth doesn't participate the reason for their absence should be documented), parent/legal guardian, wrap around facilitator, MCO (for continuity of care and service delivery to the family, the meeting may proceed if delaying would cause a delay in service delivery).

It is best practice to also include all wrap around team members. If they are not able to participate, their input should be obtained prior to the meeting.

Person Centered Service Plan:

Review & Signatures

The child/youth (if over age 5) and their legal guardian must sign the Person-Centered Service Plan within 30 calendar days of completion.

If a private provider is furnishing outpatient mental health services to the waiver participant, it would be ideal for the private provider to be a member of the wraparound team. If this is not possible, the wraparound facilitator should consult with the private provider on a quarterly basis to review the treatment plan and for coordination of care. This coordination/consultation can be accomplished through phone calls, encrypted e-mails, and/or letters.

The MCO Care Coordinator is required to update the Person-Centered Service Plan every 364 days from the last review date. Every child on the SED Waiver must have regular reviews at least every 90 days and the Service Plan must be updated as needed to meet the participant's needs.

Annual Eligibility Reviews

Eligibility for continued SED Waiver services must be reviewed annually. If this is the first annual review, this review occurs within 364 days of the child/youth's initial functional clinical eligibility date. All subsequent reviews are due within 364 days of the last Annual Level of Care review. Complete the ALOC form (Attachment E) document and upload it into KAMIS under the participants designated account.

The requirements of the SED Waiver Annual Level of Care include:

1. The annual eligibility evaluation is completed by a QMHP and documented on the SED Waiver Annual Evaluation of Level of Care form (Attachment E) and must reference the previous six months.
2. If the youth has reached their 18th birthday (and each subsequent review thereafter) at the annual review time, the youth must receive approval to continue on the SED Waiver by the KDADS SED Waiver Program Manager. The exception process is outlined under the Exceptions to SED Waiver Criteria.
3. Persons who have reached their 22nd birthday are no longer eligible for the SED Waiver.

The QMHP is responsible for determining the Annual Level of Care eligibility through collaboration with child/youth, guardian, and wraparound support team. The Annual Level of Care eligibility must occur prior to or in conjunction with the Annual Plan of Care/Service Plan development.

Annual Wraparound Meeting:

The annual wraparound team meeting is scheduled by WAF at the last quarterly review meeting. Scheduling occurs in collaboration with the family and MCO representative at an agreed upon time and date that works best for the family. The child/family meeting preferences for time and location are important and should be honored as much as possible. The review of the CMHC Plan of Care and MCO Service Plan should be conducted face to face with the full wraparound team. If the child/youth continues to meet clinical eligibility at the annual review the MCO will complete Service Plan and send completed copy to family/youth and CMHC. If the child/youth no longer meets clinical eligibility at the annual review, the annual meeting will be used to create a plan for transitioning the child/youth from the Waiver.

If child/youth **continues** to meet clinical eligibility at Annual Review:

1. CMHC will upload the Annual Level of Care form to KAMIS.
2. WAF will coordinate scheduling of next quarterly review. WAF will make all efforts to remind family of scheduled review meetings.

If child/youth **no longer meets** clinical eligibility at Annual Review:

1. A plan is developed, and closure date of the SED Waiver is communicated to the family.
2. A 3161 is completed and sent to KDHE designated 3161 mailbox notifying KDHE and SED Program Manager (3161 form indicating reason for loss of eligibility).

Special directions for youth that are 18 years of age or older at the time of the Annual Review:

Refer to instructions on Section C on Annual Level of Care form.

Transfers

If a waiver participant is transferring services to a different CMHC, the waiver case should be transferred to ensure continuity of care. It is important that the MCO, transferring and receiving CMHCs coordinate care during the transfer to ensure the one Waiver service per month requirement is maintained. Existing services remain in place until the child moves and new services are established to assure services are seamless. MCO will coordinate with both CMHCs transfer date and start and end dates of service authorizations accordingly. It is the family's choice to transfer to a CMHC outside of their catchment area, the family is responsible to travel to the CMHC outside their catchment area for services.

A receiving center is expected to begin providing waiver services immediately to the participant after the transfer is complete.

Responsibilities of the Transferring CMHC

The following are the steps the transferring center should take when a waiver participant is transferring services to a new CMHC.

1. When the parent/guardian provides notification of their intent to move, the transferring center should ask the family if they wish to receive HCBS services in their new location.
2. If the family wishes to continue services, the transferring CMHC will notify the care coordinator of the MCO.
3. Obtain ROI to transferring CMHC. Ensure ROI identifies permission to transfer all SED Waiver required transfer documents.
4. Assist family in coordinating SED Waiver transfer by assisting family in scheduling/completing intake at Receiving CMHC.
5. If the family does not wish to continue services, the SED Waiver case must be closed. A 3161 is sent to the KDHE designated mailbox and copy KDADS SED program manager.
6. Enter transfer into KAMIS or records department exchange between CMHCs.
7. Provide the following documentation:
8. Initial Clinical Eligibility form/Attachment D
9. Approval letter for age and/or CBCL Exception, if applicable
10. The most recent Annual Evaluation of Level of Care form
11. The most recent Plan of Care
12. Initial Plan of Care
13. Most recent Annual Plan of Care
14. Qualifying CBCL and qualifying CAFAS (must include clinician signature [name & credentials for electronic versions])
15. Date of last waiver service

16. If no contact from family/no new intake scheduled, contact MCO to assist and then Transferring CMHC to Close if no contact within 30 days.

SED Waiver cases should always be transferred rather than closed. SED Waiver eligibility is portable; eligibility moves as the participant moves. MCO will coordinate with both CMHCs transfer date and start and end dates of service authorizations accordingly. MCO will authorize new CMHC with existing Person-Centered Service Plan service authorizations until new Person-Centered Service Plan is built (up to 30 days from intake).

1. Contact KDADS Program Manager to resolve any questions regarding disputes/discrepancies and review transfer status and direction for each CMHC.
2. Document the efforts taken to facilitate a smooth transfer.

Responsibilities of Receiving CMHC

The receiving CMHC assumes complete responsibility for maintaining the SED waiver for transferring waiver participants. This includes maintaining records regarding the establishment and maintenance of initial clinical eligibility. If the waiver participant and family does not follow through with completing an intake at Receiving CMHC, the Transferring CMHC should close the waiver case.

If the receiving CMHC has received contact from SED Waiver participant and wishes to transfer SED Waiver to new CMHC, please follow the steps below:

1. Obtain ROI and complete intake.
2. Notify MCO and transferring CMHC of scheduled or completed intake by email.
3. This must be done within 14 days of referral.
4. MCO will coordinate with both CMHCs transfer date and start and end dates of service authorizations accordingly. MCO will authorize new CMHC with existing PERSONCENTERED SERVICE PLAN service authorizations until new PERSON-CENTERED SERVICE PLAN is built (up to 30 days from intake)
5. This must be done within 30 days of intake
6. MCO and CMHC will coordinate with family to hold a new POC/PERSON-CENTERED SERVICE PLAN meeting.
7. Send POC to the MCO
8. This must be done within 30 days of referral.
9. Contact KDADS Program Manager to resolve any questions regarding disputes/discrepancies and review transfer status and direction for each CMHC.
10. Document the efforts taken to facilitate a smooth transfer.

When people move without notice

There are instances when a waiver participant and his or her family moves without advance notice and presents at the receiving CMHC without prior notice. Coordination with the former CMHC should occur in these cases. The following are the steps the new center should take when a waiver participant is transferring services to a new CMHC without prior notice.

1. Find waiver status using KMAP, Use KAMIS to confirm last CMHC. Contact previous CMHC to confirm waiver eligibility once ROI is obtained.
2. Notify MCO care coordinator of the move for coordination of the transfer
3. Have the parent(s)/guardian(s) sign a Release of Information form for the former CMHC
4. Refer to Responsibilities of Transferring and Responsibilities of Receiving CMHC indicated above.

Figure 4: Process Map: Transfers (Planned transfer with notice from family)

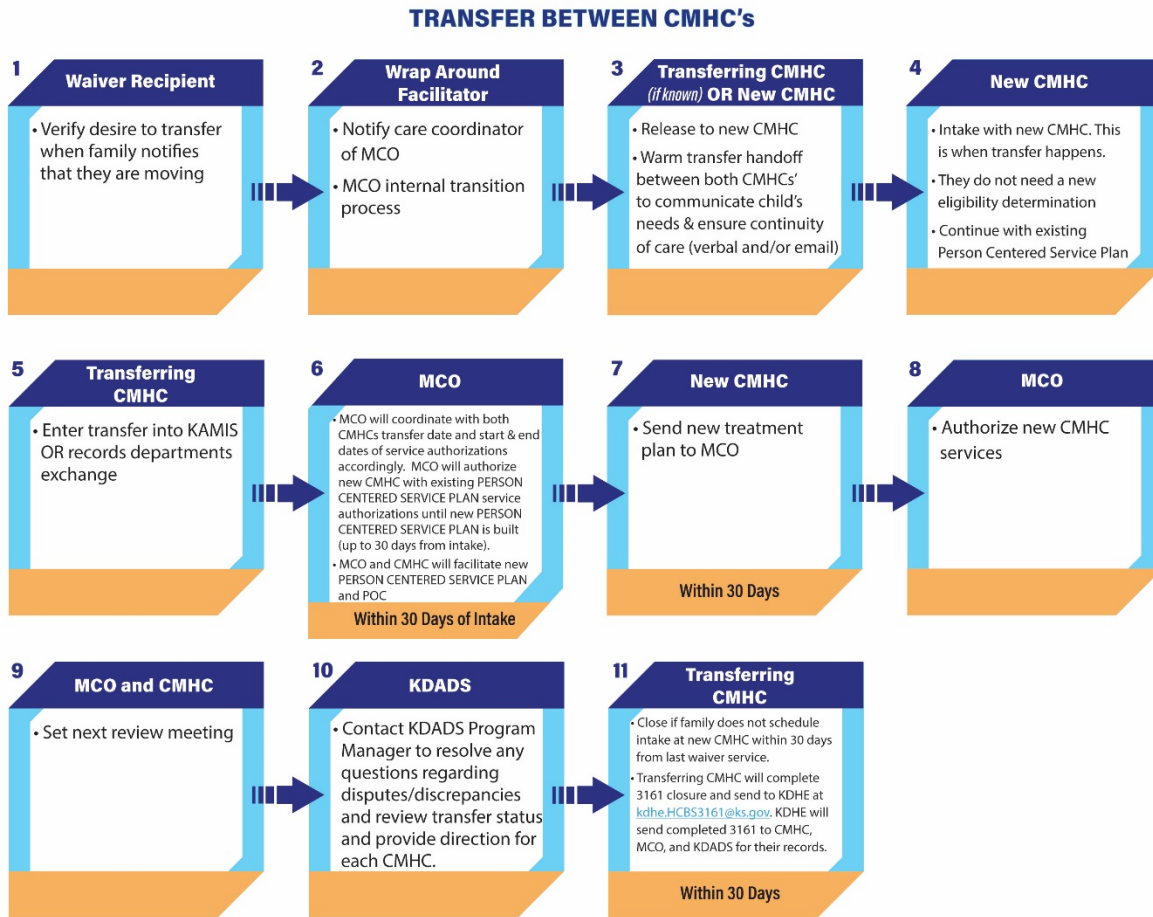
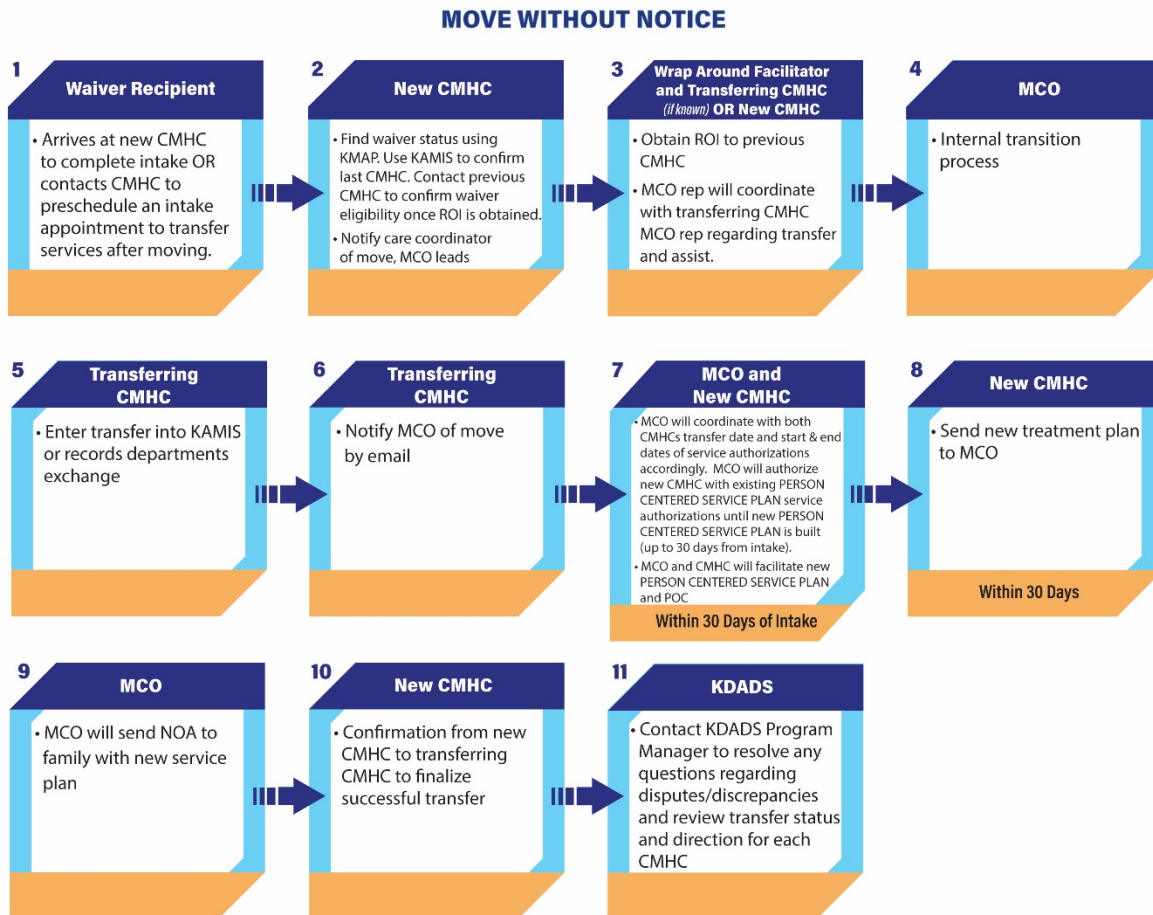


Figure 5: Process Map: When people move without notice



More Than One Center Providing Waiver Services to a Waiver Participant

There are times when a waiver participant has a case open at more than one center. This might occur if a waiver participant is visiting a parent or relative for the summer, or receiving services at a school in one location, and at home in a different location.

For cases when the waiver participant is visiting a parent/relative for the summer, he or she must continue to receive at least one waiver service each month in order for the waiver to remain open. It is assumed that if a waiver participant goes to another parent's/ relative or other person's home for the summer (out of that center's catchment area) he or she continues to meet the eligibility requirements and will continue to need monthly services.

Steps for the two CMHC's sharing waiver service provision:

1. Thorough coordination must occur between the treatment team members and the MCOs. The Person-Centered Service Plan developed by the MCO will address which CMHC will be assigned to provide the identified services. Authorizations will be provided by the MCO to each CMHC describing the services they will be providing for the member.
2. The primary CMHC is responsible for all required documentation supporting the participant's eligibility regarding the Waiver.
3. The MCO will develop and maintain the Person-Centered Service Plan for the waiver participant
4. Each CMHC will maintain clear documentation of the services being provided.
5. The Person-Centered Service Plan clearly documents the participation and involvement of the treatment team/service care providers, and to include signatures from all participants.
6. The MCOs will send a current copy of the Person-Centered Service Plan to all CMHC addressed on the Person-Centered Service Plan.
7. The Person-Centered Service Plan is also sent to the Waiver participant and their family
8. The collaborating CMHC is provided an authorization for the services assigned to them on the Person-Centered Service Plan.

SED Waiver Closure

The following are reasons for closing SED Waiver services:

1. Loss of clinical eligibility: A waiver participant loses clinical eligibility for waiver services at any point where he or she no longer meets the Level of Care standard for the waiver. Loss of clinical eligibility may occur at the annual review or earlier if there is evidence the waiver participant is no longer at risk of inpatient psychiatric hospitalization. ONLY CMHC can determine functional ineligibility of the waiver participant.
2. Change in medical condition: The presence of a medical condition that prevents participation in, or the appropriateness of, community-based mental health services. Such a change in the level of medical care must be documented by the waiver participant's physician. A Notice of Action may be sent the same day as closure.
3. Maximum age: A youth who reaches their 22nd birthday is no longer eligible for SED Waiver services.
4. Death of beneficiary- in most cases, the MCO is responsible for reporting.
5. When a waiver participant moves out of Kansas, he or she is no longer eligible for SED Waiver services.
6. Institutional Placement: Medicaid rules state that if a waiver participant is admitted to any inpatient or institutional setting for more than 30 days, the waiver must be closed as the waiver participant is no longer considered to be living in a community setting and is therefore ineligible for home and community based services.
7. Not receiving one waiver service a month for two consecutive months: A Waiver participant must have at least one waiver service a month to stay on the SED Waiver or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan.
8. Lack of Cooperation in the last 30 days: This reason should only be used if the following criteria has been met and are documented in the Waiver participant's medical record.
9. Efforts to engage the waiver participant in services and the treatment planning process are not successful and documented as such in their medical record after being readdressed by the assigned MCO.
10. Beneficiary's address unknown/Documented outreach must occur multiple times with different kinds of outreach, including visits to the home, by letter, by email if applicable, and telephonically.

The CMHC will send a 3161 via email to the KDHE designated mailbox. KDHE will send the NOA to the family with a 33 Day appeal time. KDHE will review and sign the 3161 and send back to the KDADS program manager, the MCO, and the CMHC in most cases. The MCO will ensure SED Waiver service authorizations are active for a full 33

days in the event the family appeals closure decision. If family does appeal, CMHC must reestablish SED Waiver services and provide services as authorized on last Service Plan, until final outcome of appeal process is determined. CMHC may also choose to utilize this time period as a transitional phase off SED Waiver services. Once 33 days has lapsed and no appeal has been made by the family, KDHE will notify the MCO, KDADS and the CMHC's that the case is closed via the 3161 process.

Prohibited Restrictive Interventions and the Use of Restraint

Kansas statute, regulation and HCBS SED Waiver policy prohibit the following:

1. Chemical Restraints - medication used as restraints means any medication that:
2. is administered to manage a waiver participants behavior in a way that reduces the safety risk to the waiver participant or others; and
3. has the temporary effect of restricting the resident's freedom of movement; or
4. is not standard treatment for the waiver participant's medical or psychiatric condition.
5. Mechanical restraints- means any device attached or adjacent to the waiver participant's body that he or she cannot easily remove which restricts freedom of movement or normal access to his or her body.
6. Seclusion - means the involuntary confinement of a waiver participant in an area where the waiver participant is physically prevented from leaving as a means of controlling the person's behavior. Seclusion is prohibited and differs from 'time out'.
7. Physical Restraint - The use of physical restraint as a de-escalation technique and emergency behavioral intervention is allowed only after all less restrictive interventions have been exhausted. Regulation governing the use of Physical Restraint is found in K.A.R. 30-60-48. Physical restraint is only allowed as a de-escalation technique and emergency behavioral intervention and includes:
8. Each staff waiver participant, volunteer, and contractor shall utilize only de-escalation techniques or emergency behavioral interventions which that staff waiver participant, volunteer, or contractor has been appropriately trained in or is professionally qualified to utilize and
9. No practice utilized shall be intended to humiliate, frighten, or physically harm a waiver participant.
10. No practice that becomes necessary to implement shall continue longer than necessary to resolve the behavior at issue.
11. Physical restraint shall be used as a method of intervention only when all other methods of de-escalation have failed and only when necessary for the protection of that waiver participant or other individuals.
12. Each instance of the utilization of a physical restraint shall be documented in the waiver participant's clinical record required by K.A.R. 30-60-46 and reviewed by supervising staff and the CMHC's risk management program required by K.A.R. 30-60-56.
13. Each instance in which the utilization of a de-escalation technique or emergency behavioral intervention results in serious injury to the waiver participant shall be reported to KDADS central office using the Adverse Incidents Report (AIR) application.

Waiver service providers self-report when the authorized use of restraints is discovered. A report is submitted via an electronic database that is maintained by KDADS quality assurance staff. The state detects unauthorized chemical and mechanical restraints by reviewing the CMHC's risk management reports and processes, audits of the CMHC's, reports sent in by the CMHC or by individuals that reference a concern in this area.

Billing Information

Service Description	Code	Limitations/Requirements	Unit Value
Short Term Respite Care	S5150	Cannot be billed simultaneously with Professional Resource Family Care. Overnight respite homes must be licensed as family foster homes in accordance with state statute and regulations. Waiver participants in DCF custody placed outside the home are not eligible for this service	1 unit = 15 minutes
Parent Support & Training-Individual	S5110	Cannot be billed simultaneously with PRFC	1 unit = 15 minutes
Parent Support & Training-Group	S5110 TJ	Cannot be billed simultaneously with PRFC	1 unit = 15 minutes
Independent Living/Skills Building	T2038		1 unit = 1 hour
Wraparound Facilitation	H2021	There are no limits on Wraparound Facilitation. Wraparound facilitation is to occur at the initial Person Centered Service Plan/POC development and, at minimum, yearly to review the PERSON CENTERED SERVICE PLAN/POC or more frequently when changes in the participant's circumstances warrant. Meetings can be telehealth or by conference call by members choice when the meeting is not the initial or 6 month review.	1 unit = 15 minutes
Professional Resource Family Care (PRFC)	S9485	PRFC cannot be billed simultaneously with Short Term Respite. PRFC homes must be licensed as family foster homes in accordance with state statute and regulations. Waiver participants in DCF custody placed out of home are not eligible for this service.	1 unit = 1 day
Waiver Attendant Care	T1019 HK	There are no limits to Attendant Care. Services provided in an educational setting must not be educational in nature or duplicate other Medicaid State Plan services.	1 unit = 15 minutes

Attachments: SED Manual Forms

SED Attachment A:	Initial Clinical Eligibility Form
SED Attachment B:	Request for Exception to Minimum Age Criteria
SED Attachment C:	Initial Request for Exception to Age 18 Criteria
SED Attachment D:	Request for Exception to CBCL Criteria
SED Attachment E:	SED Waiver Annual Evaluation of Level of Care (LOC)
SED Attachment F:	Provisional Plan of Care

SED Waiver Attachment A



INITIAL CLINICAL ELIGIBILITY FORM

Complete all sections of this form and sign appropriately.

Consumer/Child/Youth Information

Last Name:		First Name:		Middle Initial:
Date of Birth:	Address:			
City, State:			Zip:	Phone #:
Email:	Medicaid ID:	SSN #:		
KAMIS ID:	Sex:	KanCare MCO:		
Education/Vocation Status:			Primary Language:	
DCF CUSTODY: YES: <input type="checkbox"/> NO: <input type="checkbox"/>				

Parent / Legal Guardian Information

Last Name:		First Name:		
Address:			City, State:	
Zip:	Phone/Cell #:	Email:		

Community Mental Health Center (CMHC)

CMHC:				
Address:			City, State:	Zip:
Phone #:	Email Address:		Completed By:	

Complete the Sections Below

1. Is the child/youth at least 4 years old?	Yes: <input type="checkbox"/>	
	No: <input type="checkbox"/>	<i>If NO: The child/youth does not meet SED Waiver minimum age criteria. If an exception to minimum age criteria will be requested, complete remainder of document.</i>
2. Is the child/youth under 18 years of age?	Yes: <input type="checkbox"/>	
	No: <input type="checkbox"/>	<i>If NO: The child/youth does not meet SED Waiver minimum age criteria. If an exception to maximum age criteria will be requested, complete remainder of document</i>

SED Waiver Attachment A



3. Does the child/youth have a qualifying DSM diagnosis?	Yes: <input type="checkbox"/>	Diagnosis:		
		Date of diagnosis:		
		Name/Credentials/Agency/Telephone of diagnosing QMHP:		
	No: <input type="checkbox"/>	The child/youth does not meet SED Waiver criteria		
4. Does the child/youth meet Serious Emotional Disturbance (SED) criteria?	Yes: <input type="checkbox"/>	Date of determination of SED:		
		Name/Credentials/Agency/Phone# of QMHP making the SED determination:		
	No: <input type="checkbox"/>	The child/youth does not meet SED Waiver criteria.		
5. Is the child/youth at risk for inpatient psychiatric hospitalization in absence of SED Waiver services?	Yes: <input type="checkbox"/>			
	No: <input type="checkbox"/>	The child/youth does not meet SED Waiver criteria.		
Record CBCL and CAFAS or PECFAS Results below <i>SED Waiver eligibility requires minimum scores on both Child Behavior Check List (CBCL), and the Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment Scale (PECFAS) as applicable.</i>				
6. CBCL (Valid if completed less than 6 months prior to Clinical Eligibility date.) Indicate t-scores and version used, as applicable.		CBCL	TRF	YSR
		Internalizing		
		Externalizing		
		Total Problems		
		Date of CBCL:		
7. Did the child/youth receive a score of at least 70 on any scale? (SED Waiver eligibility)	Yes: <input type="checkbox"/>			

SED Waiver Attachment A



<p><i>requires a minimum score of 70 on at least one scale).</i></p>	<p>No: <input type="checkbox"/></p>	<p><i>The child/youth does not meet SED Waiver criteria. An exception can be requested with A CBCL score of 63-69. An exception form is required. Complete remainder of document.</i> Request Exception: <input type="checkbox"/></p>
<p>8. CAFAS or PECFAS (Valid if completed less than 3 months prior to clinical eligibility date.)</p>	<p>Scale Scores:</p>	
	<p>School/Work Role Performance:</p>	<p>Date of CAFAS/PECFAS:</p>
	<p>Home Role Performance:</p>	<p>Moods/Emotions:</p>
	<p>Community Role Performance:</p>	<p>Self-Harm:</p>
	<p>Behavior Towards Others:</p>	<p>Substance Abuse:</p>
	<p>Total Score:</p>	
<p>9. Did the child/youth receive a minimum Total Score of 100, or a score of 30 on each of any two sub-scales? (<i>SED Waiver eligibility criteria require a minimum Total Score of 100, or a minimum score of 30 on each of any two sub-scales</i>)</p>	<p>Yes: <input type="checkbox"/></p>	
	<p>No: <input type="checkbox"/></p>	<p><i>The child/youth does not meet SED Waiver criteria.</i></p>
<p>10. Is an exception requested for</p> <p><i>A request for an exception must include the completed Initial Clinical Eligibility Form and Attachments B,C,D,E, as applicable. Exception Request and documents must be submitted via KAMIS to SED Waiver Program Manager for approval.</i></p>		
<p>a. Minimum Age</p>	<p>Yes: <input type="checkbox"/></p>	<p><i>Complete Attachment B</i></p>
	<p>No: <input type="checkbox"/></p>	<p><i>Continue filling form</i></p>
<p>b. Age 18 Criteria</p>	<p>Yes: <input type="checkbox"/></p>	<p><i>Complete Attachment C or E (if applicable)</i></p>
	<p>No: <input type="checkbox"/></p>	<p><i>Continue filling form</i></p>
<p>c. CBCL Score</p>	<p>Yes: <input type="checkbox"/></p>	<p><i>Complete Attachment D</i></p>
	<p>No: <input type="checkbox"/></p>	<p><i>Continue filling form</i></p>
<p align="center">CURRENT EVIDENCE SUPPORTING CHILD/YOUTH'S SED WAIVER STATUS <i>(this form to be completed for all SED Waiver eligible individuals)</i></p>		
<p>11. Description of specific behaviors/problems that put the child/youth at risk of inpatient psychiatric hospitalization without SED Waiver services.</p>		

SED Waiver Attachment A



12. Description the child/youth's family and current living situation that support the need for SED Waiver services

13. Description of factors in the child/youth's school/vocational placement that support the need for SED Waiver services

14. Description of other community risk factors that supports the child/youth's need for SED Waiver services

SED Waiver Attachment A



QMHP name and credentials:		Date:	
QMHP signature and credentials:			
QMHP Phone Number:			
CMHC:			
SED Waiver Designated Email Address:			
<p>CRITERIA FOR SERIOUS EMOTIONAL DISTURBANCE (SED)- SED Waiver</p> <p>The term "Serious Emotional Disturbance" refers to a diagnosed mental health condition that substantially disrupts a child/youth's ability to function socially, academically, and/or emotionally.</p> <p>Complete the following checklist to determine if the child/youth has SED:</p>			
Child/Youth Name:		CMHC:	
Evaluator:		Signature:	Date:
<p>AGE:</p> <p>The child/youth is under age 18 or under the age of 22 and has been receiving community based mental health services prior to the age of 18 that must be continued for optimal benefit.</p>		<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>DURATION and DIAGNOSIS:</p> <p>The child/youth currently has a diagnosable mental, behavioral, or emotional condition of sufficient duration to meet the diagnostic criteria specified within the most current DSM.</p> <p>Disorders include those listed in the most current DSM or the ICD-9 equivalent with the exception of DSM "V" codes, substance abuse or dependence, and developmental disorders, unless they co-occur with another diagnosable disorder that is accepted within this definition.</p>		<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>FUNCTIONAL IMPAIRMENT:</p> <p>The disorder must have resulted in functional impairment which substantially interferes with or limits the child/youth's role or functioning in family, school, or community activities.</p> <p>Functional impairment is defined as difficulties (internalizing and externalizing) that substantially interfere with or limit a child/youth from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent and continuous duration are included.</p> <p>Children/Youth that would have met functional impairment criteria without the benefit of treatment or other support services are included in this definition.</p> <p>Functional impairment does not qualify if it is a temporary response to stressful events in the child/youth's environment. Functional impairment also does not qualify if it can be attributed solely to intellectual, physical, or sensory deficits.</p>		<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	

SED Waiver Attachment A



Which of the following functional areas has been disrupted as a direct result of the child/youth's mental health condition? (Examples are not intended to be all inclusive and more than one can be marked).	
School	<i>for example: exhibiting behaviors that interfere with the xchild's ability to perform, such as inattentive in class, unable to sit in one place, unable to concentrate, withdrawn at school to the point that the child's ability to function at school is impacted, accumulating sick days as a result of being overwhelmed/depressed which places the student at risk for truancy, in-school suspension, out-of-school suspension</i>
Family	<i>for example: at risk of out of home placement, physical aggression at home, suicidal, isolative and withdrawn to the point that youth is not engaging in day to day family activities.</i>
Community	<i>for example: impairment necessitates law enforcement contact such as youth is running away due to delusional symptoms; unable to or serious difficulty participating' in regular community and/or peer activities due to behavior, isolating from peers.</i>

SED Waiver Attachment A



Upload the following documents to client's KAMIS account:	
<input type="checkbox"/>	Initial Clinical Eligibility Packet
<input type="checkbox"/>	SED Determination Form
<input type="checkbox"/>	Qualifying CAFAS
<input type="checkbox"/>	Qualifying CBCL
<input type="checkbox"/>	Strength and Needs (for MCO)
<input type="checkbox"/>	Provisional Plan of Care
<input type="checkbox"/>	Exception Request forms as needed
Email to KDADS.SED@ks.gov the following:	
<input type="checkbox"/>	Provisional Plan of Care
<input type="checkbox"/>	3160

REQUEST FOR EXCEPTION TO MINIMUM AGE CRITERIA – SED Waiver

Child/Youth Name: _____ Date: _____

Child/Youth DOB: _____ Date of Clinical Eligibility Assessment: _____

1. Does the child meet SED criteria, Initial Clinical Eligibility, CBCL and PECFAS criteria?
 - Yes, proceed to question 2.
 - No, Child/youth is not eligible for HCBS SED Waiver.
2. Describe the child/youth's **functioning** that indicates the need for an inpatient psychiatric hospital (e.g. harmful behavior to self or others, psychotic symptoms, aggression, etc.)
3. Describe the child/youth's **behavior at home and in the community** that indicates the child/youth is at risk for inpatient psychiatric hospitalization (extensive supervision by others is needed due to potentially dangerous behaviors; constant clinging behavior; extreme temper tantrums, stealing, etc.)
4. Describe the child/youth's **behavior toward others** that indicates risk of inpatient psychiatric hospitalization (bizarre and disruptive behavior, deliberate cruelty to animals, lack of age-appropriate peer interactions, threats, stealing.)
5. Describe the child/youth's **moods/emotions** that indicate risk of psychiatric hospitalization (anxiety, depression, panic, fear, etc.) as demonstrated by odd behavior, marked distress, excessive crying, sadness accompanied by suicidal wish, etc.



SED Waiver Attachment B

QMHP Signature/Credentials _____ Date _____

This form must be submitted via KAMIS Exception Request along with all required documentation outlined in Initial Clinical Eligibility Packet.



INITIAL REQUEST FOR EXCEPTION TO AGE 18 CRITERIA SED Waiver

Child/Youth Name: _____ Date: _____

Child/Youth DOB: _____ Date of Clinical Eligibility Assessment: _____

1. Does the child meet SED criteria, Initial Clinical Eligibility, CBCL, CAFAS?

- Yes Child/youth is eligible for the HCBS SED Waiver. Proceed to Question 2
- No Child/youth is not eligible for the HCBS SED Waiver. **STOP**

2. Has the child/youth been identified as SED and has the child/youth received community-based services any time during the six months prior to turning age 18, or would have the child/youth accessed community-based services during that time period if not for their institutional or residential status?

- No Child/youth is not eligible for an exception to age 18 criteria. **STOP**
- Yes Child is eligible and has received community-based services in the past 6 months prior to turning 18
- Yes Child is eligible but has not been able to access community-based services to institutional/residential status.
Dates of institutional/residential status:

Community-based services (CBS) are defined as anyone or combination of the following services:

- Targeted Case Management
- Community Psychiatric Supportive Treatment (CPST)
- Psychosocial Rehabilitation -Group
- Psychosocial Rehabilitation Individual,
- Attendant Care

3. Community-based services provided during the 6 months prior to turning 18 were:

<u>Service</u>	<u>Start Date</u>	<u>Date of most recent use</u>
Targeted Case Management (TCM)		



SED Waiver Attachment C

<u>Community Psychiatric Supportive Treatment (CPST)</u>		
<u>Psychosocial Rehabilitation-Individual (PRI)</u>		
<u>Psychosocial Rehabilitation-Group (PRG)</u>		
<u>Attendant Care (AC)</u>		

Comments:

This form must be submitted via KAMIS Exception Request along with all required documentation outlined in Initial Clinical Eligibility Packet.

The age exception must be approved annually. See SED Waiver Manual for further information.

REQUEST FOR EXCEPTION TO CBCL CRITERIA – SED Waiver

Child/Youth Name: _____ Date: _____

1. Does the child/youth meet the SED Initial Eligibility and CAFAS criteria.
 - Yes, Proceed to question 2
 - No, The Child/youth is not eligible for HCBS SED Waiver

2. A minimum score of 70 on the CBCL was not attained. Was a score of 63-69 attained for the child/youth on the Internalizing, Externalizing, or the Total Problems sub-scale?
 - Yes, Document reasons for CBCL exception below.
 - No, The child/youth does not meet SED Waiver criteria.

3. Explain why the CBCL minimum score criteria should be excepted. For example, describe circumstances that interfere with attaining the minimum CBCL score, or clinical observations that support exception of the minimum score.

4. Has there been a CBCL in the 6 months previous to this current clinical assessment that did attain a score of 70 or higher?
 - No
 - Yes Date completed: _____

QMHP Signature, Credentials _____ Date: _____

This form must be submitted via KAMIS Exception Request along with all required documentation outlined in Initial Clinical Eligibility Packet.

ANNUAL EVALUATION OF LEVEL OF CARE (LOC)- SED Waiver

Name of child/youth: _____

D.O.B: _____ Medicaid ID No: _____

Youth is 18 or older at the time of this Annual LOC (*Complete Section C*)

Clinical Eligibility Date: _____

Previous Annual LOC Date (if applicable): _____

Requirements of the SED Waiver Annual Evaluation of Level of Care:

- This evaluation should reference the previous six months. It must be conducted by a Qualified Mental Health Professional responsible for overseeing the SED Waiver clinical eligibility and signed by the QMHP. It must be filed in the youth's clinical chart and uploaded into KAMIS as such.
- The date for annual review must occur within 364 days from the clinical eligibility date or previous annual LOC date, Annual LOC may be completed only **within the 30 days prior** to annual initial clinical eligibility date or previous annual LOC date.
- If youth has reached their 18th birthday at the annual review time the youth must receive approval to continue the SED Waiver by the KDADS SED Waiver Program Manager and all subsequent LOCs after.
- Persons who have reached their 22nd birthday are no longer eligible for the SED waiver.

Complete the following:

1. Does the child/youth have a qualifying DSM-5 diagnosis (ASD cannot be the only diagnosis)
 Yes, go to #2 No, proceed to section B.
2. Does the child/youth meet criteria for Serious Emotional Disturbance?
 Yes, go to #3 No, proceed to Section B.
3. Does the child/youth continue to need SED Waiver services in order to maintain the child/youth in the community and avoid inpatient Psychiatric Hospitalization?
 Yes, proceed to Section A No, proceed to Section B.

Section A: - YES, Youth continues to meet functional eligibility for the SED Waiver.

1. Describe in detail how the child/youth continues to be at risk for Inpatient Psychiatric Hospitalization without SED Waiver services. The identified symptoms should be included in the rationale. Use additional pages as needed.
2. Describe in detail the SED Waiver services that have impacted the Child/youths functional

SED Waiver Attachment E

impairment and ability to maintain in the community. The waiver services are Parent Support, Attendant Care, Short Term Respite Care, Wraparound Facilitation, Independent living/skills building and Professional Resource Family Care. Use additional pages as needed.

Section B:

1. Describe in detail the clinical rationale that supports the child/youth is **not** at risk for Inpatient Psychiatric Hospitalization and **no** longer eligible for the SED Waiver.
2. Inform family that youth no longer qualifies for SED Waiver. Send a closure 3161 to KDHE designated mailbox to review and complete closure of SED Waiver.

QMHP Signature and Credentials: _____ Date: _____

Section C: *Over 18 Exception Approval for Initial or Ongoing Eligibility*

1. Check KMAP for eligibility status
2. Assist if eligibility is not current. Assist youth in completing a KanCare Online Medicaid application in their own name before they turn 19, or if their financial eligibility has been termed.
3. Enter Over 18 Exception Request in KAMIS to submit for Approval from KDADS SED Program Manager.
 - a. Create an “SED Waiver Exception Request” in youth’s KAMIS account
4. Within KAMIS, complete:
 - Select “Exception to age 18 criteria” box and “Create” – select “YES”
 - a. Upload the required forms and documents. (*Which can be found in the SED Waiver Manual and/or on KDADS website*)

Initial Age Exception: ICE Form, CAFAS, CBCL, 3160, PPOC and Strength and Needs (all separate under their designated tab in KAMIS Upload File)

Ongoing Age Exception:
This form Signed -Exception Form Attachment E Annual Evaluation of Level of Care
5. Send notification email to KDADS SED designated mailbox to inform the exception is requested.
 - a. Subject line: Indicate “Ongoing Over 18 – Recipient’s Last Name” Or “Initial Over 18 – Recipient’s Last name”
 - b. Be sure to include 3160 and PPOC to email if you did not upload in KAMIS

6. KDADS will review request and ask for more information if needed.
7. KAMIS will generate an automatic notifying that it has been approved or denied to the email address that entered the request. Keep and file with the Clinical Chart.
 - a. **Initial-** KDADS Program manager will complete the 3160 Section III and forward to KDHE for financial eligibility approval and KDHE or DCF will send the final approved 3160 for the financial eligibility record.
 - b. **Ongoing** – only submit a 3161 if closing waiver services or an address change is found at annual review. Send 3161 on to the HCBS 3161 designated mailbox.

SERIOUS EMOTIONAL DISTURBANCE (SED) WAIVER PROGRAM

PROVISIONAL PLAN OF CARE

JANUARY 2021

The Provisional Plan of Care is required by CMS as part of the eligibility process. The Provisional Plan of Care must be sent alongside the KDHE Form 3160 to KDADS designated mailbox at KDADS.SED@KS.GOV. This form after completion, the ICE form, CAFAS Assessment, CBCL, and Strength and Needs forms must be uploaded into KAMIS.

Consumer Information			
*Last Name:	*First Name:	*Middle Initial:	*Date of Birth:
*Address:	*City, State:	*Zip:	*Phone #:
*KAMIS ID:	*Medicaid ID:	*KanCare MCO:	*SSN #:
Parent / Legal Guardian Information			
*Last Name:	*First Name:	*Address:	
*City, State:	*Zip:	*Phone #:	Cell #:
COMMUNITY MENTAL HEALTH CENTER (CMHC)			
*CMHC:	*Address:	*City, State:	
*Phone #:	*Email Address:	*Completed By:	

*required fields if known

SERVICE	UNIT/DURATION	UNITS OF SERVICES	CHECK
ATTENDANT CARE (T1019 HK)	1 Unit = 15 Minutes	FOR # UNITS	<input type="checkbox"/>
INDEPENDENT LIVING / SKILLS BUILDING (T2038)	1 Unit = 1 Hour	FOR # UNITS	<input type="checkbox"/>
PARENT SUPPORT TRAINING (INDIVIDUAL) (S5110)	1 Unit = 15 Minutes	FOR # UNITS	<input type="checkbox"/>
PARENT SUPPORT TRAINING (GROUP) (S5110 TJ)	1 Unit = 15 Minutes	FOR # UNITS	<input type="checkbox"/>
PROFESSIONAL RESOURCE FAMILY CARE (S9485)	1 Unit = 1 Day	FOR # UNITS	<input type="checkbox"/>
SHORT TERM RESPITE CARE (S5150)	1 Unit = 15 Minutes	FOR # UNITS	<input type="checkbox"/>
WRAPAROUND FACILITATION (mandatory) (H2021)	1 Unit = 15 Minutes	FOR # UNITS	<input type="checkbox"/>
TOTAL MONTHLY UNITS FOR ALL SELECTED SERVICES	= # UNITS	Comments:	