



KDADS STANDARD POLICY

Policy Name:	Serious Emotional Disturbance (SED) Waiver Eligibility	Policy Number:	E2021-116
Commission:	Long Term Services and Supports	Date Established:	10/20/2021
Applicability:	Serious Emotional Disturbance (SED) Waiver Program	Date Last Revised:	10/20/2021
Contact:	KDADS HCBS SED Program Manager	Date Effective:	10/20/2021
Policy Location:	https://kdads.ks.gov/kdads-commissions/long-term-services-supports/hcbs-policies	Date Posted:	10/20/2021
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<i>Revision History</i>			

Purpose

This policy establishes the eligibility requirements for the Home and Community Based Services (HCBS) Serious Emotional Disturbance (SED) Waiver Program.

Summary

The SED waiver goal is to divert psychiatric hospitalization by providing intensive Home and Community-Based Services (HCBS) to children and youth in their homes and communities.

Entities/Individuals Impacted

- Community Mental Health Center (CMHC)
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department of Health and Environment (KDHE)
- Managed Care Organizations (MCO)

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I. Policy

A. SED Waiver Eligibility Functional Assessment and Clinical Evaluation

1. The Community Mental Health Centers (CMHC) shall complete the initial clinical eligibility packet for the SED waiver applicants. The CMHC shall conduct functional eligibility or clinical evaluation assessments in accordance with the approved HCBS waiver current at the time of the assessment and this policy.
2. For the purpose of this policy, a functional assessment shall comprise the clinical evaluation processes, alongside additional procedures and documentation that are described in the following sections of this policy.
3. Qualified Mental Health Professionals employed by the CMHCs shall complete the initial clinical eligibility packet and shall perform the level of care assessments and reassessments.
4. The Child and Adolescent Functional Assessment Scale (CAFAS) and the Child Behavior Checklist (CBCL) or the Adult Behavior Checklist (ABCL) shall be the primary assessments for a functional eligibility determination to the SED waiver program.
5. A functional eligibility assessment shall be conducted for every applicant of the program, and a reassessment shall be conducted annually from the date of the initial assessment.
6. Qualified Mental Health Professionals employed by the CMHCs shall complete the CAFAS assessments.
7. The CBCL and ABCL is a self-reporting assessment that families or caregivers may complete.
 - (a) The following versions of the CBCL are accepted: the standard CBCL, the Youth Self Report (YSR), and the Teacher Report Form (TRF). In cases where either the Youth Self Report or the Teacher Report Form is used, the tools would be completed by the identified reporting individual
8. Training on the SED waiver eligibility is available on the KDADS website through [HCBS SED Waiver Eligibility Process Training - KDADS and KDHE](#).
9. Applicants must have qualifying scores on standard assessments and be at risk for inpatient psychiatric hospitalization.
10. KDADS shall be the only entity responsible for determining program eligibility for the SED waiver program.

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B. SED Waiver Eligibility Criteria

1. Applicant must be between the ages of 4 and 18 years;
 - (a) Exceptions may be granted to the age requirement. Criteria for exceptions are listed in this policy.
2. Be a resident of the State of Kansas;
3. Be financially eligible for Medicaid;
4. The applicant must have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria.
 - (a) Disorders include:
 - i. Those listed in the most current DSM or the International Classification of Diseases (ICD) equivalent
 - ii. Disorders do not include DSM-V "V" codes,
 - iii. Disorders do not include substance abuse or dependence and developmental disorders unless such co-occurs with a diagnosable condition such as mental, behavioral, or emotional disorder of sufficient duration to meet the most current DSM diagnostic criteria.
5. The applicant must meet standard thresholds on the following assessments:
 - (a) Child Behavior Checklist (CBCL) or the Adult Behavior Checklist (ABCL); **AND**
 - (b) Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS) for children under five (5) years of age
6. Qualifying on the CBCL/ABCL:
 - (a) A qualifying score of 70 on any subscale of the Child Behavior Checklist (CBCL) for applicants less than 18 years of age,
 - i. A CBCL exception may be granted to a score of 63-69 based on other supporting documents;
 - (b) A qualifying score of 70 on any subscale of the Adult Behavior Checklist (ABCL) for applicants other than 18 years of age.

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(c) The CBCL or ABCL must be current.

i. The assessment must provide information concerning the applicant's behavior during the previous six months from the date of clinical eligibility.

7. Qualifying on the CAFAS:

(a) The qualifying score for the CAFAS is a total score of 100 or a score of 30 on two subscales.

(b) The CAFAS must be completed by a Qualified Mental Health Professional (QMHP)

(c) The Preschool and Early Childhood Functional Assessment Scale (PECFAS) may be substituted for the CAFAS for children under five (5) years of age.

i. The range of clinical scores on the PECFAS is the same as the CAFAS.

(d) There is no exception to the CAFAS requirement.

(e) The CAFAS must have been completed less than three months prior to the clinical eligibility date.

8. Risk of Inpatient Psychiatric Hospitalization

(a) As part of an applicant's initial clinical eligibility packet, a Qualified Mental Health Professional (QMHP) with a Community Mental Health Centers (CMHC) must include:

i. An attestation/narrative of the applicant's risk of inpatient psychiatric hospitalization.

ii. The attestation must be signed and dated by the QMHP, with their credential included.

iii. The applicant's medical record must also include the completed initial clinical eligibility packet containing the attestation/narrative of the applicant's risk of inpatient psychiatric hospitalization to demonstrate the need for a level of care assessment.

C. Age Exception Criteria

1. KDADS SED Program manager may grant an exception to the age requirement for an applicant younger than four (4) or an applicant older than eighteen (18) but not older than twenty-two (22) years of age.

(a) An exception to the age requirement shall not be granted to an applicant older than 22 years of age

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2. The assessing CMHC must submit a request for age exception to the SED Program Manager alongside the following criteria:
 - (a) All required eligibility documentation aforementioned in section I-B of this policy;
 - (b) Besides age requirement, the applicant must be eligible based on waiver's clinical criteria and other requirements aforementioned in section I-B of this policy;
 - (c) A clinical narrative from a QMHP indicating the youth's risk for inpatient psychiatric hospitalization level of care based upon presenting behaviors related to a qualifying mental health disorder;
 - (d) An attestation that the applicant has received HCBS services any time within six months before turning age 18;
 - i. except if the applicant was unable to have received HCBS services due to institutionalization or being a non-Kansas resident within six months before turning age 18.
 - (e) The following forms shall be utilized in applying for an exception to the age requirement and can be found on the KDADS website:
 - i. SED Attachment B: Request for Exception to Minimum Age Criteria
 - ii. SED Attachment C: Initial Request for Exception to Age 18 Criteria
 - iii. SED Attachment E: Annual Evaluation of Level of Care (LOC)
3. The SED Program manager must approve the exception request before the provision of waiver services.
 - (a) The SED Program Manager shall document the exception determination in the online Exception Database and send an electronic email to the CMHC.
4. The CMHC is required to maintain all approved notices in the 'participants' medical records.

D. CBCL Exception Criteria

1. For an applicant that has a subscale score between 63-69 on the CBCL/ABCL, the CMHC may request a CBCL exception from KDADS.
 - (a) Such a request shall be made using the SED Form Attachment D: Request for Exception to CBCL Criteria.

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2. CBCL exceptions may be denied if the applicant's CBCL score does not fall within the 63-69 range or if the youth has not been determined to have a serious emotional disturbance.

E. Denial of Exception Request:

1. In the event of a denied request for age exception, the denied request shall be reviewed by a team comprising of the following:

- (a) 0-4 years old exception denial:

- i. At least two staff members consisting of one clinical reviewer and one program reviewer

- (b) 18-22 years old exception denial:

- i. At least three staff members, including at least one clinical reviewer and one program reviewer.

2. Exception requests may be denied if

- (a) the applicant has not been determined to have a serious emotional disturbance;

- (b) the exception packet does not show proof that the applicant received community-based services any time within six months before turning 18 years of age and was not prevented from accessing such services due to their institutional status or due to being a non-Kansas resident within six months before turning age 18.

3. A determination shall be made within three to five business days of receipt of a complete exception request packet documented in the online Exception Database in the designated system of record.

F. Military Exception Criteria:

1. In the event of a waiting list to the SED waiver program, individuals who have been determined to meet the established SED waiver criteria shall be allowed to bypass the waiting list and access services in accordance with KDADS HCBS Military Exception policy.

G. SED Waiver Assessor Qualification Criteria:

1. Only any of the following Qualified Mental Health Professionals (QMHP) may determine initial clinical (functional) eligibility:

- (a) Physicians (MD or DO),

- (b) Advanced Registered Nurse Practitioners (APRN), and

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(c) Qualified Mental Health Professional (QMHP) (as defined by Kansas law).

2. The assessor must have a license in good standing to practice in Kansas.

II. Procedure

A. Eligibility Determination Procedure

1. When an applicant requests participation in the HCBS SED waiver program, the CMHC shall facilitate the application by completing the initial clinical eligibility packet following the process below:
 - (a) Check to ensure that applicant meets age and residency requirements,
 - (b) Complete the CAFAS or PECFAS assessment for the applicant.
 - (c) Request a completed CBCL or ABCL checklist from the applicant's family or caregiver and review the checklist.
 - (d) Complete other policy requirements such as level of care requirement, diagnosis requirements, and others listed in the policy section.
 - (e) Ensure all documents that require signatures are appropriately signed.

B. Functionally Eligible

1. If the applicant meets established functional eligibility criteria, the CMHC shall:
 - (a) Assist the applicant in submitting an online KanCare (Medicaid) application;
 - (b) Complete and submit all the necessary documents such as the following;
 - i. Initial Clinical Eligibility Packet
 - ii. ES-3160 form (with Sections I and II correctly completed),
 - iii. Notification of Application Submission,
 - iv. the CAFAS or PECFAS form;
 - v. the CBCL or ABCL; and

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vi. Provisional Plan of Care

vii. Completion of Strength and Needs Assessment

(c) All the forms, assessments, and documentation required as part of the initial clinical eligibility packet must be sent to the program manager through the system of the record designated by the state.

2. The Kansas Department of Health and Environment (KDHE) determines financial eligibility.

(a) Please refer to the waiver program manual for a breakdown of the KDHE financial eligibility process.

3. From the date of financial eligibility determination and start of waiver program participation, the Managed Care Organization (MCO) shall have 14 business days to complete the following:

(a) SED Participant Interest Inventory (PII),

(b) Person-Centered Service Plan, and

(c) All authorizations essential to service delivery,

i. For stipulations surrounding the creation of the Person-Centered Service Plan, see the current KDADS HCBS Person-Centered Service Plan Policy.

C. Functionally Ineligible

1. If the applicant does not meet established functional eligibility criteria at the time of initial SED waiver application, the CMHC shall:

(a) Send the ES-3160 form (with Sections I and II correctly completed) to the SED program manager through the designated system of record.

(b) The CMHC must keep all applicant forms, assessments, and documentation required as part of the functional eligibility and initial clinical eligibility packet in accordance with Kansas law.

D. Program Eligibility Determination

1. After all required eligibility documents are submitted to the program manager, the program manager completes the following processes:

(a) Review all documentation submitted through the designated system of record.

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- (b) Completes Section III of the ES-3160, showing program eligibility or ineligibility.
 - (c) Sends the Provisional Plan of Care and the ES-3160 to KDHE.
 - (d) Upon receipt of the Provisional Plan of Care and ES-3160 from the program manager,
 - i. KDHE determines financial eligibility.
 - (e) KDHE proceeds to send out a Notice of Action to the applicant.
 - i. KDHE shall send a Notice of Action (NOA) of the waiver program and financial eligibility or ineligibility determination to the applicant.
 - ii. The Notice of Action (NOA) shall include information on the fair hearing process and the consumer appeal rights if the applicant is found ineligible.
2. KDHE shall notify the Managed Care Organization (MCO) when an applicant is found eligible.

E. Designated System of Record

1. The system of the record designated by the state is Kansas Aging Management Information System (KAMIS).
 - (a) When entering an applicant's information into KAMIS the system of record, the CMHC must follow the instructions below:
 - i. Prior to creating a New Consumer in KAMIS, a search must be completed to ensure that the applicant's information is not already in KAMIS. The search may be completed using the applicant's SSN and/or Medicaid ID.
 - ii. If the applicant is already in KAMIS, the CMHC shall not create a new profile for the applicant but use the existing one in the system.
 - iii. The applicant's FIRST and LAST Name must be correctly spelled and crosschecked with Form 3160 to ensure proper verification that the applicant is not already in KAMIS.
 - iv. When entering the applicant's data into KAMIS, ensure that only the most up-to-date information, the current PPOC, 3160, and ICE Packet (Attachment A), all applicable documents as aforementioned in this policy, are entered.
 - (b) If the KDADS SED program manager returns a submitted application due to the need for corrections, the CMHC shall make the required corrections and proceed to resubmit all documentation with an updated "date submitted."

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- i. The resubmissions must be sent through the designated mailbox at KDADS.SED@ks.gov
- ii. Resubmissions must be completed using encrypted email platforms.
- iii. The program manager must be notified of resubmissions.

(c) Current SED waiver forms can be found on the KDADS website.

F. The Person-Centered Service Plan

1. The Person-Centered Service Plan (also called the service plan) development shall be a function of the Managed Care Organizations (MCO).
 - (a) The MCO care coordinators shall work with the Community Mental Health Centers (CMHC's) to create, modify and approve the service plan for participants utilizing waiver services based on participant's and legal guardian's input and agreement, and in accordance with the established person-centered service plan policy.
2. The service plan shall be reviewed
 - (a) every 90 days; or
 - (b) based on person-centered needs; or
 - (c) whenever the participant or the 'participant's family/legal guardian requests a change or warrants a change.
3. The current/approved HCBS Person-Centered Service Planning Policy shall remain the primary source of policy and procedure requirements for the SED waiver participants.
4. The SED waiver program shall expire on the 22nd birthday of a participant receiving SED waiver services.
 - (a) A participant may be referred to apply for other community-based programs;
 - i. If the participant is accepted into a new program, the CMHC will work with the participant, their family, legal guardian or representation, and the participant's MCO to initiate a transition process.
 - ii. Transition planning for youth may begin as early as needed and must begin within the year prior to the participant turning age 22.

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iii. In the event of closure after a participant has aged out of the SED waiver, the CMHC shall send a Form 3161 to KDHE 3161 designated mailbox to initiate closure of HCBS services; and must copy KDADS SED Program Manager in the notification.

5. The MCOs Care Coordinator shall be responsible for developing and overseeing the Person-Centered Service Plan (PCSP) for SED waiver participants.
6. Program oversight and control of the waiver are provided by KDADS.
7. The CMHC shall create a 60-day Provisional Plan of Care, which shall be in place until a person-centered service plan is created.
8. For information on acceptable methods for conducting person-centered-service planning meetings, refer to the current/approved HCBS Person Centered-Service Planning Policy.
9. The MCO and the CMHC shall schedule all service planning meetings at the participant's convenience.

G. Annual Level of Care Evaluation

1. The CMHC shall conduct an annual level of care evaluation for waiver functional eligibility every 365 days for each waiver participant.
2. The annual level of care evaluation must be conducted not later than 365 days after the previous functional assessment, but NOT earlier than thirty (30) days prior to the 365 days.
3. In the event a waiver participant is not found eligible at the level of care evaluation, the following processes shall be followed:
 - (a) The CMHC shall send an ES-3161 Form to KDHE 3161 designated mailbox to initiate closure of HCBS services; and must copy KDADS SED Program Manager in the notification.
 - i. The ES-3161 must indicate that the waiver participant is found ineligible at the annual level of care evaluation.
 - (b) KDHE will notify KDADS, CMHC, and MCO through a completed ES-3161.
 - (c) KDHE will send a Notice of Action to the waiver participant for a waiver eligibility discontinuance based on failure to meet functional eligibility criteria.

H. Third-Party Review

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1. KDADS shall assign a contracted third-party entity to review the Level of Care assessment process conducted using the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS).
 - (a) When assigned, the third-party entity shall complete the CAFAS assessment in conjunction with the responsible/assessing CMHC.
 - (b) The third-party entity shall note any inconsistencies, areas of concerns, or areas requiring corrective action in the observed/conducted assessment and its process.
2. KDADS shall use the third-party process in determining the integrity of the assessment process as one of the requirements for eligibility for the SED waiver services.
 - (a) KDADS shall use the third-party process in determining the integrity of the CAFAS assessment process conducted by the CMHC to determine eligibility for the SED waiver services.
 - i. Such data is reportable to the Centers for Medicare & Medicaid Services (CMS)

III. Documentation

A. Participant Interest Inventory (PII) HCBS SED

1. The participant interest inventory is a Person-Centered Service Plan related document that allows the participant to self-assess personal preferences, strengths, weaknesses, and goals prior to completing the Person-Centered Service Plan meeting.
 - (a) A PII must be completed for all individuals on the SED waiver program before a Person-Centered Service Plan is finalized.
2. The MCO Care Coordinator shall coordinate sending the PII to the participant prior to the Person-Centered Service Plan meeting. The participant and/or participant representative may complete this document prior to the meeting, or during the Person-Centered Service Plan meeting, based on participant preference, with assistance from the MCO Care Coordinator as required.
3. Impacted entities shall use a standard form for the PII that has been approved by KDADS and published on the agency's website.
4. The MCO shall ensure the completion of the PII. The MCO may use a sub-contractor to facilitate PII completion.

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- (a) Completion of the PII prior to the Person-Centered Service Plan meeting is not mandatory but encouraged to facilitate person-centered planning activities performed by MCO Care Coordinators.
 - (b) The MCO or MCO designated sub-contractor shall ensure the PII is forwarded to the MCO for inclusion in the Person-Centered Service Plan record.
5. The MCO Care Coordinator shall review the PII and provide education and explore the following:
- (a) Service options that will assist the participant in progress toward established goals,
 - (b) Identified care gaps, including assessing the participant's understanding of risks and consequences if gaps remain.
 - (c) The MCO Care Coordinator shall, in instances where a participant's preferences may put them at health or safety risk, verify, to the best of their ability, that the participant demonstrates an understanding of risk, strategies to mitigate risks, consequences, and shall make appropriate referrals to address risks.
 - (d) Restrictions to the participant's preferences, as stated in the PII or verbally.
 - (e) Additional community and social supports are available to the participant that may not be furnished directly by the MCO.
 - (f) Participants may use the assistance of non-paid supports and shall be encouraged to engage with non-paid supports when completing the PII.
6. PII components shall be documented within the Person-Centered Service Plan document.
7. Required components of the PII development process include documenting an understanding of the participant's needs, wishes, strengths, and personal preferences.

B. SED Attachment A: Initial Clinical Eligibility Form

C. SED Attachment B: Request for Exception to Minimum Age Criteria

D. SED Attachment C: Initial Request for Exception to Age 18 Criteria

E. SED Attachment D: Request for Exception to CBCL Criteria

F. SED Attachment E: SED Waiver Annual Evaluation of Level of Care (LOC)

G. SED Attachment F: Provisional Plan of Care

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IV. Definitions

Serious Emotional Disturbance (SED) – a diagnosed mental health condition that substantially disrupts a youth's ability to function socially, academically, and emotionally. Youth with SED meet the following criteria: age, duration and diagnosis, and functional impairment.

Duration and diagnosis – a current diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the most recent DSM. Disorders include those listed in the most current DSM or the ICD–10 equivalent with the exception of DSMV "V" codes, substance abuse or dependence, and developmental disorders unless the above disorders co-occur with a diagnosable disorder that is accepted within this definition.

Functional impairment – a disorder that substantially interferes with or limits a youth's role or functioning in family, school, or community activities. Functional impairment is defined as difficulties (internalizing and externalizing) interfering with or limiting a youth from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.

Person-Centered Service Plan - a written service plan developed jointly with an individual (and/or the individual's authorized representative) that reflects the services and supports that are important for the individual to meet the needs identified through a needs assessment, what is important to the individual regarding preferences for the delivery of such services and supports and the providers of the services and supports. (42 CFR § 441.725(a) and (b)).

Assessment – face-to-face interview and evaluation of an individual by an eligible assessor to determine an individual's eligibility for the program and his//her formal support needs

Eligibility – refers to the process whereby an individual is determined to be eligible for health care coverage or program eligibility for reimbursement through Medicaid as determined by authorized agents or personnel designated by the state.

Qualified Mental Health Professionals – Qualified mental health professional means a physician or psychologist who is employed by a participating mental health center or who is providing services as a physician or psychologist under a contract with a participating mental health center, a licensed masters level psychologist, a licensed clinical psychotherapist, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, a licensed professional counselor, a licensed clinical professional counselor, a licensed specialist social worker or a licensed master social worker or a registered nurse who has a specialty in psychiatric nursing, who is employed by a participating mental health center and who is acting under the direction of a physician or psychologist who is employed by, or under contract with, a participating mental health center any individual granted the authority to make a mental health medical diagnosis by a licensing board in Kansas. See 65-5801. Citation of act. KSA 65-5801 through 65-5818, and amendments thereto, and KSA 2020 Supp. 65-5819, and amendments thereto.

Policy Name:	Serious Emotional Disturbance (SED) Waiver Eligibility	Policy Number:	E2021-116
Commission:	Aging and Disability Community Services and Programs	Date Established:	10/20/2021
Applicability:	Serious Emotional Disturbance (SED) Waiver Program	Date Last Revised:	10/20/2021
Contact:	HCBS SED Program Manager	Date Effective:	10/20/2021
Policy Location:	https://kdads.ks.gov/kdads-commissions/long-term-services-supports/hcbs-policies	Date Posted:	10/20/2021
Status/Date:	Final 10/20/2021	Page Number:	15 of 15

Authority

Waiver Authority

1915(c) HCBS Serious Emotional Disturbance (SED) Waiver Number: KS.0320

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