

2011 Children’s Waiver Conference—Maximizing Prescreen Scores Facts to Document in Prescreens (CW TA Manual 6-5 to 6-13)

How to use this document:

1. Read the Priority Weighing Criteria for the Factor (including the introductory material) in the Children’s Waiver Technical Assistance Manual (pages 6-5 to 6-13)—available on-line at MDCH web site.
2. Provide relevant facts below (as appropriate) for each factor if a statement or question applies to this child.

Factor 10: Home Care Supports Other than the Children’s Waiver

This Factor scores resources available to support the child at home.

1. Name the private insurance carrier(s) that cover this child. HMO, PPO, EPO?
2. Is the child currently: Medicaid eligible, CSHCS enrolled, receiving SS benefits, or receiving Family Support Subsidy? If so, list all that apply.
3. What service(s) is CMH currently providing? Describe.
4. For adopted children, identify the amount of any Adoption Subsidy and describe other supports received OR if the child is not Medicaid eligible or receiving supports, state the reason why (e.g. “adopted from Russia”).
5. If services are currently approved for this child from any source, identify the amount, duration, and scope of all services approved (e.g. Medicaid, insurance, CMH, TEFRA application in process).
6. For anticipated changes in current supports, state the date service will end (or change) and the reason for the end date or change.

Factor 10 and Medicaid:

1. Medicaid beneficiary status will be verified before an invitation to apply is issued.
2. TEFRA application status will be verified. If an affirmative TEFRA eligibility determination is made, the prescreen will be rescored based on the criteria.
3. In some cases, the family will be asked to make an on-line Healthy Kids application if it appears this may be a resource for Medicaid eligibility.

For children with private insurance and high medical needs: please call Kathy Neville at (616) 844-1056 to assess this potential resource for home care and TEFRA.

Factor 9: Health and Safety of the Child

This Factor assesses legal requirements of a developmental disability, the child’s current functional level and capacity to provide for his or her own needs, the medical and/or behavioral challenges presently observed and addressed at home during the day and at night given the age and size of the child and the number of hours the child attends school.

1. What are the diagnoses for this child? If the primary diagnosis is mental retardation unspecified, pervasive developmental disability unspecified, mild mental retardation, Asperger's, or a psychiatric diagnosis (such as Mood Disorder), please include recent additional documentation (psychological or psychiatric reports, IEPC, medical records) to support developmental disability and ICF/MR eligibility.
2. What "substantial functional limitations" does the child have in "major life activity" areas (self-care, receptive and expressive language, learning, mobility, and self-direction)? (See MCL 330.110a(21), 42 USC 15002(8), and Medicaid Provider Manual, Mental Health-Substance Abuse section 14, Children's Waiver Program Section 14.2, pages 70-71—Eligibility)
3. What activities of daily living (ADLs) can the child perform independently (eating, bathing, grooming, dressing)? What help does the child need from a parent to complete these ADLs? (If described in 1., no need to repeat)
4. What do the parents see and hear each day at home as they live with this child?
5. What is the daily frequency and duration of medical or behavioral care needs at home? (See additional Medical and Behavioral facts to document below.)
6. What is the child's current special education classification? What type of school classroom does the child attend? What days and hours does the child attend school? Is there a summer school program for this child?
7. What is the child's current height and weight?

Primary Medical Need Detail (current needs—maximum last year):

Medical Details

General:

1. Identify the frequency and type of interventions required.
2. Identify the variation in and range of interventions (a) from day-to-day, and (b) during the day and at night.
3. Identify dates of hospitalizations or emergency room visits in the last 12 months and the reason for each one.

For a ventilator (bi-pap, c-pap, or similar): Specify the number of hours per day the child is dependent on the technology. Describe the frequency of adjustments and interventions needed throughout each 24-hour period.

For a trach: Identify the range of average daytime and nighttime suctioning per 24 hours over the last 30 (to 90) days. If appropriate, differentiate between frequency on a good day and a bad day, and identify the number of good and bad days over the last 30 days.

For oxygen administration: Describe the number of hours per day of oxygen administration (include time of day), the rate of administration, and the frequency of adjustments to the oxygen rate. State whether or not the child has a pulse oximeter; if so, describe the frequency and level of oxygen desaturations, and the adjustments to oxygen required over the last 30 days. For PRN oxygen, identify the actual usage over last 30 days including rate and adjustments.

For G-tube feedings: Describe the number of feedings per 24 hour period and whether bolus, drip, or pump administration. Indicate whether supplemental to oral nutrition or solely fed by G-tube.

Primary Behavioral Need Detail (current needs—last six months):

1. Describe the specific behaviors that are challenging at home right now. What does a typical behavioral event look and sound like?
2. If aggression, property destruction, or self-injurious behavior is listed, what does each behavior look and sound like for this particular child? How long does it typically last each time? If “tantrums” are listed, describe what a tantrum involves for this child. For some children, aggression, property destruction, or self-injurious behavior is tantrum behavior. For others, the behaviors occur separately.
3. Describe the daily or weekly frequency and duration of each behavior over the last 30 days. How often does the behavior occur and how long does each event usually last?
4. Describe what the parent does to address the behavior. Has the family received help with a behavior plan?
5. If injuries have occurred, please provide (a) an ABC (Antecedent, Behavior, consequence) description, (b) the date of the injury, (c) the type of medical treatment received, and (d) the type of facility where medical treatment was obtained. Injuries more than six months old are not needed.

Factor 8: At Risk of Out-of-Home Placement

This Factor assesses whether or not out-of-home placement is requested and whether or not CMH supports an out-of-home placement. (Medical or psychiatric hospitalization is not considered out-of-home placement under this Factor.)

1. On what specific date did the family request out of home placement from CMHSP?
2. State whether or not CMH supports the request for placement (Yes or No).
 - (a) If yes, where will CMH place this child (describe setting: foster care, residential treatment, in-patient hospital or psych facility, respite home, other—describe).
 - (b) If no, what services is CMH authorizing (or plans to authorize) to allow the child to remain in the family home?
3. What is the planned date for placement (specify)?
4. What is the anticipated length of this placement?

Factor 7: The Number and Ages of Other Minor Children Residing in the Home

This Factor identifies children under age 18 who live in the home full time.

1. For each child under the age of 18 and living in the home full-time, provide the name, date of birth, and age of the child. List children 18 and older under “adults living in the home” (Factor 6).
2. Identify those children who live in the home part-time (step, half siblings, other) and their relationship to the family unit. Describe the days per week each is present in the applicant’s home.
3. Identify any children who are not the children of the applicant’s parent(s); describe the child’s relationship to the family unit.
4. Identify any children who are foster children.
5. Identify adopted children and include Adoption Subsidy amounts.

Factor 6: Family Stress and/or Physical Health Problems

This Factor identifies all adults age 18 and over living in the home, schedules for availability of providing care, and any limitations on the parents’ capacity to provide care for the applicant.

1. Name the adults 18 and older who are living in the home and relationship to applicant.
2. Describe each adult’s work or school schedule.
3. Describe any significant health issue for each caregiver adult. If a diagnosis or health issue affects the capacity of that adult to provide care to the applicant, describe those limitations.
4. If the pre-screen says that the family is in counseling, describe who, the type of therapist (psychiatrist, psychologist, social worker), and the dates of counseling for the last 90 days.

Factor 5: The Family Has More than One Child with Special Needs at Home

This Factor describes care needs of special needs siblings under age 18 that parents must address on a daily basis.

1. For each child with special needs: provide the diagnosis, care needs at home, special education classification (if any), and type of classroom at school.
2. If the child currently receives the Children’s Waiver Program or other in-home hourly care services, please identify which child and the amount, duration, and scope of the services being received.
3. Describe extra care the parent must provide at home.
4. If the child is adopted, provide amount of monthly Adoption Subsidy.
5. Is any child listed currently receiving Children’s Waiver Program services?
6. Is any child listed currently Medicaid eligible? If yes, what services are currently authorized for this child in the home?

Factor 4: Child Presently in a Nursing Home (Yes or No)

Factor 3: Child Presently Resides in an ICF/MR Facility (No)

Factor 1: The Child is Presently in a Foster Home and Needs Support (Yes/No)