

Children's Waiver Program

Maximizing Prescreen Scores

November 2011

Kathy Neville

Welcome

- Introductions
- Overall Goals
 - Achieve highest appropriate score for each family
 - Understand the paperwork flow
 - Efficiently document necessary facts

Changes in the Past Year

- No “invitations to apply” were issued for the CWP beginning in December 2010 and a large number of slots did not become available in fall 2011
- Why? As a result of the CMS renewal application process for the CWP, changes were made in federal expectations for Quality Improvement, enrollment numbers, services, Site Review activities, and other areas. To hear full details: Workshop 13 at 2:45 today, Audrey and Joan

Changes Related to Prescreen Submission

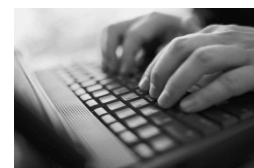
- Enhanced emphasis on documentation of a DD (more detailed description of “substantial functional limitations”) and need for ICF/MR level of care evidence in prescreen.
- Quality improvement data required and reported to CMS.
- Importance of responding promptly to requests for documentation of DD, ICF/MR

Implications for Openings

- One or more openings expected monthly (age-off openings, other openings possible if a child's services terminate)
- CWP opening may be available sooner for children with highest prescreen scores and identified needs
- Openings will be filled closer to the date they became available

Coming Attractions—We Hope!

- An on-line prescreen process
- Drop-down screens to identify necessary facts to include for each area
- Today's session includes proposed content



Current Prescreen Paper Flow:

- Case manager meets with the family to review the program and gathers information to assess eligibility for the CWP including:
 - Ability to document a developmental disability as defined in MCL 330.110a(21) AND
 - Evidence of need for services at an ICF/MR Level of Care

Prescreens Required



- An INITIAL prescreen is completed, if the C/M and family agree.
- An UPDATE is required every 6 months.
- A FULL, NEW prescreen is required every 12 months.

Initial Prescreen Sent to MDCH

What happens at DCH?

- Date stamped on arrival at DCH
- Scored within 14 days (using scoring criteria in CWP TA Manual that is available on-line and handout)
- Child's name placed on "Priority Weighing List" by score
- Scoring form and cover letter sent to Case Manager

C/M Follow Up with Family

- C/M reviews scoring info with family
- C/M answers questions (if any) in cover letter and sends to DCH for rescore
- C/M sends in an update in 6 months
- C/M sends in a full new prescreen in 12 months

When a CWP Opening Occurs:

- All prescreens that have arrived at DCH are scored and placed on the weighing list.
- Top score child: checked for an update within 6 months, a full new prescreen within 12 months, answers to all cover sheet questions, AND current Medicaid status on CHAMPS.
- And...



Review of DD, ICF/MR

- Has the C/M submitted sufficient initial documentation of a DD and ICF/MR level of care to support eligibility AND
- Has the C/M submitted additional documentation related to DD and ICF/MR if it has been requested AND
- Has the Clinical Review Team reviewed documentation in appropriate situations.
- Then...an invitation to apply is issued to the child on the weighing list with the highest score.

Any questions on this process?



Maximizing Prescreen Scores:

How to document your facts to get the highest appropriate score for your family with few or no cover sheet questions to answer...

Prescreen Scoring Overview

- NINE “Factors” are scored based on the details of the child’s needs, available resources, and the family situation facts you document.
- What you write in your prescreen provides the basis for the score, and the scoring sheet describes the facts supporting the score.
- The Scoring Criteria can be found in the CWP TA Manual, Section 6 (available on the MDCH web site).

THE TOP THREE FACTORS

FACTS related to these three Factors are key to maximizing your prescreen score:

- Factor 9: Health and Safety of the Child
- Factor 6: Family Stress and/or Physical Health Problems
- Factor 5: Family Has More than One Child with Special Needs

Factor 9: Health and Safety of the Child

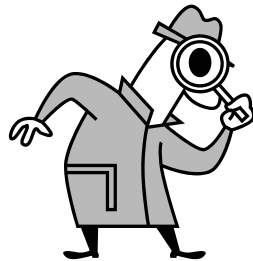


- 3 Key Areas of Description about Child:

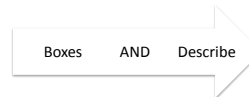
- Functional abilities and limitations in all DD areas
- Medical/behavioral needs for daily, hourly care at home
- Specific assistance needed from caregiver

Factor 9: DD *Description* Needed

- KEY: Evidence of a DD:
- **Substantial functional limitations** in 3 or more of the following areas:
- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Comments on independent living capacity and economic self-sufficiency



DD Documentation Requires:



- Mark the applicable boxes on the prescreen form: Self-Care, Language, Learning, Mobility, Self-Direction... THEN
- Provide a description of current abilities in each area AND help needed.
- BOTH are necessary.

Factor 9 Flags: more DD detail please

- | | |
|---|--|
| <p>Diagnosis:
Autism, ASD
Asperger Syndrome
PDD, NOS
Mild MR, MR unspecified
Psychiatric Diagnoses</p> <p>Educational Placement:
General or regular classes
SEI, OHI, other</p> | <ul style="list-style-type: none"> • Why?
DD is not based on diagnosis. <p>“Substantial functional limitations” may or may not be present in 3 or more identified areas with these diagnoses/educational placements.</p> <p>In addition, evidence of ICF/ MR level of care is required for CWP (and need for active treatment).</p> |
|---|--|

Challenging Behavior and Substantial Functional Limitations



- A description of current functional abilities is needed for all defined areas of “substantial functional limitation.”
- Saying “behavior interferes” with completion of skills does not describe current abilities.

Medical/Behavioral Needs

- | | |
|---|---|
| <p>Medical and Health Detail</p> <ul style="list-style-type: none"> • Vent, bi-pap, c-pap, other • Trach, suctioning frequency • Oral suctioning, frequency • Oxygen, pulse ox, frequency of adjustments to rate • Feeding tube • Current in-home nursing? • Other health/medical needs | <p>Behavior at Home Detail</p> <ul style="list-style-type: none"> • Behavior at home • Description of current frequency, duration (last 6 months maximum) • Dates of: any serious injuries and a description of injury and medical treatment required; or date of any serious property destruction and ABCs |
|---|---|

With this detail...

- Along with your description of the child’s age, size, mobility, and abilities, it should be possible to have a sense of the caregiver assistance needed for:
 - Activities of daily living and
 - Medical or behavioral needs

Any questions on Factor 9?



Factor 6: Family Stress or Physical Health

- KEYS: Adults in the home? Schedules?
- Who is the primary caregiver?
- What limitations, if any, does a parent have in capacity to provide daily care to the child based on parent’s diagnosis or issues identified?



Parent Physical Health Issues

Provide these details:

- Diagnosis
- Current Treatment
- Who treats/monitors? How often?
- Hospitalizations last 12 months? (Dates, why?)
- Current limitations on capacity to provide care?

Example:

- Cancer diagnosed 7-1-11.
- Two surgeries since diagnosis, 20 lb weight lifting restriction.
- Current chemotherapy twice weekly for 6 months then every 3 weeks for 6 more months.
- Radiation daily for next 8 weeks (with start date).

Other Common Health Issues

- **KEY ISSUE:** What limitations exist in capacity to provide care as a result? **CONSIDER:** What are the child's needs? Who is primary caregiver?
- On meds for high cholesterol, blood pressure, thyroid problems.
- Meds for depression (psychiatrist or PCP?)
- Has migraines
- Pain: Back, shoulder, hip, knee, other: Diagnosis? Current treatment? Child's needs?

Parent in Counseling

- Identify the type of therapist providing counseling (psychiatrist, psychologist, social worker)
- Give the specific dates of counseling for the last 90 days.
- Update the dates of counseling every 90 days



Any questions on Factor 6?



Relationship between Factors 7 and 5

- Factor 7 identifies the children under age 18 who live in the home full time who are the legal and financial responsibility of the applicant's parent(s) if the parent is not reimbursed for care (for example, foster child).
- Factor 5 provides the details of any special needs for the children identified in Factor 7.

Factor 7: Numbers and Ages of Other Minor Children Living in the Home

Requirements:

- Under age 18
- Living in the home FULL TIME
- Legal responsibility of applicant's parent
- **MUST** identify any child listed who is foster or adopted child

Document:

- Child's Name
- Date of Birth
- **NOTE:** Only children who meet the requirements to the left can be considered for scoring under Factor 5.

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

- For each child under age 18 with “special needs” from Factor 7, describe:
 - Diagnosis
 - Care needs AT HOME
 - Special ed classification, type of current classroom
 - Enrolled in CWP? Other services provided (PDN, CLS, Adoption Subsidy?) MA eligible?

Prescreen Rescoring of Sibs



- If two or more children from one family are prescreened for the CWP and one child receives an invitation to apply, Factor 5 is rescored for any other child from the family on the weighing list.

Any questions on Factor 5?



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

- Private insurance
- Medicaid status: document results of on-line Healthy Kids app; TEFRA application in process?
- Family Support Subsidy
- CSHCS
- Adoption
- Describe ANY current in-home supports
- If changes expected, state date, explain why.

Factor 8: Risk of Out-of-Home Placement

Family Statements:

- On what date did the family request placement from CMH?
- If the child is currently in out-of-home placement, where is the child placed?
- NOTE: Medical or psychiatric hospitalization is NOT placement under this Factor.

CMH Statements:

- Does CMH support the request for placement?
- Planned date of placement?
- Planned (or actual) length of placement?
- Where will the child be placed?
- What services authorized to prevent placement?

Factors 4, 3, and 1

- Two of these are “Yes” or “No”—one is “No”
- Factor 4: Child Presently in a Nursing Home
- Factor 3: Child Presently Resides in an ICF/MR (not in Michigan—sometimes out-of-state)
- Factor 1: Child Presently in Foster Care and Needs Support
- QUESTIONS? Call 616-844-1056 Mon-Thurs 8a-5p or email NevilleK@michigan.gov