

WY CME Clinical Eligibility Criterion

Clinical Judgment and Exceptions

The Magellan Clinical Eligibility Criteria Guidelines direct the Care Management Entity to use only clinical eligible criteria for enrollment into the HFWA program based on guidelines set forth in the Wyoming Medicaid State Plan Amendment and are very specific. No special exceptions can be made by the WY CME. The state of Wyoming Office of Medicaid financing makes all exception determinations.

Clinical Eligibility Definitions

Magellan reviews all 1915 (b) waiver applications for enrollment. The state of Wyoming defines clinical eligibility for 1915(b) Waiver-Wyoming Medicaid's Youth Initiative as:

"A High Fidelity Wraparound (HFWA) Community-Based Alternative for Youth with Serious Emotional/Behavioral Challenges."

Eligibility Criteria

- Youth ages 6 -20 must have minimum Child and Adolescent Service Intensity Instrument (CASII) composite score of twenty (20)
- Completion must be done by independent assessor (Outside of High Fidelity Team)
- Initial CASII needs to be completed within six month of application
- Annual re-evaluation
- Youth ages 4 & 5 must have an Early Childhood Intensity Instrument (ECSII) score of eighteen (18) to thirty (30) **OR** the appropriate social and emotional assessment information provided to illustrate level of service needs; and
- Must have a DSM Axis 1 or ICD diagnosis that meets the States diagnostic criteria
- ** Assessment completed within 12 months or annual assessment

Magellan Clinical Eligibility Criteria is in accordance with state or Federal law or regulation, including Medicare National or Local Coverage Determinations, concerning scope of practice for certified, independent practitioner, e.g., high fidelity wraparound family care coordinators.

Excluded Populations

- Reside in Nursing Facility or ICF/MR
- Enrolled in another Medicaid managed care program
- Youth enrolled with following waivers, or who has met all the clinical criteria for and been placed on a waitlist:
 - Children's Developmental Disability Waiver – WY Waiver 0253
 - Acquired Brain Injury (ABI) – WY Waiver #0370
 - Developmental Disability Supports Waiver – WY Waiver # 1060
 - Developmental Disability Comprehensive Waiver – WY Waiver # 1061
 - Long Term Care Waiver – WY Waiver # 0236
 - Assisted Living Facility Waiver – WY Waiver #0369