REGION 10 PIHP				Page 1
SUBJECT Habilitation Supports Waiver		**CHAPTER** 05	**SECTION** 03	**SUBJECT** 02
CHAPTER Clinical Practice Guidelines		**SECTION** Care Delivery		
WRITTEN BY Kelly VanWormer & Pattie Hayes	**REVIEWED BY** Shannon Jackson		**AUTHORIZED BY** PIHP Board	

I. APPLICATION:

☐ PIHP Board   ☒ CMH Providers
☒ PIHP Staff   ☒ CMH Subcontractors   ☐ SUD Providers

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP to manage the Habilitation/Supports Waiver (HSW) Program so that it meets all state (MDHHS) and federal (CMS) requirements, is efficient and follows the standards.

III. DEFINITIONS:

HSW Program: An individual must be enrolled in the HSW Program through the enrollment process completed by the PIHP. Once an individual is enrolled, staff must complete an annual certification upon the condition the individual continues to meet the following eligibility criteria:
A. Has a developmental disability (as defined by Michigan Law)
B. Is Medicaid eligible
C. Is residing in a community setting
D. If not for HSW services, would require ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) level of care services
E. Chooses to participate in the HSW in lieu of ICF/IID services

The individual may also receive other Medicaid state plan or additional 1915(i) services while enrolled in the HSW. The HSW services are identified to MDHHS using the eligibility file, the WZ modifier will be used to show Out-of-Home Non-Vocational Habilitation. The individual must receive a minimum of one habilitative service each month. The PIHP receives an HSW payment for each enrollee, per month, upon the condition the above requirements are fully met.

Qualified Intellectual Disability Professional (QIDP): An individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) or one year of experience in treating or working with a person who has an intellectual disability; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech language pathologist, audiologist, behavior analyst, registered nurse, dietician, therapeutic recreation specialist, licensed or limited-licensed professional counselor or a human services professional with at least a bachelor's degree in a human services field.

Waiver Support Application (WSA): The Waiver Support Application (WSA) is the enrollment,

maintenance, and management tool for the Habilitation Supports Waiver program.

IV. STANDARDS:

PIHP responsibilities shall include:
A. Liaison with MDHHS on HSW issues/ concerns
B. Act as the "gate keeper" for entry and exit of individuals in and out of the HSW Program
C. Monitor program eligibility and utilization data on a regional level
D. Complete all encounter and data reporting required by MDHHS
E. Signs and reviews initial certifications, annual recertifications and disenrollment certifications for region

CMHSP responsibilities shall include:
A. Determining monthly Medicaid eligibility of consumer
B. Completion and processing of documentation for initial certifications, annual recertifications, and disenrollments.
C. Notifies PIHP when Medicaid eligibility is lost within thirty (30) days of lost eligibility, including the reason and what is being done to obtain retroactive Medicaid eligibility
D. The CMH will notify PIHP designated staff of hospitalization or nursing home placements within thirty (30) days of admission and the CMH will notify designated PIHP staff of hospitalization or nursing home discharges of HSW enrollees within thirty (30) days of discharge.
E. Notifies PIHP when enrollee plans to move out of county
F. Notifies PIHP when enrollee has not received the required monthly service, including the reason why and documentation that supervisor and HSW coordinator have been advised.
G. Provides performance measurement and quality data in a timely manner upon request from the PIHP
H. Ensures Residential Living Arrangement is accurately reported in the Demographics of the electronic health record, updates as necessary, and submits within the BH TEDS data file to the PIHP
I. Updates recertification due dates into Habilitation Funding Source in the electronic health record.
J. Ensures Aides (non-licensed, non-verified providers) meet the following qualifications
1. At least 18 years of age
2. Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
3. Able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific procedures, and report on activities performed
4. In good standing with the law
5. Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, or other method determined by the PIHP to demonstrate competence in basic first aid procedures.
    a. Ensures support and service providers have received training in the beneficiary's IPOS, and proof of training is kept in the electronic health record of the beneficiary

K. A new HSW slot can be obtained only from MDHHS by the PIHP using the prescribed process. Supporting documentation on candidates for additional slots must be sent to MDHHS for review

SUBJECT		CHAPTER	SECTION	SUBJECT
Habilitation Supports Waiver		05	03	02
CHAPTER	**SECTION**			
Clinical Practice Guidelines	Care Delivery			

and approval. Only when final approval is received from MDHHS is an additional slot available for use.

L. To be eligible for Habilitation Supports Waiver, the individual must:
1. Meet the definition of having a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act
2. Meet Medicaid eligibility standards
3. Require the types of services and the level of care provided by an intermediate care facility for the individuals with intellectual disabilities and would require ICF/IID placement, absent the waiver, and resides in a community setting.

M. The HSW submission for a new enrollee must include the following items:
1. Completed Demographics entered in the WSA demographics tab
2. Completed HSW Certification Form properly signed by guardian and QIDP credentialed case holder and uploaded to the Demographics tab in the WSA and saved in the electronic record of the beneficiary
3. Level of Care entered into the Level of Care tab in the WSA
4. Copy of the IPOS, completed within the last twelve (12) months, which includes habilitative goals and language specifying habilitative need and a signed IPOS signature sheet by attendees and guardian uploaded to the Services tab in the WSA
5. Copies of any professional assessment(s) that supports the need for HSW services, including the person's functional abilities, needs and objectives developed through the person-centered planning process to be implemented using HSW services labeled and uploaded to the Documents tab in the WSA
6. Copy of recent IEP (if still in school) labeled and uploaded to the Document tab in the WSA

N. Prioritization for filling these new slots will be completed by the PIHP.
O. The PIHP reviews WSA enrollment submissions and makes the determination of appropriateness of the waiver MDHHS-established eligibility requirements. If the case is determined to meet eligibility requirements with appropriate and complete supporting documentation, the PIHP forwards the enrollment submission to the MDHHS for review and final approval. Please note: an individual will not be enrolled into the waiver until MDHHS approves the enrollment.
P. MDHHS will inform the PIHP when a new slot has been assigned and will provide the date of enrollment. The PIHP will inform the CMH Administrative HSW designee of the new slot assignment and enrollment date.
Q. Once a case has been initiated and sent to the CMH work queue in WSA, the CMH lead has fifteen (15) business days to submit a completed application through the WSA or the case will be withdrawn until it is ready for submission.
R. The HSW recertification submission to the WSA must include the following:
1. Completed demographics entered in the WSA recertification demographics tab
2. Completed HSW Certification Form properly signed by guardian and QIDP credentialed case holder, uploaded to the WSA and saved in the electronic record of the beneficiary
3. Level of Care information entered in the WSA Level of Care tab
4. Completion of the Services tab in the WSA
5. Upload a current IPOS with habilitative goals, habilitative services, and guardian's signature

S. HSW service data must be submitted to the PIHP as an encounter closely following service delivery. The PIHP will be responsible for reporting all HSW services no later than ninety (90) days following service delivery in order for payment to be retained.

T. Eligibility for Medicaid must be verified monthly by the CMH. If an individual is no longer eligible for Medicaid, or if the individual dies, the individual must be disenrolled from HSW, therefore the CMH must immediately notify the PIHP. The PIHP will notify MDHHS of this disenrollment with the specific reason for disenrollment.

U. If an individual has a Medicaid deductible (spend down), the CMH must notify the PIHP by the fifteenth (15th) of each month if the deductible has not been met and why.

V. MDHHS requires Recertifications to be completed annually, within 364 days of the individual's last enrollment/recertification date. There is no grace period. Annual recertifications are due to the PIHP queue in the WSA by end of business the fifth (5th) day of the month eight (8) weeks prior to the first of the month in which the certification is due to allow for review and submission to the MDHHS queue in the WSA. Example: Recertification is due in February; the WSA submission for Recertification is due to the PIHP by December 5th. If a recertification is submitted later than 364 days after the individual's last enrollment/recertification date, the case may be made inactive in the WSA until documentation is received.

   1. All signatures should be dated in a timely manner, including the individual/guardian signatures.
   2. The PIHP requires that consent signatures (typically signed by a parent or guardian) on Habilitation Supports Waiver certifications are due once every three (3) years to align with MDHHS reporting requirements. If a consent is not received before the cases expiration date marked in WSA, the Beneficiary case may be made inactive in the WSA until consent documentation is submitted.
   3. It is recommended that each CMH maintain a process to ensure annual customer, parent and/or guardian involvement in the annual re-certifications is retained.
   4. If a case is pended back in the WSA for any reason, the CMH Lead will collect the documentation needed and resubmit to the PIHP within fifteen (15) business days of the date MDHHS pended the case back. If a recertification pend back is more than thirty (30) days late for submission, the case may be made inactive until documentation is submitted. QIDP credentials for staff must be attested to in the WSA at the time of recertification data entry. All tabs in the WSA recertification menu must be completed fully prior to the submission to the PIHP queue in the WSA.

W. If the individual is being disenrolled from HSW, please send the disenrollment certification form (this is at the bottom of the HSW eligibility certification form), a copy of the Adverse Benefit Determination Notice that was issued to the individual noting the Individual will be disenrolled from the HSW program to the PIHP. If an individual is disenrolling due to a Nursing Care placement, an Omnibus Budget Reconciliation Act (OBRA) assessment needs to occur and be submitted to MDHHS prior to disenrollment documentation submission. If the disenrollment is due to death, only the disenrollment certification is needed without the guardian's signature. The PIHP will inform MDHHS. MDHHS is required to review the disenrollment. If a beneficiary is in an inactive status for longer than ninety (90) days and has no plan in place for returning to the community, an Adverse Benefit Determination Notice should be issued, and this individual should be disenrolled from the Waiver for no longer meeting eligibility criteria.

X. The PIHP will review encounter data and analyze utilization data as a monitoring mechanism. Any issues would be reported to the CMHs through PIHP Contract Management.

Y. The PIHP will monitor and manage the waiver slot allocation. The methodology for determining the number of slots is based on several factors including historical demands and the number of individuals regionally presenting and requesting services with eligible disabilities. Remediation for slot utilizations occurs when a PIHP has filled slot percentage of 95% or lower for three consecutive months. From here it is suggested that technical assistance, regional trainings, and on-site record reviews be performed to assist in identifying and applying for HSW enrollment on behalf of individuals who are eligible.

V. PROCEDURES:

A. Initial Certification
   1. CMH Administrative HSW Designee
      a. Contacts PIHP Administrative HSW designee for availability of waiver slots
      b. Ensures that the HSW enrollment submission is completed as outlined in Standard E
      c. Forwards HSW submission to PIHP Administrative HSW designee in the WSA
      d. Completes the HSW initial application within a fifteen (15) business day window and submits through the WSA or the case will be withdrawn until the case is ready for submission.
      e. Maintains a file of all enrollment packets
      f. Ensures HSW documentation is maintained in the electronic health record
   2. PIHP Administrative HSW Designee
      a. Reviews enrollment submission in the WSA for required documents and habilitative need
      b. Forwards enrollment packets to MDHHS in the WSA
      c. Informs CMH Administrative HSW Designee of enrollment (with start date) or denial letter

B. Recertification
   1. CMH Administrative HSW Designee
      a. Ensures information is prepared for recertification as well as verification of Medicaid eligibility for submittal prior to expiration of certification. Annuals are due to the PIHP eight (8) weeks prior to the fifth (5th) of the month in which certification is due. Example: Recertification is due in February; the Recertification information is entered into the WSA and sent to the PIHP queue in the WSA by end of business on December 5th.
      b. Completes recertification process by following Standards J, , M, N
      c. Maintains all certification data and enters data into the WSA following Standards N for recertification
      d. Ensures HSW recertification data is maintained in the electronic health record.
   2. PIHP Administrative HSW Designee
      a. Reviews HSW recertifications entered into the WSA for completeness and verifies the level of services provision during the past year
      b. Maintains MDHHS WSA database.

C. Termination/Disenrollment
   1. CMH Administrative HSW Designee

a. Ensures that individuals are disenrolled from the waiver using Habilitation/Supports Waiver Eligibility Certification (form #DCH3894) for anyone (1) of the following reasons:
   i. Determines individual no longer meets eligibility requirements for the HSW
   ii. Determines individual is no longer eligible for Medicaid
   iii. An individual is placed within an ICF/IID
   iv. Individual dies
   v. Individual/Guardian withdraws their enrollment in the waiver including reason
b. An individual/guardian signature is required for disenrollment/termination reasons a(i), a(ii), a(iii), and a(v) on certification form.
c. Provides Adequate and Advance notice to individual/guardian regarding disenrollment
d. Requests an OBRA assessment completed if an individual is disenrolling due to a Nursing Care placement prior to disenrollment documentation submission.
e. Maintains a file of all certification forms, individual/guardian letter, and advance notice. Forwards a copy of certification form, individual/guardian letter, advance notice to PIHP Administrative HSW Designee
f. Ensures HSW disenrollment form is scanned into electronic health record.

2. PIHP Administrative HSW Designee
   a. Maintains a file of all certification forms, individual/ guardian letter and Adequate and Advance Notice. Maintains MDHHS WSA database.

D. PIHP Reporting/Monitoring
   1. Certification Forms
      a. PIHP Administrative HSW Designee
         i. Monitors all certification forms, enrollment packets, and disenrollment packets for accuracy.
   2. Encounters
      a. PIHP Staff
         i. Monitors HSW service delivered to individuals enrolled in HSW program. Prepares reports detailing service delivery and any outliers.
         ii. Reports encounters to MDHHS by specified deadlines.
         iii. Monitors payments received from MDHHS for accuracy. Works with PIHP HSW Designee on a monthly basis. Contacts MDHHS regarding discrepancies.

VI. EXHIBITS:

None

VII. REFERENCES:

A. MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, Section 15- Habilitation Supports Waiver for Persons with Developmental Disabilities
B. Behavioral Health Code Charts and Provider Qualifications