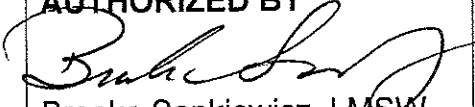


<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 02	<b>SECTION</b> 004	<b>SUBJECT</b> 205
<b>SECTION</b> Clinical and Support Services		<b>DESCRIPTION</b> Habilitation Supports Waiver	
<b>WRITTEN BY</b> Andrea Casler, MPH Stepping Stone Supervisor	<b>REVISED BY</b> Kristen Schank, BHSA Data Management Coordinator	<b>AUTHORIZED BY</b>  Brooke Sankiewicz, LMSW, CADC, CEO	

**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers			

**POLICY:**

Lapeer County Community Mental Health (LCCMH) meets all Michigan Department of Health and Human Services (MDHHS) and Centers for Medicare and Medicaid Services (CMS) requirements for the Habilitation Supports Waiver (HSW) Program.

**STANDARDS:**

- A. LCCMH complies with the Michigan Medicaid Manual for the HSW for persons with developmental disabilities.
- B. The HSW program is a funding source for services for individuals who:
  - 1. Have a developmental/intellectual disability
  - 2. Are Medicaid eligible
  - 3. Reside in a community setting
  - 4. Would require Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care services if not for HSW

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 205
SECTION Clinical and Support Services		DESCRIPTION Habilitation Supports Waiver	

5. Choose to participate in the HSW in lieu of ICF/IID services
- C. The individual must receive a minimum of one HSW service each month.
- D. The individual may also receive other Medicaid state plans or additional 1915(i) services while enrolled in the HSW.
- E. LCCMH complies with the standards as outlined in the Region 10 Prepaid Inpatient Health Plan (PIHP) Habilitation Supports Waiver policy 05.03.02.

**PROCEDURES:**

A. Initial Certification

1. Clinical Supervisor:

- a. Periodically reviews LCCMH cases for eligibility when waiver slots are available.
- b. Informs the primary case holders of eligible cases.

2. Primary Case Holder:

- a. Completes the HSW enrollment packet as required in the Medicaid provider manual.
- b. Ensures residential living arrangement is accurately reported in person served demographics.

3. Supervisor:

- a. Reviews certification forms for accuracy and habilitative need and signs (if required) as the Qualified Intellectual Disability Professional (QIDP) and responsible mental health agency staff.
- b. Forwards packet to the LCCMH HSW Support Staff Designee.

4. LCCMH HSW Support Staff Designee:

- a. Reviews the enrollment packet to ensure all documents were obtained before submission to the PIHP. Refer to PIHP Policy 05.03.02 for the

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 205
SECTION Clinical and Support Services		DESCRIPTION Habilitation Supports Waiver	

required documentation.

- b. Verifies Medicaid eligibility of persons served.
- c. Maintains an electronic file of all enrollment packets. Forwards HSW enrollment packet to the PIHP HSW Designee.

5. PIHP HSW Designee:

- a. Reviews enrollment packet for required documents and habilitative needs.
- b. Forwards packet to MDHHS.
- c. Informs LCCMH Support Staff Designee of enrollment (with start date) or denial letter.

6. LCCMH HSW Support Staff Designee:

- a. Enters funding source into electronic health records.
- b. Verifies monthly Medicaid eligibility of person served.
- c. Ensures HSW documentation is scanned into electronic health records.

B. Recertification

1. Primary Case Holder:

- a. Prepares recertification packet and verifies Medicaid eligibility for submittal prior to expiration of certification. Annual certifications are due to the LCCMH HSW Support Staff Designee two weeks prior to the PIHP due date, The PIHP requires annual certifications to be submitted eight (8) weeks prior to the first day of the month in which the certification is due.
- b. Ensures the person served, parent or guardian is involved in the annual recertification.

2. Clinical Supervisor:

- a. Reviews recertification packet for completion, per Region 10 PIHP Policy 05.03.02, and reviews plan of service for habilitative goals and objectives.

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 205
SECTION Clinical and Support Services		DESCRIPTION Habilitation Supports Waiver	

3. LCCMH HSW Support Staff Designee:

- a. Enters information into the Waiver Supports Application (WSA) Database prior to submission to the PIHP Administrative HSW Designee for processing.
- b. Maintains an electronic file of all certification forms.
- c. Receives notification from the PIHP of approval or denial.
- d. Ensures the documentation is scanned into the electronic health record.
- e. Updates the funding source in the electronic health record.

C. Termination/Disenrollment

1. Primary Case Holder:

- a. Disenrolls individual from the waiver using Habilitation Supports Waiver (HSW) Eligibility Certification form for any one 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 placement;
  - iv. Individual dies;
  - v. Individual/Guardian withdraws their enrollment in the waiver.
2. An individual/guardian signature is required on the certification form for disenrollment/termination reasons a, b, c, and e.
3. Provides adverse notice to individual/guardian regarding disenrollment with the documentation that the individual/guardian understands the individual is being disenrolled from the HSW Program for reasons other than death.
4. Forwards a copy of the certification form and adverse notice to the clinical supervisor and the LCCMH HSW Support Staff Designee.

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 205
SECTION Clinical and Support Services		DESCRIPTION Habilitation Supports Waiver	

5. LCCMH HSW Support Staff Designee:

- a. Forwards copy of certification forms, individual/guardian letter, and adverse notice to the PIHP Administrative HSW Designee.
- b. Updates change to the funding source in the electronic health record.
- c. Maintains an electronic file of all certification forms, individual/guardian letters, and adverse notices.
- d. Receives documentation back once PIHP has completed processing and ensures it is scanned into the electronic health record.

D. Reporting/Monitoring

1. LCCMH HSW Support Staff Designee:

- a. Ensures all HSW documentation is scanned into the electronic health record.
- b. Monitors HSW services delivered to individuals enrolled in the HSW program. Prepares reports detailing service delivery and any outliers.
- c. Monitors the HSW due dates and number of waiver slots utilized.
- d. Coordinates communication with PIHP HSW Designee.

2. Refer to the PIHP policy 05.03.02 for reporting and notifications.

**DEFINITIONS:**

**Qualified Intellectual Disability Professional (QIDP)** - Staff 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, registered dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, or a human services professional with at least a bachelor's degree in a human services field.

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 205
SECTION Clinical and Support Services		DESCRIPTION Habilitation Supports Waiver	

**REFERENCES/EXHIBITS:**

Michigan Medicaid Manual-Habilitation Supports Waiver for Persons with  
Developmental Disabilities

Region 10 PIHP policy- Habilitation Supports Waiver 05.03.02

KS:lr