I. APPLICATION:

- [ ] PIHP Board
- [ ] CMH Providers
- [ ] SUD Providers
- [x] 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:

A. **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:

- Has a developmental disability (as defined by Michigan law);
- Is Medicaid eligible;
- Is residing in a community setting;
- If not for HSW services, would require ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) level of care services; and
- Chooses to participate in the HSW in lieu of ICF/IID services.

The individual may also receive other Medicaid state plan or additional B3 services while enrolled in the HSW. The HSW services are identified to MDHHS using a HK modifier for encounter reporting. The individual must receive a minimum of one HSW service each month. The PIHP receives an HSW payment for each enrollee, per month, upon the condition the above requirements are fully met.

B. **Qualified Intellectual Disability Professional (QIDP)**: An individual who has specialized training 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, licensed or limited licensed master’s or bachelor’s social worker, physical therapist, occupational therapist, speech language pathologist or audiologist, registered nurse, therapeutic recreation specialist, rehabilitation counselor, licensed or limited-licensed professional counselor or a human services professional with at least a bachelor’s degree in a human services field.
IV. STANDARDS:

A. PIHP responsibilities shall include:

1. Liaison with MDHHS on HSW issues/concerns.
2. Act as the “gate keeper” for entry and exit of individuals in and out of the HSW Program.
3. Monitor program eligibility and utilization data on a regional level.
4. Complete all encounter and data reporting required by MDHHS.
5. Signs initial certifications, annual recertifications and disenrollment certifications for region.

B. CMHSP responsibilities shall include:

1. Determining monthly Medicaid eligibility of consumer.
2. Completion and processing of initial certifications, recertifications and disenrollments.
3. Notifies PIHP when Medicaid eligibility is lost, including the reason and what is being done to obtain retroactive Medicaid eligibility.
4. Notifies PIHP when an enrollee is admitted/discharged from the hospital, nursing home or medical care facility, including the reason, admission date and discharge plan.
5. Notifies PIHP when enrollee plans to move out of county.
6. 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.
7. Provides performance measurement and quality data in a timely manner upon request from the PIHP.
8. 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.
9. Updates recertification due dates into Habilitation Funding Source in the electronic health record.
10. Scans completed certification, recertification, disenrollment and enrollment evaluation forms.
11. Ensures Aides (non-licensed, non-verified providers) meet the following qualifications:
   - At least 18 years of age.
   - Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
   - Able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific procedures, and report on activities performed.
   - In good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien).
   - Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the PIHP to demonstrate competence in basic first aid procedures.
12. Ensures support and service providers have received training in the beneficiary’s IPOS.
C. 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 its review and approval. Only when final approval is received from MDHHS is an additional slot available for use.

D. 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.
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.

E. The HSW enrollment packet must include the following items:

- Completed HSW New Applicant Worksheet
- Completed HSW Certification Form properly signed by QIDP credentialed Supports Coordinator
- Copy of a face sheet or other documentation with diagnosis, place of residence, and Medicaid Beneficiary ID number identified
- 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
- Copy of the IPOS, completed within the last 12 months, which includes habilitative goals and language specifying habilitative need, and a signed IPOS signature sheet by attendees and guardian
- Copy of recent IEP (if still in school)
- Copy of the Major Life Activities Form
- Summary of Authorized Services
- Any other pertinent information related to services, treatment, or supports needed by the person
- Name and telephone number of a contact person for questions

F. The HSW recertification packet must include the following items:

- Completed HSW Recertification Worksheet
- Completed HSW Certification Form properly signed and credentialed (with QIDP), including the consent section
- Copy of the Major Life Activities Form
- Report of all services provided in the past year including date of service, service code, and number of units.
- Copy of current IPOS with habilitative goals and guardian signature
G. Prioritization for filling these new slots will be completed by the PIHP.

H. The PIHP reviews enrollment packets and makes the determination of appropriateness of the waiver. If the case is determined to meet eligibility requirements with appropriate and complete supporting documentation, the PIHP forwards the enrollment packet to the MDHHS for review and final approval. Please note: an individual will not be enrolled into the waiver until MDHHS approves the enrollment.

I. 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.

J. 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 90 days following service delivery in order for payment to be retained.

K. 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.

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

M. 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 8 weeks prior to the first of the month in which the certification is due to allow for review of service delivery and entry into Waiver Support Application (WSA). Example: Recertification is due in February; the Recertification paperwork is due to the PIHP by December 1st.

- All signatures should be dated in a timely manner, including Section Two (individual/guardian signatures).
- 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.
- It is recommended that each CMH maintain a process to ensure annual customer, parent and/or guardian involvement in annual re-certifications is retained.
- All staff signatures should include credentials. Remember the form must be signed by a QIDP credentialed supports coordinator in Section One which confirms eligibility.
- Sections I and II must be filled out completely on the initial/annual certification form.
N. 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 Adequate and Advance Notice and a letter from the guardian indicating they understand the individual will be disenrolled from the HSW program to the PIHP. 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.

O. 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.

V. PROCEDURES:

A. INITIAL CERTIFICATION

CMH Administrative HSW Designee

1. Contacts PIHP Administrative HSW designee for availability of waiver slots.

2. Ensures that the HSW enrollment packet is completed as outlined in Standard E

3. Forwards HSW packet to PIHP Administrative HSW designee.

4. Maintains a file of all enrollment packets.

5. Ensures HSW documentation is maintained in the electronic health record.

PIHP Administrative HSW Designee

1. Maintains an electronic file of all enrollment packets.

2. Reviews enrollment packet for required documents and habilitative need.

3. Forwards enrollment packets to MDHHS.

4. Informs CMH Administrative HSW Designee of enrollment (with start date) or denial letter.

B. RECERTIFICATION

CMH Administrative HSW Designee

1. Ensures preparation of a recertification packet as well as verification of Medicaid eligibility for submittal prior to expiration of certification, preferably at the time of an IPOS. Annuals are due to the PIHP 8 weeks prior to the first of the month in which the certification is due. Example:
Recertification is due in February; the Recertification paperwork is due to the PIHP by December 1st.

3. Completes recertification process by following Standards F, K & M.

4. Maintains a file of all certification forms. Forwards form to PIHP Administrative HSW Designee.

5. Ensures HSW recertification packet is maintained in the electronic health record.

**PIHP Administrative HSW Designee**

1. Reviews HSW re-certifications for completeness and verifies the level of services provision during the past year.


C. TERMINATION/DISENROLLMENT

**CMH Administrative HSW Designee**

1. Ensures that individuals are disenrolled from the waiver using Habilitation/Supports Waiver Eligibility Certification (form #DCH3894) for any one (1) of the following reasons:
   
   a. Determines individual no longer meets eligibility requirements for the HSW;
   b. Determines individual is no longer eligible for Medicaid;
   c. An individual is placed within an ICF/IID;
   d. Individual dies;
   e. Individual/Guardian withdraws their enrollment in the waiver including reason.

2. An individual/guardian signature is required for disenrollment/termination reasons 1a, 1b, 1c and 1e on certification form. A letter is required from the individual/guardian accepting the disenrollment.

3. Provides Adequate and Advance notice to individual/guardian regarding disenrollment.

4. 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.

5. Ensures HSW disenrollment form is scanned into electronic health record.

**PIHP Administrative HSW Designee**
1. Maintains a file of all certification forms, individual/guardian letter and Adequate and Advance Notice. Maintains MDHHS Waiver Support Application (WSA) database.

D. PIHP REPORTING/MONITORING

Certification Forms

PIHP Administrative HSW Designee

1. Monitors all certification forms, enrollment packets, and disenrollment packets for accuracy.

2. Updates MDHHS Waiver Support Application (WSA) database as certifications are completed.

Encounters

PIHP Staff

1. Monitors HSW services delivered to individuals enrolled in HSW program. Prepares reports detailing service delivery and any outliers.

2. Reports encounters to MDHHS by specified deadlines.

3. Monitors payments received from MDHHS for accuracy. Works with PIHP HSW Designee on a monthly basis. Contacts MDHHS regarding discrepancies.

VI. EXHIBITS: N/A