

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC164

NAME: HABILITATION SUPPORTS WAIVER

INITIAL APPROVAL DATE:	11/01/2021	BY: Administrative Committee
(LAST) REVISION DATE:	10/20/2022	BY: Policy Committee
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DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. **PURPOSE**

It shall be the policy of Sanilac County Community Mental Health Authority(Sanilac CMH) to manage the Habilitation/Supports Waiver (HSW) program so that it meets all requirements of the Prepaid Inpatient Health Plan (PIHP), state - Michigan Department of Health and Human Services (MDHHS) and federal Center for Medicare and Medicaid Services (CMS) and is efficient and follows the standards set forth below.

II. **APPLICATION**

Populations: **Intellectual/Developmental Disabilities**
Programs: **Direct – All**
Contracted - All

III. **POLICY**

IV. **DEFINITIONS**

- A. HSW Program: A state funded program that requires annual enrollment for individuals with Intellectual/Developmental Disabilities, as defined by the Developmental Disabilities Assistance and Bill of Rights Act (Pubic Law 106 -402). Individuals who are unable to live independently, and if not for the availability of home and community-based services (HSW program), would require long-term/lifetime care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The individual may also receive covered services and/or B3 services while enrolled in the HSW. The HSW services are identified to MDHHS by the use of a HK modifier for encounter reporting. The individual must receive a minimum of one HSW face-to-face service per month. The PIHP receives a HSW payment for each enrollee, per month, as long as the above requirements are all met.
- B. QIDP: Qualified Intellectual Disability Professional: An individual who has specialized training or (including fieldwork and/or internships associated 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.

V. **STANDARDS**

- A. HSW individuals must be enrolled in the HSW through the enrollment process completed by MDHHS. Once an individual is enrolled, staff must complete an annual certification as long as the individual continues to meet the following eligibility criteria:
 - 1. Has a developmental / intellectual disability, as defined by the Developmental Disabilities Assistance and Bill of Rights Act (PL 106-402).
 - 2. Is Medicaid eligible.
 - 3. Resides in a community setting.
 - 4. Would require ICF/IID level of care services if not for HSW.
 - 5. Chooses to participate in the HSW in lieu of ICF/IID services.
 - 6. Has a habilitative goal or objective and language specifying habilitative needs.
- B. PIHP responsibilities shall include:
 - 7. Liaison with MDHHS on HSW issues/concerns.
 - 8. Act as the "gate keeper" for entry and exit of individuals in and out of the HSW program.
 - 9. Monitor program eligibility and utilization data.
 - 10. Complete all encounter and data reporting required by MDHHS.
 - 11. Signs disenrollment certifications for region.
- C. Sanilac CMH Case Manager responsibilities shall include:
 - 12. Determining monthly Medicaid eligibility of consumer.
 - 13. Completion and processing of consumer certifications, recertifications, and disenrollment.
 - 14. Notifies Sanilac CMH Designee when Medicaid eligibility is lost, including the reason and what is being done to obtain retroactive Medicaid eligibility.
 - 15. Notifies Sanilac CMH Designee when an enrollee is admitted/discharged from the hospital, nursing home or medical care facility, including the reason, admission date and discharge plan.
 - 16. Notifies Sanilac CMH Designee when enrollee plans to move out of county.
 - 17. Notifies Sanilac CMH Designee when enrollee has not received the required monthly service, including the reason why and documentation that supervisor

and HSW coordinator have been advised.

18. Ensures Residential Living Arrangement is accurately reported in the Demographics of the electronic health record and the BH-TEDS file. Updates as necessary.
19. Ensures support and service providers have received training in the beneficiary's IPOS as documented on the IPOS Inservice/ Acknowledgment of Plan that is scanned into OASIS and attached to the IPOS.

Sanilac CMH Designee:

20. Provides performance measurement and quality data in a timely manner upon request from the PIHP.
21. Submits to the PIHP for processing through Sharepoint (shared file with Region 10) all Initial Applications, Annual Certifications and Disenrolls with supporting documentation.
22. Upon approval from the MDHHS, scans completed certification, recertification, and disenrollment forms as well as the Health Insurance Portability and Accountability Act (HIPAA) Authorization to Disclose form into the electronic health record.
23. Updates recertification due dates into Habilitation Funding Source in the electronic health record.
24. Updates the Waiver Support Application (WSA) database by adding the new Consent Date.
25. Sanilac CMH Designee Reports any of the above to PIHP.
26. Ensures Aides (non-licensed, non-verified providers) meet the following qualifications:
 - a. At least 18 years of age.
 - b. Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
 - c. Able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific procedures, and report on activities performed.
 - d. 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).
 - e. 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.

- D. 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 Sanilac CMH Designee for its review and approval. Sanilac CMH Designee will submit the application and supporting documentation to the PIHP for processing through the Sharepoint system. The PIHP will review and make a determination (Reject, Pend or Submit to MDHHS). Only when final approval is received from the PIHP and a slot is available will the application be submitted to MDHHS.
- E. The HSW enrollment packet must include the following items:
 - 27. Completed HSW New Applicant Worksheet.
 - 28. Completed HSW Certification Form properly signed, dated and credentialed.
 - 29. Copy of a face sheet or other documentation with diagnosis, place of residence, and Medicaid Beneficiary ID number identified.
 - 30. 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.
 - 31. Copy of the most recent IPOS, which includes habilitative goals and language specifying habilitative need, and a signed IPOS signature sheet by attendees.
 - 32. Copy of most recent Biopsychosocial Assessment.
 - 33. Copy of recent IEP (if still in school).
 - 34. Copy of (Performance on Areas of Major Life Activity Form).
 - 35. HIPAA Authorization to Disclose (Does not need to be sent to MDHHS).
 - 36. Service Authorization Summary.
 - 37. Any other pertinent information related to services, treatment, or supports needed by the person.
 - 38. Name and telephone number of a contact person for questions.
- F. The HSW recertification packet must include the following items:

- 39. Completed HSW Eligibility Certification Form properly signed and credentialed, including the consent section.
 - 40. The Performance on Areas of Major Life Activity Form.
 - 41. The HIPAA Authorization to Disclose.
 - 42. HSW Recertification Worksheet (Does not need to be submitted to MDHHS).
 - 43. Copy of the most recent IPOS, which includes habilitative goals and language specifying habilitative need, and a signed IPOS signature sheet by attendees.
- G. Prioritization for filling new slots will be determined by MDHHS.
- H. Sanilac CMH 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, Sanilac CMH forwards the enrollment packet to the PIHP for review through Sharepoint. The PIHP forwards all documentation to MDHHS for review, denial or approval. The PIHP will inform Sanilac CMH when a new slot has been assigned and will provide the date of enrollment and WSA number. Sanilac CMH will inform the Primary Case holder and Sanilac CMH Designee of the new slot assignment and enrollment date and will add the Habilitation Funding Source to the enrollee's electronic health record. Previously encountered claims will be reprocessed to capture the HK Modifier back to the day of enrollment.
- I. Individuals on the HSW must receive at least one face-to-face HSW service per month (see Exhibit A for a list of services and corresponding codes).
- J. HSW service data must be entered into software closely following service delivery. The Sanilac CMH will be responsible for reporting all HSW services no later than 30 days following service delivery or claim adjudication to the PIHP in order for payment to be retained.
- K. Eligibility for Medicaid must be verified monthly. If an individual is no longer eligible for Medicaid, or if the individual dies, the individual must be disenrolled from HSW immediately. Sanilac CMH will notify the PIHP of this disenrollment with the specific reason for disenrollment. If an individual has a Medicaid deductible (spend down), Sanilac CMH will monitor if the Spend Down is met each month; if not met, staff will need to provide reason and/or follow up to Sanilac CMH.
- L. Recertification's must be completed annually, within 364 days of the individual's last enrollment/recertification date. There is no grace period. Annuals are due to the Sanilac CMH Designee at least 11 weeks prior to the expiration of the certification.

44. All signatures should be dated in a timely manner, including Section Two (individual/guardian signatures). The formal recertification date is the date of the MDHHS Representative signature in **Section Three**.
 45. All staff signatures should include credentials, including QIDP. The form must be signed by a QIDP in Section One which confirms eligibility.
 46. A telephone consent can be utilized for recertifications. Two witnesses are required with telephone consent. Additionally, if a telephone consent was obtained; written consent must be obtained in a timely manner and attached to the certification form.
 47. Sections 1 and 2 must be filled out completely on the initial/annual certification form.
 48. Section 3 is completed by MDHHS to certify Waiver Recommended or Waiver Not Recommended. The Effective Date for Level of Care is utilized to determine 364 days out for next Recertification Due Date.
- M. If the individual is being disenrolled from HSW, please send to the Sanilac CMH Designee the disenrollment certification form (this is at the bottom of the HSW eligibility certification form), a copy of the Adverse Benefit Determination with documentation indicating that the consumer/guardian understands that they are being disenrolled from the HSW program. If the disenrollment is due to death, only the disenrollment certification is needed without the guardian's signature. The Sanilac CMH Designee will forward the documentation to the PIHP through Sharepoint. The PIHP will enter the disenrollment into the WSA Database, sign off on the Disenrollment and notify the Sanilac CMH Designee of the Disenrollment. The Sanilac CMH Designee will end-date the Habilitation Waiver Funding Source in OASIS.
- N. The Sanilac CMH Designee will review encounter data and analyze utilization data as a monitoring mechanism. Any issues would be reported to Sanilac CMH Management and to the PIHP.

II. PROCEDURES:

A. Certification

Supports Coordinator/Primary Case Holder

1. Contacts Sanilac CMH HSW designee for availability of waiver slots.
2. Completes the HSW enrollment packet outlined in Standard E, including supervisory review and approval. The staff/supervisor must qualify as a QIDP.

Supervisor

1. Reviews certification forms for accuracy.
2. Forwards HSW packet to Sanilac CMH HSW designee.

Sanilac CMH HSW Designee

3. Maintains an electronic file of all enrollment packets. Forwards HSW enrollment packet to PIHP HSW Designee through Sharepoint.

PIHP HSW Designee

6. Reviews enrollment packet for required documents and habilitative need.
7. Forwards enrollment packets to MDHHS.

MDHHS

8. Formally enrolls the individual into HSW Program. Informs PIHP of start date.

PIHP HSW Designee

9. Informs Sanilac CMH HSW Designee of enrollment by returning the signed HSW Certification Form indicating Approval/Denial from MDHHS.

Sanilac CMH HSW Designee

10. Receive signed HSW Certification Form and enter funding source into electronic health record.
11. Ensure HSW documentation is scanned into electronic health record.

B. Recertification

Primary Case Holder

1. Prepares a recertification form 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 Sanilac CMH Designee at least 11 weeks prior to the certifications' expiration.
2. Completes recertification process by following Standards F, M, and N, and Procedures A.1. and 2. Forwards form to Sanilac CMH HSW Designee.

Sanilac CMH HSW Designee

3. Forwards all completed documentation to the PIHP through Sharepoint.

PIHP HSW Designee

4. Reviews HSW re-certifications for completeness and verifies the level of services provision during the past year.
5. Submits application to MDHHS.

Sanilac CMH HSW Designee

6. Receives HSW certification from MDHHS and scans approved or denied documentation into the electronic health record.
7. Enters funding source into electronic health record.

C. Termination/Disenrollment

Primary Case Holder

1. Dis-enrolls individual from the waiver using Habilitation/Supports Waiver Eligibility Certification (form # DCH-3894) 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 placement.
 - d. Individual dies.
 - e. Individual/Guardian withdraws their enrollment in the waiver.
2. Attains required individual/guardian signature on certification form for disenrollment/termination reasons 1a, 1b, 1c and 1 e.
3. Provides Adverse Benefit Determination to individual/guardian regarding disenrollment with documentation that individual/guardian understands the individual is being disenrolled from the HSW Program for reasons other than death.
4. Forwards a copy of certification form and Adverse Benefit Determination to Sanilac CMH HSW Designee.

Sanilac CMH HSW Designee

5. Submits documentation to the PIHP HSW Designee for processing through Sharepoint.

PIHP HSW Designee

6. Forwards documentation to MDHHS for review. PIHP will return to Sanilac CMH HSW Designee after processing is complete.

Sanilac CMH HSW Designee

7. Scans documentation into the electronic health record.
8. Updates change to funding source in electronic health record.

PIHP HSW Designee

9. Maintains a file of all certification forms and Adverse Benefit Determination. Maintains MDHHS HSW database.

D. Sanilac CMH Reporting/Monitoring

Certification Forms

Sanilac CMH HSW Designee

1. Monitors all certification forms, enrollment packets, and disenrollment packets for accuracy.
2. Scans HSW documentation into the electronic health record.

Encounters

Sanilac CMH HSW Designee

3. Monitors HSW services delivered to individuals enrolled in HSW program. Prepares reports detailing service delivery and any outliers.
4. Reports encounters to PIHP by specified deadlines.

VI. ATTACHMENTS

VII. REFERENCES

State of Michigan "Habilitation/Supports Waiver" Implementation Instructions
Code of Federal Regulations – 42CFR483 Subpart I
Section 1915(c) of the Social Security Act