

<b>SUBJECT</b> Habilitation Supports Waiver		<b>CHAPTER</b> 05	<b>SECTION</b> 03	<b>SUBJECT</b> 02
<b>CHAPTER</b> Clinical Practice Guidelines		<b>SECTION</b> Care Delivery		
<b>WRITTEN BY</b> Kelly VanWormer & Pattie Hayes		<b>REVIEWED BY</b> Kelly VanWormer		<b>AUTHORIZED BY</b> PIHP Board

**I. APPLICATION:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> PIHP Board            | <input checked="" type="checkbox"/> CMH Providers      | <input type="checkbox"/> SUD Providers |
| <input checked="" type="checkbox"/> PIHP Staff | <input checked="" type="checkbox"/> CMH Subcontractors |  |

**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 an intellectual/developmental disability
- Is Medicaid eligible
- Resides in a community setting
- Would require ICF/MR (Intermediate Care Facility for Individuals with Mental Retardation) level of care services if not for HSW
- Chooses to participate in the HSW in lieu of ICF/MR services

The individual may also receive covered services and/or 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 Supports Coordination encounter (T1016 a minimum of 15 minutes) and one additional service each month. The PIHP receives a 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, social worker, physical therapist, occupational therapist, speech language pathologist, audiologist, registered nurse, therapeutic recreation specialist, or a licensed or limited-licensed professional counselor. An individual with a bachelor’s degree in a Human Services field who was hired prior to

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January 1, 2008 and performed in the role of a QIDP prior to January 1, 2008, would also qualify. This description was previously known as a Qualified Mental Retardation Professional (QMRP).

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 Quality Improvement 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 as well as the HIPAA Authorization to Disclose form into the electronic health record.
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).

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- 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.
  2. Meet Medicaid eligibility standards.
  3. Require the types of services and the level of care provided by an intermediate care facility for the mentally retarded and would require ICF/MR 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 and credentialed
  - 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 most recent IPOS which includes habilitative goals and language specifying habilitative need, and a signed IPOS signature sheet by attendees
  - Copy of recent IEP (if still in school)
  - Copy of the HSW Enrollment Evaluation Form
  - HIPAA Authorization to Disclose
  - 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 Certification Form properly signed and credentialed, including the consent section
  - Copy of the HSW Enrollment Evaluation Form

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- Report of all services provided in the past year including date of service, service code, and number of units.
- 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. Individuals on the HSW must receive at least one HSW service per month in addition to Supports Coordination (see Exhibit A for a list of services and corresponding codes).
- K. Individuals on the HSW must receive at least one encounter of Supports Coordination every month. Supports Coordination (T1016) is a code with a unit of measure of 15 minutes. Thus, a contact that lasts 1-14 minutes is not billable or reportable to the PIHP and the MDHHS. Additionally, the code is billable by 15 minute increments (e.g. 15 minutes, 30 minutes); for example, 15-29 minutes 1 unit, 30-44 minutes is 2 units, etc.
- L. 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.
- M. 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 immediately so the CMH must notify the PIHP immediately. The PIHP will notify MDHHS of this disenrollment with the specific reason for disenrollment. If an individual has a Medicaid deductible (spend down), the CMH must notify the PIHP by the 15<sup>th</sup> of each month if the deductible has not been met and why.
- N. Recertification's must be completed annually, within 364 days of the individual's last enrollment/recertification date. There is no grace period. Annual recertification's are due to the PIHP at least 2 weeks prior to the expiration of the certification.
- All signatures should be dated in a timely manner, including Section Three (individual/guardian signatures). The formal recertification date is the date of the QIDP signature in **Section Two** (this is generally the program supervisor). For example, supports coordinator signs 1/2/14, QIDP signs 1/4/14, and the individual signs 1/6/14. The recertification date is 1/3/15, one day less than the QIDP signature.

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- Individual/guardian signatures must be obtained on all recertification's.
- Consent must also be obtained on all recertification's, as indicated in Section Three.
- All staff signatures should include credentials, including QMRP. Remember the form must be signed by a QIDP in Section Two which confirms eligibility.
- A telephone consent can be utilized for recertification's. 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.
- Sections I through III must be filled out completely on the initial/annual certification form; including items 1-27 and all checkboxes.

- O. 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 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.
- P. 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, including supervisory review and approval. The supervisor must qualify as a QIDP.
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.

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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 at least 2 weeks prior to the expiration of the certification.
2. Completes recertification process by following Standards F, M & N.
3. Maintains a file of all certification forms. Forwards form to PIHP Administrative HSW Designee.
4. 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.
2. Maintains a temporary (hard copy) file of all certification forms. Maintains MDHHS HSW database.

## C. TERMINATION/DISENROLLMENT

### **CMH Administrative HSW Designee**

1. Ensures that individuals are disenrolled from the waiver using Habilitation/Supports Waiver Eligibility Certification (form #1020) 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/MR placement;
  - d. Individual dies;
  - e. Individual/Guardian withdraws their enrollment in the waiver.
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.

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3. Provides 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 advance notice. Maintains MDHHS HSW 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 HSW 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:**

- A. List of Services and Corresponding Codes

#### **VII. FORMS:**

- A. Habilitation Supports Waiver Eligibility Certification
- B. HSW New Applicant Worksheet

**MEDICAID PREPAID INPATIENT HEALTH PLAN CONTRACT COVERAGE OBLIGATIONS FOR PERSONS WITH INTELLECTUAL DISABILITIES ENROLLED IN THE HABILITATION SUPPORTS WAIVER**

<b>SERVICE CATEGORY</b>	<b>STANDARD CODE</b>	<b>CODE DESCRIPTION</b>	<b>UNIT OF MEASURE</b>	<b>COMMENTS</b>
<b>Community Living Supports</b>	H0043	Supported Housing	Day	Utilized for CLS in the home or in unlicensed independent living settings
	H2015	Comprehensive Community Support Services	15 Min	Should not be utilized when consumer uses nighttime CLS
	H2016	Comprehensive Community Support Services, low level of care	Day	Only Specialized Residential Settings
	H2016TF	Comprehensive Community Support Services, intermediate level of care	Day	Only Specialized Residential Settings
	H2016TG	Comprehensive Community Support Services, high level of care	Day	Only Specialized Residential Settings
	T2036	Therapeutic Camping, overnight	Day	
	T2037	Therapeutic Camping, day	Day	
<b>Enhanced Medical Equipment &amp; Supplies</b>	E1399	DME, Miscellaneous	Item	Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
	S5199	Personal Care Item, NOS	Item	Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
	T2028	Specialized Supply, NOS	Item	Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
	T2029	Specialized Medical Equipment NOS	Item	Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
	T2039	Vehicle Modifications	Item	Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
<b>Enhanced Pharmacy</b>	T1999	Miscellaneous Therapeutic Items & Supplies, NOC	Item	Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
<b>Environmental Modifications</b>	S5165	Home Modifications		Item must be ordered by a physician on a prescription or Certificate of Medical Necessity



SERVICE CATEGORY	STANDARD CODE	CODE DESCRIPTION	UNIT OF MEASURE	COMMENTS
Family Training	S5111	Family Training	Encounter	Must be used only for family training (does not include paid caregivers)
Goods and Services	T5999	Goods and Services	Item	
Out-of-Home Non-Vocational Habilitation	H2014	Skill Training & Development	15 Min	
Out of Home Pre-Vocational Services	T2015	Out of Home Pre-Vocational Habilitation	Hour	
Personal Emergency Response System (PERS)	S5160	PERS Installation	Encounter	
	S5161	PERS Maintenance	Month	
Private Duty Nursing (PDN)	S9123	Private Duty Nursing, individual nurse only, RN	Hour	Registered Nurse
	S9124	Private Duty Nursing, individual nurse only, LPN	Hour	Licensed Practical Nurse
	T1000 TD	Private Duty Nursing, through private duty agency only, RN	Hour	Registered Nurse
	T1000 TE	Private Duty Nursing, through private duty agency only, LPN	Hour	Licensed Practical Nurse
Respite Care	T1005	Respite	Up to 15 Min	<ul style="list-style-type: none"> <li>○ Trained respite sitter</li> <li>○ Must be at least 18 years of age</li> </ul>
	H0045	Respite Care Services, not in the home, licensed residential setting	Day	<ul style="list-style-type: none"> <li>○ Care in a group home</li> </ul>
Supports Coordination	T1016	Supports Coordination	15 Min	Face to face contacts only
Supported Employment	H2023	Supported Employment	15 Min	Staff must be present to report units
NOTE: Transportation provided between a consumers home and site of supported employment, or between habilitation sites (in cases where the participant receives habilitation services in more than one place), is included as part of the supported employment and/or habilitation service.				
**Up to 15 Min units counts; amounts less than 15 minutes as a unit and rounds up, as opposed to 15 Min units where amounts less than 15 minutes are dropped and only full 15 minute units counted.				

FORM A



MDHHS Date Received Stamp

PIHP Date Received Stamp

PM  S

RES CODE: \_\_\_\_\_

FY: 20 \_\_\_\_\_

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
HABILITATION SUPPORTS WAIVER (HSW) ELIGIBILITY CERTIFICATION

IF PRIORITY PROCESSING CHECK ONE: [ ] Age off CWP (age 18) [ ] Age-off State Plan PDN (age 21) [ ] At imminent risk of ICF/IID

SECTION 1

Table with columns: Initial Certification, Annual Recertification, Next Recertification Due Date. Rows include: Last Name, First Name, Medicaid #, WSA #, Address, City/ Zip, Date Of Birth, DHS License # For Residence, Prepaid Inpatient Health Plan, County Of Financial Responsibility, # Of Licensed Beds At Residence, Enrolled in MI Health Link, Enrolled In MI Choice, Medicaid Eligible, Date Medicaid Eligibility Verified.

This is to certify that the above named individual is eligible for Medicaid coverage and has received a comprehensive evaluation of his/her needs. The comprehensive evaluation and supporting documentation are available in the individual's record.

Support Coordinator Signature & Credentials, Date, Other PIHP Staff (Optional), Date

SECTION 2

Based on the results of the comprehensive evaluation and supporting documentation, the following Waiver eligibility requirements are met:

- [ ] This individual has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (P.L.106-402).
[ ] If not for the availability of home and community-based services, this individual would require the level of care provided in an intermediate care facilities for Individuals with Intellectual Disabilities (ICF/IID).

[ ] WAIVER RECOMMENDED [ ] WAIVER NOT RECOMMENDED

QIDP Signature & Credentials, Date, PIHP Designee (Optional), Date

SECTION 3

Previous Consent Expires: \_ \_ \_ \_ \_

I understand that I may accept or reject waiver services instead of services provided in an ICF/IID and that I may withdraw this consent at any time in writing. This consent may not exceed 36 months. I [ ] accept [ ] reject services as offered under the Habilitation Supports Waiver (HSW).

Signature, Date, [ ] Self [ ] Legal Guardian or Parent of minor, [ ] Telephone Consent Obtained (attach written consent)

Witness (required only if signature above made by a mark) Date

SECTION 4

WAIVER ENROLLMENT:

[ ] ENROLLED or [ ] RECERTIFIED EFFECTIVE DATE: \_\_\_\_\_

[ ] NOT ELIGIBLE or [ ] DISENROLLED REASON: \_ \_ \_ \_ \_

IF Disenrolled, Notice of Right to Fair Hearing: Date: \_\_\_\_\_

\*PIHP Designee Signature (for recertifications and disenrollments) OR MDHHS Signature (for new enrollments) Date

Must be printed on BLUE paper



MDHHS Date Received Stamp

PIHP Date Received Stamp

HSW NEW APPLICANT WORKSHEET

PM  S

Res Code: \_\_\_\_\_ FY: 20\_\_\_\_\_

M /  F Age \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Medicaid ID# \_\_\_\_\_

PIHP: \_\_\_\_\_ CMH/MCPN: \_\_\_\_\_ County: \_\_\_\_\_

Residence: \_\_\_\_\_

CWP Grad  Other Priority

DIAGNOSIS: DD / SMI  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDS	# anti-psychotic meds
	# other psych meds

[Schizophrenia, Schizophreniform Disorder, or Schizoaffective Disorder (ICD code 295.xx); Delusional Disorder (ICD code 297.1); Psychotic Disorder NOS (ICD code 298.9); Psychotic Disorder due to a general medical condition (ICD codes 293.81 or 293.82); Dementia with delusions (ICD code 294.42); Bipolar I Disorder (ICD codes 296.0x, 296.4x, 296.5x, 296.6x, or 296.7); or Major Depressive Disorder (ICD codes 296.2x and 296.3x)]

HSW SERVICES Specified in the IPOS

IPOS DATE: \_\_\_\_\_

- Community Living Supports
- Enhanced Medical Equipment & Supplies
- Enhanced Pharmacy
- Environmental Modifications
- Family Training

- Goods and Services (s-d only)
- Out of Home Non-Voc Habilitation
- PERS
- Prevocational Services

- PDN (21+)
- Respite Care
- Supports Coordination
- Supported Employment

GOALS (Abbreviations acceptable):

RECOMMENDATION:

- Enroll in HSW - all 5 criteria met)
  - LOC Applied Accurately
  - Meets ICF/IID LOC
  - LOC Documented on HSW Cert Form
  - QIDP Certified
  - Given Choice between HSW or institutional care
  - Date Certification Signed by QIDP (Section 2)
- PEND: Additional Information Needed (see reverse side for details)
- Do not Enroll in HSW

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_