

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Habilitation Supports Waiver Policy		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 7.1.2014	Related Policies: Service Philosophy & Treatment
Procedure: <input type="checkbox"/>		Review Date: 11.01.2022	
Page: 1 of 3	Author: HCBS Manager		

Purpose: This policy sets forth the guidelines and expectations for Mid-State Health Network's (MSHN) administration of the Habilitation Supports Waiver (HSW) program.

Policy:

MSHN shall administer the HSW program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Medicaid Provider Manual.

HSW beneficiaries must be enrolled through the Michigan Department of Health and Human Services (MDHHS) enrollment process by the Prepaid Inpatient Health Plan (PIHP) designee. The enrollment process must include verification that the beneficiary (all must apply):

- Has a developmental disability (as defined in Michigan Mental Health Code MCL 330.1100 (20))
- Is Medicaid-eligible;
- Is residing in a community setting;
- If not for HSW services, would require Intermediate Care Facility/for Individual with Intellectual Disabilities (ICF/IID) level of care services;
- Chooses to participate in the HSW in lieu of ICF/IID services;
- Habilitation services under the HSW are not otherwise available to the individual through a local educational agency.
- HSW beneficiaries must receive at least one HSW habilitative service per month in order to maintain eligibility. Habilitative services include Community Living Supports, Out-of-Home Non-Vocational Habilitation, Prevocational Services, and Supported Employment.

The beneficiary's services and supports must be specified in the individual's plan of services developed through the person-centered planning process that must be specific to:

- Medical necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.
- Amount: The number of units (e.g., 25 15-minute units of community living supports) of service identified in the individual plan of service or treatment plan to be provided.
- Scope: The parameters within which the service will be provided, including Who (e.g., professional, paraprofessional, aide supervised by a professional); How (e.g., face-to-face, telephone, taxi or bus, group or individual); and Where (e.g., community setting, office, beneficiary's home).
- Duration: The length of time (e.g., three weeks, six months) it is expected that a service identified in the individual plan of service or treatment plan will be provided.

MSHN shall establish adequate procedures to assure effective administration of the program across the region including:

- Initial Application and Eligibility,
- Annual Recertification,
- Disenrollment and Transfer Procedure

Applies to

☒ All Mid-State Health Network Staff

☐ Selected MSHN Staff, as follows:

☒ MSHN CMHSP Participants: ☒ Policy Only ☒ Policy and Procedure ☐ Other:

☒ Sub-contract Providers

Definitions

CMHSP: Community Mental Health Service Provider

HSW: Habitation Support Waiver

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

ICF/IID: (Intermediate Care Facility for Individuals with Intellectual Disabilities 42 CFR 435.1009)

Institution for individuals with developmental disabilities or persons with related conditions means an institution (or distinct part of an institution) that (a) Is primarily for the diagnosis, treatment, or rehabilitation of people with developmental disabilities or persons with related conditions; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

Developmental Disability: means either of the following:

1. If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
 - a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
 - b. Is manifested before the individual is 22 years old.
 - c. Is likely to continue indefinitely.
 - d. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - i. Self-care.
 - ii. Receptive and expressive language.
 - iii. Learning.
 - iv. Mobility.
 - v. Self-direction.
 - vi. Capacity for independent living.
 - vii. Economic self-sufficiency.
 - e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
2. If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

Other Related Materials:

N/A

References/Legal Authority

The MDHHS – PIHP Contract

MDHHS, Medicaid Provider Manual; Section 15 – Habilitation Supports Waiver Program for Persons with Developmental Disabilities

Intermediate Care Facility/for Individuals with Intellectual Disabilities 42 CFR 435.1009; and Michigan Mental Health Code MCL 330.1100 (20).

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
April, 2014	New policy	M. Neering N. Miller
January, 2017	Reviewed policy no recommended changes	Waiver Coordinator
October, 2017	Reviewed policy no recommended changes	Waiver Coordinator
July, 2020	Biennial Review	Waiver Coordinator
09.2022	Biennial Review	Chief Behavioral Health Officer