

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued **07/23**

Page 1

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation Supports Waiver		
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I. APPLICATION:

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority shall 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.

III. 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 (Public 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 WZ 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 dietitian, therapeutic recreation specialist, a licensed /limited-licensed professional counselor OR a human services professional with at least a bachelors degree in a human services field.

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

- C. BH-TEDS: Behavioral Health Treatment Episode Data Set – Are approved behavior health services descriptions and codes and used for billing and tracking services.

IV. STANDARDS:

- A. Individuals who desire and are eligible for HSW services must be enrolled in the HSW.
- B. The PIHP, as liaison for MDHHS, is the “gate keeper for the individual’s entry and exit into the HSW. The PIHP is responsible for HSW enrollment, oversight and monitoring. In addition, the PIHP is responsible for eligibility verifications, analyzing utilization data and signing disenrollment certifications.
- C. To be eligible for HSW the individual must meet the following criteria:
1. Have a developmental / intellectual-disability, as defined by the Developmental Disabilities Assistance and Bill of Rights Act (PL 106-402).
 2. Be 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. Have a habilitative goal and language specifying habilitative needs. (Individuals on the HSW must receive at least one face-to-face medically necessary service per month as indicated and authorized in the Individual Plan of Service, along with one face-to-face T1017.)
- D. The HSW enrollment packet must include the following items:
1. Completed HSW Applicant Worksheet (MDHHS-5926).
 2. Completed HSW Eligibility Certification (MDHHS-3894): properly signed, dated and credentialed
 3. 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.

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

4. Copy of the most recent IPOS, which includes habilitative goals and language specifying habilitative need, and a signed IPOS signature sheet by attendees.
 5. Copy of recent IEP (if still in school).
 6. Copy of (HSW Performance on Major Life Activity (MDHHS-5927).
 7. MDHHS Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515) to MDHHS-Lansing, Michigan.
 8. Any other pertinent information related to services, treatment, or supports needed by the person.
- E. HSW eligibility for Medicaid must be verified monthly.
- F. Termination from the HSW may occur when the beneficiary no longer meets one or more of the eligibility criteria specified above (C 1-6) as determined by the PIHP, does not receive at least one HSW habilitative service per month, withdraws from the program voluntarily, or dies.
- G. Individuals enrolled in HSW must complete an annual certification.
- H. Annual re-certifications must be completed at least 11 weeks prior to the month of expiration of the certification and always within 364 days of the most recent enrollment date. THERE IS NO GRACE PERIOD. The required re-certification documentation must include:
1. HSW Eligibility Certification (MDHHS-3894) properly signed and credentialed, including the consent section.
 2. Level of Care from the HSW Performance on Major Life Activity (MDHHS-5927).
 3. Diagnosis, Services and Goals and Objectives from the HSW Annual Recertification Worksheet.
 4. Copy of the most recent IPOS, which includes habilitative goals and language specifying habilitative need, and a signed IPOS signature sheet by Individual/Guardian.
- I. MDHHS determines prioritization for filling new HSW slots. The PIHP will notify SCCCMHA of new HSW slot.
- J. The SCCCMHA HSW designee will inform the Case Holder of the new HSW assignment of HSW slots assignments, enrollment date and will add the Habilitation Funding Source to the enrollee's Electronic Health Record (EHR). Previously encountered claims will be reprocessed to capture the WZ Modifier for H2014 services provided back to the day of enrollment.

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

- K. HSW service data must be entered into **Waiver Supports Application software**, within two (2) days following service delivery. SCCCMHA is responsible for reporting, to the PIHP, all HSW services no later than 30 days following service delivery or claim adjudication in order for payment to be retained.
- L. SCCCMHA shall review encounter data and analyze utilization data as a monitoring mechanism.
- M. Aides (non-licensed, non-verified providers) must meet the following qualifications:
1. At least 18 years of age.
 2. Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
 3. *Able to practice universal precaution and infection control techniques.*
 4. Able to communicate expressively and receptively in order to follow individual plan requirements and individual-specific procedures, and report on activities performed.
 5. 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).
 6. 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.
 7. Has received training in the individual's IPOS.

V. PROCEDURES:

A. Certification

Case Holder

1. Contacts SCCCMHA HSW Designee for availability of HSW slots.
2. Completes the HSW enrollment packet outlined in Standard D 1-8, including supervisory review and approval. Note, the staff/supervisor must qualify as a Qualified Intellectual Disability Professional (QIDP).

Supervisor

3. Reviews certification forms for accuracy.
4. Forwards HSW packet to SCCCMHA HSW designee.

SCCCMHA HSW Designee

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

5. Maintains an electronic file of all HSW enrollment packets. Forwards HSW enrollment form and *supporting documentation, to the PHIP HSW Designee using the Microsoft Teams, (a shared file with Region 10 PIHP).

* Supporting documentation include:

- a. Diagnosis
- b. HSW Services, Goals and Objectives,
- c. Guardian's signature date.

PHIP HSW Designee

6. Reviews the initial HSW Certification documents and transfers all demographic information into the WSA database to open a case.

SCCCMHA HSW Designee

7. Forwards all required information to the PIHP through the WSA database

PIHP HSW Designee

8. Reviews enrollment information for required documents and habilitative need and forwards enrollment packet to MDHHS.

MDHHS

9. Formally enrolls the individual into the HSW and informs PIHP of start date.

PHIP HSW Designee

10. Informs SCCCMHA HSW Designee of enrollment by returning the signed HSW Certification Form indicating Approval/Denial from MDHHS.

SCCCMHA HSW Designee

11. Receives signed HSW Eligibility Certification (MDHHS 3894) and enters funding source into the EHR.
12. Ensures HSW documentation is scanned into the EHR.
13. Notifies Case Holder of approval/denial of initial enrollment packet.

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

B. HSW MONITORING

Case Holder

1. Determines the individual's monthly Medicaid eligibility.
2. Completes and process certifications, re-certifications and dis-enrollments.
3. Notifies the SCCCMHA HSW Designee when Medicaid eligibility is lost, including the reason and what is being done to obtain retroactive Medicaid eligibility.
4. Notifies SCCCMHA Designee when an individual has a Medicaid Spenddown (deductible) and monitors monthly eligibility.
5. Notifies SCCCMHA Designee when an enrollee is admitted/discharged from the hospital, nursing home or medical care facility, including the reason, admission date and discharge plan.
6. Notifies SCCCMHA Designee when enrollee plans to move out of county.
7. Notifies SCCCMHA Designee when an Adverse Benefit Determination has been sent prior to discharge from SCCCMHA services.
8. Notifies SCCCMHA Designee when enrollee has not received the required monthly service, including the reason why and documentation that supervisor and HSW coordinator have been advised.
9. Ensures Residential Living Arrangement is accurately reported in the Demographics of the electronic health record and the BH-TEDS file. Updates as necessary.
10. Ensures support and service providers have received training in the beneficiary's IPOS as documented on the IPOS Training Log that is scanned into OASIS and attached to the IPOS.
11. Ensures a Health Care Appraisal (most recent physical examination) including vitals is obtained from the Primary Care Physician or obtained internally within SCCCMHA through Physician's Services location and a Coordination of Care Form has been completed in OASIS and shared with the Primary Care Physician. Ensures there is a Consent to Share Behavioral Health Information for Care Coordination (MDHHS-5515) on file in OASIS with the Primary Care Physician.
12. Ensures the Know Your Rights Brochure is sent to Guardian at the time of initial enrollment into the HSW Waiver Program and annually during the Re-Certification Process.

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

13. Ensures the Know Your Rights Acknowledgement Form is signed by Individual/Guardian receiving services and scanned into the electronic health record.

SCCCMHA HSW Designee

1. Submits all initial HSW applications and disenrollment with supporting documentation to the PIHP using Microsoft Teams (a shared file with Region 10 PIHP) and upon request provide performance measurements and quality data.
2. Enters all HSW Annual Certification information from the HSW Eligibility Certification (MDHHS-3894) into the Waiver Supports Application (WSA) Database and uploads the Eligibility Certification (MDHHS-3894) into the database documenting date Guardian signed the Consent portion of the form.
4. Enters all HSW performance areas on the HSW Performance on Major Life Activity (MDHHS 5927) information including; Level of Care into the WSA Database for Annual Certifications.
5. Enters all information from the HSW Recertification Worksheet (MDHHS-5926) documentation including Diagnosis, HSW Services and Goals and Objectives into the WSA Database, enters Guardian's Signature Date and uploads the IPOS into the database for Annual Certifications.
6. Transfers documents from the WSA SCCCMHA Database Folder to Region 10 for processing.
7. Upon approval from the MDHHS, scans completed certification, recertification and disenrollment forms as well as the Consent to Exchange Information Form to MDHHS into the electronic health record.
8. Updates recertification due dates into Habilitation Funding Source in the electronic health record.
9. Updates the Waiver Support Application (WSA) database by adding the new Consent Date.
10. Reports any of the above to PIHP.
11. Ensures Aides (non-licensed, non-verified providers) meet the qualifications listed in Standard.

C. RECERTIFICATION

Case Holder

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

1. Prepares a recertification (MDHHS-3894) as well as verification of Medicaid eligibility for submittal at least 11 weeks prior to the HSW certifications expiration. Preferably at the time of an IPOS.)
2. Completes and forwards the following supporting documentation o SCCCMHA HSW Designee:
 - a. HSW Eligibility Certification (MDHHS-3894) properly signed and credentialed, including the consent section.
 - b. Level of Care on the HSW Performance of Areas of Major Life Activity (MDHHS-5927).
 - c. Diagnosis, Services and Goals and Objectives from the HSW Annual Recertification Worksheet.
 - d. Copy of the most recent IPOS, which includes habilitative goals and language specifying habilitative need, and a signed IPOS signature sheet by Individual/Guardian.

SCCCMHA HSW Designee

3. Forwards all completed documentation from C.2 to the PIHP via the WAS database and awaits response.
4. Scans approval/denial response to the EHR.
5. Enters funding source into the EHR.

D. TERMINATION/DISENROLLMENT

Case Holder

1. Dis-enrolls individual from the waiver using HSW Eligibility Certification (MDHHS-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.

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports 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 SCCCMHA HSW Designee.

SCCCMHA HSW Designee

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

PIHP HSW Designee

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

SCCCMHA 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.

E. SCCCMHA REPORTING

SCCCMHA HSW Designee

Encounters

1. Prepares reports detailing service delivery and any outliers.
2. Reports encounters to PIHP by specified deadlines.

PIHP Fiscal Department

CHAPTER Service Delivery		CHAPTER 03	SECTION 001	SUBJECT 0025
SECTION Treatment		SUBJECT Habilitation / Supports Waiver		

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

VI. REFERENCES

- A. State of Michigan “Habilitation/Supports Waiver” Implementation Instructions
- B. State Michigan Medicaid Manual July 2023 Updates
- C. Code of Federal Regulations – 42CFR483 Subpart I
- D. Section 1915(c) of the Social Security Act

VII. EXHIBITS

None Available

VIII. REVISION HISTORY:

Dates issued 11/04, 09/07, 11/09, 09/11, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 03/19, 03/20, 05/21, 05/22.

MEDICAID PREPAID INPATIENT HEALTH PLAN CONTRACT COVERAGE OBLIGATIONS FOR PERSONS WITH MENTAL HEALTH NEEDS

SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES ENROLLED IN THE HABILITATION SUPPORTS WAIVER

SERVICE CATEGORY	STANDARD CODE	CODE DESCRIPTION	UNIT OF MEASURE	COMMENTS
Community Living Supports				
	H2015	Comprehensive Community Support Services	15 Min	<p>Modifiers UN-2, UP-3, UQ-4, UR-5, US-6+ must be attached to Code to designate number of individuals being served within the home.</p> <p>Modifier UJ should be attached when services are provided at night by an awake staff. (Normal sleeping hours). To indicate Overnight Health and Safety</p>
	H2016	Comprehensive Community Support Services	Day	Only Specialized Residential Settings.
Enhanced Medical Equipment & Supplies	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
Enhanced Pharmacy	T1999	Miscellaneous Therapeutic Items & Supplies, NOC	Item	Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
Environmental Modifications	S5165	Home Modifications		Item must be ordered by a physician on a prescription or Certificate of Medical Necessity
Family Training	S5111	Family Training	Encounter	<p>Must be used only for family training (does not include paid caregivers)</p> <p>Modifiers UN-2, UP-3, UQ-4, UR-5, US-6+ must be attached to Code to designate number of individuals being served within the home.</p> <p>U7-Self Determination</p>

SERVICE CATEGORY	STANDARD CODE	CODE DESCRIPTION	UNIT OF MEASURE	COMMENTS
				ST-Related to Trauma or Injury HH-Integrated Mental Health and Substance Abuse HS-Family/couple without client present Y4-SAMSHA approved EBP for Co-occurring disorders
Fiscal Intermediary Service	T2025	Financial management.	Encounter	When service is performed-does not require face-to-face with beneficiary. Allocating and reporting costs; Submit actual item cost.
Goods and Services	T5999	Goods and Services	Item	U7-Self-Determination
Non Family Training	S5116	Professional staff works with CLS Staff to implement the plan. Activities may include; coaching, supervision and monitoring and feedback.	Encounter	U7-Self Determination
Out-of-Home Non-Vocational Habilitation	H2014	Skill Training & Development	15 Min	Modifiers UN-2, UP-3, UQ-4, UR-5, US-6+ must be attached to Code to designate number of individuals being served. HH-Integrated Mental Health and Substance Abuse U-7 Self Determination
Out of Home Pre-Vocational Services	T2015	Out of Home Pre-Vocational Habilitation	Hour	Modifiers UN-2, UP-3, UQ-4, UR-5, US-6+ must be attached to Code to designate number of individuals being served. HH-Integrated Mental Health and Substance Abuse U-7 Self Determination Y-4 EBP for co-occurring disorders <div></div>
Overnight Health and Safety	T2027	Specialized care provided to an individual who has special physical or developmental needs to safeguard against injury, hazard, or	15 Min	Modifiers UN-2, UP-3, UQ-4, UR-5, US-6+ must be attached to Code to designate number of individuals being served within the home. U-7 Self Determination

SERVICE CATEGORY	STANDARD CODE	CODE DESCRIPTION	UNIT OF MEASURE	COMMENTS
		accident. To assure health and safety during non-standard hours (8:00 pm to 8:00 am)		
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	Private Duty Nursing, through private duty agency only	Hour	TD will be attached for LPN and TE will be attached for RN based on licensing. For HSW individual 21+ years or older.
Respite Care	T1005	Respite	15 Min	<ul style="list-style-type: none"> Trained respite sitter Must be at least 18 years of age Modifiers UN-2, UP-3, UQ-4, UR-5, US-6+ must be attached to Code to designate number of individuals being served within the home. U-7 Self Determination
	H0045	Respite Care Services, not in the home, licensed residential setting	Day	<ul style="list-style-type: none"> Care in a group home Respite Care - which includes licensed camp for HSW beneficiaries Modifiers UN-2, UP-3, UQ-4, UR-5, US-6+ must be attached to Code to designate number of individuals being served within the home. U-7 Self Determination
	S5151	Respite Care	Day	In home U-7 Self Determination

SERVICE CATEGORY	STANDARD CODE	CODE DESCRIPTION	UNIT OF MEASURE	COMMENTS
Supported Employment	H2023	Supported Employment	15 Min	<p>Staff must be present to report units</p> <div> <p>Y4 - SAMHSA approved EBP for Co-occurring disorders</p> <p>Y5 - Individual placement support/EBP</p> <p>UN - Two patients served UP - Three patients served UQ - Four patients served UR - Five patients served US - Six patients served</p> <p>1Y - Career planning/discovery 2Y - Job development/placement 3Y - Self employed 4Y - Financial planning</p> <p>HH-Integrated Mental Health and Substance Abuse</p> </div>

WZ Modifier will attach (behind the scenes) to the H2014 code when encountered when Funding Source is listed as HAB Waiver.

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.