

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

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I. **APPLICATION:**

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. **PURPOSE STATEMENT:**

St. Clair County Community Mental Health (SCCCMH) shall manage the Habilitation Supports Waiver (HSW) program so that it efficiently meets all requirements of the Prepaid Inpatient Health Plan (PIHP), the Michigan Department of Health and Human Services (MDHHS), and the Center for Medicare and Medicaid Services (CMS), 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 Supports and Specialty Services for Children, Youth and Families, also known as “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 an 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 (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

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specialist, a licensed/limited-licensed professional counselor OR a human services professional with at least a bachelor's degree in a human services field.

- C. BH-TEDS: Behavioral Health Treatment Episode Data Set. Approved behavioral health services descriptions and codes 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. Reside in a community setting.
 4. Would require ICF/IID level of care services if not for HSW.
 5. Choose to participate in the HSW in lieu of ICF/IID services.
 6. Have a documented 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.

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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.
 5. Copy of most recent Biopsychosocial Assessment.
 6. Copy of recent IEP (if still in school).
 7. Copy of (HSW Performance on Major Life Activity (MDHHS-5927).
 8. MDHHS Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515) to MDHHS-Lansing, Michigan.
 9. 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 in Standard C as determined by the PIHP.
 - does not receive at least one HSW habilitative service per month.
 - withdraws from the program voluntarily.
 - fails to sign (or guardian fails to sign) Consent for services.
 - is placed in a nursing home with no treatment plan to return home.
 - passes away.
- 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 SCCCMH of new HSW slot.

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- J. The SCCCMH 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.
- K. HSW service data must be entered into OASIS for encounter reporting to MDHHS, within two (2) days following service delivery. SCCCMH 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. SCCCMH 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. Be at least 18 years of age.
 2. Be able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
 3. *Be able to practice universal precaution and infection control techniques.*
 4. Be able to communicate expressively and receptively in order to follow individual plan requirements and individual-specific procedures, and report on activities performed.
 5. Be 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. Be 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. Have received training in the individual's IPOS.

V. PROCEDURES:

A. Certification

Case Holder

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

Supervisor

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

SCCCMH HSW Designee

5. Maintains an electronic file of all HSW enrollment packets. Forwards HSW enrollment form to the PIHP HSW Designee through secure messaging.

PHIP HSW Designee

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

SCCCMH HSW Designee

7. Forwards all required supporting documentation to the PIHP through the WSA database.

Supporting documentation includes:

- a) Consent with Individual/Guardian's signature and date.
- b) Performance on Areas of Major Life Activity Scores
- c) Diagnosis
- d) HSW Services and Habilitative Goals/Objectives
- e) IPOS with guardian's signature and date.

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

SCCCMH HSW Designee

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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.

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 SCCCMH HSW Designee when Medicaid eligibility is lost, including the reason and what is being done to obtain retroactive Medicaid eligibility.
4. Notifies SCCCMH Designee when an individual has a Medicaid Spenddown (deductible) and monitors monthly eligibility.
5. Notifies SCCCMH 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. Obtains OBRA Assessment from nursing home and forwards to SCCCMH Designee when HSW individual is placed in a nursing home.
7. Notifies SCCCMH Designee when enrollee plans to move out of county to allow a HSW transfer to take place prior to moving out of county if requested by guardian.
8. Notifies SCCCMH Designee when an Adverse Benefit Determination has been sent prior to discharge from SCCCMH services.
9. Notifies SCCCMH Designee when enrollee has not received the required monthly service, including the reason why and documentation that supervisor and HSW coordinator have been advised.
10. Ensures Residential Living Arrangement is accurately reported in the Demographics of the electronic health record and the BH-TEDS file. Updates as necessary.
11. Ensures support and service providers have received training in the beneficiary's IPOS as documented on form [#0146 IPOS Training Log](#), that is scanned into OASIS and attached to the IPOS.

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11. Ensures a Health Care Appraisal (most recent physical examination) including vitals is obtained from the Primary Care Physician or obtained internally within SCCCMH 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.
13. Ensures form [#0387 Know Your Rights Acknowledgement](#) is signed by Individual/Guardian receiving services and scanned into the electronic health record.

SCCCMH HSW Designee

14. 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.
15. 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.
16. 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.
17. 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.
18. Transfers documents from the WSA SCCCMH Database Folder to Region 10 for processing.
19. 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.
20. Updates recertification due dates into Habilitation Funding Source in the electronic health record.
21. Updates the Waiver Support Application (WSA) database by adding the new Consent Date.
22. Reports any of the above to PIHP.

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23. Ensures Aides (non-licensed, non-verified providers) meet the qualifications listed in Standard.

C. RECERTIFICATION

Case Holder

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 SCCCMH 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.

SCCCMH 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 passes away.

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- 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 1e.
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 SCCCMH HSW Designee.

SCCCMH 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 SCCCMH HSW Designee after processing is complete.

SCCCMH 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. SCCCMH REPORTING

SCCCMH HSW Designee

Encounters

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

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PIHP Fiscal Department

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
- E. [#0146 Individual Plan of Service \(IPOS\) Training Log](#)
- F. [#0387 Know Your Rights Acknowledgement](#)

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, 07/23.

**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	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. Modifier UJ should be attached when services are provided at night by an awake staff. (Normal sleeping hours). To indicate Overnight Health and Safety
	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	Must be used only for family training (does not include paid caregivers) 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. U7-Self Determination 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.

SERVICE CATEGORY	STANDARD CODE	CODE DESCRIPTION	UNIT OF MEASURE	COMMENTS
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
Overnight Health and Safety	T2027	Specialized care provided to an individual who has special physical or developmental needs to safeguard against injury, hazard, or accident. To assure health and safety during non-standard hours (8:00 pm to 8:00 am)	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
Personal Emergency Response System (PERS)	S5160	PERS Installation	Encounter	
	S5161	PERS Maintenance	Month	
Private Duty Nursing (PDN) 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
	S5151	Respite Care	Day	In home ○ U-7 Self Determination
Supported Employment	H2023	Supported Employment	15 Min	Staff must be present to report units

SERVICE CATEGORY	STANDARD CODE	CODE DESCRIPTION	UNIT OF MEASURE	COMMENTS
				Y4 - SAMHSA approved EBP for Co-occurring disorders Y5 - Individual placement support/EBP UN - Two patients served UP - Three patients served UQ - Four patients served UR - Five patients served US - Six patients served 1Y - Career planning/discovery 2Y - Job development/placement 3Y - Self employed 4Y - Financial planning HH-Integrated Mental Health and Substance Abuse
Supported Employment	H2025	Job Coaching	15 Min.	Staff must be present to report units Y4-SAMHSA approved EBP for Co-occurring disorders Y5-Individual placement support/EBP UN-Two patients served UP-Three patients served UQ-Four patients served UR-Five patients served US-Six patients served 1Y-Career planning/discovery 2Y-Job development/placement 3Y-Self employed 4Y-Financial planning HH-Integrated Mental Health and Substance Abuse