



## **HABILITATION SUPPORTS WAIVER OVERVIEW**

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# What will be covered today

- Waiver basics
- HSW Eligibility Requirements
- ICF/ID Level of Care
- Services available in the HSW
- Differences between the “b” waiver and the HSW
- Documentation requirements
- Other information

# Waiver Basics

- Under Section 1915 (c) of the Social Security Act, states may request a waiver of certain federal requirements in order to provide specified home & community-based services to designated enrolled participants who would otherwise require institutional services reimbursed through Medicaid.

# Waiver Basics

- Michigan provides public mental health services through a 1915(b) Managed Specialty Supports & Services Waiver.
- The HSW operates concurrently with the 1915(b) waiver
- Services provided through Pre-paid Inpatient Health Plans (PIHPs), which are made up of Community Mental Health Service Programs (CMHSPs)

# Eligibility Requirements for HSW

- Person must meet all of the following:
  - Has a DD – no age restrictions
  - Resides in a community setting
  - Medicaid eligible and enrolled
  - Would otherwise need the level of services similar to an ICF/ID
  - Receives at least one HSW service per month once enrolled

# ICF/ID

- QIDP must determine level of care
  - Does individual need training similar to what a person with an IDD or a related condition would require to improve skills and independence in personal skills or adaptive behavior?
  - Are individuals needs attributed to the presence of an IDD (using Michigan Mental Health Code definition)?
  - ICF/ID does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment

## ICF/ID

- Intermediate Care Facility for the Intellectually Disabled 42CFR483.440
  - To be eligible for the Habilitation Supports Waiver, an individual must also be determined to need the level of care provided by an ICF/ID if not for waiver services. This means that, if the individual does not get HSW services in the community, he or she would need an active treatment program of specialized and/or generic training, treatment, health and related services directed toward the acquisition of behaviors necessary to function with as much self-determination and independence as possible.



- W197 of the CMS Surveyor's Guide for ICF/ID
- §483.440(a)(2) Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program
- **Guidelines:** The regulations define the target population eligible for the ICF/ID benefit, by defining the services that are required for a facility to provide in order for it to qualify as an ICF/ID and receive Federal Financial Participation (FFP). At the front end, one of the “required services” is training in basic fundamental skills. The type of skills described in W242, by their very nature, target a population who have significant deficits in growth and development





- W242 of the CMS Surveyor's Guide for ICF/ID
- §483.440(c)(6)(iii) Include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.
- **Guidelines** The receipt of training targeted toward amelioration of these most basic skill deficit areas is a critical component of the active treatment program needed by individuals who are eligible for the ICF/ID benefit, and therefore, is a required ICF/ID service.

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# Services Available on the HSW



- CLS
- Enhanced Medical Equipment and Supplies
- Enhanced Pharmacy
- Environmental Mods
- Family Training
- Goods and Services (Self Determination)

- Out-of-home non-vocational Habilitation
- Personal Emergency Response System (PERS)
- Prevocational Services
- PDN
- Respite
- Supports Coordination
- Supported Employment

## Eligibility for b-waiver

People enrolled in the HSW are also eligible for any medically necessary services provided by the Managed Specialty Supports & Services Plan (the “b-waiver”)

- Covered (state plan) services
- Additional (b-3) services

# 1915(b) Covered Services

- Assertive Community Treatment (ACT)
- Assessments
- Behavioral Treatment Review
- Child Therapy
- Clubhouse Psychosocial Rehab Programs
- Crisis Intervention
- Crisis Residential Services
- Family Therapy
- Health Services
- Home Based Services
- Individual/Group Therapy
- Intensive Crisis Stabilization
- ICF/ID
- Medication Administration
- Medication Review
- Nursing facility mental health monitoring
- OT, PT, Speech
- Personal Care in Licensed Specialized Residential Setting
- Substance Abuse
- Targeted Case Management
- Telemedicine
- Transportation
- Treatment Planning

# 1915 (b)(3) Additional Services

- Assistive Technology
- CLS
- Enhanced Pharmacy
- Environmental Modifications
- Crisis Observation Beds
- Family Support & Training
- Fiscal Intermediary
- Housing Assistance



- Peer-Delivered or Operated Support Services
- Prevention-Direct Services Models
- Respite Care Services
- Skill-Building Assistance
- Support & Service Coordination
- Supported/Integrated Employment Services
- Wraparound Services for Children & Adolescents

# Difference between HSW & B-Waiver

- The b-waiver is not limited to IDD
- Eligibility requirements not as stringent, services more flexible in b-waiver
- The HSW (c-waiver) serves only people with IDD who meet stricter eligibility criteria
- HSW enrollees may receive any HSW + b and b-3 services but other Medicaid beneficiaries not enrolled in HSW cannot receive HSW services.
- Services available in the HSW only are PDN (21 and over), Goods & Services (SD), out of home non-vocational habilitation

# Mental Health Service Descriptions

- To read the descriptions for mental health services, go to the Medicaid Provider Manual <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
- Click on the bookmark for the Behavioral Health and Intellectual and Developmental Disability Supports and Services
  - HSW services are described in Section 15.
  - Covered services are described in Section 3.
  - Additional b-3 services are described in Section 17.

# HSW Certificates

- Michigan has a specific number of HSW slots approved by the Centers for Medicare and Medicaid Services (CMS) per fiscal year.
- Assignment of slots is managed by MDHHS. Each PIHP has an annual allocation of active enrollments - cannot be exceeded.
- Priority for filling slots:
  - #1 - Children aging off Children's Waiver
  - #2 – People who are determined to be at high risk of ICF/ID
  - #3 - People age 21 and older who need PDN and meet HSW eligibility.



# Applying for the HSW

1. The individual plan of service must identify the need for HSW services.
2. If the PIHP has an available slot, an enrollment request is initiated.

## Applying for the HSW

3. The PIHP completes an enrollment request packet for submission to DHHS:
  - HSW certification form
  - Signed release of protected health information
  - Review of current abilities and needs
  - Copy of the IPOS including the amount, scope & duration of each service needed
  - Other supporting documentation, e.g., evaluations or professional notes. IEP

# Top 7 Reasons Applications Pend

- #7 No IEP (or alternative information) for < 26
- #6 RLA is missing or doesn't match number on packet
- #5 The HSW certification form has missing signatures or credentials
  - \* over 365 days old (for recerts/pinks)

# Top 7 Reasons Applications Pend

- #4 The IPOS has not been signed by the beneficiary and/or guardian to indicate his/her agreement with the plan.
- #3 The IPOS is older than one year
- #2 The IPOS does not specify the amount, scope and duration of HSW services.
- #1 The packet does not support the need for HSW services, without which the person would need ICF/ID level of services

# Examples and Discussion



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# MDHHS Approval

- MDHHS reviews the enrollment request packet and makes a decision on whether the person meets all the eligibility criteria for HSW.
- If the information supports the need for HSW services and the PIHP has an available slot then MDHHS will enroll the person and issue an approval to the PIHP through the WSA.

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# Fair Hearing Rights

## Application Denied by MDHHS

- If MDHHS reviewers determine the person is not eligible for the HSW based on the documentation provided, a denial may be given.
- The beneficiary will receive notification of his or her right to request a fair hearing.

# Fair Hearing Rights

## Application not Submitted

- If the PIHP does not submit a request packet because
  - there is no available slot
  - it has determined the person does not meet eligibility requirements
  - it determines other beneficiaries have a greater need for vacant certificates

The PIHP must give the beneficiary adequate notice of the right to file a fair hearing request.



# Fair Hearing Rights Termination

- Termination may occur for any of the following reasons:
  - **Death (no comment needed)**
  - **Voluntary withdrawal (comment needed)**
  - **Move out of state (no comment needed)**
  - **Loss of Medicaid (comment needed)**
  - **No longer meets eligibility requirements (comment needed with some detail)**
- PIHP gives advance notice (except in the case of death and move out of state)

# Planning for Transition from CWP

- Planning should begin at least **one year** prior to the child's 18<sup>th</sup> birthday
- If different division or supports coordinator will be responsible, that staff should be involved in the PCP process as early as possible
- Application packet to enroll in HSW should be submitted at least one month prior to child's 18<sup>th</sup> birthday to assure continuity of services
- Assure IPOS includes at least one habilitative program to demonstrate need for ICF/ID level of care if not for waiver services.

# Why Do Annual Recertifications?

- Enrolling in the HSW is for a one-year period, not a lifetime.
- Annual reviews at the CMHSP are required as part of our approved waiver with CMS to assure that the person is still eligible for HSW services.
- Recertification forms must be signed within 365 days of the previous year to continue on current active status. If annual certification is greater than 365 days, there must be explanation and indication of how it will be resolved.

# Quarterly Recertifications

- Random Sample of 367 recertifications within quarterly time frames across the 10 PIHPs
- Reviewed for evidence of continued HSW eligibility (improve or maintain skills)
- May pend if no longer have habilitative goal
- Fulfills CMS contractual requirement
- Performance measure must be 100%

# How long is the Consent Good for?

- 36 months
- If consent will expire before the recertification end-date, you must obtain a new consent.
  - i.e.: the consent is signed 8/1/2009 and will expire on 7/30/2012. The recertification is signed 9/1/2011 and will expire on 8/30/2012. Since the consent ends before the recert, you need a new consent to cover the entire period of the recertification.

# Encounter Data & Payments

- The HSW is paid out as capitation payments monthly
- Payments are based on the HSW enrollee's residential living arrangement and region where he lives
- If no HSW encounters are in the warehouse when we check, MDHHS recovers the capitation payment

# Application Packet Submission

- Except for BLUE applicant worksheet and certification page, please send rest of packet double sided
- **NO STAPLES!!!!**
- Multiple packets in one envelope is preferred



# HSW NEW APPLICANT WORKSHEET (BLUE)

*Must be printed on BLUE paper*

MDEHS Date Received Stamp

PIHP Date Received Stamp

**HSW NEW APPLICANT WORKSHEET**

PIA  S

Res Code: \_\_\_\_\_ FY: 20\_\_\_\_  
 M /  F Age: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Medicaid ID# \_\_\_\_\_  
 PIHP: \_\_\_\_\_ CMH/MCPN: \_\_\_\_\_ County: \_\_\_\_\_

Residence: \_\_\_\_\_  
 CWP Grad  Other Priority Group

**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**

<input type="checkbox"/> Community Living Supports	<input type="checkbox"/> Goods and Services (s-d only)	<input type="checkbox"/> PDN (21+)
<input type="checkbox"/> Enhanced Medical Equipment & Supplies	<input type="checkbox"/> Out of Home Non-Voc Habilitation	<input type="checkbox"/> Respite Care
<input type="checkbox"/> Enhanced Pharmacy	<input type="checkbox"/> PERS	<input type="checkbox"/> Supports Coordination
<input type="checkbox"/> Environmental Modifications	<input type="checkbox"/> Prevocational Services	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Family Training		

**GOALS AND OBJECTIVES** (Abbreviations acceptable):  
 \_\_\_\_\_

**RECOMMENDATION:**

Enroll in HSW - all 5 criteria met

<input type="checkbox"/> LOG Applied Accurately	<input type="checkbox"/> QIDP Certified
<input type="checkbox"/> Meets ICF/ID LOC	<input type="checkbox"/> Given Choice between HSW or institutional care
<input type="checkbox"/> LOC Documented on HSW Cert Form	Date Certification Signed by QIDP (Section 2) _____

**PEND:** Additional Information Needed (see reverse side for details)

Do not Enroll in HSW

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

HSW New Applicant Worksheet  
 Rev. 3/09/2016

- Do NOT need to include the 2<sup>nd</sup> sheet of previous versions unless you need more room for goals and objectives
- Abbreviations are acceptable when writing up the goals and objectives.
- Please make sure to indicate whether case is priority i.e.: CWP graduate or at imminent risk of ICF/ID



# Certification Page

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**

Initial Certification <input type="checkbox"/>	Annual Recertification <input type="checkbox"/>	Next Recertification Due Date: _____	
LAST Name _____	FIRST Name _____	Medicaid # <small>MUST be 10-digits - include leading zeros</small> _____	WSA # _____
Address _____		City/Zip _____	Date Of Birth _____
DHS License # For Residence (if Applicable) _____		Prepaid Inpatient Health Plan _____	County of Financial Responsibility _____
# Of Licensed Beds At Residence _____	Enrolled in LM 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**

QICF 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) \_\_\_\_\_  
The Michigan Department of Health and Human Services is an equal opportunity employer, services and program provider.  
DCH-3594 (03/2016)

Date \_\_\_\_\_

# Certifications



## Statewide Search for Adult Foster Care / Homes for the Aged Facilities

Search by one or more of the following choices:  
(Partial names may be used.)

Facility Name

Address

County  [Clickable Map](#)

City

Zip Code

\* Facility Type

License Number

If using RLA code of 22  
– 221 (6 or 8)

Link For Statewide  
Search for Adult Foster  
Care

\* Facility Type

Family Home	Congregate	County Infirmary	Large Group	Medium Group	Small Group
Capacity 1-6 licensee resides on-site	Capacity Greater than 20	Capacity Greater than 20	Capacity 13 - 20	Capacity 7 - 12	Capacity 1-6 may reside off-site

### Home for the Aged

A supervised personal care facility, that provides room, board, and supervised personal care to 21 or more unrelated nontransient, individuals 60 years of age or older.

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i.us/brs\\_afc/sr\\_afc.asp](http://www.dleg.state.mi.us/brs_afc/sr_afc.asp)

# Questions?



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# HSW Contact Information

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