

<b>Community Mental Health Partnership of Southeast Michigan/PIHP</b>	<b><i>Policy and Procedure Substance Abuse Residential Room and Board SDA Policy</i></b>
<b>Department: SUD Services</b>	<b>Regional Operations Committee Review Date 06/27/2022</b>
<b>Implementation Date 08/28/2022</b>	<b>Oversight Policy Board Approval Date 07/28/2022</b>

**I. PURPOSE**

To ensure State Disability Assistance (SDA) earmarked funds are appropriately distributed for eligible recipients.

**II. POLICY**

It is the policy of the CMHPSM to utilize State Disability Assistance (SDA) when available, to ensure the funding of room and board for individuals requiring a residential level of care within the Region. The individual must attest to the fact that they are SDA eligible through Michigan Department of Health and Human Services (MDHHS) prior to the provider billing for room and board using a CMHPSM designated form.

**III. REVISION HISTORY**

<b>DATE</b>	<b>MODIFICATION</b>
9/18/07	Original policy
6/2021	Update Language and process
1/24/2021	Language
07/28/2022	Language

**IV. APPLICATION**

This policy applies to SDA eligible individuals, eligible residential providers; CMHPSM SUD Team and Finance Department

**V. DEFINITIONS**

Eligible provider: Provider of Residential Substance Abuse services located within Lenawee, Livingston, Monroe or Washtenaw counties

Eligible Individual: Individual who meets the financial eligibility criteria as determined by the Michigan Department of Health and Human Services, has completed the application process, and has been granted Supplemental Disability Assistance (SDA), or has met eligibility criteria as listed on the form below.

Residential Substance Use Disorder Treatment: Treatment in a residential setting that provides structured clinical services as determined by ASAM level of care.

**VI. STANDARDS**

All individuals receiving SDA funding for room and board will have the designated form submitted by the residential provider and will be reviewed by the PIHP.

According to MDHHS SDA website:

To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older.

A person is disabled for SDA purposes if they:

- receives other specified disability-related benefits or services (e.g., Retirement, Survivors and Disability Insurance (RSDI) or Supplemental Security Income (SSI) due to disability or blindness, etc.), or
- resides in a qualified Special Living Arrangement facility (e.g., Home for the Aged, County Infirmary, Adult Foster Care Home or Substance Abuse Treatment Center), or
- is certified (a review process initiated by the MDHHS Specialist) as unable to work due to mental or physical disability for at least 90 days from the onset of the disability.

**VII. PROCEDURE**

1. PIHP will have a written agreement with providers to provide SDA funds.
2. Eligible Residential Provider determines whether individual currently has been approved for SDA. If not, refers individual to MDHHS for application if individual is in need and meets preliminary criteria.
3. If individual has not yet been approved by MDHHS but meets criteria on designated form below and is confirmed to be receiving residential services, individual will be considered eligible.
4. Provider will submit on a monthly invoice billing that at a minimum includes individuals initials, Date of Birth, Admission Date, Discharge Date (if applicable), number of days billed, SDA charges per day, and total charges. Documentation of SDA eligibility using the designated form must accompany the invoice.
5. PIHP will verify residential treatment status and will authorize for residential treatment when the PIHP expects to reimburse the provider for the treatment.

**VIII. REFERENCES**

*General Administrative Requirements:* Code of Federal regulations, Title 45, Part 160, US Government, (2013)

<https://www.govinfo.gov/content/pkg/CFR-2020-title45-vol2/pdf/CFR-2020-title45-vol2-part160.pdf>

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	
45 CFR Parts 160 & 164 (HIPPA)	X	
42 CFR Part 2 (Substance Abuse)	X	
Michigan Mental Health Code Act 258 of 1974		
JCAHO- Behavioral Health Standards		
MDHHS Medicaid Contract		
MDHHS Substance Abuse Contract	X	
Michigan Medicaid Provider Manual		
MDHHS SDA website	X	



## CMHPSM State Disability Assistance (SDA)

This form is to be used as a screening tool to help determine if an individual may qualify for SDA funding for a portion of your residential treatment services through CMHPSM. Please complete the following information:

1. I am 18 years of age or older.  True  False
2. I am a Michigan resident.  True  False
3. I am U.S. citizen or have an acceptable alien status.  True  False
4. I am not receiving any type of cash assistance from another state.  True  False

5. Please list cash assets: (*do not include property owned such as cars, homes, land, etc.*):

- Amount of cash on hand: \$ \_\_\_\_\_
- Bank account balances: \$ \_\_\_\_\_
- Any other type of cash assets such as Investments, Retirement plans, Trusts, etc.: \$ \_\_\_\_\_

**Total Cash Assets:** \$ \_\_\_\_\_

- My total cash assets are \$3,000 or less.  True  False

I verify that the above statements are true.

\_\_\_\_\_  
PRINT Individual Name

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Date

If this screening has determined you may be eligible for residential SDA funding, you are encouraged to contact your local Michigan Department of Health & Human Services office/MI Bridges website to apply for full SDA benefits. The state of Michigan has more eligibility guidelines that must be met.

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### Provider Use Only

- Screening positive for SDA eligibility?  Yes  No
- Individual participating or admitted for residential services?  Yes  No

Staff will verify that this individual meets the ASAM criteria for residential level of care.

\_\_\_\_\_  
PRINT Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date