

Policy #13.10

POLICY TITLE: 1915(i)SPA State Plan Home and Community Based Services Administration		POLICY #13.10	REVIEW DATES	
Topic Area: SERVICE DELIVERY		ISSUED BY: Chief Executive Officer APPROVED BY: Board of Directors		
Applies to: Lakeshore Regional Entity, member CMHSPs, and Network				
Developed and Maintained by: CEO or Designee				
Supersedes: N/A			Effective Date: 9/20/2023	Revised Date:

I. PURPOSE

To establish guidelines and expectations for LRE administration of the 1915(i)SPA State Plan.

Home and Community Based Services (HCBS) provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, serious emotional disturbance and/or serious mental illnesses. Center for Medicaid/Medicare Services (CMS) works with states to ensure and improve quality in Medicaid HCBS waiver programs.

II. POLICY

Lakeshore Regional Entity (LRE) shall administer the 1915(i)SPA State Plan program in accordance with the MDHHS Medicaid Specialty Supports and Services Contract, MDHHS Policy Bulletin (MMP) 22-36, and the Michigan Medicaid Provider Manual.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE, member CMHSPs and Network Providers.

IV. MONITORING AND REVIEW

This policy will be reviewed by the CEO and designee on an annual basis.

V. DEFINITIONS

Eligibility: The 1915(i) State Plan HCBS benefit is available to individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability who are currently residing in a HCBS setting and meet the needs-based criteria as follows:

1. Have a substantial functional limitation in one or more of the following areas of major life activity:
 - (a) Self-care

- (b) Communication
 - (c) Learning
 - (d) Mobility
 - (e) Self-direction
 - (f) Capacity for independent living
 - (g) Economic self-sufficiency; and
2. Without 1915(i) services, a beneficiary is at risk of not increasing or maintaining a sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity, and/or community inclusion and participation.

Beginning 10/1/2023, all cases must be approved in the WSA prior to beginning services. The case start date will be the date that MDHHS approves the case in the WSA.

If a case submitted after 10/1/23, the “begin date” for that 1915(i)SPA case will be the date that MDHHS approves the case in the WSA. Any 1915(i)SPA services that were provided from 10/1/23 to the date that MDHHS approved them in the WSA, are not billable services as they were not enrolled in the 1915(i)SPA during that timeframe.

VI. REFERENCES AND SUPPORTING DOCUMENTS

- MMP 22-36

VII. RELATED POLICIES AND PROCEDURES

- MDHHS Policy Bulletin (MMP) 22-36
- MDHHS/PIHP Master Contract
- Michigan Medicaid Provider Manual
- LRE Procedure # 13.10A 1915(i)SPA State Plan Home and Community Based Services Administration Procedure