

# Policy 13.1

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| <b>POLICY TITLE:</b>                | <b>HABILITATION SUPPORTS WAIVER (HSW) ADMINISTRATION</b>       | <b>POLICY # 13.1</b>   | <b>REVIEW DATES</b>                 |                                   |
| <b>Topic Area:</b>                  | SERVICE DELIVERY   | <b>ISSUED BY:</b><br>Chief Operating Officer<br><br><b>APPROVED BY:</b><br>Chief Executive Officer | 5/19/22                             | 2/1/2023                          |
| <b>Applies to:</b>                  | Lakeshore Regional Entity, member CMHSPs and Network Providers |  | 5/5/23                              |                                   |
| <b>Developed and Maintained by:</b> | CEO and Designee   |  |                                     |                                   |
| <b>Supersedes:</b>                  | N/A  |  |                                     |                                   |
|                                     |  |  | <b>Effective Date:</b><br>9/20/2018 | <b>Revised Date:</b><br>2/16/2023 |

## I. PURPOSE

To establish guidelines and expectations for LRE administration of the HSW.

## II. POLICY

Lakeshore Regional Entity (LRE) provider network shall administer the Habilitation Supports Waiver (HSW) program in accordance with the MDHHS Medicaid Specialty Supports and Services Contract and the Michigan Medicaid Provider Manual.

HSW beneficiaries must be enrolled through the Michigan Department of Health and Human Services (MDHHS) enrollment process by the Prepaid Inpatient Health Plan (PIHP) designee. The enrollment process must include verification that the beneficiary (all must apply):

- Has a developmental disability (as defined in the Michigan Mental Health Code MCL 330.1100 (20);
- Is Medicaid eligible and enrolled;
- Is residing in a community setting;
- If not for HSW services, would require Intermediate Care Facility/Intellectual-Developmental Disability (ICF/IDD) level of care services;
- Chooses to participate in the HSW in lieu of ICF/IDD services.
- Is receiving at least one (1) habilitative service (community living supports, prevocational services, out of home non-vocational habilitation, or supported employment)

HSW beneficiaries must receive at least one HSW service per month in order to maintain eligibility. The beneficiary's services and supports must be specified in the individual's plan of service developed through the person-centered planning process.

The beneficiary's services and supports must be specified in the individual's plan of services developed through the person-centered planning process that must be specific to:

- Medical necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person’s diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.
- Amount: The number of units (e.g., 25 15-minute units of community living supports) of service identified in the individual plan of service or treatment plan to be provided.
- Scope: The parameters within which the service will be provided, including Who (e.g., professional, paraprofessional, aide supervised by a professional); How (e.g., face-to-face, telephone, taxi or bus, group or individual); and Where (e.g., community setting, office, beneficiary’s home).
- Duration: The length of time (e.g., three weeks, six months) it is expected that a service identified in the individual plan of service or treatment plan will be provided.

LRE shall establish adequate procedures to assure effective administration of the program across the region including:

- Initial Application and Eligibility,
- Annual Recertification,
- Disenrollment and Transfer Procedure
- Environmental Modifications and Enhanced Medical Equipment and Supplies

### 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

**Habilitation Supports Waiver (HSW)** - An intensive home and community based, active treatment and support program, designed to assist individuals with severe developmental disabilities to live independently with supports in their community of choice.

**ICF/IDD (Intermediate Care Facility/Intellectual-Developmental Disability (42 CFR 435.1009)** Institution for individuals with developmental disabilities or persons with related conditions means an institution (or distinct part of an institution) that (a) Is primarily for the diagnosis, treatment, or rehabilitation of people with developmental disabilities or persons with related conditions; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

**Developmental Disability** -

1. If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
  - a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
  - b. Is manifested before the individual is 22 years old.
  - c. Is likely to continue indefinitely.
  - d. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
    - i. Self-care.
    - ii. Receptive and expressive language.
    - iii. Learning.
    - iv. Mobility.
    - v. Self-direction.
    - vi. Capacity for independent living.
    - vii. Economic self-sufficiency.

Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
2. If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.
- 3.

**Medical Necessity** -Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

**VI. RELATED POLICIES AND PROCEDURES**

- A. 5.1 Person Centered Planning
- B. 13.1d HSW Prior Review and Approval Request Procedure 2022

**VII. REFERENCES/LEGAL AUTHORITY**

- A. MDHHS Medicaid Specialty Supports and Services Contract
- B. Michigan Medicaid Provider Manual
  - o Section 15.1 Waiver Supports and Services
- C. 42 CFR 435.1009
- D. Michigan Mental Health Code MCL 330.1100 (20).
- E. 42 CFR 440.230

**VIII. CHANGE LOG**

| <b>Date of Change</b> | <b>Description of Change</b>  | <b>Responsible Party</b> |
|-----------------------|---|--------------------------|
| 5/19/22               | Moved from Quality section.<br>Added eligibility language                           | CEO and Designee         |
| 2/16/2023             | Add Environmental<br>Modifications and Enhanced<br>Medical Supplies and<br>Services | CEO and Designee         |
| 5/5/23                | Annual Review   | CEO and Designee         |
|                       |   |                          |