

<b>PROCEDURE # 13.1b</b>	<b>EFFECTIVE DATE</b>	<b>REVISED DATE</b>
<b>TITLE: HABILITATION WAIVER ANNUAL RECERTIFICATION</b>	<b>5/19/2022</b>	<b>8/1/2025</b>
<b><u>ATTACHMENT TO</u></b>	<b>REVIEW DATES</b>	
<b>POLICY #: 13.1</b>		
<b>POLICY TITLE: HABILITATION SUPPORTS WAIVER ADMINISTRATION</b>		
<b>CHAPTER: SERVICE DELIVERY</b>		

## I. PURPOSE

To establish a process for annual verification of Habilitation Supports Waiver (HSW) beneficiaries.

## II. PROCEDURES

- A. Annually or at any time a HSW participant's circumstances significantly change (death, move, reached habilitative goals, etc.) the responsible Members Community Mental Health Service Program's (CMHSP) assigned Supports Coordinator (SC) and the Lakeshore Regional Entity (LRE) HSW Coordinator must redetermine the enrollee's eligibility for the HSW through the enrollment/recertification process.

The assigned SC is the key responsible party for making this redetermination through the annual recertification process and monitoring eligibility throughout the year. The SC must determine the HSW beneficiary:

- Is an individual with a developmental disability;
  - Is Medicaid Eligible;
  - Is residing in a community setting;
  - If not for HSW services, would require ICF/IDD level of care services;
  - Chooses to participate in HSW in lieu of ICF/IDD services
  - Requires at least one (1) HSW service per month
1. If at any time the beneficiary does not meet the eligibility criteria, then the beneficiary's enrollment status must be made "inactive", or the beneficiary's enrollment must be terminated.
  2. The annual enrollment process includes confirmation of changes in the beneficiary's enrollment status, including termination from the waiver, changes of residence requiring transfer of the waiver to another Prepaid Inpatient Health Plan (PIHP), and death. Each CMHSP designee is responsible for completing the annual review/paperwork with oversight from the PIHP.

3. The following is required to be part of the annual recertification packet and uploaded to the WSA:
    - a. The MDHHS Habilitation Support Waiver Eligibility Certification Form (if previous consent has expired, a new form is required; if previous consent is still valid, it must also be included).
    - b. The MDHHS HSW Level of Care assessment of need (Performance on Areas of Major Life Activity Form).
    - c. A copy of the Person-Centered Plan (PCP) signed by the individual and/or guardian.
    - d. Due dates for uploads will be sent monthly to CMHSPs by the LRE HSW Coordinator.
    - e. All recertifications need to be uploaded in the WSA according to the WSA procedure document – “Performing HSW Certifications”
  4. The LRE HSW Coordinator will review the uploaded recertification packet and submit it to MDHHS as appropriate. If further information is needed prior to submission, this will be communicated with the appropriate CMHSP HSW Designee. If the individual no longer meets eligibility criteria, the CMHSP Designee shall initiate the disenrollment process.
- B. Inactive Status: If the beneficiary is not Medicaid eligible, they should be made “inactive” until the Medicaid issue is resolved. Or, if the beneficiary requires temporary admission to ICF/IID, inpatient psychiatric facility or a nursing home then the beneficiary should also be made “inactive” until he or she is reintegrated into the community. Any other cases moving to inactive will be reviewed on a case-by-case basis by the PIHP and MDHHS.

### III. CHANGE LOG

Date of Change	Description of Change	Responsible Party
9/21	New	Waiver Coordinator
8/1/2025	Update Language; remove definitions and references	COO, Clinical Manager, HSW Coordinator