

<b>PROCEDURE TITLE: HABILITATION WAIVER ANNUAL RECERTIFICATION</b>			
<b>Topic Area:</b> Service Delivery <b>Related Policy:</b> 13.1 HSW <b>Applies to:</b> LRE Staff, Member CMHSPs, LRE Provider Network <b>Review Cycle:</b> Annually  <b>Developed and            Maintained by:</b> LRE CEO or Designee		<b>REVIEW DATES</b>	
	<b>ISSUED BY:</b> Chief Executive Officer		
	<b>APPROVED BY:</b>		
<b>Supersedes:</b> N/A	<b>Effective Date:</b> 5/19/22	<b>Revised Date:</b> May 19, 2022	

## I. PURPOSE

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

## II. PROCEDURES

Annually or if a HSW participant's circumstances significantly change (death, move, reached habilitative goals, etc.) the responsible Community Mental Health Service Program (CMHSP) Members 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:

1. Is an individual with a developmental disability;
2. Is Medicaid Eligible;
3. Is residing in a community setting;
4. If not for HSW services, would require ICF/IDD level of care services;
5. Chooses to participate in HSW in lieu of ICF/IDD services
6. Requires at least one (1) HSW service per month

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.

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.

The following is required to be part of the annual recertification packet and uploaded to the WSA:

1. HSW Recertification Worksheet – completely filled out; recommendation section may be filled out and signed by the CMHSPs designee or deferred to the LRE HSW Coordinator.
2. 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)
3. The MDHHS HSW Level of Care assessment of need (Performance on Areas of Major Life Activity Form).
4. A copy of the Person-Centered Plan (PCP) signed by the individual and/or guardian.

All documents should be uploaded in the WSA under the Documents tab, Document type “Recertification.” Due dates for uploads will be sent monthly to CMHSPs by the LRE HSW Coordinator.

The LRE HSW Coordinator will review the uploaded recertification packet and submit 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.

Inactive Status: If the beneficiary does not meet his or her Medicaid deductible the beneficiary is NOT Medicaid eligible and therefore 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.

### **III. APPLICABILITY AND RESPONSIBILITY**

This procedure applies to LRE Staff, member CMHSPs, and the LRE Provider Network.

### **IV. MONITORING AND REVIEW**

This procedure will be reviewed by the CEO or Designee on an annual basis.

### **V. DEFINITIONS**

**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.

#### **VI. RELATED POLICIES AND PROCEDURES**

- A. LRE Service Delivery Policies and Procedures

#### **VII. REFERENCES/LEGAL AUTHORITY**

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

#### **VIII. CHANGE LOG**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
9/21	New	Waiver Coordinator