MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Habilitation Supports Waiver Initial Application and Eligibility Procedure		
Policy: ☐ **Procedure:** ☒ **Page:** 1 of 6	**Review Cycle:** Biennial **Author:** Waiver Coordinator	**Adopted Date:** 04.18.2014 **Review Date:** 11.1.2022	**Related Policies:** Habilitation Supports Waiver Service Philosophy

DO NOT WRITE IN SHADED AREA ABOVE

Procedure:

Habilitation Supports Waiver (HSW) Application Process:

The responsible Community Mental Health Service Program (CMHSP) completes the initial screening for HSW eligibility and sends the completed MSHN HSW Referral Form to MSHN for review and entry in the WSA. Once the new case is initiated by MSHN, the CMHSP is required to complete the Initial Enrollment Tabs in the WSA. Please refer to Section 5 ("Completing the Initial Enrollment") of the MDHHS WSA HSW User Training Manual (copy included as Appendix A of this policy).

The MSHN HSW Coordinator shall review the HSW application prior to submission to confirm scoring and prioritization. If necessary, the HSW Coordinator will collaborate with the responsible CMHSP to clarify the need for HSW services in the PCP and supporting documents/services. If there is continuing dispute on HSW eligibility, the level of care, or the screening priority rank the case shall be referred to the PIHP designee for final determination of priority HSW slot submission.

Once the application has been reviewed by the HSW Coordinator, it will be submitted to MDHHS for review.

1) If approved, MDHHS will approve the beneficiary in the WSA and an automatic email will be sent to the PIHP.
    a. The PIHP HSW Coordinator will notify the responsible CMHSP about the approval via email.
    b. Annually the CMHSP will complete re-certification in accordance with MSHN's HSW recertification procedure.
2) If denied, MDHHS will "deny" the beneficiary in the database and an automatic email will be sent to the PIHP.
    a. The PIHP HSW Coordinator will notify the CMHSP about the denial via email.
    b. The CMHSP will be responsible for sending Adverse Benefit Determination Notice to the individual.
3) If pended, MDHHS will "pend" the beneficiary's application in the MDHHS HSW Waiver Support Application (WSA) and note in the "comments" section of the beneficiary's WSA record what information/clarification MDHHS is seeking. The HSW Coordinator will routinely check the WSA and follow up with the responsible CMHSP HSW Coordinator regarding any required information or documents. The CMHSP Waiver Coordinator is responsible to obtain and provide information required by MDHHS within 15 business days. If additional information is not able to be obtained with 15 business day, the application should be withdrawn and resubmitted at a later date if applicable.

Applies to:

☐ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒MSHN CMHSP Participants: ☐Policy Only ☒Policy and Procedure
☒Other: Sub-contract Providers

Definitions:

ADLs: Activities of Daily Living Scores (Attachment A)
BTP: Behavior Treatment Plan (Attachment A)
CLS: Community Living Supports (Attachment A)
CMHSP: Community Mental Health Service Program
HSW: Habilitation Supports Waiver
IEP: Individualized Education Program
LOC: Level of Care
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network OT:
Occupational Therapist (Attachment A) PA:
PCP: Person-Centered Plan
PHI: Protected Health Information
PIHP: Prepaid Inpatient Health Plan
SC: Supports Coordinator (Attachment A)
WSA: Waiver Supports Application

Other Related Materials:

References/Legal Authority:

MDHHS-PIHP Contract;
MDHHS, Medicaid Provider Manual, Section 15 – Habilitation Supports Waive Program for Persons with Developmental Disabilities;
Intermediate Care Facility for Individuals with Intellectual Disabilities 42 CFR 435.1009; and
Michigan Mental Health Code MCL 330.1100 (20).

Change Log:

Date of Change	Description of Change	Responsible Party
04.18.2014	New regional procedure	M. Neering, HSW Coordinator
07.2016	Changed to remove the requirement to send MSHN HSW Weighted Rubric.	Waiver Coordinator
01.2017	Updated terminology/Annual Review no changes	Waiver Coordinator
10.2017	Annual Review; removed requirement of submitting MDHHS PHI form and updates to definitions, related materials, references; updates to definitions, related materials and references.	Waiver Coordinator
02.2019	Annual Review	Waiver Coordinator
08.2020	Annual Review	Waiver Coordinator
09.2022	Biennial Review	Waiver Coordinator

Attachment A

Habilitation Supports Waiver – Person Centered Plan (PCP) Tips

Habilitation vs. Rehabilitation

1) Habilitate: The Merriam-Webster dictionary defines it as; to make fit or capable (as for learning skills to function in society).
2) Rehabilitate: The Merriam-Webster dictionary defines it as; to restore to a former capacity or to reinstate; to restore to a former state or bring to a condition of health or useful and constructive activity.

The primary difference between habilitate and rehabilitate is that to habilitate is to teach someone skills that he/she does not presently have and to rehabilitate is to help someone relearn/regain a skill and/or ability he/she has lost. The focus of the HSW is habilitative and must focus on what needs to be taught, to address barriers to independence.

Things to keep in mind for HSW beneficiary's PCPs:

1) All barriers (to independence, control over their lives/environment, communication, health and safety, etc.) assessed should be addressed in outcomes/goals/objectives or explained as to why they aren't being addressed (addressed, referred, deferred, not addressed).
2) If the individual states his or her own goals, they should include exact wording from the person. It is ok to put a clarifying goal statement after his or her exact wording, so things are measurable.
3) All services provided must be listed separately with a commencement date, who is providing the service (OT, SC, Psychiatrist, CLS staff, etc.); how the service is being provided (face to face, telephone, group/individual, etc.); where the services are to be provided (home, community, office, etc.) and the length of time (one month, three months, six months, etc.) the service will provided.
4) Natural supports and the support they provide are to be noted in the PCP.
5) All goals should be written so they are measurable (e.g. what skills they will be gaining, how much weight they are losing, etc.) Think about how it is to be measured – time, intensity, frequency, the acquisition/demonstration of a skill.

Example:
Goal #1 – Obtain a job
Goal #2 – Improve activities of daily living
Goal #3 – Improve positive social behaviors/decrease PA, VA and property destruction

Suggested Revision/Combination:
Goal: "I want a job."

The objectives could be:

For Jane to be successful in obtaining a job within her community, she will learn to improve her ADLs daily (thoroughly bathing and dressing with less than two verbal prompts) and improve her positive social behaviors daily (learn and use one positive coping skill with one prompt or less) by 10/31/2014.

OR for her to learn to:

- Improve her grooming/hygiene, pick out weather appropriate/clean/matching clothing, etc.;

- Use her manners, take constructive criticism, decrease physical aggression, property destruction, etc.;
- Improve her job readiness skills – learn to be on time, learn to follow directions, learn to be safe on the job, learn to build a resume, prepare for a job interview, learn to utilize public transportation, etc.;
- CLS staff could be noted as being responsible for assisting her and teaching her in these areas; especially if there is a BTP. It should reflect that staff are teaching appropriate behaviors

6) Services are not goals. For example, attending skill building services is insufficient to meet the intent of the HSW. The purpose for attending skill building and the desired/expected habilitative outcome should be defined.
7) Person having control over his or her own environment which is why communication goals are habilitative in nature. If someone can communicate (through a nod, a blink, pointing, grasping at, say "yes" or "no") it gives them more control over their environment and can lead to less frustration and acting out.
8) All PCPs should reflect the services being received and how they are habilitative and helping the person have more control over their lives, environment, be part of their community, obtain a job, make friends, provide for their own needs, etc.
9) When writing goals always remember to ask, "Why is this person working on this?" or "What for?" It will be important to put the "What for?"/ "Why?" into the goal statement. A tooth brushing goal may be appropriate if the person wants a girlfriend/boyfriend but not just to have a tooth brushing goal so there is a habilitative goal in the PCP. There is always an end goal, a "What for?"

Attachment B

HSW WEIGHTED RUBRIC

Name of Individual	Medicaid ID	Date of Birth	Date

Wt.	Factor	Response	Factor Details
NA	Meets HSW basic eligibility criteria.	☐ **Yes** (proceed) ☐ **No** (stop, do not proceed)	There is proof in the record that: • Individual has a developmental disability. • Individual is Medicaid eligible and enrolled. • Individual resides in the community. • Individual requires ICF/IDD level of care services. • Individual chooses to participate in the HSW in lieu of ICF/IDD services. • Individual has an established need for at least one HSW service documented in the PCP.
NA	Increasing independence, community inclusion and participation.	☐ **Yes** (proceed) ☐ **No**	• Individual's assessment and PCP clearly document the individual's habilitative needs/goals and services focus on increasing: • Independence • Community Inclusion and Participation • Productivity
NA	**<u>Priority Status</u>** 1) Children's Waiver Program (CWP) age-off. 2) State Plan Private Duty Nursing (PDN) age-off.	☐ **Yes** (top priority) ☐ **No** (proceed according to rubric)	• Individual is aging off the CWP. • Individual is aging off the State Plan PDN.

10	Imminent Risk of ICF/IDD	**Score 0 – 5**	• Individual is at imminent risk of ICF/IDD placement. • Or, individual has had a psychiatric inpatient stay within the past year. • Or, is currently living in a facility that is not considered to be a community placement per CMS's Final Rule for Home and Community Based Services.
9	Habilitative needs identified in the assessment. Carried over and addressed in the PCP by a goal.	**Score 0 – 5**	• Individual's habilitative needs are clearly identified in the assessment. • Individual's habilitative needs are being addressed in the PCP with goals focusing on skill improvement/attainment. (Can also include preventing the loss of abilities.) Consider amount, scope and duration
9	Health & Safety-Behavioral	**Score 0 – 5**	• Individual has behavioral needs identified in the assessment and carried forth into the PCP which require significant intervention. • Consider frequency and intensity of need as well as types of interventions required to address needs.
9	Health & Safety-Medical	**Score 0 – 5**	• Individual has medical needs identified in the assessment and carried forth into the PCP which require significant intervention. • Consider frequency and intensity of need as well as types of interventions required to address needs.
8	Basic communication needs clearly identified in the assessment and PCP.	**Score 0 – 5**	• The individual has basic communication needs which are adequately identified in the assessment and addressed in the PCP via a goal at the level identified in the HSW LOC.
7	Personal care needs clearly identified in the assessment and PCP.	**Score 0 – 5**	• The individual has personal care needs which are adequately identified in the assessment and addressed in the PCP at the level identified in the HSW LOC.
	CMHSP HSW Score **MSHN HSW Score**		**Highest possible score 260**

CMHSP HSW Coordinator Date Received

MSHN HSW Coordinator Date Received