

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Finance</b>		
<b>Title:</b>	<b>Habilitation Supports Waivers Program – Finance Procedure</b>		
<b>Policy:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Annually	<b>Adopted Date:</b> 04.18.2014	<b>Related Policies:</b> Financial Management COFR Policy
<b>Procedure:</b> <input checked="" type="checkbox"/>	<b>Author:</b> Chief Financial Officer	<b>Review Date:</b> 07.2019	
<b>Page:</b> 1 of 3		<b>Revision Eff. Date:</b>	

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### Purpose

To maximize the use of Habilitation Supports Waiver (HSW) slots and assure HSW slots are used for those most in need, under the Medicaid Managed Specialty Supports Services Concurrent 1915 (b)(c) Waiver Program Contract for Mid-State Health Network (MSHN).

- A. To define procedures for assuring that the MSHN 1915 (C) HSW program is in full financial compliance with all applicable federal and state standards.
- B. Define procedures for allocation of HSW slots and funding within MSHN.

### Procedures

- A. Monthly review of DEG/payment advice data:
  1. Each Community Mental Health Service Provider (CMHSP) will be responsible for reconciling payments received from the MSHN for HSW consumers. Discrepancies will be reported to the MSHN HSW Coordinator within 30 days of receipt of payment to ensure subsequent payments are processed correctly.
  2. If reasons for discrepancies are to be determined at the state level, the MSHN Habilitation Supports Waiver Coordinator will follow up with the state for resolution and will relay information back to the CMHSP CFO through the MSHN CFO.
- B. Monthly review of HSW consumers for valid encounters:
  1. Monthly, the CMHSP will verify that each HSW consumer received at least one HSW-specific service encounter. A list of consumers with no valid HSW services during the month will be created and reported by the CMHSP to the MSHN Habilitation Supports Waiver Coordinator by the end of the month following the month of service. CMHSP will notify Habilitation Supports Waiver Coordinator if there are no consumers to list. If a HSW consumer does not meet the service provision criteria for more than three months in a fiscal year, the MSHN Habilitation Supports Waiver Coordinator will work with the CMHSP to determine if the consumer's continuing eligibility for the waiver should be reevaluated.
  2. The CMHSP will determine the reason for no valid HSW service and will work to correct data if necessary. The CMHSP will notify the MSHN Chief Information Officer (CIO) of the need to rerun data for submission to MDHHS once correction is made.
  3. In order to ensure payments are received for valid HSW enrollees, the MSHN Habilitation Supports Waiver Coordinator will run a potential recoupment report out of the WSA on a monthly basis. A list of consumers with potential recoupments will be sent out to the respective CMHSP HSW Coordinator to determine the reason for the potential recoupment. The CMHSP shall notify MSHN if there are any discrepancies. This report will be generated based off of the [HSW Payment Recoupment Schedule](#) and can be found in the detailed table below.

<b>For HSW Service Month</b>	<b>Encounters must be submitted by:</b>	<b>Recoupment Report pulled</b>	<b>Month of Recoupment</b>
January	4/30	November	May
February	5/31	December	June
March	6/30	January	July
April	7/31	February	August
May	8/31	March	September
June	9/30	April	October
July	10/31	May	November
August	11/30	June	December
September	12/31	July	January
October	1/31	August	February
November	2/28	September	March
December	3/31	October	April

C. Process for transferring Habilitation Supports Waiver slots between CMHSPs:

1. Any HSW slot, designated to a consumer of a CMHSP that becomes available will become designated to the HSW eligible consumer in accordance with the process outlined in the clinical Habilitation Supports Waiver procedure. Vacant slots are assigned by the PIHP with input from the CMHSP prioritized based on consumer of highest need.
2. COFR – please refer to MSHN’s COFR Policy
3. The CMHSP that has an HSW slot transferred to a consumer of another CMHSP, or that enters into a COFR agreement for a HSW consumer with another CMHSP, will permanently lose claim to the revenue associated with this particular slot.
4. Reconciliation of HSW Slots and Revenue:
  - a. Each CMHSP will reconcile their HSW payments throughout the fiscal year and report to the MSHN CFO the Medicaid ID and the months that remain unpaid, and those that should be recouped by the Michigan Department of Health and Human Services (MDHHS).
  - b. The MSHN CFO will then gather the aggregate list and put these on the Year End Medicaid Accrual Form for the region.

**Applies to:**

- All Mid-State Health Network Staff  
 Selected MSHN Staff, as follows:  
 MSHN’s Affiliates:  Policy Only     Policy and Procedure  
 Other: Sub-contract Providers

**Definitions:**

**HSW:** Habilitation Support Waiver (Hab Support)  
**MDHHS:** Michigan Department of Health and Human Services  
**MSHN:** Prepaid Inpatient Health Plan  
**CMHSP:** Community Mental Health Service Program  
**COFR:** County of Financial Responsibility  
**CMS:** Center for Medicare and Medicaid Services

### **Other Related Materials**

#### **Monitoring and Review Completed by:**

The MSHN CFO and the MSHN designated Habilitation Supports Coordinator ensure compliance with this procedure across the region. This procedure is reviewed annually by the MSHN CFO. External review will include MDHHS and CMS site visits and annual financial audits.

#### **References/Legal Authority:**

Section IV-A, of the Clinical Habilitation Supports Waiver policy

#### **Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
04.2015	New Procedure	Chief Financial Officer
01.2017	Updated	Chief Financial Officer
03.20.2017	Annual Review	Chief Financial Officer
03.2018	Annual Review	Chief Financial Officer
03.2019	Annual Review	Chief Financial Officer