POLICIES AND PROCEDURES MANUAL

Chapter:	Service Delivery System		
Title:	1915(i) State Plan Amendment Enrollment and Annual Recertification Procedure		
Policy: ☐ Procedure: ☒ Page: 1 of 7	Review Cycle: Biennial Author: Chief Behavioral Health Officer	Adopted Date: 3/5/24 Review Date: 11/12/24	Related Policies: 1915(i) SPA Policy 1915(i) SPA Disenrollment and Transfer Procedure

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Purpose

This procedure sets forth the guidelines and expectations for Mid-State Health Network's (MSHN) administration of enrollment and annual recertification of eligible beneficiaries in the 1915(i) State Plan Amendment (SPA) program.

Procedure

MSHN shall administer the 1915(i) SPA program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Michigan Medicaid Provider Manual (MMPM). The responsible Community Mental Health Service Program (CMHSP) shall complete the initial enrollment and recertification screening for ongoing 1915(i) SPA eligibility and send the completed case details through the Waiver Support Application (WSA) to MSHN for review and approval.

Beneficiary Enrollment and Recertification

CMHSP and PIHP staff must have access to the ISP (i-State Plan) program in the WSA to input and address enrollment and recertification activities for eligible beneficiaries. Initial enrollment and recertification of a beneficiary in the 1915(i) SPA follow the same process, including that the beneficiary must initially be approved by Michigan Department of Health and Human Services (MDHHS) prior to starting 1915(i) SPA services. In the case of recertification, the beneficiary must be re-evaluated and approved on an annual basis.

The process for completing enrollment or recertification in the WSA is as follows:

A. Searching for a Beneficiary

1. The person's 10-digit Beneficiary ID should be entered in the search bar located on the main page. If a Potential Enrollee file is found for the person, this will then be used to enter the necessary details to enroll the person.
    i. If no Potential Enrollee file is found, the "Add Beneficiary" option will be selected at the bottom. The person's 10-digit Beneficiary ID should again be entered into the search bar, the result of which should be a row containing the person's basic demographic information and an option to "Add Case", which should be selected.
    ii. If a beneficiary was previously opened to 1915(i) SPA services, was disenrolled at any point, and is now re-enrolling for (i) SPA services once again, the CMHSP should contact the MSHN State Plan Coordinator so they may then work with both the CMHSP and MDHHS to collect the necessary details to have the case re-

opened and transferred to the appropriate CMHSP (if necessary) so that all enrollment procedures outlined below may then be followed.

B. Begin the Enrollment

1. As a first step, the "More Info" button in the WSA-ISP should be referenced to indicate pertinent beneficiary information.
2. Refer to the element "Programs Enrolled In." This will indicate whether the beneficiary is enrolled in another program where certain services may already be covered by another authority. With service authority overlaps, the other program takes priority for that particular service. These programs include:
    i. Certified Community Behavioral Health Clinic (CCBHC) Services
    ii. Children's Waiver Program (CWP)
    iii. Serious Emotional Disturbance Waiver (SEDW)
    iv. Habilitation Supports Waiver (HSW)
        a. For a beneficiary who may be transitioning onto the 1915(i) SPA from the HSW, please refer to the HSW/(i)SPA Transition guide(s) provided by both MDHHS and MSHN.
3. If the beneficiary information shows as being involved in one of these programs, review the following 1915(i) SPA service comparison table to determine which authority is responsible for the service:

1915(i) SPA Service Comparison	CCBHC	Children's Waiver 1915c	SED Waiver 1915c	Habilitation Supports Waiver 1915c	1915(i) SPA
Community Living Supports		X	X	X	X
Enhanced Pharmacy				X	X
Environmental Modifications		X		X	X
Family Support & Training	X	X	X	X	X
Financial Management Services (FMS)/Fiscal Intermediary (FI)		X	X	X	X
Housing Assistance	X				X
Respite	X	X	X	X	X
Skill Building	X			**	X
Specialized Medical Equipment & Supplies (Assistive Tech)		X		X	X
Supported/Integrated Employment	X			X	X

1915(i) SPA Service Comparison	CCBHC	Children's Waiver 1915c	SED Waiver 1915c	Habilitation Supports Waiver 1915c	1915(i) SPA
Vehicle Modification (Assistive Tech)		*		*	X
*This service may be covered under Specialized Medical Equipment & Supplies. Please refer to the code chart for further details.					
**Skill Building (H2014) is not an HSW covered service, however, Out-of-Home Non-Voc (H2014WZ) is an HSW covered service. Please refer to the code chart for further details.					
X=This is a covered service.					

C. Evaluation

1. The evaluation date is recorded in the WSA. This date must follow the necessary timeline of Assessment Date <= Evaluation Date <= Referral Date <= Individual Plan of Service (IPOS) Start Date.
2. The evaluation end date pre-populates to be one year minus one day less from the evaluation start date.
3. The referral date is recorded in the WSA and must follow the necessary timeline of Assessment Date <= Evaluation Date <= Referral Date <= Individual Plan of Service (IPOS) Start Date.
4. The evaluator name and credentials are entered. See the table below for required staff credentials for each target population group.
5. The beneficiary's primary target group [i.e., serious emotional disturbance (SED), serious mental illness (SMI), or intellectual and/or developmental disability (IDD)] shall be indicated. The staff performing the assessment or reassessment shall have the corresponding credentials to perform the assessment.
6. The Assessment Tool should be selected, and must be in alignment with the required assessment and assessment staff credentials relative to target group as follows:

Population Designation	Accepted Assessment Tool	Required Staff Credentials
SED	PECFAS, CAFAS; may use "Other" for the DECA. MichiCANS will replace the CAFAS and PECFAS as of 10/1/24.	MHP and/or QMHP
SMI	LOCUS; may use "Other" for ASAM (if co-occurring SUD present).	MHP and/or QMHP
IDD-Child	May use "Other" for the biopsychosocial, DD_GAS, Vineland, PMLA, DLA-20, and DD-Proxy. Note: the MichiCANS will be used for children/youth with IDD also (as of 10/1/2024).	MHP and/or QIDP
IDD-Adult	If SIS is still valid (completed within three years prior to evaluation start date), use this. If no SIS, use biopsychosocial, PMLA, DLA-20,	MHP and/or QIDP

	ICAP, and DD-Proxy. The WHODAS 2.0 will start in FY26.	

7. The assessment date should be entered and must follow the timeline of Assessment Date <= Evaluation Date <= Referral Date <= IPOS Start Date.
8. Enter the Eligibility Criteria:
   i. The beneficiary must have a substantial functional limitation in one (1) or more of the following areas of major life activity:
      a. Self-care
      b. Mobility
      c. Capacity for independent living
      d. Communication
      e. Self-direction
      f. Economic self-sufficiency
      g. Learning
   ii. Without 1915(i) SPA services, the beneficiary would be at risk of not increasing or maintaining sufficient level of functioning to achieve their individual goals of independence, recovery, productivity, or community inclusion and participation.
9. Once information is saved in the Evaluation section, it may be modified, if needed, by clicking the "Modify Evaluation" button.

D. Plan of Service

1. The IPOS start date is entered in the WSA and must follow the necessary timeline of Assessment Date <= Evaluation Date <= Referral Date <= Individual Plan of Service (IPOS) Start Date.
2. The IPOS end date will be pre-populated to one year minus one day from the start date.
3. If 1915(i) SPA services were included in the IPOS by way of an addendum, the date of the addendum should be entered as the IPOS start date, and the end date should then be manually modified to reflect the date the annual IPOS will end. A note should be added to explain the reason for the shortened timeline.
4. All Home and Community-Based Services (HCBS) for which the beneficiary meets eligibility) or is already receiving under another authority, e.g., CCBHC, CWP, SEDW, HSW) should be indicated:
   i. Community Living Supports
   ii. Enhanced Pharmacy
   iii. Environmental Modification
   iv. Family Support & Training
   v. Fiscal Intermediary
      a. If Fiscal Intermediary (FI) is the only service checked, another 1915(i) SPA service must be identified; if FI services are being used to secure other services, thus there are no others to select at the time, a comment/note must be added to identify why.
   vi. Housing Assistance
   vii. Respite
   viii. Skill Building
   ix. Specialized Medical Equipment & Supplies (Assistive Tech)

x. Supported/Integrated Employment
xi. Vehicle Modification (Assistive Tech)

5. The service settings chosen to provide the 1915(i) SPA service must be in compliance with the Home and Community Based Services Rule (42 CFR 441.710(a)(1) and (2).
6. The beneficiary must be informed of his or her right to choose services and providers.
7. The IPOS must be updated/amended within 365 days of the last IPOS and reflect the type, amount, scope, duration, frequency, and timeframe for implementing services.
8. The case manager, supports coordinator, other qualified staff or independent facilitator that assisted in developing the IPOS is not a provider of any other 1915(i) SPA service for the individual.
9. Once information is entered into the Plan of Service section, it may be changed by clicking the "Modify IPOS" button.
10. Upon completion of entry of the 1915(i) SPA information in the WSA, the CMHSP user shall submit to MSHN for review and approval. Any alerts received when attempting to submit the case must be addressed before the case is able to be sent to the PIHP queue.

E. Annual Reevaluation

1. Assessment(s) and related evaluations to determine ongoing service eligibility should be completed on an annual basis.
2. Re-evaluations should be entered in the WSA by selecting the Updated Evaluation option and should follow all steps outlined above for entering evaluation information, except for entering a Referral Date as that only pertains to new enrollments.
3. There may be no overlap in dates of any two consecutive evaluations. Thus, if the re-evaluation was completed before the prior evaluation was set to end, the prior evaluation's end date should be manually modified to fall one day prior to the new evaluation start date.
4. Any lapse between annual evaluations should be designated with a Missing Evaluation to indicate the start and end date where there was no eligible evaluation in place. A comment must also then be added to the Updated Evaluation to indicate the reason for the lapse.
5. A new IPOS can be entered with the re-evaluation only if the previous IPOS was expired in full on the date the re-evaluation was completed. If the IPOS was in place for even one day following the date of the re-evaluation, a new IPOS will not be allowed to be entered until the following year's re-evaluation.
6. Similar to consecutive re-evaluations, there may be no overlap in dates of any two IPOS'; thus, for any IPOS completed prior to the date the previous IPOS was set to end, the prior IPOS's end date should be manually modified to end one day prior to the start of the new IPOS.
7. Also similar to re-evaluations, any lapse between annual IPOS' should be entered using the Missing IPOS option, and start and end dates for the lapse should be entered. The new IPOS may then be entered, and a comment should be added to indicate the reason for the lapse between IPOSs.

F. MSHN Review Activities

8. The MSHN State Plan Coordinator shall review 1915(i) SPA enrollment and re-evaluation documentation in the WSA. If necessary, the MSHN State Plan Coordinator

will collaborate with the responsible CMHSP to clarify the need for 1915(i) SPA services.

9. Once the application has been reviewed by the MSHN State Plan Coordinator, the case will be submitted to MDHHS for final review and approval, which may take up to 10 days to complete. The CMHSP will receive an automated email notification from the WSA when the approval is complete, and the case will also be in the CMHSP queue.
10. If appropriate, MDHHS will "deny" the beneficiary in the WSA, and an automatic email will be sent to MSHN and the CMHSP.
11. The MSHN State Plan Coordinator will notify the CMHSP about the denial via email.
12. The CMHSP will be responsible for sending Adverse Benefit Determination Notice (ABDN) to the individual.
13. If changes are found to be needed prior to approval during either the MSHN or MDHHS review processes, the beneficiary's application in the WSA will be pended back to the CMHSP with a note in the case's Comments tab regarding what information/clarification is needed. The MSHN State Plan Coordinator will routinely check the WSA and follow up with the responsible CMHSP 1915(i) SPA Lead regarding any required information. The CMHSP 1915(i) Lead is responsible for obtaining and providing information required by MSHN and/or MDHHS within a timely manner. If additional information is not able to be obtained, the application may be withdrawn and resubmitted later, 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

ABDN: Adverse Benefit Determination Notice
ASAM: American Society of Addiction Medicine
CAFAS: Child and Adolescent Functional Assessment Scale
CCBHC: Certified Community Behavioral Health Clinic
CFR: Code of Federal Regulations
CMHSP: Community Mental Health Service Program
CWP: Children's Waiver Program
DD-CGAS: Developmental Disability Child Global Assessment Scale
DECA: Devereaux Early Childhood Assessment
DLA-20: Daily Living Activities (20 item)
FI: Fiscal Intermediary
FMS: Financial Management Services
HCBS: Home and Community-Based Services
HSW: Habilitation Supports Waiver
ICAP: Inventory for Client and Agency Planning
IDD: Intellectual and/or Developmental Disability
IPOS: Individual Plan of Service
ISP: i-State Plan

LOCUS: Level of Care Utilization System
MDHHS: Michigan Department of Health and Human Services
MHP: Mental Health Professional
MMPM: Michigan Medicaid Provider Manual
MSHN: Mid-State Health Network
PECFAS: Preschool and Early Childhood Functional Assessment Scale
PIHP: Prepaid Inpatient Health Plan
PMLA: Performance of Major Life Activities
QIDP: Qualified Intellectual Disability Professional
QMHP: Qualified Mental Health Professional
SED: Serious Emotional Disturbance
SEDW: Serious Emotional Disturbance Waiver
SIS: Supports Intensity Scale
SMI: Serious Mental Illness
SPA: State Plan Amendment
SUD: Substance Use Disorder
WSA: Waiver Supports Application

Other Related Materials

Additional training materials related to the WSA can be found within the Application itself. Most notably, the Waiver Support Application: 1915i SPA User Training Manual that can be found on the WSA Splash Page under Training => ISP => ISP Training Documents contains a comprehensive list of all functions and related steps for enrolling and maintaining a 1915(i) SPA case in the WSA, as well as steps for obtaining access to the ISP program, disenrolling, and transferring cases. This document is updated often and should be referenced frequently as a training tool.

References/Legal Authority

- MDHHS, Medicaid Provider Manual, Section 17 – Behavioral Health 1915(i) Home and Community-Based Services (HCBS) State Plan Amendment
- MDHHS-PIHP Contract
- Waiver Support Application: 1915i SPA User Training Manual
- 42 CFR 441.530 Home and Community-Based Settings Rule
- Michigan Mental Health Code

Change Log:

Date Of Change	Description of Change	Responsible Party
11/9/2023	New procedure	State Plan Coordinator
6/6/24	Removed references to EPSDT authority	MSHN State Plan Coordinator