

POLICIES AND PROCEDURES MANUAL

Chapter:	Service Delivery System		
Title:	1915(i) State Plan Disenrollment and Transfer Procedures		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 3/5/24	Related Policies: 1915(i) SPA Policy 1915(i) SPA Enrollment and Annual Recertification Procedure
Procedure: <input checked="" type="checkbox"/>	Author: Chief Behavioral Health Officer	Review Date: 11/12/24	
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Purpose

Mid-State Health Network (MSHN) shall administer the 1915(i) State Plan Amendment (SPA) program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Michigan Medicaid Provider Manual (MMPM). This procedure sets forth the guidelines and expectations for MSHN’s administration of disenrollment and transfer processes for the 1915(i) SPA program.

Procedures

A. Disenrollment

1. Each Community Mental Health Service Program (CMHSP) must perform eligibility redetermination on an annual basis for all individuals receiving 1915(i) SPA services to determine whether the beneficiary continues to meet service eligibility criteria. If it is determined that the beneficiary no longer meets 1915(i) SPA eligibility criteria, the CMHSP must clearly document such reason(s), and advance notice must be given to the beneficiary at least 10 days prior to the disenrollment date. The beneficiary has the right to appeal the disenrollment. Assuming an appeal was not made, upon the date of disenrollment the responsible CMHSP shall complete the 1915(i) SPA benefit disenrollment in the Waiver Support Application (WSA) and send the completed details to MSHN for review and approval.

2. The CMHSP should bring the beneficiary case into the Community Mental Health (CMH) work queue and, using the End Enrollment tab, select the appropriate reason for disenrollment from the available drop-down menu. There are nine potential disenrollment reasons, but where appropriate, the CMHSP staff will include any text-based explanation in the Comments box for disenrollment to the State Plan Coordinator for review. The Comments box should include an explanation when “Other” is chosen as a disenrollment reason. The disenrollment reasons in the WSA include:
 - i. Approved-Declined Services
 - ii. Deceased
 - iii. Met all treatment plan goals
 - iv. Moved out of state
 - v. No longer eligible for Medicaid
 - vi. No longer meets requirements for eligibility
 - vii. Re-evaluation did not meet medical necessity
 - viii. Voluntary disenrollment from services
 - ix. Other

3. If the reason for disenrollment is anything other than Deceased, a Notified Date will be entered next. The Notified Date must be at least 10 days prior to the Disenrollment Date.
4. Enter the Disenrollment Date, which cannot be a future date.
5. There is a box (Hearing Indicator) to indicate whether the beneficiary indicated a desire for a hearing; check this if applicable.
6. Include any additional notes in the Comments box.
7. The CMHSP shall approve the request, which sends the request to the PIHP for review and approval.
8. The MSHN State Plan Coordinator will review and approves the disenrollment; this moves the case to the Michigan Department of Health and Human Services (MDHHS) queue for final approval, and the case then becomes “Closed-Disenrolled.”

The MSHN State Plan Coordinator will collaborate with the responsible CMHSP to clarify any aspect of the disenrollment request as needed.

B. Transfers

There are two types of transfers requiring different actions to be taken: PIHP-external, and PIHP-internal.

1. PIHP-External (PIHP to PIHP)
 - i. The CMHSP will contact the MSHN State Plan Coordinator and indicate the request to transfer the case from a CMHSP in another PIHP’s catchment area.
 - a. For all cases that are currently open with the originating CMHSP, the MSHN State Plan Coordinator will collaborate with the PIHP where the open case is assigned. A service start date will be indicated by the receiving CMHSP, and the service end date of one day prior will be confirmed by the originating PIHP and CMHSP.
 - b. For cases not yet open with the originating CMHSP, i.e. those with a Potential Enrollee status, no coordination with the originating CMHSP or PIHP is needed.
 - ii. The MSHN State Plan Coordinator will contact MDHHS to report details of the transfer and the receiving CMHSP.
 - iii. The MSHN State Plan Coordinator will inform and/or coordinate with the receiving CMHSP of details of the transfer.
2. PIHP-Internal (In-Region)
 - i. The CMHSP shall contact the MSHN State Plan Coordinator and note the details of the transfer from the originating CMHSP to the receiving CMHSP.
 - a. For all cases that are currently open with the originating CMHSP, a service start date will be indicated by the receiving CMHSP, and the service end date of one day prior will be confirmed by the originating CMHSP.

- b. For cases not yet open with the originating CMHSP, i.e. those with a Potential Enrollee status, no coordination with the originating CMHSP is needed.
- ii. The MSHN State Plan Coordinator will change the CMHSP assignment in the WSA status tab and pend the case to the newly assigned CMHSP’s work queue.
- iii. The MSHN State Plan Coordinator will confirm the transfer with the receiving CMHSP.

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

CMH: Community Mental Health
 CMHSP: Community Mental Health Service Program
 MDHHS: Michigan Department of Health and Human Services
 MPM/MMPM: Michigan Medicaid Provider Manual
 MSHN: Mid-State Health Network
 PIHP: Prepaid Inpatient Health Plan
 SPA: State Plan Amendment
 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, disenrolling, transferring, and otherwise maintaining a 1915(i) SPA case in the WSA, as well as steps for obtaining access to the ISP program. 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

Change Log:

<u>Date Of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
11/9/2023	New procedure	State Plan Coordinator
06/2024	Biennial Review	Chief Behavioral Health Officer