

ORGANIZATIONAL PROCEDURE

PROCEDURE # 13.10A	EFFECTIVE DATE	REVISED DATE
TITLE: Home and Community Based Services Administration	9/15/2023	2/15/2025
<u>ATTACHMENT TO</u>	REVIEW DATES	
POLICY #: 13.10	2/15/2025	
POLICY TITLE: Home and Community Based Services Administration		
CHAPTER: SERVICE DELIVERY		

I. PURPOSE

To establish a process for enrollment and annual verification of beneficiaries of Home and Community Based Services (HCBS) under the 1915(i) State Plan Amendment (SPA).

II. PROCEDURES

Home and Community Based Services Enrollment, Recertification, and Disenrollment Process

A. Enrollment:

1. The responsible Community Mental Health Service Program (CMHSP) completes the initial assessment for 1915(i)SPA eligibility and enters the information into the case file in the Waiver Support Application (WSA) to submit to the PIHP for review. The complete case file in the WSA shall include:
 - Evaluation type, tool, and date
 - Referral Date
 - Evaluator name and credentials
 - Eligibility criteria
 - IPOS Date
 - The 1915(i)SPA Services being delivered
2. The PIHP will review the case file for completeness and accuracy, return the case if necessary to the CMHSP for any corrections or missing information, and ultimately approve the case and submit it to MDHHS for final approval.
3. MDHHS will review the case and make the final approval decision. Once approved, the PIHP and the CMHSP will receive an email from the WSA that the case was approved.
4. Beginning 10/1/2023, all cases must be approved in the WSA prior to beginning services.
 - a. The case start date will be the date that MDHHS approves the case in the WSA.
 - b. If a case submitted after 10/1/23, the "begin date" for that 1915(i)SPA case will be the date that MDHHS approves the case in the WSA. Any 1915(i)SPA services that were provided from 10/1/23 to the date that MDHHS approved

them in the WSA, are not billable services as they were not enrolled in the 1915(i)SPA during that timeframe.

B. Recertification

1. The responsible CMHSP completes the annual assessment for 1915(i)SPA eligibility (within 365 days of the initial evaluation) and updates the information into the case file in the WSA to submit to the PIHP for review. The updated case file in the WSA shall include:
 - Re-Evaluation type, tool, and date
 - Evaluator name and credentials
 - Eligibility criteria
 - Updated IPOS Date (if applicable)
 - 1915(i)SPA Services being received (if applicable)
 - Reason for Missing Re-Evaluation if the current re-evaluation is overdue.
2. The PIHP will review the case file for completeness and accuracy, return the case if necessary to the CMHSP for any corrections or missing information, and ultimately approve the case and submit it to MDHHS for final approval.
3. MDHHS will review the case and make the final approval decision. Once approved, the PIHP and the CMHSP will receive an email from the WSA that the re-evaluation was approved.

C. Disenrollment:

1. Disenrollment can occur at any time. The responsible CMHSP will determine if the beneficiary is no longer meeting 1915(i)SPA eligibility. The CMHSP will update the information into the case file in the WSA to submit to the PIHP for review. The updated case file in the WSA shall include:
 - Disenrollment Reason
 - Notified Date (if applicable)
 - Disenrollment Date
2. The PIHP will review the case file for completeness and accuracy, return the case if necessary to the CMHSP for any corrections or missing information, and ultimately approve the disenrollment and submit it to MDHHS for final approval.
3. MDHHS will review the case and make the final approval decision. Once approved, the PIHP and the CMHSP will receive an email from the WSA that the disenrollment was approved.
4. Disenrollment Date will be the date entered into the WSA.

III. CHANGE LOG

Date of Change	Description of Change	Responsible Party
9/15/23	NEW Procedure (removed from policy)	CEO or Designee
2/15/25	Title Change	COO and HCBS Manager