

# HAB (Habilitation) Waiver and 1915 (i) SPA (State Plan Amendment) Changes

All these services must be in writing using a person-centered approach in the IPOS (Individual Plan of Service) and must meet medical necessity (need).

This list was in the waiver application. [Application for 1915\(c\) HCBS Waiver: Draft MI.014.07.00 - Oct 01, 2024 \(michigan.gov\)](#)

The **major changes** being made for this waiver renewal are:

- 1) **Overnight Health and Safety Supports** was changed.
  - Overnight Health and Safety Supports now includes overnight supervision (monitoring) for health-related concerns or in case of a medical emergency.
  
- 2) **Prevocational Services** are removed from the waiver.
  - It is felt that Skill Building in the 1915(i) State Plan Amendment (SPA) covers this.
  - There will be six-months for the few that use this service to move to the 1915(i) SPA.
  
- 3) Some **performance measures** for the **Quality Improvement Strategy** were added or changed. (I tried to compare and see what the changes were but could not figure it out.) So here are all of them:
  - Number and percent of administrative hearings about utilization management (service use) issues
  - Number and percent of PIHPs (Prepaid Inpatient Health Plans) that do prior authorizations (approvals) by following policy.
  - Number and percent of PIHPs that have filled at least 95% of their HAB slots.



- Number and percent of PIHPs that use quality improvement activities as written in their contract.



- Number and percent of issues for provider qualifications that were fixed within 90 days. (We need the Department to issue uniform guidelines for everyone.)

- Number and percent of PIHPs who have useful policies in place about following HCBS (Home and Community-Based Services) rules and checking to make sure they are followed.



- Number and percent of IPOS issues that were fixed within 90 days.

- Number and percent of Individual Plans of Service (IPOS) that show the provider and person that helps with service planning are not the same.



- If individual issues are noted because of the review, MDHHS will contact the PIHP/CMHSP and check to make sure the PIHP/CMHSP fixes the concerns.



4) Electronic Visit Verification (**EVV**) policy was updated.







5) **HCBS (Home and Community-Based Services) implementation language updated.**

6) **Goods and Services** changed so that the goods or services do not need to replace human assistance. (Yay!)


- An overall limit of \$2,000 per year has been added to the service.
- Goods and Services will provide up to \$1,000 for the purchase of adaptive clothing.
- Goods and Services:




- Cannot be used for vacation costs or staff 
- Cannot be used for internet, cell phones, utilities and phone purchase or costs 
- Cannot be used for service animals or cost of pet care
- Cannot be used for academic tutoring or other services covered under the Rehabilitation Act or IDEA (Individuals with Disabilities Education Act) 
- Cannot be used for room and board (including rent and mortgage payments) 
- Cannot be used to purchase or lease or for routine maintenance of a vehicle 
- Cannot be used for health-related services, equipment, and supplies 
- Cannot be used for costs of meals 
- Cannot be used for any service already covered by Medicaid


7) **Enhanced Medical Equipment and Supplies** service was changed.

8) **Enhanced Medical Equipment and Supplies** was changed to explain vehicle modification limits.

- Paid providers will no longer be able to get car or van modifications in Enhanced Medical Equipment and Supplies. 

9) **Conflict Free Access and Planning** rules were updated. 

10) “Fiscal Intermediary” (FI) was changed to “**Financial Management Services**” (FMS). 

11) **Supported Employment** was changed to **limit it to 24 months (two years)**. 

- Changes to this time limit for job-coaching and long-term supports can be made but must have the person-centered plan **updated every 90 days to decide medical need.**
- **Fading support** to promote community inclusion and **competitive integrated employment** needs to last **not more than 24 months (two years).**
  - Changes to this timeframe for job-coaching and long-term supports will be looked at but must have clear fading plans **updated every 90 days to decide medical need.**



12) **Waiver now includes TEFRA** (Tax Equity and Fiscal Responsibility Act of 1982) or Katie Beckett folks. (Children who would require care in an institution with any type of disability. The program is based on the child's income only. Parent income is not counted.)



13) Will now **check provider qualifications** every three years instead of two.

14) **Site reviews** will now be done yearly instead of every other year.

15) **Quality Improvement Strategy** removal of “consolidated reporting language in System Design.” MDHHS will consider in the future. (I do not know what this means. It might mean a computer reporting system that works for everyone.)



16) **Environmental Modification** was changed to remove “...or finding alternative (other) housing.”

17) Updated **Respite** service to increase provider groups to include Licensed Children's Therapeutic Group Home and Licensed Foster Family Group Home

18) **Added assessment tools** to find possible people for HAB Waiver.

- A clinical assessment tool like the World Health Organization Disability Assessment Schedule (WHODAS) 2.0 (for adults 18 and over) or Michigan Child and Adolescent Needs and Strengths (MichiCANS) (for children up to the age of 18) needs to be used.



- The person doing the clinical assessment cannot be the supports coordinator or a direct service provider to follow Conflict-Free Access and Planning rules.



19) **Criminal history checks** by the state police will not be looked at during the site review process.

**Other Items:**

- All materials shall be on hand in the languages used in the area.
- All materials must be on hand in alternative (easier to read, large print, Braille, etc.) formats to follow the Americans with Disabilities Act (ADA), at no cost to the person.



- People must be told how to get the alternative formats.

- **The state does not pay legally responsible individuals (guardians) for doing personal care or similar services.**



- **The state kept Home Help as a separate payment.**

- **The PIHPs are responsible for utilization management (service use).**

- The PIHPs must check to see if person-centered plans are being done and done right.



- The PIHPs must also check the network (CMHs and PIHPs) are doing HAB Waiver services correctly.

- **The PIHPs must follow conflict of interest rules which include different providers for service planning and service delivery.**



- If the person wants another provider instead of a supports coordinator (or supports coordinator assistant or independent supports broker), the PIHP will help the person find someone in the network (or enroll a qualified provider upon request if possible) who has equal experience to a supports coordinator.

- PIHPs must approve individual plans of services (IPOS).

- Each PIHP must develop its own process for this that follows the conflict-free rules and management policy rules.



- The Michigan Department of Health and Human Services (MDHHS) checks this at the site reviews.

- The PIHP must make sure that money is used as it says in the IPOS.

- **State Participant-Centered Service Plan Title: Individual Plan of Service (IPOS)**

### **Section 1915(i) SPA (State Plan Amendment)**

The following changes will be made to the Section 1915(i) SPA:

- 1. Removed Parent Support Partner from Family Support and Training service and moved it to the Parent Support Partner SPA (State Plan Amendment)**

- 2. Revision of provider qualifications for Housing Assistance – We don't know what this means. Angela asked for the updated policy, but the email address was bad.**



3. Changed **assessment tools** to be used – this is the change to the WHODAS and MichiCANS. See number 18 above.



4. Change in name from “**Fiscal Intermediary**” to “**Financial Management Services**”



5. Changed how often **provider qualifications** are checked from 2 years to **3 years**

6. Change **site reviews to every year** from every other year.



7. **Update of Conflict Free Access and Planning** language

8. **Changes to Car/Van Modifications**

- Paid providers will no longer be able to get car or van modifications



9. Revisions to **Skill Building** – We don't know what this means. Angela was checking.

10. Revisions to Supported Integrated Employment

- **Supported Employment** was changed to **limit it to 24 months**

- Changes to this time limit for job-coaching and long-term supports can be made but must have the person-centered plan **updated every 90 days to decide medical need.**



- **Fading support** to promote community inclusion and **competitive integrated employment** needs to last **not more than 24 months (two years).**



- Changes to this timeframe for job-coaching and long-term supports will be looked at but must have clear fading plans **updated every 90 days to decide medical need.**