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Owner	Naudia Fisher: Clinical Specialist
Policy Area	Adult Initiatives
Applicability	Detroit Wayne Integrated Health Network
References	MDHHS, Medicaid Provider Manual

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Behavioral Health 1915 (I) Home and Community-Based Services

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) and Home and Community-Based Services (HCBS) to provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, serious emotional disturbance and/or serious mental illnesses.

Eligible beneficiaries may be enrolled in Michigan's 1915(i) SPA and receive the supports and services defined in this section, as well as other Medicaid covered State Plan services. A 1915(i) SPA beneficiary must receive at least one 1915(i) SPA service every three months, in addition to monthly monitoring to remain eligible.

PURPOSE

The purpose of this policy is to ensure the 1915(i) SPA benefit is available to individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability who

are currently residing in a HCBS setting and meet the needs-based criteria defined below. Beneficiaries must be enrolled through the Michigan Department of Health and Human Services (MDHHS) enrollment process completed by the Pre-paid Inpatient Health Plan (PIHP) on an annual basis. The request for these services must demonstrate evidence of an assessed need and the assessment should indicate medical necessity to constitute authorization of services.

APPLICATION

1. The following groups are required to implement and adhere to this policy:
    a. DWIHN Board,
    b. DWIHN Staff, including the following
        1. DWIHN PIHP Staff
        2. DWIHN Community Care Clinic Staff (Direct Care Staff)
        3. DWIHN Crisis Care Center Staff
        4. DWIHN Mobile Crisis Staff
    c. Contractual Staff
    d. Clinically Responsible Service Provider (CRSP) and their subcontractors
    e. Specialty Providers
    f. Credentialing Verification Organization (CVO)
    g. Designated Collaborating Organizations (DCO)
2. This policy serves the following populations:
    a. Adults
    b. Children
    c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
    d. Serious Mental Illness (SMI),
    e. Serious Emotional Disturbance (SED),
    f. Substance Use Disorder (SUD)
    g. Autism
    h. Mild/Moderate levels of care
3. This policy impacts the following contracts/service lines:
    a. Autism
    b. Certified Behavioral Health Clinics
    c. General Fund
    d. Grants
    e. MI Coordinated Health Highly Integrated Dual-Eligible Special Needs Plan (MICH HIDE SNP)
    f. Medicaid

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g. SUD

KEYWORDS

Please review Medicaid Provider Manual Section 17-Behavioral Health 1915 (I) Home and Community-Based Services (HCBS) State Plan Amendment for detailed definitions of supports and services: https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

STANDARDS

Eligibility/Needs-Based Criteria

1. Have a substantial functional limitation in one or more of the following areas of major life activity:
    1. Self-care
    2. Communication
    3. Learning
    4. Mobility
    5. Self-Direction
    6. Capacity for independent living
    7. Economic self-sufficiency; and
2. Without §1915(i) services, a beneficiary is at risk of not increasing or maintaining a sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity, and/or community inclusion and participation.
3. Eligible beneficiaries may be enrolled in Michigan's 1915(i) SPA and receive the supports and services defined in this section, as well as other Medicaid covered State Plan services. The supports and services may not be duplicated across programs. For instance, a beneficiary enrolled in both the 1915(i) SPA and the Habilitation Supports Waiver may only receive vehicle modification services from one plan.
4. The Integrated BioPsychosical Assessment (IBPS) must be completed annually prior to its expiration, otherwise the member is no longer eligible for services and providers will be restricted from claims submission.
5. A 1915(i) SPA beneficiary must receive at least one 1915(i) SPA service every three months, in addition to monthly monitoring to remain eligible. All services must be identified as a goal in the Individual Plan of Service (IPOS) and appropriately documented in progress notes, periodic reviews and service notes on a monthly basis, as applicable.

Expectations of DWIHN and DWIHN Provider Network

1. The PIHP provider network will perform the face-to-face assessments, compile required documentation, and submit findings to DWIHN on an annual basis.
2. The goals (Community Inclusion, Independence, Productivity) and their operational definitions will vary according to the individual's needs and desires. However, goals that are inconsistent with least restrictive environment (i.e., most integrated home, work, community that meet the

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individual's needs and desires) and individual choice and control cannot be supported by 1915(i) SPA supports and services unless there is documentation that health and safety would otherwise be jeopardized; or that such least restrictive arrangements or choice and control opportunities have been demonstrated to be unsuccessful for that individual.
"Care should be taken to ensure that these goals are those of the individual first, not those of a parent, guardian, provider, therapist, or case manager, no matter how well intentioned", (*17.2 DEFINITIONS OF GOALS THAT MEET THE INTENTS AND PURPOSE OF BEHAVIORAL HEALTH 1915(I) STATE PLAN AMENDMENT (SPA) SUPPORTS AND SERVICES).*

3. The services in the plan, whether 1915(i) SPA supports and services alone, or in combination with State Plan or Habilitation Supports Waiver services, must reasonably be expected to achieve the goals and intended outcomes identified. The configuration of supports and services should assist the individual to attain outcomes that are typical in their community; and without such services and supports, would be impossible to attain.
4. When Service Providers provide 1915(i) SPA services, they are to ensure they make reasonable attempts to accommodate an individual's unique needs and preferences.

Array of Services

The 1915(i) SPA supports and services defined below are the supports and services that PIHPs are to provide from their Medicaid capitation.

1. Community Living Supports (CLS) - Community Living Supports (CLS) are used to increase or maintain personal self-sufficiency, facilitating a beneficiary's achievement of their goals of community inclusion and participation, independence or productivity. The supports may be provided in the beneficiary's residence or in community settings.
    a. Required Documentation: Completion of Residential Assessment and/or Community Living Services Tool.
2. Enhanced Pharmacy - Enhanced pharmacy items are physician-ordered, nonprescription "medicine chest" items as specified in the individual's plan of service. There must be documented evidence that the item is not available through Medicaid or other insurances and is the most cost-effective alternative to meet the beneficiary's need.
    a. Required Documentation: Prescription from a physician and formal pharmacy rejection of a Medicaid claim for the item.
3. Environmental Modifications - Physical adaptations to the beneficiary's own home or apartment and/or workplace.
    a. Required Documentation: Prescription from a physician, assessment from an appropriate health professional (example: occupational therapist, physical therapist), three written bids from licensed/certified contractors and an attempt to secure funding from other community sources.
4. Family Support and Training – Family support and training assists caregivers who live with beneficiaries 0-21 years of age to increase understanding of disability and treatment options, provide peer support for counseling and coping strategies, and facilitate psychoeducation groups.
    a. Required Documentation: Documented medical necessity for the family in the IPOS.
5. Fiscal Intermediary Services - Fiscal Intermediary Services is defined as services that assist

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the beneficiary, or a representative identified in the beneficiary's individual plan of services, to meet the beneficiary's goals of community participation and integration, independence or productivity while controlling their individual budget and choosing staff who will provide the services and supports identified in the IPOS and authorized by the PIHP.

    a. Required Documentation: Self-Direction Agreement

6. Housing Assistance - Housing assistance enables beneficiaries to secure and/or maintain their own housing as set forth in the beneficiary's individual plan of service. Housing assistance protects the right for members to choose where to live, who they live with, who will provide their care and how they would like to conduct their activities within the household based on specific desires identified within the member's IPOS. Housing assistance may include one-time payments for moving assistance, short-term assistance with housing costs and home maintenance required for the health and safety of occupants.

    a. Required Documentation: proof of expenses (bills, repair estimates, landlord verification, etc.)

7. Respite Care Services - Respite care services are intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care.

    a. Required Documentation: Additional respite form if requesting more than 24 hours of respite per month

8. Skill-Building Assistance - Skill-building assistance consists of activities identified in the individual plan of services that assist a beneficiary to increase their economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering.

    a. Required Documentation: Vocational Assessment

9. Specialized Medical Equipment and Supplies - Specialized Medical Equipment and Supplies include an item or set of items that enable the individual to increase their ability to perform Activities of Daily Living (ADLs) with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which they live.

    a. Required Documentation: Prescription from a physician, assessment from an appropriate health professional (example: occupational therapist, physical therapist) and three cost estimates.

10. Supported/Integrated Employment Services - Supported/integrated employment services are services that are provided in a variety of community settings for the purposes of supporting beneficiaries in obtaining and sustaining Individual Competitive Integrated Employment (ICIE). ICIE refers to full- or part-time work at minimum wage or higher, with wages and benefits similar to workers without disabilities performing the same work, and fully integrated with co-workers without disabilities.

    a. Required Documentation: Vocational Assessment

11. Vehicle Modification - Vehicle modifications include adaptations or alterations to an automobile or van that is the beneficiary's primary means of transportation in order to accommodate the special and medical needs of the beneficiary.

    a. Required Documentation: Prescription from a physician, assessment from an

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appropriate health professional (example: occupational therapist, physical therapist), three written bids from licensed/certified contractors and an attempt to secure funding from other community sources.

The 1915 (i) SPA does not cover the following services: personal care, institutional settings, monthly rent/utility payment, or Applied Behavior Analysis (ABA).

QUALITY IMPROVEMENT/ASSURANCE:

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, risk management program, and Quality Assessment/Performance Improvement Program (QAPIP) Work-plan.

The quality improvement programs of Network Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Contracted Network Providers, and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

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LEGAL AUTHORITY

1. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as amended)
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)
3. PIHP/CMHSP contracts between DWIHN and MDHHS, in effect, and as amended.

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Approval Signatures

Step Description	Approver	Date
VP of Clinical	Erik Hutchison: Vice President	Pending

	of Clinical Operations	
Unit Approval	Naudia Fisher: Clinical Specialist	09/2026

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document

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