

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment Services		
Section: 4	Eligibility, Intake and Utilization Management		
Topic: 49	1915 (i) State Plan Amendment Services		
Page: 1 of 5	Supersedes Date:	Approval Date:	_____
	Pol:	Pol: 5-16-24	<i>Board Chairperson Signature</i>
	Proc:	Proc: 5-16-24	_____
			<i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that 1915 (i) SPA program will be administered in accordance with the Pre-Paid Inpatient Health Plan (PIHP)/Michigan Department of Health and Human Services (MDHHS) contract and the Michigan Medicaid Provider Manual. The 1915 (i) State Plan Amendment (SPA) benefit is available to individual beneficiaries with a serious emotional disturbance (SED), serious mental illness (SMI) and/or intellectual disability (IDD) who are currently residing in a Home and Community Based Services (HCBS) setting, such as their own home, a generalized adult foster care (AFC) home, or an approved specialized AFC home, and that are receiving certain services for all ages. Certain needs-based criteria must be met.

Purpose

This policy sets forth the guidelines and expectations for the administration of the 1915 (i) SPA program to provide eligible Medicaid beneficiaries additional HCBS services.

Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows: Clinical staff
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Primary
 - Policy Only Policy and Procedure
- Other:

Definitions (if applicable)

N/A

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Eligibility

Beneficiaries must receive at least one 1915 (i) SPA service every three months, in addition to monthly monitoring to remain eligible. Beneficiaries must be enrolled through the MDHHS enrollment process that is to be completed by BABHA and Mid State Health Network (MSHN) on an annual basis and as new services emerge throughout the planning cycle.

The 1915(i) SPA benefit is available to beneficiaries with a SED, SMI, and/or IDD who are currently residing in an HCBS setting and who meet the needs-based criteria for the 1915(i) SPA benefit. Certain 1915(i) SPA services are State Plan Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services when delivered to individuals ages birth-21 years. Other service benefits/authorities with overlapping service arrays that take precedence based on eligibility include Certified Community Behavioral Health Clinic (CCBHC) services, and the 1915(c) Waivers (i.e. Children’s Waiver, Serious Emotional Disturbance Waiver, and Habilitation Supports Waiver).

Needs Based Criteria

Needs based criteria needs to be applied and the case manager is to identify whether there is a substantial functional limitation in one or more of the following areas of major life activity:

- Self-care
- Communication
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency; and

• 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.

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1915 (i) Services:

The following services are considered 1915(i) services (see Medicaid Provider Manual for service details):

- Community Living Supports (CLS)
- Enhanced Pharmacy
- Environmental Modifications
- Family Supports and Training
- Fiscal Intermediary Services
- Housing Assistance
- Respite Care Services
- Skill-Building Assistance
- Specialized Medical Equipment and Supplies
- Supported/Integrated Employment Services
- Vehicle Modification

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 assist the individual’s achievement of his/her goals of community inclusion and participation, independence or productivity (see Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter; Section 17-Behavioral Health 1915(i) Home and Community-Based Services (HCBS) State Plan Amendment; subsection – 17.2 Definitions of Goals that Meet the Intents and Purpose of Behavioral Health 1915(i) State Plan Amendment (SPA) Supports and Services).

The BABHA provider network will perform the face-to-face assessments, compile required documentation, and submit findings to the MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA) via the MDHHS MILogin Waiver Support Application (WSA) . BPHASA will make the determination of needs based criteria through an independent evaluation and re-evaluation.

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Procedure to request approval for 1915(i) SPA supports and services:

1. The Bio-psycho-social Assessment must be completed annually by staff with one of the following qualifications: Mental Health Professional (MHP), Qualified Intellectual Disability Professional (QIDP) or Qualified Mental Health Professional (QMHP).
2. The need-based criteria will be determined via one of the following standardized instruments to be used during the assessment process to assist in identifying the level of need:
 - For children and adolescents with **Serious Emotional Disturbance (SED)**, standardized tools (i.e., the Preschool and Early Childhood Functional Assessment Scale [PECFAS], the Child Adolescent Functional Assessment Scale [CAFAS], etc.) are utilized.
 - For children and adolescents with **intellectual or developmental disability (IDD)**, standardized tools to identify functional abilities, adaptive behavior/global functioning, and level of support needs (i.e., Developmental Disabilities Children’s Global Assessment Scale [DDCGAS], Vineland, Supports Intensity Scale – Children’s Version [SIS-C], etc.) are utilized.
 - For adults with **severe mental illness (SMI)** and co-occurring mental health and substance use disorder related needs, LOCUS is applied.
 - For adults with **intellectual or developmental disability (IDD)** related needs, an undetermined scale is being used at this time. .
3. 1915(i) service must be identified in the Individual Plan of Services (IPOS) and associated with goals of community inclusion and participation, and/or independence or productivity.
4. The 1915(i) SPA Benefit Enrollment Form must be completed and sent to the programs identified staff for submission via the WSA.

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Attachments

N/A

Related Forms

1915(i) SPA Enrollment Form (G:\BABH\1915(i) Folder)

Related Materials

N/A

References/Legal Authority

- MDHHS Medicaid Provider Manual; Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter; Section 17 – Behavioral Health 1915(i) Home and Community-Based Services (HCBS) State Plan Amendment
- MDHHS – PIHP Contract
- Michigan Mental Health Code

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
H. Beson	C. Pinter	4/2/24	New policy	