

**2132 – MENTAL RETARDATION WAIVER PROGRAM AND COMMUNITY
HABILITATION SUPPORT SERVICES**

POLICY STATEMENT	<p>Mental Retardation Waiver Program (MRWP)/ Community Habilitation Support Services (CHSS) are classes of assistance (COA) designed to provide in-home and community based services to Medicaid eligible mentally retarded and developmentally disabled individuals who do not receive Medicaid benefits under a cash assistance program.</p>
BASIC CONSIDERATIONS	<p>To be eligible under the MRWP/CHSS COA, an A/R must meet the following conditions:</p> <ul style="list-style-type: none">• The A/R is approved by the Comprehensive Evaluation Team (CET) for the MRWP/CHSS.• The A/R is placed in a MRWP/CHSS slot and is receiving MRWP/CHSS waived services.• The A/R meets the Length of Stay (LOS) and Level of Care (LO) basic eligibility criteria.• The A/R meets all other basic and financial eligibility criteria. <p>MRWP/CHSS Medicaid recipients receive certain <i>waivered</i> services, including the following:</p> <ul style="list-style-type: none">• Service Coordination (Case Management)• Day Habilitation• Residential Training and Supervision• Supported Employment• Home Health Services• Respite Care• Personal Support Services• Environmental Modifications• Vehicle Adaptations• Specialized Medical Equipment and Supplies• Community Habilitation and Support <p>The individual determined suitable by the CET for MRWP/CHSS is placed under the service coordination (case management) of a MRWP/CHSS provider (case manager).</p> <p>The case manager arranges for the provision of waived services to the recipient.</p>

BASIC CONSIDERATIONS (cont.)	NOTE: The beginning date of service coordination (case management) is the same as the enrollment date for an A/R leaving an institution, and the same as the date services begin for an A/R already residing in the community.
PROCEDURES	<p>Follow the steps below to determine ABD Medicaid eligibility under the MRWP/CHSS COA.</p> <p>Step 1 Accept the A/R's application, the Form 1008, MRWP/CHSS Communicator, and approved DMA-6 from the CET.</p> <p>NOTE: A new DMA-6 is required upon entry into MRWP/CHSS.</p> <p>Step 2 If the A/R is institutionalized or resides in the community, and is ABD Medicaid eligible, schedule a review and face-to-face contact when contacted by the CET. Proceed to Step 6.</p> <p>Step 3 If the A/R is institutionalized or resides in the community, and is not currently eligible for Medicaid, schedule an initial interview when contacted by the CET.</p> <p>Step 4 Determine basic eligibility. Refer to Chapter 2200, Basic Eligibility Criteria.</p> <p>Step 5 Determine financial eligibility.</p> <ul style="list-style-type: none"> • Refer to Chapter 2500, ABD Financial Responsibility a Budgeting. • Complete a Medicaid Cap Budget to determine income eligibili Refer to Section 2510, Medicaid Cap Budgeting. <p>Step 6 Determine if the Length of Stay criteria is met. Refer to Section 2235, Length of Stay.</p> <p>Step 7 The system will determine the A/R's Cost Share for MRWP/CHSS services. Refer to Chapter 2559, Patient Liability/Cost Share. The PNA is the same amount as the Medicaid Cap.</p> <p>Step 8 Approve on the system if the A/R meets all eligibility criteria.</p> <p>NOTE: Do not approve Medicaid under the MRWP/CHSS COA for any month prior to the month of either the MRWP/CHSS Enrollment Date or Date Services Begin listed on Form 1008, MRWP/CHSS Communicator or prior to 2/1/94, the effective date of the MRWP, or 10/1/97, the effective date of the CHSS amendment.</p>

**PROCEDURES
(cont.)**

Step 9 Complete Section III of Form 1008, MRWP/CHSS Communicator. Enter the Medicaid number at the top of the form. Send to the originating CET with a copy to the Regional Board (as noted on Form 1008). A list of Regional Board addresses and the counties they serve is found at the end of Section 2135. The CET will complete the return address for the CET and the Regional Board. File a copy in the case record.

Step 10 Notify the A/R of case disposition via the system.

Annual Reviews and Specials Effective March 1, 2002, all DMA-6 forms processed by the MRWP Utilization Managers for continued LOC will be completed in or before the birth month of the recipient. GMCF will process the LOC determination and the DMA-6 will be valid for 365 days.

A new DMA-6 will not be required at annual review unless the review month coincides with the recipient's birth month. Otherwise, a DMA-6 received in the birth month of a recipient is to be treated as a special.

**SPECIAL
CONSIDERATIONS**

The MRWP/CHSS COA requires one specifically designated form:

- Form 1008, MRWP/CHSS Communicator

The MRWP/CHSS Communicator functions much like the Community Care Communicator (CCC). The form is initiated by the CET. The CET completes the following sections:

- The top section, with all identifying information except the Medicaid number, unless the A/R is already a Medicaid recipient.
- Section I
- Section II, giving the discharge date and enrollment date, or the date services begin, and a request for determination of Medicaid eligibility (if needed).
- Section V, giving the date the A/R was institutionalized. The date the A/R was institutionalized is necessary to determine if Length of Stay has been met.

The Form 1008 Communicator must be reproduced locally. A copy of Form 1008 is found at the end of Section 2132.

