

Key Message and Tips for Providers:

Habilitation and Waiver Services



Message

Do your patients need extra help to live safely in the community? Habilitation and Waiver Program Services can help beneficiaries with physical, mental, and intellectual disabilities; the aged; or people with chronic conditions receive the services they need.[1]

States are allowed to waive certain Federal requirements to tailor programs with a variety of unlimited services that meet the specific needs of targeted groups, as approved by the Centers for Medicare & Medicaid Services (CMS).[2] A State Medicaid agency can create multiple waiver programs to serve those with specific needs and conditions. The physical and financial criteria for beneficiaries to qualify for services can vary depending on the program and the population it serves.

Habilitation and Waiver Program Services are provided in a beneficiary's residence, which could be an assisted living facility, residential rehabilitation program, or group home, and in the community through programs such as outpatient day habilitation programs or adult day care. Habilitation and Waiver Program Services usually include assistance with daily activities; however, beneficiaries with chronic mental illness may also receive day treatment, partial hospitalization services, psychosocial rehabilitation services, and clinic services.

TIPS

Documentation must support services billed. Integrate these tips into your daily practice for quality control on services, beneficiary records, and claims processing, to ensure timely services, and help strengthen the integrity of the Medicaid program:

- Make sure the person-centered plan, assessments or reassessments, and physician orders, if required, are current and included in the beneficiary record;
- Make sure staff are qualified and authorized to perform the services;
- Make sure documentation is complete, supports services billed, and reflects beneficiary attendance on the date of service if services are provided in another venue;
- Check procedure codes, billing units, and calculation of units to make sure they are correct; and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.

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¹ U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. (2010). Understanding Medicaid Home and Community Services: A Primer. 2010 Edition (p. 23). Retrieved April 1, 2015, from <http://aspe.hhs.gov/daltcp/reports/2010/primer10.pdf>

² U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (n.d.). State Medicaid Manual. [Chapter 4, Section 4442.3, Services]. Retrieved April 1, 2015, from <http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>