

Tuesday, 10:00 – 11:30, A5

## **MDHHS-Home and Community Based Services Rule Project Implementation Update**

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### **Objectives:**

Understand where MDHHS is currently in the implementation process for the Home and Community-Based Services rule.

Discuss opportunities and strategies for coming into compliance with the rule and improving the delivery of HCB services.

### **Notes:**



Michigan Department of Health & Human Services

## UPDATE ON THE HOME AND COMMUNITY-BASED SERVICES RULE

Belinda Hawks and Millie Shepherd  
 Presentation at the 33<sup>rd</sup> Annual Developmental Disabilities Conference  
 April 17, 2017

*Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.*

### Presentation Overview

- 5 Principles for Implementation
- Update on the Statewide Transition Plan
- Overview of the Assessment Process
- Overview of the Remediation Process
- Update on Waiver Transition Process
- Questions

### 5 Principles of Implementation

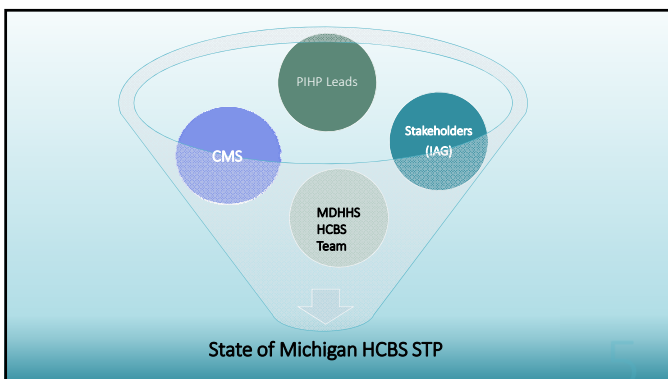
- Improve individuals inclusion and integration into the community
- Promote autonomy and self-determination
- Allow flexibility for individuals to meet their personal goals and health needs
- Build partnerships at the local, regional, and statewide level to strengthen the implementation process
- Help individuals, providers, CMHs, and PIHPs succeed during the transition process

### Update on the Statewide Transition Plan

MDHHS received feedback on the plan from the Centers for Medicare and Medicaid Services in August 2016.

MDHHS has revised and updated the Statewide Transition Plan based on that feedback. This process included a formal public comment period. A second public comment period ended January 3, 2017.


MDHHS was required to submit the revised Statewide Transition Plan (STP) to the Centers for Medicare and Medicaid Services – revised STP was submitted on March 31, 2017



- ### Overview of the Assessment Process
1. Survey Providers and Participants
  2. Collect and analyze data
  3. Send out notification letters to providers (those not diverted for heightened scrutiny)
  4. Receive and review Corrective Action Plans (CAPs)
  5. Accept or deny CAP's
  6. Follow up on CAP execution
  7. Accept as HCBS compliant or begin process of transitioning participants to compliant settings


### Overview of the Assessment Process

Assessment Tools



**Participant Tool**

- Determines how the individual experiences services and supports
- Used to cross-check the survey responses from the provider tool
- Contains residential and non-residential sections



**Provider Tools**

- Assesses the setting's compliance with the rule
- Separated into a residential component and a non-residential component

### Overview of the Assessment Process

Key Information about the Assessment Process

- MDHHS must assess all settings under affected waivers for compliance with the rule. This assessment process includes residential and non-residential services. MI Choice waiver, HAB supports waiver, MI Health Link Waiver, Managed Specialty Service and Supports Waiver.
- If the individual (1) lives in their own home or apartment or (2) lives in the home of a family member, the setting is presumed compliant.
- Settings that are provider-owned and/or controlled must be assessed. This assessment process will include licensed and unlicensed settings.
- A setting is provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS.

### Overview of the Assessment Process: Survey Phase

Waiver Program	Survey Tools	Waiver Entity	Assessment Process	Final Compliance Date
Children's Waiver Program	N/A	Community Mental Health Service Provider	All settings under this waiver are presumed compliant with the rule	Presumed Compliant
Children with Serious Emotional Disturbances Waiver	N/A	Community Mental Health Service Provider (CMHSP)	All settings under this waiver are presumed compliant with the rule	Presumed Compliant
Habilitation Supports Waiver Community Living Supports (Provider owned and controlled) Supported employment Out of home- non-vocational Prevocational MSSSP/BS	Provider and Participant Tools	Prepaid Inpatient Health Program (PIHP)	Initial Sample: Conducted by the Developmental Disabilities Institute starting on April 13, 2015  Ongoing Assessments: To Be Determined	September 16, 2018

### Overview of the Assessment Process

Key Information about the Assessment Process

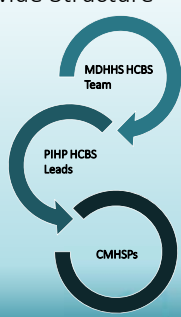
- o Providers can make modifications to the setting to address the specific needs of individuals.
- o Modifications must meet the following requirements and be included in the PCP:
  - Specific individualized assessed health and/or safety related need;
  - Prior interventions and supports including less intrusive methods;
  - Description of condition proportionate to assessed need;
  - Ongoing data measuring effectiveness of modification;
  - Established time limits for periodic review of modifications;
  - Individual's informed consent;
  - Assurance that interventions and supports will not cause harm.

### HCBS Implementation Process Statewide Structure

MDHHS: MDHHS/BHDDA is accountable to the federal government to ensure the final rule is carried out across the state of Michigan. It is MDHHS' role to provide education and support to the PIHPs and ultimately to hold them accountable to the implementation of the rule. MDHHS is working closely and collaboratively with the PIHP leads to develop processes that will ease the transition to full compliance with the rule.

PIHP Leads: Will have a liaison function with MDHHS and their PIHP/CMHSPs. The leads will have the opportunity to work collaboratively with MDHHS to develop and implement the processes at the local level to ensure the rule is carried out in their region. PIHP leads will oversee and coordinate the implementation of the rule under MDHS in their regions

CMHSPs work with the PIHP leads to understand and implement expectations related to the rule. MCHSPs will interface with providers and waiver participants to ensure HCBS compliance and respond to direction of PIHP leads



### Compliance Review Process

PIHP Leads:

- Run WSA HCBS compliance/out of compliance reports
- Notify providers (notification letter to be developed in WSA)
- Approve/reject provider remediation plans
- Review provider compliance after remediation plan is completed
- Ongoing monitoring
- Transition planning for noncompliant settings

### Compliance Review Process

#### Phase One: Survey

- Those who are not presumed complete survey process
- Survey responses categorize those who are in compliance, those who could become compliant and those requiring Heightened Scrutiny.

#### Phase Two: Notification

- Providers are notified of their status related to HCB compliance
- Those who could come into compliance are provided with information related to current areas of non compliance and are given a link to tools to develop a plan to reach compliance.

Providers will be working with their PIHP HCBS lead regarding compliance plans

### Overview of the Remediation Process

Compliance: Five possible Results

**Presumed Compliance with Rule no survey required:** Next Step: Ongoing Review

**Full Compliance on Survey:** Next Step: Ongoing Monitoring

**May need remediation but could come into compliance** Next Step: Develop Corrective Action Plan

**Presumed not to be home and community based:** Next Step: Development of a CAP and possible HS review

**Cannot come into compliance (Institutional):** Next Step: transition of individuals from the setting

Chart 2: Identification of Settings that are Presumed Not To Be Home and Community-Based (Habitat Supports Waiver and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3))

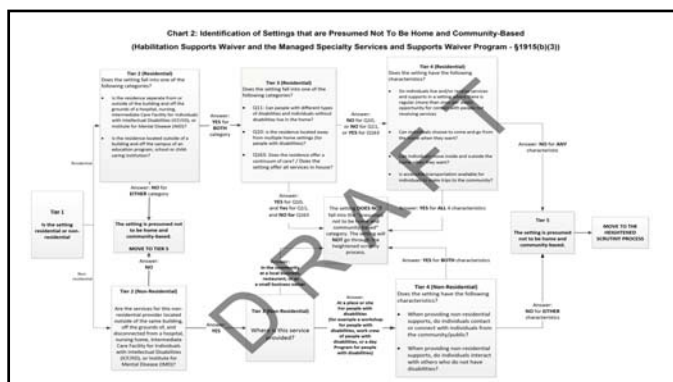
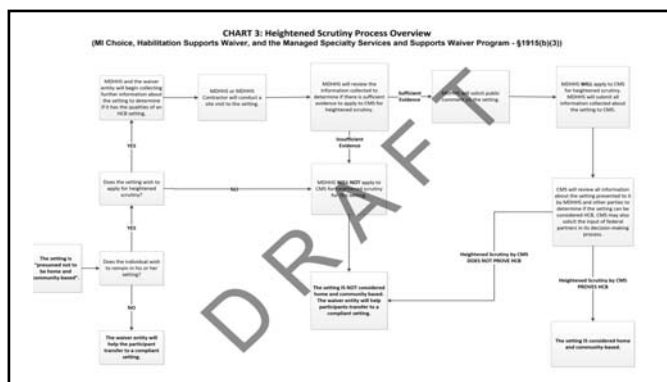


CHART 3: Heightened Scrutiny Process Overview (MI Choice, Habitat Supports Waiver, and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3))



### Medicaid Provider Manual Update

A stand alone Medicaid Provider Manual chapter is in development and will be published for public comment later in the spring with an anticipated effective date of November 2017.

This chapter outlines the provider requirements relative to the HCBS rule for any services or supports to be reported as an HCBS encounter and will address the following:

- Identifies the following required characteristics of home and community based services/supports
  - \* Ensure integration into the community
  - \* Individuals have choice related to where they live, which services and supports they receive and who provides those services

### Medicaid Provider Manual Update

- Outlines the rights of individuals to privacy, dignity and respect, and freedom from coercion and restraint
- \* Elevates independence in making life choices such as services and supports they desire
- \* Facilitates individuals desires related to who provides those services/supports.

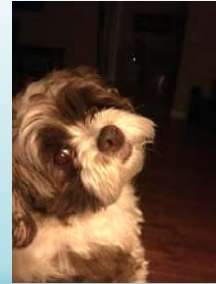
Clarifies the requirements of the rule specific to what settings are and are not presumed to be home and community based

Details the remediation process, heightened scrutiny process, and ongoing monitoring requirements of HCB settings

### Medicaid Provider Manual Update

- Outlines expectations of the rule related to each individuals home environment, freedom of movement and choice.
- Clarifies what processes must be implemented when restrictions to any of the rule requirements are believed to be needed based on the health or safety needs of the individual.

Questions?



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