

MICHIGAN'S TRANSITION TO HCBS COMPLIANCE

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

Presentation Objectives

- Present Aggregated Survey Results
- Overview of the Transition Process
- Role of the SC
- Resources

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HSW Survey Results

- 5,059* complete surveys were received out of a total of 5,630 expected surveys
- 90% response rate
- 4,267** beneficiary responses included in analysis
- Beneficiary characteristics of survey respondents:
 - 29% between the ages of 50-59
 - 57% male
 - 62% white
 - 77% live in specialized residential homes
 - 15% participate in facility-based day activity

* If beneficiary and expected provider surveys were received OR if the beneficiary survey was missing but all expected provider surveys were completed then survey was considered complete.

** Included in the analysis only if the beneficiary and provider surveys were complete AND matched (ie. both beneficiary and provider responded to questions regarding the same service and service provider).



Beneficiary Responses (n=4,267)

- 95% received assistance to complete the survey
- 89% assisted by a supports coordinator
- 2.5% assisted by family
- 53% were directly interviewed for their responses
- 88% live only with others with disabilities
- 13% were employed

Provider Responses

Residential Providers (n=3,207)

- 77% specialized residential homes
- 22% AFC homes
- <1% PIHP/CMHSP owned homes
- 8% operate/manage multiple homes

Non-residential Providers (n=2,315)

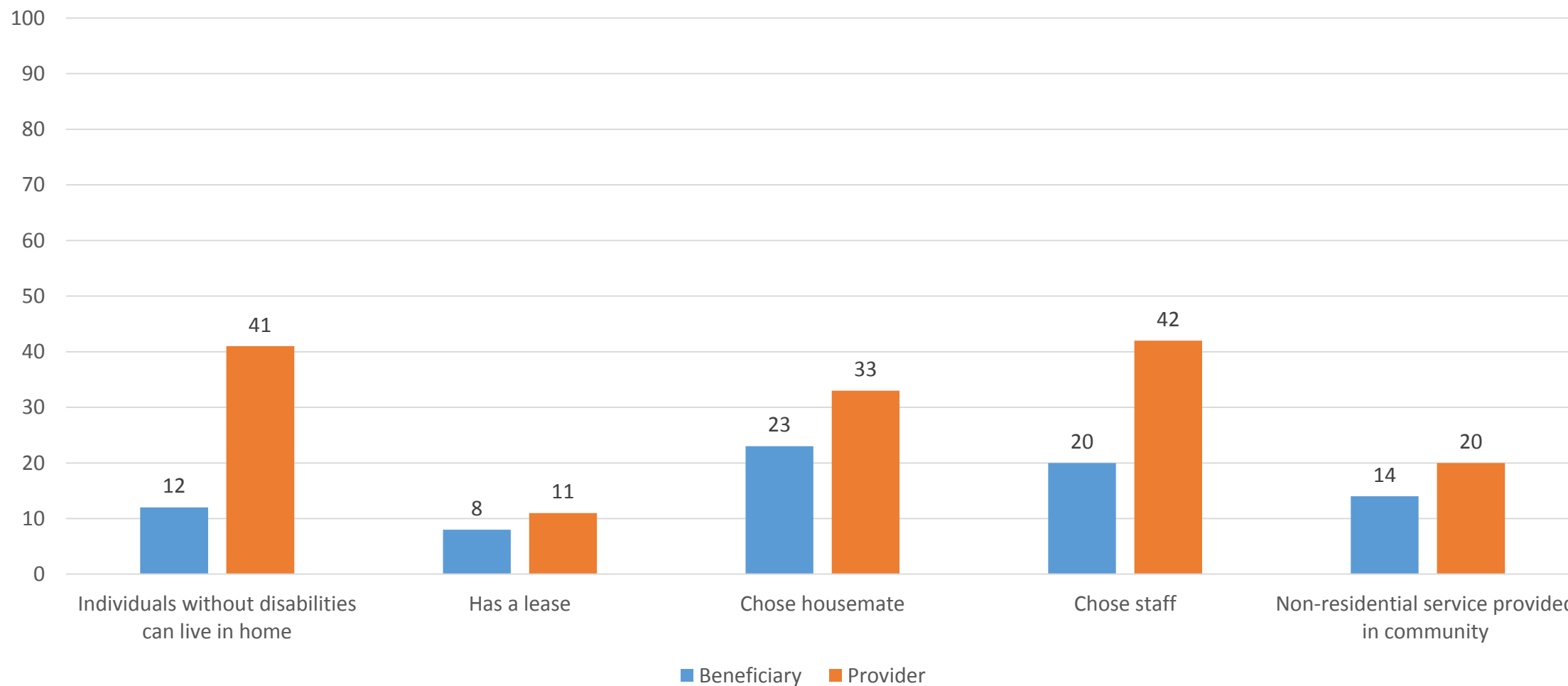
- 12% supported employment
- 54% out of home, non-vocational services
- 33% pre-vocational services



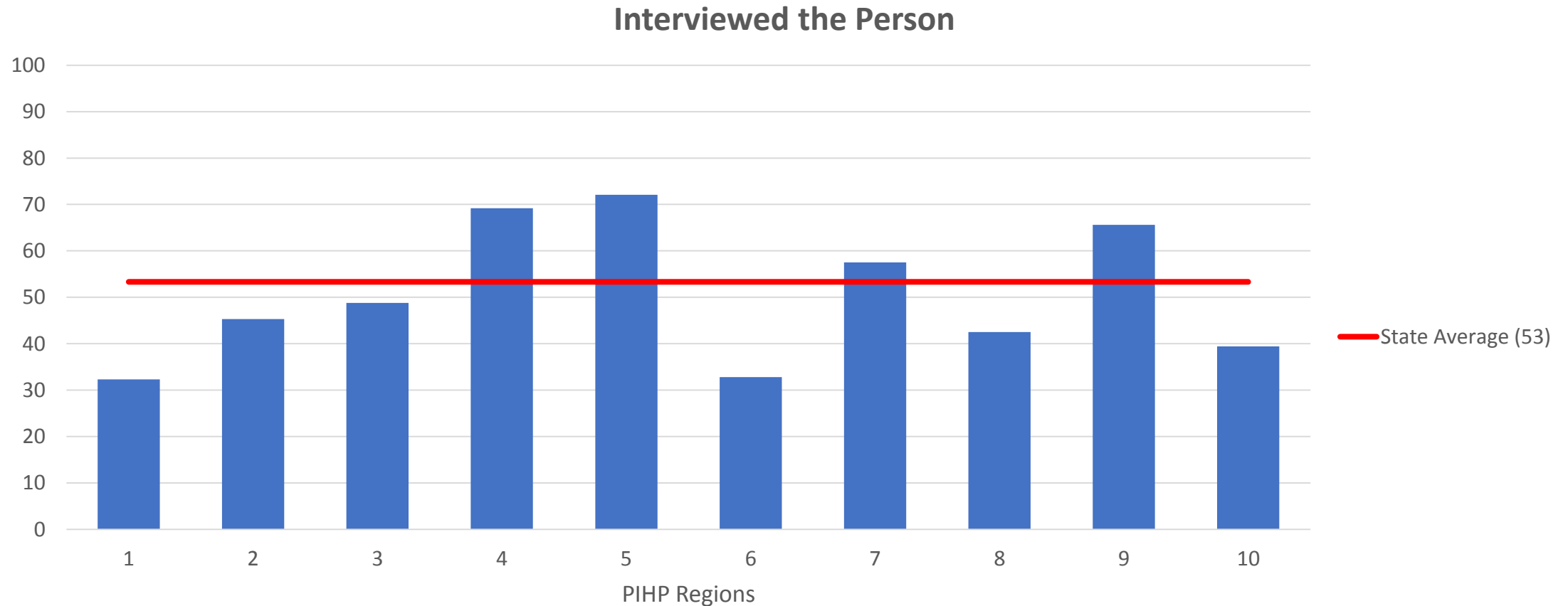
Michigan Developmental
Disabilities Institute

WAYNE STATE UNIVERSITY

Michigan: Beneficiary and Provider Perceptions (% Yes)



Differences in Responses by PIHP Regions - Interviewed the Person (Beneficiary)



OVERVIEW OF MICHIGAN'S TRANSITION TO COMPLIANCE

Assessment Process

- Status of C waiver survey process
- B survey process is currently underway

Survey completion- initial, ongoing, HS, Provisional

Remediation

- Non- compliant providers
- Provider status
- CAP work planning and monitoring
- **Transition planning**

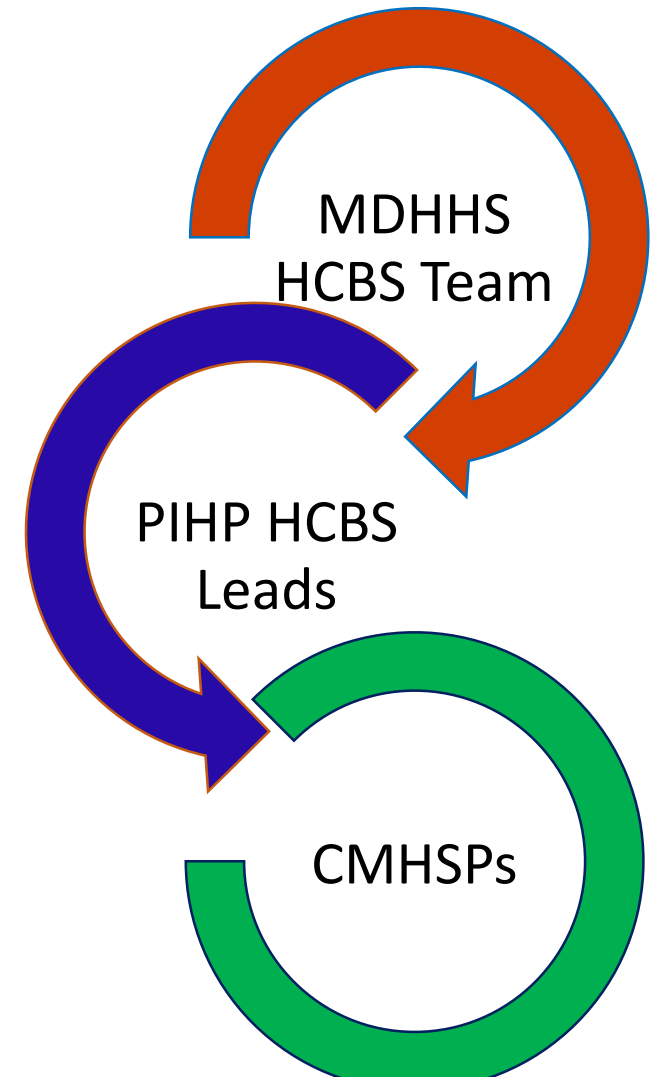


State of Michigan HCBS Implementation Process Structure

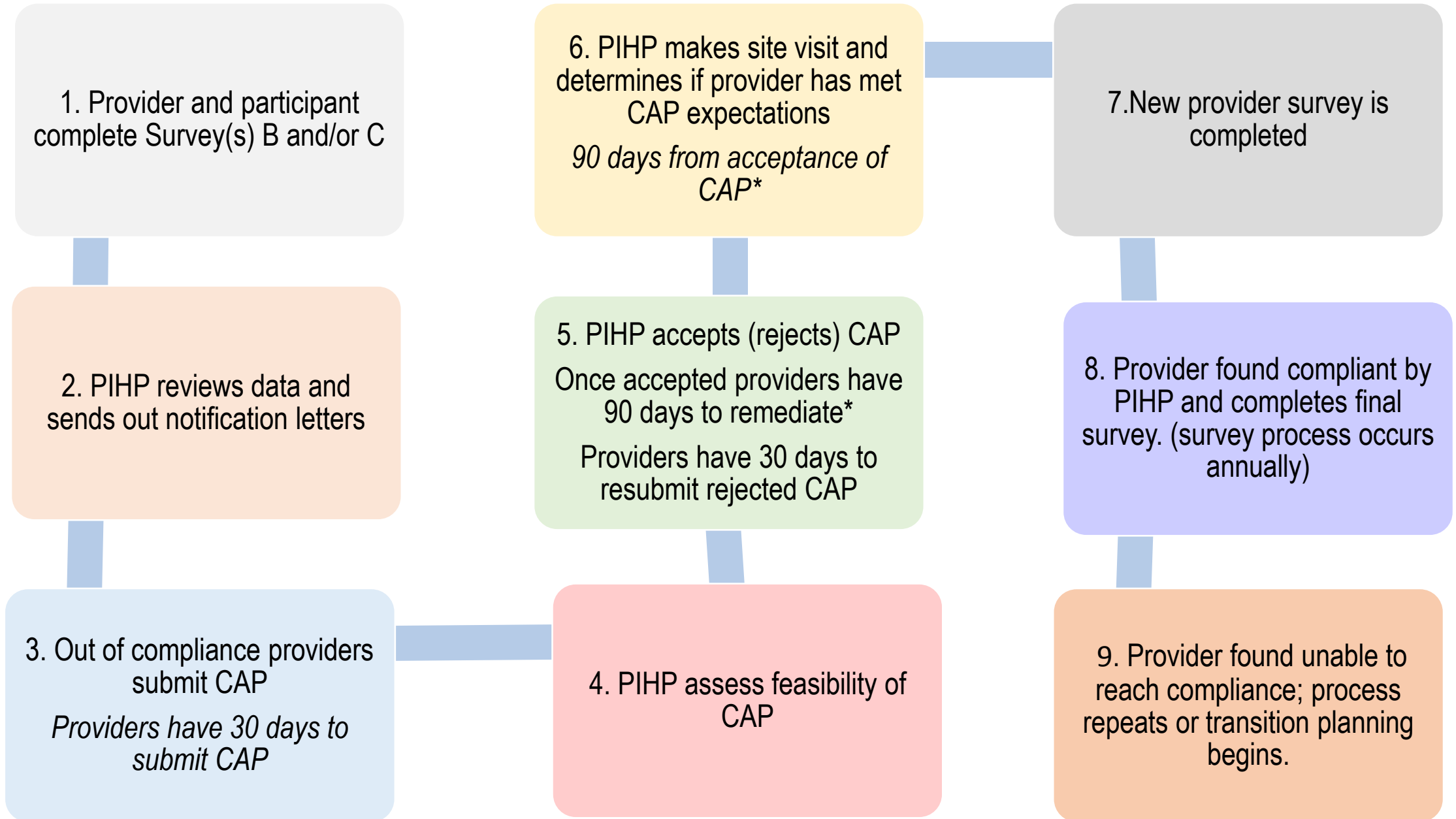
MDHHS works with PIHP leads to provide TA related to the rule and together develop a plan for the state wide implementation of the HCBS rule. Makes final determination relative to whether a service provider is HCB.

PIHP leads learn MDHHS/ State requirements and expectations. Provide MDHHS with their expertise and assist in the development and implementation of the plans developed together. Provide oversight in their region for compliance to the rule. Act as liaisons with CMHSPs.

CMHSPs work with the PIHP leads to learn expectations related to the rule. Interface with providers and waiver participants to ensure HCBS compliance and respond to direction of PIHP leads.



HCBS PROVIDER ASSESSMENT/REMEDATION PROCESS



C Waiver Providers Out of Compliance by Region

Region	Residential providers expected to complete a CAP for C waiver	Total number of items requiring a CAP for C waiver by region Residential Providers	Non Residential providers expected to complete a CAP for C waiver	Total number of items requiring a CAP for C waiver by region Non-residential
1	68	250	21	87
2	108	268	19	179
3	159	356	13	55
4	139	451	7	122
5	326	870	52	486
6	65	189	20	330
7	113	300	21	477
8	203	486	35	605
9	117	273	30	315
10	146	436	25	375

B3 Waiver Status

- Why survey the 1915(b) group?

Michigan received guidance from CMS: *“...1915(b) services are optional services which must be cost effective, efficient and not inconsistent with the purposes of Title 19. As Title 19 was amended with regard to 1915(c), 1915(i) and 1915(k) to ensure that all home and community-based settings comport with the characteristics delineated in the regulation, it would be inconsistent to permit a 1915(b)(3) service that is home and community-based in nature to be furnished in a setting that does not comport with these regulatory requirements”.*

- Survey Population

- Community Living Supports provided in provider owned or controlled settings
- Supported Employment
- Skill Building

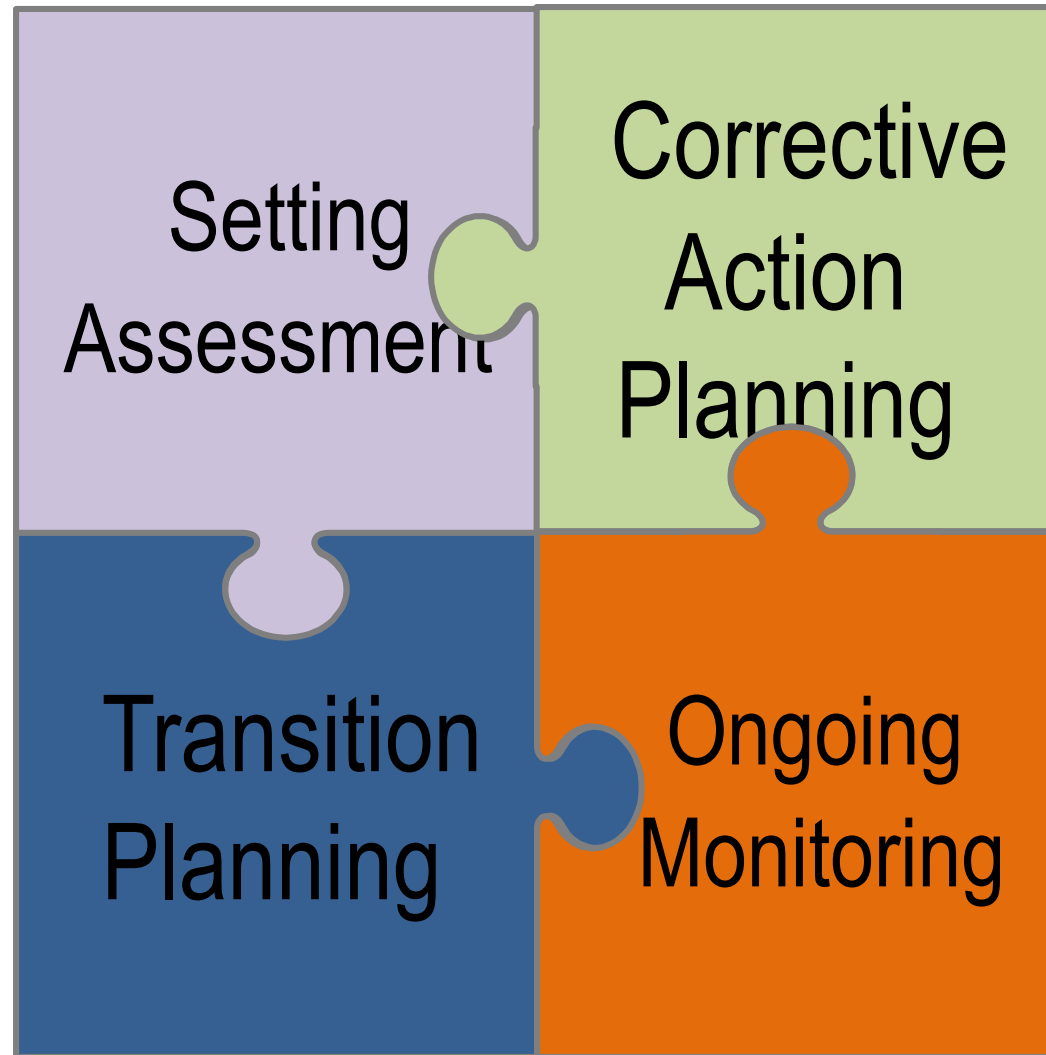
- Survey Assessment

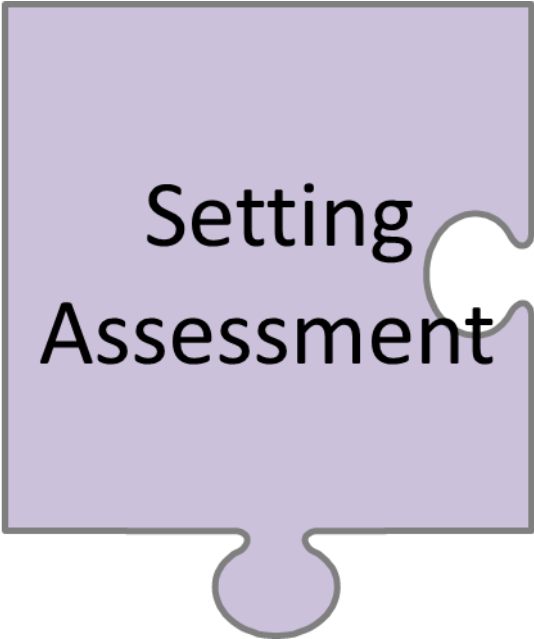
- Participants and Providers: July 2017 – November 2017
- Estimated number of surveys: Approximately 14,600 Participants and 18,300 Providers

- Survey Process

- PIHPs implement the survey with technical support from MI-DDI
- MI-DDI implemented a web-based training program for PIHP Leads and their identified assistants
- Training program addresses each aspect of survey preparation, implementation, monitoring, and reporting

The role of the Support Coordinator in the HCBS Transition Process





Setting Assessment

Supports Coordinators assist participants in completion of the assessment by:

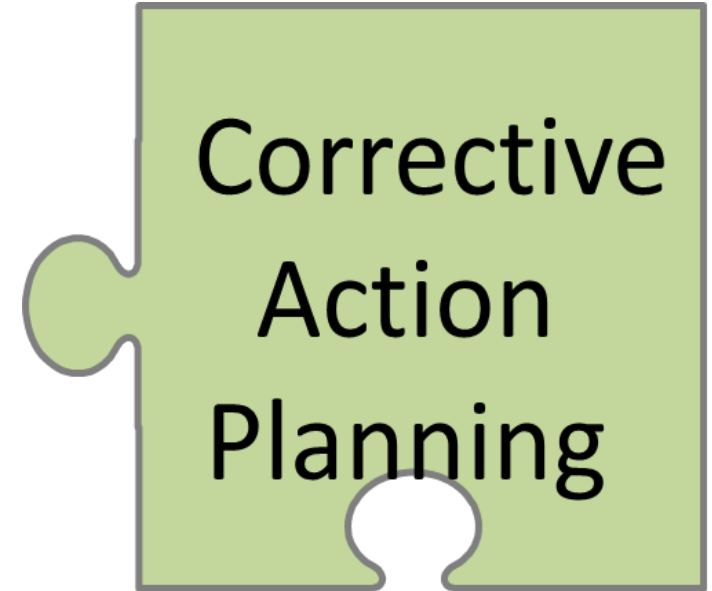
- Facilitating access to the survey through use of their email address
- Provide access to the survey to participants who can independently complete the survey
- Interview those participants who are unable to complete the survey independently by interviewing them and submitting their responses to the department

Supports Coordinators

- Work with providers and the PIHP leads to address areas of non-compliance that must be addressed through an amendment to the IPOS.

This may include documentation that individuals had choice in the following

- Where they live
- Who their roommate is if applicable
- Choices related to how they interact with the community and how they spend their days
- Ensure modifications meet requirements of the rule



Supports coordinators take the lead in updating IPOS'

Modifications must follow these guidelines:

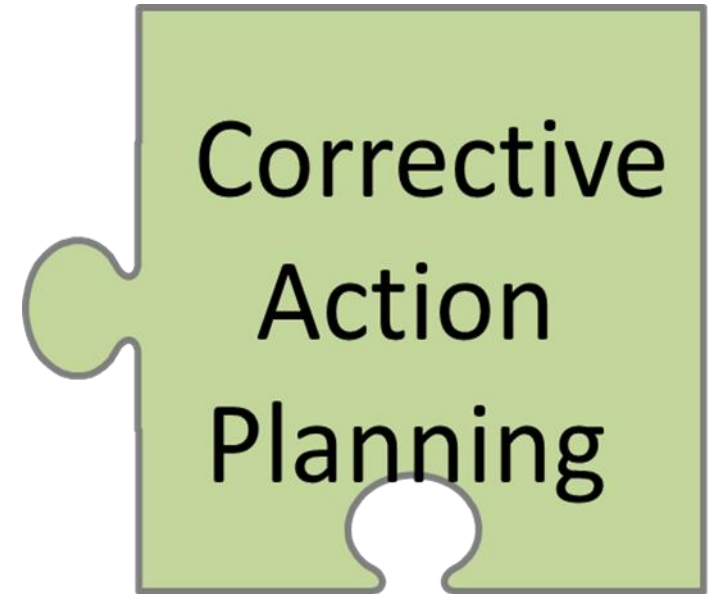
- Identify a specific and individualized assessed safety or health related need
- Positive interventions and supports used prior to modification
- Less intrusive methods tried
- Describe the condition that is directly proportionate to the specified need
- Regular collection and review of data to review effectiveness
- Established time limits for periodic review to determine if modification is still needed
- Informed consent of the individual
- Assure interventions and supports will cause no harm



Support PHIP leads in confirming the CAPs have been completed.

Leads may be asking Supports Coordinators to:

- Assess and attest that particular corrections have been made such as:
 - Locks have been added to doors
 - Locks have been removed from particular areas such as food cupboards
 - Individuals can close and lock bathroom doors



Supports coordinators will be asked to assist with ongoing monitoring through:

- Facilitating completion of ongoing surveys, ensuring that the voice of individual is reflected in the response to the participant survey
- Assistance with ongoing CAPs
- Acting as a link between the CMHSP and the provider and participant

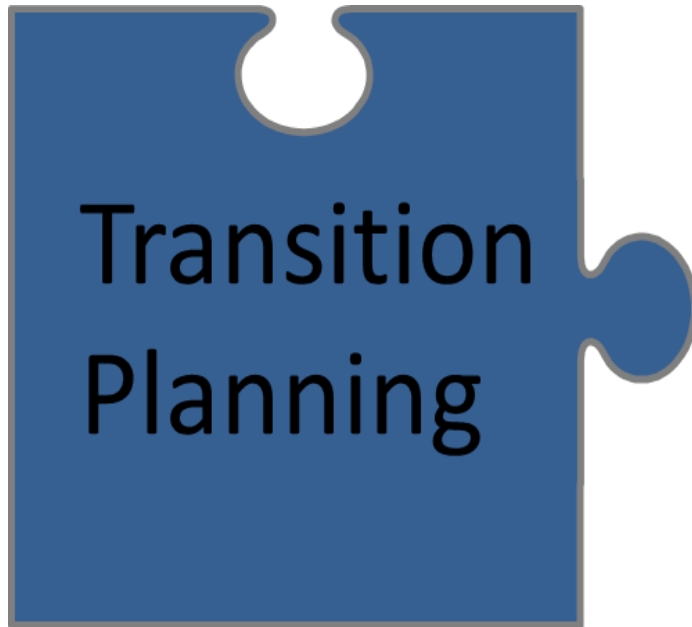


Supports Coordinators will have a key role in Transition Planning:

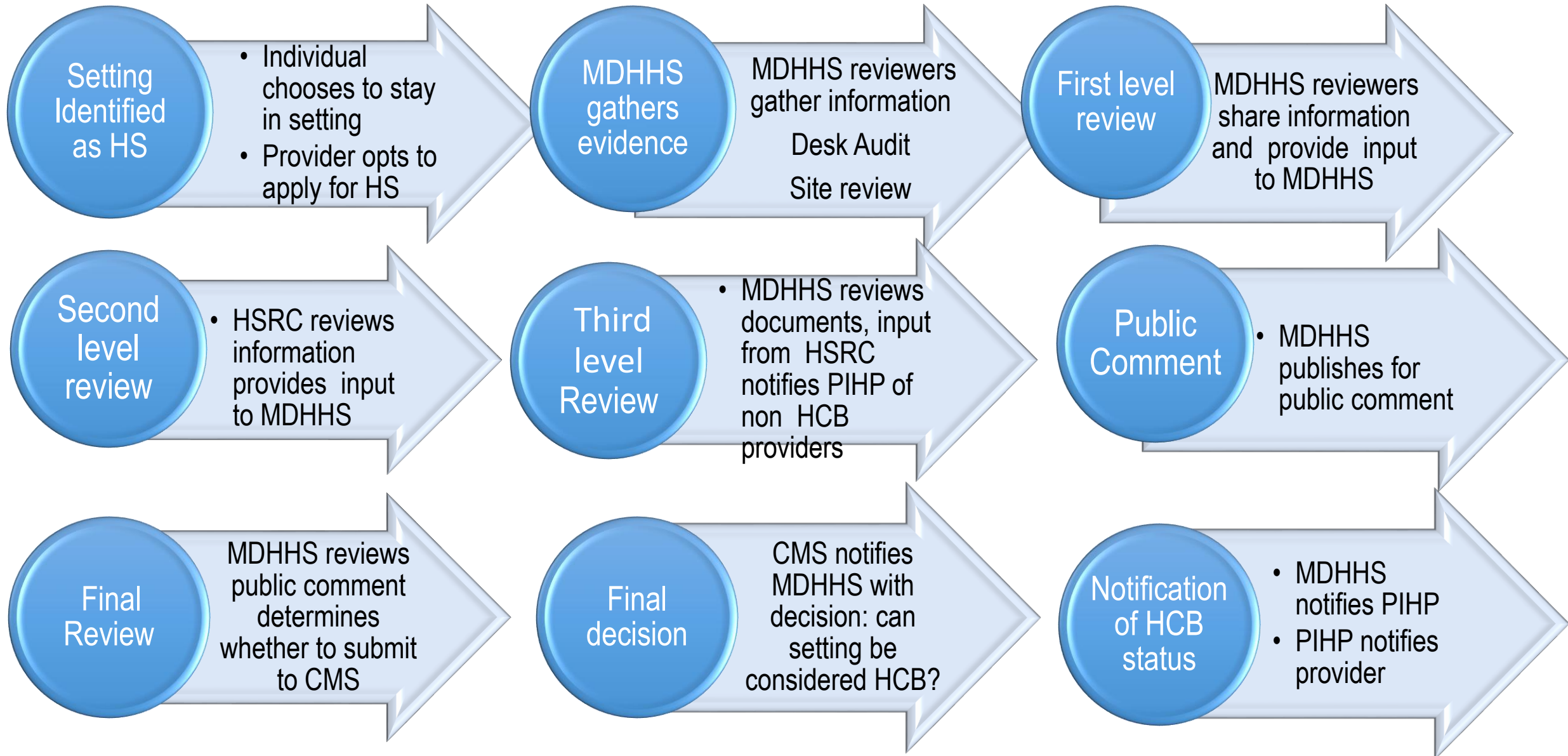
Assist individuals in reviewing their choices related to:

- Housing
- Employment or other daily activities
- Identification of HCBS compliant service providers

Ensure that transition plans are developed that meet the desires of the individuals and are HCBS compliant



Overview of the Heightened Scrutiny Process



Heightened Scrutiny Numbers By PIHP Region C waiver

Participant that are served by HS providers by Region

PIHP Name	HS		
	NR	R	NR+R
Region 1	39	153	192
Region 2	43	125	168
Region 3	11	185	196
Region 4	27	102	129
Region 5	163	485	648
Region 6	38	76	114
Region 7	29	122	151
Region 8	33	224	257
Region 9	19	122	141
Region 10	42	212	254
Total	444	1806	2250

Statewide HS Providers: **unduplicated provider count 804**

PIHP Name	HS		
	NR	R	NR+R
Region 1	9	63	72
Region 2	15	71	86
Region 3	5	126	131
Region 4	2	73	75
Region 5	25	278	303
Region 6	11	49	60
Region 7	10	80	90
Region 8	11	190	201
Region 9	5	76	81
Region 10	11	125	136
Total	104	1131	1235

Supports Coordinators role in Heightened Scrutiny (HS)

- Assist in educating participants about what HS means to them
- Facilitate completion of one question survey related to their desire to remain in the setting if it can become HCBS compliant
 - Clarify the process and the meaning of the question; answer questions related to what their answer may mean in terms of next steps
 - Attempt to alleviate any fears or concerns the individual or their supports may have related to the HS process

Close the Front Door for **NEW** HCBS Providers

- Effective 10/1/2017, any new HCBS provider and their provider network must be in immediate compliance with the federal HCBS Final Rule to deliver services to Medicaid beneficiaries.
- This policy does not apply to existing providers and their provider networks who deliver Medicaid HCBS services before the policy's effective date.
- MDHHS will continue working with the existing providers towards compliance with the federal HCBS Final Rule as specified in the State Transition Plan.



Provisional Approval Process

- The purpose of the provisional approval survey is to ensure that the settings in which new providers wish to provide services to HCBS participants are not institutional or isolating in nature.
- Allows PIHPs to contract with new providers who do not have a current HCBS participant receiving services in their setting. Provisional approval is required before the provision of services to an HCBS participant.
- A new provider is one who does not have a contractual agreement to provide services to the PIHP region prior to October 1, 2017
- A new service with an existing provider in your region prior to October 1, 2017 will not require a provisional approval.
- Completion of the provisional approval process is required of all new HCBS providers effective October 1, 2017.

Provisional Approval Process

The PIHP is responsible for the following;

- Ensuring that any new providers complete the provisional approval survey.
- Track initial approval surveys and initiate comprehensive surveys within 90 days of participants first IPOS.
- When the comprehensive surveys are completed the PIHP lead will conduct any required follow up to ensure all standards are met as required by the final rule.
- The PIHP must maintain documentation that the survey was completed; that the provider does not require heightened scrutiny and that an HCBS provider survey (comprehensive survey) is completed within 90 days of the first full IPOS of the participant.
- Providers are required to complete a provisional survey for the first HCBS participant only.

Coming Soon....

- Heightened Scrutiny educational materials directed specifically toward participants and their families or supports.
- Heightened Scrutiny Survey to assess the interest of participants and providers to engage in the HS process

Questions?



Additional Resources

The following documents are available on the [MDHHS HCBS](#) webpage

- Residential Provider Readiness Tool
- Non Residential Provider Readiness Tool
- Joint Guidance Document
- State of Michigan's HCBS transition plan
- Contact information for PIHP HCBS Leads

http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

Additional information available on CMS website

<https://www.medicaid.gov/medicaid/hcbs/index.html>

MI- DDI <https://ddi.wayne.edu/hcbs>



Contact Information

Behavioral Health and Developmental Disabilities Administration

MDHHS HCBS Transition Email HCBSTransition@michigan.gov

PIHP HCBS REGIONAL LEADS CONTACT INFORMATION:

http://www.michigan.gov/documents/mdhhs/HCBS_lead_contact_Info.rdocx_588441_7.pdf

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