Version 2.0

Version Date: December 16, 2015



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Introduction to the Statewide Transition Plan

The Michigan Department of Health and Human Services (MDHHS) offers a wide range of home and community-based services and supports to improve the health and well-being of Michigan residents. Many of these home and community-based services are offered through Medicaid waiver programs. MDHHS has created several waiver programs to provide services to Michigan residents who have aging-related needs, disabilities, or other health issues. Individuals in these programs receive services in their own homes and/or communities rather than being served in an institutional setting.

In 2014, the Federal Government issued a new rule for Medicaid waiver programs that pay for home and community-based services. The goal of the new rule is to ensure that individuals who receive home and community-based services are an equal part of the community and have the same access to the community as people who do not receive Medicaid waiver services. The MDHHS must assess Michigan waiver programs and transition each program into compliance with new rule. MDHHS developed a Statewide Transition Plan (STP) to outline the transition process for Michigan Medicaid waiver programs.

The MDHHS developed the STP based upon the following principles:

- Improve the inclusion and integration of waiver participants into the community
- Promote autonomy and self-determination of individual participants
- Allow for 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, and local/regional service agencies succeed during the transition process

MDHHS submitted the first version of the STP to the Centers for Medicare and Medicaid Services (CMS) on January 16, 2015. MDHHS will continue to update the STP as additional details of the transition process are finalized.

Components of the Statewide Transition Plan

The STP is composed of the following components:

Statewide Transition Timeline: The Statewide Transition Timeline is the central component of the STP. The timeline provides an overview of what the major milestones in the STP are, depicts how and when these milestones may vary across waiver programs, and highlights where progress has been made in reaching these milestones.

Systemic Assessment: The Systemic Assessment is a comprehensive review of how current state policies, procedures, standards, and contracts align with the Federal rule. MDHHS will use the Systemic Assessment to determine what policies, procedures, standards, and contracts may need to be updated or clarified to come into compliance with the rule.

Statewide Assessment, Remediation, and Transition Strategy: The Statewide Assessment, Remediation, and Transition Strategy provides additional details on the assessment process, remediation process, and transition process. Where the Statewide Transition Timeline presents a chronological overview of the statewide transition process, the Statewide Strategy provides a breakdown of the process by each waiver.

Table of Settings to be Assessed: This component provides a forecast of the number and types of settings that MDHHS anticipates will be assessed as part of the transition process.

Assessment Results: As individual settings are assessed for compliance under each waiver program, MDHHS will post the aggregated results for each waiver on the project website and also incorporate the results into the STP.

Presumed not to be Home and Community-Based Process: Under the rule, some settings may have institutional qualities and are presumed not to be home and community-based. Settings that fall into this category must be evaluated for compliance by the MDHHS and also approved by CMS through a heightened scrutiny process. This component provides an overview of the process of determining whether a setting is presumed not to be home and community-based and how a setting could proceed with the heightened scrutiny process.

Stakeholder Outreach and Engagement Strategy: As part of implementing the STP, MDHHS will seek to engage and connect with Michiganders in order to inform them of the transition process and improve the integration and inclusion of individuals into the community. The Stakeholder Outreach and Engagement Strategy outlines MDHHS's historical efforts to engage stakeholders on this issue and provides perspective on MDHHS's ongoing strategy for connecting with Michiganders during the implementation process.

Overview of Home and Community-Based Waiver Programs

Program Name	Program Type	Population	Purpose of the Program	The Rule's Effect on the Program
Children's Waiver Program	§1915(c) Waiver	Children with Developmental Disabilities	Provide community-based services to children under age 18 who would otherwise require the level of care provided in an Intermediate Care Facility.	All settings under this waiver are presumed compliant with the rule.
Children with Serious Emotional Disturbances Waiver Program	§1915(c) Waiver	Children with Behavioral Health Needs	Provides community-based services to children with serious emotional disturbances under age 21 who otherwise would require hospitalization in the State psychiatric hospital for children.	All settings under this waiver are presumed compliant with the rule.
MI Choice Waiver Program	§1915(c) Waiver	Older Adults or Adults with a Disability	Provide community-based services to individuals who would otherwise require the level of care provided in a nursing facility.	All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.
MI Health Link HCBS Waiver Program	§1915(c) Waiver	Older Adults or Adults with a Disability	Provide community-based services to adults (1) who are dually eligible for Medicare and Medicaid and (2) who would otherwise require the level of care provided in a nursing facility.	All settings under this waiver must be in immediate compliance with the rule in order to provide home and community-based services. Please see Page 5 for more details.
Habilitation Supports Waiver Program	§1915(c) Waiver	Children and Adults with Developmental Disabilities	Provide community-based services to children and adults with developmental disabilities who would otherwise require the level of care provided in an Intermediate Care Facility.	All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.
Managed Specialty Services and Supports Waiver Program	§1915(b) Waiver	Children and Adults with Behavioral Health Needs or Developmental Disabilities	Provides coverage for (1) mental health and substance use disorder services; and (2) long-term services and supports. This program also includes 1915(b)(3) supports and services that that promote community inclusion and participation, independence, and/or productivity.	MDHHS is seeking clarification from CMS on the application of the rule to the Managed Specialty Services and Supports Waiver Program.

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Home and Community-Based Services Waiver Programs and the Home and Community-Based Services Rule

MDHHS currently has six waiver programs that offer home and community-based services to qualified individuals with behavioral health needs or developmental disabilities: (1) the Children's Waiver Program, (2) the Children with Serious Emotional Disturbances Waiver Program, (3) the Habilitation Supports Waiver Program, (4) the MI Choice HCBS Waiver Program, (5) the MI Health Link HCBS Waiver Program and (6) the Managed Specialty Supports and Services Waiver Program. This section provides a description of how the home and community-based services rule applies to the six existing waiver programs.

Children's Waiver Program: After conducting an initial review of settings under this waiver program, MDHHS determined that settings under this waiver should be presumed to be compliant with the rule. All children under this waiver program are served in family homes, which have presumed compliance under the rule. MDHHS will not be assessing individual settings under this waiver program.

Children with Serious Emotional Disturbances Waiver Program: After conducting an initial review of settings under this waiver program, MDHHS determined that settings under this waiver should be presumed to be compliant with the rule. All children under this waiver program are served in family homes, independent living settings, or foster family homes. Due to the characteristics of these settings and the requirements under state licensing, MDHHS has determined that these settings meet the requirements of the rule. MDHHS will not be assessing individual settings under this program.

Habilitation Supports Waiver Program: All waiver participants under this waiver program are served in family homes, private residences, not owned or operated by the provider, have presumed compliance under the rule. All other settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.

MI Choice Waiver Program: All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.

MI Health Link HCBS Waiver: Because this waiver was approved after the start date of the rule, all settings under this waiver must be in immediate compliance in order to provide home and community-based services. Additionally, because the MI Health Link HCBS Waiver Program must be in immediate compliance with the rule and will not be included in the transition period, this waiver program is not included in the Statewide Transition Timeline.

Managed Specialty Services and Supports Waiver Program: MDHHS is currently seeking additional clarification from CMS on the application of the rule to this waiver program.

Table of Acronyms

	Table of	Acronyms	
AFC	Adult Foster Care	LARA	Department of Licensing and Regulatory Affairs
BHDDA	Behavioral Health and Developmental Disability Administration	LOCD	Level of Care Determination
CMH or CMHSP	Community Mental Health Services Program	LTC	Long Term Care
CMS	Centers for Medicare and Medicaid Services	*MDHHS	Michigan Department of Health and Human Services
CPT	American Medical Association's Current Procedural Terminology	MSA	Medical Services Administration
CWP	Children's Waiver Program	ORR	Office of Recipient Rights
DDI	Developmental Disabilities Institute of Wayne State University	PIHP	Pre-Paid Inpatient Health Plan
DDPIT	Developmental Disabilities Practice Improvement Team	QIC	Quality Improvement Council
HCBS	Home and Community Based Services	RLA	Residential Living Arrangement
HCPCS	Healthcare Common Procedure Coding System based on the American Medical Association's Current Procedural Terminology codes	SEDW	Waiver for Children with Serious Emotional Disturbances
HFA	Homes for the Aged	STP	Statewide Transition Plan
HSW	Habilitation Supports Waiver	WSA	Waiver Support Application

^{*}Effective October 1, 2015, Michigan Department of Community Health (MDCH) and Michigan Department of Human Services (DHS) merged to become Michigan Department of Health and Human Services (MDHHS).

Statewide Transition Timeline

The Statewide Transition Timeline is the central component of the STP. The timeline provides an overview of what the major milestones in the STP are, depicts how and when these milestones may vary across waiver programs, and highlights where progress has been made in reaching these milestones. The Statewide Transition Timeline is composed of four phases:

Section 1: Assessment Process: As part of the transition process, the MDHHS must assess Michigan's home and community-based services (HCBS) waiver programs for compliance with the rule. The assessment has two parts:

Section 1a: Systemic Assessment

The Systemic Assessment is a comprehensive review of how current state policies, procedures, standards, and contracts align with the Federal rule. More details on this process are also included in the Systemic Assessment section of the STP.

Section 1b: Setting Assessment

The Setting Assessment is a review of all settings where individuals receive home and community-based services under a Medicaid Waiver Program. More details on this process are also included in the Statewide Assessment, Remediation, and Transition Strategy.

Section 2: Remediation and Ongoing Monitoring Process: Once MDHHS has completed the systemic assessment and site-specific assessment processes, MDHHS will start the remediation process in order to bring settings and programs into compliance with the rule. The remediation process will include (1) helping settings transition into compliance with the rule; and (2) modifying or creating state policies, procedures, standards, and contracts to align programs with the rule. MDHHS will also conduct ongoing monitoring activities to ensure continued compliance with the rule. More details on this process are also included in the Statewide Assessment, Remediation, and Transition Strategy.

Section 3: Transition Process: If a setting is unable to come into compliance with the rule, MDHHS will assist individuals with transitioning to a compliant setting. More details on this process are also included in the Statewide Assessment, Remediation, and Transition Strategy.

Section 4: Outreach and Engagement Process: As part of implementing the STP, MDHHS will seek to engage and connect with Michiganders in order to inform the transition process and improve the integration and inclusion of individuals into the community. More details on this process are also included in the Stakeholder Outreach and Engagement Strategy.

Section 1: Assessment Process

Section 1a: Systemic Assessment

	Section 1a: Sys	temic Assessment					
Row	Applicable	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
#	Waiver(s)						
1	All waivers	Review state	MDHHS are reviewing current policies,	09/01/14	12/31/15	<u>Licensing standards</u>	MSA, BHDDA, LARA, MDHHS,
		policies,	procedures, standards, and contracts			for residential	ORR, waiver entities, providers,
		procedures, and	and identifying any needed changes			settings, provider	waiver participants, advocacy
		standards	for full alignment with HCBS settings			contracts, site	groups
			requirements as well as target dates			review protocols,	
			for the necessary revisions.			waiver policies,	
						provider	
						monitoring	
						protocols	
1.1	All Waivers	Review state	MDHHS and LARA have reviewed	09/01/14	2/29/2016	<u>Licensing standards</u>	MSA, BHDDA, LARA, MDHHS,
		licensing rules	current licensing standards and		(Completed)	for residential	ORR, waiver entities, providers,
			determined that state licensing rules			settings, Systemic	waiver participants, advocacy
			do not conflict with the Federal rule.			Assessment	groups, Bureau of Community
			The results of this process are		Joint		and Health Systems, Bureau of
			recorded in the Systemic Assessment		Communica	<u>Joint</u>	Fire Services (BFS)
			Section of this plan. MDHHS and LARA		tion issued	Communication on	
			are working to provide guidance to		on 8/5/2015	lockable doors and	
			stakeholders about specific issues			visiting hours	
			related to the state licensing, which			(Issued on	
			include: (1) lockable doors, (2) visiting			8/5/2015)	
			hours, (3) residency agreements, and				
1.2	Childrenith	Daview state	(4) other issues as necessary.	12/1/14	1/21/15	Linemaine atomaloude	NADIUS Fodoral Comulianos
1.2	Children with Serious	Review state	SEDW and CWP settings are presumed	12/1/14	1/31/15	<u>Licensing standards</u> for residential	MDHHS Federal Compliance
	Emotional	policies,	compliant with HCBS rules, and		(Completed)		Section, BHDDA
	Disturbances	procedures, and standards	therefore it is not necessary to align policies, standards, and requirements.			settings, provider contracts, site	
	and the	Stanuarus	policies, standards, and requirements.			review protocols,	
	Children's		Michigan continues to require that			waiver policies,	
	Waiver		children live in family homes/family			provider	
	Program		foster homes prior to being			monitoring	
	FIOSIAIII		,			protocols	
			approved for access to the waiver.			protocois	

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	Section 1a: Sys	stemic Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			MDHHS does not plan to add new setting types to the waiver, so this review is considered complete.				
1.3	MI Choice Waiver and Habilitation Supports	Review contracts	HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	HSW: 6/1/2015	HSW: 10/01/15 (Completed)	MDHHS/PIHP contracts, MDHHS/MI Choice Waiver Agent	MSA, BHDDA, waiver entities.
	Waiver		MI Choice: Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY The 2018 contracts will include provider specifications, and the language will be finalized 7/31/2017.	MI Choice: 6/1/2015	MI Choice: Review completed 8/31/2015; 2018 contracts to be finalized by 07/31/2017	contracts	
1.4	All Waivers	Review Medicaid Provider Manual	The Medicaid Provider Manual is currently silent on the rule. New language will be added by 3/1/2018.	09/01/14	3/1/2018	Medicaid Provider Manual	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups
1.5	MI Choice Waiver and Habilitation Supports Waiver	Review Waiver Applications	MDHHS submitted a Waiver Amendment to the MI Choice Waiver Application which included the MI Choice Transition Plan. The MI Choice Transition Plan will need to be updated once the STP is approved or if another amendment is submitted. MDHHS submitted a Waiver Amendment to the HSW Waiver Application which included the MI Choice Transition Plan. The HSW Transition Plan will need to be	Dependent on Approval for Statewide Transition Plan	Dependent on Approval for Statewide Transition Plan	MI Choice and HSW Waiver Applications MI Choice Waiver Application link to 2014 Habilitation Supports Waiver Approved	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

	Section 1a: Sys	temic Assessment					
Row	Applicable	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
#	Waiver(s)						
			updated once the STP is approved or if				
			another amendment is submitted.				
1.6	Children with Serious Emotional Disturbances	Submit SEDW Waiver Amendment	MDHHS submitted the SEDW Waiver amendment to CMS following public comment period on the transition plan.	12/30/14	12/30/14 (Completed)	CMS Waiver Document	MDHHS Federal Compliance Section, BHDDA, MSA
			MDHHS continues to require that children are living in family homes/family foster homes prior to being approved for access to the waiver program. MDHHS does not plan to add new setting types to the waiver, so this review is considered complete.				
1.7	MI Choice Waiver	Review MI Choice Provider Monitoring Tool	The MDHHS Provider Monitoring Tool does not conflict with the rule. The tool was revised on 10/1/2015 (for inclusion into FY 2016 MI Choice contract) to include information about whether the setting had gone through the HCBS assessment process and further asking how the setting plans to come into compliance with the rule, if not yet in compliance. MDHHS will revise the Provider Monitoring Tool by 7/31/2017 to include language that requires the setting to be in compliance with the HCBS rule at the time of monitoring. This revised tool will be included with FY 2108 MI Choice contract.	09/01/2014	7/31/2017	Provider Monitoring Tool	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

Section 1b: Setting Assessment

	Section 1b: Set	ting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
2	Habilitation Supports Waiver	Develop provider self-assessment tool	BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate conformity to HCBS rules. The tool is aligned with the MI Choice Survey Tool. The Developmental Disabilities Institute of Wayne State University (DDI) will be used to validate the results of this survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into provider enrollment policy and contracts. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval	10/01/14	04/13/2015 (Completed)	CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, PIHPs, CMHs, providers, QIC, waiver participants, advocacy groups
3	Habilitation Supports Waiver	Develop participant survey tool	BHDDA will develop a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for HSW participants to evaluate conformity to and compliance with HCBS rules and to represent their experience of the setting. DDI will be used to validate the results of this survey via on-site assessments conducted by trained reviewers. The tool will align with the MI Choice Survey Tool. The assessment tool will	10/01/14	04/13/2015 (Completed)	CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW participants

	Section 1b: Se	tting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			be incorporated into provider enrollment policy and contracts. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.				
4	Habilitation Supports Waiver	Develop PIHP survey tool	BHDDA will develop a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for HSW PIHP coordinators to evaluate conformity to and compliance with HCBS rules. The tool will be incorporated into provider enrollment policy and contracts. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.	10/01/14	04/13/2015 (Completed)	CMS exploratory tool, BHDDA developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW PIHP coordinators
5	MI Choice Waiver	Develop MI Choice Waiver survey tool	MDHHS developed a tool as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders for waiver agencies to use while evaluating provider conformity to and compliance with HCBS rules. The tools for the MI Choice assessment process will align with the HSW survey tool.	01/01/15	04/1/2015 (Completed)	CMS Exploratory tool, State developed tools: Michigan survey tools for all waivers	BHDDA, MSA, DDI, waiver entities, providers, waiver participants, advocacy groups
6	Habilitation Supports Waiver	Obtain active list of residential settings	BHDDA will identify the types of HSW residential services and the characteristics of the settings.	08/01/14	04/1/15 (Submitted to CMS)	WSA and Data Warehouse RLA codes	MDHHS Federal Compliance Section, BHDDA, MSA

	Section 1b: Set	ting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
7	Habilitation Supports Waiver	Obtain active list of nonresidential service types	During the preliminary assessment, MDHHS will draw a random proportionate sample that is statistically significant to the 95% confidence level from the participants who received residential services. The sample will be used for disseminating the PIHP, provider and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan. Completed – The list was submitted to CMS in April 2015 BHDDA identified the types of HSW nonresidential services and the characteristics of the settings. During the preliminary assessment, MDHHS drew a random proportionate sample that was statistically significant to the 95% confidence level from the participants who received nonresidential services. The sample was used for disseminating the PIHP, provider and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan. Completed – The list was submitted to CMS in April 2015	08/01/14	04/1/15 (Submitted to CMS)	HCPCS codes of out of home non vocational, pre vocational, and supported employment services billed to HSW	MDHHS Federal Compliance Section, BHDDA

	Section 1b: Set	tting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
8	MI Choice Waiver	Identify all provider-controlled and owned residential and non-residential settings	MSA will work with waiver agencies to compile a list of all settings currently used within the MI Choice Waiver. Completed 07/31/2014 – Waiver agencies compiled their own lists, contacted the settings for an initial assessment, and submitted to MDHHS. List was sent to CMS on 4/20/2015.	07/01/14	7/31/2014 (Completed)	Waiver agency provider networks	MDHHS Medicaid LTC Division: HCBS Section and LTC Policy section, MI Choice waiver agencies
9	Children's Waiver Program and the Children with Serious Emotional Disturbances Waiver	Assess settings covered by the waiver	 MDHHS conducted a preliminary assessment of the types of SEDW and CWP residential and nonresidential services and the characteristics of the settings. SEDW Family homes and independent living settings (not provider-owned or operated) have presumed compliance with the rule. Foster Family homes, per licensing rules, also meet the HCBS regulatory requirements. Foster family homes have four or fewer foster children. Supervision and care is done by the foster parent and the child is treated as a family member with the same rights as any other child in the home. As part of the licensing process there is an interview with the parent about 	12/1/14	3/1/15 (Completed)	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA

	Section 1b: Se	tting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			the child as being a family member. In addition, there is monthly monitoring by the foster care worker via interview with the child. No further assessment or remediation activity is needed. CWP – Family homes have presumed compliance with the rule.				
10	Habilitation Supports Waiver	Administer survey tools for the sampling methodology	DDI administered and completed the provider, beneficiary, and CMH/PIHP survey tools as part of the sampling methodology. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.	04/01/15	05/30/15 (Completed)	BHDDA developed survey tools	MDHHS Federal Compliance & Performance Measurement Section
11	Habilitation Supports Waiver	Administer self- assessment for the sampling methodology	Waiver providers were required to conduct self- assessments of their settings to determine compliance to new rule or need for corrective action. This included collecting feedback from participants. BHDDA oversaw the process. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.	04/01/15	05/30/15 (Completed)	BHDDA developed survey tools, input from providers	BHDDA, providers, DDI, waiver participants, advocacy groups
12	MI Choice Waiver	Assess all settings	MI Choice waiver agencies contract directly with providers. Waiver	04/01/15	12/31/2015	Residential and Non-Residential	MI Choice waiver agencies, provider network, MDHHS

	Section 1b: Set	ting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			agencies are required to conduct onsite assessments, using the statewide tool, of each provider setting to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. MSA will oversee the process. Waiver agencies will report this data to MSA. Residential Settings include: Adult Foster Care Homes for the Aged Independent Retirement apartments In progress. As of 12/11/2015, waiver agencies have assessed and submitted data for 397 Residential Settings include: Adult Day Care sites In progress. As of 12/11/2015, waiver agencies have assessed and submitted data for 397 Residential Settings.			Assessment tools for MI Choice Waiver, Input from providers	Medicaid LTC Division: HCBS Section
13	Habilitation Supports Waiver	Submission of sampling methodology survey results to BHDDA	All active enrolled HCBS provider and HSW PIHP coordinators will submit the data from the assessment tool to Developmental Disabilities Institute. HSW enrollees will be given the opportunity to submit the assessment	04/01/15	05/30/15 (Completed)	Assessment tool, Provider Network, PIHP HSW coordinators, beneficiary	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC

	Section 1b: Set	tting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			tool, with assistance from their family and other natural supports, to BHDDA however will not be required to do so. Survey will include a prompt to indicate the relationship of the person assisting, as appropriate.				
14	Habilitation Supports Waiver	Compile and analyze assessment data from the sampling methodology	BHDDA will compile the data from providers, beneficiary, and PIHP HSW coordinators to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	06/01/15	09/30/15 (Completed)	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC
			DDI, as an independent organization, will validate the results of this survey by on site assessments conducted by trained reviewers.	09/01/15	12/31/15		
15	Habilitation Supports Waiver	Review sampling methodology results and report findings to stakeholders	BHDDA will present the results of the assessment data to stakeholders and post results on the MDHHS website.	09/01/15	11/30/15	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver participants, PIHPs, advocacy groups
16	MI Choice Waiver	Compile, analyze, and review assessment data. Report findings to stakeholders.	MDHHS will compile the data from providers and beneficiaries to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance. MDHHS will present the results of the assessment data to stakeholders.	1/20/16	03/31/16	Self-Assessment tool, data analysis	MSA, waiver entities, providers, waiver participants, and advocacy groups
17	MI Choice	Determine compliance of residential and	Participants' private homes are compliant with the Federal requirements.	10/01/14	03/31/16	Waiver Agencies,	MSA, waiver entities, providers, waiver participants, and advocacy groups

	Section 1b: Se	tting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
		non-residential settings.	The following settings are non-compliant: hospitals, nursing facilities, and institutions for mental diseases. There are not any MI Choice participants who reside in hospitals, nursing facilities, or institutions for mental diseases. Regulations prohibit enrollment in MI Choice while residing in nursing facility or an institution for mental diseases. Individuals do not reside in hospitals, but may be temporarily admitted for medical treatment. The results of the assessment will be posted in Assessment Results section.				
18	Habilitation Supports Waiver	Assess settings on a statewide basis	PIHPs contract directly with providers. PIHPs will be required to conduct onsite assessments of each provider setting to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. PIHPs will report this data to BHDDA. The HSW survey tools will be used for the assessment. Residential Settings to be assessed include: Group Home: Specialized AFC Group Home: General AFC	01/01/16	01/01/18	Assessment tool, Input from providers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver participants, PIHPs, advocacy groups

	Section 1b: Set	tting Assessment					
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			 Private residence that is owned by the PIHP, CMHSP or the contracted provider 				
			Settings to be assessed where Non-Residential Services are delivered include: Out of Home Non Vocational Habilitation Prevocational Service Supported Employment				
19	Habilitation Supports Waiver	Compile, analyze, and review assessment data.	MDHHS will compile the data from providers and beneficiaries to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	01/01/16	01/01/18	Self-Assessment tool, data analysis	MSA, waiver entities, providers, waiver participants, and advocacy groups
20	Habilitation Supports Waiver	Determine compliance of residential and non-residential settings	Participants' private homes are compliant with the Federal requirements. The following settings are noncompliant: hospitals, nursing facilities, and institutions for mental diseases. There are not any MI Choice participants who reside in hospitals, nursing facilities, or institutions for mental diseases. Regulations prohibit enrollment in the HSW while residing in nursing facility or an institution for mental diseases. Individuals do not reside in hospitals, but may be temporarily admitted for medical	01/01/16	01/01/18	Waiver Agencies,	MSA, waiver entities, providers, waiver participants, and advocacy groups

	Section 1b: Set	Section 1b: Setting Assessment									
Row	Applicable	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders				
#	Waiver(s)	Action item	Description	Start Date	Liid Date	Jources	key Stakeriolders				
			treatment. The results of the								
			assessment will be posted in								
			Assessment Results section.								

Section 2: Remediation and Ongoing Monitoring Process

	Section 2: Rem	ediation and Ongoir	ng Monitoring Process				
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
21	MI Choice Waiver and Habilitation Supports Waiver	Design statewide remediation strategy	MDHHS will design a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans.	12/01/15	06/30/16	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups
22	All Waivers	Develop a list of settings based upon current compliance status	MDHHS will develop a list of those settings that are: assumed to be in compliance out of compliance (but may come into compliance) MI Choice Waiver: As of 12/11/2015, MSA has completed initial reviews of 186 settings. 81 were in compliance. 90 do not meet requirements but could come into compliance with HCBS guidance. 15 are presumed to not be in compliance but will be submitted to CMS for heightened scrutiny. All MI Choice assessments are due by 12/31/2015. Habilitation Supports Waiver (HSW): As of 11/9/15, HSW has completed the sample assessment of settings. MDHHS is in the process of validating the sample assessment included 727 participants in residential and nonresidential settings. The statewide	12/01/14	3/31/2015 Children's' Waivers (SEDW and CWP) 3/31/2016 for MI Choice Waiver 01/01/18 for Habilitation Supports Waiver	CMS HCBS guidelines	BHDDA, MSA, waiver entities, waiver providers, , MDHHS, LARA, ORR, Waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process									
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders			
			assessment process will start on 1/1/2016.							
23	MI Choice Waiver and Habilitation Supports Waiver	Update MDHHS policies, procedures, standards, contracts as necessary	MDHHS will develop and adopt revised policies, procedures, standards, and contracts to address ongoing compliance and monitoring, including adding requirement of using assessment tool as part of provider monitoring, self-assessment, survey tools as well as the site review protocols. These updates may include legislation, administrative rules, and contracting procedures.	10/01/15	03/01/17	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups			
23.1	All waivers	Revise policy	Revise Michigan Medicaid Provider Manual to address new Federal requirements.	10/01/15	03/1/2018	Medicaid Provider Manual	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups			
23.2	All waivers	Revise provider contracts	Revised waiver entity contract to address new requirements. Habilitation Supports Waiver (HSW): The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements. MI Choice Waiver: Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY The 2018 contracts will include	HSW: 6/1/2015 MI Choice: 6/1/2015	HSW: 10/01/15 (Completed) MI Choice: 07/31/2017	Waiver Agencies' and PIHPs' contracts HSW: MA/PIHP Contract MI Choice: Link to Current Grants >>Medicaid/Care for the Elderly >>MED-2016	BHDDA, MSA, waiver entities, waiver providers			

	Section 2: Ren	nediation and Ongoir	ng Monitoring Process				
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			provider specifications, and the language will be finalized 7/31/2017.			>>Attachment J – On- Site Provider Reviews	
23.3	All waivers	Provide technical assistance with licensing issues	MDHHS will work with LARA to provide various types of technical assistance around licensing issues including the following: Lockable Doors and Visiting Hours: MDHHS and LARA issued a joint communication to address questions around lockable doors and visiting hours.	09/01/14	2/29/2016	Residential agreement guidance to be developed Joint Communication on lockable doors and visiting hours	BHDDA, MSA, waiver entities, waiver providers, waiver participants
			 Residency agreements: MDHHS and LARA will create an attachment to residential agreements to address new Federal requirements on participants rights regarding discharge and complaints 				
23.4	MI Choice Waiver and Habilitation Supports Waiver	Update Waiver Applications	MDHHS submitted a Waiver Amendment to the MI Choice Waiver Application which included the MI Choice Transition Plan. The MI Choice Transition Plan will need to be updated once the STP is approved or if another amendment is submitted. MDHHS submitted a Waiver Amendment to the HSW Waiver Application which included a	Dependent on Approval for Statewide Transition Plan	Dependent on Approval for Statewide Transition Plan	Waiver Application	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
			Transition Plan. The HSW Transition Plan will need to be updated once the				

	Section 2: Rem	nediation and Ongoir	g Monitoring Process				
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			STP is approved or if another amendment is submitted.				
23.5	MI Choice Waiver	Create MI Choice Provider Monitoring Tool	MDHHS will create a Provider Monitoring Tool that will be finalized in 7/31/2017 and included with HCBS requirements in FY 2018 version.	09/01/2014	7/31/2017	Link to Current Grants >>Medicaid/Care for the Elderly >>MED-2016 >>Show >>Attachment J - On- Site Provider Reviews	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
24	MI Choice Waiver and Habilitation Supports Waiver	Establish requirements for new providers	MDHHS will include language in the contracts of waiver entities to ensure that all new providers are assessed for HCB settings prior to providing services. Upon enrollment in the waiver program, providers who offer HCBS will be provided technical assistance on HCBS setting requirement by MDHHS and waiver entities. This activity will be ongoing.	01/01/15	03/17/17	Provider monitoring tool and instructions	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
25	MI Choice Waiver and Habilitation Supports Waiver	Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers.	MDHHS will notify providers who are found to not meet and are unable to meet the Federal requirements. These provider types include nursing facilities, hospitals, and institutes for mental diseases. These providers are ineligible to participate in the program. Participants will also be notified that their provider cannot meet requirements.	MI Choice: 06/01/16 HSW: 01/01/16	MI Choice: 12/31/16 HSW: 03/31/18	Assessment tool responses	MSA, BHDDA waiver entities, providers, participants, advocacy groups
26	MI Choice Waiver and Habilitation	Develop and implement corrective action plans for	MDHHS and its contractors will ensure individual provider settings have an opportunity to come into compliance with the new rule. MDHHS and its	10/01/16	09/17/18	CMS HCBS guidelines, revised MDHHS policies and procedures,	BHDDA, MSA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

	Section 2: Rem	nediation and Ongoir	ng Monitoring Process				
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	Supports Waiver	individual non- compliant settings	contractors will work with individual non-compliant settings to develop and implement corrective action plans Providers will be required to submit periodic status updates on remediation progress to MDHHS. MDHHS will allow reasonable timeframes for large infrastructure changes with the condition that the providers receive department approval and provide timely progress reports on a regular basis. Updates will be provided to CMS as needed.			remediation plans for individual settings, remediation strategy	
27	MI Choice Waiver and Habilitation Supports Waiver	Create Heightened Scrutiny Process for Presumed Institutional Settings	MDHHS will create a heightened scrutiny process for all residential and non-residential settings that are presumed to be institutional in nature.	07/01/2015	2/29/2016	CMS HCBS guidelines	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
28	MI Choice Waiver and Habilitation Supports Waiver	Notify CMS of any presumptively non-home and community-based settings that do have qualities of home and community-based settings for heightened scrutiny	For settings that are presumed not to be home and community-based, MDHHS will compile a list of settings that do have the qualities of home and community-based settings and do not have the characteristics of an institution. MDHHS will submit this list and any corresponding evidence to CMS for the heightened scrutiny process. MI Choice Waiver: MSA is currently compiling a list of these settings. As of 11/1/2015, these	MI Choice: 06/01/16 MI Choice 06/01/16	MI Choice: 12/31/16 MI Choice 12/31/16	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

	Section 2: Ren	nediation and Ongoin	ng Monitoring Process				
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			settings are all on the same property as an institution. Therefore, MSA will collect evidence including proof that the institution and HCBS setting are separate business entities, do not share staff, and that the HCBS setting is truly home and community based. Evaluations of these settings will be put out for public comment. Once all data and input is gathered, MSA will submit data to CMS for review. Habilitation Supports Waiver (HSW): MDHHS is currently assessing all settings and will compile list of the settings. The settings will be posted for public comments. Once all data is gathered, MDHHS will submit information to CMS for review.	HSW: 4/1/15 2/1/18 5/1/18	HSW: 1/1/18 3/2/18 6/1/18		
29	MI Choice Waiver and Habilitation Supports Waiver	Develop statewide protocols and procedures for site specific reviews	MDHHS will develop protocols and procedures to address ongoing monitoring and compliance.	10/01/15	09/30/16	MDHHS	BHDDA, MSA, waiver entities, providers, QIC, advocacy groups, waiver participants
30	MI Choice Waiver and Habilitation Supports Waiver	Conduct ongoing monitoring of compliance	MDHHS will incorporate HCBS settings requirements into quality reviews, provider monitoring, and consumer satisfaction surveys to identify areas	10/01/15	03/17/19		MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

	Section 2: Rem	ediation and Ongoin	g Monitoring Process				
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			of non-compliance. This activity will be ongoing.				
30.1	MI Choice Waiver	Conduct provider monitoring	MSA will incorporate HCBS settings requirements into the MI Choice Provider Monitoring Tool. Waiver agencies will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the MI Choice waiver program. MDHHS will revise the Provider Monitoring Tool by 7/31/2017 to include language that requires each setting to be in compliance with the HCBS rule at the time of monitoring. This revised tool will be included with FY 2018 MI Choice contract.	10/1/2016	3/17/2019 (ongoing)	MI Choice Consumer Satisfaction Survey	MSA, waiver entities, providers, waiver participants, advocacy groups
30.2	MI Choice Waiver	Conduct quality review	MSA will incorporate HCBS settings requirements into the MI Choice Administrative Quality Assurance Reviews (AQAR) starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with settings that meet requirements and include requirements in their contracts with the settings.	10/1/2016	3/17/2019 (ongoing)	AQAR Site Review Protocol	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
30.3	MI Choice Waiver	Conduct MI Choice Consumer Satisfaction Survey	Consumer satisfaction surveys - MSA will add at least one question to the MI Choice Consumer Satisfaction Survey asking if participants they feel	10/1/2016	3/17/2019 (ongoing)	MI Choice Consumer Satisfaction Survey	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

	Section 2: Ren	nediation and Ongoir	ng Monitoring Process				
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			the setting they live in is home and community based.				
30.4	Habilitation Supports Waiver	Conduct provider monitoring	Waiver entities will incorporate HCBS settings requirements into the HSW Provider Monitoring Tool. Waiver entities will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the HSW program.	10/1/2017	3/17/2019 (ongoing)	Provider Monitoring Tool	MDHHS, waiver entities, providers, waiver participants, advocacy groups
30.5	Habilitation Supports Waiver	Conduct quality review	MDHHS will incorporate HCBS settings requirements into the Site Review Process starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with settings that meet requirements and include requirements in their contracts with the settings.	10/1/2015	3/17/2019 (ongoing)	Site Review Protocol	MDHHS. waiver entities, providers, waiver participants, advocacy groups
31	Habilitation Supports Waiver	BHDDA site review team will assess for ongoing compliance of HCBS settings in residential and nonresidential settings	Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings.	10/01/15	03/01/19	Site Review protocols	MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC

Section 3: Transition Process

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
32	MI Choice Waiver and Habilitation Supports Waiver	Transition of participants in non-compliant settings	MDHHS will provide choice to participants in provider controlled and owned residential settings to transition to a new residential or non-residential setting that meets requirement or disenroll from the waiver program.	01/01/16	3/17/19	Provider network listings, assessment data	MSA, BHDDA, waiver entities, waiver participants, advocacy groups
32.1	MI Choice Waiver	Assist participants in non-compliant settings with transition to compliant setting	If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program.	1/1/2016	3/17/2019	Provider network listings, assessment data	MSA, MI Choice Waiver agents, waiver participants, advocacy groups
32.2	MI Choice Waiver	Change policy to require compliance	MSA will work with waiver agencies to get all settings into compliance. For those that are unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program.	3/1/2017	3/1/2018	Waiver Agency contracts	MSA, MI Choice Waiver agents, waiver participants, advocacy groups
32.3	Habilitation Supports Waiver	Assist participants in non-compliant setting with transition to compliant setting	If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program.	01/01/16	3/17/19	Provider network listings, assessment data	MSA, MI Choice Waiver agents, waiver participants, advocacy groups
33	MI Choice Waiver and Habilitation	Ongoing transition	MDHHS will work with waiver agencies remain in compliance. For those that are unable to remain in compliance, participants will be given	3/17/19	Ongoing	Provider network listings, assessment data	MSA, BHDDA, waiver entities, waiver participants, advocacy groups

	Section 3: Tran	ection 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders	
	Supports Waiver		the option to either transition to a new setting within their service area or disenroll from the waiver program.					

Section 4: Outreach and Engagement Process

	Section 4: Outreach and Engagement						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
34	All waivers	Hold stakeholder meetings to develop and inform Statewide Transition Plan	MDHHS has participated in a wide variety of meetings to share information across programs, gather stakeholder concerns, and incorporate them into our Statewide Transition Plan. MDHHS will continue to meet with stakeholders through several ongoing forums. Details on stakeholder engagement efforts can be found in the Stakeholder Engagement and Outreach Strategy in this STP.	8/12/14	Ongoing	CMS written guidance, MDHHS staff, data analysis	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
35	All waivers	Create and distribute public notice for Statewide Transition Plan	MDHHS notified stakeholders that a draft transition plan had been developed to address new rule that included links to the full plan and the waiver amendment document. Notices included MDHHS website postings and mailings.	11/24/14	12/24/14 (Completed)	Draft transition plan, waiver amendment document, MDHHS website, policy, stakeholder letter	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
36	All waivers	Collect and distribute public comment to stakeholders	MDHHS collected public comments on the draft transition plan through multiple methods including e-mail, US mail, and stakeholder meetings. MDHHS made appropriate changes to the plan and posted comments and responses on the MDHHS website.	11/24/14	12/24/14 (Completed)	E-mail comments, US mail, meeting minutes, MDHHS website	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
37	All waivers	Revise Transition Plan and post on MDHHS website	MDHHS incorporated appropriate changes to Transition Plan based on public comments and posted rationale for substantive change to the plan. The plan and comments are available on the MDHHS website.	12/25/14	01/16/15 (Completed)	Draft transition plan, modified transition plan, public comments notes, responses, MDHHS website	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups

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	Section 4: Outreach and Engagement						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
38	All waivers	Submit initial Transition Plan to CMS	MDHHS submitted the initial Transition Plan and summary of comments to CMS for approval.	01/16/15	01/16/15 (Completed)	Draft Transition Plan and comments from public	MSA, BHDDA, and CMS
39	All waivers	Revise Statewide Transition Plan	MDHHS will develop a modified Statewide Transition Plan if necessary. Revisions to the transition plan will be informed by the assessment and site survey data which establish a plan for addressing all components of compliance with the HCBS rule.	08/01/15	02/29/16	Assessment results, key stakeholder input results	BHDDA, MSA, waiver entities, providers, QIC, advocacy groups, waiver participants
40	All waivers	Public comment on revised STP	MDHHS will conduct public comment (electronic & non-electronic) period for the revised STP	12/16/15	01/22/16	Revised STP	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
41	All waivers	Collect and distribute public comment to stakeholders	MDHHS will collect public comment on and make the appropriate changes to revised STP. The responses to the public comment and revised STP will be posted on the MDHHS website.	12/16/16	02/29/16	Public comments and revised STP	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
42	All waivers	Submit revised Transition Plan to CMS	MDHHS will submit revised STP and summary of public comments for CMS approval	02/29/16	02/29/16	Revised STP and Consultation Summary	MSA, BHDDA, and CMS

Michigan's Statewide Transition Plan for Home and Community-Based Services
Other Components of the Statewide Transition Plan

Systemic Assessment

The Systemic Assessment is a comprehensive review of how current state policies, procedures, standards, and contracts align with the Federal rule. MDHHS must outline how MDHHS or other State of Michigan agencies will ensure that the different requirements under the rule are met and enforced. The following chart depicts how the different requirements under the Federal rule will either be addressed through (1) a survey question during the assessment process; or (2) MDHHS policy or state licensing rules. The chart also includes the exploratory questions from CMS that were developed to assist states with designing survey tools to assess compliance with the rule. Please note that MDHHS must address all sections of the Federal rule, but MDHHS is not required to address all of the CMS exploratory questions.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule				
Section	ection A: Physical Location							
1	§441.301(c)(5)(v)	Is the setting on the grounds of, or immediately adjacent to, a public institution serving a similar population?	Habilitation Supports Waiver: 2.1 (Participant) and 3.4 (Provider)	MCL 400.703(4)				
_	§441.710(a)(2)(v)		MI Choice: 2.1 (Residential) and 1.4 (Non-Residential)	MCL 400.713(7)				
		Does the setting isolate its	Habilitation Supports Waiver: 3.5 (Participant) and 2.3 (Provider)					
2	§441.301(c)(5)(v) §441.710(a)(2)(v)	residents receiving Medicaid HCBS from the broader community of individuals not receiving HCBS?	MI Choice: 3.2, 3.3_1, 3.3_3, 3.3_4, 3.3_5, 3.3_6, 3.3_7, 3.3_8, 3.3_9, 3.3_10 (Residential), and 1.6_1 through 1.6_10, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13 (Non-Residential)	MCL 400.703(4)				
3	§441.301(c)(5)(v) §441.710(a)(2)(v)	Is the setting a gated/secured "community" for people with disabilities?	Habilitation Supports Waiver: 4.1 and 6.30 (Participant) and 3.1 (Provider) MI Choice: 2.2, 2.3 (Residential) and 1.19 (Non-Residential)	R 400.14303(3)(5) R 400.14304(1)(b)(k) 400.1409(1)(b)(k) 400.1408(3)(4)				

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
4	§441.301(c)(5)(v) §441.710(a)(2)(v)	Is the setting a residential school incorporating both the educational program and the residential program in the same building or in buildings in close proximity to each other?	Habilitation Supports Waiver: 3.7 (Participant) and 2.4 (Provider) MI Choice: 2.1 (Residential)	MCL 400.703(4)
5	§441.301(c)(5)(v) §441.710(a)(2)(v)	Does the provider operate and control multiple settings that are co-located and operationally related whereby a large number of people with disabilities are congregated together with shared programming and staff?	Habilitation Supports Waiver: 3.6 (Participant) and 2.2 (Provider) MI Choice: 2.2 (Residential)	MCL 400.703(4)
Section	on B: Integration with th	e Community		
1	§441.301(c)(4)(i) §441.710(a)(1)(i)	Are individuals in the setting able to participate in unscheduled and scheduled community activities in the same manner as people not receiving Medicaid HCBS services?	Habilitation Supports Waiver: 4.3 (Participant) and 3.3 (Provider) MI Choice: 3.2 (Residential) and 1.5 (Non-Residential)	R 400.14303(4)(5) R 400.14304(1) R 400.14317(1)(2)(3) R 400.1409 (3)(4)
2	§441.301(c)(4)(i) §441.710(a)(1)(i)	Is the individual able to regularly access the greater community outside of the setting?	Habilitation Supports Waiver: 4.1 (Participant) and 3.1 (Provider) MI Choice: 3.2, 3.3_1 through 3.3_10 (Residential) and 1.6_1 through 1.6_10, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13 (Non-Residential)	R 400.14303(4)(5) R 400.1409(3)(4) R 400.1408(3)(4)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
3	§441.301(c)(4)(i) §441.710(a)(1)(i)	Is the individual aware of or does he/she have access to information and materials to know of activities taking place outside of the setting?	This question was not used in any of the Michigan survey tools.	R 400.14303(3)(4)(5) R 400.1408(4)(c)
4	§441.301(c)(4)(i)	Are individuals able to participate regularly in non-work activities (dining, shopping, etc.) in integrated community settings when they want?	Habilitation Supports Waiver: 4.3 (Participant) and 3.3 (Provider) MI Choice: 3.2, 3.3_1 through 3.3_10 (Residential) and 1.6_1 through 1.6_10, 1.9, 1.10 (Non-Residential)	R 400.14301(6)(A) R 400.1408(3)(4) R400.1407(2)
		a) Can the individual come and go when he or she wants?	Habilitation Supports Waiver: 6.26 (Participant) and 5.14 (Provider) MI Choice: 5.14 (Residential) and 1.7 (Non-Residential)	R400.14301(2)(a) def. 400.707(7)(a) -(d) R400.1407(2) (a)
		b) Is the individual able work or stay active in the community outside of the setting?	Habilitation Supports Waiver: 7.1 (Participant) and 1.2 (Provider) MI Choice: 3.2, 3.3_1 through 3.3_10 (Residential) and 1.6_1 through 1.6_10 (Non-Residential)	R 400.14303(4) and (5) R 400.1408(3)(b)
		c) If the individual wants to work, is there a way to ensure the option is pursued?	This question was not used in any of the Michigan survey tools.	R 400.14303(5)(b) R 400.1408(3(b)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
5	§441.301(c)(4)(i) §441.710(a)(1)(i)	Does the setting prevent the isolation of individuals from individuals not receiving Medicaid HCBS in the broader community?	Habilitation Supports Waiver: 4.1 and 4.4.a (Participant) and 3.1 and 3.4.a (Provider) MI Choice 3.2 (Residential) and	R 400.14303(4)(5) R 400.14304(1)(K) visitation R 400.14301(6)(g) household rules R 400.1408(4)(b), R 400.1409(1)(k), visitation
		,	1.8 (Non-Residential)	R 400.1407(10) , household rules
6	§441.301(c)(4)(i) §441.710(a)(1)(i)	Do individuals receiving HCBS services in the setting live apart from individuals not receiving	Habilitation Supports Waiver: 3.3 and 3.5 (Participant) and 2.3 (Provider)	MCL 400.703(4)
		Medicaid HCBS?	MI Choice: 3.2, 5.15 (Residential) and 1.8 (Non-Residential)	
7	§441.301(c)(4)(i) §441.710(a)(1)(i)	Is the setting in the community among other private residences	Habilitation Supports Waiver: Not Used in the Survey	MCL 400.703(4)(5)
		and retail businesses?	MI Choice: 1.9 (Non-Residential)	
8	§441.301(c)(4)(i) §441.710(a)(1)(i)	Explain how visitors are handled in the setting:	This question was not used in any of the Michigan survey tools.	R 304(1)(K) R 400.14409(1)(k)
		a) Are visitors restricted to specified visiting hours?	Habilitation Supports Waiver: 4.4.a (Participant) and 3.4.a (Provider) MI Choice: 3.4.1 (Residential)	MDHHS-LARA Joint Communication R 304(1)(K) R 400.14409(1)(k)
		b) Are visiting hours posted?	Habilitation Supports Waiver: 4.4.b (Participant) and 3.4.b (Provider) MI Choice: 3.4.1, 3.4.2 (Residential)	R 304(1)(K) R 400.1409(1)(k)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		c) Is there evidence that visitors have been present at regular frequencies?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		d) Are there restricted visitor's meeting areas?	Habilitation Supports Waiver: 6.25 (Participant) and 5.13 (Provider) MI Choice: 5.13 (Residential)	R 400.14304(1)(o) R 400.1409(1)(k)(o)
9	§441.301(c)(4)(i) §441.710(a)(1)(i)	Describe the level of access individuals have to the community:	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Do individuals come and go at will?	Habilitation Supports Waiver: 6.26 (Participant) and 5.14 (Provider) MI Choice: 5.14, 5.15, 5.16 (Residential) and 1.5, 1.7 (Non-Residential)	R 400.14301(2)(a) def. 400.707(7)(a) -(d) R 400.1407(2)(a) R 400.14303(2)
		b) Are individuals moving about inside and outside the setting as opposed to sitting by the front door?	Habilitation Supports Waiver: 6.27 (Participant) and 5.15 (Provider) MI Choice: 5.14, 5.15, 5.16 (Residential) and 1.7 (Non-Residential)	R 400.14304(1) (p) R 400.1409(p) R 400.1407(2)(a) R 400.14303(2)
		c) Is there a curfew or other requirement for a scheduled return to the setting?	This question was not used in any of the Michigan survey tools.	R 301(2)(a) def. 400.707(7)(a) - (d) R .400.1407(2) (a) R 400.1407(10)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		d) Do individuals in the setting have access to public transportation?	Habilitation Supports Waiver: 6.31 (Participant) and 5.19 (Provider) MI Choice: 5.23, 5.24, 5.25, 5.26 (Residential) and 1.11, 1.12 (Non-Residential)	R 400.14303(3) R 400.1407(6)(11)(c)
		e) Are there bus stops nearby or are taxis available in the area?	Habilitation Supports Waiver: 6.31 (Participant) and 5.19 (Provider) MI Choice: 5.23, 5.24, 5.25, 5.26 (Residential) and 1.11, 1.12 (Non-Residential)	R 400.14303(3) R 400.1408(3)(a)
		f) Is an accessible van available to bring individuals to appointments, shopping, etc.?	Habilitation Supports Waiver: 6.31 (Participant) and 5.19 (Provider) MI Choice: 5.23, 5.24, 5.25, 5.26 (Residential) and 1.11, 1.12 (Non-Residential)	R 400.14301(6)(a) to (d) R 400.1407(5)(11)
10	§441.301(c)(4)(i) §441.710(a)(1)(i)	Describe the level of access which an individual has to access public transportation:	Habilitation Supports Waiver: Not Used in the Survey MI Choice: 1.11 (Non-Residential)	R 400.14303(3)(5)(a) R 400.1408(3)(a)
		a) Are bus and other public transportation schedules and telephone numbers posted in a convenient location?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		b) Is training in the use of public transportation facilitated?	Habilitation Supports Waiver: Not Used in the Survey MI Choice: 1.11 (Non- Residential)	R 400.14303(5)(a) R 400.1408(3)(a)
		c) Where public transportation is limited, are other resources provided for the individual to access the broader	Habilitation Supports Waiver: 6.32 (Participant) and 5.20 (Provider) MI Choice: 5.26 (Residential) and	R 400.14301(6)(a) to (d) R 400.1407(5)(11)
		community?	1.11, 1.12 (Non-Residential)	
Section	on C: Person-Centered P	lanning 	T	
1	§441.301(c)(1)	Does the setting allow an individual, or a person chosen by the individual, to take an active role in the development and updating of the individual's person-centered plan?	CMS instructed states to assess compliance with personcentered planning requirements separately from the assessment of the characteristics of settings.	R 400.14301(4) R 400.1407(5)(6)
2	§441.301(c)(1)(ii)	Does the setting offer the necessary information and support to ensure that the individual can direct the personcentered planning process to the maximum extent possible so he/she can make informed choices and decisions?	CMS instructed states to assess compliance with personcentered planning requirements separately from the assessment of the characteristics of settings.	R 400.14301(4) R 400.14301(2)(6) R 400.1407(2) R 400.1407(5)(6)
3	§441.301(c)(1)(iii)	Are planning meetings able to occur at a time and place convenient for individuals to attend?	CMS instructed states to assess compliance with personcentered planning requirements separately from the assessment of the characteristics of settings.	R 400.14301 (4) R 400.1407(5)(6)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
4	§441.301(c)(1) (iv)	Describe how the setting provides for the different cultural considerations of individuals:	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Do the setting's written materials and meetings reflect a plain language that is accessible to individuals?	This question was not used in any of the Michigan survey tools.	R 400.14301(4) R 400.14301(2) R 400.1407(2)
		b) Is the information accessible to individuals with disabilities and persons with a limited proficiency in English?	This question was not used in any of the Michigan survey tools.	R 400.14301(4) R 400.14301(2) R 400.1407(2)
5	§441.301(c)(1)(v)	Does the provider have strategies in place for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants?	CMS instructed states to assess compliance with personcentered planning requirements separately from the assessment of the characteristics of settings.	R 400.14304(1)(f) R 400.1409(1)(f)
6	§441.301(c)(1)(vii)	Does the provider offer informed choices to the individual regarding the services and supports they receive and from whom?	Habilitation Supports Waiver: 5.15 (Participant) and 4.14 (Provider) MI Choice: 3.1, 4.13, 4.14 (Residential)	R 400.14301(6) R 400.1407(2)(5)
7	§441.301(c)(1)(viii)	Does the provider have a means for the individual, or a person chosen by the individual, to request updates to the plan as needed?	Habilitation Supports Waiver: 5.16 and 5.17 (Participant) and 4.15 (Provider) MI Choice: 4.14, 6.4 (Residential) and 1.31 (Non-Residential)	R 400.14301(4)(9) R 400.1407(2)(5)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
1	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Does the individual have his/her own bedroom or share a room with a roommate of choice?	Habilitation Supports Waiver: 6.4 (Participant) MI Choice: 5.9 (Residential)	R 400.1407(2) R 400.1407(5) R 400.14301(2)(6)
		a) Is the individual able to choose a roommate?	Habilitation Supports Waiver: 6.3 and 6.5 (Participant) and 5.9 (Provider) MI Choice: 5.9 (Residential)	R 400.14301(2)(c) R 400.1407 (2)(c) R 400.1407(2)(5)
		b) Can married couples choose to share or not share a room?	Habilitation Supports Waiver: 6.3 and 6.5 (Participant) and 5.9 (Provider) MI Choice: 5.9 (Residential)	R 400.14301(2) R 400.14301(6) R 400.1407(2)(5)
		c) Does an individual know how he/she can request a roommate change?	This question was not used in any of the Michigan survey tools.	R 400.14301(2)(c) R 400.1407 (2)(c) R 400.1409(1)(f)
2	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Is the individual able to choose and control a schedule that meets his/her wishes in accordance with a personcentered plan?	Habilitation Supports Waiver: Not Used in the Survey MI Choice: 1.5 (Non-Residential)	R 400.14301(2) R 400.14301(6)
		a) Is it made clear to the individual that he/she is not required to adhere to a set schedule for walking, bathing, eating, exercising, activities, etc.?	Habilitation Supports Waiver: 6.21 (Participant) and 5.10 (Provider) MI Choice: 5.14, 5.15, 5.16 (Residential) and 1.5 (Non-Residential)	R 400.14301(2) R 400.14301 (6) R 400.1407(2) R 400.1408(3)(4)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		b) Can an individual's schedule vary from others in the same setting?	Habilitation Supports Waiver: 6.21 (Participant) and 5.10 (Provider) MI Choice: 4.14 (Residential) and 1.30, 1.5 (Non-Residential)	R 400.14301(2) R 400.14301(6) R 400.1407(2) R 400.1408(3)(4)
		c) Does an individual have access to leisure activities that interest him/her, which can be scheduled at his/her convenience?	Habilitation Supports Waiver: 6.21 (Participant) and 5.10 (Provider) MI Choice: 5.11 (Residential) and 1.30, 1.5 (Non-Residential)	R 400.14301(2) R 400.14301(6) R 400.1408(3)(b)(4)
3	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Does the individual control his/her personal resources?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Is the individual able to have a checking or savings account or other means to control his/her funds?	Habilitation Supports Waiver: 5.13 (Participant) and 4.12 (Provider) MI Choice: 4.10, 4.11 (Residential)	R 400.14301(6)(K) R 400.14315(3) R 400.1407(5) R 400.1421(3)
		b) Does an individual have access to his/her funds?	Habilitation Supports Waiver: 5.13 (Participant) and 4.11 (Provider) MI Choice: 4.10, 4.11 (Residential)	R 400.14301(6)(k) R 400.14315(3) R 400.1407(5) R 400.1421(3)
		c) Is it made clear that the individual is not required to sign over his/her paychecks to the provider?	Habilitation Supports Waiver: 7.10 (Participant) and 1.9 (Provider) MI Choice: 4.10, 4.11 (Residential)	R 400.14301(6)(k) R 400.14315(3) R 400.1407(5) R 400.1421(3)

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	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
4	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Describe the dining experience:	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Does the individual have a meal at the time and place of his/her choosing?	Habilitation Supports Waiver: 5.2.a (Provider) MI Choice: 5.2.1 (Residential) and 1.28 (Non-Residential)	R 313(1) R 419(1)
		b) Can the individual request an alternative meal if desired?	Habilitation Supports Waiver: 6.10 (Participant) and 5.2.b (Provider) MI Choice: 5.2.2 (Residential) and 1.28 (Non-Residential)	R 313(1) R 419(1)
		c) Are snacks accessible and available anytime?	Habilitation Supports Waiver: 6.12 (Participant) and 5.2.d (Provider) MI Choice: 5.2.1 (Residential) and 1.28 (Non-Residential)	This question is not addressed by policy or licensing rules.
		d) Is the individual required to sit at an assigned seat in a dining area?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		e) If the individual desires to eat privately, can s/he do so?	Habilitation Supports Waiver: 6.11 (Participant) and 5.2.c (Provider) MI Choice: 5.2.3 (Residential) and 1.28, 1.5 (Non-Residential)	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		f) Is the individual able to choose with whom to eat—or to eat alone?	Habilitation Supports Waiver: 6.11 (Participant) and 5.2.c (Provider) MI Choice: 5.2.3 (Residential) and 1.27, 1.28 (Non-Residential)	R 400.1428 R 400.14405 R 400.15405 (8) R 302(2)
		g) Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?	This question was not used in any of the Michigan survey tools.	R 400.14402 (4) R 325.1976 (14)
5	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Does the individual have access to make private telephone calls/text/email at the individual's preference and convenience?	This question was not used in any of the Michigan survey tools.	R 400.1409 (1) (e)(g) R 14304 (1) (e)(g)
		a) Does the individual have a private cell phone, computer or other personal communication device or have access to a telephone or other means for personal communication in private at any time?	Habilitation Supports Waiver: 6.15 and 6.16 (Participant) and 5.4 (Provider) MI Choice: 5.4 (Residential)	This question is not addressed by policy or licensing rules.
		b) Is the telephone or other technology device in a location that has space around it to ensure privacy?	Habilitation Supports Waiver: 6.17 (Participant) and 5.5 (Provider) MI Choice: 5.4, 5.5 (Residential)	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		c) Do individuals' rooms have a telephone jack, WI-FI or ETHERNET jack?	Habilitation Supports Waiver: 6.18 (Participant) and 5.6 (Provider) MI Choice: 5.6 (Residential)	This question is not addressed by policy or licensing rules.
6	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Is the setting an environment that supports individual comfort, independence and preferences?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Do individuals have full access to typical facilities in a home such as a kitchen with cooking equipment, dining area, laundry, and comfortable seating in the shared areas?	Habilitation Supports Waiver: 6.22 (Participant) and 5.11 (Provider) MI Choice: 5.12_1 through 5.12_10 (Residential)	R 403(1) R 426(1)
		b) Is informal (written or oral) communication conducted in a language that the individual understands?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		c) Is assistance provided in private, as appropriate, when needed?	Habilitation Supports Waiver: 6.20 and 7.11 (Participant) and 5.8 (Provider) MI Choice: 5.8 (Residential)	R 400.1409 (1) (o) 14304 (1) (o) R 325.1931 (2)
7	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Does the individual have full access in the setting?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		a) Are there gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?	Habilitation Supports Waiver: 6.30 (Participant) and 5.18 (Provider) MI Choice: 5.21 (Residential) and 1.16 (Non-Residential)	This question is not addressed by policy or licensing rules.
		b) Are individuals receiving Medicaid home and community-based services facilitated in accessing amenities such as a pool or gym used by others onsite?	Habilitation Supports Waiver: Not Used in the Survey MI Choice: 1.11 (Non- Residential) and 5.22 (Residential)	R 206(2) R 406(1)
		c) Is the setting physically accessible with no obstructions like steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting, or if they are present, are there environmental adaptations such as a stair lift or elevator to fix the obstruction?	Habilitation Supports Waiver: 6.28 (Participant) and 5.16 (Provider) MI Choice: 5.17 (Residential) and 1.16, 1.17 (Non-Residential)	R 400.1426 R 400.14403
8	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Does the physical environment meet the needs of those individuals who require supports?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Are appliances accessible to individuals (e.g. the washer/dryer are "front loading" for individuals in wheelchairs)?	Habilitation Supports Waiver: 6.29 (Participant) and 5.17 (Provider) MI Choice: 5.19 (Residential)	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		b) For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?	Habilitation Supports Waiver: 6.28 (Participant) and 6.16 (Provider) MI Choice: 5.18 (Residential) and 1.16, 1.17 (Non-Residential)	This question is not addressed by policy or licensing rules.
		c) Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?	Habilitation Supports Waiver: Not Used in the Survey MI Choice: 1.14 and 1.15 (Non- Residential)	R 400.1426 R 400.14403 R 325.1964 (1)(2)
9	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Do individuals have privacy in their sleeping space and bathroom?	This question was not used in any of the Michigan survey tools.	R 407(3) R 304 (1)(o) R 409(1)(o)
		a) Is the furniture able to be arranged to suit the individual's needs and preferences?	Habilitation Supports Waiver: 6.28 (Participant) and 5.16 (Provider) MI Choice: 5.20 (Residential) and 1.14, 1.15 (Non-Residential)	This question is not addressed by policy or licensing rules.
		b) Can the individual close and lock the bathroom door?	Habilitation Supports Waiver: 6.8 (Participant) and 5.1.a (Provider) MI Choice: 5.1.4 (Residential)	MDHHS-LARA Joint Communication R 400.1430 (2) R 400.14407 (2)(3)

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		c) Can the individual close and lock the bedroom door?	Habilitation Supports Waiver: 6.7 (Participant) and 5.1.d (Provider) MI Choice: 5.1.1 (Residential)	MDHHS-LARA Joint Communication R 400.1431 (3) R 400.14408 (4)
		d) Do staff or other residents always knock and receive permission prior to entering a bedroom or bathroom?	Habilitation Supports Waiver: 6.9 (Participant) MI Choice: 4.7, 5.1.8 (Residential)	R 400.1409 (1) (o) 14304 (1) (o)
10	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Do individuals have comfortable places for private visits with family and friends?	Habilitation Supports Waiver: 6.25 (Participant) and 5.13 (Provider) MI Choice: 5.13 (Residential)	R 400.1409 (1) (e)(g) R 14304 (1) (e)(g)
		a) Is the furniture arranged to support small group conversations?	Habilitation Supports Waiver: 6.25 (Participant) and 5.13 (Provider) MI Choice: 5.13 (Residential)	This question is not addressed by policy or licensing rules.
11	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Are individuals able to furnish and decorate their sleeping and/or living units as they wish?	This question was not used in any of the Michigan survey tools.	R 400.1433 (1)(2)(3) R 400.14410 R 325.1934 (1)(2)(3)(4)
		a) Are the individuals' personal items, such as pictures, books, etc. able to be present and arranged as the individual desires?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		b) Can the furniture, linens, and other items reflect the individual's personal choices?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		c) Can individuals' living areas reflect their interests and hobbies?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
Section	on E: Resident Rights			
1	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Are individual choices incorporated into the services and supports received?	This question was not used in any of the Michigan survey tools.	R 400.14304 (1)(i) R 400.1409 (1)(i)
		a) Does staff ask the individual about her/his needs and preferences?	Habilitation Supports Waiver: 5.16 (Participant) and 4.14 (Provider) MI Choice: 4.14 (Residential)	R 400.14303 (1)(2) R 400.1408 (1) R 325.1931 (1)(2)
		b) Are individuals aware of how to make a service request?	Habilitation Supports Waiver: 5.17 (Participant) and 4.15 (Provider) MI Choice: 4.5 (Residential)	This question is not addressed by policy or licensing rules.
		c) Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
2	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Is an individual's right to dignity and privacy respected?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		a) Is an individual's health information kept private?	Habilitation Supports Waiver: 5.10 (Participant) and 5.8 (Provider) MI Choice: 4.7 (Residential) and 1.20 (Non-Residential)	R 400.1409 (1) (o) 14304 (1) (o) R 325.1931 (2)
		b) Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		c) Are individuals, who need assistance with grooming, groomed as they desire?	Habilitation Supports Waiver: 6.20 (Participant) and 5.8 (Provider) MI Choice: 5.3.2 (Residential) and 1.21 (Non-Residential)	R 400.1409 (1) (o) 14304 (1) (o) R 325.1931 (2)
3	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Does staff communicate with individuals in a dignified manner?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Do individuals greet and chat with staff?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		b) Do staff converse with individuals in the setting while providing assistance during the regular course of daily activities?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
		c) Does staff address individuals in the manner in which the person would like to be addressed?	Habilitation Supports Waiver: 5.11 (Participant) and 4.10 (Provider) MI Choice: 4.9 (Residential) and 1.22 (Non-Residential)	This question is not addressed by policy or licensing rules.
4	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Are individuals free from coercion?	Habilitation Supports Waiver: 5.6 and 5.7 (Participant) and 4.3 and 4.4 (Provider) MI Choice: Entire survey	This question is not addressed by policy or licensing rules.
		a) Is information about filing a complaint posted in an obvious location and in an understandable format?	Habilitation Supports Waiver: 5.7 (Participant) and 4.3 and 4.4 (Provider) MI Choice: 4.3, 4.4 (Residential) and 1.29 (Non-Residential)	This question is not addressed by policy or licensing rules.
		b) Does the individual know the person to contact or the process to make an anonymous complaint?	Habilitation Supports Waiver: 5.8 (Participant) and 5.7 (Provider) MI Choice: 4.3, 4.4, 4.5, 4.6 (Residential) and 1.29 (Non-Residential)	This question is not addressed by policy or licensing rules.
		c) Can the individual file an anonymous complaint?	Habilitation Supports Waiver: 5.6 (Participant) and 4.3 and 4.4 (Provider) MI Choice: 4.6 (Residential)	This question is not addressed by policy or licensing rules.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
5	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Is there a legally enforceable agreement for the unit or dwelling where the individual resides?	This question was not used in any of the Michigan survey tools.	This question is not addressed by policy or licensing rules.
		a) Does the individual have a lease or, for settings in which landlord tenant laws do not apply, a written residency agreement?	Habilitation Supports Waiver: 5.2 (Participant) and 4.1 (Provider) MI Choice: 4.1, 4.2 (Residential)	Guidance on Residency Agreements (To Be Developed) R 302 (3) R 407 (12) and (13)
		b) Does the individual know his/her rights regarding housing and when s/he could be required to relocate?	Habilitation Supports Waiver: 5.4 (Participant) and 4.5 (Provider) MI Choice: 4.3 (Residential)	This question is not addressed by policy or licensing rules.
6	§441.710(a)(1)(vi) §441.301(c)(4)(vi)	Are individuals protected from eviction and afforded appeal rights in the same manner as all persons in the state who are not receiving Medicaid home and community based services?	Habilitation Supports Waiver: 5.3 (Participant) and 4.2 (Provider) MI Choice: 6.3 (Residential)	R 302 (3) R 407 (12) and (13)
7	§441.301(c)(4)(vi) §441.710(a)(1)(vi)	Do individuals know their rights regarding housing and when they could be required to relocate?	This question was not used in any of the Michigan survey tools.	R 400. 1407 (15)(16) R 400.14302 (6)(7) R 325.1922 (16)(e)
		a) Do individuals know how to relocate and request new housing?	Habilitation Supports Waiver: 5.4 (Participant) and 4.5 (Provider) MI Choice: 6.3 (Residential)	This question is not addressed by policy or licensing rules.

Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
	b) Does the written agreement include language that provides protections to address eviction processes and appeals comparable to those provided under the landlord tenant laws?	Habilitation Supports Waiver: 5.3 (Participant) and 4.2 (Provider) MI Choice: 4.1, 4.2 (Residential)	R 302 (3) R 407 (12) and (13)

Statewide Assessment, Remediation, and Transition Strategy

Strategic Element	MI Choice Waiver	Habilitation Supports Waiver
When will providers be assessed on a statewide basis?	The statewide setting assessment process began on April 1, 2015 and will be completed by December 31, 2015.	The statewide setting assessment process will begin on January 1, 2016 and will be completed by January 1, 2018.
Who will be assessing providers on a statewide basis?	MI Choice Waiver agencies will conduct onsite assessments of all settings under the waiver program.	The Developmental Disabilities Institute of Wayne State University will assist MDHHS with completing the initial statewide assessment of settings. The responsibility for statewide assessment of settings will eventually be transitioned to the Prepaid Inpatient Health Plans. The Developmental Disabilities Institute will also use a "Train the Trainer" model to teach Prepaid Inpatient Health Plans about the assessment process.
Can the assessment results for a provider under one waiver program be used for compliance purposes under another waiver program?	Yes, an assessment result under the MI Health Link HCBS Waiver can also be used for the purposes of compliance under the MI Choice Waiver.	No, assessment results under other waiver programs cannot be used for the purposes of compliance under the Habilitation Supports Waiver.
Are there any settings that have presumed compliance with the rule?	Yes, if an individual lives in their own home, apartment, or a family home, that setting has presumed compliance with the rule.	Yes, if an individual lives in their own home, apartment, a family home, or a foster family home, that setting has presumed compliance with the rule. Settings cannot be in presumed compliance with the rule if they are owned by a Prepaid Inpatient Health Plan, Community Mental Health Service Provider, or contracted provider.

Strategic Element	MI Choice Waiver	Habilitation Supports Waiver
Which settings will be assessed for compliance?	All residential and non-residential settings will be assessed under the rule. This assessment may include Assisted Living Facilities, Adult Foster Care homes, Home for the Aged, independent retirement apartments, and adult day care programs.	All residential and non-residential settings will be assessed under the rule. This assessment may include Specialized Residential Homes, General Residential Homes (including Adult Foster Care homes), and private residences owned by a Prepaid Inpatient Health Plan, Community Mental Health Service Provider, or contracted provider.
Who will be making the final determination on the compliance status of individual settings?	Initial Statewide Assessment Process: MDHHS will make the final determination of the compliance of individual settings.	Initial Statewide Assessment Process: MDHHS will make the final determination of the compliance of individual settings.
	Ongoing Statewide Assessment Process: The MI Choice Waiver Agent will make the determination through requirements from the contract with MDHHS.	Ongoing Statewide Assessment Process: The PIHP will make the determination through requirements from the contract with MDHHS.
Who will notify providers of their compliance status?	MDHHS will notify providers of their compliance status.	MDHHS will work with PIHPs to notify providers of their compliance status.
When will providers be notified of their compliance status?	Providers should receive notification from MDHHS on their compliance status shortly after all required information is submitted to MDHHS. All providers should receive notification of their individual compliance status by March 31, 2016.	MDHHS will notify the PIHP who will notify providers on their compliance status shortly after all required information is submitted to MDHHS. All providers should receive notification of their individual compliance status by March 31, 2018.
When do settings have to be in compliance with the rule?	All settings must be in compliance with the rule by September 16, 2018.	All settings must be in compliance with the rule by September 16, 2018.

Strategic Element	MI Choice Waiver	Habilitation Supports Waiver
What is the process for developing a corrective action plan?	Upon receiving a notification of non-compliance, a setting should submit a corrective action plan with timeline to its respective MI Choice Waiver agent by May 31, 2016. The MI Choice Waiver agent will review the corrective action plan and accept, reject, or suggests changes to the plan. When the MI Choice Waiver agent rejects or suggests changes to the corrective action plan, the provider needs to respond and submit another plan within 30 days.	Upon receiving a notification of non-compliance, a setting should submit a corrective action plan with timeline to its respective PIHP within 90 days after the notification. The PIHP will review the corrective action plan and accept, reject, or suggests changes to the plan. When the PIHP rejects or suggests changes to the corrective action plan, the provider needs to respond and submit another plan within 30 days.
How long will providers have to come into compliance with the corrective action plan?	For the initial transition period, providers are able to recommend their own transition timeline but must be in compliance by September 16, 2018.	For the initial transition period, providers are able to recommend their own transition timeline but must be in compliance by September 16, 2018.
What will the follow-up process be for verifying compliance with the corrective action plan?	MI Choice Waiver agencies will contact providers regarding its corrective action plan. Once a provider appears to be in compliance with its corrective action plan, another onsite assessment will be completed by the MI Choice Waiver agent, and MDHHS will review and determine compliance of the setting.	PIHP will complete an on-site assessment 90 days after the acceptance of the corrective action plan. MDHHS will use the current site review* process to verify the provider's compliance with the corrective action plan.
If a provider is unable to come into compliance, when will the transition process start for waiver participants?	The transition process for individuals from non-compliant settings will start no later than September 16, 2018.	The transition process for individuals from non-compliant settings will start no later than September 16, 2018. From the date of knowing the provider is unable to come into compliance, the provider and its PIHP have six months to complete the transition process for waiver participants.

Strategic Element	MI Choice Waiver	Habilitation Supports Waiver
What is the process for determine whether a setting is presumed not to be home and community-based?	MDHHS will include details on the heightened scrutiny process as part of the revised Statewide Transition Plan.	MDHHS will include details on the heightened scrutiny process as part of the revised Statewide Transition Plan.
When will waiver participants be notified if their setting is unable to come into compliance with the rule?	The MI Choice Waiver Agency will notify waiver participants in non-compliant settings no later than 3 months ahead of the beginning of the transition process.	The PIHP will notify waiver participants in non-compliant settings no later than September 16, 2018.
If a provider is unable to come into compliance, who will work with waiver participants on transitioning to a compliant setting?	If a setting is unable to come into compliance with the rule, an individual will be able to work with his or her respective MI Choice Waiver agent and MDHHS to transition to a compliant setting.	If a setting is unable to come into compliance with the rule, an individual will be able to work with his or her respective Prepaid Inpatient Health Plan and Community Mental Health Service Provider to transition to a compliant setting through the Person-Centered Planning process.
If a provider is unable to come into compliance, what are the rights and responsibilities of a waiver participant during the transition process?	The waiver participant may be able to choose to remain in a setting of their choice which is not in compliance: if an individual chooses to remain in a non-compliant setting, the individual will be disenrolled from the MI Choice Waiver and given the chance to appeal the disenrollment. The individual may also choose to move to a compliant setting and remain in the MI Choice Waiver program. MDHHS will work with the MI Choice Waiver agent to educate individuals in non-compliant settings about their options.	The waiver participant may be able to choose to remain in a setting of their choice which is not in compliance: if an individual chooses to remain in a non-compliant setting, the individual will be disenrolled from the Habilitation Supports Waiver and given the chance to appeal the disenrollment. The individual may also choose to move to a compliant setting and remain in the Habilitation Supports Waiver. MDHHS will work with the MI Choice Waiver agent to educate individuals in non-compliant settings about their options.
What is the process for the ongoing monitoring of the compliance of settings?	MI Choice Waiver agencies will be responsible for monitoring compliance on a periodic basis.	PIHPs will be responsible for monitoring compliance on a periodic basis. MDHHS will monitor this through the current site review process*.

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Strategic Element	MI Choice Waiver	Habilitation Supports Waiver
What is the process for complaint or appeal for people receiving services?	If an individual has a complaint about the setting, the individual can contact their local MI Choice Waiver agent to resolve the issue. If an individual has a complaint about a negation action, the individual would file a complaint through the Medicaid Administrative Hearings process.	Medicaid participants have the right to a local grievance process for issues that are not "actions". The grievance is filed with the PIHP/CMHSP organizational unit approved and administratively responsible for facilitating resolution of the grievance. The process for complaint or appeal it detailed in the approved Habilitation Supports Waiver application F.2.b. under Beneficiary Grievances.

^{*} Current site review process: MDHHS draws a biennial, statistically significant proportionate random sample from the HSW population. This process includes the submission of Corrective Action Plan and follow-up review to ensure the Corrective Action Plan is implemented.

Table of Settings to be Assessed

Waiver	Type of Setting	Residential or Non- Residential	Number of Individuals	Number of Settings	Lead Agency	Survey Organization	Final Compliance Date
Habilitation Supports Waiver	Group Home: Specialized AFC	Residential	4069*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	9/16/2018
Habilitation Supports Waiver	Group Home: General AFC	Residential	88*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	9/16/2018
Habilitation Supports Waiver	Private residence that is owned by the PIHP, CMHSP or the contracted provider	Residential	191*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	9/16/2018
Habilitation Supports Waiver	Out of Home Non Vocational Habilitation	Non-Residential	2358*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	9/16/2018
Habilitation Supports Waiver	Prevocational Service	Non-Residential	456*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	9/16/2018
Habilitation Supports Waiver	Supported Employment	Non-Residential	200*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	9/16/2018
MI Choice	Adult Foster Care	Residential	692***	300***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018

Waiver	Type of Setting	Residential or Non- Residential	Number of Individuals		Lead Agency	Survey Organization	Final Compliance Date
MI Choice	Homes for the Aged	Residential	330***	51***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018
MI Choice	Assisted Living	Residential	198***	35***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018
MI Choice	Independent Living	Residential	40***	11***	Medical Services Administration	MI Choice Waiver Agency	9/17/2018
MI Choice	Adult Day Center	Non-Residential	128***	27***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018

^{*} MDHHS calculated the number of individuals in each type of setting based on data that was drawn on November 31, 2015.

^{**} MDHHS is still calculating the number of settings that will be assessed during the Statewide Assessment Process.

^{***} Figures for MI Choice settings are as of 12/11/2015.

Assessment Results

MI Choice Waiver

MDHHS has started the statewide assessment process for all settings under the MI Choice Waiver. MDHHS has been working with Michigan's MI Choice Waiver agents to identify and assess all settings under the waiver. MDHHS expects this process to be concluded by December 31, 2015. The preliminary results from the statewide assessment process are included below.

MI Choice Waiver			
Current Assessment Status Statewide Assessment in Progress			
Projected Completion Date	12/31/2015		
Date That Data Was Compiled	12/11/2015		
Start Date for Heightened Scrutiny Process	6/1/2016		

Assessment Status	Residential	Percent	Non-Residential	Percent
Total Settings That Have Been Assessed and Submitted to MDHHS	397	100%	27	100%
Assessments That Have Been Reviewed by MDHHS	186	47% of total submitted	19	70% of total submitted

Assessment Status	Residential	Percent	Non-Residential	Percent
		44% of		68% of total
Currently In Compliance	81	assessments	13	assessments
		reviewed		reviewed
		48% of		21% of total
Could Come Into Compliance	90	assessments	4	assessments
		reviewed		reviewed
		8% of		11% of total
Require Heightened Scrutiny	15	assessments	2	assessments
		reviewed		reviewed

Habilitation Supports Waiver

MDHHS used a sampling process to get a better understanding of how the final rule will affect settings under the Habilitation Supports Waiver. MDHHS only surveyed a sample of settings as opposed to all settings under the Habilitation Supports Waiver. The results of the assessment will be used to evaluate the accuracy of the survey tools and inform the development of the Statewide Assessment Process.

PARTICIPANTS (N=763)

HELP TO COMPLETE THE SURVEY	(%) NUMBER
Received assistance to complete the survey	94.4% (720)
Person who helped complete the survey (check all that apply):	
Family member	4.2% (32)
Guardian or legal representative	8.7% (66)
Supports coordinator or case manager	77.7% (593)
Person that provides you supports	10.4% (79)
Other	2.4% (18)
Support coordinators, case managers & support providers: Confirm the person was interviewed to complete the survey	
Yes	41.4% (316)
No	42.6% (325)
Didn't answer	16.0% (122)
YOUR HOME	(%) NUMBER

Where do you live:	
At home with my family	0.8% (6)
In my home by myself or with my spouse or friends	3.4% (26)
In a specialized residential home	69.9% (533)
Adult foster care home	8.9% (68)
Private residence owned by PIHP, CMSHSP or provider, alone or with spouse	3.3% (25)
I don't know	1.6% (12)
How would you describe your home:	
Single family home	52.4% (400)
Duplex	1.0% (8)
Multi-unit or apartment building	2.2% (17)
Single residence within complex for people with disabilities	5.8% (44)
Other	22% (168)
I don't know	1.6% (12)
Who do you live with:	
People without disabilities	5.6% (43)
People with disabilities	80.6% (615)
Related to the people with disabilities you live with?	2.4% (18)

Live by myself	0.9% (7)
Home in same building or campus of a treatment center	3.5% (27)
Is home only for people with disabilities	76.4% (583)
Residential provider offers services to people with disabilities in several homes	23.5% (179)
Takes classes at home or building on campus	1.2% (9)
BEING PART OF YOUR COMMUNITY	(%) NUMBER
Lives and/or receives services in setting where there is regular opportunity for contact with people not receiving services	72.9% (556)
Who helps you access the community:	
Direct Support Workers	80.1% (611)
Home Manager	64.7% (494)
Case Manager/Supports Coordinator	27.8% (212)
Family/Friends	35.9% (274)
Volunteers	4.1% (31)
Which of the following community activities do you choose to do (check all that apply):	
Shopping for myself	45.5% (347)
Religious or spiritual services	23.9% (182)
Scheduled appointments	59.9% (457)

Meals with friends or family	55.0% (420)
Recreation activities	67.5% (515)
Community events	68.4% (522)
Volunteer community services	11.3% (86)
Community employment	10.1% (77)
School or education	3.7% (28)
Other	20.6% (157)
Rules about visitors (such as visiting hours or times)	65.0% (496)
Residential provider talked to you about the visitor rules	61.1% (466)
Support Coordinator or Case Manager can visit when you want them to	84.3% (643)
YOUR RIGHTS IN YOUR HOME	(%) NUMBER
Do you own or lease (rent) your home:	
Own	0.9% (7)
Rent/Lease	45.9% (350)
Don't know	38.1% (291)
Have a lease agreement	35.4% (270)
Lease agreement explains eviction	28.2% (215)
Knows how to request new housing	58.7% (448)
Have information about rights when have a CMH plan of supports	80.7% (616)

Have information on how to file a complaint about CMH plan	79.2% (604)
Information about filing a complaint is in a way you can understand	59.9% (457)
Knows who to call to file a complaint	53.7% (410)
Knows how to contact family, friends or guardian when there is a problem	59.1% (451)
The staff who help you at home talk about your personal issues in front of other people	13.1% (100)
The staff who help you at home talk to you using the name you prefer	83.7% (639)
Have access to your personal funds	62.5% (477)
Have control of your personal funds	36.3% (277)
Have a place to store your belongings away from others	83.6% (638)
Pick who provides your services and supports in your home	39.1% (298)
Able to update or change your services/supports based on your likes/dislikes	79% (603)
Able to update or change your services/supports based on your needs	80.6% (615)
Participate in legal adult activities such as voting	13.4% (102)
Have a Positive Behavioral Support Plan that is in writing and just for you	57.9% (442)
LIVING IN YOUR HOME	(%) NUMBER
Pick where you live	57.9% (442)
Have many choices when deciding where to live	66.1% (504)
If you live with other people, picked housemates	17.4% (133)

If you live with other people, have option of having own bedroom	47.1% (359)
You are the only person who has keys or keypad access to your home	0.7% (5)
Can close and lock your bedroom door	23.3% (178)
Can close and lock your bathroom door	46.3% (353)
Home staff ask before entering your living areas	75.1% (573)
Choose what you eat	57.1% (436)
Choose if you want to eat alone or with others	60.7% (463)
Have access to food at any time	55.4% (423)
Choose what to wear	72.55 (553)
Have help with getting dressed if you need it	83.2% (635)
Have access to a personal communication device	66.6% (508)
Can use the communication device in private at any time	61.5% (469)
If you share a communication device, it can be used in a place for private communication	62.5% (477)
Bedroom have a telephone jack, wireless internet or Ethernet jack	20.3% (155)
There are cameras, visual monitors or audio monitors in your home	8.1% (62)
If need help with personal care, receives this support in privacy	83.9% (640)
Arrange and control personal schedule of daily appointments/activities	58.6% (447)
FREEDOM OF ACCESS IN THE HOME SETTING (%) N	NUMBER (%) NUMBER

Home's Common Areas	Full access	Access any time
Kitchen	65.7% (501)	82.3% (628)
Dining Area	66.8% (510)	83.1% (634)
Laundry Area	63.0% (481)	81.7% (623)
Living Area or Family Room	62.9% (480)	82.4% (629)
FREEDOM OF ACCESS IN THE HOME SETTING (CONTINUED)		(%) NUMBER
Access to the home's spaces for health and safety reasons in your individual support plan		35.3% (269)
Is there space to meet with visitors and have private conversations		82.3% (628)
Can you choose to come and go from home when you want		31.8% (243)
Can you move inside and outside your home when you want		62.6% (478)
Is your home physically accessible to you		78.6% (600)
Are the home's appliances accessible to you		54.8% (418)
Home free of gates, locked doors or other ways to block entering/exiting		70.1% (535)
Accessible transportation available to make trips to the community		83.2% (635)
If public transit limited, do you have another way to access community		82.0% (626)
OTHER SUPPORTS & SERVICES (NON-RESIDENTIAL LIVING SUPPORTS)		(%) NUMBER
Which of the following do you do:		

Work	13.8% (105)
Volunteer	5.2% (40)
Don't work	11.5% (88)
Go school	1.8% (14)
Retired	0.7% (5)
Which of the following do you do:	
Supported employment	4.8% (37)
Out of home non-vocational services	18.9% (144)
Pre-vocational services	8.0% (61)
Can schedule work hours or days similar to coworkers who do not have disabilities	10.0% (76)
Can schedule breaks and/or lunch times similar to coworkers who do not have disabilities	9.7% (74)
Have benefits similar to coworkers who do not have disabilities	2.0% (15)
Do work tasks similar to coworkers who do not have disabilities	0.9% (7)
Interact with your coworkers who do not have disabilities	8.9% (68)
Have contact or connect with individuals from the community/public during work	10.4% (79)
Decide how work earnings are spent	10.7% (82)
If need personal assistance at work or while volunteering, receives it in a private, appropriate palace	15.3% (117)
Other Non-Residential Living Supports you receive:	

Clubhouse or Peer Operated Support Center	0% (0)
ICO Waiver Day Program	0% (0)
Peer Mentor	0% (0)
Community Living Supports	15.2% (116)
Other	3.3% (25)

RESIDENTIAL PROVIDERS SURVEY RESULTS (SAMPLE SIZE = 393)

PROVIDER BACKGROUND OF RESIDENTIAL LIVING SERVICES	(%) NUMBER
Type of Residence:	
Private residence with natural or adoptive family	0.5% (2)
Private residence for self or with spouse or non-relatives	3.6% (14)
Specialized residential home	61.6% (242)
Adult Foster Care	31.0% (122)
Living in a private residence that is owned by PIHP, CMHSP or contracted provider	3.3% (13)
Setting has contracts with more than one PIHP or CMHSP	13.0% (51)
PHYSICAL LOCATION AND OPERATIONS OF RESIDENTIAL LIVING SUPPORTS	(%) NUMBER
Residence located in same building or on same campus as an institutional treatment option	8.1% (32)

Provider operates or manages multiple home settings which are (1) on same campus, (2) located close together, or (3) offer a continuum care	18.1% (71)
Residence intended for people with the same diagnoses or disabilities	61.8% (243)
Residence located in the same building or campus with an educational program, school, or child-caring institution	1.0% (4)
COMMUNITY INTEGRATION OF RESIDENTIAL SETTING	(%) NUMBER
Individuals live and/or receive services & supports in setting where there is regular opportunity for contact with people not receiving services	95.4% (375)
Who assists individual in accessing social and/or recreational activities in the community:	
Direct Support Workers	92.9% (365)
Home Managers	92.4% (363)
Case Manager/Supports Coordinator	63.1% (248)
Family/Friends	80.2% (315)
Volunteers	18.6% (73)
Individuals participate in any of the following activities:	
Individual shopping	90.1% (354)
Religious or spiritual services	69.55 (273)
Scheduled appointments	91.3% (359)
Meals with friends or family	88.0% (346)

Recreation activities	93.4% (367)
Community events	90.85 (357)
Volunteer community services	34.95 (137)
Community employment	27.0% (106)
School or education	25.7% (101)
Other	18.6% (73)
Residence allows for visitors at any time	71.5% (281)
Residence allows for exceptions to the visiting hours to address special circumstances	94.1% (370)
The PIHP/CMHSP staff can visit any time without permission	94.7% (372)
Each individual has a lease or residential agreement for the residential setting	86.0% (338)
The lease or residential agreement provides each individual who is receiving Medicaid funded HCBS services with information on the eviction process and a means to appeal an eviction	76.3% (300)
Policies outlining individual rights, protections, and expectation of services are provided to individuals in an understandable format	95.4% (375)
Information about filing a complaint is posted in an obvious location in an understandable format	94.4% (371)
Individuals have been provided with information on how to request new housing	82.4% (324)
Individuals informed about how to discuss their concerns with residence staff	94.9% (373)
Individuals know the person to contact for completing an anonymous complaint	92.1% (362)

The setting protects the privacy of an individual's health and personal information	95.7% (376)
Staff discusses individual resident issues in public spaces	94.9% (373)
Staff address individuals in the manner in which the individual prefers to be addressed	95.7% (376)
Individuals have access to their personal funds as appropriate	94.9% (373)
Individuals have control over their personal funds as appropriate	92.6% (364)
Individuals have a secure place to store their personal belongings	76.8% (302)
Individuals have options within the setting to choose who provides their services and supports	84.7% (333)
Individuals are able to update or change their services and supports that they receive based on their preferences and needs	93.9% (369)
The setting allows individuals to participate in adult, legal activities as appropriate	93.6% (368)
Staff receive training and continuing education on individual rights and protections	95.7% (376)
The setting prohibits the use of physical restraints and/or restrictive intervention (unless documented and agreed upon in the PCP)	94.4% (371)
INDIVIDUAL EXPERIENCE WITHIN RESIDENTIAL SETTING	
Individual Privacy and Doors	(%) NUMBER
Individuals can close and lock their bedroom door	36.9% (145)
Individuals have keys to their bedroom door	24.2% (95)
Bedroom doors have doorknobs that may be unlocked from the inside with one motion	50.1% (197)

Individuals can close and lock their bathroom door	68.7% (270)
Bathroom have doorknobs that may be unlocked from the inside with one motion	76.8% (302)
Individuals can decide if staff members have a key or keypad access to one's private spaces	41.5% (163)
MEALS AND FOOD	(%) NUMBER
	(/6/110101211
Setting allows individuals to have meals/snacks at the time and place of their choosing	81.7% (321)
Individuals can choose what they eat, as appropriate	92.4% (363)
Individuals can choose to eat alone or with others	92.6% (364)
Individuals have access to food at any time, as appropriate	89.6% (352)
CLOTHES AND APPAREL	(%) NUMBER
Individuals can choose what clothes to wear	94.1% (370)
Individuals receive assistance with dressing if necessary	95.7% (376)
PERSONAL COMMUNICATIONS DEVICE	(%) NUMBER
Individual has access to a personal communication device that he/she can use in private at any time	91.1% (358)
If an individual has access to a shared communication device, the device can be used in a location that allows for private communication	92.1% (362)
Individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack	50.4% (198)
If there are cameras and visual/audio monitors present in the individual's bedroom or bathroom, the equipment was installed to meet an assessed or documented need for the individual	39.9% (157)

		95.4% (375)
If an individual needs assistance with personal care, he/she has privacy when receiving this support		
Individuals who share a personal space/bedroom have a choice in roommates		
Individuals arrange and control their personal schedule of daily appointments and activities		68.4% (269)
FREEDOM OF ACCESS IN THE HOME SETTING		
Home's Common Areas	Full access	Access any time
Kitchen	85.2% (335)	83.7% (329)
Dining Area	94.9% (373)	93.6% (368)
Laundry Area	82.2% (323)	81.4% (320)
Living Area or Family Room	95.4% (375)	94.7% (372)
Bathroom	95.2% (374)	94.7% (372)
FREEDOM OF ACCESS IN THE HOME SETTING		
Access to the house common areas limited only for health and safety reasons according to approved individual support plans		
There is space within the home where individuals may meet with visitors to have private conversations		
Individuals free to come and go from home setting without restrictions		37.4% (147)
Individuals free to move about inside and outside space of home setting		86.8% (341)
PHYSICAL ACCESSIBILITY OF THE HOME SETTING		
The home is physically accessible to all individuals		90.8% (357)

The home's household appliances are physically accessible to all	82.4% (324)
The home is without gates, locked doors, or other barriers preventing entrance or exit from common areas of the home ACCESSIBILITY WITHIN THE COMMUNITY	85.5% (336)
Accessible transportation is available for individuals	95.2% (374)
If public transit is limited, individuals have other resources to access broader community	93.9% (369)

NON-RESIDENTIAL PROVIDERS SURVEY RESULTS (Sample Size = 407)

RESPONDENT	
Home Manager	1.2% (5)
Waiver Entity	27.0% (110)
Direct Support Worker	2.7% (11)
Other	68.8% (280)
INDIVIDUAL EXPERIENCE FOR NON-RESIDENTIAL SETTING	
Which of the following does the individual do (check all that apply):	
Works	35.6% (145)
Volunteers	31.9% (130)
Is Unemployed	42.5% (173)
Attends School	2.7% (11)
Is Retired	2.2% (9)

Which of the following services do you provide:	
Supported Employment (98.7% of these individuals get paid for work)	
Disability specific work site	9.3% (38)
In the community located within the greater community	10.1% (41)
Out of Home Vocational Services	
Disability specific work site	6.6% (27)
In the community located within the greater community	8.6% (35)
Pre- Vocational Services	
Disability specific work site	16.4% (67)
In the community located within the greater community	2.2% (9)
Employment setting allows individuals to negotiate/arrange their work schedules in similar manner as co-workers who do not receive Medicaid funded HCBS services	33.7% (137)
Employment setting allows individuals to arrange their breaks and/or lunch times in similar manner as co-workers who do not receive Medicaid funded HCBS services	32.7% (133)
Employment setting allows individuals to arrange their employee benefits in similar manner as co-workers who do not receive Medicaid funded HCBS services	26.8% (109)
Individuals perform work tasks similar to co-workers who do not receive Medicaid funded HCBS services	32.2% (131)
Individuals interact with individuals from the community or public during work	
Individuals have access to or control over their work earnings	31.9% (130)
Individuals who need personal assistance at work receive this support in a private, appropriate place	34.9% (142)

WAIVER ADMINISTRATION & POLICY ENFORCEMENT - NON-RESIDENTIAL SETTINGS	
Staff receive training and continuing education on individual rights and protections as outlined in the HCBS rules	93.6% (381)
Provider policies outlining the individual's rights, protections, and expectations of services and supports provided to the individual in an understandable format	93.4% (380)
Individuals have been provided with opportunity to receive services and supports in the community with individuals who do not receive Medicaid HCBS services	93.1% (379)
Individuals have been provided with information on how to request a new non-residential setting	88.0% (358)
If an individual has a Positive Behavioral Support Plan, this is documented in the Habilitation Supports Waiver Plan of Service	85.7% (349)

Process for Settings Presumed Not To Be Home and Community-Based

Under the rule, some settings may have institutional qualities and may be presumed not to be Home and Community-Based. Settings that fall into this category must be evaluated for compliance by the MDHHS For settings that appear NOT to fit the definition of being home and community-based, MDHHS must decide whether to apply for special consideration from CMS. If MDHHS believes that a setting is home and community-based, even though it *appears* to have the qualities of an institution, then MDHHS may submit evidence proving its case to CMS in a process called "heightened scrutiny". In the "heightened scrutiny" process, CMS takes a second look at the setting in question and weighs the evidence submitted to determine if the setting can be considered home and community-based. The state must prove to CMS that a particular setting has the qualities of a home and community-based setting and provides services and supports that promote independence and integration with the broader community.

Flowchart Overview

The following flowcharts depict the process for determining (1) if a setting is presumed not to be home and community-based and (2) whether the state will apply for "heightened scrutiny" for the settings that appear not to fit the definition. The flowcharts are based on the surveys sent to beneficiaries, providers, and health plans. Each of the flowchart's tiers correlates to questions from the surveys.

Section I (Is the setting presumed not to be Home and Community-Based?)

PLEASE NOTE THAT THERE ARE TWO DIFFERENT VERSIONS OF SECTION I: ONE FOR THE MI CHOICE WAIVER AND ONE FOR THE HABILITATION SUPPORTS WAIVER.

Tier 1 splits the flowchart into two paths for residential and non-residential settings (top and bottom, respectively).

Residential Settings:

The residential path begins with Tier 2, which examines whether the location of the setting is part of, or attached to, an institution. If the respondent answers YES to either of the categories listed under Tier 2, then **the setting is automatically "presumed not to be Home and Community-Based" and must move immediately to Tier 5** to determine if the state will begin the heightened scrutiny process. If the respondent answers NO to both categories in Tier 2, then move to Tier 3.

Tier 3 examines whether a setting has any of the isolating qualities of an institution. If a setting **does not** have any of the qualities of an institution listed in the question, then the setting **does not require heightened scrutiny and can go through the regular remediation process**. If a setting **does** have any of the isolating qualities of an institution listed in the question, then move to Tier 4.

Tier 4 inquires whether a setting provides individuals with a certain level of independence and integration within the broader community. If a setting has **all** of the characteristics listed in the question, then the setting is **"presumed to be home and community-based"** and the process is complete. If a setting **does not** have all of the characteristics listed in the question, then move on to Tier 5.

Once a setting arrives at Tier 5, the setting is **presumed not to be home and community-based**. The state must now consider whether to apply for Heightened Scrutiny from CMS. This process is depicted on the flowchart entitled "Heightened Scrutiny Process Overview".

Non-residential Settings:

The non-residential path begins with Tier 2, which examines whether the setting is located in the same building or on the same campus as an institutional treatment option. Settings that are located in the same building or on the same campus of an institutional treatment option are immediately presumed not to be "Home and Community-Based" and the process skips to Tier 5. However, if the setting is not located in or on the campus of an institution the process continues on to Tier 3.

Tier 3 asks whether the non-residential setting is designed specifically for people who are receiving Medicaid-funded, non-residential HCBS. If the non-residential setting is <u>not</u> designed specifically for individuals receiving Medicaid-funded, non-residential HCBS, then the setting is **does** not require heightened scrutiny and can go through the regular remediation process. If a setting <u>is</u> designed for individuals receiving Medicaid-funded, non-residential HCBS, the process proceeds to Tier 4.

Tier 4 examines whether a non-residential setting has characteristics that demonstrate integration with the broader community of people not receiving Medicaid-funded, non-residential HCBS. If the non-residential setting has either of the characteristics listed in this tier, then the setting does not require heightened scrutiny and can go through the regular remediation process. If the non-residential setting does not have either of the characteristics demonstrating integration, then the process continues on to Tier 5.

Once a setting arrives at Tier 5, the setting is **presumed not to be home and community-based**. The state must now consider whether to apply for Heightened Scrutiny from CMS. This process is depicted on the flowchart entitled "Heightened Scrutiny Process Overview".

• Section II: What is the process for collecting and submitting evidence for heightened scrutiny?

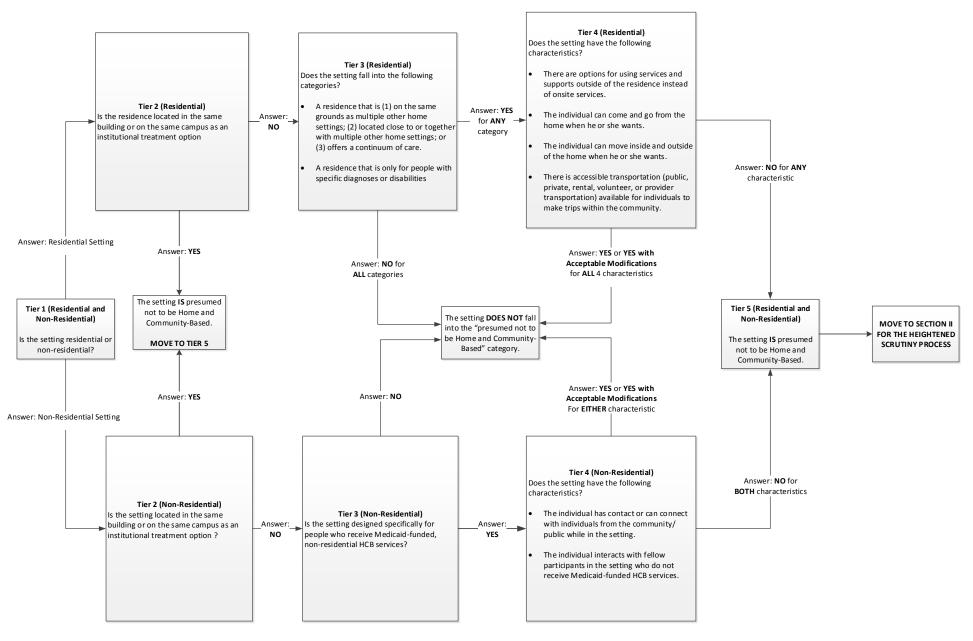
This flowchart depicts the process for applying to CMS for heightened scrutiny of a setting. If, based on the responses in the surveys, the setting is presumed not to be home and community-based, but the participant **chose** this setting, then the State will consider applying to CMS for heightened scrutiny. To determine whether the state will apply for heightened scrutiny, the state must gather additional information about the setting. As part of the state's information gathering process, MDHHS will conduct a site visit to the setting. After the site visit, the state will post all of the information that was gathered on its website. The state will initiate a 30-day public comment process for stakeholders to review and provide feedback on settings that require heightened scrutiny. Once the public comment period is completed, the state must review all of the information collected to decide whether it will submit evidence to CMS for heightened scrutiny. Proceed to the chart entitled "Heightened Scrutiny Evidence Criteria".

If the state does not apply to CMS for heightened scrutiny, then the setting is **not considered to be home and community-based, and residents must be transitioned to a compliant setting**. If the state applies for heightened scrutiny, then CMS will review all information related to the setting, including possible input from other Federal partners. **If CMS determines the setting to be considered home and community-based, then the setting may continue to offer Medicaid-funded HCBS.**

Section III: What kind of evidence will be collected for heightened scrutiny?

The "Heightened Scrutiny Evidence Criteria" flowchart lays out the criteria the state will use in determining whether the evidence is sufficient to submit to CMS for heightened scrutiny. The chart is split into the two criteria that would cause the setting to be presumed not to be home and community-based: 1) the setting is on the campus of an institution 2) the setting has characteristics that may indicate isolation. If the setting's location appears to be within or connected to an institution or inpatient treatment facility, then the state must prove there is a meaningful distinction between the institution or treatment facility and the HCBS setting. The chart lists several examples of how the state can prove this distinction. On the other hand, if the setting is presumed not to be home and community-based because it *appears* to have the effect of isolating individuals from the broader community, then the state must demonstrate that individuals are not isolated.

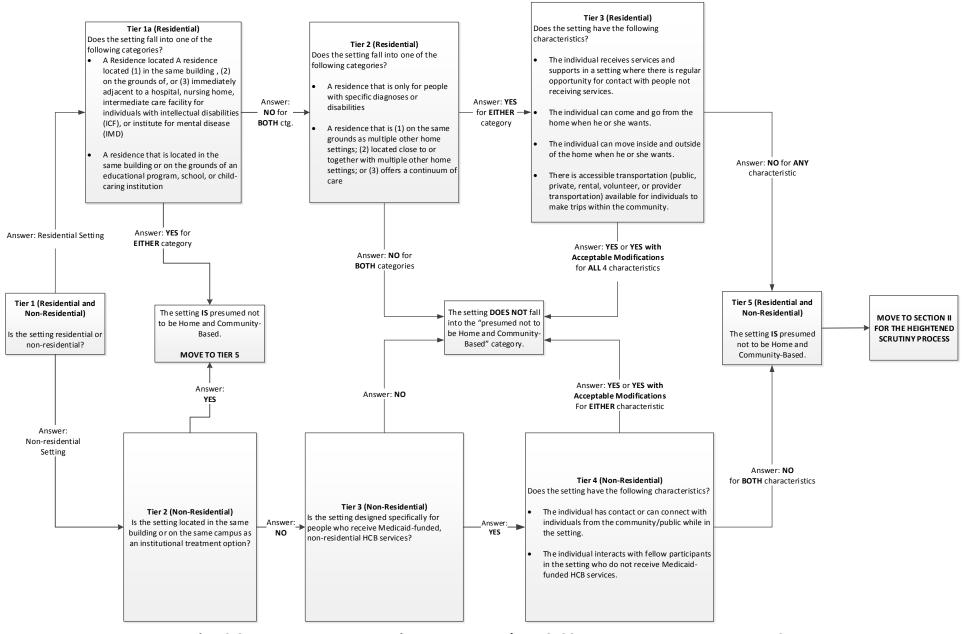
Section 1: MI Choice Waiver



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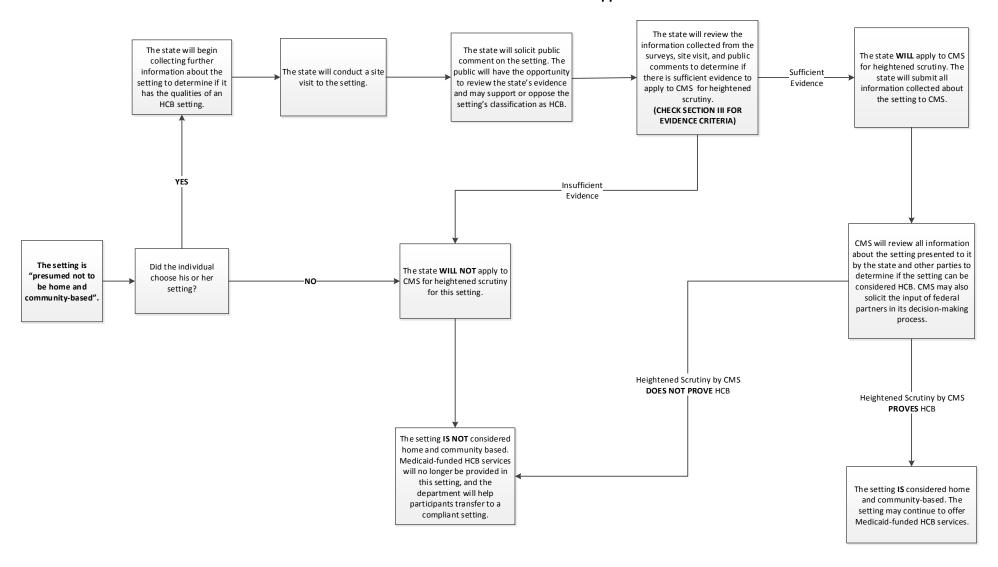
Section I: Habilitation Supports Waiver



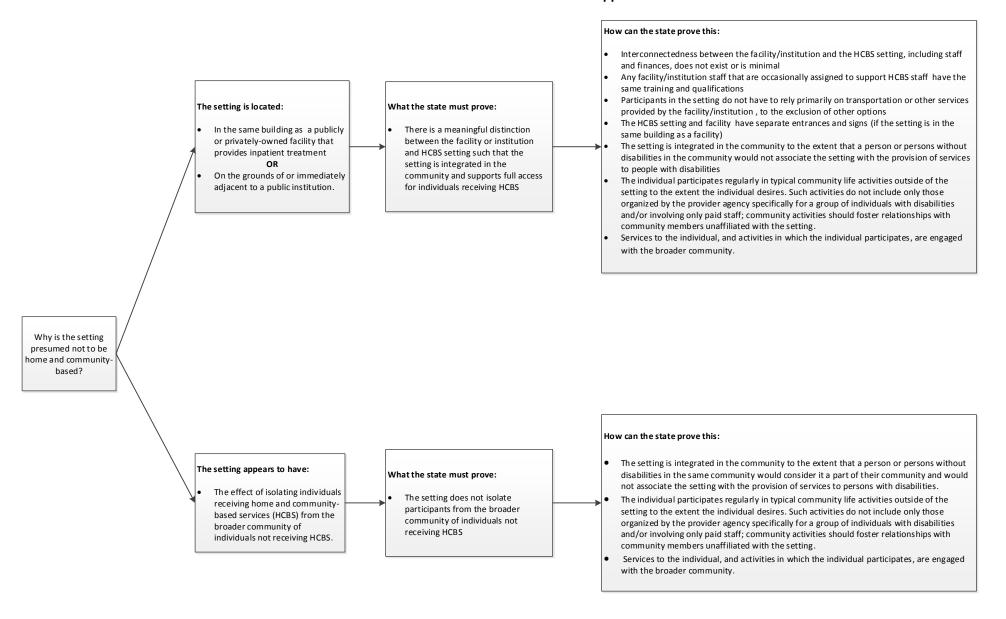
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Section II: MI Choice Waiver and Habilitation Supports Waiver



Section III: MI Choice Waiver and Habilitation Supports Waiver



Stakeholder Engagement and Outreach Strategy

As part of implementing the Statewide Transition Plan, MDHHS will seek to engage and connect with Michiganders in order to inform the transition process and improve the integration and inclusion of individuals into the community. The Stakeholder Outreach and Engagement Strategy outlines MDHHS's historical efforts to engage stakeholders on this issue and provides perspective on MDHHS's ongoing strategy for connecting with Michiganders during the implementation process.

MDHHS participated in the following events as part of engaging stakeholders in a statewide discussion on the rule and transition process.

Event Title	Date
Meeting with Developmental Disability Advocacy Groups	7/16/2014
Kick-Off Meeting for the Home and Community-Based Services Program Transition Project	8/12/2014
MI Health Link Demonstration Implementation Meeting	9/4/2014
LeadingAge Michigan Conference	9/17/2014
First Webinar for the Home and Community-Based Services Program Transition Project	10/1/2014
Michigan Developmental Disabilities Council Meeting	10/10/2014
Michigan Association of Community Mental Health Boards Conference	10/27/2014
Meeting with Developmental Disabilities Providers	10/29/2014
Olmstead Coalition Meeting	11/6/2014
Self-Determination Leadership Implementation Seminar	11/11/2014
Second Webinar for the Home and Community-Based Services Program Transition Project	11/13/2014
Re:Con Conference	11/14/2014
Michigan Assisted Living Association Meeting	11/17/2014
Waiver Conference for the Behavioral Health and Developmental Disabilities Administration	11/18/2014
Meeting with the Michigan Disability Housing Work Group	11/20/2014
Start of the Public Comment Period for the Statewide Plan	11/24/2014
MI Choice Quality Management Collaborative	12/2/2014
Michigan Center for Assisted Living Meeting	12/9/2014
End of the Public Comment Period for the Statewide Plan	12/24/2014
Michigan Developmental Disabilities Council Meeting	1/6/2015
LeadingAge Training Day	3/3/2015
MACMHB Provider Alliance Meeting	3/23/2015
Self-Determination Leadership Meeting	3/25/2015

Event Title	Date
Developmental Disability Public Policy Meeting	4/7/2015
LeadingAge Regulatory Day	4/29/2015
Oakland County RICC Meeting	5/8/2015
Michigan Developmental Disability Council Meeting	5/19/2015
HCBS	6/19/2015
Developmental Disability Practice Improvement Team	7/8/2015
Michigan Disability Housing Working Group	7/16/2015
Michigan Assisted Living Association Meeting	7/17/2015
Developmental Disability Practice Improvement Team	8/12/2015
Planning and Implementation Summit for the Habilitation Supports Waiver	9/25/2015
LeadingAge Regulatory Day	10/22/2015
MACMHB Fall Conference	10/26/2015
MARO Conference	11/5/2015
Developmental Disability Practice Improvement Team	11/12/2015
HCBS Waiver Conference	11/18/2015

MDHHS will also continue to engage stakeholders through different ongoing forums, which are outlined below:

- Habilitation Supports Waiver: MDHHS will work with the Michigan Association of Community Mental Health Boards to create an ongoing forum for stakeholders to assist and advise MDHHS on the transition process. The new forum will be launched in early 2016. MDHHS will also engage and provide updates to stakeholders through the following forums:
 - o Developmental Disabilities Council
 - Developmental Disability Practice Improvement Team
 - o MACMHB Directors' Forum
 - Quality Improvement Collaborative
- MI Choice Waiver: MDHHS will continue to work with the Quality Management Collaborative to review the status of the transition process and develop strategies to improve the implementation of the rule for the MI Choice Waiver.

Version History

Version Number	Major Changes since Last Version	Public Comment Period	Current Status
Version 1.0	Version 1.0 was the original version of the STP.	The formal public comment period for Version 1.0 was conducted between November 24, 2015 and December 24, 2015.	MDHHS submitted the final draft of Version 1.0 to the CMS on January 16, 2015. CMS responded to Version 1.0 with a list of recommended changes and clarifications in August 2015.
Version 2.0	Version 2.0 included several major updates and revisions to the STP, which include the following: 1. Addition of a new introduction section 2. Updates and changes to previous milestones and timelines 3. Addition of new milestones and timelines 4. Addition of systemic assessment 5. Addition of table of settings to be assessed 6. Addition of assessment results for the Habilitation Supports Waiver sampling methodology 7. Addition of the remediation strategy 8. Addition of the "Presumed Not To Be Home and Community-Based" Process 9. Addition of the stakeholder engagement and outreach strategy	The formal public comment period for Version 2.0 was conducted between December 16, 2015 and January 22, 2015.	The MDHHS released Version 2 of the STP for public comment on December 16, 2015. The public comment period began on December 16, 2015 and will end on January 22, 2015. MDHHS will respond to public comment and submit a revised STP to the CMS by February 29, 2015.