



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

March 15, 2016

George Failla
Division of Long Term Services and Supports
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

RE: Michigan's Revised Statewide Transition Plan for Home and Community Based Settings

Dear Mr. Failla:

The Michigan Department of Health and Human Services (MDHHS) is requesting the approval of the revised Statewide Transition Plan for Home and Community Based Settings from the Centers of Medicare and Medicaid Services. MDHHS revised the Statewide Transition Plan in response to the August 2015 letter from the Centers for Medicare and Medicaid Services. This revised Plan provides more detail on the following components of the statewide transition process in Michigan:

- Updates and changes to previous milestones in the statewide transition timeline
- Addition of new milestones to the statewide transition timeline
- Addition of the statewide assessment, remediation, and transition strategy
- Addition of systemic assessment
- Addition of table of settings to be assessed
- Addition of assessment results for the MI Choice Waiver
- Addition of assessment results for the Habilitation Supports Waiver sampling methodology
- Addition of the heightened scrutiny process
- Addition of the stakeholder engagement and outreach strategy
- Addition of a placeholder for potential settings that offer §1915(b)(3) services and may be affected by the Home and Community Based Services (HCBS) setting requirements

A summary of the public input is also included.

Should you have any questions or need additional information, please contact Jacqueline Coleman of my staff by phone at (517) 241-7172 or by e-mail at colemanj@michigan.gov.

Sincerely,

Chris Priest, Director
Medical Services Administration

Enclosures (2)

cc: Willie Tompkins, Central Office, CMS
Ruth Hughes, Region V, CMS
Michelle Beasley, Region V, CMS
Leslie Campbell, Region V, CMS

Mara Siler-Price, Region V, CMS
Elizabeth Hertel, MDHHS
Philip Kurdunowicz, MDHHS
Jacqueline Coleman, MDHHS



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

March 15, 2016

TO: Interested Party

RE: Consultation Summary
Michigan's Statewide Transition Plan for Home and Community-Based Settings

Thank you for your comment(s) to the Medical Services Administration relative to Michigan's Statewide Transition Plan for Home and Community-Based Services. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

Comment: One stakeholder noted that the Statewide Transition Timeline includes a milestone (Row 28) that states that the Michigan Department of Health and Human Services (MDHHS) will notify the Centers for Medicare and Medicaid Services (CMS) of any presumptively non-home and community-based settings that do have qualities of home and community-based settings. The stakeholder inquired about whether this milestone applies to all waivers or just the Habilitation Supports Waiver.

Response: The heightened scrutiny process, which involves identifying settings that may be presumed not to be home and community-based, applies to all waivers including the Habilitation Supports Waiver. However, the different waiver programs have different timelines for this process.

Comment: Many stakeholders inquired about whether the rule applies to 1915(b)(3) services. Several stakeholders asked about why 1915(b)(3) services were not included in the Statewide Transition Plan despite guidance from CMS. Some of these stakeholders advocated for including 1915(b)(3) services in the revised version of the plan.

Response: CMS has agreed to provide regulatory authority on the applicability of the HCBS requirements to specific 1915(b)(3) services and settings. MDHHS is working with CMS to identify the specific services and setting affected by the HCBS requirement.

Comment: Multiple stakeholders noted that the lack of affordable and accessible housing for people with disabilities will be a barrier to the transition process. The stakeholders asked about what the State of Michigan will do to ensure that affordable and accessible housing is available during the transition process and that individuals have help with transitioning and finding housing. One stakeholder noted that it is difficult to locate settings that accept Medicaid and provide 24 hour support for elderly individuals who have high to moderate needs.

Response: MDHHS will work with providers to come into compliance to reduce the number of individuals that need to transition to another setting. The State of Michigan also recognizes the need for increased access to affordable and accessible housing. MDHHS

will work with other partners within the State of Michigan to develop strategies to meet this need.

Comment: One stakeholder expressed concern about the accuracy of the self-assessments of providers during the sampling methodology for the Habilitation Supports Waiver. The stakeholder attributed the inaccuracy to a lack of educational efforts by MDHHS.

Response: MDHHS is working with partner agencies to ensure consistency in ongoing monitoring across the state. Third party validation will also be ongoing. MDHHS is developing outreach materials to help educate participants and other stakeholders about the Home and Community-Based Services (HCBS) rule.

Comment: Many stakeholders advocated for the creation of educational materials for participants, families, and guardians. Several stakeholders noted that most participants, families, and guardians are unfamiliar with the transition process and are unaware of whether their settings are compliant with the rule.

Response: MDHHS is developing outreach materials to help educate participants and other stakeholders about the HCBS rule.

Comment: Several stakeholders asked about whether MDHHS will be issuing any guidelines for providers on what the standards for compliance are and how providers will be assessed during the compliance process. One stakeholder also asked about whether settings would be given as much of an opportunity as possible to help settings achieve compliance.

Response: MDHHS is developing guidance to help educate providers about the assessment and remediation process. MDHHS will also post CMS guidance on the project website. MDHHS also developed the Statewide Transition Timeline to allow providers sufficient time to address compliance issues while also ensuring that individuals have the necessary time to transition from non-compliant settings.

Comment: One stakeholder asked whether MDHHS can provide further clarification on the heightened scrutiny process. In particular, the stakeholder asked whether MDHHS could provide details on how participants could request that their setting undergo heightened scrutiny.

Response: MDHHS has revised the heightened scrutiny process in the Statewide Transition Plan to provide additional clarification on the process. The provider is the entity who applies for Heightened Scrutiny. As part of this process, the provider must get input from participants who receive services in the setting. The participant should work with their provider, as part of the Heightened Scrutiny process, to provide evidence that their setting is compliant with the final rule.

Comment: One stakeholder asked whether MDHHS would be able to expand service capacity in Michigan to ensure that all individuals will have access to adequate alternative settings for services.

Response: MDHHS will continue to evaluate the need for services as the rule is implemented and take appropriate action as necessary.

Comment: One stakeholder inquired about whether MDHHS will provide more guidance on the definition of Conflict Free Case Management and its impact on future site reviews.

Response: While the federal requirements for "Conflict-Free Case Management" are part of the final rule, CMS instructed states to address this issue outside of the Statewide Transition Plan and Statewide Transition Process.

Comment: One stakeholder asked about whether the plan will include a timeline for notifying participants and providers about the compliance status of their settings.

Response: The Statewide Transition Plan includes a timeline for notifying participants and providers about the compliance status of settings. This process can be found in Rows 22, 25, 28, 32.1, and 32.3 of the "Statewide Transition Timeline" in the Statewide Transition Plan. Additional information on the process is also available for review in the "Statewide Assessment, Remediation, and Transition Strategy" in the Statewide Transition Plan.

Comment: Several stakeholders inquired about how participants could appeal compliance determinations for their settings and advocated for the inclusion of a formal appeals process.

Response: Participants will not be able to appeal determinations on the compliance status of settings, but participants will be able to appeal negative actions that affect services or eligibility for the participant. The process for grievances and appeals is contingent upon what waiver program is delivering services to the participant. The process for each waiver is outlined in the "Statewide Assessment, Remediation, and Transition Strategy" in the Statewide Transition Plan. For the MI Choice Program, if an individual has a complaint about a negative action, the individual would file a complaint through the Medicaid Administrative Hearings process. For the Habilitation Supports Waiver Program, the participant has the right to a local grievance process for issues that are not "actions". The grievance is filed with the local Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP) organizational unit that has been approved and is administratively responsible for facilitating resolution of the grievance. The process for complaint or appeal is detailed in the approved Habilitation Supports Waiver application F.2.b. under Beneficiary Grievances.

Comment: One stakeholder requested clarification on how the HCBS rule affects individuals who live in their own homes or family homes.

Response: Family homes and participants' own homes are presumed compliant under Federal regulation.

Comment: One stakeholder expressed concern about differences in interpretations of the rule between the CMHSPs, PIHPs, and MDHHS. The stakeholder noted that some service agencies are starting to close settings before the settings go through the assessment process. The stakeholder requested that clarification should be provided to the CMHSPs and PIHPs regarding the assessment and remediation process.

Response: MDHHS will provide clarification to the CMHSPs and PIHPs regarding the assessment and remediation process.

Comment: One stakeholder expressed concern about whether there would be adequate support for individuals who must transition from non-compliant settings. The stakeholder also asked about who would bear the cost of the transition.

Response: Waiver programs currently offer a variety of services for individuals who are transitioning between settings. If an individual is transitioning between settings as part of the implementation of the final rule, the participant and his or her waiver entity can use the person centered planning process to identify services that can be used during the transition process. MDHHS will also continue to evaluate costs for services as the rule is implemented.

Comment: One stakeholder voiced concern about the wording of the notice for public comment on the Statewide Transition Plan. More specifically, the stakeholder noted that there are individuals who can become eligible for waiver services despite not being income-eligible for Medicaid. The stakeholder noted that the language of the notice only indicated that Medicaid-eligible individuals would be affected by the implementation of the rule.

Response: The rule applies to Medicaid-funded home and community-based waiver services. MDHHS will address this issue in future communications.

Comment: Many stakeholders asked for clarification on the options for individuals who receive services in non-compliant settings. Some stakeholders asked about what the process would be an individual who is receiving services in a non-compliant setting and does not want to transition from that setting. Many stakeholders expressed concerns about the lack of detail on how individuals would be assisted with choosing a new setting if they are receiving services in a setting that will not be able to come into compliance with the rule. Other stakeholders advocated for adequate support being made to available to participants who face transition out of a non-compliant setting. One stakeholder noted that individuals who live or work in settings that are unable to come into compliance with the rule should be educated on potential options for continuing to receive services.

Response: Under federal law, MDHHS will only be allowed to pay for waiver services in settings that are compliant with the federal rule after the initial transition period. Participants who receive services in settings that are unable to come into compliance with the rule have several options. The waiver participant may choose to remain in a setting of their choice that is not in compliance; if an individual chooses to remain in a non-compliant setting, the individual will be disenrolled from the waiver program and given the chance to appeal the disenrollment. The individual may also choose to transition to a new setting that is in compliance with the rule and remain in the waiver program. If the individual chooses to transition from the setting, the individual may work with his or her respective waiver entity to transition to a new setting through the person-centered planning process. MDHHS will work with community partners to explore other options for affected participants. MDHHS will work with its community partners to educate participants in non-compliant settings on their potential options during the transition process.

Comment: One stakeholder asked for specifications on what types of settings would likely not be able to come into compliance with the rule. The stakeholder noted that Community Mental Health Boards could begin to prepare for the transition process if they had this information.

Response: MDHHS is assessing settings for compliance with the rule on an individual basis. The rule also requires MDHHS to evaluate the individual experience of participants in the settings as part of determining compliance. Therefore, MDHHS is unable to provide precise specifications on what types of settings may not be in compliance with the rule. However, stakeholders may use the published survey tools on the website to conduct readiness reviews of individual settings in order to prepare for the transition process.

Comment: Several stakeholders expressed concerns about whether there are sufficient community-based social and integrated job settings where people with developmental disabilities can find work or socialize. These stakeholders noted that there is an infrastructure gap in terms of supporting integrated employment and social opportunities for people with developmental disabilities. One stakeholder expressed concern about whether requiring waiver participants who receive employment services to have comparable employment to someone who is not receiving waiver services would lead to decreased employment opportunities for waiver participants.

Response: MDHHS will be developing guidance on the assessment and remediation process for providers of non-residential services. MDHHS is also working with other partners within the State of Michigan to develop strategies to meet this need.

Comment: Multiple stakeholders expressed discomfort with delegating ongoing monitoring responsibilities to the PIHPs. These stakeholders noted that relying on the PIHPs to monitor compliance would exacerbate statewide disparities in service planning, implementation, and dispute resolution. These stakeholders recommended that the state employ the services of a third party monitor for compliance.

Response: MDHHS is working with partner agencies to ensure consistency in ongoing monitoring across the state. Third party validation will also be ongoing.

Comment: One stakeholder inquired about why settings that provide services under the MI Health Link HCBS Waiver must be immediately compliant with the rule and are not allowed to participate in the regular 5-year transition period.

Response: The final rule states that all new waivers submitted to and approved by CMS after March 17, 2014 must be in immediate compliance: this requirements includes all settings in which waiver participants live and/or receive waiver services. The MI Health Link HCBS Waiver was submitted to CMS in October 2014 and approved January 2015, which all occurred after the March 17, 2014 date. Settings that offer services under the MI Health Link HCBS Waiver must therefore be in immediate compliance with the rule in order to provide Medicaid-funded home and community-based waiver services.

Comment: Many stakeholders submitted evidence of how their particular settings have home and community-based qualities and provide opportunities for individuals to interact with the greater community. Other stakeholders submitted examples of particular settings that should not be considered able to meet the requirements of the rule. Other stakeholders inquired about how their particular setting would be affected by the rule.

Response: Thank you for the examples that you submitted. MDHHS is assessing settings on an individual basis for compliance with the rule. If you are a participant or provider who participates in a waiver program, your local waiver entity will contact you about this process.

Comment: One stakeholder expressed concerns about whether the planned adoption of these rules within the 1115 waiver would have a negative impact on an individual's choice. In particular, the stakeholder voiced concerns about the lack of a mechanism to provide community services such as supported employment to people with mental health needs if they are living in a non-compliant setting.

Response: Through the process of the submission and approval of the 1115 waiver, MDHHS will be addressing the various aspects of how the rule will impact people receiving services through the 1115 waiver.

Comment: One stakeholder expressed concerns about whether the requirements to increase community access would result in increased staffing needs for providers and whether the state would address these costs. The stakeholder also inquired about whether additional funding would be made available to address the costs of compliance and community transitions.

Response: Waiver programs currently offer a variety of services for individuals who are transitioning between settings. If an individual is transitioning between settings as part of the implementation of the final rule, the participant and his or her waiver entity can use the person centered planning process to identify services that can be used during the transition process. MDHHS will also continue to evaluate costs for services as the rule is implemented.

Comment: One stakeholder expressed concerns about whether the Habilitation Supports Waiver Non-Residential Survey could negatively impact crews working in the community through the use of potentially confusing comparative questions on contact with individuals outside the workplace during working hours.

Response: MDHHS is updating the non-residential survey tool for the Habilitation Supports Waiver based upon the results of the sampling methodology. MDHHS will also publish guidance for providers of non-residential services in regards to the assessment process and remediation process.

Comment: One stakeholder advocated for maintaining health and safety needs as a top priority while promoting integration. The stakeholder noted that many individuals have severe health issues that may prevent them from spending extended time in the community and that a facility-based program may be a way of addressing those needs.

Response: MDHHS appreciates the importance of ensuring sufficient flexibility to address health and safety needs during the transition process. Providers and service agencies will be able to work with participants through the person-centered planning process in order to meet the health needs and goals of each participant.

Comment: One stakeholder inquired about how MDHHS would make the determination during the heightened scrutiny process that an individual has selected his or her setting.

Response: MDHHS has clarified this process in the "Process for Settings Presumed Not to Be Home and Community-Based" section in the Statewide Transition Plan. After the setting has been assessed and determined to be presumed not to be Home and Community-Based, participants will have the opportunity to actively choose whether they would like to remain in the setting. Participants will have the opportunity to make this decision through the person-centered planning process. If the individual chooses to remain in the setting, the provider of services may then choose whether to apply for heightened scrutiny for the setting. If the individual chooses to transition from the setting, the individual may work with his or her respective waiver entity to transition to a new setting through the person-centered planning process.

- Comment:** One stakeholder inquired about whether the Managed Care Provider Network should be interviewed in addition to the provider as part of the heightened scrutiny process.
- Response:** Managed Care Provider Network will have an opportunity to submit evidence during the heightened scrutiny process along with other stakeholders.
- Comment:** One stakeholder asked for further clarification on what types of evidence could be submitted by a setting that required heightened scrutiny in order to prove that the setting does not have the effect of isolating individuals. More specifically, the stakeholder inquired about how the surveyor would measure "to the extent the individual desires". The stakeholder noted that MDHHS would have to conduct outreach and education efforts on this issue in order to reverse the perception that having people with disabilities out in the community is "not safe".
- Response:** The participant will have the opportunity to express his or her preferences for interacting with the community during the person-centered planning process. Additionally, MDHHS will work with community partners as part of the outreach and education process to facilitate discussions on improving integration and inclusion of individuals with disabilities within the community.
- Comment:** One stakeholder asked about whether there would be an opportunity to modify the questions that determine the tier for particular settings during the heightened scrutiny process.
- Response:** MDHHS established the tiers for the heightened scrutiny process based on CMS guidance and the state-specific survey tools. MDHHS promulgated the tiers for stakeholder review as part of public comment on the Statewide Transition Plan. MDHHS will revise the tiers and flowcharts if CMS guidance and state-specific survey questions are updated.
- Comment:** One stakeholder asked for further clarification on the definition of settings that are "not designed specifically for individuals receiving Medicaid funded services."
- Response:** MDHHS clarified the flowchart and survey tools in regards to this issue. Tier 3 is now focused on whether the non-residential setting was designed to either (1) be disability-specific or diagnosis-specific or (2) cluster together several people with disabilities or similar diagnoses.
- Comment:** One stakeholder expressed concerns that the sole determinant of isolation during heightened scrutiny appears to be geographic location.
- Response:** CMS identified settings that are on the campus of an institution or have the "effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving HCBS" as settings that may require heightened scrutiny. Based on the guidance, MDHHS constructed two tiers for the heightened scrutiny process that are focused on evaluating settings for the "effect of isolation". Tier 3 evaluates whether the setting either (1) be disability-specific or diagnosis-specific or (2) cluster together several people with disabilities or similar diagnoses. Tier 4 focuses on whether the practices and policies within the setting prevent participants from interacting with the greater community. These two tiers will be used in conjunction to evaluate whether settings have the "effect of isolation". Please refer to the flowcharts in the "Process for Settings Presumed Not to Be Home and Community-Based" section in the Statewide Transition Plan for more information.

Comment: One stakeholder inquired about how the PIHPs would be notified of individual provider compliance issues.

Response: MDHHS will notify the PIHPs on the compliance status of individual providers after the data has been collected and analyzed. MDHHS is developing the capacity to allow PIHPs to electronically review the compliance status of individual settings within their respective regions.

Comment: One stakeholder asked about how the State will determine the participant's local service area. One stakeholder asked about how the State will address situations where an individual must transition from a non-compliant setting but there are no alternative options for services within the individual's local service area.

Response: The local service area for the participant is currently specified under each waiver program. MDHHS will also work with its community partners to (1) help settings work through the remediation process and come into compliance and (2) identify or develop new service options for affected participants.

Comment: One stakeholder asked about whether CMS would consider a recommendation from MDHHS on whether or not a setting should be considered compliant as part of the heightened scrutiny process.

Response: During the heightened scrutiny process, MDHHS will submit evidence of setting compliance with the rule to CMS. CMS will make the final determination whether the setting is in compliance based on the evidence submitted by MDHHS.

Comment: One stakeholder inquired about whether there is a requirement in the transition plan that affects homes with more than seven (7) people.

Response: The final rule does not identify limits on number of beds in residential settings. However, the Habilitation Supports Waiver implemented a policy in 2010 that limits the size of residential settings to twelve (12) beds.

Comment: One stakeholder noted that some of the details for the transition process are included in the Statewide Assessment, Remediation, and Transition Strategy. The stakeholder advocated for all of the details for the Statewide Transition Plan being included in one document.

Response: MDHHS divided the Statewide Transition Plan into several sections in order to highlight and clearly delineate different aspects of the plan. A description of these different sections can be found in the "Components of the Statewide Transition Plan" section of the Statewide Transition Plan. MDHHS will not be changing the structure of the Statewide Transition Plan at this time.

Comment: Several stakeholders noted that timelines for corrective action and transition from non-compliant settings are too short.

Response: MDHHS appreciates the challenges that the length of the implementation period poses for stakeholders. MDHHS developed the Statewide Transition Timeline to allow providers sufficient time to address compliance issues while also ensuring that individuals have the necessary time to transition from non-compliant settings.

Comment: One stakeholder inquired about whether the PIHPs will be responsible for site training.

Response: MDHHS is developing guidance to help educate providers about the assessment and remediation process. MDHHS will also post CMS guidance on the project website.

Comment: One stakeholder inquired about whether the PIHPs would be involved in the ongoing assessment process and whether the Developmental Disabilities Institute (DDI) will play a role in the process in the future. The stakeholder also asked about whether additional funding would be made available to support these activities.

Response: The PIHPs will be involved in ongoing monitoring and assessment. MDHHS is investigating the use of a validation tool with DDI.

Comment: One stakeholder asked for additional clarification on how the assessment process would be implemented for Adult Foster Care homes that do not have a contract with the CMHSP.

Response: If an Adult Foster Care home admits an individual who is receiving services under the Habilitation Supports Waiver, that setting will be assessed using the residential survey.

Comment: One stakeholder expressed concerns about the absence of a list of non-compliant settings in the Statewide Transition Plan. In particular, the stakeholder noted that the MI Choice Waiver has potentially identified 15 settings that may require heightened scrutiny, and the stakeholder stated that the failure to include specific settings would make stakeholder verification of the compliance of settings more difficult.

Response: According to CMS guidance, if a setting chooses to apply for heightened scrutiny and has submitted evidence as part of this process, MDHHS must post the name of the setting and related evidence for public comment. MDHHS will only post names of settings that choose to apply for heightened scrutiny. MDHHS is currently seeking additional guidance from CMS on addressing privacy protections for participants as part of this process.

Comment: Many stakeholders expressed concerns about whether the opinions of third-party stakeholders could override the choices of individuals with disabilities as expressed in the person-centered plan or individual plan of service.

Response: MDHHS is working with its community partners to develop an assessment process that is fair and objective. MDHHS and its partners will assess settings on an individual basis and use the information that is collected through the assessment process to make determinations about the individual compliance of settings. The person-centered planning process will also continue to play a central role in service delivery through the identification of individual preferences, goals, strengths, and needs that will be factored into the assessment process.

Comment: One stakeholder inquired about whether MDHHS would allow stakeholders to comment on any proposed revisions to policies, procedures, and standards prior to promulgation.

Response: MDHHS will continue to accept public input on policies, procedures, and standards prior to promulgation. As part of the promulgation process, MDHHS will continue to employ its public comment process.

- Comment:** One stakeholder asked about whether providers will receive notification in regards to their compliance status prior to the dates that are outlined in the Statewide Transition Plan.
- Response:** Providers will receive notice of compliance status as soon as possible after the setting has been evaluated by MDHHS.
- Comment:** One stakeholder inquired about when stakeholders would receive a copy of the revised Statewide Transition Plan that will be submitted to CMS.
- Response:** MDHHS will post the revised Statewide Transition Plan on the project website after the Statewide Transition Plan is sent to CMS. MDHHS will also send a notification to stakeholders regarding the submission of the Statewide Transition Plan.
- Comment:** One stakeholder inquired about what types of residential settings will be assessed as part of the Habilitation Supports Waiver. In particular, the stakeholder inquired about why general Adult Foster Care homes are being assessed if waiver services are not being provided there: the stakeholder noted that Adult Foster Care homes have to have special certification to provide services under the Habilitation Supports Waiver, and the only type of payment that general Adult Foster Care homes receive is the Adult Foster Care supplement.
- Response:** The residential settings that are being assessed under the Habilitation Supports Waiver are: (1) specialized residential homes, (2) general Adult Foster Care homes, and (3) private residences owned by PIHP, CMHSP, or providers.
- Comment:** One stakeholder noted that MDHHS made a reference during the Statewide Transition Plan about providing "help" to settings with transitioning into compliance with the rule. The stakeholder asked for further clarification on meaning of the word "help".
- Response:** MDHHS will be working with its community partners to issue guidance and provide access to technical resources to providers during the transition process.
- Comment:** One stakeholder asked for clarification on whether MDHHS or PIHPs would be assisting individuals with transitioning from non-compliant settings.
- Response:** For the Habilitation Supports Waiver, the participant's local PIHP will assist the individual with transitioning to a compliant setting. The transition process for each participant will be developed through the Person-Centered Planning Process.
- Comment:** One stakeholder inquired about the process of posting a list of heightened scrutiny settings for public comment and noted that this could potentially be a Health Insurance Portability and Accountability Act (HIPAA) violation.
- Response:** According to CMS guidance, if a setting chooses to apply for heightened scrutiny and has submitted evidence as part of this process, MDHHS must post the name of the setting and related evidence for public comment. MDHHS will only post names of settings that choose to apply for heightened scrutiny. MDHHS is currently seeking additional guidance from CMS on addressing privacy protections for participants as part of this process.

Comment: One stakeholder inquired about whether there would be an opportunity for public comment on the Medicaid Provider Manual.

Response: As part of the promulgation process, MDHHS will continue to employ its public comment process.

Comment: One stakeholder inquired about whether there would be an opportunity for public comment on the MI Choice contract and what the timeline would be for public comment.

Response: The MI Choice contract is not subject to public comment. The MI Choice transition plan was published for public comment in late 2014 as required by CMS.

Comment: One stakeholder advocated for individuals being able to choose when they take their medications.

Response: Federal regulation 42 CFR §441.530(a)(1)(vi)(C) mandates waiver participant have the freedom and support to control their own schedules and activities.

Comment: Many stakeholders advocated for the person-centered plan and individual plan of service being the primary determinant of compliance with the rule.

Response: The final rule requires settings that provide Medicaid-funded home and community-based waiver services to be in full compliance with the characteristics that are outlined under the rule. The rule also allows providers to make modifications to settings in order to address specific assessed needs of individuals as outlined under the final rule. These modifications are identified and approved through the person-centered planning process and must be incorporated into the individual plan of service. However, this ability to make modifications does not obviate the requirement for settings to meet the characteristics of the rule.

Comment: One stakeholder noted that the Statewide Transition Plan does not address the congregation of people with disabilities in multi-unit apartment buildings. The stakeholder stated that the current plan does not address the isolation that these settings cause.

Response: MDHHS will be assessing settings that are "provider-owned and controlled" as part of the implementation process. If a setting is provider-owned and controlled, MDHHS will assess the setting for home and community-based characteristics and determine the compliance of the setting.

Comment: Several stakeholders inquired about whether the results of the assessment process will be posted in an easily accessible manner.

Response: MDHHS will not be posting the survey results for individual providers to the website for settings that do not require heightened scrutiny. MDHHS is exploring ways to post aggregate data for the different waivers for stakeholder review. Participants and providers should contact their respective waiver entity for information on the individual compliance status of settings.

According to CMS guidance, if a setting chooses to apply for heightened scrutiny and has submitted evidence as part of this process, MDHHS must post the name of the setting and related evidence for public comment. MDHHS will only post names of settings that choose to apply for heightened scrutiny. MDHHS is currently seeking additional guidance from CMS on addressing privacy protections for participants as part of this process.

Comment: One stakeholder inquired about whether stakeholders would be given an opportunity to provide input on the provider monitoring tool and what the process for public input would be.

Response: The MI Choice provider monitoring tool will be shared for review with the MI Choice Quality Management Collaborative before being finalized. Please see row 30.1 of the Statewide Transition Plan for more details.

Comment: One stakeholder asked for clarification on who would be administering the survey tool.

Response: The survey tools will be administered by different organizations depending on the waiver. For the MI Choice Waiver, the MI Choice Waiver agents will be administering the survey tool. For the MI Health Link HCBS Waiver, Integrated Care Organizations will be administering the survey tool. For the Habilitation Supports Waiver, the Developmental Disabilities Institute of Wayne State University will conduct the initial assessment process, and the Prepaid Inpatient Health Plans will be responsible for ongoing monitoring and assessment. Survey results for providers will be shared between the MI Choice Waiver and MI Health Link HCBS Waiver.

Comment: One stakeholder asked for clarification on what will happen if a provider refuses to participate in the survey.

Response: A provider must participate in the survey process in order to be determined compliant with the rule. Only providers who are compliant with the rule will be able to continue to provide Medicaid-funded home and community-based waiver services.

Comment: One stakeholder asked for clarification on when the Habilitation Supports Waiver self-assessment tools would be made available.

Response: The final versions of the survey tools for the Habilitation Supports Waiver will be made available online within the next four (4) months at the [Michigan HCBS Website](#).

Comment: One stakeholder requested that CMHSPs have input on the assessment process.

Response: As a stakeholder, CMHSPs may participate in statewide stakeholder engagement opportunities and offer input on the assessment process in general. For the assessment of individual settings, the Developmental Disabilities Institute of Wayne State University is surveying participants and providers regarding the characteristics of the setting.

Comment: Several stakeholders expressed concerns about how the MI Choice Waiver did not directly interview waiver participants as part of the assessment process. One stakeholder noted that the lack of an interview process would make the process of validating the provider assessment more difficult. Several stakeholders advocated for the development of a consumer satisfaction survey or another survey to specifically assess the participant's perspective on the compliance of the setting.

Response: While CMS requires state Medicaid programs to assess all settings under Home and Community-Based waivers for compliance with the rule, CMS gives flexibility to states on the design of the assessment process. CMS has also requested that waiver programs that use a provider self-assessment should have a process for validating the results of the assessment. The MI Choice Waiver agencies are assessing the compliance of providers using a provider assessment tool. Because the waiver agencies are assessing providers,

this process is not considered a provider self-assessment. The MI Choice waiver will validate the results of MI Choice provider surveys through two avenues that are already established within the MI Choice Quality Management Strategy: 1) required waiver agency provider monitoring that includes participant home visits, and 2) participant home visits conducted through the conflict-free Clinical Quality Assurance Review Team.

Comment: Several stakeholders expressed concerns about the high percentage of individuals who receive services under the Habilitation Supports Waiver and were not interviewed as part of the sampling process. One stakeholder commented that the assessment survey for participants did not meet accessibility requirements. The stakeholder also advocated for ensuring that the person who is receiving the Medicaid waiver program services and supports should be the individual that is responding to the assessment/survey tools for participants.

Response: MDHHS will develop instructions for the statewide assessment process which will include an expectation that the participant who is receiving Habilitation Supports Waiver services should be interviewed during the survey process.

Comment: One stakeholder noted that there was a high rate of discrepancy between the participant and provider responses under the sampling methodology for the Habilitation Supports Waiver.

Response: MDHHS has been analyzing discrepancies between the participant and provider responses on the survey tools. MDHHS will be using the results of this analysis to improve the survey tools. MDHHS will also continue to monitor and address discrepancies between participant and provider responses.

Comment: One stakeholder advocated for revising the format and language of the Habilitation Supports Waiver survey for non-residential settings. The stakeholder noted that the questions should be revised to account for skill-building programs.

Response: The revision of the non-residential survey for participants has been completed to address all non-residential services under the Habilitation Supports Waiver.

Comment: One stakeholder asked for clarification on whether provider-owned and controlled settings would automatically be considered ineligible to provide waiver services.

Response: Federal regulation 42 CFR §441.530(a)(1)(vi) allows provider-owned and controlled settings to participate in the waiver program as long as the home and community-based settings requirements are followed.

Comment: One stakeholder asked about how the state would incorporate the content of the Individual Plan of Service into the assessment plan.

Response: The rule also allows providers to make modifications to settings in order to address specific assessed needs of individuals as outlined under the final rule. These modifications are identified and approved through the person-centered planning process and must be incorporated into the individual plan of service. However, this ability to make modifications does not obviate the requirement for settings to meet the characteristics of the rule.

Comment: One stakeholder inquired about how MDHHS would offer individual choices to individuals who must be transitioned from non-compliant settings.

Response: Each individual who must be transitioned from a non-compliant setting will be assisted with developing a transition plan through the person-centered planning process.

Comment: One stakeholder inquired about how MDHHS would pay for the new settings where individuals will be transitioned.

Response: Waiver programs currently offer a variety of services for individuals who are transitioning between settings. If an individual is transitioning between settings as part of the implementation of the final rule, the participant and his or her waiver entity can use the person-centered planning process to identify services that can be used during the transition process. MDHHS will also continue to evaluate costs for services as the rule is implemented.

Comment: One stakeholder inquired about whether individuals who live in non-compliant settings but do not receive waiver services will be required to move.

Response: This rule only applies to individuals who receive Medicaid-funded home and community-based waiver services. If an individual lives in a non-compliant setting but does not receive Medicaid-funded home and community-based waiver services, the individual will not be affected by this rule.

Comment: One stakeholder inquired about how MDHHS would collect feedback from stakeholders who have challenges with communicating verbally and whether guardians would be allowed to assist with this process.

Response: An individual may ask family, friends, his or her provider, an advocate, or other individual to assist with completion of the assessment. A family member or other individual who does not have a conflict of interest may assist the individual with completing the assessment if the individual has difficulty expressing his or her desires or wishes.

Comment: One stakeholder inquired about the length of time that non-compliant settings will be given to remediate.

Response: Non-compliant settings will be given until September 2018 to remedy identified compliance issues.

Comment: One stakeholder inquired about whether a waiver agency would be required to terminate its contract with a non-compliant setting if the setting only provides services to individuals who do not receive MI Choice Waiver services.

Response: MI Choice waiver agencies will be required to contract with compliant settings for MI Choice waiver participants. The final rule only applies to Medicaid participants who receive home and community based services through specific waivers. If the individuals at the setting are not receiving Medicaid-funded HCBS, the rule does not apply.

Comment: Several stakeholders inquired about how health and safety needs would be addressed under the rule. One stakeholder noted that many settings have made accommodations to address the health and safety needs of individuals and that the rule might treat these safeguards as perceived limitations. Other stakeholders advocated for allowing flexibility for individuals and providers to address health and safety needs.

- Response:** The final rule does allow for providers to make modifications to the setting to address the individual needs of participants. Any modifications that place additional restrictions on an individual must be supported by an assessed need rather than the setting's requirements. The provider must document the reasons for the modification in the individual's person-centered plan or service plan. The documentation of the modification must meet all requirements as outlined in the final rule.
- Comment:** One stakeholder asked for clarification on the definition of provider-owned and/or controlled settings. In particular, the stakeholder inquired about how residential settings that are owned or operated by a Community Mental Health Service Provider would be treated under the rule.
- Response:** For the purposes of the rule, CMS defined provider-owned and/or controlled setting as follows: "a setting is considered provider-owned or controlled, when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS." This definition is on page 2979 of the final rule. Residential settings that are owned or operated by CMHSPs will be treated in the same manner as any other provider-owned and/or controlled setting.
- Comment:** One stakeholder asked whether unlicensed settings would be assessed for compliance with the HCBS rule.
- Response:** Residential settings that are provider-owned and controlled will be assessed as part of the transition process. Licensed and unlicensed settings will be assessed as part of this process.
- Comment:** Several stakeholders inquired about how the final rule interfaces with state licensing rules. In particular, stakeholders asked about how the final rule applies to the following licensing issues: (1) lockable doors; (2) visiting hours; (3) residency agreements and state landlord-tenant law; (4) house rules; (5) choice of providers; (5) freedom of movement; (6) choice of roommate; and (7) access to earned income.
- Response:** MDHHS is working with the Department of Licensing and Regulatory Affairs (LARA) to publish additional guidance for licensed settings such as Adult Foster Care homes and Homes for the Aged. The new guidance will address the following issues: (1) lockable doors; (2) visiting hours; (3) residency agreements and state landlord-tenant law; (4) house rules; (5) choice of providers; (5) freedom of movement; (6) choice of roommate; and (7) access to earned income.
- Comment:** One stakeholder remarked that some of the licensing rules that are referenced in the systemic assessment are not related to the associated portions of the rule and exploratory questions.
- Response:** MDHHS and LARA have reviewed the references to licensing rules in the systemic assessment and addressed any identified issues.
- Comment:** Several stakeholders commented on the application of the rule to employment services. Several stakeholders remarked that the review of non-residential services must reference and align with federal Workforce Innovation and Opportunity Act requirements, including definitions. Another stakeholder questioned whether the federal rule conflicts with Michigan's recently enacted Executive Order on Employment First. More specifically, the stakeholder noted that the "Intermediate steps and services" that are referenced under the

Executive Order should be recognized under the rule. A different stakeholder questioned whether the final rule conflicts with the Workforce Innovation and Opportunity Act.

Response: MDHHS is working with partners within the State of Michigan to compare the requirements of the rule against other applicable state and federal standards including the Executive Order on Employment First and the Workforce Innovation and Opportunity Act.

Comment: One stakeholder observed that the time frame of six months for an individual with I/DD needs working in an integrated setting to achieve a competitive integrated employment outcome was too fixed and arbitrary.

Response: MDHHS developed the timeline for the Statewide Transition Plan to allow settings sufficient time to remediate and come into compliance with the rule. MDHHS will be developing guidance on the assessment and remediation process for providers of non-residential services. MDHHS is also working with other partners within the State of Michigan to develop strategies to meet this need.

Comment: A stakeholder observed that that the Mental Health Code defines "specialized certification" which allows the use of mental health dollars for compensating an adult foster care provider for the delivery of services outlined in the person centered plan. The stakeholder asked whether conflicted with the survey question that asks, "Is the home only for people with disabilities?"

Response: The federal rule requires MDHHS to assess settings for home and community-based characteristics. These characteristics are focused on whether the individual is receiving services in a setting that promote integration, access, and inclusion within the greater community. One of the questions that MDHHS is using to determine a setting's compliance with the rule is as follows: "Is the home only for people with disabilities?" However, a setting that answers this question in the affirmative is not automatically deemed to be out of compliance. MDHHS will consider the other responses in the survey tool to determine whether the setting otherwise promotes integration, access, and inclusion within the greater community. An adult foster care provider that has specialized certification will not be automatically be deemed out of compliance for this reason.

Comment: One stakeholder remarked that the assessment process for the settings was not well defined or clear. The commenter believed that the Statewide Transition Plan indicated that the PIHP would be responsible for the assessments but that the commenter had also heard through state meetings that the MDHHS was considering having an outside source conduct the assessments (Arc Michigan or DDI).

The stakeholder also wished to know how the CMHSPs would be involved in provider assessment and whether the CMHSPs would have input into the assessment. The stakeholder also wondered how the CMHSPs would receive communication regarding the outcome of the assessment process for each of their providers and specifically how the providers compared with the specific standards.

Response: MDHHS did contract with DDI for the sample survey and initial statewide assessment. However, the ongoing assessment will be the responsibility of the PIHP. The contracted entity for the Habilitation Supports Waiver is the PIHPs. CMHSPs will receive the communication through their PIHPs.

- Comment:** One stakeholder commented that the plan needed to be more specific about the expectations related to Adult Activity Centers, Work Activity Centers and Sheltered Workshops. The stakeholder noted that provider organizations needed time to deal with buildings, loans, leases, equipment, contracts and employees.
- Response:** MDHHS revised the non-residential survey for participants and providers to address all non-residential services under the Habilitation Supports Waiver.
- Comment:** The stakeholder also requested that new service and support models and guidance on best practices for transforming or developing new services be provided.
- Response:** Your comment will be included in developing guidance and outreach materials and in evaluating employment opportunities.
- Comment:** One stakeholder suggested that the remediation strategy have specific time periods for each step (identified areas of non-compliance) of the remediation process.
- Response:** MDHHS will be working with its community partners to identify different strategies to assist settings with the remediation process. The timeline for these strategies will be contingent on which strategies are being pursued.
- Comment:** One stakeholder commented that there were stigma issues, safety issues, productivity and wage issues that need to be addressed prior to discontinuing old methods/work settings.
- Response:** MDHHS will work with community partners as part of the outreach and education process to facilitate discussions on improving integration and inclusion of individuals with disabilities within the community.
- Comment:** A stakeholder was concerned that a participant in non-compliant setting might be transitioned to compliant, but inappropriate setting according to the participant's Person Centered Plan (Ref p.29, Row 32.3 of the Statewide Transition Plan)
- Response:** Person centered planning is included in all home and community based settings. The individual's supports coordinator will make every effort to find a setting that is compliant and suitable to the individual. Throughout the transition process, the individual will be able to make choices about settings and program enrollment.
- Comment:** One stakeholder requested that MDHHS develop a standardized Resident Care Agreement that adheres to all recommended standards.
- Response:** MDHHS interprets this comment as a reference to residency agreements for residential settings. MDHHS has been exploring ways to leverage currently existing resident care agreements to address the requirements under the rule. MDHHS will make additional guidance on this issues available as part of a joint communication with LARA.
- Comment:** A stakeholder wished to see that all MI Choice and Habilitation Supports Waiver contracts from this point forward require compliance to the HCBS rule.
- Response:** MDHHS has revised its contracts with PIHPs to address the implementation of the final rule. MDHHS is in the process of revising its contracts with MI Choice Waiver agencies to address implementation of the rule.

- Comment:** One stakeholder requested that any updates to the Statewide Transition Plan should go through public comment.
- Response:** In compliance with CMS guidance, MDHHS will post the Statewide Transition Plan for public comment when substantial changes have been made to the previous version of the plan.
- Comment:** One stakeholder requested that all CMS Exploratory Questions be used in the assessment surveys for both settings and participants.
- Response:** CMS indicated that the CMS Exploratory Questions were optional materials that states could use to begin designing their survey tools. MDHHS used the exploratory questions and feedback from Michigan stakeholders to design survey tools that met the need of each waiver program.
- Comment:** One stakeholder requested that immediate notification be given to participants that they are in a non-compliant setting.
- Response:** Participants may contact their local waiver entity to determine the compliance status of their setting. This information will become available after the setting has been assessed and the results have been analyzed by MDHHS.
- Comment:** One stakeholder advocated for improving the uniformity of services across settings in the state and asked that the State of Michigan or an independent third party monitor this issue.
- Response:** MDHHS will continue to evaluate the provision for services as the rule is implemented and take appropriate action as necessary.
- Comment:** One stakeholder requested that there be ongoing monitoring of settings that had gone through Heightened Scrutiny to ensure that they were not backsliding.
- Response:** MDHHS and its contracted partners will be conducting ongoing monitoring to ensure that all settings continue to meet the standards that are outlined under the final rule. This process is outlined in Rows 30 through 31.
- Comment:** A stakeholder requested that MDHHS follow through on its promise in the Mental Health & Wellness Commission Report to provide 500 units over the next three years. (Michigan Disability Housing Work Group [MDHWG])
- Response:** MDHHS recognizes the need for increased access to affordable and accessible housing. MDHHS will work with other partners within the State of Michigan to develop strategies to meet this need.
- Comment:** One stakeholder asked the state to define "Choice."
- Response:** Choice is defined as an individual's "power to make a decision." An individual can make life choices that will allow for autonomy, independence and integration into the community through HCBS and supports.
- Comment:** One stakeholder requested a description of the disenrollment process if a person chooses to no longer continue in the Habilitation Supports Waiver if living arrangements were determined not to be in compliance

- Response:** The disenrollment process will be the same as a voluntary disenrollment and an appropriate appeal notice will be provided.
- Comment:** One stakeholder asked that the state define "institution" as it relates to the HCBS rule and the Heightened Scrutiny process
- Response:** The Federal regulation defines institutions as settings that are one of the following: hospitals, nursing facilities, intermediate care facilities, or institutions for mental diseases.
- Comment:** A stakeholder requested that the state provide its process for the ongoing review of the HCBS transition plan to ensure that each region was moving forward. The stakeholder also asked whether there would be an additional audit occurring at least annually
- Response:** MDHHS will continue to review the progress of implementation on a regular basis and take appropriate actions as necessary to improve the implementation process.
- Comment:** A stakeholder requested that the results from the surveys conducted in May 2015 be released.
- Response:** MDHHS is in the process of reviewing validation data and is developing an access point in the waiver electronic database to run reports.
- Comment:** Many stakeholders inquired about having public hearings or other face-to face meetings on the Statewide Transition Plan outside of the opportunity to provide comments on the plan posted on MDHHS's website. The stakeholders were particularly concerned that there were no opportunities for waiver participants or their families to voice their views in an open setting.
- Response:** MDHHS understands your concerns in regards to the engagement of participants, families, and communities in the implementation process. MDHHS will continue to engage stakeholders in discussions about the rule throughout different forums. Some of these forums are outlined in the "Stakeholder Engagement and Outreach Strategy" in the Statewide Transition Plan. MDHHS will also with contracted entities such as PIHPs, MI Choice Waiver agents, and Integrated Care Organizations to reach out and engage participants, families, and communities in the transition process. MDHHS is working to develop outreach and education materials that can be used to help inform participants and families about the transition process.
- Comment:** Many stakeholders asked why there would be no further review of settings that were family homes, family foster homes, or Adult Foster Care Homes. These stakeholders felt that these homes could be isolating or violate the rule in some other way.
- Response:** CMS in consultation with MDHHS has recognized that family homes and family foster homes are presumed compliant. Adult foster care home will be included in the assessment process.
- Comment:** One stakeholder asked whether a standardized corrective action plan would be used and whether it could be made available to the PIHPs.
- Response:** MDHHS will developing a standardized corrective action plan, which will be made available to the PIHPs. Please see page 57 of the Statewide Transition Plan for more details.

Comment: A stakeholder asked whether B3 services would still be provided if a consumer chose to remove himself or herself from the Habilitation Supports Waiver if his or her residence were not in compliance with the final rule.

Response: CMS has agreed to provide regulatory authority on the applicability of the HCBS requirements to specific 1915(b)(3) services and settings. MDHHS is working with CMS to identify the specific services and setting affected by the HCBS requirement.

Comment: A stakeholder asked whether there would be opportunities for ongoing stakeholder involvement to provide feedback with regards to the process.

Response: MDHHS will continue to engage stakeholders in discussions about the rule throughout the implementation process. Some of the different opportunities for engagement are outlined in the "Stakeholder Engagement and Outreach Strategy" in the Statewide Transition Plan.

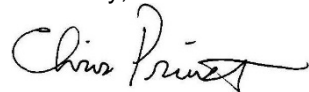
Comment: One stakeholder encouraged MDHHS to maintain a full spectrum of service options, including both facility-based and community-based employment within a person-centered, self-determined service delivery system.

Response: MDHHS will continue to work with the PIHPs and CMHSPs to offer a wide spectrum of community-based service options.

I trust your concerns have been addressed. If you wish to comment further, send your comments to the HCBS Project Team by email at HCBSTransition@michigan.gov or by mail at:

Attention: HCBS Program Transition
Program Policy Division
Bureau of Medicaid Policy and Health System Innovation
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Sincerely,



Chris Priest, Director
Medical Services Administration

Michigan's Statewide Transition Plan for Home and Community-Based Services

Version 2.0

Version Date: March 15th, 2016



Table of Contents

Introduction to the Statewide Transition Plan	2
Components of the Statewide Transition Plan	3
Overview of Home and Community-Based Waiver Programs.....	4
Table of Acronyms	6
Statewide Transition Timeline	7
Section 1: Assessment Process	8
Section 1a: Systemic Assessment	8
Section 1b: Setting Assessment	11
Section 2: Remediation and Ongoing Monitoring Process	21
Section 3: Transition Process	30
Section 4: Outreach and Engagement Process	32
Other Components of the Statewide Transition Plan.....	34
Systemic Assessment	35
Statewide Assessment, Remediation, and Transition Strategy	56
Table of Settings to be Assessed.....	61
Assessment Results.....	63
Process for Settings Presumed Not To Be Home and Community-Based	81
Stakeholder Engagement and Outreach Strategy	89
Version History.....	91

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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

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.	CMS has agreed to provide regulatory authority on the applicability of the HCBS requirements to specific 1915(b)(3) services and settings. MDHHS is working with CMS to identify the specific services and setting affected by the HCBS requirement.

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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

Managed Specialty Services and Supports Waiver Program: CMS has agreed to provide regulatory authority on the applicability of the HCBS requirements to specific 1915(b)(3) services and settings. MDHHS is working with CMS to identify the specific services and setting affected by the HCBS requirement

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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1: Assessment Process

Section 1a: Systemic Assessment

Section 1a: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1	All waivers	Review state policies, procedures, and standards	MDHHS are reviewing current policies, procedures, standards, and contracts and identifying any needed changes for full alignment with HCBS settings requirements as well as target dates for the necessary revisions.	09/01/14	12/31/15	Licensing standards for residential settings , provider contracts, site review protocols, waiver policies, provider monitoring protocols	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups
1.1	All Waivers	Review state licensing rules	MDHHS and LARA have reviewed current licensing standards and determined that state licensing rules do not conflict with the Federal rule. The results of this process are recorded in the Systemic Assessment Section of this plan. MDHHS and LARA are working to provide guidance to stakeholders about specific issues related to the state licensing, which include: (1) lockable doors; (2) visiting hours; (3) residency agreements and state landlord-tenant law; (4) house rules; (5) choice of providers; (5) freedom of movement; (6) choice of roommate; and (7) access to earned income.	09/01/14	2/29/2016 (Completed) Joint Communication issued on 8/5/2015	Licensing standards for residential settings , Systemic Assessment Joint Communication on lockable doors and visiting hours (Issued on 8/5/2015)	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups, Bureau of Community and Health Systems, Bureau of Fire Services (BFS)
1.2	Children with Serious Emotional Disturbances and the	Review state policies, procedures, and standards	SEDW and CWP settings are presumed compliant with HCBS rules, and therefore it is not necessary to align policies, standards, and requirements.	12/1/14	1/31/15 (Completed)	Licensing standards for residential settings , provider contracts, site review protocols,	MDHHS Federal Compliance Section, BHDDA

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1a: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	Children's Waiver Program		<ul style="list-style-type: none"> Michigan continues to require that children live in family homes/family foster homes prior to being approved for access to the waiver. MDHHS does not plan to add new setting types to the waiver, so this review is considered complete. 			waiver policies, provider monitoring protocols	
1.3	MI Choice Waiver and Habilitation Supports Waiver	Review contracts	<p>HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.</p> <p>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.</p>	<p>HSW: 6/1/2015</p> <p>MI Choice: 6/1/2015</p>	<p>HSW: 10/01/15 (Completed)</p> <p>MI Choice: Review completed 8/31/2015; 2018 contracts to be finalized by 07/31/2017</p>	MDHHS/PIHP contracts, MDHHS/MI Choice Waiver Agent contracts	MSA, BHDDA, waiver entities.
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.	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	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1a: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			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 updated once the STP is approved or if another amendment is submitted.			Supports Waiver Approved	
1.6	Children with Serious Emotional Disturbances	Submit SEDW Waiver Amendment	<p>MDHHS submitted the SEDW Waiver amendment to CMS following public comment period on the transition plan.</p> <p>MDHHS continues to require that children are living in family homes/family foster homes prior to being approved for access to the waiver program.</p> <p>MDHHS does not plan to add new setting types to the waiver, so this review is considered complete.</p>	12/30/14	12/30/14 (Completed)	CMS Waiver Document	MDHHS Federal Compliance Section, BHDDA, MSA
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	09/01/2014	7/31/2017	Provider Monitoring Tool	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1a: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			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.				

Section 1b: Setting Assessment

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
2	Habilitation Supports Waiver	Develop provider self-assessment tool	<p>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.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval</p>	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	10/01/14	04/13/2015 (Completed)	CMS exploratory tool, state developed assessment tools:	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW participants

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>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 be incorporated into provider enrollment policy and contracts.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.</p>			Michigan survey tools for all waivers	
4	Habilitation Supports Waiver	Develop PIHP survey tool	<p>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.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.</p>	10/01/14	04/13/2015 (Completed)	<p>CMS exploratory tool, BHDDA developed assessment tools: Michigan survey tools for all waivers</p>	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW PIHP coordinators

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
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	<p>BHDDA will identify the types of HSW residential services and the characteristics of the settings.</p> <p>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.</p> <p>Completed – The list was submitted to CMS in April 2015</p>	08/01/14	04/1/15 (Submitted to CMS)	WSA and Data Warehouse RLA codes	MDHHS Federal Compliance Section, BHDDA, MSA
7	Habilitation Supports Waiver	Obtain active list of nonresidential service types	<p>BHDDA identified the types of HSW nonresidential services and the characteristics of the settings.</p> <p>During the preliminary assessment, MDHHS drew a random proportionate sample that was statistically significant to the 95% confidence level from the</p>	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

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>participants who received non-residential 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.</p> <p>Completed – The list was submitted to CMS in April 2015</p>				
8	MI Choice Waiver	Identify all provider-controlled and owned residential and non-residential settings	<p>MSA will work with waiver agencies to compile a list of all settings currently used within the MI Choice Waiver.</p> <p>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.</p>	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	<p>MDHHS conducted a preliminary assessment of the types of SEDW and CWP residential and nonresidential services and the characteristics of the settings.</p> <p>SEDW</p> <ul style="list-style-type: none"> 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 	12/1/14	3/1/15 (Completed)	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>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 expectations and commitment to 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.</p> <p>CWP – Family homes have presumed compliance with the rule.</p>				
10	Habilitation Supports Waiver	Administer survey tools for the sampling methodology	<p>DDI administered and completed the provider, beneficiary, and CMH/PIHP survey tools as part of the sampling methodology.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.</p>	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	04/01/15	05/30/15 (Completed)	BHDDA developed survey tools, input from providers	BHDDA, providers, DDI, waiver participants, advocacy groups

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>participants. BHDDA oversaw the process.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.</p>				
12	MI Choice Waiver	Assess all settings	<p>MI Choice waiver agencies contract directly with providers. Waiver agencies are required to conduct on-site 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.</p> <p>Residential Settings include:</p> <ul style="list-style-type: none"> ▪ Assisted Living Facilities ▪ Adult Foster Care ▪ Homes for the Aged ▪ Independent Retirement apartments <p>In progress. As of 12/11/2015, waiver agencies have assessed and submitted data for 397 Residential Settings.</p> <p>Non-Residential Settings include:</p> <ul style="list-style-type: none"> ▪ Adult Day Care sites 	04/01/15	12/31/2015	Residential and Non-Residential Assessment tools for MI Choice Waiver, Input from providers	MI Choice waiver agencies, provider network, MDHHS Medicaid LTC Division: HCBS Section

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			In progress. As of 12/11/2015, waiver agencies have assessed and submitted data for 27 Non-Residential Settings.				
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 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.	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
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. DDI, as an independent organization, will validate the results of this survey by on site assessments conducted by trained reviewers.	06/01/15 09/01/15	09/30/15 (Completed) 12/31/15	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC
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

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
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 non-residential settings.	<p>Participants' private homes are compliant with the Federal requirements.</p> <p>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.</p> <p>The results of the assessment will be posted in Assessment Results section.</p>	10/01/14	03/31/16	Waiver Agencies,	MSA, waiver entities, providers, waiver participants, and advocacy groups
18	Habilitation Supports Waiver	Assess settings on a statewide basis	PIHPs contract directly with providers. PIHPs will be required to conduct on-site assessments of each provider setting to determine compliance to new rule or need for corrective action.	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

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 1b: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>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.</p> <p>Residential Settings to be assessed include:</p> <ul style="list-style-type: none"> ▪ Group Home: Specialized AFC ▪ Group Home: General AFC ▪ Private residence that is owned by the PIHP, CMHSP or the contracted provider <p>Settings to be assessed where Non-Residential Services are delivered include:</p> <ul style="list-style-type: none"> ▪ 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	<p>Participants' private homes are compliant with the Federal requirements.</p> <p>The following settings are non-compliant: hospitals, nursing facilities,</p>	01/01/16	01/01/18	Waiver Agencies,	MSA, waiver entities, providers, waiver participants, and advocacy groups

Michigan's Statewide Transition Plan for Home and Community-Based Services

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

Section 2: Remediation and Ongoing Monitoring Process

Section 2: Remediation and Ongoing 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	<p>MDHHS will develop a list of those settings that are:</p> <ul style="list-style-type: none"> • assumed to be in compliance • out of compliance (but may come into compliance) <p><u>MI Choice Waiver:</u> 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.</p> <p><u>Habilitation Supports Waiver (HSW):</u> As of 11/9/15, HSW has completed the sample assessment of settings. MDHHS is in the process of validating the sample assessment data. The sample assessment included 727 participants in residential and non-residential settings. The statewide</p>	12/01/14	<p>3/31/2015 Children's' Waivers (SEDW and CWP)</p> <p>3/31/2016 for MI Choice Waiver</p> <p>01/01/18 for Habilitation Supports Waiver</p>	CMS HCBS guidelines	BHDDA, MSA, waiver entities, waiver providers, , MDHHS, LARA, ORR, Waiver participants, advocacy groups

Michigan's Statewide Transition Plan for Home and Community-Based Services

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	<p>Revised waiver entity contract to address new requirements.</p> <p><u>Habilitation Supports Waiver (HSW):</u> The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.</p> <p><u>MI Choice Waiver:</u> Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY The 2018 contracts will include</p>	<p>HSW: 6/1/2015</p> <p>MI Choice: 6/1/2015</p>	<p>HSW: 10/01/15 (Completed)</p> <p>MI Choice: 07/31/2017</p>	<p>Waiver Agencies' and PIHPs' contracts HSW: MA/PIHP Contract</p> <p>MI Choice: Link to Current Grants >>Medicaid/Care for the Elderly >>MED-2016 >>Show</p>	BHDDA, MSA, waiver entities, waiver providers

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 2: Remediation and Ongoing 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	<p>MDHHS will work with LARA to provide various types of technical assistance around licensing issues including the following:</p> <ul style="list-style-type: none"> General Licensing Questions: MDHHS and LARA issued a joint communication to address questions around lockable doors and visiting hours in 2015. MDHHS and LARA will issue additional guidance on the following issues in 2016: (1) lockable doors; (2) visiting hours; (3) residency agreements and state landlord-tenant law; (4) house rules; (5) choice of providers; (5) freedom of movement; (6) choice of roommate; and (7) access to earned income. Residency Agreements: MDHHS and LARA will create an attachment to residential agreements to address new Federal requirements on participants rights regarding discharge and complaints 	09/01/14	2/29/2016	<p>Residential agreement guidance to be developed</p> <p>Joint Communication on lockable doors and visiting hours</p>	BHDDA, MSA, waiver entities, waiver providers, waiver participants
23.4	MI Choice Waiver and	Update Waiver Applications	MDHHS submitted a Waiver Amendment to the MI Choice Waiver	Dependent on Approval	Dependent on Approval	Waiver Application	MSA, BHDDA, LARA, MDHHS Federal Compliance &

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	Habilitation Supports Waiver		<p>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.</p> <p>MDHHS submitted a Waiver Amendment to the HSW Waiver Application which included a Transition Plan. The HSW Transition Plan will need to be updated once the STP is approved or if another amendment is submitted.</p>	for Statewide Transition Plan	for Statewide Transition Plan		Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
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	Notify providers who do not and cannot meet the	MDHHS will notify providers who are found to not meet and are unable to meet the Federal requirements. These	MI Choice: 06/01/16	MI Choice: 12/31/16	Assessment tool responses	MSA, BHDDA waiver entities, providers, participants, advocacy groups

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	Supports Waiver	HCB setting requirements. Notify any affected participants of these providers.	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.	HSW: 01/01/16	HSW: 03/31/18		
26	MI Choice Waiver and Habilitation Supports Waiver	Develop and implement corrective action plans for individual non-compliant settings	MDHHS and its contractors will ensure individual provider settings have an opportunity to come into compliance with the new rule. MDHHS and its 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.	10/01/16	09/17/18	CMS HCBS guidelines, revised MDHHS policies and procedures, remediation plans for individual settings, remediation strategy	BHDDA, MSA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS
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	Notify CMS of any presumptively	For settings that are presumed not to be home and community-based, MDHHS will compile a list of settings	MI Choice: 06/01/16	MI Choice: 12/31/16	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	Supports Waiver	non-home and community-based settings that do have qualities of home and community-based settings for heightened scrutiny	<p>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.</p> <p><u>MI Choice Waiver:</u> MSA is currently compiling a list of these settings. As of 11/1/2015, these 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.</p> <p><u>Habilitation Supports Waiver (HSW):</u></p> <ul style="list-style-type: none"> 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. 	MI Choice 06/01/16	MI Choice 12/31/16		
				HSW: 4/1/15	HSW: 1/1/18		
				2/1/18	3/2/18		
				5/1/18	6/1/18		

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
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 of non-compliance. This activity will be ongoing.	10/01/15	03/17/19		MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
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).	10/1/2016	3/17/2019 (ongoing)	AQAR Site Review Protocol	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			This review will include ensuring that waiver agencies only contract with settings that meet requirements and include requirements in their contracts with the settings.				
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 the setting they live in is home and community based.	10/1/2016	3/17/2019 (ongoing)	MI Choice Consumer Satisfaction Survey	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
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	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

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
		compliance of HCBS settings in residential and nonresidential settings					

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

Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 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.				

Michigan's Statewide Transition Plan for Home and Community-Based Services

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

Michigan's Statewide Transition Plan for Home and Community-Based Services

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

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 CMS does not require MDHHS to address all of the CMS exploratory questions.

	Federal Rule	CMS Exploratory Question(s)	MDHHS Survey Question(s)	Related Policy or Licensing Rule
Section A: Physical Location				
1	§441.301(c)(5)(v) §441.710(a)(2)(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) MI Choice: 2.1 (Residential) and 1.4 (Non-Residential)	MCL 400.703(4) MCL 400.713(7)
2	§441.301(c)(5)(v) §441.710(a)(2)(v)	Does the setting isolate its residents receiving Medicaid HCBS from the broader community of individuals not receiving HCBS?	Habilitation Supports Waiver: 3.5 (Participant) and 2.3 (Provider) 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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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 B: Integration with the 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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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)	Future Guidance from MDHHS and LARA (To Be Developed) 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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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 1.8 (Non-Residential)	Future Guidance from MDHHS and LARA (To Be Developed) 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 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 Medicaid HCBS?	Habilitation Supports Waiver: 3.3 and 3.5 (Participant) and 2.3 (Provider) MI Choice: 3.2, 5.15 (Residential) and 1.8 (Non-Residential)	MCL 400.703(4)
7	§441.301(c)(4)(i) §441.710(a)(1)(i)	Is the setting in the community among other private residences and retail businesses?	Habilitation Supports Waiver: Not Used in the Survey MI Choice: 1.9 (Non-Residential)	MCL 400.703(4)(5)
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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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)	Future Guidance from MDHHS and LARA (To Be Developed) 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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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 community?	Habilitation Supports Waiver: 6.32 (Participant) and 5.20 (Provider) MI Choice: 5.26 (Residential) and 1.11, 1.12 (Non-Residential)	R 400.14301(6)(a) to (d) R 400.1407(5)(11)
Section C: Person-Centered Planning				
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 person-centered 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 person-centered planning process to the maximum extent possible so he/she can make informed choices and decisions?	CMS instructed states to assess compliance with person-centered 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 person-centered planning requirements separately from the assessment of the characteristics of settings.	R 400.14301 (4) R 400.1407(5)(6)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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 person-centered 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)	Future Guidance from MDHHS and LARA (To Be Developed) 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)
Section D: Choice and Independence				

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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)	Future Guidance from MDHHS and LARA (To Be Developed) 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)	Future Guidance from MDHHS and LARA (To Be Developed) 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 person-centered 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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.	Future Guidance from MDHHS and LARA (To Be Developed)
		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)	Future Guidance from MDHHS and LARA (To Be Developed) 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)	Future Guidance from MDHHS and LARA (To Be Developed) 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)	Future Guidance from MDHHS and LARA (To Be Developed) R 400.14301(6)(k) R 400.14315(3) R 400.1407(5) R 400.1421(3)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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 on-site?	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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 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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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.	Future Guidance from MDHHS and LARA (To Be Developed)
		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)	Future Guidance from MDHHS and LARA (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)	Future Guidance from MDHHS and LARA (To Be Developed) 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.	Future Guidance from MDHHS and LARA (To Be Developed) 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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

	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)	Future Guidance from MDHHS and LARA (To Be Developed) 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 April 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 on-site 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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

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?	<p>Initial Statewide Assessment Process: MDHHS will make the final determination of the compliance of individual settings.</p> <p>Ongoing Statewide Assessment Process: The MI Choice Waiver Agent will make the determination through requirements from the contract with MDHHS.</p>	<p>Initial Statewide Assessment Process: MDHHS will make the final determination of the compliance of individual settings.</p> <p>Ongoing Statewide Assessment Process: The PIHP will make the determination through requirements from the contract with MDHHS.</p>
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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

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 on-site 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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

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*.

Michigan's Statewide Transition Plan for Home and Community-Based Services

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 negative 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 is 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.

Michigan's Statewide Transition Plan for Home and Community-Based Services

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

Michigan's Statewide Transition Plan for Home and Community-Based Services

Waiver	Type of Setting	Residential or Non-Residential	Number of Individuals	Number of Settings	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
Assessment Time Period	4/1/2015 – 12/31/2015
Date That Summary Data Was Compiled	2/26/2016
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	688	100%	56	100%
Assessments That Have Been Reviewed by MDHHS	214	31% of total submitted	21	38% of total submitted

Assessment Status	Residential	Percent	Non-Residential	Percent
Currently In Compliance	81	38% of assessments reviewed	13	62% of total assessments reviewed
Could Come Into Compliance	118	55% of assessments reviewed	6	28% of total assessments reviewed
Require Heightened Scrutiny	15	7% of assessments reviewed	2	10% of total assessments reviewed

Michigan's Statewide Transition Plan for Home and Community-Based Services

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

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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	(%) NUMBER

Michigan's Statewide Transition Plan for Home and Community-Based Services

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:		

Michigan's Statewide Transition Plan for Home and Community-Based Services

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 place	15.3% (117)
Other Non-Residential Living Supports you receive:	

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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
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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

If an individual needs assistance with personal care, he/she has privacy when receiving this support		95.4% (375)
Individuals who share a personal space/bedroom have a choice in roommates		78.6% (309)
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		% (Number)
Access to the house common areas limited only for health and safety reasons according to approved individual support plans		81.7% (321)
There is space within the home where individuals may meet with visitors to have private conversations		93.4% (367)
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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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	85.5% (336)
ACCESSIBILITY WITHIN THE COMMUNITY	
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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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	32.2% (131)
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)

Michigan's Statewide Transition Plan for Home and Community-Based Services

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.

Flowcharts for the Heightened Scrutiny Process

The attached flowcharts depicts the process for determining (1) if a setting fits the home and community-based definition and (2) whether MDHHS will apply for “heightened scrutiny” for the settings that are presumed not to be home and community-based. The flowchart is based on the assessment tools sent to beneficiaries, providers, and health plans. The “tiers” in the MI Choice and Habilitation Supports Waivers flowcharts (charts 1 and 2) correlate with questions from the surveys. The “heightened scrutiny” flowcharts (charts 3 and 4) are based on guidance issued by CMS.

Charts 1 and 2: Identification of Settings that are Presumed Not To Be Home and Community-Based

Chart 1 will be used by the MI Choice Waiver, and Chart 2 will be used by the Habilitation Supports Waiver.

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

Residential Settings

Tier 2: The residential setting path begins with Tier 2, which examines whether the physical location of the setting is part of or attached to an institution. If the setting's location is part of or attached to an institution, then the setting is **automatically presumed not to be home and community-based** and must move immediately to Tier 5. If the respondent answers NO to both categories in Tier 2, then move to Tier 3.

Tier 3: Tier 3 examines if a setting is disability-specific and has any of the isolating qualities of an institution. If a setting is **not** disability-specific and **does not** have any of the qualities of an institution listed in the tier, then the setting is presumed to be home and community-based and **the**

setting will not require the “heightened scrutiny” process. If a setting **does** have any of the isolating qualities of an institution listed in the question, then the chart moves to Tier 4.

Tier 4: Tier 4 examines if a setting provides individuals with a certain level of independence and integration within the broader community in accordance with the final rule. If a setting has all four characteristics listed in the question, then the setting is presumed to be home and community-based. **These settings will not require the “heightened scrutiny” process.** If a setting does not have all of the characteristics listed in the tier, then it moves to Tier 5 **where it is presumed not to be home and community-based.**

Tier 5: Once a setting arrives at Tier 5, it is presumed not to be home and community-based, and MDHHS must consider whether to apply for “heightened scrutiny” from CMS to overcome this presumption. This process is depicted on chart 3 entitled “Heightened Scrutiny Process Overview”.

Non-Residential Settings

Tier 2: The non-residential setting path begins with Tier 2, which examines if the setting is located in the same building or on the same campus as an institutional treatment option. If a setting is located in the same building or on the same campus of an institutional treatment option, then **it is immediately presumed not to be home and community-based** and must move to Tier 5. If a settings is not located in or on the campus of an institution, move to Tier 3.

Tier 3: Tier 3 asks if the non-residential setting is a disability-specific site. Examples of disability-specific sites include workshops for people with disabilities, work crews of people with disabilities, “Day Programs”, etc. If the setting is not a disability-specific site, then the setting is presumed to be home and community-based. **These settings will not require the “heightened scrutiny” process.** If the setting is a disability-specific site, move to Tier 4.

Tier 4: Tier 4 examines if a non-residential setting has characteristics that demonstrate integration with the broader community of people not receiving HCBS. If the non-residential setting has either of the characteristics listed in this tier, then the setting is presumed to be home and community-based and **the setting will not require the “heightened scrutiny” process.** If the non-residential setting does not have either of the characteristics demonstrating integration, move to Tier 5.

Tier 5: Once a setting arrives at Tier 5, **it is presumed not to be home and community-based**, and MDHHS must consider whether to apply for “heightened scrutiny” from CMS to overcome this presumption. This process is depicted on chart 3 entitled “Heightened Scrutiny Process Overview”.

Heightened Scrutiny Process:

Chart 3 “Heightened Scrutiny Process Overview”

Chart 3 depicts the process for applying to CMS for “heightened scrutiny” of a setting to overcome its presumption of not being home and community-based.

Once a setting is presumed not to be home and community-based, MDHHS, through the person-centered planning process, will ask each participant receiving Medicaid-funded HCBS if they would like to remain in the setting. **If any participant does not wish to remain in the setting, then the appropriate waiver entity will help that participant transfer to a compliant setting regardless of whether his or her current setting applies for “heightened scrutiny”.**

If **any** participant in the setting indicates (through the person-centered planning process) that he or she would like to remain in his or her setting, then MDHHS will ask the setting if they wish to apply for the “heightened scrutiny” process to overcome the setting’s presumption of not being home and community-based.

If a setting **does not** want to apply for the “heightened scrutiny” process, **then the setting can no longer be considered home and community-based. The appropriate waiver entity will help every participant receiving Medicaid-funded HCBS transfer to a compliant setting.**

If a setting **wants** to apply for the “heightened scrutiny” process, MDHHS and the appropriate waiver entity will begin gathering additional information about the setting to determine if it will submit evidence to CMS for “heightened scrutiny”. As part of the information-gathering process, MDHHS will conduct a site visit to the setting. After the site visit, MDHHS will solicit public comment on the setting. The public will have the opportunity to review the evidence collected by the department and comment on the setting’s home and community-based classification. Once the public comment period is finished, MDHHS will review all of the information collected to determine if it will submit its evidence to CMS for “heightened scrutiny”. See Chart 4 for the criteria MDHHS will use in making this decision.

If MDHHS decides **not** to submit evidence about a setting to CMS for “heightened scrutiny”, **then the setting can no longer be considered home and community-based. The appropriate waiver entity will help every participant receiving Medicaid-funded HCBS transfer to a compliant setting.**

If MDHHS decides to submit evidence about a setting to CMS for “heightened scrutiny”, then CMS will review all information related to the setting, including possible input from other federal partners, to determine if the setting has the qualities of a home and community-based setting and does not have the qualities of an institution.

If CMS reviews the evidence and determines that the setting **does not** have the qualities of a home and community-based setting and is institutional in nature, **then the setting can no longer be considered home and community-based. The appropriate waiver entity will help every participant receiving Medicaid-funded HCBS transfer to a compliant setting.**

If CMS reviews the evidence determines that the setting has the qualities of a home and community-based setting and does not have the qualities of an institution, **then the setting is considered home and community-based.***

Chart 4 “Heightened Scrutiny Evidence Criteria”

Chart 4 entitled “Heightened Scrutiny Evidence Criteria” describes the criteria MDHHS will use in evaluating if the evidence is sufficient to submit to CMS for “heightened scrutiny”. The chart is split into two criterion depending on the reason why the setting is presumed not to be home and community-based.

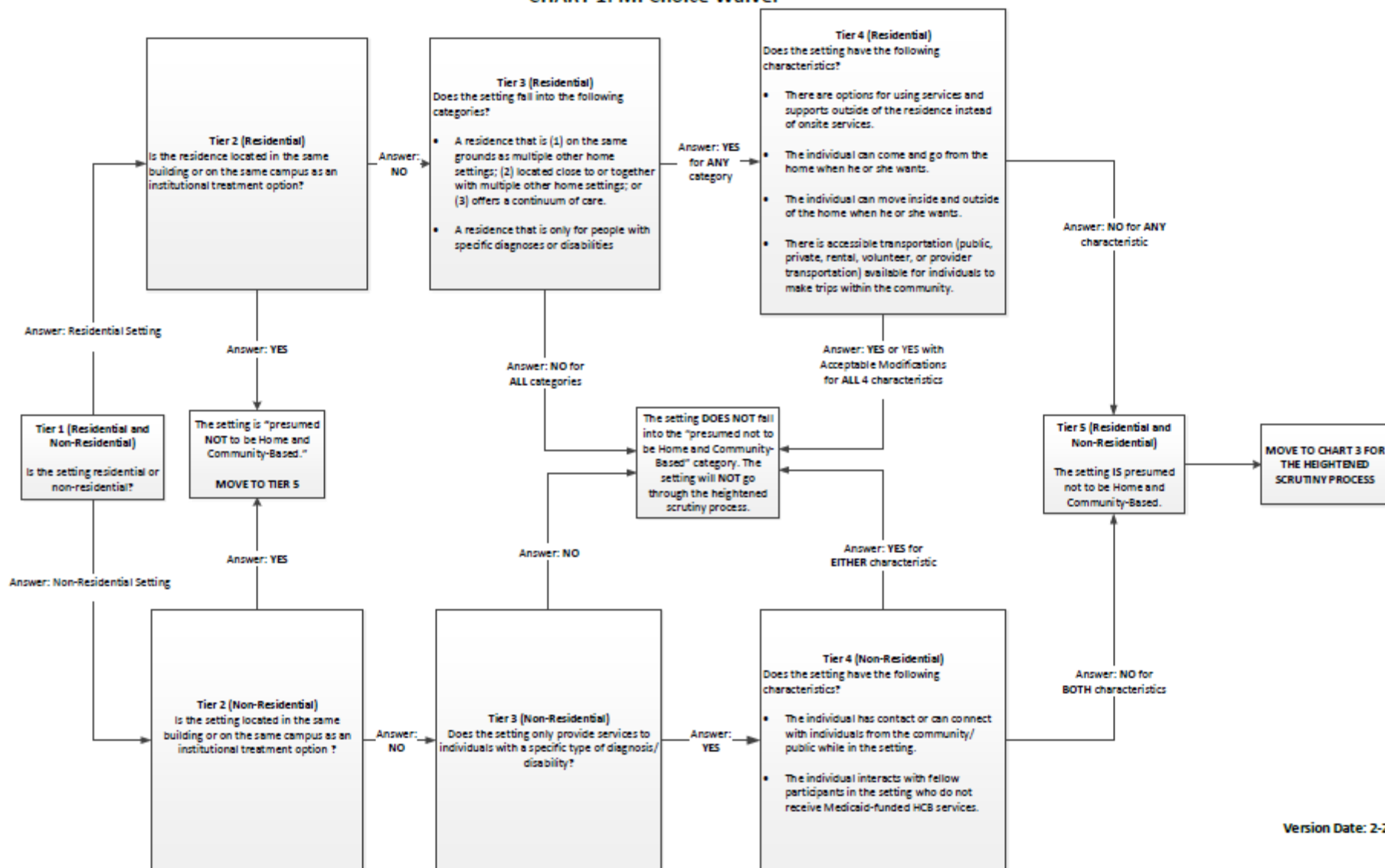
If the setting is presumed not to be home and community-based because its location appears to be within or connected to an institution or inpatient treatment facility, then the evidence must demonstrate there is a meaningful distinction between the institution or treatment facility and the HCBS setting. The chart lists several examples of how the evidence can demonstrate this distinction.

If the setting is presumed not to be home and community-based because it *appears* to have the effect of isolating the individuals from the broader community, then the evidence must demonstrate that individuals are not isolated. The chart lists several examples of how the evidence can demonstrate the setting does not have the effect of isolating participants from the broader community of individuals not receiving HCBS.

Chart 1: Identification of Settings that are Presumed Not To Be Home and Community-Based (MI Choice Waiver)

Version Date: 2-22-16

CHART 1: MI Choice Waiver

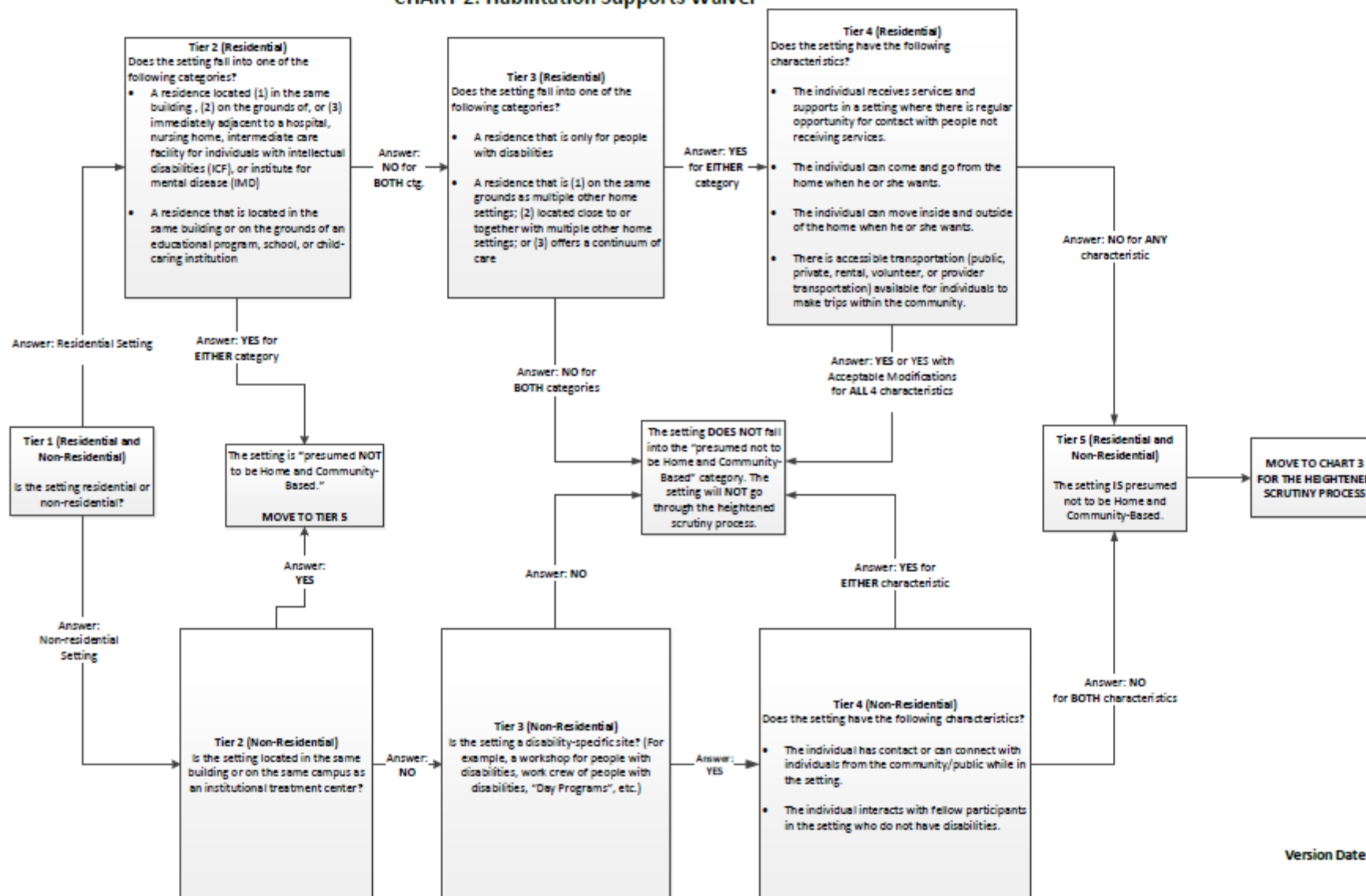


Version Date: 2-22-16

Chart 2: Identification of Settings that are Presumed Not To Be Home and Community-Based (Habilitation Supports Waiver)

Version Date: 2-22-16

CHART 2: Habilitation Supports Waiver

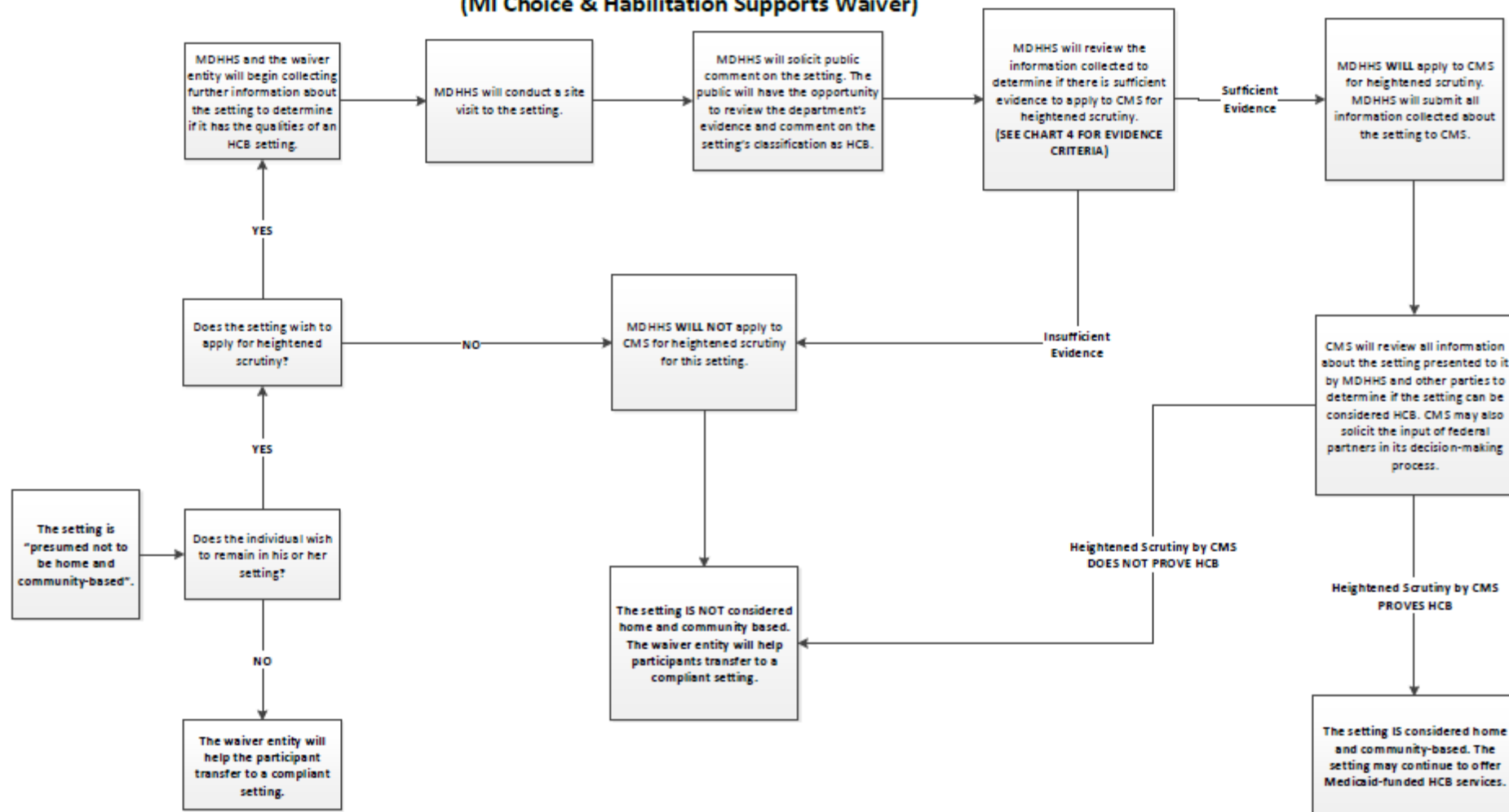


Version Date: 2-22-16

Chart 3: Heightened Scrutiny Process Overview (MI Choice Waiver and Habilitation Supports Waiver)

Version Date: 2-22-16

**CHART 3: Heightened Scrutiny Process Overview
(MI Choice & Habilitation Supports Waiver)**

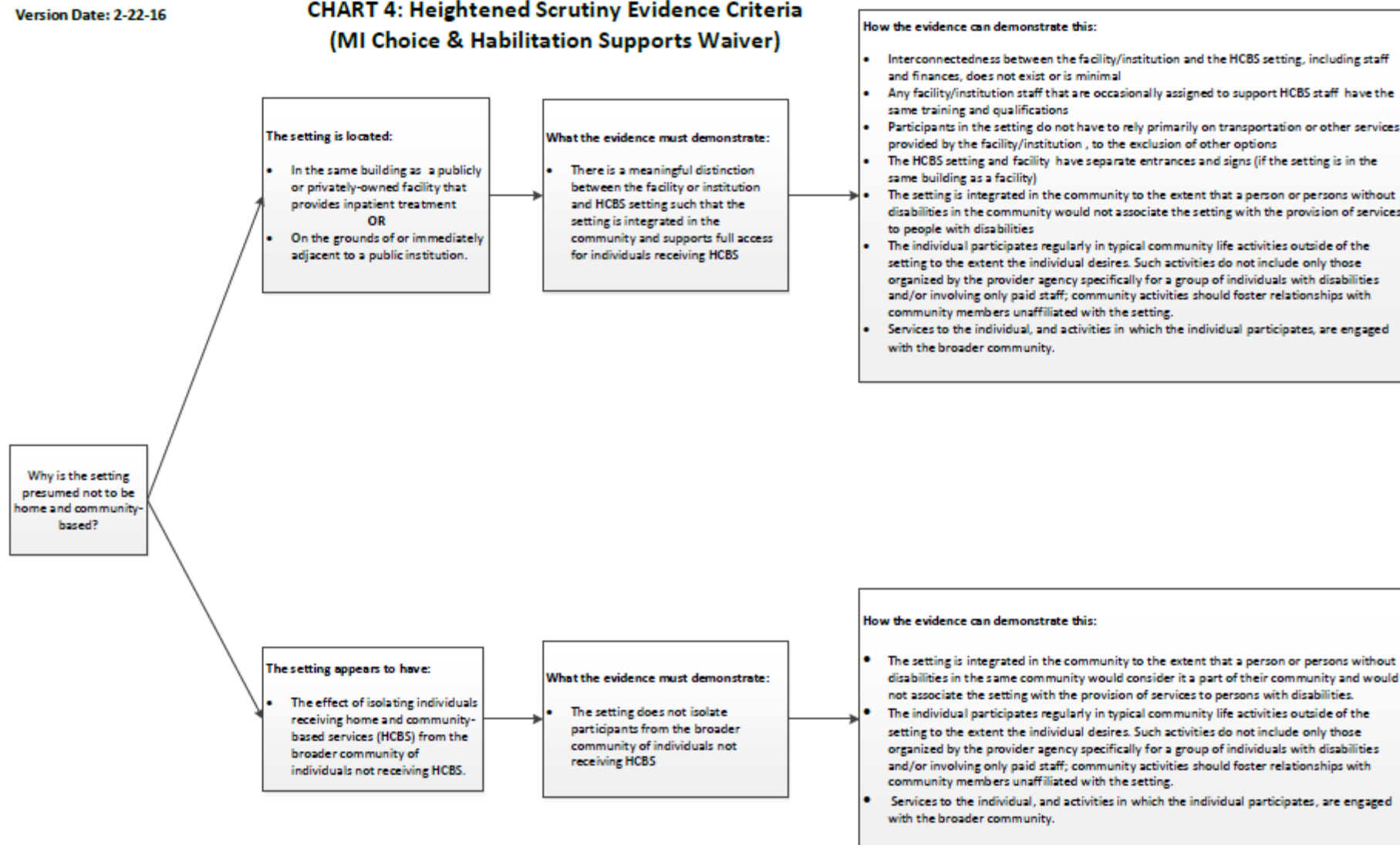


Version Date: 2-22-16

Chart 4: Heightened Scrutiny Evidence Criteria (MI Choice Waiver and Habilitation Supports Waiver)

Version Date: 2-22-16

CHART 4: Heightened Scrutiny Evidence Criteria (MI Choice & Habilitation Supports Waiver)



Version Date: 2-22-16

Stakeholder Engagement and Outreach Strategy

As part of implementing the Statewide Transition Plan, MDHHS will seek to engage Michiganders in a discussion on the Statewide Transition Process. 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
Developmental Disability Public Policy Meeting	4/7/2015
LeadingAge Regulatory Day	4/29/2015

Michigan's Statewide Transition Plan for Home and Community-Based Services

Event Title	Date
Oakland County RICC Meeting	5/8/2015
Michigan Developmental Disability Council Meeting	5/19/2015
HCBS Regional Forum	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
MACMHB Director's Forum	11/15/2015
Update for the MI Choice Waiver Agents and Integrated Care Organizations	11/15/2015
Waiver Director's Meeting	2/24/2016
Autism Council Meeting	2/26/2016
MACMHB Director's Forum	3/1/2016
Developmental Disability Practice Improvement Team	3/9/2016

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: the Developmental Disabilities Council, the Developmental Disability Practice Improvement Team, the MACMHB Directors' Forum, and the 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, 2014 and December 24, 2014.	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	<p>Version 2.0 included several major updates and revisions to the STP, which include the following:</p> <ol style="list-style-type: none"> 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 MI Choice Waiver and Habilitation Supports Waiver 7. Addition of the Statewide Assessment, Remediation, and Transition 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, 2016.	The MDHHS released Version 2.0 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, 2016. MDHHS will respond to public comment and submit a revised STP to the CMS by March 11, 2016.