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

Version 4.0

Version Date February 2018

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Introduction to the Statewide Transition Plan

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

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

The MDHHS developed the STP based upon the following principles:

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

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

Components of the Statewide Transition Plan

The STP is composed of the following components:

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

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

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

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

Overview of Home and Community-Based Waiver Programs

Program Name	Program Type	Population	Purpose of the Program	The Rule's Effect on the Program
Children's Waiver Program	§1915(c) Waiver	Children with Developmental Disabilities	Provide community-based services to children under age 18 who would otherwise require the level of care provided in an Intermediate Care Facility.	All settings under this waiver are presumed compliant with the rule.
Children with Serious Emotional Disturbances Waiver Program	§1915(c) Waiver	Children with Behavioral Health Needs	Provides community-based services to children with serious emotional disturbances under age 21 who otherwise would require hospitalization in the State psychiatric hospital for children.	All settings under this waiver are presumed compliant with the rule.
MI Choice Waiver Program	§1915(c) Waiver	Older Adults or Adults with a Disability	Provide community-based services to individuals who would otherwise require the level of care provided in a nursing facility.	All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.
MI Health Link HCBS Waiver Program	§1915(c) Waiver	Older Adults or Adults with a Disability	Provide community-based services to adults (1) who are dually eligible for Medicare and Medicaid and (2) who would otherwise require the level of care provided in a nursing facility.	All settings under this waiver must be in immediate compliance with the rule in order to provide home and community-based services. Please see Page 5 for more details.

Habilitation Supports Waiver Program	§1915(c) Waiver	Children and Adults with Developmental Disabilities	Provide community-based services to children and adults with developmental disabilities who would otherwise require the level of care provided in an Intermediate Care Facility.	All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.
Managed Specialty Services and Supports Waiver Program	§1915(b) Waiver	Children and Adults with Behavioral Health Needs or Developmental Disabilities	Provides coverage for (1) mental health and substance use disorder services; and (2) long-term services and supports. This program also includes §1915(b)(3) supports and services that that promote community inclusion and participation, independence, and/or productivity.	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 all 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. The State of Michigan licensing rules governing child foster family homes and group foster family homes to ensure that the children placed in these settings are treated the same as any other children in the home and that the licensing rules fully comport with 42 CFR §441.301(c)(4). 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. Based on the 01/09/2015 conference call between Michigan staff, Ralph Lollar and Mindy Morrell it was determined that all settings (including foster family homes and therapeutic camps) for SEDW are considered compliant to the federal HCB settings requirements. During this conference call, CMS requested that Michigan amend the SEDW transition plan to reflect the fact that Foster Family homes and any other setting, per licensing rules, meet the HCBS regulatory requirements. CMS approved the amended plan including the SEDW transition plan on 03/27/2015. If the licensing regulations change, Michigan will ensure that all children on the SEDW are living in a private home. MDHHS will not be assessing individual settings under this program.

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

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

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

Managed Specialty Services and Supports Waiver Program: Settings for beneficiaries age 21 and over who are receiving CLS in provider owned or controlled settings, Supported Employment, and Skill Building under this waiver must be assessed for compliance with the rule.

Table of Acronyms

AFC	Adult Foster Care	IPOS	Individualized Plan of Service
AQAR	Administrative Quality Assurance Review	JGD	Joint Guidance Document
BHDDA	Behavioral Health and Developmental Disability Administration	LARA	Department of Licensing and Regulatory Affairs
CAP	Corrective Action Plan	LOCD	Level of Care Determination
CLS	Community Living Supports	LTC	Long Term Care
CMH or CMHSP	Community Mental Health Services Program	MAHS	Michigan Administrative Hearing System

CMS	Centers for Medicare and Medicaid Services	*MDHHS	Michigan Department of Health and Human Services
CPT	American Medical Association's Current Procedural Terminology	MPM	Michigan Medicaid Provider Manual
CWP	Children's Waiver Program	MSA	Medical Services Administration
DDI	Developmental Disabilities Institute of Wayne State University	MSS&SP	Managed Specialty Services and Supports Program
DDPIT	Developmental Disabilities Practice Improvement Team	MSU	Michigan State University
EMR	Electronic Medical Record	ORR	Office of Recipient Rights
HCBS	Home and Community Based Services	PIHP	Pre-Paid Inpatient Health Plan
HCPCS	Healthcare Common Procedure Coding System based on the American Medical Association's Current Procedural Terminology codes	QIC	Quality Improvement Council
HFA	Homes for the Aged	RLA	Residential Living Arrangement
HS	Heightened Scrutiny	SEDW	Waiver for Children with Serious Emotional Disturbances
HSRC	Heightened Scrutiny Review Committee	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 and 1b: 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 1c: Setting Assessment**
  The Setting Assessment is a review of all settings where individuals receive home and community-based services under a Medicaid Waiver Program.

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.

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.

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

Section 1: Assessment Process

Section 1a: Systemic Assessment

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
Setting is integrated in, supports full access of, and is physically accessible to the individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.	Compliant	Medicaid Provider Manual (MPM)	Team will create a Home and Community Based Services Chapter in the MPM. New language that is added to the Medicaid Provider Manual will fully comport with 42 CFR §441.301	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/2016 Effective on 07/01/2018
	Compliant	Contract: PIHP Contract for §1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver		

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q). Any modifications to a setting for physically accessible must be based upon a specific assessed health and safety need and justified in the person centered service plan, and meet the following federal criteria in 42 CFR §441.301(c)(4)(vi)(F) which are: ▪ Identify the specific assessed need, ▪ Document the positive interventions and supports used previously, ▪ Document less intrusive methods that	agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on		

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		were tried and did not work, including how and why they did not work ▪ Include a clear description of the condition that is directly proportionate to the assessed need, ▪ Include regular collection and review of data to measure the effectiveness of the modification, ▪ Include established time limits for periodic review of the modification, ▪ Include informed consent of the individual, and ▪ Include assurances that the modifications will cause no harm to the individual.	the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		
	Compliant	Licensing Rules: Rule 8: R 400.1408 - Resident Care; Licensee Responsibilities			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Family Homes Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 303: R 400.14303 - Resident care; licensee responsibilities. Rule 304: R 400.14304 - Resident rights; licensee responsibilities. Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 303: R 400.15303 Resident care; licensee responsibilities. Rule 304: R 400.15304 Resident rights; licensee responsibilities.			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
The setting includes opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS.	Compliant	Medicaid Provider Manual: service definition for supported employment (pg. 121 - Community-based, taking place in integrated work settings). Medicaid Provider Manual	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days)	Start on 11/07/2016 Effective on 07/01/2018
	Compliant	Contract: PIHP Contract for §1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx .			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).			
	Compliant	Licensing Rules: Rule 8: R 400.1408 – Resident Care; Licensee Responsibility Licensing Rules for Adult Foster Care Family Homes Rule 303: R 400.14303 - Resident care; licensee responsibilities. Licensing Rules for Adult Foster Care Small Group Homes (12 or less)			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Rule 303: R 400.15303 Resident care; licensee responsibilities. Licensing Rules for Adult Foster Care Large Group Homes (13-20)			

The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Compliant	Licensing Rules: Rule 8: R 400.1408 – Resident Care; Licensee Responsibility Licensing Rules for Adult Foster Care Family Homes Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 303: R 400.14303- Resident care; licensee responsibilities Rule 304: R 400.14304 - Resident rights; licensee responsibilities. Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 303: R 400.15303 - Resident care; licensee responsibilities Rule 304: R 400.15304 - Resident rights; licensee responsibilities.			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Large Group Homes (13-20)			

	Compliant	Contract: PIHP Contract for §1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).			
	Compliant	MPM	Team will create a Home and Community Based	Already promulgation	Start on 11/07/2016

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			Services Chapter in the MPM.	Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Effective on 07/01/2018
The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/2016 Effective on 07/01/2018
	Compliant	MCL 330.1728 - Personal property: mcl-330-1728 MCL 330.1730 – Access to Money: mcl-330-1730			
	Compliant	Contract: PIHP Contract for §1915 (b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).			
	Compliant	Licensing Rules: Rule 8: R 400.1408 – Resident Care; Licensee Responsibility Rule 21: R 400.1421 Handling of resident funds and valuables. Licensing Rules for Adult Foster Care Family Homes			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 301: R 400.14301(6)(K) - Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 315: R 400.14315 – Handling of resident funds and valuables Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement;			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		physician's instructions; health care appraisal. Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 315: R 400.15315 Handling of resident funds and valuables. Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/2016 Effective on 07/01/2018
	Compliant	Contract: PIHP Contract for §1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.		MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q). • attachments (A through Q).			
	Compliant	Licensing Rules: Rule 7: R 400.1407(12) through (15) – Resident	Joint Guidance Document	Already promulgation Available online at: http://www.michigan.go	10/01/2017

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Admission and Discharge Criteria; Resident Assessment Plan; Resident Care Agreement; House Guidelines; Fee Schedule; Physician's Instructions; Health Care Appraisal Licensing Rules for Adult Foster Care Family Homes Rule 301: R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.		v/documents/mdhhs/MSA_17-42_606958_7.pdf	

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
	Compliant	Michigan Person-Centered Planning Policy and Practice Guideline: Individual Plan of Services: In addition, documentation maintained by the CMHSP within the Individual Plan of Service must include: (1) A description of the individual's strengths, abilities, goals, plans, hopes, interests, preferences and natural supports Michigan Person-Centered Planning Policy and Practice Guideline Michigan Self-Determination Policy & Practice Guideline Page 14: definitions on "Freedom" and "Self-determination":			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Michigan Self-Determination Policy & Practice Guideline			
	Compliant	MCL 330.1712 - Individualized Written Plan of Services mcl-330-1712 MCL 330.1700 (g) – Definitions: "Person-centered planning" means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires. MCL 330.1700			
An individual's essential personal rights of privacy,	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.go	Start on 11/07/2016

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
dignity, respect, and freedom from coercion and restraint are protected.				v/documents/mdhhs/MSA_17-42_606958_7.pdf	Effective on 07/01/2018
	Compliant	MCL 330.1740 - Physical restraint mcl-330-1740 MCL 330.1742 – Seclusion mcl-330-1742 MCL 330.1748 - Confidentiality mcl-330-1748 MCL 330.1752 - Policies and Procedures mcl-330-1752			
	Compliant	Licensing Rules: Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 12: 400.1412 – Resident Behavior Management; Prohibitions			

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Family Homes Rule 304: 400.15304 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 305: R 400.15305 - Resident protection. Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 307: R 400.15307 Resident behavior interventions generally Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 308: R 400.15308 Resident behavior interventions prohibitions			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 304: R 400.14304 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 305: R 400.14305 - Resident Protection Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 307: R 400.14307 – Resident behavior interventions generally Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 308: R 400.14308 – Resident Behavioral intervention prohibitions			

	Section 1a: Systemic Assessment				
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		Licensing Rules for Adult Foster Care Small Group Homes (12 or less)			
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	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).			
Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/2016 Effective on 07/01/2018
	Compliant	Contract: PIHP Contract for §19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services and Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant		

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		
	Compliant	PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices. Michigan Person-Centered Planning Policy and Practice Guideline Michigan Self-Determination Policy & Practice Guideline: Introduction, Page 14: definitions on "Freedom" and "Self-determination": Michigan Self-Determination Policy & Practice Guideline			
	Compliant	Licensing Rules:			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Rule 8: R 400.1408 – Resident Care; Licensee Responsibility Licensing Rules for Adult Foster Care Family Homes Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 303: R 400.15303 – Resident Care; Licensee Responsibility Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 304: R 400.153040 - Resident rights; licensee responsibilities. Licensing Rules for Adult Foster Care Large Group Homes (13-20)			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Rule 303: R 400.14303 - Resident Care; Licensee Responsibilities Rule 304: R 400.14303 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Small Group Homes (12 or less)			
Individual choice regarding services and supports, and who provides them, is facilitated.	Compliant	MCL 330.1712 - Individualized Written Plan of Services mcl-330-1712 Michigan Self-Determination Policy & Practice Guideline: Introduction, Page 14: definitions on "Freedom" and "Self-determination": Michigan Self-Determination Policy & Practice Guideline			
	Compliant	Medicaid Provider Manual: 2.4 STAFF PROVIDER QUALIFICATIONS: Providers of specialty services and supports (including state plan, HSW, and additional/B3) are	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review Policy promulgation	Start on 11/07/2016 Effective on 07/01/2018

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		chosen by the beneficiary and others assisting him/her during the person-centered planning process, and must meet the staffing qualifications contained in program sections in this chapter. Medicaid Provider Manual		Engage in public comment Publish policy (takes 120-180 days)	
	Compliant	Rule 7: R 400.1407(2) through (6) Licensing Rules for Adult Foster Care Family Homes Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 301: R 400.14301(6) Resident admission criteria; resident assessment plan; emergency admission;			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		resident care agreement; physician's instructions; health care appraisal. Licensing Rules for Adult Foster Care Small Group Homes (12 or less)			
	Compliant	Contracts: PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).			
Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the	Non-compliant	Rule 7: R 400.1407(12) through (15) – Resident Admission and Discharge Criteria; Resident Assessment Plan; Resident Care Agreement; House Guidelines; Fee Schedule; Physician's Instructions; Health Care Appraisal Licensing Rules for Adult Foster Care Family Homes Rule 302: R 15302 - Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements	MDHHS Created an addendum to the current standard residency agreement for adult foster care settings. Joint Guidance MDHHS is reviewing the tenancy of the JGD in response to a stakeholder communication to CMS. Summary of Resident Rights	Created document in junction with Department of Licensing and Regulatory Affairs, stakeholders. Engaged in public comment with residency agreement. Implement residency agreement with adult foster care family homes.	11/01/2016 thru 02/01/2017

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same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that		prohibited; provision of resident records at time of discharge. Licensing Rules for Adult Foster Care Large Group Homes (13-20) Rule 302: R 400.14302 - Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge. Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 22: R 325.1922 admission and retention of residents Licensing Rules for Homes for the Aged	MDHHS BHDDA is working with the Michigan Administrative Hearings System (MAHS) and LARA to develop additional protections and hearing rights for individuals in licensed settings.	Develop and implement an adjudication process for individuals in provider owned or controlled settings	

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the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	Compliant Compliant	The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	**The following paragraph will be added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to March 17, 2014 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after March 17, 2014 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17,	Add contract amendment Added to contract	Contract Amendment Effective: 01/01/2017 Contract Effective: 10/01/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.		
Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/2016 Effective on 07/01/2018
	Compliant	Rule 9: 400.1409(1)(p) - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 407: R 400.14407 – Bathroom Rule 408: R 400.14408 – Bedroom generally.			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 407: R 400.15407 – Bathroom. Rule 408: R 400.15408 – Bedroom generally. Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
	Compliant Compliant	Contracts: PIHP Contract for §19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services	**The following paragraph will be added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to March 17, 2014 will have until March 17, 2019 to	Add contract amendment Added to contract	Contract Amendment Effective: 01/01/2017 Contract Effective: 10/01/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after March 17, 2014 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.		
Provider owned or controlled residential settings: Individuals sharing units have a choice	Compliant	PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices. Michigan Person-Centered Planning Policy and Practice Guideline			

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of roommates in that setting.		Michigan Self-Determination Policy & Practice Guideline: Page 14: definitions on "Freedom" and "Self-determination": Michigan Self-Determination Policy & Practice Guideline			
	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/2016 Effective: 07/01/2018
	Compliant Compliant	Contract: PIHP Contract for §19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will	Add contract amendment Added to contract	Contract Amendment Effective: 01/01/2017 Contract Effective: 10/01/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			"Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		
	Non-compliant	Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities R 400.1431 Bedrooms generally Licensing Rules for Adult Foster Care Family Homes Rule 301: R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.	MDHHS Created an addendum to the current standard residency agreement for adult foster care settings. Joint Guidance Joint Guidance	Created document in junction with Department of Licensing and Regulatory Affairs, stakeholders. Engaged in public comment with residency agreement.	10/01/2017

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		R 400.14408 Bedrooms generally. Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. R 400.15408 Bedrooms generally. Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
Provider owned or controlled residential settings: Individuals have the freedom to furnish and	Compliant	Rule 9: 400.1409(1)(j) - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 410: R 400.14410 – Bedroom furnishings			

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decorate their sleeping or living units within the lease or other agreement.		Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 410: R 400.15410 – Bedroom furnishings Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days)	Start on 11/07/2016 Effective on 07/01/2018
	Compliant Compliant	Contract: PIHP Contract for §1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings	Add contract amendment Added to contract	Contract Amendment Effective: 01/01/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS		Contract Effective: 10/01/2017

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			website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		
Provider owned or controlled residential and nonresidential settings: Individuals have the freedom and support to control their own schedules and activities,	Compliant	Rule 9: 400.1409(1)(h) - Resident Rights; Licensee Responsibilities Rule 19 R 400.1419 Resident nutrition. Licensing Rules for Adult Foster Care Family Homes Rule 304: R 400.14304 - Resident rights; licensee responsibilities			

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and have access to food at any time.		Rule 313: R 400.14313 Resident nutrition. Licensing Rules for Adult Foster Care Small Group Homes (12 or less) Rule 304: R 400.15304 - Resident rights; licensee responsibilities Rule 313: R 400.15313 Resident nutrition. Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/7/2016 Effective on 07/01/2018
	Compliant	Contract: PIHP Contract for §1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:**	Add contract amendment	Contract Amendment Effective: 01/01/2017

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	Compliant	MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice	Added to contract	Contract Effective: 10/01/2017

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			participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		
Provider owned or controlled residential settings: Individuals are	Compliant	Rule 9: 400.1409(1)(k) - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes			

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able to have visitors of their choosing at any time.		Rule 304: R 400.14304 Resident rights; licensee responsibilities. Licensing Rules for Adult Foster Care Small Group Homes (12 or less): (k) Rule 304: R 400.15304 Resident rights; licensee responsibilities. Licensing Rules for Adult Foster Care Large Group Homes (13-20)			
	Compliant	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/2016 Effective on 07/01/2018

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Compliant Compliant	Contract: PIHP Contract for §1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17,	Add contract amendment Added to contract	Contract Amendment Effective: 01/01/2017 Contract Effective: 10/01/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		

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Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.	Compliant	Licensing Rule and MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	Start on 11/07/16 Effective on 07/01/2018
	Compliant	Contract: PIHP Contract for §19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:**	Add contract amendment	Contract Amendment Effective: 01/01/2017

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	Compliant	The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice	Added to contract	Contract Effective: 10/01/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		
Standards for Non-residential Settings	Compliant	Adult Day Care: MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services			

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		The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q). Out of Home Non Vocational Habilitation: Section 15 in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual Prevocational Service: Section 15 in Behavioral			

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		Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual Supported Employment: Section 15 in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual Community Living Services: Section 15 in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual Community Living Services: Section 17.3.B in Behavioral Health and Intellectual and Developmental Disability			

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		Supports and Services Chapter of MPM Medicaid Provider Manual Skill Building Assistance Section17.3.J in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual Supported Employment: Section 17.3.L in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual			
Home and community-based settings do not include the following: a nursing facility;	Compliant	MCL 400.703(4): mcl-400-703			
	Compliant	Licensing rules and MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Already promulgation Available online at: http://www.michigan.go	Start on 11/07/2016 Effective on 07/01/2018

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institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital.				v/documents/mdhhs/MSA_17-42_606958_7.pdf	
	Compliant Compliant	Contract: PIHP Contract for §19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	**The following paragraph was added to Attachment H, page 4 of the MI Choice contract:** Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service	Add contract amendment Added to contract	Contract Amendment Effective: 01/01/2017 Contract Effective: 10/01/2017

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).		

	Section 1a: Systemic Assessment				
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline

Section 1b: Systemic Assessment

	Section 1b: Systemic Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.1	Children with Serious Emotional Disturbances and the Children's Waiver Program	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 http://www.michigan.gov/documents/mdch/CMS_Letter_on_STP_499980_7.pdf • 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.	12/01/2014	01/31/2015 (Completed)	Licensing standards for residential settings, provider contracts, site review protocols, waiver policies, provider monitoring protocols	MDHHS Federal Compliance Section, BHDDA

1.2	MI Choice Waiver	Review contracts	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 07/31/2017. The following paragraph was added to Attachment H, page 4 of the MI Choice contract: Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct	MI Choice: 01/01/2017	MI Choice: Review completed 08/31/2015; 2018 contracts were finalized by 07/31/2017 and are now in effect.	MDHHS/MI Choice Waiver Agent contracts	MSA, BHDDA, waiver entities.

			service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	01/01/2017	07/31/2017		

	Section 1b: Systemic Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.3.a	Habilitation Supports Waiver	Review contracts	HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/2015	10/01/2015 - completed	MDHHS/PIHP contracts,	MSA, BHDDA, waiver entities.
1.3.b	MSS&S Waiver -§1915(b)(3)	Review contracts	MSS&S Waiver - §1915(b)(3): The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/2015	10/01/2015 - completed	MDHHS/PIHP 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 7/1/2018. Medicaid Provider Manual Chapter already promulgation Available online at: http://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7.pdf	09/01/2014	07/01/2018	Medicaid Provider Manual	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups
1.5	MI Choice Waiver	Review waiver application	Submit a Waiver Amendment which includes the MI Choice Transition Plan.	Dependent on Approval for Statewide Transition Plan	Dependent on Approval for Statewide Transition Plan	MI Choice Waiver Application	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities,

	Section 1b: Systemic Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			The MI Choice Transition Plan will need to be updated once the STP is approved or if another amendment is submitted.				providers, waiver participants, advocacy groups
1.5.a	Habilitation Supports Waiver	Review waiver application	MDHHS submitted the HSW Waiver amendment to CMS following public comment period on the transition plan. MDHHS submitted a §1115 waiver.	10/01/2014 Dependent on Approval of the §1115	12/17/2014 Dependent on Approval of the §1115	HSW_Final_Renewal_Application-10-1-2010.pdf Section 1115 Pathway to Integration Waiver.pdf	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

	Section 1b: Systemic Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.5.b	MSS&S Waiver -§1915(b)(3)	Review waiver application	MDHHS submitted a §1115 waiver.	Dependent on Approval of the §1115	Dependent on Approval of the §1115	Managed_Speciality_Services_and_Supports_Waiver.pdf Section 1115 Pathway to Integration Waiver.pdf	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

	Section 1b: Systemic Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.6	Children with Serious Emotional Disturbances	Submit waiver amendment	MDHHS submitted the SEDW Waiver amendment to CMS following public comment period on the transition plan. MDHHS continues to require that children are living in family homes/family foster homes prior to being approved for access to the waiver program. MDHHS does not plan to add new setting types to the waiver, so this review is considered complete. MDHHS submitted a §1115 waiver.	12/30/2014 Dependent on Approval of the §1115	12/30/2014 - Completed Dependent on Approval of the §1115	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 10/01/2015 (for inclusion into FY 2016 MI Choice contract) to include information about whether	09/01/2014	07/31/2017	Provider Monitoring Tool	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver

	Section 1b: Systemic Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			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. Beginning October 1, 2017, waiver agencies will use the Provider Assessment Tool that MDHHS added to the Provider Monitoring Tool to monitor settings. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR§441.301(c)(4). The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.as				participants, advocacy groups

	Section 1b: Systemic Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			px . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).				

Section 1c: Setting Assessment

	Section 1c: 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	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 Developmental Disabilities Institute of Wayne State University (DDI) will validate the results of this survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into provider enrollment policy and contracts. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval (pilot project) MDHHS is surveying all residential and non-	10/01/2014 04/01/2016	04/13/2015 – completed 01/31/2017	CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			residential providers in two Phases				
2.1	MSS&S Waiver - §1915(b)(3)	Develop provider self-assessment tool	BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate conformity to HCBS rules. The tool aligns with the HSW Survey Tool. DDI will 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. The waiver entities will survey all providers for CLS, Skill Building and Supported Employment.	10/01/2014 05/01/2017	04/13/2015 –complete 09/30/2018	CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups
3	Habilitation Supports Waiver	Develop participant survey tool		10/01/2014	04/13/2015 -completed	CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW participants

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
3.1	MSS&S Waiver - §1915(b)(3)	Develop participant survey tool		10/01/2015	05/01/2017 Completed	CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, MSS&S W participants
4	Habilitation Supports Waiver	Develop PIHP survey tool	BHDDA will develop a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for HSW PIHP coordinators to evaluate conformity to and compliance with HCBS rules. The tool will be incorporated into provider enrollment policy and contracts. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.	10/01/2014	04/13/2015 Completed	CMS exploratory tool, BHDDA developed assessment tools: Michigan survey tools for all waivers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW PIHP coordinators

	Section 1c: 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	Develop 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.	01/01/2015	04/01/2015 Completed	CMS Exploratory tool, State developed tools: Michigan survey tools for all waivers	BHDDA, MSA, DDI, waiver entities, providers, waiver participants, advocacy groups
6	Habilitation Supports Waiver	Obtain active list of residential settings	BHDDA will identify the types of HSW residential services and the characteristics of the settings. 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	08/01/2014	04/01/2015 submitted to CMS	WSA and Data Warehouse RLA codes	MDHHS Federal Compliance Section, BHDDA, MSA

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan. Completed – The list was submitted to CMS in April 2015				
6.1	MSS&S Waiver - §1915(b)(3)	The Waiver Entities will obtain active list of providers of CLS, Skill Building and Supported Employment.	Identify the types of §1915(b)(3) services (CLS, Skill Building and Supported Employment) and the characteristics of those services.	03/01/2017	9/30/2018 Ongoing	Waiver Entity EMR, WSA and Data Warehouse.	Waiver Entities and contracted entities.
7	Habilitation Supports Waiver	Obtain active list of nonresidential service types	BHDDA identified the types of HSW nonresidential services and the characteristics of the settings. During the preliminary assessment, MDHHS drew a random proportionate sample that was statistically significant to the 95% confidence level	08/01/2014	04/01/2015	HCPCS codes of out of home non vocational, pre vocational, and supported employment services billed to HSW	MDHHS Federal Compliance Section, BHDDA

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			from the 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. Completed – The list was submitted to CMS in April 2015				
8	MI Choice Waiver	Identify all provider-controlled and owned residential and non-residential settings	MSA will work with waiver agencies to compile a list of all settings currently used within the MI Choice Waiver.	07/01/2014	07/31/2014 Completed Waiver agencies compiled their own lists, contacted the settings for an initial assessment, and submitted to MDHHS. List was sent to	Waiver agency provider networks	MDHHS Medicaid LTC Division: HCBS Section and LTC Policy section, MI Choice waiver agencies

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
					CMS on 04/20/2015		
9.1	Children's Waiver Program	Assess settings covered by the waiver	MDHHS conducted a preliminary assessment of the types of CWP residential and non-residential services and the characteristics of the settings. Family homes have presumed compliance with the rule.	12/01/2014	03/01/2015 Completed	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA
9.2	Children with Serious Emotional Disturbances Waiver	Assess settings covered by the waiver	MDHHS conducted a preliminary assessment of the types of SEDW residential and non-residential services and the characteristics of the settings. Family homes and independent living settings (not provider-owned or operated) have presumed compliance with the rule. Foster Family homes, per licensing rules, also meet the HCBS regulatory requirements. Foster family homes have four or fewer	12/01/2014	03/01/2015 Completed	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			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.				
10.1	Habilitation Supports Waiver	Administer survey tools	DDI administered and completed the provider, beneficiary, and CMH/PIHP survey tools as part of the sampling methodology (pilot project). Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is	04/01/2015	05/30/2015 – completed	BHDDA developed survey tools	MDHHS Federal Compliance & Performance Measurement Section

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			statistically significant to the 95% confidence interval MDHHS is surveying all residential (provider owned or controlled) and non-residential providers in two Phases: Residential Setting includes: • Licensed specialized residential homes • Licensed general residential home • Private residences that is owned or controlled by the PIHP, CMHSP or the contracted provider. Non- Residential Services includes: • Out of Home Non Vocational Habilitation • Prevocational Service	04/01/2016	01/31/2017		

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			• Supported Employment				
10.2	MSS&S Waiver - §1915(b)(3)	Administer survey tools	The Waiver Entities will administer and complete the provider tools as part of the survey process. Services and Settings for beneficiaries age 21 and over who are receiving: • CLS in provider owned or controlled settings • Supported Employment • Skill Building	03/01/2017	09/30/2018	BHDDA developed survey tools	Waiver entities and contracted entities
11.1	Habilitation Supports Waiver	Administer self-assessment	Waiver providers were required to conduct self-assessments of their settings to determine compliance to new rule or need for corrective action. This included collecting feedback from participants. BHDDA oversaw the process. Sampling Methodology: a random proportionate sample of residential and	04/01/2015	05/30/2015 (completed)	BHDDA developed survey tools, input from providers	BHDDA, providers, DDI, waiver participants, advocacy groups

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			nonresidential services providers, that is statistically significant to the 95% confidence interval. (Pilot project). MDHHS is surveying all residential and non-residential providers in two Phases	04/01/2016	01/31/2017		
11.2	MSS&S Waiver - §1915(b)(3)	Administer self-assessment	Waiver providers were required to conduct self-assessments of their settings to determine compliance to new rule or need for corrective action.	03/01/2017	09/30/2017	BHDDA developed survey tools, input from providers	BHDDA, providers, DDI, advocacy groups
12	MI Choice Waiver	Assess all settings	MDHHS MI Choice has trained the Waiver agencies in the final rule and the expectations of the State of Michigan related to the quality of services and supports provided to HCBS participants. Additionally, bi weekly phone meetings and monthly Waiver Director Meetings are used to provide ongoing technical assistance and to	12/31/2015	03/31/2017 (ongoing)	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

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			develop consistency across regions. Beginning October 1, 2017, waiver agencies began using the provider assessment tool that MDHHS added to the Provider Monitoring Tool to monitor settings. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR §441.301(c)(4). The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current				

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q). In addition to assessments performed by waiver agencies, MDHHS will continue its comprehensive Quality Assurance Review process. This process includes Clinical Quality Assurance Reviews, Home Visits with MI Choice participants, Administrative Quality Assurance Reviews, participant satisfaction surveys, and participant input from the Quality Management Collaboration. Each of these processes will include an examination of				

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			provider-controlled settings as appropriate to assure all settings adhere to the ruling. Residential Settings include: ▪ Assisted Living Facilities ▪ Adult Foster Care ▪ Homes for the Aged ▪ Independent Retirement apartments Non-Residential Settings include: ▪ Adult Day Care sites The state provided training to the waiver agencies and to the housing specialists who conduct the on-site assessments in 2014, prior to approval of the MI Choice transition plan provided in the waiver amendment. MI Choice				

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			regularly discusses issues related to compliance with waiver agencies during monthly Waiver Director Meetings, bi-weekly conference calls, quarterly Quality Management Collaboration meetings, the distribution of information and through technical assistance as needed when issues occur. See attached webinar presentations and Q&A document. These documents are available online at: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html				

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
13.1	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.	04/01/2015	05/30/2015 Completed	Assessment tool, Provider Network, PIHP HSW coordinators, beneficiary	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC
13.2	MSS&S Waiver - §1915(b)(3)	Submission of survey results to BHDDA	All active enrolled HCBS provider and MSS&S Waiver PIHP coordinators will submit the data from the assessment tool to BHDDA.	07/01/2017	09/30/2018	Assessment tool, Provider Network, HCBS Leads.	Waiver entities and contracted entities.
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	06/01/2015	09/30/2015 -completed	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			compliance with HCBS settings requirement. DDI, as an independent organization, will validate the results of this survey by on site assessments conducted by trained reviewers.	09/01/2015	12/31/2015		
15	Habilitation Supports Waiver		BHDDA will present the results of the assessment data to stakeholders and post results on the MDHHS website (pilot project).	09/01/2015	11/30/2015 Completed	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver participants, waiver entities, advocacy groups
16	MI Choice Waiver	Compile, analyze, and review assessment data. Report findings to stakeholders.	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.	01/20/2016	09/30/2017 Ongoing	Self-Assessment tool, data analysis	MSA, waiver entities, providers, waiver participants, and advocacy groups

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
17	MI Choice	Determine compliance of residential and non-residential settings.	Participants' private homes are compliant with the Federal requirements. The following settings are non-compliant: hospitals, nursing facilities, and institutions for mental diseases. There are not any MI Choice participants who reside in hospitals, nursing facilities, or institutions for mental diseases. Regulations prohibit enrollment in MI Choice while residing in nursing facility or an institution for mental diseases. Individuals do not reside in hospitals, but may be temporarily admitted for medical treatment. The state provided training to the waiver agencies and to the housing specialists who conduct the on-site assessments in 2014, prior to approval of the MI	03/31/2016	09/30/2017 - ongoing	Waiver Agencies,	MSA, waiver entities, providers, waiver participants, and advocacy groups

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			Choice transition plan provided in the waiver amendment. MI Choice regularly discusses issues related to compliance with waiver agencies during monthly Waiver Director Meetings, bi-weekly conference calls, quarterly Quality Management Collaboration meetings, the distribution of and through technical assistance as needed when issues occur. See attached webinar presentations and Q&A document. This document is available on line at: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html The results of the assessment will be posted	01/01/2017	06/30/2017		

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			in Assessment Results section. MDHHS is creating a HCBS Chapter to be included in the Michigan Medicaid Provider Manual to address reverse integration. MI Choice has furnished tailored technical assistance to residential and non-residential providers based on the results of the provider assessment survey analysis. Topics that have identified based on the results of the provider assessment include a basic overview of the HCB settings requirements, with particular attention paid to community integration, reverse integration,				

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			beneficiary rights and choices, and person-centered planning. These topics have been covered through bi-weekly phone calls, monthly waiver director meetings, on-site technical assistance training, and via materials posted to our state-specific HCBS Settings website. MI Choice expects this dialogue to be ongoing throughout the assessment process.				
18.1	Habilitation Supports Waiver	Assess settings on a statewide basis	PIHPs contract directly with providers. Waiver entities will be required to conduct on-site assessments of each provider setting to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. Waiver entities will report	04/01/2016	01/31/2017 - ongoing	Assessment tool, Input from providers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver participants, waiver entities, advocacy groups

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			this data to BHDDA. The HSW survey tools will be used for the assessment. Residential Settings to be assessed include: ▪ Group Home: Specialized AFC ▪ Group Home: General AFC ▪ Private residence that is owned by the PIHP, CMHSP or the contracted provider Settings to be assessed where Non-Residential Services are delivered include: ▪ Out of Home Non Vocational Habilitation ▪ Prevocational Service ▪ Supported Employment				
18.2	MSS&S Waiver - §1915(b)(3)	Assess settings on a statewide basis	PIHPs contract directly with providers. The waiver entities will be required to conduct on-site assessments of each provider setting to determine compliance to new rule or need for	03/01/2017	09/30/2018 - ongoing	Assessment tool, Input from providers	Waiver entities and contracted entities.

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. The waiver entities will report this data to BHDDA. The §1915(b)(3) survey tools will be used for the assessment. Assessment of providers for beneficiaries age 21 and over include: ▪ Supported Employment ▪ Skill Building ▪ CLS in provider owned or controlled settings				
19.1	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.	01/01/2016	01/01/2018	Self-Assessment tool, data analysis	MSA, waiver entities, providers, waiver participants, and advocacy groups
19.2	MSS&S Waiver - §1915(b)(3)	Compile, analyze, and review assessment data.	Waiver entities will compile the data from providers to determine those HCBS services providers who meet, do not meet, and could come into	03/01/2017	09/30/2018	Self-Assessment tool, data analysis	BHDDA, MSA, waiver entities, providers, waiver participants, and advocacy groups

	Section 1c: Setting Assessment						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			compliance with HCBS guidance.				

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
21.1	MI Choice 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.	12/01/2015	06/30/2016	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups
21.2	Habilitation Supports Waiver	Design statewide remediation strategy	MDHHS has developed and implemented a review process that surveys both the provider and participants of the HSW. This process utilizes the exploratory questions identified by CMS to determine whether settings are HCBS compliant and to assess whether they will require a Heighted Scrutiny review. • Licensed specialized	12/01/2015	06/30/2016 Completed	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			residential homes • Licensed general residential home • Private residences that is owned and/or controlled by the PIHP, CMHSP or the contracted provider The HCBS web based survey platform for HSW and MSS&S waiver allow the review of reports that specify differences between provider and participant surveys. These reports will be utilized by the MDHHS site review team in the site review process. The review team will review this "mismatch" report prior to meeting with the provider and participant and will explore areas of differing perceptions. The resulting information will be shared with the HCBS staff at MDHHS and with the				

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			waiver entities and may become part of the PIHPs corrective action plan (CAP). 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.				
21.3	MSS&S Waiver - §1915(b)(3)	Design statewide remediation strategy	MDHHS has developed and implemented a review process that surveys both the provider and participants of the MSSSP This process utilizes the exploratory questions identified by CMS to determine whether settings are HCBS compliant and to assess whether they will require a Heighted Scrutiny	12/01/2015	06/30/2016 Completed	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			review. Setting that will be assessed are • CLS in provider owned or controlled settings • Supported Employment • Skill Building The HCBS web based survey platform for HSW and MSS&S waiver allow the review of reports that specify differences between provider and participant surveys. These reports will be utilized by the MDHHS site review team in the site review process. The review team will review this "mismatch" report prior to meeting with the provider and participant and will explore areas of differing perceptions. The resulting information will be shared with the HCBS staff				

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			at MDHHS and with the waiver entities and may become part of the PIHPs corrective action plan (CAP). 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.				
22	All Waivers	Develop a list of settings based upon current compliance status	MDHHS will develop a list of those settings that are: • assumed to be in compliance • out of compliance (but may come into compliance) <u>MI Choice Waiver</u>: As of 11/15/2016, there have been 748 total residential settings assessed and submitted to	12/01/2014	03/31/2015 SEDW and CWP 01/31/2017 - MI Choice Waiver	CMS HCBS guidelines	BHDDA, MSA, waiver entities, waiver providers, , MDHHS, LARA, ORR, Waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			MSA. MSA completed reviews of 560 of these settings. 181 were found in compliance. 245 do not meet requirements but could come into compliance with HCBS guidance. 142 have been identified as possible heightened scrutiny. Of the 142, 29 residential settings are either located in a building that is also a publicly or privately operated facility that providers inpatient institutional treatment or are on the ground of or immediately adjacent to a public institution. The remaining 113 of the 142 have been identified as settings with isolating features. MDHHS and the waiver agencies have been working with the settings on CAP to bring these	03/01/2017	10/01/2017		

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			settings into compliance. Through survey analysis and site visits, we were able to identify most settings that were identified as settings with isolating features were not truly isolating, but were including modifications of the rule in the person centered plan as isolating features. All MI Choice assessments have been submitted. As of October 1, 2018, all new settings must be immediately compliant. <u>Habilitation Supports Waiver (HSW):</u> MDHHS has surveyed all HSW providers and participants. This list has been shared with the PIHP leads who will work with	03/01/2017	10/01/2018		

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			providers who are non-compliant to develop remediation plans Results of HSW assessment process: Do not comply but could come into compliance statewide C waiver: 3868 Full compliance: 3 Require heightened scrutiny: 806 settings. <u>MSS&S Waiver - §1915(b)(3)</u> The provider status list will be developed after the statewide assessment currently in process ending December 2017		03/01/2018		

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
23.1	MI Choice Waiver	Update MDHHS policies, procedures, standards, contracts as necessary	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.	10/01/2015	03/31/2017	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
23.2	Habilitation Supports Waiver	Update MDHHS policies, procedures, standards, contracts as necessary	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.	10/01/2015	03/01/2017	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			These updates may include legislation, administrative rules, and contracting procedures.				
23.3	MSS&S Waiver - §1915(b)(3)	Update MDHHS policies, procedures, standards, contracts as necessary	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.	10/01/2015	03/01/2017	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
24	All waivers	Revise policy	Revise Michigan Medicaid Provider Manual to address new Federal requirements.	10/01/2015	07/01/2018	Medicaid Provider Manual	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
24.1	All waivers	Revise provider contracts	Revised waiver entity contract to address new requirements.				BHDDA, MSA, waiver entities, waiver providers
			HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/2015	10/01/2015 Completed	PIHPs' contracts: HSW: MA/PIHP Contract	
			MI Choice Waiver: Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY 2018 contracts will include provider specifications, and the language will be finalized 07/31/2017.	06/01/2015	07/31/2017	Waiver Agencies' contracts:	
			MSS&S Waiver - §1915(b)(3)	06/01/2015	10/01/2015 - completed	PIHPs' contracts: MA/PIHP Contract	
24.2	All waivers	Provide technical assistance with	MDHHS will work with LARA to provide various types of technical assistance around	09/01/2014	02/29/2016	Residential Agreement Guidance	BHDDA, MSA, waiver entities, waiver providers, waiver participants

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
		licensing issues	licensing issues including the following: ▪ 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			Joint Guidance	

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			residential agreements to address new Federal requirements on participants rights regarding discharge and complaints • On 10/18/2016, MDHHS Received CMS comments back on the *Joint Communication on the HCBS Rule and Licensing Issues.* MDHHS will complete new revisions to the document. • MDHHS is working with LARA and MAHS to develop a process to provide comparable protections aligning with landlord tenant laws in Michigan	11/01/2016	02/01/2017 12/31/2018		
24.3	MI Choice Waiver	Update Waiver Applications	MDHHS submitted a Waiver Amendment to the MI Choice Waiver Application which included the MI Choice Transition Plan. The MI Choice	Dependent on Approval of Statewide Transition Plan	Dependent on Approval of Statewide Transition Plan	Waiver Application	MSA, LARA, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			Transition Plan will need to be updated once the STP is approved or if another amendment is submitted.				
24.4	MI Choice Waiver	Create MI Choice Provider Monitoring Tool	The MI Choice provider monitoring tool currently in use. MDHHS added the Provider Assessment Tool to the Provider Monitoring Tool in Attachment J of the MI Choice contract. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR §441.301(c)(4). This revised tool was included with the FY 2018 MI Choice contracts. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.asp	01/01/2017	07/31/2017	T The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents"	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			x . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).			folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).	
25	MI Choice Waiver, Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3)	Establish requirements for new providers	MDHHS will include language in the contracts of waiver entities and provider manuals 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	01/01/2015	03/17/2017 Ongoing	Provider monitoring tool and instructions	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			entities. This activity will be ongoing.				
26.1	MI Choice Waiver	Develop and implement corrective action plans for individual non-compliant settings	MDHHS will change the dates as the original dates were not met as projected. Compliance will be determined by 01/01/2017. CAPs started in January 2016 for settings that have been determined out of compliance and notified of such. Once these settings indicate they are in compliance, they will be reassessed to verify compliance. MDHHS has updated the corrective action process for MI Choice waiver agencies. As stated in the Contract, Attachment H, the corrective action process will be as follows: 1) MDHHS will notify both the provider and the MI Choice waiver agency regarding the provider's	MI Choice: 01/01/2016	MI Choice: 9/30/18	CMS HCBS guidelines, revised MDHHS policies and procedures, remediation plans for individual settings, remediation strategy	MSA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			compliance based upon the completed survey tool that was submitted to MDHHS. 2) For providers who are non-compliant, the provider will have 90 days to correct all issues that cause the non-compliance. 3) Once the issues are corrected, the provider will notify the waiver agency and schedule another on-site survey. 4) The waiver agency will have 90 days to complete another on-site survey and submit the survey to MDHHS for review. 5) If a provider does not notify the waiver agency within 90 days, the waiver agency will contact				

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			the provider to determine progress on the corrective action and schedule another on-site visit accordingly. 6) If the provider has not satisfactorily resolved the compliance issues, the waiver agency will suspend the provider from receiving new MI Choice participants until such time as the provider comes into compliance. 7) Regardless of the original notification date, all providers in all MI Choice provider networks will be compliant with the ruling no later than				

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			September 30, 2018. 8) Waiver agencies will start transition plans with individuals being served by non-compliant providers as of October 1, 2018. This planning will be person-centered and will focus on meeting the wishes of each participant regarding their preference of a qualified provider and enrollment in the MI Choice program. 9) By March 17, 2019, no MI Choice participants will be served by non-compliant providers.				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
26.2	Habilitation Supports Waiver	Develop and implement corrective action plans for individual non-compliant settings	Providers will receive a notification letter to identify their status as either complaint or non-compliant. This communication will include a template for providers who are non-compliant to submit a Corrective Action Plan (CAP). This CAP will be due 30 days from receipt and will outline how the provider intends to reach compliance. The PIHP lead will review, approve or deny, and verify that required changes have been made and that the provider is compliant. Verification of CAP completion may occur through onsite reviews or desk reviews.	01/01/2017	09/30/2018		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS
26.3	MSS&S Waiver - §1915(b)(3)	Develop and implement corrective action plans for individual non-	Providers will receive a notification letter to identify their status as either complaint or non-compliant. This communication will include a template for providers who are non-compliant to	05/01/2017	09/30/2018		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
		compliant settings	submit a Corrective Action Plan (CAP). This CAP will be due 30 days from receipt and will outline how the provider intends to reach compliance. The waiver entity will review, approve or deny, and verify that required changes have been made and that the provider is compliant. Verification of CAP completion may occur through onsite reviews or desk reviews. Waiver entities will start to collect CAPs from the providers 5/1/2017.				
27.1	MI Choice Waiver	Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers.	MDHHS will notify providers who are found to not meet and are unable to meet the Federal requirements. These provider types include nursing facilities, hospitals, and institutes for mental diseases. These providers are ineligible to participate in the program. Participants will also be	MI Choice: 06/01/2016	MI Choice: 09/16/2018	Assessment tool responses	MSA, waiver entities, providers, participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			notified that their provider cannot meet requirements.				
27.2	Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3)	Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers.	The waiver entities will notify providers who are found to not meet and are unable to meet the Federal requirements. Providers who are presumed not to be HCB will be placed on a Heightened Scrutiny List. These providers will be notified of their status and provided with resources to assist them in identifying how to pursue submitting evidence to show they are HCB. HSW participants will be notified regarding their providers status and asked to tell MDHHS if they wish to continue to receive current services with their current provider if the provider (s) are able to come into compliance. The	HSW: 05/01/2017 MSS&S Waiver - §1915(b)(3): 05/01/2018	HSW: 09/16/2018 MSS&S Waiver - §1915(b)(3): 09/01/2018		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			waiver entities will notify providers who are found to not meet and are unable to meet the Federal requirements				
28	MI Choice Waiver and Habilitation Supports Waiver, MSS&S Waiver - §1915(b)(3)	Create Heightened Scrutiny Process for Presumed Institutional Settings	MDHHS will create a heightened scrutiny process for all residential and non-residential settings that are: • Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; • Settings in a building on the grounds of, or immediately adjacent to, a public institution; • Any other setting that has the effect of isolating individuals receiving Medicaid home and	07/01/2016	01/01/2017	CMS HCBS guidelines	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			community-based services from the broader community of individuals not receiving Medicaid home and community-based services.				
29	All waivers	Notify CMS of any presumptively non-home and community-based settings that do have qualities of home and community-based settings for	For settings that are presumed not to be home and community-based, MDHHS will compile a list of settings that do have the qualities of home and community-based settings and do not have the characteristics of an institution. MDHHS will submit this list and any corresponding evidence to CMS for the heightened scrutiny process.			Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	MI Choice Waiver	heightened scrutiny	MSA is currently compiling a list of these settings. 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.	06/01/2016	09/30/2018	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

	Habilitation Supports Waiver		• MDHHS has developed a list of HSW providers who are presumed not to be HCB. • MDHHS will gather evidence from those providers who wish to pursue HS. • This evidence will be reviewed by the HSRC who will submit their findings regarding the HCB status of the provider to MDHHS. • MDHHS will review all evidence, and the findings of the HSRC. • The settings that MDHHS believes are HCB will be posted for public comments. • Once all data is gathered, MDHHS will submit information to CMS for those providers who MDHHS	04/01/2015 02/01/2018 3/01/2018 07/01/2018 08/01/2018 09/01/2018	04/30/2017 03/01/2018 06/01/2018 08/01/2018 09/01/2018 Ongoing	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			believes are HCB for review.				

	MSS&S Waiver - §1915(b)(3)		• Following the process utilized for the HSW MDHHS will develop a list of providers who are presumed not to be HCB • MDHHS will gather evidence from those providers who wish to pursue HS. • This evidence will be reviewed by the HSRC who will submit their findings regarding the HCB status of the provider to MDHHS. • MDHHS will review all evidence, the findings of the HSRC. • The settings that MDHHS believes may be HCB will be posted for public comment. • Once all data is gathered, MDHHS will submit information to CMS for those providers who MDHHS	03/01/2018 05/01/2018 09/01/2018 12/1/2020	04/01/2018 08/01/2018 09/01/2020 Ongoing	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			believes are HCB for review.				

30	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. MDHHS BHDDA will require the ongoing reassessment of providers to ensure they remain HCB. This will occur through the survey process which will be administered to both the provider and the participant. Areas of deficiency will be addressed by the PIHP through the Corrective Action Plan process. Any settings that rise to the level of HS will be referred to MDHHS for review. Additionally site review staff will complete an assessment tool developed by BHDDA and will identify any areas of non-compliance. These deficits will be cited and will become part of the PIHP/CHMSPs CAP. PIHP leads will receive a	10/01/2015	09/30/2016	MDHHS	BHDDA, MSA, waiver entities, providers, QIC, advocacy groups, waiver participants

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			copy of the HCB assessment to follow up with the provider and CMHSP.				
31.1	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.	10/01/2015	03/17/2019 Ongoing		MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
31.2	MI Choice Waiver	Conduct provider monitoring	The MI Choice provider monitoring tool currently in use. MSA incorporated HCBS settings requirements into the MI Choice Provider Monitoring Tool. Waiver agencies are expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the MI Choice waiver program. MDHHS added the Provider Assessment Tool to the Provider Monitoring	10/01/2016	03/17/2019 Ongoing	MI Choice Consumer Satisfaction Survey	MSA, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			Tool in Attachment J of the MI Choice contract. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR §441.301(c)(4). This revised tool was included with the FY 2018 MI Choice contracts. The MI Choice contract can be found online at EGrAMS website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder.				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).				
31.3	MI Choice Waiver	Conduct quality review	MSA will incorporate HCBS settings requirements into the MI Choice Administrative Quality Assurance Reviews (AQAR) starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with settings that meet requirements and include requirements in their contracts with the settings.	10/01/2016	03/17/2019 Ongoing	AQAR Site Review Protocol	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
31.4	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.	10/01/2016	03/17/2019 (ongoing)	MI Choice Consumer Satisfaction Survey	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
31.5	Habilitation Supports Waiver	Conduct provider monitoring	Waiver entities who will be responsible for the ongoing monitoring of their contracted providers have been trained in the process of disseminating the surveys, and gathering and analyzing data by MI-DDI. Waiver entities have been trained on the HCBS final rule, its requirements and the expectations of MDHHS and will continue to be supported by MDHHS during their ongoing monitoring process. All HCBS providers will be required to complete ongoing self-assessments. These assessments will be validated through comparison with the beneficiary survey and may include a site visit.	10/01/2017	03/17/2019 Ongoing	Provider Monitoring Tool	MDHHS, waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			Waiver entities will incorporate HCBS settings requirements into the HSW Provider Monitoring Tool. Waiver entities will be expected to review settings, on-site as needed, to ensure they meet requirements prior to contracting with them for the HSW program. MDHHS BHDDA will require the ongoing reassessment of providers to ensure they remain HCB. This will occur through the survey process which will be administered to both the provider and the participant. If case managers or others assist beneficiaries in completing the survey they must identify their names as well as their relationship to the beneficiary. Additionally,				

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			they are asked whether the beneficiary was interviewed in order to complete the survey. These responses are monitored by MDHHS BHDDA staff. The waiver entities will work with the providers who are non- compliant to develop and implement a Corrective Action Plan (CAP). MDHHS BHDDA will maintain oversight of the PIHPs process and will utilize the site review process to verify that the PIHP is consistently reassessing providers and participants, implementing CAPs as needed and ensuring after the CAP has been completed that the provider is in fact HCB compliant				
31.6	MSS&S Waiver - §1915(b)(3)	Conduct provider monitoring	Waiver entities will incorporate HCBS settings requirements into the Provider Monitoring Tool.	10/01/2017	03/17/2019 Ongoing	Provider Monitoring Tool	MDHHS, waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			Waiver entities will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them.				
31.7	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 providers that meet requirements and include HCBS requirements in their contracts with their providers.	10/01/2016	03/17/2019 ongoing	Site Review Protocol	MDHHS. waiver entities, providers, waiver participants, advocacy groups
31.8	MSS&S Waiver - §1915(b)(3)	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	10/01/2016	03/17/2019 Ongoing	Site Review Protocol	MDHHS. waiver entities, providers, waiver participants, advocacy groups

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			review will include ensuring that waiver agencies only contract with providers that meet requirements and include requirements in their contracts with the settings.				
31.9	Habilitation Supports Waiver	BHDDA site review team will assess for ongoing compliance of HCBS settings in residential and nonresidential settings	Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings.	10/01/2015	Protocols for HSW completed 10/1/2017 will be used ongoing	Site Review protocols	MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC
31.10	MSS&S Waiver - §1915(b)(3)	BHDDA site review team will assess for ongoing compliance of providers for supported employment, skill building and CLS.	Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings. Site review staff will complete an assessment tool developed by BHDDA and will include a review of HCBS characteristics in	10/01/2015	03/01/2019 Ongoing	Site Review protocols	MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC

	Section 2: Remediation and Ongoing Monitoring Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			MSS&S residential and non-residential settings. Any deficits will be cited and will become part of the PIHP/CHMSPs CAP. Waiver entities will receive a copy of the HCB assessment to follow up with the provider and CMHSP.				

Section 3: Transition Process

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
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. MDHHS will send a letter to the beneficiary whose setting cannot be or choose not be compliant with the HCBS Final Rule. This letter will provide contact information of the supports coordinator/case manager who will assist the beneficiary in transitioning to a compliant setting of their choosing through the person centered plan process. The corresponding waiver	01/01/2016	3/17/2019	Provider network listings, assessment data	MSA, MI Choice Waiver agents, waiver participants, advocacy groups

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			entities will received of list of beneficiaries who need to be transition to a compliant setting. The letter will be sent to the beneficiary six month ahead of time to allow for a smooth transition. The letter will give the option to move to a compliant setting and continue to enrollment in the waiver program (funded by Medicaid) or stay in the current non-compliant setting and be disenrolled from the waiver program. All transitions made from MI Choice participants will be done using person-centered planning. Person-centered planning is included as Attachment M of the MI Choice contract. The MI Choice contract can be found online at EGrAMS				

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			website: https://egrams-mi.com/dch/user/home.aspx . On the left side of the screen under "Current Grants" scroll down to "Medicaid / Care for the Elderly" and click on it. In the center screen, click on "MED-2018" for the current MI Choice contract. In the window that opens, click on the "Documents" folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).				

32.2	Habilitation Supports Waiver	Assist participants in non-compliant setting with transition to compliant setting	Those participants receiving services from providers who are unable to come into compliance or to overcome HS will be contacted by their CMHSP service provider. The CMHSP staff will convene a person centered planning meeting with the individual and their family and friends to identify the needs, desires and preferences of the individual related to where they wish to live and/or what services or supports they wish to receive and from whom. The participant will have the choice to continue to receive services from their provider through a different funding stream if possible or will have a minimum of six months to transition from their current settings. The state is taking the following steps to build capacity among providers to increase access to non-disability specific setting	03/01/2017	03/17/2019	Provider network listings, assessment data	MDHHS, waiver participants, waiver entities, advocacy groups

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			options across home and community-based services: Revised Person Centered Planning Policy Revised Medicaid Provider Manual HCBS Chapter Developed a residential and non-residential provider readiness tools Facilitating ongoing provider development through our work with the Implementation Advisory group, the monthly meetings with the PIHP HCBS leads, and the PIHP and CMHSP CEO's Ongoing discussions with residential and non-residential provider associations through the HCBS leaders group.				

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
32.3	MSS&S Waiver - §1915(b)(3)	Assist participants in non-compliant setting with transition to compliant setting	Those participants receiving services from providers who are unable to come into compliance or to overcome HS will be contacted by their CMHSP service provider. The CMHSP staff will convene a person centered planning with the individual and their family and friends to identify the needs, desires and preferences of the individual related to where they wish to live and/or what services or supports they wish to receive and from whom. The participant will have the choice to continue to receive services from their provider through a different funding stream if possible or will have a minimum of six months to transition from their current settings. The state is taking the following steps to build capacity among providers to increase access to non-	06/01/2020	03/17/2022	Provider network listings, assessment data	MDHHS, waiver participants, waiver entities, advocacy groups

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			disability specific setting options across home and community-based services: Revised Person Centered Planning Policy Revised Medicaid Provider Manual HCBS Chapter Developed a residential and non-residential provider readiness tools Facilitating ongoing provider development through our work with the Implementation Advisory group, the monthly meetings with the PIHP HCBS leads, and the PIHP and CMHSP CEO's Ongoing discussions with residential and non-residential provider associations through the HCBS leaders group				

	Section 3: Transition Process						
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
33	MI Choice Waiver, Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3)	Ongoing transition	MDHHS will work with waiver agencies to remain in compliance. For those that are unable to remain in compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program.	03/17/2019	Ongoing	Provider network listings, assessment data	MSA, BHDDA, waiver entities, waiver participants, advocacy groups

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.	08/12/2014	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	11/24/2014	12/24/2014 Completed	Draft transition plan, waiver amendment document, MDHHS website, policy, stakeholder letter	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups

	Section 4: Outreach and Engagement						
Row#	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			website postings and mailings.				
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.	11/24/2014	12/24/2014 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.	12/25/2014	01/16/2015 Completed	Draft transition plan, modified transition plan, public comments notes, responses, MDHHS website	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
38	All waivers	Submit initial Transition Plan to CMS	MDHHS submitted the initial Transition Plan and summary of comments to CMS for approval.	01/16/2015	01/16/2015 Completed	Draft Transition Plan and comments from public	MSA, BHDDA, and CMS

	Section 4: Outreach and Engagement						
Row#	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
39	All waivers	Revise STP to include systemic assessment/remediation and inclusion of §1915(b)(3) settings.	Development of revised STP for initial approval by CMS.	09/01/2016	12/01/2016	Assessment results, key stakeholder input results	MDHHS, waiver entities, providers, advocacy groups, waiver participants
40	All waivers	Conduct public comment on revised STP	Public comment period for the revised STP	12/01/2016	01/03/2017	Revised STP	MDHHS, waiver entities, providers, waiver participants, advocacy groups
41	All waivers	Collect and distribute public comment to stakeholders	Collection of public comments 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.	01/04/2017	02/28/2017	Public comments and revised STP	MDHHS, waiver entities, providers, waiver participants, advocacy groups
42	All waivers	Submit revised STP to CMS	Submission of revised STP and summary of public comments for initial approval by CMS.	03/31/2017	03/31/2017	Revised STP and Consultation Summary	MDHHS and CMS

Other Components of the Statewide Transition Plan

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	09/16/2018
Habilitation Supports Waiver	Group Home: General AFC	Residential	88*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/16/2018
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	09/16/2018
Habilitation Supports Waiver	Out of Home Non Vocational Habilitation	Non-Residential	2358*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/16/2018
Habilitation Supports Waiver	Prevocational Service	Non-Residential	456*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/16/2018
Habilitation Supports Waiver	Supported Employment	Non-Residential	200*	**	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/16/2018

Waiver	Type of Setting	Residential or Non-Residential	Number of Individuals	Number of Settings	Lead Agency	Survey Organization	Final Compliance Date
Managed Specialty Services and Supports Waiver Program - §1915(b)(3)	Settings for beneficiaries age 21 and over who are receiving CLS in provider owned or controlled settings, Supported Employment, and Skill Building	Residential and Non-Residential	TBD**	TBD**	Behavioral Health and Developmental Disabilities Administration	Prepaid Inpatient Health Plans	09/16/2018
MI Choice	Adult Foster Care	Residential	692***	300***	Medical Services Administration	MI Choice Waiver Agency	09/16/2018
MI Choice	Homes for the Aged	Residential	330***	51***	Medical Services Administration	MI Choice Waiver Agency	09/16/2018
MI Choice	Assisted Living	Residential	198***	35***	Medical Services Administration	MI Choice Waiver Agency	09/16/2018
MI Choice	Independent Living	Residential	40***	11***	Medical Services Administration	MI Choice Waiver Agency	09/17/2018
MI Choice	Adult Day Center	Non-Residential	128***	27***	Medical Services Administration	MI Choice Waiver Agency	09/16/2018

* Figures for the HSW are as of 11/31/2015.

** MDHHS is still calculating the number of settings based on the result from 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.

The assessment results have been loaded into an access database. Based on the responses provided, MDHHS is able to determine if the setting meets requirements. If so, a letter is sent to the provider and the Waiver Agency. If not, a letter is sent that identifies what needs to be done to become compliant and what the CAP must contain. The setting has 90 days to execute the CAP. After 90 days, the setting will be reassessed to determine if the CAP was executed properly. If so, a letter is issued to the provider and Waiver Agency to indicate compliance with the rule. The heightened scrutiny process is the same for all settings and defined in the HCBS Chapter of the Michigan Medicaid Provider Manual.

MDHHS is contracting with MSU to collect evidence from settings identified as requiring heightened scrutiny (HS) based on any of the three characteristics:

1. Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
2. Settings in a building on the grounds of, or immediately adjacent to, a public institution
3. Any other setting that has the effect of isolating individuals receiving Medicaid home and community-based services from the broader community of individuals not receiving Medicaid home and community-based services

MDHHS in coordination with MSU is developing a training curriculum for the review of settings that require HS, HCBS Final Rule and specific requirements of MDHHS.

MDHHS will begin its HS process in January 2018.

MDHHS will establish a HSRC to assist in the review of evidence supplied by MSU. The HSRC consist of waiver beneficiaries and/or their family members, advocates, provider organizations and community mental health services providers. The HSRC will be trained using the curriculum established by MDHHS and MSU.

MDHHS will follow the protocol outlined below:

- Settings will be identified as requiring HS based on the based upon information gathered during the survey process
- Providers and beneficiaries will receive a communication from MDHHS informing them of the intention to require a HS review and requesting a response to whether the beneficiaries wish to remain in the setting and whether the providers wish to apply for HS review.
- Evidence gathered by MSU consist of:
    - Geo-locater, google maps, photos
    - Review of staff training and any cross over of staff to other facilities as applicable
    - Review of services and supports provided within the setting
    - Policies and procedures in place that promote and require HCBS Final Rule philosophy of integration, respect, dignity and privacy
    - Review of a participants' IPOS that focus on integration, freedom of movement
    - Review of recent (within 30 days) progress notes to support inclusion and integration in the community.
    - Review of provider and beneficiary surveys with attention to any discrepancies.
    - Site visit to assess physical structure and environment of setting. During these visits reviewers will respond to any questions posed by beneficiaries or providers. The reviewers may contact MDHHS transition team and/or the PIHP leads as a source of information to those beneficiaries and providers within their regions.
    - Articles of incorporation, license information for all settings on campus
    - Staffing rosters for different settings on campus
    - Resident Agreement
    - Resident Handbook
    - Roster of all agencies supporting client
    - Setting photographs
    - Calendar of events over past 3 months
    - Staff Policy & Procedures and Training Materials/Logs for:
        - Supporting Person Centered Care
        - Providing Culturally Competent Care
        - Implementing/Modifying Client Care Plan

- Prohibition of Restraint or Seclusion
- Restrictive Interventions

- Setting Operations Review:
  - Institutional characteristics
  - Community integration
  - Person-centered and culturally competent care planning
  - Rights/autonomy
- Interviews with the residents and/or their supports
- Interviews with the setting staff
- Reviewers will submit their findings to MDHHS who will meet with the HSRC to review the evidence

- MDHHS will convene the HSRC on a bi-weekly basis to review HS packets.
- HSRC will submit their recommendations to MDHHS who will make the final determination regarding whether to refer settings to CMS for the HS review.
- Those given preliminary approval by MDHHS will be posted for public comment.
- The feedback from the public comment period will be considered in the final decision made by MDHHS regarding whether to refer settings to CMS for the HS review.
- MDHHS will submit the settings and its evidence that has the potential to be compliant with the rule to CMS for the HS process
- MDHHS expects to submit information to CMS on a no less than quarterly basis.

MI Choice Waiver	
Current Assessment Status	Statewide Assessment in Progress
Assessment Time Period	04/01/2015 – 12/31/2015
Date That Summary Data Was Compiled	11/15/2016
Start Date for Heightened Scrutiny Process	TBD

Assessment Status	Residential	Percent	Non-Residential	Percent
Total Settings That Have Been Assessed and Submitted to MDHHS	748	100%	76	100%
Assessments That Have Been Reviewed by MDHHS	573	77% of total submitted	36	27% of total submitted

Assessment Status	Residential	Percent	Non-Residential	Percent
Currently In Compliance	181	32% of assessments reviewed	17	47% of total assessments reviewed
Could Come Into Compliance	245 non-compliant with some parts of the rule, but are not in danger of HS; 113 currently	43 % of assessments reviewed	4	11% of total assessments reviewed

	isolating and possible HS, but working with CAP to become compliance			
Require Heightened Scrutiny	142 require HS (113 from above currently isolating and possible HS but we believe will become compliant soon)	25% of assessments reviewed	15	42% of total assessments reviewed

Habilitation Supports Waiver

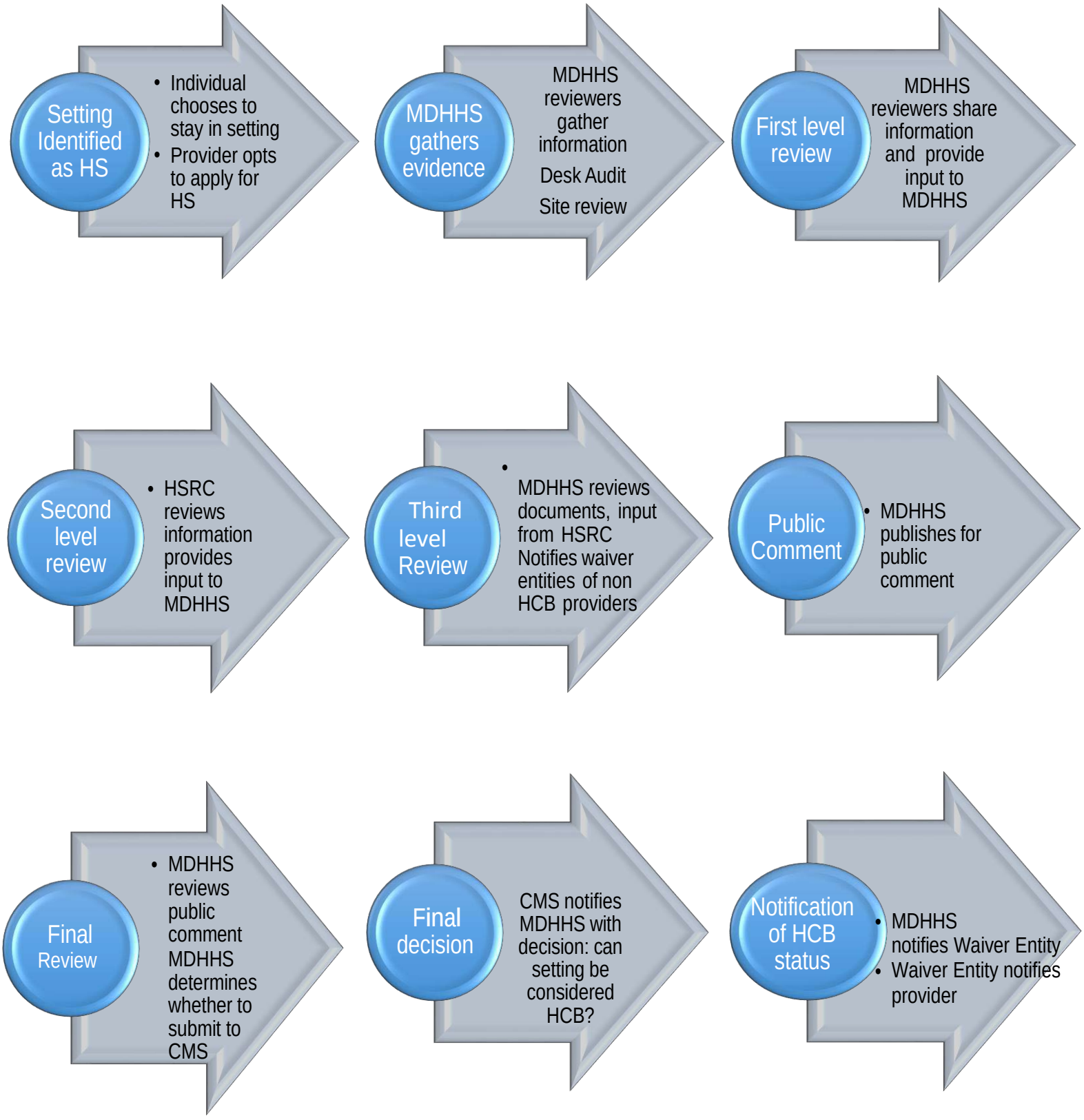
Pilot Project: MDHHS used a sampling process to get a better understanding of how the final rule will affect settings under the Habilitation Supports Waiver. MDHHS only surveyed a sample of settings as opposed to all settings under the Habilitation Supports Waiver. The results of the assessment will be used to evaluate the accuracy of the survey tools and inform the development of the Statewide Assessment Process. The data and information about this project can be found at: http://ddi.wayne.edu/hcbs.php under the Survey Section.

Full Assessment: In April 2016, MDHHS started to assess all residential and non residential providers. The assessment will be divided into two Phases. :

HSW	
Current Assessment Status	Statewide Assessment in Progress
Assessment Time Period	Phase One: 4/1/2016 – 8/4/2016 Phase Two: 11/18/2016 – 1/31/2017
Date That Summary Data Was Compiled	11/17/2016
Start Date for Heightened Scrutiny Process	TBD

Types of Surveys	Number of Surveys Completed in Phase One	Number of Surveys to be competed in Phase Two
Residential Provider	1798	2634
Non-Residential Provider	1418	1961
Participant	2697	3048

MDHHS/BHDDA Heightened Scrutiny Process



MDHHS/BHDDA Heightened Scrutiny Process

Setting identified as requiring heightened Scrutiny (HS)

- Individuals receiving HCBS are asked if they wish to remain in the home if it is able to become HCB (HCB) compliant
- Providers are asked if they wish to pursue a HS review

MDHHS gathers evidence

- MDHHS accepts evidence from providers to support their claim to be home and community based
- MDHHS contracted reviewers conduct site visits

First level review

- MDHHS contractors submit evidence gathered at site visits to MDHHS
- MDHHS convenes Heightened Scrutiny Review Committee (HSRC)

Second level review

- HSRC considers evidence submitted by providers and MDHHS contractors to support that a setting is HCB
- HSRC members provide MDHHS with their perspective regarding whether the site is HCB

Third level review

- MDHHS reviews documents received and information from HSRC members regarding HCB compliance
- Those providers whom MDHHS believes cannot become HCB compliant will be notified of the intent to transition individuals from their setting

Public comment

- MDHHS will publish for public comment those providers who may still be submitted to the Centers for Medicare and Medicaid Services (CMS)

Final review

- MDHHS reviews public comment
- MDHHS makes the decision whether or not the setting will be submitted to CMS for further review

Final decision

- CMS notifies MDHHS whether the setting is found to be HCB compliant

Notification of HCB status

- MDHHS notifies Waiver Entity regarding provider's status.
- Waiver Entity notifies providers
- Individuals residing in non HCB compliant settings will be transitioned to compliant setting using the person centered planning process

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	07/16/2014
Kick-Off Meeting for the Home and Community-Based Services Program Transition Project	08/12/2014
MI Health Link Demonstration Implementation Meeting	09/04/2014
LeadingAge Michigan Conference	09/17/2014
First Webinar for the Home and Community-Based Services Program Transition Project	10/01/2014
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	11/06/2014
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	12/02/2014
Michigan Center for Assisted Living Meeting	12/09/2014
End of the Public Comment Period for the Statewide Plan	12/24/2014
Michigan Developmental Disabilities Council Meeting	01/06/2015
LeadingAge Training Day	03/03/2015
MACMHB Provider Alliance Meeting	03/23/2015
Self-Determination Leadership Meeting	03/25/2015
Developmental Disability Public Policy Meeting	04/07/2015
LeadingAge Regulatory Day	04/29/2015
Oakland County RICC Meeting	05/08/2015

Michigan Developmental Disability Council Meeting	05/19/2015
HCBS Regional Forum	06/19/2015
Developmental Disability Practice Improvement Team	07/08/2015
Michigan Disability Housing Working Group	07/16/2015
Michigan Assisted Living Association Meeting	07/17/2015
Developmental Disability Practice Improvement Team	08/12/2015
Planning and Implementation Summit for the Habilitation Supports Waiver	09/25/2015
LeadingAge Regulatory Day	10/22/2015
MACMHB Fall Conference	10/26/2015
MARO Conference	11/05/2015
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	02/24/2016
Autism Council Meeting	02/26/2016
MACMHB Director's Forum	03/01/2016

Developmental Disability Practice Improvement Team	03/09/2016
American Association on Intellectual and Developmental Disabilities Conference	04/16/2016
Implementation Advisory Group Meeting	07/27/2016, 09/19/2016 11/17/2016 01/19/2017 03/09/2017 06/13/2017 10/19/2017 01/18/2018
Webinar: HCBS reports in WSA	09/29/2016
DDI: Outreach and Education Materials	10/05/2016 and 10/12/2016
PIHP Directors' Forum	Monthly 09/2016 - ongoing
MACMHB Conference	10/24/2016
HCBS Waiver Conference	11/16/2016
MI Choice Bi-Weekly Phone Conference	11/18/2016 Ongoing
MI Choice Waiver Directors' Meeting	10/26/2016 Ongoing
PIHP HCBS Lead Meetings	01/17/2017- Ongoing
Provider Alliance Committee	01/23/2017

Medicaid Autism Webinar	03/15/2017
Developmental Disabilities Council	04/18/2017
Licensing and Regulatory Affairs Presentation	06/13/2017
Recipient Rights Conference	09/20/2017
MACMHB Conference	10/19/2017
MDHHS Waiver Conference	11/15/2017

The Developmental Disabilities Institute Outreach and Education: http://ddi.wayne.edu/hcbs.php

Statewide Assessment, Remediation, and Transition Strategy: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

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

- **Habilitation Supports Waiver and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3):** 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, called the Implementation Advisory Group, has launched in May 2016 and continues to meet every other month. 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	Version 2.0 included several major updates and revisions to the STP, which include the following: 1. Addition of a new introduction section 2. Updates and changes to previous milestones and timelines 3. Addition of new milestones and timelines 4. Addition of systemic assessment 5. Addition of table of settings to be assessed	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.

	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		
Version 3.0 and Version 3.1	1. Revised systemic assessment section 2. Update milestones and timelines 3. Addition of settings for §1915(b)(3) services (skill building, supported employment and CLS)	The formal public comment period for Version 3.0 was conducted between November 29, 2016 and January 3, 2017.	Version 3.1 is a modified form of Version 3.0 based on feedback from CMS seeking clarification on specific items in the Systemic Assessment Section of the STP.
Version 4.0	1. Revised Heightened Scrutiny Chart for all the waivers 2. Detailed plan for heightened scrutiny process 3. Updated settings assessments 4. Update milestones and timelines	The formal public comment period for Version 4.0 was conducted between ... and ...	