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

Version 5.2

Version Date April 2020



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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

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| --- | --- | --- | --- | --- |
| **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 provider owned and/or operated 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. |
| 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 | §1115/ §1915(i) State Plan | 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(i) state plan 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(i) state plan services and settings. MDHHS has assessed settings providing Supported Employment, Skill Building and Community Living Support. |

# **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.

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| **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 | *See* Appendix A for the Michigan Medicaid Provider Manual | |  |  | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
| Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | |  | |  | Completed |
|  | | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 8: R 400.1408  Rule 9: R 400.1409  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 303: R 400.14303  Rule 304: R 400.14304  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 303: R 400.15303  Rule 304: R 400.15304 | |  | |  | Completed |
| **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 | *See* Appendix A for the Michigan Medicaid Provider Manual | |  | |  | Start on  11/07/2016  Effective on  07/01/2018  Completed |
|  | Compliant | | | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | |  | Completed |
|  | Compliant | | | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 8: R 400.1408  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 303: R 400.14303  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 303: R 400.15303 |  | |  | Completed |

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| **The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.** | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 8: R 400.1408  Rule 9: 400.1409  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 303: R 400.14303  Rule 304: R 400.14304  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 303: R 400.15303  Rule 304: R 400.15304 |  |  | | Completed | |
|  | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  |  | | Completed | |
|  | Compliant | Medicaid Provider Manual (MPM) | Team created a Home and Community Based Services Chapter in the MPM. | Promulgated 1/1/2018  Available online at:  [Medicaid Provider Manual HCBS Chapter](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf#page=738) | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
| **The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.** | Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  |  | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
| Compliant | MCL 330.1728 - Personal property: [mcl-330-1728](http://www.legislature.mi.gov/(S(2ry4fqpvehuyocoasgtyopul))/mileg.aspx?page=getobject&objectname=mcl-330-1728)  MCL 330.1730 – Access to  Money: [mcl-330-1730](http://www.legislature.mi.gov/(S(wvcjksk5etbljbzsnxf0nciu))/mileg.aspx?page=getObject&objectName=mcl-330-1730) |  |  | |  |
| Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  |  | | Completed |
|  | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 8: R 400.1408  Rule 9: R 400.1409  Rule 21: R 400.1421  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 301: R 400.14301(6)(K)  Rule 315: R 400.14315 |  |  |  | | |
| **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 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.** | Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  |  | Start on  11/07/2016  Effective on  07/01/2018  Completed | | |
| Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  |  | Completed | | |
| Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 7: R 400.1407(12) through (15)  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 301: R 400.14301  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 301: R 400.15301 | [Joint Guidance Document](https://www.michigan.gov/documents/mdhhs/MDHHS-LARA_Joint_Guidance_Document_571381_7.pdf) |  | Completed | | |
|  | Compliant | *See* Appendix A for:  **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 Self-Determination Policy & Practice Guideline**  Page 14: definitions on “Freedom” and “Self-determination”: |  |  |  | | |
|  | Compliant | MCL 330.1712 -  Individualized Written Plan of  Services [mcl-330-1712](http://www.legislature.mi.gov/(S(wvcjksk5etbljbzsnxf0nciu))/mileg.aspx?page=getobject&objectname=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](http://www.legislature.mi.gov/(S(xpqeckfalzfhvqylyg0afyga))/mileg.aspx?page=GetObject&objectname=mcl-330-1700) |  |  |  | | |
| **An individual’s essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.** | Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  |  | Start on  11/07/2016  Effective on  07/01/2018  Completed | | |

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|  | Compliant | MCL 330.1740 - Physical restraint [mcl-330-1740](http://www.legislature.mi.gov/(S(fc3fmdkdajlv3p2xc2gvaju1))/mileg.aspx?page=getobject&objectname=mcl-330-1740)  MCL 330.1742 – Seclusion [mcl-330-1742](http://www.legislature.mi.gov/(S(fc3fmdkdajlv3p2xc2gvaju1))/mileg.aspx?page=getobject&objectname=mcl-330-1742)  MCL 330.1748 - Confidentiality [mcl-330-1748](http://www.legislature.mi.gov/(S(o3f5stucgmjn22ey15lx3gkb))/mileg.aspx?page=GetObject&objectname=mcl-330-1748)  MCL 330.1752 - Policies and Procedures [mcl-330-1752](http://www.legislature.mi.gov/(S(fc3fmdkdajlv3p2xc2gvaju1))/mileg.aspx?page=getobject&objectname=mcl-330-1752) |  |  | Complete |
| Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 9: R 400.1409  Rule 12: R 400.1412  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 304: R 400.14304  Rule 305: R 400.14305  Rule 307: R 400.14307  Rule 308: R 400.14308  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 304: R 400.15304  Rule 305: R 400.15305  Rule 307: R 400.15307  Rule 308: R 400.15308 |  |  |  |
|  | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  |  | Completed |
| **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 | *See* Appendix A for the Michigan Medicaid Provider Manual |  |  | Start on  11/07/2016  Effective on  07/01/2018  Completed |
| Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  |  | Completed |

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|  | | Compliant | PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices.  [Michigan Person‐Centered](http://www.michigan.gov/documents/mdch/Person-Centered_Planning_Revised_Practice_Guideline_367086_7.pdf)  [Planning Policy and Practice Guideline](http://www.michigan.gov/documents/mdch/Person-Centered_Planning_Revised_Practice_Guideline_367086_7.pdf)  Michigan Self-Determination Policy & Practice Guideline:  Introduction, Page 14: definitions on “Freedom” and “Self-determination”:  [Michigan Self-Determination](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf)  [Policy & Practice Guideline](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf) |  |  | | | Completed |
| Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 8: R 400.1408  Rule 9: R 400.1409  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 304: R 400.14303  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 303: R 400.15303  Rule 304: R 400.15304 |  |  | | |  |
| **Individual choice regarding services and supports, and who provides them, is facilitated**. | | Compliant | MCL 330.1712 -  Individualized Written Plan of  Services [mcl-330-1712](http://www.legislature.mi.gov/(S(wvcjksk5etbljbzsnxf0nciu))/mileg.aspx?page=getobject&objectname=mcl-330-1712)  Michigan Self-Determination Policy & Practice Guideline:  Introduction, Page 14:  definitions on “Freedom” and “Self-determination”:  [Michigan Self-Determination](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf)  [Policy & Practice Guideline](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf) |  |  | | |  |
| Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual  2.4 STAFF PROVIDER  QUALIFICATIONS: Providers of specialty services and supports (including state plan, HSW, and additional/B3) are 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. |  |  | | | Start on  11/07/2016  Effective on  07/01/2018  Complete |
|  | | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 7: R 400.1407(2) - (6)  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 301: R 400.14301(6)  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 301: R 400.15301 |  |  | | | Completed |
|  | | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  |  | | | Completed |
| **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 document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law**. | Compliant | | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 7: R 400.1407(12) through (15)  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 302: R 400.15302 | MDHHS Created an addendum to the current standard residency agreement for adult foster care settings.  [Joint Guidance](https://www.michigan.gov/documents/mdhhs/MDHHS-LARA_Joint_Guidance_Document_571381_7.pdf)  MDHHS is reviewing the tenancy of the JGD in response to a stakeholder communication to CMS.  [Summary of Resident](http://www.michigan.gov/documents/mdhhs/Summary_of_Resident_Rights_Discharge_and_Complaints_Final_Verson_525055_7.pdf)  [Rights](http://www.michigan.gov/documents/mdhhs/Summary_of_Resident_Rights_Discharge_and_Complaints_Final_Verson_525055_7.pdf) | | Created document in junction with Department of  Licensing and Regulatory Affairs (LARA), stakeholders.  Engaged in public comment with residency agreement.  Implement residency agreement with adult foster care family homes.  MDHHS Continues to work with LARA to incorporate policy language into the Medicaid Provider Manual regarding Emergency and Non-Emergency Involuntary Discharge. Regulations and policy will be promulgated | | 11/01/2016  thru  02/01/2017  Complete  Target Date:  12/1/2018 |
|  | | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | |  | | Completed |
| **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 | *See* Appendix A for the Michigan Medicaid Provider Manual | Team created a Home and Community Based Services Chapter in the MPM. | | | Promulgated 1/1/2018  Available online at:  [Medicaid Provider Manual HCBS Chapter](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf#page=738) | Start on  11/07/2016  Effective on  07/01/2018  Completed | |
| Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 9: 400.1409(1)(p)  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 407: R 400.14407  Rule 408: R 400.14408  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 407: R 400.15407  Rule 408: R 400.15408 |  | | |  | Completed | |
| Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | | |  | Completed | |
| **Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.** | | Compliant | *See* Appendix A  PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices.  [Michigan Person‐Centered](http://www.michigan.gov/documents/mdch/Person-Centered_Planning_Revised_Practice_Guideline_367086_7.pdf)  [Planning Policy and Practice](http://www.michigan.gov/documents/mdch/Person-Centered_Planning_Revised_Practice_Guideline_367086_7.pdf)  [Guideline](http://www.michigan.gov/documents/mdch/Person-Centered_Planning_Revised_Practice_Guideline_367086_7.pdf)  Michigan Self-Determination Policy & Practice Guideline:  Page 14: definitions on “Freedom” and “Self-determination”:  [Michigan Self-Determination](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf)  [Policy & Practice Guideline](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf) |  | | |  | Completed |
|  | | Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  | | |  | Start on  11/07/2016  Effective on  07/01/2018  Completed |
|  | | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | | |  | Completed |

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|  | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 9: R400.1409  Rule 31: R 400.1431  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 301: R 400.14301  Rule 408: R 400.14408  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 301: R 400.15301  Rule 408: R 400.15408 | MDHHS Created an addendum to the current standard residency agreement for adult foster care settings. Joint Guidance  [Joint Guidance](https://www.michigan.gov/documents/mdhhs/MDHHS-LARA_Joint_Guidance_Document_571381_7.pdf) | | Created document in conjunction with Department of  Licensing and Regulatory Affairs, stakeholders.  Engaged in public comment with residency agreement. | | 10/01/2017  Completed | |
| **Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.** | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 9: 400.1409(1)(j)  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 410: R 400.14410  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 410: R 400.15410 |  | |  | | |  |
|  | Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  | |  | | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
|  | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | |  | | | Completed |
| **Provider owned or controlled residential and nonresidential settings: Individuals have the freedom and support to**  **control their own schedules and activities, and have access to food at any time.** | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 9: R 400.1409(1)(h)  Rule 19 R 400.1419  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 304: R 400.14304  Rule 313: R 400.14313  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 304: R 400.15304  Rule 313: R 400.15313 |  | | |  | | Complete |
|  | Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  | | |  | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
|  | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | |  | | | Completed |
| **Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.** | Compliant | *See* Appendix C - Licensing Rules  Licensing Rules for Adult Foster Family Homes:  Rule 9: 400.1409(1)(k)  Licensing Rules for Adult Foster Care Small Group Homes:  Rule 304: R 400.14304 (k)  Licensing Rules for Adult Foster Care Large Group Homes:  Rule 304: R 400.15304 |  | |  | | | Completed |
|  | Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  | |  | | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
|  | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | |  | | | Completed |
| **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 | *See* Appendix A for the Michigan Medicaid Provider Manual |  | |  | | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
| Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | |  | | | Completed |
| **Standards for**  **Non-residential Settings** | Compliant | Adult Day Care: MI Choice Contract - Attachment H:  Minimum Operating  Standards for MI Choice  Waiver Program Services. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    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](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    Prevocational Service:  Section 15 in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM  [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    Supported Employment:  Section 15 in Behavioral  Health and Intellectual and  Developmental Disability  Supports and Services  Chapter of MPM    [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    Community Living Services:  Section 15 in Behavioral  Health and Intellectual and  Developmental Disability  Supports and Services  Chapter of MPM    [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    Community Living Services:  Section 17.3.B in Behavioral  Health and Intellectual and  Developmental Disability Supports and Services Chapter of MPM  [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    Skill Building Assistance Section17.3.J in Behavioral  Health and Intellectual and  Developmental Disability  Supports and Services  Chapter of MPM    [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    Supported Employment: Section 17.3.L in Behavioral  Health and Intellectual and  Developmental Disability  Supports and Services  Chapter of MPM    [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | | |  | | Complete | |
| **Home and community-based settings do not include the following: a nursing**  **facility; institution for mental diseases; an intermediate individuals with intellectual disabilities; a hospital.** | Compliant | MCL 400.703(4): [mcl-400-703](http://www.legislature.mi.gov/(S(eh5nd5lxcigfoyihx00la51j))/mileg.aspx?page=GetObject&objectname=mcl-400-703) |  |  | | | | Complete |
| Compliant | *See* Appendix A for the Michigan Medicaid Provider Manual |  |  | | | | Start on  11/07/2016  Effective on  07/01/2018  Completed |
|  | Compliant | *See* Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) |  | |  | | | Completed |

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| 1.0 | All waivers | Review state policies, procedures, Medicaid provider manual, and standards | Review state policies, procedures, Medicaid provider manual, and standards to ensure compliance with the HCBS Final Rule. | 12/01/2014 | 01/31/2015  Complete | CMS HCBS  guidelines | BHDDA, MSA, waiver entities, waiver providers,  MDHHS, LARA, ORR, Waiver  participants, advocacy groups |
| 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/d ocuments/mdch/CMS\_Lett](http://www.michigan.gov/documents/mdch/CMS_Letter_on_STP_499980_7.pdf)  [er\_on\_STP\_499980\_7.pdf](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  Complete | [Licensing](http://www.michigan.gov/lara/0,4601,7-154-63294_27717-327086--,00.html)  [standards](https://www.michigan.gov/lara/0,4601,7-154-63294_27717-327086--,00.html)  [for residential settings,](http://www.michigan.gov/lara/0,4601,7-154-63294_27717-327086--,00.html) provider contracts, site review protocols, waiver policies, provider monitoring protocols | MDHHS  Federal  Compliance  Section,  BHDDA |

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| 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.    *See* Appendix B – Contract Information for changes made to the MI Choice Contract. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | | 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.  Complete | MDHHS/MI  Choice Waiver Agent contracts | MSA, BHDDA,  waiver entities. |
| 1.3a | 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 - Complete | | MDHHS/PI HP  contracts, | MSA, BHDDA,  waiver entities. |
| 1.3b | 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 - Complete | | MDHHS/PI HP  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 promulgated.  *See* Appendix A for the Michigan Medicaid Provider Manual | | 09/01/2014 | | 07/01/2018  Complete | | [Medicaid](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)  [Provider](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)  [Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | 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.  The MI Choice Transition Plan will need to be updated once the STP is approved or if another amendment is submitted. | | Dependent on Approval for Statewide  Transition  Plan | | Dependent on  Approval for  Statewide Transition  Plan | | [MI Choice](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045---,00.html)  [Waiver](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045---,00.html)  [Application](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045---,00.html) | MSA,  BHDDA,  LARA,  MDHHS,  ORR, waiver  entities, providers, waiver participants, advocacy groups |
| 1.6 | Habilitation  Supports  Waiver | Review waiver application | | MDHHS submitted the HSW Waiver amendment to CMS following public comment period on the transition plan. | | 10/01/2014          Dependent on Approval for Statewide  Transition  Plan | | 12/17/2014          Dependent on Approval for Statewide  Transition  Plan | | [HSW\_Final](http://www.michigan.gov/documents/mdch/2010_HSW_Final_Renewal_Application-10-1-2010_333844_7.pdf)  [\_Renewal\_](http://www.michigan.gov/documents/mdch/2010_HSW_Final_Renewal_Application-10-1-2010_333844_7.pdf)  [Application](http://www.michigan.gov/documents/mdch/2010_HSW_Final_Renewal_Application-10-1-2010_333844_7.pdf)  [-10-12010.pdf](http://www.michigan.gov/documents/mdch/2010_HSW_Final_Renewal_Application-10-1-2010_333844_7.pdf) | MSA,  BHDDA,  LARA,  MDHHS,  ORR, waiver  entities, providers, waiver participants, advocacy groups |

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| 1.7 | MSS&S Waiver -§1915(b)(3) | Review waiver application | MDHHS submitted a §1115 waiver. | Dependent on Approval for Statewide  Transition  Plan | Dependent on Approval for Statewide  Transition  Plan | [Managed Specialty Services and Supports Waiver](https://www.michigan.gov/documents/mdhhs/MI_1115_Behavioral_Health_Demo_approved_673385_7.pdf) | MSA,  BHDDA,  LARA,  MDHHS,  ORR, waiver  entities, providers, waiver participants, advocacy groups |
| 1.8 | 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. | 12/30/2014                  Dependent on Approval for Statewide  Transition  Plan | 12/30/2014 - Completed                        Dependent on Approval for Statewide  Transition  Plan | [Waiver](http://www.michigan.gov/documents/mdch/HCBS_SED_Waiver_Amendment_Approval-April_2010_330969_7.pdf)  [Document](http://www.michigan.gov/documents/mdch/HCBS_SED_Waiver_Amendment_Approval-April_2010_330969_7.pdf) | MDHHS  Federal  Compliance  Section,  BHDDA,  MSA |
| 2.0 | 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 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/mdhhs/User/home.aspx>. The setting had gone through the HCBS assessment process and further asking how the setting plans to come into compliance with the rule, if not yet in compliance. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | 09/01/2014 | 07/31/2017  Complete | Provider  Monitoring  Tool | MSA,  BHDDA,  LARA,  MDHHS,  ORR, waiver  entities, providers, waiver participants, advocacy groups |

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| 2.1 | 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 setting 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 settings, 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  –  Complete                                    01/31/2017  Complete | For more information about CMS  exploratory tool and state developed assessment tools, see the Michigan HCBS [website](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html) for all survey tools. | MDHHS Federal  Compliance &  Contracts Section, BHDDA, MSA, DDI,  waiver entities, providers, QIC, waiver participants, advocacy groups |

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|  |  |  | residential settings in two Phases. |  |  |  |  |
| 2.2 | 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 setting 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  Complete | For more information about CMS  exploratory tool and state developed assessment tools, see the Michigan HCBS [website](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html) for all survey tools. | 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 | For more information about CMS  exploratory tool and state developed assessment tools, see the Michigan HCBS [website](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html) for all survey tools. | MDHHS Federal  Compliance &  Contracts Section,  BHDDA, MSA, DDI,  HSW participants |
| 3.1 | MSS&S  Waiver §1915(b)(3) | Develop  participant survey tool |  | 10/01/2015 | 05/01/2017  Completed | For more information about CMS  exploratory tool and state developed assessment tools, see the Michigan HCBS [website](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html) for all survey tools. | 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 settings, that is statistically significant to the 95% confidence interval. | 10/01/2014 | 04/13/2015  Completed | For more information about CMS  exploratory tool and state developed assessment tools, see the Michigan HCBS [website](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html) for all survey tools. | MDHHS Federal  Compliance &  Contracts Section,  BHDDA, MSA, DDI, HSW PIHP  coordinators |

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| 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. | 01/01/2015 | 04/01/2015  Completed | For more information about CMS  exploratory tool and state developed assessment tools, see the Michigan HCBS [website](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html) for all survey tools. | 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, setting, and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan.    Completed – The list was submitted to CMS in April  2015 | 08/01/2014 | 04/01/2015 submitted to CMS    Complete | WSA and Data  Warehouse  RLA codes | MDHHS Federal  Compliance  Section, BHDDA,  MSA |
| 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  Complete | Waiver Entity  EMR, WSA and  Data  Warehouse | Waiver Entities and contracted entities |
| 6.2 | Habilitation  Supports  Waiver | Obtain  active list of non-residential 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 from the participants who received non-residential services. The sample was used for disseminating the PIHP, setting, and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan.    Completed – The list was submitted to CMS in April  2015 | 08/01/2014 | 04/01/2015  Complete | HCPCS codes of out of home non vocational, pre vocational, and supported employment  services billed to HSW | MDHHS Federal  Compliance  Section, BHDDA |

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| 6.3 | 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 CMS on  04/20/2015 | | | Waiver agency provider networks | | MDHHS Medicaid  LTC Division: HCBS  Section and LTC  Policy section, MI Choice waiver agencies |
| 7.0 | 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 |
| 7.1 | 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 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. | 12/01/2014 | | 03/01/2015  Completed | | | State of  Michigan Licensing Law and Rules | | MDHHS Federal  Compliance  Section, BHDDA |
| 8.0 | Habilitation  Supports  Waiver  and MSS&S  Waiver §1915(b)(3) | Administer survey tools | MDHHS is surveying all residential (provider owned or controlled) and nonresidential settings in two Phases:    Residential Settings include:   * Licensed   specialized residential homes   * Licensed general residential home * Private residence that is owned or controlled by the PIHP, CMHSP, or the contracted provider.   Non-Residential Services include:   * Out of Home Non-Vocational Habilitation * Prevocational Service * Supported Employment   MSS&S services and settings for beneficiaries age 21 and over who are receiving:   * CLS in provider owned or controlled settings * Supported Employment * Skill Building   **100% of setting surveys will be validated**  **Compliant settings** will have responses validated by the waiver entity. Upon validation work any settings that are found out of compliance or that should be moved to HS will be moved and corrective action work following the normal protocol will occur  **Out of compliance settings:** Settings that are out of compliance will be validated through the corrective action planning process with the waiver entities. This step has been completed for HSW and is well under way for MSS&S  **Settings that require Heightened Scrutiny: 100% of HS settings will undergo onsite reviews.** Evidence will be gathered by Michigan State University-Institute for Health Policy who are contracted with MDHHS to gather evidence related to the HS status of settings. 100% of settings will be validated. Evidence gathered will be forward to MDHHS and the HS review process will continue. | | 04/01/2016    6/1/2020  1/1/2020  10/1/2019 | | 01/31/2017  Complete  12/1/2020  8/1/2020  9/1/2021 | BHDDA  developed survey tools | | MDHHS Federal  Compliance &  Performance  Measurement  Section | |
| 8.1 | 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 nonresidential settings, that is statistically significant to the 95% confidence interval. (Pilot project).    MDHHS is surveying all residential and non-  residential settings in two Phases | | 04/01/2015                    04/01/2016 | | 05/30/2015  completed                    01/31/2017  Complete | BHDDA  developed survey tools, input from providers | | BHDDA, providers, DDI, waiver  participants, advocacy groups | |
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| 8.2 | MSS&S  Waiver §1915(b)(3) | Administer  self-  assessment | Waiver providers were required to conduct self-assessments of their settings to determine compliance with new rule or need for corrective action. | 03/01/2017 | 09/30/2018  Complete | BHDDA  developed survey tools, input from providers | BHDDA, providers, DDI, advocacy groups |
| 8.3 | MI Choice Waiver | Assess all settings | MI Choice developed a tool, as guided by the CMS Exploratory Questions Tool for providers to evaluate conformity to HCBS rules. The tool aligns with the MI Choice Survey Tool. MI Choice staff will validate 100% of the results of the survey via on-site assessments conducted by trained waiver agency staff. The Waiver Agencies will visit administer and complete using the provider tools as part of the survey process. 100% of providers will be have an on-site visit and survey. Methods of validation include 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews. All settings will be reviewed for settings compliance every year at a minimum using the MDHHS survey monitoring tool. Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews.  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 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).  See Appendix B – Contract Information for information on the MI Choice Contract. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)  MDHHS will incorporate HCBS settings requirements into quality reviews, provider monitoring, and consumer satisfaction surveys to identify areas of non- compliance. Each of these processes will include an examination of 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 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> | 12/31/2015 | 03/31/2017 Complete  Ongoing compliance monitoring will continue | 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 |
| 9.0 | Habilitation  Supports  Waiver | Submission of sampling methodology survey results to  BHDDA | All active enrolled HCBS providers 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, through an online survey link provided to their support coordinator who then meets with the beneficiary with assistance from their family and other natural supports, to complete the survey, 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 |
| 9.1 | MSS&S  Waiver §1915(b)(3) | Submission of survey results to  BHDDA | All active enrolled HCBS providers and PIHP coordinators will submit the data from the assessment tool to Developmental Disabilities Institute. MSS&S enrollees will be given the opportunity to submit the assessment tool, through an online survey link provided to their support coordinator who then meets with the beneficiary with assistance from their family and other natural supports, to complete the survey with assistance from their family and other natural supports, however will not be required to do so. Survey will include a prompt to indicate the relationship of the person assisting, as appropriate. | 07/01/2017 | 09/30/2018  Complete | Assessment  tool, Provider Network, HCBS Leads. | Waiver entities and contracted entities. |
| 10.0 | Habilitation  Supports  Waiver | Compile and analyze assessment data from the sampling  Methodology | BHDDA will compile the data from settings, beneficiaries, and PIHP HSW coordinators to determine those HCBS settings that meet, do not meet, and could come into compliance with HCBS settings requirement. 100% setting validation as outlined in Row 8.0 will occur. | 06/01/2015 | 09/30/2015  -completed | Self-  Assessment  tool, data analysis | MDHHS Federal  Compliance &  Contracts Section,  BHDDA, MSA,  Provider network,  QIC |
| 10.1 | Habilitation  Supports  Waiver | Compile, analyze, and review assessment data. Report findings to stakeholders | 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 |
| 10.2 | MI Choice Waiver | Compile, analyze, and review assessment data. Report findings to stakeholders. | Compile the data from settings and beneficiaries to determine those HCBS settings that 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  Completed | Self-  Assessment  tool, data analysis | MSA, waiver  entities, settings, waiver participants, and advocacy groups |
| 11 | MI Choice | Determine  compliance  of residential and non-residential settings. | Participants’ private homes are compliant with the Federal requirements. It is the presumption that privately owned or rented homes and apartments of people living with family members, friends, or roommates meet the home and community-based settings requirements if they are integrated in typical community neighborhoods where people who do not receive home and community-based services also reside. Provider owned and/or operated locations do not meet the provider requirements and will need to be assessed for compliance.  The following settings are non-compliant: hospitals, nursing facilities, and institutions for mental diseases. None of the MI Choice participants 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 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 online at:  [http://www.michigan.gov/m dhhs/0,5885,7-339-](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html)  [71547\_2943\_4857\_504516263--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html)  The results of the assessment will be posted in Assessment Results section.  Michigan created an HCBS chapter to be included in the Michigan Medicaid provider manual that states reverse integration in and of itself is an insufficient strategy for assuring beneficiaries have access to the broader community. Any setting that only has reverse integration in place will need to expand the access of the beneficiaries to the broader community as part of their remediation plans to come into full compliance with the setting criteria.  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, 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. All settings will be reviewed for settings compliance every year at a minimum using the MDHHS survey monitoring tool. MI Choice developed a tool, as guided by the CMS Exploratory Questions Tool for providers to evaluate conformity to HCBS rules. The tool aligns with the MI Choice Survey Tool. MI Choice staff will validate 100% of the results of the survey via on-site assessments conducted by trained waiver agency staff. The Waiver Agencies will visit administer and complete using the provider tools as part of the survey process. 100% of providers will be have an on-site visit and survey. Methods of validation include 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews. All settings will be reviewed for settings compliance every year at a minimum using the MDHHS survey monitoring tool. Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews.  Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews. | 03/31/2016                                            01/01/2017 | 09/30/2017  - ongoing                                          06/30/2017  Complete  Complete                Complete  Ongoing compliance monitoring will continue | Waiver  Agencies, | MSA, waiver  entities, providers, waiver participants, and advocacy groups |
| 12.0 | 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 all settings 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 this data to BHDDA. The HSW survey tools will be used for the assessment.    Residential Settings to be assessed include:   * Group Home: Specialized AFC * Provider owned or controlled settings   Settings to be assessed where Non-Residential Services are delivered include:   * Out of Home Non   Vocational Habilitation   * Prevocational Service   Supported Employment  CLS in provider owned or controlled settings | 04/01/2016 | 01/31/2017  Complete – ongoing monitoring will continue | Assessment  tool, Input from providers | MDHHS Federal  Compliance &  Contracts Section,  BHDDA, MSA,  Provider networks, QIC, waiver participants, waiver entities, advocacy groups |
| 12.1 | 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 all settings to determine compliance to new rule or need for 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 settings for beneficiaries age 21 and over include:   * Supported Employment * Skill Building   CLS in provider owned or controlled settings  Which would include settings where the beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual), | 03/01/2017 | 09/30/2018  Completed – ongoing monitoring will continue | Assessment  tool, Input from providers | Waiver entities and contracted entities. |
| 12.2 | Habilitation  Supports  Waiver | Compile, analyze, and review assessment data. | MDHHS will compile the data from settings and beneficiaries to determine those HCBS settings that meet, do not meet, and could come into compliance with HCBS guidance. | 01/01/2016 | 01/01/2018  Complete | Self-  Assessment  tool, data analysis | MSA, waiver  entities, providers, waiver participants, and advocacy groups |
| 12.3 | MSS&S  Waiver §1915(b)(3) | Compile, analyze, and review assessment data. | Waiver entities will compile the data from settings to determine those HCBS settings that meet, do not meet, and could come into compliance with HCBS guidance. | 03/01/2017 | 09/30/2018 Completed | Self-  Assessment  tool, data analysis | BHDDA, MSA, waiver entities, settings, waiver participants, and advocacy groups |

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| 13.0 | 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, site surveys, technical assistance and consultation, and corrective action plans.  Outreach and education efforts continue with presentations at conferences and stakeholder meetings to keep stakeholders informed regarding progress toward HCBS compliance  MDHHS continues to hold regularly scheduled meetings with waiver agencies to discuss needs and current efforts underway in our transition process.  MDHHS staff are collaborating with other MDHHS staff to update policy language including an amended HCBS Medicaid Provider Manual, updates of service code descriptions to strengthen compliance with HCBS rule and ongoing efforts to update and maintain a comprehensive webpage dedicated to HCBS efforts and that provide a variety of education materials and resources for stakeholder with various perspectives including those of participants, their families and service providers.  MDHHS has created and posted HCBS information and tools and on Michigan’s HCBS website. These tools are available to any interested parties on the [MDHHS webpage](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html).  MDHHS staff updated policy language including an amended HCBS Medicaid Provider Manual, updates of service code descriptions to strengthen compliance with HCBS rule and ongoing efforts to update and maintain a comprehensive webpage dedicated to HCBS efforts and that provide a variety of education materials and resources for stakeholder with various perspectives including those of participants, their families and service providers. | 12/01/2015 | 06/30/2016  Complete | CMS HCBS  guidelines | BHDDA, MSA,  Waiver Providers,  Advocates,  MDHHS, LARA, ORR, Waiver  participants, advocacy groups |
| 13.1 | Habilitation  Supports  Waiver  and MSS&S  Waiver §1915(b)(3) | Design statewide remediation strategy | MDHHS has developed and implemented a review process that surveys both the settings 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 Heightened Scrutiny review.  • Licensed specialized residential homes  Private residences that are owned and/or controlled by the PIHP, CMHSP or the contracted provider.  MSS&S settings that will be assessed are:   * CLS in provider owned or controlled settings * Supported Employment * Skill Building   MDHHS BHDDA has supported stakeholders in the development of readiness tools to support waiver entities and providers in making the necessary changes to services and supports to move to full HCBS compliance. These tools are available to any interested parties on the [MDHHS webpage](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html).  Outreach and education efforts continue with presentations at conferences and stakeholder meetings to keep stakeholders informed regarding progress toward HCBS compliance  Site reviews have moved from an  advisory stance related to HCBS rule requirements to a more comprehensive view of the waiver entities movement toward compliance and supportive intervention when indicated.  BHDDA continues to hold regularly scheduled meetings with waiver entities to discuss needs and current efforts underway in our transition process.  Efforts are underway to collaborate with state level groups focused on housing needs.  BHDDA continues to work with state level employment specialists to ensure future updates on employment policy are in compliance with HCBS requirements  BHDDA staff are collaborating with other MDHHS staff to update policy language including an amended HCBS Medicaid Provider Manual, updates of service code descriptions to strengthen compliance with HCBS rule and ongoing efforts to update and maintain a comprehensive webpage dedicated to HCBS efforts and that provide a variety of education materials and resources for stakeholder with various perspectives including those of participants, their families and service providers. | 12/01/2015 | 06/30/2016  Completed  Completed  Ongoing activity  Ongoing activity  Ongoing activity  Ongoing activity  Ongoing activity  Ongoing activity | CMS HCBS  guidelines | BHDDA, MSA,  Waiver Providers,  Advocates,  MDHHS, LARA, ORR, Waiver  participants, advocacy groups |
| 14 | All Waivers | Develop a  list of  settings based upon current compliance status | MDHHS will develop a list of those settings that are:     * assumed to be in compliance * out of compliance (but   may come into compliance)    MI Choice Waiver Agencies will visit and complete an evaluation for all settings using the provider tools as part of the survey process. 100% of MI Choice providers will be have an on-site visit and survey. 100% of MI Choice providers will be have an on-site visit and survey. The MI Choice settings in the Heightened Scrutiny process are due to being attached to or on the same grounds as a nursing facility. Evidence will be gathered by an independent designee of MDHHS. 100% of settings will be visited, documentation gathered, pictures taken, and compliance validated. MI Choice will have an independent review commit review the collected data to determine if documentation supports setting meets Final Rule. Those passing will go up for public comment before submitting to CMS for review.  MI Choice Waiver:  As of 3/17/2019, there have been 858 total residential settings assessed and submitted to the Medicaid Services Administration (MSA). MSA completed reviews of all 858 of these settings. 847 were found in compliance. 11 have been identified as possible heightened scrutiny.  As of 3/17/2019, there have been 90 total non-residential settings assessed and submitted to MSA. MSA completed reviews of all 90 of these settings. 86 were found in compliance. 4 have been identified as possible heightened scrutiny.  MDHHS and the waiver agencies have been working with the settings on CAP to bring these settings into compliance.  All MI Choice assessments have been submitted. As of October 1, 2018, all new settings must be immediately compliant.  The numbers on Row 14 for HSW and MSS&S have been updated to reflect changes due to: 1) settings being closed; and 2) change on settings status after completion of corrective action or validation of survey data via desk review or site review.  Habilitation Supports Waiver (HSW):  MDHHS has surveyed all HSW settings and participants. This list has been shared with the PIHP leads who will work with settings that are noncompliant to develop remediation plans  Results of **HSW** assessment process:  Full compliance:  Residential 6 settings  Non-residential 47 settings  Do not comply but could come into compliance:  Residential 797 settings  Non-residential 112 settings  Require Heightened Scrutiny:  Residential 433 settings  Non-residential 27 settings  MSS&S Waiver -  §1915(b)(3)  MDHHS has surveyed all MSS&S settings and participants. This list has been shared with the PIHP leads who will work with settings that are noncompliant to develop remediation plans.    Results of MSS&S assessment process-    Full Compliance: 180 settings  Do not comply but could come into compliance: 1105 settings  Require heightened scrutiny: 303 settings    HSW and MSS&S Settings who have institutional characteristics have been identified through the assessment process. These providers responses have been validated and those who remain on HS will be reviewed by MDHHS BHDDA contracted reviewers from MSU-IHP. All settings that are identified as requiring HS due to institutional qualities will receive an onsite review.    Additional detail on the HS process is available on Pages 138-140 | 03/01/2017  03/01/2017  10.1.2018 | 01/31/2017  Completed  - MI  Choice  Waiver    3/17/2019  Complete  3/17/2019  Complete  3/17/2019  Completed  10/01/2018  03/01/2019  Complete | CMS HCBS  guidelines | BHDDA, MSA, waiver entities, waiver providers,  MDHHS, LARA, ORR, Waiver  participants, advocacy groups |

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| 15.0 | 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. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)    These updates may include legislation, administrative rules, and contracting procedures. | 10/01/2015 | 03/31/2017  Complete | MDHHS staff, waiver policy, provider contracts, monitoring tool | MSA, BHDDA,  LARA, MDHHS  Federal  Compliance &  Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |
| 15.1 | 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.  These updates may include legislation, administrative rules, and contracting procedures. | 10/01/2015 | 1/31/2017  Complete | MDHHS staff, waiver policy, provider contracts, monitoring tool | MSA, BHDDA,  LARA, MDHHS  Federal  Compliance &  Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |
| 15.2 | 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  Complete | MDHHS staff, waiver policy, provider contracts, monitoring tool | MSA, BHDDA,  LARA, MDHHS  Federal  Compliance &  Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |
| 16.0 | All waivers | Revise policy | Revise Michigan Medicaid Provider Manual to address new Federal requirements.  MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | 10/01/2015 | 07/01/2018  Complete | [Medicaid](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf)  [Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | MSA, BHDDA,  LARA, MDHHS  Federal  Compliance &  Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |

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| 16.1 | All waivers | Revise provider contracts | Revised waiver entity contract to address new requirements. |  |  |  | BHDDA, MSA, waiver entities, waiver providers |
| 16.2 | HSW | Revise provider contracts | 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](http://www.michigan.gov/documents/mdch/FY09-10MAContractwithallattachments_312218_7.pdf)  [Contract](http://www.michigan.gov/documents/mdch/FY09-10MAContractwithallattachments_312218_7.pdf) |  |
| 16.3 | MI Choice | Revise provider contracts | 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  Complete | Waiver  Agencies’ contracts: |  |
| 16.4 | MSS&S | Revise provider 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 | PIHPs’ contracts:    [MA/PIHP](http://www.michigan.gov/documents/mdch/FY09-10MAContractwithallattachments_312218_7.pdf)  [Contract](http://www.michigan.gov/documents/mdch/FY09-10MAContractwithallattachments_312218_7.pdf) |  |
| 17.0 | All waivers | Provide technical assistance with licensing issues | MDHHS will work with LARA to provide various types of technical assistance around licensing issues including the following:     * 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 | 09/01/2014 | 02/29/2016  Complete | Residential  Agreement  Guidance  [Joint Guidance](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html) | BHDDA, MSA, waiver entities, waiver providers, waiver participants |

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|  |  |  | residential agreements to address new Federal requirements on participant rights regarding discharge  and complaints    MDHHS continues to work with LARA to incorporate policy language into the Medicaid Provider Manual regarding Emergency and Non-Emergency Involuntary Discharge. Regulations and policy will be promulgated   * 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 Michigan Administrative Hearing System (MAHS) to develop a process to provide comparable protections aligning with landlord tenant laws in Michigan. | | | 11/01/2016 | 02/01/2017  Complete              12/31/2018 | |  | | | |  | |
| 18.0 | MI Choice Waiver | Submit Waiver Renewal | MDHHS submitted a waiver renewal to the MI Choice Waiver which includes incorporating compliance with the HCBS Final Rule in the MI Choice Waiver. Currently the MI Choice Contracts reflect providers must be in compliance with the HCBS Final Rule. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | | | Dependent on  Approval of  Statewide Transition  Plan | Dependent on  Approval of  Statewide Transition  Plan | | [Waiver](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42592-151693--,00.html)  [Application](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42592-151693--,00.html) | | | | MSA, LARA, waiver entities, providers, waiver participants, advocacy groups | |
| 19.0 | 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. | | | 01/01/2017 | 07/31/2017  Complete | | See Appendix B – Contract Information for changes made to the MI Choice Contract. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | | | | MSA, BHDDA,  LARA, MDHHS  Federal  Compliance &  Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups | |
| 20.0 | 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 compliance prior to providing services. Upon enrollment in the waiver program, providers who offer HCBS will be provided technical assistance on HCBS setting requirement by  MDHHS and waiver entities. This activity will be ongoing.  MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | | 01/01/2015 | | 03/17/2017  Complete | | Provider monitoring tool and instructions | | MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups | | |
| 21.0 | 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   compliance based upon the completed survey tool that was submitted to  MDHHS.   1. For providers who are non-compliant, the provider will have 90 days to correct all issues that cause the noncompliance. 2. Once the issues are corrected, the provider will notify the waiver agency and schedule another on-site survey. 3. The waiver agency will have 90 days to complete another on-site survey and submit the survey to MDHHS for review. 4. If a provider does not notify the waiver agency within 90 days, the waiver agency will contact   the provider to determine progress on the corrective action and schedule another on-site visit accordingly.   1. 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. 2. Regardless of the original notification date, all providers in all MI Choice provider networks must be compliant with the ruling no later than September 30, 2018 or show significant progress towards their approved corrective action plan 3. Waiver agencies will start transition plans with individuals being served by providers not willing to come into compliance, unable to come into compliance, or are not making significant progress towards their corrective action plan 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. 4. By March 17, 2019, no MI Choice participants will be served by non-compliant providers. | | MI Choice:  01/01/2016 | | MI Choice: 3/17/2022 | | 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 | |

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| 21.1 | | | Habilitation  Supports  Waiver | | Develop and implement corrective action plans  for individual non-compliant settings | | Settings will receive a notification letter to identify their status as either complaint or non-compliant. This communication will include a template for settings that are non-compliant to submit a Corrective Action Plan (CAP). This CAP will be due 30 days from receipt and will outline how the setting intends to reach compliance. The PIHP lead will review, approve or deny, and verify that required changes have been made and that the setting is compliant. Verification of CAP completion may occur through onsite reviews or desk reviews. | | 01/01/2017 | | | 04/01/2018  Complete |  | | | BHDDA, waiver  entities, providers, waiver participants, advocacy groups,  MDHHS, LARA,  ORR, CMS | |
| 21.2 | | | MSS&S  Waiver §1915(b)(3) | | Develop and implement corrective action plans  for individual non- compliant settings | | Settings will receive notification to identify their status as either complaint or noncompliant. This communication will include a template for settings that are non-compliant to submit a Corrective Action Plan (CAP). This CAP will be due 30 days from receipt and will outline how the setting intends to reach compliance. The waiver entity will review, approve or deny, and verify that required changes have been made and that the setting is compliant. Verification of CAP completion may occur through onsite reviews or desk reviews. Waiver entities will start to collect CAPs from the settings 5/1/2017. | | 1/01/2019 | | | 5/01/2020 |  | | | BHDDA, waiver  entities, providers, waiver participants, advocacy groups,  MDHHS, LARA,  ORR, CMS | |
| 22.0 | | MI Choice Waiver | | | Notify providers who do not and cannot meet the HCB setting requirement s. Notify any affected participants of these providers. | | MDHHS will notify providers who are found to not meet and are unable to meet the HCBS Final Rule requirements. These provider types include nursing facilities, hospitals, and institutes for mental diseases. These providers are ineligible to participate in the program.  Participants will be notified if their provider cannot meet requirements. Supports Coordinators will work with participants on a transition plan will be consistent with the state of Michigan’s Person-Centered Planning policy. Supports Coordinators will schedule a person-centered planning meeting to help ensure the transition plan is person-centered and includes the choices of the participant. In this meeting the individual who receives services along with his or her supports (family and /or friends) and Supports Coordinator will discuss the individual’s preferences and provider options available to the person. The participant will choose which compliant setting they would choose to transition to. The individual’s preferences will be formalized in the Individualized Plan of Care. Supports Coordinator will work with the participant on transitioning to a new setting. | | MI Choice:  06/01/2016 | | | MI Choice:  09/16/2018 | Assessment tool responses | | | MSA, waiver  entities, providers, participants, advocacy groups | |
| 22.1 | | 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. | | MDHHS will notify all participants whose settings are unable to come into HCBS compliance no later than September 1, 2021.   * MDHHS will communicate directly with the participant’s case manager through email. * The case manager will then facilitate communication with the individual related to the HS process and need for transition planning. This will allow a minimum of 6 months for transition planning to occur. * Transition planning will be consistent with the state of Michigan’s Person-Centered Planning policy and the Michigan Mental Health Code. Waiver participants will be supported by their case managers to schedule a person-centered planning meeting. In this meeting the individual who receives services along with his or her supports (family and /or friends) and case manager will discuss the individual’s preferences and consider service and provider options available to the person. The individual’s preferences will be formalized in the Individualized Plan of Service.   Support coordinators will provide an attestation for each individual who transitions to a new service or setting that a PCP meeting was held and that a new IPOS was developed consistent with the HCBS rule and securing services from settings who are HCBS compliant. | | HSW:  10/1/20 20    MSS&S  Waiver §1915(b)(3):    10/01/20 20 | | | HSW:  9/01/2021    MSS&S  Waiver §1915(b)(3):    9/01/2021 |  | | | BHDDA, waiver  entities, providers, waiver participants, advocacy groups,  MDHHS, LARA,  ORR, CMS | |
| 23.0 | 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 community-based services from the broader community of individuals not receiving Medicaid home and community-based services. | | 07/01/2016 | | | 1/01/2017  Complete | CMS HCBS  guidelines | | MSA, BHDDA  waiver entities, providers, waiver participants, advocacy groups | | |
| 24.0 | All waivers | | | | Notify CMS of any presumptively non-home and community-based settings that do have  qualities of home and community-based  settings for heightened scrutiny | | For settings that are presumed not to be home and community-based, MDHHS will compile a list of settings that do have the qualities of home and community-based settings and do not have the characteristics of an institution. MDHHS will submit this list and any corresponding evidence to CMS for the heightened scrutiny process. | |  | | |  | Assessment tool responses | | BHDDA, MSA, waiver entities, providers, waiver participants, CMS | | |
| 25.0 | MI Choice Waiver | | | |  | | 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 | | | 03/17/2019 | Assessment tool responses | | BHDDA, MSA, waiver entities, providers, waiver participants, CMS | | |
| 26.0 | | | Habilitation  Supports  Waiver | |  | | * MDHHS has developed a list of HSW settings that are presumed not to be HCB. * MDHHS and its contractor Michigan State University will gather evidence from those settings that wish to pursue HS. * This evidence will be reviewed by the Heightened Scrutiny Review Committee (HSRC) who will submit their recommendations regarding the HCB status of the provider to MDHHS. * MDHHS will review all evidence and the recommendations 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 settings that MDHHS believes are HCB for review. | | 04/01/2015        01/01/2019          09/01/2020            09/01/2020        10/01/2020        11/1/2020 | | 04/30/2017        12/01/2020          3/01/2021            3/01/2021        4/01/2021        9/01/2021 | | Assessment tool responses | BHDDA, MSA, waiver entities, providers, waiver participants, CMS | | |
| 27.0 | | | MSS&S  Waiver §1915(b)(3) | |  | | * Following the process utilized for the HSW MDHHS will develop a list of settings that are presumed not to be HCB. * MDHHS’s contractor, Michigan State University, will gather evidence from those settings that wish to pursue HS. * This evidence will be reviewed by the HSRC who will submit their recommendations regarding the HCB status of the setting to MDHHS. * MDHHS will review all evidence and the recommendations 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 settings that MDHHS believes are HCB for review. | | 03/01/2019          03/01/2019        09/01/2020            09/01/2020  10/01/2020    11/1/2020 | | 02/01/2021        12/01/2020        03/01/2021            03/01/2021  04/01/2021    9/01/2021 | | Assessment tool responses | BHDDA, MSA, waiver entities, providers, waiver participants, CMS | | |
| 28.0 | | | MI Choice  Waiver,  Habilitation  Supports  Waiver, and MSS&S Waiver §1915(b)(3) | | Develop statewide protocols and procedures  for site specific reviews | | MDHHS will develop protocols and procedures to address ongoing monitoring and compliance. | | 10/01/2015  01/2020 | | 09/30/2016  Complete  Ongoing | | MDHHS | BHDDA, MSA, waiver entities, providers, QIC, advocacy groups, waiver participants | | | |
| 28.1 | | | 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 on an annual basis.  Participants’ private homes are compliant with the Federal requirements.  It is the presumption that privately owned or rented homes and apartments of people living with family members, friends, or roommates meet the home and community-based settings requirements if they are integrated in typical community neighborhoods where people who do not receive home and community-based services also reside.  Provider owned and/or operated settings do not meet the provider requirements and will need to be assessed for compliance.  After the initial HCBS compliance determination, provider owned and/or provider operated settings will be reassessed for compliance each contract renewal or at least annually.  Participants in private homes are presumed to live in compliant homes, however, the participants’ supports coordinators conduct annual home visits with all participants.  During these home visits, the supports coordinators will verify the participants’ private home is compliant with the HCBS Final Rule. | | 10/01/2015 | | 03/17/2022  Monitoring will occur annually and on an ongoing basis | |  | MSA, BHDDA  waiver entities, providers, waiver participants, advocacy groups | | | |
| 28.2 | | | 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 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.  See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | | 10/01/2016 | | 03/17/2019  Complete | | MI Choice  Consumer  Satisfaction  Survey | MSA, waiver  entities, providers, waiver participants, advocacy groups | | | |
| 28.3 | | | | 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. The Administrative Quality Assurance Reviews and the Clinical Quality Assurance Reviews are not part of the HCBS compliance process. AQAR and CQAR conduct annual reviews. Part of the CQAR annual review process is participant home visits. If AQAR or CQAR see anything in their annual review process that conflicts with the HCBS Final Rule, they will inform MDHHS. MDHHS will ensure any setting AQAR or CQAR reported as possible non-compliance with the HCBS Final Rule will be reviewed. Methods of validation include 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews. All settings will be reviewed for settings compliance every year using the MDHHS survey monitoring tool. Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews. | | 10/01/2016 | | 03/17/2019  Complete | AQAR Site  Review Protocol | MSA, BHDDA  waiver entities, providers, waiver participants, advocacy groups | | | |
| 28.4 | | | | 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  Complete | MI Choice  Consumer  Satisfaction  Survey | MSA, BHDDA  waiver entities, providers, waiver participants,  advocacy groups | | | |
| 28.5 | | | | Habilitation  Supports  Waiver | | Conduct provider monitoring | | MDHHS BHDDA will require the ongoing reassessment of HSW and MSS&S settings to ensure they remain HCB. This ongoing monitoring will occur through the survey process which will be administered to both the setting and the participant.  All HCBS providers will be required to complete the assessments.  Assessments will be validated by the waiver entities which may include a site visit. Any settings that rise to the level of HS will be referred to MDHHS for review.  The waiver entities will work with settings that are non-compliant to develop and implement a Corrective Action Plan (CAP). MDHHS BHDDA will maintain oversight of the PIHP process and will utilize the site review process to verify that the PIHP is consistently reassessing settings and participants, implementing CAPs as needed and ensuring after the CAP has been completed that the setting is in fact HCB compliant.  Waiver entities will be required to review settings, on-site as needed, to ensure they meet requirements prior to contracting with them for the HSW program. | | 10/01/2017 | | 03/17/2019  Initial assessment  Analysis completed  Monitoring for continued compliance will occur on an ongoing basis | Provider  Monitoring Tool | MDHHS, waiver  entities, providers, waiver participants, advocacy groups | | | |
| 28.6 | | | | MSS&S  Waiver §1915(b)(3) | | Conduct provider monitoring | | MDHHS BHDDA will require the ongoing reassessment of HSW and MSS&S settings to ensure they remain HCB. This ongoing monitoring will occur through the survey process which will be administered to both the setting and the participant.  All HCBS providers will be required to complete the assessments.  Assessments will be validated by the waiver entities which may include a site visit. Any settings that rise to the level of HS will be referred to MDHHS for review.  The waiver entities will work with settings that are non-compliant to develop and implement a Corrective Action Plan (CAP). MDHHS BHDDA will maintain oversight of the PIHP process and will utilize the site review process to verify that the PIHP is consistently reassessing settings and participants, implementing CAPs as needed and ensuring after the CAP has been completed that the setting is in fact HCB compliant.  Waiver entities will be required to review settings, on-site as needed, to ensure they meet requirements prior to contracting with them for the HSW program. | | 10/01/2017 | | 03/17/2019  Completed  Ongoing | Provider  Monitoring Tool | MDHHS, waiver  entities, providers, waiver participants, advocacy groups | | | |
| 28.7 | | | | 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 the settings. | | 10/01/2016 | | 03/17/2019 Completed  Use of the tools will be ongoing | Site Review Protocol | MDHHS. waiver  entities, providers, waiver participants, advocacy groups | | | |
| 28.8 | | | | 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  Completed  Use of the tools will be ongoing | Site Review Protocol | MDHHS. waiver  entities, providers, waiver participants, advocacy groups | | | |

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|  |  |  | review will include ensuring that waiver agencies only contract with providers that meet requirements and include requirements in their contracts with the settings. |  |  |  |  |
| 29.0 | 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.  Site review staff will complete an assessment tool developed by BHDDA and will include a review of HCBS characteristics in 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. | 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 |
| 29.1 | 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 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. | 10/01/2015 | Protocols for MSS&S completed  10/1/2017 will be used ongoing | Site Review protocols | MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC |

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| 30.0 | 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 dis-enroll from the waiver program.  MDHHS will send a letter to the beneficiary whose setting cannot be or choose not to 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 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 dis-enrolled 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 & HCBS chapter of the Michigan Medicaid Provider Manual.  See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) | 01/01/2016 | 3/17/2019 | Provider network  listings,  assessment data | MSA, MI Choice Waiver agents, waiver participants, advocacy groups |
| 30.1 | Habilitation  Supports  Waiver | | Assist participants in non-compliant setting with transition to compliant setting | Those participants receiving services from settings that 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 setting through a different funding stream if possible or will have a minimum of six months to transition from their current setting.  The state is taking the following steps to build capacity among settings to increase access to non-disability specific setting options across home and community-based services:  Revised Person Centered Planning Policy  Revised Medicaid Provider Manual HCBS Chapter  Developed 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. | 03/01/2017 | 9/1/2021 | Provider network  listings,  assessment data | MDHHS, waiver  participants, waiver entities, advocacy groups |
| 30.2 | MSS&S  Waiver §1915(b)(3) | | Assist participants in non-compliant setting with transition to compliant setting | Those participants receiving services from settings that 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 setting through a different funding stream if possible or will have a minimum of six months to transition from their current setting.  The state is taking the following steps to build capacity among settings to increase access to non- 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 | 06/01/2020 | 9/1/2021 | Provider network  listings,  assessment data | MDHHS, waiver  participants, waiver entities, advocacy groups |
| 31 | 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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 32 | 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 |
| 33 | All waivers | Create and distribute public notice for  Statewide  Transition Plan | MDHHS notified stakeholders that a draft transition plan had been developed to address new rule that included links to the full plan and the waiver amendment document. Notices included MDHHS website postings and mailings. | 11/24/2014 | 12/24/2014  Completed | Draft transition plan, waiver amendment document,  MDHHS website, policy, stakeholder  letter | MSA, BHDDA, waiver  entities, providers, waiver participants, advocacy groups |
| 34 | 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 |
| 35 | 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 |
| 36 | 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 |
| 37 | All waivers | Revise STP to include systemic assessment/re mediation 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 |
| 38 | 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 |
| 39 | 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 |
| 40 | 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 |

## 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, Private Residence owned by the PHIP, CMHSP, or the contracted setting | Residential | 4142\* | 1241\* | Behavioral Health and Developmental  Disabilities  Administration | Developmental  Disabilities Institute | 09/17/2021 |
| Habilitation  Supports Waiver | Out of Home Non Vocational Habilitation, Prevocational Service, or Supported Employment | Non-  Residential | 3218\* | 195\* | Behavioral Health and Developmental  Disabilities  Administration | Developmental  Disabilities Institute | 09/17/2021 |
| 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 | 14489\* | 2459\* | Behavioral Health and Developmental  Disabilities  Administration | Prepaid  Inpatient  Health Plans | 09/17/2021 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Waiver | Type of Setting | Residential or Non-Residential | Number of Individuals | Number of Settings | Lead Agency | Survey Organization | Final  Compliance  Date |
| MI Choice | Adult Foster Care | Residential | 1275\*\* | 679\*\* | Medical Services Administration | MI Choice  Waiver  Agency | 09/17/2021 |
| MI Choice | Homes for the Aged | Residential | 593\*\* | 95\*\* | Medical Services Administration | MI Choice  Waiver  Agency | 09/17/2021 |
| MI Choice | Assisted Living | Residential | 390\*\* | 72\*\* | Medical Services Administration | MI Choice  Waiver  Agency | 09/17/2021 |
| MI Choice | Independent Living | Residential | 150\*\* | 56\*\* | Medical Services Administration | MI Choice  Waiver  Agency | 09/17/2021 |
| MI Choice | Adult Day Center | Non-  Residential | 1986\*\* | 89\*\* | Medical Services Administration | MI Choice  Waiver  Agency | 09/17/2021 |

\* Figures for the HSW and the MSS&S are as of 12/27/2018.

\*\* Figures for MI Choice settings are as of 2/5/2020. Figures for non-residential settings as of 2/5/2020.

## 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. Ongoing monitoring will consist of all settings will be reviewed for settings compliance every year at a minimum using the MDHHS survey monitoring tool. MI Choice developed a tool, as guided by the CMS Exploratory Questions Tool for providers to evaluate conformity to HCBS rules. The tool aligns with the MI Choice Survey Tool. MI Choice staff will validate 100% of the results of the survey via on-site assessments conducted by trained waiver agency staff. The Waiver Agencies will visit administer and complete using the provider tools as part of the survey process. 100% of providers will be have an on-site visit and survey. Methods of validation include 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews. All settings will be reviewed for settings compliance every year at a minimum using the MDHHS survey monitoring tool. Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews. All settings must be compliant by March 2019. All new settings and all settings after March 2019 must be in immediate compliance.

Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews.

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 began its HS process in March 2019.

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 | 858 | 100% | 90 | 100% |
| Assessments MDHHS reviewed, validated, and determined setting compliance | 858 | 100% | 90 | 100% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assessment Status | Residential | Percent | Non-  Residential | Percent |
| Currently In Compliance | 847 | 98.72% | 86 | 95.55% |
| Could Come Into Compliance | All residential settings are compliant or under the heightened scrutiny process | 0.00% | All non-residential settings are compliant or under the heightened scrutiny process | 0.00% |
| Require Heightened Scrutiny | 11 | 1.28% | 4 | 4.44% |

# Habilitation Supports Waiver and MSS&S 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 settings. The assessment will be divided into two Phases:

|  |  |  |
| --- | --- | --- |
| HSW | |  |
| Current Assessment Status |  | Statewide Assessment Completed |
| 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 |  | 1/1/2019 |

|  |  |
| --- | --- |
| Types of Surveys | Number of Surveys Completed \* |
| Residential Setting | 3672 |
| Non-Residential Setting | 3021 |
| Participant | 5433 |

\*Providers complete one survey for each HSW participant served

|  |  |  |
| --- | --- | --- |
| MSS&S | |  |
| Current Assessment Status |  | Statewide Assessment Completed |

|  |  |
| --- | --- |
| Types of Surveys | Number of Surveys Completed \* |
| Setting | 8739 |
| Participant | 5755 |

\*Providers complete one survey for each MSS&S participant served



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 settings to support their claim to be home and community based
* MDHHS contracted reviewers conduct site visits

First level review

* MDHHS contractors, Michigan State University, submit evidence gathered at site visits to MDHHS
* MDHHS convenes Heightened Scrutiny Review Committee (HSRC)

Second level review

* HSRC considers evidence submitted by settings and MDHHS contractors, Michigan State University, 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 recommendations from HSRC members regarding HCB compliance
* Those settings that 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 settings that 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 setting’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  04/26/2018 |
| 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 |
| American Association on Intellectual and Developmental Disabilities Conference | 04/17/2018 |

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

[71547\_2943-334724--,00.html](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. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. Addition of assessment results for the MI Choice Waiver and Habilitation Supports Waiver 2. Addition of the Statewide Assessment, Remediation, and   Transition Strategy   1. Addition of the “Presumed Not   To Be Home and Community-  Based” Process   1. 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 February 20th and March 22, 2018 | Version 4.0 was submitted to CMS. Version 5.0 and 5.1 have been amended based on their feedback. |
|  |  |  |  |
| Version 5.0 and 5.1 | 1. Added Appendices for ease of reference to the Medicaid Provider Manual, Contract Information, and Licensing Rules 2. Updated Timelines 3. Updated Compliance Numbers 4. Discussion of Quality Assurance Reviews and Self-Assessments | The formal public comment period for Version 5.0 was conducted between September 26 and October 30, 2018. Version 5.1 is amended based on submitted comments. | Version 5.1 is a modified version of 5.0 based on feedback provided during the public comment period. |
| **Version Number**  5.2 | **Major Changes since Last Version**  1. **Row 14 and Row 8.0**  Comprehensive summary of completed assessments of all HCBS setting, validation methods and outcomes of activities  2. **Row 13.1**  Remediation strategies and timelines  3. **Row 22.1/22.0**  Process for communicating with beneficiaries currently in settings that cannot or will not come into compliance  4.**Row 14**  Detailed plan completed for identifying and evaluating those settings presumed to have institutional characteristics  5.**Row 28.5/28.6/28.3**  Description of ongoing monitoring and Quality assurance processes that will ensure all settings providing HCB remain HCB compliant going forward  6.**Row 8.0/8.3**  Inclusion of validation process and dates for completion. | **Public Comment Period** | **Current Status**  **Version 5.2** |

Process

Appendix A

Michigan Codes, Regulations, Policies, and Guidelines

Michigan Medicaid Provider Manual

On January 1, 2018, MDHHS promulgated a new Home and Community-Based Services chapter of the Michigan [Medicaid Provider Manual](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf#page=738).

Chapter language fully comports with 42 CFR §441.301.

This chapter was published for public comment and feedback was incorporated into the final version published in the manual on April 1, 2018. This chapter will continue to be updated as necessary.

Michigan Person-Centered Planning Policy and Practice Guideline

MDHHS Continues to follow the provisions set forth in the [Michigan Person-Centered Planning Policy and Practice Guideline](http://www.michigan.gov/documents/mdch/Person-Centered_Planning_Revised_Practice_Guideline_367086_7.pdf)

Michigan Self-Determination Policy and Practice Guideline

MDHHS Continues to follow the provisions set forth in the [Michigan Self-Determination Policy and Practice Guideline.](http://www.michigan.gov/documents/SelfDeterminationPolicy_70262_7.pdf)

Appendix B

Contract Information

PIHP Contract

§1915(b)/(c) waiver program FY17: 18.1.13 HCBS

Transition Implementation.

[PIHP Contract](http://www.michigan.gov/documents/mdch/FY09-10MAContractwithallattachments_312218_7.pdf)

MI Choice Contract

The MI Choice contract can be found online at EGrAMS website: [https://egramsmi.com/dch/user/home.aspx](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).

Attachment K:

Supports Coordination Performance Standards and MI Choice Operating Criteria

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 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.

Attachment H

Minimum Operating Standards for MI Choice Waiver Program Services

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, 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.

Appendix C

Licensing Rules

Applicable licensing rules for adult foster care homes are split into three volumes. Each volume applies to different types of foster care homes and rules from each volume are frequently provided to cover multiple residence types. These volumes are

[Licensing Rules for Adult Foster Care Family Homes;](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/617_10588_AdminCode.pdf)

[Licensing Rules for Adult Foster Care Small Group Homes](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/640_10611_AdminCode.pdf) (12 or less); and

[Licensing Rules for Adult Foster Care Large Group Homes](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/641_10612_AdminCode.pdf) (13-20).

Additional rules apply to [Homes for the Aged](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/1669_2016-059LR_AdminCode.pdf).

For each volume, the following rules are referenced in the Statewide Transition Plan.

[Licensing Rules for Adult Foster Family Homes](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/617_10588_AdminCode.pdf)

Rule 7: R 400.1407- Resident Admission and Discharge Criteria; Resident Assessment Plan; Resident Care Agreement; House Guidelines; Fee Schedule; Physician’s Instructions; Health Care Appraisal

Rule 8: R 400.1408 - Resident Care; Licensee Responsibilities

Rule 9: R 400.1409 - Resident Rights; Licensee Responsibilities

Rule 12: R 400.1412 – Resident Behavior Management; Prohibitions

Rule 19: R 400.1419 – Resident Nutrition

Rule 21: R 400.1421 - Handling of resident funds and valuables

Rule 31: R 400.1431 – Bedrooms generally

[Licensing Rules for Adult Foster Care Small Group Homes (12 or less)](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/640_10611_AdminCode.pdf)

Rule 301: R 400.14301- Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

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.

Rule 303: R 400.14303 - Resident Care; Licensee Responsibilities

Rule 304: R 400.14304 - Resident Rights; Licensee Responsibilities

Rule 313: R 400.14313 – Resident Nutrition

Rule 315: R 400.14315 - Handling of resident funds and valuables

Rule 407: R 400.14407 - Bathrooms

Rule 408: R 400.14408 - Bedrooms generally

[Licensing Rules for Adult Foster Care Large Group Homes (13-20)](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/641_10612_AdminCode.pdf)

Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal

Rule 302: R 400.15302 - 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

Rule 303: R 400.15303 - Resident care; licensee responsibilities

Rule 304: R 400.15304 - Resident rights; licensee responsibilities

Rule 305: R 400.15305 - Resident protection

Rule 307: R 400.15307 - Resident behavior interventions generally

Rule 308: R 400.15308 - Resident behavior interventions prohibitions

Rule 313: R 400.15313 – Resident Nutrition

Rule 407: R 400.15407 - Bathrooms

Rule 408: R 400.15408 - Bedrooms generally

[Licensing Rules for Homes for the Aged](http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/1669_2016-059LR_AdminCode.pdf)

Rule 22: R 325.1922 - admission and retention of residents