

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

Version 3.0

Version Date: December 1, 2016



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

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

Overview of Home and Community-Based Waiver Programs

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

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Habilitation Supports Waiver Program	§1915(c) Waiver	Children and Adults with Developmental Disabilities	Provide community-based services to children and adults with developmental disabilities who would otherwise require the level of care provided in an Intermediate Care Facility.	All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.
Managed Specialty Services and Supports Waiver Program	§1915(b) Waiver	Children and Adults with Behavioral Health Needs or Developmental Disabilities	Provides coverage for (1) mental health and substance use disorder services; and (2) long-term services and supports. This program also includes §1915(b)(3) supports and services that that promote community inclusion and participation, independence, and/or productivity.	CMS has agreed to provide regulatory authority on the applicability of the HCBS requirements to specific §1915(b)(3) services and settings. MDHHS is working with CMS to identify the specific services and setting affected by the HCBS requirement.

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

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

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

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

**Habilitation Supports Waiver Program:** All waiver participants under this waiver program 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	LARA	Department of Licensing and Regulatory Affairs
BHDDA	Behavioral Health and Developmental Disability Administration	LOCD	Level of Care Determination
CLS	Community Living Supports	LTC	Long Term Care
CMH or CMHSP	Community Mental Health Services Program	*MDHHS	Michigan Department of Health and Human Services
CMS	Centers for Medicare and Medicaid Services	MPM	Michigan Medicaid Provider Manual
CPT	American Medical Association's Current Procedural Terminology	MSA	Medical Services Administration
CWP	Children's Waiver Program	ORR	Office of Recipient Rights
DDI	Developmental Disabilities Institute of Wayne State University	PIHP	Pre-Paid Inpatient Health Plan
DDPIT	Developmental Disabilities Practice Improvement Team	QIC	Quality Improvement Council



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HCBS	Home and Community Based Services	RLA	Residential Living Arrangement
HCPCS	Healthcare Common Procedure Coding System based on the American Medical Association's Current Procedural Terminology codes	SEDW	Waiver for Children with Serious Emotional Disturbances
HFA	Homes for the Aged	STP	Statewide Transition Plan
HSW	Habilitation Supports Waiver	WSA	Waiver Support Application

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

## Statewide Transition Timeline

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

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

- **Section 1a and 1b: Systemic Assessment**

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

- **Section 1c: Setting Assessment**

The Setting Assessment is a review of all settings where individuals receive home and community-based services under a Medicaid Waiver Program.

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

**Section 3: Transition Process:** If a setting is unable to come into compliance with the rule, MDHHS will assist individuals with transitioning to a compliant setting.

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

## Section 1: Assessment Process

## Section 1a: Michigan Systemic Assessment

Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
<b>Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</b>	Silent	Medicaid Provider Manual (MPM)	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation  Engage in public comment  Publish policy  (takes 120-180 days)	Start on 11/7/16  Effective on 5/1/2017
	Compliant	Contract:  PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>  MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a>  Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show"	<b>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</b>  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,		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Links to the contract and all attachments are in the Document Name box.	<p>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.</p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p>		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.		
	Compliant	<p>Licensing Rules:</p> <p>Rule 8: R 400.1408 - Resident Care; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 303: R 400.14303 - Resident care; licensee responsibilities.</p> <p>Rule 304: R 400.14304 - Resident rights; licensee responsibilities.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 303: R 400.15303 Resident care; licensee responsibilities.</p> <p>Rule 304: R 400.15304 Resident rights; licensee responsibilities.</p>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<a href="#">Licensing Rules Adult Foster Care Large Group Homes</a>			
<b>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.</b>	Compliant	<p>Medicaid Provider Manual: service definition for supported employment (pg. 121 - Community-based, taking place in integrated work settings).</p> <p><a href="#">Medicaid provider Manual</a></p>	Team will create a Home and Community Based Services Chapter in the MPM.	<p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p>	<p>Start on 11/7/2016</p> <p>Effective on 5/1/2017</p>
	Compliant	<p>Contract:</p> <p>PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a></p> <p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a></p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Links to the contract and all attachments are in the Document Name box.			
	Compliant	<p>Licensing Rules:</p> <p>Rule 8: R 400.1408 – Resident Care; Licensee Responsibility</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 303: R 400.14303 - Resident care; licensee responsibilities.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 303: R 400.15303 Resident care; licensee responsibilities.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p>			



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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
<b>The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.</b>	Compliant	<p>Licensing Rules:</p> <p>Rule 8: R 400.1408 – Resident Care; Licensee Responsibility</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 303: R 400.14303- Resident care; licensee responsibilities</p> <p>Rule 304: R 400.14304 - Resident rights; licensee responsibilities.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 303: R 400.15303 - Resident care; licensee responsibilities</p> <p>Rule 304: R 400.15304 - Resident rights; licensee responsibilities.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Compliant	<p>Contract:</p> <p>PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a></p> <p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a></p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days)	Start on 11/7/2016 Effective on 5/1/2017
<b>The setting includes opportunities to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</b>	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days)	Start on 11/7/2016 Effective on 5/1/2017
	Compliant	MCL 330.1728 - Personal property: <a href="#">mcl-330-1728</a>  MCL 330.1730 – Access to Money: <a href="#">mcl-330-1730</a>			
	Compliant	Contract:  PIHP Contract for 1915 (b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a></p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p>			
	Compliant	<p>Licensing Rules:</p> <p>Rule 8: R 400.1408 – Resident Care; Licensee Responsibility</p> <p>Rule 21: R 400.1421 Handling of resident funds and valuables.</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>Rule 301: R 400.14301(6)(K) - Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 315: R 400.14315 – Handling of resident funds and valuables</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>Rule 315: R 400.15315 Handling of resident funds and valuables.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p>			
<b>The setting is selected by the individual from among setting</b>	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation	Start on 11/7/2016

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
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.				Engage in public comment  Publish policy  (takes 120-180 days)	Effective on 5/1/2017
	Compliant	<p>Contract:</p> <p>PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a></p> <p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a></p> <p>The MI Choice contract can be found online at:  <a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a> Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.</p>			
	Silent	Licensing Rules:			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>Rule 7: R 400.1407(12) through (15) – Resident Admission and Discharge Criteria; Resident Assessment Plan; Resident Care Agreement; House Guidelines; Fee Schedule; Physician's Instructions; Health Care Appraisal</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 301: R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p>			
	Compliant	<p>Michigan Person-Centered Planning Policy and Practice Guideline:</p> <p>Individual Olan of Services: In addition, documentation maintained by the</p>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>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</p> <p><a href="#">Michigan Person-Centered Planning Policy and Practice Guideline</a></p> <p>Michigan Self-Determination Policy &amp; Practice Guideline</p> <p>Page 14: definitions on "Freedom" and "Self-determination":</p> <p><a href="#">Michigan Self-Determination Policy &amp; Practice Guideline</a></p>			
	Compliant	<p>MCL 330.1712 - Individualized Written Plan of Services</p> <p><a href="#">mcl-330-1712</a></p> <p>MCL 330.1700 (g) – Definitions:</p> <p>"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.</p>			



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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<a href="#">MCL 330.1700</a>			
<b>An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</b>	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation  Engage in public comment  Publish policy  (takes 120-180 days)	Start on 11/7/2016  Effective on 5/1/2017
	Compliant	MCL 330.1740 - Physical restraint <a href="#">mcl-330-1740</a>  MCL 330.1742 – Seclusion <a href="#">mcl-330-1742</a>  MCL 330.1748 - Confidentiality <a href="#">mcl-330-1748</a>  MCL 330.1752 - Policies and Procedures <a href="#">mcl-330-1752</a>			
	Compliant	Licensing Rules:  Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities  <a href="#">Licensing Rules for Adult Foster Care Family Homes</a>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>Rule 12: 400.1412 – Resident Behavior Management; Prohibitions</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 304: 400.15304 - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>Rule 305: R 400.15305 - Resident protection.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>Rule 307: R 400.15307 Resident behavior interventions generally</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>Rule 308: R 400.15308 Resident behavior interventions prohibitions</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>Rule 304: R 400.14304 - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 305: R 400.14305 - Resident Protection</p>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a>  Rule 307: R 400.14307 – Resident behavior interventions generally  <a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a>  Rule 308: R 400.14308 – Resident Behavioral intervention prohibitions <a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a>			
	Compliant	Contract:  PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>  MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a>  The MI Choice contract can be found online at:  <a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a> Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show"			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Links to the contract and all attachments are in the Document Name box.			
<b>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.</b>	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation  Engage in public comment  Publish policy  (takes 120-180 days)	Start on 11/7/2016  Effective on 5/1/2017
	Compliant	Contract:  PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>  Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a>  Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a>	<b>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</b>  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		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a></p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p>	<p>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.</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p>		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.		
	Compliant	PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices.  <a href="#">Michigan Person-Centered Planning Policy and Practice Guideline</a>  Michigan Self-Determination Policy & Practice Guideline: Introduction, Page 14: definitions on "Freedom" and "Self-determination":  <a href="#">Michigan Self-Determination Policy &amp; Practice Guideline</a>			
	Compliant	Licensing Rules:  Rule 8: R 400.1408 – Resident Care; Licensee Responsibility  <a href="#">Licensing Rules for Adult Foster Care Family Homes</a>  Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities  <a href="#">Licensing Rules for Adult Foster Care Family Homes</a>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>Rule 303: R 400.15303 – Resident Care; Licensee Responsibility</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>Rule 304: R 400.153040 - Resident rights; licensee responsibilities.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>Rule 303: R 400.14303 - Resident Care; Licensee Responsibilities</p> <p>Rule 304: R 400.14303 - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p>			
<b>Individual choice regarding services and supports, and who provides them, is facilitated.</b>	Compliant	<p>MCL 330.1712 - Individualized Written Plan of Services</p> <p><a href="#">mcl-330-1712</a></p> <p>Michigan Self-Determination Policy &amp; Practice Guideline: Introduction, Page 14: definitions on “Freedom” and “Self-determination”:</p> <p><a href="#">Michigan Self-Determination Policy &amp; Practice Guideline</a></p>			
	Compliant	<p>Medicaid Provider Manual: 2.4 STAFF PROVIDER QUALIFICATIONS: Providers of specialty services and supports (including state plan, HSW,</p>	Team will create a Home and Community	Internal work and review	Start on 11/7/2016

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		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.  <a href="#">Medicaid provider Manual</a>	Based Services Chapter in the MPM.	Policy promulgation  Engage in public comment  Publish policy  (takes 120-180 days)	Effective on 5/1/2017
	Compliant	Rule 7: R 400.1407(2) through (6)  <a href="#">Licensing Rules for Adult Foster Care Family Homes</a>  Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.  <a href="#">Licensing Rules Adult Foster Care Large Group Homes</a>  Rule 301: R 400.14301(6) Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.  <a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a>			
	Compliant	<a href="#">Contracts:</a>			



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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a></p> <p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria <a href="#">MI Choice Contract</a></p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p>			
<b>Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented,</b>	Non-compliant	<p>Rule 7: R 400.1407(12) through (15) – Resident Admission and Discharge Criteria; Resident Assessment Plan; Resident Care Agreement; House Guidelines; Fee Schedule; Physician's Instructions; Health Care Appraisal</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p>	MDHHS Created an addendum to the current standard residency agreement for adult foster care settings.	<p>On 10/18/2016, MDHHS Received CMS comments back on the <i>Joint Communication on the HCBS Rule and Licensing Issues</i>.</p> <p>MDHHS will complete new</p>	11/1/2016 – 2/1/2017

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<p>or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS</p>		<p>Rule 302: R 15302 - Resident admission and discharge policy; house rules;</p> <p>emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p> <p>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.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 22: R 325.1922 admission and retention of residents</p> <p><a href="#">Licensing Rules for Homes for the Aged</a></p>	<p><a href="#">Joint Communication on the HCBS Rule and Licensing Issues</a></p> <p><a href="#">Summary of Resident Rights</a></p>	<p>revisions to the <i>Joint Communication on the HCBS Rule and Licensing Issue</i>.</p>	
	Compliant	<p>Contracts:</p> <p>PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a></p>	<p><b>The following paragraph will be added to Attachment H, page 4 of the MI Choice contract:</b></p>	<p>Add contract amendment</p>	<p>Contract Amendment Effective: 1/1/2017</p>

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	Silent	<p>MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a></p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p>	<p>Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to March 17, 2014 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after March 17, 2014 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for</p>		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			services provided to MI Choice participants after March 17, 2019.		
<b>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.</b>	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation  Engage in public comment  Publish policy  (takes 120-180 days)	Start on 11/7/2016  Effective on 5/1/2017
	Compliant	<p>Rule 9: 400.1409(1)(p) - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 407: R 400.14407 – Bathroom</p> <p>Rule 408: R 400.14408 – Bedroom generally.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 407: R 400.15407 – Bathroom.</p> <p>Rule 408: R 400.15408 – Bedroom generally.</p>			

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		<a href="#">Licensing Rules Adult Foster Care Large Group Homes</a>			
	Compliant	Contracts: PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>	<b>The following paragraph will be added to Attachment H, page 4 of the MI Choice contract:</b>	Add contract amendment	Contract Amendment Effective: 1/1/2017
	Silent	MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a>	Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to March 17, 2014 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after March 17, 2014 must be compliant with this ruling before the direct service provider may furnish services to a		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			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.		
<b>Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.</b>	Compliant	PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices.  <a href="#">Michigan Person-Centered Planning Policy and Practice Guideline</a>  Michigan Self-Determination Policy & Practice Guideline: Page 14: definitions on "Freedom" and "Self-determination":  <a href="#">Michigan Self-Determination Policy &amp; Practice Guideline</a>			
	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation	Start on 11/7/2016  Effective on 5/1/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
				Engage in public comment  Publish policy  (takes 120-180 days)	
	Compliant	Contract:  PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>	<b>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</b>  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	Add contract amendment	Contract Amendment Effective: 1/1/2017
	Silent	MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			<p>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.</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a> Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.</p>		
	Non-compliant	<p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p>R 400.1431 Bedrooms generally</p>	MDHHS is working with Michigan Licensing and Regulatory Affairs to	Promulgating Adult Foster Care Licensing Rule	By 2018 (24 months)



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		<a href="#">Licensing Rules for Adult Foster Care Family Homes</a>  Rule 301: R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.  R 400.14408 Bedrooms generally.  <a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a>  Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.  R 400.15408 Bedrooms generally.  <a href="#">Licensing Rules Adult Foster Care Large Group Homes</a>	amend the licensing rule.		
<b>Provider owned or controlled residential settings: Individuals have the freedom to furnish and</b>	Compliant	Rule 9: 400.1409(1)(j) - Resident Rights; Licensee Responsibilities  <a href="#">Licensing Rules for Adult Foster Care Family Homes</a>  Rule 410: R 400.14410 – Bedroom furnishings			

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decorate their sleeping or living units within the lease or other agreement.		<a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a>  Rule 410: R 400.15410 – Bedroom furnishings  <a href="#">Licensing Rules Adult Foster Care Large Group Homes</a>			
	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation  Engage in public comment  Publish policy  (takes 120-180 days)	Start on 11/7/2016  Effective on 5/1/2017
	Compliant	Contract:  PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>	<b>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</b>  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	Add contract amendment	Contract Amendment Effective: 1/1/2017
	Silent	MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			<p>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.</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a> Click on "Medicaid/Care for the Elderly"</p>		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.		
<b>Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</b>	Compliant	<p>Rule 9: 400.1409(1)(h) - Resident Rights; Licensee Responsibilities</p> <p>Rule 19 R 400.1419 Resident nutrition.</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 304: R 400.14304 - Resident rights; licensee responsibilities</p> <p>Rule 313: R 400.14313 Resident nutrition.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</a></p> <p>Rule 304: R 400.15304 - Resident rights; licensee responsibilities</p> <p>Rule 313: R 400.15313 Resident nutrition.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p>			
	Silent	MPM	Team will create a Home and Community	Internal work and review	Start on 11/7/2016

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			Based Services Chapter in the MPM.	Policy promulgation  Engage in public comment  Publish policy  (takes 120-180 days)	Effective on 5/1/2017
	Compliant	Contract:  PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>	<b>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</b>	Add contract amendment	Contract Amendment Effective: 1/1/2017
	Silent	MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a>	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		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			<p>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.</p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are</p>		

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			in the Document Name box.		
<b>Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.</b>	Compliant	<p>Rule 9: 400.1409(1)(k) - Resident Rights; Licensee Responsibilities</p> <p><a href="#">Licensing Rules for Adult Foster Care Family Homes</a></p> <p>Rule 304: R 400.14304 Resident rights; licensee responsibilities.</p> <p><a href="#">Licensing Rules for Adult Foster Care Small Group Homes (12 or Less): (k)</a></p> <p>Rule 304: R 400.15304 Resident rights; licensee responsibilities.</p> <p><a href="#">Licensing Rules Adult Foster Care Large Group Homes</a></p>			
	Silent	MPM	Team will create a Home and Community Based Services Chapter in the MPM.	<p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p>	<p>Start on 11/7/2016</p> <p>Effective on 5/1/2017</p>
	Compliant	<p>Contract:</p> <p>PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS</p>	<b>The following paragraph was added to Attachment H,</b>	Add contract amendment	Contract Amendmen

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	Silent	<p>Transition Implementation. <a href="#">PIHP Contract</a></p> <p>MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a></p>	<p><b>page 4 of the MI Choice contract:</b></p> <p>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</p>		<p>t Effective: 1/1/2017</p>



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			<p>will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p>		
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	Silent	Licensing Rule and MPM	Team will create a Home and Community Based Services Chapter in the MPM.	<p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p>	<p>Start on 11/7/16</p> <p>Effective on 5/1/2017</p>
	Compliant	Contract:  PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS	<b>The following paragraph was added to Attachment H,</b>	Add contract amendment	Contract Amendmen

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<b>a building on the grounds of, or immediately adjacent to, a public institution.</b>	Silent	<p>Transition Implementation. <a href="#">PIHP Contract</a></p> <p>MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a></p>	<p><b>page 4 of the MI Choice contract:</b></p> <p>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</p>		t Effective: 1/1/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			<p>removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>The MI Choice contract can be found online at:  <a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a>                      Click on "Medicaid/Care for the Elderly"                      Click on "MED-2017"                      Click on "show"                      Links to the contract and all attachments are in the Document Name box.</p>		
<b>Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate</b>	Compliant	MCL 400.703(4): <a href="#">mcl-400-703</a>			
	Silent	Licensing rules and MPM	Team will create a Home and Community Based Services Chapter in the MPM.	Internal work and review  Policy promulgation  Engage in public comment	Start on 11/7/2016  Effective on 5/1/2017

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
care facility for individuals with intellectual disabilities; a hospital.				Publish policy  (takes 120-180 days)	
	Compliant	Contract:  PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. <a href="#">PIHP Contract</a>	<b>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</b>  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	Add contract amendment	Contract Amendment Effective: 1/1/2017
	Silent	MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services <a href="#">MI Choice Contract</a>			

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
			<p>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.</p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p>		

## Section 1b: Systemic Assessment

Section 1b: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.1	Children with Serious Emotional Disturbances and the Children's Waiver Program	Review state policies, procedures, and standards	<p>SEDW and CWP settings are presumed compliant with HCBS rules, and therefore it is not necessary to align policies, standards, and requirements</p> <p><a href="http://www.michigan.gov/documents/mdch/CMS_Letter_on_STP_499980_7.pdf">http://www.michigan.gov/documents/mdch/CMS_Letter_on_STP_499980_7.pdf</a></p> <ul style="list-style-type: none"> <li>• Michigan continues to require that children live in family homes/family foster homes prior to being approved for access to the waiver.</li> <li>• MDHHS does not plan to add new setting types to the waiver, so this review is considered complete.</li> </ul>	12/01/14	01/31/15 (Completed)	<a href="#">Licensing standards for residential settings</a> , 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	<p>MI Choice: Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY The 2018 contracts will include provider specifications, and the language will be finalized 07/31/17.</p> <p>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</p> <p>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</p>	MI Choice: 01/01/17	MI Choice: Review completed 08/31/15; 2018 contracts to be finalized by 07/31/17	MDHHS/MI Choice Waiver Agent contracts	MSA, BHDDA, waiver entities.
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Section 1b: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>The MI Choice contract can be found online at:</p> <p><a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a></p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p> <p>The revisions will be completed and executed in the contracts during FY 2017. All contracts must be approved by CMS.</p>	1/1/17	7/31/17		
1.3.a	Habilitation Supports Waiver	Review contracts	HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/15	10/01/15 - completed	MDHHS/PI HP contracts,	MSA, BHDDA, waiver entities.
1.3.b	MSS&S Waiver - §1915(b)(3)	Review contracts	MSS&S Waiver - §1915(b)(3): The PIHP contracts have been	6/1/2015	10/1/15 - completed	MDHHS/PI HP contracts,	MSA, BHDDA,



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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			reviewed and brought into alignment with HCBS settings requirements.				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 03/01/18.	09/01/14	03/01/18	<a href="#">Medicaid Provider Manual</a>	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups
1.5	MI Choice Waiver	Review waiver application	<p>Submit a Waiver Amendment which includes the MI Choice Transition Plan.</p> <p>The MI Choice Transition Plan will need to be updated once the STP is approved or if another amendment is submitted.</p>	Dependent on Approval for Statewide Transition Plan	Dependent on Approval for Statewide Transition Plan	<a href="#">MI Choice Waiver Application</a>	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.5.a	Habilitation Supports Waiver	Review waiver application	MDHHS submitted the HSW Waiver amendment to CMS following public comment period on the transition plan.  MDHHS submitted a 1115 waiver.	10/1/2014  Dependent on Approval of the 1115	12/17/14  Dependent on Approval of the 1115	<a href="#">HSW_Final_Renewal_Application-10-1-2010.pdf</a>  <a href="#">Section 1115 Pathway to Integration Waiver.pdf</a>	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups
1.5.b	MSS&S Waiver - §1915(b)(3)	Review waiver application	MDHHS submitted an 1115 waiver.	Dependent on Approval of the 1115	Dependent on Approval of the 1115	<a href="#">Managed_Specialty_Services_and_Supports_Waiver.pdf</a>  <a href="#">Section 1115 Pathway to Integration Waiver.pdf</a>	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

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Section 1b: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.6	Children with Serious Emotional Disturbances	Submit waiver amendment	<p>MDHHS submitted the SEDW Waiver amendment to CMS following public comment period on the transition plan.</p> <p>MDHHS continues to require that children are living in family homes/family foster homes prior to being approved for access to the waiver program.</p> <p>MDHHS does not plan to add new setting types to the waiver, so this review is considered complete.</p> <p>MDHHS submitted an 1115 waiver.</p>	<p>12/30/14</p> <p>Dependent on Approval of the 1115</p>	<p>12/30/14 - Completed</p> <p>Dependent on Approval of the 1115</p>	<a href="#">Waiver Document</a>	MDHHS Federal Compliance Section, BHDDA, MSA
1.7	MI Choice Waiver	Review MI Choice Provider Monitoring Tool	The MDHHS Provider Monitoring Tool does not conflict with the rule. The tool was revised on 10/01/15 (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	09/01/14	07/31/17	Provider Monitoring Tool	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>compliance with the rule, if not yet in compliance.</p> <p>Revise the Provider Monitoring Tool by 07/31/17 to include language that requires the setting to be in compliance with the HCBS rule at the time of monitoring. This revised tool will be included with FY 2018 MI Choice contract.</p>				

## Section 1c: Setting Assessment

Section 1c: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
2	Habilitation Supports Waiver	Develop provider self-assessment tool	BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate conformity to HCBS rules. The Developmental Disabilities Institute of Wayne State University (DDI) will validate the results of this	10/01/14	04/13/15 – completed	CMS exploratory tool, state developed assessment tools: <a href="#">Michigan survey tools for all waivers</a>	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into provider enrollment policy and contracts.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval (pilot project)</p> <p>MDHHS is surveying all residential and non-residential providers in two Phases</p>	4/1/2016	1/31/2017		
2.1	MSS&S Waiver - §1915(b)(3)	Develop provider self-assessment tool	BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate conformity to HCBS rules. The tool aligns with the HSW Survey Tool. DDI will validate the results of this survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into	10/1/14	4/13/15 – complete	CMS exploratory tool, state developed assessment tools: <u>Michigan survey tools for all waivers</u>	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>provider enrollment policy and contracts.</p> <p>The waiver entities will survey all providers for CLS, Skill Building and Supported Employment.</p>	3/1/2017	9/30/2018		
3	Habilitation Supports Waiver	Develop participant survey tool		10/01/14	04/13/15 - completed	CMS exploratory tool, state developed assessment tools: <a href="#">Michigan survey tools for all waivers</a>	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW participants
3.1	MSS&S Waiver - §1915(b)(3)	Develop participant survey tool		10/1/14	04/13/15 - completed	CMS exploratory tool, state developed assessment tools: <a href="#">Michigan survey tools for all waivers</a>	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	10/01/14	04/13/2015 (Completed)	CMS exploratory tool, BHDDA developed assessment tools: <a href="#">Michigan</a>	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW PIHP coordinators

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>be incorporated into provider enrollment policy and contracts.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.</p>			<a href="#">survey tools for all waivers</a>	
5	MI Choice Waiver	Develop MI Choice Waiver survey tool	<p>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.</p> <p>The tools for the MI Choice assessment process will align with the HSW survey tool.</p>	01/01/15	04/01/15 - completed	<p>CMS Exploratory tool, State developed tools:</p> <p><a href="#">Michigan survey tools for all waivers</a></p>	BHDDA, MSA, DDI, waiver entities, providers, waiver participants, advocacy groups
6	Habilitation Supports Waiver	Obtain active list of residential settings	<p>BHDDA will identify the types of HSW residential services and the characteristics of the settings.</p> <p>During the preliminary assessment, MDHHS will draw a random proportionate sample that is statistically significant to</p>	08/01/14	04/01/15 submitted to CMS	WSA and Data Warehouse RLA codes	MDHHS Federal Compliance Section, BHDDA, MSA

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>the 95% confidence level from the participants who received residential services. The sample will be used for disseminating the PIHP, provider and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan.</p> <p>Completed – The list was submitted to CMS in April 2015</p>				
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.	3/1/2017	9/30/2018 – Ongoing	Waiver Entity EMR, WSA and Data Warehouse.	Waiver Entities and contracted entities.
7	Habilitation Supports Waiver	Obtain active list of nonresidential service types	<p>BHDDA identified the types of HSW nonresidential services and the characteristics of the settings.</p> <p>During the preliminary assessment, MDHHS drew a random proportionate sample</p>	08/01/14	04/1/15 (Submitted to CMS)	HCPCS codes of out of home non vocational, pre vocational, and supported employment	MDHHS Federal Compliance Section, BHDDA



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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			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, provider and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan.  Completed – The list was submitted to CMS in April 2015			services billed to HSW	
8	MI Choice Waiver	Identify all provider-controlled and owned residential and non-residential settings	MSA will work with waiver agencies to compile a list of all settings currently used within the MI Choice Waiver.	07/01/14	07/31/14 – completed  Waiver agencies compiled their own lists, contacted the settings for an initial assessme	Waiver agency provider networks	MDHHS Medicaid LTC Division: HCBS Section and LTC Policy section, MI Choice waiver agencies

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					nt, and submitted to MDHHS. List was sent to CMS on 04/20/15.		
9.1	Children's Waiver Program	Assess settings covered by the waiver	MDHHS conducted a preliminary assessment of the types of CWP residential and non-residential services and the characteristics of the settings.  Family homes have presumed compliance with the rule.	12/01/14	03/01/15 - completed	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA
9.2	Children with Serious Emotional Disturbances Waiver	Assess settings covered by the waiver	MDHHS conducted a preliminary assessment of the types of SEDW residential and non-residential services and the characteristics of the settings.  Family homes and independent living settings (not provider-owned or operated) have presumed compliance with the rule.  Foster Family homes, per licensing rules, also meet the	12/01/14	03/01/15 - completed	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA

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			<p>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.</p>				
10.1	Habilitation Supports Waiver	Administer survey tools	<p>DDI administered and completed the provider, beneficiary, and CMH/PIHP survey tools as part of the sampling methodology (pilot project).</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential</p>	04/01/15	05/30/15 – completed	BHDDA developed survey tools	MDHHS Federal Compliance & Performance Measurement Section

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>services providers, that is statistically significant to the 95% confidence interval</p> <p>MDHHS is surveying all residential and non-residential providers in two Phases:</p> <p>Residential Setting includes:</p> <ul style="list-style-type: none"> <li>• Specialized residential homes</li> <li>• General residential home</li> <li>• Private residences that is owned or controlled by the PIHP, CMHSP or the contracted provider.</li> </ul> <p>Non- Residential Services includes:</p> <ul style="list-style-type: none"> <li>• Out of Home Non Vocational Habilitation</li> <li>• Prevocational Service</li> <li>• Supported Employment</li> </ul>	4/1/2016	1/31/2017		
10.2	MSS&S Waiver - §1915(b)(3)	Administer survey tools	The Waiver Entities will administer and complete the provider tools as part of the survey process.	3/1/2017	9/30/2018	BHDDA developed survey tools	Waiver entities and contracted entities

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>Services and Settings for beneficiaries age 21 and over who are receiving:</p> <ul style="list-style-type: none"> <li>• CLS in provider owned or controlled settings</li> <li>• Supported Employment</li> <li>• Skill Building</li> </ul>				
11.1	Habilitation Supports Waiver	Administer self-assessment	<p>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.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.(pilot project).</p> <p>MDHHS is surveying all residential and non-residential providers in two Phases</p>	04/01/15	05/30/15 (Completed)	BHDDA developed survey tools, input from providers	BHDDA, providers, DDI, waiver participants, advocacy groups
				4/1/16	1/31/17		

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
11.2	MSS&S Waiver - §1915(b)(3)	Administer self-assessment	Waiver providers were required to conduct self-assessments of their settings to determine compliance to new rule or need for corrective action.	3/1/2017	9/30/2017	BHDDA developed survey tools, input from providers	BHDDA, providers, DDI, advocacy groups
12	MI Choice Waiver	Assess all settings	<p>In addition to assessments performed by waiver agencies, MDHHS will continue its comprehensive Quality Assurance Review process. This process includes Clinical Quality Assurance Reviews, Home Visits with MI Choice participants, Administrative Quality Assurance Reviews, participant satisfaction surveys, and participant input from the Quality Management Collaboration. Each of these processes will include an examination of provider-controlled settings as appropriate to assure all settings adhere to the ruling.</p> <p>Residential Settings include:</p>	12/31/15	3/31/2017	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

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<ul style="list-style-type: none"> <li>▪ Assisted Living Facilities</li> <li>▪ Adult Foster Care</li> <li>▪ Homes for the Aged</li> <li>▪ Independent Retirement apartments</li> </ul> <p>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.</p>				

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			<p>See attached webinar presentations and Q&amp;A document. These documents are available online at:</p> <p><a href="http://www.michigan.gov/mdhhs">www.michigan.gov/mdhhs</a></p> <p>Non-Residential Settings include:</p> <ul style="list-style-type: none"> <li>▪ Adult Day Care sites</li> </ul> <p>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</p>				



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			<p>information and through technical assistance as needed when issues occur.</p> <p>See attached webinar presentations and Q&amp;A document. These documents are available online at:</p> <p><a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html</a></p>				
13.1	Habilitation Supports Waiver	Submission of sampling methodology survey results to BHDDA	All active enrolled HCBS provider and HSW PIHP coordinators will submit the data from the assessment tool to Developmental Disabilities Institute. HSW enrollees will be given the opportunity to submit the assessment tool, with assistance from their family and other natural supports, to BHDDA however will not be required to do so. Survey will	04/01/15	05/30/15 - completed	Assessment tool, Provider Network, PIHP HSW coordinators, beneficiary	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC

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			include a prompt to indicate the relationship of the person assisting, as appropriate.				
13.2	MSS&S Waiver - §1915(b)(3)	Submission of survey results to BHDDA	All active enrolled HCBS provider and MSS&S Waiver PIHP coordinators will submit the data from the assessment tool to BHDDA.	3/1/2017	9/30/2018	Assessment tool, Provider Network, HCBS Leads.	Waiver entities and contracted entities.
14	Habilitation Supports Waiver	Compile and analyze assessment data from the sampling methodology	<p>BHDDA will compile the data from providers, beneficiary, and PIHP HSW coordinators to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS settings requirement.</p> <p>DDI, as an independent organization, will validate the results of this survey by on site assessments conducted by trained reviewers.</p>	06/01/15  09/01/15	09/30/15 - completed  12/31/15	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC
15	Habilitation Supports Waiver		BHDDA will present the results of the assessment data to stakeholders and post results on the MDHHS website (pilot project).	09/01/15	11/30/15 – completed	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
							participants, waiver entities, advocacy groups
16	MI Choice Waiver	Compile, analyze, and review assessment data. Report findings to stakeholders.	Compile the data from providers and beneficiaries to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance. MDHHS will present the results of the assessment data to stakeholders.	01/20/16	03/31/17	Self-Assessment tool, data analysis	MSA, waiver entities, providers, waiver participants, and advocacy groups
17	MI Choice	Determine compliance of residential and non-residential settings.	<p>Participants' private homes are compliant with the Federal requirements.</p> <p>The following settings are non-compliant: hospitals, nursing facilities, and institutions for mental diseases. There are not any MI Choice participants who reside in hospitals, nursing facilities, or institutions for mental diseases. Regulations prohibit enrollment in MI Choice while residing in nursing facility or an institution for mental diseases. Individuals do not</p>	03/31/16	03/31/17	Waiver Agencies,	MSA, waiver entities, providers, waiver participants, and advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>reside in hospitals, but may be temporarily admitted for medical treatment.</p> <p>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&amp;A document.</p>				

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			<p>This document is available on line at:</p> <p><a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html</a></p> <p>The results of the assessment will be posted in Assessment Results section.</p> <p>Team will create HCBS chapter in MPM under general information to address reverse integration and the final rule.</p>	01/01/17	03/31/17		
18.1	Habilitation Supports Waiver	Assess settings on a statewide basis	PIHPs contract directly with providers. Waiver entities will be required to conduct on-site assessments of each provider setting to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. Waiver entities will report this data to	4/1/16	1/31/2017 - ongoing	Assessment tool, Input from providers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver participants, waiver entities, advocacy groups

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			<p>BHDDA. The HSW survey tools will be used for the assessment.</p> <p>Residential Settings to be assessed include:</p> <ul style="list-style-type: none"> <li>▪ Group Home: Specialized AFC</li> <li>▪ Group Home: General AFC</li> <li>▪ Private residence that is owned by the PIHP, CMHSP or the contracted provider</li> </ul> <p>Settings to be assessed where Non-Residential Services are delivered include:</p> <ul style="list-style-type: none"> <li>▪ Out of Home Non Vocational Habilitation</li> <li>▪ Prevocational Service</li> <li>▪ Supported Employment</li> </ul>				
18.2	MSS&S Waiver - §1915(b)(3)	Assess settings on a statewide basis	PIHPs contract directly with providers. The waiver entities will be required to conduct on-site assessments of each provider setting to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. The waiver	3/1/2017	9/30/2018 - ongoing	Assessment tool, Input from providers	Waiver entities and contracted entities.

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Section 1c: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>entities will report this data to BHDDA. The §1915(b) (3) survey tools will be used for the assessment.</p> <p>Assessment of providers for beneficiaries age 21 and over include:</p> <ul style="list-style-type: none"> <li>▪ Supported Employment</li> <li>▪ Skill Building</li> <li>▪ CLS in provider owned or controlled settings</li> </ul>				
19.1	Habilitation Supports Waiver	Compile, analyze, and review assessment data.	MDHHS will compile the data from providers and beneficiaries to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	01/01/16	01/01/18	Self-Assessment tool, data analysis	MSA, waiver entities, providers, waiver participants, and advocacy groups
19.2	MSS&S Waiver - §1915(b)(3)	Compile, analyze, and review assessment data.	Waiver entities will compile the data from providers to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance.	3/1/2017	9/30/2018	Self-Assessment tool, data analysis	BHDDA, MSA, waiver entities, providers, waiver participants, and advocacy groups

## Section 2: Remediation and Ongoing Monitoring Process

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
21.1	MI Choice Waiver	Design statewide remediation strategy	MDHHS will design a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans.	12/01/15	03/31/17	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups
21.2	Habilitation Supports Waiver	Design statewide remediation strategy	MDHHS will design a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans.	12/01/15	06/30/16	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups
21.3	MSS&S Waiver - §1915(b)(3)	Design statewide remediation strategy	MDHHS will design a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans.	12/1/15	6/30/2016	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups
22	All Waivers	Develop a list of settings based upon	MDHHS will develop a list of those settings that are: • assumed to be in compliance	12/01/14	3/31/2015 Children's' Waivers	CMS HCBS guidelines	BHDDA, MSA, waiver entities, waiver providers, ,



Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
		current compliance status	<ul style="list-style-type: none"> <li>out of compliance (but may come into compliance)</li> </ul> <p><u>MI Choice Waiver:</u> As of 11/15/16, MSA has completed initial reviews of 324 settings. 75 were in compliance. 91 do not meet requirements but could come into compliance with HCBS guidance. 158 are presumed to not be in compliance but will be submitted to CMS for heightened scrutiny. All MI Choice assessments are due by 12/31/2015 (completed).</p> <p><u>Habilitation Supports Waiver (HSW):</u> As of 11/9/15, HSW has completed the sample assessment of settings. MDHHS is in the process of validating the sample assessment data. The sample assessment included 727 participants in residential and non-residential settings. The</p>		(SEDW and CWP)  3/31/2017 for MI Choice Waiver  1/31/2017 for Habilitation Supports Waiver		MDHHS, LARA, ORR, Waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>statewide assessment process will start on 4/1/2016.</p> <p><u>MSS&amp;S Waiver -§1915(b)(3)</u></p> <p>The list will be developed after the statewide assessment process.</p>	3/1/2017	10/1/2018		
23.1	MI Choice Waiver	Update MDHHS policies, procedures, standards, contracts as necessary	<p>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.</p> <p>These updates may include legislation, administrative rules, and contracting procedures.</p>	10/01/15	03/31/17	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
23.2	Habilitation Supports Waiver	Update MDHHS policies, procedures, standards, contracts as necessary	Develop and adopt revised policies, procedures, standards, and contracts to address ongoing compliance and monitoring, including adding requirement of using assessment tool as part of provider monitoring, self-assessment, survey tools as well as the site review protocols.  These updates may include legislation, administrative rules, and contracting procedures.	10/01/15	03/01/17	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
23.3	MSS&S Waiver - §1915(b)(3)	Update MDHHS policies, procedures, standards, contracts as necessary	Develop and adopt revised policies, procedures, standards, and contracts to address ongoing compliance and monitoring, including adding requirement of using assessment tool as part of provider monitoring, self-assessment, survey tools as well as the site review protocols.	10/1/15	3/1/17	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			These updates may include legislation, administrative rules, and contracting procedures.				
24	All waivers	Revise policy	Revise Michigan Medicaid Provider Manual to address new Federal requirements.	10/01/15	03/1/18	<a href="#">Medicaid Provider Manual</a>	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
24.1	All waivers	Revise provider contracts	Revised waiver entity contract to address new requirements.				BHDDA, MSA, waiver entities, waiver providers
			HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/15	10/01/15 - completed	PIHPs' contracts:  HSW: <a href="#">MA/PIHP Contract</a>	
			MI Choice Waiver: Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY The 2018	06/01/15	07/31/17	Waiver Agencies' contracts:  MI Choice:	

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			contracts will include provider specifications, and the language will be finalized 07/31/17.			<a href="#">Link to Current Grants</a> >>Medicaid/Care for the Elderly >>MED-2016 >>Show >>Attachment J – On-Site Provider Reviews	
			<u>MSS&amp;S Waiver -§1915(b)(3)</u>	06/01/15	10/01/15 - completed	PIHPs' contracts:  <u>MA/PIHP Contract</u>	
24.2	All waivers	Provide technical assistance with licensing issues	<p>MDHHS will work with LARA to provide various types of technical assistance around licensing issues including the following:</p> <ul style="list-style-type: none"> <li>General Licensing Questions: MDHHS and LARA issued a joint communication to address questions around lockable doors and visiting hours in 2015. MDHHS and LARA</li> </ul>	09/01/14	2/29/2016	<p>Residential Agreement Guidance</p> <p><a href="#">Joint Communication</a></p>	BHDDA, MSA, waiver entities, waiver providers, waiver participants

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>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.</p> <ul style="list-style-type: none"> <li>▪ Residency Agreements: MDHHS and LARA will create an attachment to residential agreements to address new Federal requirements on participants rights regarding discharge and complaints</li> <li>• On 10/18/2016, MDHHS Received CMS comments back on the <i>Joint Communication on the HCBS Rule and Licensing Issues</i>. MDHHS will</li> </ul>	11/1/2016	2/1/2017		

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			complete new revisions to the document.				
24.3	MI Choice Waiver	Update Waiver Applications	MDHHS submitted a Waiver Amendment to the MI Choice Waiver Application which included the MI Choice Transition Plan. The MI Choice 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	<a href="#">Waiver Application</a>	MSA, LARA, waiver entities, providers, waiver participants, advocacy groups
24.4	MI Choice Waiver	Create MI Choice Provider Monitoring Tool	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).  The MI Choice contract can be found online at:  <a href="https://egramsmi.com/dch/User/home.aspx">https://egramsmi.com/dch/User/home.aspx</a>	01/01/17	07/31/17	<a href="#">Link to Current Grants</a> >>Medicaid/Care for the Elderly >>MED-2016 >>Show >>Attachment J – On-Site Provider Reviews	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.				
25	MI Choice Waiver, Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3)	Establish requirements for new providers	MDHHS will include language in the contracts of waiver entities and provider manuals to ensure that all new providers are assessed for HCB settings prior to providing services. Upon enrollment in the waiver program, providers who offer HCBS will be provided technical assistance on HCBS setting requirement by MDHHS and waiver entities. This activity will be ongoing.	01/01/15	03/17/17	Provider monitoring tool and instructions	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
26.1	MI Choice Waiver	Develop and implement corrective action plans for individual non-compliant settings	MDHHS will change the dates as the original dates were not met as projected. Compliance will be determined by 1/1/2017. CAPs started in January 2016 for settings that have been determined out of	MI Choice: 03/31/17	MI Choice: Ongoing	CMS HCBS guidelines, revised MDHHS policies and procedures, remediation plans for	MSA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS



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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>compliance and notified of such. Once these settings indicate they are in compliance, they will be reassessed to verify compliance.</p> <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2) For providers who are non-compliant, the provider will have 90 days to correct all issues that cause the non-compliance.</li> </ol>			individual settings, remediation strategy	

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>3) Once the issues are corrected, the provider will notify the waiver agency and schedule another on-site survey.</p> <p>4) The waiver agency will have 90 days to complete another on-site survey and submit the survey to MDHHS for review.</p> <p>5) 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.</p> <p>6) If the provider has not satisfactorily resolved the compliance issues, the waiver agency will suspend the provider from receiving new MI</p>				

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>Choice participants until such time as the provider comes into compliance.</p> <p>7) Regardless of the original notification date, all providers in all MI Choice provider networks will be compliant with the ruling no later than September 30, 2018.</p> <p>8) Waiver agencies will start transition plans with individuals being served by non-compliant providers as of October 1, 2018. This planning will be person-centered and will focus on meeting the wishes of each participant regarding their preference of a qualified provider and</p>				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>enrollment in the MI Choice program.</p> <p>9) By March 17, 2019, no MI Choice participants will be served by non-compliant providers.</p>				
26.2	Habilitation Supports Waiver	Develop and implement corrective action plans for individual non-compliant settings	MDHHS has developed notification letters to notify providers about their out of compliance areas. Waiver entities will start to collect CAPs from the providers 1/1/2017. Once these settings complete remediation activities and indicate they are in compliance with the HCBS final rule, they will be reassessed to verify compliance.	1/1/2017	9/30/2018		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS
26.3	MSS&S Waiver - §1915(b)(3)	Develop and implement corrective action plans for individual non-compliant settings	Waiver entities will start to collect CAPs from the providers 5/1/2017. Once these settings complete remediation activities and indicate they are in compliance with the HCBS final rule, they will be	5/1/2017	9/30/2018		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

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Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			reassessed to verify compliance.				
27.1	MI Choice Waiver	Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers.	MDHHS will notify providers who are found to not meet and are unable to meet the Federal requirements. These provider types include nursing facilities, hospitals, and institutes for mental diseases. These providers are ineligible to participate in the program. Participants will also be notified that their provider cannot meet requirements.	MI Choice: 06/01/16	MI Choice: 3/31/17	Assessment tool responses	MSA, waiver entities, providers, participants, advocacy groups
27.2	Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3)	Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers.	The waiver entities will notify providers who are found to not meet and are unable to meet the Federal requirements.	HSW: 01/01/17 MSS&S Waiver - §1915(b)(3): 3/1/17	HSW: 09/30/18 MSS&S Waiver - §1915(b)(3): 9/30/18		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS
28	MI Choice Waiver and	Create Heightened	MDHHS will create a heightened scrutiny process	07/01/16	01/01/17	CMS HCBS guidelines	MSA, BHDDA waiver entities,

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Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	Habilitation Supports Waiver, MSS&S Waiver - §1915(b)(3)	Scrutiny Process for Presumed Institutional Settings	for all residential and non-residential settings that are presumed to be institutional in nature.				providers, waiver participants, advocacy groups
29	All waivers	Notify CMS of any presumptively non-home and community-based settings that do have qualities of home and community-based settings	For 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

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	MI Choice Waiver	for heightened scrutiny	MSA is currently compiling a list of these settings. As of 11/1/2015, these settings are all on the same property as an institution. Therefore, MSA will collect evidence including proof that the institution and HCBS setting are separate business entities, do not share staff, and that the HCBS setting is truly home and community based. Evaluations of these settings will be put out for public comment. Once all data and input is gathered, MSA will submit data to CMS for review.	06/01/16	3/31/17	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	Habilitation Supports Waiver		<ul style="list-style-type: none"> <li>MDHHS is currently assessing all settings and will compile list of the settings.</li> <li>The settings will be posted for public comments.</li> <li>Once all data is gathered, MDHHS will submit information to CMS for review.</li> </ul>	04/01/15	4/30/2017	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS
	MSS&S Waiver - §1915(b)(3)		<ul style="list-style-type: none"> <li>The waiver entities will assess all providers for supported employment, skill building, and CLS and will compile list of the settings.</li> <li>The settings will be posted for public comments.</li> <li>Once all data is gathered, MDHHS will submit information to CMS for review.</li> </ul>	5/1/2017	9/30/2017		
				7/01/2017	12/31/2017		
				3/1/17	9/30/2018	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS
				10/1/2017	12/31/2018		
				3/1/2018	12/31/2018		



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Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
30	MI Choice Waiver and Habilitation Supports Waiver	Develop statewide protocols and procedures for site specific reviews	MDHHS will develop protocols and procedures to address ongoing monitoring and compliance.	10/01/15	09/30/16	MDHHS	BHDDA, MSA, waiver entities, providers, QIC, advocacy groups, waiver participants
31.1	MI Choice Waiver and Habilitation Supports Waiver	Conduct ongoing monitoring of compliance	MDHHS will incorporate HCBS settings requirements into quality reviews, provider monitoring, and consumer satisfaction surveys to identify areas of non-compliance. This activity will be ongoing.	10/01/15	03/17/19		MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
31.2	MI Choice Waiver	Conduct provider monitoring	MSA will incorporate HCBS settings requirements into the MI Choice Provider Monitoring Tool. Waiver agencies will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the MI Choice waiver program. MDHHS will revise the Provider Monitoring Tool by 7/31/2017 to include language that requires each setting to be in compliance with the HCBS rule at the time of	10/1/2016	3/17/2019 (ongoing)	MI Choice Consumer Satisfaction Survey	MSA, waiver entities, providers, waiver participants, advocacy groups

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			monitoring. This revised tool will be included with FY 2018 MI Choice contract.				
31.3	MI Choice Waiver	Conduct quality review	MSA will incorporate HCBS settings requirements into the MI Choice Administrative Quality Assurance Reviews (AQAR) starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with settings that meet requirements and include requirements in their contracts with the settings.	10/1/2016	3/17/2019 (ongoing)	AQAR Site Review Protocol	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups
31.4	MI Choice Waiver	Conduct MI Choice Consumer Satisfaction Survey	Consumer satisfaction surveys - MSA will add at least one question to the MI Choice Consumer Satisfaction Survey asking if participants they feel the setting they live in is home and community based.	10/1/2016	3/17/2019 (ongoing)	MI Choice Consumer Satisfaction Survey	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
31.5	Habilitation Supports Waiver	Conduct provider monitoring	Waiver entities will incorporate HCBS settings requirements into the HSW Provider Monitoring Tool. Waiver entities will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the HSW program.	10/1/2017	3/17/2019 (ongoing)	Provider Monitoring Tool	MDHHS, waiver entities, providers, waiver participants, advocacy groups
31.6	MSS&S Waiver - §1915(b)(3)	Conduct provider monitoring	Waiver entities will incorporate HCBS settings requirements into the Provider Monitoring Tool. Waiver entities will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them.	10/1/2017	3/17/2019 (ongoing)	Provider Monitoring Tool	MDHHS, waiver entities, providers, waiver participants, advocacy groups
31.7	Habilitation Supports Waiver	Conduct quality review	MDHHS will incorporate HCBS settings requirements into the Site Review Process starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with providers	10/1/2016	3/17/2019 (ongoing)	Site Review Protocol	MDHHS, waiver entities, providers, waiver participants, advocacy groups

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Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			that meet requirements and include requirements in their contracts with the settings.				
31.8	MSS&S Waiver - §1915(b)(3)	Conduct quality review	MDHHS will incorporate HCBS settings requirements into the Site Review Process starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with providers that meet requirements and include requirements in their contracts with the settings.	10/1/2016	3/17/2019 (ongoing)	Site Review Protocol	MDHHS. waiver entities, providers, waiver participants, advocacy groups
31.9	Habilitation Supports Waiver	BHDDA site review team will assess for ongoing compliance of HCBS settings in residential and nonresidential settings	Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings.	10/01/15	03/01/19	Site Review protocols	MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC
31.10	MSS&S Waiver -	BHDDA site review team will assess for	Amend BHDDA site review team protocols to include a review of HCBS	10/1/15	3/1/19	Site Review protocols	MDHHS Federal Compliance and contracts Section,

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Section 2: Remediation and Ongoing Monitoring Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
	§1915(b)(3)	ongoing compliance of providers for supported employment, skill building and CLS.	characteristics in HSW residential and non-residential settings.				BHDDA, MSA, waiver entities, providers, QIC

## Section 3: Transition Process

Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
32.1	MI Choice Waiver	Assist participants in non-compliant settings with transition to compliant setting	If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program.	1/1/2016	3/17/2019	Provider network listings, assessment data	MSA, MI Choice Waiver agents, waiver participants, advocacy groups
32.2	Habilitation Supports Waiver	Assist participants in non-compliant setting with transition to compliant setting	If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program.	03/01/17	3/17/19	Provider network listings, assessment data	MDHHS, waiver participants, waiver entities, advocacy groups
32.3	MSS&S Waiver - §1915(b)(3)	Assist participants in non-compliant setting with transition to compliant setting	If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or terminate from the waiver services (CLS, Skill Building, and Supported Employment).	10/1/2017	3/17/19	Provider network listings, assessment data	MDHHS, waiver participants, waiver entities, advocacy groups

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Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
33	MI Choice Waiver, Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3)	Ongoing transition	MDHHS will work with waiver agencies to remain in compliance. For those that are unable to remain in compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program.	3/17/19	Ongoing	Provider network listings, assessment data	MSA, BHDDA, waiver entities, waiver participants, advocacy groups

## Section 4: Outreach and Engagement Process

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



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Section 4: Outreach and Engagement							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			the plan and posted comments and responses on the MDHHS website.				
37	All waivers	Revise Transition Plan and post on MDHHS website	MDHHS incorporated appropriate changes to Transition Plan based on public comments and posted rationale for substantive change to the plan. The plan and comments are available on the MDHHS website.	12/25/14	01/16/15 (Completed)	Draft transition plan, modified transition plan, public comments notes, responses, MDHHS website	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
38	All waivers	Submit initial Transition Plan to CMS	MDHHS submitted the initial Transition Plan and summary of comments to CMS for approval.	01/16/15	01/16/15 (Completed)	Draft Transition Plan and comments from public	MSA, BHDDA, and CMS
39	All waivers	Revise STP to include systemic assessment/remediation and inclusion of §1915(b)(3) settings.	Development of revised STP for initial approval by CMS.	09/01/16	12/1/16	Assessment results, key stakeholder input results	MDHHS, waiver entities, providers, advocacy groups, waiver participants
40	All waivers	Conduct public comment on revised STP	Public comment period for the revised STP	12/01/16	01/03/17	Revised STP	MDHHS, waiver entities, providers, waiver participants, advocacy groups

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Section 4: Outreach and Engagement							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
41	All waivers	Collect and distribute public comment to stakeholders	Collection of public comments on and make the appropriate changes to revised STP. The responses to the public comment and revised STP will be posted on the MDHHS website.	1/4/17	02/28/17	Public comments and revised STP	MDHHS, waiver entities, providers, waiver participants, advocacy groups
42	All waivers	Submit revised STP to CMS	Submission of revised STP and summary of public comments for initial approval by CMS.	03/31/17	03/31/17	Revised STP and Consultation Summary	MDHHS and CMS

## Other Components of the Statewide Transition Plan

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Table of Settings to be Assessed

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

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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	692***	300***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018
MI Choice	Homes for the Aged	Residential	330***	51***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018
MI Choice	Assisted Living	Residential	198***	35***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018
MI Choice	Independent Living	Residential	40***	11***	Medical Services Administration	MI Choice Waiver Agency	9/17/2018
MI Choice	Adult Day Center	Non-Residential	128***	27***	Medical Services Administration	MI Choice Waiver Agency	9/16/2018

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

\*\* MDHHS is still calculating the number of settings based on the result from the Statewide Assessment Process.

\*\*\* Figures for MI Choice settings are as of 12/11/2015.

## Assessment Results

**MI Choice Waiver**

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

The assessment results have been loaded into an access database. When, based on the assessment responses, the setting does not meet requirements, a letter is sent that identifies what needs to be done to become compliant (i.e. 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.

<b>MI Choice Waiver</b>	
Current Assessment Status	Statewide Assessment in Progress
Assessment Time Period	4/1/2015 – 12/31/2015
Date That Summary Data Was Compiled	11/15/2016
Start Date for Heightened Scrutiny Process	3/31/2017

<b>Assessment Status</b>	<b>Residential</b>	<b>Percent</b>	<b>Non-Residential</b>	<b>Percent</b>
Total Settings That Have Been Assessed and Submitted to MDHHS	636	100%	56	100%
Assessments That Have Been Reviewed by MDHHS	309	49% of total submitted	15	27% of total submitted

Assessment Status	Residential	Percent	Non-Residential	Percent
Currently In Compliance	69	22% of assessments reviewed	6	4% of total assessments reviewed
Could Come Into Compliance	90	29% of assessments reviewed	1	1% of total assessments reviewed
Require Heightened Scrutiny	150	49% of assessments reviewed	8	14% of total assessments reviewed

### Habilitation Supports Waiver

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

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

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

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<b>Types of Surveys</b>	<b>Number of Surveys Completed in Phase One</b>	<b>Number of Surveys to be competed in Phase Two</b>
Residential Provider	1798	2640
Non-Residential Provider	1418	1972
Participant	2697	3057



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

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

### **Flowcharts for the Heightened Scrutiny Process**

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

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

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

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

### **Residential Settings**

**Tier 2:** The residential setting path begins with Tier 2, which examines whether the physical location of the setting is part of or attached to an institution. If the setting's location is part of or attached to an institution, then the setting is

**automatically presumed not to be home and community-Based** and must move immediately to Tier 5. If the respondent answers NO to both categories in Tier 2, then move to Tier 3.

**Tier 3:** Tier 3 examines if a setting is disability-specific and has any of the isolating qualities of an institution. If a setting **is not** disability-specific and **does not** have any of the qualities of an institution listed in the tier, then the setting is presumed to be home and community-based and **the setting will not require the “heightened scrutiny” process**. If a setting **does** have any of the isolating qualities of an institution listed in the question, then the chart moves to Tier 4.

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

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

### **Non-Residential Settings**

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

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

**Tier 4:** Tier 4 examines if a non-residential setting has characteristics that demonstrate integration with the broader community of people not receiving HCBS. If the non-residential setting has either of the characteristics listed in this tier,

then the setting is presumed to be home and community-based and **the setting will not require the “heightened scrutiny” process**. If the non-residential setting does not have either of the characteristics demonstrating integration, move to Tier 5.

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

**Heightened Scrutiny Process:**

***Chart 3 “Heightened Scrutiny Process Overview”***

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

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

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

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

If a setting **wants** to apply for the “heightened scrutiny” process, MDHHS and the appropriate waiver entity will begin gathering additional information about the setting to determine if it will submit evidence to CMS for “heightened scrutiny”. As part of the information-gathering process, MDHHS will conduct a site visit to the setting. After the site visit, MDHHS will solicit public comment on the setting. The public will have the opportunity to review the evidence collected by the

department and comment on the setting's home and community-based classification. Once the public comment period is finished, MDHHS will review all of the information collected to determine if it will submit its evidence to CMS for "heightened scrutiny". See Chart 4 for the criteria MDHHS will use in making this decision.

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

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

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

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

#### ***Chart 4 "Heightened Scrutiny Evidence Criteria"***

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

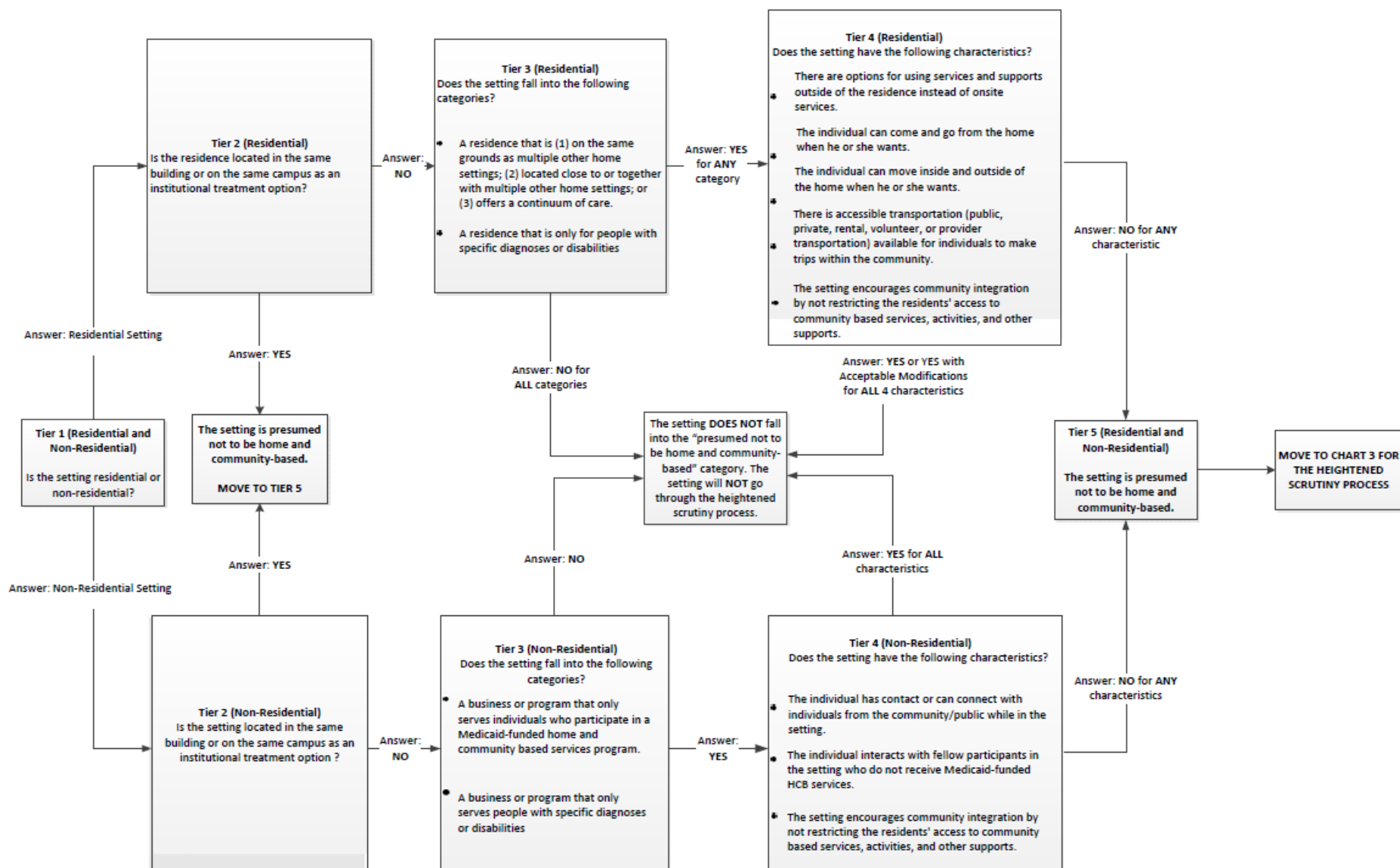
If the setting is presumed not to be home and community-based because its location appears to be within or connected to an institution or inpatient treatment facility, then the evidence must demonstrate there is a meaningful distinction between the institution or treatment facility and the HCBS setting.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

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

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

Version Date: 11-18-16

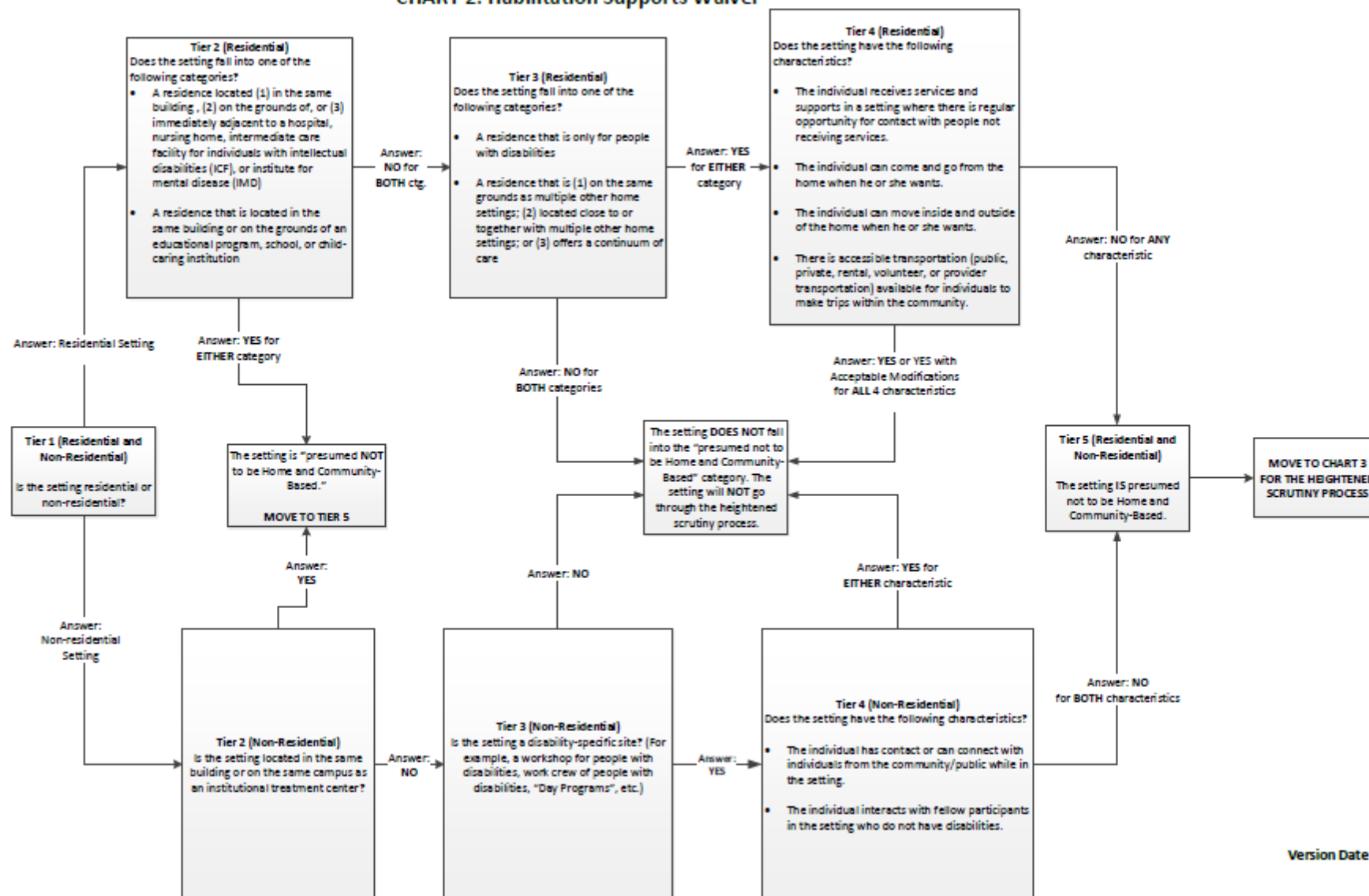
**CHART 1: MI Choice Waiver**



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

Version Date: 2-22-16

**CHART 2: Habilitation Supports Waiver**

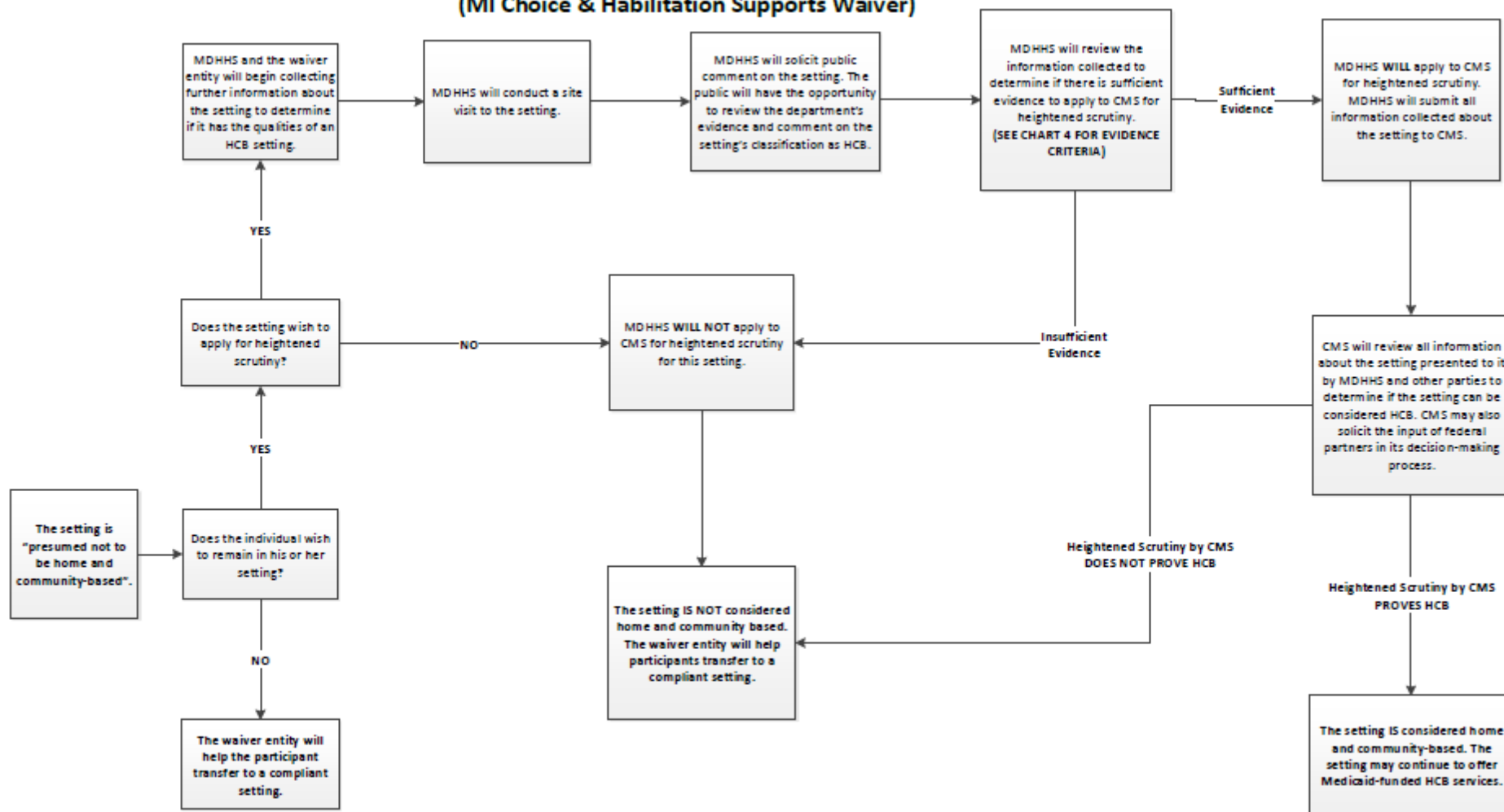


Version Date: 2-22-16

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

Version Date: 2-22-16

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



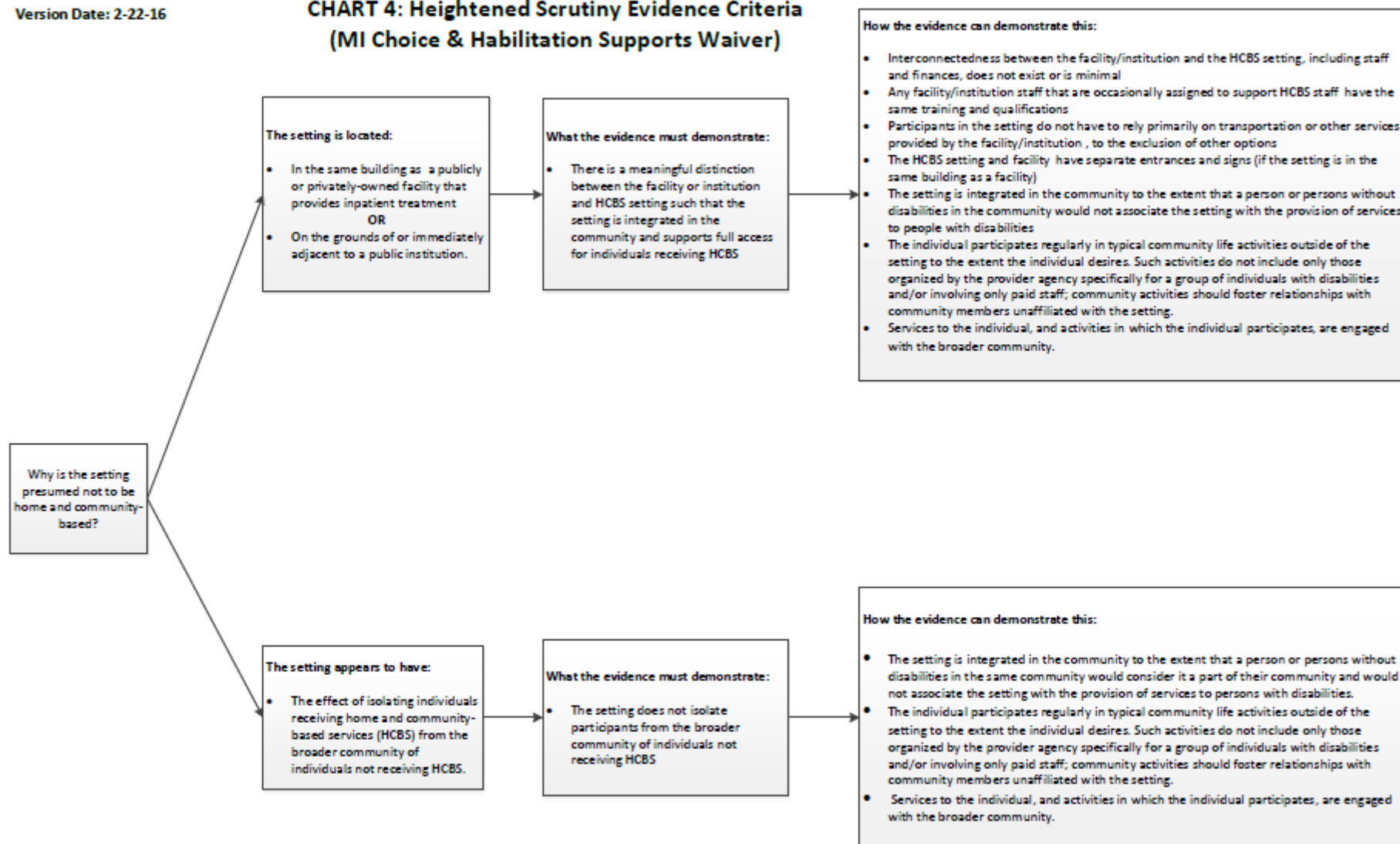
Version Date: 2-22-16



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

Version Date: 2-22-16

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



Version Date: 2-22-16

### Stakeholder Engagement and Outreach Strategy

As part of implementing the Statewide Transition Plan, MDHHS will seek to engage Michiganders in a discussion on the Statewide Transition Process. The Stakeholder Outreach and Engagement Strategy outlines MDHHS's historical efforts to engage stakeholders on this issue and provides perspective on MDHHS's ongoing strategy for connecting with Michiganders during the implementation process. MDHHS participated in the following events as part of engaging stakeholders in a statewide discussion on the rule and transition process.

Event Title	Date
Meeting with Developmental Disability Advocacy Groups	7/16/2014
Kick-Off Meeting for the Home and Community-Based Services Program Transition Project	8/12/2014
MI Health Link Demonstration Implementation Meeting	9/4/2014
LeadingAge Michigan Conference	9/17/2014
First Webinar for the Home and Community-Based Services Program Transition Project	10/1/2014
Michigan Developmental Disabilities Council Meeting	10/10/2014
Michigan Association of Community Mental Health Boards Conference	10/27/2014
Meeting with Developmental Disabilities Providers	10/29/2014
Olmstead Coalition Meeting	11/6/2014
Self-Determination Leadership Implementation Seminar	11/11/2014

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Second Webinar for the Home and Community-Based Services Program Transition Project	11/13/2014
Re:Con Conference	11/14/2014
Michigan Assisted Living Association Meeting	11/17/2014
Waiver Conference for the Behavioral Health and Developmental Disabilities Administration	11/18/2014
Meeting with the Michigan Disability Housing Work Group	11/20/2014
Start of the Public Comment Period for the Statewide Plan	11/24/2014
MI Choice Quality Management Collaborative	12/2/2014
Michigan Center for Assisted Living Meeting	12/9/2014
End of the Public Comment Period for the Statewide Plan	12/24/2014
Michigan Developmental Disabilities Council Meeting	1/6/2015
LeadingAge Training Day	3/3/2015
MACMHB Provider Alliance Meeting	3/23/2015
Self-Determination Leadership Meeting	3/25/2015
Developmental Disability Public Policy Meeting	4/7/2015
LeadingAge Regulatory Day	4/29/2015
Oakland County RICC Meeting	5/8/2015

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Michigan Developmental Disability Council Meeting	5/19/2015
HCBS Regional Forum	6/19/2015
Developmental Disability Practice Improvement Team	7/8/2015
Michigan Disability Housing Working Group	7/16/2015
Michigan Assisted Living Association Meeting	7/17/2015
Developmental Disability Practice Improvement Team	8/12/2015
Planning and Implementation Summit for the Habilitation Supports Waiver	9/25/2015
LeadingAge Regulatory Day	10/22/2015
MACMHB Fall Conference	10/26/2015
MARO Conference	11/5/2015
Developmental Disability Practice Improvement Team	11/12/2015
HCBS Waiver Conference	11/18/2015
MACMHB Director's Forum	11/15/2015
Update for the MI Choice Waiver Agents and Integrated Care Organizations	11/15/2015
Waiver Director's Meeting	2/24/2016
Autism Council Meeting	2/26/2016
MACMHB Director's Forum	3/1/2016

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Developmental Disability Practice Improvement Team	3/9/2016
American Association on Intellectual and Developmental Disabilities Conference	4/16/2016
Implementation Advisory Group Meeting	7/27/2016, 9/19/2016, 11/17/2016
Webinar: HCBS reports in WSA	9/29/2016
DDI: Outreach and Education Materials	10/5/2016 and 10/12/2016
PIHP Directors' Forum	Monthly 9/2016 - 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

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

Statewide Assessment, Remediation, and Transition Strategy: [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_2943-334724--,00.html](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:** 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	<p>Version 2.0 included several major updates and revisions to the STP, which include the following:</p> <ol style="list-style-type: none"> <li>1. Addition of a new introduction section</li> <li>2. Updates and changes to previous milestones and timelines</li> <li>3. Addition of new milestones and timelines</li> <li>4. Addition of systemic assessment</li> <li>5. Addition of table of settings to be assessed</li> </ol>	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.

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	<ol style="list-style-type: none"> <li>6. Addition of assessment results for the MI Choice Waiver and Habilitation Supports Waiver</li> <li>7. Addition of the Statewide Assessment, Remediation, and Transition Strategy</li> <li>8. Addition of the "Presumed Not To Be Home and Community-Based" Process</li> <li>9. Addition of the stakeholder engagement and outreach strategy</li> </ol>		
Version 3.0	<ol style="list-style-type: none"> <li>1. Revised systemic assessment section</li> <li>2. Update milestones and timelines</li> <li>3. Addition of settings for §1915(b)(3) services (skill building, supported employment and CLS)</li> </ol>		