

Statewide Assessment, Remediation, and Transition Strategy

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

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

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What is the process for developing a corrective action plan?	Upon receiving a notification of non-compliance, a setting should submit a corrective action plan with timeline to its respective MI Choice Waiver agent within 90 days after the notification. The MI Choice Waiver agent will review the corrective action plan and accept, reject, or suggests changes to the plan. When the MI Choice Waiver agent rejects or suggests changes to the corrective action plan, the provider needs to respond and submit another plan within 30 days.	Upon receiving a notification of non-compliance, a setting should submit a corrective action plan with timeline to its respective PIHP within 30 days after the notification. The PIHP will review the corrective action plan and accept, reject, or suggests changes to the plan. When the PIHP rejects or suggests changes to the corrective action plan, the provider needs to respond and submit another plan within 7 days.
How long will providers have to come into compliance with the corrective action plan?	For the initial transition period, providers are able to recommend their own transition timeline but must be in compliance by September 16, 2018.	After receiving approval from the PIHP on the corrective action plan, the provider will have 90 days to remediate. Specific circumstances may result in a longer time frame and must be approved by the PIHP.
What will the follow-up process be for verifying compliance with the corrective action plan?	MI Choice Waiver agencies will contact providers regarding its corrective action plan. Once a provider appears to be in compliance with its corrective action plan, another on-site assessment will be completed by the MI Choice Waiver agent, and MDHHS will review and determine compliance of the setting.	PIHP will complete an on-site assessment 90 days after the acceptance of the corrective action plan. MDHHS will use the current site review* process to verify the provider's compliance with the corrective action plan.
If a provider is unable to come into compliance, when will the transition process start for waiver participants?	The transition process for individuals from non-compliant settings will start no later than September 16, 2018.	The transition process for individuals from non-compliant settings will start no later than September 16, 2018. From the date of knowing the provider is unable to come into compliance, the provider and its PIHP have six months to complete the transition process for waiver participants.

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

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

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