

Home & Community Based Services (HCBS) Provider Forum



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Barb Mund
Service Specialist

Modifications to the HCBS Final Rule Webinar

HCBS Joint Guidance Document Webinar



The image is a screenshot of a webinar slide. At the top, it has a title bar with the text 'HCBS Joint Guidance Document' and 'Modifications to the HCBS Final Rule'. Below the title, there is a paragraph of text, followed by another paragraph, and then a bulleted list. A play button icon is centered over the list.

HCBS Joint Guidance Document
Modifications to the HCBS Final Rule

In order to be considered home and community based settings and providers must meet guidelines as identified by CMS. Any modification must be outlined in the individuals person centered plan.

Health or safety needs are the only acceptable justifications for restricting individual rights and freedoms and must follow these guidelines:

- Identify a specific and individualized assessed safety or health related need
- Positive interventions and supports used prior to modification
- Less intrusive methods tried
- Describe the condition that is directly proportionate to the specified need
- Regular collection and review of data to review effectiveness
- Established time limits for periodic review to determine if modification is still needed
- Informed consent of the individual
- Assure interventions and supports will cause no harm

Questions



State of Michigan HCBS

Implementation Process Structure

- MDHHS works with PIHP leads to provide TA related to the rule and together develop a plan for the statewide implementation of the HCBS rule. Makes final determination relative to whether a service provider is HCB
- PIHP leads learn MDHHS/State requirements and expectations. Provide MDHHS with their expertise and assist in the development and implementation of the plans developed together. Provide oversight in their region for compliance to the rule. Act as liaisons with CMHSPs.
- CMHSPs work with the PIHP leads to learn expectations related to the rule, interface with providers and waiver participants to ensure HCBS compliance and respond to direction of PIHP leads.
- *MDHHS “Michigan’s Transition to HCBS Compliance” Powerpoint*

Two HCBS Remediation Processes

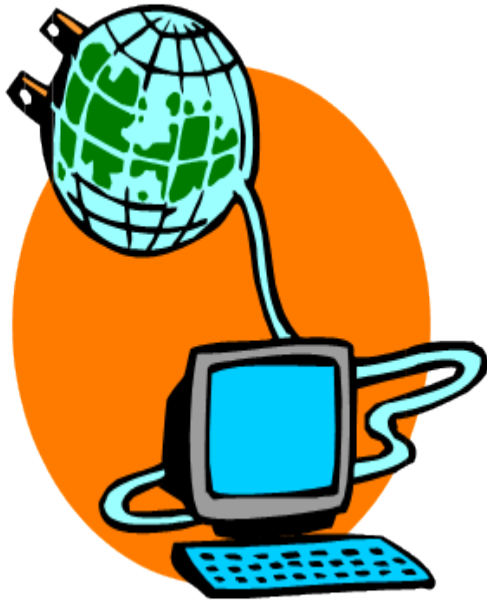
- Two processes concurrently occurring:
 - **Out-of-compliance/corrective action process** through Mid-State Health Network (MSHN). Notifications will be coming from hcbstransition@midstatehealthnetwork.org
 - **Heightened Scrutiny Process** through the Michigan Department of Health and Human Services (MDHHS). Notifications coming from HCBSTransition@michigan.gov

C Waiver Providers Out of Compliance by Region

MDHHS' Michigan's Transition to HCBS Compliance PowerPoint

Region	Residential Providers - CAP expected	Total # of items requiring a CAP	Non-Residential Providers - CAP Expected	Total # of items requiring a CAP
1	68	250	21	87
2	108	268	19	179
3	159	356	13	55
4	139	451	7	122
5	326	870	52	486
6	65	189	20	330
7	113	300	21	477
8	203	486	35	605
9	117	273	30	315
10	146	436	25	375

HCBS – Corrective Action Plan Process



- MSHN will be sending out the In/Out of Compliance Letters with Corrective Action Plan templates by e-mail before **December 31, 2017**.
- CMHCM will be copied on the notification and will notify the case holder, supervisor, PD, Karen Bressette, and the main contact for the provider by e-mail.

HCBS – Corrective Action Plan Process



- In/Out of Compliance notification sent from e-mail address hcbstransition@midstatehealthnetwork.org
 - Attachments to notification:
 - Notification with MDHHS Logo.
 - Top section includes provider identification as well as **WSA ID**. Use the WSA ID to identify the individual.
 - Letter identifies the out of compliance issues.
 - CAP Template to outline how you plan to come into compliance (Word document)

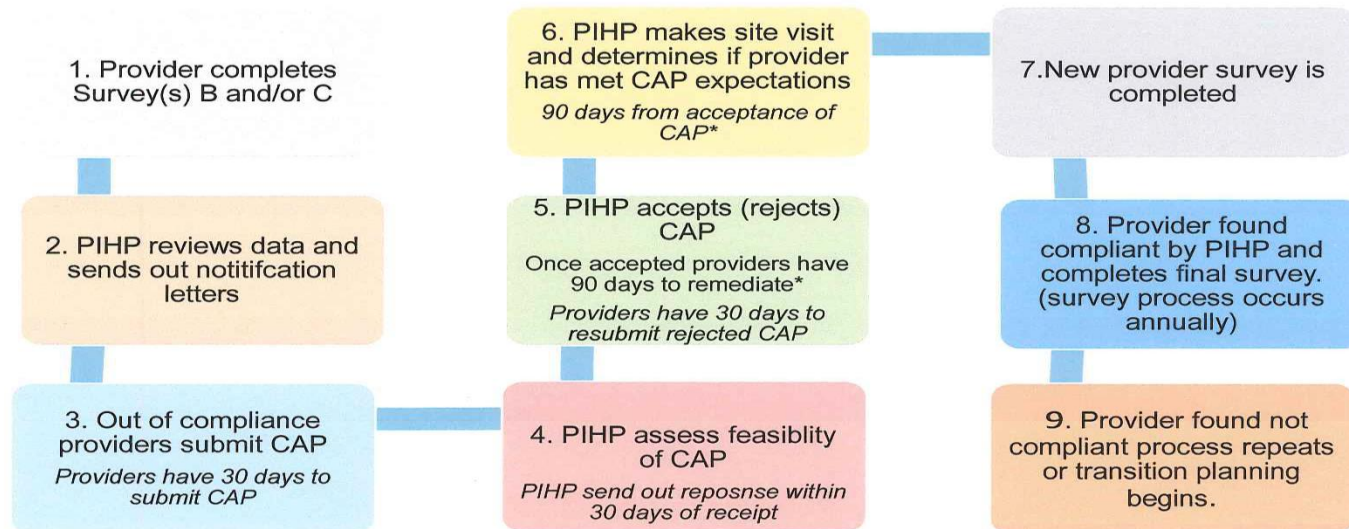
HCBS – Corrective Action Plan Process

- Attachments to notification (continued)
 - Provider Readiness Tool – Contains:
 - Required evidence of compliance with HCBS Rules
 - Guidance on Achieving Compliance & Potential Actions
 - Guidance on Exemplary Practice or Transformational Change
 - CMHSP/PIHP Guidance on Achieving Compliance and Potential Actions
 - MDHHS/LARA Joint Guidance Document



HCBS Provider Assessment/Remediation Process Corrective Action Plans

HCBS PROVIDER ASSESSMENT/REMEDATION PROCESS



*PIHP can allow an extended length of time for CAP but must have a minimum of 6 months for transition if provider cannot come into compliance. All Plans must be completed and approved or given a final rejection no later than 9.16.2018

Corrective Action Plan (CAP)

- CMHCM will be tracking the CAPs.
- When you submit your completed CAPS to hcbstransition@midstatehealthnetwork.org please include CMHCM's e-mail hcbstransition@cmhcm.org



Guidance on IPOS Modifications

- Any modifications of the HCBS setting regulations must be documented and based upon a specific assessed need for that person and justified in the person centered service plan.



Guidance on IPOS Modifications

- **All modifications** of HCBS setting regulations:
 - Identify the specific assessed need,
 - Document the positive interventions/supports used previously.
 - Document less intrusive methods that were tried and did not work.
 - Include a clear description that is directly proportionate to the assessed need,

Guidance on IPOS Modifications

- Include regular collection and review of data to measure effectiveness of the modification,
- Include established time limits for periodic review of the modification,
- Include informed consent of the individual, and
- Include assurances that the modifications will cause no harm to the individual.

MDHHS Heightened Scrutiny Numbers by Region C Waiver

MDHHS Michigan's Transition to HCBS Compliance PowerPoint

Participants served by HS Providers by Region

Region	HS		
	NR	R	NR+R
1	39	153	192
2	43	125	168
3	11	185	196
4	27	102	129
5	163	485	648
6	38	76	114
7	29	122	151
8	33	224	257
9	19	122	141
10	42	212	254
Total	444	1806	2250

Statewide HS Providers: unduplicated count 804

Region	HS		
	NR	R	NR+R
1	9	63	72
2	15	71	86
3	5	126	131
4	2	73	75
5	25	278	303
6	11	49	60
7	10	80	90
8	11	190	201
9	5	76	81
10	11	125	136
Total	104	1131	1235

Heightened Scrutiny Process



- MDHHS sent out notifications via e-mail in mid/late October from the HCBSTransition@michigan.gov e-mail address. Letters were also mailed via US Postal Service for e-mail addresses that bounced back. Top section & body of letter contains WSA ID to determine identity.
- **Please monitor your e-mail, including spam and junk folders.**

Heightened Scrutiny Status

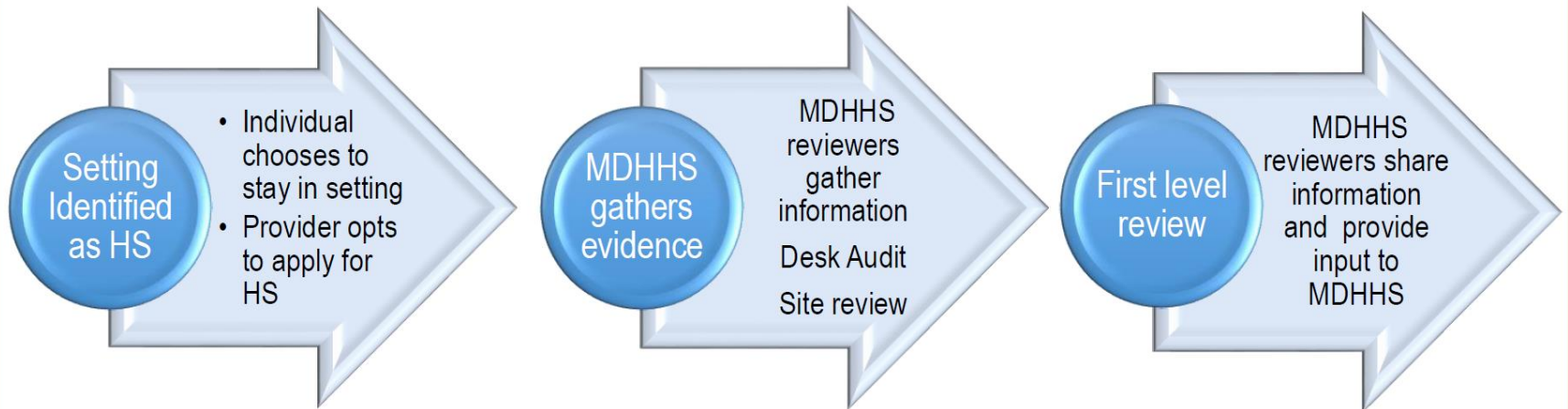
- **Provider responses** to survey questions that indicated the setting is either institutional in nature or has an isolative effect from the community for the individuals receiving HCBS services resulted in Heightened Scrutiny.
- MDHHS has contracted with Michigan State University (MSU) to assist them with the Heightened Scrutiny process.

Heightened Scrutiny Process

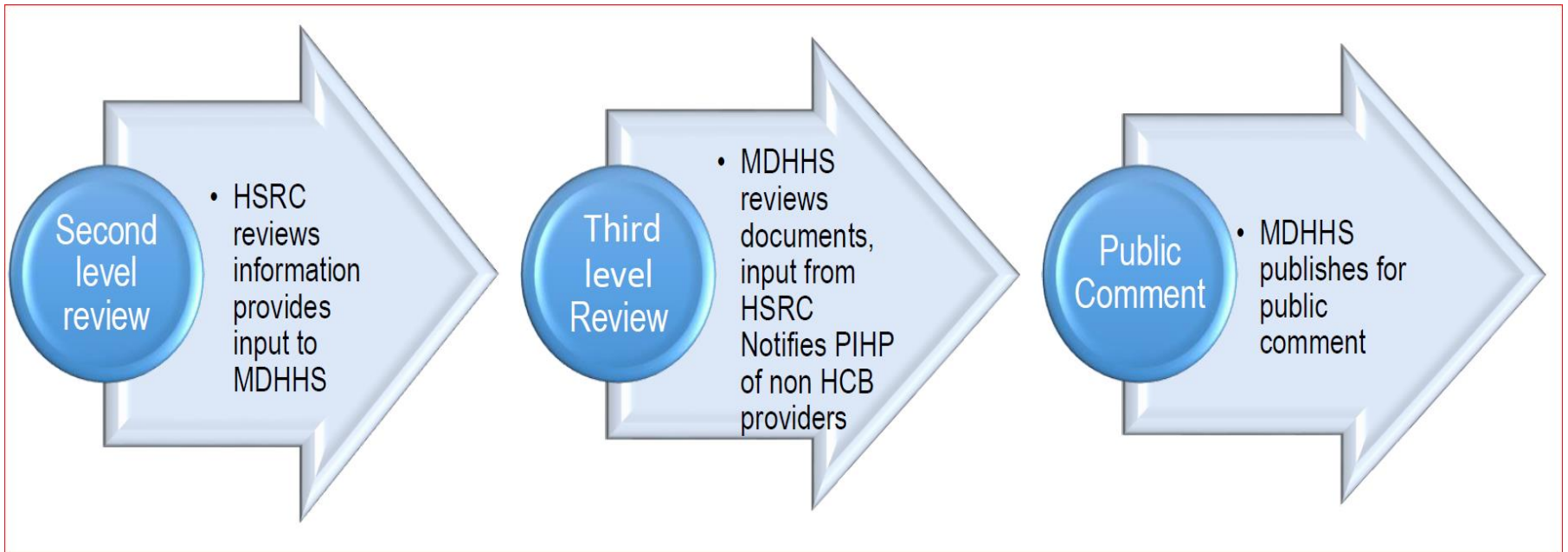
- Coming soon. . .
 - Heightened scrutiny educational materials directed specifically toward participants and their families or supports.
 - Heightened scrutiny to assess the interest of participants and providers to engage in the HS process. (One question survey.)
 - **Provider Response – Due within 2 weeks**

Heightened Scrutiny – 1 of 3

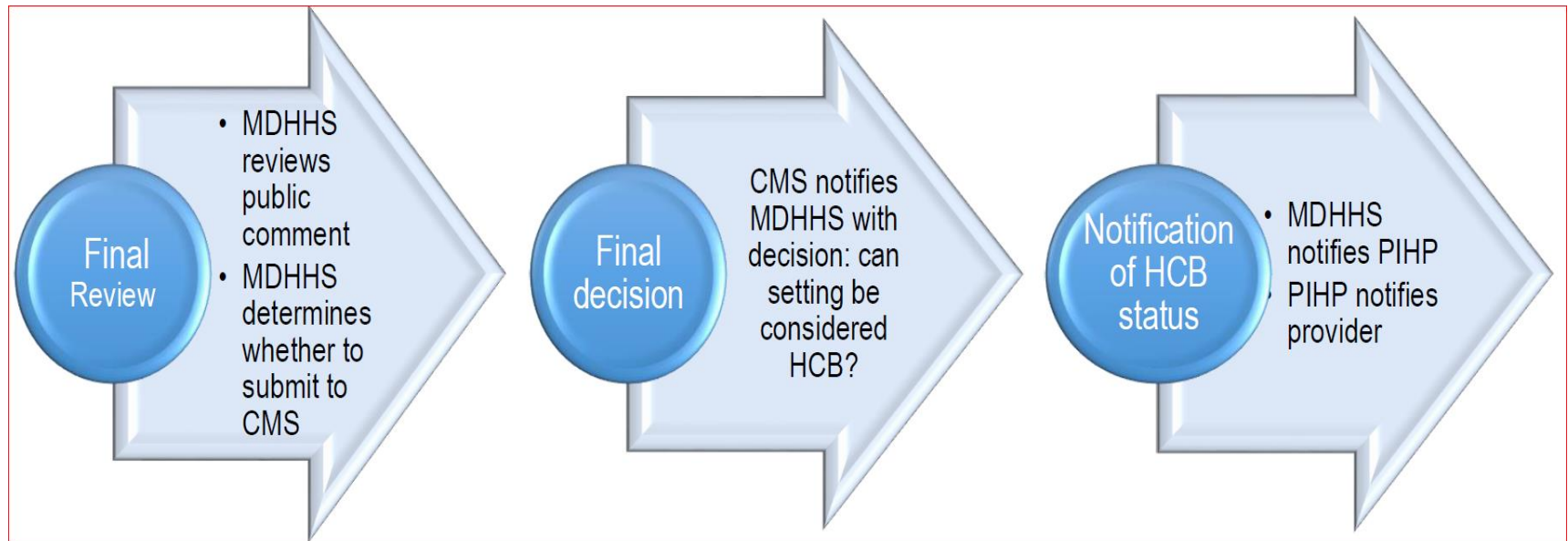
MDHHS/BHDDA Heightened Scrutiny Process



Heightened Scrutiny – 2 of 3



Heightened Scrutiny – 3 of 3



Heightened Scrutiny Resources

Why is the setting presumed not to be home and community based?
(Institutional)

The setting is located: In the same building as a publicly or privately owned facility that provides treatment –OR
On the grounds of or immediately adjacent to a public institution

What the evidence must demonstrate:
There is a meaningful distinction between the facility or institution and the HCBS setting such that the setting is integrated in the community and supports full access for individuals receiving HCBS

How the evidence can demonstrate this:

Interconnectedness between the facility and the HCBS setting, including staff and finances does not exist or is minimal. **Residential license status- zoning requirements. Documentation that supports the existence of separation between the institution and home; financial and administrative**

Any facility /institution staff that are occasionally assigned to support HCBS staff have the same training and qualifications. **Staff qualifications that indicate training in HCB services and support. Evidence of different staff for each location or cross trained.**

Participants in the setting do not have to rely primarily on transportation or other services provided by the facility or institution, to the exclusion of other options. **Evidence that residents do not rely primarily upon institution staff for transportation**

The HCBS setting and facility have separate entrances and signs (if setting is located within a facility) **Photographs of residence- evidence of separate entrances and signage**

The setting is integrated in the community to the extent that a person or persons without disabilities in the community would not associate the setting with the provision of services to people with disabilities. **Photographs of residence. Evidence that the setting is in the community among other private residences.**

The individual participates regularly in typical community activities outside the setting to the extent that the individual desires. Such activities do not include only those organized by the provider agency specifically for a group of individuals with disabilities and /or involving only paid staff. **Evidence that residents are encouraged and supported to engage in activities in the larger community; individual schedules, progress notes etc.**

Services to the individual, and activities in which the individual participates, are engaged with the broader community. **Evidence that residents are encouraged and supported to engage in activities in the larger community; individual schedules, progress notes etc. from most recent 30 day period**

**Evidence Table Heightened Scrutiny
Table 1 Institutional**

Heightened Scrutiny Resources

Why is the setting presumed not to be home and community based?

(Isolation)

The setting appears to have:

The effect of isolating individuals receiving home and community based services (HCBS) from the broader community of individuals not receiving HCBS

What the evidence must demonstrate:

The setting does not isolate participants from the broader community of individuals not receiving HCBS.

How the evidence can demonstrate this:

The setting is integrated in the community to the extent that a person or persons without disabilities in the same community would consider it a part of their community and would not associate the setting with the provision of services to persons with disabilities. ***Photographs of residence. Individuals receiving HCBS live/receive services in the same area of the setting as individuals not receiving Medicaid HCBS. The setting is in the community among other private residences not providing services to HCBS participants exclusively.***

The individual participates regularly in typical community life activities outside of the setting to the extent the individual desires. Such activities do not include only those organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff; community activities should foster relationships with community members unaffiliated with the setting. ***Evidence that: individuals come and go at will, that visitors have been present at regular frequencies, the setting is in the community among other private residences not providing services to HCBS participants exclusively. Individual participants have varied activities based upon their interests and abilities. Individuals have access to materials to become aware of activities occurring outside of the setting?***

Services to the individual and activities in which the individual participates, are engaged with the broader community. ***Individual schedules that demonstrate community activities apart from the provider or other HCBS participants. Evidence of transportation options that do not rely solely on paid supports. Progress notes or other documentation that the participant has been involved in community activities recently. Evidence that visitors have been present at regular frequencies***

Evidence Tables Heightened Scrutiny – Isolation

Table 2

Resources

The screenshot shows a web browser window displaying the 'Resources' page of the Community Mental Health for Central Michigan website. The browser's address bar shows 'http://www.cmhcm.org/resources/'. The website header includes the logo and name 'Community Mental Health for Central Michigan', a 'Crisis Hotline (800) 317-0708', and a search bar with a 'Login' button. A teal navigation bar contains links for HOME, ABOUT US, SERVICES, LOCATIONS, RESOURCES, CAREERS, PROVIDERS, MENTAL HEALTH, and CONTACT. The main content area features a large teal 'Resources' heading. Below it, a quote reads: 'I am more aware of and deal better with daily problems.' followed by '-Gladwin County'. A list of resources follows: 'Medicaid Customer Services Hotline 1.800.642.3195', 'Mental Health and Substance Abuse Administration Customer Services 1.517.241.5066', 'Home & Community Based Services (HCBS) www.211.org', 'www.211nemichigan.org (Isabella, Midland, Clare, Gladwin counties)', and 'www.call-211.org (Mecosta and Osceola counties)'. A teal bar at the bottom contains a 'BACK TO TOP ▲' link. The Windows taskbar at the bottom shows various application icons and the system clock indicating 10:59 AM on 4/21/2017.

Community Mental Health for Central Michigan

Crisis Hotline (800) 317-0708

Login Enter keyword(s) 🔍

HOME ABOUT US SERVICES LOCATIONS RESOURCES CAREERS PROVIDERS MENTAL HEALTH CONTACT

Resources

I am more aware of and deal better with daily problems.

-Gladwin County

- Medicaid Customer Services Hotline
1.800.642.3195
- Mental Health and Substance Abuse Administration Customer Services
1.517.241.5066
- Home & Community Based Services (HCBS)
www.211.org
- www.211nemichigan.org (Isabella, Midland, Clare, Gladwin counties)
- www.call-211.org (Mecosta and Osceola counties)

BACK TO TOP ▲

10:59 AM 4/21/2017

Resources

- MDHHS website HCBS Topics:
 - Statewide and Individual Waiver Transition Plans
 - Survey Tools/Process
 - Frequently Asked Questions
 - Center for Medicare and Medicaid Services (CMS) Webpage – Final Rule
 - Fact Sheets
 - Remediation & Ongoing Compliance
 - HS flowcharts for Institution and Isolation
 - Outreach & Education
 - HCBS Joint Guidance Document Webinar
 - Person Centered Planning Process Webinar



Resources

- [DDI website](#)
- <http://ddi.wayne.edu/hcbs.php>
 - Qualtrics and Word versions of the surveys
 - Information & Education Materials
 - HCBS Rule Fact Sheet (1 page)
 - Beneficiary Booklet
 - Beneficiary PowerPoint Slides
 - Family PowerPoint Slides



Thank you!



Barb Mund bmund@cmhcm.org