

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

Version 5.3

June 2022



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Introduction to the Statewide Transition Plan

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

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

The MDHHS developed the STP based upon the following principles:

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

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

Components of the Statewide Transition Plan

The STP is composed of the following components:

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

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

Table of Settings to be Assessed: This component provides a forecast of the number and types of settings that MDHHS anticipates will be assessed as part of the transition process.

Assessment Results: As individual settings are assessed for compliance under each waiver program, MDHHS will post the aggregated results for each waiver on the project website and also incorporate the results into the STP.

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

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

Overview of Home and Community-Based Waiver Programs

Program Name	Program Type	Population	Purpose of the Program	The Rule’s Effect on the Program
Children’s Waiver Program	§1915(c) Waiver	Children with Developmental Disabilities	Provide community-based services to children under age 18 who would otherwise require the level of care provided in an Intermediate Care Facility.	All settings under this waiver are presumed compliant with the rule.
Children with Serious Emotional Disturbances Waiver Program	§1915(c) Waiver	Children with Behavioral Health Needs	Provides community-based services to children with serious emotional disturbances under age 21 who otherwise would require hospitalization in the State psychiatric hospital for children.	All settings under this waiver are presumed compliant with the rule.
MI Choice Waiver Program	§1915(c) Waiver	Older Adults or Adults with a Disability	Provide community-based services to individuals who would otherwise require the level of care provided in a nursing facility.	All provider owned and/or operated settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.

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MI Health Link HCBS Waiver Program	§1915(c) Waiver	Older Adults or Adults with a Disability	Provide community-based services to adults (1) who are dually eligible for Medicare and Medicaid and (2) who would otherwise require the level of care provided in a nursing facility.	All settings under this waiver must be in immediate compliance with the rule in order to provide home and community-based services.
Habilitation Supports Waiver Program	§1915(c) Waiver	Children and Adults with Developmental Disabilities	Provide community-based services to children and adults with developmental disabilities who would otherwise require the level of care provided in an Intermediate Care Facility.	All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.

Managed Specialty Services and Supports Waiver Program	§1115/ §1915(i) State Plan	Children and Adults with Behavioral Health Needs or Developmental Disabilities	Provides coverage for (1) mental health and substance use disorder services; and (2) long-term services and supports. This program also includes §1915(i) state plan supports and services that that promote community inclusion and participation, independence, and/or productivity.	CMS has agreed to provide regulatory authority on the applicability of the HCBS requirements to specific §1915(i) state plan services and settings. MDHHS has assessed settings providing Supported Employment, Skill Building and Community Living Support.
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Home and Community-Based Services Waiver Programs and the Home and Community-Based Services Rule

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

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

- **Children with Serious Emotional Disturbances Waiver Program:** After conducting an initial review of settings under this waiver program, MDHHS determined that all settings under this waiver should be presumed to be compliant with the rule. All children under this waiver program are served in family homes, independent living settings, or foster family homes, as such all settings under this waiver were determined to meet the settings criteria.

The State of Michigan licensing rules governing child foster family homes and group foster family homes to ensure that the children placed in these settings are treated the same as any other children in the home and that the licensing rules fully comport with 42 CFR §441.301(c)(4). Due to the characteristics of these settings and the requirements under state licensing, MDHHS has determined that these settings meet the requirements of the rule. Based on the 01/09/2015 conference call between Michigan staff, Ralph Lollar and Mindy Morrell it was determined that all settings (including foster family homes and therapeutic camps) for SEDW are considered compliant to the federal HCB settings requirements. During this conference call, CMS requested that Michigan amend the SEDW transition plan to reflect the fact that Foster Family homes and any other setting, per licensing rules, meet the HCBS regulatory requirements. CMS approved the amended plan including the SEDW transition plan on 03/27/2015. If the licensing regulations change, Michigan will ensure that all children on the SEDW are living in a private home. MDHHS will not be assessing individual settings under this program.

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

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

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

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

Table of Acronyms

AFC	Adult Foster Care	IPOS	Individualized Plan of Service
AQAR	Administrative Quality Assurance Review	JGD	Joint Guidance Document
BHDDA	Behavioral Health and Developmental Disability Administration	LARA	Department of Licensing and Regulatory Affairs
CAP	Corrective Action Plan	LOCD	Level of Care Determination
CLS	Community Living Supports	LTC	Long Term Care
CMH or CMHSP	Community Mental Health Services Program	MAHS	Michigan Administrative Hearing System
CMS	Centers for Medicare and Medicaid Services	*MDHHS	Michigan Department of Health and Human Services
CPT	American Medical Association's Current Procedural Terminology	MPM	Michigan Medicaid Provider Manual
CWP	Children's Waiver Program	MSA	Medical Services Administration
DDI	Developmental Disabilities Institute of Wayne State University	MSS&SP	Managed Specialty Services and Supports Program
DDPIT	Developmental Disabilities Practice Improvement Team	MSU	Michigan State University
EMR	Electronic Medical Record	ORR	Office of Recipient Rights
HCBS	Home and Community Based Services	PIHP	Pre-Paid Inpatient Health Plan

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HCPCS	Healthcare Common Procedure Coding System based on the American Medical Association's Current Procedural Terminology codes	QIC	Quality Improvement Council
HFA	Homes for the Aged	RLA	Residential Living Arrangement
HS	Heightened Scrutiny	SEDW	Waiver for Children with Serious Emotional Disturbances
HSRC	Heightened Scrutiny Review Committee	STP	Statewide Transition Plan
HSW	Habilitation Supports Waiver	WSA	Waiver Support Application

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

Statewide Transition Timeline

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

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

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

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

- **Section 1c: Setting Assessment**

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

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

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

Section 4: Outreach and Engagement Process: As part of implementing the STP, MDHHS will seek to engage and connect with Michiganders in order to inform the transition process and improve the integration and inclusion of individuals

into the community. More details on this process are also included in the Stakeholder Outreach and Engagement Strategy.

MDHHS pursued the following strategies, policies, and priorities to build capacity since the rule was released in January 2014

- MDHHS Developmental Disabilities Council Applied for and was accepted as a Community of Practice state by Georgetown National Center for Cultural Competence
- Incorporated interview with persons receiving services to assess satisfaction with the Person-Centered Planning (PCP) process during MDHHS site reviews.
- Participation in National Core Indicators (NCI)[®] to assess the outcomes of services provided to individuals and families.
- Employment Works! Policy The Michigan Employment First Executive Order **No. 2015-15** “recognizes that competitive employment within an integrated setting is the first priority and optimal outcome for persons with disabilities, regardless of level or type of disability. All individuals will be afforded the opportunity to pursue individual competitive, integrated employment. MDHHS shall define individual competitive integrated employment using the definition in the Workforce Innovation & Opportunity Act. In the case of employment for persons with mental illness, MDHHS has adopted the evidence-based practice of Individual Placement and Support (IPS). In addition to the executive order identified above Michigan has clarified requirements or modified several service descriptions to create more options to ensure people have access to services in non-disability-specific settings among their service options for both residential and non-residential services.
- **HCBS Participant Assessment-** MDHHS developed and implemented a participant assessment that closely follows the provider compliance assessment. The purpose of this tool is to gauge the individuals perspective of how closely the setting where they receive services meets HCBS expectations around privacy, access to the larger community as desired, freedom of movement in their home and the community at large as well as the degree to which they feel they have choice around the services they receive. The participant tool has been used to validate provider responses and MDHHS is currently exploring other ways in which his information can be used to inform training and technical assistance going forward. MDHHS BHDDA has contracted with TBD Solutions to develop a web based application that can be utilized to track survey responses based on de-identified data to determine if participants and providers evidence an improved response to questions related to the core components of the HCBS rule when follow up assessments are administered, and if we can make determinations regarding improvement in the quality of HCBS services.

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation	Action Steps	*Timeline
<p>Setting is integrated in, supports full access of, and is physically accessible to the individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Compliant</p>	<p>See Appendix A for the Michigan Medicaid Provider Manual</p>			<p>Start on 11/07/2016</p> <p>Effective on 07/01/2018</p> <p>Completed</p>

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
	Compliant	See Appendix C - Licensing Rules Licensing Rules for Adult Foster Family Homes: Rule 8: R 400.1408 Rule 9: R 400.1409 Licensing Rules for Adult Foster Care Small Group Homes: Rule 303: R 400.14303 Rule 304: R 400.14304 Licensing Rules for Adult Foster Care Large Group Homes: Rule 303: R 400.15303 Rule 304: R 400.15304			Completed

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
<p>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.</p>	<p>Compliant</p>	<p>See Appendix A for the Michigan Medicaid Provider Manual</p>	<p></p>	<p></p>	<p>Start on 11/07/2016 Effective on 07/01/2018 Completed</p>

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
	Compliant	See Appendix C - Licensing Rules Licensing Rules for Adult Foster Family Homes: Rule 8: R 400.1408 Licensing Rules for Adult Foster Care Small Group Homes: Rule 303: R 400.14303 Licensing Rules for Adult Foster Care Large Group Homes: Rule 303: R 400.15303			Completed

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Section 1: Assessment Process

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

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS.	Compliant	<p>See Appendix C - Licensing Rules</p> <p>Licensing Rules for Adult Foster Family Homes: Rule 8: R 400.1408 Rule 9: 400.1409</p> <p>Licensing Rules for Adult Foster Care Small Group Homes: Rule 303: R 400.14303 Rule 304: R 400.14304</p> <p>Licensing Rules for Adult Foster Care Large Group Homes: Rule 303: R 400.15303 Rule 304: R 400.15304</p>			Completed
	Compliant	<p>See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter</p>			Completed

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			
	Compliant	Medicaid Provider Manual (MPM)	Team created a Home and Community Based Services Chapter in the MPM.	Promulgated 1/1/2018 Available online at within the Medicaid Provider Manual in the Home and Community Based Section: Medicaid Provider Manual HCBS Chapter	Start on 11/07/2016 Effective on 07/01/2018 Completed
The setting includes opportunities to control personal resources to the same degree of	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed

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Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
access as individuals not receiving Medicaid HCBS.	Compliant	MCL 330.1728 - Personal property: mcl-330-1728 MCL 330.1730 – Access to Money: mcl-330-1730			
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
	Compliant	See Appendix C - Licensing Rules Licensing Rules for Adult Foster Family Homes: Rule 8: R 400.1408 Rule 9: R 400.1409 Rule 21: R 400.1421			

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Small Group Homes: Rule 301: R 400.14301(6)(K) Rule 315: R 400.14315			
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
<p>individual’s needs, preferences, and, for residential settings, resources available for room and board.</p>	Compliant	<p>See Appendix C - Licensing Rules</p> <p>Licensing Rules for Adult Foster Family Homes: Rule 7: R 400.1407(12) through (15)</p> <p>Licensing Rules for Adult Foster Care Small Group Homes: Rule 301: R 400.14301</p> <p>Licensing Rules for Adult Foster Care Large Group Homes: Rule 301: R 400.15301</p>	<p>Joint Guidance Document</p>		Completed
	Compliant	<p>See Appendix A for:</p> <p>Michigan Person-Centered Planning Policy and Practice Guideline</p> <p>Individual Plan of Services: In addition, documentation maintained by the CMHSP within the Individual</p> <p>Plan of Service must include: (1) A description of the individual’s strengths, abilities, goals, plans, hopes, interests, preferences and natural supports</p>			

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>Michigan Self-Determination Policy & Practice Guideline</p> <p>Page 14: definitions on “Freedom” and “Self-determination”:</p>			
	Compliant	<p>MCL 330.1712 - Individualized Written Plan of Services mcl-330-1712</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> <p>MCL 330.1700</p>			

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
<p>An individual’s essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</p>	<p>Compliant</p>	<p>See Appendix A for the Michigan Medicaid Provider Manual</p>			<p>Start on 11/07/2016 Effective on 07/01/2018 Completed</p>

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Compliant	<p>MCL 330.1740 - Physical restraint mcl-330-1740</p> <p>MCL 330.1742 – Seclusion mcl-330-1742</p> <p>MCL 330.1748 - Confidentiality mcl-330-1748</p> <p>MCL 330.1752 - Policies and Procedures mcl-330-1752</p>			Complete
	Compliant	<p>See Appendix C - Licensing Rules</p> <p>Licensing Rules for Adult Foster Family Homes: Rule 9: R 400.1409 Rule 12: R 400.1412</p> <p>Licensing Rules for Adult Foster Care Small Group Homes: Rule 304: R 400.14304 Rule 305: R 400.14305 Rule 307: R 400.14307 Rule 308: R 400.14308</p>			

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Large Group Homes: Rule 304: R 400.15304 Rule 305: R 400.15305 Rule 307: R 400.15307 Rule 308: R 400.15308			
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
Optimizes, but does not regiment individual initiative, autonomy, and independence	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
<p>in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.</p>	Compliant	<p>See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual.</p> <p>Medicaid Provider Manual</p>			Completed

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Compliant	<p>PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices.</p> <p>Michigan Person-Centered Planning Policy and Practice Guideline</p> <p>Michigan Self-Determination Policy & Practice Guideline: Introduction, Page 14: definitions on “Freedom” and “Self-determination”:</p> <p>Michigan Self-Determination Policy & Practice Guideline</p>			Completed
	Compliant	<p>See Appendix C - Licensing Rules</p> <p>Licensing Rules for Adult Foster Family Homes: Rule 8: R 400.1408 Rule 9: R 400.1409</p> <p>Licensing Rules for Adult Foster Care Small Group Homes: Rule 304: R 400.14303</p>			

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Licensing Rules for Adult Foster Care Large Group Homes: Rule 303: R 400.15303 Rule 304: R 400.15304			
Individual choice regarding services and supports, and who provides them, is facilitated.	Compliant	MCL 330.1712 - Individualized Written Plan of Services mcl-330-1712 Michigan Self-Determination Policy & Practice Guideline: Introduction, Page 14: definitions on "Freedom" and "Self-determination": Michigan Self-Determination Policy & Practice Guideline			
	Compliant	See Appendix A for the Michigan Medicaid Provider Manual 2.4 STAFF PROVIDER QUALIFICATIONS: Providers of specialty services and supports (including state plan, HSW, and additional/B3) are chosen by the beneficiary and others assisting him/her during the person-			Start on 11/07/2016 Effective on 07/01/2018 Complete

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		centered planning process, and must meet the staffing qualifications contained in program sections in this chapter.			
	Compliant	<p>See Appendix C - Licensing Rules</p> <p>Licensing Rules for Adult Foster Family Homes: Rule 7: R 400.1407(2) - (6)</p> <p>Licensing Rules for Adult Foster Care Small Group Homes: Rule 301: R 400.14301(6)</p> <p>Licensing Rules for Adult Foster Care Large Group Homes: Rule 301: R 400.15301</p>			Completed
	Compliant	<p>See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts</p>			Completed

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			
Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the	Compliant	See Appendix C - Licensing Rules Licensing Rules for Adult Foster Family Homes: Rule 7: R 400.1407(12) through (15) Licensing Rules for Adult Foster Care Large Group Homes: Rule 302: R 400.15302	MDHHS Created an addendum to the current standard residency agreement for adult foster care settings. Joint Guidance MDHHS is reviewing the tenancy of the JGD in response to a stakeholder communication to CMS. Summary of Resident Rights	Created document in junction with Department of Licensing and Regulatory Affairs (LARA), stakeholders. Engaged in public comment with residency agreement. Implement residency agreement with adult foster care family homes. MDHHS Continues to work with LARA to incorporate policy language into the Medicaid Provider	11/01/2016 thru 02/01/2017 Complete Target Date: 12/1/2018

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Section 1: Assessment Process

Section 1a: Systemic Assessment					
Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.				Manual regarding Emergency and Non-Emergency Involuntary Discharge. Regulations and policy will be promulgated	

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have	Compliant	See Appendix A for the Michigan Medicaid Provider Manual	Team created a Home and Community Based Services Chapter in the MPM.	Promulgated 1/1/2018 Available online at within the Medicaid Provider Manual in the Home and Community Based Section: Medicaid Provider Manual HCBS Chapter	Start on 11/07/2016 Effective on 07/01/2018 Completed

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entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Compliant	<p>See Appendix C - Licensing Rules</p> <p>Licensing Rules for Adult Foster Family Homes: Rule 9: 400.1409(1)(p)</p> <p>Licensing Rules for Adult Foster Care Small Group Homes: Rule 407: R 400.14407 Rule 408: R 400.14408</p> <p>Licensing Rules for Adult Foster Care Large Group Homes: Rule 407: R 400.15407 Rule 408: R 400.15408</p>			Completed

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	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting.	Compliant	See Appendix A PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices. Michigan Person-Centered Planning Policy and Practice Guideline			Completed

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		Michigan Self-Determination Policy & Practice Guideline: Page 14: definitions on “Freedom” and “Self-determination”: Michigan Self-Determination Policy & Practice Guideline			
	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed

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	Compliant	<p>See Appendix C - Licensing Rules</p> <p>Licensing Rules for Adult Foster Family Homes: Rule 9: R400.1409 Rule 31: R 400.1431</p> <p>Licensing Rules for Adult Foster Care Small Group Homes: Rule 301: R 400.14301 Rule 408: R 400.14408</p> <p>Licensing Rules for Adult Foster Care Large Group Homes: Rule 301: R 400.15301 Rule 408: R 400.15408</p>	<p>MDHHS Created an addendum to the current standard residency agreement for adult foster care settings. Joint Guidance</p> <p>Joint Guidance</p>	<p>Created document in conjunction with Department of Licensing and Regulatory Affairs, stakeholders.</p> <p>Engaged in public comment with residency agreement.</p>	<p>10/01/2017 Completed</p>
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Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Compliant	See Appendix C - Licensing Rules Licensing Rules for Adult Foster Family Homes: Rule 9: 400.1409(1)(j) Licensing Rules for Adult Foster Care Small Group Homes: Rule 410: R 400.14410 Licensing Rules for Adult Foster Care Large Group Homes: Rule 410: R 400.15410			
	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
Provider owned or controlled residential and nonresidential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	Compliant	See Appendix C - Licensing Rules Licensing Rules for Adult Foster Family Homes: Rule 9: R 400.1409(1)(h) Rule 19 R 400.1419 Licensing Rules for Adult Foster Care Small Group Homes: Rule 304: R 400.14304 Rule 313: R 400.14313 Licensing Rules for Adult Foster Care Large Group Homes: Rule 304: R 400.15304 Rule 313: R 400.15313			Complete

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	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
Provider owned or controlled residential settings: Individuals are able to have visitors of their choosing at any time.	Compliant	See Appendix C - Licensing Rules Licensing Rules for Adult Foster Family Homes: Rule 9: 400.1409(1)(k) Licensing Rules for Adult Foster Care Small Group Homes: Rule 304: R 400.14304 (k) Licensing Rules for Adult Foster Care Large Group Homes: Rule 304: R 400.15304			Completed
	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver			Completed

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			
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	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed

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privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution.	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed
Standards for Non-residential Settings	Compliant	Adult Day Care: MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Complete

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		<p>See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual</p> <p>Out of Home Non Vocational Habilitation: Section 15 in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM</p> <p>Medicaid Provider Manual</p> <p>Prevocational Service: Section 15 in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM</p>			

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

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
		Skill Building Assistance Section 17.3.J in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual Supported Employment: Section 17.3.L in Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of MPM Medicaid Provider Manual			
Home and community-based settings do not include the following: a nursing	Compliant	MCL 400.703(4): mcl-400-703			Complete

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Regulation	Status	Codes, Policies, MPM	Remediation Required	Action Steps	*Timeline
facility; institution for mental diseases; an intermediate individuals with intellectual disabilities; a hospital.	Compliant	See Appendix A for the Michigan Medicaid Provider Manual			Start on 11/07/2016 Effective on 07/01/2018 Completed
	Compliant	See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual			Completed

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Section 1b: Systemic Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.0	All waivers	Review state policies, procedures, Medicaid provider manual, and standards	Review state policies, procedures, Medicaid provider manual, and standards to ensure compliance with the HCBS Final Rule.	12/01/2014	01/31/2015 Complete	CMS HCBS guidelines	BHDDA, MSA, waiver entities, waiver providers, MDHHS, LARA, ORR, Waiver participants, advocacy groups

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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 http://www.michigan.gov/documents/mdch/CMS Letter on STP 499980 7.pdf</p> <ul style="list-style-type: none"> • Michigan continues to require that children live in family homes/family foster homes prior to being approved for access to the waiver. • Ongoing compliance with waiver and HCBS requirements is monitored at least monthly by the Wraparound coordinator/case manager • MDHHS does not plan to add new setting types to the waiver, so this review is considered complete. 	12/01/2014	01/31/2015 Complete	Licensing standards for residential settings , provider contracts, site review protocols, waiver policies, provider monitoring protocols	MDHHS Federal Compliance Section, BHDDA

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.2	MI Choice Waiver	Review contracts	<p>MI Choice: Contracts were reviewed and updated to include the HCBS rule. As of FY 2017, MI Choice updated the contracts requiring that all new providers must be in compliance. The FY 2018 contracts included the provider specifications and the language was finalized 07/31/2017.</p> <p>See Appendix B – Contract Information for changes made to the MI Choice Contract. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual</p>	MI Choice: 01/01/2017	<p>MI Choice: Contract review was completed on 08/31/2015;</p> <p>New contracts with this language was finalized by 07/31/2017 for FY 20198 and are now in effect. This is complete</p>	MDHHS/MI Choice Waiver Agent contracts	MSA, BHDDA, waiver entities.

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
1.3a	Habilitation Supports Waiver	Review contracts	HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/2015	10/01/2015 - Complete	MDHHS/PIHP contracts,	MSA, BHDDA, waiver entities.
1.3b	MSS&S Waiver -§1915(b)(3)	Review contracts	MSS&S Waiver - §1915(b)(3): The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/2015	10/01/2015 - Complete	MDHHS/PIHP contracts,	MSA, BHDDA, waiver entities.
1.4	All Waivers	Review Medicaid Provider Manual	<p>The Medicaid Provider Manual was silent on the rule. New language was added by 7/1/2018 to include the language from the Final Rule.</p> <p>Medicaid Provider Manual Chapter promulgated.</p> <p>See Appendix A for the Michigan Medicaid Provider Manual</p>	09/01/2014	Completed on 07/01/2018	Medicaid Provider Manual	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	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	MI Choice Waiver Application	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups
1.6	Habilitation Supports Waiver	Review waiver application	MDHHS submitted the HSW Waiver amendment to CMS following public comment period on the transition plan.	10/01/2014 Dependent on Approval for Statewide Transition Plan	12/17/2014 Dependent on Approval for Statewide Transition Plan	HSW Final Renewal Application -10-12010.pdf	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
1.7	MSS&S Waiver -§1915(b)(3)	Review waiver application	MDHHS submitted a §1115 waiver.	Dependent on Approval for Statewide Transition Plan	Dependent on Approval for Statewide Transition Plan	Managed Specialty Services and Supports Waiver	MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups
1.8	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</p>	12/30/2014	12/30/2014 - Completed	Waiver Document	MDHHS Federal Compliance Section, BHDDA, MSA

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			the waiver, so this review is considered complete.	Dependent on Approval for Statewide Transition Plan	Dependent on Approval for Statewide Transition Plan		
2.0	MI Choice Waiver	Review MI Choice Provider Monitoring Tool	The MDHHS Provider Monitoring Tool was reviewed and MDHHS found it does not conflict with the rule. MDHHS revised the tool on 10/01/2015 (for inclusion into FY 2016 MI Choice contract) to include information about whether the setting had gone through the HCBS assessment process and further asking how the setting plans to come into	09/01/2014	Completed 07/31/2017	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>Beginning October 1, 2017, waiver agencies were required to use the Provider Assessment Tool that MDHHS added to the Provider Monitoring Tool to monitor settings. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR§441.301(c)(4).</p> <p>The MI Choice contract can be found online at EGrams website: https://egramsmi.com/mdhhs/User/home.aspx. The settings have gone through the HCBS assessment process and further ask how the setting</p>				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			plans to come into compliance with the rule, if not yet in compliance. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual				

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Section 1c: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
2.1	Habilitation Supports Waiver	Develop provider self-assessment tool	<p>BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate setting conformity to HCBS rules. The Developmental Disabilities Institute of Wayne State University (DDI) will validate the results of this survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into provider enrollment policy and contracts.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential settings, that is statistically significant to the 95% confidence interval (pilot project)</p> <p>MDHHS is surveying all residential and non-</p>	10/01/2014	04/13/2015 – Complete	For more information about CMS exploratory tool and state developed assessment tools, see the Michigan HCBS website for all survey tools.	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups
				04/01/2016	01/31/2017 Complete		

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Section 1c: Setting Assessment							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			residential settings in two Phases.				
2.2	MSS&S Waiver §1915(b)(3)	Develop provider self-assessment tool	<p>BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate setting conformity to HCBS rules. The tool aligns with the HSW Survey Tool. DDI will validate the results of this survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into provider enrollment policy and contracts.</p> <p>The waiver entities will survey all providers for CLS, Skill Building and Supported Employment.</p>	10/01/2014	04/13/2015 Complete	For more information about CMS exploratory tool and state developed assessment tools, see the Michigan HCBS website for all survey tools.	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups
				05/01/2017	09/30/2018 Complete		

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
3	Habilitation Supports Waiver	Develop participant survey tool		10/01/2014	04/13/2015 -completed	For more information about CMS exploratory tool and state developed assessment tools, see the Michigan HCBS website for all survey tools.	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW participants
3.1	MSS&S Waiver §1915(b)(3)	Develop participant survey tool		10/01/2015	05/01/2017 Completed	For more information about CMS exploratory tool and state developed assessment tools, see the Michigan HCBS website for all survey tools.	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, MSS&S W participants

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
4	Habilitation Supports Waiver	Develop PIHP survey tool	<p>BHDDA will develop a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for HSW PIHP coordinators to evaluate conformity to and compliance with HCBS rules. The tool will be incorporated into provider enrollment policy and contracts.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential settings, that is statistically significant to the 95% confidence interval.</p>	10/01/2014	04/13/2015 Completed	For more information about CMS exploratory tool and state developed assessment tools, see the Michigan HCBS website for all survey tools.	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
5	MI Choice Waiver	Develop MI Choice Waiver survey tool	MDHHS MI Choice developed a tool as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders for waiver agencies to use while evaluating provider conformity to and compliance with HCBS rules.	01/01/2015	Completed 04/01/2015	For more information about CMS exploratory tool and state developed assessment tools, see the Michigan HCBS website for all survey tools.	BHDDA, MSA, DDI, waiver entities, providers, waiver participants, advocacy groups
6	Habilitation Supports Waiver	Obtain active list of residential settings	BHDDA will identify the types of HSW residential services and the characteristics of the settings. During the preliminary assessment, MDHHS will draw a random proportionate sample that is statistically significant to the 95% confidence level from the participants who received residential services. The sample will be used for disseminating the PIHP, setting, and beneficiary surveys that	08/01/2014	04/01/2015 submitted to CMS Complete	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
			are described in item 5-7 of the Assessment section of the transition plan. Completed – The list was submitted to CMS in April 2015				
6.1	MSS&S Waiver §1915(b)(3)	The Waiver Entities will obtain active list of providers of CLS, Skill Building and Supported Employment	Identify the types of §1915(b)(3) services (CLS, Skill Building and Supported Employment) and the characteristics of those services.	03/01/2017	9/30/2018 Complete	Waiver Entity EMR, WSA and Data Warehouse	Waiver Entities and contracted entities

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
6.2	Habilitation Supports Waiver	Obtain active list of non-residential 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 that was statistically significant to the 95% confidence level from the participants who received non-residential services. The sample was used for disseminating the PIHP, setting, and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan.</p> <p>This sampling methodology is no longer utilized because ALL surveys are validated at the setting level and connected back to the participant through the process outlined in detail in Row 14</p> <p>Completed – The list was submitted to CMS in April 2015</p>	08/01/2014	04/01/2015 Complete	HCPCS codes of out of home non vocational, pre vocational, and supported employment services billed to HSW	MDHHS Federal Compliance Section, BHDDA

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
6.3	MI Choice Waiver	Identify all provider-controlled and owned residential and non-residential settings	<p>MDHHS worked with waiver agencies to compile a list of all settings currently used within the MI Choice Waiver provider network.</p> <p>Participants private homes are presumed compliant with the rule.</p>	07/01/2014	Completed 07/31/2014	Waiver agency provider networks	MDHHS Medicaid LTC Division: HCBS Section and LTC Policy section, MI Choice waiver agencies
7.0	Children's Waiver Program	Assess settings covered by the waiver	<p>MDHHS conducted a preliminary assessment of the types of CWP residential and non-residential services and the characteristics of the settings.</p> <p>Family homes have presumed compliance with the rule.</p>	12/01/2014	03/01/2015 Completed	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
7.1	Children with Serious Emotional Disturbances Waiver	Assess settings covered by the waiver	<p>MDHHS conducted a preliminary assessment of the types of SEDW residential and non-residential services and the characteristics of the settings.</p> <p>Family homes and independent living settings (not provider-owned or operated) have presumed compliance with the rule. Family homes and independent living settings are private homes.</p> <p>Foster Family homes, per licensing rules, also meet the HCBS regulatory requirements. Foster family homes have four or fewer foster children. Supervision and care is done by the foster parent and the child is treated as a family member with the same rights as any other child in the home. As part of the licensing process there is an interview with the parent about expectations and commitment to the child as being a family member. In addition, there is ongoing monthly monitoring by the foster care worker via interview with the child. No further</p>	12/01/2014	03/01/2015 Completed	State of Michigan Licensing Law and Rules	MDHHS Federal Compliance Section, BHDDA

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			assessment or remediation activity is needed.				
8.0	Habilitation Supports Waiver and MSS&S Waiver §1915(b)(3)	Administer survey tools	MDHHS is surveying all residential (provider owned or controlled) and nonresidential settings in two Phases: Residential Settings include: <ul style="list-style-type: none"> • Licensed specialized residential homes • Licensed general residential home • Private residence that is owned or controlled by the 	04/01/2016	01/31/2017 Complete	BHDDA developed survey tools	MDHHS Federal Compliance & Performance Measurement Section

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			<p>PIHP, CMHSP, or the contracted provider.</p> <p>Non-Residential Services include:</p> <ul style="list-style-type: none"> • Out of Home Non-Vocational Habilitation • Prevocational Service • Supported Employment <p>MSS&S services and settings for beneficiaries age 21 and over who are receiving:</p> <ul style="list-style-type: none"> • CLS in provider owned or controlled settings • Supported Employment • Skill Building <p>100% of setting surveys will be validated</p> <p>Compliant settings will have responses validated by the waiver entity. Upon validation work any settings that are found out of compliance or that should be moved to HS will be moved and corrective action work following the normal protocol will occur. This process is ongoing and completion is expected 7.1.2022. The waiver entities have completed their validation work.</p>	6/1/2020	7.1.2022		

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p><u>HSW: Validation</u></p> <p>HWS Residential : MDHHS has validated the responses of 12 residential settings</p> <ul style="list-style-type: none"> • Specialized Residential – 1 setting • Homes owned/operated by CMHSP/PIHP – 10 settings • Adult Foster Care – 1 setting <p>HSW Non -Residential: MDHHS has validated 32 Nonresidential settings. Because some settings provide more than one service the setting is represented more than one time therefore the number of remediated settings provided exceeds total number of setting identified.</p> <ul style="list-style-type: none"> • Supported Employment: 22 • Out of Home Non-Vocational 10 • Pre-vocational settings 9 	1/1/2020	3/1/2021 completed		
				10/1/2019	12/1/2022		

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>HSW Remediation:</p> <p>HWS Residential : MDHHS has remediated the responses of 744 residential settings</p> <ul style="list-style-type: none"> • Specialized Residential: 527 • Homes owned/operated by CMHSP/PIHP: 4 • Adult Foster Care:174 • Private residencies: 39 <p>HSW Non -Residential: MDHHS has remediated 125 Nonresidential settings. Because some settings provide more than one service the setting is represented more than one time therefore the number of remediated settings provided exceeds total number of setting identified.</p> <ul style="list-style-type: none"> • Supported employment 30 • Out of Home Non-Vocational:80 • Pre-vocational settings:58 				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>MSS&S: Validation and Remediation</p> <p>MDHHS has validated the responses of 126 settings</p> <ul style="list-style-type: none"> • Skill Building: 95 community-based settings • Supported Employment: 40 community-based settings • Community Living Supports: 61 community based settings <p>MDHHS has remediated 853 non-compliant settings Because most service providers or this type provide more than one service type per setting the number of remediated services provided exceeds total number of setting identified.</p> <ul style="list-style-type: none"> • Skill Building: 582 • Supported Employment: 168 • Community Living Supports: 760 				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>Out of compliance settings: Settings that are out of compliance will be validated through the corrective action planning process with the waiver entities. This step has been completed for HSW and MSS&S</p> <p>Settings that require Heightened Scrutiny: 100% of HS settings will undergo onsite reviews. Evidence will be gathered by Michigan State University-Institute for Health Policy who are contracted with MDHHS to gather evidence related to the HS status of settings. 100% of settings will be validated. Evidence gathered will be forward to MDHHS and the HS review process will continue with end date of 12.1.2022</p>				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
8.2	MSS&S Waiver §1915(b)(3)	Administer self-assessment	Waiver providers were required to conduct self-assessments of their settings to determine compliance with new rule or need for corrective action. This included collecting feedback from participants. Participant responses are connected back to the specific settings. BHDDA oversaw the process	03/01/2017	09/30/2018 Complete	BHDDA developed survey tools, input from providers	BHDDA, providers, DDI, advocacy groups
8.3	MI Choice Waiver	Assess all settings	MDHHS MI Choice assessed 100% of our providers and requires all future providers to be assessed. MI Choice process of assessing providers includes: 100% of all providers must have an on-site visit and survey by trained waiver agency staff. The waiver agencies must visit, administer, and complete the survey using the provider tools as part of the survey process. Waiver agencies interview provider staff and participants/residents to ensure the provider is compliant with the Final Rule. Waiver agencies will gather and review all documents (leases, agreements, house rules, etc.) and make sure they comply	12/31/2015	Assessments completed on 03/31/2017 for all current providers. New providers will be required to be assessed and meet compliance before they can be a provider.	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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			<p>with the Final Rule. The Waiver Agencies forward all survey’s and documents to MDHHS for MDHHS review and determine if the setting is compliant with the Final Rule. If it is determined the setting is non-compliant, waiver agencies will work with the providers on becoming compliant. Once the provider is compliant, a new survey will be conducted and sent to MDHHS for review to determine compliance. As of 3/17/2019, all new providers must be in immediate compliance. Methods of validation from MDHHS include 100% review of provider responses and survey, review of documentation & survey’s, on-site reviews, and/or MDHHS site reviews. To ensure continued compliance, all providers will be reviewed for setting compliance each year at a minimum. Waiver agencies will verify that the providers continue to meet all criteria under the CMS HCBS Final Rule by</p>		3/31/2017	Complete. Compliance monitoring will be ongoing to ensure providers continue to meet compliance.	

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>conducting site visits and new survey’s each year. MDHHS will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews.</p> <p>MDHHS MI Choice has trained the Waiver agencies in the final rule and the expectations of the State of Michigan related to the quality of services and supports provided to HCBS participants. Additionally, bi weekly phone meetings and monthly Waiver Director Meetings are used to provide ongoing technical assistance and to develop consistency across regions. Beginning October 1, 2017, waiver agencies began using the provider assessment tool that MDHHS added to the Provider Monitoring Tool to monitor settings. MDHHS also added wording in Attachment J</p>				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>to require waiver agencies to assess whether the provider complies with 42 CFR §441.301(c)(4).</p> <p>See Appendix B – Contract Information for information on the MI Choice Contract. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual</p> <p>MDHHS incorporated HCBS settings requirements into quality reviews, provider monitoring, and consumer satisfaction surveys to identify areas of non- compliance. Each of these processes includes an examination of provider-controlled settings as appropriate to assure all settings adhere to the</p>				

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			<p>ruling.</p> <p>Residential Settings include:</p> <ul style="list-style-type: none"> ▪ Assisted Living Facilities ▪ Adult Foster Care ▪ Homes for the Aged ▪ Independent Retirement apartments <p>Non-Residential Settings include:</p> <ul style="list-style-type: none"> ▪ Adult Day Care sites <p>The state provided training to the waiver agencies and to the housing specialists who conduct the on-site assessments, 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. MI Choice will continue to</p>				
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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			<p>provide training and guidance to waiver agencies and providers as part of our ongoing compliance efforts.</p> <p>See attached webinar presentations and Q&A document. These documents are available online at:</p> <p>http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html</p>				

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9.0	Habilitation Supports Waiver	Submission of sampling methodology survey results to BHDDA	All active enrolled HCBS providers and HSW PIHP coordinators will submit the data from the assessment tool to Developmental Disabilities Institute. HSW enrollees will be given the opportunity to submit the assessment tool, through an online survey link provided to their support coordinator who then meets with the beneficiary with assistance from their family and other natural supports, to complete the survey, however will not be required to do so. Survey will include a prompt to indicate the relationship of the person assisting, as appropriate.	04/01/2015	05/30/2015 Completed	Assessment tool, Provider Network, PIHP HSW coordinators, beneficiary	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC
9.1	MSS&S Waiver §1915(b)(3)	Submission of survey results to BHDDA	All active enrolled HCBS providers and PIHP coordinators will submit the data from the assessment tool to Developmental Disabilities Institute. MSS&S enrollees will be given the opportunity to submit the assessment tool, through an online survey link provided to their support coordinator who then meets with the beneficiary with assistance	07/01/2017	09/30/2018 Complete	Assessment tool, Provider Network, HCBS Leads.	Waiver entities and contracted entities.

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			from their family and other natural supports, to complete the survey with assistance from their family and other natural supports, however will not be required to do so. Survey will include a prompt to indicate the relationship of the person assisting, as appropriate.				
10.0	Habilitation Supports Waiver	Compile and analyze assessment data from the sampling Methodology	BHDDA will compile the data from settings, beneficiaries, and PIHP HSW coordinators to determine those HCBS settings that meet, do not meet, and could come into compliance with HCBS settings requirement. 100% setting validation as outlined in Row 8.0 will occur.	06/01/2015	09/30/2015 -completed	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC
10.1	Habilitation Supports Waiver	Compile, analyze, and review assessment data. Report findings to stakeholders	BHDDA will present the results of the assessment data to stakeholders and post results on the MDHHS website (pilot project).	09/01/2015	11/30/2015 Completed	Self-Assessment tool, data analysis	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA,

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							Provider networks, QIC, waiver participants, waiver entities, advocacy groups
10.2	MI Choice Waiver	Compile, analyze, and review assessment data. Report findings to stakeholders.	Compiled the data from settings and beneficiaries to determine those HCBS settings that meet, do not meet, and could come into compliance with HCBS guidance. MDHHS will present the results of the assessment data to stakeholders.	01/20/2016	Completed 09/30/2017	Self-Assessment tool, data analysis	MSA, waiver entities, settings, waiver participants, and advocacy groups
11	MI Choice	Determine compliance of residential and non-residential settings.	Participants’ private homes are compliant with the Federal requirements. It is the presumption that privately owned or rented homes and apartments of people living with family members, friends, or roommates meet the home and community-based settings requirements if they are integrated in typical community neighborhoods	03/31/2016	09/30/2017 - ongoing	Waiver Agencies,	MSA, waiver entities, providers, waiver participants, and advocacy groups

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			<p>where people who do not receive home and community-based services also reside. Provider owned and/or operated locations do not meet the provider requirements and will need to be assessed for compliance.</p> <p>The following settings are non-compliant: hospitals, nursing facilities, and institutions for mental diseases. None of the MI Choice participants reside in hospitals, nursing facilities, or institutions for mental diseases. Regulations prohibit enrollment in MI Choice while residing in nursing facility or an institution for mental diseases. Individuals do not reside in hospitals, but may be temporarily admitted for medical treatment.</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</p>	01/01/2017	Completed 06/30/2017		

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			<p>to compliance with waiver agencies during monthly Waiver Director Meetings, bi-weekly conference calls, quarterly Quality Management</p> <p>Collaboration meetings, the distribution of and through technical assistance as needed when issues occur. See attached webinar presentations and Q&A document.</p> <p>This document is available online at: http://www.michigan.gov/dhhs/0,5885,7-339-71547_2943_4857_504516263--_00.html</p> <p>The results of the assessment are posted in Assessment Results section.</p> <p>Michigan created an HCBS chapter to be included in the Michigan Medicaid provider manual that states reverse integration in and of itself is an insufficient strategy for assuring beneficiaries have access</p>			Complete	
			<p>Michigan created an HCBS chapter to be included in the Michigan Medicaid provider manual that states reverse integration in and of itself is an insufficient strategy for assuring beneficiaries have access</p>			Complete	

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			<p>to the broader community. Any setting that only has reverse integration in place will need to expand the access of the beneficiaries to the broader community as part of their remediation plans to come into full compliance with the setting criteria.</p> <p>MI Choice has furnished tailored technical assistance to residential and non-residential providers based on the results of the provider assessment survey analysis. This process utilizes the exploratory questions identified by CMS to determine whether settings are HCBS compliant and to assess whether they will require a Heightened Scrutiny review. Topics that have identified based on the results of the provider assessment include a basic overview of the HCB settings requirements, with particular attention paid to community integration, reverse integration, beneficiary rights and choices, and person-centered</p>			Ongoing compliance monitoring will continue	

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			<p>planning. These topics have been covered through bi-weekly phone calls, monthly waiver director meetings, on-site technical assistance training, and via materials posted to our state-specific HCBS Settings website. MI Choice expects this dialogue to be ongoing throughout the assessment process.</p> <p>100% or MI Choice settings will be reviewed for HCBS Final Rule compliance every year, at a minimum, using the MDHHS survey monitoring tool. MI Choice developed a tool, as guided by the CMS Exploratory Questions Tool for providers to evaluate conformity to HCBS rules. The tool aligns with the MI Choice Survey Tool. MI Choice staff will validate 100% of the results of the survey via on-site assessments conducted by trained waiver agency staff. The Waiver Agencies will visit, administer and</p>				

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			<p>complete the survey and assessment using the provider tools as part of the survey process. 100% of providers will have an on-site visit and survey. Methods of validation include 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews. MDHHS will continue to make the determination for compliance or non-compliance with the HCBS Final Rule. All settings will be reviewed for settings compliance every year at a minimum using the MDHHS survey monitoring tool. Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. In addition, all new settings and settings that changed ownership must be resurveyed and the results sent to MDHHS, so MDHHS can determine compliance or non-compliance. As of 3/17/2019, MDHHS requires all new settings must be in immediate compliance. The State will ensure ongoing compliance by auditing a</p>				
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			<p>statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews.</p> <p>Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews.</p>				
12.0	Habilitation Supports Waiver	Assess settings on a statewide basis	PIHPs contract directly with providers. Waiver entities will be required to conduct on-site assessments of all settings to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. Waiver entities will report this data to BHDDA. The	04/01/2016	01/31/2017 Complete – ongoing monitoring will continue	Assessment tool, Input from providers	MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks,

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			<p>HSW survey tools will be used for the assessment.</p> <p>Residential Settings to be assessed include:</p> <ul style="list-style-type: none"> ▪ Group Home: Specialized AFC ▪ Provider owned or controlled settings <p>Settings to be assessed where Non-Residential Services are delivered include:</p> <ul style="list-style-type: none"> ▪ Out of Home Non Vocational Habilitation ▪ Prevocational Service Supported Employment <p>CLS in provider owned or controlled settings</p>				QIC, waiver participants, waiver entities, advocacy groups
12.1	MSS&S Waiver §1915(b)(3)	Assess settings on a statewide basis	PIHPs contract directly with providers. The waiver entities will be required to conduct on-site assessments of all settings to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. The waiver entities will report this data to BHDDA. The	03/01/2017	09/30/2018 Completed – ongoing monitoring will continue	Assessment tool, Input from providers	Waiver entities and contracted entities.

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			<p>§1915(b)(3) survey tools will be used for the assessment.</p> <p>Assessment of settings for beneficiaries age 21 and over include:</p> <ul style="list-style-type: none"> ▪ Supported Employment ▪ Skill Building <p>CLS in provider owned or controlled settings</p> <p>Which would include settings where the beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual),</p>				
12.2	Habilitation Supports Waiver	Compile, analyze, and review assessment data.	<p>MDHHS will compile the data from settings and beneficiaries to determine those HCBS settings that meet, do not meet, and could come into compliance with HCBS guidance.</p> <p>MDHHS BHDDA utilizes the survey data gathered from waiver participants, specific to a particular setting, to validate (match) responses of settings found compliant to assess mismatching ongoing through available reporting</p>	01/01/2016	01/01/2018 Complete	Self-Assessment tool, data analysis	MSA, waiver entities, providers, waiver participants, and advocacy groups

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			HCBS waiver data applications. If a mismatch occurs the setting response cannot be validated and additional validation work through the waiver entity will commence. If any responses from waiver participants served by the setting do not match the setting survey then the setting response cannot be validated through this process and additional validation methods must be used.				
12.3	MSS&S Waiver §1915(b)(3)	Compile, analyze, and review assessment data.	Waiver entities will compile the data from settings to determine those HCBS settings that meet, do not meet, and could come into compliance with HCBS guidance. MDHHS BHDDA utilizes the survey data gathered from waiver participants, specific to a particular setting, to validate (match) responses of settings found compliant to assess mismatching ongoing through available reporting HCBS waiver data applications. If a mismatch occurs the setting response cannot be validated and additional validation work through the waiver entity will commence. If any responses from waiver participants served by the setting do not match the setting survey then the setting response cannot be	03/01/2017	09/30/2018 Completed	Self-Assessment tool, data analysis	BHDDA, MSA, waiver entities, settings, waiver participants, and advocacy groups

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			validated through this process and additional validation methods must be used				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

13.0	MI Choice Waiver	Design statewide remediation strategy	<p>MDHHS designed a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach, site surveys, technical assistance and consultation, and corrective action plans.</p> <p>Outreach and education efforts continue with presentations at conferences and stakeholder meetings to keep stakeholders informed regarding progress toward HCBS compliance</p> <p>MDHHS continues to hold regularly scheduled meetings with waiver agencies to discuss needs and current efforts underway in our transition process.</p> <p>MDHHS staff are collaborating with other</p>	12/01/2015	06/30/2016 Complete	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, 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>MDHHS staff to update policy language including an amended HCBS Medicaid Provider Manual, updates of service code descriptions to strengthen compliance with HCBS rule and ongoing efforts to update and maintain a comprehensive webpage dedicated to HCBS efforts and that provide a variety of education materials and resources for stakeholder with various perspectives including those of participants, their families and service providers.</p> <p>MDHHS has created and posted HCBS information and tools and on Michigan's HCBS website. These tools are available to any interested parties on the HCBS Transition webpage.</p> <p>MDHHS staff updated policy language including</p>				
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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			an amended HCBS Medicaid Provider Manual, updates of service code descriptions to strengthen compliance with HCBS rule and ongoing efforts to update and maintain a comprehensive webpage dedicated to HCBS efforts and that provide a variety of education materials and resources for stakeholder with various perspectives including those of participants, their families and service providers.				
13.1	Habilitation Supports Waiver and MSS&S Waiver §1915(b)(3)	Design statewide remediation strategy	MDHHS has developed and implemented a review process that surveys both the settings and participants of the HSW. This process utilizes the exploratory questions identified by CMS to determine whether settings are HCBS compliant and to assess whether they will	12/01/2015	06/30/2016 Completed	CMS HCBS guidelines	BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups

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			<p>require a Heightened Scrutiny review.</p> <ul style="list-style-type: none"> Licensed specialized residential homes <p>Private residences that are owned and/or controlled by the PIHP, CMHSP or the contracted provider.</p> <p>MSS&S settings that will be assessed are:</p> <ul style="list-style-type: none"> CLS in provider owned or controlled settings Supported Employment Skill Building <p>MDHHS BHDDA has supported stakeholders in the development of readiness tools to support waiver entities and providers in making the necessary changes to services and supports to move to full</p>		Completed		
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			<p>and current efforts underway in our transition process.</p> <p>Efforts are underway to collaborate with state level groups focused on housing needs.</p> <p>BHDDA continues to work with state level employment specialists to ensure future updates on employment policy are in compliance with HCBS requirements</p> <p>BHDDA staff are collaborating with other MDHHS staff to update policy language including an amended HCBS Medicaid Provider Manual, updates of service code descriptions to strengthen compliance with HCBS rule and ongoing efforts to update and maintain a comprehensive webpage</p>		<p>Ongoing activity</p> <p>Ongoing activity</p> <p>Ongoing activity</p>		
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			dedicated to HCBS efforts and that provide a variety of education materials and resources for stakeholder with various perspectives including those of participants, their families and service providers.				
14	All Waivers	Develop a list of settings based upon current compliance status	<p>MDHHS will develop a list of settings that are:</p> <ul style="list-style-type: none"> • assumed to be in compliance • out of compliance (but may come into compliance) <p>MI Choice Waiver Agencies visited and completed an evaluation for all settings using the provider tools as part of the survey process. 100% of MI Choice providers had an on-site</p>	03/01/2017	Completed 1/31/2017 - MI Choice Waiver	CMS HCBS guidelines	BHDHA, MSA, waiver entities, waiver providers, MDHHS, LARA, ORR, Waiver participants, admnpvocacy groups

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			visit and survey. MI Choice reviewed and validated 100% of all survey's, documentation, and pictures collected to determine if the setting is compliant. MI Choice and Wavier Agencies worked with non-compliant settings and remediated all non-compliant issues and remediated all non-compliant issues with education and training. This process was completed by 3/17/2019. All new settings after 3/17/2019 will go through the process as outlined above. None of the MI Choice settings were removed for non-compliance. All MI Choice settings were either compliant, remediated and are now compliant, or are in the Heightened Scrutiny process. All MI Choice settings in the HS process		Completed 3/17/2019 Completed 3/17/2019 Completed 3/17/2019		
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			<p>have remediated all non-compliant issues but remain in Heightened Scrutiny because they are attached to or on the same campus as a nursing home only.</p> <p>The MI Choice settings we determine requiring Heightened Scrutiny will undergo the Heightened Scrutiny process. After reviewing all our settings, MI Choice determined all our settings requiring Heightened Scrutiny require Heightened Scrutiny due to being the setting being attached to or on the same grounds as a nursing facility.</p> <p>For the MI Choice Heightened Scrutiny process, evidence will be gathered by an independent designee of MDHHS. 100% of settings requiring Heightened Scrutiny will be visited and evidence</p>	03/01/2017			
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			<p>will be gathered. Documentation will be gathered, pictures will be taken, interviews conducted, survey's documentation, compliance will be validated. MI Choice will have an independent review commit review the collected data to determine if documentation supports setting meeting the Final Rule. Settings passing the Heighted Scrutiny review will be posted to the MI Choice website for a 30-day public comment before submitting to CMS for review.</p> <p>MI Choice Waiver: As of 6/14/2022, there are a total of 936 residential settings that have been assessed and submitted to the MDHHS. (Residential settings include Adult Foster Care, Home for the Age, Assisted Living,</p>	10.1.2018	Complete		
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			<p>Independent Living, or any other provider owned or controlled setting). MDHHS completed reviews of all 936 of these settings. Of the 936 reviewed, 927 were found in compliance with the CMS Final Rule. The remaining 9 have been identified as requiring heightened scrutiny. (See chart on page 182-183)</p> <p>As of 6/14/2022, there a total of 94 total non-residential settings that have been assessed and submitted to MDHHS. MDHHS completed reviews of all 94 of these settings. (Non-residential settings include all Adult Day Programs. MI Choice does not have any other non-residential settings) Out of 94 reviewed, 91 were found in compliance with the CMS Final Rule. The remaining 3 have</p>			Total amended 12.2020 to reflect corrected survey errors	
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			<p>been identified as requiring heightened scrutiny. (See chart on page 182-183)</p> <p>Results of MI Choice assessment process:</p> <p>Full compliance: Residential: 936 settings (Residential settings include Adult Foster Care, Home for the Age, Assisted Living, Independent Living) Non-residential: 94 settings (non-residential are Adult Day Programs)</p> <p>Do not comply but could come into compliance: Residential: 0 settings Non-residential: 0 settings</p> <p>Require Heightened Scrutiny: Residential: 9 settings (Residential settings include Adult Foster Care, Home for the Age,</p>				
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			<p>Assisted Living, Independent Living) Non-residential: 3 settings (non-residential are Adult Day programs)</p> <p>The numbers on Row 14 for HSW and MSS&S have been updated to reflect changes due to: 1) settings being closed; and 2) change on settings status after completion of corrective action or validation of survey data via desk review or site review.</p> <p>Habilitation Supports Waiver (HSW): MDHHS has surveyed all HSW settings and participants. This list has been shared with the PIHP leads who will work with settings that are</p>				
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			<p>noncompliant to develop remediation plans</p> <p>Results of HSW assessment process:</p> <p><u>HSW: Validation and Remediation</u></p> <p>HWS Residential : MDHHS has <i>validated</i> the responses of 12 residential settings</p> <ul style="list-style-type: none"> • Specialized Residential – 1 setting • Homes owned/operated by CMHSP/PIHP – 10 settings • Adult Foster Care – 1 setting <p>HSW Non -Residential: MDHHS has <i>validated</i> 32 Nonresidential settings. Because some settings provide more than one service the setting is represented more than one</p>				
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			<p>time therefore the number of remediated settings provided exceeds total number of setting identified.</p> <ul style="list-style-type: none"> • Supported Employment: 22 • Out of Home Non-Vocational 10 • Pre-vocational settings 9 <p>HSW Remediation:</p> <p>HWS Residential : MDHHS has remediated the responses of 744 residential settings</p> <ul style="list-style-type: none"> • Specialized Residential: 527 • Homes owned/operated by CMHSP/PIHP: 4 • Adult Foster Care: 174 • Private residencies: 39 				
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			<p>HSW Non -Residential: MDHHS has <i>remediated</i> 125 Nonresidential settings. Because some settings provide more than one service the setting is represented more than one time therefore the number of remediated settings provided exceeds total number of setting identified.</p> <ul style="list-style-type: none"> • Supported employment 30 • Out of Home Non-Vocational:80 • Pre-vocational settings:58 <p>MSS&S: Validation and Remediation</p> <p>MDHHS has <i>validated the responses of 126 settings</i></p>				
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			<ul style="list-style-type: none"> • Skill Building: 95 community-based settings • Supported Employment: 40 community-based settings • Community Living Supports: 61 community based settings <p>MDHHS has remediated 853 non-compliant settings Because most service providers of this type provide more than one service type per setting the number of remediated services provided exceeds total number of setting identified.</p> <ul style="list-style-type: none"> • Skill Building: 582 • Supported Employment: 168 • Community Living Supports: 760 				
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			<p>HSW and MSS&S Settings who have institutional characteristics have been identified through the assessment process. These providers responses have been validated and those who remain on HS will be reviewed by MDHHS BHDDA contracted reviewers from MSU-IHP. All settings that are identified as requiring HS due to institutional qualities will receive an onsite review.</p> <p>Additional detail on the HS process is available on Pages 138-140</p> <p>MDHHS BHDDA utilizes the following assessment and validation methodology for the HSW and MSS&S</p>				
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			<p>waivers. The methodology is the same regardless of the service or setting (residential and non-residential) in which services are provided. There are three possible initial setting statuses based upon initial assessment results. Those are 1. Compliant, 2. Out of Compliance or 3. Requires Heightened Scrutiny</p> <ol style="list-style-type: none"> 1. <u>Compliant</u>: A two-step validation process is in place for those providers whose responses to the provider survey result in a <u>compliant status</u> the process is as follows for both waivers, all services and providers/settings <ul style="list-style-type: none"> • Step One in the process is to utilize 				
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			<p>existing survey data to confirm providers responses where possible. This means that to the extent that we have survey responses from participants those surveys will be used to confirm the providers responses to questions. Every participant who responded to a survey related to a setting will be reviewed to determine if their responses confirm the providers response. If any single participants survey response differs from the providers response, then that question will not be validated.</p>				
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			<p>One contrary response is sufficient to invalidate the providers response.</p> <ul style="list-style-type: none"> Step Two: Settings whose responses cannot be validated through a review of participant survey responses will move on to the next step in the process. This step requires a review that will mirror the out of compliance process utilized by the Waiver entities. Waiver entities will complete a thorough review and assessment of each survey question that could not be validated with current data and collect evidence that either supports or refutes the provider's claim of compliance. Those reviews completed prior to the 				
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			<p>National Health Emergency were both on site and remote. Following the onset of the National Health Emergency all reviews will be remote using attestations, video and photo evidence to collaborate provider responses and to confirm CAP work was completed as agreed upon. Waiver entities will identify a status for each provider which can be Confirmed Compliant, Out of Compliance or requires HS review. Waiver entities will complete a Corrective Action Plan for any provider who requires one and will submit to the state for further review any case that requires HS review. The validation process will continue</p>				
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			<p>until 100% of settings have been validated for each waiver.</p> <ul style="list-style-type: none"> <u>Out of compliance:</u> Those providers/settings who were found to be out of compliance completed a Corrective Action Plan (CAP) with the waiver entity with whom they contract. The waiver entities accept, review, and validate CAPs and confirmed to MDHHS that providers were found to be fully compliant following an onsite or remote review. The validation process will continue until 100% of settings have been validated for each waiver. <u>Require Heightened Scrutiny:</u> Additional information on the HS process MDHHS will 				
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			<p>utilize can be located in rows 26 and 27 and on page 145 of the STP v 5.2.</p> <p>Validation and remediation and HS reviews run concurrently in order to be as efficient as possible. Any settings that are not able to be validated as compliant will be moved to the out of compliance status and remediation will begin immediately. Any setting that is determined to require HS review will be moved into the HS review que. All cases identified as requiring remediation based upon initial survey results have been remediated. Any additional setting requiring remediation based upon validation work will be remediated following our</p>				
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			established remediation process				

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
15.0	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. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual</p> <p>These updates may include legislation, administrative</p>	10/01/2015	03/31/2017 Complete	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

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			rules, and contracting procedures.				
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15.1	Habilitation Supports 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>	10/01/2015	1/31/2017 Complete	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

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15.2	MSS&S Waiver §1915(b)(3)	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>	10/01/2015	03/01/2017 Complete	MDHHS staff, waiver policy, provider contracts, monitoring tool	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
16.0	All waivers	Revise policy	<p>Revise Michigan Medicaid Provider Manual to address new Federal requirements.</p> <p>MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. Medicaid Provider Manual</p>	10/01/2015	07/01/2018 Complete	Medicaid Provider Manual	MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups

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16.1	All waivers	Revise provider contracts	Revised waiver entity contract to address new requirements.				BHDDA, MSA, waiver entities, waiver providers
16.2	HSW	Revise provider contracts	HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.	06/01/2015	10/01/2015 Completed	PIHPs' contracts: Prepaid Inpatient Health Plan (PIHP) Master Contract Template (michigan.gov)	
16.3	MI Choice	Revise provider contracts	MI Choice Waiver: As of FY 2017 contracts were updated to include that all new providers must be in compliance with the HCBS rule. FY 2018 contracts will include provider specifications, and the language will be finalized 07/31/2017.	06/01/2015	07/31/2017 Complete	Waiver Agencies' contracts:	

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16.4	MSS&S	Revise provider contracts	<p>MSS&S Waiver - §1915(b)(3)</p> <p>The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements.</p>	06/01/2015	10/01/2015 - completed	<p>PIHPs' contracts:</p> <p>MA/PIHP Contract</p>	
17.0	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"> ▪ General Licensing Questions: MDHHS and LARA issued a joint communication to address questions around lockable doors and visiting hours in 2015. MDHHS and LARA will issue additional guidance on the following issues in 2016: (1) lockable doors; (2) visiting hours; (3) 	09/01/2014	02/29/2016 Complete	<p>Residential Agreement Guidance</p> <p>Joint Guidance</p>	BHDDA, MSA, waiver entities, waiver providers, waiver participants

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			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. <ul style="list-style-type: none"> ▪ Residency Agreements: MDHHS and LARA will create an attachment to 				

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			<p>residential agreements to address new Federal requirements on participant rights regarding discharge and complaints</p> <p>MDHHS continues to work with LARA to incorporate policy language into the Medicaid Provider Manual regarding Emergency and Non-Emergency Involuntary Discharge. Regulations and policy will be promulgated</p> <ul style="list-style-type: none"> On 10/18/2016, MDHHS received CMS comments back on the Joint Communication on the HCBS Rule and Licensing Issues. MDHHS will complete new revisions to the document. 	11/01/2016	02/01/2017 Complete 12/31/2018		
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			<ul style="list-style-type: none"> MDHHS is working with LARA and Michigan Administrative Hearing System (MAHS) to develop a process to provide comparable protections aligning with landlord tenant laws in Michigan. 				
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18.0	MI Choice Waiver	Submit Waiver Renewal	MDHHS will submit a waiver renewal to the MI Choice Waiver which includes incorporating compliance with the HCBS Final Rule in the MI Choice Waiver. Currently the MI Choice Contracts reflect providers must be in compliance with the HCBS Final Rule. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual	Dependent on Approval of Statewide Transition Plan	Dependent on Approval of Statewide Transition Plan	Waiver Application	MSA, LARA, waiver entities, providers, waiver participants, advocacy groups
19.0	MI Choice Waiver	Create MI Choice Provider Monitoring Tool	The MI Choice provider monitoring tool is currently in use. MDHHS added the Provider Assessment Tool to the Provider Monitoring	01/01/2017	07/31/2017 Complete	See Appendix B – Contract Information for changes made to the MI Choice Contract. MDHHS created a	MSA, BHDDA, LARA, MDHHS Federal

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			Tool in Attachment J of the MI Choice contract. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR §441.301(c)(4). This revised tool was included with the FY 2018 MI Choice contracts.			HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual	Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups
20.0	MI Choice Waiver, Habilitation Supports Waiver and MSS&S Waiver §1915(b)(3)	Establish requirements for new providers	MDHHS added language in the contracts of waiver entities and provider manuals to ensure that all new providers are assessed for HCB settings compliance prior to providing services. Upon enrollment in the waiver program, providers who offer HCBS will be provided technical assistance on HCBS setting requirement by	01/01/2015	03/17/2017 Complete	Provider monitoring tool and instructions	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups

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			<p>MDHHS and waiver entities. This activity will be ongoing.</p> <p>MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual</p>				

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21.0	MI Choice Waiver	Develop and implement corrective action plans for individual non-compliant, site-specific, settings	After compliance was determined, settings not in compliance were notified they needed to remediate in order to become compliant with the HCBS rule. All site-specific remediation actions included follow up to ensure ongoing compliance. Site-specific remediation for all non-compliant settings included creating a Corrective Action Plan (CAP). The CAP was due within 30 days and must identify the non-compliant issue, expectations, action steps, and measurable outcomes. All CAPs were required to include timeframes for when they expected to complete remediation and be compliant with the rule. All CAPs were required to be approved. Waiver agencies verified all CAP steps were taken and the setting has completed remediation by conducting	MI Choice: 01/01/2016	MI Choice: 3/17/2019 Completed	CMS HCBS guidelines, revised MDHHS policies and procedures, remediation plans for individual settings, remediation strategy	MSA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

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			<p>another on-site review, verify changes have been made to bring it into compliance, conduct another survey, and submit survey and any supporting documentation to MDHHS MI Choice to prove they have completed their remediation and are now in compliance. MDHHS MI Choice will make the final determination if the setting is compliant.</p> <p>CAPs started in January 2016 for settings that have been determined out of compliance and notified of such. Once these settings indicate they are in compliance, they will be reassessed to verify compliance. As of March 17, 2019, all settings had to be in immediate compliance.</p> <p>MDHHS has updated the corrective action process for MI Choice waiver</p>				
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			<p>agencies. As stated in the Contract, Attachment H, the corrective action process is as follows:</p> <ol style="list-style-type: none"> 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. 2) For providers who are non-compliant, the provider will have 90 days to correct all issues that cause the noncompliance. 3) Once the issues are corrected, the provider will notify the waiver agency and schedule another on-site survey. 				
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			<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 Choice participants until such time as the</p>				
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			<p>provider comes into compliance.</p> <p>7) Regardless of the original notification date, all providers in all MI Choice provider networks must be compliant with the ruling no later than September 30, 2018 or show significant progress towards their approved corrective action plan</p> <p>8) Waiver agencies will start transition plans with individuals being served by providers not willing to come into compliance, unable to come into compliance, or are not making significant progress</p>				
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			<p>towards their corrective action plan as of October 1, 2018. This planning will be person-centered and will focus on meeting the wishes of each participant regarding their preference of a qualified provider and enrollment in the MI Choice program.</p> <p>9) By March 17, 2019, no MI Choice participants will be served by non-compliant providers.</p>				
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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
21.1	Habilitation Supports Waiver	Develop and implement corrective action plans for individual non-compliant settings	Settings will receive a notification letter to identify their status as either complaint or non-compliant. This communication will include a template for settings that are non-compliant to submit a Corrective Action Plan (CAP). This CAP will be due 30 days from receipt and will outline how the setting intends to reach compliance. The PIHP lead will review, approve or deny, and verify that required changes have been made and that the setting is compliant. Verification of CAP completion may occur through onsite reviews or desk reviews.	01/01/2017	12/1/2020		BHDDA, 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
21.2	MSS&S Waiver §1915(b)(3)	Develop and implement corrective action plans for individual non-compliant settings	Settings will receive notification to identify their status as either complaint or noncompliant. This communication will include a template for settings that are non-compliant to submit a Corrective Action Plan (CAP). This CAP will be due 30 days from receipt and will outline how the setting intends to reach compliance. The waiver entity will review, approve or deny, and verify that required changes have been made and that the setting is compliant. Verification of CAP completion may occur through onsite reviews or desk reviews. Waiver entities will start to collect CAPs from the settings 5/1/2017.	1/01/2019	12/1/2020 Completed		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

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22.0	MI Choice Waiver	Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers.	<p>MDHHS will notify providers who are found to not meet and are unable to meet the HCBS Final Rule requirements. These provider types include nursing facilities, hospitals, and institutes for mental diseases. These providers are ineligible to participate in the program.</p> <p>Participants will be notified if their provider cannot meet requirements. Supports Coordinators will work with participants on a transition plan will be consistent with the state of Michigan's Person-Centered Planning policy. Supports Coordinators will schedule a person-centered planning meeting to help ensure the transition plan is person-centered and includes the choices of the participant. In this meeting the individual who</p>	MI Choice: 06/01/2016	MI Choice: 09/16/2018 Completed	Assessment tool responses	MSA, waiver entities, providers, participants, advocacy groups

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			receives services along with his or her supports (family and /or friends) and Supports Coordinator will discuss the individual's preferences and provider options available to the person. The participant will choose which compliant setting they would choose to transition to. The individual's preferences will be formalized in the Individualized Plan of Care. Supports Coordinator will work with the participant on transitioning to a new setting. There will not be a disruption of services during this transition period.				
22.1	Habilitation Supports Waiver and MSS&S Waiver §1915(b)(3)	Notify providers who do not and cannot meet the HCB setting requirement	MDHHS will notify all participants whose settings are unable to come into HCBS compliance no later than September 1, 2021. <ul style="list-style-type: none"> MDHHS will communicate directly 	HSW: 10/1/20 20 MSS&S	HSW: 9/01/2021 MSS&S		BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS

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		s. Notify any affected participants of these providers.	<p>with the participant's case manager through email.</p> <ul style="list-style-type: none"> The case manager will then facilitate communication with the individual related to the HS process and need for transition planning. This will allow a minimum of 6 months for transition planning to occur. Transition planning will be consistent with the state of Michigan's Person-Centered Planning policy and the Michigan Mental Health Code. Waiver participants will be supported by their case managers to schedule a person-centered planning meeting. In this meeting the individual who receives services along with his or her supports (family and /or friends) and case 	<p>Waiver §1915(b)(3):</p> <p>10/01/20 20</p>	<p>Waiver §1915(b)(3):</p> <p>9/01/2021</p>		
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			<p>manager will discuss the individual's preferences and consider service and provider options available to the person. The individual's preferences will be formalized in the Individualized Plan of Service.</p> <p>Support coordinators will provide an attestation for each individual who transitions to a new service or setting that a PCP meeting was held and that a new IPOS was developed consistent with the HCBS rule and securing services from settings who are HCBS compliant.</p>				
23.0	MI Choice Waiver and Habilitation	Create Heightened Scrutiny	MDHHS will create a heightened scrutiny process for all residential	07/01/2016	1/01/2017 Complete	CMS HCBS guidelines	MSA, BHDDA waiver entities, providers, waiver

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	Supports Waiver, MSS&S Waiver §1915(b)(3)	Process for Presumed Institutional Settings	<p>and non-residential settings that are:</p> <ul style="list-style-type: none"> • Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; • Settings in a building on the grounds of, or immediately adjacent to, a public institution; • Any other setting that has the effect of isolating individuals receiving Medicaid home and community-based services from the broader community of individuals not receiving Medicaid home and community-based services. 				participants, advocacy groups
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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
24.0	All waivers	Notify CMS of any presumptively non-home and community-based settings that do have qualities of home and community-based settings for heightened scrutiny	For settings that are presumed not to be home and community-based, MDHHS will compile a list of settings that do have the qualities of home and community-based settings and do not have the characteristics of an institution. MDHHS will submit this list and any corresponding evidence to CMS for the heightened scrutiny process.			Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS
25.0	MI Choice Waiver		MDHHS MI Choice compiled a list of these settings. MDHHS MI Choice collected 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	06/01/2016	03/17/2019	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS

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			settings will be put out for public comment. Once all data and input is gathered, MDHHS MI Choice will submit data to CMS for review.				
26.0	Habilitation Supports Waiver		<ul style="list-style-type: none"> MDHHS has developed a list of HSW settings that are presumed not to be HCB. MDHHS and its contractor Michigan State University will gather evidence from those settings that wish to pursue HS. This evidence will be reviewed by the Heightened Scrutiny Review Committee (HSRC) who will submit their recommendations regarding the HCB status of the provider to MDHHS. MDHHS will review all evidence and the 	04/01/2015	04/30/2017	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS
				01/01/2019	12/01/2020		
				09/01/2020	3/01/2021		
				09/01/2020	3/01/2021		

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			<p>recommendations of the HSRC.</p> <ul style="list-style-type: none"> The settings that MDHHS believes are HCB will be posted for public comments. Once all data is gathered, MDHHS will submit information to CMS for those settings that MDHHS believes are HCB for review. 	10/01/2020	4/01/2021		
				11/1/2020	9/01/2021		
27.0	MSS&S Waiver §1915(b)(3)		<ul style="list-style-type: none"> Following the process utilized for the HSW MDHHS will develop a list of settings that are presumed not to be HCB. MDHHS's contractor, Michigan State University, will gather evidence from those settings that wish to pursue HS. This evidence will be reviewed by the HSRC 	03/01/2019	02/01/2021	Assessment tool responses	BHDDA, MSA, waiver entities, providers, waiver participants, CMS
				03/01/2019	12/01/2020		
				09/01/2020	03/01/2021		

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			<p>who will submit their recommendations regarding the HCB status of the setting to MDHHS.</p> <ul style="list-style-type: none"> • MDHHS will review all evidence and the recommendations of the HSRC. • The settings that MDHHS believes may be HCB will be posted for public comment. • Once all data is gathered, MDHHS will submit information to CMS for those settings that MDHHS believes are HCB for review. 	09/01/2020	03/01/2021		
				10/01/2020	04/01/2021		
				11/1/2020	9/01/2021		

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28.0	MI Choice Waiver, Habilitation Supports Waiver, and MSS&S Waiver §1915(b)(3)	Develop statewide protocols and procedures for site specific reviews	MDHHS developed protocols and procedures to address ongoing monitoring and compliance.	10/01/2015 01/2020	09/30/2016 Complete Ongoing	MDHHS	BHDDA, MSA, waiver entities, providers, QIC, advocacy groups, waiver participants

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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
28.1	MI Choice Waiver and Habilitation Supports Waiver	Conduct ongoing monitoring of compliance	<p>MDHHS incorporated HCBS settings requirements into quality reviews, provider monitoring, and consumer satisfaction surveys to identify areas of non-compliance. This activity will be on an ongoing basis to ensure compliance.</p> <p>Participants' private homes are compliant with the Federal requirements. It is the presumption that privately owned or rented homes and apartments of people living with family members, friends, or roommates meet the home and community-based settings requirements if they are integrated in typical community neighborhoods where people who do not receive home and community-based services also reside. Participants private homes are considered non-</p>	10/01/2015	03/17/2019	Monitoring will occur annually and on an ongoing basis	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

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			<p>disability specific settings. Provider owned and/or operated settings do not meet the provider requirements and will need to be assessed for compliance.</p> <p>After the initial HCBS compliance determination, provider owned and/or provider operated settings will be reassessed for compliance each contract renewal or at least annually. In addition, Whenever Supports Coordinators make contact with a participant, Supports Coordinators are to ask participants questions to determine if the participant has any concerns and if the setting is maintaining compliance. Participants, family members, guardians, or other advocate can report any concerns with the settings compliance with the</p>				
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			<p>Final Rule to the Supports Coordinator, Waiver agency, or MDHHS. Any reports of possible non-compliance or concerns, requires a setting site visit and investigation of the concerns by either MDHHS or the waiver agency. Any setting not in compliance will be required to immediately remediate and come back into compliance. Once the investigation is completed, MDHHS or the Supports Coordinator will contact the participant and discuss the results of the investigation. Waiver agencies will be required to monitor the setting to make sure the setting remains in compliance with the HCBS Final Rule.</p> <p>All waiver participants in private homes are</p>				
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			presumed to live in compliant homes, however, the participants' supports coordinators conduct annual home visits with all participants. During these home visits, the supports coordinators will verify the participants' private home is compliant with the HCBS Final Rule.				
28.2	MI Choice Waiver	Conduct provider monitoring	<p>The MI Choice provider monitoring tool is complete and in use. MDHHS MI Choice incorporated HCBS settings requirements into the MI Choice Provider Monitoring Tool. Waiver agencies are expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the MI Choice waiver program.</p> <p>MDHHS added the Provider Assessment Tool to the Provider Monitoring Tool in Attachment J of the</p>	10/01/2016	03/17/2019 Complete	MI Choice Consumer Satisfaction Survey	MSA, waiver entities, providers, waiver participants, advocacy groups

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			<p>MI Choice contract. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR §441.301(c)(4). This revised tool was included with the FY 2018 MI Choice contracts.</p> <p>See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan Medicaid Provider Manual. Medicaid Provider Manual</p>				
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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
28.3	MI Choice Waiver	Conduct quality review	MDHHS MI Choice incorporate the HCBS settings requirements into the MDHHS 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 includes ensuring that waiver agencies only contract with settings that meet requirements and include HCBS requirements in their contracts with the settings. The Administrative Quality Assurance Reviews and the Clinical Quality Assurance Reviews are not part of the HCBS compliance process. AQAR and CQAR conduct annual reviews. Part of the CQAR annual review process is participant home visits. If AQAR or CQAR see any HCBS Final Rule non-compliance while conducting their annual	10/01/2016	03/17/2019 Complete	AQAR Site Review Protocol	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

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			<p>review process, they will inform MDHHS. MDHHS will ensure any setting AQAR or CQAR reported as possible non-compliance with the HCBS Final Rule will be reviewed. Methods of validation include 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews. All settings are reviewed for settings compliance every year using the MDHHS survey monitoring tool. Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. Whenever Supports Coordinators make contact with a participant, Supports Coordinators are to ask participants questions to determine if the participant has any concerns and if the setting is maintaining compliance. Participants, family members, guardians,</p>				
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			<p>or other advocate can report any concerns with the settings compliance with the Final Rule to the Supports Coordinator, Waiver agency, or MDHHS. Any reports of possible non-compliance or concerns, requires a setting site visit and investigation of the concerns by either MDHHS or the waiver agency. Any setting not in compliance will be required to immediately remediate and come back into compliance. Once the investigation is completed, MDHHS or the Supports Coordinator will contact the participant and discuss the results of the investigation. Waiver agencies will be required to monitor the setting to make sure the setting remains in compliance with the HCBS Final Rule. The State will ensure ongoing compliance by</p>				
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			auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews.				
28.4	MI Choice Waiver	Conduct MI Choice Consumer Satisfaction Survey	Consumer satisfaction surveys – MDHHS MI Choice added at least one question to the MI Choice Consumer Satisfaction Survey asking if participants they feel the setting they live in is home and community based.	10/01/2016	03/17/2019 Complete	MI Choice Consumer Satisfaction Survey	MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups

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28.5	Habilitation Supports Waiver	Conduct provider monitoring	<p>MDHHS BHDDA will require the ongoing reassessment of HSW and MSS&S settings to ensure they remain HCB. This ongoing monitoring will occur through the survey process which will be administered to both the setting and the participant. All HCBS providers will be required to complete the assessments.</p> <p>Assessments will be validated by the waiver entities which may include a site visit. Any settings that rise to the level of HS will be referred to MDHHS for review.</p> <p>The waiver entities will work with settings that are non-compliant to develop and implement a Corrective Action Plan (CAP). MDHHS BHDDA will maintain oversight of the PIHP</p>	10/01/2017	03/17/2019 Initial assessment Analysis completed Monitoring for continued compliance will occur on an ongoing basis	Provider Monitoring Tool	MDHHS, waiver entities, providers, waiver participants, advocacy groups

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			process and will utilize the site review process to verify that the PIHP is consistently reassessing settings and participants, implementing CAPs as needed and ensuring after the CAP has been completed that the setting is in fact HCB compliant. Waiver entities will be required to review settings, on-site as needed, to ensure they meet requirements prior to contracting with them for the HSW program.				
28.6	MSS&S Waiver §1915(b)(3)	Conduct provider monitoring	MDHHS BHDDA will require the ongoing reassessment of HSW and MSS&S settings to ensure they remain HCB. This ongoing monitoring will occur through the survey process which will be administered to both the setting and the participant.	10/01/2017	03/17/2019 Completed Ongoing	Provider Monitoring Tool	MDHHS, waiver entities, providers, waiver participants, advocacy groups

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			<p>All HCBS providers will be required to complete the assessments.</p> <p>Assessments will be validated by the waiver entities which may include a site visit. Any settings that rise to the level of HS will be referred to MDHHS for review.</p> <p>The waiver entities will work with settings that are non-compliant to develop and implement a Corrective Action Plan (CAP). MDHHS BHDDA will maintain oversight of the PIHP process and will utilize the site review process to verify that the PIHP is consistently reassessing settings and participants, implementing CAPs as needed and ensuring after the CAP has been completed that the setting is in fact HCB compliant.</p>				
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			Waiver entities will be required to review settings, on-site as needed, to ensure they meet requirements prior to contracting with them for the HSW program.				
28.7	Habilitation Supports Waiver	Conduct quality review	MDHHS will incorporate HCBS settings requirements into the Site Review Process starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with providers that meet requirements and include HCBS requirements in their contracts with the settings.	10/01/2016	03/17/2019 Completed Use of the tools will be ongoing	Site Review Protocol	MDHHS. waiver entities, providers, waiver participants, advocacy groups

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28.8	MSS&S Waiver §1915(b)(3)	Conduct quality review	MDHHS will incorporate HCBS settings requirements into the Site Review Process starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This	10/01/2016	03/17/2019 Completed Use of the tools will be ongoing	Site Review Protocol	MDHHS, waiver entities, providers, waiver participants, advocacy groups

			review will include ensuring that waiver agencies only contract with providers that meet requirements and include requirements in their contracts with the settings.				
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29.0	Habilitation Supports Waiver	BHDDA site review team will assess for ongoing compliance of HCBS settings in residential and nonresidential settings	Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings. Site review staff will complete an assessment tool developed by BHDDA and will include a review of HCBS characteristics in	10/01/2015	Protocols for HSW completed 10/1/2017 will be used ongoing	Site Review protocols	MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC
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			<p>MSS&S residential and non-residential settings.</p> <p>Any deficits will be cited and will become part of the PIHP/CHMSPs CAP. Waiver entities will receive a copy of the HCB assessment to follow up with the provider and CMHSP.</p>				
29.1	MSS&S Waiver §1915(b)(3)	BHDDA site review team will assess for ongoing compliance of providers for supported employment, skill building and CLS.	<p>Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings.</p> <p>Site review staff will complete an assessment tool developed by BHDDA and will include a review of HCBS characteristics in MSS&S residential and non-residential settings.</p> <p>Any deficits will be cited and will become part of the PIHP/CHMSPs CAP.</p>	10/01/2015	Protocols for MSS&S completed 10/1/2017 will be used ongoing	Site Review protocols	MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC

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			Waiver entities will receive a copy of the HCB assessment to follow up with the provider and CMHSP.				
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Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
30.0	MI Choice Waiver	Assist participants in non-compliant settings with transition to compliant setting	<p>For settings found to be not in compliance and unable to come into compliance, participants will be notified of the settings non-complete status and their inability or unwillingness to come into compliance. Participants will work with their supports coordinator and will be given the option to either transition to a new setting within their service area or dis-enroll from the waiver program.</p> <p>MDHHS will send a letter to the beneficiary whose setting cannot be or choose not to be compliant with the HCBS Final Rule. This letter will provide contact information of the supports coordinator/case manager who will assist the beneficiary in transitioning to a compliant setting of their choosing through the person-centered plan process. The</p>	01/01/2016	3/17/2019 Completed	Provider network listings, assessment data	MSA, MI Choice Waiver agents, waiver participants, advocacy groups

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			<p>corresponding waiver entities will receive a list of beneficiaries who need to be transition to a compliant setting. The letter will be sent to the beneficiary six month ahead of time to allow for a smooth transition. The letter will give the option to move to a compliant setting and continue to enrollment in the waiver program (funded by Medicaid) or stay in the current non-compliant setting and be disenrolled from the waiver program. All transitions made from MI Choice participants will be done using person-centered planning. Person-centered planning is included as Attachment M of the MI Choice contract & HCBS chapter of the Michigan Medicaid Provider Manual.</p>				
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			<p><u>Access to non-disability specific settings</u></p> <p>MDHHS MI Choice does not have disability specific settings. All MDHHS MI Choice settings accept people with or without disability.</p> <p>The following ongoing efforts will help build access to non-disability specific options across home and community-based services.</p> <ul style="list-style-type: none"> • MDHHS provided training and technical assistance for all waiver agencies and providers about the HCBS setting requirements and processes. MDHHS will continue providing training and technical assistance to ensure compliance. 				
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			<ul style="list-style-type: none"> • MDHHS made changes to contracts requiring all waiver agencies and providers must be compliance with all aspects of the HCBS rule. • MDHHS created a HCBS chapter which states all waiver agencies and providers must be compliant with all aspects of the HCBS rule. • MDHHS included in our Provider Monitoring Tool questions about if the setting is disability or non-disability specific. MDHHS MI Choice does not allow disability specific settings in our provider network. • MDHHS requires all participants have a person-centered service 				
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Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

			<p>plan, with the individual directing the process and leading it to the extent possible and desired by the individual, with participation of people chosen by the individual and to the extent desired by the individual. Participants can choose providers with the particular settings that meet their individualized goals for community integration including non-disability specific settings. The plan must be reviewed at least every 12 months, or more frequently if the individual chooses or has a change in service needs. As part of the person-centered service plan, MDHHS requires the participants choose from an array of</p>				
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Michigan’s Statewide Transition Plan for Home and Community-Based Services

Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

			<p>settings and may choose to receive supports in their own homes, which is a non-disability specific setting.</p> <p>Access to non-disability specific settings is ensured through ongoing compliance/monitoring reviews and through conversations with participants during ongoing assessments and surveys.</p> <p>See Appendix B – Contract Information for changes made to the PIHP and MI Choice Contracts. MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule Complaints. HCBS requirements in the MI Choice waiver contracts point to the HSCB chapter in the Michigan</p>				
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Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

			<p>Medicaid Provider Manual. Medicaid Provider Manual</p>				
30.1	Habilitation Supports Waiver	Assist participants in non-compliant setting with transition to compliant setting	<p>Those participants receiving services from settings that are unable to come into compliance or to overcome HS will be contacted by their CMHSP service provider. The CMHSP staff will convene a person-centered planning meeting with the individual and their family and friends to identify the needs, desires and preferences of the individual related to where they wish to live and/or what services or supports they wish to receive and from whom. The participant will have the choice to continue to receive services from their setting through a different funding stream if possible or will have a minimum of six months to</p>	03/01/2017	9/1/2021	Provider network listings, assessment data	MDHHS, waiver participants, waiver entities, advocacy groups

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

Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

			<p>transition from their current setting.</p> <p>The state is taking the following steps to build capacity among settings to increase access to non-disability specific setting options across home and community-based services:</p> <p>Revised Person-Centered Planning Policy</p> <p>Revised Medicaid Provider Manual HCBS Chapter</p> <p>Developed residential and non-residential provider readiness tools</p> <p>Facilitating ongoing provider development through our work with the Implementation Advisory group, the monthly meetings with the</p>				
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Michigan's Statewide Transition Plan for Home and Community-Based Services

Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

			<p>PIHP HCBS leads, and the PIHP and CMHSP CEO's</p> <p>Ongoing discussions with residential and non-residential provider associations through the HCBS leaders group.</p>				
30.2	MSS&S Waiver §1915(b)(3)	Assist participants in non-compliant setting with transition to compliant setting	<p>Those participants receiving services from settings that are unable to come into compliance or to overcome HS will be contacted by their CMHSP service provider. The CMHSP staff will convene a person-centered planning with the individual and their family and friends to identify the needs, desires and preferences of the individual related to where they wish to live and/or what services or supports they wish to receive and from whom. The participant will have the choice to continue to receive services from their setting through a different funding stream if possible or will have a minimum of six months to</p>	06/01/2020	9/1/2021	Provider network listings, assessment data	MDHHS, waiver participants, waiver entities, advocacy groups

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

Section 3: Transition Process							
Row #	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders

			<p>transition from their current setting.</p> <p>The state is taking the following steps to build capacity among settings to increase access to non- disability specific setting options across home and community-based services:</p> <p>Revised Person-Centered Planning Policy</p> <p>Revised Medicaid Provider Manual HCBS Chapter</p> <p>Developed a residential and non-residential provider readiness tools</p> <p>Facilitating ongoing provider development through our work with the Implementation Advisory group, the monthly meetings with the</p>				
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Michigan's Statewide Transition Plan for Home and Community-Based Services

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

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

Section 4: Outreach and Engagement							
Row#	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
32	All waivers	Hold stakeholder meetings to develop and inform Statewide Transition Plan	MDHHS has participated in a wide variety of meetings to share information across programs, gather stakeholder concerns, and incorporate them into our Statewide Transition Plan. MDHHS will continue to meet with stakeholders through several ongoing forums. Details on stakeholder engagement efforts can be found in the Stakeholder Engagement and Outreach Strategy in this STP.	08/12/2014	Ongoing	CMS written guidance, MDHHS staff, data analysis	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
33	All waivers	Create and distribute public notice for Statewide Transition Plan	MDHHS notified stakeholders that a draft transition plan had been developed to address new rule that included links to the full plan and the waiver amendment document. Notices	11/24/2014	12/24/2014 Completed	Draft transition plan, waiver amendment document, MDHHS website, policy, stakeholder letter	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups

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

Section 4: Outreach and Engagement							
Row#	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
			included MDHHS website postings and mailings.				
34	All waivers	Collect and distribute public comment to stakeholders	MDHHS collected public comments on the draft transition plan through multiple methods including e-mail, US mail, and stakeholder meetings. MDHHS made appropriate changes to the plan and posted comments and responses on the MDHHS website.	11/24/2014	12/24/2014 Completed	E-mail comments, US mail, meeting minutes, MDHHS website	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups

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

Section 4: Outreach and Engagement							
Row#	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
35	All waivers	Revise Transition Plan and post on MDHHS website	MDHHS incorporated appropriate changes to Transition Plan based on public comments and posted rationale for substantive change to the plan. The plan and comments are available on the MDHHS website.	12/25/2014	01/16/2015 Completed	Draft transition plan, modified transition plan, public comments notes, responses, MDHHS website	MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups
36	All waivers	Submit initial Transition Plan to CMS	MDHHS submitted the initial Transition Plan and summary of comments to CMS for approval.	01/16/2015	01/16/2015 Completed	Draft Transition Plan and comments from public	MSA, BHDDA, and CMS
37	All waivers	Revise STP to include systemic assessment/re mediation and inclusion of §1915(b)(3) settings.	Development of revised STP for initial approval by CMS.	09/01/2016	12/01/2016	Assessment results, key stakeholder input results	MDHHS, waiver entities, providers, advocacy groups, waiver participants
38	All waivers	Conduct public comment on revised STP	Public comment period for the revised STP	12/01/2016	01/03/2017	Revised STP	MDHHS, waiver entities, providers, waiver

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

Section 4: Outreach and Engagement							
Row#	Applicable Waiver(s)	Action Item	Description	Start Date	End Date	Sources	Key Stakeholders
							participants, advocacy groups
39	All waivers	Collect and distribute public comment to stakeholders	Collection of public comments on and make the appropriate changes to revised STP. The responses to the public comment and revised STP will be posted on the MDHHS website.	01/04/2017	02/28/2017	Public comments and revised STP	MDHHS, waiver entities, providers, waiver participants, advocacy groups
40	All waivers	Submit revised STP to CMS	Submission of revised STP and summary of public comments for initial approval by CMS.	03/31/2017	03/31/2017	Revised STP and Consultation Summary	MDHHS and CMS

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

Other Components of the Statewide Transition Plan

Table of Settings to be Assessed

Waiver	Type of Setting	Residential or Non-Residential	Number of Individuals	Number of Settings	Lead Agency	Survey Organization	Final Compliance Date
Habilitation Supports Waiver	Group Home, Private Residence owned by the PHIP, CMHSP, or the contracted setting	Residential	4142*	1236 this number reflects a consolidation of 5 surveys under previously unidentified settings Updated 12.2020	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/17/2021
Habilitation Supports Waiver	Out of Home Non Vocational Habilitation, Prevocational Service, or Supported Employment	Non-Residential	3218*	195 as of 12/1/2020	Behavioral Health and Developmental Disabilities Administration	Developmental Disabilities Institute	09/17/2021
Managed Specialty Services and Supports Waiver	Settings for beneficiaries age 21 and over who are	Residential and Non-Residential	14489*	2459*	Behavioral Health and Developmental Disabilities Administration	Prepaid Inpatient Health Plans	09/17/2021

Michigan's Statewide Transition Plan for Home and Community-Based Services
Other Components of the Statewide Transition Plan

Program - §1915(b)(3)	receiving CLS in provider owned or controlled settings, Supported Employment, and Skill Building						
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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	3693** This number reflects the number of Individuals living in Adult Foster Care settings, not the number of settings	657** This number reflects the number of settings that are AFC. Many of our settings include AFC, HFC, Assisted Living, and Independent Living, so the same setting may be counted multiple times.	Medical Services Administration	MI Choice Waiver Agency	09/17/2021

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

Other Components of the Statewide Transition Plan

MI Choice	Homes for the Aged	Residential	1947** This number reflects the number of Individuals living in Home for the Aged Settings, not the number of settings	110** This number reflects the number of settings that are Home for the Aged. Many of our settings include AFC, HFC, Assisted Living, and Independent Living, so the same setting may be counted multiple times	Medical Services Administration	MI Choice Waiver Agency	09/17/2021
PIHP MI Choice	Assisted Living	Residential	2934* This number reflects the number of Individuals living in Assisted Living settings, not the number of settings	228** This number reflects the number of settings that are Assisted Living settings. Many of our settings include AFC, HFC, Assisted Living, and	Medical Services Administration	MI Choice Waiver Agency	09/17/2021

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

Other Components of the Statewide Transition Plan

				Independent Living, so the same setting may be counted multiple times			
MI Choice	Independent Living	Residential	450** This number reflects the number of Individuals living in Independent Living settings, not the number of settings	56** This number reflects the number of settings that are Independent Living Settings. Many of our settings include AFC, HFC, Assisted Living, and Independent Living, so the same setting may be counted multiple times	Medical Services Administration	MI Choice Waiver Agency	09/17/2021
MI Choice	Adult Day Center	Non-Residential	2182** This number reflects the number of	90**	Medical Services Administration	MI Choice Waiver Agency	09/17/2021

Michigan's Statewide Transition Plan for Home and Community-Based Services
Other Components of the Statewide Transition Plan

			Individuals going to Adult Day Centers, not the number of settings				
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* Figures for the HSW and the MSS&S are as of 12/27/2018.

** Figures for MI Choice Residential and Non-Residential settings as of 1/28/2021. Most MI Choice Residential settings offer several different types of setting in the same building or same campus. The number of settings above do not reflect the number of settings we have, but instead reflect the number of the type of settings we have, so one setting may be counted more than once in the figures above.

Michigan's Statewide Transition Plan for Home and Community-Based Services
Other Components of the Statewide Transition Plan

Assessment Results
MI Choice Waiver

MDHHS completed the statewide assessment process for all settings under the MI Choice Waiver. MDHHS MI Choice worked with Michigan's MI Choice Waiver agents to identify and assess all settings under the waiver. MDHHS completed this assessment by December 31, 2015. The results from the statewide assessment process are included below.

The assessment results were loaded into an access database. Based on the responses provided, MDHHS was able to determine if the setting meet requirements. If the setting met the requirements of the HCBS Final Rule, a letter was sent to the provider and the Waiver Agency. If the setting did not meet the requirements, a letter was sent that identified what needed to be done to become compliant and what the CAP needed to become compliant with the Final Rule. The CAP was due within 30 days and was required to identify the non-compliant issue, expectations, action steps, and measurable outcomes. All CAPs were required to include timeframes for when they were expected to complete remediation and be compliant with the rule. All CAPs were required to be approved. The setting had 90 days to execute the CAP. After 90 days, the setting was reassessed to determine if the CAP was executed properly. If so, a letter was issued to the provider and Waiver Agency to indicate compliance with the rule. The heightened scrutiny process is the same for all settings and defined in the HCBS Chapter of the Michigan Medicaid Provider Manual. Ongoing monitoring consists of all settings being reviewed for settings compliance at least once a year using the MDHHS survey monitoring tool.

MI Choice developed a tool, as guided by the CMS Exploratory Questions Tool for providers to evaluate conformity to HCBS rules. The tool aligns with the MI Choice Survey Tool. MI Choice staff validated 100% of the results of the survey via on-site assessments conducted by trained waiver agency staff. The Waiver Agencies visited each setting and administered and completed the survey using the provider tools as part of the survey process. 100% of MI Choice settings had on-site visits and surveys were completed at the time of the visit. Methods of validation included 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews.

As part of continuing monitoring, all settings will be reviewed for settings compliance every year at a minimum using the MDHHS survey monitoring tool. Waiver agencies will verify providers continue to meet all the settings criteria under CMS HCBS Final Rule. Whenever Supports Coordinators make contact with a participant, Supports Coordinators are to ask participants questions to determine if the participant has any concerns and if the setting is maintaining compliance. Participants, family members, guardians, or other advocate can report any concerns with the settings compliance with the

Other Components of the Statewide Transition Plan

Final Rule to the Supports Coordinator, Waiver agency, or MDHHS. Any reports of possible non-compliance or concerns, requires a setting site visit and investigation of the concerns by either MDHHS or the waiver agency. Any setting not in compliance will be required to immediately remediate and come back into compliance. Once the investigation is completed, MDHHS or the Supports Coordinator will contact the participant and discuss the results of the investigation. Waiver agencies will be required to monitor the setting to make sure the setting remains in compliance with the HCBS Final Rule. The State will ensure ongoing compliance by auditing a statistically significant sample of the settings surveyed each year using a combination of desk reviews and on-site reviews. All settings were required to be compliant by March 17, 2019. All new settings and all settings after March 17, 2019 must be in immediate compliance.

For the Heightened Scrutiny process, MDHHS contracted with MSU to collect evidence from settings identified as requiring heightened scrutiny (HS) based on any of the three characteristics:

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

MDHHS will establish a Heightened Scrutiny Review Committee (HSRC) to assist in the review of evidence collected by MSU. The HSRC consists of beneficiaries and/or their family members, advocates, and other stakeholders. MDHHS, in coordination with MSU, developed a training curriculum for the Heightened Scrutiny Review Committee to complete to ensure the Committee is trained in the HCBS Final Rule and the Heightened Scrutiny process.

MSU began collecting documentation from the settings that require Heightened Scrutiny in January 2019. MSU is expected to finish collecting the documentation by the end of September 2021. Once all documentation is collected, the HSRC will begin reviewing the Heightened Scrutiny documentation packets.

MDHHS will follow the protocol outlined below:

- Settings were identified as requiring HS based on the based upon information gathered during the survey process

Other Components of the Statewide Transition Plan

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

Michigan's Statewide Transition Plan for Home and Community-Based Services
Other Components of the Statewide Transition Plan

- Setting Operations Review:
 - Institutional characteristics
 - Community integration
 - Person-centered and culturally competent care planning
 - Rights/autonomy
 - Interviews with the residents and/or their supports
 - Interviews with the setting staff
 - Reviewers will submit their findings to MDHHS who will meet with the HSRC to review the evidence
-
- MDHHS will convene the HSRC on a bi-weekly basis to review HS packets once MSU has collected all documentation required by MDHHS for the HS process.
 - HSRC will submit their recommendations to MDHHS who will make the final determination regarding whether to refer settings to CMS for the HS review.
 - Those given preliminary approval by MDHHS will be posted for public comment.
 - The feedback from the public comment period will be considered in the final decision made by MDHHS regarding whether to refer settings to CMS for the HS review.
 - MDHHS will submit the settings and its evidence that has the potential to be compliant with the rule to CMS for the HS process
 - MDHHS expects to submit information to CMS on a no less than quarterly basis.

Michigan's Statewide Transition Plan for Home and Community-Based Services
Other Components of the Statewide Transition Plan

MI Choice Waiver	
Current Assessment Status	Statewide Assessment Completed 12/31/2015
Assessment Time Period	04/01/2015 – 12/31/2015
Date That Summary Data Was Compiled	11/15/2016
Start Date for Heightened Scrutiny Process	1/1/2019

Assessment Status	Residential	Percent	Non-Residential	Percent
Total Settings That Have Been Assessed and Submitted to MDHHS	936	100%	94	100%
Assessments MDHHS reviewed, validated, and determined setting compliance	936	100%	94	100%

Assessment Status	Residential	Percent	Non-Residential	Percent
Currently In Compliance	927	99.38%	91	96.81%
Could Come Into Compliance	All residential settings are compliant or under the heightened scrutiny process	0.00%	All non-residential settings are compliant or under the heightened scrutiny process	0.00%

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Other Components of the Statewide Transition Plan

Require Heightened Scrutiny	9	0.96%	3	3.19%

Michigan’s Statewide Transition Plan for Home and Community-Based Services
Other Components of the Statewide Transition Plan

Habilitation Supports Waiver and MSS&S Waiver

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

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

HSW	
Current Assessment Status	Statewide Assessment Completed
Assessment Time Period	Phase One: 4/1/2016 – 8/4/2016 Phase Two: 11/18/2016 – 1/31/2017
Date That Summary Data Was Compiled	11/17/2016
Start Date for Heightened Scrutiny Process	1/1/2019

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

*Providers complete one survey for each HSW participant served

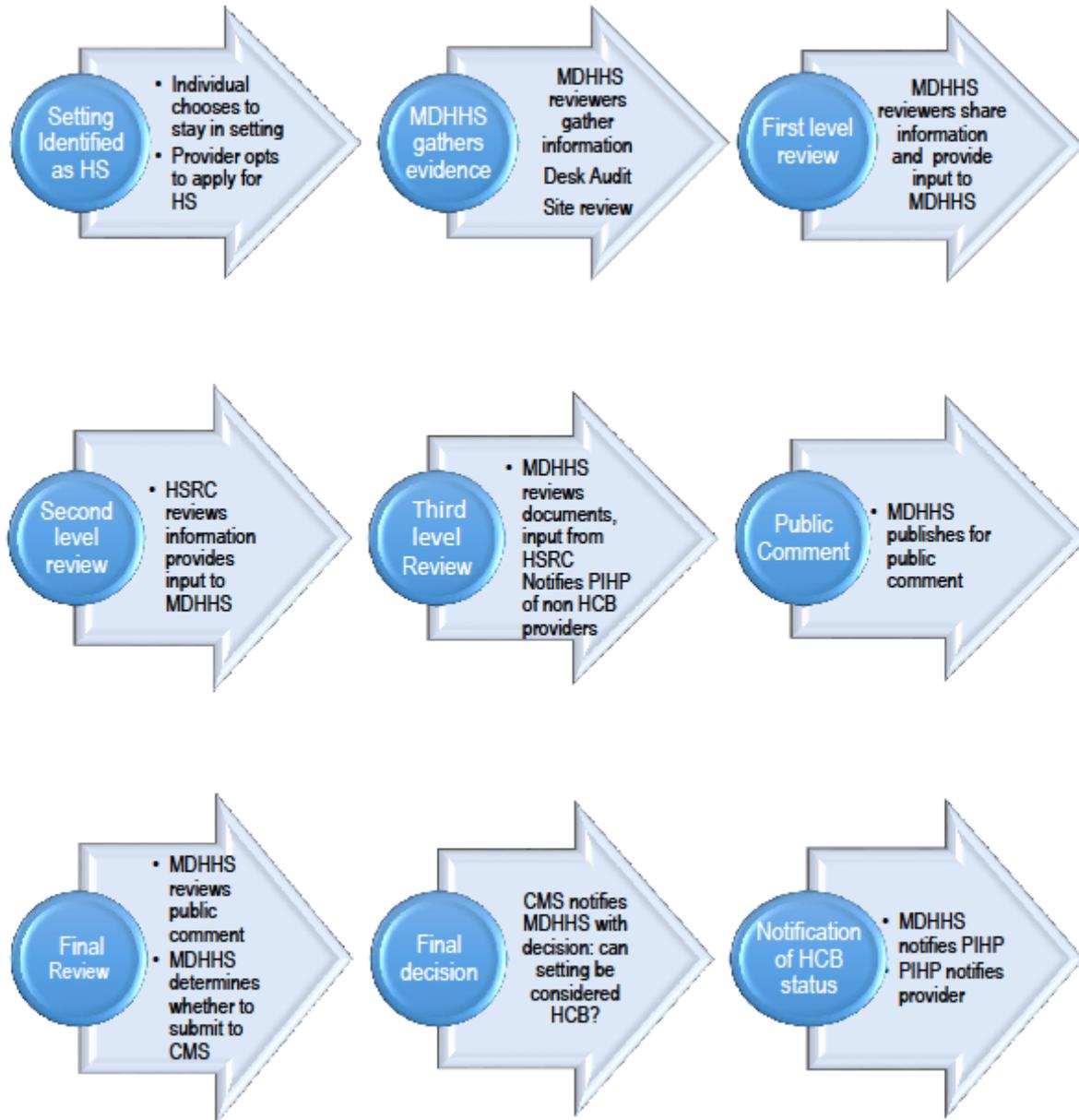
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MSS&S	
Current Assessment Status	Statewide Assessment Completed

Types of Surveys	Number of Surveys Completed *
Setting	8739
Participant	5755

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

MDHHS/BHDDA Heightened Scrutiny Process



Setting identified as requiring heightened Scrutiny (HS)

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

MDHHS gathers evidence

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

First level review

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

Second level review

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

Third level review

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

Public comment

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

Final review

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

Final decision

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

Notification of HCB status

- MDHHS notifies Waiver Entity regarding setting's status.

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- Waiver Entity notifies providers
- Individuals residing in non HCB compliant settings will be transitioned to compliant setting using the person centered planning process

Stakeholder Engagement and Outreach Strategy

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

Event Title	Date
Meeting with Developmental Disability Advocacy Groups	07/16/2014
Kick-Off Meeting for the Home and Community-Based Services Program Transition Project	08/12/2014
MI Health Link Demonstration Implementation Meeting	09/04/2014
LeadingAge Michigan Conference	09/17/2014
First Webinar for the Home and Community-Based Services Program Transition Project	10/01/2014
Michigan Developmental Disabilities Council Meeting	10/10/2014
Michigan Association of Community Mental Health Boards Conference	10/27/2014
Meeting with Developmental Disabilities Providers	10/29/2014
Olmstead Coalition Meeting	11/06/2014
Self-Determination Leadership Implementation Seminar	11/11/2014

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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	12/02/2014
Michigan Center for Assisted Living Meeting	12/09/2014
End of the Public Comment Period for the Statewide Plan	12/24/2014
Michigan Developmental Disabilities Council Meeting	01/06/2015
LeadingAge Training Day	03/03/2015
MACMHB Provider Alliance Meeting	03/23/2015
Self-Determination Leadership Meeting	03/25/2015
Developmental Disability Public Policy Meeting	04/07/2015
LeadingAge Regulatory Day	04/29/2015

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Oakland County RICC Meeting	05/08/2015
Michigan Developmental Disability Council Meeting	05/19/2015
HCBS Regional Forum	06/19/2015
Developmental Disability Practice Improvement Team	07/08/2015
Michigan Disability Housing Working Group	07/16/2015
Michigan Assisted Living Association Meeting	07/17/2015
Developmental Disability Practice Improvement Team	08/12/2015
Planning and Implementation Summit for the Habilitation Supports Waiver	09/25/2015
LeadingAge Regulatory Day	10/22/2015
MACMHB Fall Conference	10/26/2015
MARO Conference	11/05/2015
Developmental Disability Practice Improvement Team	11/12/2015
HCBS Waiver Conference	11/18/2015
MACMHB Director's Forum	11/15/2015
Update for the MI Choice Waiver Agents and Integrated Care Organizations	11/15/2015
Waiver Director's Meeting	02/24/2016

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Autism Council Meeting	02/26/2016
MACMHB Director's Forum	03/01/2016
Developmental Disability Practice Improvement Team	03/09/2016
American Association on Intellectual and Developmental Disabilities Conference	04/16/2016
Implementation Advisory Group Meeting	07/27/2016, 09/19/2016 11/17/2016 01/19/2017 03/09/2017 06/13/2017 10/19/2017 01/18/2018 04/26/2018
Webinar: HCBS reports in WSA	09/29/2016
DDI: Outreach and Education Materials	10/05/2016 and 10/12/2016
PIHP Directors' Forum	Monthly 09/2016 - ongoing
MACMHB Conference	10/24/2016
HCBS Waiver Conference	11/16/2016
MI Choice Bi-Weekly Phone Conference	11/18/2016 Ongoing

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MI Choice Waiver Directors' Meeting	10/26/2016 Ongoing
PIHP HCBS Lead Meetings	01/17/2017- Ongoing
Provider Alliance Committee	01/23/2017
Medicaid Autism Webinar	03/15/2017
Developmental Disabilities Council	04/18/2017
Licensing and Regulatory Affairs Presentation	06/13/2017
Recipient Rights Conference	09/20/2017
MACMHB Conference	10/19/2017
MDHHS Waiver Conference	11/15/2017
American Association on Intellectual and Developmental Disabilities Conference	04/17/2018

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

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

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

- **Habilitation Supports Waiver and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3):** MDHHS will work with the Michigan Association of Community Mental Health Boards to create an ongoing forum for stakeholders to assist and advise MDHHS on the transition process. The new forum, called the Implementation Advisory Group, has launched in May 2016 and continues to meet every other month. MDHHS will also engage and provide updates to stakeholders through the following forums: the Developmental Disabilities Council, the Developmental Disability Practice Improvement Team, the MACMHB Directors' Forum, and the Quality Improvement Collaborative.
- **MI Choice Waiver:** MDHHS will continue to work with the Quality Management Collaborative to review the status of the transition process and develop strategies to improve the implementation of the rule for the MI Choice Waiver.

Version History

Version Number	Major Changes since Last Version	Public Comment Period	Current Status
Version 1.0	Version 1.0 was the original version of the STP.	The formal public comment period for Version 1.0 was conducted between November 24, 2014 and December 24, 2014.	MDHHS submitted the final draft of Version 1.0 to the CMS on January 16, 2015. CMS responded to Version 1.0 with a list of recommended changes and clarifications in August 2015.
Version 2.0	<p>Version 2.0 included several major updates and revisions to the STP, which include the following:</p> <ol style="list-style-type: none"> 1. Addition of a new introduction section 2. Updates and changes to previous milestones and timelines 3. Addition of new milestones and timelines 4. Addition of systemic assessment 5. Addition of table of settings to be assessed 	The formal public comment period for Version 2.0 was conducted between December 16, 2015 and January 22, 2016.	The MDHHS released Version 2.0 of the STP for public comment on December 16, 2015. The public comment period began on December 16, 2015 and will end on January 22, 2016. MDHHS will respond to public comment and submit a revised STP to the CMS by March 11, 2016.

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

	<ol style="list-style-type: none"> 6. Addition of assessment results for the MI Choice Waiver and Habilitation Supports Waiver 7. Addition of the Statewide Assessment, Remediation, and Transition Strategy 8. Addition of the “Presumed Not To Be Home and Community-Based” Process 9. Addition of the stakeholder engagement and outreach strategy 		
Version 3.0 and Version 3.1	<ol style="list-style-type: none"> 1. Revised systemic assessment section 2. Update milestones and timelines 3. Addition of settings for §1915(b)(3) services (skill building, supported employment and CLS) 	The formal public comment period for Version 3.0 was conducted between November 29, 2016 and January 3, 2017.	Version 3.1 is a modified form of Version 3.0 based on feedback from CMS seeking clarification on specific items in the Systemic Assessment Section of the STP.
Version 4.0	<ol style="list-style-type: none"> 1. Revised Heightened Scrutiny Chart for all the waivers 2. Detailed plan for heightened scrutiny process 3. Updated settings assessments 4. Update milestones and timelines 	The formal public comment period for Version 4.0 was conducted between February 20th and March 22, 2018	Version 4.0 was submitted to CMS. Version 5.0 and 5.1 have been amended based on their feedback.

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Version 5.0 and 5.1	<ol style="list-style-type: none"> 1. Added Appendices for ease of reference to the Medicaid Provider Manual, Contract Information, and Licensing Rules 2. Updated Timelines 3. Updated Compliance Numbers 4. Discussion of Quality Assurance Reviews and Self-Assessments 	<p>The formal public comment period for Version 5.0 was conducted between September 26 and October 30, 2018. Version 5.1 is amended based on submitted comments.</p>	<p>Version 5.1 is a modified version of 5.0 based on feedback provided during the public comment period.</p>

Version Number	Major Changes since Last Version	Public Comment Period	Current Status
5.2	<p>1. Row 14 and Row 8.0 Comprehensive summary of completed assessments of all HCBS setting, validation methods and outcomes of activities</p> <p>2. Row 13.1 Remediation strategies and timelines</p> <p>3. Row 22.1/22.0 Process for communicating with beneficiaries currently in settings that cannot or will not come into compliance</p> <p>4. Row 14 Detailed plan completed for identifying and evaluating those settings presumed to have institutional characteristics</p> <p>5. Row 28.5/28.6/28.3 Description of ongoing monitoring and Quality assurance processes that will ensure all settings providing HCB remain HCB compliant going forward</p> <p>6. Row 8.0/8.3 Inclusion of validation process and dates for completion.</p>		Version 5.2

Process

Appendix A

Michigan Codes, Regulations, Policies, and Guidelines

Michigan Medicaid Provider Manual

On January 1, 2018, MDHHS promulgated a new Home and Community-Based Services chapter of the Michigan Medicaid Provider Manual.

Chapter language fully comports with 42 CFR §441.301.

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

Michigan Person-Centered Planning Policy and Practice Guideline

MDHHS Continues to follow the provisions set forth in the Michigan Person-Centered Planning Policy and Practice Guideline

Michigan Self-Determination Policy and Practice Guideline

MDHHS Continues to follow the provisions set forth in the Michigan Self-Determination Policy and Practice Guideline.

Appendix B

Contract Information

PIHP Contract

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

PIHP Contract

MI Choice Contract

The MI Choice contract can be found online at EGrAMS website: <https://egramsmi.com/dch/user/home.aspx> . On the left side of the screen under “Current Grants” scroll down to “Medicaid / Care for the Elderly” and click on it. In the center screen, click on “MED-2018” for the current MI Choice contract. In the window that opens, click on the “Documents” folder. This will provide you with hyperlinks to the entire MI Choice contract and its attachments (A through Q).

Attachment K:

Supports Coordination Performance Standards and MI Choice Operating Criteria

Any modifications to a setting for physically accessible must be based upon a specific assessed health and safety need and justified in the person-centered service plan, and meet the following federal criteria in 42 CFR §441.301(c)(4)(vi)(F) which are:

- Identify the specific assessed need,
- Document the positive interventions and supports used previously,
- Document less intrusive methods that were tried and did not work, including how and why they did not work
- Include a clear description of the condition that is directly proportionate to the assessed need,
- Include regular collection and review of data to measure the effectiveness of the modification,
- Include established time limits for periodic review of the modification,

- Include informed consent of the individual and include assurances that the modifications will cause no harm to the individual.

Attachment H

Minimum Operating Standards for MI Choice Waiver Program Services

The following paragraph was added to Attachment H, page 4 of the MI Choice contract:

Each waiver agency and direct service provider must comply with the Federal Home and Community-Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.

Appendix C

Licensing Rules

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

Licensing Rules for Adult Foster Care Family Homes;
Licensing Rules for Adult Foster Care Small Group Homes (12 or less); and
Licensing Rules for Adult Foster Care Large Group Homes (13-20).

Additional rules apply to Homes for the Aged.

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

Licensing Rules for Adult Foster Family Homes

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

Rule 8: R 400.1408 - Resident Care; Licensee Responsibilities

Rule 9: R 400.1409 - Resident Rights; Licensee Responsibilities

Rule 12: R 400.1412 – Resident Behavior Management; Prohibitions

Rule 19: R 400.1419 – Resident Nutrition

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

Rule 31: R 400.1431 – Bedrooms generally

Licensing Rules for Adult Foster Care Small Group Homes (12 or less)

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

Rule 302: R 400.14302 - Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.

Rule 303: R 400.14303 - Resident Care; Licensee Responsibilities

Rule 304: R 400.14304 - Resident Rights; Licensee Responsibilities

Rule 313: R 400.14313 – Resident Nutrition

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

Rule 407: R 400.14407 - Bathrooms

Rule 408: R 400.14408 - Bedrooms generally

Licensing Rules for Adult Foster Care Large Group Homes (13-20)

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

Rule 302: R 400.15302 - Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge

Rule 303: R 400.15303 - Resident care; licensee responsibilities

Rule 304: R 400.15304 - Resident rights; licensee responsibilities

Rule 305: R 400.15305 - Resident protection

Rule 307: R 400.15307 - Resident behavior interventions generally

Rule 308: R 400.15308 - Resident behavior interventions prohibitions

Rule 313: R 400.15313 – Resident Nutrition

Rule 407: R 400.15407 - Bathrooms

Rule 408: R 400.15408 - Bedrooms generally

Licensing Rules for Homes for the Aged

Rule 22: R 325.1922 - admission and retention of residents



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

March 1, 2023

TO: Interested Party

RE: Consultation Summary L 22-44 - Michigan's Revised Statewide Transition Plan for Home and Community-Based Services Waiver Programs

Thank you for your comment(s) to the Behavioral & Physical Health & Aging Services Administration relative to L 22-44 – Michigan's Revised Statewide Transition Plan for Home and Community-Based Services (HCBS) Waiver Programs. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Michigan Department of Health and Human Services (MDHHS) received comments from two entities during the public comment period. Responses to specific comments are addressed below.

Comment: When will a list of heightened scrutiny settings from Specialty Services and Supports Program 1915(b)(3) waiver be available for public review and where will it be posted.

Response: Thank you for your comment. When the Heightened Scrutiny process is completed, the information will be posted the MDHHS HCBS webpage.

When MDHHS posted heightened scrutiny settings for public comment, MDHHS sent out notice to our stakeholders in an L Letter, newspaper notice, and posted them on our website. The notices provide the public with the location of the Heightened Scrutiny settings.

Comment: I was on the Heightened Scrutiny Review Committee. Where can I find a breakdown of the dates the settings were reviewed and what settings failed heightened scrutiny. Is there sufficient time to enact corrective measures?

Response: Thank you for your comment. MDHHS will post the heightened scrutiny results on our website when the heightened scrutiny process is complete. Comments or concerns may be directed to the MDHHS HCBS email box at HCBSTransition@michigan.gov.

Comment: We question if settings where foster children are placed, who receive services through Children with Serious Emotional Disturbances Waiver Program, have been examined for HCBS compliance? If not, why? These setting should not fall under an “assumed” compliance measurement.

Response: Thank you for your comment. As stated in the STP, all children under this waiver program are served in family homes, independent living settings, or foster family homes, as such all settings under this waiver were determined to meet the settings criteria. CMS requested that Michigan amend the SEDW transition plan to reflect the fact that Foster Family homes and any other setting, per licensing rules, meet the HCBS regulatory requirements. CMS approved the amended plan including the SEDW transition plan on 03/27/2015.

Comment: The lack of understanding of the home and community-based rules by staff at The Department of Licensing and Regulatory Affairs (LARA) is a serious problem. The lack of education for them by MDHHS staff is causing significant licensing issues and is denying individuals their HCBS rights.

Response: Thank you for your comment. All departments must comply with the HCBS Final Rule. MDHHS oversees compliance with the CMS Final Rule and works with other departments, including LARA, with any potential compliance issues related to the CMS HCBS Final Rule.

Comment: While the State Transition Plan says that stakeholder meetings are ongoing, the last listed public stakeholder event was held in 2018 and was a presentation at a conference.

Response: Thank you for your comment. MDHHS has had meetings, events, conferences, and trainings ongoing. Comments or concerns may be directed to the MDHHS HCBS email box at HCBSTransition@michigan.gov. The department continues to be responsive as requests for additional information come in.

Comment: The STP still list Behavioral Health Developmental Disability Administration (BHDDA) as a “stakeholder” within the STP even though that department is no longer in existence.

Response: Thank you for your comment. The name changes were recent. MDHHS made the decision to keep the name the same for consistency purposes and to alleviate confusion.

Comment: The plan seems to be “pieced together” as the implementation moved forward. There is a lot of information that is outdated or not reflective of the current standings.

Response: Thank you for your comment. This plan began in 2014 and has had many changes since then. The changes and updates are noted in the plan so that CMS can follow our progress MDHHS works toward full compliance.

Comment: The state has yet to receive final approval for its State Transition Plan 5.3 with only 21 weeks remaining to meet full compliance of the federal regulations. Why has it taken over 2 years between State Transition Plan 5.2 and 5.3?

Response: Thank you for your comment. MDHHS has been working diligently since the last submission toward full compliance. This was slowed for a while due to the Public Health Emergency that began in March 2020.

Comment: STP 5.3 was released in June of 2022, however, we were still reviewing settings that were in the heightened scrutiny process in the last part of July. How can the state report that so many settings were 100% compliant when reviews were still taking place?

Response: The settings MDHHS reported as 100% compliant were not part of heightened scrutiny process.

Comment: We have great concerns that the direct care worker shortage will negatively impact the beneficiaries’ ability to receive the supports and services they need in the least restrictive setting i.e., a HCBS compliant setting. How is the state incorporating this crisis in its STP 5.3?

Response: MDHHS shares these concerns. The direct care worker shortage is an issue throughout the country. The shortage is a larger issue than the STP and is being looked at and addressed throughout the state and various departments.

Comment: We request the state’s definition of “independent living” and how that definition pertains to the direction of the STP.

Response: Independent living settings are private homes.

Comment: Do adult day programs require the same HCBS compliance?

Response: Yes, adult day programs must follow the HCBS Final Rule.

Comment: Many of the settings reviewed in the heightened scrutiny process had, at best, limited transportation available for their residents. We believe that

the federal regulation requires that those receiving HCB services must have the same access to the greater community as those without disabilities. What is the state's requirement for accessible transportation for HCBS beneficiaries? Lack of transportation will impact many portions of an individual's life such as employment, community involvement etc.

Response: We require that those receiving HCBS services must have the same access to the greater community as those without disabilities including access to transportation.

Comment: Addressing participant surveys, are recipients allowed to have legal representation available to them during this process to ensure their rights are protected? Secondly, as noted in the very early stages of the HCBS transition process, we found lack of standards for conflict free survey participation. What has the state done to ensure the individual has absolute autonomy to answer the questions as they wish?

Response: Yes, HCBS waiver participants can have legal representation when completing the HCBS survey. Participants make the decision who, if anyone, assists them with completing the survey. Participant completion of the HCBS survey is voluntary.

Comment: The Administrative Quality Assurance Reviews and the Clinical Quality Assurance Reviews are not part of the HCBS compliance process." What is this?

Response: Thank you for your comment. The Clinical Quality Assurance Reviews and Administrative Quality Assurance Reviews are not part of the HCBS compliance review process. They are part of the MI Choice annual audit process for our MI Choice program. They do not have anything to do with the HCBS Final Rule or in determining HCBS setting compliance. During these audits, qualified reviewers visit participants homes and settings. If during these visits a reviewer notices HCBS non-compliance, they will inform MDHHS. MDHHS will ensure any setting reported as possibly non-compliant with the HCBS Final Rule will be followed-up and reviewed.

Comment: We strongly request that a strict time frame of no more than 30 days be implemented to address any reports of possible non-compliance issues reported. This should include site visits, report reviews, and determinations.

Response: Thank you for your comment.

Comment: Row 28.5 requires MDHHS and Behavioral Health Developmental Disability Administration (BHDDA) the ongoing reassessment of Habilitation Supports Waiver (AW) and Managed Specialty Supports and

Services Program (MSS&S) settings. We would like confirmation on exactly which department/bureau will be responsible for this task

Response: MDHHS maintains responsibility for this task.

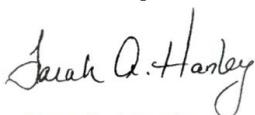
Comment: It is stated that there will be no disruption of services should a transition from one location to another is required for the individual. How is this possible due to the exuberant differences of supports and services provided across the state? We seek absolute confirmation that there will be no disruption of services. Secondly, how can there be at least 6 months' notice given to beneficiaries when there is only 21 weeks remaining before we must be in full compliance?

Response: Thank you for your comment. MDHHS continues to work with CMS regarding approval of the STP and subsequent approval of our timelines.

MDHHS is aware of differences in supports and services across the state and is working with our partners at the local and regional levels to address the contractual requirement that a full array of services, and an adequate provider network are available to all Medicaid recipients, including those who may have to transition to an HCBS compliant setting. This work includes identifying HCBS compliant settings within each region and collaborating with these partners to address the direct care workforce shortage. MDHHS is committed to this work to ensure there will be no disruption in services.

MDHHS trusts your concerns have been addressed. If you wish to comment further, send your comments to Florence Amouzou at Amouzouf@michigan.gov.

Sincerely,



Farah Hanley
Chief Deputy Director for Health