

CMS STANDARD	MDHHS BEHAVIORAL HEALTH RESPONSE
<p>How the state’s oversight systems have been modified to embed the regulatory criteria into ongoing operations</p>	<ul style="list-style-type: none"> • Site review process: Incorporated interview with persons receiving services to assess satisfaction with the Person-Centered Planning (PCP) process during MDHHS site reviews. • 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. • MDHHS/PIHP: Ongoing review of MDHHS/PIHP contracts will continue and changes will be made as needed. The following changes have been made to the PIHP Contract. <ul style="list-style-type: none"> ○ Contract was updated to reflect HCBS requirements of the PIHPs and all subcontracted providers. ○ Close the front door policy that restricts waiver entities from contracting with new providers without conducting a review to ensure they are or can become compliant with the HCBS rule. Those settings that would require Heightened Scrutiny must be reviewed in consultation with the MDHHS HCBS team prior to contracting with or placing individual in the setting. • Michigan Medicaid Provider Manual: MDHHS created a HCBS chapter in the Michigan Medicaid Provider manual to address the HCBS Final Rule which was promulgated on 1/1/2018. • Joint Guidance Document: Created document in junction with Department of Licensing and Regulatory Affairs (LARA), stakeholders. This document outlines the rights of Medicaid recipients related to freedom of movement, prohibition of house rules etc.

	<ul style="list-style-type: none"> • Summary of resident rights: Implement residency agreements with adult foster care family homes. • Administrative Review Hearing process: Language is currently being promulgated. This process will ensure that Medicaid recipients who reside in a provider owned, or controlled setting have comparable protection to state landlord and tenant laws. • Updates to Waiver Support Application (WSA) to provide compliance oversight to ensure waiver participants receive services in a HCBS compliant setting. • Regularly scheduled meetings with PIHP representatives to ensure ongoing compliance processes are in place. Communicate with the PIHP system. Monitor required PIHP oversight of settings. • Contracts with external providers: MDHHS continues to contract with Michigan State University and with Michigan Developmental Disabilities Institute. Their work includes evidence gathering, technical assistance with public comment process, training and webinars to individuals and families served, providers and professional staff, and transition process support and ongoing monitoring.
<p>How the state assesses providers for initial compliance and conducts ongoing monitoring for continued compliance</p>	<ul style="list-style-type: none"> • MDHHS will continue to assess settings through our survey process. Settings responses to assessment surveys will be validated and if required remediated to bring the setting into compliance. • MDHHS will continue to conduct heightened scrutiny reviews. • Ongoing monitoring occurs through existing waiver site review process. • HCBS specific site reviews conducted by MDHHS and its partners. • PIHP/Waiver entities assess satisfaction with setting and monitor for ongoing HCBS compliance annually. • Development and implementation of provider communication process. • Ongoing trainings to educated providers and system partners. • MDHHS Behavioral Health HCBS team will be updating the language in the PIHP Customer Service Standards Handbook containing information about HCBS services and setting compliance, Beneficiary rights and how to file a complaint. Customer services department is required to be available 8 hours a day, Monday- Friday except holidays.

	<ul style="list-style-type: none"> • Contract language will be updated to reflect requirements of CMHSP/PIHPs to notify MDHHS of beneficiary recourse.
<p>A beneficiary's recourse to notify the state of setting non-compliance and how the state will address beneficiary feedback</p>	<p><i>Beneficiaries who would like to communicate concerns with MDHHS have the following options:</i></p> <ul style="list-style-type: none"> • Through the participation in survey process. • Interviews with beneficiaries during the Site Review process. • Through training and webinars to individuals and families served, with Michigan State University and with Michigan Developmental Disabilities Institute. • PIHP Customer Service Standards Handbook containing information about HCBS services and setting compliance, Beneficiary rights and how to file a complaint. This document currently being updated and will be available to Medicaid Beneficiaries on or before March 30, 2024. • Contact the HCBS transition team via email at HCBSTransition@michigan.gov • Link to HCBS transition email is present on HCBS webpage Home and Community-Based Services Program Transition (michigan.gov) • Contact MDHHS representatives with HCBS concerns at 844-275-6324 • Reach out to Local CMHSP customer services via telephone to share concerns. Customer services department is required to be available 8 hours a day, Monday- Friday except holidays. • Utilize existing grievance process. • MDHHS will be notified by CMHSP/PIHP when grievances of this nature are filed. • MDHHS will review and intervene in grievance resolution when not resolved at the local level. • Recipient rights process and brochure provided at initial eligibility of behavioral health services and annually thereafter. <p><i>How MDHHS will address beneficiary feedback MDHHS requires the CMHSP/PIHP to:</i></p> <ul style="list-style-type: none"> • Conduct site review within 30 days of notification.

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| | <ul style="list-style-type: none">• Implement remediation plan within 30 days of site review.• Inform beneficiary of actions taken within 14 days of implemented remediation.• Inform MDHHS of findings and actions within 14 days of implemented remediation. |
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CMS STANDARD	MI CHOICE RESPONSE
<p>How the state’s oversight systems have been modified to embed the regulatory criteria into ongoing operations</p>	<p>Licensure and certification standards: MI Choice reviewed all licensures rules for compliance. MDHHS, BDHHA, and LARA created the Joint Guidance Document to ensure that licensing rules and the HCBS requirements are aligned. The Joint Guidance addresses lockable doors, visiting hours, residency agreements and state landlord-tenant law, choice of providers, freedom of movement, choice of roommate, and access to earned income.</p> <p>Provider manuals – MDHHS added the Home and Community Based chapter the Michigan Medicaid Provider Manual to address the HCBS Final Rule. The chapter includes the Person-Centered Planning Process and all other aspects of the Final Rule.</p> <p>Contracts – MI Choice added the HCBS Final Rule to the MI Choice contract requirements</p> <p>Person-centered plan monitoring by case managers – The goal of the MI Choice program is to provide home and community-based service and supports to participants using a person-centered planning process that allows them to maintain or improve their health, welfare, and quality of life. MI Choice requires that all MI Choice participants must have a person-centered plan. This is written in our 1915c waiver application, our contracts, and Medicaid Provider Manual. MI Choice conducts Clinical Quality Assurance Reviews (CQAR) audits every year to validate the person-centered planning meetings to reflect the services/supports that are important to the participant, the participant/guardian made informed choices, meet the needs of the individual as identified through their assessment, identified the participants health and welfare issues, needs, and risks, include the process for minimizing risk factors, planning, and supporting the participant, reflect that the setting has been chosen by the</p>

individual, has been finalized and agreed to, and distributed to the individual and people involved in the plan.

Ongoing Training and Guidance – MI Choice provided training to the waiver agencies and to the housing specialists who conduct the on-site assessments. 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 provide training and guidance to waiver agencies and providers as part of our ongoing compliance efforts.

Home and Community Based Services Program Transition Tools and Documents - <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/programs/progbens/mi-choice-waiver-program>

MI Choice Program Specific HCBS Information - <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/programs/progbens/mi-choice-waiver-program>

How the state assesses providers for initial compliance and conducts ongoing monitoring for continued compliance

- MDHHS MI Choice developed a tool 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.
- MDHHS MI Choice assessed 100% of our providers for compliance. 100% of MI Choice Settings are compliant with the Final Rule. All MI Choice settings were required by contract to be compliant with the Final Rule by 3/17/2019. All settings after 3/17/2019 must be in immediate compliance.
- As part of the continued monitoring, all MI Choice settings must be surveyed for compliance each contract year using the survey tool. Staff must visit the setting, walk through the setting, interview staff, interview participants, and complete the survey using the provider tools as part of the survey process.
- As part of continuing monitoring, MI Choice requires 100% of the settings to be resurveyed every year using the MDHHS survey monitoring tool. Waiver agencies will verify providers continue to meet all the settings criteria under CMS HCBS Final Rule. Staff must visit the setting, walk through the setting, interview staff, interview participants, and complete the survey using the provider tools as part of the survey process.
- Participants, family members, guardians, or other advocates can report any concerns with the settings compliance with the Final Rule to the Supports Coordinator, Waiver agency, or MDHHS. Any reports or concerns of possible non-compliance require 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.

- Throughout the year, MI Choice conducts Clinical Quality Assurance Review (CQAR) and Administrative Quality Assurance Quality (AQAR) audits. (These are separate from the Final Rule or compliance with the Final Rule). Since MI Choice conducts the CQAR and AQAR audits throughout the year, we decided this would be another opportunity for us to incorporate an additional check on the setting compliance. If the CQAR or AQAR teams are conducting an audit in a setting, we ask them to check to see if the setting is compliant or if there is anything that they need to bring to MDHHS' attention. If the setting is not compliant with the Final Rule or if there is anything that needs attention, MDHHS will conduct a site visit.
- MI Choice submitted a list of 12 settings to CMS for Heightened Scrutiny Review. These settings were 100% compliant with the Final Rule but were connected to a skilled nursing facility. MI Choice contracted with MSU to conduct our site visits for our Heightened Scrutiny process to conduct an on-site visit to collect evidence of compliance by conducting the survey, interviewing staff and participants, taking pictures, and collecting documents. MSU presented evidence collected to our committee comprised of 3 MDHHS employees, 2 advocates, and 3 MI Choice participants. The committee reviewed all evidence collected and voted on compliance.

A beneficiary's recourse to notify the state of setting non-compliance and how the state will address beneficiary feedback

Beneficiaries who would like to communicate concerns with MDHHS of non-compliance have the following options:

- Notification of waiver agency or Supports Coordinator
- Through the participation in survey process.
- Contact the HCBS transition team via email.
- Contact MI Choice amouzouf@michigan.gov or deckerc@michigan.gov
- Reach out to waiver agency via telephone to share concerns.
- The MI Choice Ombudsman 1-888-746-6456
- Utilize existing grievance process.
- MDHHS will be notified by PAHP when grievances of this nature are filed.
- MDHHS will review and intervene in grievance resolution when not resolved at the local level.
- Recipient rights process and brochure provided at initial eligibility of behavioral health services and annually thereafter.

How MDHHS will address beneficiary feedback:

- Conduct an onsite site visit and survey the setting
- Inform waiver agency and setting of findings. Require immediate remediation for any non-compliance. All non-compliant issues found must be remediated within 14 days.
- Resurvey setting to ensure all non-compliant issues are resolved.
- Inform beneficiary non-compliance issues of actions taken and non-compliance issues resolved.