

HCBS

IMPLEMENTATION UPDATE

RE:CON - THE CONVENTION OF NEW BEGINNINGS
NOVEMBER 2, 2017 - GRAND RAPIDS, MI

PRESENTERS:

Todd Culver, CEO – MARO

**Robert Sheehan, CEO – MI Assoc. of
Community Mental Health Boards**

**Bob Stein, General Counsel – MI
Assisted Living Association**

AGENDA

- **Overview of Final Rule**
- **Timeline – 2014 to the present**
- **Statewide Transition Plan**
- **HSW Compliance Notifications and Corrective Action Plans**
- **Heightened Scrutiny**
- **B3 Services Compliance Assessments**

FORMAT

- **Intro and Overview of Rule**
- **Role of Implementation Advisory Group**
- **Statewide Perspectives:**
 - Community Mental Health Agencies
 - Residential Service Providers
 - Non-Residential Service Providers
- **Discussion**

Home and Community-Based Setting Requirements

- The home and community-based setting requirements establish an outcome oriented definition that focuses on the nature and quality of individuals' experiences
- The requirements maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting



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Home and Community-Based Setting Requirements

The Home and Community-Based setting:

- Is integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services



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Home and Community-Based Setting Requirements

- Person-centered service plans document the options based on the individual's needs, preferences; and for residential settings, the individual's resources
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them



HCBS RULE

The over-arching principle for compliance is to ensure fidelity with the intent that individuals receiving Medicaid-funded HCBS have the opportunity to receive these services in a manner that *protects individual choice and promotes community integration.*

HCBS RULE

Any setting in which services are provided must have the following 5 qualities:

- **Integrated in and supports full access to the community.**
- **Is selected by the individual from among setting options including non-disability specific settings.**
- **Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.**
- **Optimizes individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.**
- **Facilitates individual choice regarding services and supports, and who provides them.**

IMPLEMENTATION ADVISORY GROUP (IAG)

The Home and Community-Based Services Implementation Advisory Group will assist the Michigan Department of Health and Human Services with implementing the Home and Community-Based Services Rule for Medicaid waiver programs that offer services to individuals with behavioral health needs or developmental or intellectual disabilities.

PROVIDER READINESS TOOLS

- **Developed through Workgroups established within the IAG – one for residential services, and one for non residential services.**
- **HCBS Toolkit**

STATEWIDE TRANSITION PLAN

- **Michigan received initial approval from CMS in August 2017**
- **One of 38 states to receive initial approval**
- **6 have received final approval (AK, DE, DC, KY, OK, TN)**

COMPLIANCE DEADLINE

Recently issued heightened scrutiny letters contained the following sentence: "Providers should continue to provide services/supports to HCBS participants during the Heightened Scrutiny process. All providers are encouraged to work with PIHP/CMHSP to be in full compliance no later than September 17, 2021."

COMPLIANCE DEADLINE

- **This would appear to acknowledge extension of the deadline for HCBS compliance to March 2022, per the implementation bulletin from the Centers for Medicare and Medicaid Services (CMS) issues earlier this year.**
- **MDHHS will defer to CMS on final decisions relative to moving to compliance from Heightened Scrutiny - and CMS is operating under the 2022 timeline.**
- **The timeline for compliance for those settings not elevated to Heightened Scrutiny will be maintained at March 2019, consistent with the Statewide Transition Plan.**

DISCUSSION

- **Provider notification status**
- **Development of Corrective Action Plans**
- **Heightened Scrutiny update**
- **Surveys for b3 services (Skill Building, Supported Employment or Community Living Supports)**
- **Challenges and Success Stories**
- **What's Next**