

TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Medicaid Rule

FOR THE STATE OF MICHIGAN

The CMS-approved Michigan transition plan can be found at:

<https://www.medicaid.gov/sites/default/files/2023-09/mi-transition-plan-hcbs.pdf>

The CMS-approved Michigan Corrective Action Plan can be found at:

<https://www.medicaid.gov/sites/default/files/2023-09/mi-appvd-cap.pdf>

SITE-SPECIFIC ASSESSMENTS

The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated, site-specific assessments of all provider-owned or controlled settings.

Types of Settings/ Residents and Funding Authorities	MDHHS has six waiver programs that offer home and community-based services: <ul style="list-style-type: none">• Children’s Waiver Program• Children with Serious Emotional Disturbances Waiver Program• MI Choice Waiver Program• MI Health Link HCBS Waiver Program• Habilitation Support Waiver Program• Managed Specialty Services and Supports Waiver Program Settings include: <ul style="list-style-type: none">• Assisted Living Facilities• Adult Foster Care• Homes for the Aged• Independent Retirement Apartments• Adult Day Care sites• Provider owned or controlled settings• Out of home non-vocational habilitation• Prevocational service support employment
Compliant/Non-Compliant	<u>MI Choice Waiver:</u> 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. As of 6/14/2022, there are a total of 94 total nonresidential settings that have been assessed and submitted to MDHHS. Full compliance: <ul style="list-style-type: none">• Residential:<ul style="list-style-type: none">○ 927 settings, 99.38%• Non-residential:<ul style="list-style-type: none">○ 91 settings, 96.81% Do not comply but could come into compliance:

MICHIGAN TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

	<ul style="list-style-type: none"> • Residential: <ul style="list-style-type: none"> ○ 0 settings, 0.00% • Non-residential: <ul style="list-style-type: none"> ○ 0 settings, 0.00% <p>Require Heightened Scrutiny:</p> <ul style="list-style-type: none"> • Residential: <ul style="list-style-type: none"> ○ 9 settings, 0.96% • Non-residential: <ul style="list-style-type: none"> ○ 3 settings, 3.19% <p>NOTE: Michigan received approval of its corrective action plan (CAP) on August 24, 2023. The CAP provides updated timeframes for completion of site-specific assessments and the heightened scrutiny review process. Therefore, setting classifications in the STP may be out of date. The updated CAP stated that the completion date to submit information to CMS on presumptively institutional settings selected by CMS for a sampled heightened scrutiny review was within 45 days of receipt of the listing from CMS. According to the CAP, teams will address heightened scrutiny findings related to CMS’ heightened scrutiny review by 12 months post the date CMS issues a determination and findings to the state. Final compliance statewide with HCBS settings rule will take place 12 months post the date CMS issues a heightened scrutiny determination and findings to the state for the Habilitation Supports Waiver and Behavioral Health Demonstration Project Settings.</p>
Reasons for Non-Compliance	Specific reasons for non-compliance were not listed.
Transition plans	Michigan conducted a comprehensive review of how current state policies, procedures, standards, and contracts align with the Federal Rule. After, provider self-assessment was conducted to determine areas of compliance/non-compliance. Results were validated through evidence examination and site visits. Once MDHHS has completed the assessments, MDHHS will start the remediation process in order to bring settings and programs into compliance with the rule. Any settings presumed to have institutional quality went through a heightened scrutiny review. If a provider could not or would not comply, the state worked with waiver agencies to transition participants to compliant settings. The state will continue to conduct ongoing monitoring and quality assurance activities.

SETTINGS PRESUMED INSTITUTIONAL

CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.

MICHIGAN TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

CMS presumes the following types of settings have institutional or isolating qualities:

- *Category 1: Located in a hospital, nursing facility, or other institutional setting.*
- *Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.*
- *Category 3: Have the effect of isolating people from the broader community.*

<p>% Presumed Institutional (No. of Residents Affected)</p>	<p><u>MI Choice Waiver:</u></p> <ul style="list-style-type: none"> • Residential: <ul style="list-style-type: none"> ○ 9 settings, 0.96% • Non-residential: <ul style="list-style-type: none"> ○ 3 settings, 3.19%
<p>Type of Setting/Residents</p>	<ul style="list-style-type: none"> • Residential settings include: Adult Foster Care, Home for the Age, Assisted Living, Independent Living • Non-residential settings are all Adult Day programs
<p>Reason for Presumption</p>	<p>The reasons for presumption were not disclosed.</p>
<p>Heightened Scrutiny Process</p>	<p><u>MI Choice Waiver:</u></p> <ul style="list-style-type: none"> • MDHHS MI Choice compiled a list of settings requiring heightened scrutiny. • MDHHS MI Choice will collect 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 will be put out for public comment. • MDHHS MI Choice will submit data to CMS for review. <p><u>Habilitation Supports Waiver:</u></p> <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 recommendations of the HSRC. • The settings that MDHHS believes are HCB will be posted for public comments. • MDHHS will submit information to CMS for those settings that MDHHS believes are HCB for review. <p><u>MSS&S Waiver:</u></p>

MICHIGAN TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

	<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 who will submit their recommendations regarding the HCB status of the setting to MDHHS. • 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. • MDHHS will submit information to CMS for those settings that MDHHS believes are HCB for review.
--	--

NON-COMPLIANCE COMMUNICATION

% Cannot/Will Not Comply (No. of Residents Affected)	There are no settings that will not comply.
Type of Setting/Residents	Not applicable.
Reason for Determination	Not applicable.
Communication Strategy	MDHHS will notify providers who are found to not meet and are unable to meet the HCBS Final Rule requirements.
Assistance to Residents?	<p>MI Choice Waiver:</p> <ul style="list-style-type: none"> • Participants will be notified if their provider cannot meet requirements. MDHHS will send a letter to beneficiaries six months ahead of time to allow for a smooth transition. Supports Coordinators will work with participants on a transition plan that 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. 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. <p>Habilitation Supports Waiver and MSS&S Waiver:</p> <ul style="list-style-type: none"> • MDHHS will notify all participants whose settings are unable to come into HCBS compliance no later than September 1, 2021. MDHHS will communicate directly with the participant’s case

MICHIGAN TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

	<p>manager through email. 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. The individual’s preferences will be formalized in the Individualized Plan of Service. Support coordinators will provide an attestation for everyone 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> <p>MSS&S Waiver:</p> <ul style="list-style-type: none"> • Those participants receiving services from settings that are unable to come into compliance or to overcome HS will be contacted by their Community Mental Health Services Program (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 transition from their current setting.
--	--

ONGOING MONITORING

<p>Monitoring Procedures</p>	<p>MI Choice Waiver:</p> <ul style="list-style-type: none"> • 100% of MI choice settings will be reviewed for HCBS Final Rule compliance every year using the MDHHS survey monitoring tool • MI Choice staff will validate 100% of the results of the survey via on-site assessments conducted by trained waiver agency staff. • 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. • For all waivers: 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.
-------------------------------------	--

MICHIGAN TRANSITION PLAN FOR COMPLYING WITH THE CMS HOME- AND COMMUNITY-BASED SERVICES MEDICAID RULE (continued)

	<ul style="list-style-type: none"> MI Choice and Habilitation Supports Waiver: 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.
<p>Quality Assurance Measures</p>	<p>MI Choice Waiver:</p> <ul style="list-style-type: none"> MDHHS MI Choice incorporates the HCBS settings requirements into the MDHHS MI Choice Administrative Quality Assurance Reviews (AQAR) starting in FY 2017 and each year thereafter. <ul style="list-style-type: none"> AQAR and CQAR conduct annual reviews. Part of the CQAR annual review process is participant home visits. MDHHS will ensure any setting AQAR or CQAR reported as possible non-compliance with the HCBS Final Rule will be reviewed. <ul style="list-style-type: none"> Methods of validation include 100% review of responses from providers, onsite reviews, and/or MDHHS site reviews. Waiver agencies will verify that providers continue to meet all the settings criteria under CMS HCBS Final Rule. <p>Habilitation Supports Waiver and MSS&S Waiver:</p> <ul style="list-style-type: none"> 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. <p>More information about quality assurance measures can be found in Michigan’s Jan 1st submission here.</p>