

Home and Community Based Services

The Home and Community Based Services (HCBS) Final Rule

In January 2014 the Centers for Medicare and Medicaid Services (CMS) announced a Final Rule on HCBS. HCBS are Medicaid services for people with disabilities to help them live in their own homes and communities. The rule requires that states take steps to ensure that services and supports provided under the HCBS waivers are consistent with the values of the final rule. These values include

- Improve individuals access to the community
 - Support individuals in making decisions about their lives
 - Increase individuals voice in determining the services they want and who they want to provide those services.
 - Build upon individuals rights to privacy
 - Ensure that individuals have full access and freedom of movement within their homes and in their communities.
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HCBS Assessment Process

- Survey Providers and Participants
 - If Providers want to continue to receive Medicaid dollars for HCBS services provided they are required to complete the survey.
 - The surveys will be administered online through the online survey system, Qualtrics, via your email address. If a provider legitimately does not have an email address the survey can be done over the phone. The survey email invitation provides a unique link for each survey. A survey link cannot be used more than once or reused. However, the provider can forward the link to the appropriate staff to complete the survey.
 - The next round of surveys for the b3 services will be sent out July-August 2017. Providers will have until November 2017 to complete surveys.
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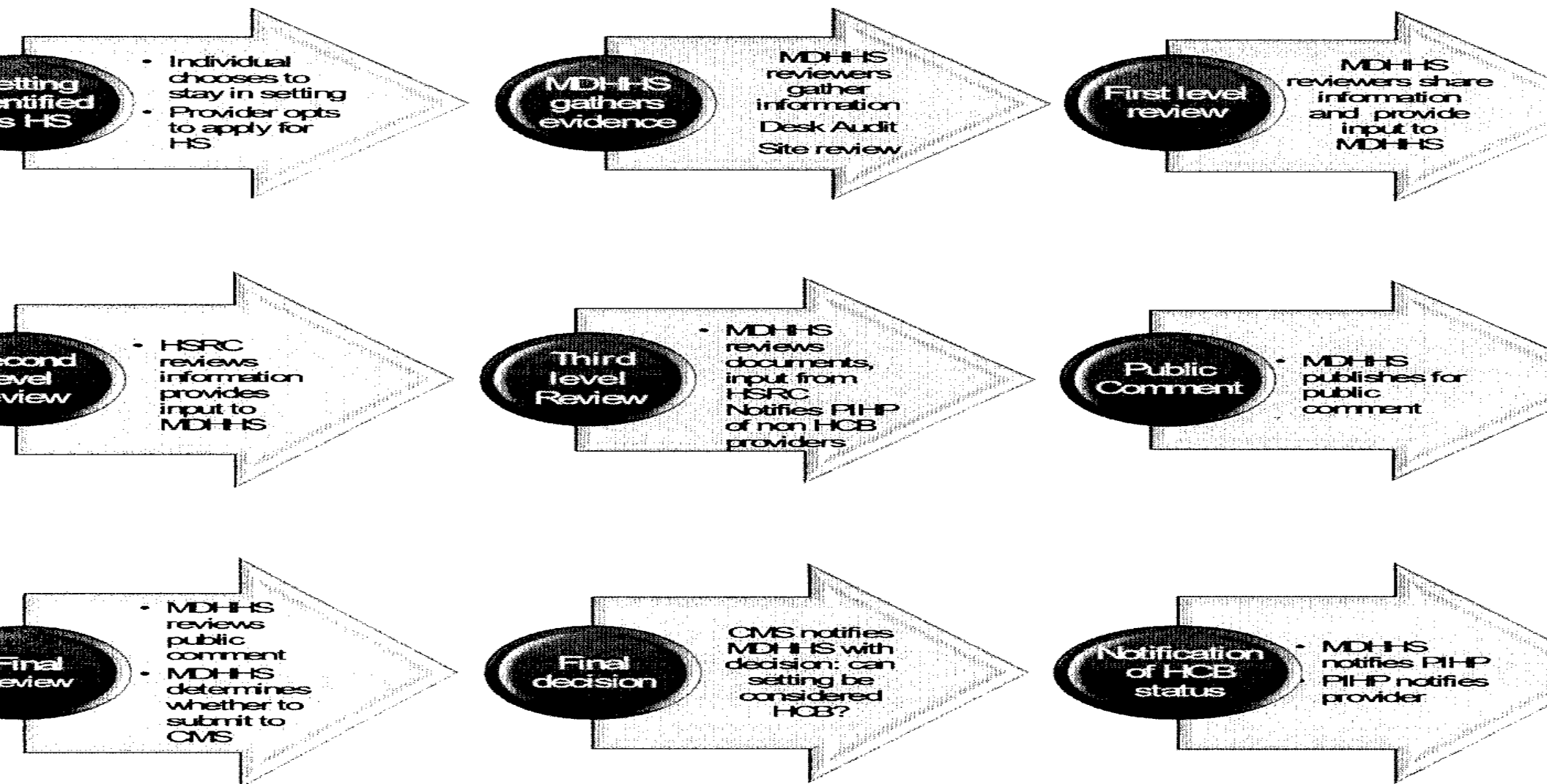
HCBS Assessment Process (Cont.)

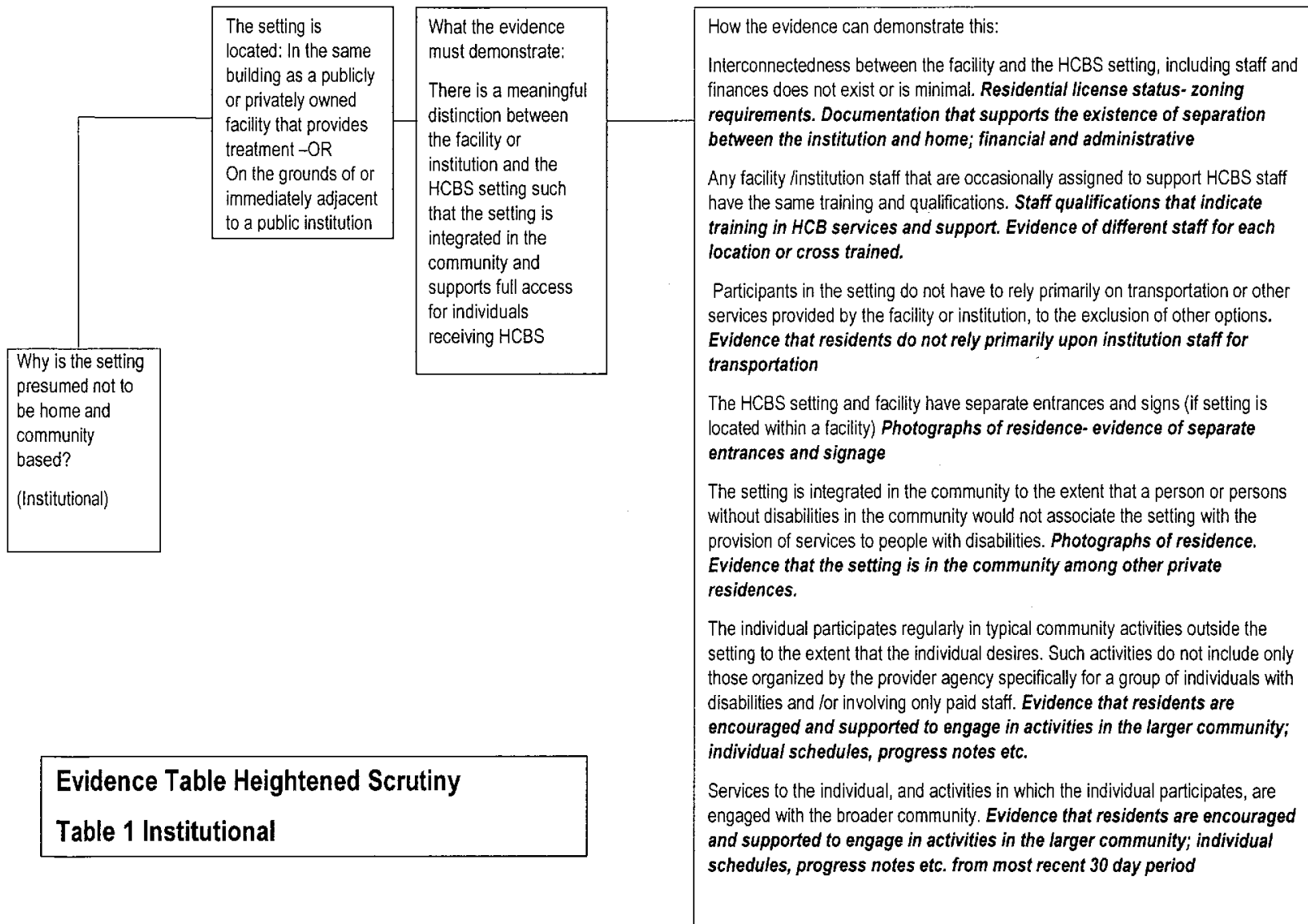
- Collect and Analyze Data for Compliance with Rule
 - MI-DDI will summarize the survey results and post the information at its webpage (<https://ddi.wayne.edu/hcbs>). The results are expected to be available in early 2018. The findings from previous surveys are posted on the website.
 - Filter those that meet criteria for Heightened Scrutiny.
 - Notices will be sent providers to signify where they are out of compliance.
 - Providers will review and develop Corrective Action Plans (CAPs) to identify how they plan to come into compliance with the rule.
 - PIHP will accept or deny CAP. If accepted the provider will be monitored for follow up of CAP through resurvey and site visits.
 - Provider will be HCBS compliant or begin process of transitioning consumers to a compliant setting.
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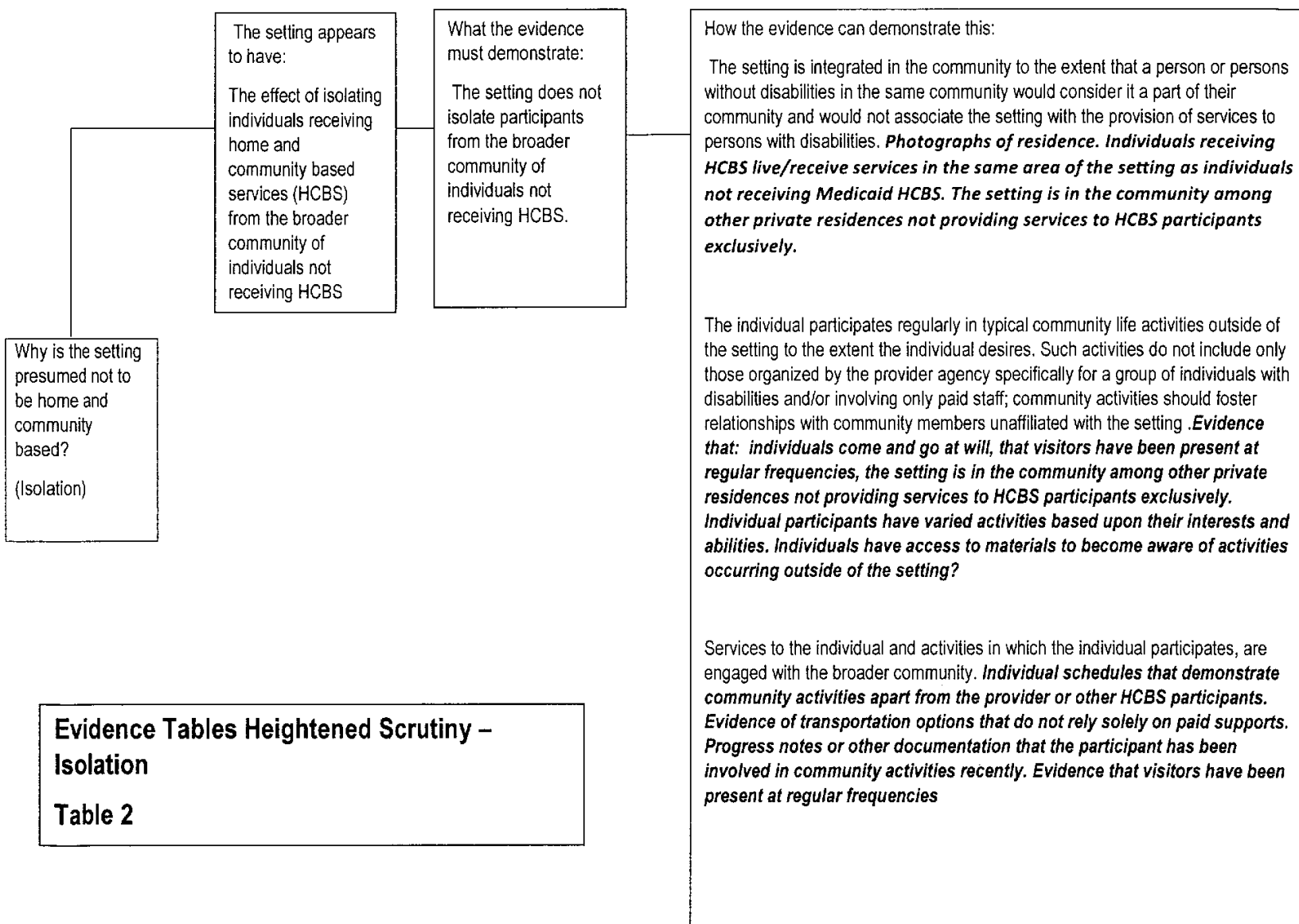
Heightened Scrutiny Process

- The Heightened Scrutiny process will begin for those who, by their answers on the surveys, are assumed not to be Home and Community Based. These providers will have to submit evidence to prove that they are HCB if they would like to continue to provide HCB services and supports to individuals.
 - HS is broken up into two main categories on why the setting appears to not be HCB:
 - Institutional
 - Isolation
 - MDHHS will decide whether an identified setting does have characteristics of HCB despite the appearance that it does not.
 - Providers will need to submit evidence to MDHHS for review then to Centers for Medicaid and Medicare Services (CMS) who will make the final decision of whether a setting can be considered HCB or not.
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MDHHS/ BHDDA Heightened Scrutiny Process







Overview of Remediation Process

- Full Compliance on Survey.
 - Ongoing Monitoring.
 - Answers to questions on Survey show out of compliance but can come into full compliance
 - Develop Correct Action Plan.
 - Presumed setting is seen as not Home and Community Based.
 - Heightened Scrutiny Review.
 - Cannot/Refuse to come into compliance.
 - Transition individuals from the setting to an HCBS compliant setting.
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Resources

- MDHHS
 - http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html
 - MI-DDI
 - <https://ddi.wayne.edu/hcbs>
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Contact for HCBS Questions:

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Questions?

