

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>Home and Community Based Services (HCBS) Compliance Monitoring</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 07.10.2018	<b>Related Policies:</b>
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> HCBS Waiver Administrator (Adults)	<b>Review Date:</b> 09.09.2025	
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### **Purpose:**

To ensure that the Mid-State Health Network (MSHN) conducts monitoring and coordination of oversight of the Provider Network with the Community Mental Health Services Program (CMHSP), specifically Home and Community Based Services (HCBS) Program Rule compliance with federal and state regulations through a collaborative, standardized procedure for conducting reviews.

### **Policy:**

MSHN will ensure that its member CMHSPs and their contractual providers of HCBS services, including residential and nonresidential home and community-based services are compliant with the Federal HCBS Final Rule, the Person-Centered Planning Policy and Practice Guideline, and the Medicaid Provider Manual HCBS chapter updates to the Person-Centered Planning requirements.

The person-centered planning process must:

- Reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need;
- Include what is important to the individual regarding their preferences for the delivery of the services and supports;
- Reflect that the individual has chosen the setting in which they reside, also including non disability specific settings;
- Reflect the individual's strengths and preferences;
- Reflect the clinical and support needs as identified through an assessment of functional need;
- Include individually identified goals and desired outcomes;
- Reflect services and supports that will assist the individual to achieve the identified goals, and identify the providers of those services and supports;
- Reflect risk factors and measures in place to minimize them, including backup plans and strategies;
- Identify the person or entity responsible for monitoring the plan;
- Be finalized and agreed to with the informed consent of the individual;
- Include self-directed services;
- Prevent the provision of unnecessary or inappropriate services and supports

Home and Community Based settings where individuals live and/or receive Medicaid paid supports must have the following characteristics to the same extent as those individuals not receiving Medicaid home and community-based services:

- Be integrated in, and support full access to the greater community including opportunities to seek competitive and integrated employment, control of personal resources, and access to community services;
- Be selected by the individual from among a variety of settings, which are clearly documented by name in the individual's plan of service;
- Ensure individuals have the right to privacy, including uniquely keyed or coded bedroom doors with only appropriate staff having access to keys/codes, and space to store personal items;
- Access to food at any time, including items that the individual likes to eat;
- The ability to have visitors at any time, and in an area private and away from staff and peers;

- Freedom to furnish and decorate their room;
- Ability to control schedule, including ability to decline participation in any activity without negative repercussions;
- Meaningful community activities must be offered no less than twice weekly and clearly documented on outings logs. Outing logs will reflect the activity, date, choice of participation, and signature of individual on a minimum monthly basis. Documentation in the IPOS must include individual's preferences for community outings that align with their interests and how they will ensure participation in these activities;
- Individuals must be able to move freely in the setting, without physical barriers including locked doors or areas of the setting;
- House rules and setting-wide restrictions are not permissible.

Modifications or restrictions of an individual's rights must be based upon health or safety risks to the individual and clearly documented in the IPOS. Approved health and safety needs are the only acceptable justifications for restrictions on rights and freedoms, and the IPOS should contain clear steps to taper and fade the modification or restriction. To modify or restrict, the following eight elements must be clearly identified and included in the IPOS:

- Identify the specific assessed need(s);
- 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 reviews of the modification;
- Include informed consent of the individual;
- Include assurances that the modifications will cause no harm to the individual

**Applies to:**

- ☐ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:
- ☒ MSHN's Affiliates: ☐ Policy Only    ☒ Policy and Procedure
- ☒ Other: Sub-contract Providers

**Definitions:**

CMHSP: Community Mental Health Services Program

HCBS: Home and Community Based Services

MSHN: Mid-State Health Network

Provider: A provider, internal or external to the MSHN region, who has a current contractual agreement to provide Medicaid services to individuals the CMHSP supports.

**Other Related Materials:**

N/A

**References/Legal Authority:**

- The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s)
- Michigan Medicaid Provider Manual, Home and Community Based Services Chapter
- MSHN Procedure–MSHN HCBS Monitoring Procedure
- MSHN Policy-Person/Family Centered Plan of Service

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
03.2018	New Policy	Waiver Coordinator
02.2019	Annual Review	Waiver Coordinator
08.2020	Annual Review	HCBS Manager
07.2022	Biennial Review	HCBS Manager
06.2024	Biennial Review	Chief Behavioral Health Officer
03.2025	MDHHS Required Updates	Waiver Administrator (Adults)