

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>Home and Community Based Services (HCBS) Compliance Monitoring Procedure</b>		
<b>Policy:</b> <input type="checkbox"/> <b>Procedure:</b> <input checked="" type="checkbox"/> <b>Page: 1 of 3</b>	<b>Review Cycle:</b> Biennial  <b>Author:</b> Chief Behavioral Health Officer	<b>Adopted Date:</b> 01.12.2021  <b>Review Date:</b> 11.1.2022	<b>Related Policies:</b> Provisional Approval to Provide Residential and Non-Residential HCBS Services Policy

### **Purpose**

The purpose of this procedure is to establish the Mid-State Health Network (MSHN) process for conducting monitoring and coordination of oversight of the Provider Network with the Community Mental Health Services Program (CMHSP), specifically Home and Community Based Services (HCBS) Final Rule, to ensure compliance with federal and state regulations and to establish a collaborative, standardized procedure for conducting reviews, to address ongoing compliance and monitoring.

### **Procedure**

#### **I. Initial Provider Corrective Action and Remediation Monitoring**

In accordance with the Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Specialty Support and Services Contract with the Pre-Paid Inpatient Health Plan (PIHP) and the Statewide Assessment, Remediation, and Transition Strategy (i.e. the State Transition Plan (STP)), MSHN will assure full compliance with the HCBS Rule through conducting reviews of Habilitation Supports Waiver (HSW) and the 1915i State Plan (former b3 Waiver) HCB settings on an annual and ongoing basis. Reviews will be based on survey response data, input from participants, corrective action plans, and heightened scrutiny (HS) exit ramp or de-escalation cases (those sites or settings not determined to be institutional or isolating in nature). MDHHS will gather evidence from those HS settings to present for review by the Heightened Scrutiny Review Committee (HSRC). The HSRC will review all evidence and submit recommendations to MDHHS to be posted for public comment. Once all data is gathered, MDHHS will submit information to the Centers for Medicare and Medicaid Services (CMS) for review.

1. Through the HCBS survey process as well as ongoing monitoring, MSHN will provide relevant HCB provider settings a notification letter to identify their status as either compliant or non-compliant.
2. A template will be provided (i.e. residential or non-residential readiness tool) for the settings that are non-compliant for the HCBS provider to submit a corrective action plan (CAP).
3. The CAP will be due from the provider 30 days from receipt and will include the remediation actions the setting will take to achieve compliance.
4. MSHN will coordinate with the appropriate partner CMHSP to address related HCBS provider corrective and remedial actions. CMHSPs are involved in the assessment/reassessment of settings and participants, implementing CAPs as needed and ensuring that the setting is HCBS compliant.

5. Within 30 days, MSHN will review, approve, or deny and send CAP determination to the CMHSP and the HCBS Provider.
6. Within 90 days, MSHN and the HCBS provider must verify that the required changes have been implemented (remediation) and that the site is compliant.
7. Verification of CAP completion may occur through onsite, virtual onsite, and/or desk reviews. Determination regarding onsite, virtual onsite, or desk review will be made in consultation with the CMHSP partner and HCBS Provider.

## **II. Annual and Ongoing Monitoring**

MSHN HCBS reviews will be scheduled and conducted on an ongoing basis. MDHHS and its contracted entities are responsible for conducting annual and ongoing monitoring activities to ensure settings remain in compliance with the HCBS Final Rule. MSHN will work with its partner CMHSPs and related provider networks to implement a process consistent with MDHHS guidance and assure full compliance with HCBS requirements.

1. MSHN will coordinate with the appropriate partner CMHSP to address related corrective and remedial actions related to the assessment/reassessment of settings and participant input.
2. MSHN will provide the HCBS setting and the CMHSP with a written report that includes the results of the review within 30 days of the conclusion of the review activity and a determination made by MSHN reviewers of the status of in compliance or out of compliance.
3. Ongoing review and monitoring will occur through the survey process and will be administered to the HCBS provider setting and the participant.
4. HCBS provider settings are required to complete the survey process.
5. MSHN will validate the compliance results and/or engage the provider in a CAP process as appropriate.

## **III. Delegated Managed Care Review Activity**

1. The MSHN HCBS Program delegated managed care review activity, per the MSHN Regional Monitoring and Oversight Procedure, is to guide MSHN and its CMHSP participants in the process for conducting regional on-site monitoring and oversight of its provider network, when regional monitoring or statewide provider performance monitoring systems have been implemented, to ensure compliance with federal and state regulations and contractual requirements and to establish a standardized procedure for conducting on-site reviews.
2. MSHN will incorporate HCBS setting requirements into the delegated managed care review activity in accordance with the Monitoring and Oversight Policy to ensure:
  - A. CMHSPs are involved in the reassessment of HCB settings and participants,
  - B. CMHSPs and Providers are implementing CAPs as needed,
  - C. HCBS settings remain compliant with the HCBS Final Rule and,
  - D. HCBS requirements are included in CMHSP contracts with HCBS provider settings.
3. At least 45 days prior to the site review, MSHN will send the CMHSP a list of all cases selected for the site visit. Cases will be selected for review at random, based on submitted HCBS encounters.

4. At least 30 days prior to the site review, MSHN will send out a review checklist to allow the CMHSP and HCBS providers sufficient time to prepare and to submit information, as necessary, prior to the site visit.

**Applies to:**

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

**Definitions:**

CAP: Corrective Action Plan

CMHSP: Community Mental Health Services Program

CMS: Centers for Medicare and Medicaid Services

HCBS: Home and Community Based Services

HS: Heightened Scrutiny

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

OOC: Out of Compliance

STP: State Transition Plan

Step-Down: cases also referred to as “Exit-Ramp” or “De-Escalations.” Cases that are moved into out of compliance status.

**Other Related Materials:**

MDHHS Statewide Transition Plan for Home and Community-Based Services

MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract

Michigan Medicaid Provider Manual

MSHN Site Visit Tools: Residential and Non-Residential

**References/Legal Authority:**

CMS HCBS Guidance

MDHHS/PIHP Contract

MDHHS State Transition Plan

Statewide Remediation Strategy

**Change Log:**

Date of Change	Description of Change	Responsible Party
05.2018	New regional procedure	Waiver Coordinator
02.2019	Annual Review	Waiver Coordinator
07.2020	Annual Review	HCBS Manager
07.2022	Biennial Review	HCBS Manager