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Owner:	<i>April Siebert: Director of Quality Improvement</i>
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References:	<i>EQR 42CFR 441.301, EQR 42CFR 441.530, EQR 42CFR 441.710</i>

Home and Community Based Services Policy

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that individuals receiving long-term services and supports through Home and Community Based Service (HCBS) programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

PURPOSE

The purpose of this policy is to ensure that individuals receiving services are empowered to make their own decisions, allowed to reach their highest potential, and are treated with dignity and respect while having full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

APPLICATION

This policy applies to Providers who render non-residential and/or residential services. This policy does not apply to the Children's Waiver Program and/or the Serious Emotional Disturbance Waiver (SEDW) programs.

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Clinically Responsible Service Provider (CRSP) and their subcontractors, Specialty Providers
2. This policy serves the following populations: Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), Serious Mental Illness (SMI)
3. This policy impacts the following **contracts/service lines**: MI Choice Waiver, Habilitation Supports Waiver, MI-HEALTH LINK Waiver, Managed Specialty Services and Supports Waiver, Medicaid, General Fund.

KEYWORDS

1. Person-Centered Planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities.
2. Continuum of Care: Refers to a setting bringing services into the setting rather than facilitating

opportunities for members to receive their services and supports in the community similar to individuals who do not receive HCBS. Examples of services include medical appointments, dental appointments, going to a hair stylist/barber, etc.

3. Community Living Supports: Used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participating independence or productivity.
4. Skill-Building: Consists of activities identified in the individual plan of services and designed by a professional within his/her scope of practice that assist a beneficiary to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering.
5. Supported Employment: Provides a combination of ongoing support and paid employment that enables the individual to work in the community. Settings options offered should include community-based, integrated work settings where individuals with disabilities work with other individuals who do not have disabilities.
6. Out of Home Non-Vocational or Pre-Vocational Services: Provides individuals in attaining or maintaining their maximum functioning level by assisting with acquisition, retention, or improvement in the areas of self-help, socialization, and adaptive skills as targeted by their individual plans of service, leading to opportunities for maintained or increased independence.

STANDARDS

1. DWIHN and the Provider Network will work with Michigan Department of Health and Human Services (MDHHS) to assure full compliance with the Home and Community-Based Services (HCBS) requirements as required under 42 CFR 441.301. As part of the transition process, DWIHN will determine whether settings under the waiver programs have "home and community-based" characteristics through the performance monitoring process. These processes include but not limited to:
 - a. Provider self-monitoring
 - b. On-site monitoring
 - c. Desk/Remote review
 - d. Residential review
 - e. Investigative review
2. HCBS provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. Through these rules, HCBS aims to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning.
3. The HCBS requires that individuals have the ability to access the following:
 - a. A lease or other legally enforceable agreement to protect from eviction (landlord/tenant laws must apply)
 - b. Privacy in their unit including entrances lockable by the individual (necessary staff may have keys as needed)
 - c. Choice of roommates

- d. Freedom to furnish and decorate their unit
 - e. Control of their schedule and activities
 - f. Access to food at any time
 - g. Visitors of their choosing at any time
 - h. Physical accessibility for the individual.
4. Modification or restrictions of an individual's rights must be based upon health or safety risks to the individual and documented in the member's Individual Plan of Service (IPOS). Health or safety needs are the only acceptable justifications for restricting a member's rights and freedom of movement. The service plan elements related to modification of the member's rights and freedoms must include the following:
- a. Identify a specific and individualized assessed need.
 - b. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
 - c. Document less intrusive methods of meeting the need that have been tried but did not work.
 - d. Include a clear description of the condition that is directly proportionate to the specific assessed need.
 - e. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
 - f. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - g. Include the informed consent of the member.
 - h. Include an assurance that interventions and supports will cause no harm to the member.
5. New providers with a new setting or service seeking to provide services to a HCBS participant must complete the Provider Inquiry Form that can be found on DWIHN's website under For Providers tab. For existing providers seeking to provide services to a HCBS participant must complete the Residential Environmental Health and Safety and Provider Review tools, demonstrating that the setting does not require heightened scrutiny. This survey process will allow the providers with a new setting or service to provide services to HCBS participant for 90 days until a full review can be completed by DWIHN's Quality Improvement unit. If after reviewing the setting and the setting is deemed out of compliance the remediation process will begin.
- 1. DWIHN shall review and monitor Provider adherence to this policy as one element in its network management program, risk management program, and as one element of the Quality Assurance Performance Improvement Plan (QAPIP) Goals and Objectives Work Plan.
 - 2. The quality improvement programs of Network Providers must include measures for both the monitoring of and continuous improvement of the programs or processes described in the policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Direct Contracted Network Providers, and their subcontractors are bound by all applicable local,

state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended..

LEGAL AUTHORITY

1. Federal Home Community Based Services Rule (42 CFR Parts 430,431,435,436 440,441 and 447)
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/ CMHSP contracts in effect, and as amended)
3. Michigan Department of Health and Human Services Medicaid Provider Manual - Home and Community Based Services Section 3.1.A.8 Accessibility
4. Michigan Department of Health and Human Services - Home and Community Based Services Program Transition Plan
5. Code of Federal Regulations 42 CFR Part 441.700 et.seq
6. Michigan Compiled Laws 330.1700 (g)
7. Michigan Mental Health Code, PA 258 of 1974 revised 2014
8. Michigan Mental Health Code 300.1602 Sec 602. Guardianship; use; design; limitation; partial guardianship

RELATED POLICIES AND PROCEDURES

1. [Abuse and Neglect Policy](#)
2. [Environmental Safety Policy](#)
3. [Individual Plan of Service/Person-Centered Planning Policy](#)
4. [Recipient Rights Complaint Policy](#)
5. [Services Suited to Condition in Least Restrictive Setting Policy](#)
6. [Use of Behavior Treatment in Community Mental Health Settings](#)

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments

- [Provider Review Tool.docx](#)
- [Residential Environmental Health and Safety Tool.docx](#)

Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	03/2022
Tania Greason: Quality Improvement Admin	03/2022
April Siebert: Director of Quality Improvement	03/2022

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