



HOME AND COMMUNITY BASED SERVICES (HCBS) FREQUENTLY ASKED QUESTIONS

*These questions will continue to be developed and updated;
please check back frequently.
Last Updated: 7-3-18*

Further Information:

- We have developed an email address for additional questions:
HCBSTransition@ceicmh.org
- Frequently Asked Questions will be uploaded to Community Mental Health Authority of Clinton, Eaton, and Ingham Counties' (CMHA-CEI's) public website and updated as new information arises.

Questions answered in this document:

1. What is HCBS?
2. Some history. . .
3. What are the requirements of Home and Community Based Services (HCBS)?
4. I've heard changes are coming to the Transitions Program. What changes will occur?
5. Why are these changes happening to the Transitions Program?
6. What has happened between the publishing of the new Home and Community Based Services (HCBS) rules and now?
7. What do services look like for me or my loved one now? How will that be changing moving forward?
8. How will services for me or my loved one be determined moving forward? What will the assessment/planning process look like?
9. How will things look in the future under the new model?
10. What services will be available from which we can choose to build a "Full Life"?
11. What are the next steps? What is the timeline?

1. What is Home and Community Based Services (HCBS)?

In 2014, the Centers for Medicare and Medicaid Services (CMS) published new rules regarding the delivery of Medicaid's Home and Community Based Services (HCBS) waiver programs. These rules aim to improve the individual's experience in HCBS programs by enhancing access to the community, promoting service delivery in more integrated settings, and expanding the use of person-centered planning. The findings will help to bring the Habilitation Supports Waiver (HSW) into compliance with the new rules.

In order to comply with the federal HCBS Final Rule, new providers must:

- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Enhance independence;
- Enhance independence in making life choices;
- Enable choice regarding services and who provides them; and
- Ensure that the setting is integrated in and supports full access to the greater community.

To receive Medicaid funding, all services provided must be compliant with HCBS rules.

Please refer to the Michigan Department of Health and Human Services (MDHHS) website for more information:

https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

2. Some history . . .

In the past, many people lived in large facilities (called institutions) that were segregated from the rest of society. During the 1960s and 1970s, we started moving people to smaller facilities in the community called group homes, day programs, and sheltered workshops. However, these smaller facilities were still segregated because the individuals served were not fully integrated into the general population; and had not attained true community inclusion.

Over the past few decades, CMHA-CEI has made changes and improvements to these supports. These changes have included:

- Smaller day program sites (St. Johns, Grand Ledge, Mason, Charlotte, Central) as alternatives to larger day program sites (North and South)
- Community Living Supports are available as an alternative to group homes
- Staff have been successful in developing and supporting community inclusion opportunities, and to keep folks informed. Emphasis is always on

- providing opportunities to develop skills and encourage as much choice and autonomy as possible.
- On January 16, 2014, the Federal Centers for Medicare and Medicaid Services (CMS) issued a Rule regarding Home and Community Based Services (HCBS) clarifying the following:
 - Individuals receiving Medicaid based supports and services may not be discriminated against in any way via provision of that service.
 - Individuals served via Medicaid dollars must be integrated fully within their community and have access to the same conveniences, rights, and choices that people not receiving Medicaid services do (that is, they have the right to be treated the same as anyone else at home, work, or in the community).

3. What are the requirements of Home and Community Based Services (HCBS)?

- Settings where individuals receive Medicaid services must be integrated in and support full access to the greater community.
- Settings must be selected by the individual from multiple setting options.
- Settings must ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Settings must optimize autonomy and independence in making life choices.
- Settings must facilitate choice regarding services, as well as who provides those services.
- Settings must not limit choice via “house/program rules.”

4. I’ve heard changes are coming to the Transitions program. What changes will occur?

- Over the next year, all individuals utilizing Transitions services will be transitioned from the current, center-based Transitions program to a new, person-centered support system.
- All individuals utilizing Transitions services will:
 - Be assessed for a new “Full Life” level of care
 - Review all support needs through their Person Centered Planning process
 - Map out when, where, how and why resources should be applied to best meet their unique needs and new services put into place

- After October 1, 2018 and continuing on through and beyond the State's current compliance date of March 2019, the Transitions program sites will be incrementally closed.
- Detailed implementation planning will be in process in July and August. Timelines are still in the works for the phase in of new services and the closure of sites.

5. Why are these changes happening in the Transitions program?

- The State of Michigan, implementing new federal rules promulgated by the federal government, has determined that CMHA-CEI's Transitions program does not meet the standards required for HCBS. The standards require true community inclusion and do not allow the kind of segregation implicit to the Transitions model.
- In the future, Medicaid will not pay for services where there is not true community inclusion or where there is segregation. Since the Transitions program does not meet the HCBS requirements, a redesign of services is needed to allow individuals to continue to receive needed Medicaid-funded services with the flexibility and individual choice required.
- True community inclusion supports individuals to participate in everyday life in the community. Inclusion is the practice of acting on the belief that every person has an inherent right to participate fully in society. The goal of inclusion is for all people to lead productive lives as full, participating members of their communities. Community inclusion is the opportunity to live in the community and be valued for one's uniqueness and abilities like everyone else.

6. What has happened between the publishing of the new Home and Community Based Services (HCBS) rules and now?

The HCBS rule was established in 2014. Between 2015-2017, MDHHS drafted a plan and began to conduct the surveys required to develop a final complete plan to submit to Centers for Medicare and Medicaid Services (CMS). MDHHS received CMS approval of the Statewide Transition Plan (STP) in August of 2017. In November of 2017, CMHA-CEI submitted a Corrective Action Plan which received approval in April 2018. CMHA-CEI needed to have that plan approved prior to moving forward.

A brief timeline:

- **2014:** HCBS Rule established by CMS requiring compliance by March of 2019

- **2015:** MDHHS submitted an initial Statewide Transition Plan (STP)
- **2016:** Surveys of sites and individuals affected conducted by MDHHS
- **2017:** CMS allowed for an extension of compliance to 2022; however, MDHHS was encouraged to hold to the initial 2019 deadline
- **2017 (Aug):** MDHHS received approval of the revised STP
- **2017 (Nov):** CMHA-CEI submitted a Corrective Action Plan (CAP)
- **2018 (April):** CMHA-CEI received approval of the CAP
- **2018 (May):** CMHA-CEI informed staff and consumers/guardians of pending changes.

Update, 7/3/18: Please view the [attached letter from the Michigan Department of Health and Human Services](#), which clarifies their intent “to keep the original March 17, 2019 compliance date for most home and community-based settings.”

7. What do services look like for me or my loved one now? How will that be changing moving forward?

Please keep in mind that because of the great work done over 40 years, individuals are very prepared to make this change. Much of the work around making sure that individuals are included in the community is already happening, and will continue to happen. The spirit of the Transitions Program will continue; it is the buildings that need to be closed. We’re already doing the work required by HCBS, so we are ready.

Some examples of opportunities which will continue include:

- Connections within the community have been developed which provide opportunity for social interaction and volunteer work. Some examples include volunteering at the Senior Center and Nursing Homes and assisting with Meals on Wheels delivery. An excerpt from a recent letter states:
...they visit the area Nursing Home, and bring joy to the residents, especially the ones that have few or no visitors. They make a difference in the lives of others. They are an important part of our community...
- There is a team of individuals who handle recycling for local business. The businesses see this as a valuable service and they count on it. An excerpt from a recent letter states:
For several years, we have had the pleasure of working with the Transitions group...I am certain that this group was started as a way for the community to do something for these young adults. But as it turns out, it has become their group servicing us. They are a valuable part of our community for so many reasons. Each week, like clockwork, they come to our office with a smile and pick up our recycling. I mention it’s like clockwork because they are extremely reliable. This

is such an important life skill that ...has instilled in them. In addition to teaching us about recycling, they are also making it known that people with disabilities can work side by side with others in a professional environment. In our world we may hear this, but we don't often witness it.

- There are active Facebook pages for the various sites where activity calendars are maintained and posted so that individuals can choose how to spend their time. The availability of such calendars will continue to assist individuals, guardians and staff to continue to provide the social, volunteer and work opportunities and connections so that those served have a wide variety of choice.

Current Model vs. New Model

Level of Care

Current Model	New Model
Every program site has its own separate program-based level of care for that service alone. These levels of care do not take the person's whole service picture or whole life picture into consideration.	There will be a "full life" level of care that takes a person's whole life into consideration and is based on the individual's personal needs.

Funding

Current Model	New Model
The funding follows the program. Individuals can only get access to the funding if they attend the program site to which the funding is allocated.	The funding will follow the person. Individuals will be able to access funding without the need to attend a specific program site.

Choice of Activities

Current Model	New Model
Choice of activities is currently largely dictated by program site needs and requirements. Activities and outings are limited by availability of staffing, the need to tailor outings to large groups of individuals, and other programmatic concerns.	Choice of activities will be tailored to personal interest and need. Individuals will have the opportunity to have increased input into how they spend their time and with whom.

Choice of Staffing

Current Model	New Model
Currently, individuals have little control over who works with them in the context of day program settings. Staff schedules and placements are largely	Individuals will have enhanced say regarding who works with them, allowing them greater choice in

administered on the program level according to programmatic needs.	ensuring staffing supports that meet their needs and preferences.
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Choice of Scheduling

Current Model	New Model
Currently, individuals must attend a program site during program site hours (typically business hours during the week only). Programming is not available during evenings, on weekends, during holidays, or at other specified times of the year (such as the winter break closing around Christmas and New Year's).	Scheduling can be tailored to meet an individual's specific needs and preferences. Activities can occur and staffing can be put into place for weekends, evenings, holidays, or at any time that works best for the individual, within or outside of the current Transitions site schedule.

Choice of Transportation

Current Model	New Model
Support for public and contract transportation options are available. Currently, individuals may use the transportation provided by the site, and may spend a great deal of time riding to the site.	Support for transportation will be individualized over a range of options, from public to contracted providers. Transportation may be included in Community Living Supports built into the Person Centered Plan.

Geographical Considerations

Current Model	New Model
Currently, individuals may only attend a Transitions program site if they live in the "catchment" area of that Transitions site. That is, they must live relatively close by.	Individuals will be able to plan and schedule activities, outings, and meetups with peers irrespective of catchment concerns.

Fluidity of Services

Current Model	New Model
Care is assigned to individuals on the basis of individual program sites and their requirements, increasing the chance that gaps in services will arise.	Individuals' whole lives and associated care needs will be considered irrespective of program demands, allowing for increased fluidity of services and the closing of previous service gaps.

8. How will services for me or my loved one be determined moving forward? What will the assessment/planning process look like?

- It'll look a lot like it does right now! Each individual will work with their supports to identify important needs and map out ways to apply resources in whatever way helps the most.
- This will occur as part of the Person Centered Planning process, in concert with the CMHA-CEI Case Manager, CMHA-CEI Clinical staff, other providers, family, and friends chosen by the individual, just like it is now.
- Case Management staff will help individuals determine their needs and preferences through the Person Centered Planning process using tools to determine the person's "full life" needs and preferences. These tools may include the 168-hour schedule (already being used for Community Living Supports) and other tools as appropriate.

9. How will things look in the future under the new model?

- New choices will be provided to individuals in the following areas:
 - Customized employment
 - Customized life skills development
 - Customized social engagement/connection
- Customized Employment
 - CMHA-CEI plans to expand vocational services to address increased need for suitable individualized employment opportunities.
 - Customized work opportunities will be helpful to those who enjoy working, take pride in having their own spending money, are unable to work in traditional work settings, and need support from staff to work.
- Customized Life Skills Development & Social Engagement/Connection
 - Ideas are being explored to have key staff, currently attached to existing program sites, remain attached.
 - These staff would serve as "Community Connectors."
 - These staff know people's needs exceptionally well and would continue to care about people through this transition, as well as help navigate any problems that may emerge.
 - Individuals would have the opportunity to engage in skills development and social engagement with peers and friends in the community with the support of Community Connectors.
 - These arrangements will provide a level of fluidity similar to what is currently provided in Community Living Supports arrangements.
- The specifics of an individual's services will be highly tailored to meet a person's needs and will be structured through the Person Centered Planning process.

10. What services will be available from which we can choose to build a “Full Life”?

These are examples of the types of services Medicaid funds to support inclusion and a “full life”:

- **3.1.B.1. SKILL-BUILDING ASSISTANCE** Skill-building assistance must provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual. This service assists individuals in increasing their self-sufficiency or to develop the skills needed to engage in meaningful community based activities such as school, work or volunteer activities.
- **3.1.B.2. COMMUNITY LIVING SUPPORTS** Community Living Supports (CLS) must promote community inclusion and participation and facilitate an individual’s independence and productivity. Services should provide opportunities for integration with the community and participation in activities comparable to activities for individuals of similar age or with similar interests who do not receive Medicaid HCBS.
- **3.1.B.3. SUPPORTED EMPLOYMENT** Supported employment provides a combination of ongoing support and paid employment that enables the individual to work in the community. Setting options offered should include community-based, integrated work settings where individuals with disabilities work alongside other individuals who do not have disabilities.

Here is a link to the chapter in the Medicaid Manual regrading HCBS:

https://www.michigan.gov/documents/mdhhs/MSA_17-42_606958_7_003_618616_7.pdf

11. What are the next steps? What is the timeline?

- **Please note, there will be no immediate changes. Our Transitions Program will continue to operate as is throughout this fiscal year and into FY19.**
- Timelines will continue to be developed during detailed implementation planning in the coming months.
- **Upcoming Actions in June:**
 - **Continued Exploration with other CMHs:** Throughout the rest of June we are scheduling visits, conferences calls, and gathering additional information from other CMHs who have already transitioned to other community based service models to learn more about their transition process, service array, and staffing.
 - **Meeting with Transitions Program Staff:** We will be scheduling meetings with staff at each of the Transitions Program sites beginning the week of June 25th to update and hear from staff about their concerns and to gather input for the future in a new service model.

- **Service array and potential staffing model development:** Continue to explore and seek input into proposed service array and potential staffing models.
- **July and August:**
 - There will be considerable work on developing the details of the proposed implementation plans to transition to new services and setting realistic timelines. There will be opportunities for ongoing input during these months and we anticipate holding additional meetings with consumers, parents, guardians, and staff during this time.
- **Further Information:**
 - We have developed an email address for additional questions: HCBSTransition@ceicmh.org
 - Frequently Asked Questions will be uploaded to CMHA-CEI's public website and updated as new information arises.