



HCBS and Transitions Redesign IMPLEMENTATION PLAN

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Version History

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1. Introduction

1.1 Introduction

This plan lays out the implementation steps and timelines required to successfully redesign and shift services from the day-program/site-based model currently operated by Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) to a community-based model by September 2019. This shift will affect 7 sites across the tri-county area. The proposed model utilizes an expanded Medicaid service array that allows for the personalized use of resources based on need, and provides support across all areas of community life and engagement.

1.2 Background

Under new Home and Community Based Services Rules (HCBS) that go into effect in Michigan in March 2019, Medicaid will require Home and Community Based Service settings paid for by Medicaid:

- To be integrated in, and support full access to the greater community, including opportunities to seek competitive and integrated employment, control personal resources, and access community services;
- To be selected by the individual from among a variety of setting options and, for residential settings, consistent with the individual's available resources to pay for room and board;
- To ensure individuals have the right to privacy, dignity and respect, as well as freedom from coercion and restraint;
- To optimize but not regiment the individual's autonomy and independence in making life choices regarding what they participate in and with whom; and
- To facilitate the individual's choice of services and supports, as well as who provides them.

The plan outlines the necessary changes that will make CMHA-CEI fully compliant with all HCBS requirements and secure the ongoing use of Medicaid funds for the future. The proposed redesign of services also corrects existing gaps in the current service array allowing us to more adequately meet the medical needs and desires of individuals who rely on Medicaid services.

1.2.1 Goals

- Offer personalized and fully integrated supports to all those served by CMHA-CEI.
- Assure a full array of Medicaid Services to assist individuals in building a full life.
- Secure future Medicaid funding by coming into compliance with all Home and Community Based Requirements and Medicaid Regulations.

2. Management Overview

This plan will be overseen by CMHA-CEI Community Services for the Developmentally Disabled (CSDD) Leadership Team consisting of Director, Residential Supervisor, Life Consultation Supervisor, Clinical Services Supervisor, and Work Services Supervisor. The CSDD Director will provide weekly updates to the CMHA-CEI CEO and Leadership Group and monthly updates to the Board of Directors Program and Planning Committee throughout the implementation period. In addition, an ongoing Stakeholder Group may meet periodically to provide additional input into project implementation.

2.1 Description of Implementation

Implementation will be delivered in phases from August 2018 to September 2019 and includes the following:

- **Pre-Implementation Period** consisting of additional planning and training tasks.
- **Pre-launch Planning and Testing** to try out and evaluate new processes and services before full launch.
- **Person-Centered Planning Process** will involve education and pre-planning activities several months prior to completing a Person Centered Plan.
- **Phase-In of Service Array** where new community-based services will be put into place.
- **Phase-Out of Buildings** will occur as individuals complete planning and community based services are in place.

The proposed service array includes:

- **Respite** – Intermittent/short-term care provided to an individual, providing a break for their usual caregivers. Services are provided by three general means: (1) qualified contract provider in the person’s home, (2) foster care homes, group homes, licensed respite care facilities, camps, or (3) in the home of a friend or relative.
- **Community Living Supports (CLS)** – Services meant to increase or maintain personal self-sufficiency, helping the individual achieve their goals of community inclusion. There are more than 35 CLS providers in the tri-county area. CMHA-CEI offers CLS services through staff who are directly employed and through staff provided by contract providers.
- **Fiscal Intermediary (FI)** – An entity designed to assist individuals who choose a self-determination option in choosing and maintaining services as defined in the individual’s plan of service. The FI provides assistance with managing an individual’s budget.
- **Residential Supports** – Personal care and community living support services which are intended to support successful group home settings. There are more than 80 residential providers in the tri-county area. CMHA-CEI offers residential services through directly run homes and homes run and supported by contract providers.
- **Skill Building** – Consists of activities identified in the individual plan of service that assist an individual to increase his/her economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. Services are provided directly by CMHA-CEI staff.
- **Customized Employment** – A flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. Services are provided directly by CMHA-CEI staff.
- **Supported Employment** – Provides job development, initial and ongoing support services, and activities that assist an individual to obtain and maintain paid employment. Services are provided directly by CMHA-CEI staff.
- **Supported Work Experience** – Serves individuals with developmental disabilities and traumatic brain injuries who require customized vocational

training and support to maximize vocational and personal growth. Services are provided directly by Peckham, Inc.

- **Clinical Services** – Applied Behavioral Analysis (ABA), Occupational Therapy (OT), Speech, Nutrition, Psychology, Nursing, and Psychiatric services. Services are provided directly by CMHA-CEI staff and by community providers.
- **Case Management** – Assists individuals to design and implement strategies for obtaining services and supports that are goal-oriented and individualized. Services are provided directly by CMHA-CEI staff.
- **Self Determination** – A support option for individuals that provides the ability to directly control their services, including to recruit, hire, schedule, and supervise staff.

2.3 Major Tasks

Pre-Implementation

A. Schedule and implement trainings with skilled consultants to prepare staff:

- TBD Solutions LLC – Will work with staff in Life Consultation and Transitions units on skill building concepts and Person Centered Planning refinements (September 2018).
 - TBD Solutions LLC provides consultation to assist behavioral health organizations with strategic planning, training and implementation efforts.
- Pat Carver – Will work with staff in Life Consultation and Transitions units to develop of Community Connector roles (October 2018).
 - For 40 years, Pat Carver has established expertise at person-centered planning, supporting the importance of belonging, building support circles and strengthening individual capacities to create community.
- Rachel Pollock – Will work with staff in Transitions units on the development of customized employment service option throughout implementation (June 2018 – September 2019)
 - Rachel Pollock, J.D., has extensive experience in the implementation of individualized employment services, with a particular focus on new program development and the effective use of funding streams to develop quality programming.

B. Work with Human Resources to develop job descriptions for new positions of Community Connector and Skill Building Techs (August 2018-September 2018)

- Community Connectors - conduct vocational assessments, enhance supported and customized employment efforts, develop and support volunteer activities, and work with community partners attached to Skill Building efforts. Additionally, Community Connectors will assist in overseeing the implementation of Skill Building plans and goals.
- Skill Building Techs – implement skill building plans and goals for individuals they support. These staff provide services in community settings during daytime, evening, and weekend hours per individual need.

C. Design staffing support model for skill building across tri-county area (August 2018 – December 2018):

- Envision both team and individual assignment structures
 - Teams comprised of Community Connector and Skill Building Techs, located with regional awareness and familiarity of resources
 - Individuals linked to Skill Building Techs for more in-depth vocational support and development, and supported by Community Connectors

D. Provide opportunities for individuals, parents/guardians to learn more about residential, respite, and community living support providers within the service array (August 2018-October 2018)

E. Develop Evaluation Plan (August 2018-October 2018)

- Work with Pat Carver and recommended national evaluator from Center for Outcome Analysis to identify key outcomes and measurements of the overarching change process
- Develop plan to integrate evaluation methods into ongoing practice to assess quality of supports

F. Develop specific transition plan for each site (September 2018 – January 2019)

- Develop “pre-launch team” to assist each Transitions site plan and prepare for future shifts involving individuals, parents/guardians, staff, and peer supports
- Work with staff at each Transition site to identify and/or expand current community partnerships
- Capture existing needs of participants at Transition sites and their relationships with peers as well as the surrounding community for use in planning

G. Update all CSDD policies and procedures to reflect the new service array and process changes (August 2018-December 2018)

H. Work with Human Resources and Local 459 to identify all changes required for staff who work at Transition sites and identify timelines to be implemented (August 2018-December 2018)

Pre-Launch Planning and Testing

A. Phase in skill building opportunities with new consumers (September 2018 – December 2018):

- Identify staff members for initial efforts and provide appropriate training related to new services.
- Using Person Centered Planning process and the new service array, develop individualized service plans with new consumers entering services.
- Monitor and evaluate all plans and associated outcomes within the new service array.
- Staff involved in process will then act as “launch” staff, leading each subsequent program site through the full process of preparation, planning, and eventual shift of existing consumers into community based supports.

B. Develop customized employment pilot for individuals currently served through the Transitions North workshop to extend throughout implementation period (September 2018 – September 2019):

- Evaluate and identify pilot members and link to community vocational sites,
- Monitor progress and evaluate, and
- Expand to additional participants through end of September 2019.

Person Centered Planning

A. Provide workshops for individuals, parents, and guardians on Person Centered Planning (PCP), awareness of the “full life” concepts, use of 168-hour tool, and understanding of Supports Intensity Scale data (October 2018 – December 2018)

B. Begin PCP pre-planning with each recipient impacted, applying “full life” level of care and using associated planning tools. Involve Circle of Support Members, staff from Transition sites and Life Consultation staff (January 2019 – September 2019).

Phase In: Supported Employment

A. Expand Supported Employment Services (September, 2018 – September 2019):

- Identify vocational assessment tools (August 2018).
- Develop and implement training for expanded number of supported employment personnel (September 2018 – December 2018).
- Through the Person Centered Planning process, link individuals to supported employment (January 2019 – September 2019).

Phase In: Skill building

A. Expand refined Skill Building services:

- Shift staff into new skill building roles per location timelines (January 2019 – September 2019).
- Attach Community Connectors to assigned caseloads and to areas of regional expertise.
- Update and refine Peckham, Inc. supported Work Experience Contract to meet Medicaid Skill Building requirements (August 2018 – September 2019).

2.4 Site Timelines

- Participants will begin shifting out of buildings and into community based supports as follows:

Location	Pre-Planning Begins	Person Centered Planning/Shift to Community Integration Complete
Charlotte	November 1, 2018	January 31, 2019
Grand Ledge	December 1, 2018	February 28, 2019
St. Johns	January 1, 2019	March 31, 2019
Mason	February 1, 2019	April 30, 2019
Central	March 1, 2019	May 31, 2019
South	April 1, 2019	July 31, 2019
North	May 1, 2019	September 30, 2019

- Pre-planning and Person Centered Planning activities will begin approximately 90-days prior to individuals shifting out of program sites as noted in the table above.
- Both pre-planning and Person Centered Planning activities will precede all service shifts for each individual – individuals will remain in current services during this process until both pre-planning and Person Centered Planning activities are completed.

3. Implementation Support

Additional organization resources will be applied to assist with successful implementation and ongoing monitoring through the following roles:

- **Quality Advisors** – Responsible for ensuring compliance with contract, State, and Federal requirements of all CMHA-CEI contracted Residential, CLS, Respite, Inpatient, and Fiscal Intermediary providers.
- **Utilization Management** – Perform utilization review functions for the authorization of CLS services.
- **Quality Improvement** – Assist in evaluation and tracking of key outcomes.

- **Customer Service** – Assist consumers, families, and others with complaints, concerns, or problems needing to be addressed and support processes around appeal and grievances.
- **HCBS Workgroup** – Meets twice a month; members include clinical staff from CSDD and Adult Mental Health Services (AMHS), Recipient Rights, Quality, and Customer Services. The workgroup meets to develop a unified interpretation of HCBS rules and to problem solve questions to support compliance.
- **Human Resources** – Assist with staff changes and new position development.
- **Facilities and Maintenance** – Assist in the closure of existing buildings and/or repurposing of properties, vehicles, and other equipment.
- **Information Systems** – Update the Electronic Health Record to include new Level of Care tools.

3.1 Facilities

Space in existing agency facilities will be identified for use by staff for documentation, meetings, and planning activities. Community-based skill building locations will be identified during the site specific planning process in the pre-implementation phase for each current site.

3.2 Documentation

Documentation of progress towards HCBS Compliance will be submitted as required by CMHA-CEI to Mid-State Health Network (MSHN) and Michigan Department of Health and Human Services (MDHHS).

3.3 Personnel

All existing personnel will be retained and shifted to new roles in the service redesign. Positions identified allow use of highly skilled staff in expanding the vocational service array and include Skills Building Techs, Community Connectors, and Case Managers. Community Living Supports will be provided by CMHA-CEI residential staff when appropriate or by network providers.

3.4 Other Considerations

Concerns were raised by individuals, staff, and families that will continue to be addressed during ongoing planning:

1. Support to maintenance of friendships and continued social engagement

- Ongoing use of community calendars for social connection and events.
- Explore input from stakeholder group for implementation.

2. Use of Peer Mentors

- Plan extensive development of Peer Mentor structure for individual access, community connection, and further skill development; this may also help to support ongoing social engagement.

3. Financing of service array

- Funds shifting out of “bricks and mortar” will be re-allocated throughout both existing and new services; as use of services evens out over future months, additional funding will be shifted to meet areas of increased need.

4. Access to space

- Explorations to be made into existing CMHA-CEI and community space to allow for scheduled education, training, and after-hours events.

5. Use of contracted providers for Community Living Supports

- Events will be planned to allow consumers and families to learn about providers and talk with other parents/guardians.
- Quality Advisors will provide ongoing monitoring of contracted providers.

6. Transportation arrangements

- Will be determined based on individual need and available resources to meet such needs.
- Existing agency vehicles (currently attached to AFC settings) will be re-deployed for use across the new service array.
- Existing transportation contracts with public and private providers will be evaluated for future needs to ensure wide range of access to the broader community.