

Outline of Concepts

This document provides a description of the core concepts that must be included in Michigan's statewide transition plan for Home and Community-Based Services Waiver programs. The Michigan Department of Community Health is providing this document to stakeholders to help inform discussions regarding the statewide transition plan and associated federal rule.

Overall Concepts

- Home and Community-Based Settings – The setting where home and community-based services are delivered, which include residential and non-residential settings.
- Home and Community-Based Services Waiver Programs – Provide long-term care supports and services for Medicaid beneficiaries with disabilities or other health issues. Individuals in these programs have chosen to receive services in their own homes and/or communities rather than an institutional setting like a nursing home, hospital or intermediate care facility for individuals with intellectual disabilities. In Michigan, the following programs are supported by Home and Community-Based Services Waivers:
 - MI Choice Program
 - Habilitation Supports Waiver
 - Children's Waiver Program
 - Children with Severe Emotional Disturbances Waiver
 - MI Health Link Program
- Home and Community-Based Settings Transition Plan – Plan to transition settings where home and community-based services are provided to align with new federal rules.
- Final Rule – Establishes requirements of home and community-based settings, state compliance and transition requirements. Issued by the Centers for Medicare and Medicaid Services.

Concepts for the Statewide Transition Plan

- Statewide Transition Plan – Michigan's plan for determining the current compliance of settings with the new rules and describing how Michigan will meet the new federal rules.
- Assessment Process – Determines extent to which state meets new settings requirements.
 - Systematic Review
 - The state's assessment of the extent to which its standards, rules, regulations, or other requirements comply with the home and community-based settings requirements.
 - A description of the state's oversight process to ensure continuous compliance.
 - Site Specific Review

- In situations where the state standards do not coincide with the federal standards, it is possible that specific settings are in compliance with the federal requirements.
 - In this case, a state may choose to assess individual sites to determine which are/are not in compliance with the federal standard.
 - States may conduct specific site evaluations through standard processes such as licensing reviews, provider qualification reviews, support coordination visit reports, etc.
- Remedial Strategy – Describes actions that state proposes to assure compliance with the home and community based services settings requirements.
 - Public Input Process – Method of gathering public input on the transition plan for review and potential incorporation into the plan. This is a 30-day period before the statewide transition plan is submitted to the Centers for Medicare and Medicaid Services.
 - Settings That Are Not Eligible – Settings that are considered not to be home and community-based and are not eligible for reimbursement.
 - Settings Presumed Not to be Home and Community-Based – Settings that may isolate people with disabilities from the greater community. These settings could be found to be eligible if:
 - The state submits evidence from the public comment period that the setting does have the qualities of a home and community-based setting and NOT the qualities of an institution; and
 - The Secretary finds, based on a heightened scrutiny review of the evidence, that the setting meets the requirements for home and community-based settings and does NOT have the qualities of an institution