



Residential Provider Meeting Q&A

Friday, October 28, 2022

Virtual Meeting

10:00am –11:00am

1. Are the bonuses received and paid out included?
A. Yes
2. What do you mean "back out?"
Reduce the annual gross payroll by the two items indicated to exclude.
3. what if we pay our workers hazard pay each pay period?
A. You don't have to backout anything. Just report gross payroll.
4. how would you calculate gasoline? total yearly costs or is some supposed to be taken to account for some portion that is in the rate
A. You can report the yearly costs.
5. should payroll include admin and non dcw staff?
A. Yes if they provide for the residential service delivery to DWIHN consumers.
6. does mileage count?
A. Mileage paid to workers can be included however you can not include gasoline in other costs otherwise you are double counting the expenses.
7. What if we're a staffing agency, recieved the email with the link but our name is not in the drop box?
A. If you do not receive a bi-weekly payment from DWIHN, you are not eligible. If you do receive a payment directly from DWIHN, please contact me so I can include your name in the drop down.
8. what is an example of uncompensated payroll expense
A. Any costs for staff that participate in the delivery of residential services that are included in the payroll reports.
9. this is for FY 22, quarters 1-3?
A. Yes

10. so if you pay hazard as you go, then you don't need to back out the 2 payrolls mentioned/
 - A. Great question thank you!!!! No, you do not need to back out the two payrolls mentioned. You can simply report the total gross payroll over the fiscal year
11. So Overtime, Training, hazard pay, and bonuses are uncompensated?
 - A. Yes, you can include.
12. what about HR and office manager that helps out with some tasks
 - A. If you provide residential services only, everyone is included.
13. What payroll reports are we including?
 - A. 10/1/21-9/30/22
14. What about paying the staff hazard till end of Septeber 2022 but has not be reimbursed from dwihn. What do I report?
 - A. Include payroll report
15. I have not received the e-mail chech remittance from Tyresse Omani for my last 2 claim payments. I have e-mailed Mr. Omani with no response. who do I contact?
 - A. Please include Ms Dhannetta Brown, dbrown@dwihn.org on your next communication.
16. Are SD sites that operate 24 hours a day get reimbursed?
 - A. If the member(s) are not assessed to receive 24 hours, then no. Yes if a member(s) assessment has determined they require 24 hours.
17. I applied to become a provider. I was sent an email for additional documentation but haven't had any updates
 - A. Please contact Managed Care Operations (MCO) department @ pihpprovidernetwork@dwihn.org
 - B. Please provide your organization name, contact person name and email address- so a response can be provided
18. is the \$2000 that was supposed to be given to the full time dcw staff last November. If you pay per pay period was that money considered a reimbursement or something different from what Mrs. Durant is speaking of
 - A. Very good point. You should exclude the retention payment.
19. The 5% provider increase, has that went into effect yet? Is it per claim or included in the pay out?
 - A. Rates and the fee schedules have been adjusted and updated effective October 1, 2022 to include the additional 5%. Please refer to our website.
20. What does it mean when claims a reconsidered?
 - A. A claim can be reconsidered to make corrections to what was originally billed.

21. will there be another IPOS training soon?
A. Yes, Compliance + Clinical + Quality will be hosting an IPOS/Progress Note training.
22. What if the CRSP are not coming out to provide IPOS training?
A. Please notify Compliance via email at compliance@dwihn.org
23. is each CRSP aware they are to conduct the IPOS training?
A. Yes, they are.
24. What about paying the staff hazard till end of September 2022 but has not been reimbursed from dwihn. What do I report?
A. If you pay hazard pay each pay period, please answer the third question accordingly.
25. the CRSP can in-service the provider (staffing agency) case manager, and the staffing agency case manager can then in-service the staff, correct?
A. Yes, but a separate training log would have to be completed for each training. As long as a staff has been trained by the author of the IPOS or the clinician updating the safeguards, etc and there is an in-service/training log record documenting that, that staff would then be qualified to train other staff.
26. Kiara, does that apply for 1:1 in home CLS/Respite services? not so much group homes
A. This does apply for CLS/Respite (hourly) as well. I just used the group home as an example.
27. Will this presentation and information presented be available for future review and printing?
A. We can share this presentation. Please see attached.
28. Will Those members who are being transitioned out of homes be replaced? Our members participate in HCBS currently and always have.
A. The situations are specific to the Members initially identified by MDHHS. Replacement for those open beds are driven by the referred Members' needs through their own PCP and IPOS Process. Residential and the Members' Supports Coordinator will go through a matching process and if the home which has an open place for a Member, is an appropriate clinical and supportive place for the Member they may be able to be placed. If the home has an HCBS Status that needs to be remediated, the situation still needs to be remediated through DWIHN to submit the needed evidence to the State if required.
29. I have completed the nhrrt but have not received the certificate. This was back in 9/2022
A. Hello, the certificates are available in MHWIN by end of business on Friday of the week the training is taken. The person who registered you for the training will have access to the certificate, please request a copy from that person at your organization. If you are still having difficulty, please send us an email at orr.training@dwihn.org and we'll be happy to assist you. Thank you.

30. What is the role of the Provider Network Manager? How can you get a new provider network manager?
- A. Please send an email with the details on this request and any challenges you are facing.
 - B. Please send your concerns to MSingla@dwihn.org and Jwhite1@dwihn.org so we can respond.
31. Mr. Sabado- We have always implemented and adhered to the Final Rule! Our members are aware of their rights. I feel this is unfair to transition half of our residents. The transitions will cut our membership in half! how soon will we be able to come into compliance according to the state?
- A. The State had stated in a meeting that programs currently not in compliance and/or Heightened Scrutiny, were to be re-reviewed after March 2023. DWIHN will work with all providers to get ready for this process. We appreciate your efforts to get this achieved!
32. for the flow chart it is confusing dont they have a list of documetnataion required for the inspection
- A. The flow chart is just to provide a visual of the site review process. If you'd like a list of items required for the site review, email Ed Sims @ esims1@dwihn.org or myself at spride@dwihn.org
33. the tools can be sent out ahead of time?
- A. No, copies of the tool should not be sent out, but there is a list of items which can be sent if requested



HOME AND COMMUNITY BASED SERVICE TRANSITION PATHWAY PROJECT

**Detroit Wayne
Integrated Health
Network**

Quality Department

April Siebert, Director

Starlit Smith,
Administrator

Eugene Gillespie,
Clinical Specialist

William Sabado,
Clinical Specialist

HOME AND COMMUNITY BASED SERVICES FINAL RULE

- In 2014 CMS released a rule for HCBS waivers called the HCBS final rule. This rule requires that all settings who provide HCBS funded services must meet specific criteria in order to continue to receive that funding. The final date for all settings to be deemed HCBS compliant is March 17, 2023.
- Home and community-based services (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. Source: Medicaid.gov
- The goal of the HCBS Rule is to make sure that the supports and services individuals receive, give individuals the opportunity for independent decision-making, to fully participate in community life, and to make sure their rights are respected.
- Medicaid-funded HCBS **cannot** be used for services and supports that do not meet the requirements of the HCBS Rule as these services and supports are considered *institutional or isolating*.

HOME AND COMMUNITY BASED SERVICES MICHIGAN STATEWIDE TRANSITION PLAN

- HCBS Participant Assessments and HCBS Provider Assessments aka **Surveys** were developed and implemented by the Michigan Department of Health and Human Services. These surveys were developed to correlate the participant experience assessment to provider compliance assessment.
- The purpose of these surveys is to *gauge the individuals perspective of how closely the setting where they receive services meets HCBS expectations around privacy, access to the larger community as desired, freedom of movement in their home and the community at large as well as the degree to which they feel they have choice around the services they receive.* The participant survey has been used to validate provider responses and MDHHS is currently exploring other ways in which this information can be used to inform training and technical assistance going forward. MDHHS BHDDA (Behavioral Health and Developmental Disability Administration) had contracted with TBD Solutions to develop a web based application that can be utilized to track survey responses based on de-identified data to determine if participants and providers evidence an improved response to questions related to the core components of the HCBS rule when follow up assessments are administered, and if we can make determinations regarding improvement in the quality of HCBS services.
- “MDHHS, . . . , surveyed settings that were initially *non-responsive* to previous survey activities designed to assess a setting’s compliance with HCBS requirements. As a result of those recent MDHHS reviews, a number of settings were found to *require heightened scrutiny status*. Due to previously identified time constraints, MDHHS will not complete a heightened scrutiny review process on those settings and the identified waiver participants for whom the survey was completed must be transitioned from HCBS or to HCBS compliant settings.”

HOME AND COMMUNITY BASED SERVICES MICHIGAN STATEWIDE TRANSITION PLAN

- “On May 9, 2017, in recognition of the reform efforts underway across the country, CMS issued guidance extending the timeframe for states to demonstrate compliance with the settings requirements to March 17, 2022. This extension permitted states and providers an additional three years to demonstrate true community integration of individuals receiving Medicaid HCBS. In light of impacts discussed above from COVID-19, and to ensure the continued delivery of quality Medicaid HCBS to beneficiaries, CMS will allow states an additional year, through March 17, 2023, to complete implementation of activities required to demonstrate compliance with the settings criteria.”
- “Settings which have failed to successfully exit Heightened Scrutiny status are not compliant with HCBS requirements and will be required to initiate transition activities for individuals who received HCBS at or through the setting. Those settings and associated PIHPs/CMHSPs will need to initiate and report those transition activities to MDHHS. All transition activities must be completed no later than March 1, 2023.”

HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

Michigan Department of Health and Human Services Timeline:

- Habilitation Support Waiver Provider Self-Assessment(Sample): Start Date: **4/1/2015**; End Date: **1/31/2017**
- Managed Specialty Services and Supports Waiver Program Section 1915(b)(3) Provider Self-Assessment (Sample): Start Date: **3/1/2017**; End Date **9/3/2018**
- Habilitation Support Waiver Enrollees Online Survey: Start Date: **4/1/2015**; End Date: **5/30/2015** (Link was sent to Supports Coordinator)
- Managed Specialty Services and Supports Waiver Program Section 1915(b)(3) Enrollees Survey: Start Date: **7/1/2017**; End Date **9/30/2018** (Link was sent to Supports Coordinator)
- Habilitation Supports Waiver: Assess Settings on a Statewide Basis: Onsite **4/1/2016** to **3/31/2017** (*In-Vivo*)
- Managed Specialty Services and Supports Waiver Program Section 1915(b)(3): Assess Settings on a Statewide Basis: Onsite: **3/1/2017** to **9/30/2018** (*In-Vivo*)
- All available data was analyzed **3/1/2017** to **3/19/2019**
- All Waivers: MDHHS Develops List of all settings based upon current compliance status: **3/1/2017** to **3/17/2019**

HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

Michigan Department of Health and Human Services Survey Results:

Habilitation Waiver Survey:

Results of the HSW Assessment Process

Residential Settings: **12** Compliant

Non-Residential Settings: **32** Compliant

Do not comply but could come into compliance:

HSW Residential: **744 Settings**; 744 were remediated and are compliant with HCBS

HSW Non-Residential: **125 setting**; 125 were remediated and are complaint with HCBS

HSW setting reviewed for Heightened Scrutiny:

Residential **268** Settings

Non-Residential **7** Settings

Settings that are on the Heightened Scrutiny review list have had the portions of their surveys not related to HS questions validated and/or remediated and follow the rule.

HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

Non-Responsive Settings Notification and Guidance

MDHHS Response

“Settings that were determined to require Heightened Scrutiny (HS) or did not complete a survey for the identified HCBS participants during the nonresponsive settings survey process are determined not to be home and community based. No exceptions can be made to this decision.”

“HCBS participants, settings impacted and PIHPs will be notified by MDHHS on or before Friday, September 9, 2022. Prepaid Inpatient Health Plans (PIHP) leads will institute transition planning for those individuals whose setting is found not to be home and community based. The transition process must be completed no later than March 1, 2023.”

HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

- Due to Advocacy by the PIHP Leads, MDHHS provided a “one-time” opportunity for the Non-Responsive Providers to respond to surveys regarding the HCBS Services provided to their Members.
- 445 Members were identified as working with “non-responsive” providers for Wayne County (Region 7).
- 58 Members were identified as being in setting as “non-compliant” and were placed on the “Heightened Scrutiny” List. These Members required “Transition Planning”.
- *There are no further processes to remediate the final 58.*

Michigan's Statewide Transition Plan for Home and Community-Based Services

**Other Components of the Statewide Transition Plan
Table of Settings to be Assessed**

| Waiver | Type of Setting | Residential or Non-Residential | Number of Individuals | Number of Settings | Lead Agency | Survey Organization | Final Compliance Date |
|--|--|---------------------------------|--|--|---|--------------------------------------|-----------------------|
| Habilitation Supports Waiver | Group Home, Private Residence owned by the PHIP, CMHSP, or the contracted setting | Residential | 4142* | 1236 this number reflects a consolidation of 5 surveys under previously unidentified settings Updated 12.2020 | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 09/17/2021 |
| Habilitation Supports Waiver | Out of Home Non-Vocational Habilitation, Prevocational Service, or Supported Employment | Non-Residential | 3218* | 195 as of 12/1/2020 | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 09/17/2021 |
| Managed Specialty Services and Supports Waiver Program - §1915(b)(3) | Settings for beneficiaries aged 21 and over who are receiving CLS in provider owned or controlled settings, Supported Employment, and Skill Building | Residential and Non-Residential | 14489* | 2459* | Behavioral Health and Developmental Disabilities Administration | Prepaid Inpatient Health Plans | 09/17/2021 |
| MI Choice Waiver | Adult Foster Care | Residential | 3693** This number reflects the number of Individuals living in Adult Foster Care | 657** This number reflects the number of settings that are AFC. Many of our settings include AFC, HFC, Assisted | Medical Services Administration | MI Choice Waiver Agency | 09/17/2021 |

HOME AND COMMUNITY BASED SERVICES SURVEY PROCESS

Based on Michigan's Statewide Transition Plan for Home and Community Based Services

Statewide

Total Individuals (Members) Surveyed:

21,849

Wayne County

Estimated Number of Individuals Surveyed Based on Follow-up Projects for HCBS Transition:

3100 (Conservative Number for HAB and Section 1915(b)(3))

**This number is derived from the number of surveys correlated to the service providers who were allowed remediation on the Non-Compliant and Heightened Scrutiny Lists.*

HOME AND COMMUNITY BASED SERVICES TRANSITION PLANNING FOR INITIAL NON- RESPONSIVE PROVIDERS

Based on Michigan's Statewide Transition Plan for Home
and Community Based Services

Non-Responsive Provider Identified Members for Initial
Transitions:

58

One (1) Deceased; One (1) Duplication: **-2**

56 Current Members that require Transition Planning with Bi-
Monthly Reporting to MDHHS.

DWIHN HOME AND COMMUNITY BASED SERVICES RESPONSE AND TASKS

Detroit Wayne Integrated Health Network Transition Response Plan

1. Coordinate and Provide Consultation for the CRSPs, Members, their Community Supports and Provider Network who are identified in this wave of home or setting transition (Submit Bi-Monthly Reports to MDHHS Refer to DWIHN Response and Process to HCBS Transition Final 9-23-2022.docx)
2. Develop a coordinated plan to reintroduce the Home and Community Based Services Best Practices to the Network