


Policy & Procedure

POLICY/PROCEDURE TITLE: Home and Community Based Services (HCBS) Compliance and Monitoring POLICY/PROCEDURE #: 712 Section: Provider Network Developed and maintained by: Provider Network Manager Scope: <input checked="" type="checkbox"/> OnPoint Staff <input checked="" type="checkbox"/> MH/IDD <input type="checkbox"/> Housing <input type="checkbox"/> SUD <input type="checkbox"/> Integrated Health <input checked="" type="checkbox"/> OnPoint Contract Providers <input type="checkbox"/> Other _____	Approved By:  (Chief Executive Officer)	
	Approved By: _____ (Medical Director; as applicable)	
	DATES	
	First Effective	3/1/2025
	Revised	
	Reviewed	

PURPOSE

To ensure OnPoint staff and contracted providers that deliver Home and Community Based Services uphold requirements of the federal HCBS Final Rule, as well as Federal and State regulations established to prevent individuals from being served in secure, institutional, or isolated settings and programs.

POLICY

It is the policy of OnPoint, in collaboration with the Pre-paid Inpatient Health Plan (PIHP), to ensure that providers of residential and non-residential Home and Community Based Services (HCBS) are compliant with the Federal HCBS Final Rule (42 CFR Part 430, 431, 435, 436, 440, 441 and 447); contractual obligations, policies, and practice guidelines established by MDHHS; and PIHP HCBS policy and procedures.

- I. Home and Community Based Services (HCBS) ensures individuals served are offered choice, opportunities to express autonomy, independence, have full access to the benefits of community living, and receive services in the most integrated setting appropriate. HCBS Final Rule requirements apply to the following services: Community Living Supports (CLS), skill-building, and supported employment.
- II. HCBS Status – Providers rendering residential and non-residential services must participate in a review prior to delivering services. The review process will identify the provider as meeting one of the following statuses:
 - a. HCBS Compliant – Settings are determined to be compliant with HCBS Final Rule by the PIHP through the provisional approval process. Individuals can receive HCBS services from these settings without additional review by the PIHP or MDHHS.
 - b. Provisional Approval – Setting has had a provisional review by the PIHP, so individuals can begin receiving services in these settings. However, a comprehensive review by the PIHP is required within 90 days of placement.
 - c. Provisional Consultation – Setting is not HCBS compliant due to being secure, isolative, and/or institutional. These settings require a meeting with the CMHSP, PIHP and MDHHS prior to placement, to review HCBS compliant Individual Plan of Service (IPOS) and discuss rational for restrictive placement. MDHHS must give final approval for placement to occur.

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- d. Heightened Scrutiny (HS) – Settings in this category have been approved as HCBS compliant by the Michigan Department of Health and Human Services (MDHHS), but are still awaiting final approval from the Centers for Medicare and Medicaid Services (CMS). OnPoint can admit individuals and fund services in these settings.

PROCEDURES

I. Provisional Approval Process

Providers are required to participate in the provisional approval survey if they are a new provider in the OnPoint network or an existing provider adding a new program to their service array. A “new provider” is defined as a provider who does not have a contractual agreement with OnPoint prior to October 1, 2017. The provider will complete a provisional approval survey with the PIHP to ensure the setting seeking to provide services to individuals in the Habilitation Supports Waiver (HSW) and the 1915(i) State plan programs are not institutional, restrictive or isolative in nature. The provisional review will be conducted prior to the provision of services to HCBS participants to ensure it meets requirements and characteristics. The PIHP will request copies of the IPOS of individuals in these settings within 90 days of provisional approval.

- a. Residential settings must comply with HCBS requirements as described in attachment 712.1.
- b. Non-residential settings must comply with HCBS requirements as described in attachment 712.2.

II. Provisional Consultation Process

Settings that have restrictive features, either physically or through policies and procedures, are considered non-compliant with HCBS regulations. If individuals are referred to these settings for medically necessary reasons, a provisional consultation is required. Consultation shall include a review of documentation and a consultative meeting with the CMHSP, PIHP and MDHHS. Placement cannot take place prior to this consultation meeting and approval. Prior to the Provisional Consultation, an onsite review of the setting must be conducted by OnPoint or the PIHP, or an annual physical assessment can be utilized if conducted within the past 12 months. The following questions must be answered:

1. Are there barriers or locked areas in the home that prevent or limit access to the individual?
2. Are there gates or locked fences that do not allow the individual to enter or exit the home independently?
3. Are individuals free to come and go from the setting as they choose?
4. Is the setting secure? If so, how?
5. Are there restrictions on individual's freedoms that go against HCBS rules?
6. Does the setting have policies in place that restrict an individual's access or rights that are not based upon the individual's needs or are instituted without regard to the IPOS requirements?

Individuals being referred to settings that require provisional consultation cannot be placed in the setting prior to MDHHS approval and prior to their IPOS addressing the health and/or safety need for the setting, as described in OnPoint Policy 446: Person-Centered Planning.

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III. Ongoing Monitoring

- a. OnPoint, in collaboration with the PIHP, will conduct ongoing monitoring through regular and periodic facility reviews, site visits, and HCBS assessments for HCBS settings to remain in compliance with the HCBS Final Rule. Findings of non-compliance with the HCBS final rule will require a corrective action plan (CAP) and prompt remediation. Repeated failure to comply with the HCBS approval process, provisional consultations, and ongoing monitoring assessments may result in provider sanctions or exclusion from participating in Medicaid or Health Michigan Plan funded HCBS services.
- b. OnPoint will confirm existing provider's HCBS status as identified by the PIHP prior to the delivery of services and will follow the HCBS status definitions above for direction, along with attachment 712.1 (HCBS Residential Provider Guidance) and attachment 712.2 (HCBS Non-Residential Provider Guidance).
- c. Oversight of HCBS is a shared responsibility across OnPoint departments. Primary Case holders shall be aware of HCBS final rule requirements, complete required trainings regarding HCBS requirements, ensure the Person-Centered Planning process and IPOS document reflect HCBS compliance, and actively monitor HCBS services during IPOS reviews. Primary case holders shall notify their supervisor and Provider Network staff if they identify questions or concerns regarding HCBS compliance.

REFERENCES

- Centers of Medicare and Medicaid Services (42 CFR Part 430, 431, 435, 436, 440, 441 and 447)
- 42 CFR 441.530
- 42 CFR 441.710
- Michigan Department of Health and Human Services Medicaid Provider Manual – Home and Community Based Services Chapter
- LRE HCBS Compliance Monitoring Policy & LRE HCBS Compliance Monitoring Procedure
- OnPoint Policy 446: Person-Centered Planning

ATTACHMENTS

- 712.1 HCBS Residential Provider Guidance
- 712.2 HCBS Non-Residential Provider Guidance
- 712.3 MDHHS HCBS Provisional Approval Guidance