



Division of Adult Home and Community Based Services
Federal Compliance Section

HSW 1915 (c) WAIVER SITE REVIEW REPORT

PIHP: PIHP/R10

Date(s): August 15 – September 30, 2022

DIMENSIONS/INDICATORS	Yes	No	FINDINGS	REMEDIAL ACTION
A. ADMINISTRATIVE PROCEDURES				
A.1 All				
A.1.1. The PIHP has adopted common policies for use throughout the service area for critical incidents. Medicaid Managed Specialty Supports and Services contract, Section 6.4; AFP Sections 3.8, 4.0 42 CFR 438.214. Waiver Assurance for Participant Safeguards	1	0	Policy very clear	



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<p>A.1.2. The PIHP has policy and business procedures to assure regular monitoring and reporting on each network provider for critical incidents.</p> <p>42 CFR 438.230(b)(4)</p> <p>42 CFR 438.810</p> <p>Medicaid Managed Specialty Supports and Services contract, Section 6.4;</p> <p>AFP Sections 2.5, 3.8, 3.1.8</p> <p>Waiver Assurance for Participant Safeguards</p>	1	0		
<p>A.1.3 Review and verify that the process is being implemented according to policy.</p> <p>Waiver Assurance for Participant Safeguards</p>	1	0	Documents show policy properly implemented.	



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<p>A.1.4 PIHP/CMHSP is implementing the Quality Improvement Project as approved by MDHHS.</p> <ul style="list-style-type: none">• PIHPs/CMHSPs document evidence of training on the revised IPOS policy/procedures.• PIHPs/CMHSPs incorporate ongoing monitoring tools for IPOS training into the internal review process.• PIHPs/CMHSPs incorporate ongoing monitoring tools for SEDW to ensure service and supports are provided as specified in the plan.			NA	
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<p>A.1.5 The PIHP/CMHSP has a policy that guides the contracting process with new providers or providers who are expanding their service array. These policies ensure new providers are assessed to ensure they do not require heightened scrutiny based upon isolating of institutional elements.</p> <ul style="list-style-type: none"> • PIHP/CMHSP provides evidence of the policy • Review of PIHP/CMHSP provisional approval documents 	1	0		
A.3.HSW				
<p>A.3.1. If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process. (HSW PM A-4)</p>	1	0	NA=16	
F. <u>FREEDOM OF CHOICE</u>				
F.2. HSW				
<p>F.2.1 Individual had an ability to choose among various waiver services. (HSW PM D-10)</p> <p>Medicaid Provider Manual, Section 15</p>	16	1		



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F.2.2 Individual had an ability to choose their providers. (HSW PM D-11) Medicaid Provider Manual, Section 15	13	4		
P. IMPLEMENTATION OF PERSON-CENTERED PLANNING Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Guideline MCH712 Chapter III, Provider Assurances & Provider Requirements Attach. 4.7.1 Grievances and Appeals Technical Requirement.				
P.2.1 The individual plan of service adequately identifies the individual's goals and preferences. (HSW PM D-3)	17	0		
P.2.3. Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes.	17	0		
P.2.4. The individual plan of service is modified in response to changes in the individual's needs. (HSW PM D-6)	15	1	NA=1	
P.2.5. The person-centered planning process builds upon the individual's capacity to engage in activities that promote community life. MCL 330.1701(g)	14	3		



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P.2.6. Individual plan of service addressed health and safety, including coordination with primary care providers. (HSW PM D-2.)	15	2		
P.2.7: The individual plan of service is developed in accordance with policies and procedures established by MDHHS. Evidence: 1. pre-planning meeting, 2. availability of self-determination, and 3. use of PCP process in developing IPOS. (HSW PM D-4)	15	2		
P.2.8: Services requiring physician signed prescription follow Medicaid Provider Manual requirements. (Evidence: Physician-signed prescriptions for OT and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed).	3	6	NA=8	

P. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS

P.5. HSW

P.5.1. Specific services and supports that align with the individual's assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS. (HSW PM D-1)	1	17		
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P.5.2. Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, scope, duration, frequency and timeframe for implementing. (HSW PM D-7)	10	7		
P.5.3. The IPOS for individuals enrolled in the HSW is updated within 365 days of their last IPOS. (HSW PM D-5)	17	0		

B. BEHAVIOR TREATMENT PLANS AND REVIEW COMMITTEES

Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.



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<p>B.1. The BTPRC process includes all the following elements as required by the Technical Requirement for Behavior Treatment Plan Review Committees:</p> <ol style="list-style-type: none">1. Documentation that the composition of the Committee and meeting minutes comply with the TR;2. Evaluation of committees' effectiveness occurs as specified in the TR;3. Quarterly documentation of tracking and analysis of the use of all physical management techniques and the use of intrusive/restrictive techniques by each individual receiving the intervention;4. Documentation of the QAPIP's OR QIP's evaluation of the data on the use of intrusive or restrictive techniques;5. Documentation of the Committees' analysis of the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis;6. Documentation that behavioral intervention related injuries requiring emergency medical treatment or hospitalization and death are reported to the Department via the event reporting system;7. Documentation that there is a mechanism for expedited review of proposed behavior treatment plans in emergent situations. <p>Medicaid Managed Specialty Services</p>	1	0	Policy clear and precise	
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<p>B.2. Behavioral treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees.</p> <p>1. Documentation that plans that proposed to use restrictive or intrusive techniques are approved (or disapproved) by the committee</p> <p>2. Documentation that plans that include restrictive/intrusive interventions include a functional assessment of behavior and evidence that relevant physical, medical and environmental causes of challenging behavior have been ruled out.</p> <p>3. Are developed using the PCP process and reviewed quarterly</p> <p>4. Are disapproved if the use of aversive techniques, physical management, or seclusion or restraint where prohibited are a part of the plan</p> <p>5. Written special consent is obtained before the behavior treatment plan is implemented; positive behavioral supports and interventions have been adequately pursued (i.e. at least 6 months within the past year)</p> <p>6. The committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly.</p>	0	3	NA=14	
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G. WAIVER PARTICIPANT HEALTH AND WELFARE

Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1.

G.1 Individual provided information/ education on how to report abuse/ neglect/exploitation and other critical incidents. (Date(s) of progress notes, provider notes that reflect this information.)	17	0	
G.2 Individual served received health care appraisal. (Date/document confirming _____)	17	0	

Q. STAFF QUALIFICATIONS

Q.2. HSW

Q.2.1. The PIHP ensures that Waiver service providers meet credentialing standards prior to providing HSW services. (HSW PM C-1) (Evidence: personnel records and credentialing documents – including licensure and certification and required experience for QIDP).	42	4	
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<p>Q.2.2. The PIHP ensures that Waiver service providers continue to meet credentialing standards on an ongoing basis. (HSW PM C-2)</p> <p>(Evidence: personnel records and credentialing documents – including licensure and certification and required experience for QIDP).</p>	42	4		
<p>Q.2.3. The PIHP ensures that non-licensed Waiver service providers meet the provider qualifications identified in the Medicaid Provider Manual. (HSW PM C-3)</p> <p>Evidence; personnel and training records:</p> <ol style="list-style-type: none"> 1. At least 18 years of age. 2. Able to prevent transmission of any communicable disease. 3. In good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien). 4. Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the PIHP to demonstrate competence in basic first aid procedures. 	109	54		



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<p>Q.2.4 All HSW providers meet staff training requirements. (HSW PM C-4)</p> <ul style="list-style-type: none">• <i>Not limited to group home staff. All HSW providers for the samples should meet staff training requirements (includes own home and family home).</i> <p>evidence: Training records:</p> <ul style="list-style-type: none">• <i>Has received training in the beneficiary's IPOS.</i>	151	15		
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H. HOME VISITS/TRAINING/INTERVIEWS

H.3. HSW HOME VISIT/INTERVIEWS



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<p><u>Health and safety</u></p> <p>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1.; 4c CFR 438.208</p> <p>Administrative rule Section 3(9) of Act 218 P.A. 1979, as amended</p> <p>Administrative Rule R 330.2802</p> <p>Person-centered Planning Best Practice Guideline Attachment 3.4.1.1. to the MDHHS Contract</p> <p>AFP Section 2.7 Specialized Residential Settings (Administrative Rule R330.1806)</p> <p>Monitoring medications: R 330.1719 R 330.2813 R 330.7158</p>	<p>0</p>	<p>0</p>	<p>No home visits were conducted as a part of this Site Review.</p> <p><u>Interviews Conducted:</u></p> <p>Sample Size:14 HSW: 9 CWP: 2 SEDW: 3</p> <p>Completed interviews: HSW: 6 CWP: 1 SEDW: 1</p> <p>4 Declined 2 Closed No follow up need as a result of the interviews.</p>	<p>N/A</p>
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Non-Residential Visit (HCBS and Health/Safety) Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1; 4c CFR 438.208 Administrative rule Section 3(9) of Act 218 P.A. 1979, as amended Administrative Rule R 330.2802 Person-centered Planning Best Practice Guideline Attachment 3.4.1.1. to the MDHHS Contract AFP Section 2.7 Specialized Residential Settings (Administrative Rule R330.1806)	0	0	No home visits were conducted as part of this Site Review	N/A
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