

# Home and Community Based Rule- Revised Heightened Scrutiny Process



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Institute for Health Policy  
College of Human Medicine  
MICHIGAN STATE UNIVERSITY

# Revised Heightened Scrutiny Review Process

- Prior to the COVID-19 epidemic, on site Heightened Scrutiny Reviews occurred in Region 2, Region 8 and Region 3.
- Due to the risk of spreading COVID-19, the last on-site reviews occurred March 12, 2020.
- The Heightened Scrutiny review process has been revised to ensure that the virus is not spread through site review activities.



# Goal of Today's Presentation

Increase Understanding of COVID-19 Impacted  
**Revised** Heightened Scrutiny Review Process



# Content of Today's Presentation

- Introduce Michigan State University (MSU) staff
- Review Revised Site Review Process
  - Review Desk Audit Process
  - Review Virtual Site Review Activities
  - Review Lessons Learned
- Questions



# Who are we?

- Audrey Craft, Joan Deschamps and Tom Renwick
- Outreach Coordinators, Institute for Health Policy, Division of Public Health, College of Human Medicine, Michigan State University



# Heightened Scrutiny Process

## Confirmation of Participants in Settings

- MSU staff e-mail CMHSP leads participant WSA case IDs for each setting
- CMHSP leads contact supports coordinators/settings to confirm that participants are still living in or receiving services in the setting from the same provider
- CMHSP leads provide MSU with confirmation that participant is still living in the setting or receiving services from the same provider



# Heightened Scrutiny Process-

## Selection of participant for focus of review

- CMHSP leads identify the participant and back up participant for review and potential interview based on selection criteria provided by MSU HS staff members
- Criteria for selection of the participant and back up participant will include factors such as the participant's willingness, availability, and ability to participate in an interview process
- CMHSP leads provide MSU with name of participant and back up participant for focus of review/potential interview and the name and contact information for the participant's support coordinator/case manager



# Heightened Scrutiny Process-

## Desk Audit Process

- MSU staff e-mail CMHSP leads:
  - ✓ Letter requesting Desk Audit materials
  - ✓ HSW Documentation Guidance (Residential, Non-Residential and 1915i)
- CMHSP leads disseminate letter to corresponding settings
- Settings gather desk audit materials and provide it to the CMHSP lead by the date specified on the letter





# Heightened Scrutiny Process-

## Desk Audit Process-Helpful Hints

- The letter requesting Desk Audit materials identifies all the questions that put the setting on the HS list
- Use the Documentation Guidance to identify sources of evidence that may support the setting is Home and Community Based
- Desk Audit submissions should include a cover sheet that references the question number and the source(s) of evidence submitted
- Review policies and procedures and ensure they are consistent with the rule



# Heightened Scrutiny Process-

## Desk Audit Process-Helpful Hints

This is an excerpt from a “cover sheet” submitted by a setting:

<b>Tier 2</b>	<b>Question 9</b>	<p><b>Response:</b> Yes</p> <p><b>Included Evidence:</b> License of where service is provided. Photos showing separate entrances. Map showing independent structure and access.</p>
<b>Tier 2</b>	<b>Question 12</b>	<p><b>Response:</b> Yes</p> <p><b>Included Evidence:</b> License of where service is provided. Photos showing separate entrances. Map showing independent structure and access.</p>
<b>Tier 3</b>	<b>Question 10</b>	<p><b>Response:</b> No. [REDACTED] is next door to another Licensed Specialized AFC, which consists of 6 [REDACTED]. This home is called [REDACTED]. These two homes do not share programming nor staff, although a couple of staff are cross trained, as indicated in the evidence provided.</p> <p><b>Included Evidence:</b> Current Staff List per home. Detailed list of number of outings per [REDACTED]. Licenses for both homes. Information for vehicles designated to the specific homes.</p>

Other settings have annotated each HS question on the Documentation Guidance, noting the source and type of evidence to be submitted.



# Heightened Scrutiny Process-HSW

## Desk Audit Process-Helpful Hints

- **IMPORTANT:** The HS review process is a sequential one, and all issues must be addressed-beginning with the Tier/Question that put the setting on the HS List. (For example: if the setting is on the HS list for either of the Tier 2 issues, that issue and all Tier 3 and Tier 4 issues must be addressed. If the setting is not on the HS List for a Tier 2 issues, then only Tier 3 and Tier 4 issues must be addressed.)



# Heightened Scrutiny Process-1915i

## Desk Audit Process-Helpful Hints

- **IMPORTANT:** The HS Review process is a sequential one, and all issues must be addressed – beginning with the Question that put the setting on the HS List. For example: if the setting is on the HS List for Q#7 or Q#8, that issue and all the service specific questions/ issues must be addressed. If the setting is on the list for Q-104/Q-9 /Q-88 (the service is provided in a disability specific setting), or Q-47 or Q-95, then all issues must be addressed-beginning with the Question that put the setting on the HS list.



# Heightened Scrutiny Process-

## Desk Audit Process

- CMHSP leads work with their CMHSP contact for accessing and uploading desk audit materials using MDHHS' File Transfer Process (FTP) within 5 days of receipt from settings.
- MSU staff reviews the evidence submitted by settings via the FTP.
- If additional information beyond the desk audit is necessary, MSU works with the CMHSP lead to coordinate additional remote review activities.



# Heightened Scrutiny Process

## Desk Audit Process-Helpful Hints

- Activity Logs for the participant selected for review that are submitted for desk audit purposes should include the three months prior to when a participant's access to the community was impacted by Covid-19. This will likely result in the submission of activity logs for the months of December 2019, January 2020, and February 2020.



# Heightened Scrutiny Process-

## Desk Audit Process-Helpful Hints

- Ensure referenced documents are uploaded to the FTP
- Provide evidence specific to the participant selected for focus of the review (e.g. IPOS, Activity Logs, calendars, etc.)
- Indicate on cover sheet WHERE in documents evidence is to be found. For example, policy documents and IPOS can be very long. Specify page/section of policy or plan that addresses the question that put the setting on HS.
- Blank forms are not evidence





# Heightened Scrutiny Process-

## Desk Audit Process-Helpful Hints

If the participant's ability to access the community is restricted or there are restrictions on them within a setting that impact compliance with HCBS requirements, the following must be documented in the person-centered service plan/functional assessment of behavior:

- (1) Identify a specific and individualized assessed need for the restriction.
- (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- (3) Document less intrusive methods of meeting the need that have been tried but did not work.
- (4) Include a clear description of the condition that is directly proportionate to the specific assessed need.





# Heightened Scrutiny Process-

## Desk Audit Process Helpful Hints

- (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.
- (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- (7) Include the informed consent of the individual.
- (8) Include an assurance that interventions and supports will cause no harm to the individual.



# Heightened Scrutiny Process- Remote Review Activities

MSU staff will work with the CMHSP leads to schedule any necessary remote review activities for a given setting.

Post Desk Audit remote review activities may include:

- Directed Remote Electronic Observation
- Geo Mapping
- License Look Up
- Remote Interviews



# Heightened Scrutiny Process-

## Remote Review Activities

### **Directed Remote Electronic Observation**

- A video call conducted between MSU review staff and a setting staff member who is physically present at the setting.
- The video call would be real-time observation only and no part of the call would be recorded or stored.
- MSU review staff would direct setting staff to show relevant setting features related to the issues that placed the setting on heightened scrutiny status.



# Heightened Scrutiny Process- Remote Review Activities

## Geo Mapping & License Look Up

- These remote review activities are essentially unchanged from pre COVID-19 review processes.



# Heightened Scrutiny Process

## Remote Review Activities

### Remote Interviews

Arranged telephone or video call interviews with:

- Selected participants receiving services from the setting.
- Setting staff members
- Staff members from the setting's provider organization
- The selected participant's case manager, supports coordinator or their assistants

These calls would be real-time conversations. No part of the calls would be recorded or stored.



# Lessons Learned

## Relevant Evidence

HSW Residential Q #11, 1915i Q #104 and Non-Residential Q #7, 1915i #9 and Q #88:

- If the setting is disability specific, evidence that the participant choose the setting from among others, including those that are not disability specific.

Evidence for Q #11 and #104 may include:

- A specific statement about housing choices in the preplanning/IPOS and quarterly reviews.

Evidence for Q #7, Q #9 or Q #88, may include:

- A specific statement about where participant choose to receive the Non-Residential service.



# Lessons Learned

## Relevant Evidence

A setting may submit a narrative description of the process used to inform participant of their options and how participants may explore those options.

For example, is there a listing of settings available to the participant? Do those options include a non-disability specific option? Can the participant visit the settings to determine if it is a good fit? Can they have a meal there? Stay overnight?



# Lessons Learned

## Relevant Evidence

Residential Question Q #13 & Q #69 and Non-Residential Question #16 & #17:

- What does the setting do to develop and encourage opportunities for community inclusion?
- During planning, how are choices expressed?

Examples may include:

- Policy and procedures that support community inclusion
- Participant notes/schedules
- Activity Logs or calendars
- IPOS/assessment documents process for offering and making choices about activities.





# Lessons Learned

## Relevant Evidence

### Documenting Community Inclusion:

- Activity Logs/Data Sheets should be clear about whether an activity was in the community or in the setting. For example, an activity log that only says “Movie” or “Pedicure” does not clearly document whether the activity took place in the home or in the community.
- Activity Log/Data sheets should document if an activity was offered and the participant declined to participate.
- The IPOS should clearly document the participant’s likes and interests. Community activities and Activity Log/Data sheets generally correspond to the likes/interests identified in the IPOS.



# Lessons Learned

## Relevant Evidence

Documenting community inclusion:

- Participants can choose whether they want to participate in any given community activity and don't need to provide a reason if they choose not to participate.
- Settings should document when a participant has declined to join in on an offered community activity as it demonstrates that the participant was both given the opportunity and able to exercise autonomy and choice.
- If a participant regularly declines to participate in community activities, additional documentation that describes efforts to identify or tailor community activity opportunities to an individual's preferences and needs can help demonstrate a setting's efforts to support a participant's community inclusion.



# Lessons Learned

## Relevant Evidence

- Any restrictions on a participant's ability to access the community or any restrictions placed on a participant within a setting must be supported by additional documentation in their IPOS as well as any required Behavioral Treatment Plan Review Committee approval required by the Mental Health Code or Department contract.



# Thank You

## Questions?

Please submit all questions to our mailbox,

[HCBSTransition@michigan.gov](mailto:HCBSTransition@michigan.gov)



# Contact Information

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