

December 19, 2014

Attention: HCBS Program Transition Medicaid Policy  
Michigan Department of Community Health  
PO Box 30479  
Lansing, MI 48909-7979

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



3496 Lake Lansing Rd., Ste 170  
East Lansing, MI 48823  
TEL 517.203.1200  
TEL 800.828.2714  
FAX 517.203.1203

[ucp@ucpmichigan.org](mailto:ucp@ucpmichigan.org)  
[www.ucpmichigan.org](http://www.ucpmichigan.org)

**KATHLEEN BROCKEL**  
*Executive Director*

Dear Transition Planning Team:

Thank you for the opportunity to comment on the proposed Michigan Transition Plan for Home and Community Based Settings.

Overall the plan appears very vague and has few details as to how the transition will occur for each residential and nonresidential setting or how the transition will impact each population of waiver participants. This appears to be merely a plan to start planning, but no detail and little leadership or accountability is evident in the plan.

Row 9 indicates that the department has already identified via data codes residential settings that are presumed to comply with the rules. The plan does not include a list of the settings or what the parameters are for the presumed assumption. If such a list exists, it has not been shared with stakeholders. We ask that the list be posted on the department website along with the parameters.

Row 10 indicates that the department, via data codes, has compiled a list of nonresidential settings impacted by the rules. Please post this list on the department website.

Row 11 states that the department has compiled a list with the help of waiver agents of all MI Choice waiver settings. Please post this list on the department website.

Rows 16 – 24 indicates that the department intends to rely on a sampling of self assessments submitted by providers to report whether they are in compliance with the new rules. There is no information in the transition plan to indicate why a sampling would actually result in valuable data regarding an individual setting's compliance with the new rules. How will the sampling be conducted? Why is the sample an indication of overall compliance? How will the analysis be conducted? Please revise the plan to state that the department will implement on-site assessments for each setting conducted by a neutral third party.

Rows 23 – 27 indicates that the department's real transition plan will not be written until early in 2016. At this time the department will review assessed results, and then revise the transition plan if necessary. Stakeholder input appears to be limited to sharing the data online via SharePoint – this is inadequate. Please revise the plan to include meaningful stakeholder input for the revised transition plan including HCBS participants and advocates.

Rows 28 – 38 reference that the department will design a remedial strategy and a corrective action plan for settings that are noncompliant with the rules. Sometime in late 2016 the department will report to CMS those settings which are presumptively noncompliant. There is no detail as to what the remedial or corrective plans will incorporate, who will be

responsible for determining noncompliance, who will develop the corrective plans and monitor compliance. This is a very serious gap in the transition plan. Please revise the plan to state that the department will identify a dedicated HCBS unit for assessing compliance, developing corrective action plans and overseeing implementation of the corrections.

Row 39 is the most disturbing of all in the lack of detail. This indicates that the department will provide “choice” to participants to transition to new residential and nonresidential locations OR disenroll from the waiver program. Transition assistance must be a priority for the department and must create a system to truly advise participants of their options. Simply encouraging people to disenroll from the waiver program is a very drastic step and jeopardizes an individual’s day to day living situation. Please revise the plan to outline the responsible individuals/entities who will assist participants one on one to assess their residential and nonresidential options. Indicate what records will be required to show that a neutral third party assisted the participant and what options the participant considered. Please develop an ombudsman service or other ongoing assistance to help participants as these changes are implemented.

Rows 44 – 48 indicate the very limited stakeholder input that has been sought and will be solicited in the future. So far the department has offered one introductory meeting and two very poorly implemented webinars. They have made no effort at all to incorporate the most important stakeholders – HCBS participants. We ask that the department open this process to stakeholders and establish real dialogue with a dedicated HCBS unit, advocates and HCBS participants.

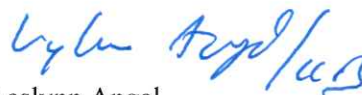
Throughout the plan it appears that the department will heavily rely on provider self-assessment and reporting. There does not appear to be a concerted effort to actually review provider policies, contracts with residents, lease agreements etc. There isn’t any indication of an overall training plan for providers or individual workers at residential and nonresidential facilities concerning the new rules. There is no mention of developing sample policies for homes that would outline the resident’s rights regarding privacy, food, visitors and lease/contract requirements. Overall the plan shows a lack of leadership by the department for making the positive changes required by the new HCBS rules.

Thank you for considering these comments. We look forward to the department improving the transition plan and working more closely with stakeholders.

Sincerely,



Kathleen Brockel  
Executive Director, UCP MI



Leslynn Angel  
President & CEO, UCP Detroit