

# HCBS Reports in WSA for the Habilitation Support Waiver (HSW)

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MDHHS HCBS TEAM:

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# WHAT TO EXPECT TODAY

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- Overview of all the HCBS reports in the Waiver Supports Application (WSA).
- Understand each HCBS report in the WSA and its functions.
- Knowledge of expectations on HCBS compliance related activities for the HSW.

# HCBS Rule

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- HSW is a Medicaid HCBS waiver
- Under §1915(c) of Social Security Act
- 1/16/2014 CMS published HCBS rule to take effect March 17, 2014

# HCBS Rule: Intent

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- a) to ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i), and 1915 (k)
- b) and to enhance the quality of HCBS and provide protections to participants.(CMS, 2014)

# HCBS Survey

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- Contracted with Wayne State University to conduct survey– DDI
- Assess compliance with HCBS ruling among HSW participants
- MDHHS finished Statewide Assessment (Survey)  
Phase One: August 4th, 2016

# HCBS Reports in WSA

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## **INFORMATIONAL REPORTS:**

- 1. STATUS COUNT REPORT**
- 2. SURVEY BY SETTING REPORT**
- 3. COMPLIANCE/OUT OF COMPLIANCE PROVIDER REPORT**

# HCBS Reports List



Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.



[Home](#) [Training](#) [Program](#) [Person](#) [Admin](#) [DBA](#) [Reports](#) [Print](#) [Contact](#) [Logout](#)

Program HAB  Show Hidden Reports

Program	Name	Default Format	Description	Run Report	Report Hidden
HAB	HCBSMatchMismatch.rpt		This report is for matching provider and participant answers for a set of questions.	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	
HAB	HCBSOutOfComplianceProviderTD.rpt		This is out of compliance report for providers.	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	
HAB	HCBSOutOfComplianceTD.rpt		This is out of compliance report for participants and providers.	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	
HAB	HCBSProviderInformation.rpt		HCBS Provider Information	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	
HAB	HCBSStatusCountTD.rpt		# and % of settings which completed the survey, # and % of settings in compliance with HCBS rules, # and % of settings out of compliance.	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	
HAB	HCBSSurveyBySettingTD.rpt		This report is for surveys with questions and answers.	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	
HAB	HCBSSurveyCompletionTD.rpt		Assesment Completion for Participants, Residential and Non-Residential	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	
HAB	HCBSUnknownMatchDataTD.rpt		Unknown match report for surveys with a unmatched BCAL or NPI or EIN number	<a href="#">PDF</a>   <a href="#">Excel</a>   <a href="#">Word</a>	

# Introduction

## Status Count Report

8

- Summary of completion rate within PIHP
- Summary of compliance rate within PIHP
- Format of the report is shown as the screenshot below

A	B	C	D	E	F	G	H
SURVEY TYPE	Total Sample Count	Survey Completed Count	Survey Completed %	Non Compliant Survey Count	Compliant Survey Count	Non CompliantSurvey %	Compliant Survey %
NR							
P							
R							



# Functional Demonstration Status Count Report

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Below are required parameters for the report: HCBSSStatusCountTD.rpt

Report Instructions:

There are currently no specific instructions available.

PIHP

Undefined

PIHP/CMH

Survey Type

undefined

Report Format:

Excel Document

Action:

[Generate Report](#) [Cancel](#)

Message:

Parameter Name:

- Survey Type:
  - Residential
  - Non-residential
  - Participants

# Introduction

## Survey by Setting Report

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- Displays survey response for a specific case or a specific provider
- Format of the report is shown as the screenshot below: residential provider

WSA Case ID	Survey ID	Survey Number	PIHP CMH Name	Survey Type	Unique ID	Unique ID Type	Question Number	Question Desc	Answer
		1		R		BCAL	16	Does each individual have a lease for the residential setting?	No
		1		R		BCAL	17	Does the lease explain how an eviction happens and what to do?	No
		1		R		BCAL	18	Have individuals been provided with information on how to request new housing?	Yes
		1		R		BCAL	19	Is information about filing a complaint posted in a way the individual can understand and use?	Yes
		1		R		BCAL	20	Do individuals know who to call to file an anonymous complaint?	Yes
		1		R		BCAL	21	Do the staff talk about individuals' personal issues in private?	Yes
		1		R		BCAL	22	Do individuals have access to their personal funds?	Yes
		1		R		BCAL	24	Do individuals have control over their personal funds?	Yes
		1		R		BCAL	26	Do individuals have a place to store and secure their belongings away from others?	Yes
		1		R		BCAL	27	Do individuals pick the agency who provides their residential services and supports?	No
		1		R		BCAL	28	Do individuals pick the direct support workers (direct care workers) who provide their services and supports?	No
		1		R		BCAL	29	Can individuals change their services and supports as they wish?	Yes
		1		R		BCAL	30	Are individuals allowed to participate in legal activities, for example voting in public elections if they are 18 years or older, drinking alcohol if they are 21 years or older?	Yes
10047	11,314	1		R		BCAL	32	Did the individual have choices of where to live?	No

# Functional Demonstration Survey by Setting Report

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Home Training Program Person Admin DBA

Below are required parameters for the report: HCBSSurveyBySettingTD.rpt

Report Instructions: There are currently no specific instructions available.

PIHP  
 PIHP/CMH

WSA CaseID

SurveyID

SurveyNumber

Survey Type

UniqueIDType

UniqueID

Report Format:

Action: [Generate Report](#) [Cancel](#)

Message:

## Parameter Name:

- **WSA Case ID:** WSA case ID
- **Survey ID:** Unique survey identifier
- **Survey Number :** Generally '1'; will be sequentially higher if multiple instances of the same survey exist
- **Survey Type:** Residential, Non-Residential, or Participant
- **Unique ID Type:**
  - BCAL (Bureau of Children and Adult Licensing),
  - Case ID (WSA case identification number),
  - EIN (Federal Employer Identification Number), or
  - NPI (National Provider Identifier)
- **Unique ID:** ID associated to the **Unique ID Type**

# Introduction

## Compliance/Out of Compliance Provider Report

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- List of providers in compliance
- List of providers out of compliance
- PIHPs will use this report prior to sending out notification letters
- Format of the report is shown as the screenshot below

WSA Case ID	PIHP CMH Name	Survey	Survey ID	Survey	Unique ID	Unique ID Type	Provider Name	Is Compliant
17		NR		1	38	EIN		No
17		NR		1	38	EIN		No
19		NR		1	38	EIN		No
28		NR		1	38	EIN		No
55		NR		1	38	EIN		No
59		NR		1	38	EIN		No
97		NR		1	38	EIN		No
10		NR		1	10	NPI		No
10		NR		1	38	EIN		No
11		NR		1	38	EIN		YES
12		NR		1	10	NPI		No
12		NR		1	36	NPI		YES
12		NR		1	10	NPI		No
12		NR		1	38	EIN		YES
13		NR		1	10	NPI		No
13		NR		1	10	NPI		No
13		NR		1	38	EIN		YES
14		NR		1	38	EIN		No

# Functional Demonstration

## Compliance/Out of Compliance Provider Report

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Home Training ▶ Program ▶ Person ▶ Admin ▶

Below are required parameters for the report: HCBSOutOfComplianceProviderTD.rpt

Report Instructions:	There are currently no specific instructions available.
<input type="radio"/> PIHP	Undefined ▼
<input type="radio"/> PIHP/CMH	
Survey Type	undefined ▼
Report Format:	Excel Document ▼
Action:	<a href="#">Generate Report</a> <a href="#">Cancel</a>
Message:	

- **Survey Type:**
  - Residential,
  - Non-Residential, or
  - Participant

# HCBS Reports in WSA

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## **COMPLIANCE RELATED REPORTS:**

- 1. SURVEY COMPLETION REPORT**
- 2. OUT OF COMPLIANCE REPORT**
- 3. MISMATCH REPORT**
- 4. NOTIFICATION LETTER REPORT (TO BE DEVELOPED)**

# Introduction

## Survey Completion Report

15

- A list of the participants/providers that finished or did not finish the survey in Phase One.
- Format of the report is shown as the screenshot below

Survey_Taken	CaseID	Beneficiary_Name	PIHP_CMH_Name	ProviderName	Survey Id	Survey Number	Survey	Survey Type	Survey Unique	Survey Unique	HCBS Tab	HCBS Tab
YES	87		Region		1	1	05/25/2016	R	BCAL		BCAL	
YES	94		Region		1	1	05/16/2016	R	BCAL		BCAL	
YES	10		Region		1	1	06/17/2016	R	BCAL		BCAL	
YES	10		Region		1	1	05/20/2016	R	BCAL		NPI	
NO	10		Region					R			BCAL	
NO	10		Region					R			NPI	
YES	11		Region		1	1	05/17/2016	R	BCAL		NPI	
YES	12		Region		1	1	05/17/2016	R	BCAL		NPI	
NO	13		Region					R			BCAL	
YES	14		Region		1	1	06/15/2016	R	BCAL		BCAL	
YES	17		Region		2	1	05/09/2016	R	BCAL		BCAL	
YES	18		Region		2	1	05/17/2016	R	BCAL		NPI	
NO	18		Region		2			R			BCAL	
YES	18		Region		2	1	06/15/2016	R	BCAL		BCAL	
YES	20		Region		2	1	06/17/2016	R	BCAL		BCAL	
YES	30		Region		2	1	05/20/2016	R	BCAL		BCAL	
YES	45		Region		2	1	05/20/2016	R	BCAL		NPI	
YES	46		Region		2	1	05/20/2016	R	BCAL		NPI	
YES	74		Region		2	1	05/20/2016	R	BCAL		NPI	
YES	84		Region		3	1	06/15/2016	R	BCAL		BCAL	
NO	10		Region					R			BCAL	
NO	10		Region					R			BCAL	

# Functional Demonstration Survey Completion Report

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Below are required parameters for the report: HCBSSurveyCompletionTD.rpt

Report Instructions:

There are currently no specific instructions available.

PIHP

Undefined

PIHP/CMH

Survey Type

Residential

Report Format:

Excel Document

Action:

[Generate Report](#) [Cancel](#)

Message:

- **Survey Type:**
  - Residential,
  - Non-Residential, or
  - Participant



# Compliance Related Activities Survey Completion Report

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- All providers need to complete the HCBS survey as part of contract agreement.
- Failure to complete the surveys within the required timeframe established by MDHHS for each phase of the survey implementation of the HCBS assessment and remediation process will result in the loss of Medicaid funding.
- MDHHS PIHP Contract: 18.1.13 HCBS Transition Implementation:
  - *The PIHPs will work with MDHHS to establish policy guidance and monitoring standards which will include what functions may be delegated, oversight standards and expectations, remediation strategies for both initial and ongoing compliance, to assure full compliance with the Home and Community Based Setting requirements and the state's approved transition plan no later than March 2019 as required by the rule.*

# Introduction

## Out of Compliance Report

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- Identify providers that are out of compliance based on their survey answers.
- List the areas of out of compliance for each provider and case.
- Format of the report is shown as the screenshot below

WSA Case ID	PIHP CMH Name	Survey Type	Survey ID	Survey Number	Unique ID	Provider Name	Question Number	Question Desc	Option Desc	Answer	WhyAnswer	Non Compliance Question Count
		R		1			11	Can people with different types of disabilities and individuals without disabilities live in the home?	No	Checked		5
		R		1			28	Do individuals pick the direct support workers (direct care workers) who provide their services and supports?	No	Checked		5
		R		1			34	If the individual lives with other people, did the individual pick their housemates?	No	Checked	Other individuals were living in the home when the consumer moved in.	5
		R		1			37	If the individual lives with other people, did the individual pick their roommate(s)?	No	Checked		5
		R		1			69	Can individuals choose to come and go from the home when they want?	No	Checked		5

# Functional Demonstration Out of Compliance Report

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Below are required parameters for the report: HCBSOutOfComplianceTD.rpt

<b>Report Instructions:</b>	There are currently no specific instructions available.
<input type="radio"/> PIHP	Undefined ▾
<input type="radio"/> PIHP/CMH	
<b>Survey Type</b>	undefined ▾
<b>Unique ID Type</b>	undefined ▾
<b>Unique ID</b>	0
<b>Report Format:</b>	Excel Document ▾
<b>Action:</b>	<a href="#">Generate Report</a> <a href="#">Cancel</a>
<b>Message:</b>	

- **Survey Type:** Residential, Non-Residential, or Participant
- **Unique ID Type:** BCAL, Case ID, EIN, or NPI
- **Unique ID** ID associated to the **Unique ID Type**

# Compliance Related Activities

## Out of Compliance Report

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- Providers need to address all issues identified on the Out of Compliance report.
- PIHP will notify the providers about their out of compliance issues by using a notification letter report to be available in the WSA.
- Providers will develop corrective action plans (CAPs) with remediation strategy included and submit to the PIHPs.
- The CAP needs to be submitted to PIHP within **30** days from the date the notification letter was generated.
- Providers will complete remediation within **90** days after the CAP is approved by the PIHPs.
- PIHP will conduct a new survey once they have verified the remediation has been completed.

# Introduction

## Match Mismatch Report

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- Displays mismatches between the participant and the provider answers on the survey.
- Calculation of the total number of mismatches
- Will be available 10/5/16 –screenshots of the report not available at this point.



# Functional Demonstration Match Mismatch Report

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- Screenshots of the report not available at this point.



- **Case ID:** WSA case ID
- **Survey Type:** Residential, Non-Residential, or Participant
- 
- **Unique ID Type:** BCAL, Case ID, EIN, or NPI
- **Unique ID:** ID associated to the **Unique ID Type**
- **Report Type:** Match or Mismatch

# Compliance Related Activities

## Match Mismatch Report

23

- Providers will need to develop Quality Improvement Projects (QIP) when the mismatch rate is above 85%
- QIP needs to include strategies to decrease discrepancies between provider and participant answers.
  - Misunderstanding, keying error, out of compliance issues...
- MDHHS is planning on reviewing the QIPs
- This report can be used for survey validations

# Introduction

## Notification Letter Report

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- To be developed
- Auto generated letter to notify provider on status of compliance
- Please be sure to check Provider name, address, WSA case # before sending letter





# Next Steps

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- Identify CMH and PIHP HCBS leads
- Run WSA HCBS compliance/out of compliance reports
- Notify providers (notification letter to be developed in WSA)
- Develop and approve a remediation plan- based on the provider report
- Re survey after remediation
- Ongoing monitoring
- Transition planning for noncompliant settings

# Questions?

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- Use your training resources wisely
- Include 'HCBS-Help' in email subject line when contacting MDHHS
- Contact: Jaci Leonard, [LeonardJ3@michigan.gov](mailto:LeonardJ3@michigan.gov)
- For all other HCBS related questions, please contact: [HCBStransition@michigan.gov](mailto:HCBStransition@michigan.gov)