

The purpose of this document is to assist Supports Coordinators in providing information and support to individuals receiving HCBS services, their supports, and their providers.

**Things to consider when interviewing a participant about their interest in remaining in a residential setting or continuing to receive services from a non-residential setting.**

**Assist participants with thinking through and understanding their options as well as the potential consequences of any decision.**

- Are there aspects of the setting that participants are not happy with but that could be changed through discussion or amendments in their IPOS? This might include instances of the following:
  - Being able to access the community more frequently
  - Decorating their living space (bedroom)
  - Working with a different direct care worker etc.
  - Changing roommates
  - Increased access to public areas of the home
  - Ability to close and lock doors for privacy.
- Does the participant feel uncertain about their decision?
  - Participants can choose to leave a setting and *can transition to another setting or provider at any time*. This is not their *one chance* to move if they are mostly happy but would like to see some changes.
  - A PCP meeting can be held to address any concerns that the participant may have with their services residential or non-residential.
  - If participants are unsure of their desire to remain it may be most convenient to them to indicate they are willing to stay in the setting if it can become HCBS and then make a more thoughtful decision. If a participant indicates they do not wish to remain in the setting it doesn't matter what the providers decision is related to this person. Additionally if the provider has only this individual receiving HCBS services they would be considered not HCBS and transition planning would begin. As noted above participants can still decide that they wish to move to another setting at any time.
  - Decisions made by the participant are final and binding MDHHS will not contact the individual to follow-up on their decision, nor will changes to the survey, once submitted, be possible.

**Things to consider when communicating with providers regarding the HS process.**

- The HS process will occur based upon geographic locations. This may not necessarily correspond to the boundaries of PIHPs but MSU will be grouping sites based on location and scheduling reviews in this manner.

- Encourage them to go to the MDHHS webpage to explore resources there, including the provider readiness tools that address how to respond to both non – complaint and HS notifications at the website [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_2943-334724--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html).
- Providers can decide at any time during the HS process that they no longer wish to pursue compliance however if they say no to the survey we will accept that as final and may not be able to address HS with them until much later in the process.
- Many providers particularly those who are HS due to isolating features of the setting will be able to remediate and come into compliance
- While some of the changes providers may need to make may require the outlay of money many will require changes to the structure of the setting itself such as access to the community, the kitchen , food etc. These are more behavioral in nature and the remediation would be less financially driven and more organizational or structural.
- MDHHS and the PIHPs do not wish to see providers decide not to contract with the CMHSPs and want to work with the providers to help them come into compliance.

**Educating participants and families about the HS process:**

- Providers will have an opportunity to submit evidence that supports that they are Home and Community Based even if they do not appear to be based on their initial survey answers.
- Individuals who ultimately need to transition from settings will have a minimum of 6 months to do so and will develop transition plans as part of the person entered planning process with their supports coordinators and other who are important to them.