

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 50
SECTION Clinical and Support Services		DESCRIPTION Home and Community Based Services	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) ensures Home and Community Based Services (HCBS) are provided in the least restrictive environment possible.

STANDARDS:

- A. HCBS ensures individuals are involved in planning their services and supports to the maximum extent possible and their wishes are reflected in the person-centered service plan.
- B. LCCMH monitors residential and non-residential settings to ensure they comply with HCBS standards as outlined in the Medicaid Provider Manual.
- C. This policy applies to all LCCMH staff, contractors, and providers serving individuals receiving Medicaid or other qualifying programs. Services can be provided in the home, community, or other natural environment and can include:

1. Skill Building

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2. Community Living Supports (CLS) provider-owned settings

PROCEDURES:

A. Service Request and Approval

1. Primary case holder or Residential Committee notifies Coordinator of new provider and submits required forms to complete the provisional approval process.
2. HCBS Coordinator contacts the Region 10 Prepaid Inpatient Health Plan (PIHP) prior to a visit to request survey materials and feedback on provider history.
3. If there is no reciprocity within the region, designated LCCMH staff conducts a site visit to ensure location's safety and suitability, and confirms environment is not isolating or institutional in nature.
4. HCBS lead gathers all necessary information, signs the application, and returns completed provisional packet to the PIHP. Packet must be signed by HCBS lead prior to being submitted to PIHP. Upon PIHP approval, the residential committee and/or primary case holder is notified of the provider's provisional status.
5. Person served's Individual Plan of Service (IPOS) is updated as needed.
6. LCCMH conducts annual monitoring to ensure adherence to established standards via the provider monitoring process. See LCCMH policy 01.002.30 Provider Network Maintenance and Monitoring.
7. Annual review is sufficient for two years, if over two years the provisional approval process is required.

B. Service Providers and Staff

1. Primary case holders are trained in HCBS requirements and essential policies.

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2. Providers and staff involved in the delivery of services are in-serviced/trained on the IPOS prior to service delivery. Training is tracked through the provider monitoring process.

DEFINITIONS:

Natural Environment: settings and activities that are typical for a person's peers in the community who receive Medicaid services.

Non-Residential Settings: settings where individuals receive HCBS during the day but do not reside. These settings must meet certain criteria to ensure they align with HCBS principles, promoting integration, autonomy, and community engagement.

Residential Committee: made up of clinical staff, a representative from the Contracts Department, HCBS lead on the Committee, and a representative from the Rights Office. The Committee is responsible for reviewing all referrals for Specialized Residential Placement, CLS, and Respite Services.

Residential Settings: settings where individuals reside and receive HCBS. These settings must meet certain criteria to ensure they align with HCBS principles, promoting integration, autonomy, and community engagement.

Service Providers: direct care staff, case managers, support staff, and administrative personnel.

REFERENCES:

LCCMH policy 01.002.30 Provider Network Maintenance and Monitoring
Medicaid Provider Manual

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