

**Michigan Habilitation Supports Waiver – Compliance with CMS
Home and Community Based Services (HCBS) Rule
Full Population Survey: Final Report**

Executive Summary

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March 2017

Special thanks to Chelsea Frank, MI-DDI research technician, and Yingxu Zhang, BHDDA/MDHHS analyst, for their assistance in the development of this report.

The State of Michigan operates the Habilitation Supports Waiver (HSW) which provides home and community based supports to approximately 7,500 Medicaid beneficiaries with intellectual/developmental disabilities. The HSW is operated under an agreement with the Federal Centers for Medicare and Medicaid Services (CMS) and is authorized under the §1915(c) of the Social Security Act. In January 2014, CMS published the Home and Community Based Services (HCBS) ruling. As a result, Michigan must transition its HSW to be compliant with the rule changes on or before March 17, 2019.

The Behavioral Health and Developmental Disabilities Administration within the Michigan Department of Health and Human Services contracted with the Michigan Developmental Disabilities Institute (MI-DDI) at Wayne State University to assess compliance with the HCBS ruling among the full population of HSW waiver recipients and their residential and non-residential service providers. DDI developed the survey tools to reflect the various components of the HCBS rule. An initial pilot study, with 10% of the HSW sample, was implemented in 2016 to test the instrument design, utility, and study methodology. Tool and methodology refinements were incorporated in this population study.

The study had the following objectives:

1. To determine HSW beneficiary perceptions of their residential and non-residential providers' compliance with the HCBS ruling;
2. To determine HSW residential and non-residential provider perceptions of their compliance with the HCBS ruling; and
3. To compare and contrast beneficiary and provider responses.

The three survey instruments were administered via *Qualtrics*, a web-based survey system, that allowed for online distribution and data collection. Each selected beneficiary's supports coordinator was emailed a survey invitation and was asked to assist and/or interview the beneficiary to complete the survey. In addition to the beneficiary survey, the individual's associated residential and/or non-residential providers were invited to complete a provider survey.

At the time of the start of data collection (May 2016), 4,314 HSW beneficiaries were living in one of the three residential settings and 4,267 were receiving at least one of three HSW non-residential services. In total, 5,059 *complete* surveys were received, for a statewide response rate of 90%. A survey was considered complete when the beneficiary and the associated provider surveys were received. Complete surveys were included in the analysis if the beneficiary and provider surveys were received and matched (i.e., both beneficiary and provider responded to questions regarding the same service and service provider). The following survey configurations were included in the analysis: (1) Participant and Residential + Non-Residential providers, (2) Participant and Residential Provider, and (3) Participant and Non-Residential provider. Four thousand two hundred and sixty-seven participant/beneficiary surveys (n=4,267) were received, 3,207 residential provider surveys were received, and 2,315 non-residential provider surveys were completed. Ninety-five percent of the beneficiary sample (95%) indicated that they received assistance to complete the survey, most often from their supports coordinator or case manager.

To facilitate interpretation of the findings, beneficiary and provider responses were aggregated within five survey domains (Community Integration; Rights; Personal Privacy; Choice/Control; and Freedom of Access). The survey findings showed that there were marked discrepancies between the beneficiary and residential provider responses within three of the five domains: Community Integration; Rights; and Choice/Control. Overall, providers' perceptions were much more positive in their assessment of the beneficiaries' opportunities for community integration, implementation of their rights, and choices in their living arrangements than were those of the beneficiaries, themselves. Conversely, beneficiaries and residential providers were similar in their perceptions of the beneficiaries' personal privacy and freedom of access. Residential issues that were universally perceived to be highest in compliance with the HCBS ruling included: the availability of transportation; access to personal funds; privacy in care and interactions; choice in clothing; and access to common areas in the home. Issues that were perceived to be lowest in compliance with the HCBS ruling included: only living with people with disabilities; having a lease; knowledge of eviction rules; the option of having a locked door; and choices with regard to provider, house mate, roommate, and private bedroom.

With regard to non-residential settings, beneficiary and non-residential provider responses were aggregated within four survey domains (Community Integration; Rights; Personal Privacy; and Choice/Control). The survey findings showed that there were marked discrepancies between beneficiary and non-residential provider responses within the Rights and Choice/Control domains. Again, the providers' perceptions were much more positive than those of the beneficiaries. Conversely, beneficiaries and non-residential providers were more closely aligned in their perceptions of the beneficiaries' community integration and they were within one percentage point of agreement with regard to personal privacy in their non-residential settings. Non-residential issues that were universally perceived to be highest in compliance with the HCBS ruling included: beneficiaries who worked in the community had ongoing contact with people without disabilities and that their work was paid. Additionally, both sets of respondents agreed that beneficiaries had access and control of their personal funds, that they were always provided personal care in private, and that they knew their rights. Issues that were perceived to be lowest in compliance with the HCBS ruling included: the non-work setting was not in the community, beneficiaries did not have work benefits similar to workers without disabilities, and that beneficiaries who attended day activity programs did not have choice and control of their breaks and lunch periods.

In response to the survey findings, a series of educational materials were developed for beneficiaries and their families about the CMS Rule on Home and Community Based Services. These materials are described in the Final Report.

Lessons learned from the study address implementation, dissemination, and training and technical assistance. The next phase of compliance assessment will focus on 1915 (b) service recipients and their providers. This phase will be implemented by the PIHPs with technical support from MI-DDI, beginning in Spring 2017.

For access to more detailed information on the HSW population survey tools, methodology and findings, the power point materials from a May 2017 webinar on this topic are available on the HCBS webpage at: www.ddi.wayne.edu/hcbs.