

**Michigan Habilitation Supports Waiver – Compliance with CMS
Home and Community Based Services (HCBS) Rule: Year One
Pilot Study**

Executive Summary

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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 Developmental Disabilities Institute (DDI) at Wayne State University to design and pilot three instruments (Pre-Paid Inpatient Health Plan, Provider, and Participant) to assess compliance with the HCBS ruling among a sample 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.

The pilot study had the following objectives:

1. To determine PIHP perceptions of their organizations in relation to compliance with the HCBS ruling;
2. To determine HSW beneficiary perceptions of their residential and non-residential providers' compliance with the HCBS ruling;
3. To determine HSW residential and non-residential provider perceptions of their compliance with the HCBS ruling;
4. To compare and contrast beneficiary and provider responses; and
5. To determine the reliability and validity of the pilot tools and data.

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. The PIHP survey was electronically sent to the Executive Director or Chief Executive Officer (CEO) of the 10 PIHPs. Finally, to assess the reliability and validity of the pilot data as well as to determine the effectiveness of the survey tools in addressing the HCBS ruling criteria, five percent of the completed pilot surveys were selected for an on-site visit.

As of December 31, 2014, 4,457 HSW beneficiaries were living in one of the three residential settings and 3,548 were receiving at least one of three HSW non-residential services. For the pilot survey, a proportional sample of 891 HSW individuals was selected. Seven-hundred and sixty-three participant/beneficiary surveys (n=763) were received, 393 residential provider surveys were received, and 407 non-residential provider surveys were completed. In total, 727 *complete* surveys were received. A survey was considered complete when the beneficiary and the associated provider surveys were received. Nine of the 10 PIHPs completed a survey.

The beneficiary sample response rate was statistically significant, indicating that the findings can be generalized to the total HSW population. Ninety-four percent of the beneficiary sample indicated that they received assistance to complete the survey, most often from their supports

coordinator or case manager. The survey findings showed that there were marked discrepancies between the beneficiary and provider responses on both choice/control and community integration variables. Overall, providers were much more positive in their assessment of the beneficiaries' choices in their living arrangements and opportunities for community integration than were the beneficiaries, themselves. In fact, there was more than a 30-point difference in responses on the majority of variables with providers believing that beneficiaries were more involved in their communities, perceived themselves to have more choice and control, and more integrated in their work settings than reported by the beneficiaries.

There was general agreement between the beneficiary and provider responses on type of residence in which the person lived. Sixty-nine percent of beneficiaries and 62% of providers stated that the person lived in a specialized residential home. Similarly, they agreed on who lived with the beneficiary, the physical location of the residence, and the type of services that were offered in the setting. Conversely, related to housemates, the beneficiaries disagreed on who could live in the home. Seventy-six percent of beneficiaries believed the home was only for persons with disabilities while 34% of providers expressed that same opinion. In terms of the beneficiary/non-residential provider survey questions, there was only agreement on one variable. Both respondents agreed on the percentage of beneficiaries who worked in supported employment (5% each).

In the overwhelming majority (90%) of on-site visits the beneficiary responses were positively confirmed, indicating a high level of reliability and validity in the on-line survey. In addition, the on-site visits were useful in clarifying responses and/or correcting a response mistake either on the part of the beneficiary and/or the provider. Finally, the on-site visits provided important information as to which survey questions were not useful, ambiguous, and/or redundant.

Recommendations in the report address survey tool refinement, dissemination strategies, and next steps to assess perceptions of HCBS compliance among all HSW beneficiaries and their providers. The second phase of compliance assessment is scheduled to start in April 2016.

For access to more detailed information on the pilot year methodology and findings, the power point materials from a March 2016 webinar on this topic are available on the HCBS webpage at: www.ddi.wayne.edu/hcbs.