Home and Community Based Services (HCBS) Case Manager/Supports Coordinator (CM/SC) Training

Module 2
HCBS Final Rule Set: Regulation, Requirements, & the Role of the CM/SC

MDHHS
Michigan Department of Health & Human Services

Institute for Health Policy
College of Human Medicine
MICHIGAN STATE UNIVERSITY

Learning Objectives

1. Review the components and requirements of the HCBS Final Rule Set
2. Understand the contents of the Joint Guidance Document (JGD)
3. Learn about PCP instructions, guidelines, and the role of the CM/SC

PART 1:

HCBS Final Rule Set Requirements

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HCBS Final Rule

Requires that Medicaid-funded services and supports be integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving such services and supports.

42 CFR 441.700 et. seq.

HCBS Final Rule- Rights & Freedoms

The rights and freedoms listed in the HCBS Final Rule are:

- A lease or residency agreement with comparable responsibilities and protection from eviction that tenants have under Michigan landlord/tenant law.
- Sleeping or living units lockable by the individual with only appropriate staff having keys.
- Individuals sharing units have a choice of roommate in that setting.
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.

HCB Setting Requirements

- The final rule establishes requirements for settings providing HCBS in Medicaid programs operated under sections 1915(c), 1915(i), and 1915(k) of the Act.

- The rule creates a more outcome-oriented definition of HCB settings and services, rather than one based solely on a setting's location, geography, or physical characteristics.

- The regulatory changes maximize the opportunities for HCBS program participants to have access to the benefits of community living and to receive services in the most integrated setting and effectuate the law's intention for Medicaid HCBS to provide alternatives to services provided in institutions.

Characteristics of a HCBS Setting

The HCBS setting:

- Is integrated in and supports access to the greater community in a way that honors individual choice.
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.
- Ensures the individual has opportunities to receive services in the community to the same degree as individuals who do not receive Medicaid-funded services.

Settings that are not Considered HCB

Settings that are presumed to not meet the HCB settings requirements are:

- Those in a publicly- or privately-owned facility providing inpatient treatment;
- On the grounds of, or adjacent to, a public institution; or
- Any that otherwise have the effects of isolating individuals from the broader community of individuals who are not receiving Medicaid HCBS.

Settings that will never be HCB

Some settings have been identified by Centers for Medicare & Medicaid Services (CMS) as not HCB due to institutional status and will never be considered HCB. These settings are:

- Nursing facilities.
- Institutions for mental disease.
- Immediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
- Hospitals.
- Other locations that have characteristics of an institution (e.g., Child Caring Institutions).

Knowledge Checkpoint

Which of the following settings are presumed not to meet the HCBS settings requirements? (select all that apply)

A. A privately-owned facility providing inpatient treatment.
B. A residential setting located on the grounds of a public institution.
C. A community-based apartment complex with integrated services.
D. A facility that isolates individuals from the broader community.
E. A group home located in a residential neighborhood.

Knowledge Checkpoint

Which of the following settings are presumed not to meet the HCBS settings requirements? (select all that apply)

A. **A privately-owned facility providing inpatient treatment.**
B. **A residential setting located on the grounds of a public institution.**
C. A community-based apartment complex with integrated services.
D. A facility that isolates individuals from the broader community.
E. **A group home located in a residential neighborhood.**

Joint Guidance Document (JGD)

The HCBS Final Rule addresses various aspects, including those related to related to licensing of Adult Foster Care homes. MDHHS and LARA collaboratively reviewed the Final Rule set and licensing requirements to identify areas of potential conflict between the two sets of requirements. In 2017, a JGD was issued to clarify the expectations of both MDHHS and LARA on key issues. This document was updated in June 2024. The following slides provide a summary of the updated guidance.

- Locked/Lockable Doors.
- Legally Mandated Rights.
- Visiting Hours.
- Residency Agreement and Landlord-Tenant Law.
- House Rules.
- Use of Video Cameras.
- Marijuana.
- Choice of Providers.
- Freedom of Movement.
- Choice of Roommate.
- Access to Earned and Unearned Income.
- Access to Food.
- Modifications.

Locked/Lockable Doors

- Individuals must be able to move freely within a setting and be able to enter and exit a setting as they choose. Use of locking mechanisms that restrict movement are not permitted.
  - This includes locks on entry or exit doors and locking mechanisms on gates that cannot be operated by the individual.

- Individuals must have the ability to lock their bedroom and bathroom doors from the inside. Each bedroom door in the setting must have a unique key and only appropriate staff have keys.
  - Keypads can be used for an individual's bedroom only if the individual can easily use the keypad, and all keypads must have unique codes.

- If the individual lives in a private suite with the bathroom attached to the bedroom, a lock on the outer bedroom door is sufficient.

Locked/Lockable Doors (cont'd)

- Positive-latching, nonlocking-against egress hardware is required on doors and gates.
  - This means the door can be opened from the inside of a room with a single motion such as turning a knob or push of a handle even if the door is locked.

- Keys should kept in a public area that is accessible to all staff and residents.

Visiting Hours

- Visiting hours are not allowed.
  - Settings cannot impose specific times of the day when visitors are/are not allowed.
  - Settings cannot require searches of visitors or require specific permission to have visitors.
  - Families and friends may visit residents setting-wide, including their bedrooms.
  - Restrictions to an individual's freedoms can only be enacted based upon a documented health and/or safety need and must be fully compliant with the HCBS rule.

House Rules

- House rules are not allowed.
- Residents cannot be required to comply with a setting's policy that restricts their freedoms as a condition of living in the home. This includes:
  - Specific "quiet hours" when individuals are asked to be quiet in their rooms.
  - Identifying specific clothing that must be worn in the setting.
  - Driving or owning a vehicle.
  - Owning or using a cell phone.
  - Participation in community activities as desired.
  - Access to or owning a TV.
  - Seeing visitors in the resident's bedroom.

Resident Care Agreement (RCA)

- An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.
- An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.
- A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

Residency Agreement and Landlord-Tenant Law

- The Resident Care Agreement (RCA) meets the requirements of the HCBS Final Rule if the Licensee also provides information on discharge processes and complaints to the resident. The RCA:
  - Is an agreement by the licensee to respect and safeguard the resident's rights, and to provide a written copy of these rights to the resident.
  - Is an agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.
  - Identifies the services the resident will receive and the basic fee for the services.

Residency Agreement and Landlord-Tenant Law (cont'd)

- Provides a description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

- The supplemental document developed by MDHHS "Summary of Resident Rights: Discharges and Complaints" must be used in conjunction with the RCA*.

Summary of Resident Rights: Discharge and Complaints

- Residents of Adult Foster Care homes or Homes for the Aged are entitled to certain rights, which are protected under state law.

- These rights include protections against wrongful discharge from the home.

- This document provides an overview of key rights for residents of Adult Foster Care homes or Homes for the Aged. In this context, the term "licensee" refers to the property owner.

- Disclaimer: Additional rights may apply to residents of licensed settings. The complete list of resident rights is detailed in the state licensing rules, available for review at http://www.michigan.gov/lara under Community and Health Systems >> Covered Providers >> Adult Foster Care >> Licensing Rules and Statutes.

Summary of Resident Rights: Discharge and Complaints (cont'd)

- **Written Agreement**: Must be signed by the licensee, and include the following:
  - A list of the services provided in the home.
  - A description of the resident's rights and responsibilities.
  - An outline of the admission and discharge process for the home.
  - A detailed explanation of the fees required as a resident.

- The licensee is required to provide copies of the written agreement and the home's "Admission and Discharge Policy."

Summary of Resident Rights: Discharge and Complaints (cont'd)

Discharge and Complaint Process:

- A resident may only be discharged from the home for specific reasons, and the licensee must adhere to a defined process when doing so.
- If a resident believes they have been wrongfully discharged, a complaint can be filed with the Department of Licensing and Regulatory Affairs.
- The Department may assist in facilitating the resident's return to the home if appropriate.

Choice of Providers

If the provider of services is also the owner of the setting (provider-owned and controlled) the following applies:

- Evidence that the individual chose this setting after being presented a variety of other settings. This evidence must include the specific names of settings considered including non disability specific settings and must include at minimum evidence of a discussion of the availability and desire of the person to live independently.
- There must be clearly documented evidence that a discussion was held regarding the availability of a private room in the setting and whether the individual then agrees to share a room as applicable
- There must be evidence that the individual understood that if they chose to live in the setting, they would be required to accept services from the provider and agreed to this condition.
- Evidence that the individual was provided with information regarding how to choose another provider and the array of options available should the individual want to change settings.
- Evidence that the individual is aware that they can use private funds to purchase other skilled services.

Freedom of Movement

- Individuals must be able to move freely inside and outside of the setting as they wish, with or without needed supports. If

- If “support” is needed, care must be taken to differentiate the basis and type of support.
  - Is it due to a health or medical need such as a mobility challenge? (E.g., The individual uses a wheelchair and needs staff assistance to go outside.)
  - Is it due to a behavioral challenge? (E.g., the individual requires line-of-sight supervision at all times due to predatory behavior.)

- Both have implications for staffing; both need to be based on appropriate assessments and must be documented in the Individual Plan of Service (IPOS).
  - Support due to a behavioral challenge also requires a Behavior Treatment Plan (BTP) (see technical guidance document for specifics).

Freedom of Movement (cont'd)

- Individuals must have full access to all licensed areas of the home except as specifically identified in the individual's IPOS.
  - This includes all common areas such as the kitchen, living and dining rooms, and the laundry room.
  - If laundry facilities are in an unlicensed area, the setting must have a means to accommodate individuals' access to the laundry as desired.

- Settings may restrict access to:
  - The business office and areas where medications are stored.
  - Unlicensed areas of settings such as a basement utility area.

- There can be no requirements related to curfews or when an individual can come or go from the home or into the community.

Access to the Community

- Individuals must have the freedom to access the community as they choose, with or without supports. Where support is needed care must be taken to determine if the support is intrusive or restrictive by HCBS standards.

- There are processes in place to facilitate access to the community including transportation options.

- There are no gates, barriers, or locked doors (outside of private sleeping areas) to restrict the movement of individuals within their home setting and the property.

Choice of Roommate

Choice of roommate may be impacted by the number of open rooms available in the setting in which the individuals chooses to live. There should be evidence of the following in each participant's IPOS:

- Individuals should be informed of limited roommate choices and what their choices are before agreeing to move in.
- Individuals must be made aware of the process to request a different roommate if they wish to do so.
- Individuals must be informed that they can decide they want a private room, if their resources allow, and that they can move from the residence if they would like to do so in order to secure a private room.
- Individuals must be informed that they can change their minds about their roommate at any time.

Access to Earned and Unearned Income

- Individuals must have control of their own resources, including personal funds.
- A provider may offer a safe place to store money, but the individual must be able to choose when and how to use it and be able to access it at any time.

Modifications/Restrictions

- Modifications/restrictions on an individual's ability to access the community, restrictions within a residential or service setting, or any limitation to the person's freedom must be supported by a specific assessed health and/or safety need and documented in the individual's IPOS.

- The presence of a restriction or modification in the IPOS does not impact whether a BTP is required, nor does the existence of a BTP relieve the case manager of developing HCBS compliant restrictions in the individuals IPOS

- Setting-wide restrictions cannot be imposed under any circumstances
  - E.g., A setting may not restrict access to the kitchen or the kitchen cupboards for all residents because one person requires a modification in this area.

- Individuals must have access to snacks they enjoy at any time, unless there's a modification in their IPOS.

Modifications / Restrictions (cont'd)

- If the individual's ability to access the community is restricted or there are restrictions within a setting that impact compliance with HCBS requirements, the following must be documented in the individual's IPOS:
  - The specific and individualized assessed safety or health need.
- If modifications/restrictions are due to a behavioral need, the following must be documented in the individual's IPOS:
  - The positive interventions and supports used prior to any modification;
  - Less intrusive methods of meeting the need that have been tried but did not work;
  - A clear description of the condition that is directly proportionate to the specific assessed need.

- The IPOS must also identify/document:
  - Regular collection and review of data to measure the ongoing effectiveness of the restriction.
  - Established time limits for periodic reviews to determine if the restriction is still necessary or can be terminated.
  - Documented fade or titration plan that gradually reduces or eliminates the restriction over time
  - Informed consent of the person to the proposed restriction.
  - An assurance that the restriction itself will not cause harm to the person.
  - That efforts were made to educate individuals and improve their skill set(s) to decrease the need for restrictions.
  - Restrictions must be reviewed no less than quarterly to ensure the restriction is having the desired effect and to reduce or eliminate restrictions that are no longer needed.

Joint Guidance Document - 2024

The updated JGD includes three areas not explicitly addressed in the previous version from 2017:

- Legally Mandated Rights- A person's rights resulting from the age of majority (18 or 21 years of age) may not be infringed upon unless a restriction that meets modification requirements is present in the individual's IPOS. Examples of age-related rights are:
  - Voting.
  - Access to alcohol or cigarettes.
  - Attainment of a driver's license or vehicle.

Joint Guidance Document - 2024 (cont'd)

- Use of video cameras for surveillance is prohibited.
  - Video cameras can be used in areas not used by residents (e.g., business office) if the camera is fixed in its position and is facing such a way that it cannot inadvertently record waiver participants.
  - Cameras that are part of an external security system are permitted.

- Marijuana- Since recreational and medicinal use of marijuana is legal in Michigan, but not legal federally:
  - Settings cannot be required to allow waiver participants to store or use marijuana on the premises of the setting.
  - Settings cannot restrict an individual's use of the premises unless there is a restriction in the individual's IPOS that is consistent with modification requirements.

Knowledge Checkpoint

True or False

The Joint Guidance Document was updated in 2024 to address issues arisen since the original document was issued in 2017.

Knowledge Checkpoint

True or False

The Joint Guidance Document was updated in 2024 to address issues arisen since the original document was issued in 2017.

True

Examples of Problematic Setting Practices

- Imposing limitations on the individual's freedom of movement within the setting or access to food and food preparation utensils and appliances without corresponding documentation in the IPOS.
- Imposing restrictions on the individual's ability to leave the home without corresponding documentation in the IPOS.
- Physical barriers, such as fencing and locked gates, or delayed exit doors that prevent individuals from accessing the community without corresponding documentation in the IPOS.
- A lack of regular opportunities for individuals to interact with persons in the community who do not receive services.

Application Process for New HCBS Providers

- MDHHS introduced a “close the front door” policy in October of 2017. To ensure compliance with implementation of the HCBS rule, all new providers of HCBS services must complete the HCBS New Provider Assessment.

- A setting is considered new if any of the following apply:
  - The setting/provider does not currently contract with the CMHSP/PIHP.
  - A current contract provider begins to offer a new service.
  - A current contract provider changes the location of the setting where services are provided.
  - There’s a new licensee for the setting even when the services or location remain the same.

- The CMHSP/PIHP may provide provisional approval to the new provider if the setting does not qualify for heightened scrutiny (HS) and does not have any restrictive polices or physical barriers.

Application Process for New HCBS Providers (cont'd)

- For settings determined to require HS, the CMHSP/PIHP completes a provisional application consultation with MDHHS. For these settings, Provisional Approval includes:
  - Onsite assessment of the setting's physical structure to identify any restrictions on freedom of movement such as locked doors or gates.
  - Settings with physical restrictions must be reviewed in consultation with MDHHS before individuals receive services in the setting.
- New settings must be fully compliant with the HCBS rule before contractual agreements can be finalized or individuals can be placed in the setting.

Specific Case Related Questions

- CM/SCs may get asked about individual cases.
- It is important for the CM/SC to get creative. Observe the individual on a case-by-case basis; there isn't one solution that fits all situations.
- How solutions can be achieved will be dictated by the PCP process.
- CM/SCs should raise asks/questions to the PIHP HCBS lead if they are unsure of how to proceed or address the need.

Transitioning from a Secured Setting to a Standard HCBS Residential Setting

Eligibility for Transition: Individuals in secured settings should transition to a normal HCBS residential setting when their needs and risk factors are reassessed and deemed appropriate for a less restrictive environment.

- This step-down process does not require additional reviews by the HCBS team but follows the person-centered planning approach for determining readiness.
- The individual's CM/SC and care team will review the IPOS to ensure the new setting aligns with their current needs and goals.
  - This involves close coordination with the residential provider to facilitate a smooth transition.

Monitoring Progress: While no re-review is required, ongoing monitoring will continue to ensure the individual adjusts well to the less restrictive environment and that all safety and care measures are in place.

HCBS Final Rule Set- Additional Resources

- HCBS Advocacy Coalition
- HCBS Settings Fact Sheet
- MDHHS- HCBS Program Transition
- MDHHS/LARA Joint Guidance Document
- Medicaid.gov- Guidance & Additional Resources- Home & Community Based Services Final Regulation

PART 2:

Person-Centered Planning Instructions and Guidelines

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Michigan Mental Health Code- Definition

"Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires."

MCL 330.1700(g)

Introduction to the PCP Process

- A continuous collaborative approach designed to assist an individual receiving services to plan the life they want to live (within or outside of the behavioral health system). This is the model for all interactions with individuals served. The process includes information and education; a continuous feedback loop with the individual served; evidence-based assessment; pre- planning; collaborative meetings; implementation and monitoring. The role of any assessment in PCP, is to inform the planning process, propose service possibilities and medical necessity, but cannot be used to pre-determine the amount and/or type of service.

- The process spans the entire time an individual receives behavioral health services and promotes quality of life, autonomy, presumption of competence, dignity of risk, opportunities to seek employment and work in individual competitive integrated settings, engage in community life, control personal resources, and engage in the community to the same degree of access as individuals not receiving such services and supports

- The HCBS Final Rule requires that PCP be used to identify and reflect choice of services and supports funded by the mental health system. This includes opportunities to seek employment and work in individual competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving such services and supports.

Introduction to the PCP Process (cont'd)

- The PCP process enables individuals to envision their desired lives, set personal goals, and create actionable plans to achieve them within their communities.
- PCP involves understanding and incorporating an individual's goals, hopes, strengths, and preferences into a comprehensive plan, fostering a life filled with purpose and meaning.
- Individuals actively participate in decision-making, problem-solving, and monitoring their progress. They can make timely adjustments to their goals, supports, and services as needed.
- PCP is a process that involves the support and input of those who care about the individual, ensuring a collaborative and inclusive approach to planning.
- PCP is used whenever an individual's goals, desires, circumstances, preferences, or needs change, ensuring the plan remains relevant and effective.

Knowledge Checkpoint

Which of the following statements accurately describes the Person-Centered Planning (PCP) process? (select all that apply)

A. PCP helps individuals envision their desired lives and set personal goals.
B. Individuals are passive recipients of services and supports in the PCP process.
C. PCP involves collaboration with those who care about the individual, ensuring an inclusive approach.
D. Person-centered plans are updated every two years.
E. Individuals can adjust their goals, supports, and services as needed through the PCP process.

Knowledge Checkpoint

Which of the following statements accurately describes the Person-Centered Planning (PCP) process? (select all that apply)

A. **PCP helps individuals envision their desired lives and set personal goals.**
B. Individuals are passive recipients of services and supports in the PCP process.
C. **PCP involves collaboration with those who care about the individual, ensuring an inclusive approach.**
D. Person-centered plans are updated every two years.
E. **Individuals can adjust their goals, supports, and services as needed through the PCP process.**

PCP and the IPOS

Strength-Based Approach: Ensure plans highlight the individual's positive attributes, using these strengths as the foundation for identifying goals and strategies needed for success.

Respect for Preferences: Honor the preferences and choices expressed during planning in the development and implementation of the IPOS. If health and safety concerns limit individual choices, include strategies to support the individual in exercising their preferences over time.

Right to Participation: Uphold each individual's right to choose how their supports and services enable them to meaningfully participate and contribute to their community. Document how the individual made these choices.

Self-Determination and Autonomy: Use a person-centered process to ensure individuals exercise self-determination, increase autonomy, maintain connections and relationships, identify their strengths, and work towards their chosen outcomes.

Cultural Sensitivity: Recognize, respect, and incorporate the individual's cultural preferences in the planning process. Document these preferences in the IPOS, covering aspects like language access, race, gender identity, sexual orientation, religion, and dietary preferences.

PCP and the IPOS (cont'd)

Accessible Language: Prepare the IPOS in person-first language, understandable to the individual with minimal use of clinical terminology. The individual must agree to the IPOS in writing. The IPOS must be written with a minimum of jargon and at a grade level commensurate to the persons ability to read and understand.

*The IPOS should be signed by the individual regardless of their guardianship status. If the person is unable to sign it should be noted that the person indicates agreement.

Essential Components of the IPOS

Narrative Description: A comprehensive description of the individual's strengths, abilities, plans, hopes, interests, preferences, and natural supports discussed during PCP meetings.

Goals and Outcomes: Clearly defined goals and outcomes identified by the individual, with measurable progress indicators.

Support Identification: A detailed list of supports available through publicly funded programs, community resources, and natural supports, including the services and supports authorized by the behavioral health system in terms of amount, scope, and duration.

Living Setting: Information about the individual's living setting, including evidence of their choice and consideration of alternative settings.

Assessment-Based Documentation: Documentation informed by annual assessments of need, pre-planning, and services that demonstrate medical necessity for authorization.

Self-Determination Supports: Details of services obtained through self-determination arrangements, including direct hiring of workers and budget control.

Cost Estimation: An accurate estimate of the costs of services and supports authorized by the CMH system.

Essential Components of the IPOS (cont'd)

Roles and Responsibilities: Clearly defined roles and responsibilities for the individual, supports coordinator or case manager, allies, and providers in implementing the IPOS.

Monitoring: Identification of the person or entity responsible for monitoring the plan.

Signatures: Signatures from the individual, their representative, and all responsible parties.

Sharing Plan: A plan for sharing the IPOS with family, friends, or caregivers with the individual's permission.

Review Timeline: A timeline for regular reviews.

Additional Documentation: Any additional documentation required by the Michigan Administrative Code, Section R 330.7199.

*All service providers should be invited to the planning meetings unless otherwise specified by the participant, and that all service providers must a have current signed copy of the IPOS on file.

IPOS: Ongoing Review and Updates

Continuous Review: Keep the IPOS current, modifying it as needed. Use the existing IPOS to review goal progress, assess satisfaction, and update the plan as circumstances change or as the individual desires.

Annual Reassessment: Review and revise the IPOS upon reassessment of functional need at least every 12 months, or when the individual's circumstances change significantly.

Regular Discussions: Discuss and review the IPOS routinely as part of regular conversations with the individual, guardian, family members, staff, and others who are a regular part of the individual's informal support system, incorporating verbal and non-verbal cues.

Access to IPOS: Provide the individual, their guardian, or authorized representative with a written copy of the IPOS within 15 business days of the PCP meeting. Formal periodic reviews, for those with guardians, must include both the individual and the guardian.

Knowledge Checkpoint

When must the Individual Plan of Service (IPOS) be reviewed and revised? (select all that apply)

A. Every 6 months.
B. At least every 12 months.
C. When the individual's functional needs are reassessed.
D. Only when requested by the individual.
E. When the individual's needs, wishes, or desires change.

Knowledge Checkpoint

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PCP and Dispute Resolution

- CM/SCs and Customer Services at PIHP/CMHSPs must be prepared to help people understand and negotiate dispute resolution processes.

- If there is a dispute with the IPOS that has been developed using the PCP Process, individuals have the right to the Grievance and Appeal Process, as outlined in the MDHHS Policy (Appeal and Grievance Resolution). Individuals also have rights to mediation as defined in the "Mediation in Mental Health Dispute Technical Requirement."

- It is the responsibility of the CMHSP to ensure all individuals receiving services are aware of their rights under this policy and have the knowledge and support needed to access this process. The CMHSP must ensure the individual is effectively supported during the process of grieving or appealing a service decision.

Restrictions or Limitations

- The positive interventions and supports used prior to any restrictions or additions to the IPOS regarding health or safety needs;
- Less intrusive methods of meeting the needs, that have been tried, but were not successful;
- A clear description of the condition that is directly proportionate to the specific assessed health or safety need.

- The IPOS must also identify/document:
  - Regular collection and review of data to measure the ongoing effectiveness of the restriction.
  - Established time limits for periodic reviews to determine if the restriction is still necessary or can be terminated.
  - A detailed fade or titration plan that identifies each step taken to decrease the degree of restriction and increase the level of independence, including timelines for movement from one phase to the next.
  - Informed consent of the person to the proposed restriction.
  - An assurance that the restriction itself will not cause harm to the person.
  - That efforts were made to educate individuals and improve their skill set(s) to decrease the need for restrictions.

Knowledge Checkpoint

Which of the following are restrictions? (select all that apply)

A. Individuals are prevented from having alcohol.
B. Individuals do not have access to food outside of meals.
C. Individuals cannot have visitors in their bedroom.
D. Individuals are served meals at specific times.

Knowledge Checkpoint

Which of the following are restrictions? (select all that apply)

A. **Individuals are prevented from having alcohol.**
B. **Individuals do not have access to food outside of meals.**
C. **Individuals cannot have visitors in their bedroom.**
D. Individuals are served meals at specific times.

Additional Resources

- FY'21-MDHHS/CMHSP Managed Mental Health Supports and Services Contract
- MDHHS- Behavior Treatment Plan Review Committee (BTPRC) FAQ Document
- MDHHS- Technical Requirement for Behavior Treatment Plans

PART 3:

The Roles & Responsibilities of the CM/SC

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Roles & Responsibilities of the CM/SC

The CM/SC:

- Assesses the need for service and support coordination and other ancillary services.
- Establishes and maintains constructive, collaborative, and cooperative relationships with those they serve.
- Observes, receives, and obtains information from all relevant sources to best serve assigned individuals.
- Develops an IPOS that complies with defined services specifications and the Mental Health Code with the individual and their chosen supports.
- Ensures all providers have a current signed copy of the person's IPOS.

Roles & Responsibilities of the CM/SC (cont'd)

The CM/SC:

- Shares information to ensure that the IPOS is conveyed appropriately, understood, and acted upon by the individual's care team and others as needed.
- Communicates expectations and facilitates negotiations to ensure the individual's care team can successfully implement the IPOS and provide effective services.
- Monitors and identifies health changes according to the individual's IPOS; updates the IPOS and takes appropriate action as needed.

Roles & Responsibilities of the CM/SC (cont'd)

The CM/SC:

- Effectively problem solves and resolves conflict to ensure the individual maintains control of their decisions.
- Effectively interacts with individuals who are non-verbal or have limited verbal communication skills.
- Understands how behaviors are sometimes used to communicate feelings and/or undiagnosed medical conditions or pain.

Roles & Responsibilities of the CM/SC (cont'd)

The CM/SC assures:

- Person-centered principles are used to determine the desires and needs of the individual including the use of independent facilitation for PCP.
- The IPOS is developed using the PCP process and ensures the individual's desired services and supports are implemented and reviewed at the intervals indicated in the plan.
- The individual's use of natural supports and other community resources are coordinated with other specialty services and supports.

Roles & Responsibilities of the CM/SC (cont'd)

The CM/SC ensures:

- Activities are consistently documented and quality of services and supports, as well as the individual's health and safety, are regularly monitored.

- Support is provided for accessing entitlements and legal representation, addressing housing and employment concerns, and developing and sustaining social networks.

Roles & Responsibilities of the CM/SC (cont'd)

CM/SCs work with providers and the PIHP HCBS leads to address areas and rectify any identified non-compliance issues, ensuring all issues and corrections are thoroughly documented.

This may involve verifying that individuals have been given choices regarding:

- Their living arrangements.
- Their roommates, if applicable.
- Their community interactions and daily activities.

Ensure any modifications adhere to requirements of the rule and are properly documented in the IPOS.

CM/SCs- Roles and Responsibilities (cont'd)

CM/SCs take the lead to assure all restrictions and modifications related to an individual's preferences are clearly identified in the IPOS, and where applicable, documented in a clinical health or behavioral assessment.

Modifications must adhere to the following guidelines:

- Identify and address a specific, individualized health or safety-related need.
- Demonstrate that positive interventions and supports were used before implementing the modification.
- Show that less intrusive methods were tried first.
- Clearly describe the condition and how it directly related to the specified need.
- Include regular data collection and review to assess the effectiveness of the modification.
- Set established time limits for periodic reviews to determine if the modification remains necessary.
- Include fade or titration plans that provide a blueprint for how each restriction will be reduced or eliminated over time.
- Obtain informed consent from the individual.
- Ensure that interventions and supports will not cause harm.

Summary

- The CM/SC serves as the vital link between an individual's wishes and desires and their lived experiences.
- They ensure that services and essential components of the CMH/PIHP service delivery system meet both local and state requirements.
- This significant responsibility will be explored further in Module 3.

Knowledge Checkpoint

True or False

CM/SCs work with providers and the CMH/PIHP HS leads to address areas and rectify any identified non-compliance issues, ensuring all issues and corrections are thoroughly documented.

Knowledge Checkpoint

True or False

CM/SCs work with providers and the CMH/PIHP HS leads to address areas and rectify any identified non-compliance issues, ensuring all issues and corrections are thoroughly documented.

True

Congratulations!

You have completed Module 2!

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