

The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #		Subject #
Clinical	C		310.9
Subject Title	Adopted	Last Revised	Reviewed
Home and Community Based Services	12/5/21	4/1/26	12/5/21; 3/17/23; 3/15/24; 5/22/24; 2/11/25; 4/1/26

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

PURPOSE

For the purposes of The Right Door for Hope, Recovery and Wellness monitoring and managing Home and Community Based Services within community settings.

The Right Door for Hope, Recovery and Wellness, as a Certified Community Behavioral Health Clinic (CCBHC), provides CCBHC services that are available to any person in need, including, but not limited to, those with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness, and substance use disorders. A preexisting diagnosis is not required as CCBHCs are required to provide timely assessment and diagnostic services.

Any person with a mental health or substance use disorder (SUD) ICD-10 diagnosis code, as cited in the most current CCBHC Demonstration Handbook, is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services.

Priority of service provision is given to those persons that live within Ionia County or within the school district lines of schools located within Ionia County. All individuals, regardless of ability to pay, shall be served.

1. Monitoring of new or proposed Home and Community Based Services (HCBS) placements/settings:

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1.1. Provisional approval is sought through MSHN prior to any placement being finalized. Only settings which identify as provisionally compliant are sought. This process ensures no placement is institutional in nature nor does it isolate the individual from the broader community.

1.2. Community Transitions Supervisor conducts survey monitoring prior to move. Expedited placements are needed at times and only in those instances will monitoring occur following placement.

1.3. Person Centered Planning will involve interviewing person served on home and community-based requirements and are documented at each PCP.

2. Continual monitoring

2.1. CSM/Community Transitions Supervisor will monitor placement on an annual basis to ensure continual compliance.

2.2. Person Centered Planning:

2.2.1. If the person served is receiving CLS or respite services - The case manager will begin the assessment and person-centered plan (PCP) process at the 11-month mark of the current authorizations/PCP to ensure that there is not a lapse in services and that the provider(s) is involved in the PCP process.

2.2.2. PCP updates will involve interviewing persons served on home and community-based requirements. PCP updates will ensure that persons served:

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2.2.3. Are provided opportunity to be integrated in, and have full access to the greater community, including opportunities to seek employment, control of personal resources, and access to community services.

2.2.4. Have the ability to choose HCB services from a variety of setting options, and for residential settings, are consistent with the individual's available resources to pay for room and board.

2.2.5. Have the right to privacy, dignity and respect as well as freedom from coercion and restraint.

2.2.6. Are given autonomy and independence in making choices regarding what they participate in and with whom.

2.2.7. Are offered activities that are comparable to those tasks and activities for individuals of similar age and ability who are not receiving Medicaid HCBS.

2.2.8. Provided the opportunity for integration with the larger community; individuals must not be kept from moving around inside or outside of the non-residential setting.

2.3. Skill-building assistant services provide opportunities for regular and meaningful non-work activities in integrated community settings. Assists with increasing self-sufficiency or to develop skills needed to engage in meaningful community-based activities.

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2.4. Community Living Supports promote community inclusion and participation. Services provide opportunities for integration with the community and participation in activities comparable to the community.

2.5. Supported Employment Services provide combination of ongoing support and paid employment that enables the individual to work in the community.

3. Providers' HCBS statuses are in Heightened Scrutiny, Out of Compliance, or Compliant (meet the HCBS Rule):

3.1. Heightened Scrutiny (HS) - a strict review of the provider's services and supports to see if they are able to meet the HCBS Rule by making certain changes. Michigan State University has been contracted by MDHHS/BHDDA to meet with the individuals and talk about their services and supports. The Centers for Medicare and Medicaid Services (CMS) may be involved in the final decision regarding the provider's status.

3.2. Out of Compliance – (requires a Corrective Action Plan (CAP)) Providers are required to develop plans to make changes needed to meet the HCBS Rule. The local Community Mental Health Services Programs (CMHSP) or Prepaid Inpatient Health Plan (PIHP) will help providers with CAPs.

3.2.1. Case Management (CSM)/Community Transitions Supervisor will work with provider to ensure that all documentation and site reviews are completed within the timeframe deemed appropriate in the corrective active action plan.

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3.2.2. Support/education will be provided to provider(s) regarding Home and Community Based Services for those that are receiving Medicaid funding.


3.3. Homes that are unable to or unwilling to come into compliance will be notified that they can no longer be providers for The Right Door

3.3.1. Persons served that reside in these settings will be offered compliant residential or non-residential options from which to choose.

3.3.2. CSM/Community Transitions Supervisor will assist and support during the transition/move to a compliant setting.

3.3.3. If persons served and/or guardian are resistant to moving out of non-compliant placement, education will be provided. If the person served/guardian continues to prefer residing in the non-compliant setting, the contract will be ended.

3.3.3.1. Medicaid HCBS funding cannot be used to pay for services and supports that do not meet the HCBS Rule.

	04	16	26
Kerry Possehn, Chief Executive Officer	Date		