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SECTION 9 – PROVIDERS

Authorization for provision of waiver services is the responsibility of the waiver agencies. They determine the status of the qualifications and certifications (if applicable) for all direct service providers, negotiate and enter into contracts with the providers, and reimburse providers.

9.1 ENROLLMENT OF SERVICE PROVIDERS

Waiver agencies must use written contracts meeting the requirements of 42 CFR §434.6 to purchase services. Entities or individuals under subcontract with the waiver agencies must meet provider standards defined in this Chapter and the MI Choice Contract. Only providers meeting the requisite waiver requirements are permitted to participate in the waiver program.

To ensure network capacity, as well as choice of providers, each waiver agency must have a provider network with capacity to service at least 125% of their monthly slot utilization for each MI Choice service and at least two providers for each MI Choice service. When waiver agencies cannot ensure this choice within 30 miles or 30 minutes travel time for each participant, they may request a rural area exception from MDHHS.

9.2 FAMILY MEMBERS AS SERVICE PROVIDERS

Waiver agencies may pay relatives of MI Choice participants to furnish services. This authorization excludes legally responsible individuals and legal guardians. The MI Choice participant must specify his/her preference for a relative to render services. The relative must meet the same provider standards as established for non-related caregivers. All waiver services furnished shall be included in the person-centered service plan and authorized by the supports coordinator. The supports coordinator must periodically evaluate the effectiveness of the relative in rendering the needed service. If the supports coordinator finds that the relative fails to meet established goals and outcomes or fails to render services as specified in the person-centered service plan, the supports coordinator must rescind the authorization of that relative to provide waiver services to the participant. When the supports coordinator finds the relative has failed to render services, payments must not be authorized.

9.3 REIMBURSEMENT RATES FOR PROVIDERS

Each waiver agency is responsible for sub-contracting with provider entities and for ensuring access to services. The process of rate determination for providers resides in the contract negotiation between the waiver agency and the provider. MDHHS does not play a role in this process.

Rates paid for services provided through the waiver must be adequate to ensure access to services needed by participants.

9.4 CRIMINAL HISTORY REVIEWS

Each waiver agency and direct provider of home-based services must conduct a criminal history review through the Michigan State Police for each paid staff or volunteer who will be entering a participant's residence. The waiver agency and direct provider shall have completed reference and criminal history checks before authorizing an employee or volunteer to furnish services in a participant's residence. The scope of the investigation is statewide.



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Both waiver agencies and MDHHS conduct administrative monitoring reviews of providers annually to verify that mandatory criminal history checks have been conducted in compliance with operating standards. Waiver agencies must comply with additional criminal history reviews mandated by the State for home and community-based services providers.

Waiver agencies must also check the MDHHS Sanctioned Providers List and must not contract with any providers on this list for the duration of the sanction period until approved by MDHHS to resume providing services. The MDHHS Sanctioned Provider List is located on the MDHHS website. (Refer to the Directory Appendix for website information.)

9.5 USE OF RESTRAINTS, SECLUSION OR RESTRICTIVE INTERVENTIONS

Providers are prohibited from using seclusion or restrictive interventions in addition to using restraints. Qualified reviewers conduct Clinical Quality Assurance Reviews and home visits which include a discovery process to examine the use of restraints, seclusion or restrictive interventions by family or caregivers. Supports coordinators have the primary responsibility for identifying and addressing the use of restraints, seclusion or restrictive interventions.

An exception to restraints or restrictive intervention is bed rails or bed canes. If bed rails or bed canes are used, this must be based upon assessed need for the participant and documented in the person-centered service plan. If the participant resides in a provider-controlled setting, there must be an order from a licensed medical professional, and this must be kept on file in the participant's case record at the waiver agency. As per requirements in federal law and the Home and Community-Based Services Chapter in this Manual, the use of bed rails or bed canes must be reviewed on an annual basis to ensure they are still required. If no longer required, the bed rail or bed cane must be removed.

9.6 CONTRIBUTIONS

Neither the waiver agency nor any service provider under contract with the waiver agency may require monetary donations from participants of the MI Choice waiver program as a condition of participation in the MI Choice waiver.

The waiver agency and each direct service provider must accept MI Choice payments for services as payment in full for such services. Consistent with the Code of Federal Regulations, Chapter 42, Section 438.60 (42 CFR §438.60), service providers must not seek nor receive payment other than payment from the waiver agency for services covered under the Contract between MDHHS and the waiver agency, except when these payments are specifically required to be made by the State in Title XIX of the Social Security Act, in 42 CFR chapter IV, or when MDHHS makes direct payments to service providers for graduate medical education costs approved under the State Plan.

No paid or volunteer staff person of a direct service provider may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.

9.7 CONFIDENTIALITY

Each waiver agency and direct service provider must have procedures to protect the confidentiality of information about participants or persons seeking services collected in the conduct of its responsibilities. The procedures must ensure that no information about a participant or person seeking services, or



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obtained from a participant or person seeking services by a service provider, is disclosed in a form that identifies the person without the informed consent of that person or of his/her legal representative. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state, or local agencies (which are also bound to protect the confidentiality of the client information), so long as access is in conformity with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Waiver agencies and direct service providers must maintain all client information in controlled access files. This requirement applies to all protected information whether written, electronic, or oral.

9.8 COMPLIANCE WITH HOME AND COMMUNITY BASED SERVICES SETTINGS REQUIREMENTS

Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4) as well as in the Home and Community-Based Services Chapter of this Manual. Direct service providers with subcontracts secured prior to March 17, 2019 must be fully compliant with this regulation by March 17, 2019, unless they are included in the heightened scrutiny process. All direct service providers added to the waiver agency's provider network after March 17, 2019 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant.

MDHHS will use the following process to ensure compliance to this requirement:

- Each waiver agency will assess all applicable providers annually using a MDHHS-approved survey. In some situations described below within this section, the results of the surveys will be submitted electronically to MDHHS for a determination of compliance to the requirements.
- MDHHS will notify both the provider and the MI Choice waiver agency regarding the provider's compliance based upon the completed survey tool that was submitted to MDHHS.
- For providers who are non-compliant, the provider will have one to two weeks to correct all issues that cause the non-compliance.
- Once the issues are corrected, the provider will notify the waiver agency and schedule another on-site survey.
- The waiver agency will have one to two weeks to complete another on-site survey and submit the survey to MDHHS for review within 10 days of the visit.
- If a provider does not contact the waiver agency within one to two weeks, the waiver agency will contact the provider to determine progress on the corrective action and schedule another on-site visit accordingly.
- If the provider has not satisfactorily resolved the compliance issues, the waiver agency will suspend the provider from receiving new MI Choice participants until such time as the provider comes into compliance.
- Some providers may require Heightened Scrutiny to determine compliance. These providers will follow the Heightened Scrutiny Process defined by MDHHS to ensure compliance and to continue participation with the MI Choice program.
- Regardless of the original notification date, all providers in all MI Choice provider networks will be compliant with the ruling no later than March 17, 2019, or the date approved in the State Transition Plan, whichever is sooner.



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- Waiver agencies must have completed person-centered transition plans with individuals served by non-compliant providers before March 17, 2019.
- By March 17, 2019, no MI Choice participants will be served by non-compliant providers, and all non-compliant providers will be removed from the MI Choice provider network.
- For MI Choice participants residing in a provider-owned and controlled setting, the waiver agency must keep a copy of the lease agreement and resident care agreement on file.

9.9 NOTIFYING PARTICIPANT OF RIGHTS

Each waiver agency or direct provider of home-based services must notify each participant, in writing, at the initiation of service of his/her right to comment about service provision or appeal the denial, reduction, suspension, or termination of services. Such notice must also advise the participant that they may file complaints of discrimination with the respective waiver agency, the Department of Health and Human Services Office of Civil Rights, or the Michigan Department of Civil Rights. The MI Choice Participant Handbook meets this requirement.

9.10 SELECTION OF A PROVIDER TO FURNISH SERVICES

The waiver agency works with participants to select service providers as needed on an individual basis according to the following criteria:

- Participant Preference: Participant has a provider preference.
- Cost: The cost of services is a factor in selecting a service provider.
- Accessibility: Practical considerations involved in selecting a provider include the provider's geographic area of service and ease of service delivery to the participant.
- Ability to provide quality service: The waiver agency considers the provider's past performance in furnishing quality services as authorized in the participant's PCSP. Quality includes performance, participant outcome, and accountability as monitored by the waiver agency.
- Comprehensive Care: The waiver agency makes a reasonable effort to minimize the number of different agencies involved in providing services to each participant to limit participant and family stress. The waiver agency considers the ability of the provider to furnish the different types of services needed by each participant when ordering services.

9.11 ADDITIONAL GENERAL REQUIREMENTS FOR PROVIDERS

- Waiver agencies have policies and procedures to identify and prevent problems with access to MI Choice services. Access issues include, but are not limited to, problems with provider availability and adherence to the participant approved PCSP.
- Waiver agencies and service providers enter into contractual agreements that include required assurances for nondiscrimination, minimum provider service standards, and contract requirements included in 42 CFR §434, 42 CFR §438, and the MDHHS Medical Services Administration (MSA) provider enrollment agreement.
- The waiver agency maintains written minimum service standards for MI Choice services that fulfill licensure and certification requirements mandated by CMS and that comply with the CMS-



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approved MI Choice waiver application and the MDHHS Minimum Operating Standards for MI Choice Services.

- The waiver agency has written procedures to secure competitive, per unit rate agreements from qualified service providers.
- The provider enrollment process includes a description of the frequency and method of verifying and monitoring staff qualifications and how the waiver agency documents this verification. MDHHS defines a willing provider as a provider who agrees to accept Medicaid payment as payment in full for rendering a service, abides by all other Medicaid provider requirements, including executing provider agreements, and adheres to the required service standards.
- Waiver agencies must allow Medicaid beneficiaries to select from any qualified provider within the waiver agency's provider network.
- Waiver agencies must provide MI Choice services to any participant who needs the service. Waiver agencies may not limit the number of MI Choice participants who receive a service or deny a needed MI Choice service for any reason (e.g., lack of funds). Waiver agencies must make MI Choice services available on a comparable basis to all MI Choice participants based on need.

Waiver agencies have policy and procedures for identifying, documenting, and addressing noncompliance by providers. This includes identification of the persons responsible for taking appropriate action with providers who continually demonstrate poor performance or who are not qualified to provide services.

9.12 HOME-BASED SERVICES PROVIDERS

MI Choice waiver home-based services include community living supports, respite services provided in the home, chore services, personal emergency response systems, private duty nursing/respiratory care, nursing services, counseling, home delivered meals, training services, and community health workers.

9.12.A. PARTICIPANT ASSESSMENTS

Direct providers of home-based services must avoid duplicating assessments of individual participants to the maximum extent possible. Home-based service providers must accept assessments conducted by waiver agencies and initiate home-based services without having to conduct a separate assessment unless there is a legitimate reason to conduct the separate assessment. Waiver agencies must make every attempt to supply direct providers of home-based services with enough information about each participant served by that organization to provide needed services properly.

9.12.B. SUPERVISION OF DIRECT-CARE WORKERS

Home-based service providers must always have a supervisor available to direct care workers while the worker is furnishing services to MI Choice participants. The provider may offer supervisor availability by telephone. Home-based service providers must conduct in-home supervision of their staff at least twice each fiscal year. A qualified professional must conduct the supervisory visit.



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9.12.C. PARTICIPANT RECORDS

Each direct provider of home-based services must maintain comprehensive and complete participant records that contain, at a minimum:

- Details of the request to provide services.
- A copy of the waiver agency's evaluation of the participant's need (this may be appropriate portions of the MI Choice assessment or reassessment).
- Service authorizations or work orders.
- Providers with multiple sources of funding must specifically identify waiver participants; records must contain a listing of all dates of service for each participant and the number of units provided during each visit.
- Notes in response to participant, family, and agency contacts (not required for home-delivered meal programs).
- A record of release of any personal information about the participant and a copy of a signed release of information form.

Direct providers of home-based services must keep all participant records (written, electronic, or other) confidential in controlled access files for a minimum of 10 years.

9.12.D. IN-SERVICE TRAINING

Staff of waiver agencies and direct providers of home-based services must receive in-service training at least twice each fiscal year. Waiver agencies and providers must design the training so that it increases staff knowledge and understanding of the program and its participants, and improves staff skills at tasks performed in the provision of services. Waiver agencies and direct providers of home-based services must maintain comprehensive records identifying dates of training and topics covered in an agency training log or in each employee's personnel file. The employer must develop an individualized in-service training plan for each employee when performance evaluations indicate a need.

9.12.E. ADDITIONAL CONDITIONS AND QUALIFICATIONS

Each waiver agency and direct provider of home-based services will assure MDHHS that employees or volunteers who enter and work within participant homes abide by the following additional conditions and qualifications:

- Service providers must have procedures in place for obtaining participant signatures on the time sheets (or similar document) of direct care workers to verify the direct service worker provided the work ordered by the waiver agency. Electronic Visit Verification (EVV) systems may take the place of this requirement as long as the verification is available to the waiver agency. If providers are utilizing EVV systems, paper time sheets are not needed.
- Direct service workers are prohibited from smoking in participant's homes.



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- Direct service workers must demonstrate the ability to communicate adequately and appropriately, both orally and in writing, with their employers and the MI Choice participants they serve. This includes the ability to follow product instructions properly in carrying out direct service responsibilities (i.e., read grocery lists, identify items on grocery lists, and safely use cleaning and cooking products).
- Direct service workers must not use their cell phones for personal use while in a participant's home. Exceptions may be made in cases of emergency. Direct service workers should engage with the participants while furnishing the services specified on the person-centered service plan.
- Direct service workers must not threaten or coerce participants in any way. Failure to meet this standard is grounds for immediate discharge.
- Waiver agencies will inform service contractors and direct service workers promptly of new service standards or any changes to current services standards.

9.13 INSURANCE COVERAGE

Each waiver agency and direct service provider must have sufficient insurance to indemnify loss of federal, state, and local resources due to casualty or fraud. Insurance coverage sufficient to reimburse MDHHS or the waiver agency for the fair market value of the asset at the time of loss must cover all buildings, equipment, supplies, and other property purchased in whole or in part with funds awarded by MDHHS. The following insurances are required for each waiver agency or direct service provider:

- Worker's compensation
- Unemployment
- Property and theft coverage
- Fidelity bonding (for persons handling cash)
- No-fault vehicle insurance (for agency-owned vehicles)
- General liability and hazard insurance (including facilities coverage)

MDHHS recommends the following insurances for additional agency protection:

- Insurance to protect the waiver agency or direct service provider from claims against waiver agency or direct service provider drivers and/or passengers
- Professional liability (both individual and corporate)
- Umbrella liability
- Errors and Omission Insurance for Board members and officers
- Special multi-peril
- Reinsurance/Stop-loss insurance



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9.14 VOLUNTEERS

Each waiver agency or direct service provider utilizing volunteers must have a written procedure governing the recruiting, training, and supervising of volunteers. Volunteers must receive a written position description, orientation, training, and a yearly performance evaluation, if appropriate.

9.15 STAFFING

Each waiver agency or direct service provider must employ competent personnel who have the necessary skills to provide quality supports and services to participants at levels sufficient to provide services pursuant to the contractual agreement. Each waiver agency or direct service provider must demonstrate an organizational structure including established lines of authority. Each direct service provider must identify a contact person with whom the waiver agency can discuss work orders and service delivery schedules or problems.

9.16 STAFF IDENTIFICATION

Every waiver agency or direct service provider staff person, paid or volunteer, who enters a participant's home must display proper identification. Proper identification may consist of either an agency picture card or a Michigan driver's license and some other form of agency identification.

9.17 ORIENTATION AND TRAINING PARTICIPATION

New waiver agency or direct service provider staff must receive an orientation training that includes, at a minimum:

- Introduction to the MI Choice waiver;
- The waiver agency's grievance and appeal process;
- Maintenance of records and files (as appropriate);
- Emergency procedures
- Assessment and observation skills; and
- Ethics, specifically:
 - Acceptable work ethics
 - Honoring the MI Choice participant's dignity
 - Respect of the MI Choice participant and their property
 - Prevention of theft of the MI Choice participant's belongings

Employers must maintain records detailing dates of training and topics covered in employee personnel files.

Waiver agencies and/or direct service providers must ensure that each employee has the support and training needed to competently and confidently deliver services to participants prior to working with each participant. Waiver agency or direct service provider staff must participate in relevant in-service training as appropriate and feasible. Some MI Choice services have specific requirements for in-service training. When applicable, the service standard stipulates the required in-service training topics.



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9.18 RECORD RETENTION

Each waiver agency and direct service provider must keep all records related to or generated from the provision of services to waiver participants for not less than 10 years.

9.19 WAIVER AGENT BILLING AND PAYMENTS

9.19.A. BILLING PROCEDURES

- Providers of MI Choice services submit bills to the waiver agency detailing the date of service, the type of service, the unit cost, and the total number of units provided for each MI Choice participant served.
- Waiver agencies specify in provider contracts the acceptable amount of time from date of service that providers may send bills to the waiver agency in order to receive payment for services rendered.
- Waiver agencies match and verify provider bills against the participant's approved PCSP using MICIS, COMPASS, or a compatible data system.
- Waiver agencies have written procedures regarding the billing process.

9.19.B. PROVIDER PAYMENTS

- Waiver agencies process payment for all verified bills submitted by providers.
- Waiver agencies make payments only for services authorized within the PCSP and delivered to the participant.
- Waiver agencies submit MI Choice encounter data to CHAMPS electronically. Encounter data for MI Choice services meets CHAMPS requirements (including CHAMPS edits) for processing.
- The CHAMPS system records encounter data detail.
- Waiver agencies use MICIS, COMPASS, or compatible software to maintain an audit trail for funds expended.
- MICIS, COMPASS, or compatible software produces claims detailing provider and participant identification, date of service, specific procedure, and payment data.
- Waiver agencies have written procedures ensuring full payment to providers who furnish MI Choice services according to the authorized PCSP.

9.20 COMPLIANCE WITH RULES AND LAWS

9.20.A. CIVIL RIGHTS COMPLIANCE

Each waiver agency or direct service provider must not discriminate against any employee or applicant for employment, or against any MI Choice applicant or participant, pursuant to the Federal Civil Rights Act of 1964, the Elliot-Larsen Civil Rights Act (P.A. 453 of 1976), and Section 504 of the Federal Rehabilitation Act of 1973. Each waiver agency or direct service provider must complete an appropriate Federal Department of Health and Human Services form assuring compliance with the Civil Rights Act of 1964.



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Each waiver agency or direct service provider must clearly post signs at agency offices and public locations where services are provided in English, and other languages as appropriate, indicating non-discrimination in hiring, employment practices, and provision of services.

9.20.B. NONDISCRIMINATION (SECTION 1557: PATIENT PROTECTION AND AFFORDABLE CARE ACT)

Section 1557 of the Patient Protection and Affordable Care Act (ACA) applies to the MI Choice program and provides that, except as provided in Title I of the ACA, an individual shall not, on the grounds prohibited under Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, or Section 504 of the Federal Rehabilitation Act of 1973, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under Title I of the ACA. This part applies to health programs or activities administered by recipients of Federal financial assistance from the Department, Title I entities that administer health programs or activities, and Department-administered health programs or activities.

9.20.C. EQUAL EMPLOYMENT

Each waiver agency and direct service provider must comply with equal employment opportunity principles in keeping with Executive Order 1979-4 and Civil Rights Compliance in state and federal contracts.

9.20.D. DRUG FREE WORKPLACE

MDHHS prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances in all waiver agency and direct service provider workplaces. Each waiver agency and direct service provider must operate in compliance with the Drug-Free Workplace Act of 1988.

9.20.E. AMERICANS WITH DISABILITIES ACT

Each program must operate in compliance with the Americans with Disabilities Act (PL 101-336).

9.20.F. STANDARD PRECAUTIONS

Each waiver agency and direct service provider must evaluate the occupational exposure of employees to blood or other potentially infectious materials that may result from the employee's performance of duties. Each waiver agency and direct service provider must establish appropriate standard precautions based upon the potential exposure to blood or infectious materials. Each waiver agency and direct service provider with employees who may experience occupational exposure must also develop an exposure control plan that complies with the Federal regulations implementing the Occupational Safety and Health Act.



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9.21 PROVIDER MONITORING REQUIREMENTS FOR WAIVER AGENCIES

9.21.A. ON-SITE PROVIDER REVIEWS

Waiver agency staff conducts annual on-site monitoring reviews for a minimum of 20% of enrolled providers of recurrent services. This includes adult day health, chore, community living supports, counseling, fiscal intermediary, home delivered meals, transportation, nursing facility transition, nursing services, personal emergency response systems, private duty nursing, in-home and out-of-home respite, supports coordination when not using agency employees, and training. This monitoring plan is to ensure:

Provider compliance to minimum service standards and conditions of participation. This includes compliance to the CMS regulations regarding home and community-based services settings as defined in 42 CFR §441.301(c)(4) and the Home and Community-Based Services Chapter of this Manual.

- Delivery of services according to the authorized MI Choice participant PCSP.
- Provider maintenance of adequate staff recruitment, training plans and staff supervision.
- Provider maintenance of participant case record documentation to support provider claims.

Waiver agency staff evaluates providers of non-recurrent services (durable medical equipment, medical supplies, goods and services, and home modifications) based on frequency and volume of usage at least once every two years to ensure:

- Provider compliance to minimum service standards and conditions of participation
- Delivery of services according to the authorized MI Choice participant PCSP
- Provider maintenance of participant case record documentation to support provider claims

9.21.B. METHODOLOGY

The waiver agency assigns one or two staff with primary responsibility for conducting provider reviews using the standardized monitoring tool developed for this purpose (refer to the Directory Appendix). The waiver agency notifies providers in writing at least two weeks in advance of the date scheduled for the review. The waiver agency selects a sample of 10 participant case records or 20% of the provider case records (whichever is greater) to evaluate. The waiver agency staff reviews three months of provider billings to payments for each case record. The waiver agency may choose to monitor more providers as necessary to ensure the quality of services delivered to MI Choice participants. Additionally, not included in the sample indicated above, the waiver agency must perform monitoring of 100% of provider-owned/controlled settings and must utilize the Residential and Non-residential surveys provided by MDHHS.

Provider records to review include participant case record documentation, service claims, and reimbursements. The waiver agency compares payment records to MI Choice person-centered service plan authorizations and MI Choice case record documentation.



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Waiver agency reviewers evaluate provider records for date of service, time of service delivery, staff providing the service, supervision of staff providing the service, and any discrepancies noted during the review.

The waiver agency reviewers provide written findings of the review and corrective action requirements (as necessary) to the provider within 30 days following completion of the initial review. The waiver agency sends all provider monitoring reports to MDHHS within 30 days of completion of the monitoring process. The written review includes citations of both positive findings and areas needing corrective action.

When results of the initial case record/bill review indicate any irregularities, the reviewer and waiver agency financial staff conducts further review of provider case records covering a specified time. Waiver agency staff may opt to conduct a complete audit of all case records. Following a second review, a written report of the findings is prepared with appropriate corrective actions and sent to the provider and MDHHS within 30 business days following completion of the review. Waiver agency staff schedules a follow-up review within a three to six month timeframe for providers deficient in any part of the review to ensure that the provider initiates and implements corrective action.

Service issues/activities identified for corrective action require the waiver agency to:

- Clearly identify formal findings, state compliance issues, and provide recommendations for corrective action.
- Establish due dates when the provider is scheduled to be in full compliance with the standards and conditions for continued participation.
- Monitor the provider's performance in completing the necessary corrective action.
- Suspend new referrals to the provider agency or transfer participants to another provider when findings warrant immediate action to protect the participant's health or welfare.
- Adjust provider billings on the agency's information system using individual adjustments to date of service or gross adjustment. Deduct overpayments made to a provider from the next warrant issued the provider from the waiver agency. Adjust encounter data submitted to CHAMPS to accurately reflect adjustments made to provider billing.
- Suspend or terminate the providers who demonstrate a failure to correct deficiencies following a second review. The waiver agency can reinstate providers after verifying the provider corrected deficiencies and/or changed procedural practices as required.

Additionally, not included in the sample indicated above, the waiver agency must perform monitoring of 100% of provider-owned/controlled settings and must utilize the Residential and Non-Residential surveys provided by MDHHS. If the setting remains compliant, the waiver agency only needs to maintain the surveys in a file at the waiver agency. The waiver agency must send to MDHHS the completed home and community-based settings survey in the following circumstances:

- The setting is a new setting and has not had a previous survey completed and reviewed by MDHHS and deemed compliant.
- There has been a change in ownership for the setting.



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- There have been major changes in how the setting operates their business.

The waiver agency notifies MDHHS immediately of any provider-owned setting that is no longer compliant with the home and community-based services settings regulations as assessed using the Residential Survey for MI Choice Waiver or the Non-Residential Survey for MI Choice Waiver as appropriate. Provider-owned settings include licensed and non-licensed assisted living, AFCs or Homes for the Aged, and adult day health providers. The notification will include the corrective action plan and timeline for implementing the corrective action plan. The waiver agency will be responsible for ensuring the corrective actions have been implemented in a subsequent in-person visit to the setting. The waiver agency will forward the results of the subsequent in-person visit to MDHHS within one to two weeks of completing the visit. The waiver agency will immediately notify MDHHS if the subsequent visit indicates the provider continues to be non-compliant with the ruling and will require MI Choice participants to transition from the setting.

9.21.C. IN-HOME PARTICIPANT VISITS

To gauge the effectiveness of service delivery accurately, it is necessary to obtain comments regarding service provision from the perspective of the participant and caregiver. From the sample of participant case records reviewed, the waiver agency reviewer selects a minimum of two waiver participants with which they shall conduct home visits. These visits determine participant satisfaction with supports coordination activities and services and verify that providers deliver services as planned.

The in-home visit may correspond to a time when the provider is working in the participant's home. The scheduling of a participant home visit in tandem with the actual service provision allows the waiver agency reviewer to observe the provider at work and the interaction between the worker and the participant. The reviewer interviews the provider to determine his/her understanding of the tasks they should perform as specified in the PCSP and MI Choice work order. The reviewer also verifies with the participant and caregiver that the provider is delivering services as planned.

The waiver agency reviewer ensures the participant's supports coordinator is aware of pertinent information such as concerns regarding service delivery that the reviewer gathers during the home visit interviews. Supports coordinators follow-up with participant concerns identified during the home visits.

For participants who reside in provider-owned settings (assisted living, AFC, HFA, etc.), waiver agencies complete the additional questions at the end of the participant survey. Any "No" answers provided by the participant (or their authorized representative) require follow-up with the provider to ensure continued compliance to the home and community based services setting requirements.

9.21.D. COORDINATION WITH SUPPORTS COORDINATORS

Before or immediately after conducting the on-site provider review, the waiver agency reviewer meets with supports coordinators to discuss utilization of the provider and any problems encountered in using the provider. Additionally, the waiver agency reviews



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MI Choice participant case records and other documentation to evaluate the interaction with the provider and determine the frequency of “missed” visits or “no shows” by the provider as related to the plan of service and the MI Choice work order. The review of MI Choice case records assists the waiver agency reviewer to measure provider adherence to the authorized PCSP.

9.21.E. COORDINATION WITH OTHER WAIVER AGENCIES

To the extent feasible and possible, waiver agencies should coordinate monitoring visits to providers that contract with more than one waiver agency. MDHHS encourages waiver agencies to combine efforts to monitor providers under contract with more than one waiver agency. Any time a waiver agency finds rationale to terminate a provider from the provider network, the waiver agency must notify other waiver agencies of the findings and the reason for terminating the contract. This is to mitigate potential harm to other MI Choice participants. Waiver agencies must also notify MDHHS of any contract terminations and the reasons for doing so.

9.21.F. MONITORING SCHEDULE

The waiver agency develops a yearly schedule of provider monitoring reviews to conduct monthly throughout the fiscal year, October 1 to September 30. The schedule is submitted to MDHHS by December 1 each year.

9.22 PROVIDER ENROLLMENT IN CHAMPS

Waiver agencies and providers must be compliant with all provider enrollment background and screening requirements as required by the MI Choice program. Any individual or entity that provides applicable MI Choice services and are included in a waiver agency’s provider network are required to be screened and enrolled in the Michigan Medicaid Program. Individuals and entities are considered to be included in the provider network when they have a contract with a waiver agency to furnish any of the applicable services, or when they have a contract with a beneficiary enrolled in the MI Choice program to furnish services through a self-determination arrangement.