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## **Waiver Director's Report December 2020**

### **1. Autism/Behavioral Health:**

There are currently 1296 individuals enrolled in the Applied Behavioral Health Autism Benefit. ABA providers have resumed services while taking precautions to keep everyone as safe as possible. Telemedicine services are utilized as appropriate and families are being provided choice in how they wish to receive services. The LRE, Beacon, CMHSP's and contracted ABA providers continue to meet regularly to provide services in compliance with MDHHS' service requirements.

Autism provider site reviews begin December 16. Each autism center will have a virtual site review which includes a review of clinical documentation, credentialing, and facility standards. The LRE currently has 18 ABA providers.

Proposed Medicaid Policy Revision 2063 – BHDDA is out for public comment until December 14<sup>th</sup>, 2020. This policy changes the requirements for annual reevaluations to no longer require an Autism Diagnostic Observation Scale 2 assessment but a review of current documentation through the person-centered planning process which is of benefit for children and families. The LRE submitted a regional response to MDHHS on December 10<sup>th</sup>, 2020.

### **2. Child's Waiver Program:**

There are currently 47 individuals enrolled in this waiver. The LRE recently formed a regional clinical review team to review Prior Review Authorization Requests (PRAR's). This group is scheduled to convene monthly if there are PRAR's to review. MDHHS added 50 new Children's Waiver slots to the program and the LRE was offered 13 new enrollment invitations in late November.

### **3. Habilitation Supports Waiver:**

The LRE has 629 HSW waiver slots that remain full. The LRE and CMHSP HSW Leads meet regularly to maintain these slots and identify appropriate individuals for enrollment.

Under the 1915(c) home and community-based services waivers Appendix K, states can request relevant program changes and flexibilities in response to the COVID-19 pandemic. CMS has approved BHDDA's temporary amendment through the Appendix K for all approved 1915(c) waivers (HSW, CWP, and SEDW). This amendment is effective **3/1/2020** through **2/28/2021**. The LRE and CMHSP waiver staff are working to obtain documentation that was unable to be acquired during the COVID-19 emergency that will be required by February 28<sup>th</sup>, 2021 with the expiration of Appendix K.

MDHHS has identified the need for a goal writing workgroup specific to waivers and habilitative needs. The LRE has been asked to be part of this workgroup.

### **4. Home and Community-Based Services:**

Corrective action plans from the 2017 B3 Waiver (B3W)/iSPA Survey Round are nearly complete. Providers with CAPs have been working with the CMHSPs and PIHPs on achieving and maintaining compliance with HCBS standards.

Providers in Heightened Scrutiny from both the HSW and B3W surveys completed their reviews with MSU both in person and remotely earlier this year. These have yet to be reviewed by the Heightened Scrutiny Review Committee.

Validation work on the providers that were surveyed in the 2017 round is set to begin in mid-December 2020. MDHHS will be sending their guidance document out in the next week to the PIHP's. The guidance document will also be sent to provider organizations (ex. MALA). MDHHS's priority project is the validation work from the 2017 round.

Data clean up on the surveys from 2020 is still being completed by MI-DDI. We expect initial reports on this shortly.

**5. Serious Emotional Disturbance:**

The LRE has 43 individuals enrolled in this waiver with individual pending. The overwhelming majority of cases are between HealthWest and Network 180. Individuals continue to be enrolled and dis-enrolled as appropriate.

**6. MDHHS Waiver Audit:**

MDHHS concluded the HCBS Waivers and Substance Use Disorder site review of the LRE on November 30<sup>th</sup>, 2020. During the exit, MDHHS stated that the LRE is in full compliance for the administrative portion of the review and that the final report will be provided to the LRE by December 15<sup>th</sup>, 2020. Corrective action plans are due to MDHHS within 30 days and 90 days after an accepted corrective action plan occurs, MDHHS will conduct a follow-up review of the region.