



WELCOME

To the 2025 Disability Policy Webinar Series

Thank You For Joining Us

June 13, 2025



Division of Adult Home and
Community Based Services,
Bureau of Specialty Behavioral
Health Services, Health Services

Belinda Hawks

Director

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Division of Adult Home and Community-Based Services Updates

Belinda Hawks-Division Director
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Specialty Behavioral Health Updates



CFAP - Conflict Free Access and Planning.

Policy - Waskul Settlement.

DDPIT – Developmental Disabilities Practice Improvement Team.

New Intellectual and Developmental Disability (IDD) Specialist.

IDD continuum of care.

Centers for Medicare and Medicaid (CMS) approved 1915(c) waiver and 1915(i) State Plan language.

- Developing implementation, oversight and monitoring processes.
- Developing outreach and beneficiary, case manager, and provider trainings.
- Full implementation timeline – determined post CMS consultation related to impact of current procurement process.

Policy updates

- Clarified medical necessity language.
- Specified determination criteria must be tailored to the beneficiary.
- Clarified clinical information includes assessments and input from the beneficiary.
- Specified limitations on Pre-Paid Inpatient Health Plans (PIHP) decisions.
- Specified PIHP role in self-directed arrangements including requirements for budget reductions and managing denial process.

Policy updates continued

- Defined Administrative Law Judge (ALJ) authority in self-directed service arrangements and choice voucher budget hearings.
- Defined ALJ authority in self-directed service arrangements terminations.
- Defined Community Living Supports (CLS) inclusions and exclusions including costs.
- Defined Fiscal Management Services (FMS) in more detail.
- Defined specific person-centered planning requirements related to self-directed service arrangements.

The mission of the Developmental Disabilities Practice Improvement Team (DDPIT) is to promote, articulate, provide leadership and make recommendations that enable people with Intellectual and Developmental Disabilities to achieve the lives they envision wherever they reside in Michigan. This mission is actualized through DDPIT special reports and recommendations to the Michigan Department of Health and Human Services for improvements to supports and services. Additionally, the Developmental Disabilities Practice Improvement Team seeks to disseminate this information to Community Mental Health Service Providers (CMHSP) and PIHPs and advocacy organizations.

DDPIT membership

- Members must be of the developmental disabilities community, behavioral health system partners, people with lived experience and/or their family members.
- Members are expected to provide feedback on various policy and service issues facing the developmental disabilities community and their families.
- Members will empower, and raise awareness of the various developmental disability initiatives, resources, and supports.
- Members are expected to attend monthly meetings and participate in sub-committee or standing committees.
- Members promote and support promising/emerging practices for supporting people with developmental disabilities.
- Apply at <https://arcmi.org/dd-pit/>

IDD Specialist



New IDD Specialist – Amal Mansour – key projects:

- National Core Indicators Survey (NCI)
- World Health Organization Disability Assessment Schedule (WHODAS) 2.0 implementation
- DDPIT
- Policy initiatives

IDD continuum

Develop an I/DD residential treatment continuum for individuals with I/DD and complex behavioral health needs.

Researching other state models to inform policy and level of care decisions.

Survey to be released in the next month for stakeholders, individuals served and their families to better understand their unique support and service needs.

Federal Compliance Update



World Health Organization Disability Assessment Schedule (WHODAS) 2.0

Eligibility Assessment

- WHODAS 2.0 assessment/screening tool that will be used to:
 - Determine eligibility the 1915(i) State Plan Amendment (iSPA) and;
 - Screen for Habilitation Supports Waiver (HSW) eligibility.
- Used for people with and Intellectual and Developmental Disability (I/DD) who are 18 and older.
- WHODAS 2.0 will inform person-centered planning.

Eligibility Assessment Cont.

- The 36-item tool evaluates functioning in six domains:
 - Cognition
 - Mobility
 - Self-Care
 - Getting Along
 - Life Activities
 - Participation

WHODAS 2.0 Crosswalk

Self-Care	Communication	Learning	Mobility	Self-Direction	Capacity for Independent Living	Economic Self-Sufficiency
D3.1 Washing your whole body	D1.5 Generally understanding what people say	D1.2 Remembering to do important things	D2.1 Standing for long periods such as 30 minutes	D1.3 Analyzing and finding solutions	D5.1 Taking care of your household responsibilities	D5.1 Taking care of your household responsibilities?
D3.2 Getting Dressed	D1.6 Starting and maintaining a conversation	D1.3 Analyzing and finding solutions	D2.3 Moving around inside your home	D1.2 Remembering to do important things	D5.2 Doing most important household tasks well	D5.5 Your day-to-day work/school
D3.3 Eating	D4.1 Dealing with people you do not know	D1.4 Learning a new task	D2.4 Getting out of your home	D5.6 Doing your most important work/school tasks well	D5.3 Getting all the household work done that you needed to	D5.6 Doing your most important work/school tasks well
D3.4 Staying by yourself for a few days	D4.2 Maintaining a friendship	D1.1 Concentrating on doing something for 10 min	D2.5 Walking a long distance	D5.7 Getting all the work done that you need to do	D1.2 Remembering to do important things	D5.7 Getting all the work done that you need to do
	D4.3 Getting along with people who are close with you		D2.2 Standing up from sitting down	D5.8 Getting your work done as quickly as needed	D3.1 Washing your whole body	D5.8 Getting your work done as quickly as needed
	D4.4 Making new friends			D2.4 Getting out of your home	D3.3 Eating	D1.2 Remembering to do important things
				D3.4 Staying by yourself for a few days	D3.4 Staying by yourself for a few days	D1.3 Analyzing and finding solutions
					D4.1 Dealing with people you do not know	

Tentative Timeline

- Steering Committee Approval.
 - Open end of May.
 - Two weeks Review applicants.
 - Notify applicants beginning of June.
 - Committee starts July 2025.
- From July to Spring Steering Committee will work on the following:
 - Defining the Manual.
 - Assist with Technical Guidance development.
 - During this time, we'd like to testing.
- Flexibility with implementation timeline.

1915(i) State Plan Amendment (iSPA) Update

1915 iSPA Amendment

- Update of the assessment tools used to identify potential beneficiaries for the 1915 (i)SPA.
- Updated Vehicle Modification language.
- Updated Environmental Modification language.
- Updated Family Support and Training language.
- Language change from “Fiscal Intermediary” to “Financial Management Services”.

1915 iSPA Amendment Continued



- Updated Housing Assistance language.
- Updated Skill Building language.
- Updated Community Living Supports (CLS) language.
- Separation of Supported Employment services into two distinct services: Individual Supported Employment and Small Group Employment.

Updates

- 1915 iSPA bulletin should be going out for public comment within the month.
- Beginning work on another amendment. New Amendment would include the following:
 - Inclusion of non-family training services.
 - Inclusion of CLS per diem service.
 - Inclusion of overnight health and safety support (OHSS) as a service but also the new per diem.
- Update performance measures to align with the waivers.
- Testing for Waiver Support Application (WSA) programing interface (API) underway with Lifeways.

Habilitation Supports Waiver (HSW) Renewal

HSW Waiver Renewal

- Adding Allocation of Waiver Capacity language.
- Adding Freedom of Choice language.
- Adding tool to identify potential HSW enrollees.
- Update of the eligibility group to include Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).
- Adding General Service Specifications language.
- Adding Service Plan Development Process language.

HSW Waiver Renewal Cont.



- Adding Methods for Remediation/ Fixing Individual Problems language.
- Elimination of Prevocational services.
- Addition of Vehicle Modification as a distinct service.
- Updated Environmental Modification language.
- Updated OHSS eligibility, coverage and service description language.
- Updated Goods and Services language.

HSW Waiver Renewal Cont.

- Adding Informed Choice of Providers language.
- Updated Enhanced Medical Equipment and Supplies language.
- Updated Respite language.
- Updated Family Training language.
- Language change from “Fiscal Intermediary” to “Financial Management Services.”
- Updated CLS language.
- Separation of Supported Employment services into two distinct services: Individual Supported Employment and Small Group Employment.

HSW Updates



- The CMS 372 Report was finalized and sent to CMS on 5/2/25.
- HSW bulletin is being finalized and then submitted for internal review.
- Beginning work on another amendment. New Amendment would include the following:
 - Inclusion of CLS per diem service.
 - Inclusion of OHSS as a service but also the new per diem.

Home and Community-Based Services (HCBS) Corrective Action Plan (CAP) Updates

HCBS CAP Update



- Completed MDHHS review of the five providers.
- Emails sent requesting further information to all five. Most have responded.
- Most did well and have minor changes to make.
- MDHHS will review responses.
- Reviewed all 10 Pre-Paid Inpatient Health Plans (PIHP).
- Emails sent requesting further information.
- Seeing good responses.

HCBS CAP Update Continued



- Completed Medicaid Provider Manual (MPM) language changes. Creating a new Behavioral Health HCBS section.
- Completed update to the PIHP contract language.
- Met with Centers for Medicare/Medicaid (CMS) in April.
- Agreed to extend CAP implementation deadline to 9/30/25.
- Finalizing the HCBS provider training. MDHHS is determining best way to get this training implemented.

Questions?



Coming Up at 11:00am

The Arc of the United States



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