

Background

The State of Michigan operates the Habilitation Supports Waiver (HSW) which provides home and community based supports to approximately 7,500 Medicaid beneficiaries with intellectual or developmental disabilities. The HSW is operated under an agreement with the Federal Centers for Medicare and Medicaid Services (CMS) and is authorized under the §1915(c) of the Social Security Act. In January 2014, CMS published the Home and Community Based Services (HCBS) ruling. As a result, Michigan must transition its HSW to be compliant with the rule changes on or before March 17, 2022. The Michigan Department of Health and Human Services contracted with the Michigan Developmental Disabilities Institute (MI-DDI) at Wayne State University to assess compliance with the HCBS ruling among the HSW waiver recipients and their residential and non-residential service providers. MI-DDI developed survey tools to reflect the various components of the HCBS rule.

Objectives

1. To determine HSW beneficiary perceptions of their residential and non-residential providers' compliance with the HCBS ruling;
2. To determine HSW residential and non-residential provider perceptions of their compliance with the HCBS ruling; and
3. To compare and contrast beneficiary and provider responses.

Methods

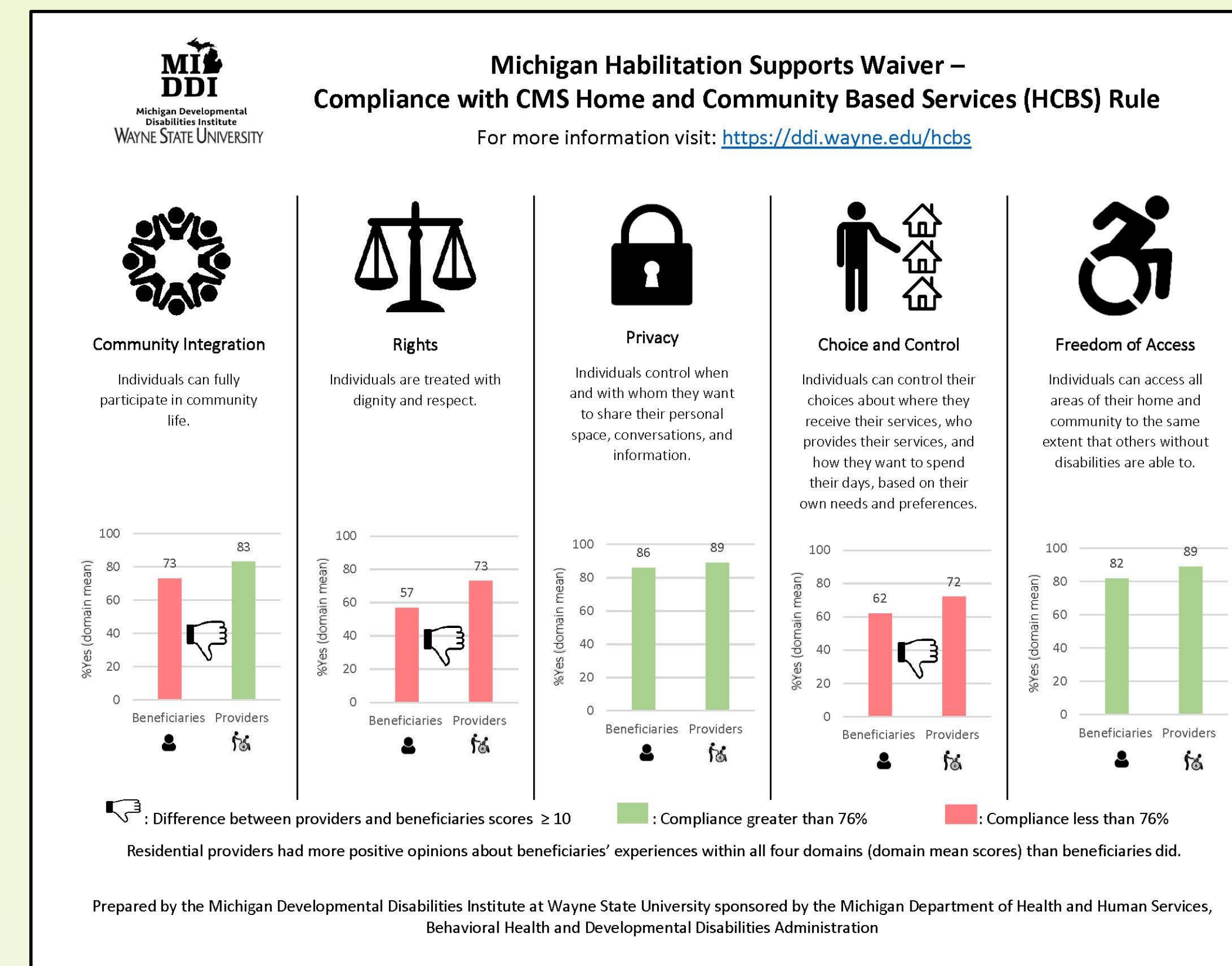
MI-DDI developed survey tools to reflect the various components of the HCBS rule. An initial pilot study, with 10% of the HSW sample, was implemented in 2016 to test the instrument design, utility, and study methodology. Tool and methodology refinements were incorporated into the 2017 population study. The three survey instruments were administered via Qualtrics, a web-based survey system, that allowed for online distribution and data collection.

Measures

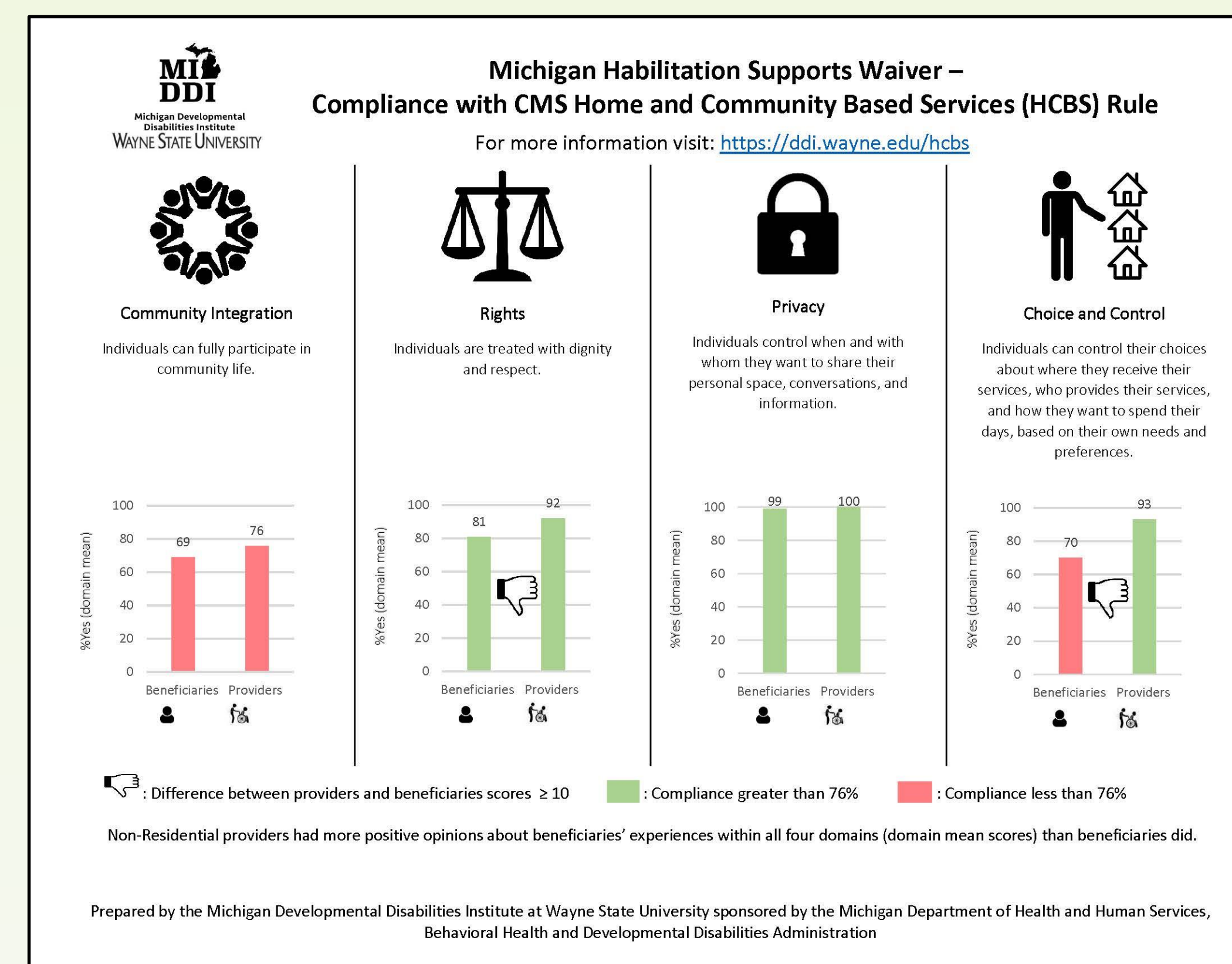
When data collection began (May 2016), 4,314 HSW beneficiaries were living in one of the three residential settings and 4,267 were receiving at least one of three non-residential services. In total, 5,059 complete surveys were received, for a statewide response rate of 90%. A survey was considered complete when the beneficiary and the associated provider surveys were received. Four thousand two hundred and sixty-seven participant/beneficiary surveys (n=4,267) were received, 3,207 residential provider surveys were received, and 2,315 non-residential provider surveys were completed. Ninety-five percent of the beneficiary sample (95%) indicated that they received assistance to complete the survey, most from their supports coordinator. To facilitate interpretation of the findings, beneficiary and provider responses were aggregated within five survey domains (Community Integration; Rights; Personal Privacy; Choice/Control; and Freedom of Access).

Results

Residential Services

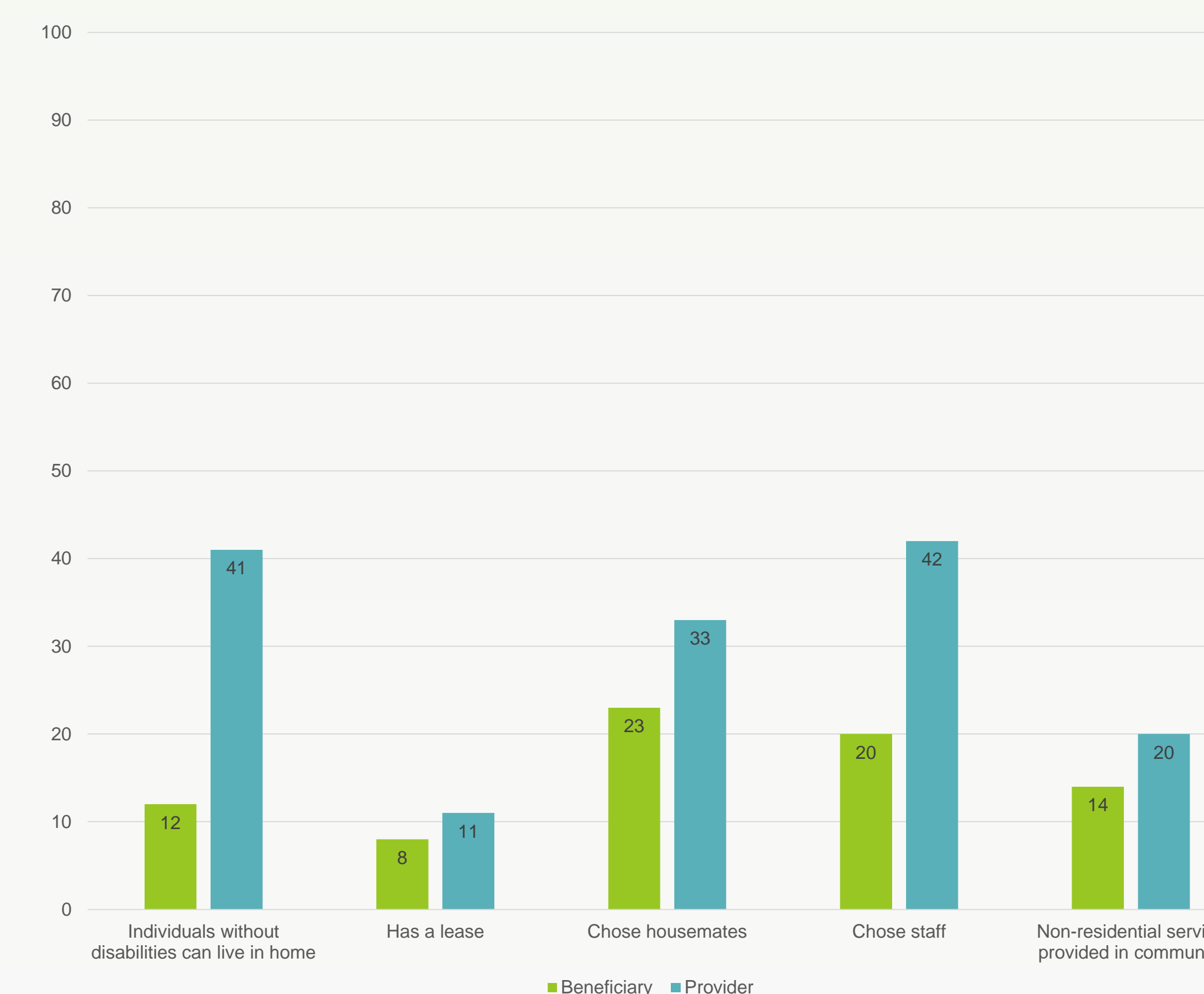


Non-Residential Services



Discussion

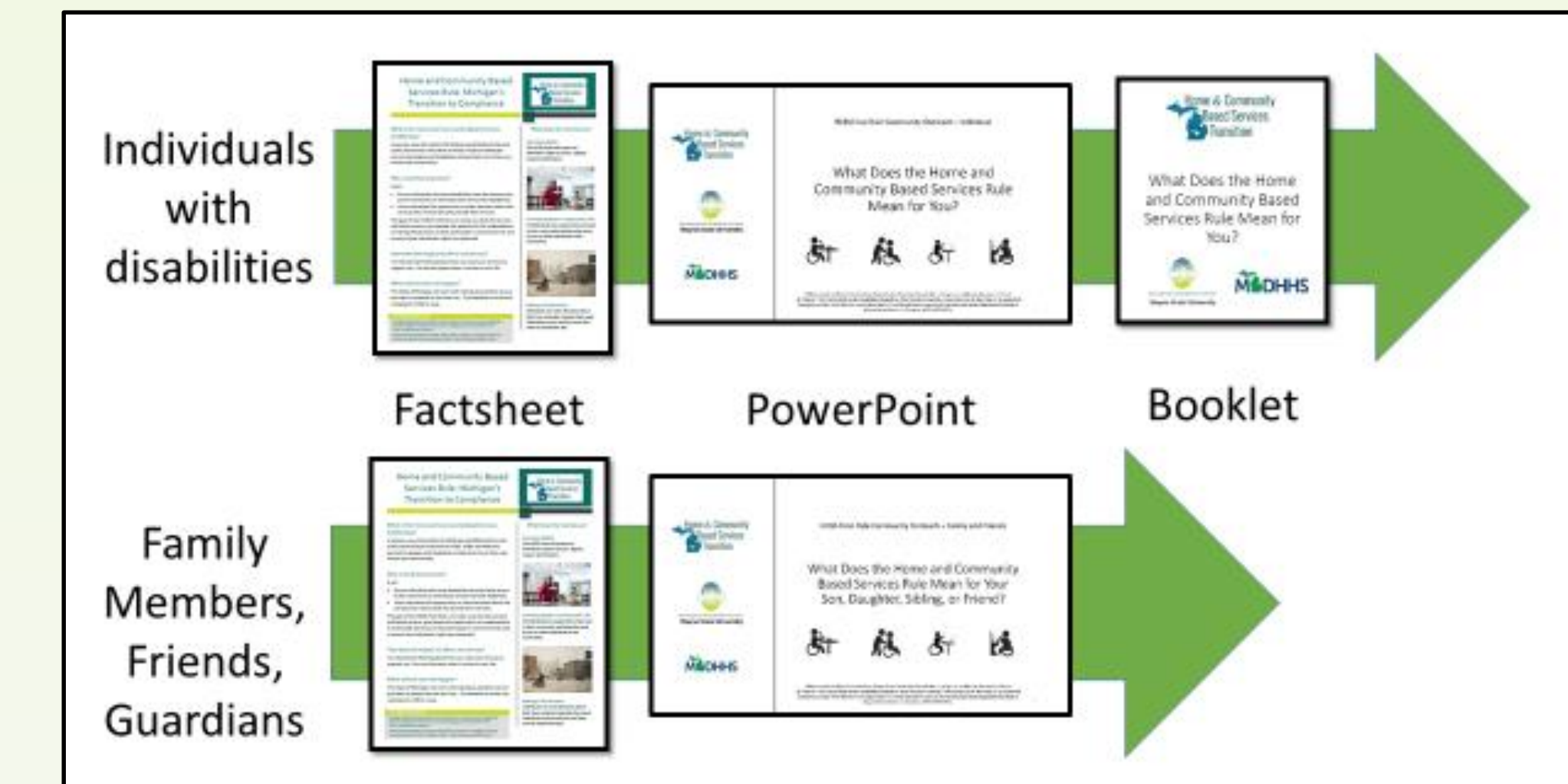
Beneficiary and Provider Perceptions



Conclusion

The survey findings show there are marked discrepancies between the beneficiary and residential provider responses within three of the five domains: Community Integration; Rights; and Choice/Control. Overall, the providers' perceptions were much more positive than those of the beneficiaries. In response to the survey findings, a series of educational materials were developed for beneficiaries and their families about the CMS' Rule on Home and Community Based Services.

Education and Information Materials



References

1. Centers for Medicare and Medicaid Services, Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services (2014). Final Rule Medicaid HCBS. Baltimore, MD: Centers for Medicare and Medicaid Services.
2. Michigan Developmental Disabilities Institute . Michigan Home and Community Based Services . Retrieved from <http://ddi.wayne.edu/hcbs>