

# The HCBS Settings Rule: Are We There Yet?

VALERIE BRADLEY  
PRESIDENT EMERITA  
HUMAN SERVICES RESEARCH  
INSTITUTE

AUCD ANNUAL CONFERENCE  
NOVEMBER 18, 2019

WASHINGTON, DC



# OVERVIEW

Antecedents to the HCBS  
Settings Rule

Major requirements of the  
Rule

Settings rule aspirations  
and NCI outcomes

Summary

# Federal Settings Expectations for Home and Community Based Services\*

---



\*HCBS Final Regulations, Fact Sheets, webinars, Transition Plan Compliance toolkit, & Statewide Transition Plans:  
<http://www.medicaid.gov/HCBS>

# Precursors to the Settings Rule



Normalization and the assumption that people with disabilities have the same rights to live normal lives in their communities as people without disabilities

Landmark court decisions including the Olmstead case that required that people with ID/DD be supported in the community

Research linking community living to positive outcomes

Wide variations in the size, quality and inclusiveness of community services across the country

# New Requirements for Home and Community Based Services



*Purpose:* Ensure people receiving federal funding for long-term services and have full access to the benefits of community living and opportunities to receive services in the most integrated setting appropriate

Includes services for aging, disability, and ID/DD

Covers residential and day services

Based on person's choice

Rule published January 16, 2014 and effective March 17, 2014

Deadline for compliance extended to 2022

# Community Services and Supports Should:



Be integrated in and support full access to greater community

Ensure the person receives services in the community with the same degree of access as people not receiving federal Medicaid funding

Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Are chosen by the person from among residential and day options that include generic settings

Respect the participant's option to choose a private unit in a residential setting

Ensure right to privacy, dignity and respect and freedom from coercion and restraint

Optimize autonomy and independence in making life choices

Facilitate choice of services and who provides them

# Provider- Owned or Controlled Residential Settings...



## Participant must have:

- A lease or other legally enforceable agreement to protect from eviction
- Privacy in their unit including entrances lockable by the person (staff have keys as needed)
- Choice of roommates
- Freedom to furnish and decorate their unit
- Control of their schedule and activities
- Access to food at any time
- Visitors at any time
- Physical accessibility

**Deviations from this rule (except accessibility) must be supported by a specific assessed need and justified in the person centered service plan**

# Service Planning Process. . . .



Is driven by the individual and respects his/her preferences;

Includes people chosen by the individual

Is timely

Occurs at times and locations convenient to individual

Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible

Is conducted in plain language

Includes information that is accessible to individuals.

Reflects cultural considerations



## New Person-Centered Service Plan Must:

Identify the strengths, preferences, needs (clinical and support), and desired outcomes of individual

Include individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others

Reflect what is important to the individual Identify risk factors and plans to minimize them





WHAT DO NCI DATA FROM THE IN-PERSON SURVEY TELL US ABOUT THE TENETS OF THE SETTINGS RULE?

# How have things changed?

---

Looked at the NCI average for indicators of interest in four years:

- 2002-03 (N=9552) and
- 2011-12 (N=12236) and
- 2015-16 (N=17682) and
- 2017-18 (N=25671)





## Changes in Where People Live (Response options have changed over time)

People living in a  
parent/relative's  
home increased

**2002-03:** 29%  
**2011-12:** 33%  
**2015-16:** 35%  
**2017-18:** 39%

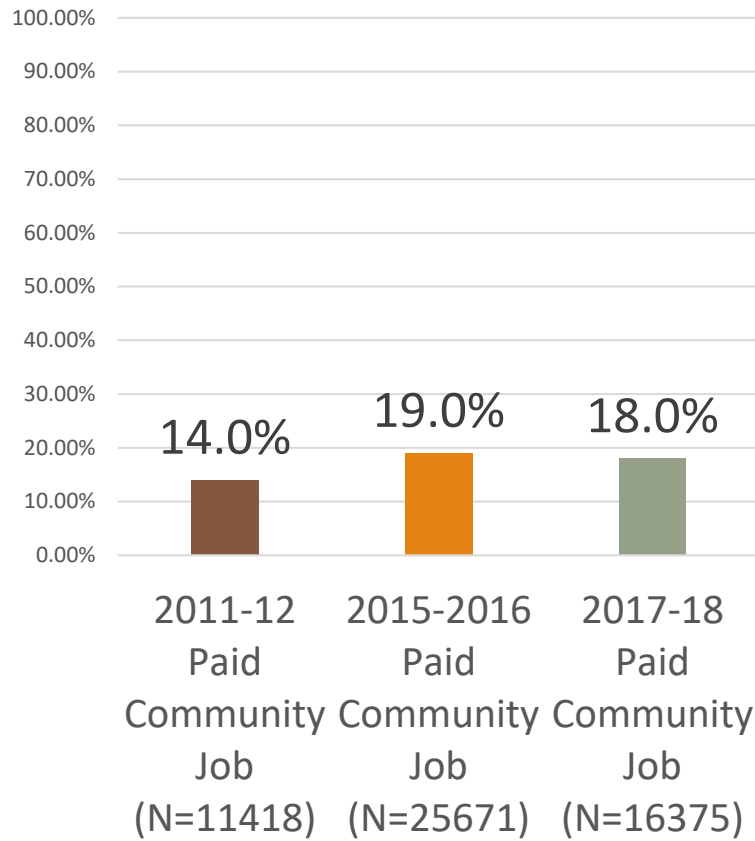
The number of  
people living in  
congregate  
settings (group  
homes, ICF, etc.)  
decreased

**2002-03:** 41%  
**2015-16:** 37%  
**2017-18:** 35%

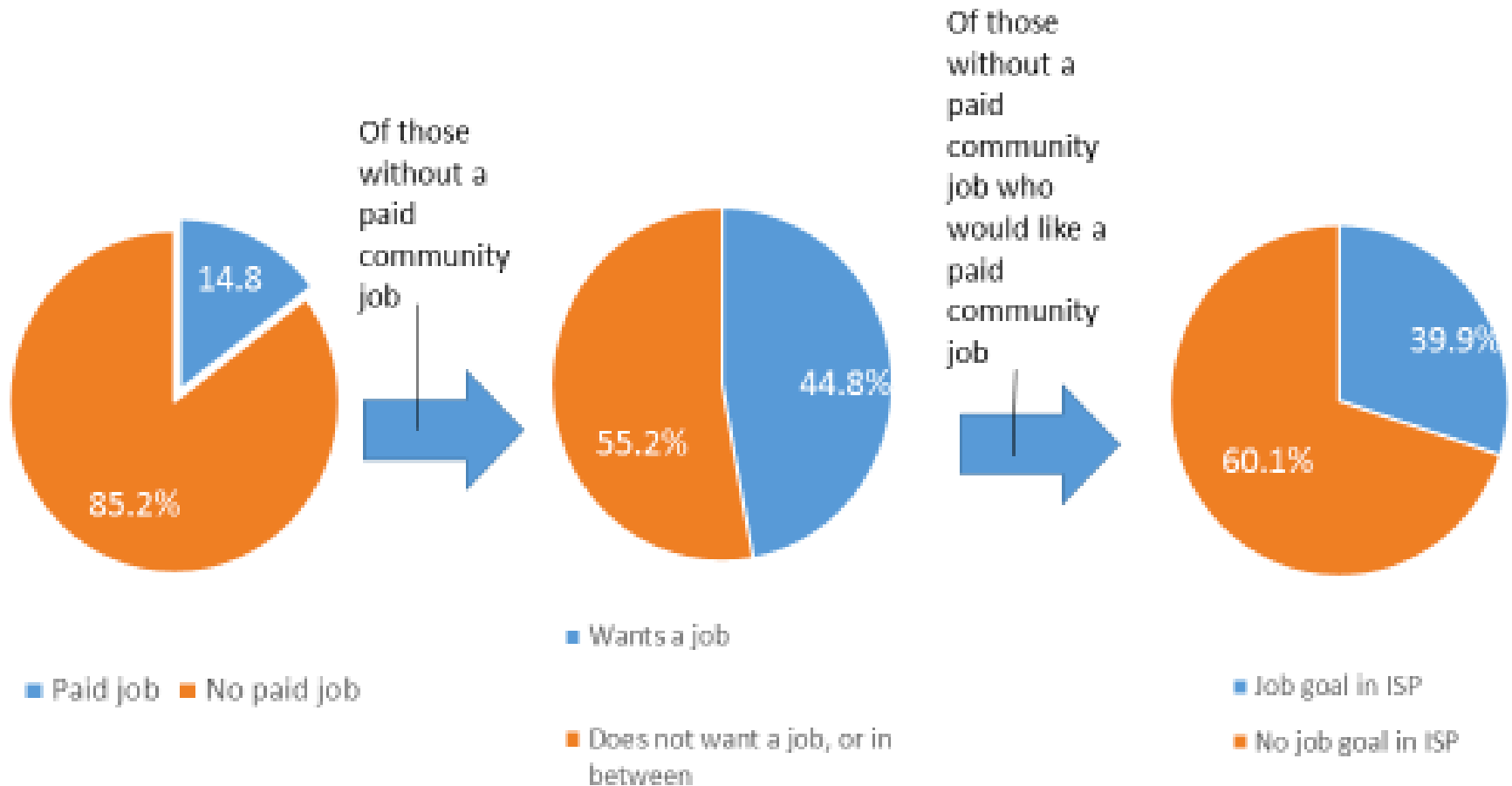
The number of  
people living in  
independent  
homes/apartments  
increased

**2002-03:** 14%  
**2015-16:** 20%  
**2017-18:** 18%

# Employment



# Who Has a Job, Wants a Job





Has friends that  
are not staff or  
family

---

2002-03:  
71.5%

2011-12:  
70.2%

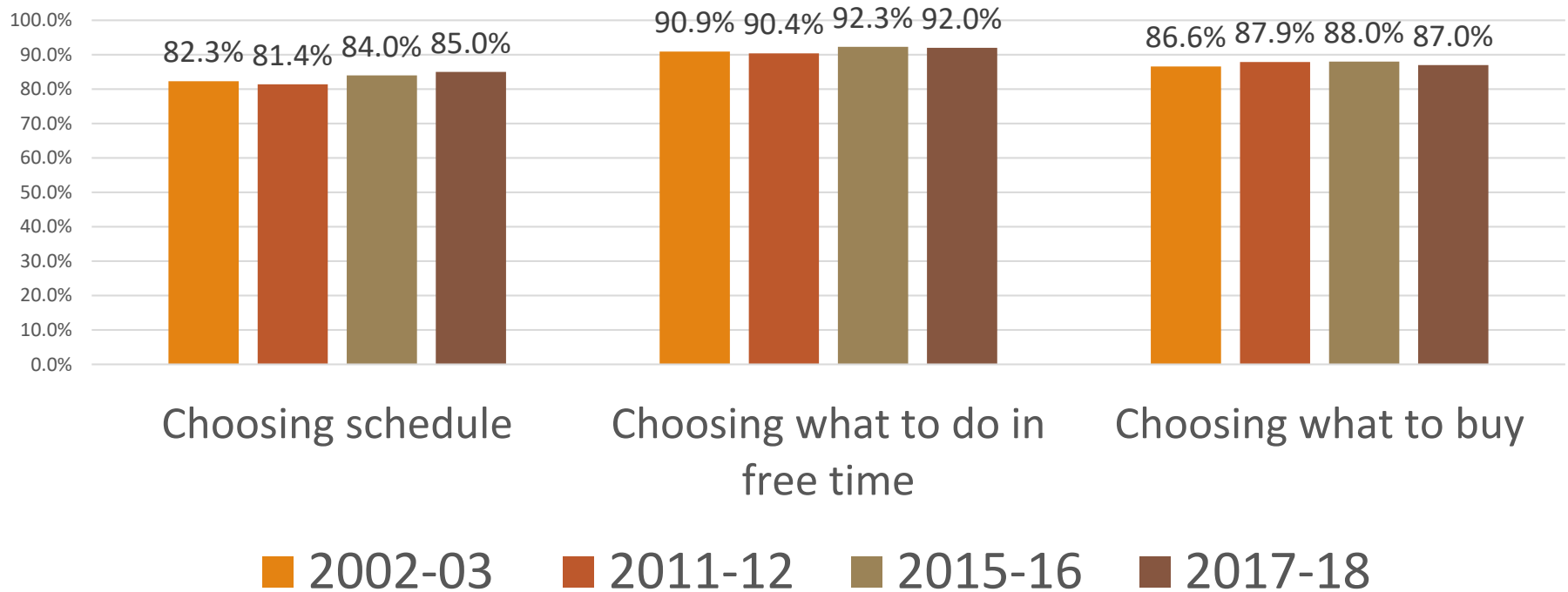
2015-16:  
77.3%

2017-18:  
78.0%

# Choice

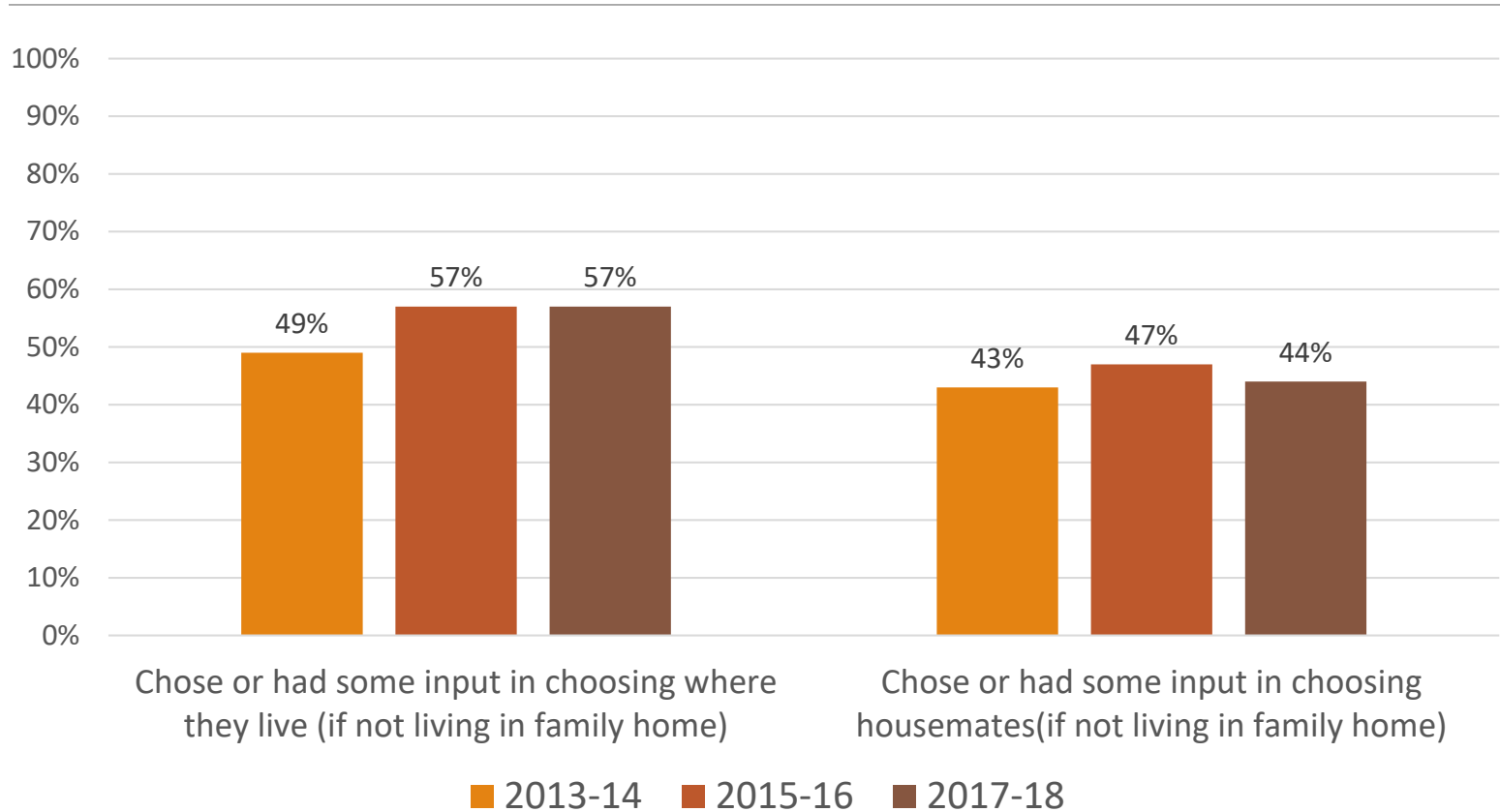


Person had at least some input in the following choices:

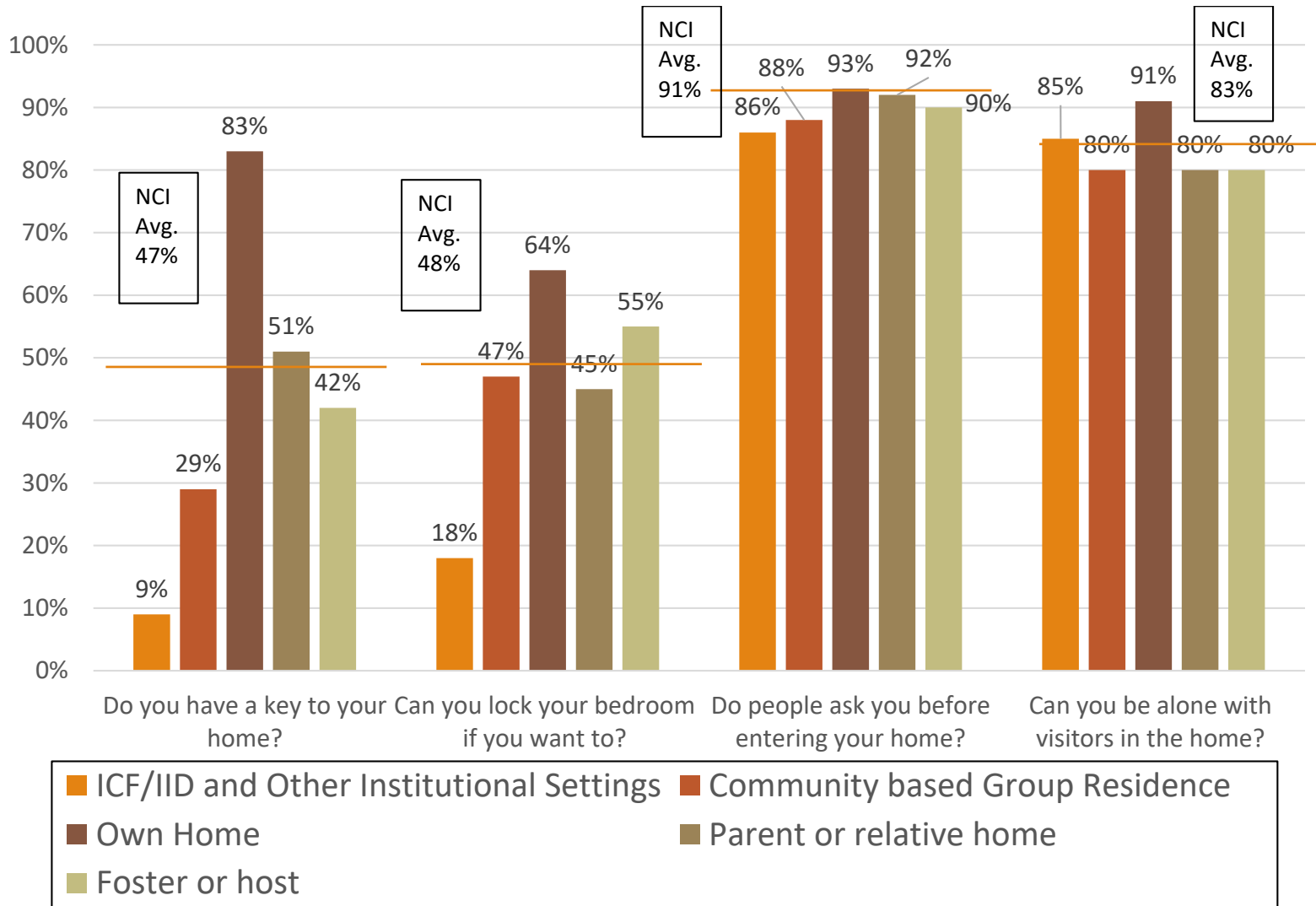




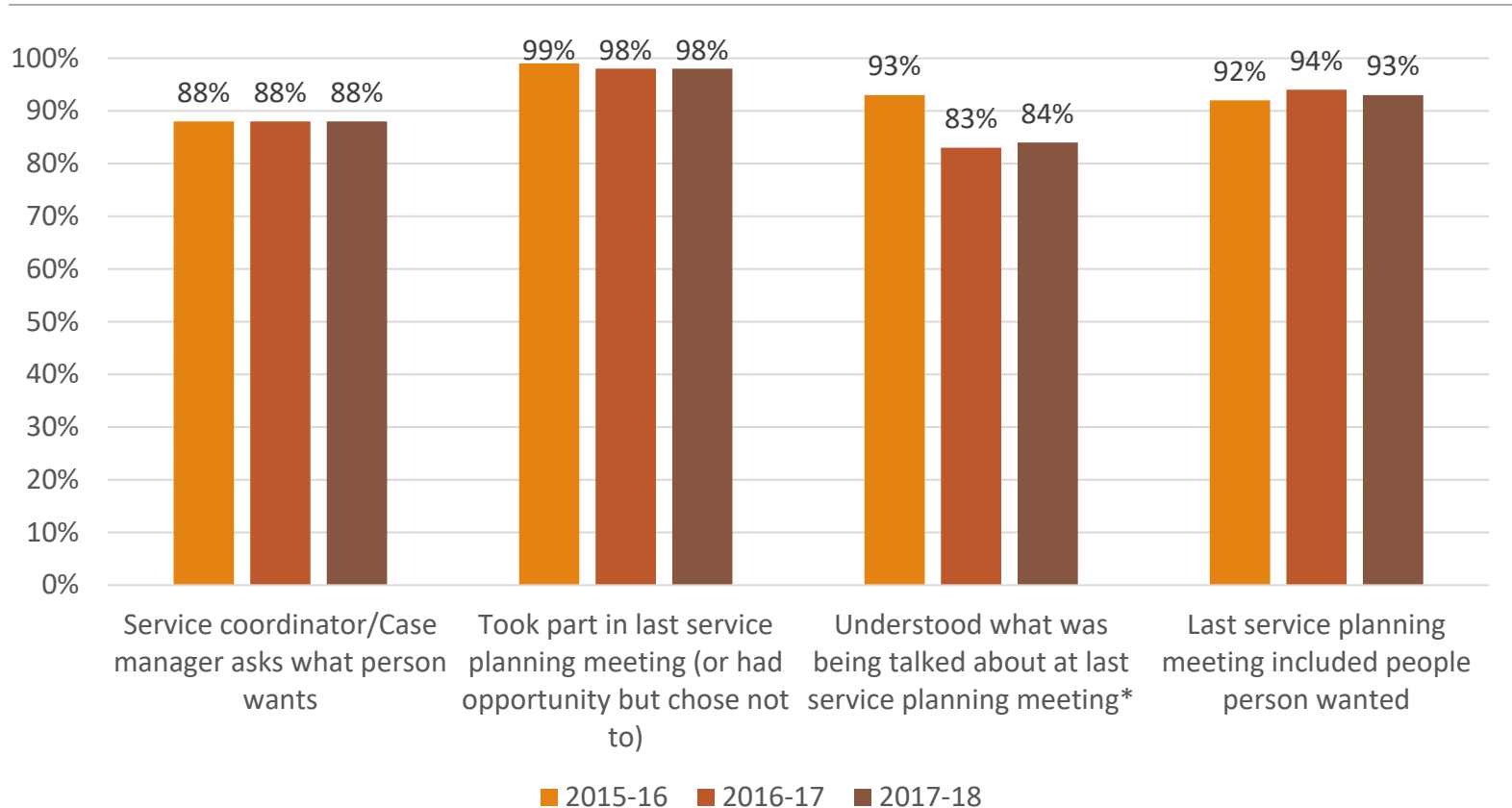
# Choice cont'd



# Privacy by Living Setting



# Service Planning



IN 2015-16, the question was worded "Knew what was being talked about...." which may account for the difference.



# What Do We Know

---



More people living in smaller settings

More people have friends who are not family or staff

The needle has moved slightly on employment

Improvements in choice of where people live

Not much improvement in choosing roommates

Room for improvement in helping people understand the planning process

Privacy mixed – people can be alone but people in provider residences less likely to have a key or to be able to lock bedroom

# HCBS Regulation: The National Landscape

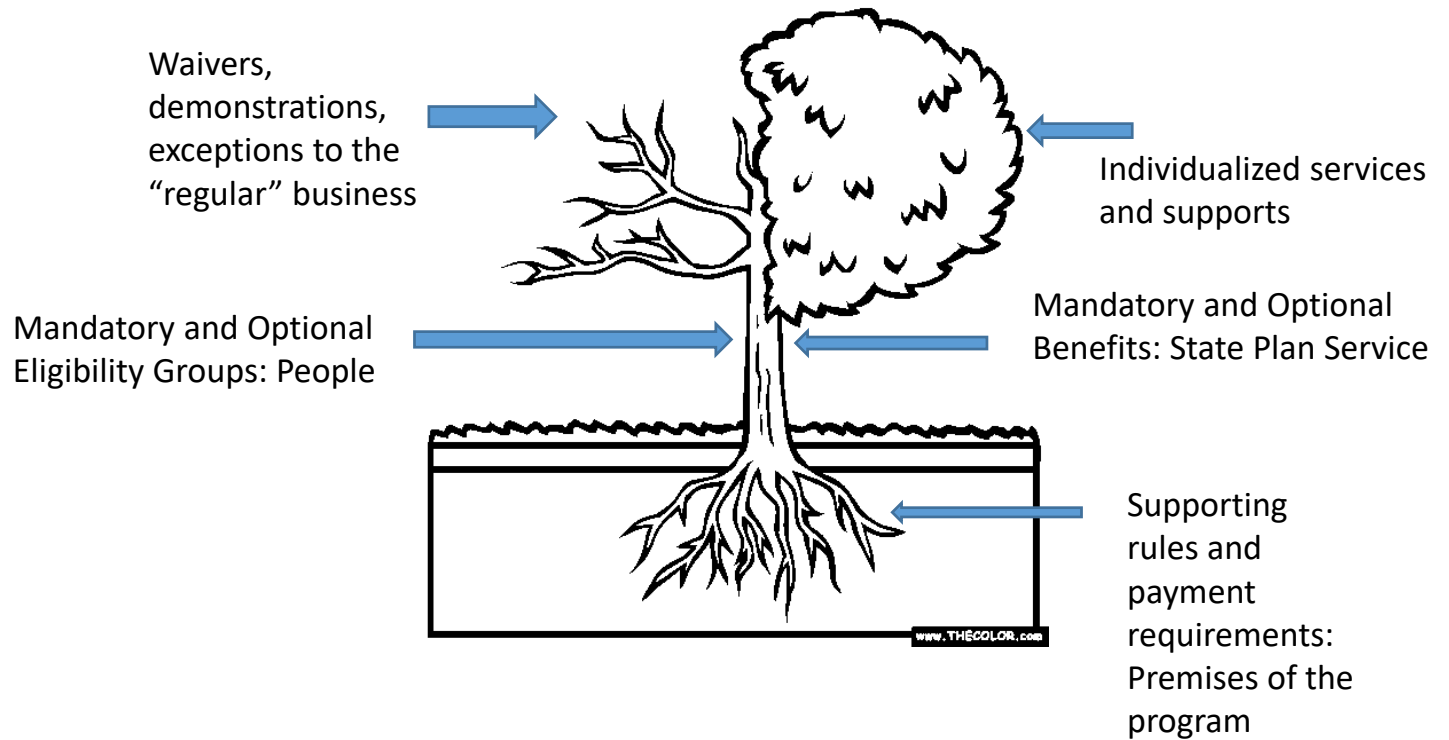
---

Mary P. Sowers, NASDDDS

November 18, 2019

# Medicaid: A Visual

---



# Medicaid: HCBS Final Regulations 2014

---

- Watershed Regulations for Medicaid HCBS
- HCBS Settings Character
  - What is NOT community
  - What is likely not community
  - What is community
- Person-centered planning
- Conflict-free case management

**<https://www.federalregister.gov/r/0938-A053>**



# Medicaid: HCBS Final Regulations, Continued

---

- Settings that are NOT Home and Community-based:
  - Nursing facility
  - Institution for mental diseases (IMD)
  - Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
  - Hospital

# Medicaid: HCBS Final Regulations, Continued

---

## Settings **Presumed** institutional:

- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS

Settings identified within these three “prongs” are presumed to have the qualities of an institution and are ineligible for HCBS funding unless the state demonstrates and CMS determines through a heightened scrutiny review that the setting overcomes the presumption and are consistent with the requirements of the regulation.

# Medicaid: HCBS Final Regulations, Continued

---

CMS issued additional, revised guidance on Settings that Isolate and the Heightened Scrutiny Process on March 22, 2019

## Settings **that isolate characteristics** :

- Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities\* for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS;
- The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or
- The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary's person-centered service plan.

# HCBS Setting Requirements

---

The setting:

- Is integrated in **and** supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting

# HCBS Setting Requirements

---

- Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

*Additional conditions must be met in provider-owned residential settings.*

# Medicaid: HCBS Final Regulations – Current State of Play

---

States must develop Statewide Transition Plans to demonstrate that they'll be in compliance by 2019. These plans require extensive public comment and input.

As of 10.16.2019:


*Initial Approvals:* 46 states

Initial approvals require systemic assessment (changes to statute, regulation and policy)

*Final Approvals:* AK, AR, CT, DE, DC, ID, IN, KY, MN, ND, OH, OK, OR, SD, TN, UT, VA, WA, WY

Final approvals require site-specific assessment and validation and a plan for ensuring ongoing compliance.

*No approval yet:* ME, MA, NJ, TX, IL



# Medicaid: HCBS Final Regulations – Strategies in Use by States

---

## Tiered Standards

- In the CMS frequently asked questions document published June 26, 2015, CMS outlines a way that states can design a tiered approach to implementation to foster greater growth of service models that increasingly embody the tenets of the settings rule.
- Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services. *Home and Community-Based Setting Requirements*. June 26, 2015.

<https://www.medicaid.gov/medicaid/hcbs/downloads/home-and-community-based-setting-requirements.pdf>

# Medicaid: HCBS Final Regulations – Strategies in Use by States

---

## **Provider Transformation Efforts**

- States have recognized that in order to achieve compliance, some providers need to undertake a transformative effort, and they are providing resources to these providers to do so.
  - Some states have provided funding to a provider to make fundamental organizational changes.
  - Some states provide resources for provider mentoring that leverages providers that are leaders in the field to assist other providers with their transformation.



# Medicaid: HCBS Final Regulations – Strategies in Use by States

---

## **Leveraging Partners**

One of the approaches with the most promise that we identified in STPs is the establishment of partnerships to ensure both initial and ongoing compliance with the settings rule.

- Improved partnerships between and among Medicaid agency, operating agencies, and licensing arms within the state.
- Establishment of formal relationships with within-state self-advocacy organizations to assist the state in achieving compliance.
- Utilizing strengths of DD Act partners to assist in assessment, data analysis, implementation and ongoing compliance: UCEDs, DD Councils, P&As can play a pivotal role.

# Medicaid: HCBS Final Regulations – Strategies in Use by States

---

## **Financing and Quality Strategies**

States are reviewing the manner in which they pay for and monitor services to ensure that they are incentivizing the growth of community-based services that comply with and exceed the standards set forth in the HCBS regulation.

These financial strategies may include:

- Revising rate structures such that more individualized supports are feasible for providers to achieve
- Developing value based strategies to encourage providers to cultivate greater independence and autonomy for the individuals they support
- Incorporating elements of the final rule into licensing/provider qualifications (and ensuring deep-end knowledge of partners)

# Medicaid: HCBS Final Regulations – What Next?

---

States are seeing both opportunities and challenges in the ongoing efforts toward HCBS regulatory compliance:

- Some states harnessing the rule as a catalyst for positive changes within the service delivery systems
- Some states challenged with facility footprints and anachronisms – seeking strategies to spark and support transformation

CMS hopes to get additional states to Initial and Final approval ASAP and hopes to begin reviewing additional requests for Heightened Scrutiny;

- They are working individually with each state on STPs
- They are planning visits (with a contractor) to states to provide TA and to review settings for HS

# Questions?

Contact Information:

Mary Sowers

[msowers@nasddds.org](mailto:msowers@nasddds.org)

703-683-4202



Center for Public Representation

# **HCBS Settings Rule Updates and How UCEDDs Can Play a Role in Implementation In Their States**

**Alison Barkoff**  
Director of Advocacy  
Center for Public Representation  
[abarkoff@cpr-us.org](mailto:abarkoff@cpr-us.org)

AUCD Annual Conference  
November 18, 2019

# Reminder Why This Rule is So Important to the Goals of UCEDDs

- HCBS Settings Rule is an unprecedented opportunity to advance the mission of UCEDDs around community integration
  - Moving away from outdated models to more individualized and person-centered services
  - Expanding best practices
  - Advancing employment
  - Improving quality and safety
- There are many ways UCEDDs are and can get involved
  - **EVERY UCEDD HAS AN IMPORTANT ROLE TO PLAY IN YOUR STATE!**

# Today's Theme: This is a Critical Time to Engage!

- Have you engaged in any public comment opportunities on your state's statewide transition plan (STP)?
- Do you know if your state has gotten initial and/or final approval from CMS?
- Do you know if your state has started going through the heightened scrutiny process?
- Do you know if there are ongoing opportunities for input on STP implementation, like advisory councils or working groups?

**THERE ARE ONGOING OPPORTUNITIES FOR INPUT IN EVERY STATE!**

# Updates on States' Transition Plans and Your Opportunity to Impact Them



# Refresher: State Transition Plan Process

- **Step 1: Initial STP approval by CMS**
  - Approval of the state's systemic assessment of all relevant rules, regulations, licensing, etc. for compliance with & support of the rule
    - Must describe changes to any rules, regs, etc. that are not in compliance
  - Must include description of the process for site assessment, validation and identifying presumptively institutional settings
  - **Must get public comment & state must respond before submission**
  - With initial approval, CMS includes a description of additional steps required for final approval
    - This is an important document for commenting on the final plan

# State Plan Approval Steps (cont'd)

- **Step 2: Final STP approval**

- Approves the settings assessment process, including methodology, validation and compliance determinations for specific sites
- Approves the process for identifying presumptively institutional settings and for determining whether the presumption is overcome
- Must include detail on remediation process, ongoing monitoring, and relocation process for individuals who move to new settings
- **Must go out for public comment, and state must respond before submission**

# State Plan Approval Steps (cont'd)

- **Step 3: Heightened scrutiny (HS) review process**
  - State identifies and evaluates settings “presumed institutional”
  - State submits to CMS evidentiary package for those settings it believes overcome the presumption
  - **Heightened scrutiny reviews must go out for public comment**
    - **Comment should also include identifying settings that should have been identified as presumptively institutional but were not**
  - Public can also identify settings to CMS if state does not respond
  - Can occur at any point in the process

# March 2019 Guidance on Heightened Scrutiny: The Background

- Push from providers & groups supporting intentional communities, farmsteads, and sheltered workshops to re-open the HCBS Settings Rule
  - HCBS Advocacy Coalition (AUCD is part) strongly advocated to preserve the rule
- After almost two years of engagement with stakeholders, CMS issued a new heightened scrutiny guidance

# New Heightened Scrutiny Guidance

- Affirmed the Rule, including all 3 types of “presumptively institutional” settings that must go through HS
  - (1) in institutions; (2) on the grounds/adjacent to public institutions; (3) settings that isolate participants from the broader community
- Refined, but didn’t substantively change, the standard for “settings that isolate”
  - Design/model of the setting limits opportunities for interaction with the broader community; OR
  - Setting restricts choice to receive services in engage in activities outside of the setting; OR
  - Setting is physically located separate from the broader community and doesn’t facilitate access

# New Heightened Scrutiny Guidance (cont'd)

- CMS rescinded prior guidance with examples of “settings that isolate,” including farmsteads, gated communities, etc.
  - CMS has made clear that “[a]ll settings will be reviewed individually by the state to determine if they meet any of these factors and require heightened scrutiny.”
  - This DOES NOT mean that these types of intentional communities and large segregated settings do not have to go through HS
  - The HSBC Advocacy Coalition believes that almost all intentional communities and many sheltered workshops will meet the criteria for settings that isolate

# New Heightened Scrutiny Guidance (cont'd)

- CMS created a new option for heightened scrutiny
  - If a state has identified a setting that isolates but has worked with the provider to remediate it before **July 1, 2020**, the state does not have to submit a heightened scrutiny package to CMS
    - These remediated settings must be identified in a STP or other document that must go out for public comment
    - CMS may review settings where there is “substantial public comment”
- Any setting that isolates not remediated before July 1, 2020 must go through the regular HS approval process with CMS
  - This includes getting public comment on the HS package before it is submitted to CMS

# Refresher: Public Input

- **Public input is required** – minimum 30-day public notice and comment period -- before initial plans, final plans, and heightened scrutiny packages are submitted to CMS
- The State must consider and modify the plan to account for public comment
- States are encouraged to improve transparency and outreach, and to create ongoing opportunities for stakeholder input
- **THIS IS A CRITICAL OPPORTUNITY FOR ENGAGEMENT BY UCEDDs and other stakeholders**



# Public Input: Best Practices

- Remember – 30 days for public input is the floor!
- Some states have set up ongoing stakeholder advisory groups for input and engagement around STP development and implementation
- Some states put out regular public reports on progress
- Other states have created external stakeholder committees with self-advocates, families, advocates, and providers to review and decide on HS packages

# Status of State Plan Approvals

- 45 states have received **initial approval** (as of Nov. 1, 2019)
  - States without initial approval are: IL, MA, NJ, ME, and TX
- 17 states have received **final approval** (as of Nov. 1, 2019)
  - States WITH final approval are OH, SD, CT, UT, OR, MN, ND, ID, DE, AK, WY, WA, DC, OK, KY, AR, and TN
- **NO states are done with the heightened scrutiny process**
  - Several states participated in a small HS pilot just for settings in or on the grounds of institutions (OR, ND, MT, NV, NH, and OH)
  - No states have yet gone through process for “settings that isolate”

**THAT MEANS THE ROLE OF STAKEHOLDER INPUT CONTINUES TO BE IMPORTANT IN EVERY SINGLE STATE!!!**

# Important Areas for Public Input

- Individual setting assessments
  - Are all settings adequately assessed and validated?
  - Were provider self-assessments validated through another method?
  - Were participant surveys able to be tied to specific settings?
  - Were all congregate settings (residential and day) assessed?
  - Did the setting rely on reverse integration to meet the community integration requirements? (CMS has said it alone is not enough)
- Provider owned settings
  - Are each of the rights requirements (keys, choice of roommate, access to food, tenancy protections) met for everyone?
  - Are any rights modifications being done on an individualized basis, through person-centered planning?

# Important Areas for Public Input (cont'd)

- Choice of non-disability specific settings
  - Does the STP include a plan for expanding capacity of non-disability specific settings, both residential and day?
  - Has the state ensured that service definitions and provider reimbursement rates ensure capacity of, and incentivize, integrated settings?
- Remediation
  - Is there a plan with specific and realistic timelines?
  - Is there a process for transition out of non-compliant settings, including notice, informed choice of other settings, and getting services in place?
- Ongoing monitoring
  - How will the state ensure ongoing monitoring of compliance?

# Important Areas for Public Input (cont'd)

- Heightened scrutiny
  - Does the state have a process for identifying ALL types of presumptively institutional settings, including settings that isolate?
  - Did the state share information and get public comment on settings that won't be remediated prior to July 1, 2020?
  - Are there settings the state says overcome the presumption that do not?
  - Are there presumptively institutional settings missing from the list?

# Critical Role for UCEDDs

# UCEDDs' Important Role in Stakeholder Outreach and Engagement

- Ongoing education of stakeholders, especially self-advocates and families, about the importance of the Rule
- Participating in or helping lead stakeholder implementation councils or groups
- Helping stakeholders – especially self-advocates and families – engage in the public comment process (e.g., model comments)
- Working with state leadership on the vision and strategies

# UCEDDs' Involvement in Settings Assessment, Ongoing Monitoring, and Outcomes

- Some UCEDDs are working with their states around:
  - Assessment and/or validation of settings
  - Developing systems and collecting data to look at outcomes
- Little focus in most states to date on ongoing monitoring:
  - HCBS Advocacy Coalition, together with experts (including several from UCEDDs) are working on a framework to help states and stakeholders work together to monitor progress and outcomes
  - This is an important area where UCEDDs can have a role



# UCEDDs' Involvement in Heightened Scrutiny Process

- The heightened scrutiny process is where stakeholders, including UCEDDs, have an important role around both what settings states ARE and ARE NOT identifying
- UCEDDs may have information or data about presumptively institutional settings to inform whether they overcome the presumption
- Important to work closely with P&As and ombudsmen who have legal access to these settings

# HCBS Settings Rule Resources

## **CMS HCBS Settings Rule Website**

[www.Medicaid.gov/hcbs](http://www.Medicaid.gov/hcbs)

## **HCBS Advocacy Website**

(Sponsored by national disability groups including AUCD)

[www.hcbsadvocacy.org](http://www.hcbsadvocacy.org)

Questions?

# Transition to Compliance with CMS HCBS Rule: Partnering with MDHHS

Angela Martin, LMSW, Senior Associate Director  
Amal Alsamawi, MPH, Research Assistant



Michigan Developmental  
Disabilities Institute

Community Service

Education

Research

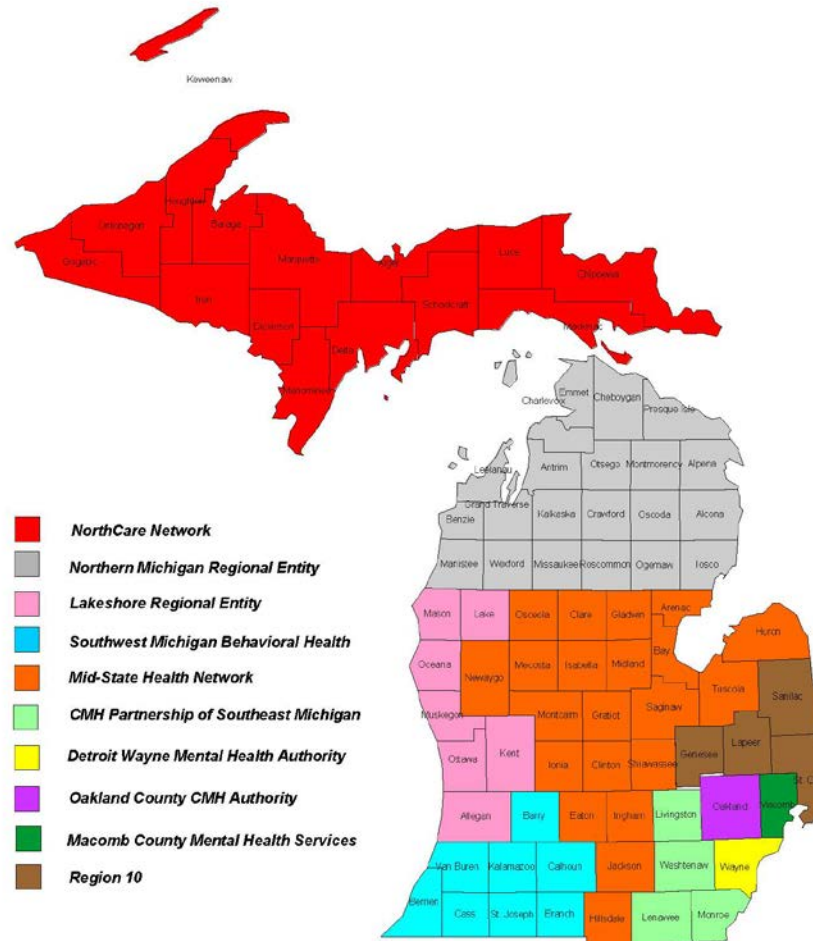
Dissemination



WAYNE STATE  
UNIVERSITY

# Michigan: The Great Lakes State

Michigan PIHP Map



# Development of Michigan's Statewide Transition Plan

- Michigan must assess all settings under 1915 (c), (i), and (k) authorities for compliance with the rule.
- Michigan HCBS Waivers
  - Previously delivered HCBS services under a 1915 b/c waiver
    - B Waiver: Managed Care Behavioral Health Services\*
    - C Waivers: Habilitation Support Waiver\* (individuals w/IDD), MI Choice Waiver, MI Health Link
  - Future delivery as a 1115 HCBS transition to a 1915 (i)
- Provide technical assistance to a local community mental agency with correction action planning

\*MI-DDI involved in data collection for the waivers.

# Survey Domains



## Community Integration

Individuals can fully participate in community life.



## Rights

Individuals are treated with dignity and respect.



## Privacy

Individuals control when and with whom they want to share their personal space, conversations, and information.



## Choice and Control

Individuals can control their choices about where they receive their services, who provides their services, and how they want to spend their days, based on their own needs and preferences.



## Freedom of Access

Individuals can access all areas of their home and community to the same extent that others without disabilities are able to.

# Surveys: Individuals with disabilities, Providers

## C Survey

- The survey focused on all HSW beneficiaries (n=5,720) and their residential (n=3,207) and non-residential (n=2,315) providers.
- The survey process was implemented in two phases (Phase 1: May-August 2016; Phase 2: November 2016-March 2017).
- The survey was conducted through a web-based system (*Qualtrics*).
- Survey instruments and methodology were pilot tested with 10% of the beneficiary population in 2015.

## B Survey

- The survey included all B3 beneficiaries (n=14,561) and their skill building, supported employment and community living services providers (n=18,447).
- The survey process was implemented in one phase between July 2017-January 2018
- The survey was conducted through a web-based system (*Qualtrics*).
- Survey instruments were pilot tested with beneficiaries in 2017.

## B & C Surveys

- This cycle will include providers requiring a Provisional survey or providers from previous survey cycles who:
  - Did not complete survey (3,238)\*
  - Completed surveys with errors (1,242)\*
  - Did not answer essential questions (2,879)\*
- The survey process will be implemented in one phase between January-March 2020
- The survey will be conducted through a web-based system (*Qualtrics*).

\*Anticipated numbers, final numbers pending



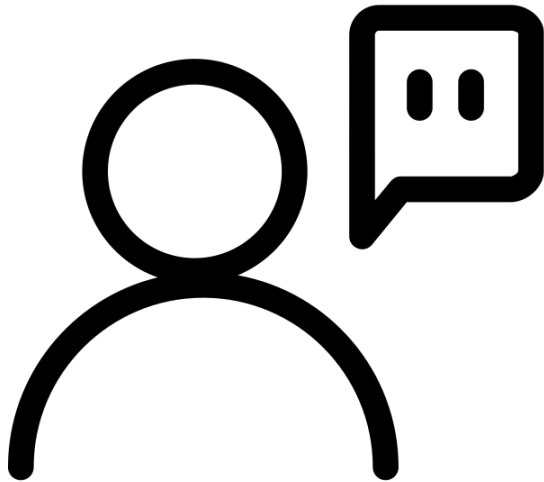
# Survey Results

- Only complete surveys were included in the analysis.
- A survey is considered complete if the beneficiary and provider surveys were received.



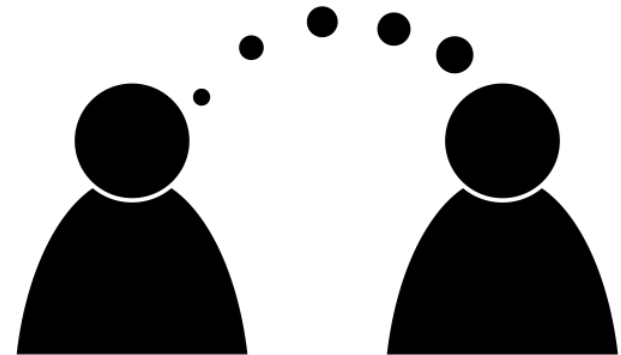
# Public Engagement

Submitted public  
comments on the state  
transition plan



Created by Shital Patel  
from Noun Project

Education and outreach to  
individuals with disabilities,  
family members



Created by Marie Van den Broeck  
from Noun Project

# Implementation: Training Course for PIHPs

- Designed online learning course
- Trained and provided technical assistance for B & C surveys
- Goals for the HCBS Courses:
  - a. Prepare, distribute, and manage HCBS surveys using Qualtrics.
  - b. Implement and monitor the survey distribution to beneficiaries and providers.



The screenshot shows a web interface for the "B Survey: HCBS training" course. On the left is a dark green sidebar with icons for Home, Modules, Syllabus, Chat, and People. The main content area has a header "B Survey: HCBS training" and a large green banner with the text "Home & Community Based Services Transition" and "B Survey Training". Below the banner, there is a paragraph of text.

HCBS B

Non-Term

B Survey: HCBS training

Home

Modules

Syllabus

Chat

People

Home & Community Based Services Transition

B Survey Training

The Michigan Department of Health and Human Services (MDHHS) has developed a transition plan for how Michigan will address the Centers for

# Implementation: Technical Assistance for PIHPs

- **Moodle & Canvas** (learning management systems):
  - Electronic resources
  - Training videos
  - Quizzes
  - Forum
- **Zoom** (web-conferencing software): Hosted monthly webinars to assist PIHP Leads with survey implementation
- **Face-to-Face Meetings:**
  - State agency hosts monthly meetings with PIHPs' HCBS Leads
  - MI-DDI attends meeting bi-monthly to assist with survey issues and/or implementation
- **Direct technical assistance:** MI-DDI provided on-going, individualized technical assistance to PIHPs, as requested, by email or telephone



Michigan Developmental  
Disabilities Institute



WAYNE STATE UNIVERSITY



# Education and Information Materials

- a. One-page Factsheet
- b. Individual/Beneficiary and Family Member/Friend/Guardian PowerPoint Presentations **without** Presentation Notes
- c. Individual/Beneficiary and Family Member/Friend/Guardian PowerPoint Presentations **with** Presentation Notes
- d. Individual/Beneficiary Booklet
- e. Handouts (2 slides per page for each audience: Individual/Beneficiary and Family Member/Friend/Guardian)
- f. Heightened Scrutiny
- g. Infographics: Survey Findings
- h. Home and Community Based Services Rule Guide for Individuals and Family Members

# Survey: Assessing Information Needs



WAYNE STATE  
UNIVERSITY



MI  
DDI  
Michigan Developmental  
Disabilities Institute

FOR PERSONS WITH DISABILITIES AND  
THEIR FAMILIES

*Survey Participants  
Needed*

The Michigan Developmental Disabilities  
Institute (MI-DDI) wants to learn what you  
want to know about the Home and Community  
Based Services (HBCS) Final Rule and the best  
ways to share this information.

Scan the QR Code  
OR  
Click Here  
To Begin Survey Online

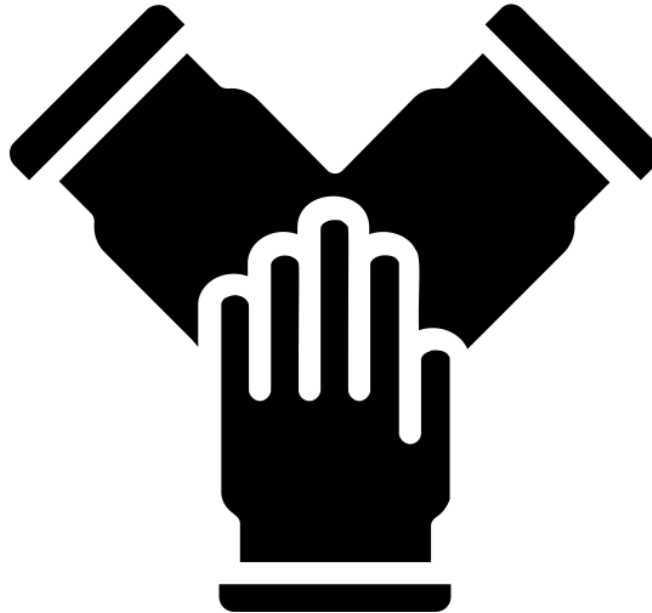


Complete the survey for a chance to win a  
\$25 gift card.

If you need help completing the survey please contact  
Amal Alsamawi at [amal.alsamawi@wayne.edu](mailto:amal.alsamawi@wayne.edu) or (313) 577-7979.

# Partnerships

Collaborate with Michigan DD Act partners (P&A, DD Council), The Arc Michigan, and other disability advocates



Created by ProSymbols  
from Noun Project

# Contact Information



**4809 Woodward Avenue, Suite 268**

**Detroit, MI 48202**

**Phone: (313) 577-2654**

**Toll-free: (888) 978-4334**

**Website: [www.ddi.wayne.edu](http://www.ddi.wayne.edu)**

**Home and Community Based Services Transition**

**Website: <https://ddi.wayne.edu/hcbs>**