HCBS Q & A

From: Betsy Reed-Henry, Director of Network, Quality, and Compliance, West Michigan Community Mental Health

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1. **Question**: Are 2 or more outings per week a new requirement?

Answer: This is not new, but is now being implemented more widely and monitored more closely. Historically, not all IPOS included 2 or more outings per week. We are in the process of updating all IPOS to include at least 2 or more outings per week, and will be monitoring compliance with community outings more closely.

2. **Question**: How detailed does the community outing log need to be?

Answer: The log doesn't need to be very detailed. It should include the date, a description of the outing, and whether the person attended or chose not to. Can be supplemented with progress notes if those have more detail. Keep in mind that if you have outings documentation in progress notes, you may be asked to supply all progress notes for your compliance to be audited.

3. **Question**: If a person chooses to work with a specific staff member, but this request is not being granted due to the person's desire for an inappropriate relationship with the staff member, how is this handled?

Answer: Document what is going on, and why the request is not being honored. Make an attempt to work through it this way. If it continues to be an issue, it may need to be addressed in the person's IPOS.

4. **Question:** Is there specific language about the use of cameras? There are a lot of different versions of rules and regulations about this.

Answer: Yes, please reference the Joint Guidance Document.

5. **Question**: What resource can providers use to write their own HCBS policies?

Answer: You are welcome to use WMCMH's policy and attachments to guide you in writing a policy that fits your setting and services.

6. **Question**: When will the Direct Care Worker training be available, and what will be the training modality (self-paced, in-person, live synchronous online, etc.)? Is it

required annually? Who is developing the training? How will we be alerted when the training is available?

Answer: MDHHS has estimated that the training will be available in early summer, 2025. We do not know yet what the training modality will be, but we are hoping it will be in a format that can be distributed via our LMS system. It will be required annually. MDHHS is developing the training. CMHs and PIHPs will alert providers when the training is available.

7. **Question**: What does this mean: "The setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week"?

Answer: It means the consumer has the right to choose activities that want to participate in, and can choose some activities from one provider or setting, and others activities from a different setting or provider. We cannot require them to choose just one setting or provider. This is in part the CMH's responsibility to ensure that the consumer has choice of provider and setting.

8. **Question**: If they are allowed to have food at any time, does that mean staff have to cook a meal for them at any time of day, or just have food available?

Answer: Providers are allowed to have scheduled mealtimes and are not required to prep meals upon request. It means that there must be snacks/food available, and that an individual is allowed to consume or obtain their own food at any time.

9. **Question**: Do we have to allow food in all areas of the home?

Answer: Yes. You can ask or encourage a person to eat in certain areas, but we cannot restrict someone from eating where they choose to eat.

10. **Question**: What if the individual cannot afford their preferred outings, and do not like the home's no-cost outings?

Answer: Consumers may refuse to go on outings. Be sure to document the refusal. The home is not responsible to provide funds for expensive outings. If a consumer does not like any of the outings being offered, we would want to work on finding outings the person might enjoy that they can also afford.