

# Michigan Coordinated Health (MICH) Program

## Home & Community Based Services (HCBS) Waiver Provider Monitoring Program

### Why this Matters

Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) are required by Michigan Department of Health and Human Services (MDHHS) to monitor waiver service providers. The goal is to confirm you continue to meet provider qualifications, service standards, and billing requirements—so members receive safe, appropriate services as **authorized**.

### Three monitoring scenarios (what to expect)

**Applies to:** MI Coordinated Health (MICH) HCBS waiver service providers contracted with a HIDE

#### SNP. **New provider review (before services can begin)**

- **When:** During initial contracting and prior to service delivery
- **What we review:** Provider qualifications and required documentation (may be on-site or off-site)
- **What you may need to provide:** Completed MDHHS monitoring/qualification forms for each service offered **and supporting credential/training documents to showcase compliance**
- **Outcome & timeline:** Once the HIDE SNP obtains qualification forms and documentation, HIDE SNP will review to determine compliance or non-compliance.
  - **Findings are issued within 30 days to providers via letter.** If non-compliant, services cannot begin until compliance is confirmed
    - **Corrective Action Plan will be required. HIDE SNP will coordinate details with providers when**

#### applicable **Annual review / contract renewal (active providers)**

- **When:** Annually and/or at contract renewal
  - **What we review:** Continued compliance with waiver and contract standards; documentation and billing may be reviewed
  - **What you may need to provide:** Completed MDHHS monitoring/qualification forms for each service offered **and supporting credential/training documents to showcase compliance. Requested records for audit/review** (may be on-site or off-site)
  - **Outcome & timeline:** Once the HIDE SNP obtains qualification forms and documentation, HIDE SNP will review to determine compliance or non-compliance.
    - Findings are issued within 30 days to providers via letter. If non-compliant, services cannot begin until compliance is confirmed
      - **Corrective Action Plan will be required. HIDE SNP will coordinate details with providers when**
- applicable

*(continued)*  
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### Subset sample review (selected active providers)

- **When:** Each year, a subset of active providers is selected for monitoring
- **How many providers are reviewed:**
  - **2026 minimum 17.5% of active providers; 2027 and beyond minimum 20% annually**
- **What we review:** Qualification forms, documentation, billing, and alignment to the member's Individualized Care Plan (ICP).
- **HIDE SNPs will also directly survey enrollees who received services from you to obtain comments regarding service provision.** HIDE SNPs complete these forms with enrollees telephonically or in-person.
- **Billing audit:** Minimum of 5 records or 15% of records, whichever is greater
- **Outcome & timeline:** Once the HIDE SNP obtains qualification forms and documentation, HIDE SNP will review to determine compliance or non-compliance.
  - Findings are issued within 30 days to providers via letter. If non-compliant, services cannot begin until compliance is confirmed
    - **Corrective Action Plan will be required. HIDE SNP will coordinate details with providers when**

applicable

### If issues are identified

When non-compliance is found, the HIDE SNP will provide next steps and timeframes for correction.

- Providers receive written findings and corrective action expectations
- **Due dates for correction are established**
- **Serious issues may result in:**

- **Suspension of new referrals**
- **Billing adjustments or recoupments**
- Provider suspension or termination if deficiencies are not corrected **How to Prepare for**

### Monitoring Activities

- Keep licenses, credentials, and training documentation current and available
- **Maintain complete service documentation that supports billed units and dates of service**
- **Be prepared to provide requested records promptly for audit/review**
- Ensure services delivered align with the members' authorized plan (ICP) and documentation reflects any changes

### What happens after the review

Monitoring results and provider notifications are submitted to MDHHS within 30 days of monitoring activities being completed. If a provider termination is required, MDHHS may share findings with other HIDE SNPs.

### Questions?

[Provider Inquiry Form](#)

**Please submit questions using this form and select either the “LTSS Inquiry” for general questions or “LTSS Meeting Request” to meet with a member of the Concierge Team.**