



Human Services
Research Institute

New Federal HCBS Expectations: HCBS Setting Transition Plans & Data for Tracking Systemic Compliance

AAIDD Pre-Session

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**KEEP
CALM
AND
MEET
EXPECTATIONS**

Background to New CMS Expectations for HCBS

New HCBS Requirements

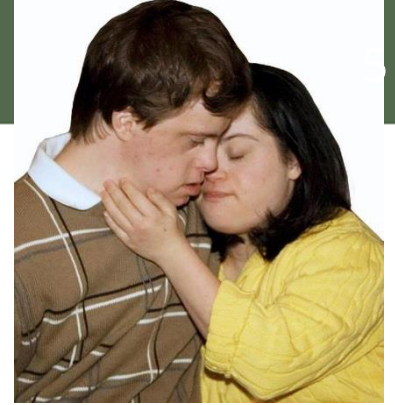
- Purpose: Ensure people receiving long-term services and supports through Medicaid home and community based services (HCBS) programs have full access to the benefits of community living and opportunities to receive services in the most integrated setting appropriate
- Cross HCBS populations and service settings
- New HCBS service setting requirements & new service planning requirements
- Rule published January 16, 2014. Effective March 17, 2014.



New Requirements: HCBS Setting is one that...

Based on the individual's experience and choices:

- Is integrated in and supports full access to greater community
- Ensures the individual receives services in the community with the same degree of access as individuals not receiving Medicaid home and community-based services
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources



HCBS Setting ...

- Is chosen by the individual from among residential and day options that include *generic* settings
- Respects the participant's option to choose a private unit in a residential setting
- Ensures right to privacy, dignity and respect and freedom from coercion and restraint
- Optimizes autonomy and independence in making life choices
- Facilitates choice of services and who provides them

HCBS Provider-Owned or Controlled Residential Settings...

Individuals must have:

- A lease or other legally enforceable agreement to protect from eviction
- Privacy in their unit including entrances lockable by the individual (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.

New HCBS Requirements Person-Centered Service Planning



Requirements for service planning are in effect now.

- 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'
- Discussions are in plain language. Information is available in a manner accessible to individuals.
- Reflects cultural considerations

New HCBS: Person-Centered Service Planning

- Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual
- Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
- Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identifies risk factors and plans to minimize them

Documentation requirements align with process expectations.

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HCBS Statewide Transition Plans

Statewide HCBS Setting Transition Plans

- States had 1 year to submit Statewide HCBS Setting Transition Plans (March 17, 2015).
- States have 5 years to be in compliance (March 17, 2019).



Common Transition Plan Elements

State Transition Activity	Present or absent in most plans
State agencies review regulations, standards, policy & procedures, waiver service definitions, provider qualifications, quality monitoring	Present
Provider self-assessment of settings primary means to determine compliance with new HCBS expectations	Present
Validation of provider self assessment	Present
Identification of settings in compliance, not in compliance, & <i>heightened scrutiny</i>	Absent; self assmt data not collected or not analyzed
Remediation plan	Specificity absent

Statewide Transition Plans: CMS Review Status

- 0 plans approved so far
- 46 plans submitted by 3/17
- 3 plans returned to states as incomplete
- 23 plans in CMS' *initial* review process
- 20 *substantive* reviews underway
- 4 states invoked *heightened scrutiny* reviews

CMS Expectation: Stakeholder Engagement

- “The regulation is intended to be a catalyst for widespread stakeholder engagement on ways to improve how individuals experience daily life.”
- CMS notes inadequacies of states’ public input processes:
 - Plans do not provide enough information to facilitate meaningful public input
 - States relied on electronic public comment and non-electronic mechanisms to solicit input were not utilized.
- CMS mailbox for Q&A and public comment: hcbs@cms.hhs.gov

Source: CMS webinar 5/14/2015



Examples from State Transition Plans

New Jersey

Recipient & Stakeholder Engagement

- Presentations for consumers and other stakeholders were developed to inform public about the HCBS rule. YouTube video and slides from these presentations were uploaded to the state HCBS website.
- Created a webpage with a state mailbox to receive comments

Review of Standards & Policies

- NJ did an extensive regulatory crosswalk between state regulations and HCBS rules (Link in resources.)

New Jersey Crosswalk: DD Waiver Day Services (Excerpt)

Section C: Person-Centered Planning

Federal Rule	CMS Guidance	Compliance Documentation	Citation/ Proof/ Verification
§441.301(c)(1)	Does the setting allow an individual, or a person chosen by the individual, to take an active role in the development and updating of the individual's person-centered plan?	<p>Individual and/or their chosen representative are a member of the IDT.</p> <p>Individual participation is mandated by policy and procedure.</p>	<ul style="list-style-type: none">• Division Circular #35 "Service Plan"• Rights Document• Chapter 23: Service Plan

South Dakota

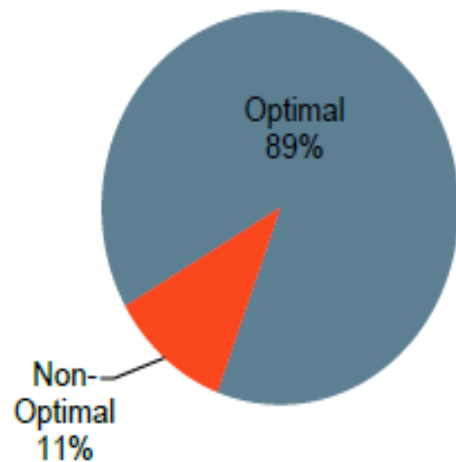
Recipient & Stakeholder Engagement

- Webinars for providers and stakeholders were conducted to explain the HCBS rule and the provider self assessment
- In-person “community conversations” were held
- Social media (Facebook & Twitter feed) used to inform about the plan, how to view and comment
- State staff conducted validation visits of provider self assessments and also interviewed individuals and guardians to validate provider self-assessment.

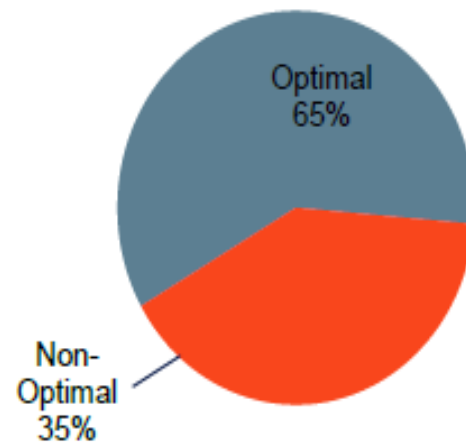
LIVING ARRANGEMENTS

ASSESSMENT RESULTS

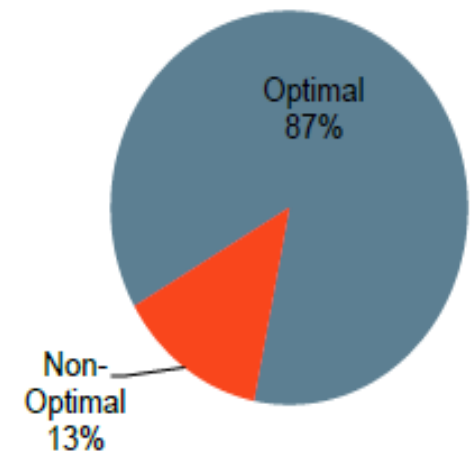
PROVIDER SELF-ASSESSMENT



STATE STAFF ASSESSMENT



INDIVIDUAL/GUARDIAN INTERVIEWS



South Dakota DD Waiver Residential Service Setting Assessment
CHOICES WAIVER

South Dakota

Remediation Strategies - Using CMS 86% HCBS Quality Assurance threshold

- Continuous quality improvement monitoring will use the Systemic Monitoring and Reporting Technology (SMART), NCI and CQL's POMs
- Plan identifies expectations laid out in rule, actions steps to bring the state into compliance, designates a responsible agency and a target completion date. (Transition Plan has a very clear remediation chart!)

Tennessee

Recipient & Stakeholder Engagement

- Materials for consumers and family members developed with input from provider and advocacy organizations

Settings Assessment + Recipient Engagement

- Individual Experience Assessment required to be completed by case managers interviewing ***every individual*** on caseload

Remediation Strategies

- Providers required to submit a transition plan to state describing how they will come into compliance with the rule

Massachusetts

Settings Assessment

- State developed ID/DD transition plans for work, day, & residential settings

Recipient & Stakeholder Engagement

- Stakeholder workgroup formed to monitor Transition plan implementation that includes advocacy organizations, families, providers, self advocacy organizations

Remediation

- Policy adopted to ensure that any future approved settings meet the HCBS rule

Challenges Identified in Massachusetts

- 2100 homes in compliance except for locks & leases. How to deal with locks on bedroom doors where bedroom is means to exit home?
- Behavior management plan regulations need to be changed to support positive behavioral approaches
- 14 providers (58 settings) *presumed not* to be in compliance.
 - Each provider required to have a detailed transition plan
 - Another workgroup established to facilitate financial, real estate, and programmatic considerations (such as reverse integration)



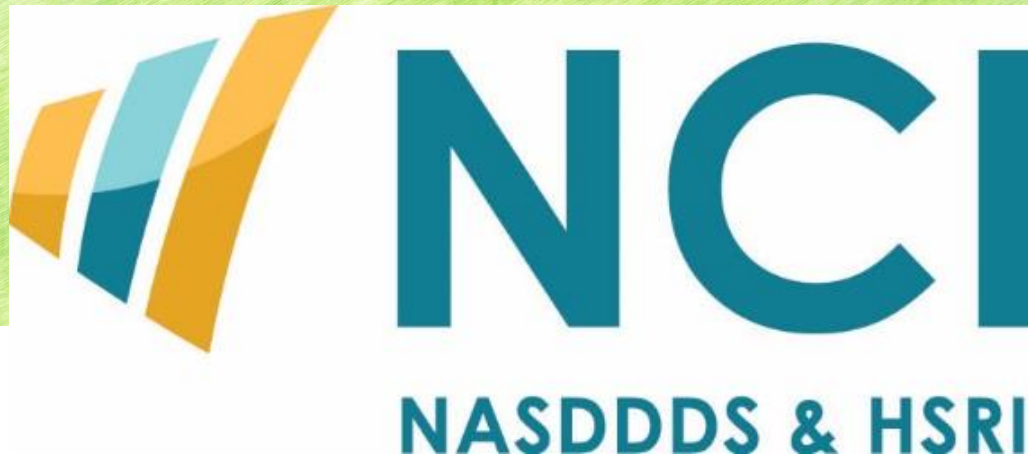
What are We Hearing from
Providers About
Implementation?

Providers Identify Issues

- Licensure requires that a residential home be furnished before the license is granted & people move in – residents are unable to make choices of furnishings as a consequence.
- Waiver service definitions & reimbursement require people to access community in groups which constrains choice.
- Inconsistent practices and rules among providers regarding whether staff can introduce individuals to friends and family.
- Individuals are sometimes required to move residences when needs change rather than receiving support in current home.

Providers Identify Issues

- If an individual in a residence wants to stay over with a friend in a different residence, both approved providers cannot bill.
- Person centered planning goals are not being fully utilized to create demand for life experiences in settings rule.
- Some providers treat visitors as volunteers and require background checks.
- Some providers are considering reverse integration – is that acceptable under new HCBS expectations?



NCI Crosswalk with HCBS Rules

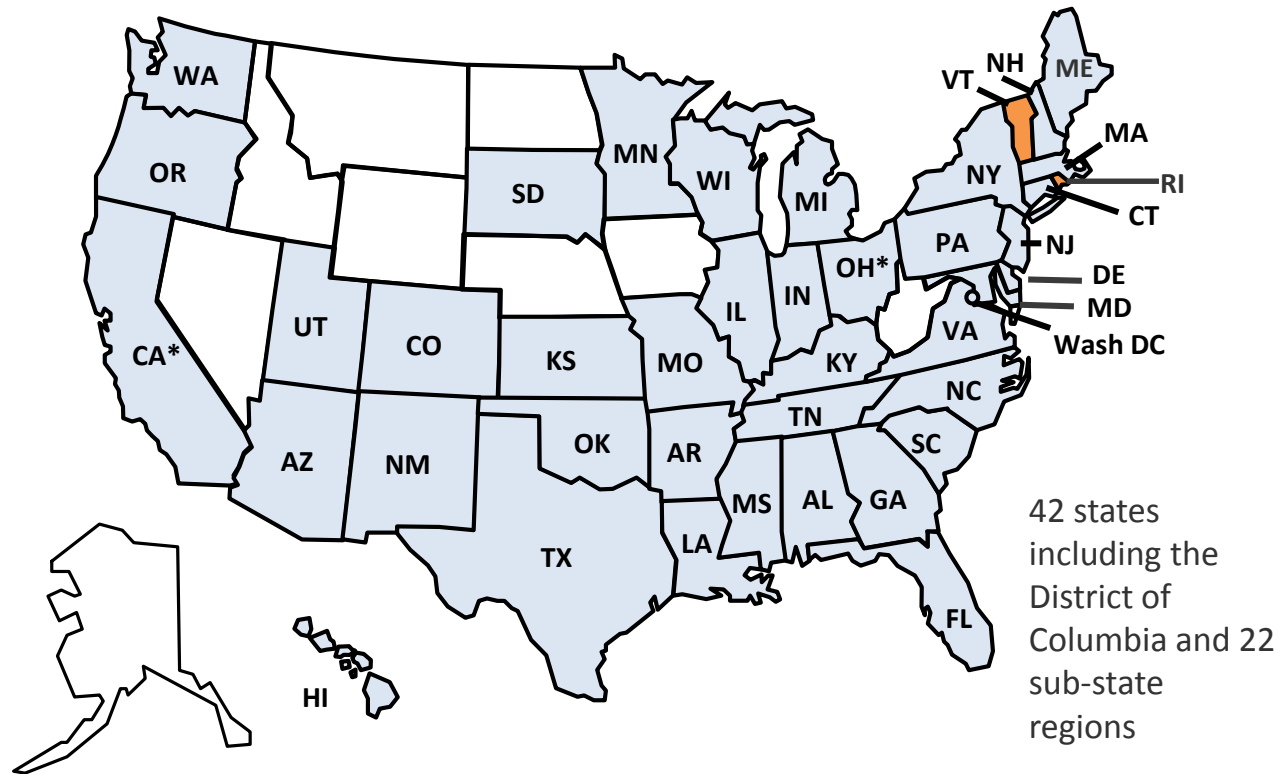
NATIONAL CORE INDICATORS

- NASDDDS – HSRI Collaboration
 - Multi-state collaboration of state DD agencies
 - Launched in 1997 in 6 participating states with a 15 state steering-committee – now in 42 states (including DC) and 22 sub-state areas
- Goal: Measure performance of public systems for people with intellectual and developmental disabilities
 - Help state DD systems assess performance by benchmarking, comparing to other states
- Assesses performance in several areas, including:
 - employment, community inclusion, choice, rights, and health and safety
- Now expanded to elderly and people with disabilities through the NCI-AD

NCI is a Person-Centered Tool that Provides Information on:

- Individual characteristics of people receiving services
- The locations where people live
- The activities they engage in during the day including whether they are working
- The nature of their experiences with the supports that they receive (e.g., with case managers, ability to make choices, self-direction)
- The context of their lives – friends, community involvement, safety
- Health and well-being, access to healthcare

NCI State Participation 2014-15



How Does NCI Collect Data?

- Adult Consumer Survey
 - ✓ In-person conversation with a sample of adults receiving services to gather information about their experiences
 - ✓ Keyed to important person-centered outcomes that measure system-level indicators related to: employment, choice, relationships, case management, inclusion, health, etc.
- Adult Family, Child Family, and Family/Guardian Surveys Mail surveys – separate sample from Adult Consumer Survey
- Other NCI state level data: Staff Stability

NCI Crosswalk

HCBS Setting Requirements	NCI - System Level Data
Is integrated in and supports access to the greater community	X
Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources	X
Ensures the individual receives services in the community with the same degree of access as individuals not receiving Medicaid HCBS	--
Allows full access to the greater community	X
Is chosen by the individual from among residential and day options that include generic settings (<i>Choice of provider in provider owned and operated settings guidance</i> – CMS clarified that choice of provider is intrinsic to the setting.)	X (in part)
Respects the participant's option to choose a private unit in a residential setting (<i>Private rooms/roommate choice guidance</i> – Needs, preferences, and resources are relevant to option of private versus shared residential unit. Providers must offer roommate choice for shared rooms.)	X (in part)

NCI Crosswalk

Person-centered Service Plan Process Requirements	NCI – System Level Data
Service planning process is driven by the individual	X (in part)
Includes people chosen by the individual	--
Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible	X (in part)
Is timely; occurs at times and locations convenient to the individual	--
Reflects cultural considerations	X
Plan discussions are in plain language. Information is available in a manner that is accessible to individuals.	X
Includes strategies for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants	--
Offers choices to the individual regarding the services and supports the individual receives and from whom	X

States Using NCI as a Way to Monitor Transition Plans

- California
- Connecticut
- Delaware
- District of Columbia
- Indiana
- Louisiana
- Maryland
- Mississippi
- New Jersey
- New York
- South Dakota
- Texas
- Washington

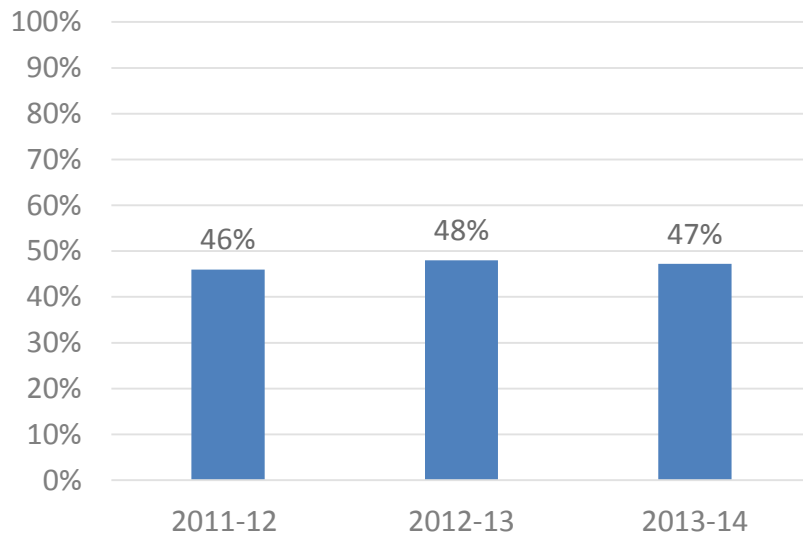


Some Trends in NCI Data that Align with HCBS Requirements

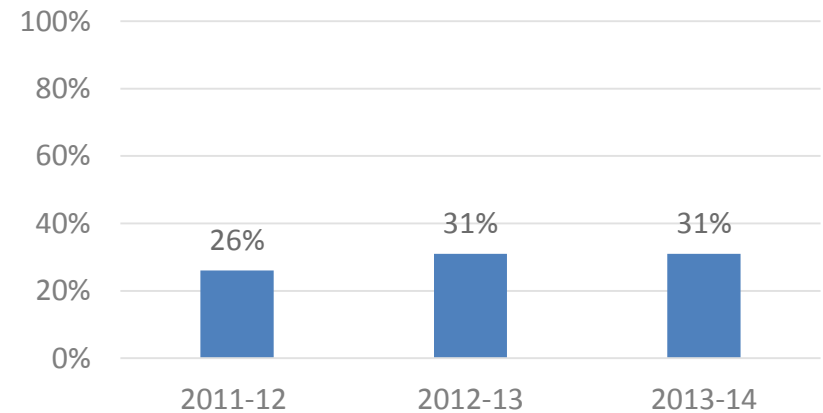


Employment

Percentage of respondent who don't have a job but want a job

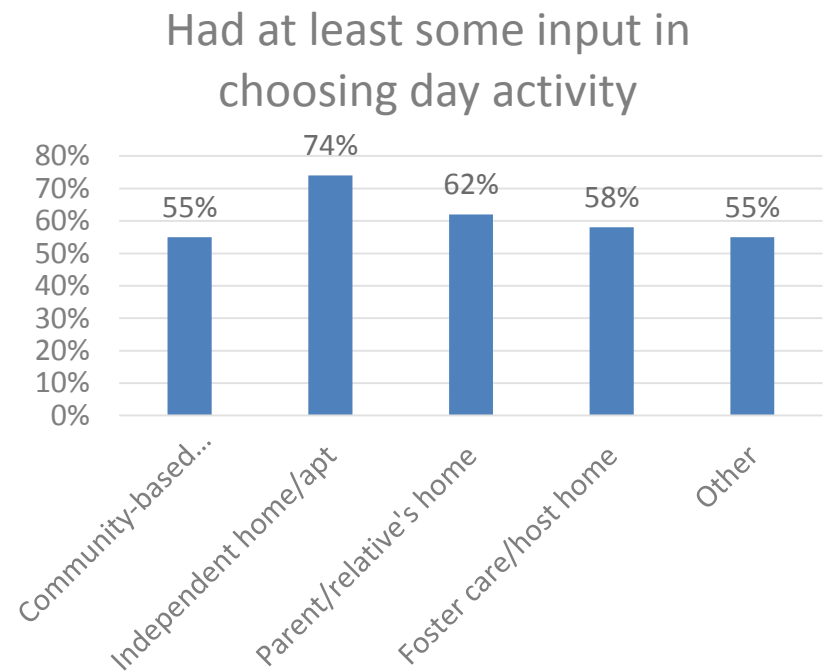


Of those without a job who want a job, how many have employment as a goal in their service plan?



Choice

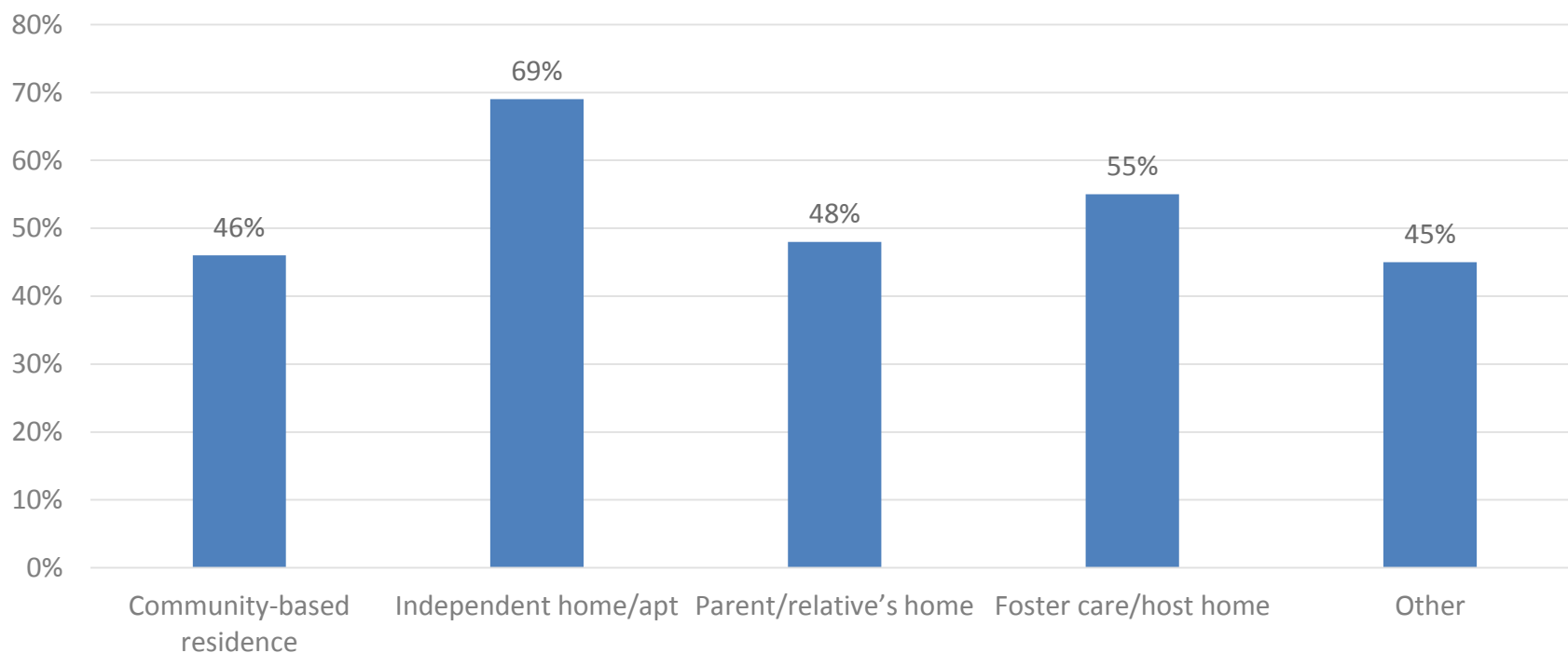
2013-14	N	Percent with a community based job who had at least some input in choosing job
Community-based residence	415	79%
Independent home/apt	617	86%
Parent/relative's home	641	82%
Foster care/host home	173	77%
Other	54	70%
TOTAL N	1900	



Choice

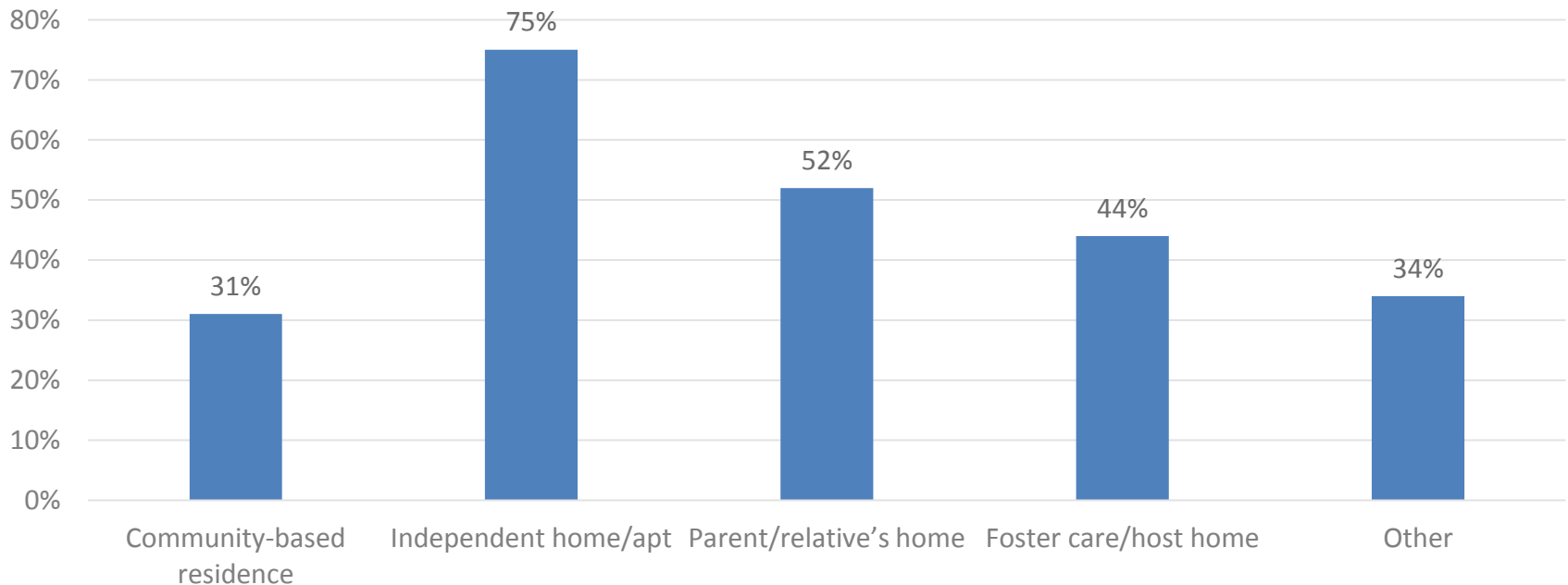


Chose, or had at least some input in choosing home



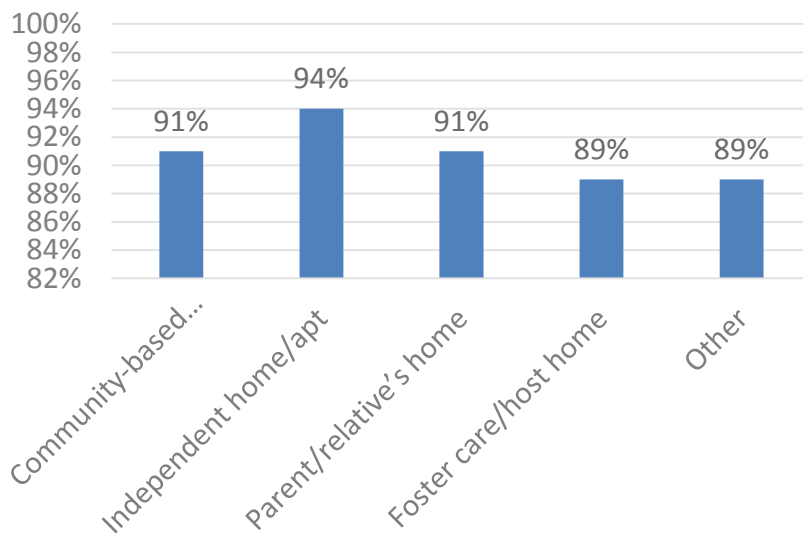
Choice

Chose, or had some input in choosing roommate(s)



Choice

Chose, or had some input in
choosing what to do in freetime

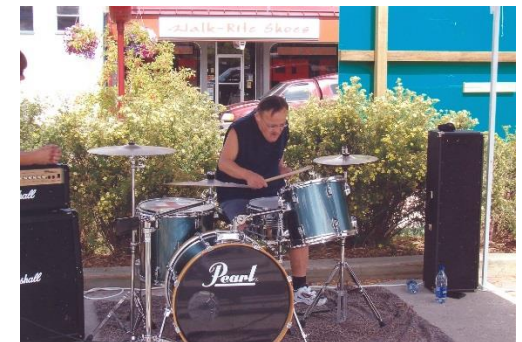
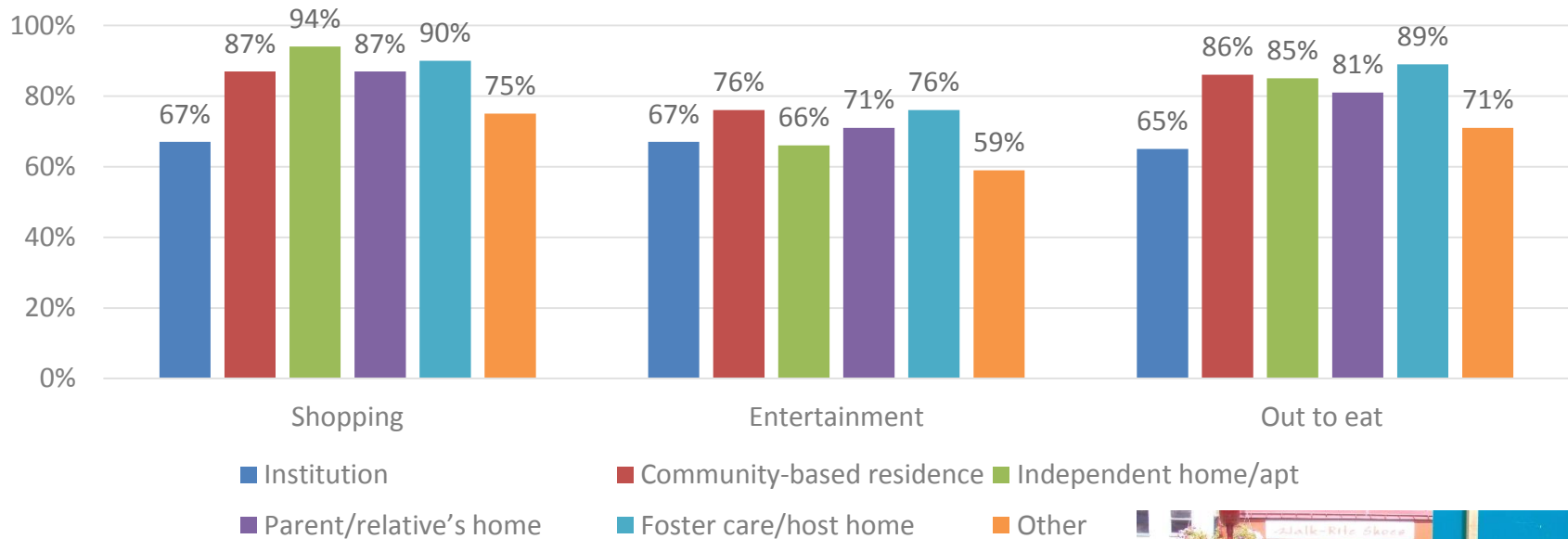


	Chose, or had some input in choosing what to do in free time
In paid community job	97%
No paid community job	90%

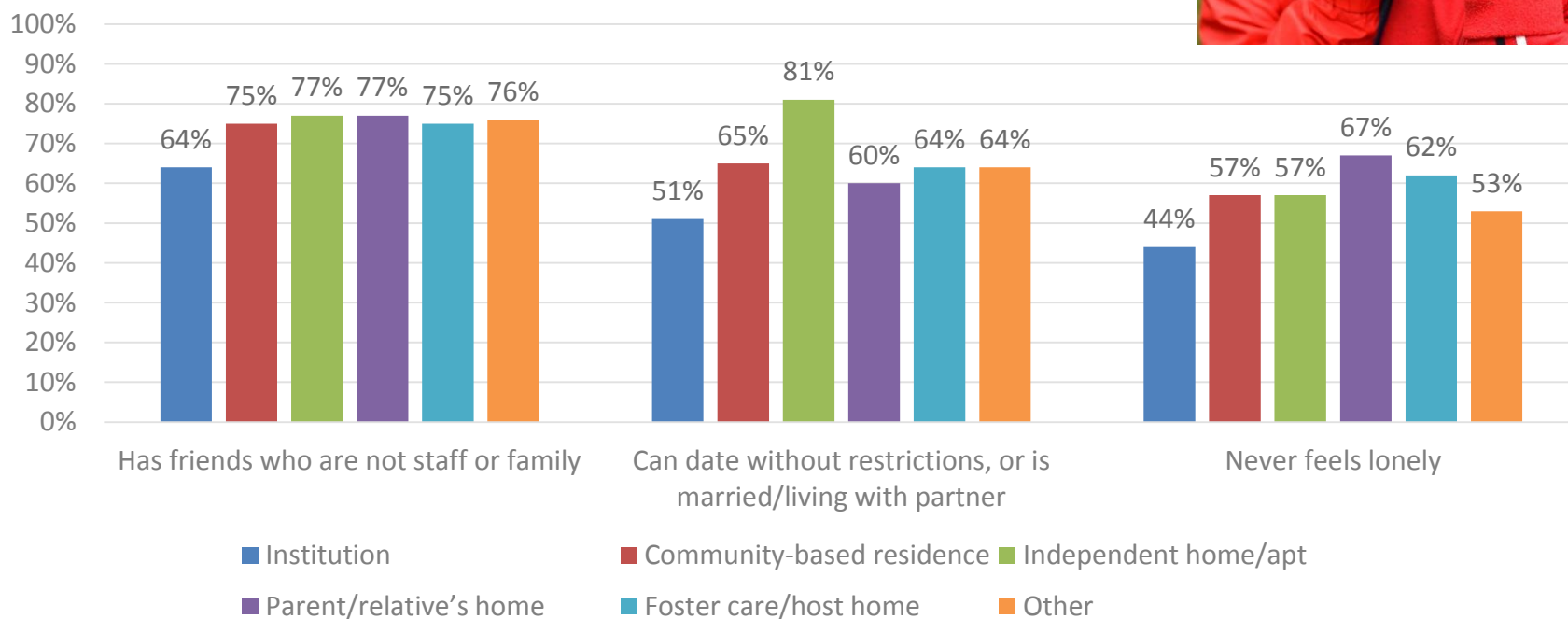


Community Inclusion

In the past month, have you gone....



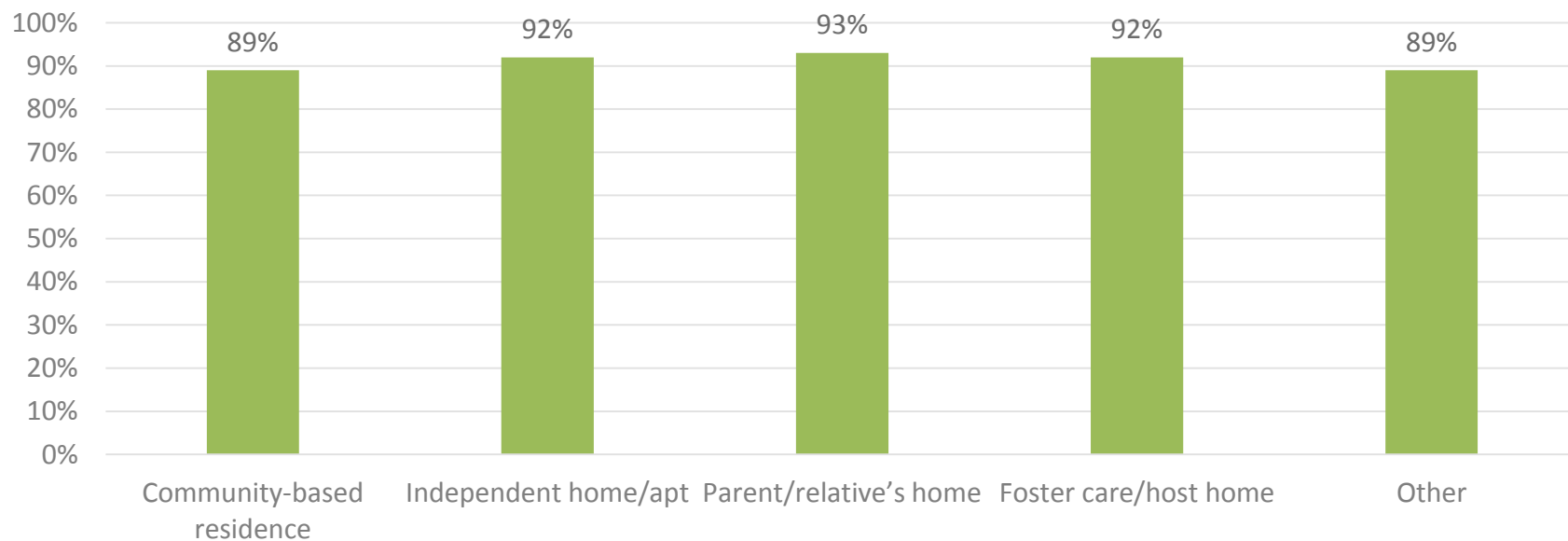
Relationships



Privacy

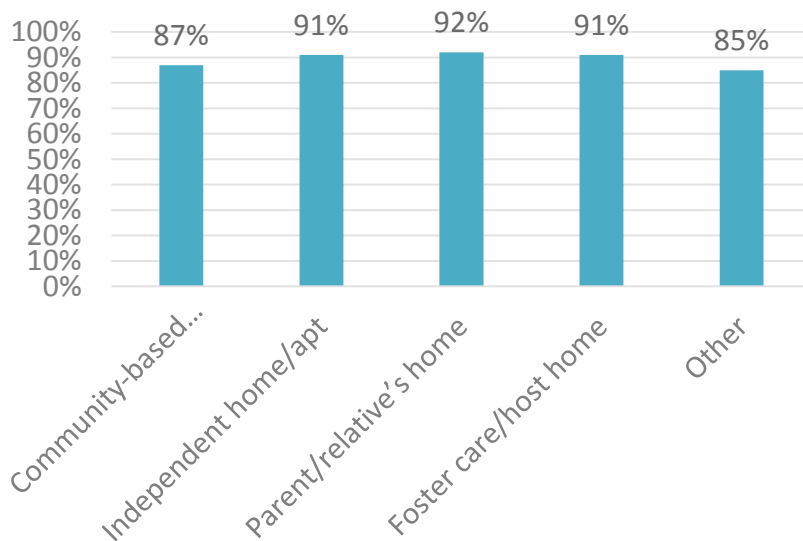


Has enough privacy at home

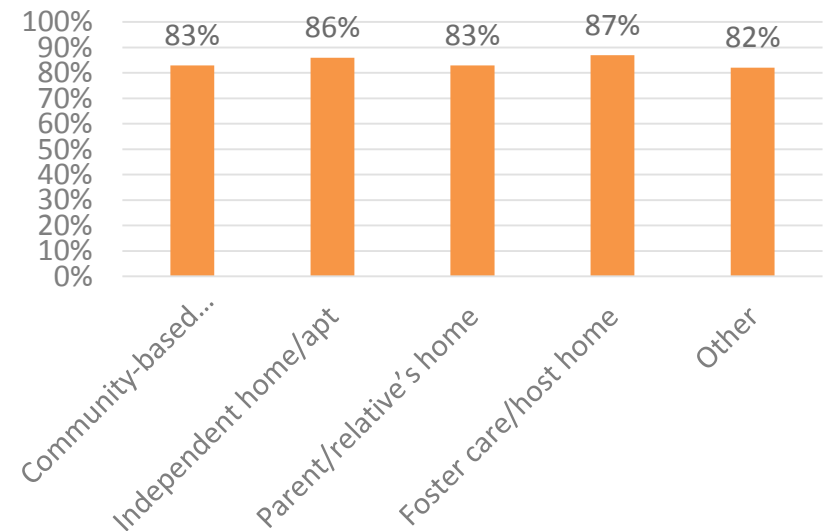


Privacy & Respect

People let you know before entering your home

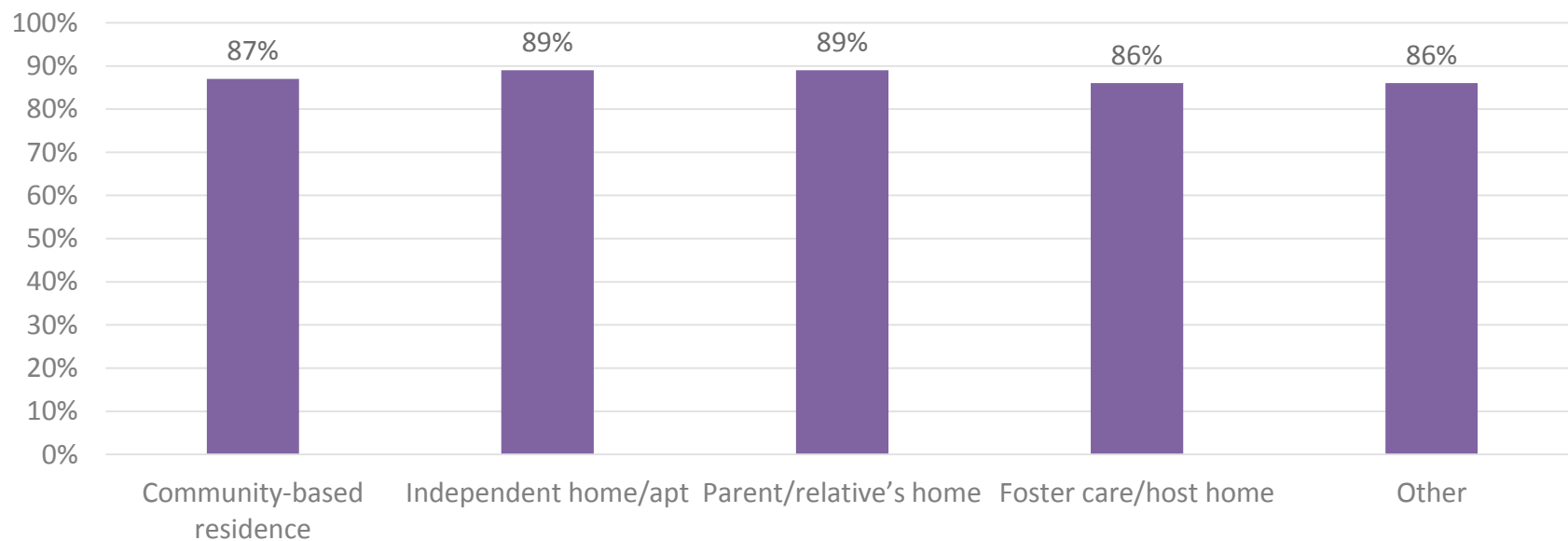


People let you know before entering your bedroom



Service Planning

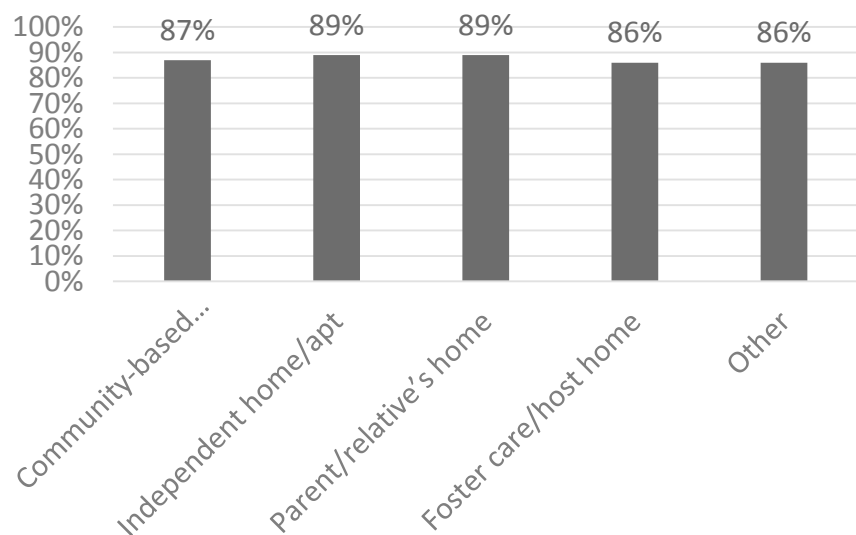
Helped make service plan



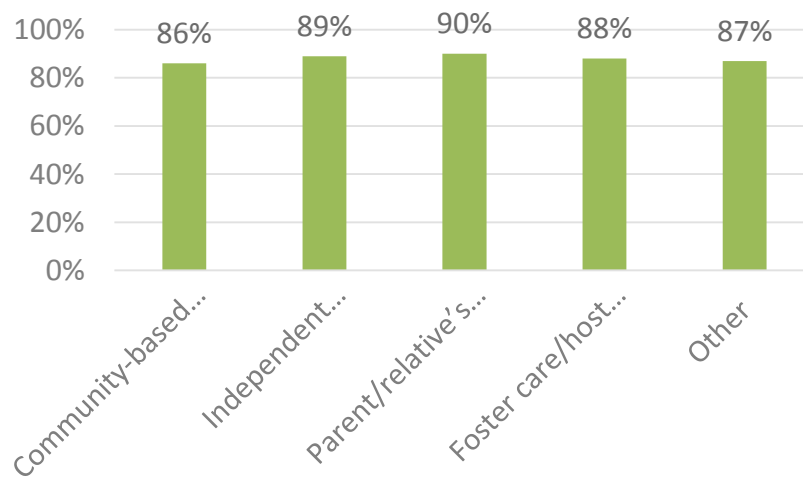
Case Management



Service coordinator/Case manager
asks what you want



Service coordinator/Case
manager helps get what you
need



References & Information

1. CMS' HCBS website: HCBS Final Regulations, Fact Sheets, webinars, Transition Plan Compliance toolkit, & Statewide Transition Plans:
<http://www.medicaid.gov/HCBS>
2. CMS mailbox for ongoing Q&A & comments: chbs@cms.hhs.gov
3. National Core Indicators website: www.nationalcoreindicators.org
4. New Jersey's regulatory crosswalk:
http://www.state.nj.us/humanservices/dmahs/info/STP_Crosswalk.pdf
5. HCBS Advocacy website, tracks HCBS setting transition plan activity:
<http://hcbsadvocacy.org/state-resources/florida/#docs>
6. Massachusetts policy: <http://www.mass.gov/eohhs/gov/laws-regs/dds/policies/hcbs-policy-2014-1.pdf>
7. Tennessee's individual interview instrument:
<https://hcbsadvocacy.files.wordpress.com/2014/04/individual-experience-assessment-tool.pdf>

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