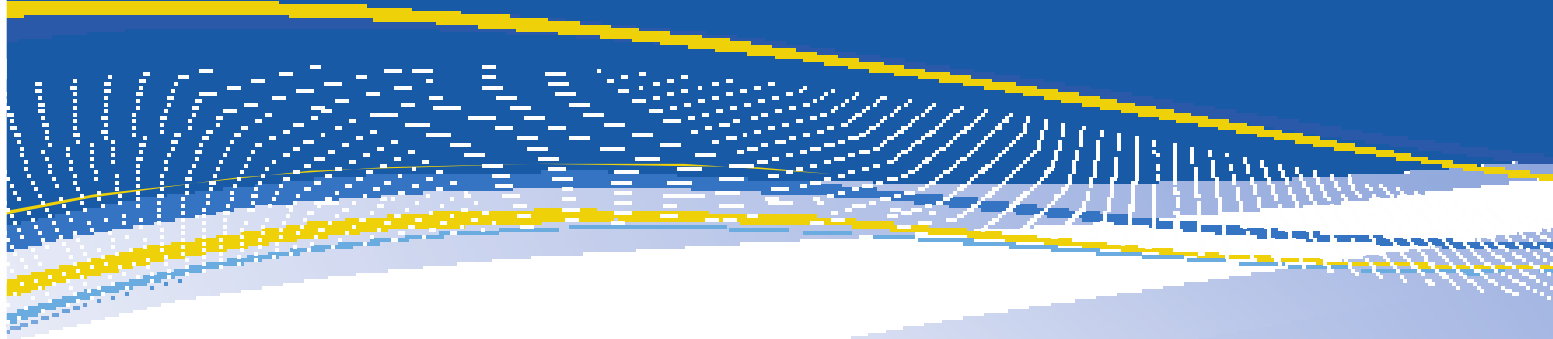# Engaging Your State Partners in the Statewide Transition Plan (STP) Implementation

**Division of Long-Term Services and Supports**
**Disabled and Elderly Health Programs Group**
**Center for Medicaid and CHIP Services**

# Objectives for Today's Session

- Review key components for successful implementation of the Statewide Transition Plan (STP);

- Detect barriers that may be inhibiting a state's across-the-board progress in implementation of the STP;

- Identify strategies to engage state sister agencies in the development and implementation of the STP;

- Cultivate partnerships to ensure ongoing monitoring and compliance with the Home and Community-Based Services (HCBS) settings criteria;

- Share states' experiences/strategies in the creation of a unified effort to implement the STP.

# Home and Community-Based Settings Criteria (1 of 4)

Is integrated in and supports full 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 HCBS.

# Home and Community-Based Settings Criteria (2 of 4)

Is selected by the individual from among settings options including non-disability specific settings and an option for a private unit in a residential setting.

The setting options are identified and documented in the person-centered service plan.

The setting options are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

# Home and Community-Based Settings Criteria (3 of 4)

| | | |
|---|---|---|
| Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint. | Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices. | Facilitates individual choice regarding services and supports and who provides them. |

# Home and Community-Based Settings Criteria (4 of 4)

Additional Conditions for Provider-Owned or Controlled Settings

Elements needed for <u>Initial Approval</u>:

- ✓ Completion of state's systemic assessment;

- ✓ Outcomes of this assessment included in the STP;

- ✓ Outline of remediation strategies to rectify issues that the systemic assessment uncovered;

- ✓ State is actively working on those remediation strategies;

- ✓ State issued the draft STP for a 30-day public comment period, made sure the information was widely disseminated, and responded to and summarized the comments in the STP submitted to CMS.

Elements needed for <u>Final Approval</u>:

- ✓ A comprehensive summary of completed site-specific assessments of all settings serving individuals receiving Medicaid-funded HCBS, validation of those assessment results and inclusion of the aggregate outcomes of these activities;

- ✓ Draft remediation strategies and a corresponding timeline for resolving issues that the site-specific assessment process and subsequent validation strategies identified by the end of the HCBS settings transition period (March 17, 2022);

# Review of the Key Components for Successful Implementation of the STP (3 of 4)

- ✓ A detailed plan for identifying settings presumed to have institutional characteristics, including qualities that isolate Medicaid beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under Heightened Scrutiny.

- ✓ See updated CMS guidance on Heightened Scrutiny, including guidance on settings that isolate HCBS beneficiaries, issued on March 22, 2019 and available at: https:www.Medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf.

# Review of the Key Components for Successful Implementation of the STP (4 of 4)

✓ A process for communicating with beneficiaries currently receiving services in settings that the state has determined cannot or will not come into compliance with the HCBS settings criteria by March 17, 2022;

✓ A description of ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the federal settings criteria in the future.

# SO WHOSE JOB IS IT?

## STEP #1:

## Who will carry the primary responsibility for the statewide task of implementing the STP?

# So Whose Job Is It? Questions To Ask:

➢ Will one or more agencies spearhead the process?

➢ Will one or more other/sister agencies need to be involved in the process (Aging, Developmental Disabilities, Case Management, Licensing, IT, Mental or Behavioral Health, etc.)?

➢ What is the hierarchy/structure of the agency (agencies) that will be working together?

➢ Is one agency in charge of many other departments/divisions/agencies within the state? OR

# So Whose Job Is It? Questions To Ask (cont.):

➢ Is administrative control with designated areas of expertise disseminated equally across a number of "sister" agencies?

➢ Are these sister agencies used to working together?

➢ Are these sister agencies in the same overarching administrative structure?

➢ What is the model for collaboration and cooperation?

## STEP #2:

## Detecting Barriers That Inhibit a State's Total Progress in STP Implementation

➢ <u>Silos</u>: Naturally insulate agencies and deter open communication.

➢ <u>Role identification</u>: What do our sister agencies do?

➢ <u>Staff capacity</u>: Limits the time that an agency can devote to exterior endeavors.

➢ <u>Staff turnover:</u> Can cause a loss of momentum, even causing a suspension or delay in working on the STP implementation.

➢ <u>Resources:</u> No additional financial allocations can inhibit, stall or even immobilize progress.

➤ <u>What is the HCBS settings rule?</u> A lack of understanding about the HCBS settings criteria and how it might impact a variety of state agencies and their work, deters effective collaboration.

➤ <u>Multiple sources of information technology:</u> Multiple data departments or data bases, as well as inconsistencies in data collection, dissemination and analyses across agencies make interactions cumbersome and inefficient. Confusion over what data can be shared can also pose an obstacle to coordination.

# Partnership Strategies to Reinforce Ongoing Success

## STEP #3:

**Identifying Partnership Strategies to Facilitate STP Implementation and to Ensure Ongoing Monitoring of Compliance**

# Issues Analysis within the HCBS Settings "Home" Agency

- ✓ Coordination begins at home!
- ✓ Which agency is primarily responsible for the STP implementation?
- ✓ Which individual(s) has been identified to coordinate the effort?
- ✓ Has a team been identified to coordinate that effort?
- ✓ Which positions/individuals have been identified to comprise the team?
- ✓ What departments, groups, stakeholders has the team identified to support the endeavors?
- ✓ Has all this information been clearly communicated across all parties?

# What Is the "Home" Agency's Authority?

✓ Given the home agency's structure and responsibilities, what is their authority?

✓ How far reaching is that authority?

✓ Does the agency have the authority to design, coordinate, direct and implement the STP?

✓ If not, which agencies have been identified that may need to be involved in order to facilitate implementation of the STP?

✓ Does an overarching authority, such as the SMA, have to communicate the home agency's authority to others?

✓ Do agencies have to negotiate to underscore the home agency's authority?

# Who Will Staff the Assignment?

✓ Has the home agency identified the agency's specific personnel who will be instrumental in working together to accomplish this task?

✓ What percentage of their time has been allocated for their work on this assignment? What happens to their other duties/responsibilities?

✓ Will personnel from other agencies be included?

✓ If so, why—what will their role be? What do they bring to the table?

✓ What percentage of their time has been allocated for their work on this assignment?

# How Will Lines of Communication Be Established?

✓ Ensure representation from all critical, relevant agencies.

✓ The home agency should establish a communication network to set up meetings and/or teleconferences to meet each other, to identify goals and objectives and establish regular meeting dates and times.

✓ Determine how to identify the group: steering committee, cross-agency workgroup, STP implementation team, etc.

✓ Goal: establish a collaborative effort to meet the HCBS settings criteria.

# Educating Stakeholders Is Key!

- ✓ Educate all members of the stakeholder community on the settings criteria, including workgroup members, using a variety of modalities.

- ✓ A shared understanding of the HCBS settings criteria, coupled with the opportunity to ask questions, identify issues and raise concerns in a non-threatening, welcoming environment, builds group cohesiveness, trust and a common bond.

- ✓ Getting everyone on the same page will help with messaging a clear and consistent goal when workgroup members return to their home agencies to share and gather information or when questions arise from their constituents.

- ✓ Accurate, honest and reliable information is key!

# Ensure Ongoing Record Keeping and Consistent Staff Involvement

✓ Regular and ongoing record keeping is critical to ensure that meeting minutes are recorded and disseminated to create a history of the work that is being done, especially in the event of staff turnover.

✓ CMS recommends that states ensure that sufficient state staff are assigned to work on this project for continuity over time and across elections/changes to leadership.

# Identify Commonalities and Differences

✓ Identifying commonalities and differences across agencies in relation to the settings criteria is critical.

✓ What are the common threads?

✓ Do different departments have different licensing or quality assurance requirements depending on the program being reviewed?

✓ What steps are necessary to resolve these differences?

# Identify Commonalities and Differences, cont.

- ✓ Do the licensing agencies have any mutual provisions upon which to build?

- ✓ What steps are needed in order to ensure a consistent process across all licensing and other entities relative to the settings criteria?

- ✓ How can resources be marshalled in the most efficient manner to ensure that needed changes to legislative, regulatory and/or administrative policies and procedures are initiated and implemented across the board?

- ✓ How do the licensing staff begin to assess settings for HCBS compliance? How do states ensure a consistent process?

# Assess Resources Across Agencies
## (1 of 3)

✓ Assess resources across all involved agencies to identify the most efficient and effective means to accomplish the group's objectives.

✓ CMS has always encouraged states to look at their current structures and determine if there might be more effective ways to align resources, avoid duplications and conserve resources rather than initiate more complex systems in the face of limited capacity.

- Consider using licensing or Case Management to assess and monitor state milestones.

- Can a Quality Assurance Division assume responsibility for including the settings criteria in their regular program evaluations?

- Can all agencies that perform licensing responsibilities incorporate the settings criteria as appropriate in their licensing and certification processes, including using regular processes such as provisional licensing and corrective action plans, to address when providers begin to fall out of compliance?

# Assess Resources Across Agencies
## (3 of 3)

- Pool resources: who can conduct site-specific assessments or identify and monitor remediation strategies that work in different environments?

- Which agency or agencies are in the best position to identify potential sites that may fall under the institutional presumption and may require a Heightened Scrutiny review by CMS?

- Who can help assess those settings using CMS criteria and guidance?

# Sharing Pertinent Information and Feedback

- ✓ What mechanisms need to be in place to effectively share information and feedback in a timely and efficient manner with members of the workgroup on such topics as quality assurance, rights, findings from licensing and certification reviews, presumptively institutional settings, providers in need of technical assistance, findings from critical incident reporting, misinterpretations of the settings criteria, etc.?

- ✓ For example, if one agency identifies what they believe to be an isolating setting or providers in need of technical assistance, what means are at their disposal to effectively communicate that information to the appropriate agency for resolution?

# Incorporate Consistent Stakeholder Education

✓ How can these various state agencies/departments incorporate consistent stakeholder education in their normal endeavors?

✓ How can information be shared regularly with providers, suggesting real time, viable ways to come into compliance with the rule or reinforcing those providers who are doing good work in a timely manner?

✓ How can training be built into a component of the Quality Assurance or licensing responsibilities to help ensure that there is ongoing understanding of the settings criteria and providing another resource to explain ways to deal with new issues as they arise?

# United We Stand. . .

✓ The workgroup should provide a united front on the interpretation of the settings criteria and work with other stakeholders including participants, advocates, family members, providers, legislators, etc., to expand strategies for community integration such as:

- Accessing transportation, including public transportation;

- Assisting providers to develop more flexible scheduling options for Direct Support Professionals and other staff to accommodate new models precipitated by the settings rule;

# United We Stand (cont.). . .

- Building partnerships with the local community to develop natural support systems to increase/improve participants' involvement in all aspects of community life and to help ensure that they are an integral part of the community where they live, work and recreate;

- Working with legislators to increase understanding and potential statutory and other legislative initiatives to increase funding as appropriate and to facilitate some of the necessary changes that we just talked about.

# Monitoring Structures

✓ Evaluate what monitoring structure is, or needs to be, in place to ensure ongoing and consistent compliance with the settings criteria now and beyond the deadline of March 17, 2022.

✓ Can monitoring be consistently applied across agencies? Across waivers?

✓ What settings' and/or providers' policies are there in common, so monitoring just has to be in one place?

✓ What changes must occur in order for that to happen?

# Monitoring Structures, cont.

✓ Although monitoring for compliance with the settings criteria is in addition to, and does not replace, the waiver assurances for quality that are required in HCBS 1915(c) waivers or the quality requirements for state plan services under 1915(i) and 1915(k), are there commonalities that can make monitoring and quality assurance processes more efficient?

✓ How can states most effectively use milestones to implement and track progress in their STP and to accomplish its two key areas of monitoring: implementation of remedial actions at both the state and provider levels, and ongoing compliance?

# Information Technology

✓ If multiple data bases exist, can the state marshal the resources to develop a common data source across agencies? OR

✓ Can the state build on one already existing data base to:

- Enhance its capacity to include cross-agency data input and retrieval;

- Provide a systemic method to share issues identified by each agency;

- Help evaluate the current status of the provider network in relation to the settings rule?

# Examples of Cross-Agency Collaboration From the Field (1 of 7)

State of the states:

- ✓ Nearly all states (90%) incorporated the HCBS settings rule into their existing licensing and certification survey process to monitor ongoing compliance, relying on the organizational infrastructure already in place rather then creating a whole new process.

- ✓ 80% of states ensure that beneficiaries have regular contact with case managers so that case managers can assess whether beneficiaries are given ongoing opportunities to integrate with the broader community in ways that reflect their needs and preferences.

# Examples of Cross-Agency Collaboration From the Field (2 of 7)

State of the states:

- ✓ NE and WV's service coordinators are trained on the HCBS rule so that they can check compliance issues while conducting quarterly visits.

- ✓ UT: incorporated staff from its Quality Assurance unit in planning since the beginning of the validation process, facilitating ongoing monitoring due to staff's familiarity with the HCBS rule requirements and compliance issues.

State of the states:

✓ Multiple states indicate that they are leveraging existing licensing and certification processes to validate provider self-assessments:

➢ CO, DE, FL, OK and OR use the entities responsible for licensing and certification for their validation.

➢ AZ, which operates HCBS under managed care, has incorporated new settings related criteria into existing validation and oversight functions within Managed Care Organization (MCO) contracts.

State of the states:

✓ MO administers 10 HCBS waivers through the single State Medicaid Agency: the Department of Social Services, MO HealthNet Division (MHD). The day-to-day operation of the waivers is through formal cooperative agreements with the MO Department of Mental Health and the MO Department of Health and Senior Services, the operational entities for the waivers. MO Medicaid Audit and Compliance is the Agency within the Department of Social Services that administers and maintains audit and compliance initiatives.

State of the states:

- ➢ MO also uses a Heightened Scrutiny Review Team consisting of two HCBS waiver providers, three individuals and/or family members receiving HCBS, one Division staff, two Targeted Case Management Entity staff and one Division staff facilitator to help determine if a setting meets criteria for a CMS Heightened Scrutiny review.

- ✓ SC maintains a website to ensure ongoing communication with stakeholders regarding the HCBS settings rule, including all presentations developed by the state and updated information on the state's Heightened Scrutiny process.

➢ The state has created an HCBS workgroup that holds monthly web-ex meetings open to all stakeholders, including consumers and family members.

➢ SC does extensive outreach to stakeholders as part of its Heightened Scrutiny review process and has developed a Quality Review Team in which the Department of Health and Human Services (Medicaid) and the Department of Disabilities and Special Needs work in close collaboration and communication to conduct the Heightened Scrutiny settings reviews.

State of the states:

✓ The Small Group Discussion calls were originally designed to give the single State Medicaid Agencies (SMAs) a forum on issues related to the implementation of the settings rule and the statewide transition plan. Through regularly scheduled discussions with CMS, ACL, colleagues from other states and New Editions, participants can ask questions, share ideas and do group problem solving. Over time, however, the SMAs have invited their sister and operating agencies to join the conversation and to share the opportunity for collaboration on hot topics of the moment and of special interest to the group.

# Resources (1 of 2)

**CMS Central Office Contact—Division of Long-Term Services and Supports:**

❖ [HCBS@cms.hhs.gov](mailto:HCBS@cms.hhs.gov)

**To request Technical Assistance:**

❖ [HCBSettingsTA@neweditions.net](mailto:HCBSettingsTA@neweditions.net)

- Missouri: Notice of Opportunity to Participate: Home and Community-Based Heightened Scrutiny Review Team, 5-29-2019; DMH website: https://dmh.mo.gov/media/pdf/notice-opportunity-participate and https://dmh.mo.gov/media/pdf/heightened-scrutiny-reporting-stakeholder-recruitment-and-heightened-scrutiny-review, updated October 30, 2019 and Heightened Scrutiny Reporting, Stakeholder Recruitment, and Review Process is located on the DMH website under Division Directives, Section 4 Program Implementation]

- South Carolina: Healthy Connections Medicaid HCBS rule information: https://msp.scdhhs.gov/hcbs/site-page/about

# Questions and Answers

# Feedback

Please complete a brief survey to help CMS monitor the quality and effectiveness of our presentations.

Please use the survey link:
https://www.surveymonkey.com/r/LJD77ND

WE WELCOME YOUR FEEDBACK!