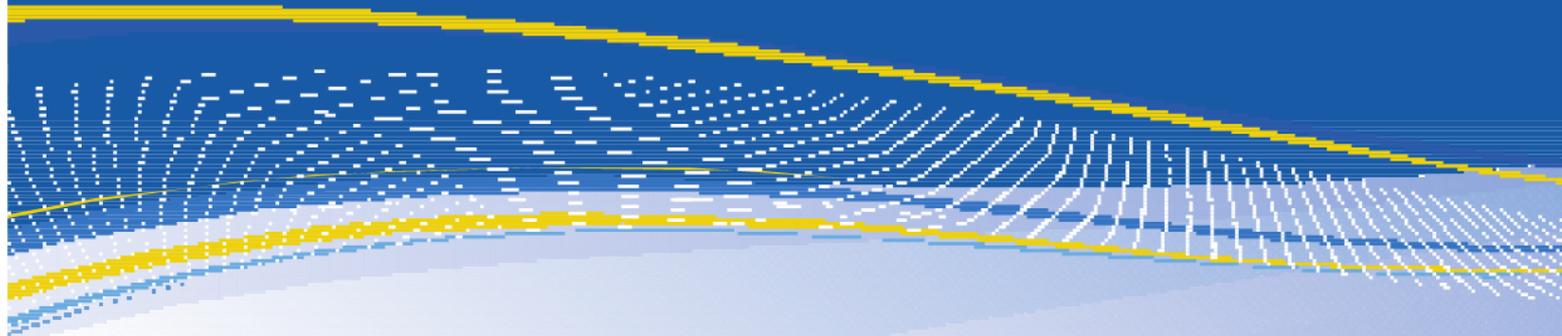




Assisting Providers in Ensuring Settings Facilitate Community Inclusion

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



Objectives for Today's Session

- Identify systems/methods to support providers in long-term system transformation;
- Reinforce the person-centered thinking model as a cornerstone for community inclusion;
- Stimulate discussion on creative approaches to initiate and sustain community inclusion.

Home and Community-Based Settings Criteria

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 HCBS

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

Home and Community-Based Settings Criteria (cont.)

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

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

Provider-Owned or Controlled Settings: Additional Criteria (1 of 5)

- Unit/dwelling is a specific physical space owned, rented, or occupied under legally enforceable agreement
- Same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity
- If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place, providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law

Provider-Owned or Controlled Settings: Additional Criteria (2 of 5)

- Each individual has privacy in their sleeping or living unit
- Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed
- Individuals sharing units have a choice of roommates
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement

Provider-Owned or Controlled Settings: Additional Criteria (3 of 5)

- Individuals have freedom and support to control their schedules and activities and have access to food any time
- Individuals may have visitors of their choosing at any time
- Setting is physically accessible to the individual

Provider-Owned or Controlled Settings: Additional Criteria (4 of 5)

Modifications of the additional criteria must be:

- Supported by specific assessed need
- Justified in the person-centered service plan
- Documented in the person-centered service plan

Provider-Owned or Controlled Settings: Additional Criteria (5 of 5)

Documentation in the person-centered service plan of modifications of the additional criteria includes:

- Specific individualized assessed need
- Prior positive interventions and supports including less intrusive methods
- Description of condition proportionate to assessed need
- Ongoing data measuring effectiveness of modification
- Established time limits for periodic review of modifications
- Individual's informed consent
- Assurance that interventions/supports will not cause harm

Assisting Providers with Community Inclusion

To effect system transformation, providers need to:

- Work with individuals to improve quality of life
- Adjust their services and supports to conform to the new regulations
- Support people in achieving personal outcomes
- Increase options and experiences for community inclusion

What can states do to assist and support providers in this process?

Key Components to Support System Transformation

- 1. Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders**
- 2. Advance Person-Centered Thinking, Planning and Practice**
- 3. Connect with the Community in Resourceful Ways**

Key Components to Support System Transformation (continued)

- 4. Consider Incentive Options to Encourage Community Inclusion Among Providers**
- 5. Focus on Outcomes and Build Compliance Factors into the State's Regulations**
- 6. Train, Train, and Then Train Some More!**

1. Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders (1 of 6)

Creating Transparency through Communication:

- **Who:** Between the state and its stakeholder community
- **Why:** More information → → better understanding
- **When:** Open and regular
- **How:** Conversations, newsletters, videos, town hall meetings, hot lines, websites, mailings, etc.
- **Example:** Community of Practice model

1. Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders (2 of 6)

Creating Transparency through a State Toolkit Customized for the Stakeholder/Provider Community:

Purpose:

- Promote common language and shared understanding
- Clearly identify how the state plans to execute system transformation through its Statewide Transition Plan (STP)

1. Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders (3 of 6)



The state toolkit could include:

- Value-based principles and practices
- A roadmap for providers to clarify the state's expectations
- Assessment processes and tools to determine compliance
- Strategies and tactics for increasing community access

1. Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders (4 of 6)



The state toolkit could include:

- Process for determining settings that are presumed to have the qualities of an institution
- On-going mentoring/training/technical support opportunities
- On-going monitoring process
- Quality measures and outcomes to ensure inclusion

1. Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders (5 of 6)

What is the value in the toolkit approach?

- Improves knowledge of the STP and the state's commitment to its stakeholders
- STP is a working document formulated with input from stakeholders in general and providers in particular
- Provides an opportunity for stakeholders to be integral to the process, to share concerns, to have a consistent feedback loop
- Encourages stakeholders to identify changes that will help them ensure compliance

1. Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders (6 of 6)

States should assess specific provider needs and offer technical assistance to overcome challenges.

- Open lines of communication will provide feedback to the state on specific provider needs
- State should gear technical assistance and training to support providers

Examples:

- Community resource mapping
- Customized employment options
- New business plans for providers

2. Advance Person-Centered Thinking, Planning and Practice (1 of 6)

Person-Centeredness: the cornerstone of individual community inclusion based on informed choices and personal outcomes.

Person-centered thinking helps to establish the means for a person to live a life that they and the people who care about them have good reasons to value.

Person-centered planning is a way to assist people needing home and community-based services to identify, describe and construct what they want and need to bring purpose and meaning to their life.

2. Advance Person-Centered Thinking, Planning and Practice (2 of 6)

Person-Centeredness: the cornerstone of individual community inclusion based on informed choices and personal outcomes.

Person-centered practice is the alignment of services and resources that give people access to the full benefits of community living and ensure they receive services in a way that may help them achieve individual goals and preferences.

Reference: CMS: HCBS Intensive, HCBS Conference, August 2017

2. Advance Person-Centered Thinking, Planning and Practice (3 of 6)

States should support providers by:

- Emphasizing the importance and benefits of person-centered thinking, planning and practice in opening doors to community inclusion
- Providing on-going training to all stakeholders about person-centered thinking and what it means for the individual
- Incentivizing and rewarding exceptional implementation of person-centered thinking, planning and practice into case management and provider service models.

2. Advance Person-Centered Thinking, Planning and Practice (4 of 6)

- Providing training and technical assistance to ensure everyone understands the regulatory requirements for person-centered planning, documentation and monitoring
- Training person-centered planning participants to recognize individual choice based on informed consent, including instances when experiences/options are limited.

2. Advance Person-Centered Thinking, Planning and Practice (5 of 6)

Providers frequently ask:

“Do the regulations really require me to force individuals into the community against their will”?

- Use guided conversations to elicit participant information

2. Advance Person-Centered Thinking, Planning and Practice (6 of 6)

To enhance personal experience, states can:

- Develop policies that require inclusion of specific criteria in the person-centered service plan. For example, each participant:
 - Will continue exploration into personal interests, experiences, life objectives;
 - Will set expectations pertaining to employment.
- Require that the PCP process includes a discovery/experiential component that exposes the individual to various service/setting options including community-based activities.
- Include this criteria in its continuous quality review of measurable provider outcomes.

3. Connect with the Community in Resourceful Ways (1 of 4)

Providers are in a unique position to make community connections. States should encourage providers to:

- Build relationships with local businesses to create and reinforce inclusion on all fronts: social, recreational, employment
- Link a participant's unique interests with potential community connections; use these connections to inform choice
- Assist individuals to build upon their existing networks to develop natural supports

3. Connect with the Community in Resourceful Ways (2 of 4)

States should encourage providers to:

- Ensure that community activities are fluid, not “shift” dependent; are a natural outgrowth of interests identified in the person-centered service plan and not just time-fillers
- Avoid siloing information
- Capitalize on staff’s knowledge of the community to open new doors to inclusion

3. Connect with the Community in Resourceful Ways (3 of 4)

States should encourage providers to:

- Pair staff with people they support to build on common interests that might lead to independent community linkages
- Incentivize staff through training, team building, and performance planning to provide the opportunity to enhance staff skills around developing strong community connections
- Recruit staff with different qualifications/less traditional backgrounds to help providers expand community integration activities/focus

3. Connect with the Community in Resourceful Ways (4 of 4)

To support providers, states can . . .

- Use the Toolkit concept previously discussed to assist providers to figure out methods for productive community outreach and to create avenues of communication with the community and its resources
- Design home and community-based services programs that are flexible and designed to meet individual needs
- Break down discrimination and other barriers to inclusion through community education

4. Consider Incentive Options to Encourage Community Inclusion Among Providers

Are states paying for the right thing?

- Payment should be for the quality of supported employment, not just time spent in a job!
- Tennessee is using incentive payments for vocational related outcomes:
 - One-time payment for job placement;
 - Co-worker stipends for work place support beyond regular job duties;
 - A one-time payment for job retention (one year)

4. Consider Incentive Options to Encourage Community Inclusion Among Providers (continued)

- Maryland used the opposite approach:
 - When providers failed to provide requested assessments, the state suspended payments.
 - Most providers responded, opening lines of communication and shifting focus to accepting and implementing the regulations.

5. Focus on Outcomes and Build Compliance into the State's Existing Enforcement Structure

(1 of 7)

- **The state's enforcement structure must comply with the settings criteria.**
- **To help ensure on-going compliance, include the state's expected provider outcomes in its licensing and certification requirements and in the state's quality assurance process.**

5. Focus on Outcomes and Build Compliance into the State's Existing Enforcement Structure

(2 of 7)

- Write specific outcomes into the state's regulations and policies. For example:
 - *Personal goals and objectives identified in the person-centered planning process are activated*
 - *All aspects of the person-centered planning process are implemented for each individual*
 - *Beneficiary has been exposed to and is accessing employment and/or meaningful activities in the community*

5. Focus on Outcomes and Build Compliance into the State's Existing Enforcement Structure (3 of 7)

Monitoring to ensure on-going compliance:

- CMS strongly recommends that states use their existing licensing, recertification and case management processes as part of their monitoring and oversight of home and community-based settings' compliance and assure that staff are properly trained on community integration requirements and strategies they should be looking for in the monitoring process.
- Ongoing monitoring should include consumer feedback or other mechanisms to understand the typical level of inclusion beneficiaries have with the community.
- States may choose to use CMS' exploratory questions in their monitoring tools

5. Focus on Outcomes and Build Compliance into the State's Existing Enforcement Structure (4 of 7)

Monitoring to ensure on-going compliance:

- States are encouraged to use existing infrastructure and processes to monitor settings:
 - Tools used in these processes (licensing, certification, agency inspection manuals) may need to be updated to reflect the new settings requirements.
 - Staff within existing infrastructure should also be trained and have access to ongoing professional support to assure a consistent knowledge base on the new settings requirements.

5. Focus on Outcomes and Build Compliance into the State's Existing Enforcement Structure (5 of 7)

Monitoring to ensure on-going compliance:

Examples of state activities:

- Site visits (to observe settings and individual integration into the community, review records, interview staff and residents)
- Licensing and certification reviews
- Case manager visits
- Provider self-assessment surveys that are validated
- Consumer satisfaction surveys linked to specific sites
- MCO performance monitoring

5. Focus on Outcomes and Build Compliance into the State's Existing Enforcement Structure (6 of 7)

Monitoring for on-going compliance:

Stakeholder engagement

- States are encouraged to educate stakeholders so they can assist with settings monitoring.
- Examples of this type of activity include:
 - Developing and implementing a communication plan to educate stakeholders (e.g., beneficiary advocacy groups, federally funded disability and aging partners and provider associations) about how to assist with the state monitoring.

5. Focus on Outcomes and Build Compliance into the State's Existing Enforcement Structure (7 of 7)

Monitoring for on-going compliance:

Stakeholder engagement

- Providing beneficiaries with information targeted to their specific situation(s) that explains their rights, related provider requirements and how to report concerns.

6. Train, Train, and Then Train Some More (1 of 3)

Build a common understanding of the values, principles and requirements underlying system change

- Assess competencies of stakeholders, providers, participants and design focused training strategies to include:
 - The federal regulations
 - Person-centered thinking, planning and practice
 - Barriers and how to overcome them
 - Community resource mapping to support community inclusion
 - Accessing public transportation

6. Train, Train, and Then Train Some More (2 of 3)

Identify a variety of training modalities:

- Webinars, focus groups, Communities of Practice
- Toolkits on websites for guided interviews, building community integration
- Mentoring
- Coaching “on the ground”
- Technical assistance support
- Include organization/agency-wide training as well as focused training

6. Train, Train, and Then Train Some More (3 of 3)

Identify a variety of training modalities:

- On-line courses
- Enhanced certification/incentives
- Regional/state provider conferences
- Learning communities
- Case studies/blogs on provider strategies
- State newsletters on specific topics

Review of Key Components to Support System Transformation

- Transparency to Enhance Knowledge and Encourage Buy-In Among Stakeholders
- Advance Person-Centered Thinking, Planning and Practice
- Connect with the Community in Resourceful Ways
- Consider Incentive Options to Encourage Community Inclusion Among Providers
- Focus on Outcomes and Build Compliance Factors into the State's Regulations
- Train, Train, and Then Train Some More!

Questions and Answers

Open the lines for Questions and Answers

Resources (1 of 3)

Central Office Contacts—Division of Long Term Services and Supports:

❖ **Ralph Lollar, Director**

Ralph.Lollar@cms.hhs.gov

❖ **HCBS Training Series--**Webinars presented during SOTA calls are located in the link below:

<https://www.medicaid.gov/medicaid/hcbs/training/index.html>

Resources (2 of 3)

- District of Columbia (DC): Slide 18: <https://dds.dc.gov/node/1055852>
- MD: Slide 18:
<https://mmcp.health.maryland.gov/waiverprograms/Pages/Community-Settings-Final-Rule.aspx>
- NY: Slide 18: https://opwdd.ny.gov/opwdd_services_supports/HCBS/hcbs-settings-toolkit
- Pay for Performance Rate Methodologies in a HCBS FFS Environment SOTA webinar. Slide 21:
<https://www.medicaid.gov/medicaid/hcbs/downloads/training/pay-for-performance.pdf>

Resources (3 of 3)

- CT: Slides 23 and 36: Lifecoursetools.com is a project of Missouri Family to Family housed within Missouri's University Center for Excellence in Developmental Disabilities Education, Research and Services (UCEDD) at the University of Missouri-Kansas City Institute for Human Development and <http://www.ct.gov/dds/cwp/view.asp?a=2042&q=591452>
- TN: Slide 24 and 28: Source: Final Approval of a Statewide Transition Plan: One State's Approach from HCBS Intensive: HCBS Final Rule Where We Were, Where We are Now & the Path to Final Approval, August, 2017.
- NY: Slide 40: This was adapted from a A.N. Amado's (2013). *Friends: Connecting people with disabilities and community members*. Minneapolis, MN: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living.

Feedback

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(The survey link CAN'T be opened within Web-Ex)

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