



Human Services
Research Institute

Revised Federal Expectations for HCBS Service Settings and Person-Centered Services and Supports*

Information for Florida Service Providers

May and June 2015

June Rowe, HSRI Senior Policy Associate
Elizabeth Pell, HSRI Policy Associate

* Information in this PPT and handouts are provided by HSRI staff solely and do not represent guidance by CMS in its official capacity.

New HCBS Rule Established to...

- Ensure people receiving long-term services and supports through Medicaid home and community based (HCBS) programs have full access to the benefits of community living and opportunities to receive services in the most integrated setting appropriate
- Rule effective March 17, 2014
- States had 1 year to submit Transition Plans to come into compliance with new HCBS setting rules.
- States have 5 years (until March 17, 2019) to meet new expectations for HCBS settings.





New Requirements for
HCBS Settings



Places Where People Live and Spend Time During the Day Must...



- Support valued outcomes such as choice, privacy, and community inclusion in the most integrated setting
- Be assessed based on the **individual's experience and choices** rather than solely on location, geography and physical characteristics
- New rule applies to all HCBS service settings: residential and day

What is not a HCBS Setting

- Nursing facility
- Intermediate Care Facility for people with intellectual and developmental disabilities (ICF/DD)
- Hospital
- Institution for people with psychiatric disability



Presumed not to be HCBS Setting

Settings that have the effect of isolating individuals from broader community such as:

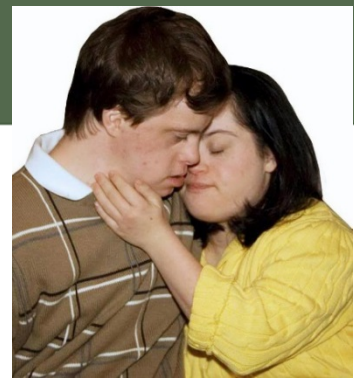
- Facilities providing inpatient treatment (public or private)
- Homes on the grounds of, or immediately adjacent to, a public institution
- Settings or locations that isolate individuals from the broader community



What is an HCBS Setting

- **Integrated** in and supports full access to 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 with the **same degree of access** as individuals not receiving Medicaid home and community-based services





What is an HCBS Setting (continued)

- Chosen by an individual from among residential and day options that include settings (workplaces, homes, day programs, etc.) used by everyone, not designed only for people with disabilities
- Respects the participant's option to choose a private unit in a residential setting
- Optimizes autonomy and independence in making life choices
- Facilitates choice of services and who provides them
- Ensures right to privacy, dignity and respect and freedom from coercion and restraint

Provider-Owned or Controlled Residential Settings

Additional Requirements! Individuals must have*:

- Lease or 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.

Person-Centered Service Planning*

Applicable: 1915(c) waivers and 1915(i) state plan options



* Required by CMS now and in the FL Medicaid Handbook

Person-Centered Service Planning: Process

- Service planning process is driven by the individual
- Includes people chosen by the individual
- Is timely; meeting time and location convenient to the 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 individual
- Reflects cultural considerations



Person-Centered Service Planning: Process



- 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 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

Person-Centered Service Planning: Process

- 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
- Provides a method for the individual to request updates
- May include whether and what services are self-directed



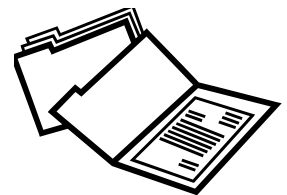
Person-Centered Service Plan Documentation

Individual is driving planning documentation:

- Individual's goals and desired outcomes are included
- Provide opportunities to seek employment and work in competitive integrated settings

Setting documentation:

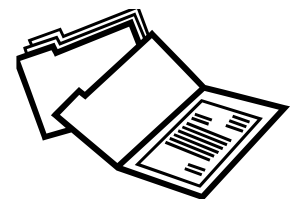
- Must document that the **setting is chosen by the individual and supports full access to the community.**
- Justification for any restrictions or modifications that are not consistent with the HCBS guidelines (e.g., specific choices, roommates, access to food, etc.)



Person-Centered Service Plan Documentation

Services and supports are individualized and

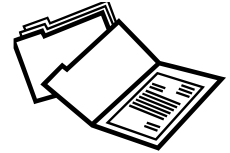
- Assist the individual to engage in community life, control personal resources, and receive services in the community.
- Linked to individual's strengths and preferences
- Align with assessed clinical and support needs
- Backup plans and strategies are present when needed
- Include purchase/control of self-directed services



Person-Centered Service Plan Documentation

Plan must also:

- Identify providers of services and supports, including **unpaid supports provided voluntarily** in lieu of waiver or state plan HCBS
- Individuals responsible for monitoring plan
- Informed consent of individual in writing



Review and update:

- Reviewed and revised upon reassessment of functional need every 12 months, or when the individual's circumstances or needs change significantly, and/or **at the request of the individual.**
- Signed by all individuals and providers responsible for implementation. Copy of plan must be provided to individual and his/her representative and others involved.

Additional New Federal Standards for Person Centered Planning & Self-Direction

- Affordable Care Act (ACA) regulations effective June 6, 2014 regarding HCBS.
- Additional Federal emphasis on person-centered service planning and self direction.



State HCBS Transition Plan Information

1. Medicaid.gov website, Home & Community Based Services page, HCBS Final Regulations, Fact Sheets, Settings that Isolate, Transition Plan Compliance toolkit, & Transition Plans: <http://www.medicaid.gov/HCBS>
2. Florida APD webpage on new HCBS requirement activity: <http://apdcares.org/cms/>
3. FL Statewide HCBS Transition Plan posted for comment Feb 12- Mar 14, 2015: http://www.ahca.myflorida.com/medicaid/hcbs_waivers/docs/transition/Draft_Statewide_Transition_Plan_02-12-2015.pdf
4. HCBS Advocacy website, tracks HCBS setting transition plans and activity: <http://hcbsadvocacy.org/state-resources/florida/#docs>
5. For public comment on Transition Plans and specific service settings, send comment to: hcbs@cms.hhs.gov

Resources: Other

6. Section 2402(a) Affordable Care Act – Guidance for Implementing Standards for Person Centered Planning and Self-Direction in HCBS:
<http://www.acl.gov/Programs/CDAP/OIP/docs/2402-a-Guidance.pdf>
7. HHS Office on Minority Health Standards national Standards on Culturally and Linguistically Appropriate Services (CLAS) at:
<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=15>
8. Angela Amado's free manual & activity worksheets, *Friends: Connecting People with Disabilities with Community Members*:
<https://ici.umn.edu/index.php?staff/view/y48gppq52b>
9. National Resource Center on Supported Decision Making (SDM):
<http://supporteddecisionmaking.org/> Free webinars on SDM

Contact information for Human Services Research Institute (HSRI):

June Rowe, 781-859-9188, jrowe@hsri.org

Elizabeth Pell, 617-876-0426 x 2307, epell@hsri.org



Rendering Person-Centered Services to Individuals





Purpose of training

- Describe the interview tools
- Scenarios
- Question and Answer



Change can be scary,
but you know what's scarier?
Allowing Fear to stop you
from Growing, Evolving
and Progressing.

- Mandy Hale -

SayingImages.com



How is Delmarva Capturing Information?

- Capture information from both the perspective of the person receiving services and the provider/staff rendering the service through interviews.
- Capture information from announced and unannounced observations at settings receiving residential habilitation and adult day training.



Four Key Interview Areas

- **Person Centered Supports:** Individuals needs are identified and met through Person Centered Practices.
- **Community:** Individuals have opportunities for integration in all aspects of their lives including where they live, work, access to community services and activities and opportunities for new relationships.
- **Health:** Individuals are in best possible health.
- **Safety:** Individuals are safe.



Person Centered Supports

- Individuals needs are identified and met through Person Centered Practices
 - Support Plan/Implementation Plan/Behavior Plan
 - Goals/Dreams
 - Progress/Achievement
 - Options: Services and Providers



Person Centered Supports

- Individuals needs are identified and met through Person Centered Practices
 - Options: Time and Place
 - Satisfaction
 - Rights
 - Privacy
 - Respect



When you feel like
Quitting
think about why you
Started
Words of Balance.com



Community: Living

- Individuals have opportunities for integration where they live
 - Options and Choice
 - Preference
 - Rooming Arrangements
 - Privacy



Community: Living

- Individuals have opportunities for integration where they live
 - Personal Property
 - Visitors
 - Food
 - Schedule



Community: Work

- Individuals have opportunities for integration where they work
 - Options and Choice
 - Preference
 - Satisfaction
 - Education



Community: Activities

- Individuals have opportunities for integration including access to community services and activities
 - Options and Choice
 - Preference
 - Education



Community: New Relationships

- Individuals have opportunities for integration including access to community services and activities
 - Community Life
 - Social Roles



Community: New Relationships

- Individuals have opportunities for integration including opportunities for new relationships
 - Who do you know?
 - Opportunities
 - Maintain friendships/relationships
 - Communication



Safety

- Individuals are safe
 - Feel Safe
 - Abuse, Neglect, and Exploitation
 - Prepared for emergencies
 - Community Safety
 - Adaptive Equipment



Health

- Individuals are in best possible health
 - Health Concerns
 - Options and Choice
 - Preferences
 - Preventive Care



Residential Habilitation & ADT Observations

- Autonomy and Independence
- Community Opportunity
- Privacy
- Dignity & Respect
- Physical Environment
- Medication Management
- Restrictive Interventions
- Abuse, Neglect and Exploitation



Autonomy and Independence

- Routine, Activities, Schedule
- Food and Beverage
- Personal Property
- Access
- Rules
- Funds



Community Opportunity

- Education and Resources
- Opportunity
- Accessibility
- Choice and Preference
- Meaningful Connections



Privacy

- Rooming Preferences
- Personal Information and Mail
- Places to be alone
- Audio and Video Recording
- Visitors



Dignity and Respect

- Treated with respect by all
- Choices respected
- Seen as their home
- Positive interactions
- Décor, interests & hobbies reflected



Physical Environment

- Clean and Safe
- Emergency exits
- Temperature
- Wiring
- Modifications



Medication Management

- Storage
 - Non Controlled and Controlled
- Administration
 - 5 Rights-Right Medication, Right Person, Right Time, Right Dose, Right Route



Restrictive Interventions

- **Interventions Match
Approved Behavior Plan**
- **Training**
- **Right Restrictions**



Abuse, Neglect, and Exploitation

- Signs of abuse, neglect, or exploitation observed
- Hygiene, dental, adverse drug interactions, positioning
- Abuse Registry Number
- Unaware of health & safety considerations or expressed needs
- Staffing ratio



Change is **INEVITABLE**.
Progress is **OPTIONAL**.

~ Tony Robbins



Florida Statewide Quality Assurance Program

Customer Service Representative:

➤ Beth Stratigeas

- Phone Number
 - 1 (866) 254-2075
- Secure Fax Number
 - 1 (888) 877-5526
- Email: stratigease@delmarvafoundation.org