Colorado HCBS Setting Final Rule: Training for Residential Settings

The Lewin Group
January 29th, 2016
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
Goals and Objectives

- Identify which residential HCBS settings are impacted by the Final Rule.
- Understand the requirements of the Final Rule for residential HCBS settings.
- Gauge where your HCBS setting(s) are in terms of compliance.
- Learn about best practices in coming into compliance.
- Begin to develop a draft provider transition plan for your setting.
WebEx Quick Reference

• Use chat to answer questions, make comments, share insights

• For technology issues, please chat to “Host”

• For questions, comments or insights please chat to “All Participants”
Questions to Consider

• What changes are necessary within my setting to enable full access to the community?

• What supports do I need, to support individuals’ full access to the community?

• How are an individual’s choice, freedom and independence both ensured and prioritized within my HCBS setting(s)?

• How will these changes lead my organization to be more Person Centered.
The Rule includes Two Provisions

Home and Community Based Service Settings
- Increases protections relating to where individuals receive Home and Community Based Services, and
- Ensures individuals are afforded opportunities to be fully integrated into their community.

The Person-Centered Planning Process
- Increases the individual’s input on how services are planned and what is included in the plan of care
The Final Rule will Ensure:

- Each individual gets the most out of community living
- All services are provided in integrated settings
- Provision of services is person-centered
The Final Rule affects these Residential Settings

- Group Homes
- Host Homes
- Assisted Living facilities
- Planned Communities
- Congregate Settings
- Supported Living Program
- Transitional Living Program
- Alternative Care Facility

- Child Residential Habilitation:
  - Foster Care Homes
  - Group Centers
  - Group Home
  - Kinship Care
  - Kinship Foster Care
  - Residential Child Care Facility
The Final Rule does not affect...

- Nursing facilities
- Institution for mental diseases (IMD)
- Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Hospitals
These settings are presumed not to be Home and Community-Based

• Settings in a publicly or privately-owned facility providing inpatient treatment

• Settings on grounds of, or adjacent to, a public institution

• Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS
WHAT DO I NEED TO KNOW ABOUT THE NEW RULE?
Important Characteristics for all HCBS Settings

- Integration with the Community
- Choice
- Rights
- Independence
Integration with the Community

• Provides opportunities to:
  - Seek employment and work in competitive integrated settings
  - Engage in community life
  - Control personal resources

• Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
Choice

• The individual must be able to choose the setting from other options, including non-disability specific settings
  ➢ The setting reflects individual needs and preferences
  ➢ Policies ensure informed choice of the individual
  ➢ Service options include the opportunity for individuals to choose to combine more than one service setting in any given day/week for full community integration
Let’s talk about that...

What does that mean to me?
Dale’s Story

• Dale, 22, loves to drink coffee and socialize with people at the local coffee shop. He also has a soft spot in his heart for any type of dog.

• Dale has an intellectual disability and lives in group home setting with 4 other males. Dale chose the group home setting when he turned 18 and moved from his parent’s house. He shares his room with Grant, a 40 year old man who has lived in the same room “forever.” Since Grant was in the room first, Dale has done little to decorate his room. He spends little time there.

• Dale enjoys his house since it is next to his favorite coffee shop. To go to the coffee shop he must receive approval from multiple people.

• Dale is unable to see some of his old friends due to distance from where they live. He hasn’t seen several of them since his move.

• Dale is looking for employment. He recently applied to work at the pizza place across the street.
Rights

- The individual must have rights to privacy, dignity, respect and freedom from coercion and restraint
  - All information about the individual is kept private
  - Staff interact and communicate respectfully and in a manner in which the individual wants to be addressed
  - Informed consent is granted prior to the use of restraints and/or restrictive interventions
  - The setting offers a secure place for the individual to store personal belongings
Take a minute to reflect...

- What changes are necessary within my setting to enable an individual’s choice?
- What supports do I need to support realizing individuals’ choice?
- What changes can I begin to make this month?
Let’s talk about that...

What does that mean to me?
Ruth’s Story

- Ruth, 74, resides in an Alternative Care Facility. She is a free lance writer who loves to take long walks to get ideas. She values her independence and wants to stay in her apartment in the ACF as long a possible.

- Due to recent memory impairments, she needs assistance with her medications - knows them by color but not when to take what. Needs to be reminded of times.

- She also needs assistance with bathing and dressing. Prefers a woman. When bathing, does not like water on her face.
Take a minute to reflect...

• How are an individual’s choice, freedom and independence both ensured and prioritized within my setting(s)?

• What changes will I begin to make this month to better prioritize an individual’s independence?
WHAT ABOUT RESIDENTIAL SETTINGS IN PARTICULAR?
Settings owned/controlled by providers must have:

- Legally enforceable (or other written) agreement
- Same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity
Settings owned/controlled by providers must have:

- Privacy in living/sleeping unit
- Choice of roommates
- Units with lockable entrance doors
- Freedom to furnish and decorate
Let’s talk about that ...

What does that mean to me?
Jackie’s Story

• Jackie, age 56, is a social woman who can engage just about anyone she encounters. She loves telling jokes, working the crossword puzzle, and creating new puns.

• She now has physical and cognitive limitations due to MS and lives in a host home. She uses taxi cabs regularly for transportation.

• Although she has a limited income, she often gives money to people she meets.

• Jackie often invites strangers into her home.
Settings owned/controlled by providers must have:

- Freedom and support to control schedules and activities
- Ability to have access to food any time
- Freedom to have visitors at any time
- Be physically accessible to the individual
Let’s talk about that...

What does that mean to me?
Take a Minute to Reflect....

- What changes are necessary within my setting to enable full access to the community?
- What supports do I need, to support individuals’ full access to the community?
- How are an individual’s choice, freedom and independence both ensured and prioritized within my HCBS setting(s)?
- What changes can I begin to make this month to enhance the quality of HCBS to individuals?
WHAT IF I AM UNABLE TO COMPLY ON AN INDIVIDUAL BASIS?
You are able to modify, as appropriate!

• Any modifications must be:
  ➢ Supported by specific assessed need
  ➢ Justified in the person-centered service plan
  ➢ Documented in the person-centered service plan
Modification Documentation must Include:

- Specific individualized assessed need
- Prior 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 and supports will not cause harm
Take a Minute to Reflect....

- What changes are necessary within my setting to enable full access to the community?
- What supports do I need to support individuals’ full access to the community?
PROVIDER TRANSITION PLANS AND
POTENTIAL SITE VISITS
Colorado’s Path towards Compliance Requires Your Participation!

- Assess the extent to which current State statute, regulation, and policy ensure compliance with CMS regulations.
- Identify where providers need support to come into compliance with the new regulations.
- Verify that recipients are receiving waiver services in home and community-based settings, as defined in the new regulations.

We are here!
Provider Path to Compliance

• Self Assessment
• Individual and Family Survey
• Provider Transition Plan
• Site-Visit
• Updates to Provider Transition Plan
• Compliance!!
Remediation

• Identification of Areas for Growth
• Action steps
  ➢ Provider training, outreach, or education
  ➢ Policy change at the provider level
  ➢ Education at the participant level
• Person responsible
• Monitoring plan
• Periodic updates on progress
Section B: Areas for Growth

Please review the initial and secondary survey information for accuracy and make corrections. Fill in the date and the Department lead for site visits.

Date Initial Provider Survey was completed: ____________________

Number of Potential Areas of Noncompliance Identified: ____________________

Site Visit Lead (CO HCPF) Name: ____________________

Site Visit Lead (CO HCPF) Email: ____________________

Date Secondary Provider Survey was completed: ____________________

Number of Potential Areas of Noncompliance Identified: ____________________

Estimated Site Visit Date: ____________________

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Please enter the appropriate timeline and the person responsible for each for each action step category.

Provider training, outreach, and education

- Less than one month
- 1-3 months
- 4-6 months
- 6 months+

Policy change at the provider level

- Less than one month
- 1-3 months
- 4-6 months
- 6 months+

Education at the participant level

- Less than one month
- 1-3 months
- 4-6 months
- 6 months+

These will be used in six months for follow-up on progress. Please select the most appropriate options for progress made and enter enter a description in the text box. Please attach evidence of actions such as policies/ procedures, example support plans, resident handbooks, lease/residency agreements, staff training curriculum and materials, and training schedules.
What are your next steps?

• Continue to work towards building a person-centered agency for individuals receiving services in your organizations.

• Reach out to the Department if you have questions or concerns about your ability to come into compliance with the Final Rule.

• Complete the Provider Transition Plan, when you receive it!
Upcoming Trainings!

- February 23rd at 1pm: Focus on Non-Residential Providers
- March 16th at 9am MT
- April 28th at 9am MT
- May 18th at 1pm MT
Where can I go for more information?

- A summary of the regulatory requirements of fully compliant HCBS settings and those settings that are excluded.
- Additional technical guidance on regulatory language regarding settings that isolate.
- Exploratory questions that may assist states in the assessment of:
  - Residential Settings
  - Non-Residential Settings
- Questions and Answers Regarding Home and Community-Based Settings
- Medicaid Home and Community Based Services Website
Questions?
Contact Information

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