

Home and Community Based Settings: Provider Training

Compliance with HCBS Setting Requirements

Training Take - Aways

- **Must complete Self-Assessment**
- **Must do Policies & Procedures**



REMEMBER:

HCBS requirements do not change what you are required to do by Licensing and Certification.

Topics for Today

- IDAPA Rules for All HCBS Settings
- Provider Toolkit: Overview-Section by Section
- Provider Self Assessment

Background

- The Centers for Medicare and Medicaid Services (CMS) published regulations in 2014 that implemented new requirements for state Medicaid Home and Community Based Services (HCBS) programs
- In essence the regulations allow for all individuals receiving HCB services the same rights, the same opportunities for community engagement and the same controls and choices all of us have day to day

IDAPA

Idaho State Rules

Rules Overview

- Rule changes were made to the Idaho Administrative Procedures Act (IDAPA) to ensure the state aligns with the new regulations that became effective July 1, 2016.
- We will provide a summary overview of the new IDAPA rules
- You can visit our website for the full text of the new rules:
www.HCBS.dhw.idaho.gov

16.03.10.310: HCBS Programs

The following Medicaid services are considered to be HCBS programs:

- Children’s Developmental Disability Services
- Adult Developmental Disability Services
- Consumer-Directed Services
- Aged and Disabled Waiver Services
- Personal Care Services

16.03.10.311 - Guardianship

HCBS requirements do not trump guardianship, but a guardian cannot choose for a Medicaid participant to get Medicaid services in a setting that does not meet the HCBS requirements

Guardianship – Let's Review Some Examples

16.03.10.312 – HCBS Settings

- An “HCBS setting” is any place where people receiving HCBS live or receive their services
- HCBS settings are NOT:
 - Nursing facilities
 - Institutions for mental diseases
 - Intermediate Care Facilities for persons with Intellectual Disabilities
 - Hospitals
 - Places that have qualities of an institution

16.03.10.313 – HCBS Setting Qualities

- ALL HCBS settings must provide the following:

- Community access and integration
- Choice of supports
- Opportunities to make choices

- Privacy
- Freedom from coercion and restraint

- If a setting quality poses a health or safety risk to a participant, goals and strategies must be on the individual's services plan that specify how that risk will be addressed. This is called risk mitigation.

16.03.10.314 – Residential Setting Qualities

In addition to the qualities we just reviewed, Residential Assisted Living Facilities and Certified Family Homes must *also* provide:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Ability to have visitors• Locks on entrance and/or bedroom and bathroom doors• Freedom to choose furniture/decorations | <ul style="list-style-type: none">• Choice of roommate• Freedom and support to make choices about daily life• Access to food |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

16.03.10.315 – Exceptions in Residential Settings

- If a residential setting quality poses a health or safety risk to a participant, there is a process for **exceptions**
- These require additional documentation in order for the provider to limit one of those qualities

*Risk mitigation and exception processes will be program-specific. We will be providing information about these to plan developers later in the year.

16.03.10.316 and 317 – Person-Centered Planning

There are some components of Person-Centered Planning requirements, however, these components are program specific and will not be discussed today. Program specific training will occur for Plan Developers in the coming months.

16.03.10.318 – Provider Self Assessment and Enforcement

- The Department will begin monitoring and enforcement of these qualities beginning in January 2017
- All providers must complete a Self-Assessment by December 2016
- We will review the Self-Assessment in greater detail in a later segment of this training

Activity

Questions?

Break

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Provider Toolkit

Introduction to the Toolkit

The toolkit can be found on the HCBS webpage at:

- www.HCBS.dhw.idaho.gov
- It is also available in hard copy upon request at any regional Medicaid office, all satellite offices or at the Medicaid Central office in Boise

The Toolkit Contains the Following Documents:

1. Rules & Guidance which include the intent of the rule as well as best practice suggestions
2. HCBS Glossary of Terms
3. Sample Policy and Procedures
4. Participant Rights
5. Provider Self-Assessment Tool

Additionally, frequently asked questions have been developed and can be found on the webpage under ***Frequently Asked Questions*** on the right hand side of the page

Use the Provider Toolkit!

The purpose of the provider toolkit is to support you in becoming compliant and to help you complete your self-assessment.

Let's Talk About the Rules and Guidance Document

The Rules & Guidance Document

- **Regulation:** This box contains the federal regulation language
- **Intent:** This section describes the intention and purpose behind the regulation language
- **Examples:** This section contains one or more scenarios that illustrate how the regulation “looks” in practice. Examples have been included from a variety of service types and HCBS programs. REMEMBER: Not all examples apply to all settings.
- **Best Practice Suggestions:** This section contains several different suggestions for ways that providers could ensure that they are meeting the requirement. We used many practices that were suggested by providers. Like the examples, not all best practices will apply to all settings.
- **Additional Guidance:** This section contains useful additional information regarding each requirement. For some requirements, the additional guidance section also contains some examples of scenarios or situations that we shouldn’t see in HCBS settings.

Let's Talk About the Glossary of Terms

- The **Glossary of Terms** includes some commonly used terms and phrases that you might hear during our trainings or see in the toolkit and other materials on our webpage
- These terms are defined in order to help support your compliance with the HCBS requirements

Glossary of Terms

- **Age Appropriate Activities:** those activities that correspond with an individual's chronological age
- **Coercion:** when someone uses intimidation or their authority to compel or force another person to do or not do something without regard for the individuals' desire. This can include threats, manipulation, and ultimatums.
- **Cultural Considerations:** an individual's cultural beliefs, norms, and practices are chosen by the individual and honored to the degree possible.
- **Exception:** when a residential provider-owned or controlled setting requirement, as outlined in IDAPA 16.03.10.315, must be modified based on a need of the participant that is identified through person-centered planning. Service plans with exceptions to residential setting requirements must be submitted to the Department or its designee for review and approval.
- **Guardianship:** a legal relationship created when the court appoints a person or entity to make legal decisions for another person.

Let's Talk About the Sample Policy and Procedures for CFHs

- The new HCBS rules require that providers have policies and procedures in place to support the new HCBS requirements
- The Sample Policies and Procedures, which were developed for use by Certified Family Homes, provide **an example** of how these may be structured and the type of content that should be included

Participant Rights

This is a one page document that lists the rights all participants have as defined by the new HCBS regulations. It is intended to serve as a handout for you to use however it seems appropriate:

- You may choose to post it in your setting so all can see it
- You may choose to pass it out to individuals when they first enroll in your service
- You may choose to use it with participants as a learning tool or point of discussion every 3 months
- You may choose to share it with guardians if the individual is unable to read

Let's Talk About the FAQs

The **FAQs** are a collection of common questions that we receive and our responses. Currently there are FAQs posted on the following topics:

- Guardianship
- Institution and Heightened Scrutiny
- Restricting HCBS Setting Qualities

Frequently Asked Questions

FAQs

CMS FAQs

Guardianship FAQs

Institution and Heightened Scrutiny FAQs

Restricting HCBS Setting Qualities FAQs

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Provider Self-Assessment

Provider Self-Assessment: Overview

- Providers who must complete this self-assessment include: Certified Family Homes, Residential Assisted Living Facilities, Developmental Disability Agencies, and Adult Day Health Centers
- Each provider must complete one assessment **for each site where they provide Medicaid HCBS**
- Providers are required to complete the self-assessment by **December 31, 2016**
- A copy can be downloaded from our webpage or picked up at a Regional Medicaid Office or satellite office

Provider Self-Assessment: Instructions

The self-assessment contains instructions on how to complete the document. This is a four step process:

HCBS Provider Self-Assessment

Instructions

Step 1: Complete the Provider Information page. Be sure to provide all requested information.

Step 2: Each question must be answered. Begin with your response to each question. If a question does not apply to you, please explain why it does not apply. Then, describe the evidence you have to support your response.

Step 3: Gather the documentation to support each response. You must have documentation to support all of the answers on the self-assessment.

Step 4: Your completed self-assessment and supporting documentation must be available at each site beginning January 1, 2017.

Provider Information

- First, complete all of the information on the provider information page
- Remember to mark as many setting types that apply to each setting location

Setting Type *(Please mark all that apply):*

Certified Family Home

Residential Assisted Living Facility

Developmental Disabilities Agency (Children)

Adult Day Health

Developmental Disabilities Agency (Adult)

Let's Look at a Question

Self-Assessment Questions	
1. How do you accommodate individuals who are employed, seeking employment or volunteering?	Response/Evidence: Click here to enter text.

- Remember, you must provide your response **and** describe the evidence that supports your response

Provider Self-Assessment: Questions

Here is a copy of the Provider Self-Assessment, let's discuss some of the questions briefly

NOTE: We do not have extra copies of the Provider Self-Assessment. If you want this to be your official copy do not take notes directly on this document.

Let's Talk About Evidence

Examples of what can be used as evidence:

- Policies and procedures
- Progress notes
- Transportation, visitor, or activity logs
- Observable schedules
- Training curriculum
- Residency agreement
- Employee or resident handbooks
- Participant interviews

Questions Continued

Let's try one more. Is there someone in the audience willing to try answer question # 7?

What kind of evidence can you offer to support that response?

NOTE: the first 16 questions must be answered by all providers.

After Question 16 you will see:



- This is the end of the assessment for developmental disability agencies and adult day health agencies
- Certified family home providers and Residential Assisted Living Facilities must complete the rest of the assessment

Sample of the Questions for Residential Providers

Let's take a look at one

Remember:

- In January 2017, the Department will begin on-site visits to HCBS sites
- In most situations, the assessor will contact providers a day or two in advance to schedule the on-site visit
- During the on-site visit, the assessor will request the provider's completed self-assessment and will evaluate the provider's responses and evidence

Activity

Questions?

**Thank you – please complete
your evaluation.**

**Remember you can email the
program with questions at:**

HCBSsettings@dhw.idaho.gov

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