

# Home and Community Based Settings: Final Rule

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## OVERVIEW OF THE CMS PERSON CENTERED PLANNING REQUIREMENTS AUGUST 11, 2014

**NOTE: THIS MEETING WILL BE TAPE RECORDED AND  
THE RECODING WILL BE POSTED TO THE HCBS  
WEBPAGE**

# Goals of the Webinar Series

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- To provide stakeholders with information about the new CMS HCBS regulation
- To provide stakeholders with information about Idaho Medicaid's approach for developing the transition plan to ensure compliance with the new CMS HCBS requirements
- To gather information about potential barriers to success and how Idaho might address those barriers in the transition plan
- To provide an opportunity for stakeholders to help shape how Idaho proposes to transition to full compliance

# Webinar Topics for Today's Meeting

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- Intent of the rule
- Overview of person-centered planning components
- Idaho's plan for analysis
- Next steps

Wherever you see this logo on a slide it means we are using language directly taken from CMS materials.



# **CMS HCBS Final Rule Title**

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**Published in the Federal Register on 01/16/2014**

**Title:**

**Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community-Based Services (HCBS) Waivers (Section 1915(c) of the Act)**

# Intent of the Final Rule

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- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate
- To enhance the quality of HCBS and provide protections to participants



# Intent of the Person-Centered Planning Requirements

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- To codify guidelines for person-centered planning for 1915(c) and 1915(i) programs:
  - Person-centered planning process
  - Person-centered service plan documentation
  - Review of the person-centered service plan
- To ensure that any modifications which impact the HCBS characteristics of a setting, discussed in the previous webinar, are documented according to specific criteria and monitored appropriately.

# Person-Centered Planning Process

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- **The person-centered planning process is driven by the individual, and:**
  - Includes people chosen by the individual
  - Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
  - Is timely and occurs at times and locations of convenience to the individual
  - Reflects cultural considerations and uses plain language



# Person-Centered Planning Process, Cont'd.

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- Includes strategies for solving disagreement and prohibits providers of HCBS from furnishing case management to avoid conflict-of-interest issues
- Offers choices to the individual regarding services and supports the individual receives and from whom
- Provides a method to request updates to the plan
- Records alternative HCBS settings that were considered by the individual



# Person-Centered Service Plan

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- **The written plan of service must:**
  - Reflect that the setting in which the person resides is chosen by the individual.
  - Reflect the individual's strengths and preferences.
  - Reflect clinical and support needs as identified through an assessment of functional need.
  - Include individually identified goals and outcomes.
  - Reflect the services and supports (both paid, and unpaid) that will assist the individual to achieve identified goals.
  - Reflect risk factors and measures in place to minimize them.



# Person-Centered Service Plan, Cont'd.

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- Be understandable to the participant, written in plain English and in an accessible format.
- Identify the individual or entity responsible for monitoring the plan.
- Be finalized and agreed upon, with the informed consent of the participant in writing, and signed by all individuals and providers responsible for its implementation.
- Be distributed to the individual and others involved in implementing the service plan.
- Include those services which the individual elects to self-direct.
- Prevent the provision of unnecessary services and supports.



# Modifications to the HCBS Setting Requirements

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- The written service plan must also address any modifications to the HCBS setting requirements described in the final rule.
- Any modification must be justified and documented in the service plan. The service plan must:
  - Identify a specific and individualized assessed need.
  - Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
  - Document less intrusive methods of meeting the need that have been tried but did not work.



# Modifications to the HCBS Setting Requirements, Cont'd.

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- Include a clear description of the condition that is directly proportionate to the specific assessed need.
- Include a regular collection and review of data to measure the ongoing effectiveness of the modification.
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- Include informed consent of the individual
- Include an assurance that the interventions and supports will cause no harm to the individual.



# Review of the Person-Centered Service Plan

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- The person-centered service plan must be reviewed, and revised upon reassessment of functional need, at least every 12 months, when the participant's circumstances or needs change significantly, or at the request of the individual.



# Idaho's Plans for Analysis and Next Steps

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- Determine where there are gaps between current person-centered planning guidelines and new requirements in Idaho's HCBS waiver and state plan programs
- Seek stakeholder input
- Include person-centered planning changes in overall transition plan and post for comment
- Gather comments on the transition plan and modify as needed
- Be ready to submit the transition plan to CMS by Dec. 12, 2014

**Note:** After development of this PowerPoint presentation, CMS informed us that the person-centered planning gaps and proposed steps to full compliance DO NOT need to be included in the Transition Plan. Medicaid will let stakeholders know next steps as soon as they are confirmed.

# Upcoming Webinars

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**8/15**

**1-2:30**

**Presumptive institutional settings**

# Important Resource

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**CMS has published fact sheets, webinars, and regulatory guidance, all available at the following website:**

**<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>**

# How to Contact Us

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- You may view materials from the state and access an 'Ask The Program' feature at [HCBS.dhw.idaho.gov](https://HCBS.dhw.idaho.gov)
- A copy of today's WebEx will be posted on that webpage within two business days
- The draft transition plan will be posted at that site for comment for 30 days once it is available
- You may email the program at: [HCBSSettings@dhw.idaho.gov](mailto:HCBSSettings@dhw.idaho.gov)

# Time to Tell Us What You think

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- If you are a provider, how do you think you are doing in meeting these person-centered planning requirements?
- If you are a participant, do you have any comments?
- Advocates, others - do you have any comments?

# QUESTIONS?