The HCBS Final Rule and Indiana's Non-Residential Transition Process

Facilitating a Pathway to a "Good Life" for Hoosiers with Disabilities
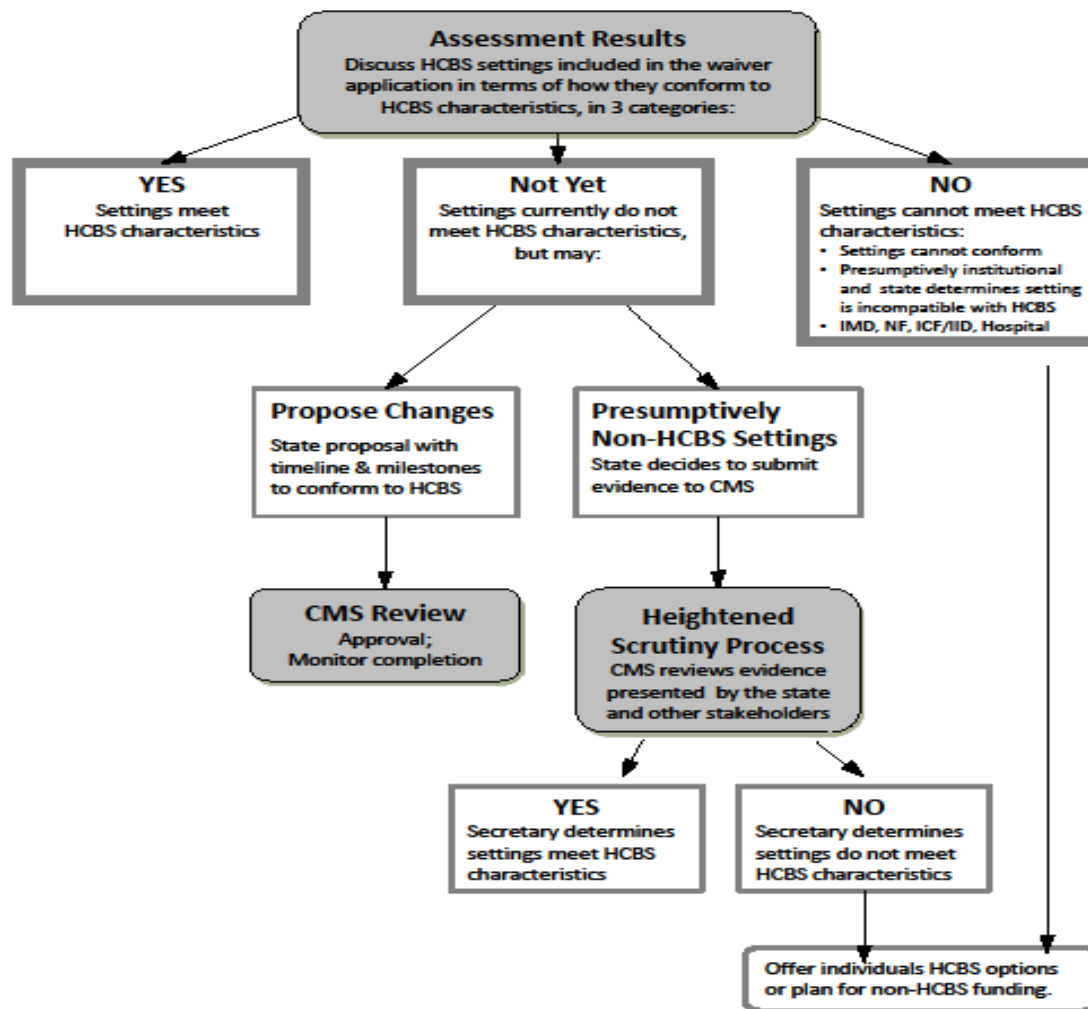
Agenda

- Steps toward compliance with HCBS settings requirements

- Preliminary Review of Non-Residential Settings Transition Plans

- BDDS Responses– Began April 15th

- BDDS Review Process

- Trends Noted

- Contents for a Successful Submission

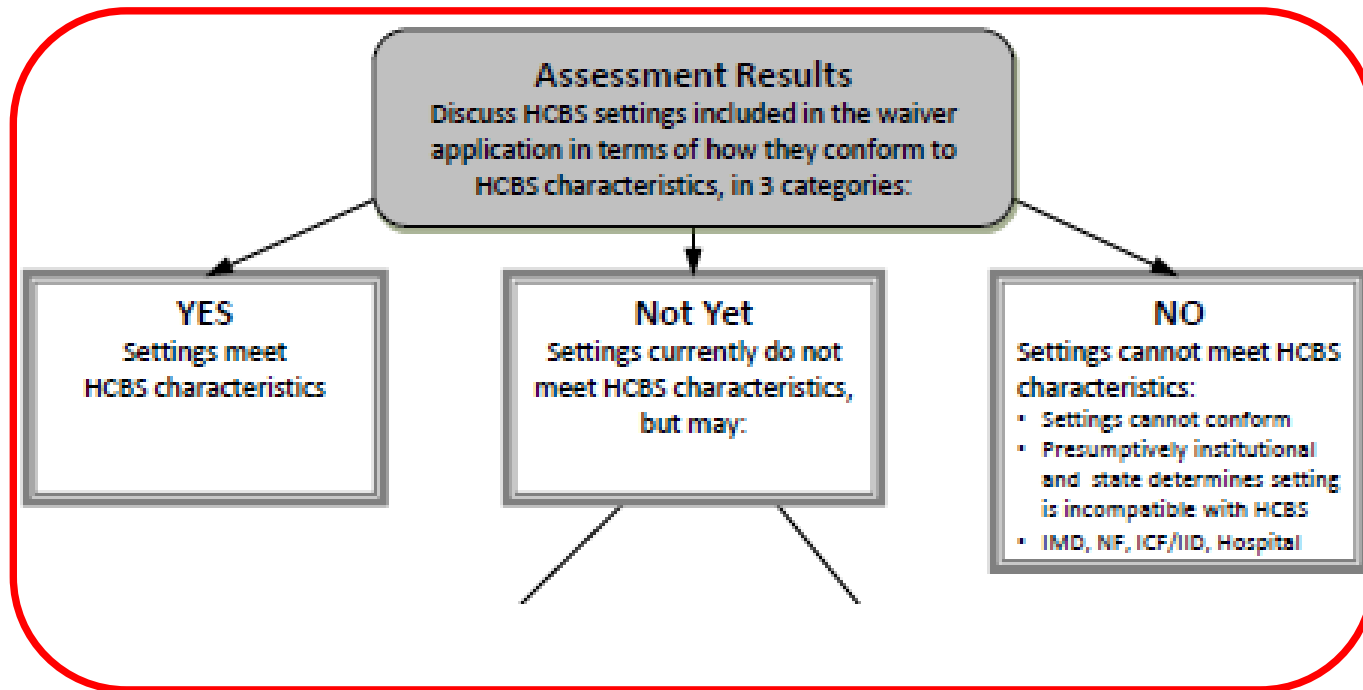- Continued Monitoring Toward Full HCBS Compliance- Ongoing

STEPS TO COMPLIANCE FOR HCBS SETTINGS REQUIREMENTS IN A 1915(c) WAIVER and 1915(i) SPA

Assessment Results
Discuss HCBS settings included in the waiver application in terms of how they conform to HCBS characteristics, in 3 categories:

YES
Settings meet HCBS characteristics

Not Yet
Settings currently do not meet HCBS characteristics, but may:

NO
Settings cannot meet HCBS characteristics:
- Settings cannot conform
- Presumptively institutional and state determines setting is incompatible with HCBS
- IMD, NF, ICF/IID, Hospital

Propose Changes
State proposal with timeline & milestones to conform to HCBS

Presumptively Non-HCBS Settings
State decides to submit evidence to CMS

CMS Review
Approval; Monitor completion

Heightened Scrutiny Process
CMS reviews evidence presented by the state and other stakeholders

YES
Secretary determines settings meet HCBS characteristics

NO
Secretary determines settings do not meet HCBS characteristics

Offer individuals HCBS options or plan for non-HCBS funding.

NOTE: Substantive changes in a 1915(c) HCBS Waiver Transition Plan will require public comment.

FSA INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

Non-Residential Compliance With HCBS Rule

Assessment Results
Discuss HCBS settings included in the waiver application in terms of how they conform to HCBS characteristics, in 3 categories:

YES
Settings meet HCBS characteristics

Not Yet
Settings currently do not meet HCBS characteristics, but may:

NO
Settings cannot meet HCBS characteristics:
- Settings cannot conform
- Presumptively institutional and state determines setting is incompatible with HCBS
- IMD, NF, ICF/IID, Hospital

Non-Residential Site Assessment Results and Findings

Each non-residential site visited had at least one area of potential improvement identified. Most can be easily addressed. Areas commonly identified in need of improvement include:

- **Community integration** – Nearly half of the sites did not provide <u>opportunities</u> for regular interaction (4 or more times per week) with individuals from the broader community engaged in activities based on what they want to do or a part of their person-centered plan.

- **Freedom of movement** – Individuals may have the freedom to move throughout the site, but often assessors found individuals could not go outside as they chose based on a person-centered plan and assessed need. When movement was restricted, it was more often a result of blanket policies and procedures rather than based on individual needs as identified through each individual's support plan.

- **Age appropriate activities** – Roughly ¼ of the sites did not appear to offer any age-appropriate activities. Sites needing transition were found to offer toys and activities more appropriate for young children (e.g. children's movies, Fisher Price toys, pre-school-age puzzles) rather than older adults.

- **Flexibility in schedules** – Sites not offering flexibility in meal and break times were most often those providing pre-vocational activities or sheltered work. Overall lacked opportunities for individual choices.

- **Barriers/restricted movement** – Nearly half of the sites were found to have some form of a barrier restricted movement, such as locked doors, gates, etc.

- **Meals/private dining** – As these were non-residential settings, many sites reported that individuals bring their own lunches. As such, these sites were found to not allow alternative person-centered options for dining. These sites were also most likely to provide pre-vocational activities or sheltered work.

- **Staff training** – While many sites reported offering staff training for new hires and continued education, many of these sites did not have the same training offerings for volunteers

Preliminary Review of Non-Residential Settings Transition Plans

- Responses sent back to providers requesting additional information

- Examples of transition strategies provided

- Resubmission due by May 17th

General Feedback & Suggestions

Non-residential provider transition plan contents
- Consider the utility of your plan
- Who is the audience?
- Does your plan have longevity?
- Secondary reader review option

BDDS Review Process

- Looking through the lens of HCBS Rule

- Looking at focus on Person Centered Planning Activities

- Looking at ability to verify actions proposed

Trends Noted

- The inability to verify implementation of stated actions

- Services must be person-centered in any setting or environment in order to comply with the HCBS rule

- Variety of activities at all skill level

- Citing limitations as reasoning

- Freedoms listed in PCISP (restrictions are required to be noted in PCISP)

- Focus on physical structure of setting/programing rather than individuals

Best practices

- Age appropriate activities – how can these be diversified in the site/environment?

- Community inclusion – vs just going out into the community

- How does the plan help individuals' lives look reflect ours

LifeCourse Strategies

CHARTING the LifeCourse

Exploring Life Possibilities

There are many options for living, working, and playing in the community. What might have been great 30 years ago, may not work for today's vision of a quality life in the community. This tool is to help individuals and families look at a variety of life options in each of the life domains, some of which are traditional or historic and no longer preferred by many, some that are known and tried, but not necessarily the norm, and others that are new or unfamiliar to individuals, families and professionals.

	Daily Life & Employment	Community Living	Social & Spirituality	Healthy Living	Safety & Security	Citizenship & Advocacy	Supports for Family Unit	Supports & Services
Innovative Life Options	New ideas; things that someone has tried, and you replicate or adapt for your own needs; things that haven't been thought of yet or tried.							
↕	• Micro-enterprises • Careers • Competitive employment • College or tech school • Supported employment • Work crews or enclaves • Job coaches • Volunteering • Special college programs	• Co-op • Adapted living space • Environmental technology • Shared living • Public transportation • Independent Supported Living (ISL) • Home of Your Own (program) • Independent Living Center	• Friendships • Dating/relation-ships • Parks and Recreation • Inclusive faith community • Service/social club/groups • Special Olympics • Special passes • Social skills classes	• Gym membership • Community Health Centers • Health fairs • Family practice providers • In-home or community based therapies • Family member or school staff implement therapy • Special Olympics	• Limited/ joint bank account, automatic bill pay, personal contract, agency agreement • Personal safety devices • Limited guardianship • Remote monitoring • Special Needs Trust • Power of Attorney	• Voting • Neighborhood group or organization • Self-Advocacy • Visiting your legislator • People First/SABE • Disability Rights Day at the Capitol • Project STIR	• Social Media • Technology • Blogs • Family & friends • Peer Support/P2P • Face-to-face local support groups • Online Support Groups • Sib-shops	• Exchange networks • Time banks • Human service co-ops • General education • Self-Directed Supports • $$ follows the person • Technology/remote monitoring
Traditional Life Options	• Sheltered workshops • Day habilitation	• Institutions • Intermediate Care Facility (ICF) • Group Homes	• Separate or special church service • Special group outings & activities	• Center-based therapies (PT, OT, Speech, etc) • Special or institutional medical care	• Full guardianship • 24 hour supervision	• Paid advocate or having someone else advocate on your behalf	• Institution or center based support group • Intensive all-day parent training • Disability specific groups	• Systems supports • Provider and agency staff

Developed by the UMKC Institute for Human Development, UCEDD. More tools and materials at lifecoursetools.com

May 2016

LifeCourse Strategies

- Traditional Option

  – Art and craft activity
  – Based on resources available and provider selected 'curriculum'

LifeCourse Strategies

- Innovative option

  -Creative Art for Sale

  - Based on individual preferences and assessed interests

Educating on the HCBS Rule

- Ensuring all staff within your agency are educated on the Final Rule and Transition Process
  - Expectations
  - Opportunities
  - Culture
  - Supporting innovative ideas
  - How does communication of policies, procedures, and expectations work within your agency?

Stakeholder Awareness

This is a public process. How is your agency...

- Educating families in knowing the process?

- Sharing the Transition Plan with families?

- How is the information being shared with other stakeholders?

Culture

How can your remediation plan reflect your agency's culture of person-centeredness?

Contents for a Successful Submission

- Does the transition plan provide the level of specificity to ensure state verification ?

- Does the transition plan provide a brief explanation as to why the strategy was chosen?

- Does the transition plan provide information to explain how individuals in services are offered choices that are person-centered?

- Does the transition plan outline a timeline that is proportional to the strategy presented?

- Does the transition plan incorporate person-centered concepts and thinking?

- Is the transition plan written in an easy to read, understandable format that could be understood by the public/stakeholders?

Transition Plan Contents for Successful Submission

Plan Contents	Examples
Does the transition plan provide the level of specificity to ensure state verification of the remediation?	- Implement an electronic tracking system for all community-based outings by 3/31/19 - Increase individuals receiving community employment supports or community employment by 10% by 6/2019 - Update participant handbook with freedom of movement statement by 3/31/19 - Train participants on updates to participant handbook and document by 4/30/19 - Update personnel policy to verify the needs and desires of the individual identified through the person centered planning process are taken into consideration and accommodated by 3/31/19 - Train staff on new personnel policy and document training records by 4/30/19
Does the transition plan provide a brief explanation as to why a transition strategy was chosen?	- This location serves a wide age range of individuals, including many older individuals with lengthy tenures in the program. Of the 218 individuals currently enrolled: 15% are younger than 30 36% are 30 to 50 years old 49% are older than 50 (including 18% who are 62 or older) 59% have 10 or more years in the program From past surveys and intake data we have found that younger participants and their families are more likely to want nontraditional day services that incorporate community-based learning and employment opportunities. Older participants and their families are more likely to want traditional programming, which they have

| | valued over the past 30 years, and they are less open to innovation and change. We will use our existing data on demographics and related preferences to prioritize our efforts to increase community-based programming while offering choices to all individuals.

The goal for this location is to offer choices of community-based services and employment for all age demographics based on the interest of each participant. Prioritizing groups of individuals by age will allow us to initially allocate more resources to individuals most likely to benefit. However, no individual will be prevented from participating in an activity or experience based on their age.

- We provide opportunities for regular meaningful non-work activities in integrated community settings. Each program participant at this location can consider participating in the integrated community activities offered. At times, the participant may have medical needs that may exclude him/her from attending when the weather and/or their health may be a consideration. This site serves many participants with high medical needs; most participants at this specific site reside in a nursing facility. We are committed to increasing the frequency of the community outings and opportunities to volunteer in the community. Driven by input from the participants, the manager of the site will develop a monthly plan for the community/integrated experiences to be offered at least one time per day in which the facility is open for operations. Generally, this site is open 5 days per week unless the site closes due to weather conditions or an agency-recognized holiday. The participants will choose their community options that they would like to experience. The manager will publish the plan for the month, monthly. The manager will document who selected to attend each of the listed integrated activities and other pertinent information such as if the outing needed to be cancelled for any |

	reason, such as inclement weather or if another barrier existed to prevent the outing from occurring as planned. The monthly schedule/plan and the outcome of that plan will be submitted to the Director at month's end for review and to be filed. The participants' reaction/response to the community-based activities will be documented. These notes will be reviewed by the manager and by the director monthly and applicable adjustments to the next month will occur as applicable.
Does the transition plan provide information to explain how individuals in services are offered choices that are person-centered?	• The agency offers a variety of opportunities for learning such as, computers, music, art & craft, sensory stimulation, physical exercise, board games. The agency provides services as per the individual's Person-Centered Individual Support Plan. Individuals have a PCISP which includes their specific goals and values that we respect and implement to assist them to meet their full potential. There is a set schedule of activities, but flexibility is built into it to allow personal preferences on which comes first. The activities provided center around the individual's person-centered plan. • Each of these individuals have a person-centered plan that is developed by the Individualized support team which includes the individual and guardian when applicable. This organization's vision is to see individuals integrate into the community and fully participate in different aspects of the community without any discrimination. People with disability have a role to play in life just like any other human being, given the right assistance and support; they unlock their fullest potential. This organization believes in building self-esteem for this population, having support systems in

	place to help them build relationships within and outside their circle.
Does the transition plan outline a timeline that is proportional to the strategy presented?	• Staff will be retrained in providing opportunities to provide choices of desired activities, where services will be provided and length of time as supported by the individuals PCISP by 3/31/019 • Staff will be retrained to allow individuals flexibility in break and lunch times as identified in their PCISP by 3/31/2019
Does the transition plan incorporate person-centered concepts and thinking?	• This location will implement a community interest survey based on the structure of Lifecourse. This survey will be given to all participants. After the survey is completed, we will offer choices based on the expressed interests. The department will hire a DSP that will be dedicated to using the interest survey data to meet community needs of the participants. Community activities will initially be offered twice a week, building up to 4 times a week as we are able. We will also increase the ongoing offering of community work training opportunities, person-centered community outings and enclaves to meet the needs of the participants who would like more work training opportunities to aid in securing community employment. About 10% of participants are actively engaged in VR, while an additional 8 to 10% are placed in community employment.
Is the transition plan written in an easy to read, understandable format that could be understood by the public/stakeholders?	We will be adding additional programming that will offer more formalized community based activities, building on choice for persons served. In order to ensure that we are offering programming which meets the needs of individuals served at all age, ability and interest levels, we will develop formalized methods of gathering information about the wants and needs of individuals served. This will include activities such as review of

	PCISP/Lifecourse Framework Documents, Individual Satisfaction/Input Surveys, and other stakeholder feedback.
	As wants and needs are compiled, choices based on needs will be implemented as appropriate. Note that there may be systemic issues with the current waivers which may limit some implementation which include: waiver budget constraints, staffing availability, individual choice, transportation availability, etc.
	As individual wants and needs are evaluated and teams develop plans for community access, staffing assignments and needs will be adjusted according to the demands of the program.
	- Develop formalized tracking of all prevocational and habilitation activities that occur in community settings by 12/19 - Review each person's PCISP along with wants and offer choices based on the wants and needs of each individual by 6/19 - Develop platforms for stakeholder feedback.

Continued Support Toward Full HCBS Compliance- Ongoing

Process

- Providers will complete the transition template with requested information and return to BDDS via e-mail at FSSA.DDRShcbs@fssa.IN.gov

- DDRS will review the plans and either approve or seek additional information

- DDRS will monitor plans and timelines to validate completion

Assessment Example 1-B

IN.gov

PCG-Indiana
IN DDRS Provider Onsite Assessment

HCBS Final Rule Onsite Assessment Tool

Date: 07/11/2017

CMS HCBS STANDARD - The setting is integrated in and supports full access to the greater community

1-B

OBSERVATIONAL GUIDANCE TO ASSESS COMPLIANCE - Does the site support both facility habilitation
AND community habilitation?

Observation: _____ No

Evidence for Observation:
   The provider indicates the _____ location does not support community habilitation.

Photo/Document Reference:
Photo/Document Reference:

Example of a Completed transition Plan

Indiana BDDS HCBS Settings Rule Provider Remediation Tool
Day Service Settings

The following are the Federal Requirements of a home and community based setting for Medicaid HCBS Waiver services. All settings must be in compliance with the requirements by March 17, 2022 in order to provide HCBS Waiver Services. In the Remediation Tool below, the language and criteria are listed to help guide you through a remediation strategy. Please reference your site survey for more detail on each Federal Requirement. Once you have identified potential areas in need of remediation and completed the tool, please return to the Bureau of Developmental Disabilities Services (BDDS), no later than the date indicated below, for approval. After your remediation plan has been reviewed by BDDS this tool will be returned for adjustments and implementation.

Name of Provider: Provider Indiana

Provider Address: 1234 1st St., Indianapolis, Indiana 46214

Provider Contact:

Date HCBS Final Rule Remediation Tool Due: 11/28/2018

1. Federal Requirement: The setting is integrated in and supports full access to the greater community.		
Remediation Plan	**Estimated Timeline**	
	Action	**Estimated Completion Date**
#1-B: Although the location is classified as a sheltered workshop, we continue to provide community activities geared toward work training opportunities billed under Prevocational (PV). The location has implemented an internal process that enables management to electronically track Prevocational activities that are community-	Continue to track all community-based Prevocational outings electronically.	8/29/2018

based. We believe the site does support community and facility-based habilitation for the individuals served. The location serves a wide age range of individuals, including many older individuals with lengthy tenures in the program. Of the 218 individuals currently enrolled: • 15% are younger than 30 • 36% are 30 to 50 years old • 49% are older than 50 (including 18% who are 62 or older) • 59% have 10 or more years in the program From past surveys and intake data we have found that younger participants and their families are more likely to want nontraditional day services that incorporate community-based learning and employment opportunities. Older participants and their families are more likely to want traditional programming, which they have valued over the past 30 years, and they are less open to innovation and change. We will use our existing data on demographics and related preferences to prioritize our efforts to increase community-based programming while offering choices to all individuals. Because younger individuals are most likely to be interested in community employment and other integrated activities, our initial focus will be on developing specific programming options based on the needs and interest of individuals younger than 30. Based on their wants and needs from the PCISP and survey listed in the following section (#1-F), we will provide integrated community-based programming and/or employment for these individuals. Offerings may include community-based certifications, credentialing that will aid in employment, continuing education and volunteer opportunities. The next priority group will be the 30 to 50 age range. Based on past surveys, this demographic typically does not have a strong preference for either community or facility based programming; therefore, we will rely heavily on the PCISP, Lifecourse and the survey to develop a meaningful day for them, including choices in community-based programming, employment opportunities, and facility-based programming.	Develop a roster that has all DOB and start dates to continue to project ages and tenure and allow better planning for future endeavors. Review participants' PCISP along with individual wants and offer emerging choices.	9/10/2018 1/2019

The older than 50 demographic will be our lowest priority. Past surveys and research has shown that older individuals with long tenure in the program typically do not want to change their routines. However, we will still use the PCISP to ensure that they have opportunities to engage in the community. Our goal for the location is to offer choices of community-based services and employment for all age demographics based on the interest of each participant. Prioritizing groups of individuals by age will allow us to initially allocate more resources to individuals most likely to benefit. However, no individual will be prevented from participating in an activity or experience based on their age.	Develop ongoing Townhall meetings with stakeholders (At least semi-annually)	1/2019
#1-F: Due to varying schedules, not all participants are able to interact with members of the community through the offerings 4 times a week. About 20% of participants attend services part-time (fewer than 21.25 hours per week), and most of those attend fewer than 4 days a week. Part-time participants schedule their days and hours at the facility around community employment, volunteer opportunities, and other activities in which they are integrated and engaged with the community. When planning community activities we need to consider the physical and medical needs of each individual to ensure their safety and wellbeing. We currently take individuals into the community in groups of 4:1 (4 participants to 1 staff). This allows staff to safely and adequately support the individuals. Within the current rate structure and service delivery definition, it is difficult to implement individuals participating in community-based activities 4 times a week. Most of the participants we serve have the Family Supports Waiver (FSW) and receive additional services, therefore limiting the funding available for outings in smaller ratios. In spite of these limitations, the site does offer an array of community-based programs. For example, a group of participants goes to Butler, Indiana, (typically 5 days a week) to work at a manufacturing facility where they interact with the staff and management at that facility. The site also houses person-centered programs (My Day My Way and Challengers) in which individuals work with staff to develop their own idea of a meaningful day, incorporating community-based activities and lifelong learning. The site also offers a training program that takes 3 to 4 individuals to the surrounding	Hire a DSP that is dedicated to community-based outings Increase individuals receiving community employment supports or community employment by 10% Increase the number of participants who engage in community-based	1/2019 6/2019 12/2019

Assessment Example 1-F

PCG-Indiana
IN DDRS Provider Onsite Assessment

HCBS Final Rule Onsite Assessment Tool   Date: 07/11/2017

CMS HCBS STANDARD - The setting is integrated in and supports full access to the greater community

1-F

OBSERVATIONAL GUIDANCE TO ASSESS COMPLIANCE- Do the individuals served in this setting regularly interact (4 times or more per week) with members of the community (not staff or volunteers)?

Observation: _____ No

Evidence for Observation: _____

The provider indicates individuals interact with the community by riding the city bus and community activities. The provider states opportunities in the community are given; however, the individuals do not regularly want to participate in activities outside of the facility.

YMCAs, where they participate in work training opportunities 3 to 4 days a week. This training program pays the individuals stipends to encourage participation and offset the lost earnings they may experience by forgoing their wages at the workshop while in the training program. This location will implement a community interest survey based on the structure of Lifecourse. This survey will be given to all participants at the location. After the survey is completed, we will offer choices based on the expressed interests. The department will hire a DSP that will be dedicated to using the interest survey data to meet community needs of the participants. Community activities will initially be offered twice a week, building up to 4 times a week as we are able. The location also will increase its ongoing offering of community work training opportunities, person-centered community outings and enclaves to meet the needs of the participants who would like more work training opportunities to aid in securing community employment. About 10% of participants are actively engaged in VR, while an additional 8 to 10% are placed in community employment.	training program by 6 individuals yearly Establish one new community-based training program for participants to engage in Connect participants to our robust recreation program and have the program offer more day gatherings to help individuals socialize with friends	12/2019 12/2018
	Survey all participants regarding their community/employment interests	5/2019
	Establish 3 additional enclave/community-based work training opportunities	1/2019
	Implement procedure in which community-based offerings are offered within the location ongoing for all participants	12/2018
#1-H: The Drive location will implement a policy allowing individuals to move freely inside and outside of the building (with limits to staying in designated areas on the	Implement policy that allows participants to	11/2018

property). Management will assume all individuals have freedom of movement unless the individual's PCISP, behavior support plans, risk plans or other documents state otherwise. If an individual's support team feels that they are in need of supervision at all times or should be within eyesight, this will be documented along with the reason for the restriction. If an individual experiences problematic issues with the freedom they are given, management will collaborate with the individual's support team to determine the least restrictive environment appropriate for the individual's safety and wellbeing. A plan to reduce supervision will be put into place and evaluated on an ongoing basis until the goal of less supervision is met. To support this policy, we will update its participant handbook with the following statement: "Our goal is to provide participants with the skills needed to be as independent as possible and adapt to many environments. Independence comes in many forms, one of those being the ability to move freely inside and outside of the building. All participants are allowed to move freely throughout the building unless their needs, as agreed upon by management and the individual's support team, infringe upon that freedom. If a participant abuses the freedom or needs more supervision for their safety and wellbeing, a meeting will be called for the participant and their team to determine the least restrictive measure of supervision needed while at the location."	move freely inside and outside of the building (with limits to staying in designated area on the property) Update participant handbook with freedom of movement statement	 12/2018
	Meet with all participants and their support teams to determine level of supervision and ensure it is documented	12/2019
	Train staff on new policy	12/2018
	Train participants on new policy	12/2018
	Implement new policy	1/2019

Assessment Example 4-A

IN.gov

PCG-Indiana
IN DDRS Provider Onsite Assessment

HCBS Final Rule Onsite Assessment Tool   Date: 07/11/2017

#4

CMS HCBS STANDARD - The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.

4-A

OBSERVATIONAL GUIDANCE TO ASSESS COMPLIANCE - Does the setting have any of the following barriers preventing individuals' movement (gates, locked doors, fences, other)?

Observation: Yes

Evidence for Observation:
The provider indicates the janitorial room is locked, the PDG Store (credit store), which is a store that individuals can purchase items based on an incentive/reward system, is locked. The bus stop doors are locked due to the location and for safety of the individuals. The site has signs directing guest to enter the front doors where the receptionist is located. The provider indicates some offices are locked that are located in the workshop area.

Coming Soon

- Upcoming training opportunity with Dr. Laura Brackin

    Dates to be announced- Stay tuned !

Resources

- HCBS Final Rule Guidance https://www.medicaid.gov/medicaid/hcbs/guidance/index.html
- Indiana HCBS Final Rule Transition Plan https://www.in.gov/fssa/ddrs/4917.htm
- HCBS Advocacy Coalition https://hcbsadvocacy.org/
- DDRS Technical Assistance FSSA DDRS-HCBS FSSA.DDRShcbs@fssa.IN.gov

Questions?

All people have the right to live, love, work, learn, participate, play and pursue their dreams in their community.