



Provider Transition Planning Process

October 24, 2016

Goals of Presentation

- ▶ Provide a brief refresher for the expectations of the CMS rule
- ▶ Provide an update on where Louisiana is in the Transition Process
- ▶ Provide a brief update of the results of validation visits
- ▶ Provide guidance for the development of the Transition Plan

Glossary

CMS	Centers for Medicare and Medicaid Services
HCBS	Home and Community-Based Services
STP	State Transition Plan
OCDD	Office for Citizens with Developmental Disabilities
PCP	Person Centered Planning
LRS/VR	Vocational Rehabilitation Services – used interchangeably with Louisiana Rehabilitation Services
Participant/Individual	used interchangeably for the person who receives services from one of the four waivers OCDD manages

CMS Settings Rule

COMPLIANCE- March 17, 2019

Intent of the CMS' HCBS Settings Rule

- Sets federal standards to ensure that Medicaid-funded HCBS are **NOT INSTITUTIONAL** in nature and are **FULLY INTEGRATED** in the community
- Focus on the **EXPERIENCE** of each person receiving services and supports.

Who and What Does this Rule Impact?

This new CMS HCBS rule impacts:

- Participants receiving HCBS services
- Medicaid providers providing HCBS services
- People involved in developing HCBS service plans
- Non-residential settings where HCBS services are provided
- Residential settings where participants receiving HCBS services live
- How HCBS service plans are developed
- The documentation HCBS service plans must contain

Home And Community-based Setting Requirements For Both Residential And Non Residential Settings

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

Home And Community-based Setting Requirements For Both Residential And Non Residential Settings

- ▶ The setting is selected by the **individual** from among setting options, including non-disability specific settings and an option for a private unit in a residential setting
 - Person-centered service plans document the options based on the individual's needs, preferences; and for residential settings, the individual's resources

Home And Community-based Setting Requirements For Both Residential And Non Residential Settings

- ▶ The setting ensures an **individual's rights** of privacy, dignity, respect, and **freedom from coercion** and restraint
- ▶ It optimizes individual initiative, autonomy, and independence in making life **choices**, including but not limited to daily activities, physical environment and with whom they want to interact with
- ▶ It facilitates individual **choice** regarding services and supports, and who provides them

Requirements for Provider-Owned or Controlled Residential Settings: Additional Characteristics

- ▶ Specific unit/dwelling is owned, rented, or occupied under a legally enforceable agreement
- ▶ Same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity
- ▶ If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law

PROVIDER-OWNED OR CONTROLLED RESIDENTIAL SETTINGS: ADDITIONAL CHARACTERISTICS

- ▶ Each individual has **privacy** in their sleeping or living unit
- ▶ Units have lockable entrance doors, with appropriate staff having keys to doors as needed
- ▶ Individuals sharing units have a **choice of roommates**
- ▶ Individuals have the **freedom** to furnish and decorate their sleeping or living units within the lease or other agreement

PROVIDER-OWNED OR CONTROLLED RESIDENTIAL SETTINGS: ADDITIONAL CHARACTERISTICS

- ▶ Individuals have **freedom and support** to control their schedules and activities and have access to food any time
- ▶ Individuals may have visitors at any time
- ▶ Setting is physically accessible to the individual

Settings PRESUMED NOT TO BE Home and Community-Based

Rule specifies that the following settings are presumed to have the qualities of an institution:

1. Settings in a publicly or privately-owned facility providing inpatient treatment
2. Settings on grounds of, or immediately adjacent to, a public institution
3. Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS

So What Does This Mean?

Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS.

- ▶ Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:
 - ◆ The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.
 - ◆ The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that Isolate

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

Heightened Scrutiny

- ▶ Settings that are presumed to have the qualities of an **institution** but for which Louisiana believes meets the qualities of an HCBS setting, Louisiana will collect evidence, including public input, to show that the setting does have the qualities of an HCBS setting and lift this up to CMS for approval

Where Are We In the Transition Process

What has Louisiana Completed So far?

- ▶ Submitted the initial State Transition Plan (STP) to CMS on March 17, 2015
- ▶ Received comments from CMS on October 15, 2015
- ▶ Submitted revision to CMS on December 1, 2015
- ▶ Will submit the final STP on **October 30, 2016**

What has Louisiana Completed So far?

- ▶ Completed Provider Self Assessments (February 2, 2016)
- ▶ Completed Validation Visits- 10% residential and 10% non-residential
- ▶ Completed Desk Audits- 10% residential and 10% non residential
- ▶ Completed Individual Surveys- 10% sample

What has Louisiana Completed So far?

- ▶ Conducted analysis of:
 - Rules
 - Service Definitions
 - HCBS License
 - Provider Qualifications
 - PCP Process

Where We Stand on Employment

- Individual, integrated employment in the community 1048
- Integrated Group Employment 62
- Individuals working in Group Employment that's not Integrated 256
- Individuals working in Group Employment that earns a subminimum wage 626
- Individuals currently looking for employment 424
- Earnings- (majority are paid between \$7.25-\$9.25/hour) 908

- **Jobs-** administrative, customer service, food service, janitorial, childcare, maintenance, management, professional, sales, warehouse, self employed

What's Next

Integrated and Individualized

What's Next For Louisiana?

- ▶ Training for Individuals and their families on the changes to expect
 - Letter
- ▶ Completing 100% Individual Surveys
- ▶ Completing 100% validation visits for non-residential providers

What's Next For Louisiana?

- ▶ Vocational Provider Panel
 - ◆ Providers that have started making changes
- ▶ Employment Roundtables in each region
 - ◆ Forum for providers to share and assist each other
- ▶ On going training and technical guidance and assistance

What's Next For Louisiana?

- ▶ Providers to complete Transition Plan
 - ◆ Date will be provided to you upon review of the provider self assessment
- ▶ Transition Plan review by LGE
- ▶ Transition Plan on going monitoring by LGE
- ▶ Quarterly reporting by provider on progress
- ▶ Quarterly reporting to CMS on progress

What's Next For Louisiana?

- ▶ Amending policies and procedures
- ▶ Amending waivers
- ▶ Amending rules
- ▶ Amending licensure requirements

Expectations for the Future

Overall Expectations

- ▶ More opportunity for individualized activities directly related to an individual's interests, rather than group activities
- ▶ More opportunity to develop relationships with individuals of the person's choosing, including people not a part of the setting
- ▶ More choices and opportunities to engage in meaningful day activities other than in the facility or setting, especially focusing on activities in the broader community
- ▶ Greater ability to determine one's own schedule and routines, including schedules related to waking up, participating in activities etc.

Overall Expectations

- ▶ Increased transportation options where public transportation is not available
- ▶ Eliminating rules regarding when one must eat, where one must dine, where one must sit during mealtime etc. based on staff convenience rather than personal choice
- ▶ Increasing individuals' decision making opportunities from just "input" or "suggestions" to actual control over decisions
- ▶ Increased focus on individual outcomes rather than programs

Employment Expectations

- ▶ Every person is **NOT** required to work
 - ◆ it is a **CHOICE**, but an **INFORMED CHOICE**
- ▶ Every person has to have the opportunity and support as needed to work in an integrated setting earning a competitive wage and opportunity for benefits and promotions
- ▶ Work has to be an ongoing conversation
 - ◆ because people have the right to change their minds

Individual Employment

- ▶ **Individual Employment is the preferred option**
- ▶ Typical jobs in the community or self employment
 - Integrated
 - Competitive wages
 - Benefits
 - Promotional opportunities
 - Supported Employment follow along if necessary

Group Employment

▶ Mobile crew/Group Employment

- Must be integrated, not only in the community but also the 'group' must be integrated with people who do not have disabilities
- Supervisors that are paid for by waiver funding does not count towards an integrated crew
- Must pay competitive wages
- Should lead to further career development and individual integrated community based employment

Prevocational Services

Facility Based Contract work (prevocational services/ERT)

- ▶ Will not be allowed to continue as it currently is operating

- ▶ CMS states in their technical guidance manual:

“Waiver Funding is not available for the provision of vocational services (e.g. sheltered work performed in a facility) where individuals are supervised in producing goods or performing services under contract to third parties.”

- ▶ If the contract is to continue it must be integrated and pay competitive wages and it will then follow the guidelines for ‘group employment’
- ▶ Redefined to a ‘job readiness’ program

Day Habilitation

- ▶ Not a specific number of hours spent in the community that shows compliance but should be based on each person's preferences
- ▶ Not enough to just document that the person 'chooses not to go out in the community'
 - It's hard to make a choice if someone doesn't understand something or if they've never been exposed to something
 - Have to help people understand
 - Provide opportunities to experience new things
- ▶ Individualized activities should be based on each individual's interests
- ▶ Fewer group activities
- ▶ Meaningful day activities in the broader community rather than in the facility or setting
- ▶ Eliminating rules regarding when one must eat, where one must dine, where one must sit during mealtime etc. based on staff convenience rather than personal choice
- ▶ Individual control over decisions about their day and not just 'input'
- ▶ Focus on individual outcomes

Moving Forward

Person Centered Planning

The Key is

PERSON CENTERED PLANNING!

Person Center Planning

- ▶ Setting is chosen by the individual and is integrated in / supports full access to the greater community
- ▶ Opportunities to seek employment and work in competitive integrated settings
- ▶ Opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS
- ▶ Reflects individual's strengths and preferences
- ▶ Reflects clinical and support needs
- ▶ Includes goals and desired outcomes
- ▶ Providers of services/supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS

PCP

- ▶ Reflects what is important to the individual
- ▶ Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual
- ▶ May include whether and what services are self-directed
- ▶ Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
- ▶ Includes risk factors and plans to minimize them
- ▶ Signed by all individuals and providers responsible for its implementation
- ▶ Copy of the plan must be provided to the individual and his/her representative

PCP

- ▶ Driven by the individual
- ▶ Includes people chosen by the individual
- ▶ Provides necessary information and support to ensure the individual able to direct the process to the maximum extent possible
- ▶ Timely and occurs at times/locations of convenience to the individual
- ▶ Reflects cultural considerations/uses plain language
- ▶ Includes strategies for solving disagreement
- ▶ Offers choices regarding services and supports the individual receives and from whom
- ▶ Provides method to request updates

What Do I Need To Do To Transition?

Each provider has the opportunity to decide how best to transition their programs to meet the new guidelines being put out by OCDD

- ▶ Engaging the Board for help in redefining your agency, looking at the business model and looking at the mission and vision of the agency
- ▶ Engaging the staff in the transformation
- ▶ Engaging the people who you support and their families in the transformation
- ▶ Engaging the local people, including the town, local advocacy groups and stakeholders

What Do I Need To Do To Transition?

- ▶ Start with one individual to find out what's important to that person – think individually and not as a group. Things you learn from one person will help with the next person.
 - Look for the individual preferences
 - Maybe it's discovery that needs to take place with each individual to help them explore and find interests
- ▶ Look for new and creative ways to ensure that people participating in facility-based programs for some portion of their day or week have opportunities to engage in work or non-work activities in community settings

What Do I Need To Do To Transition?

- ▶ Discussions with each person who is a member of the mobile work crew (group) or contract
 - ◆ Does the person want to continue on that job
 - ◆ Would the person like to work in an individual job
- ▶ Evaluating each 'contract' that your engaged in
 - ◆ How many people does it truly take to complete the job
 - ◆ Is everyone on the crew 'working'
 - ◆ Could this contract be a one or two person individual job
 - ◆ Is this contract paid at a competitive rate
 - ◆ Could this contract be relocated to the contractor's business
 - ◆ Could this contract be done differently

What Do I Need To Do To Transition?

- ▶ Find ways to open your facility to the broader community so that people have opportunities to spend time with people who do not have disabilities. (**Reverse Integration**)
 - Look for what's missing in your area/town
 - How can your agency enlist the town's help
 - What can your agency provide to the local people

Reverse Integration

- ▶ CMS does not accept that reverse integration in itself to be a sufficient strategy for complying with the community integration requirements outlined in the HCBS settings rule
- ▶ Settings cannot comply with the community integration requirements of the rule simply by only hiring, recruiting, or inviting individuals, who are not HCBS recipients, into the setting to participate in activities that a non-HCBS individual would normally take part of in a typical community setting

Reverse Integration

- ▶ The setting should ensure that individuals have the opportunity to interact with the broader community of non-HCBS recipients and provide opportunities to participate in activities that are not solely designed for people with disabilities but rather for the broader community.
- ▶ Individuals receiving HCBS nonresidential services should be engaged in activities they choose, that reflect their individual interests and goals and simultaneously promote the individual's desired level of community integration.

Strategies to Enhance an Individual's Experience

- ▶ Community mapping strategies to discover activities, events in the community with which people can be involved
- ▶ Use of interest inventories to discover what individuals may be interested in
- ▶ Ongoing efforts to connect individuals to different activities and interests, through exploring new community activities that individuals may not be familiar with enough to know if they are interested

Strategies to Enhance an Individual's Experience

- ▶ Organizational strategies to reach out to the greater community aimed at integrating and enhancing individual's experiences and involvement in the life of the community
- ▶ Inventory of current staff involvement in their own lives in local institutions, activities, such as places of worship, volunteering, part-time work, hobbies, who may be able to introduce/sponsor/welcome people we serve into these realms with an eventual goal of linking them to others who may become friends or natural supports in the activity thus fading staff involvement where possible

Strategies to Enhance an Individual's Experience

- ▶ Inventory of board members and other stakeholders who may be able to provide connections to support community involvement and integration
- ▶ Working closely with the school system, support coordinators, LRS, all agencies involved in this person's life
- ▶ Enlisting the Family/Parent organizations connected to your agency to gain ideas and also make connections to support community involvement and integration

Completing the Transition Plan

Transition Plan

- ▶ Required for all providers who, upon completing the Provider Self Assessment, self identify or are deemed to be non-compliant with any component of the Rule

Transition Plan

- ▶ Written plan (template provided by OCDD)
- ▶ Identifies the areas that your agency is currently not meeting the new standards- (any of the 7 'areas' which you answered 'NO' to on provider self assessment.....physical location, individual choice, community integration, rights and privacy, individual initiative, autonomy, and independence, employment, policy enforcement)
- ▶ Includes action steps of how your agency will move into compliance
- ▶ Includes anticipated dates for completion of each step
- ▶ Quarterly reporting to the LGE

Transition Plan Guidance

Outcome: Example: The setting is integrated into the community and individual's ability to interact with the broader community is not limited.

Review Element (Area):	Action Steps	Person Responsible	Timeframe	Progress
<p>Ex. Review element/area would be one of the following: Physical Location, Choice of Setting/Person Centered, Community Integration, Recipient Rights, Living Arrangements, and/or policy enforcement. If you answered 'No' to any of the questions under one of these headings, you will need to include action steps to come into compliance.</p>	<p>Ex. Identify the actions steps/plan your agency will follow in order to meet the standard for the review element.</p>	<p>Ex. Identify the lead representative at your agency that will assure action steps are completed and that will be responsible for updating the plan</p>	<p>Start/End Target dates to begin with end dates</p>	<p>Ex. Progress on action steps and overall review area should be noted here. Progress summary should identify the steps that were completed, when they were completed, etc. If steps had to be modified that should be included here as well.</p>

Transition Plan Example

Outcome: The setting is integrated into the community and individual's ability to interact with the broader community is not limited.

Review Element: (Physical Location, Choice of Setting/PC, Community Integration, Recipient Rights, Living Arrangements, Policy Enforcement)	Action Steps:	Person Responsible	Time Frame End/Start Dates	Progress
Community Integration	<ol style="list-style-type: none"> 1. Development of Community Integration Program for all individuals who attend the current day habilitation program entitled "Let's Get Moving Out of Here" <ol style="list-style-type: none"> a. Create Workgroup b. Outline goals 	Rosemary Morales, Day Habilitation Director	7/1/2016-9/30/2016	The Program Moving Forward was created and we are set to start the pilot of 8 individuals who expressed an interest on 10/1/2016 See attached guidelines for "Let's Get Moving Out of Here". Once the program is ready, individuals will be able to join the group and a phase in process will be followed.....

Wrap Up

Working Together

- ▶ **Individual-** guides the process in developing the POC – all about the individual
- ▶ **Family-** natural supports, may have contacts, can provide transportation, information about the individual- we have to involve the family
- ▶ **SC-** follows individuals lead in developing POC, advocate, ensures everything is accounted for, refers individuals to LRS, CWIC and other services, attends meetings with LRS, IEPs, etc.
- ▶ **School-** works to get individual ready to go to work and in some cases through pre-employment transition services along with LRS
- ▶ **Work Incentive Coordinator (CWIC/Benefits Planner)** - helps in educating about social security benefits
- ▶ **LRS-** attends POC meetings when employment is a goal, assists individual in getting assessments, pays for initial SE services

Working Together

- ▶ **Employment Provider** - assesses individuals for employment, assists individual in finding employment, job coach for on the job and to build natural supports, reports to LRS and SC, follows along in the job, works with the employer to help the individual maintain job
- ▶ **Support staff**- supports individual how ever needed including looking for employment, exploring their local community, explore interests, support the individual in what the individual wants to do, assists with personal care needs on the job and assists in getting to/from the job
- ▶ **LGE**- monitors/approves the POC, ensures individuals are going to work, provides resources and technical assistance, works together to improve services, supports as needed
- ▶ **OCDD State Office**- provides resources and technical assistance as requested, works together to improve services and fill the gaps, supports as needed

Time to Tell Us What You think

How do you think you are doing in meeting these setting requirements?

What steps are you already taking to makes changes?

Resources

CMS Guidance:

<https://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>

OCDD Transition Page:

<http://new.dhh.louisiana.gov/index.cfm/page/1991>

To Ask Questions:

OCDD-hcbs@la.gov

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*Progress is IMPOSSIBLE without
CHANGE!*

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