

Updating your services to comply with HCBS requirements

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Required to be compliant by March 2023

Distinguishing between Settings under the Federal HCBS Rule

Settings that are not included

- **Nursing Facilities**
- **Institution for Mental Diseases (IMD)**
- **Intermediate care facility for individuals with I/DD (ICF/IID)**
- **Hospitals**

Settings that are presumed not

- **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 receiving Medicaid HCBS.**

Settings that could meet the rule with modifications

- **Settings that are HCB but do not comport with one or more of the specific requirements outlined in the final rule.**
- **May require modifications at an organizational level, and/or modifications to the PCP of specific individuals receiving services within the setting.**
- **Must engage in remediation plan with the state, and complete all necessary actions no later than March 2019**

Settings presumed to be and meet the rule without changes required

- **Individually-owned private homes**
- **Individualized supported employment**
- **Individualized community day activities**

Our job is to
help them
find the
courage to
find their
individuality.

you get in life

WHAT YOU HAVE THE

GOURAGE

to ask for.

- OPRAH WINFREY



Promoting Community Integration

Access

- Availability of supports to allow a person to engage in the broader community for the maximum number of hours desired daily.
- Activities designed to maximize independence, autonomy and self-direction.

Variety

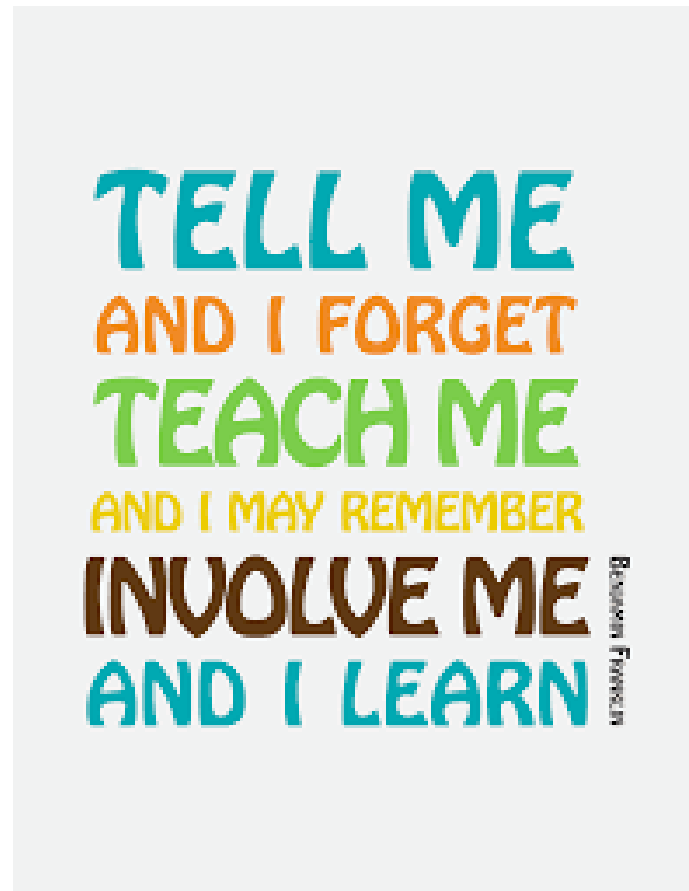
- Broad range of activities/offerings that are comparable to those in which individuals not receiving HCBS routinely engage.
- Access to both individualized and small-group activities, on and off site.

Quality

- Cultural competency
- Measurement focused on Increasing Community Access, Decreasing Social Isolation

Improves Health Outcomes, Increases Efficiency and Sustainability, Cost Savings

It's a new way of thinking
for our clients too.



Provider Capacity Building

Expanding Partnerships

**Look at all available
Generic Community-Based
Resources**

**Rethink Human Resource
and Staffing Models**

**Create, Test, Validate, and
Use New Ideas based on
Individualization**

Thinking About Employment

- **16.8% at GGRC are Employed Clients**
- **Funding from DOR and DDS**
- **Paid Internship Program (PIP)**
 - **Everyone is Eligible**
 - **Can earn up to \$10,000 in 12 months**
 - **Currently only 80 people served by GGRC**
 - **Sean Galvin is contact person**
- **Competitive Integrative Employment (CIE)**
 - **Incentives for Vendors**



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Seeking Information to Provide Options

- Build on individual interests and strengths –where do the person's interests/passions and a need align?
- Don't just look for employment opportunities; *create* them one person at a time
- Explore/develop internship opportunities (paid/unpaid)
- Begin with the end in mind; fading supports and increasing personal and economic self-sufficiency



YOU MAKE YOUR OWN
CHOICES

Thinking about Community Integration

Every person has gifts and abilities that bring value to others

People with disabilities *belong* in our schools, workplaces, neighborhoods and communities

Being *in* the community doesn't make you *part of* the community

The purpose of being in community is to learn and grow, contribute and build relationships

People with disabilities should choose what they want to do and who they want to do it with

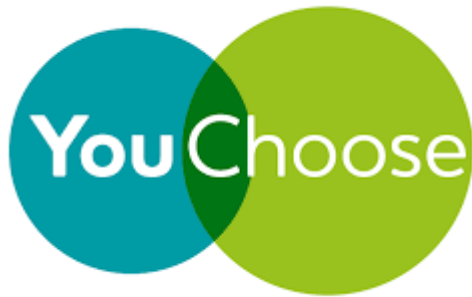
People who don't have disabilities will want to be friends and have relationships with people who have disabilities

Both will benefit from the relationship

Thinking about Independence

- More paid services do not equal a better quality of life
- The goal of everything we do should be to reduce reliance on paid services, to support independence
- We should only provide the level of support people truly need to be able to live and work in the community and to pursue their personal goals
- People, including people with significant disabilities, should be permitted to go places and do things without paid staff, unless there are specific reasons they shouldn't
- There is dignity in risk

Opportunities to Make Choices



“Do you want to work?”

“Where would you like to work?”

“What kind of work would you like to do?”

“Where do you want to live?”

“Who do you want to live with?”

“What are your goals?”

“Who do you want to support you?”

“What do you want to do today?”

“What is important to you?”

“Who do you want to see today?”

- Encourage individual choice and freedom
- Teach, support; don't do
- Support good decision making by the person—a learned skill
- Become a problem solver

Encourage

- Create opportunities for relationships to grow
- Support reciprocity (*give and take*)
- Accept that some relationships will fail; that doesn't mean you stop trying

- One person, one environment
- Seek out the relationship, not the activity. Who can the person get to know here? Make personal introductions, focusing on strengths, interests.

Person-Centered Thinking and HCBS

Person-centered thinking recognizes that people are experts in their own lives, everyone can express their preferences and live a full life in their own community that they and the people who care about them have good reasons to value.



Person-centered practice is the alignment of service resources and systems that give people access to the full benefits of community living and delivers services in a way that facilitates achieving the person's desired outcomes.

Person-centered planning identifies and addresses the preferences and interests that make up a desired life and the supports (paid and unpaid) needed to achieve it. It is directly directed by the person and supported by others selected by the person, who are independent of any service or support to be delivered to the plan.

Change takes
time and
is often very
difficult.

**ONCE
YOU
CHOOSE
HOPE,
ANYTHING
IS
POSSIBLE**

Who is at the center of your choices?

What is your morning routine?

Did you choose your job?

What if someone else decided how you will spend your day?



Did you choose who to live with?

Who chose your outfit today?

How are you going to spend your day?

Did you choose where to live?



Freedom
to
Choose

Residential Settings

Modifications

- Supported by specific need
- Justified and documented in person-centered service plan

Individual Rights:

- Has privacy in their sleeping and living unit
- To have lockable entrance doors, with only appropriate
- Staff having keys to doors as needed
- Having a choice of roommates
- Freedom to furnish and decorate their sleeping and living
- Units within the lease or other agreement
- Freedom and support to control their schedule and activities
- Have access to food at any time
- May have visitors of their choosing at any time
- Their residence is physically accessible for them

Documentation for Modifications

Specific and individualized assessed need

Prior positive interventions and supports attempted

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 the interventions and supports will not cause harm

So Basically, We are supporting individuals to...

- ♥ Live in their own home with the people they choose to live with
- ♥ Enjoy the support and engagement of family and friends
- ♥ Get a job, volunteer, or retire but continue to engage
- ♥ Enjoy good health
- ♥ Be a meaningful part of and contribute to their community
- ♥ Achieve their personal potential for independence, inclusion and self sufficiency

Offer opportunities comparable to those in which individuals not receiving HCBS routinely engage

- Volunteer
- Social
- Recreational
- Competitive, integrated employment



Assure
required
level of
support
with:

- Appropriate staffing
- Adequate transportation options



How will you comply?

- Provide evidence that the individual selected setting among other options including non-disability-specific settings
- Increase access to transportation
 - Public transportation
 - Family and friends
 - Volunteer organizations
- Promote ease of access
- Promote individual to select own options and make decisions regarding services and supports
- Implement broad range of services, supports, programming, and activities so that beneficiaries have options and control of their own schedule
- Provide evidence of opportunities and options
- Types of activities, transportation, staffing
- Examples of community activities



Provide:

- Evidence of support for PCP
- Evidence of opportunities and options
- Procedures and services supporting inclusion
- Types of activities, transportation, staffing
- Description of processes and actions taken by direct support staff to support, monitor, improve, and enhance individual integration over time
- Examples of how staff are trained and monitored in knowledge of PCP and HCBS