



Indiana FSSA - Division of Aging

HCBS Statewide Transition Plan

Provider Engagement - Adult Day Service

December 13, 2016



Agenda

- ADS Breakout Session
 - Welcome and Introductions
 - Purpose/Overview of the HCBS Final Rule
 - HCBS Final Rule in relation to ADS
 - Compliance Process
 - Updates on Indiana's STP
 - Next Steps

Purpose of the HCBS Final Rule



To maximize the opportunities for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting.

Purpose of the HCBS Final Rule



- Includes opportunities to:
 - Seek employment and work in a competitive and integrated setting
 - Engage in the community
 - Control personal resources
 - Receive services in the community to the same degree as individuals who do not receive HCBS

Overview of the HCBS Final Rule



March 2014

- CMS Released regulations defining setting that can receive funding for HCBS

2014-2017

- Settings assessments
- Developments
- Submission to CMS of Statewide Transition Plans

2017-2019

- Implement Statewide Transition Plans

March 17,
2019

- All providers must be in full compliance with HCBS settings rule

HCBS Final Rule in Relation to ADS



Criteria of an HCBS Setting:

- Setting is selected by the individual from among settings options that include non-disability specific settings and the options for a private unit in residential settings

HCBS Final Rule in Relation to ADS



Criteria of an HCBS Setting:

- Setting is fully integrated and supports full access to the greater community
- Setting ensures an individual's right to privacy, dignity and respect and freedom from coercion and restraint

HCBS Final Rule in Relation to ADS



Criteria of an HCBS Setting:

- Setting optimizes individual initiative, autonomy, and independence in making life choices
- Setting facilitates individual choice regarding services and supports, and who provides them

HCBS Final Rule in Relation to ADS



Criteria in Residential Settings Owned or Controlled by a Service Provider:

- Individuals have the freedom and support to control their own schedules, activities and have access to food at any time
- Setting is physically accessible
- Individuals can have visitors at anytime

Any modification to these additional requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need and justified in the person-centered service plan.

Person-Centered Plans



- Service planning for individuals receiving HCBS services must be developed using a person-centered planning process

Person-centered plans afford individuals receiving HCBS services to engage in activities of their choice, promote community life, and respect the individual's preferences and abilities.

Person-Centered Plans



- Person-centered plans must:
 - Be driven by the individual
 - Representatives should have a participatory role as needed
 - Include providers and other supports chosen by the individual
 - Include necessary information to ensure the individual directs their care to the maximum extent possible
 - Use plain language
 - Offer choice of services and supports
 - Include information on how to request changes or updates



Person-Centered Plans Should:

- Accurately document the individual's strengths, needs, goals, and preferences
- Outline the services and supports that will be provided to help the person achieve their preferred lifestyle and goals
- Be directed by the person the plan is for
- Assist the person in achieving a personally defined lifestyle and outcomes in the most integrated community setting
- Ensure the delivery of services in a manner that reflects personal preferences and choices
- Contribute to the assurance of health, welfare, and personal growth

How staff can help facilitate PCP



- Promote understanding, respect, dignity and positive images of the individuals they support
- Support community connections that lead to full integration
- Ensure that supports are available to the person based on the person's desired outcomes and the individual's valued experiences
- Facilitate advocacy and discovery for individuals as they achieve their desired future

Compliance Process



Step 1: Complete assessment of all HCBS Settings

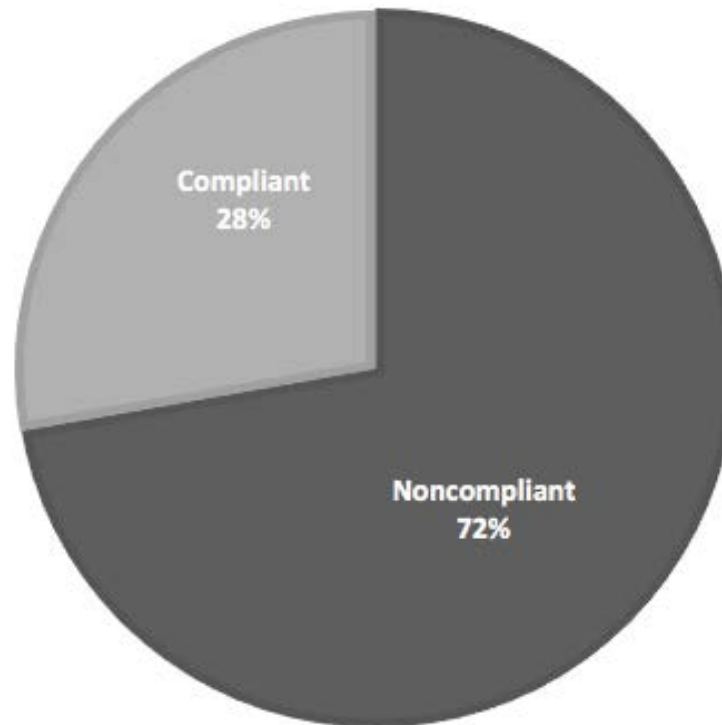
Areas of Significant Noncompliance



Setting optimizes individual initiative, autonomy, and independence in making life choices

- Individuals are able to freely move about inside and outside the site

Areas of Significant Noncompliance



Individuals are able to freely move about inside and outside the site.



Examples of Remediation

Are individuals able to freely move about inside and outside the site?

- Possible Remediation Strategies
 - Change in policies
 - Training for staff - understand individuals and their specific wandering/exit seeking triggers
 - Use of additional redirection techniques
 - Use of “environmental design” techniques to address unsafe wandering/exit-seeking

<https://www.medicaid.gov/medicaid/hcbs/downloads/wandering-exit-presentation.pdf>

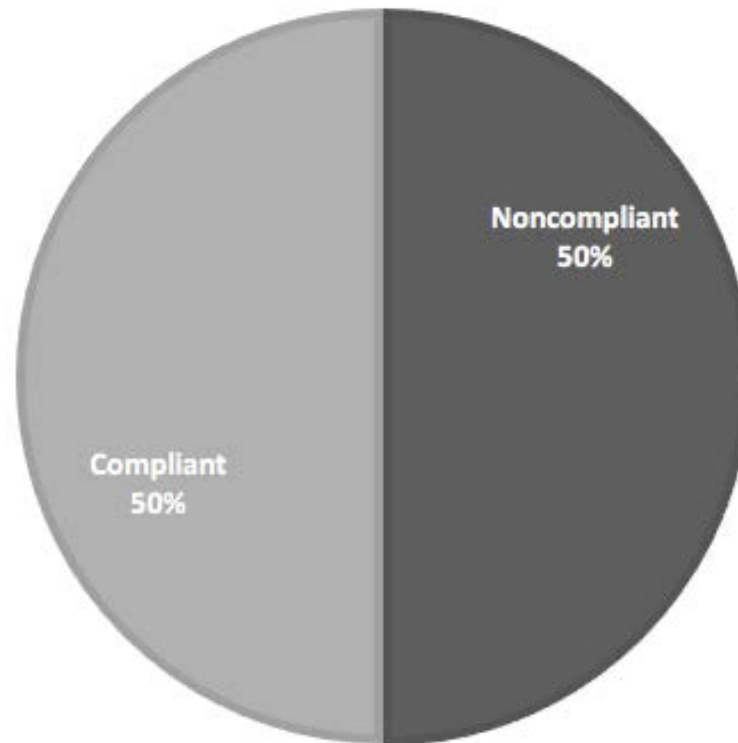
Areas of Significant Noncompliance



Setting ensures an individual's right to privacy, dignity, respect and freedom from coercion and restraint

- Medications are maintained and distributed in a way that promotes individual control and privacy

Areas of Significant Noncompliance



Medications are maintained and distributed in a way that promotes individual control and privacy.



Examples of Remediation

Are medications maintained and distributed in a way that promotes individual control and privacy?

- Possible Remediation Strategies:
 - Administer medications in a private room or different location other than a common area

Additional Areas of Noncompliance



Setting is fully integrated and supports full access to the greater community

- Individuals are able to participate in activities of their choice in the community alone
- There are scheduled activities that take place both onsite and out in the community

Additional Areas of Noncompliance



Setting optimizes individual initiative, autonomy, and independence in making life choices

- Access to food at any time - flexibility in meal times
- Setting is physically accessible to the individual



Examples of Remediation

Does each individual have access to food at any time - flexibility in meal times?

- Possible Remediation Strategies:
 - New policy
 - Extended meal times
 - Various snacks available throughout the day



Heightened Scrutiny

- 3 ADS sites co-located with nursing facilities
- DA will conduct heightened review of these sites
 - This will include public comment
- DA will only submit to CMS for consideration as an HCBS site if:
 1. They are found to have no institutional qualities
 2. They fully comply with the HCBS requirements

Compliance Process



Step 2: Remediation Plans



Remediation Plan Template

- Template will come with site survey results in January 2017
- Will require the following elements:
 - Identification of areas of non-compliance
 - Specific remediation steps
 - Measurable milestones with dates
- Will be due back to DA by March 2017

Updates on Indiana's STP



- Indiana received initial approval of Version 4 of our STP on November 8, 2016
- Version 5 is available
- Version 6 in development
 - public comment period will begin in January 2017



Next Steps

- Continue working with CMS to make updates as requested
- Begin remediation planning and implementation
- Identify sites for heightened scrutiny
- Ensure provider compliance by March 2019
- Final approval from CMS

Questions?



- If your question was not addressed in the training, please write it down on a note card with your name and email address and we will email back the answer to your question.
- Questions may also be emailed directly to:
DA.HCBSSettingsRule@fssa.IN.gov