



# Indiana FSSA - Division of Aging

HCBS Statewide Transition Plan

Provider Engagement - Adult Family Care

December 13, 2016



# Agenda

- AFC Breakout Session
  - Welcome and Introductions
  - Purpose/Overview of the HCBS Final Rule
  - HCBS Final Rule in relation to AFC
  - 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 AFC



## 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 AFC



## 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 AFC



## 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 AFC



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

- Unit or dwelling is owned, rented or occupied under a legally enforceable agreement
  - Individual have the same responsibilities and protections from eviction as tenants have under State, county, city or other designated landlord/tenant laws
  - If tenant laws do not apply, a residency agreement or other written agreement should be in place and include protections to address eviction processes and appeals

# HCBS Final Rule in Relation to AFC



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

- Each individual has privacy in their sleeping or living unit
- Individuals have the freedom and support to control their own schedules, activities and have access to food at any time
- Setting is physically accessible

# HCBS Final Rule in Relation to AFC



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

- Units must have lockable entrance doors
  - Only appropriate staff have keys as needed
- Individuals who are sharing units have their choice of a roommate

# HCBS Final Rule in Relation to AFC



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

- Individuals can furnish and decorate their sleeping or living area
- Individuals can have visitors at any time

**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



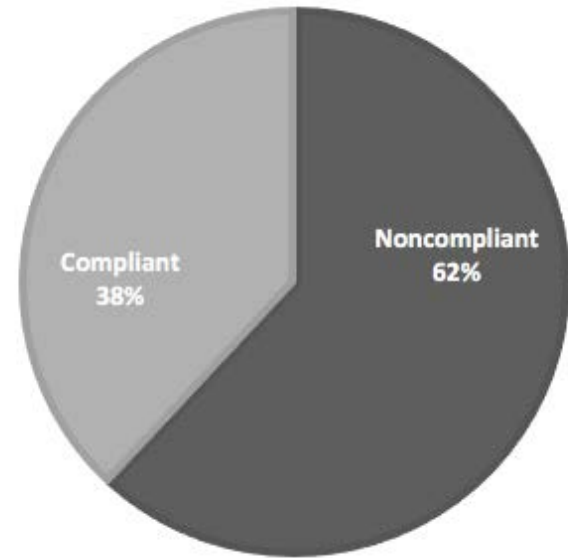
Setting ensures an individual's right to privacy, dignity and respect and freedom from coercion and restraint

- Medications are secured in a way that promotes individual control and privacy
- Each unit/apartment/bedroom has a lockable entrance door, with the resident and only appropriate staff having keys

# Areas of Significant Noncompliance



**Medications are secured in a way that promotes individual control and privacy.**



**Each unit/apartment/bedroom has a lockable entrance door with resident and only appropriate staff having keys.**

# Areas of Significant Noncompliance



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

- There are multiple activities for residents to participate in within a reasonable timeframe

# Areas of Significant Noncompliance



**There are multiple activities for residents to participate in within a reasonable timeframe.**

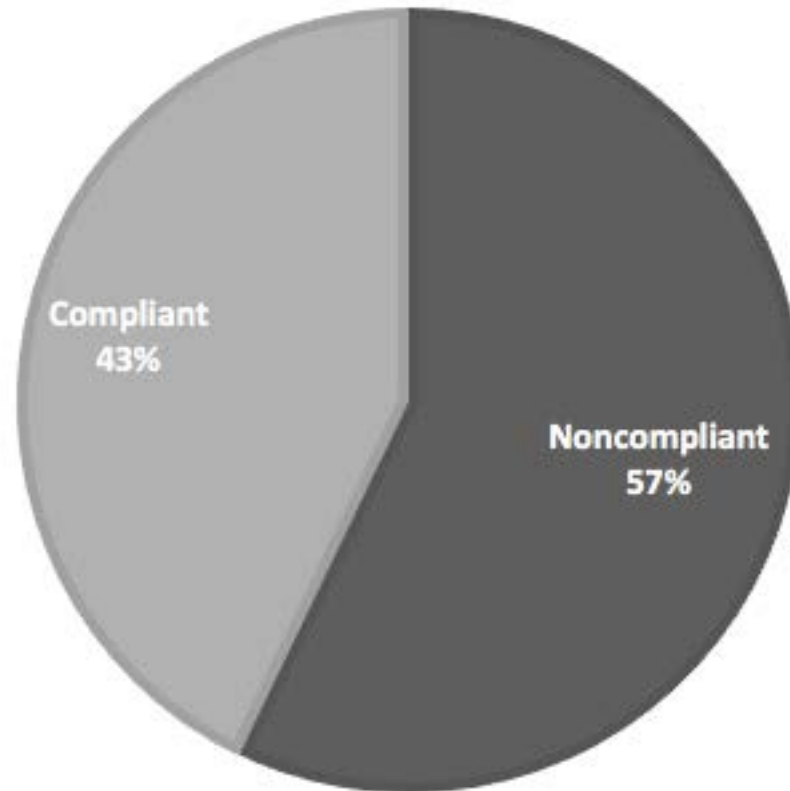
# Areas of Significant Noncompliance



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

- Individuals are allowed to have visitors at the time of their choosing

# Areas of Significant Noncompliance



**Individuals can have visitors at anytime.**

# Additional Areas of Noncompliance



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

- Residents may share bedrooms and/or apartment units with whomever they choose (e.g. spouses, significant other, family members, etc.)
- Residents are able to freely move about inside and outside the site



# Additional Areas of Noncompliance



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

- Information on other transportation options is available to residents
- There are scheduled activities that take place both onsite and out in the community



# Examples of Remediations

- Do staff and/or other residents knock on each other's doors or ask for permission before entering individual's rooms?
  - Possible remediation strategies:
    - New policy
    - Training for staff



# Examples of Remediations

- Are residents allowed to have visitors whenever they would like?
  - Possible remediation strategies:
    - Address in lease
    - Training for staff
    - Make sign in voluntary

# 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 respond to your question via email.
- Questions may be emailed directly to:  
[DA.HCBSSettingsRule@fssa.IN.gov](mailto:DA.HCBSSettingsRule@fssa.IN.gov)