



Home and Community Based Settings (HCBS) Rules

Provider Training
January 2020



Housekeeping

- Everyone will be muted until the end of the presentation.
- After the presentation, please use the “raise your hand” feature or type a question through the Q&A chat box during the presentation
- Feel free to “like” 👍 questions if they are similar to your question rather than create a new one. This will help us prioritize the most common questions needing an answer.

Agenda

- HCBS Rules Orientation - What do they really mean in practice?
 - Residential
 - Day Programs
 - Employment Programs
- Person-Centered Planning
- Quality Monitoring
- Heightened Scrutiny
- Other Setting Types
- Provider Support
- Differential Adjusted Payment

Intent of the HCBS Rules

- Purpose

- Enhance the quality of HCBS
- Provide protections to participants
- Assure full access to benefits of community living
 - Receive services in the most integrated setting
 - Receive services to the same degree of access as individuals not receiving HCBS

- Culture Shift

- The Rules are rights afforded to members; they don't have to be "earned"
- Services, supports and restrictions are individualized

Settings that are not Home and Community Based

- A nursing facility
- An institution for mental disease
- An Intermediate Care Facility for individuals with intellectual disabilities
- A hospital
- Any other locations that have the qualities of a institutional setting, as determined by the Secretary

Impacted Settings

- Residential Settings
 - Assisted Living Facilities (Home, Center, Adult Foster Care)
 - DDD Group Homes
 - DDD Adult & Child Developmental Homes
- Non-Residential Settings
 - Adult Day Health
 - DDD Day Treatment and Training Programs
 - DDD Center - Based Employment Programs – *transition to a pre-vocational service*
 - DDD Group - Supported Employment Programs

All settings must be compliant or come into compliance by March 2022

Branding



- New standard of care
- Focus on member's choice
- Supporting members to live their life like anyone else

Arizona's Opportunity

- New standard set of basic rights afforded to all members
- Reinforce priority of serving members in the least restrictive setting
- Formalize new priority to ensure members are actively engaged and participating in their communities

HCBS Rules: Residential and Day Programs



Rule 1

The setting is integrated in and supports full access to the greater community, including opportunities to

- a. seek employment and work in competitive integrated settings,
- b. engage in community life,
- c. control personal resources, and
- d. receive services in the community to the same degree of access as individuals not receiving Medicaid HCB services.

Employment Supports - Residential

- Employment services and supports
 - Does the setting engage individuals of working or school age to see if they are interested in work or school?
 - When individuals express an interest in employment, does the setting refer them for employment services or schooling?
 - Do individuals have access to transportation to and from work/volunteering activities?

Employment Supports – Day Program

- Employment services and supports
 - Does the program support individuals to have support to learn new skills or instruction for skill development?
 - Does the program support individuals to have career exploration opportunities?

Employment Supports – Employment

- Employment services and supports
 - Do individuals have career exploration opportunities?
 - Do individuals, either employed or preparing for employment, have job tasks that a non-disabled peer would perform for pay?

Community Life - Residential

- Engagement in Community Life
 - Do individuals have staff support to assist them in participating in activities in the community (i.e. personal care assistance)?
 - Do individuals have regular (more than once per week) opportunities for contact with people who don't live in the home and not receiving services (family, friends, neighbors, etc.)?
 - Do individuals participate in activities in integrated settings (i.e. religious, social, cultural, recreational, etc.) comparable to peers (i.e. people of similar age, people without disabilities)?

Community Life – Day Program

- Engagement in Community Life
 - Do individuals interact with the general public either through visitation to the program and/or activities in the general community?
 - Are individuals learning and engaging in activities in the community comparable to peers (e.g. people of similar age; people without disabilities, etc.)?
 - Do individuals have staff support to assist them in participating in activities in the community (e.g. personal care assistance)?

Community Life - Employment

- Engagement in Community Life
 - Do working individuals interact with members of the community (i.e. providing training to prepare for work, customers purchasing goods, etc.)?
 - Do individuals, either employed or preparing for employment, routinely interact with the general public through visitation to the program and/or activities in the general community (i.e. providing training to prepare for work; customers purchasing goods and services; selling products at a Farmer's Market, etc.)?

Personal Resources – Residential and Non Residential

- Control Personal Resources
 - Do individuals have someone assist them in managing their personal funds?
 - Do individuals decide how to spend their money, earned or unearned?
 - Do individuals access the community to purchase goods and services?
 - Is pay for work rendered directly to the individual or their representative?
 - Are individuals, either employed or preparing for employment, or their representative, provided with information about how benefits are affected by employment income?

Services in the Community - Residential

- Receive services in the community to the same degree of as access other people
 - Are members given the choice and opportunity to freely exit the facility, free from a curfew or other requirements for a scheduled return home?
 - Are individuals given the choice and opportunity to freely come and go from the setting?
 - Do individuals have access to transportation (provider-related or otherwise) to and from the setting for the purposes of engaging in community life?

Services in the Community – Day Program

- Receive services in the community to the same degree of access as other people
 - Can individuals engage in activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing (indoor and outdoor space)?
 - Are individuals given the choice and opportunity to freely come and go from the setting?
 - Do individuals have access to transportation (provider-related or otherwise) to and from the setting for the purposes for engaging in community life?

Services in the Community - Employment

- Receive services in the community to the same degree of as access other people
 - Do individuals have the ability to request alternative working schedules consistent with customary employment practices?
 - Do employed individuals have benefits to the same extent as individuals not receiving Medicaid funded HCBS, including negotiating work schedules, breaks and lunch, and if applicable vacation, medical leave, or medical benefits?
 - Do individuals have informal supports to assist them in participating in employment-related activities in the community?
 - Do individuals have access to transportation (provider-related or otherwise) to and from work?

Rule 2

The setting is selected by the individual from among setting options including

- a. non-disability specific settings
- b. an option for a private unit in a residential setting.

Setting Selection – All Settings

- Does the setting allow individuals to visit the setting prior to choosing to live there (i.e. tours, share a meal, participate in an activity, offer respite stay, etc.)?

Rule 3 – Person-Centered Plan

The setting options are identified and documented in the person-centered service plan and are based on the individuals needs, preferences, and, for residential settings, resources available for room and board.

Person-Centered Plan – All Settings

- Does the setting provide supports so that individuals can participate in the Person-Centered Service Plan meetings?
- Does the setting participate in the Person-Centered Service Plan meetings?
- Does the setting provide updates on the individual's progress and/or significant changes that impact goals/care?
- Does the facility plan align with the person-centered plan?

Rule 4

Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint

Privacy, Dignity and Respect – All Settings

- Do individuals receive personal care assistance in private?
- Do individuals receive information about their rights in plain language?
- Do individuals know who to contact if they have concerns or complaints?
- Do individuals have protection against restrictive measures, including isolation and chemical/pharmacological and physical restraints?

Rule 5

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

Autonomy and Accessibility – All Settings

- Do individuals get to make informed decisions about what they want to do every day, including scheduling changes?
- Is the setting accessible for people to safely and freely move around the home including entering and exiting the setting?

Rule 6

Facilitates individual choice regarding services and supports and who provides them.



Individual Choice – All Settings

- Do individuals have the option to make requests for an alternate staff member to assist them?
- Are requests for an alternative staff member honored when the setting can accommodate due to staffing constraints?
- Can individuals freely make requests for changes in the way their services and supports are delivered?

Rule 7

In a provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:

- a. The individual has a lease or other legally enforceable agreement providing similar protections;
- b. The individual has privacy in their sleeping or living unit including:
 - Lockable doors by the individual with only appropriate staff having keys to the doors
 - Individual sharing units have a choice of roommates in that setting
 - Freedom to furnish or decorate the unit within the lease or agreement
- c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time
- d. The individual can have visitors at any time; and
- e. The setting is physically accessible.

Rule 7 in Practice - Residential

- Do individuals have access to a key to their bedroom/unit?
- Are individuals allowed to decorate their own room including moving furniture and hanging up items on the walls?
- Do individuals get to choose their roommates?
- Do individuals have access to a key/code to the front door/entrance of their home/setting?

Rule 7 in Practice - Residential

- Do individuals have a choice in what time they want to eat?
- Do individuals have an opportunity to buy their own food/snacks/drinks?
- Are individuals free from restrictions (visiting hours) on when they can have family and friends to visit?
- Do individuals, or representative, have a written agreement in place providing protections to address termination of residency agreement and due process and appeals?

Summary

- Rules are basic rights afforded to all members
- Its not just about the location of where the services are provided, but its about the individual's experience and outcomes
- Rights may be limited, on a case-by-case basis, if they jeopardize the health and safety of the member and/or others
 - Must be documented in the service plan
 - Strategies developed and monitored to restore rights

Person-Centered Planning

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EQUALITY THROUGH CHOICE



Individualized Rights Restrictions

Rights *may be* limited, on a case-by-case basis, if they jeopardize the health and safety of the member and/or others.

The following requirements must be documented in the person-centered plan:

- Identify a specific and individualized assessed need
- Document the positive interventions and supports used prior to any modifications to the person-centered plan
- Document less intrusive methods of meeting the need that have been tried but did not work
- Include clear description of the condition that is directly proportionate to the specific assessed need.

Individualized Rights Restrictions

Continued....

- Include regular collection and review of data to measure the ongoing effectiveness of the modification
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- Include the informed consent of the individual
- Include an assurance that interventions and supports will cause no harm to the individual

Person – Centered Service Planning

- Support a discussion with the member regarding key indicators that help assess an individual's integration experience
 - Making choices regarding the living situation, individual providers, meals/snacks and daily activities
 - Opportunities to interact with the broader community such as ability to go out into the community and have visitors at anytime
 - Privacy in bedrooms and bathrooms and private communication access
 - Access to any and all areas within the home or facility
- Help to identify health and safety risks that necessitate restrictions and a risk management plan to meets criteria in the HCBS Rules
- Identifying personal goal setting opportunities to support integration

Person – Centered Service Planning

- AHCCCS has created a standardized form in collaboration with the Health Plans
 - The form is to document the person centered conversations and meeting with members
 - Posted for public comment prior to release
 - Utilized by Case Managers/Support Coordinators beginning in June 2020
- Training will be held for Case Managers/Support Coordinators

Quality Monitoring

etc.

EQUALITY THROUGH CHOICE



Quality Monitoring Tool Suite

- Member/Member Representative Interviews
- Member File Reviews
- Facility Self-Assessment
- Observations
- Community Interviews

Quality Monitoring Process

- Will be part of the current annual monitoring process by Health Plans
- Health Plans are prioritizing providers who may need more technical assistance
- AHCCCS will release a short provider survey that will help pre-screen providers for prioritization

Heightened Scrutiny

etc.

EQUALITY THROUGH CHOICE



Settings that are Presumed to have Qualities of an Institution

- Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Why Heightened Scrutiny?

- Preserve settings that are initially presumed to have institutional qualities and presumed not compliant with the HCBS Rules.
- If the state asserts the setting complies with the HCBS Rules, including working on a remediation plan to come into compliance...
 - CMS must make a determination whether or not the evidence supports the setting is or can become compliant during the transition period.

Heightened Scrutiny Process

- Notify providers and members
- Prepare evidentiary packet for public comment
- Implement public comment period and modify the evidentiary packet per input received
- Submit evidentiary packet to CMS

Evidentiary Packet

- Assessment tools
 - Provider Self Assessment
 - Copy of procedures that indicate evidence of access to and demonstrated support for beneficiary integration in community activities in the broader community
 - Descriptions of processes in place or actions taken by staff to support, monitor, improve and enhance member integration
 - Summary of examples of how schedules are varied according to member preferences
 - Procedures in place to routinely monitor individual access to services and activities of the broader community
 - Description of how staff are trained and monitored on their understanding of the settings criteria and the role of person-centered planning

Evidentiary Packet: Narrative Summary

- Qualities of the setting and how it is integrated in and supports the full access of individuals receiving home and community-based services into the greater community
- Remediation strategies the setting has implemented to rectify and fully overcome its former institutional qualities or characteristics that isolate individuals from the broader community
 - Description of the MCOs oversight of milestones in the CAP to ensure completion of actions
- Summary of the public comment process and the stakeholder comments received

Relocation

- All relocation decisions must be made by June 2021 to ensure members are receiving services in compliant settings by March 2022

Process	Timeline
Notice	30 days of relocation decision
Person Centered Planning Meeting	45 days of relocation decision
Network Development and Management	30 days from PCP meeting
Critical Services and Supports	Outlined in PCP

Other Setting Types

etc.

EQUALITY THROUGH CHOICE



Intentional Communities

Characteristics

- Privately funded and operated residential complexes designed to support member with both residential (housing, room and board) and non-residential services (education, skills and social recreation)
- Considered provider-owned and controlled settings
- Will need to be assessed for compliance with the HCBS Rules

Individually Designed Living Arrangements

Characteristics

- Homes or apartments owned or leased by members who either live alone or with other roommates also receiving Medicaid-funded habilitation services.
- Members jointly choose the staff and agency to provide their services
- If setting does have any financial affiliation with an organization or operational functions (i.e. 24 hour staffing support), is considered to be provider owned and controlled setting.
 - Will need to be assessed for compliance with the HCBS Rules

Settings Not Otherwise Identified

- New process to identify:
 - Setting types not currently identified that may need to comply
 - Site-specific settings that may be out of compliance
- Information can be submitted to the AHCCCS Clinical Resolution Team by anyone
- AHCCCS will work in partnership with the MCOs to research further and may elect to perform an assessment to determine the compliance of the setting

Provider Support

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EQUALITY THROUGH CHOICE



Orientation, Training & Education for Providers

- 4 Part On-Line – *ZOOM* - Conference
- Part 1 – HCBS Overview (Today)
- Part 2 – Self Assessment Tool Training (February)
- Part 3 – Setting Specific Workshops (March and April)
- Part 4 - Audit Result Sessions – (Beginning after Audit results are available)

Part 2 - Self Assessment Tool Training

Purpose

- Orient to the Self Assessment Tools
- Instruct on the use of the Tool

When

- February 13, 1:00 – 3:00PM

Part 3 – Setting Specific Workshops

Workshops

- Most conference goers find breakout sessions and workshops to be the most relevant and popular part of the conference event.
- Typically workshops sessions are organized in tracks (for example; one track for clinicians and another for administrators etc.) and may be aligned around themes that are relevant to individuals attending the conference.
- Part 3 of the ETC Conference has 4 workshop tracks. Each track consists of several provider led workshops. Each workshop is thematically organized around an HCBS Rule.
- These workshops sessions will be offered live beginning March and April.
- The recorded version will also be available on the AHCCCS Website.

Purpose

- The purpose of each workshop is to share examples of how Arizona provider agencies are aligning their practices with the HCBS Rules.

Part 3 – Setting Specific Workshops (Continued)

Workshop Tracks

- There are 4 tracks. Each track relates to a type of HCBS setting: DD Residential, EPD Assisted Living Facilities, EPD and DD Day Programs and DD Employment Programs.
- For example; DD Residential will have several workshops led by panelists discussing implementing the HCBS Rules in DD Residential settings.

Theme Focused Workshops:

- There are 4, HCBS Rule related, workshop themes: Ensuring members have the opportunity for community experiences, Ensuring members are empowered to make personal choices. Individualizing program practices and Integrating settings into the local community,
- These themes shape the provider led workshops in each track. For example within the DD Residential Track there is a provider led workshop in:
 - Ensuring DD members in Residential settings have the opportunity for community experiences.
 - Ensuring DD members in Residential settings are empowered to make personal choices. Individualizing program practices for DD members in Residential settings and
 - Integrating DD Residential settings into the local community,

Person Centered Planning (PCP) Workshop

The Part 3 Workshop Series will also feature a workshop on the new Person Centered Planning Process.

Purpose

- This workshop will explain how Providers both participate in and contribute to, the Member's Person Centered Plan
- The workshop will also highlight how:
 - Other setting specific plans are aligned with the PCP and
 - Strategies for maximizing Member involvement in the PCP process

The PCP Workshop is scheduled for May.

Part 4 – Audit Results / TA Sessions

As results from the HCBS Rules implementation audits are collected and analyzed a series of On-line TA Sessions will be conducted.

The TA Session series has the following purposes:

- Share the results from the audits - both positive & problematic
- Share effective strategies for implementing practices that are closely aligned with the HCBS Rules and
- Offer assistance with the implementation process

Differential Adjusted Payments

- RFI closed 12/27/2019
- Current considerations
 - Participate in training, and
 - Complete self-assessment pre-screening survey
- Public Notice 02/28/2020
- Qualifying Providers Identified 05/01/2020
- Increased rate percentage applied 10/01/20-09/30/21

Thank You

