

HCBS Settings Final Rule 400 Community Integration

Provider Compliance and Ongoing Monitoring

*Hawai'i Department of Human Services, Med-QUEST Division
June 2023*



Agenda

1. Moving Forward on Community Integration
2. Federal Requirements Under the Settings Rule
3. Ongoing Compliance
4. Provider Resources



Moving Forward on Community Integration

- People with disabilities have the right to:
 - Make choices about where and how to live, including who supports them and what their schedule of activities look like
 - Be supported to make informed decisions
 - Live with privacy, dignity, and respect
 - Seek a job in the regular workforce, if applicable
 - Interact with the broader community
 - Develop and keep relationships with people without disabilities
 - Be supported in a person-centered way
 - Pursue a great quality of life

HCBS Final Rule: Where are we going next?

- Re-set our commitment to build a strong foundation
- Strengthen how we monitor and work with partners, work towards consistency in ongoing compliance
- Continue to ensure person-centered practices across service systems
- *“Never let a good crisis go to waste”* (Winston Churchill, 1945)
Using COVID-19 as an opportunity to emerge stronger and with more integrated opportunities



HCBS Settings Final Rule: What is it, again?



The rule identifies what is considered home and community-based - and what is not



The goal of the rule is to make sure people receiving HCBS can live, work, and spend time in the greater community in the ways they want, including with people who are not involved in services



Each person's experience, and their opportunity for community integration and participation is very important

What You Need to Review

HCBS Settings Final Rule 300

Community Integration

Overview Refresher and Ongoing Monitoring July 2022

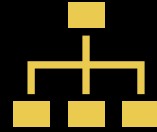
What has happened?

- The Centers for Medicare & Medicaid Services (CMS) implemented setting rule in 2014
- In Hawai`i, the plan is called “My Choice, My Way” and was approved by CMS on October 19, 2019
- Nationally, all settings, both residential and non-residential should be compliance by March 14, 2023
- Hawai`i received an approval by CMS for a plan of correction to work on setting reviews delayed due to Public Health Emergency (PHE) by December 30, 2023
- Hawai`i continues to work on provider compliance and ongoing monitoring.

Community Integration: Multiple Perspectives



Validating Ongoing Compliance



Provider alignment of policies and procedures



Health plan credentialing and monitoring to incorporate HCBS settings final rule



Health plan health coordinators/case managers to gather personal experience information from members

Validating Ongoing Compliance

Provider alignment of policies and procedures

- Licensing/Certification
- Medicaid Provider Agreement
- QI-2308 Memo HCBS Provider Implementation and Ongoing Compliance Monitoring

Validating Ongoing Compliance

Health plan credentialing and monitoring

- QUEST Integration RFP Contract
- QUEST Integration Health Plan Manual
- QI-2310 Memo HCBS Guidance for Implementation and Provider Compliance Monitoring

New Provider MQD Validation & Health Plan Credentialing Process

New Provider MQD Validation and Health Plan Credentialing Process

A new provider must adhere to Health Plan policies and procedures for compliance with the HCBS Settings Final Rule before being awarded a contract.

- The Health Plan will prescreen new providers to ensure that the provider has:
 - an approved Medicaid Identification number issued by MQD,
 - a completed Provider Self-Assessment Survey (QI-2308 Attachment A), and
 - a validation check on file with MQD.

New Provider MQD Validation

A new provider must create a new account and register on MQD's web-based provider enrollment system at [HOKU Provider Enrollment System \(hawaii.gov\)](https://hawaii.gov/hoku/)

- Click on the HOKU '**Training**' tab for available Instructional Slides and Training Videos.
- Keep username, password, email address, and HOKU application identification number to log into your application in HOKU.
- The provider will need to upload a copy of the Provider Self-Assessment Survey in Step 10 by selecting:
 - Document Type (drop-down): Choose "Other";
 - Document Name (drop-down): Choose "Miscellaneous"; and
 - Remarks (free text box): Enter "Provider Self-Assessment Survey".

New Provider MQD Validation

- Onsite validation checks may be conducted
 - under the discretion of MQD
 - by MQD or its delegate
 - in person or virtually

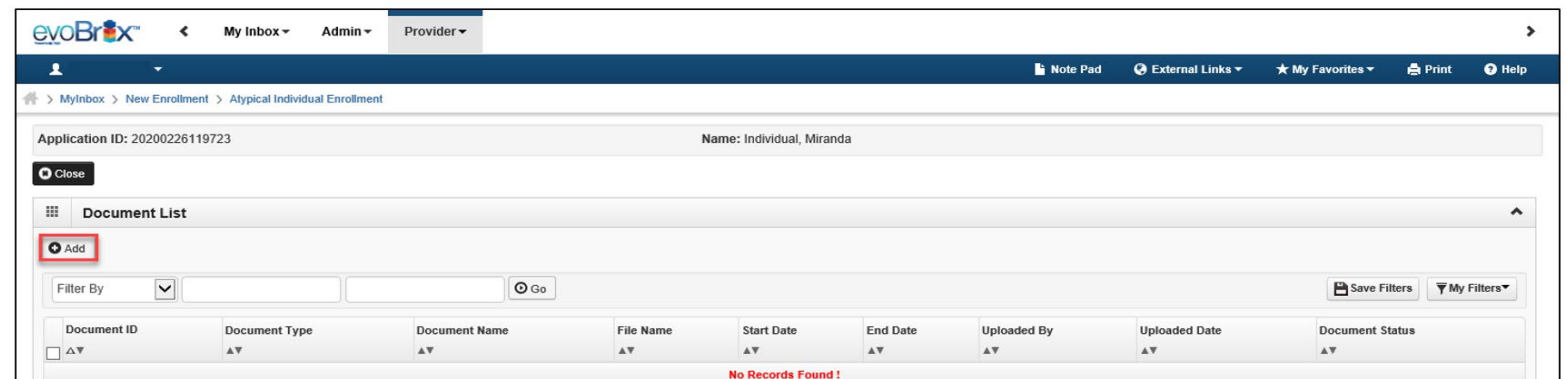
Provider Self-Assessment Survey

- For all NEW providers only
- Download copy of survey from the My Choice My Way website [My.Choice My Way \(hawaii.gov\)](http://My.Choice.My.Way(hawaii.gov)), Click on MCMW 'Provider Tab'
- Upload copy of self-assessment survey with enrollment forms in HOKU
- Email for HOKU technical assistance HCSBInquiries@dhs.hawaii.gov



Step 10: Upload Documents

42



The screenshot shows the evoBrix web application interface. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, a breadcrumb trail reads 'MyInbox > New Enrollment > Atypical Individual Enrollment'. The main content area displays 'Application ID: 20200226119723' and 'Name: Individual, Miranda'. A 'Close' button is visible. Below this is a 'Document List' section with an 'Add' button highlighted by a red box. There are filters for 'Filter By' and a 'Go' button. At the bottom, a table header is visible with columns: Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Document Status. A red message at the bottom states 'No Records Found!'.

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
No Records Found !								

Provider Self-Assessment Survey - Residential Setting

Primary Caregiver Residential Survey

How many clients do you currently provide services to?



How many beds or clients are you licensed or certified for?







If you are a certified CCFFH, did you provide care to any private-pay clients during the past year?

Date you did this survey:

This survey will help us understand the services you provide in the home. We want to hear about your services and how they help our clients to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about the home your client(s) **LIVE** in.
2. Tell us what it is like living in your **HOME**.
3. Tell us about the **CHOICES** your client(s) get to make.
4. Check the box to answer **YES**  or **NO**  to the questions.

	YES 	NO 
CHOICE		
1. Clients Home 	Does your client(s)	
a. Have an agreement in writing for where s/he lives?	<input type="checkbox"/>	<input type="checkbox"/>
b. Know the housing rights in regards to their agreement?	<input type="checkbox"/>	<input type="checkbox"/>
c. Share a room?	<input type="checkbox"/>	<input type="checkbox"/>
d. Choose their roommate?	<input type="checkbox"/>	<input type="checkbox"/>
e. Get to decorate their room with their favorite things?	<input type="checkbox"/>	<input type="checkbox"/>
f. Pick the clothes s/he wants to wear?	<input type="checkbox"/>	<input type="checkbox"/>
2. Going out 	Does your client(s)	
a. Go out into the community?	<input type="checkbox"/>	<input type="checkbox"/>
b. Pick how often s/he goes out?	<input type="checkbox"/>	<input type="checkbox"/>
c. Choose what to do?	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick who goes out with him/her?	<input type="checkbox"/>	<input type="checkbox"/>
3. Schedule 	Does your client(s) pick the time s/he	
a. Gets up and goes to bed?	<input type="checkbox"/>	<input type="checkbox"/>
b. Takes a bath?	<input type="checkbox"/>	<input type="checkbox"/>
c. Watches TV?	<input type="checkbox"/>	<input type="checkbox"/>
d. Talks on the phone?	<input type="checkbox"/>	<input type="checkbox"/>
e. Goes on the computer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Meals & Snacks 	Does your client(s) choose	
a. What s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
b. What time s/he wants to eat?	<input type="checkbox"/>	<input type="checkbox"/>
c. Where s/he sits to eat?	<input type="checkbox"/>	<input type="checkbox"/>
d. Who s/he eats with?	<input type="checkbox"/>	<input type="checkbox"/>

Provider Self-Assessment Survey - Non-Residential Setting/Day Program



Day Program Survey

How many clients do you currently provide services to?

Date you did this survey:

This survey will help us understand the services you provide at your day program. We want to hear about your services and how they help our clients to be independent, make decisions and choices.

Things to **THINK** about when you are doing this survey:

1. Think about the **SETTING** your client(s) go to.
2. Tell us what it is like to be at your **DAY PROGRAM**.
3. Tell us about the **CHOICES** your client(s) get to make.
4. Check the box to answer **YES**  or **NO**  to the questions.

Validating Ongoing Compliance

- MQD, in collaboration with health plans, has created an evidence tool for providers and caregivers to help demonstrate their compliance with the HCBS Final Settings Rule.

Existing Provider & Health Plan Re-Credentialing Process

An existing provider must demonstrate compliance with HCBS Settings Final Rule by providing evidence of policies, procedures, and operating practices implemented and evaluated during the credentialing and contracting process with the Health Plans.

- This may include the submission of the Provider Self-Assessment Survey, Provider Attestation of ongoing compliance, and Evidence Packet with supporting documentation to the Health Plans.
- Provider Attestation and Evidence Packets (QI-Memo 2308 Attachment B)

Existing Provider & Health Plan Re-Credentialing Process

- If a Health Plan determines that the provider does not demonstrate compliance, the provider shall notify all other Health Plans they are contracted with. The Health Plans will temporarily suspend new admissions and/or services until remediated.
- If the provider does not demonstrate compliance within the remediation timeframe, they will not receive reimbursements, *starting the day that they were found non-compliant*, from the Health Plans.
- If a Health Plan determines that the provider does not demonstrate compliance within the remediation timeframe, the provider shall notify all other Health Plans they are contracted with. The Health Plans shall terminate the contract.

Existing Provider & Health Plan Re-Credentialing Process

The Health Plans will have a validation process including quality monitoring tools that will be used to evaluate ongoing compliance.

- The validation of settings compliance may be conducted in person or virtually.
- The Provider Attestation and Health Plan validation approval are valid for up to five years based on the discretion of the Health Plan.
- The Health Plans shall provide technical assistance to the provider related to contracting requirements, as needed.

Provider Attestation & Evidence Tool

HCBS Final Rule Compliance: Residential Provider Attestation and Evidence Tool

Instructions: This is completed by a licensed/certified residential care setting (e.g., CCFFH, EARCH, or ALF). The setting must be integrated, least restrictive, and affords the member to have full access to the benefits of community living.

Complete each section by providing a YES, NO, or NA answer, if applicable. The provider must demonstrate compliance with HCBS setting rules by completing this attestation form. This form will serve as evidence of compliance to policies, procedures, and operating practices implemented and evaluated during the credentialing and contracting process with a health plan.

Any “Yes” response, the provider must provide evidence to demonstrate compliance. Evidence documentation includes, but is not limited to:

- Provider policies and procedures
- Member rights and responsibilities
- Member residency or legal agreement (blank or redacted)
- Example of member choice of activities and schedules
- Example of member transportation log
- Example of member visitor log
- Member individualized schedules (redacted)
- Member Health and Functional Assessment (redacted)
- Member Health Action Plan (redacted)
- Member Rights Modification Plan (redacted)
- Photos and/or architectural renderings of physical space
- Training curriculum and materials

*Any “No” response with no health and safety risk preventing the member from exercising the right, the provider must provide a copy of documentation that the health plan reeducated the member of their individual rights, informed member of the intent of the HCBS final rule, and/or discussed person-centered goal setting. *** Applies to HCBS Questions 1-26 only. ****

*Any “No” response with a health and safety risk preventing the member from exercising the right, the provider must provide a copy of the risk modification plan, section entitled ‘Member’s Rights Modification Plan’ of Health Action Plan. ***** The completion of a modification plan applies to HCBS Questions 27-36 only. ******

Instructions: This is completed by a licensed/certified residential care setting (e.g., CCFFH, EARCH, or ALF). The setting must be integrated, least restrictive, and affords the member to have full access to the benefits of community living.

Complete each section by providing a YES, NO, or NA answer, if applicable. The provider must demonstrate compliance with HCBS setting rules by completing this attestation form. This form will serve as evidence of compliance to policies, procedures, and operating practices implemented and evaluated during the credentialing and contracting process with a health plan.

Provider Attestation

HCBS Final Rule Compliance: Residential Provider Attestation and Evidence Tool

Date:	
Health Plan Name: (Check all that apply)	AlohaCare <input type="radio"/> HMSA <input type="radio"/> Kaiser Permanente..... <input type="radio"/> Ohana..... <input type="radio"/> UnitedHealth Care <input type="radio"/>
Medicaid Provider Name:	
Medicaid Provider ID#:	
NPI#: (if applicable)	
Phone:	
Email:	
Servicing Address:	
<p>I, _____, attest to have reviewed the HCBS Settings Final Rule requirements (Name of Authorized Person) and understand the expectations as a Medicaid provider. The evidence presented to the health plans as part of credentialing is true, accurate and complete and understand that any falsification or omission of information may warrant further evaluation by the health plan.</p> <p>_____ Signature of Authorized Person</p> <p>_____ Title</p> <p>_____ Date</p>	

Provider Evidence Tool

HCBS Final Rule Compliance: Residential Provider Attestation and Evidence Tool

Requirement 1: The setting is integrated in the community and supports the same access for Medicaid and non-Medicaid enrollees receiving HCBS services. [42 CFR 441.301 (c)(4)(i)]		Mark the answer that applies		
		NA	Yes	No
1.	Are Members able to control their own daily schedules and activities?			
2.	Are Members able to come and go (with or without supports) from the setting at any time without restrictions?			
3.	Are Members supported to explore and pursue competitive integrated employment in the community if Members choose to do so?			
4.	Are Members supported to engage in off-site community activities based on their individual preferences, such as shopping, dining, religious activities, voting, volunteering, personal appointments?			
5.	Are Members provided (or supported to access) transportation to/from the setting for community and social activities of their choosing?			
6.	Are Members supported to access and keep/carry their own money?			
7.	Are Members supported to control their own personal belongings and resources?			

What is HCBS Evidence?

The provider must provide evidence to demonstrate compliance. Evidence documentation includes, but is not limited to:

- Provider policies and procedures
- Member rights and responsibilities
- Member residency or legal agreement (blank or redacted)
- Example of member choice of activities and schedules
- Example of member transportation log
- Example of member visitor log

What is HCBS Evidence?

The provider must provide evidence to demonstrate compliance. Evidence documentation includes, but is not limited to continued:

- Member individualized schedules (redacted)
- Member Health and Functional Assessment (redacted)
- Member Health Action Plan (redacted)
- Member Rights Modification Plan (redacted)
- Photos and/or architectural renderings of physical space
- Training curriculum and materials

Examples of HCBS Evidence

- Provider policies and procedures
 - Providers are required by licensing/certification to have policies that comply with regulations - i.e., CCFFH Policies, sample provided by CTA
- Member rights and responsibilities
 - i.e., CCFFH Policy #12 Client Rights - Reviewed and in Member record
- Member residency or legal agreement (blank or redacted)
 - i.e., CCFFH Admissions Policy and Agreement - Signed and in Member record

Examples of HCBS Evidence

- Example of member choice of activities and schedules
 - i.e., CCFFH Policy #12 Client Rights - Monthly Activities List with choices
- Example of member transportation log
 - i.e., CCFFH Policy #1 Staffing Requirements - Transportation Log
- Example of member visitor log
 - i.e., CCFFH Policy #12 Client Rights - Visitor Log

Examples of HCBS Evidence

- Member individualized schedules (redacted)
 - i.e., CCFFH Policy #12 Client Rights - Daily Activities Log with choices in Member record
- Member Health and Functional Assessment (redacted)
 - i.e., Policy #14 Records and Reports - CCMA provides a copy to recipient and provider to keep in Member record. Provider to submit to Health Plan, as requested
- Member Health Action Plan (redacted)
 - i.e., Policy #14 Records and Reports - CCMA provides a copy to recipient and provider to keep in Member record. Provider to submit to Health Plan, as requested

Examples of HCBS Evidence

- Member Rights Modification Plan (redacted)
 - i.e., Policy #14 Records and Reports - CCMA provides a copy to recipient and provider to keep in Member record. Provider to submit to Health Plan, as requested
- Photos and/or architectural renderings of physical space
 - Provider to submit to Health Plan, as requested
- Training curriculum and materials
 - Provider to submit to Health Plan, as requested

HCBS Provider Expectations

- Review HCBS Settings Final Rule Trainings
- Comply with Licensing/Certification Requirements
- Comply with Medicaid Provider Agreement
- Comply with Health Plan Contract Requirements

Training Requirements

- All providers must complete required trainings when contracting with the Health Plans. Trainings include, but are not limited to:
 - HCBS Settings Final Rule Overview (42 CFR §441.301(c)(4)/42 CFR §441.710(a)(1)) to review processes that ensure members:
 - have full access to the benefits of community living and are able to receive services in the most integrated setting; and
 - are informed and supported to exercise their freedom of choice in selecting between institutional or home and community-based waiver services.

Training Requirements

- Person-Centered Thinking and Planning (42 C.F.R. 441.301(c)(1)-(2)) to ensure that the members' Health Action Plan:
 - is driven by the member;
 - offer informed choice regarding services and supports the member receives and from whom;
 - reflect what is important to the member to ensure delivery of services in a manner reflecting personal preferences, strengths, and ensuring health and welfare;
 - identify strengths, preferences, needs, and desired outcomes of the member;
 - include goals and preferences which are related to relationships, community participation, employment, and health; and
 - any exceptions or modifications to the settings requirements must be documented in the Health Action Plan and meet the member's goals.

Training Requirements

- Providers must attest to having completed the trainings stated above as part of the health plan contracting requirement. The training may be taken online or in person, as needed.
- Fact sheets and past provider training resources are available on the [My Choice My Way \(hawaii.gov\)](http://hawaii.gov/my-choice-my-way) website click on 'Resources' tab

Existing Provider MQD Revalidation Process

- *Existing Provider MQD Revalidation Process*
 - All providers must revalidate their provider registration in the HOKU system every 5 years.
 - The provider must follow the same process for Step 10 in HOKU.
 - The provider will need to upload a copy of the Provider Self-Assessment in Step 10, under “Survey”.
 - For HOKU provider enrollment questions, please email HCSBinquiries@dhs.hawaii.gov
 - The provider will be contacted by MQD staff or its delegate for a validation check. The validation check may be conducted in person or virtually based on the discretion of the MQD.

Transition of Care for Members

- *Transition of Care for Members*
 - For providers that do not demonstrate ongoing compliance, the Health Plans will need to transition members to another compliant setting with the goal to ensure continuity of services for affected members.
 - The Health Plan will develop a Transition of Care (TOC) plan for members.
 - A TOC notification letter will be sent to the members and the provider.
 - The Health Plan Health Coordinator will discuss different setting options in a Person-Centered planning meeting prior to the TOC.
 - The member, Health Plan Health Coordinator, and support network will work collaboratively to transition the member to the member's setting of choice.

Member Experience Survey

- HCBS CAHPS Survey is used to measure member satisfaction of services and compliance with HCBS Final Settings Rule
- MQD delegate conducts the HCBS CAHPS Survey
- HCBS CAHPS Survey results will be reviewed by the Health Plan as part of quality improvement

Putting it together “Belonging in the Community”



HCBS Provider Resources

Website: <http://medquest.hawaii.gov>

Search “My Choice My Way”

Select “Provider Tab”

- Self-Assessment Survey
- HCBS Settings Final Rule Trainings
- Attestation and Evidence Tool
- Person-Centered Practices Trainings

My Choice My Way

[News](#)[Participant](#)[Provider](#)[Resources](#)

Provider Surveys

- Residential self-assessment provider survey
- Non-residential provider self-assessment survey

Provider HCBS Final Rule Trainings

- HCBS Final Rule 100 Overview
- HCBS Final Rule 101 Choice and Balance: Important TO and FOR
- HCBS Final Rule 102 Right Choice of Settings
- HCBS Final Rule 200 Right to Privacy and Visitors
- HCBS Final Rule 201 Right to Access Food
- HCBS Final Rule 202 Right to Legal Agreement and Accessibility
- HCBS Final Rule 203 Dignity of Risk

Provider Ongoing Monitoring and Compliance Documents

- Residential Provider Attestation and Evidence Packet
- Non-Residential Provider Attestation and Evidence Packet
- Legal Residency Agreement – Standard Template
- Heightened Scrutiny Process

Person-Centered Thinking and Practices Trainings

- Create Power WITH the People We Support
- Risk and Choice
- Practical Ways to use Person-Centered Thinking Skills
- Creating Balance in the Service Plan: Important TO and FOR
- Tips for Creating Person Centered-Support Plans

Technical Assistance, Questions, or Comments?

Email us at mychoicemyway@dhs.hawaii.gov

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