

HCBS Settings Final Rule 300 Community Integration

Overview Refresher and Ongoing Monitoring

*Hawai'i Department of Human Services, Med-QUEST Division
July 2022*



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

HCBS Setting Final Rule Applies To

- Residential

- Adult Residential and Expanded Adult Residential Care Homes
- Assisted Living Facilities
- Community Care Foster Homes
- Developmental Disabilities Adult Foster Homes
- Developmental Disabilities Domiciliary Homes
- Special Treatment Facilities/Therapeutic Living Programs
- * HCBS rule does not apply to own home or family member home

HCBS Settings Final Rule Applies To

- Non- Residential
 - Adult Day Care
 - Adult Day Health
 - Developmental Disabilities Adult Day Health

What is not a HCBS Setting?

- Nursing Facility
- Institution for Mental Disease (IMD)
- Intermediate care facility for individuals with intellectual disabilities (ICF/ID)
- Hospital

HCBS Rule: What Does It Mean to You (As A Person Receiving Services)



HCBS video "What does the rule guarantee?":

https://www.youtube.com/watch?v=8sJI-LF5ufg&feature=emb_logo

Specifically, the rule requires settings to:

- Be integrated in and support access to the greater community
- Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
- Be selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting
- Ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimize individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

In other words... HCBS Settings

Help people receiving services to:

- Be part of their local community
- Have the chance to look for a job and be paid a good wage, if interested
- Do the things they want to do in the community, like volunteering or making friends or learning something new
- Pick the place(s) where they want to receive their services - including “non-disability” places where anyone might live or work or hang out
- Have privacy, and rights to dignity and respect are protected
- Make the day-to-day decisions that are important to them, and help them be independent
- Can make choices about services and supports and who provides them



Pili's Story: All About Me - Person-Centered Planning Process

- Looking at Person-Centered Practices Through A Cultural Lens: An interview where Pili was able to share his cultural perspective on his family and how he makes decisions on the daily.
- Before the experience, Pili did not have control over the decisions and never had any goals in life.
- Pili learned after that he was able to have control over the goals and decisions in his life like where he wanted to work and what he could do. Pili learned to make decisions that were useful to him and not what other people wanted. He has learned how to share his decisions with others after making them a way to positively impact others.
- *Courtesy of the Hawaii State Council on Developmental Disabilities*



What has happened so far?

- The Centers for Medicare & Medicaid Services (CMS) spent seven years getting public input on the rule, and then made it final in 2014
- States had to work with partners and stakeholders to look at what needed to change in their state, and make a plan to make those changes - each “Statewide Transition Plan” sent to CMS for approval
- In Hawai`i, the plan is called “My Choice, My Way” and it was approved by CMS on October 19, 2019
- Nationally, all settings, both residential and non-residential have to be in compliance by March 14, 2023

What did we learn about HCBS settings?

- Nearly all settings need some level of remediation or correction
- Providers, caregivers, families and people receiving services have many different interpretations and ideas of what's possible
- We are close but have more work to do!!



Residential Settings:

- Residential agreement that align with Hawai`i landlord tenant laws
- Choice of setting and service provider
- Choice of schedule and activities
- Choice of roommate
- Choice and access to food
- Right to privacy- providing a lockable bedroom door



Day Programs:

- People need more choices and chances to make decisions
- Daily schedules and activities need to be more individualized
- Some settings don't protect privacy enough
- Need to better help members understand and exercise their rights
- Access to the greater community needs to improve

How do we get there?

2015-2017: Validations & Findings

Statewide effort - MCMW
Review teams on-site
Participant interviews

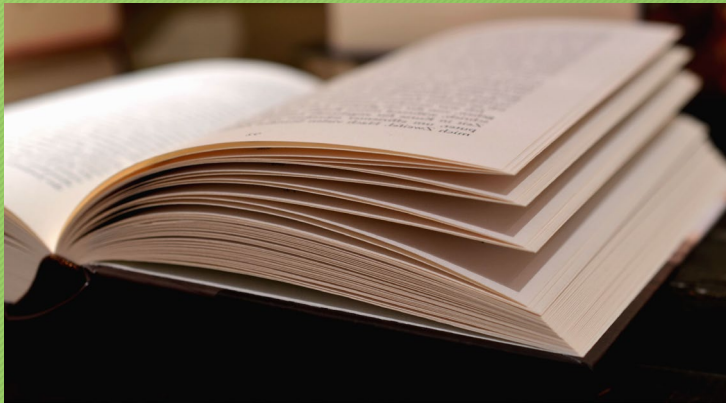
NOW: Evidence & Remediation

“Re-set” and establish baseline
Work with providers - evidence
Opportunity to learn and grow

Ongoing:

Credentialing
Provider monitoring
Member experience

Getting everyone on the same page...



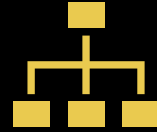
People with important perspectives about settings and community integration include:

- Person receiving services
- Family/circles of support
- Guardians/representatives
- State staff who certify or license
- Staff who monitor providers
- Health plan care coordinators
- Community case managers
- Provider agencies
- Certified caregivers
- Direct support professionals

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

Provider Self-Assessment Survey

- For all NEW providers only
- Download copy of survey from the My Choice My Way website, Provider Tab
- Upload copy of self-assessment survey with enrollment forms in HOKU
- Email for HOKU technical assistance HCSBInquiries@dhs.hawaii.gov
- *****More information will be issued in a Memorandum by MQD*****



Step 10: Upload Documents

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A screenshot of the evoBrx web application. The top navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The main content area shows 'Application ID: 20200226119723' and 'Name: Individual, Miranda'. Below this is a 'Document List' section with an 'Add' button highlighted by a red box. There is a filter section with a dropdown menu 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 'No Records Found!' is displayed at the bottom of the table area.

Provider Self-Assessment Survey

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"/>

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.

*****More information will be issued in a Memorandum by MQD*****

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. ******

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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:	

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.

_____ Signature of Authorized Person	_____ Title	_____ Date
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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:

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- Training curriculum and materials

HCBS Provider Expectations

- Review HCBS Settings Final Rule Trainings
- Comply with Medicaid provider agreement
- Comply with health plan contract requirements
- ******More information will be issued in a Memorandum by MQD******

Member Experience Survey

- Survey is used to measure satisfaction of services and compliance with settings rule
- Health plan health coordinators/case managers may conduct survey
- Survey results will be reviewed by the health plan
- *****More information will be issued in a Memorandum by MQD*****

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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