

HCBS

Statewide Transition Plan

Site Specific Assessment Care Coordination Training



Presentation to: Care Management Agencies

Presented by: Department of Community Health

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**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.

Agenda

- Welcome
- Purpose – Final Rule
- Timeline Overview
- What is the *Second-Level Validation* process ?
- What is expected ?
- Tool
- Next Steps
- Questions

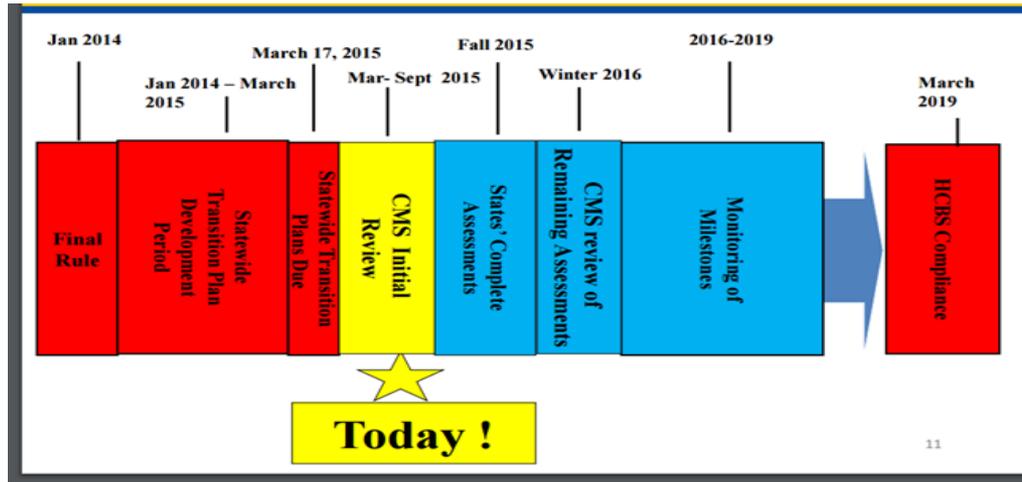


Purpose- Final Rule

- The final home and community-based services (HCBS) regulations (known as the “Final Rule”) were published in the Federal Register on January 16, 2014; they became effective March 17, 2014
- Designed to enhance the quality of HCBS, provide additional protections, and ensure full access to the benefits of community living
- Establishes requirements for the qualities of settings where individuals live and/or receive Medicaid-reimbursable HCBS provided under sections 1915(c), 1915(i), 1915(k), 1915(b)(3), and 1115 of the Social Security Act
- Focus on the quality of individuals’ experiences
- The intent is that individuals receiving Medicaid-funded HCBS have the opportunity to receive these services in a manner that protects individual choice and promotes community integration



Transition Plan Timeline



Home and Community-Based Setting Qualities

Any residential or non-residential setting where individuals live and/or receive HCBS must have the following five qualities:

- 1) Is integrated in and supports full access of individuals to the greater community
 - Provides opportunities to seek employment, work in competitive integrated settings, engage in community life, control personal resources, and
 - Ensures that individuals receive services in the community, to the same degree of access as individuals not receiving HCBS

Home and Community-Based Setting Qualities (cont'd)

2. Is selected by the individual from among setting options including non-disability specific settings and options for a private unit in a residential setting
 - Person-centered service plans document the options based on the individual's needs, preferences, and for residential settings, resources available for room and board
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
4. Optimizes individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact
5. Facilitates individual choice regarding services and supports, and who provides them

Home and Community-Based Setting Qualities (cont'd)

A residential setting that is provider-owned or controlled is subject to additional requirements:

- A setting is provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS
- Additional requirements relate to ensuring tenant protections, privacy, and autonomy for individuals receiving HCBS who do not reside in their own private (or family) home

Excluded Settings

- Settings that are not home and community-based are specified in the Final Rule:
 - Nursing Facility
 - Institution for Mental Disease
 - Intermediate Care Facility for Individuals with Intellectual Disabilities
 - Hospital
 - Other locations that have qualities of an institutional setting, as determined by the Secretary



Settings Presumed to Have the Qualities of an Institution

- The regulations identify other settings that are presumed to have institutional qualities and do not meet the requirements for Medicaid home and community-based settings:
 - Settings in a publicly or privately operated facility that provides inpatient institutional treatment
 - Settings in a building on the grounds of, or adjacent to, a public institution
 - Settings with the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS

Assessment Processes- Overview

States use two types of assessment processes to evaluate whether their standards and settings are in compliance with the federal home and community-based setting regulations

– Systemic: The state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance

– Site-Specific: The process by which a state assesses specific settings in which home and community-based services are provided to determine whether the settings are in compliance



Assessment Processes – Overview cont'd

For both the systemic and site-specific assessments, states should:

- Identify all types of home and community-based program settings in their state where HCBS are provided and where beneficiaries reside
- Describe the outcomes of its assessments by waiver and setting within the waiver

Once the state has completed its assessments, the state must amend its Statewide Transition Plan (STP) to include the outcomes of the assessments and give the public an opportunity to comment on them

Site-Specific Assessment Process

- At a minimum, states are expected to conduct site-specific assessments of a representative and statistically significant sample of settings to determine the number of providers that are or are not in compliance with the federal setting requirements
- States use a variety of methods to conduct site-specific assessments, including:
 - provider self-assessments
 - reviews by case managers affiliated with the state and managed care organization staff
 - licensure surveys
 - policy and record reviews
 - site visits



Assessment Processes – Overview cont'd

Sample Size- 10%

- Independent Care Waiver Program (ICWP)- 5% (n=4)
- Care Coordination Services Program (CCSP)- 24% (n=21)
- Comprehensive Supports Waiver Program (COMP)-20% (n=19)
- New Options Waiver Program (NOW)- 12% (n=11)
- Service Options Using Resources in a Community (SOURCE)-38% (n=40)

Site-Specific Assessment Process (cont'd)

Site-specific assessments help a state determine:

- The category of compliance in which to place each setting, and
- The remedial actions that must be taken by the state and providers to bring specific sites into compliance

Site –Specific Assessment Process (cont'd)

CMS has the following expectations about site-specific assessments:

- Should be sufficiently rigorous as to be a reliable indicator of setting compliance
- Should be completed early enough in the transition period to allow time for remediation and to ensure full compliance by March 2019 of both residential and nonresidential settings
- If the state uses an outside entity to conduct site-specific assessments, the state should ensure that the entity does not have a conflict of interest with the service providers

HCBS Setting Review Process





GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Georgia Individual Assessment of HCBS Community Settings- **Second Level Validation**

Please select an answer for each question from these choices:

Yes = service site meets HCBS characteristics as outlined in the question

No = 1) HCBS characteristics are not met, 2) setting cannot conform, or 3) setting is institutional in nature, e.g. hospital, ICF/ID, nursing facility, or institution for mental disease (IMD)

Not Yet = service currently does not meet HCBS characteristics but could with modification

N/A – question does not apply to the site setting

Provider Name: _____

Waiver/Program Name: CCSP SOURCE NOW COMP ICWP GAPP

Site Address (include county): _____

Site Type: Residential Non-residential

Service Type: residential supports/alternative living services, day services (e.g. community access group/adult day health),

employment related services (e.g. prevocational or supported employment)



Important points to remember and general instruction:

- This survey is a mandatory component to Georgia's agreement with the federal Medicaid agency to comply with HCBS Settings Regulations. The essence of the regulation requires states to ensure that waiver services delivered in provider-owned or operated settings are consistently person-centered, offering full dignity and respect through the manner in which services are delivered, fully integrated, and are not isolating, providing ample access to the community.



General Instructions

- Providers responding to the assessment should respond based on their usual business practices. If confirming with waiver participants, questions should be answered with the input of the member, families, authorized representatives, case managers, and any individual best suited to provide accurate information
- No survey question is meant to imply a provider should be putting a priority on individual rights and freedoms over individual health and safety. Please answer questions generally as if the question ended “if safe to do so according to
- Answer all questions as **Yes, No, or N/A**



General Instructions

- N/A is an appropriate answer when a residential question is asked of a non-residential provider such as adult day health or supported employment
- If answering “No” please indicate whether the “No” is due to:
 - 1) HCBS characteristics not currently met, but that work can be done to conform
 - 2) setting intrinsically cannot conform to rule
 - 3) setting is an institution or
 - 4) responding “Yes” to the question could provide a health or safety threat to the individuals served in the setting, e.g. freedom to come and go at will in the context of a dementia-specific setting or a residential setting for individuals with significant intellectual/developmental disabilities

| Question Category | Question | Response | | | Comments Do you have any comments about what would make this better? |
|--|--|----------|----|-----|---|
| | | Yes | No | N/A | |
| Choice of Setting and setting characteristics | Do you get to choose where to live (if this is a residential setting) or where to receive services (if this is a non-residential setting)? | | | | |
| | Does this setting reflect your needs? | | | | |
| | Does this setting reflect your preferences? | | | | |
| | Do you know how to relocate and request new housing or non-residential service site change? | | | | |
| | Do you have access to make private phone calls, e-mail, text, or otherwise communicate privately? | | | | |
| Participates in scheduled and unscheduled activities | Do you participate in meaningful non-work activities (sports, leisure, social, or other activities in the community) settings as desired? | | | | |
| | Are you supported when you want to do something that's not scheduled? | | | | |
| Site setting does not isolate individuals | Is your setting a part of the community at large (and not institution-like or part of or adjacent to an institution)? | | | | |
| | Do you live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)? | | | | |
| | Can visitors visit at any time? | | | | |
| Employed in the community | Do you work in an integrated setting (community settings where you would work with non-disabled individuals)? | | | | |
| | If you would like to work, is someone helping you with that goal? | | | | |
| Has own bedroom or shares with a roommate of choice | Do you have a choice of housemate or roommates? | | | | |
| | Do you like your roommate/housemates and say nice things about them? | | | | |

Online Tool

<https://waiverprod.dbhdd.ga.gov/surveys/HCBSForm.aspx>



Validation Completion

*Service Type:

- Residential supports/alternative living services
- Day services (e.g. community access group/adult day health)
- Employment related services (e.g. prevocational or supported employment group)

Validation Date:

Case Management Agency Name:

Case manager/support/care coordinator:

Waiver Participants (residential setting only)

Is this MANDATORY ?

Each provider **location** must complete the assessment tools
**Non-response to the Assessment Tool will be treated as
non-compliance subject to adverse action**



**Case Managers have two weeks to complete the second
level validation and submit back to DCH.**

What happens next?

- Provider Assessments, second level case manager validation and member surveys will be analyzed. The state will calculate a best estimate of the number of settings in each of the four categories of compliance:
 - Fully align with the Federal requirements
 - Do not comply and will require modifications
 - Cannot meet the requirements and require removal from the program and/or relocation of individuals
 - Are presumed to have institutional qualities, but the state will submit evidence to CMS for heightened scrutiny and areas of possible non-compliance will be identified for possible onsite visits and other remediation

Questions ?????





Thank You

For more detailed information on HCBS Statewide Transition Plan, please visit:

dch.georgia.gov/HCBS

For Questions specific to administration of the Provider Self-Assessment Tool:

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Questions & Additional Information

Additional information and a recording of this presentation can be found
at:

<http://www.dch.Georgia.gov/hcbs>

select Transition Plan tab

or

Contact us at

Email: HCBSTransition@dch.ga.gov