IN FSSA DDRS
Non-Residential Self-Assessment

Indiana Family and Social Services Administration

HCBS Statewide Transition Plan

Division of Aging | Division of Disability and Rehabilitative Services | Division of Mental Health and Addiction | Office of Medicaid Policy and Planning
Agenda

Non-Residential Self-Assessment

• Understanding the HCBS Settings Rule
• Our State Transition Plan
• Day Services Assessment
• The Validation Process
• What this means for services
• Heightened Scrutiny
• Compliance
• Completing the provider self assessment

Contacts

• Need contact info
HCBS Settings Rule

What is the HCBS Settings Rule?

• CMS established the HCBS Settings Rule in January 2014
• The rule identifies what is and is not an HCBS setting
• The goal of the rule is to make sure people getting services through HCBS programs, like the CIH and FS Waiver programs, have the chance to work and spend time with other people that do not have disabilities
• This rule is special because it focuses on the person’s daily life- where they go, what they do, the choices they have
• It talks about the importance of person centered planning
• It also talks about individuals or family member’s rights and making sure those rights are protected
HCBS Settings Rule

What Services is CMS looking at?

• The rule is for **ALL** of the places where HCBS services are provided.
• This means residential services and day services.
• Day services include:
  • facility-based day,
  • community based habilitation (CHIO), and
  • facility-based services (pre-vocational)
HCBS Settings Rule

What is not HCBS?

CMS defines these settings as settings that are not home and community-based:

- Nursing Facility
- Institution for Mental Disease
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Hospital
- Other locations that have qualities of an institutional setting ("feel like" an institution)
HCBS Settings Rule

What is probably not, or “presumed not,” HCBS?

Settings that have the qualities of an institution (this applies to residential and non-residential services, like Facility Based Day):

- Inside a building that provides inpatient institutional treatment
- On the grounds of, or right next to a public institution
- Has the effect of isolating people who receive Medicaid HCBS waiver services from people who do not
HCBS Settings Requirements

States must ensure the Home and Community-Based setting:

- Is integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
- Is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting
States must ensure the Home and Community-Based setting (cont.):

- Person-centered service plans document the options based on the individual’s needs, preferences; and for residential settings, the individual’s resources available for room and board
- Ensures an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them
HCBS Settings Requirements

Any modification of the requirements must be:

• Supported by specific assessed need
• Justified in the person centered service plan
• Documented in the person centered service plan
HCBS Settings Rule
HCBS Settings Rule

What does this mean for services?

This does not mean that any services are ending or will have to close down, but some services might need to change.
HCBS Settings Rule

Providers must help us show CMS that:

• A person-centered planning process decides the things individuals do during the day; and
• Individuals can choose to work and are supported in their choice to work during part of or all of their day; and
• Individuals can choose to be in their community and are supported to do things they like there; and
• Individuals can choose and are supported in building friendships with other people (including people who do not have disabilities).
HCBS Settings Rule

Why would services need to change?

Because DDRS must follow the federal rules.

If people spend their day in a building (facility) that is owned and run by a provider:

- We must make sure that the setting (building/facility) does not segregate or “isolate” individuals from their local community
- We must make sure that the service is community-based and offers support to do things in the community and not just with other people with disabilities and paid staff only
HCBS Settings Rule

For those of working age, we must make sure they have help getting:

• A job that is interesting to them
• A job that pays at least minimum wage
• A job where they work with all kinds of different people
• A job outside of a facility-based employment program
• A job that will probably be different than facility-based employment
HCBS Settings Rule

Does this mean everyone has to work?

• **NO.** But it does mean people need to be given the chance and the choice to work.
  • CMS wants us to focus on each person’s experience with services and not the severity of the disability
  • For people who are retirement age or who cannot work, we have to make sure they are supported to be in the community doing the things they like to do.
State Transition Plan
State Transition Plan

All States were required to submit to CMS a State Wide Comprehensive Transition Plan that outlined the following:

• Explanation of how the state will update state policies to conform with the rules;
• Description of the process for assessing current settings for compliance with the HCBS requirements and any process to remedy settings not currently in compliance;
• A timeline for when the state expects to achieve important milestones in the transition plan process, such as assessments, changes in licensing and certification standards, and developing ongoing monitoring processes; and
• Responses to public comments on the plan.
State Transition Plan

What have we done so far?

1. Indiana Code, policies and procedures have been reviewed for compliance

2. Existing data (90 day check list and NCI data) was reviewed to gauge compliance

3. Completion of The Individual Experience Survey (IES) to measure an individuals experiences throughout their days
Day Service Setting Assessment
Day Service Settings Assessment

Day Services requiring a closer look:

• An initial review and determination of current DDRS polices surrounding day service settings located in facilities has shown existing polices may not adequately address the ability to meet the assumption that these settings have the qualities of a home and community based setting and not the qualities of an institution.
Day Service Settings Assessment

Why do these settings need a closer look?

Because CMS believes settings that:

• Are designed specifically for people with disabilities such as intellectual disabilities; or
• Are mostly (or only) people with disabilities and on-site paid staff; or
• Are designed to provide people with disabilities many different services like housing, day services, medical, behavioral and therapeutic services and/or social and recreational activities are:

More likely to isolate people from the local community.
Day Service Assessment

What is next?
DDRS will begin assessing day service sites through a provider self-assessment

How will we do this?
- Collect data about the services they provide
- Review documents
- Conduct Site Visit if needed
- Validate Provider Responses with IES Survey
Day Service Assessment

- Non-residential providers will complete a self-assessment to determine general compliance with the HCBS rule
- Specific evidence supporting compliance could include provider-specific policies, trainings, practices, etc., which support the claim of compliance
Day Service Assessment

• This survey is mandatory for providers of day services
• Providers who self-report any area of non-compliance will work with DDRS to develop a provider-specific transition plan with specific dates of completion that DDRS can monitor
• Site information will be verified, and in some cases, an on-site visit will be scheduled to confirm the self-assessment responses.
The Validation Process
The Validation Process

• The provider self-survey and IES together will determine compliance of settings
• Providers will be responsible for demonstrating settings are in compliance already or DDRS will work with providers to develop provider specific transition plans for coming into compliance
• DDRS will monitor the provider plans and provide guidance and ongoing technical assistance to ensure all settings are in compliance by March 2019
Heightened Scrutiny
HCBS Settings Rule: Heightened Scrutiny

After all information is collected and reviewed:

• DDRS will review the evidence and decide if each of these settings meet the requirements of the settings rule (or will once the transition plan is implemented).

• DDRS will determine if a setting requires Heightened Scrutiny.
HCBS Settings Rule: Heightened Scrutiny

What is Heightened Scrutiny?

• Heightened Scrutiny is a process that shows CMS that a setting is home and community based
• All settings that are presumed to be non-compliant (settings that may have the qualities of an institution) but still may meet the requirements will require Heightened Scrutiny
• For example; if a setting is presumed to be non-compliant per CMS guidelines (such as a gated community exclusively for people in services) but the state believes it is complaint; evidence can be submitted to CMS demonstrating the setting is community based
• CMS will then determine if services can continue in this setting
Compliance
HCBS Settings Rule: Compliance

• We believe we can meet the federal rule requirements
• These changes may be hard for some and these changes will take time
• DDRS will work with each provider to help them make a plan to meet the requirements
• If a provider is not able to meet the requirements, DDRS will help people choose a provider that does
HCBS Settings Rule: Compliance

We know that:

• Change can be scary and is not easy, but
• We believe it will lead to a better quality of life for individuals and keep federal funding for these services
• Success will require an ongoing joint effort between DDRS, BDDS staff, providers, families, and all stakeholders
Completing the Day Services Assessment
Completing the Day Services Assessment

- Each provider will receive an e-mail invitation to complete a self-assessment on Survey Gizmo
- Providers will have the ability to upload supporting documentation such as polices and procedures
- Completion of the survey is mandatory for all day services providers
- You will be given 30 calendar days to complete the survey
- It is important to review all of the questions and your companies polices prior to starting the survey.
Completing the Day Services Assessment

It is important to note that the desire of this self-assessment is not to close or terminate day services but instead, to work with members, providers, and other stakeholders to transition these waiver services to meet compliance with the CMS final rule and the vision of ensuring members are fully integrated into the community, afforded choice, and have their health and safety needs met.
Useful links on the HCBS final rule

CMS Home and Community Based Services

FSSA Home- and Community-Based Services Final Rule Transition Plan Web Page
http://www.in.gov/fssa/ddrs/4917.htm
- Statewide transition plan posted
- Quarterly Newsletter posted
- Links to each division
- Additional information

HCBS Advocacy Webpage
https://hcbsadvocacy.org/
- Learn about the new rules
- Each states information posted
- Updates in real time
- National and State Resources
Questions?