Regulatory Reform/HCBS Settings Transition Plan Steering Committee

Meeting 3: August 21, 2014

1:00 PM to 4:00 PM

Welcome and Introductions from Co-Chairs of Committee

- ✓ Meeting summary from 8/7/14
- ✓ Public Input conference call
- ✓ Update from the PCP Subcommittee (Anne S.)

HCBS Settings ADM Version 9

- ✓ Changes made from V.8
- ✓ Discussion and Input/Feedback
- ✓ Other Recommendations

HCBS Settings Assessment Tool for Certified Residential Settings

Design, Development & Implementation

Context for Residential Assessment

Revised ADM Sets Stage For:

- ✓ Implementation of HCBS Settings Assessment Tool;
- ✓ Interpretation and Understanding of the HCBS Settings Standards; and
- ✓ OPWDD's promulgation of Future Regulations on this topic

Challenges:

- ✓ Interpretation of CMS regulations in order to "assess" the standards
- ✓ Practical realities of the service system vs. need to "push the envelope"
- ✓ The person's experience in the setting is a major determining factor according to structure of exploratory questions

HCBS Settings Residential Assessment Structure

Agency Level Questions

- 10 Questions
- Interview with high level agency execs
- Organizational Planning/Systems Readiness
- General Info gathering

Person Centered Sample

- Nature and quality of individual's experience in the setting
- Most substantial component of Residential Assessment

Site Review

- Physical characteristics
- Operational components that have biggest impact on "full access to broader community" and person's experience as a resident of the home
- Short Component—interview with staff, observation , documentation

Implementation Methodology (both State Operations and Voluntary Providers)

- Agency Level Interview with High Level Execs: All HCBS Waiver Providers
- Site Sample of Homes: All IRAs/CRs (both voluntary and State Ops) due for recertification of operating certificates and/or scheduled for full visit protocol review between October 2014- September 2015
- Person Sample: Likely to be randomly chosen
- Family Care: TBD

What Happens to Results?

- Will aggregate results by domain area/section and create a likert scale for baseline reporting to CMS—e.g., percentage of agency's/sites moving towards achievement of standards/partially meeting, has achieved standards, exceeds standards
- Target areas/action plans/activities for training and quality improvements at person level, organizational level, and systems level
- Use data to finalize OPWDD's HCBS Settings Transition Plan
- Information learned will assist OPWDD to fully integrate standards into survey/certification processes scheduled for October 2016

Content Areas to focus Meeting Discussion:

- ✓Integration/Full access to the Community (page 25-31)
- ✓Control of Schedule and Activities (46-48)
- ✓Choice of roommate (pages 43-45)
- ✓Access to Food (pages 48-49)
- ✓Setting Facilitates Access to Transportation (58-59)

Note: Page numbers are for content areas in Draft Guidance Document

HCBS Settings- Person Centered Review

Section 4: Person has full access to broader community -- Integration and Community Access

a. The person is ***encouraged and supported*** to have ***full access*** to the community based on his/her interests/preferences for meaningful activities ***to the same degree as others*** in the community.

b. The person ***regularly*** participates in unscheduled and scheduled community activities in the same manner as individuals not receiving HCBS (CMS Exploratory Question).

c. The person is ***satisfied*** with his/her level of access to the broader community and the support provided to pursue meaningful activities for the period of time that he/she desires.

Some Factors to Assess "Full Access to Broader Community"

- Staff actions to facilitate, promote, support the person; encourage person to try new things
- Provision/access to information about activities
- Transportation training/access to transportation
- Recent examples when the person was encouraged/supported to have full access to community (no later than 2-3 weeks old) and routine efforts are apparent
- Provider/residence's efforts to use creative approaches to overcome staffing challenges/other potential barriers
- Person's satisfaction

Some No's:

- There are barriers/obstructions to full access that isolate people and the residence/provider is not implementing solutions
- If the only community opportunities for the person is a "group trip"

Person has a Choice of living situation/roommate

A. The person is satisfied with their roommate/living situation and does not express a desire (when questioned) to move to another living setting and/or another roommate.

B. If the person is ***not satisfied*** with their roommate, there is evidence that staff is ***proactively*** working to help the person find a solution and/or alternative arrangement based on the person's needs, choices and preferences in a timely manner.

"Freedom and Control over Own Schedule and Activities"

A. The person is aware that he/she is not required to follow a particular schedule for waking up, going to bed, eating, leisure activities, etc.

B. The person is encouraged and supported to make their own scheduling choices according to their preferences and needs.

C. The person has access to such things as televisions, radio, computer internet, and leisure activities that interest him/her and he/she can schedule and enjoy these activities at his/her convenience.

D. The person is satisfied with his/her schedule of activities and knows how to request assistance with changes if he/she wants to.

Assessing whether the person's right to control own schedule/activities is honored

- Support for Informed choice
- CMS states, "individual's options should not be limited to a choice between a planned activity and nothing" (79 Fed Reg 2978)
- Satisfaction

No's

- Person's schedule is regimented with little/no choice
- Blanket house rules that limit person's choice of activities (e.g., no tv after 10 PM).

"Access to Food at Any Time"

- The person can choose to eat when they want to eat even if mealtimes occur at routine/scheduled times.

- The person is able and supported to purchase and store their own food/snacks, special food and keep this food available for their use at any time.

The setting is not isolated/does not have effect of isolating individuals from broader community

A. The setting is not part of a group of multiple settings co-located and/or clustered and operationally related.

B. The setting is located in the community among private residences, retail businesses, banks, etc. that are frequented by non-HCBS enrolled individuals.

C. The setting/home is not labeled or identified in a way that sets it apart from the surrounding residences.

D. The setting staff facilitates access to transportation that supports peoples' choice of activities and schedules.

E. The setting has mechanisms in place to facilitate information, education, and experiential learning about employment and community engagement opportunities.

Wrap Up and Next Steps

Next Steps

- Feedback on V9 of ADM and Draft Assessment Tools due by 8/28
- We plan to publish/share with agencies before Assessment begins
- **October 9th, Training of DQI Staff to Administer Assessment – we hope to involve CQL in this**
- **October 21 or 22nd DQI Provider Training will include briefing of providers**