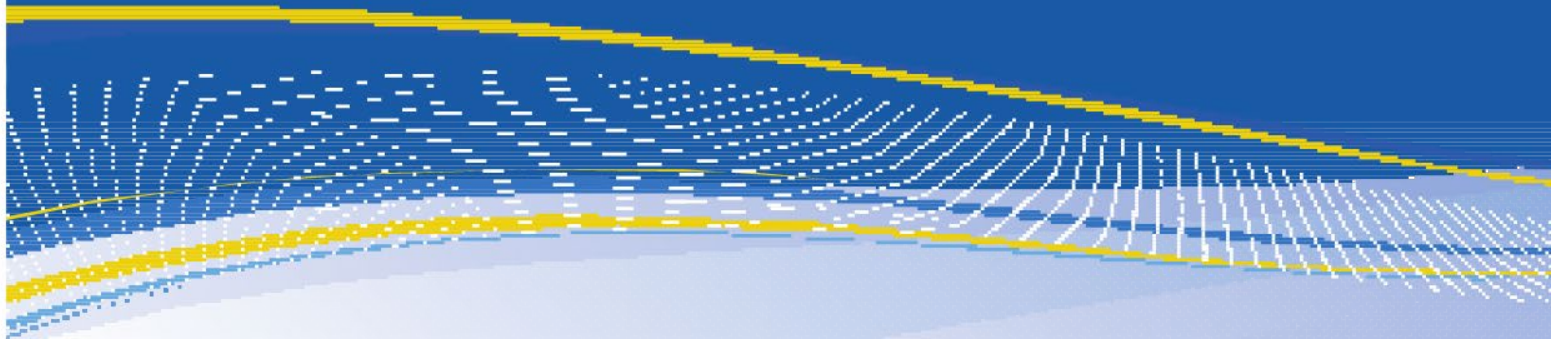# System Change vs. Compliance Mindset Approach in Implementing the Settings Rule

Division of Long-Term Services and Supports
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services

Objectives for Today's Session

➢ Identify strategies to integrate the values and principles of the Home and Community-Based Services (HCBS) settings rule into the fabric of a state's HCBS program.

➢ Identify some basic tenets of HCBS system change, including examples of how states have demonstrated system transformation.

➢ Share 4 states' experiences in implementing system change.

➢ Describe how the state can use the Statewide Transition Plan (STP) to execute system change.

The Goal:
Community Inclusion

The underlying principle of the HCBS settings rule and the goal of system transformation is

COMMUNITY INCLUSION

for all Medicaid HCBS participants.

System Change
Goal: Community Integration

➢ Integrate the basic values and principles of the rule into the fabric of the state's HCBS program resulting in ongoing system transformation.

Basic Concepts in HCBS System Transformation to Implement the Settings Rule

The basic concepts in system transformation that states should consider in order to implement the settings rule include:

➢ Regulation and policy alignment:

- Review and align regulations, administrative rules, policy and procedural directives;

- Take action with executive and legislative branches to avoid conflict and confusion among constituents;

- Break down silos and work across agencies;

- Educate policy makers on critical issues.

Basic Concepts in HCBS System Transformation to Implement the Settings Rule

➢ Stakeholder engagement including ongoing education, training and technical assistance:

- Provide initial and ongoing education for all stakeholders;

- Use current operating systems and external stakeholders to generate change;

- Create transparency to enhance knowledge and encourage buy-in;

- Identify, with stakeholders, what types of training and technical assistance is essential;

- Identify methods to use to provide that training.

Basic Concepts in HCBS System Transformation to Implement the Settings Rule

➢ Capacity building:

- Identify necessary supports and services that could be added to further beneficiary integration into the community;

- Consider ways to build capacity to meet changing models of service delivery, including identifying systemic ways to ensure that non-disability specific options are adequate and being expanded;

- Consider changes in transportation models to facilitate community inclusion;

- Identify efficiencies in current operating systems.

Basic Concepts in HCBS System Transformation to Implement the Settings Rule

➢ Value-based payment reform:

- Consider structural reforms to incentivize payments for increased time in the community, for more individualized choices, or for increased personal autonomy;

- Create tiered models to make gradual changes;

- Incentivize competitive integrated employment models;

- Incentivize Case Management models that emphasize individualization, improved quality of life outcomes, and natural supports;

- Reward exceptional implementation of person-centered thinking, planning and practice.

Basic Concepts in HCBS System Transformation to Implement the Settings Rule

➢ Ongoing monitoring and quality assurance:

- Monitor system change to ensure ongoing compliance;

- Develop strategies and processes to synthesize components of the rule across all systems;

- Design methods to ensure services are delivered in accordance with person-centered service plans;

- Ensure that Managed Care Organizations (MCOs) are fully utilized to assist in system change;

- Utilize new/evolving methods to improve quality;

- Incorporate system change into Quality Assurance process.

Information Sharing

We would now like to introduce four of your colleagues who have been invited to share their experiences and expertise as they have worked through system change in their own states.

KY and PA have used the implementation of the rule as a catalyst for change;

WA and CT have been involved in system transformation for many years and used the rule to further bolster their existing efforts.

System Transformation Driven By Final Rule Implementation

Commonwealth of Kentucky
Department for Medicaid Services

True System Transformation Requires Stakeholder Education, Input, and Buy-In

Stakeholder Engagement

Kentucky's Department for Medicaid Services (DMS) learned early in the process that stakeholders are essential to sustainable and meaningful systemic change. DMS also came to understand that there are both internal and external stakeholders whose viewpoint should be considered.

Internal Stakeholders	External Stakeholder

-Operating Agencies

-Legal Services

-Department of Finance

-Technology Solutions

-Waiver Participants

-Supports to Participants including family, friends, caregivers

-Providers (both Executive staff and Direct Care Staff)

-Advocacy groups

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Stakeholder Engagement (cont.)

As you consider engagement, you will need to determine the purpose of the engagement and target your strategy to the most effective means of communication for that purpose.

Education

- Webinars
- Town Halls

Targeted Engagement

- Stakeholder Panels
- Provider Letters

Widespread Input

- Formal Public Comment
  - Town Halls
  - Established Email Contacts

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Inter-agency Coordination

DMS recognizes the value and importance of inter-agency coordination to ensure full implementation and adoption of a systemic change like what has been brought on by the Final Rules. Through practices established DMS has become more intentional in their collaboration with these important internal stakeholders.

Cross Agency Workgroups

Kentucky has established an interagency workgroup that has been the backbone in implementing this initiative across all of our waivers. This workgroup has had representation from all of our waivers and has considered each population when decisions are made.

Consistent Monitoring

Questions utilized for monitoring compliance are the same across monitoring agencies. Also the guidance provided to each entity is the same. We have worked with each sister agency to understand the needs and process within their populations to make implementation as effective as possible.

Staff Capacity

DMS worked with the operating agencies to assess plausible implementation within the current staff capacity. We simply imbedded the monitoring into our current practices across waivers. Staff understood the importance of the initiative and have been instrumental in successful provider education and assistance through our current practices.

Thank you for the opportunity to speak with you today. If you have questions please do not hesitate to reach out.

Email
Pam.Smith@ky.gov

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PA's Systems Transformation:
Community Participation Supports

Transformation Components

- Vision of transformation

- Waiver renewals
  - Service definitions
  - Provider qualifications
  - New rate structure

- New regulations for HCBS programs for ID/A
  - Employment First
  - Integration
  - Facility size and location

- Training and Technical Assistance

- Quality Management

Recommendation 11:
Increase Community Participation

Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships and the ability to make a contribution to the community. An inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.
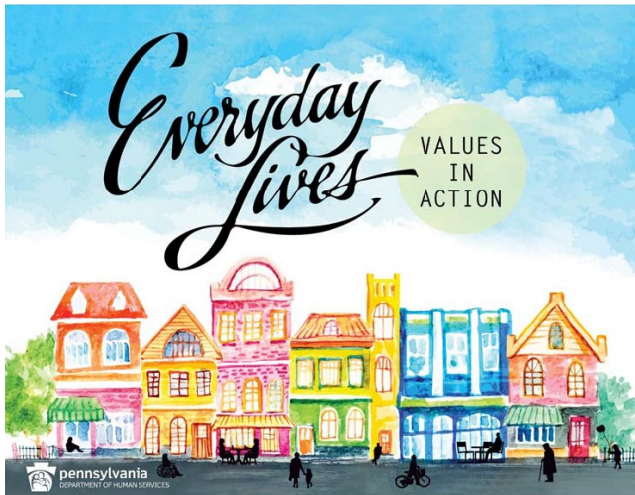
COMMUNITY PARTICIPATION SUPPORTS

The service should result in the person:

- Increasing potential for employment;

- Developing and sustaining a range of valued social roles and relationships;

- Building natural supports;

- Increasing independence; and

- Experiencing meaningful community participation and inclusion.

HCBS Settings Rule

- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Is selected by the individual from among setting options, including non-disability specific settings
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Community Participation

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The purpose of the Community Participation Support service is to broaden the types of life-long learning experiences available to individuals receiving services. **Providers must be prepared to offer community activities no less than 25% of the person's time in the program.**
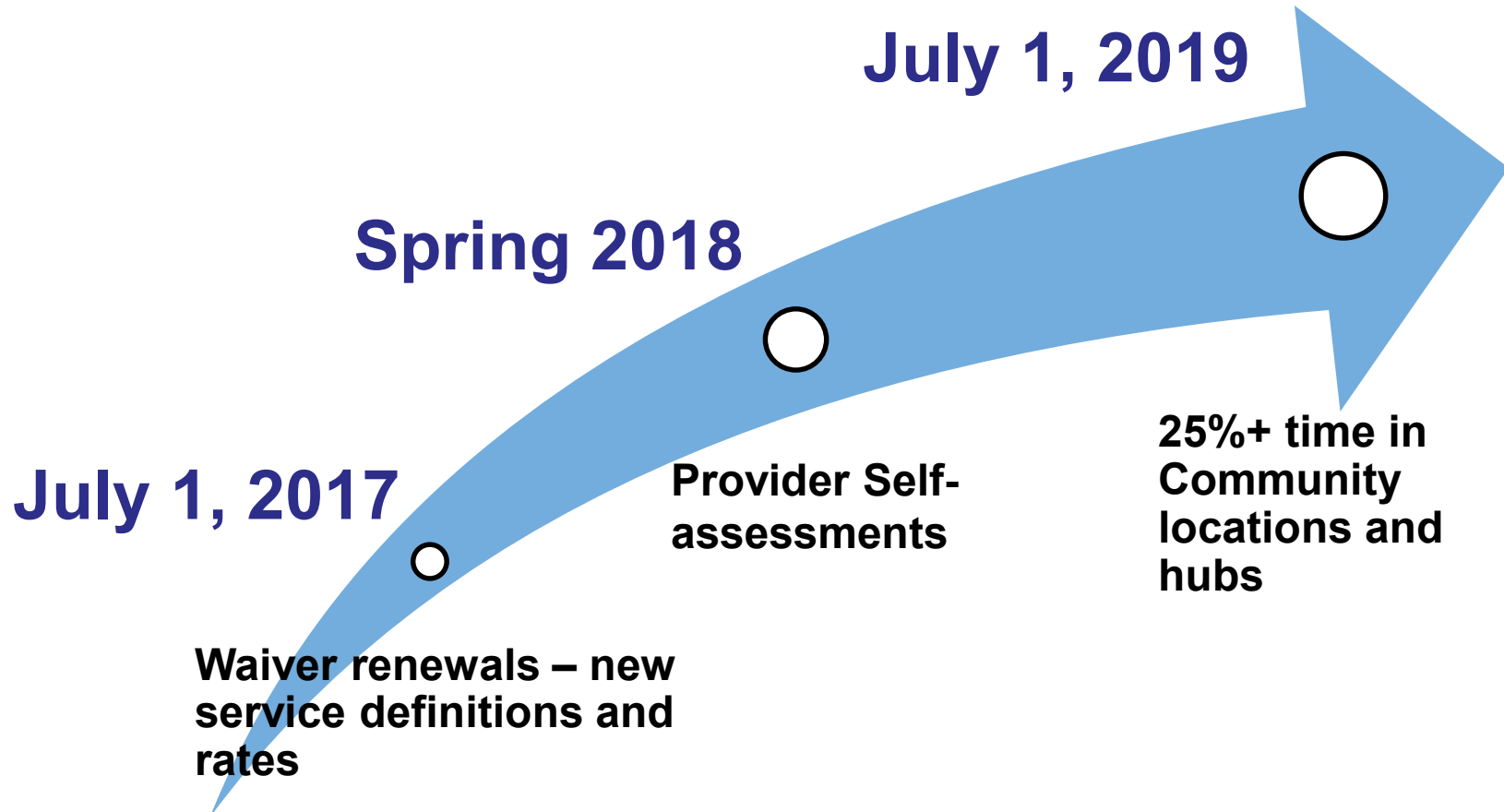
HCBS Settings Rule

- Maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting

- Is integrated in and supports access to the greater community;

The choice whether to participate in community activity, the amount and frequency will remain with the person.

Timeline for Implementation

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July 1, 2019

Spring 2018

July 1, 2017

Provider Self-assessments

25%+ time in Community locations and hubs

Waiver renewals – new service definitions and rates

Service Settings

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Community Locations
✓ Must be non-disability specific.
✓ Cannot be in licensed facilities, or any type of facility owned, leased or operated by a provider of other ODP services.
✓ A maximum of 3 participants can be served simultaneously by any one provider at a community location at any one time.

Community Hubs
✓ Gathering place prior to and after community activities. Non-disability specific, accessible, provide shelter in inclement weather, and used by the general public.
✓ A maximum of 6 participants can be served by any one provider at any one point in time in a community hub.

Prevocational Facilities
✓ Vocational Facilities (subject to licensure under 55 Pa. Code Chapter 2390)

Day Habilitation Facility
✓ Older Adult Daily Living Centers (subject to licensure under 6 Pa. Code Chapter 11)
✓ Adult Training Facilities (subject to licensure under 55 Pa. Code Chapter 2380)

Rates

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- Designed to incentivize time in community settings
- Blended staffing ratios for facility and community

Staffing ratios:
Community with 1:2 or 1:3 plus facility based services with 1:7 to 1:10
Community with 1:2 or 1:3 plus facility based services with 1:2 to 1:6
Community with 1:1 plus facility based services with 1:7 to 1:15
Community with 1:1 plus facility based services with 1:2 to 1:6

- Payment based on percentage of time individual supported in community
- Rate structure revision for FY19-20

Tiers for Time in Community
<25% of time in community
25–49% of time in community
50-74% of time in community
75-99% of time in community
100% of time in community

Statute and Regulation

- Employment First (Executive Order followed by Statute)
- Integration
- Facility characteristics

Facility Changes Timeline

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March 2019	July 1, 2019	January 2022
New facilities will be limited to serve no greater than 25 individuals in the facility at one time.	May not receive CPS services in a licensed Adult Training Facility or a licensed Vocational Facility for more than 75 percent of support time, on average, per month.	CPS may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 individuals at any one time.

Systems Changes Overview

- General stakeholder sessions
- Statewide Provider Meetings

Implementation

- OVR/ODP Regional Transformation "bootcamps"
- OVR/ODP RFP delivery of ACRE Training - Required
- Community Participation Support for DSPs - Required
- Community Engagement/Culture shift trainings

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- Individual monitoring by SCs – connect activities to interests, preferences, outcomes in ISP

Evaluating Provider Performance

- HCBS Settings Rule Self-assessment - readiness to implement the Community Participation Support service.

- Where needed, required provider implementation plan to assure the provider's ability to provide community participation activities to standards.

- Degree to which each provider offers individuals opportunities for community engagement will be part of the 3-year provider review cycle.

- Findings will be available publicly in order to provide relevant information to individuals and families when choosing their service provider.

Transforming
Lives

Specialized Dementia Care Program in Assisted Living Facilities

Stakeholder Group Developed a Vision

- Holistic

- Person-Centered and meets individualized needs

- Promotes optimum health and quality of life

- Maximizes functional abilities

- Environment accommodates cognitive deficits

- Promotes aging in place

Contract Requirements

- Awake staff 24 hours per day

- Intermittent nursing services

- Access to consultative resources for behaviors

- Strict rules regarding delayed egress

- Yearly quality improvement project

- Annual administrator meeting

Required Policies

- Wandering

- Elopement

- Fall Risk

- How to access consultative resources to assist with problematic behaviors

Physical Plant Requirements

- Common areas that encourage social interaction

- Environmental cues that stimulate activity

- Areas with activity supplies and props

- Walking paths

- Outdoor area, garden area

Outdoor Area

- Accessible to residents without staff assistance

- Surrounded by fences at least 72 inches high

- Protected from direct sunshine and rain

- Walking surfaces are firm, stable, and slip-resistant

- Suitable outdoor furniture

Requirements Regarding Activities

- Consistent with functional abilities, interests, habits and preferences

- Involve residents in planning to tap interest

- Opportunity for independent activities

- Individual activities with staff or volunteer

- Group activities, activity program

Community Integration

- Expectations the same for all ALF residents

- Ensure all residents have opportunity for outings

- Offer strength and balance activities for greater participation

- Family involvement encouraged

- Recruitment of volunteers

Transforming
Lives

Thank you!

CT Overview Introduction

Core Belief
Historical info
1998 Robert Wood Johnson Grant
System Change Grants

New Mission statement
New Vision statement
Expand Housing Options
Shared Living
Creative Housing
Charting the Life Course Grant
Smart Home technology

Key Strategies and Resources

Vision
Steering Committee
Partnership
Data
'Readiness'
Grants

SUMMARY

Assessment	ROI	Information	Culture
Standard process Streamline Equity	**Targeted housing saves Medicaid money**	**Quality of Life Improved health**	**Belief in human potential**

HOUSING

CHOICE

Executing System Transformation Through the Statewide Transition Plan (STP)

➤ CMS will continue its reviews of the states' STP and provide feedback. States should contact their state representative on the STP team to ask questions and to help resolve dilemmas.

➤ States should build on their existing operating systems and functions.

➤ States should use the Standard List of Milestones to continually track and update ongoing system transformation.

➤ States should emphasize the use of community resources and natural supports to effectuate successful system transformation.

Resources

CMS Central Office Contact—Division of Long-Term Services and Supports:

➢ **HCBS@cms.hhs.gov**

HCBS Statewide Transition Plan Website:

➢ **https://hcbsstp.com**

➢ **Pay-for-Performance Rate Methodologies in a HCBS FFS Environment at https://www.medicaid.gov/medicaid/hcbs/downloads/training/pay-for-performance.pdf.**

Resources (cont.)

➢ **Pay For Performance in a Fee for Service System— Paying for the Outcomes Everyone Wants from 2018 NASUAD HCBS Conference, CMS Track, August 29, 2018, 8:30-9:45 a.m. at http://www.nasuad.org/hcbs-conference/2018-hcbs-conference-materials**

➢ **Washington State's Specialized Dementia Care Program: https://www.dshs.wa.gov/altsa/home-and-community-services/what-specialized-dementia-care-program.**

Questions and Answers

Feedback

Please complete a brief survey to help CMS monitor the quality and effectiveness of our presentations.

Please use the survey link:

https://www.surveymonkey.com/r/Syschange

WE WELCOME YOUR FEEDBACK!