

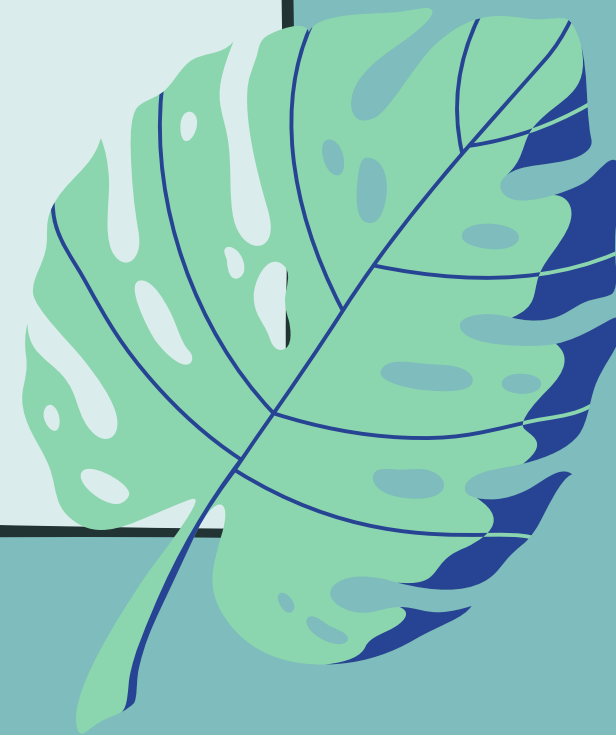


HOME AND COMMUNITY BASED SETTINGS (HCBS) FINAL RULE

PRESENTED BY:

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KOBI HALL, SERVICES SPECIALIST

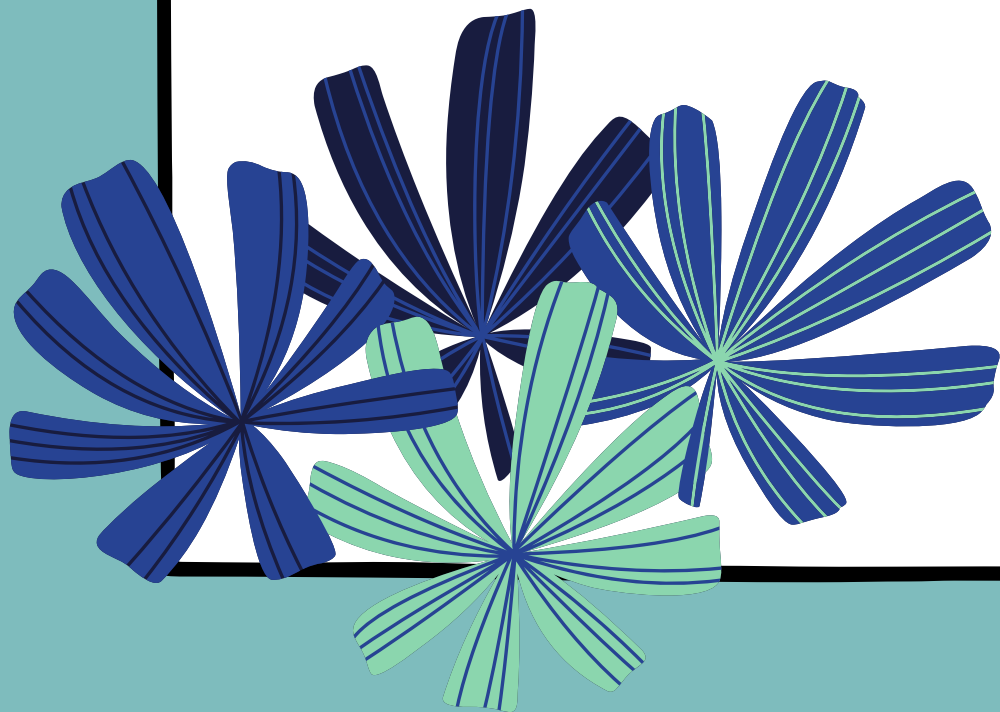


Input Needed.....

- If you could describe what "HCBS" means to you, what would you say?
- In what ways has the HCBS Final rule impacted your day to day work?

"Your present circumstances don't
determine
where you can go; they merely
determine where you
start."

-Nido Qubein



Recap:



- Adopted January 16, 2014 and found in the Federal Register, Volume 79, Number 11.
- The intent of the Centers for Medicare and Medicaid Services (CMS) ruling is:

" a) to ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915 (i) and 1915 (k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate; and b) to enhance the quality of HCBS and provide protections to participants." (CMS, 2014)

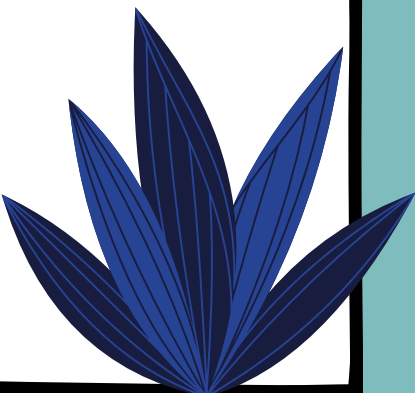
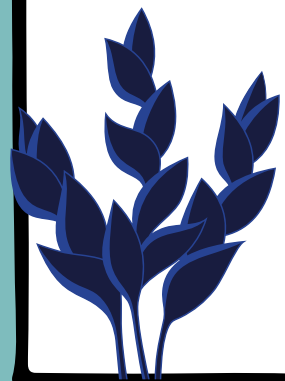
Community Involvement

Choice and Control

Community Integration

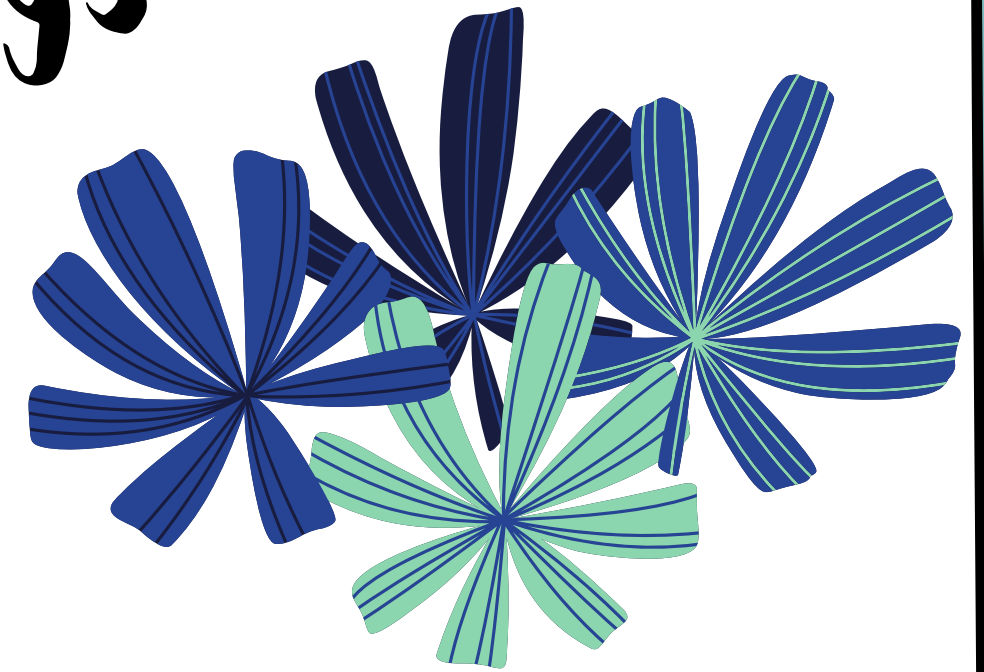
All HCB settings where people live or receive Medicaid HCBS must have the following characteristics to the same extent as those individuals not receiving Medicaid HCBS:

- Integrated in, and support full access to, the greater community, including opportunities to seek competitive and integrated employment, control of personal resources, and access to community services;
- Selected by the individual from among a variety of setting options and, for residential settings, consistent with the individual's available resources to pay for room/board;
- Ensure the right to privacy, dignity and respect, as well as freedom from coercion and restraint;
- Optimize but not regiment the individual's autonomy and independence in making life choices regarding what they participate in and with whom; and
- Facilitate the individual's choice of services and supports, as well as who provides them.



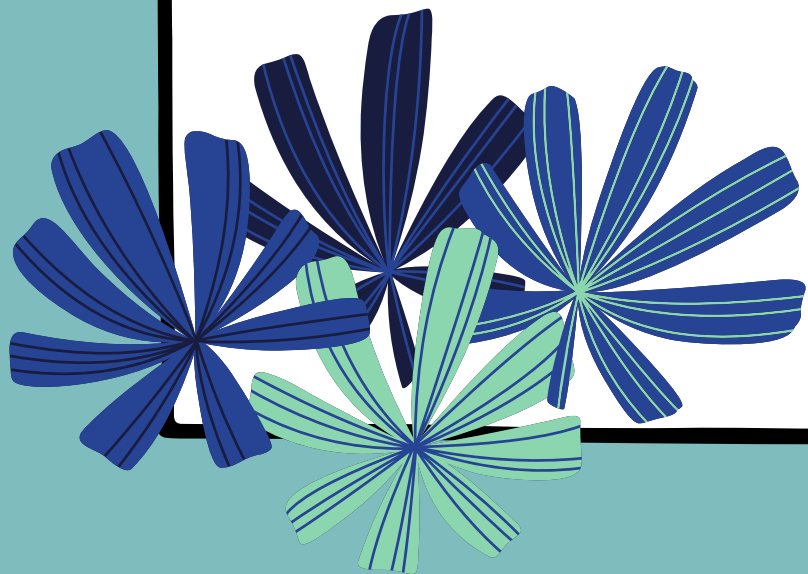
Residential Settings

- Meals - access to food at any time
- Visitors - of their choosing at any time
- Lockable doors - bedroom and bathroom
- Freedom to furnish/decorate their room
- Choice of available roommate
- Freedom to control schedule, activities
- Privacy
- Accessibility - must be able to move around the setting without physical barriers
- Evictions and Appeals - must have a lease or other legally enforceable agreement with comparable responsibilities and protections
- House Rules are not permitted
- Control of own personal resources



Non-residential settings

- Skill building/Out of Home Non-Vocational services provide opportunities for regular meaningful non-work activities in integrated community settings for the time desired by the individual.
- Community Living Support must promote community inclusion and participation and facilitate independence and productivity as well as provide opportunities for community integration.
- Supported Employment setting options offered should include community-based, integrated work settings where individuals with disabilities work alongside other individuals who do not have disabilities.



Modifications to the HCBS Final Rule

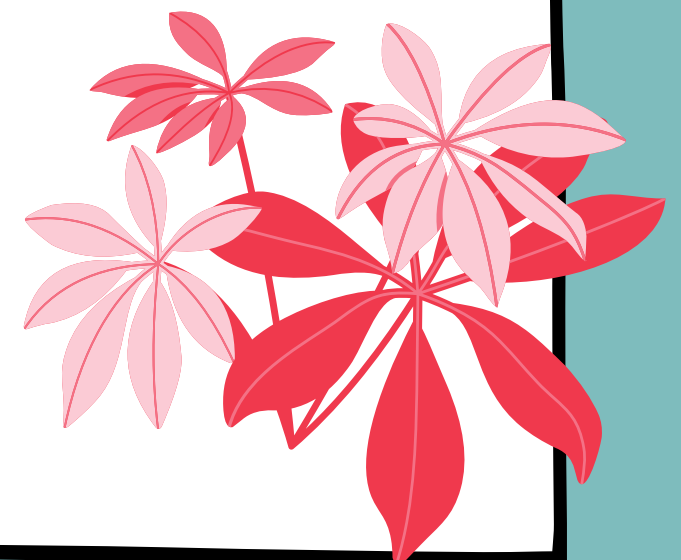
When there is an assessment by a professional within their scope of practice (occupational therapist, dietician, doctor, psychologist, etc.) indicating a modification to a HCBS requirement is needed, the IPOS must include the following information related to the specific modification (Intervention/Supports section):

- Description of the assessed health and safety need
- Have there been positive interventions/supports used in the past to address the health and/or safety need?
- Have other less intrusive methods that were not effective been used to attempt to meet the needs in the past?
- Describe what is needed to address the assessed health or safety issues requiring modification. The interventions/supports must match the need identified in the assessment; cannot be overly restrictive.
- Describe the data to be collected to evaluate the effectiveness of the modification.
- Specify when the periodic reviews will be done to determine if the modification is still needed or can be eliminated.
- Document the consent of the person/guardian for which the modification is being proposed.
- Assurance the modification will not cause harm to the person.

If the criteria for a Behavior Treatment Plan is met, then a Behavior Treatment Plan must be completed in line with the MDHHS Technical Requirements for Behavior Treatment Plans (most recent revision 07/2023)

Using the IPOS:

- The "spirit" of HCBS can be found in our documentation, particularly the Individual Plan of Service (IPOS). The Quality of Life questions are particularly helpful:
 - What is the consumer's vision for a happy, meaningful and successful life?
 - In what ways are you involved in your community?
 - This can and should look different for each individual person!



Let's Talk:

- What are your barriers to implementation of the HCBS Final Rule?
- Can you identify places where you have received conflicting information as it relates to HCBS Final Rule Implementation?



Available Resources:

- Home Provider's Monthly Report
- Outing Logs
- Reinforcement Inventories to help assess consumer likes/dislikes
- CMHCM Administrative Staff (Waiver Services Team, Provider Network Team, Recipient Rights Team)
- CMHCM Clinical Teams (Case Manager, Supervisor, Behavior Services Team, OT, etc.)
- Behavior Treatment Committee (BTC)

Home Provider's Monthly Report

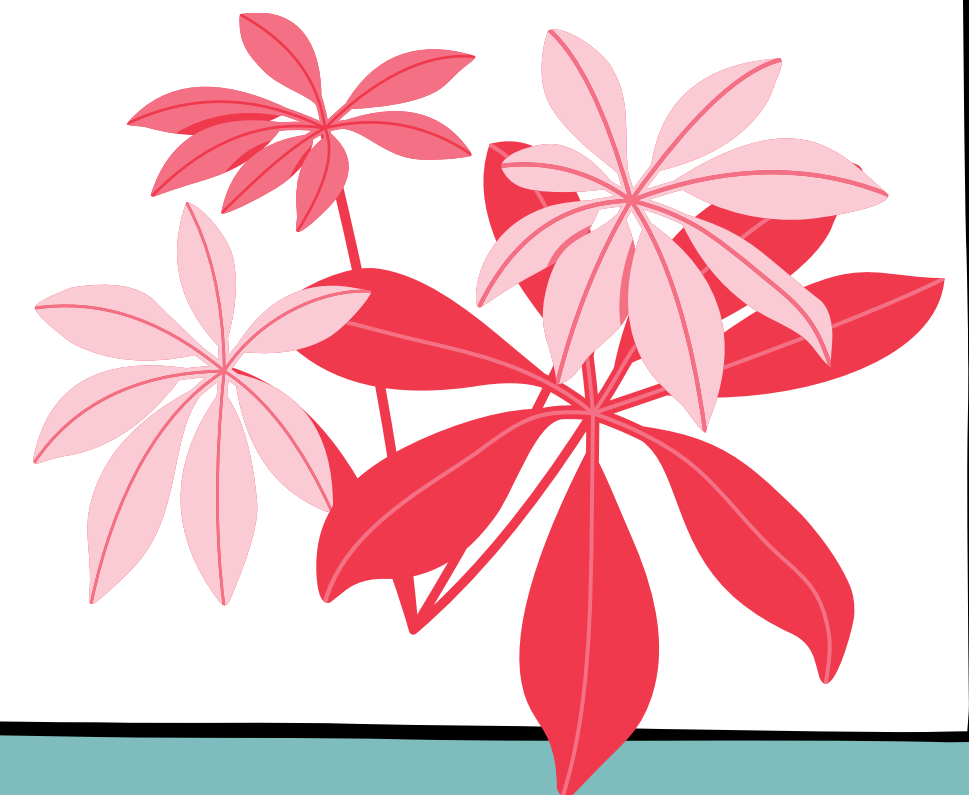
Medical Contact (physician, dentist, vision, hearing, OT, PT, psychiatrist, specialist, etc.):

Date	Doctor/Clinic	Recommendations
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Trips, Vacations, Outings: Complete Community Events/Activities on Reverse

Family/Guardian Contacts: Yes No

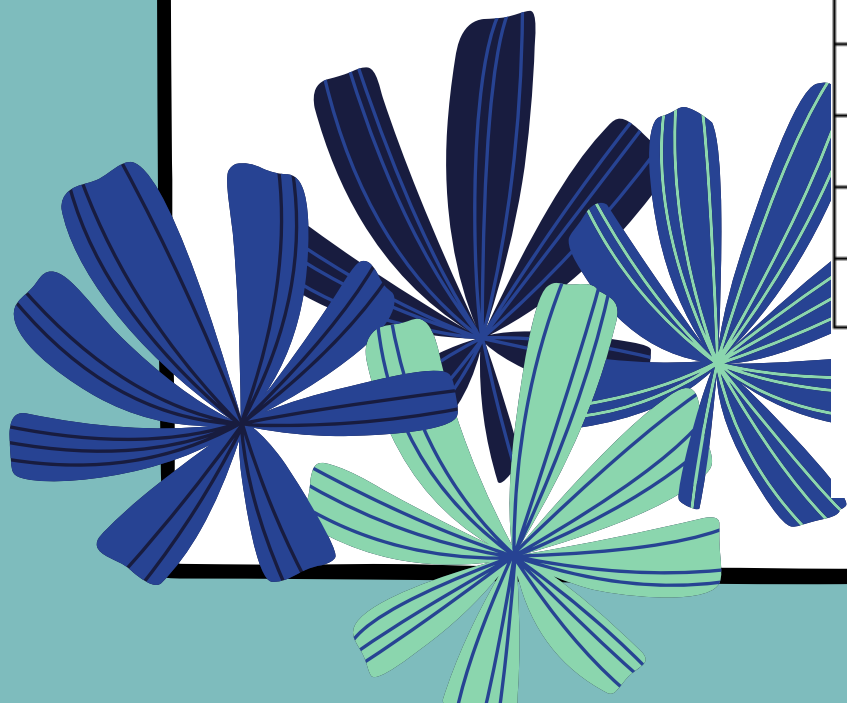
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Outing Log

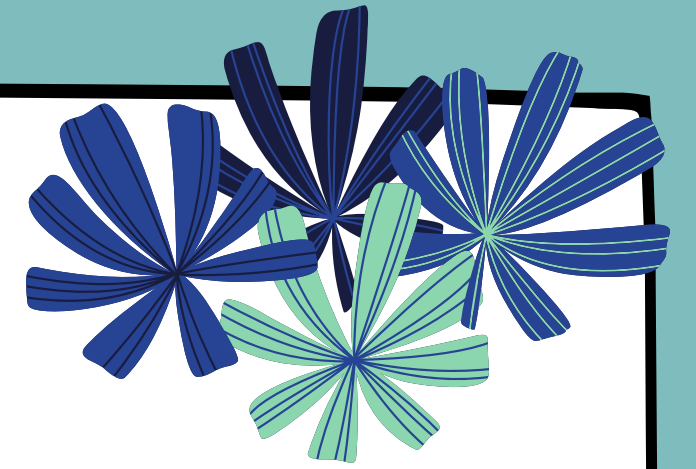
Consumer Name: _____ Case #: _____ Month/Year: _____

Date	Provider Offered	Consumer Initiated	Community Event/Activity	Where	Participated + or -	Liked + or Disliked -	Reason for not attending?	Total Hours	Staff Initials
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
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Case Manager Signature: _____ Date: _____

Outing Tips and Tricks



- Individuals should be offered a minimum of two outings of their choice each week. Activities should be scheduled that are meaningful to the individual.
- The IPOS has a section that lists the consumers interests and this can be consulted for ideas.
- Hold a weekly or monthly meeting with residents to discuss their interests
- Post a calendar with activities that consumers identified during the meeting in a common area. Group activities are fine but should not supplant requested activities.
- Document activity denials in a thorough manner, as patterns may be able to be identified that will assist with engaging the individual in outings in the future.

Share your ideas:

In the chat, please type some tips and tricks YOU have implemented
to
assist with helping individuals access their greater community?



Future of HCBS

- **MDHHS will continue to utilize the survey process to monitor continued HCBS compliance.**
- **MDHHS will also conduct site visits during the provisional approval process moving forward of sites that have characteristics that are potentially isolative or institutional.**

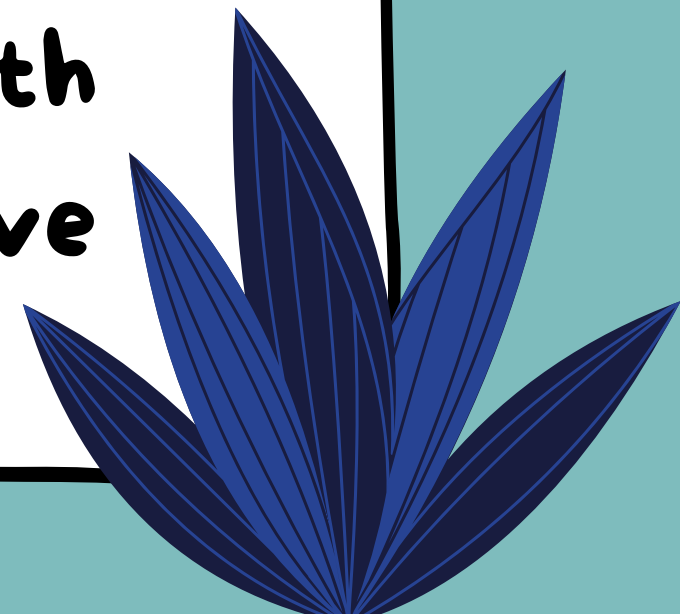


Site Visits

CMHCM staff will continue to monitor information garnered during site visits and will maintain reviews of documentation and individual outcomes

Audits/Reviews

MSHN and MDHHS will continue working with CMHCM administrative staff on various audits



How can we help?

Is there anything CMHCM staff can do to assist you with implementation of HCBS?



We appreciate you!

"The Way to achieve your own success is to be willing to help somebody else get it first." –
Iyanla Vanzant

Any Questions?

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