



Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration

HCBS Technical Assistance Series, Fall 2018

Webinar 2 of 3

November 29, 2018 2:00-3:30 p.m. ET



Agenda

- Welcome & Introductions
- Opening Remarks by CMS
- Promising Practices in Provider Transformation (ACL)
- Highlighting Promising Practices in Provider Transformation
 - HCBS Settings Transition: Minnesota's Promising Strategies for Working with Providers
 - Includa's Experience in Systems and Provider Network Transformation in Rural Areas in Wisconsin
- Q&A/Interactive Discussion

Today's Guest Presenters

Jennifer Stevens- Waiver policy consultant, Aging and Adult Services Division, State of Minnesota



Leah Zoladkiewicz- Waiver policy consultant, Disability Services Division, State of Minnesota



Kris Kubnick, Chief Member Experience Officer, Inclusa (Wisconsin)





Michele MacKenzie, Technical Director for HCBS Rule Statewide Transition Plans
Division of Long Term Supports and Services, Disability & Elderly Health Programs Group (DLTSS/DEHPG)
Centers for Medicaid & CHIP Services, CMS

OPENING REMARKS



Serena Lowe, Senior Policy Adviser

Office for Policy Analysis & Development, Center for Policy & Evaluation (OPAD/CPE)

Administration for Community Living

PROMISING PRACTICES IN IMPLEMENTING THE HCBS SETTINGS CRITERIA

Federal HCBS Setting Requirements

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 HCBS

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

Ensures an individual's rights of privacy, 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

*****Additional Requirements for Provider-Controlled or Controlled Residential Settings*****

Institutional Model

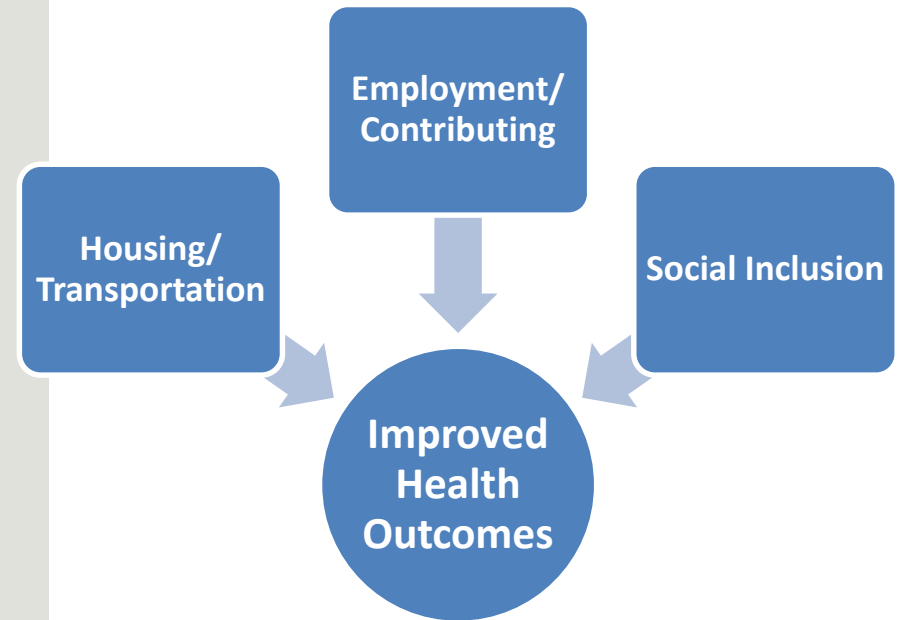
Issues Persist in Current HCBS Infrastructure

- Normal relationships/natural supports v. paid relationships/supports
- Dependency
- Limited choices, often not based on exposure to more individualized, inclusive options
- Artificial environments
- Not within public view
- Becomes the provider's/agency's source of continued revenue

HCBS should be aligned with preserving and improving social determinants of health among beneficiaries

Social Determinants of Health as Cost Control

- Enlightened cost control strategy—not just for Medicaid, but health care system overall
- Increase efficiency while also improving health of enrollees
- Interventions for targeted populations have demonstrated cost savings, such as:
 - Intensive case management for super-utilizers
 - Coordinating access to safe, affordable housing for individuals who are homeless or housing-insecure



What is Our Goal in All of this Work?

Meeting the Principles of Inclusion

- *The players:*
 - People receiving HCBS services and their network of support
 - State HCBS Program(s) and Executive leadership
 - Providers of HCBS services and supports
 - Advocacy organizations
 - The broader community
- Will need leadership from all. Today, we are focusing on the providers.

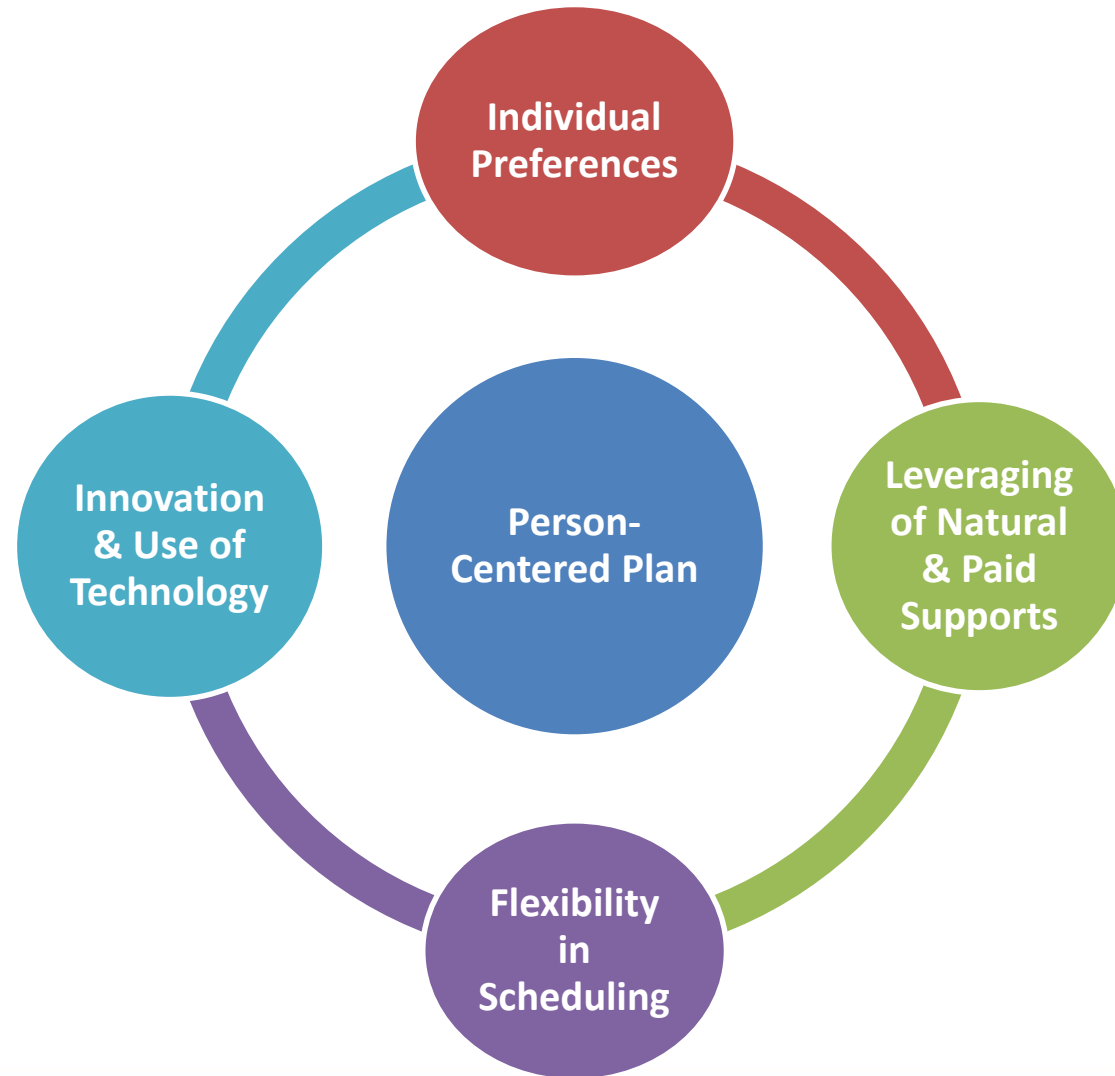


Strategies for Promoting Provider Transformation to Spur Increased Community Integration among
Medicaid HCBS Beneficiaries

PROVIDER TRANSFORMATION



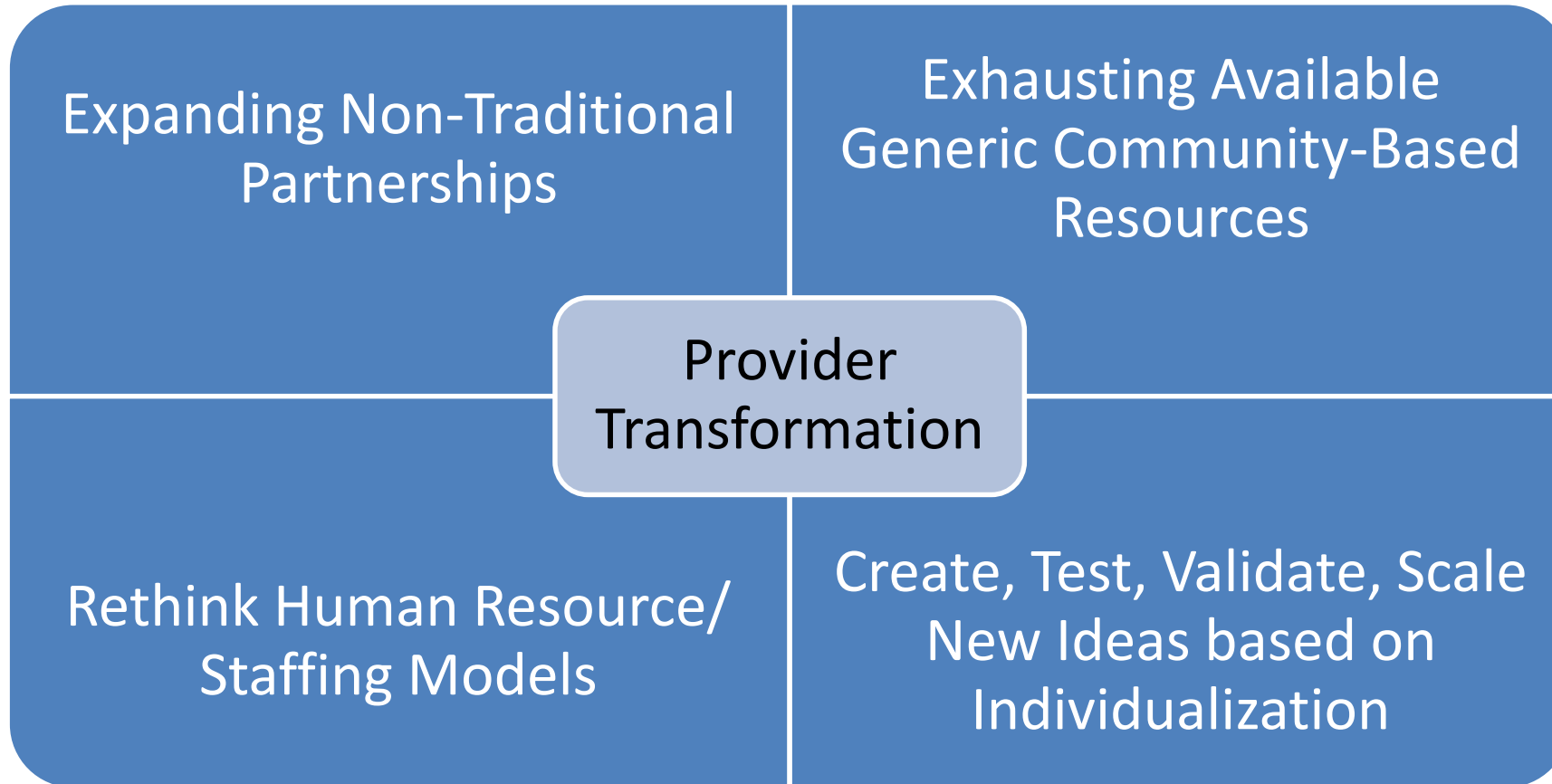
Person Centered Planning in the Context of HCBS



Person-Centered Planning and Practices

- Person-centered planning compliance vs. effective person-centered planning and practices to advance the Settings Rule can be very different!
 - Enhancing care management focus of aging systems or in managed care
 - Pushing past traditional IDD models of care
 - Supporting the case management/support coordinator wherever it is located within the system
 - --State, county, local entity, private, MCO
 - Supporting the provider to be part of the solution
 - Supporting individuals and families to be part of the solution

Modernizing HCBS Settings: Provider Capacity Building (1)



Decentralization of CRP Business Models

Operationalizing Decentralization

- Many current agency business models based on people coming to agency facility (centralized)
- Community integration – individualized and everywhere in the community
- Agency support provided to people where they are – no longer at centralized places
- A significant change in business structure – any type of business would have significant retooling to accommodate new approach

Resource Allocation to Accommodate Changes

- Moving resources out of a centralized location and out to where people are being supported
- Involves resources such as:
 - Staff
 - Communication and electronic record keeping devices
 - Transportation
 - Management support
- Facility consolidation and/or liquidation - one of the tough choices

Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Community Engagement*

- *Spending time with HCBS beneficiaries in natural environments and exposing beneficiaries to a number of community-based experiences as a way to better inform the person-centered planning and follow-along assessment processes.*
- *Developing partnerships and alliances with generic, community-based entities that result in mainstream inclusion of HCBS beneficiaries in activities available within the broader community.*
- *Establishing a public relations programs that highlight and incentivize stronger engagement of community-based partners directly with HCBS beneficiaries.*
- *Establishing a community-based advisory group to help identify and design new models and strategies for the setting to expand its individualized service offerings and increase greater access to activities in the broader community.*

Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Generic & Natural Supports*

- *Reaching out to local businesses and community partners to request program/activity/event discounts and free memberships for individuals receiving HCBS similar to offerings provided to aging Americans, military service personnel/veterans, and other special populations.*
- *Exhausting public transportation options (including ride shares, taxi services, public metro or bus systems, trains, virtual transportation services, and offer) to promote optimal individualization of scheduling and activities.*
- *Fostering access to technology, virtual applications, and other innovations as a way to stimulate natural supports and provide solutions-oriented strategies to facilitate greater participation in activities by HCBS beneficiaries in the broader community.*
- *Offering activities and programs that encourage families and friends to participate regularly and that promote greater independence and autonomy on the part of HCBS beneficiaries.*

Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Staffing*

- *Assuring the level of support required, appropriate staffing levels , and adequate transportation options needed to offer both group and individualized options that facilitate optimal community engagement.*
- *Decentralizing staff structures so as to promote greater flexibility and encouragement of community-based staffing over facility-based staff structures.*
- *Hiring of logistics coordinator or purchasing of logistics software to help facilitate and promote increased individualization and small group activity scheduling.*
- *Encourage staff through incentives, rewards systems, or other promotional strategies for the development of new or expanded community-based partnerships, creation of new or expanded community-based activities, and fostering of natural supports for HCBS beneficiaries.*

Message to States re: Training, TA and Ongoing Professional Development-- *More Than a “One and Done” Approach is Critical to Provider Transformation*

- Evaluate attitudes and cultural norms of stakeholders.
- Foster a learning culture.
- Invest in building subject matter expert capacity within systems.
- Involve and include recipients of services and supports.
- Engage staff, mid-level managers, AND senior leadership in training and professional development specifically tailored to grow them in their unique roles.
- Invest in person-centered thinking training for all.
 - Provide tools, and methods to evaluate effectiveness of using the tools.
 - Create and support Communities of Practice to create space to learn together, make adjustments.

Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Sustainability*

- *Collaborating with providers of similar settings to share administrative functions and leverage resources focused on training and ongoing capacity building of managers and front-line staff in the implementation of effective practices that result optimal community integration of HCBS beneficiaries.*
- *Designing activities that may begin as a small group endeavor but allow for some individualization and individual personal growth and development as part of the activity.*
- *Emphasizing community-based activities that promote the development of skills and facilitate training and educational opportunities among HCBS beneficiaries that could lead to attaining and expanding volunteering and competitive, integrated employment opportunities.*
- *Facilitating skills-building workshops and activities that encourage greater control over personal resources and promote increased independence and personal autonomy of HCBS beneficiaries.*
- *Look at non-traditional funding streams to support sustainability work.*

HCBS & Non-Disability Specific Settings:

Strategies for States

- *Invest in capacity building activities of existing and new providers to assure the development of multiple non-disability specific setting options across all categories of home and community-based services offered by the state.*
- *Provide ongoing in the training and technical assistance needed to help address systems-wide modification requirements of specific settings.*
- *Disseminate information to existing and potential provider entities about any local or state tax or other financial incentives available for establishing no-disability specific HCBS setting options in the state.*
- *Review existing HCBS service definitions, policies, and rate structures to assure outcome-oriented, incentives-based approach to HCBS, including but not limited to promoting innovative transportation and natural support strategies that facilitate individual community integration.*

Stakeholder Engagement: *All Stakeholders Needed at the Table to make Provider Transformation Work*

- People receiving HCBS and their support network
 - Know best what they want, barriers and fears
- Providers
 - Need their leaders to be part of the solution, to try first, to reevaluate and provide respected and honest feedback
- State HCBS Agencies and Leadership
 - Need their own leaders and support from Executive branch
- Advocacy organizations
 - Need their support with state leadership, Executive and Legislative branches
- The community
 - Need support of employers, community civic organizations, local public resources

Modernizing HCBS Settings:

Peer-to-Peer Reflections from Providers who have Transformed to More Integrated Models of HCBS Delivery

Innovative Provider Service Principles

- The best places to learn how to live and work in the community are in the community.
- Our buildings should be places for people to come and go – not to stay.
- We shouldn't provide things here that exist naturally in the community.
- We should never make the people we support look incompetent in the community.
- We must balance preservation of safety with the dignity of risk....there is room for both, just as there is for all other adults that do not have disabilities or regardless of aging. The key is in striking the right balance *on an individual basis*.

Provider-to-Provider Tips on Making the Shift to Community Integration

- Invest time and resources into effective practices.
- Build your social capital at all levels.
- Explore traditional and non-traditional revenue sources.
- Do it one person at a time, and do it a lot of times until you're done. You'll get better at what you do.
- Start small – clear the path. Don't get stuck in planning, processing and waiting for the right "time" for change.
- Hire for who you want to become, not for who you are.



HCBS Settings Transition: Minnesota's Promising Strategies for Working with Providers

Leah Zoladkiewicz- Waiver policy consultant, Disability Services Division

Jennifer Stevens- Waiver policy consultant, Aging and Adult Services Division

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Creating a partnership

Minnesota has a strong network of partners willing to make the necessary changes to improve experiences for people and comply with the rule's requirements. We have been from the beginning and will continue to work with providers who are willing and able to make the necessary changes that will support them to achieve compliance with the rule.

Since the creation of our current HCBS waiver system, Minnesota's Department of Human Services (DHS) and providers have been working together to ensure that older adults and people with disabilities have access to the highest-quality services.

Providers like you play an important role in making sure that individuals can make choices and pursue opportunities, contribute to their community, and are treated with dignity and respect.

Create Opportunities. Support Choice. Connect Communities.

Site specific assessment and validation strategies

In 2017, MN DHS administered a provider attestation to assess compliance for 100% of provider owned/controlled settings.

The purpose of the site-specific provider attestation was for:

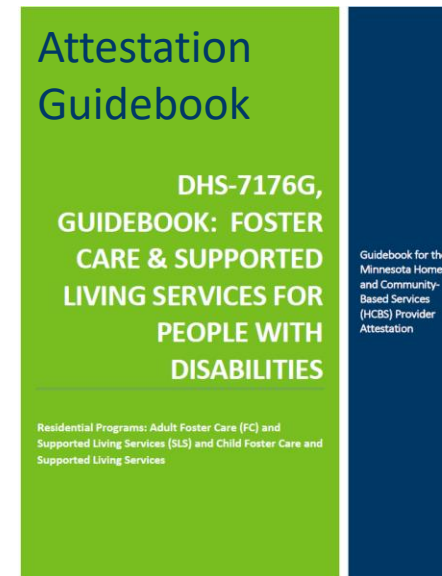
- HCBS providers to report each setting's current level of compliance with qualities and characteristics (standards) of the HCBS rule
- MN DHS to provide information and feedback to help providers with changes to meet the new requirements
- Providers to submit supporting documentation to demonstrate compliance

In order to validate setting compliance, we conducted desk audits of supporting documentation for **100%** of the 5,991 provider-submitted attestations.

Transitioning to compliance

The following strategies were used to assist providers with their transition to compliance:

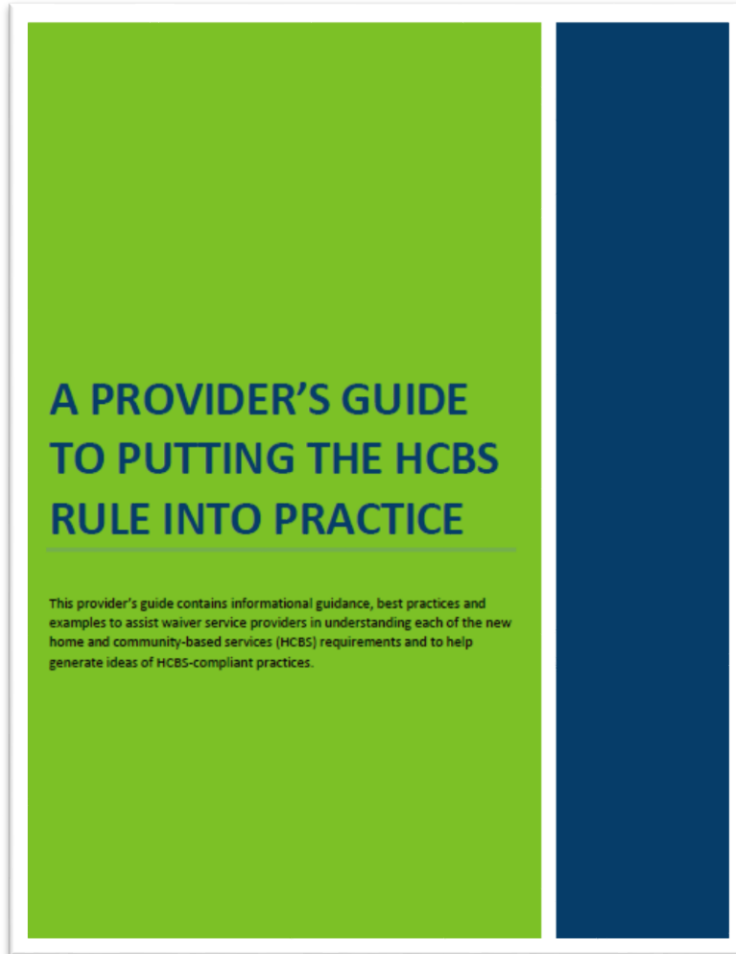
- Launched a communication campaign
- Developed provider toolkits
- Conducted targeted technical assistance
- Implemented compliance plans



As of today, **99%** of settings are complaint with the HCBS settings requirements.

At a Glance: Provider practice guide

Guide to Putting the HCBS Settings Rule into Practice



Each HCBS rule requirement has a separate chapter and is listed in the Table of Contents. Each chapter includes the following sections:

- Federal requirement
- Provider expectations
- Best practice suggestions
- Examples
- Additional Guidance

At a Glance: Provider practice guide (2)

1. Lease or Residency Agreement

Best practice suggestions

- The provider can include information about rights in the resident handbook, but the lease/agreement must explicitly reference that the resident's rights are outlined in the handbook
- The provider should explain the terms of the lease/agreement in a format the person can easily understand.

Example

The XYZ Customized Living provider meets with Michelle and her case manager to review the terms of the lease/agreement including her rights and responsibilities before Michelle moves in so she can make an informed decision about where she wants to live.

Does the lease agreement or Residency Agreement need to be completed annually, or just once with a review of rights annually?

- For AFC settings licensed under Minn. Stat. 245A, the Individual Resident Placement Agreement and Residency Agreements must be reviewed and signed, along with the Recipient Rights, upon admission and on an annual basis
- For community residential settings licensed under Minn. Stat. 245D, the person/legal representative must review and sign the [Residency Agreement, DHS- 7176B](https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7176B-ENG) (<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7176B-ENG>) and the recipient rights upon admission and on an annual basis
- For customized living licensed as home care under Minn. Stat. 144A and registered as housing with services (HWS) under Minn. Stat. 144D, each person/legal representative must review and sign the lease, along with the recipient rights, upon admission. The provider must give the person a copy of the recipient rights before the person receives services.

At a Glance: Provider Compliance Plans



HCBS Provider Attestation Audit Summary for Elderly Waiver Foster Care (EW)

HFID #	NAME OF SETTING/SITE

DHS has completed the audit of this setting's provider attestation and any additional submitted documentation.

Determination of compliance is as follows:

- ☐ Initial compliance was determined after review of supporting documentation (no further action is necessary).
- ☒ Non-compliance is found in one or more of the HCBS requirements. Requirements that are non-compliant are checked below. Please refer to the instructions below each requirement for specific instruction to reach full compliance. **Submit the required documentation by attaching the documents to a reply to this email within 30 days of the receipt of this email.**

For each standard, DHS has provided a link to HCBS compliant documents for you to use and implement at your setting. You may submit agency developed documents **only** if the documents meet licensing standards and contain the required content found in the DHS forms listed here.

Note: Do not submit documents with participant identifiable information.

Example

1: Residency agreement

Federal requirement: Each person at the setting has a residency agreement in place providing protections to address eviction processes and appeals.

- ☐ **Not yet compliant: To comply – Submit the following document(s):**
 - ☐ A blank copy of the [Individual Resident Placement Agreement \(IRPA\) \(PDF\)](#).
 - ☐ Service Termination policy/procedure or [AFC Service Termination Policy – Programs that serve individuals funded by Elderly Waiver \(DOC\)](#).

Strategies to monitor ongoing compliance

To assure ongoing provider compliance with the requirements, MN DHS is using mechanisms that are already in place, to the extent possible, with some necessary revisions to accomplish the requirements of the CMS rule.

- Enhanced the provider enrollment process
- Revised licensing standards
- Implemented person experience assessments

Moving beyond the rule- Investing in our future

In August, 2018 CMS approved Minnesota's Money Follows the Person rebalancing proposal to invest in the following HCBS waiver provider initiatives:

- Promote HCBS waiver provider best practices
- Provide targeted technical assistance to small, rural, diverse provider communities related to HCBS expectations and person-centered change
- Training on person-centered planning targeted to small, rural, diverse provider communities

Moving beyond the rule-Investing in the future

As part of Minnesota's statewide transition plan, we are developing higher standards for future settings to encourage the development of alternative approaches that support more inclusive community models. We have been and will continue to work with stakeholders on the design and implementation of these new service models.

Having a full array of service options will:

- Create more opportunities for people to be integrated and included in their community
- Simplify services to make it easier for people to make informed choices
- Support flexible service delivery to meet changing needs of people who receive services
- Increase competitive employment outcomes for people who choose to work

Systems and Provider Network Transformation in Rural Areas

Administration for Community Living Webinar

November 29, 2018



Inclusa, Inc. – History & Perspectives

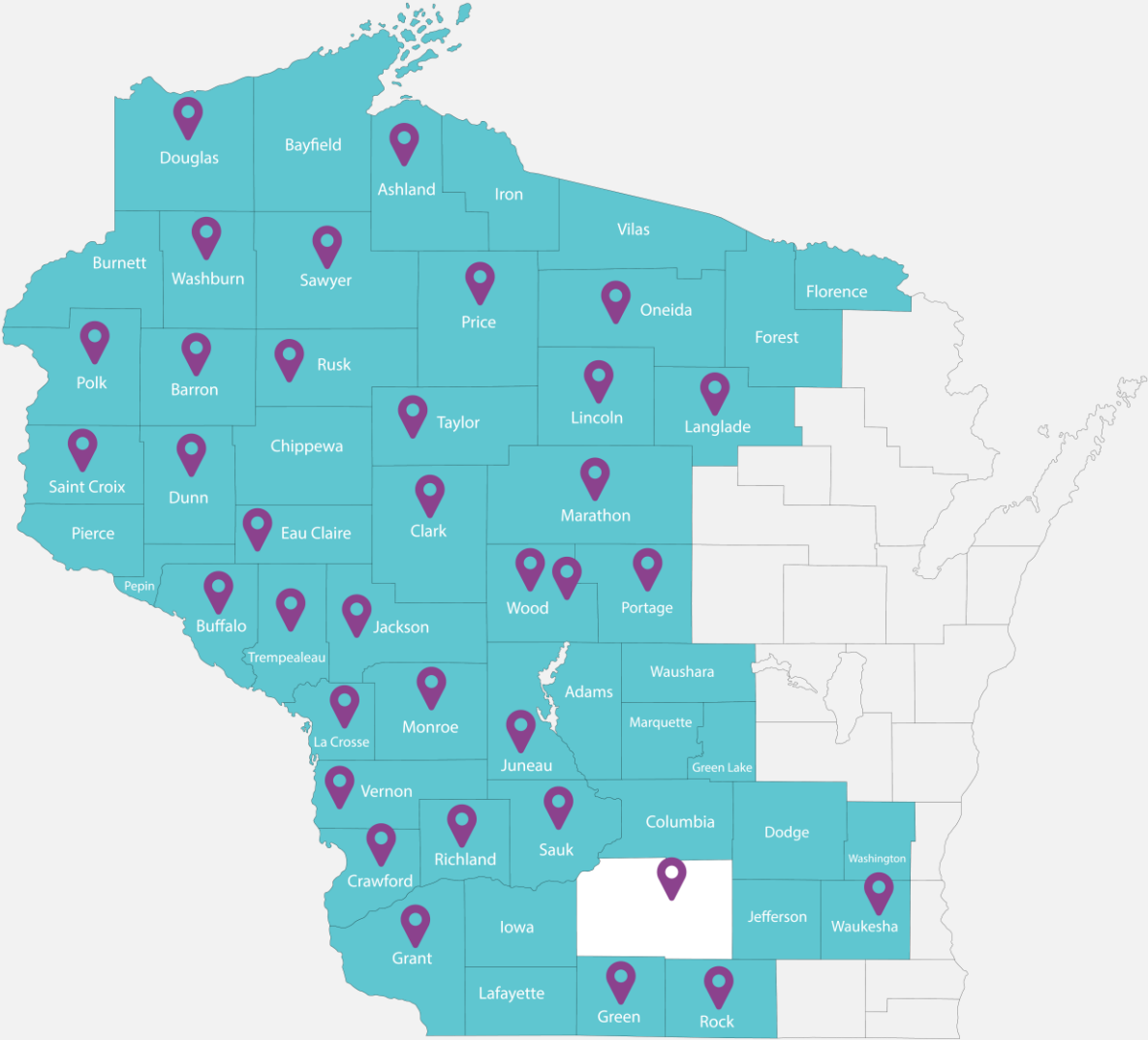
- Inclusa, Inc. is a Wisconsin-based nonprofit corporation that has operated in the state since the inception of the Family Care program in 2000.
- Inclusa is a federally designated charitable 501(c)(3) organization.
- Inclusa provides long-term care services and supports to 15,000 adults with physical and intellectual disabilities, and frail elders through the Family Care program.
- Inclusa is contracted with the State of Wisconsin and permitted through the Office of the Commissioner of Insurance to provide Family Care services and supports in 52 of Wisconsin's 72 counties.
- Inclusa employs 1,100 and contracts with over 4,000 service providers in almost 40 service categories.

Inclusa Office Locations

LOCAL SUPPORT

52
COUNTIES

35
OFFICES



People Supported by Includa, Inc.

Target group	Enrollment	%
People with Intellectual/Developmental Disabilities	7,464	50.3%
Frail Elders	4,985	33.6%
People with Physical Disabilities	2,392	16.1%
Total	14,841	100%

Inclusa, Inc. – Who We Are



Rural Expansion Case Study

September 2013

Awarded Contract in 11
Northwest counties in the
state; began operations
January 2014.

Current Managed Care Organization

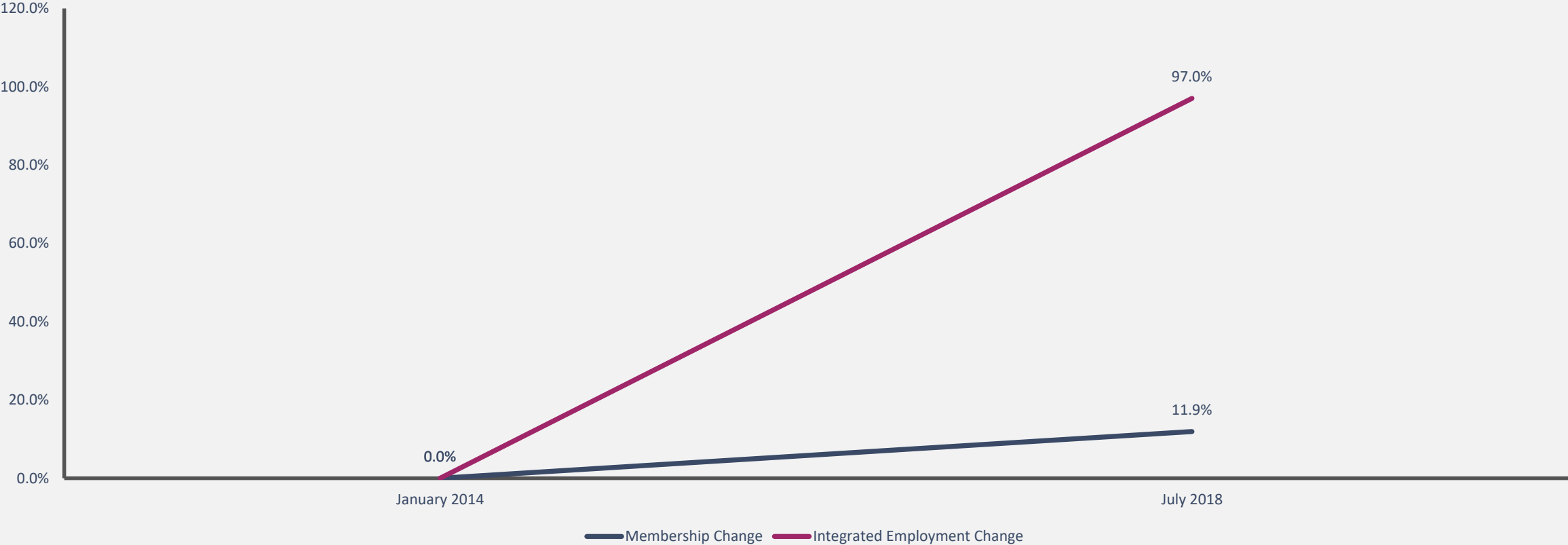
In operation since 2008.
Not meeting key outcomes.

120-day Expansion period

Included Network
Development, Building
Infrastructure, Relationship
Building, Internal Capacity, etc.

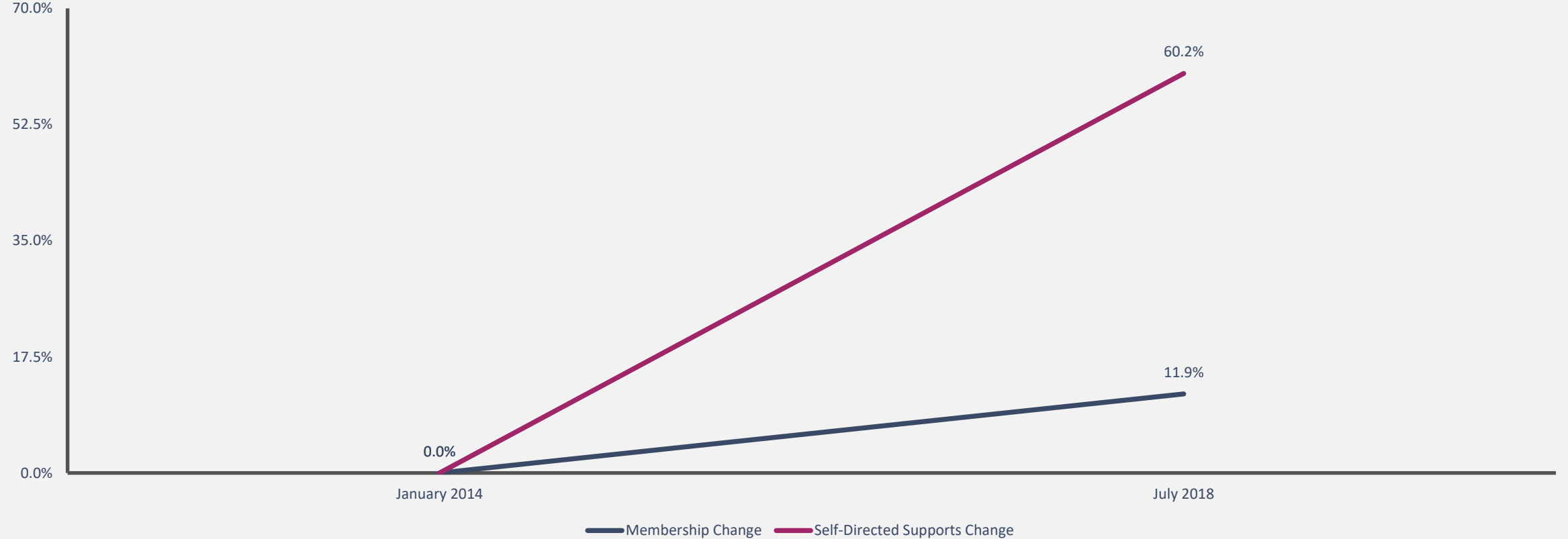
Outcomes: Competitive Integrated Employment

Membership and Integrated Employment Change January 2014 to July 2018

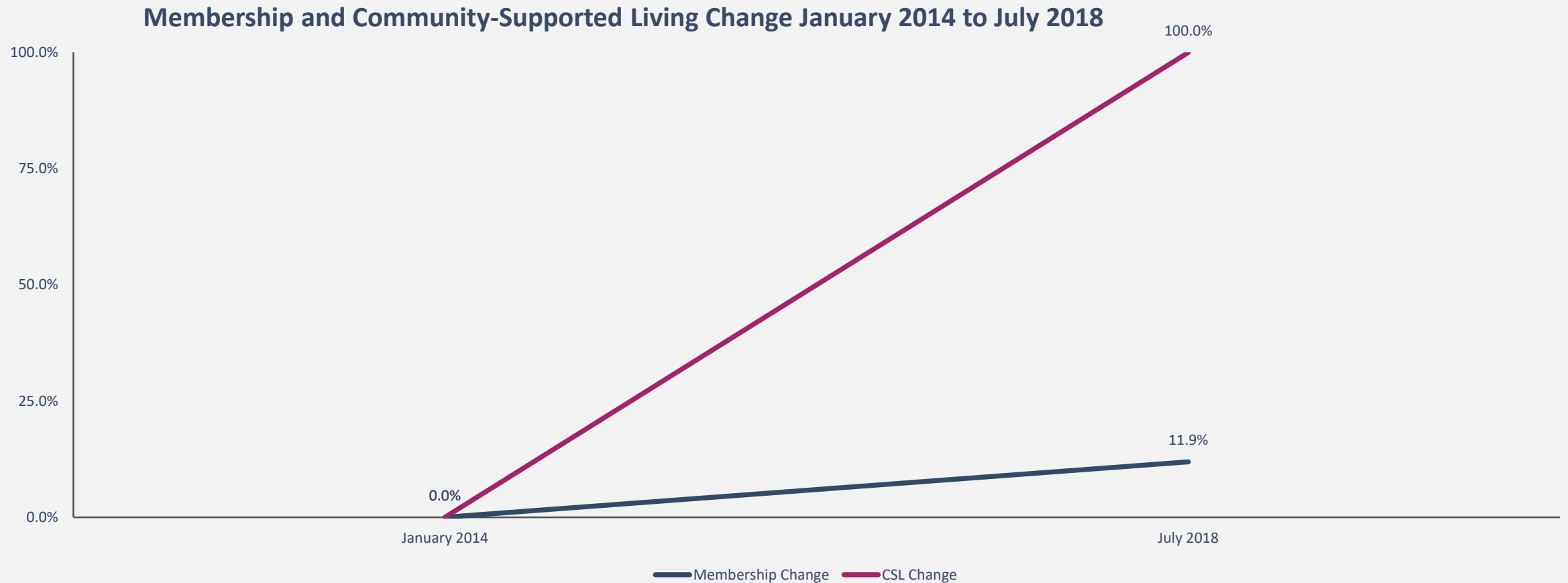


Outcomes: Self-Directed Supports

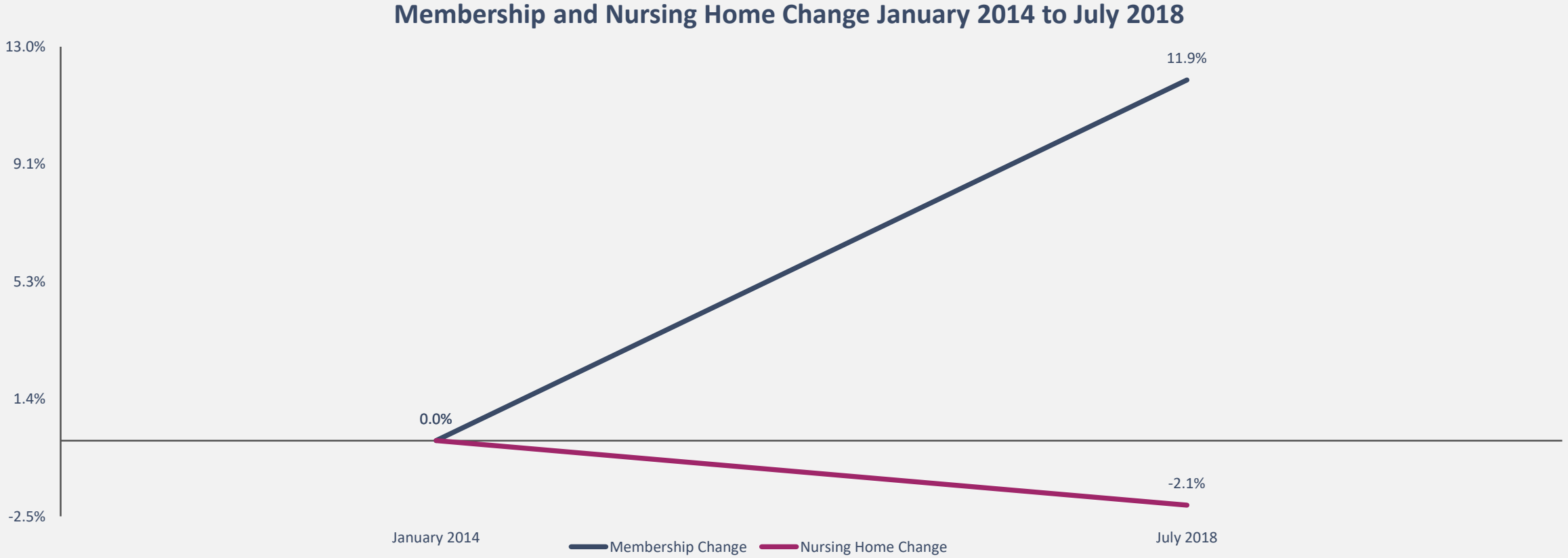
Membership and Self-Directed Supports Change January 2014 to July 2018



Outcomes: Community-Supported Living



Outcomes: Institution Utilization



System Transformation in Rural Areas Road Map

- Focus on Building/Sustaining Local Relationships
 - Clear shared vision and commitment to the outcomes
 - Coalition of the willing
- Build and Align Internal Values Associated with:
 - Partnership- A Power-With approach
 - Community-Centric and Strength-Based approach
 - VALUES DRIVEN
- Allocate Resources where Systems Change is needed
 - Stay the course

Provider Network Development in Rural Areas



Build the Network Local-Out



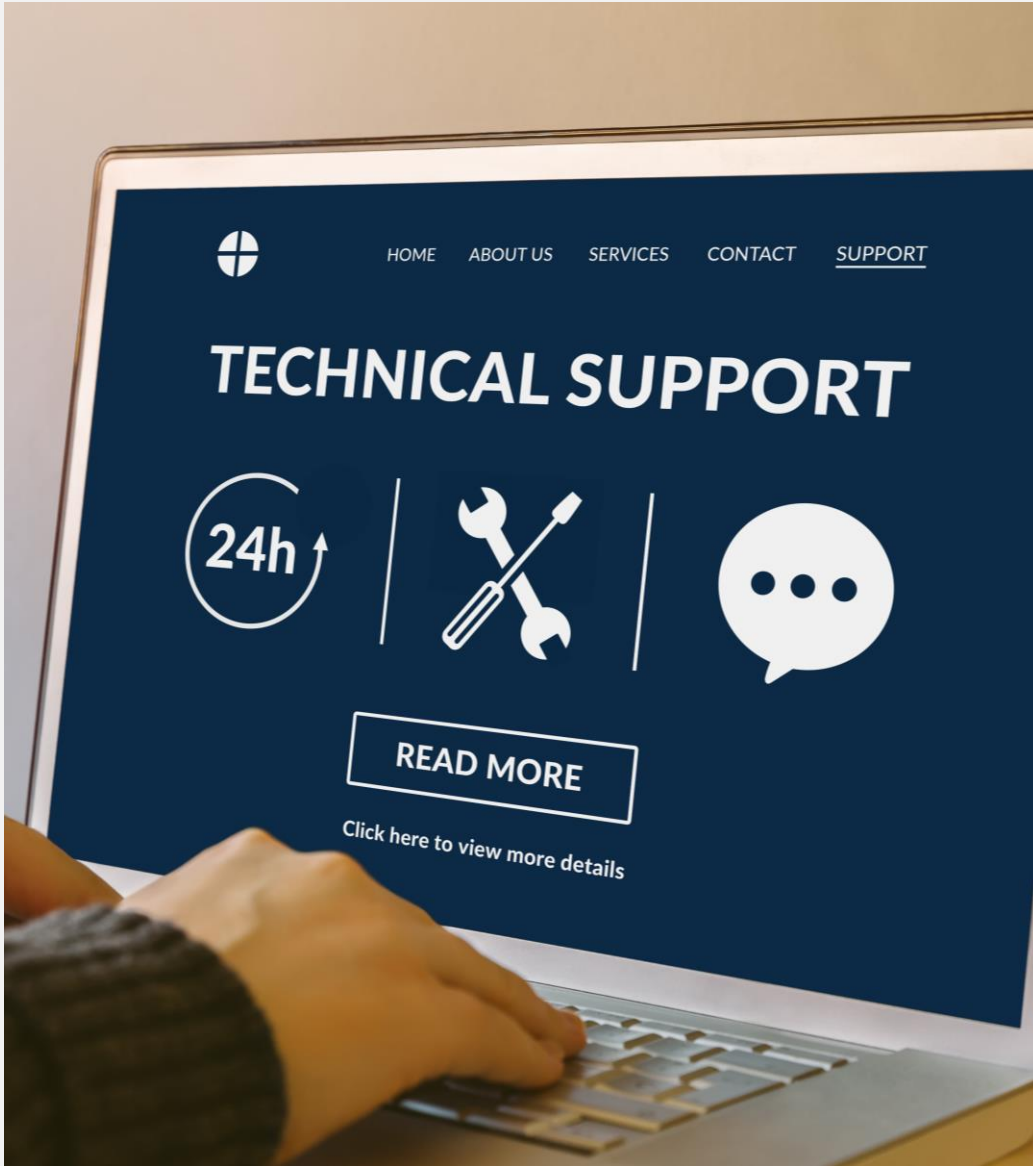
Stabilization First and Innovate Next



Focus on Partnerships- Power-With approach



Balance Network Development with strong focus on Self-Directed Support options



Provider Network Innovation in Rural Areas

Key Steps:

- Focus on Provider Engagement
 - Collaborative Solution Development
- Invest in Technical Assistance
 - Provider Grants
 - Bring in external TA
- Risk Sharing
 - Infrastructure Growth
 - Upfront investment

Build Reimbursement Models to Deliver Outcomes

- Strengthen Network and Increase Outcomes through Values-Based Reimbursement Models:
 - Supported Employment Outcomes-Based Model
(2 year outcomes—105% Growth in Hours worked)
 - Residential Reimbursement Model – Outcome Payments
 - Community-Supported Living Reimbursement Model



Recap

- Build Strong Local Relationships
 - Be part of the Community
- Align Vision and Values Internally and Externally
- Be steadfast and vested in allocating resources where change is needed/desired

Questions?



For more information



Visit our Website

inclusa.org

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Interactive Discussion via Chat-Box

Q&A



HCBS Resources

- **Main CMS HCBS Website:** <http://www.medicaid.gov/HCBS>
 - Final Rule & Sub-regulatory Guidance
 - A mailbox to ask additional questions
 - Slides/Materials from previous TA Calls
 - HCBS Toolkit for State Implementation
 - Status of each state's transition plan & heightened scrutiny
- **Exploratory Questions**
 - [Residential Settings](#)
 - [Non-Residential Settings](#)
- **ACL HCBS Webpage (Coming Soon):** <http://www.acl.gov/>
- **Advocacy Toolkit:** <http://hcbsadvocacy.org>

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