

Department of Developmental Services

Home and Community-Based Services Advisory Group Meeting February 17, 2015



WELCOME AND INTRODUCTIONS

Nancy Bargmann Deputy Director Department of Developmental Services

STAKEHOLDER INVOLVEMENT

Steering Committee

 Provides high-level direction and guidance on how to organize and move issues forward

Statewide Advisory Group (Advisory Group)

- 21 members: consumers, providers regional centers, advocacy, DS Task Force members and NCI workgroup participants
- Provides deeper analysis and recommendations
- Provides input to DDS in developing a focused transition plan

Workgroups

 May be topic specific and focused on analyzing data, provide recommendations for assessment and implementation to the Advisory Group

All public input welcomed and encouraged

ADVISORY GROUP PROCESS

Focused planning process will include close coordination

- Department of Health Care Services (DHCS)
 - The state agency responsible for official communications with the Centers for Medicare & Medicaid Services (CMS)
- Department of Social Services (DSS)
- Association of Regional Center Agencies (ARCA)
- Consumer advisory
- Provider organizations

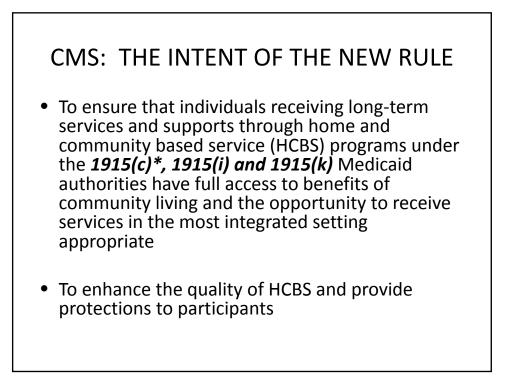
CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) HOME AND COMMUNITY-BASED SERVICES (HCBS) REGULATIONS

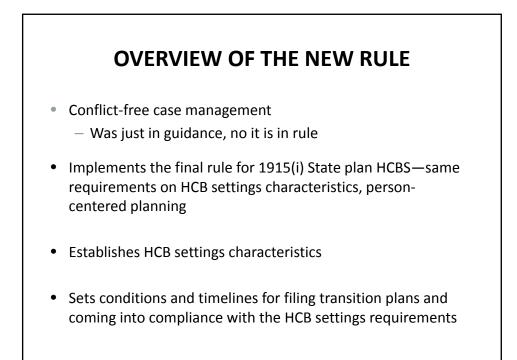
BACKGROUND AND OVERVIEW

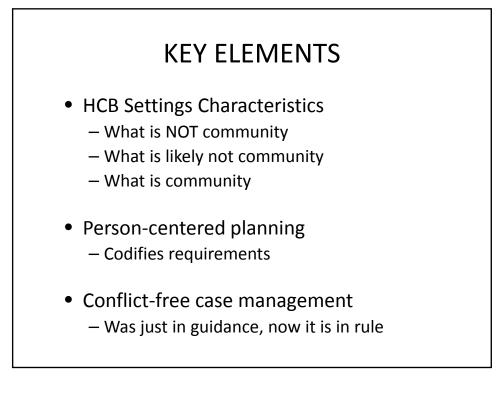
Jim Knight Assistant Deputy Director Department of Developmental Services

"HCBS RULES" CMS 2249-F AND CMS 2296-F

- Published January 16, 2014
- Effective March 17, 2014
- Official title published in the Federal Register:
 - Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community-Based Services (HCBS) Waivers (Section 1915(c) of the Act)







WHAT SETTINGS ARE NOT HOME AND COMMUNITY-BASED

- Nursing facility

- Institution for mental diseases (IMD)

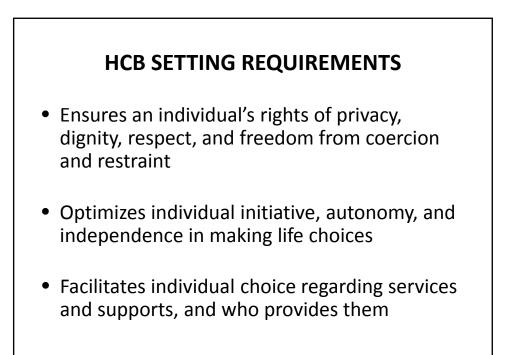
- Intermediate care facility for individuals with intellectual

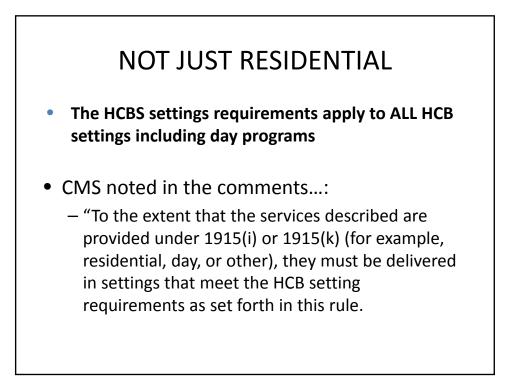
disabilities (ICF/IID)

- Hospital

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 home and community-based services
- The setting 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





CMS GUIDANCE ON SETTINGS THAT MAY ISOLATE INDIVIDUALS

Settings that are Presumed to have the Qualities of an Institution:

- Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
- Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

CMS GUIDANCE ON SETTINGS THAT MAY ISOLATE INDIVIDUALS

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities
- People in the setting have limited, if any, interaction with the broader community
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

STATEWIDE TRANSITION PLAN (STP)

The Statewide Transition Plan is the vehicle through which states determine their compliance with the regulation requirements for home and community-based settings

- Assessment of standards, rules, regulations that comply with new regulations
- Identification of areas that are not met or not fully met
- Action plan
- Public comment



- A detailed description of the state's assessment of its compliance with the HCB settings requirements and a statement of the outcome of that assessment
- A detailed description of the remedial actions the state will use to assure full compliance with the HCB settings requirements, including timelines, milestones and monitoring process
- The time frame and milestones for state actions, including assessment and remedial actions
- A description of the public input process

STATE STANDARDS TO ASSESS

What does the state need to change in these areas to help provider settings be HCBS compliant

- Licensing/certification standards
- Provider qualifications
- Service definitions and standards
- Provider training requirements
- Participant rights protections
- Plan of care requirements

DETERMINING COMPLIANCE

Determine compliance with the regulation requirements for home and community-based settings, by:

Assessing Standards, Rules, Regulations to determine:

- Fully met
- Partially met
- Not in compliance

STATEWIDE TRANSITION PLAN

Process and Timeline

Rebecca Schupp, Chief Long-Term Services & Supports Operations Branch Long-Term Care Division Department of Health Care Services

DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) TRANSITION PLAN

- Outreach
- Statute, regulations, policies, procedures, and contracts / agreements
- Existing tools, processes, and automation
- Provider assessment forms
- Initial assessments: residential and non-residential
- Ongoing assessments and monitoring

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Elle Edit View Favorites Iools Help Suggested Sites Developmental Services Home OPS Birth to 36 Months Developmental Centers Regional Centers Vendor/Provider Consumer Corner Transparency Index			
		RELATED LINKS CMS Information on the HCBS Regulations Residential Settings Assessment Questions Non-Residential Settings Assessment Questions Department of Health Care Services Self-Determination Program Home and Community	CMS Home and Community-Based Services Regulations This webpage contains information on the federal Centers for Medicare & Medicaid Services (CMS) regulations for Home and Com for settings where HCBS are delivered to qualify for federal funding under the Medicaid program (Medi-Cal program in California). S approved transition plans. This webpage provides important background information and links to key websites. It will be updated periodically to reflect activitie disabilities service system. DDS invites you to monitor this website and stay informed about the implementation process and ways to Following is a link to an overview of the federal requirements: Overview of the Federal Requirements for Home and Community-Based Settings
		Based Services Programs	CMS has a website that contains various communications and fact sheets about the regulations. The information can be accessed On December 19, 2014, the California Department of Health Care Services, as the single state agency for the Medi-Cal program, s California programs that are affected by the home and community-based settings requirements, including the HCBS Warver for Ca information can be accessed at the <u>California Department of Health Care Services website</u> . New HCBS programs are not covered by the Statewide Transition Plan. No transition period is allowed for new program implement
California Department of Developmental Services 1600 9th Street P. O. Box 944202 Sacramento, CA 94244-2020	must be in compliance with the home and community-based settings requirements when it is implemented. DDS HCBS ADVISORY GROUP On January 16, 2015, in a letter to All Interested Parties regarding the HCBS regulations, DDS announced its efforts to establish an developmental disabilities service system. Letter regarding the HCBS regulations dated January 16, 2015		
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