

# HCBS STAKEHOLDER UPDATES

## MARCH 2023

DMAS & DBHDS

# General Information

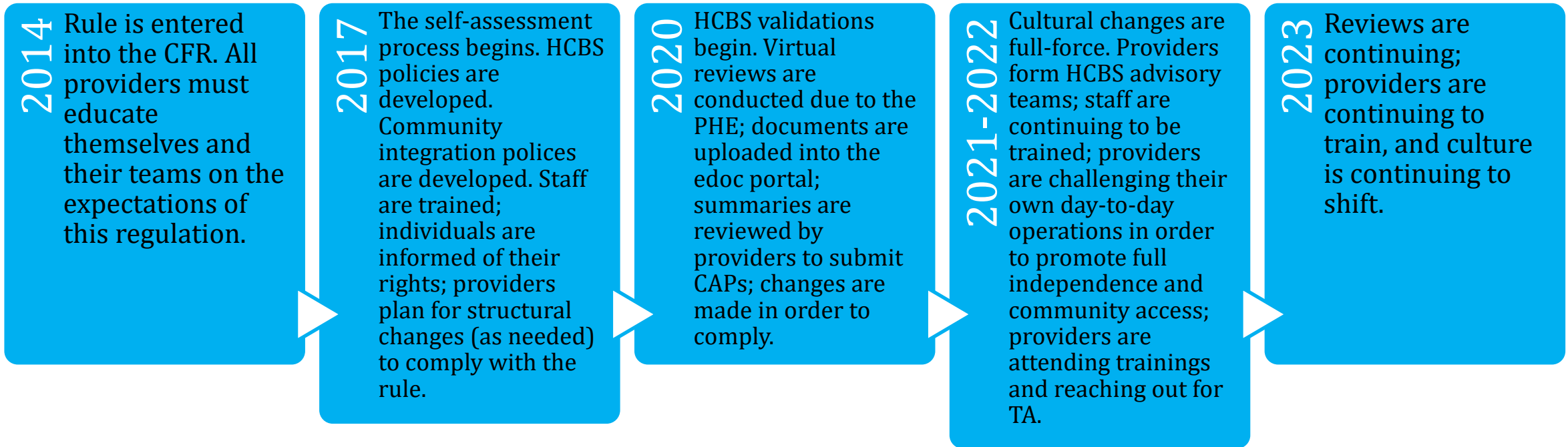
- Meeting is being recorded and will be available, along with the slides, on the HCBS toolkit on the DMAS website
- Sessions are identical on 3/22 & 3/23
- Presenters will answer questions that have been entered into the Q&A section of Zoom at the end of the presentation
- Session is globally muted

# Agenda

- Overview of Reviews Completed
- Examples of best practices and common remediation items noted
- Ongoing reviews and review modalities
- The Centers for Medicare and Medicaid Services revised plan for the end of the transition period
- Virginia's plan moving forward
- Questions & Answers - using the questions and answers section of Zoom

# A Message to HCBS Providers

## ■ THANK YOU!



# Reviews Completed

- Specific settings validations (each address) have been completed by way of onsite reviews, desk-audits, and HSAG reviews.
  - HSAG reviews are only able to be used for HCBS validation purposes when the review can be tied back to a specific address.
- Onsite Reviews: 561
- Desk-Audits: 478
- HSAG: 1074
- New Providers: 65
- Total Progress: 53%

# Best-Practices

- Continuous training of staff (informal and formal).
- Asking individuals & families if they are happy with their services on a frequent basis.
- Presuming competence of all individuals receiving services.
- Use of respectful language (including in daily notes).
- Providing choice throughout the day.

## Best-Practices (Cont'd)

- Use of non-funded, natural supports (clubs, senior centers, church groups).
- Including individuals in all aspects of their own day-to-day life (banking, grocery shopping, running errands).
- Promoting relationships (friendships, significant others and marriages).
- Making physical changes to a setting based on individual needs due to changes in status or aging (grab bars, chair lifts, ramps, etc.).

# Areas Requiring Remediation

- Lack of person-centered documentation
- Lack of access to the community
- Failure to presume competence
- Restrictions without required documentation
- Policies and “program rules” in direct conflict with HCBS
- Non-compliant lease agreements
- Non-accessible physical environments



## Areas Requiring Remediation (Cont'd)

- Blanket rules applying to all people in a setting without individual considerations
- Lack of understanding of coercion
- Lack of understanding of general HCBS rights
- Failure to provide choice of services and supports and who is to provide them
- Failure to provide keys to bedroom doors and entrance doors
- Institutional features/excessive signage

# Successful Remediation Strategies

- Continuous retraining of staff on documentation.
- Restructuring of documentation format. Removal of institutional language in checklists and additions of prompts for topics such as choice, activities, visitors, and independence.
- Training on coercion using realistic scenarios and plain language.
- Revisions to lease agreements to include VLTA protections & having individuals/guardians sign the revisions.

# Successful Remediation Strategies (Cont'd)

- Revisions of policies and rules to comply with HCBS and disclosing these changes to individuals, families, and staff.
- Removal of signage from walls and using a “staff binder” or drawer.
- Installation of ramps, stair lifts, grab-bars, etc. to make settings accessible.
- Removal of “staff only” areas, especially bathrooms.
- As needed, implementing person-centered modifications.

# Successful Remediation Strategies (Cont'd)

- Expanding use of community services and potential transportation options (senior centers, clubs, volunteering opportunities, religious services).
- Culture change in setting-by-setting reviews to challenging preexisting biases of all stakeholders and promote full independence. This can be changed trainings or continuous onsite oversight by supervisors/managers.
- Moving away from rigid schedules to more autonomy day-to-day. Examples: doing away with specific “laundry days” or “chore schedules.”
- Providing individuals in services the opportunity to train the setting staff on what is important to them.

# Other Observations

- The DD Waivers' final regulations went into effect on March 31, 2021. These outline all allowable & billable activities for each service. The team has observed non-billable activities during these reviews and we want to encourage all providers to revisit the regulations and policy manual.

## How many reviews are left?

- Roughly 2,200 reviews are left. This number is subject to change based on settings that are not in service, settings that only operate as admin/office buildings or settings that currently have no people using HCBS services.
- The majority of settings that are left to review will receive desk-audits. While onsite reviews are continuing, the state has surpassed the minimum number of OSRs outlined in our transition plan. As such, the majority of audits will begin as desk-audits. **The reviewer reserves the right to transition a desk-audit to an onsite review at any time.**

# CMS Updates

- In May 2022, CMS presented a revised strategy for reaching HCBS compliance.
- CMS is allowing for states to submit corrective action plans (CAPs) surrounding very specific elements of the rule. All areas that are eligible for the CAP are directly related to the COVID-19 PHE and workforce shortages. This revised plan is the result of stakeholder feedback from across the country related to workforce shortages.
- CMS is NOT allowing any CAP related to provisions of the rule that are not impacted by staffing or are related to basic civil rights.

# CMS Updates

## Related to workforce

- Access to the broader community
- Opportunities for competitive employment
- Options for a private unit and/or choice of a roommate
- Choice of non-disability specific settings
- Optimization of individual autonomy in life choices such as: physical environment, daily activities, and with whom to interact.

## Not related to workforce

- Rights of privacy, dignity and respect, and freedom from coercion and restraint
- Choice regarding services and supports, and who provides them
- Expectations of person-centered planning
- Lease agreements
- Locks on doors and décor in rooms
- Control over schedules and access to food
- Visitors at any time
- Physically accessible setting



# Virginia's Plan

- Virginia submitted our proposed Corrective Action Plan to CMS in November 2022.
- It was projected that Virginia will reach full compliance with all areas of the settings rule that have been impacted by the PHE no later than January 1, 2026. We hope to reach full compliance before that date.
- Our plan has not been approved by CMS. CMS is expected to begin reviewing plans in the spring/summer and will contact the state with any questions. Once we receive approval, we will inform all stakeholders.

## Virginia's Plan (Cont'd)

- The plan is NOT intended to slow the progress that is being made towards compliance.
- The plan is NOT a valid reason for providers, support coordinators and all stakeholders not to be actively working towards compliance. This might include hiring, training and retaining staff. It is NOT acceptable to stop these practices that are needed to raise community access and provide choice for individuals.
- The state team will not be lowering the expectations of settings during our reviews. The same processes will continue.

# Q&A

