Home and Community Based Service Settings

Iowa Medicaid Enterprise
Background

- HCBS designed to provide supports in the home instead of facility care
- New federal regulations apply to Iowa’s seven waiver programs and Habilitation Services program
- CMS draft rules published June 2009; revised after public comments, became final 3/17/14
POLL

True or False:
Under the new federal regulations, HCBS cannot be provided in Residential Care Facilities (RCFs).
   Answer: False
Under the federal regulations, there is a limit on the number of beds allowed in a residential setting where HCBS is provided.
   Answer: False
All HCBS settings must be in compliance with the federal regulations by July 1, 2015.
   Answer: False
Under the federal regulations, all persons receiving HCBS must become employed in the community.
   Answer: False
Providers can no longer own housing where persons receiving HCBS live.
   Answer: False
Federal Regulation Overview

• Defines HCBS settings by the nature and quality of the individual’s experiences.
• Expands opportunities to receive supports in the most integrated setting
• Ensures that people receiving services and supports have full access to community living to same extent as individuals not receiving Medicaid HCBS.
Federal Regulation Overview

- Individual choice in living arrangements, service providers, and life choices
- Ensure that individual rights are not restricted.
- Avoid regimentation in daily activities, schedules, and personal interactions.
Federal Regulation
Settings Presumed Not HCBS

• Settings that are presumed to have the qualities of an institution
  o Located in a building that also provides inpatient institutional treatment
  o On the grounds of, or immediately adjacent to, a public institution
  o Any setting with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS
Federal Regulation
Settings Presumed Not HCBS

• State submits evidence demonstrating that the setting does have the qualities of an HCBS setting

• CMS heightened scrutiny review
Federal Regulation
Prohibited Settings

• Specifies that HCBS cannot be provided in institutional settings
  o Hospitals
  o Nursing facilities
  o ICF/IDs
  o Institutions for Mental Disease (IMD)
Provider Owned or Controlled Settings

• Same protections from eviction as all tenants under landlord-tenant law of state or local government

• Each person has privacy in their sleeping or living unit

• Lockable entrance doors, with the person and appropriate staff having keys as needed
Provider Owned or Controlled Settings

• Individuals sharing units have a choice of roommates
• Freedom to furnish and decorate within the lease/agreement
• Freedom and support to control own schedules and activities
Provider Owned or Controlled Settings

- Access to food any time
- Members may have visitors at any time
- Setting is physically accessible to the member
Provider Owned or Controlled Settings

- Modifications to the requirements for an individual (such as limiting access to food)
  - Based on assessed need
  - Have tried less intrusive methods
  - Done through the person-centered planning process with the individual’s informed consent
  - Set time limits for review and measure effectiveness
Provider Owned or Controlled Settings

Iowa definition:
A setting is considered provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS.
Transition Plan

• Must include public comment, assessment, and remediation

• Required to submit to CMS with first waiver renewal - ID Waiver

• Transition plan required for each waiver, plus statewide plan
Transition Plan – Public Comment

• ID Waiver last May – responses on website
• Plan revised, submitted to CMS late August
• Currently open for comments on transition plan for other 6 waivers, Habilitation
• ID and BI waiver renewal comment period
Transition Plan - Assessment

• Ongoing process
• Largely incorporated into existing QA processes
Transition Plan - Assessment

• Settings Analysis (required) - High-level, not provider or location specific
• A starting point; final determinations will depend upon information gathered through all assessment activities
This Settings Analysis is general in nature and does not imply that any specific provider or location is noncompliant solely by classification in this analysis. Final determination will depend upon information gathered through all assessment activities outlined in the transition plan, including but not limited to onsite reviews, provider annual self-assessments, IPES data, provider surveys, and GIS analysis.

<table>
<thead>
<tr>
<th>YES – Settings presumed fully compliant with HCBS characteristics</th>
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<tbody>
<tr>
<td><strong>Type of Setting</strong></td>
</tr>
<tr>
<td>Member owns the housing, or leases housing which is not provider owned or controlled.</td>
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<td>Supported employment provided in an integrated community setting</td>
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<th>NOT YET – Settings may be compliant, or with changes will comply with HCBS characteristics</th>
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<tr>
<td><strong>Type of Setting</strong></td>
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<tr>
<td>Residential Care Facilities (RCFs) of any size</td>
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<tr>
<td>Apartment complexes where the majority of residents receive HCBS</td>
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<tr>
<td>Disability-specific camp settings (except Respite)</td>
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<tr>
<td>Five-bed homes previously licensed as RCFs</td>
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<tr>
<td>Provider owned or controlled housing of any size</td>
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<tr>
<td>Multiple locations on the same street operated by the same provider (including duplexes and multiplexes)</td>
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<tr>
<td>Disability-specific farm communities</td>
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<td>Assisted Living Facilities</td>
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<tr>
<td>Services provided in a staff member’s home (except Respite)</td>
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<tr>
<td>Day program settings located in a building that also provides other disability-specific services, or where provider offices are located.</td>
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<th>NOT YET - Setting is presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review</th>
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<td>Located in a building that also provides inpatient institutional treatment</td>
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<td>Any setting on the grounds of or adjacent to a public institution</td>
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<tr>
<td>Settings that isolate participants from the broader community</td>
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<th>NO – Settings do not comply with HCBS characteristics</th>
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<tbody>
<tr>
<td><strong>Type of Setting</strong></td>
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<tr>
<td>Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) (except Respite)</td>
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<tr>
<td>Nursing Facilities/Skilled Nursing Facilities</td>
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<tr>
<td>Hospitals</td>
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<tr>
<td>Institutions for Mental Disease (IMD)</td>
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Transition Plan - Assessment

• Annual Provider Self-Assessment
• HCBS quality assurance onsite review process
• IPES survey results for member experiences on choices and community access
• Other
Transition Plan - Assessment

• Guidance documents on IME website
  o Exploratory questions
  o Settings that isolate
Transition Plan - Remediation

- IME notifies provider of assessment results
- For settings not in compliance, the provider must submit a corrective action plan (CAP) that describes the steps to be taken and expected timelines to achieve compliance
Transition Plan - Remediation

- The state may also prescribe certain requirements to become compliant.
- State review of CAPs will consider the scope of the transition to be achieved and the unique circumstances related to the setting in question.
Transition Plan - Remediation

• Compliance monitored through activities including onsite reviews, technical assistance activities, and the provider annual self-assessment process.

• Failure to remediate: subject to sanctions
Transition Plan - Remediation

• Providers should begin remediation when non-compliance is identified

• All settings must be compliant by March 17, 2019 at latest
Additional information on the new HCBS rules and setting requirements can be found:

http://www.dhs.state.ia.us/ime/about/initiatives/HCBS
Questions?

Please submit any questions or comments on the transition plan to:

HCBSsettings@dhs.state.ia.us