



Best Practices in the HCBS Settings Rule: Bringing HCBS to the 21st Century

February 19, 2020

BRANDEIS UNIVERSITY

The Heller School
FOR SOCIAL POLICY AND MANAGEMENT

The Lurie Institute
for Disability Policy

Community Living Policy Center

- Aims to advance policies and practices that promote community living outcomes for individuals with disabilities of all ages through research and knowledge translation.
- The CLPC received support from the National Institute for Disability, Independent Living, and Rehabilitation Research (NIDILRR) within the Administration for Community Living, U.S. Department of Health and Human Services (Grant # 90RTCP0004). The contents of this webinar do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.



Community Living Policy Center Partners

- Lurie Institute for Disability Policy at Brandeis University
- University of California, San Francisco (UCSF)
- Association of University Centers on Disabilities (AUCD)
- Autistic Self Advocacy Network (ASAN)
- Disability Rights Education & Defense Fund (DREDF)
- Disability Policy Consortium (DPC)
- Centene Corporation
- National Association of States United for Aging and Disabilities (NASUAD)
- Mike Oxford, Topeka Independent Living Resource Center
- Henry Claypool, National Policy Expert
- Disability and Aging Collaborative



Webinar Logistics

- The power point and archived recording will be available on the Community Living Policy Center website:
 - www.communitylivingpolicy.org
- Webinar is being live captioned
- Time for questions following speakers
 - Submit questions via the Chat function

Presenters



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About the HCBS Settings Rule

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HCBS Settings Rule

- Medicaid regulation finalized in 2014
- Concerns settings funded through 1915(c), (i), (k) waivers
- *Does not* concern settings funded as Intermediate Care Facilities (ICF), nursing home, state institutions, etc.
- A *quality control* measure that ensures that “community-based” settings are truly integrated

Major Provisions

- Community-based settings must be integrated into the community and afford maximum opportunities for self-determination
- Provider-operated settings, such as group homes, must meet specific criteria such as provision of lockable doors, consumer control of personal living space, access to food at any time, etc.
 - Exception: when provided for in the individual's person centered plan

Major Provisions (continued)

- Heightened scrutiny for settings that may isolate (e.g., settings on the same campus as a hospital): CMS must individually approve to ensure community integration
- Person-centered planning process for all HCBS, including conflict-of-interest provisions to ensure that providers don't control the process
- Deadline for compliance - originally 2019, now 2022 (except person-centered planning - this is immediate)



This Rule Rules!

The HCBS Settings Rule and You

<https://autisticadvocacy.org/policy/toolkits/hcbsrule/>

ASAN's HCBS Toolkit

- Easy-Read (with visual cues) and Plain Language Versions
- Easy-Read is highly accessible:



Institutions could say they actually gave HCBS.



Institutions would say they were not really an institution.

ASAN's HCBS Toolkit

Goal is to **empower** autistic self-advocates, others with disabilities, family members, and allies through a **highly accessible and thorough** explanation of HCBS settings rule - without skipping important details

ASAN's HCBS Toolkit:

Know Your Rights

- Explains how to recognize when settings rule has been violated
- Discusses exceptions (e.g., person-centered plan allowing for restrictions on food)
- Includes referrals for advocacy orgs that can help enforce rights (e.g., P&As)



Center for Public Representation

The HCBS Settings Rule: Trends, Best Practices and Ongoing Monitoring

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Community Living Policy Center

February 19, 2020

Agenda for Today

- Status and Trends from CMS Approvals
- State Promising Practices
- Measuring Progress and Ongoing Monitoring
- Important Areas for Public Comment

STATUS AND THEMES FROM CMS APPROVALS

Status of State Implementation

- Approvals of initial statewide transition plans (STPs)
 - Includes systemic review of regulations and policies
 - All but 5 states have gotten approval of their initial STPs
 - The remaining 5 states are IL, MA, ME, NJ, and TX
 - Several of these states have recently submitted initial STPs
- Approvals of final STPs
 - Includes assessment and validation of settings, process for identifying HS settings, and process for remediation and ongoing monitoring

Status of State Implementation (cont'd)

- Heightened Scrutiny determinations
 - CMS did a heightened scrutiny pilot with 6 states for a handful of residential settings that fell under prong 1 (inside an institutional setting) or prong 2 (on the grounds of or adjacent to a public institution)
 - CMS issued letters giving feedback but did not make an ultimate determination
 - CMS has not reviewed HS packages for “settings that isolate” (and likely will not until after July 1, 2020 due to new guidance)

Themes from CMS Approvals

- Public Comment
 - STPs must include a summary of comments; must give specific response to comments (not just “considering it”)
 - Public comment required for completed assessments and HS packages
- Setting descriptions
 - STPs must include a complete list of settings used in each individual waiver with the # of settings and # of participants in those settings
- Systemic settings assessments

Themes from CMS Approvals (cont'd)

- Individual setting assessments
 - All settings must be adequately assessed
 - **Provider self-assessments not enough and must validated**
 - Participant surveys must be able to be tied to specific settings
 - Must have criteria for on-site visits
 - Reverse integration is not a strategy to comply with the community integration requirements

Themes from CMS Approvals (cont'd)

- Capacity building
 - Must have a plan for expanding capacity of non-disability specific settings (to ensure a real choice)
 - Must ensure that **service definitions and provider reimbursement rates ensure capacity of, and incentivize, integrated settings**
- Heightened scrutiny process
 - Location alone not sufficient to identify all “presumptively institutional” settings
 - Must have process for identifying “settings that isolate”

Themes from CMS Approvals (cont'd)

- Remediation
 - Must have specific timelines and cannot backload
 - Must have a **clear process for transition out of non-compliant settings**, including notice, informed choice of other settings, good transition process
- Ongoing monitoring
 - Must describe how licensure or other quality monitoring programs will include ongoing monitoring of compliance

STATE PROMISING PRACTICES

State Best Practice: Aligning STP with State's Other Initiatives

- HCBS rules set the floor for compliance
- CMS has made clear that **states can set higher standards**
- State should align their HCBS transition activities with their own state initiatives and other federal obligations:
 - State “Employment First” initiatives
 - State’s Workforce Innovation Opportunity Act plans
 - Activities to increase integrated, affordable housing (Section 811)
 - State’s *Olmstead* plans or settlement agreements

State Promising Practices

- Some states are moving towards more **individualized and integrated** services through the HCBS transition process:
 - Using tiered standards to move away from facility-based day (incl. sheltered workshops) and expand community-based day services (with a focus on competitive integrated employment)
 - Redesigning models for facility-based day habilitation (eg, hub-and-spoke)
 - Setting size limits on residential settings
 - Providing housing subsidies to be used in scattered site apartments
 - Funding help bring providers into compliance through model changes
 - Prohibiting HCBS Settings in or on the grounds of institutions

State Promising Practices (cont'd)

- Specific examples from STPs:
 - Ongoing stakeholder input and engagement (DE, WY)
 - External stakeholder committee with self-advocates, families, advocates, and providers to review and decide on HS packages (KY)
 - Internal interagency HS review before deciding whether to submit to CMS (TN, AR)
 - Using tiered standards for community-based day services (TN, OH, IN, MN)
 - Applying some provider-owned residential requirements to non-residential settings (ME)

State Promising Practices (cont'd)

- Specific examples from STPs:
 - Robust HS standards
 - Settings in institutions or on the grounds of public institutions cannot overcome the institutional presumption (ME)
 - Requiring all gated communities, farmsteads, and campuses to have an onsite visit as potentially “settings that isolate” (PA)
 - Plan for training of professionals in the system (DE)
 - Ongoing monitoring plan (ID)

State Promising Practices (cont'd)

- ACL did a TA webinar series around the HCBS settings rule and state best practices:
 - Ongoing HCBS Systems Change Before & After STP Final Approval
 - Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration
 - Innovative State Approaches to Promoting Compliance with the Federal HCBS Settings Criteria
- All slides online at <https://hcbsadvocacy.org/federal-resources/acl/>

MEASURING PROGRESS AND ONGOING MONITORING

Ongoing Monitoring Requirements

- HCBS Settings Rule itself requires state to put in place ongoing monitoring
 - This ongoing monitoring must be described in a state's final STP
- Most states are starting to consider how to incorporate the HCBS Settings Rule into their existing systems, including:
 - Quality management
 - Case management

Importance of Measuring Progress

- If the Rule is implemented well, it should lead to systemic changes at the state level, with providers, and most importantly in the lives of people receiving HCBS services
- In order to measure progress, it is critical that states and stakeholders know where there system currently is on important measures
- The measures and goals for outcomes should be driven by a conversation between stakeholders and the state

Potential Outcomes and Measurements

- HCBS Advocacy Coalition, with support from the Community Living Policy Center, worked with national experts on developing a white paper and matrix
- The group identified 5 areas tied to the Rule's requirements and specific recommended outcomes
 - The matrix includes potential measures at the individual, provider and state levels from tools states may already have in place (e.g., National Core Indicators, CQL Personal Outcome Measures, state Medicaid claims data, etc.)

Area 1: Community Access and Integration

Recommended Outcomes:

- Increased number of HCBS participants deciding what to do and with whom
- Increased number of HCBS participants having relationships with community members who are not paid to provide support or services.
- Increased number of HCBS participants having access to transportation or other support to access to community activities of choice

Area 2: Residential Options

Recommended outcomes:

- Increased number of HCBS participants living in their own homes
- Increased number of people living in smaller settings
- Increased number of HCBS participants choosing the people they live with
- Increased number of HCBS participants choosing where they live (location)

Area 3: Day Options

Recommended outcomes:

- Increased number of HCBS participants spending their days in ways that are important to them as defined by the individual
- Increased number of HCBS participants in CIE
- Increased number of HCBS participants engaged in community life or activities aimed at improving community engagement
- Decreased number of HCBS participants in congregate care/day habilitation services

Area 4: Individual Control In Settings/ Individual Rights

Recommended outcomes:

- Increased number of HCBS participants whose rights are fully protected in accordance with the Rule
- Decreased number of HCBS participants with rights restrictions; any rights restrictions conform with the requirements of the rule

Area 5: Self-Determination

Recommended outcomes:

- Increased number of HCBS participants who have choices about providers and services
- Increased number of HCBS participants who are given a choice to self-direct
- Increased number of HCBS participants who use person-centered planning to describe what they want and need to bring purpose and meaning to their life

Stakeholder and State Collaboration

- The hope is that people receiving HCBS, their families and providers can use this document in conversations with their state around ongoing monitoring and quality improvement
- We developed this white paper to help YOU!
- White paper and matrix available at <https://hcbsadvocacy.org/2020-outcomes-paper/>

PUBLIC INPUT

HCBS Settings Rule: Its YOUR Opportunity

- The HCBS Settings Rule is an unprecedented opportunity for stakeholders in Maine to share your views on what you want the system to be like in the future
- The collaboration – between the state, self-advocates and families, providers, and advocacy organizations – is critical to successful implementation
- Public comment and other stakeholder input opportunities means YOUR input matters

Important Areas for Public Input

Individual setting assessments

- Are all settings adequately assessed and validated?
- Were provider self-assessments validated through another method?
- Were participant surveys able to be tied to specific settings?
- Were all congregate settings (residential and day) assessed?
- Did the setting rely on reverse integration to meet the community integration requirements? (CMS has said it alone is not enough)

Important Areas for Public Input (cont'd)

Provider owned settings

- Are each of the rights requirements (keys, choice of roommate, access to food, tenancy protections) met for everyone?
- Are any rights modifications being done on an individualized basis, through person-centered planning?

Important Areas for Public Input (cont'd)

Choice of non-disability specific settings

- Does the STP include a plan for expanding capacity of non-disability specific settings, both residential and day?
- Has the state ensured that service definitions and provider reimbursement rates ensure capacity of, and incentivize, integrated settings?

Important Areas for Public Input (cont'd)

Remediation

- Is there a plan with specific and realistic timelines?
- Is there a process for transition out of non-compliant settings, including notice, informed choice of other settings, and getting services in place?

Ongoing monitoring

- How will the state ensure ongoing monitoring of compliance?

Important Areas for Public Input (cont'd)

Heightened scrutiny

- Does the state have a process for identifying ALL types of presumptively institutional settings, including settings that isolate?
- Did the state share information and get public comment on settings that won't be remediated prior to July 1, 2020?
- Are there settings the state says overcome the presumption that do not?
- Are there presumptively institutional settings missing from the list?

Resources

- CMS HCBS Settings Rule Website
 - www.medicaid.gov/hcbs
- HCBS Advocacy Website
 - Sponsored by national disability groups including CPR and ASAN
 - www.hcbsadvocacy.org
 - Links to the ASAN Easy Read Toolkit and the Outcomes White Paper and Matrix

Identifying, Evaluating and Remediating “Settings That Isolate”: Lessons, Best Practices and Recommendations

Ari Ne’eman

The logo is a dark gray speech bubble shape pointing to the right. Inside the bubble, the text "Community Living" is written in yellow, and "Policy Center" is written in blue below it.

**Community
Living**
Policy
Center

Presumptively Institutional Settings Under the HCBS Settings Rule



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

Settings that Isolate According to March 2019 guidance

- **Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS**
- **The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or**
- **The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary's person-centered service plan.**
- Clarifies and revises prior 2014 guidance that offered non-exhaustive list of examples of residential settings that typically have the effect of isolating, such as gated communities and disability-specific farmsteads.
 - Under March 2019 guidance, these settings are neither automatically required or not required to undergo Heightened Scrutiny. They may still be Settings That Isolate if they meet the new functional criteria.

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- Clarifies and revises prior 2014 guidance that offered non-exhaustive list of examples of residential settings that typically have the effect of isolating, such as gated communities and disability-specific farmsteads.
 - Under March 2019 guidance, these settings are neither automatically required or not required to undergo Heightened Scrutiny. They may still be Settings That Isolate if they meet the new functional criteria.

Defining opportunities for interaction with the broader community

“The nature of the opportunities for interaction in and with the broader community and the identified supports designed to provide this access to and participation in the broader community should be documented within the person centered plans of individuals receiving services in a setting and in the policies and practices of the setting, consistent with the person-centered planning requirements of the rule and the requirements for modification of the additional conditions required for provider-owned or controlled residential settings.”

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Person Centered Planning Requirements

Both the state and the provider must ensure that the person-centered planning process, among other requirements:

- Is driven by the individual receiving services and provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Allows the individual to have access to people chosen by the individual to support them in the planning process;
- receive necessary information and support to ensure that they can direct the process to the maximum extent possible;
- are enabled to make informed choices and decisions,
- and that planning is timely and occurs at times and locations of convenience to the individual.

Defining opportunities for interaction with the broader community

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Additional Conditions for provider owned and controlled residential settings

- The unit is owned, rented or occupied under a legally enforceable agreement with the same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county or city;
- Each individual has privacy in their sleeping or living unit;
- Units have lockable entrance doors;
- Individuals sharing units have a choice of roommates;
- Individuals have the freedom to furnish and decorate their sleeping or living units;
- Individuals have freedom and support to control their schedules and activities and have access to food any time;
- Individuals may have visitors at any time, and;
- Setting is physically accessible to the individual.

Modifications of Additional Conditions

Any modification to the Additional Conditions for Provider Owned or Controlled Residential Settings must:

- Identify a specific and individualized assessed need;
- Document the positive interventions and supports used prior to any modifications to the person-centered service plan;
- Document less intrusive methods of meeting the need that have been tried but did not work;
- Include a clear description of the condition that is directly proportionate to the specific assessed need;
- Include regular collection and review of data to measure the ongoing effectiveness of the modification;
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;
- Include the informed consent of the individual;
- Include an assurance that interventions and supports will cause no harm to the individual.

Recommendations

- If public comment identifies a setting as a potential Setting that Isolates, CMS may subject it to additional review even if the state hadn't identified it.
- Given the importance of the provider-owned and controlled residential setting additional conditions, states should consider managing exceptions via state-managed process.
- States should carefully audit person-centered plans, facility policies and individual schedules, especially in congregate settings, to identify potential Settings That Isolate

How Should States Approach Potential Settings That Isolate?

Timeline

- States must be in full compliance with the rule by March 2022
- If a state initially determines a setting is a Setting That Isolates but verifies remediation prior to July 1, 2020, the state is not required to (but may) submit information on that setting to CMS.
 - These settings must still be listed in the State's Transition Plan.
- States must submit any setting that is not remediated by July 2020 for Heightened Scrutiny by October 2020.

HIPAA

- For Settings That Isolate, review by state HIPAA attorneys may be necessary to ascertain if setting location can be disclosed.
- If concerns exist about PHI, states should proactively share evidentiary packages with P&A agencies and LTC Ombudsman to ensure external review of the setting & evidentiary package.

Public Comment

- With the exception of PHI, states should publish detailed information on each setting submitted for Heightened Scrutiny.
- States should formalize a role for P&As and LTC Ombudsman to ensure independent review of PHI.
- States should consider the use of advisory councils with self-advocates & families to participate in evaluation of potential settings for heightened scrutiny.

Ongoing Monitoring



- Enforcement of the Settings Rule must continue after March 2022, including the Heightened Scrutiny components
- CMS cites licensure as one vehicle for ongoing monitoring
- Advocates have raised concerns that this is insufficient.

Ongoing Monitoring Recommendations



- States must embed Settings Rule compliance into licensure and oversight processes & train staff accordingly;
- States should offer HCBS consumers an individual, state-operated or –funded complaint and recourse process for enforcing the Rule.
- States should assess ongoing compliance with the community integration components of the rule through unscheduled site visits and interviews to identify potential Settings That Isolate on an ongoing basis.

How is CMS likely to evaluate
Heightened Scrutiny Requests?

CMS Process re: Heightened Scrutiny

- CMS will conduct additional reviews on a sample of heightened scrutiny settings submitted by the state.
- In the event that “significant public comment” is generated by a setting, it will likely be subject to additional review, even if not submitted by the state.
- If CMS identifies problems with the state’s HS process, it may review additional settings.

CMS Process re: Heightened Scrutiny

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- If CMS identifies problems with the state’s HS process, it may review additional settings.

State Evaluation Responsibilities



- States should conduct interviews and on-site visits;
- Must include a process for interviews to be conducted outside the presence of staff;
- Look for discrepancies between consumer and provider feedback

Evaluating Administrative Inter-Connectedness



- When an institutional & HCBS setting or multiple HCBS settings are co-located, administrative inter-connectedness may present a problem for HS approval.
- States should evaluate if there is significant overlap in administrative, operational or programming responsibilities

Evaluating Administrative Inter-Connectedness

“... in CMS’s correspondence with Ohio regarding Consumer Support Services’ group homes, two 4-person group homes on the grounds of a publicly operated ICF/IDD in Clark County, OH, CMS considered the fact that the home did not share management or staff with two other group homes within the same cul-de-sac and specifically noted that the two group homes operated by the same provider had recently modified their service model to add a home manager to each setting location rather than assigning them regionally.”

Promising Practice in March 2019 Guidance

“Decentralize staff structures to promote greater flexibility and encourage staffing focused on individuals’ access to and participation in the broader community rather than centralized insular staff models focused around a specific facility/site.”

Evaluating Administrative Inter-Connectedness



- States should avoid permitting operational inter-connectedness of staff, administration or other aspects of multiple residential settings subject to heightened scrutiny.
- States should ensure separation in administration between institutional and HCBS providers.

Residents Controlling Their Own Schedule

- States should evaluate presumptively institutional settings to ascertain the extent to which individuals are both permitted to set their own schedules *and* the extent to which they actually do set their schedules, including the ability to make modifications without prior notice.
- This should include the right of individuals to participate in individual activities, not just congregate ones.
- States should evaluate and monitor the staffing patterns of settings to ensure that such rights are operationalizable and not only “on paper” due to lack of adequate support

Residentials Controlling Their Own Schedule

“...in New Hampshire’s heightened scrutiny request for the Easter Seals Group Home in Concord, New Hampshire, the state reviewed a year's worth of monthly progress notes for each person receiving services within the setting, later verifying them through interviews with the service-recipient and their support staff and on-site observations of the service setting.”

Residentials Controlling Their Own Schedule

“During the on-site observation, ‘a conversation was observed between a resident and a staff person. The resident said they changed their mind since their conversation at breakfast and didn't want to go shopping, they wanted to go out for coffee instead. The staff suggested doing both activities. The resident said they just wanted to go for coffee. Staff supported their decision.’”

Residentials Controlling Their Own Schedule

”...in Nevada’s review of Highland Manor ALF in Fallon, NV, the state noted that a resident ‘was on her way to the dining room to eat, despite the fact, it appeared lunch was over. Her roommate was sitting in their living room and crocheting, [and] also indicated that they eat whenever they want to and they come and go as they please.’”

Residentials Controlling Their Own Schedule

“...in Oregon’s heightened scrutiny request for several residential treatment homes, the state noted that individuals receiving services had "access to personal resources, including unrestricted use of their individual mobile phones.”

Evaluating Community Integration



- “Reverse Integration” is not sufficient to comply with the Settings Rule.
- States should consider conducting interviews with broader community stakeholders.
- States must ensure settings offer opportunities for interactions with the broader community beyond service-provision personnel and family members.

Evaluating Community Integration

“...CMS did not consider sufficient Montana's attestation that Boulder Meadows Assisted Living Facility met the community integration requirements by encouraging family and friends to participate in activities offered within the Assisted Living Facility.”

Evaluating Community Integration

“...In contrast, CMS approved North Dakota's heightened scrutiny request for Villa De Remer Apartments, a complex on the grounds of a publicly-operated ICF/IID, in part because the buildings had been converted into apartment buildings owned by private landlords and rented by the general public, ‘ensuring that the grounds are no longer used only by individuals with intellectual and developmental disabilities.’”

Documenting Choice of Setting

- Rule requires individuals to have a chance to select their setting from among a variety of setting options, including non-disability specific settings;
- States should require documentation in person-centered plans of specific setting options presented to the individual, including non-disability specific settings, for each type of service received.
- This should be documented *prior to* an individual being referred to a specific provider to assure there were no conflicts in the case management process.

Opportunity to Access CIE



- Rule requires individuals to have the opportunity to work in competitive integrated settings.
- Relevant even for providers not providing employment services.
- Must be documented within the person-centered plan and evaluated through close review of outcomes and interviews.

Choice Regarding Services & Who Provides Them



- To comply with the Rule, a setting must facilitate “individual choice regarding services and supports, and who provides them.”
- Individuals must be able to select both residential and non-residential providers and do so separately if they desire.
- States must evaluate systemic issues to facilitate choice beyond individual providers, such as reimbursement rates.

Choice Regarding Services & Who Provides Them

“In correspondence with the State of New Hampshire, CMS specifically indicates that states must, ‘through ongoing monitoring, ensure that individuals maintain the right to choose their providers and ensure that the selection of a non-residential service provider is not contingent upon selection of an individual's residential service provider.’”

Choice Regarding Services & Who Provides Them



- When a state sees that most of the individuals in a residential setting also rely on the same provider for non-residential services, the state should initiate an evaluation process to ensure undue pressure isn't being applied to select a provider.
- States should monitor compliance by conducting close review of person-centered plans, direct interviews with residents of the setting, notification of service-recipients of their right to select a non-residential service provider separate from their residential service-provider, and data collection.

Right to Visitors at Any Time and Privacy In Unit

- States must document that individuals within a residential setting have the right to visitors at any time even when a facility is locked or outside typical “visiting hours.”
- States must also ensure compliance with the requirement that individuals have privacy in their own unit and that units have lockable doors to which only appropriate staff have keys. CMS has indicated this must be the default, and not just available upon request.
- For co-located settings, states should look closely at specific issues pertaining to how HCBS participants experience their setting and what interactions they have with the institutional setting, especially if any institutional restrictions “cross over” – i.e: curfews, entrance/exit constraints.

Right to Visitors at Any Time and Privacy In Unit

“...in CMS’ review of Nevada’s heightened scrutiny request for the Highland Manor ALF in Fallon, NV, CMS required the state to ‘provide remediation to ensure individuals’ units have lockable doors.’ It is important to note that CMS has indicated that this must be the default and not only made available upon request. CMS did not accept as sufficient statements by residents that they were okay without a locked door or a statement to future tenants and relatives that bedroom doors were not lockable.”

Access to Transportation

- States should require documentation within the person-centered plan that individuals were offered public transportation options for compliance with the Setting Rule.
- States should also specifically evaluate settings considered presumptively institutional to ascertain their capacity to support residents in accessing transportation into the broader community. Settings that cannot accomplish this may not be able to rebut a presumptive institutional nature.
- Providers cannot rely exclusively on family support to address this.

Access to Transportation

“... in reviewing two group home settings submitted by the state Ohio, CMS asked whether ‘public transportation options were offered to all individuals, and clarification (by the state) that all individuals either declined public transportation options or have modifications outlining why public transportation is not a suitable option.’”

Questions

Submit your questions via the Chat



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