



Medicaid's Final Rule for Home and Community Based Setting Requirements

April 13, 2015
Webinar



What we know and what our plans are so far...





The Department's mission is to use the resources and partnerships of Medicaid to improve health care for all North Carolinians.

- One of our core values in this process is collaboration.
- We look forward to implementing a system that will provide choices for receiving services and living in the community.



In our Medicaid reform plan submitted to the General Assembly last year, we outlined our vision for long-term services and supports which included:

- Building a system that promotes beneficiaries' choice, and
- Offering services in a variety of settings.

The draft transition plan that was submitted on March 12th, 2015 puts those things in motion.



North Carolina Has Adopted A Vision

- North Carolina supports serving individuals with disabilities in the least restrictive and most integrated settings possible, based on what is clinically appropriate as defined by the individual's person-centered planning process. Through the planning process, the Department believes that individuals with disabilities should have the opportunity to live in community settings that reflect community values and standards. These settings will vary depending upon individual's preferences and supports needed to live in the community.
- Our planning process to ensure North Carolina's compliance with Centers for Medicare and Medicaid Services (CMS) Home and Community Based Standard rules will actively engage our beneficiary and provider stakeholders. We will create a plan that supports individuals through a person-centered process that builds upon our already existing system and supports providers to ensure compliance with rules. *

*Adopted July, 2014 by the North Carolina Secretary of the Department of Health and Human Services.



The Centers for Medicare and Medicaid Services (CMS) put out a new rule in 2014.



The rule says what a community setting must be like for people getting Medicaid waiver services.



Great
Places to
Work





Three (c) waivers in North Carolina come under this new CMS rule.



- North Carolina Innovations (Innovations)
- Community Alternatives Program for Disabled Adults (CAP/DA) the self directed option - CAP Choice
- Community Alternatives Program for Children (CAP/C)



The specific waiver services under this rule are:

- Innovations
 - Residential Supports
 - Day Supports
 - Supported Employment
- CAP/DA and CAP Choice
 - Adult Day Health
- In NC, no services under CAP/C come under this rule.



What does the rule mean?



People who get Medicaid waiver services and supports must have the same benefits of living in a community as others do.



Community Means:

- where people live;
- where people work; and
- the places people go.



Great
Places to
Work





CMS Criteria:

CMS provides some very specific criteria about what community means:

For General HCBS Criteria it applies to Adult Day Health, Residential Supports, Day Supports and Support Employment.

For Residential HCBS Criteria it applies only to Residential Supports.



General HCBS Criteria

1. The setting is integrated in and supports full access to the greater community (work, live, recreate, and other services). There are opportunities to seek employment and work in integrated settings, engage in community life, and control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.
 - Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large?
 - Can people regularly interact directly with other members of the community who are not paid to do so?



General HCBS Criteria

2. The setting is selected from an array of options that are non-disability specific (includes private room in home)
 - The setting is selected by people from among residential and day options that include generic settings.
 - Do people choose their rooms (if residence) or the area they work in, etc.



General HCBS Criteria

3. Ensures the right to privacy, dignity and respect, and freedom from coercion and restraint.
 - Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?*
 - Do people have a place and opportunity to be by themselves during the day?*
 - Is informed consent obtained PRIOR TO implementation of intrusive medical or behavioral interventions?*
 - For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?*
 - For people using psychotropic medications, is the use based on specific psychiatric diagnoses?*
 - Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?*



General HCBS Criteria

4. Optimizes independent initiative, autonomy, choice making (daily activities, environments, interaction).
 - Do people receive only the level of support needed to make their own decisions?
 - Do people exercise their rights as citizens to: voice their opinions, vote, move about the community, associate with others, practice their religion, access their money, make personal decisions, and other rights that are important to them?
 - Do people choose their daily activities, their schedule, locations of the activities?



General HCBS Criteria

5. Individuals are free and supported to control their own schedules and activities as well as have access to food at all times.
 - Do people choose their daily activities, their schedule, locations of the activities as opposed to being “told” what they are to do?
 - Do people receive support needed to make choices about the kinds of work and activities they prefer?
 - Is there evidence of personal preference assessments to identify the kinds of work and activities people want?
 - Does the individual have a meal at the time and place of their choosing?
 - Are snacks accessible and available at all times?



General HCBS Criteria

6. Facilitates choice regarding services, supports, and providers.
 - Do people select the services/supports that they receive?
(generic community services e.g., barber, restaurant, etc.)
 - Do people select the provider from among an array of options?



General HCBS Criteria

7. The setting is physically accessible to the individual.
-Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?



Residential HCBS Criteria

8. Individuals have privacy in their sleeping or living unit.
 - Can the individual close and lock their bedroom door?*
 - Is the furniture arranged as the individual prefers and does the arrangement assure privacy and comfort?*



Residential HCBS Criteria

9. Property can be rented, owned, or occupied under tenant law or there is a lease agreement with the provider for each participant.
 - Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?*
 - Do people have the same responsibilities that other tenants have under landlord/tenant laws?*



Residential HCBS Criteria

10. Units are lockable by the individual and only necessary staff have keys.

-Each person living in the unit has a key or keys for that unit.

-Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?



Residential HCBS Criteria

11. Individuals sharing units have a choice of roommates in the setting.

-Do people choose their roommates?



Residential HCBS Criteria

12. Individuals are free to furnish and decorate sleeping and living units.

-Does each person pick the decorative items in their own private bedroom?

-Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?



Residential HCBS Criteria

13. Individuals are free to have visitors of their choosing at any time.

-Are people supported in having visitors of their own choosing and to visit others frequently?

-Are people satisfied with the amount of contact they have with their friends?



Communities in North Carolina must be places where ...

- your rights are respected;
- your home is not just in the community; it is part of the community;
- you can lead your life the way you choose, at home and away from home;



- you are side by side with everyone else at work and making a living wage;
- you control personal resources;
- you have a choice about services and supports and who provides these;
- you can be with friends and loved ones;



- you feel safe and are healthy;
- you are treated with the dignity and respect that we all deserve; and
- you are a valued member of the community.



So, how do we get there?

The rule tells us.



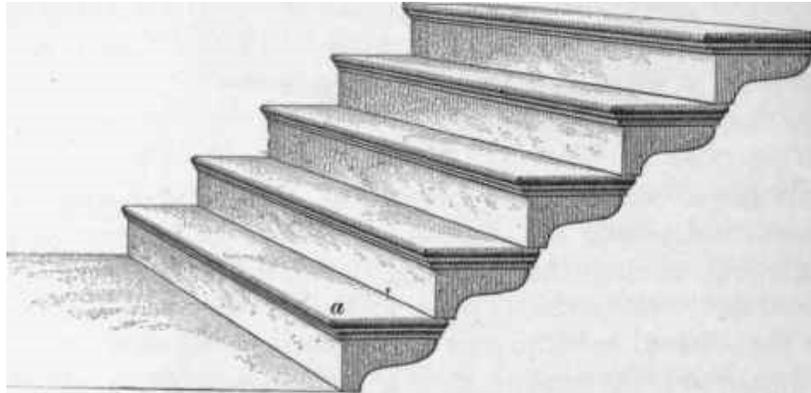
North Carolina submitted a transition plan to



on March 12, 2015.



The Transition Plan will show the steps our state will take



... to give people the kind of life they want.



For our plan to work, we needed help from:

- people who get waiver services and their families;
- people who want waiver services;
- agencies that help with the waivers on behalf of the Division of Medical Assistance (DMA);
- providers; and
- other valued stakeholders.



We asked for that help and the response was by email, by phone and in person. There was no 'wrong door' for feedback.





Where to find us



The NC Department of Health and Human Services website is: <http://www.ncdhhs.gov/hcbs>

The “My Future, My Plan” email address is:
HCBSTransPlan@dhhs.nc.gov





We asked people to ...

- Tell us what matters most to you in this process.
- Share with us what you see as the concerns with this rule/process.
- Tell us how we can be sure as many people know about this as possible.
- Share what you like about the plan/process.



We asked people to ...

- Tell us what needs to change.
- Tell us what needs to stay the same.
- Will there be any negative outcome for you or others?
- Is there anything that will help you better understand the changes?



Next Steps for the State

The State will look at their agreements/contracts with their responsible agencies to see if:

- these agreements help make the plan work, and
- if not, the State will make changes.



More Steps for the State

The State will look at their rules and regulations to see if:

- they help make the plan work, and
- if not, the State will make changes.



Another Step for the State

The Division of Medical Assistance (DMA) will make changes to the waiver policies and will submit waiver changes to CMS.





Next Steps with Providers

- The State will test a provider self assessment tool.
- Providers will look at their services and what the new rule says.
- The tool may be changed to make it better based on the test.
- All providers will be given the tool and trained on how to use it.



More Steps with Providers

- If a provider is not meeting the rule, they will tell the responsible agency how they are going to meet it and by what date.
- The responsible agency will review these plans and decide if the providers' plan will meet what the rule says.
- No matter what, services will continue for people if that is what they choose.



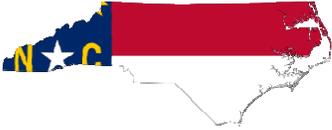
What if ...

a provider chooses not to meet the rule?

- The people they support will be given a choice of another provider.
- Most importantly, services will continue.



Next Steps

- The State  must make sure that the rule is met.



- CMS  must approve the State's Transition Plan.



To learn more, please visit our website at www.ncdhhs.gov/hcbs/ where a list of resources is provided.



- We, the State of North Carolina,  see a new future for improved community access and quality of life for people receiving waiver services.
- We will work with people who use home and community based services, their families, allies and others to become the change.
- Together, we will make this vision real.





Thanks you for taking the time to listen to our Webinar. We look forward to receiving your feedback.

