Practical Steps to Achieve Setting Compliance

California Department of Health Care Services (DHCS)

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PUBLIC CONSULTING GROUP

Solutions that Matter

Introductions

Agenda

Overview of the HCBS Settings Final Rule

Person-Centered Practices

Findings and Strategies

Next Steps

- Remediation

- Heightened Scrutiny Process

- Moving Forward

Questions

Brief Overview of the HCBS Settings Final Rule

Overview of the HCBS Settings Final Rule

To "ensure that individuals receiving services through HCBS programs have **full access to the benefits of community living**"

To "further expand the opportunities for meaningful community integration in support of the goals of the **ADA and the Supreme Court decision in Olmstead**"

Characteristics of HCBS Settings

1. **Integration** and **Access** to the broader community

2. Selected by the **individual** from among settings **options**

3. Ensures **individual rights** of privacy, dignity and respect, and freedom from coercion and restraint;

4. Optimizes **autonomy and independence** in making life choices; and

5**. Facilitates choice** regarding services and who provides them

Characteristics of HCBS Settings – Provider-Owned or Controlled

1. The individual has a **lease** or other legally-enforceable agreement with similar protections

2. The individual has **privacy** in their unit including lockable doors, **choice** of roommates and **freedom** to furnish or decorate the unit;

3. The **individual controls** his/her own schedule including **access** to food at any time;

4. The individual can have **visitors** at any time; and

5. The setting is **physically accessible**.

Which additional resources will your site/agency need to complete remediation and achieve compliance?

Training

Education

Resources

Other

None of the above

What do you see as the biggest barrier to your site achieving overall compliance?

Staffing patterns

Access to Transportation

Education/training/technical assistance

Lack of knowledge on creative/innovative approaches

Understanding of service definitions and expectations

Budget/funding

Co-location/ onsite inpatient treatment

Other

No barriers/concerns

Foundational Beliefs of Person-Centeredness

Person-Centered Practices

Begin with essential questions, such as: "**Who is this person**?" and "**What is important to him/ her**?"

Reflect genuine respect for the **dignity, strengths**, and **individuality** of the person.

Change common patterns of community life, moving beyond community involvement to real **community engagement, integration,** and **natural supports** to assist the individual to achieve personal goals and live his/her desired life.

Challenge practices that separate people and support a person to be as independent as possible and to have the skills to **advocate for themselves**.

Require clarity, courage, and commitment to support individuals in **defining and pursuing a desirable future**.

Implementing Person-Centered Plans

I have a person-centered plan for every individual. What's next?

Ongoing conversation/ communication

- What's working, what isn't working
- Recognize changes
- Support self-advocacy

Staffing

- Ongoing training, guidance and support
- Reassess staffing models
- Access to plans in all settings

Supporting Policies

- Reflective of person-centered practices

Findings and Strategies

Systemic Barriers to Compliance

- Lack of community integration / access
- Lack of true person-centered planning and practices
- Blanket restrictions due to dementia diagnoses
    - Visitors –
        - Sign in/out
        - Hours
        - No overnight visits
    - Access to food
    - Cleaning/laundry
    - Cooking and meal planning
- Institutional appearance
    - Large facilities
    - Medical staff and equipment
    - Locked gates/entries
    - Video surveillance

Community Integration

Findings

Access to community limited

Dignity of risk

Lack of independence

- Alarms
- Staff supervision
- Reliance on family
- Diagnosis-specific needs

Strategies

Community Connections

- Clubs/memberships
- Volunteer opportunities
- Church/religious organizations
- Theaters, arts

Remove blanket restrictions

Choice of Settings

Findings

No discussion of setting options

No access to personal care plans

Strategies

Tours/stays in other setting options

Direct support staff training on and access to person-centered plans

Individual Rights

Findings

Lack of privacy, confidentiality

- Med management
- Personal care activities
- Inability to lock doors
- Storing belongings
- Information on rights and filing grievances

Use of physical or chemical restraints

Strategies

NO BLANKET RESTRICTIONS

Modifications must follow the requirements and be outlined in the ISP

Conduct medication management in private and not during/after meal times in common areas

Would I want to live here?

Rights Council

Autonomy and Independence

Findings

Daily activities

Access to food, dining alone

Visitors and privacy

Lack of education on choices and options

Strategies

Support individuals in completing household tasks

Utilize technology and training techniques to support alone time

Technology, remote monitoring, check-ins

Make sure people have community doctors, hairdressers, churches, etc.

Choice of Services

Findings

Person-centered policies and practices

Lack of understanding of planning meetings

Meaningful choice

Strategies

Train direct support staff on planning process

Support self-advocacy

Invest time in the pre-planning, discovery-get to know the person

Additional Requirements for Provider-Owned and Controlled Settings

Findings

Access to Visitors

- Sign in/sign out sheets
- Strict visiting hours
- No overnight visitors

Restrictions on movement throughout the setting

Informing individuals of rights to housing and when to relocate

Strategies

Person-centered practices

Staff Training

Physical Accessibility

Findings

Limited bathrooms

Accessibility to use doors/move throughout site

Restrictions/barriers to outside

Strategies

Do not restrict bathroom access

Remove unintended barriers

Modifications

- Must be developed through a person-centered planning process
  - **Driven by the individual**
- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at times/locations of convenience to the individual
- Reflects **cultural considerations/ uses plain language**

- Includes strategies for solving disagreements
- **Offers choices** to the individual regarding services and supports the individual receives and from whom
- Provides a method to request updates
- Reflects what is **important to** the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identifies the **strengths, preferences, needs** and **desired outcomes**

Heightened Scrutiny

Of the settings identified for heightened scrutiny, nearly all had institutional qualities and further isolate individuals from the broader community.

- Restricted access to the community based on diagnosis

- Locked/secured entries

- Alarmed doors, windows

- Lack of individualized schedules

- Restrictions on visitors

- Restrictions on access to food, meal choice

Remediation Work Plan Development

Receipt and Overview of Next Steps

Remediation Work Plan Development

- Emails sent November 16, 2020
    - Site report
    - Remediation Work Plan
    - Instructions
- 45 days to submit plan from date of receipt
    - Summary page
    - All items do not need to be implemented by the date the plan is returned
- Technical assistance is available

CA_DHCS_Assessments@pcgus.com
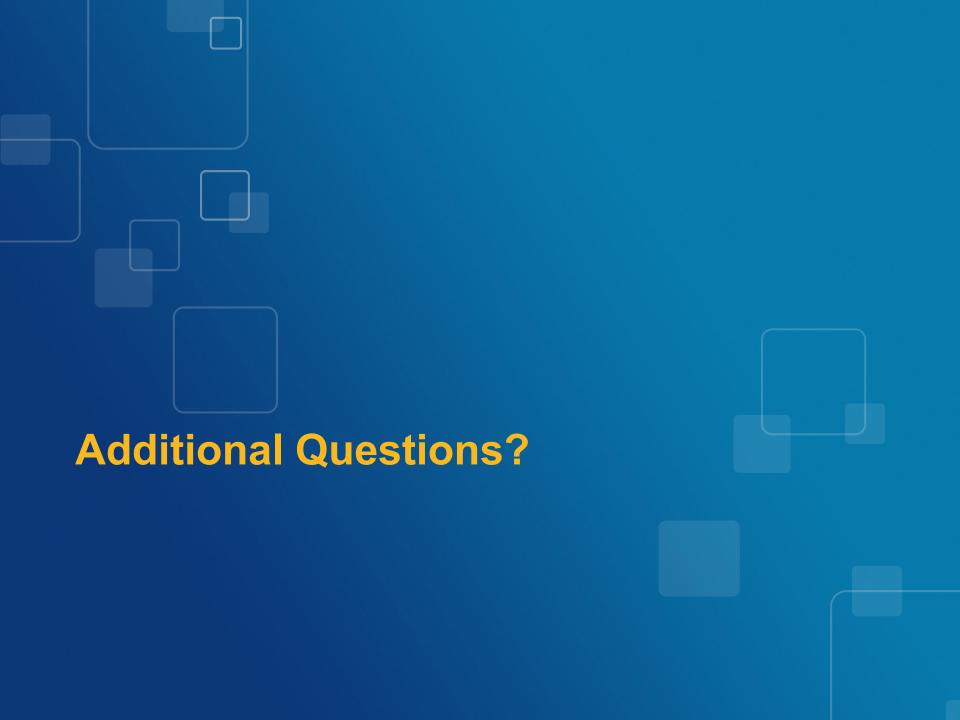
Question and Answer Session

How can we become compliant if we also provide sub acute rehabilitation treatment?

All individuals in our setting have a diagnosis of dementia. How can we individualize services?

Does the HCBS Final Rule requirements apply to everyone in the setting?

We close the kitchen after dinner. How do we address access to food "at all times?"

Additional Questions?

Next Steps

Remediation

Site receives report with compliance determination

Site receives Remediation Work Plan

Site completes work plan

Review and acceptance of plan

Ongoing technical assistance

Contact Us

CA_DHCS_Assessments@pcgus.com