

HCBS Settings Assessment Data Webinar

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Agenda

- Introduction
- Review of HCBS Deadlines
- Global Settings Assessment Data Collection Process
- Review of Global Results
- Provider Data Files
- Frequently Asked Questions and Answers
- State Compliance Action Plan (CAP) requirements
- Provider Compliance Action Plan (CAP)
- Provider Resources
- Heightened Scrutiny
- Q & A

Mid-Webinar Question and Answer

- Use the **IM/Chat box function** (icon at the bottom left of the screen) to submit questions
- Presenters will review and respond to your questions
- There will be more time for Q & A at the end.

Introductory Comments

The Setting Rule stimulates growth in the system within the context of the experience of the individual.

DDSN will be taking time to provide additional draft guidance for standards and policies to provide better clarity for providers. Will seek input from providers to enhance clarity.

Resist perseverating on the wording and extreme scenarios; focus on the intent of the requirements.

HCBS Rule Deadline Extension

- On May 9, CMS extended the deadline for settings to **March 17, 2022***

“in light of the difficult and complex nature of this task, we will extend the transition period for states to demonstrate compliance with the home and community-based settings criteria until March 17, 2022, for settings in which a transition period applies. We anticipate that this additional three years will be helpful to states to ensure compliance activities are collaborative, transparent and timely.”

*CMS (May 9, 2017). *CIB: Extension of Transition Period for Compliance with Home and Community-Based Settings Criteria*. Retrieved from: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib050917.pdf>

South Carolina HCBS Settings

- SCDDSN Residential Settings: Dec. 31, 2018
 - Settings with geographical issues will have until March 17, 2022
 - SCDHHS and SCDDSN will work with providers individually on specific location challenges
- SCDDSN Non-residential Settings: March 17, 2022
 - Want Compliance Action Plans in place by March 17, 2019
 - Allowing more time will allow for better planning by providers
 - Goal is to achieve compliance and avoid heightened scrutiny

Global Assessment Data Collection

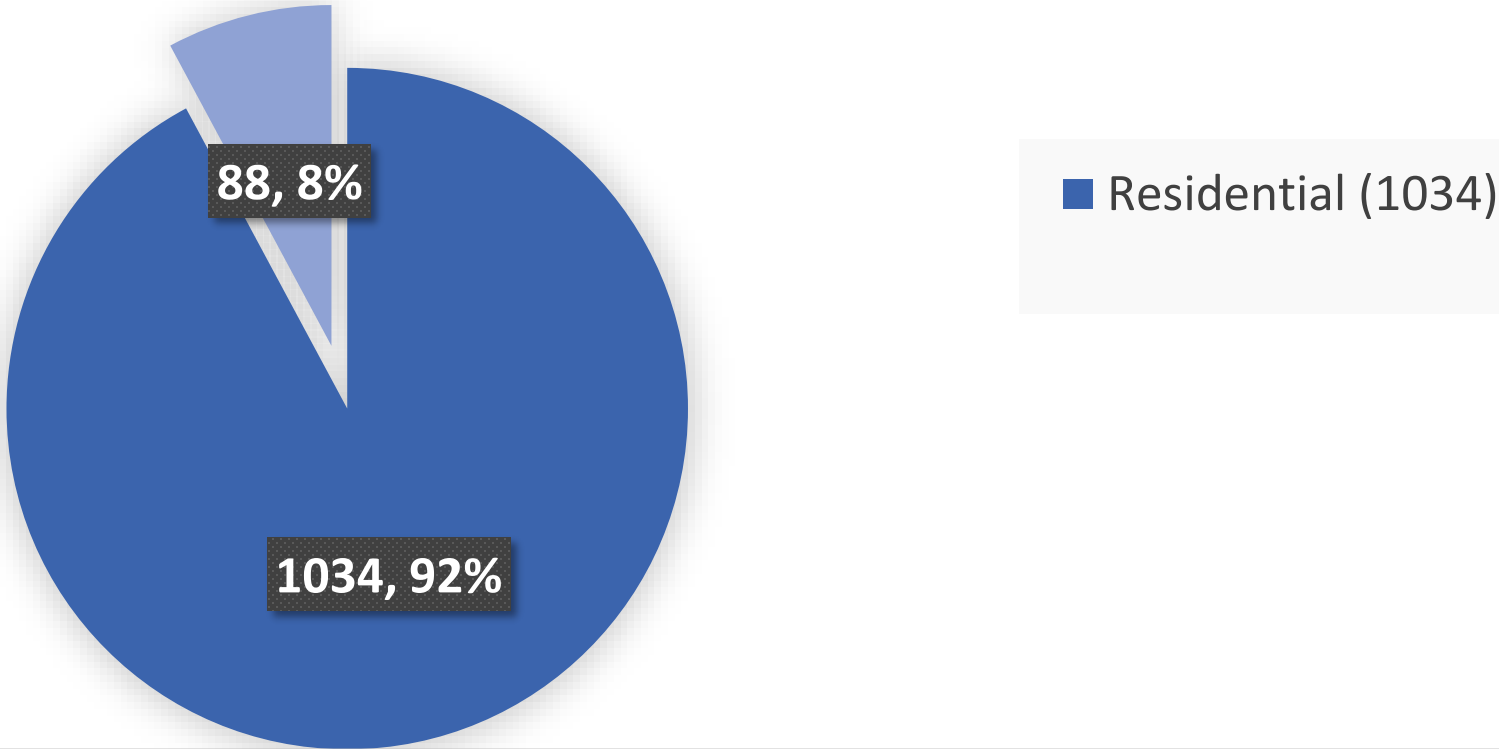
- Method
 - All “yes” answers tabulated per question by setting
 - “N/A” not calculated unless indicated
- Timeframe
- Use of data
 - Informs initial HCBS compliance level
 - Informs categorization of setting into four CMS categories
 - Highlights areas for technical assistance, education, and/or training needed
 - Informs initial need for heightened scrutiny

Global Results Review

- The following slides represent DDSN Provider Compliance in each of the general areas of measurement on the date and time of the PCG On-Site Assessment.
- DHHS and DDSN acknowledge there will be a number of considerations for co-location issues. Providers will receive assistance in addressing the co-location findings.
- Providers will need to focus and/or strengthen efforts related to Autonomy and Independence, Individual Rights, Privacy, Choice of Settings, Choice of Services, and Community Integration.
- DHHS Workgroups have been targeting components of the HCBS Settings Rule over the past 3 years and will continue.
- DDSN has adjusted policy requirements and service standards to be in compliance with HCBS Settings Rule Requirements.

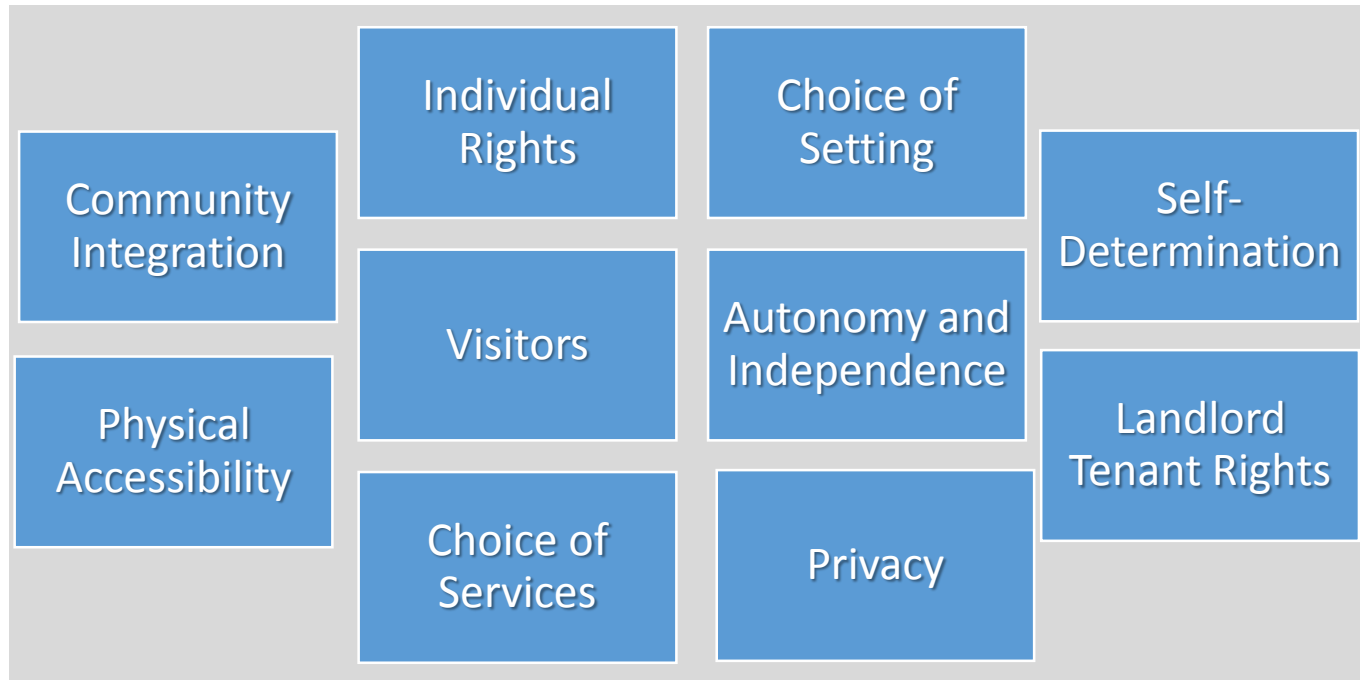
Settings Reviewed by Public Consulting Group

1,122 DDSN Contracted Provider Settings Assessed in 2017



Summary of Findings- Residential

Residential Setting- Areas of Focus



Summary of Findings- Residential

Community Integration

Standard: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:

- opportunities to seek employment and work in competitive integrated settings,
- engage in community life,
- control personal resources, and
- receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.



Summary of Findings- Residential

Community Integration

Summary of Findings:

- ▶ There need to be more opportunities to access the community either on their own or with individual support.
- ▶ The activities scheduled are often provider organized and implemented.
- ▶ Activities are often completed with other waiver participants from the same or other setting and the activity is agency sponsored.
- ▶ People are given allowances and not engaged in money management or budgeting.



Even for SLP Is surveyed,
only 58% of people surveyed indicated they had access to and
control over their own money.

Summary of Findings- Residential

SCDDSN Contracted Provider HCBS Assessment Data 2017- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Community Integration	A1	The location is free from a surrounding high wall, fence, closed gate, or locked	89.80%	91.30%	90.74%	91.23%	98.21%
	A2	The setting is free from locked doors, gates, or other barriers which inhibit entry to or egress from the location	85.71%	92.03%	90.46%	89.47%	98.21%
	A3	The setting is located among other private residences, businesses, and/or community resources	91.84%	94.20%	92.78%	91.23%	96.43%
	A4	The setting is not on the grounds of, nor adjacent to, either a public institution or building where inpatient institutional treatment is provided. (A public institution is an inpatient facility that is financed and operated by a county, state, municipality	91.84%	94.20%	93.46%	91.23%	96.43%
	B1	Waiver participants participate in outings with their housemates.	91.84%	93.48%	93.05%	87.72%	100.00%
	B2	Waiver participants run errands independent of their housemates.	83.67%	85.51%	77.11%	89.47%	94.64%
	B3	Waiver participants go on outings with family members	93.88%	83.33%	92.92%	91.23%	100.00%
	B4	Waiver participants participate in outings with friends, or other people important to	93.88%	84.78%	92.78%	91.23%	100.00%
	B5	Waiver participants access the community through planned events with their residential provider.	93.88%	87.68%	92.92%	91.23%	94.64%
	B6	Group and individual activities are planned with input from the waiver participants rather than chosen by staff.	87.76%	89.86%	90.46%	91.23%	94.64%
	C1	Waiver participants have access to and control over their own money.	30.61%	29.71%	33.38%	57.89%	57.14%
	W1	Do you go to community events to do things you like to do? Waiver participants have access to the community through planned events with their residential provider.	61.22%	51.45%	74.25%	85.96%	85.71%
	W2	Do you go on errands (drug store, shopping for clothing, etc.) in the community? Who do you go with? Do you have to do errands with everyone in the house?	51.02%	49.28%	57.49%	80.70%	64.29%

Summary of Findings- Residential

Choice of Setting

Standard: The setting is selected by the waiver participant from among setting options including:

- non-disability specific settings and
- an option for a private unit in a residential setting



The setting options are identified and documented in the person-centered service plan and are based on the waiver participants' needs and preferences.

- ▶ The choice of setting is often limited to a specific setting that is available at the time the person needs to move.
- ▶ The majority of waiver participants expressed that they were not listened to when expressing their choice of setting and/or desire to move.



Summary of Findings- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations			CRCF	CTH I	CTH II	SLP I	SLP II
*Orange shading indicates questions for people supported by the agencies.			PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule
**Highlighted questions resulted in a positive response rate of less than 85%.							
Choice of Setting	A1	The waiver participant is provided options when choosing the setting, including non-disability specific settings	79.59%	73.19%	74.11%	77.19%	83.93%
	A2	Waiver participants have the option for a private bedroom.	67.35%	89.86%	92.37%	91.23%	100.00%
	A3	Waiver participants who share bedrooms have a choice of roommates.	36.73%	23.19%	17.30%	56.14%	37.50%
	A4	Waiver participants can decorate their bedrooms in the manner of their choosing.	93.88%	87.68%	89.78%	77.19%	96.43%
W1	Did you choose this house or apartment? Was there another place you wanted to live? The waiver participant was provided options when choosing the setting, including non-disability specific settings.	59.18%	42.03%	61.04%	66.67%	69.64%	
W2	Did you get to choose to have a private bedroom? Waiver participants have the option for a private bedroom.	36.73%	54.35%	82.02%	89.47%	94.64%	

Summary of Findings- Residential

Individual Rights

Standard: Ensures an individual's rights of

- privacy,
- dignity and respect, and
- freedom from coercion and restraint.



Summary of Findings:

- ▲ Most Waiver participants receive rights training at least once per month.
- ▶ Waiver participants expressed frustration that their concerns are often not addressed.
- ▶ Medication administration is often not done privately.
- ▶ Weekend medication administration schedule is often not modified for participant's flexibility to sleep in.

Summary of Findings- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Individual Rights	A1	Waiver participants are informed of their rights.	77.55%	89.13%	83.24%	91.23%	98.21%
	A2	Rights information is posted in an area easily accessible to the waiver participant.	89.80%	38.41%	72.34%	54.39%	60.71%
	A3	Waiver participants are informed of the process for filing grievances or	91.84%	86.96%	90.05%	91.23%	100.00%
	A4	Waiver participants freely express complaints without fear of staff imposed consequences.	85.71%	91.30%	90.74%	91.23%	100.00%
	A5	The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas and visible to residents.	44.90%	87.68%	47.68%	91.23%	94.64%
	B1	Waiver participant's health information is only discussed with those authorized by the waiver participant.	91.84%	91.30%	91.01%	91.23%	100.00%
	B2	Health information is stored in a central, secure location which is only accessible to professional staff.	93.88%	91.30%	86.24%	89.47%	94.64%
	B3	Waiver participant's schedules for PT, OT, medications, restricted diet, etc. are kept private.	89.80%	92.75%	84.60%	87.72%	91.07%
	B4	Health related and personal care activities (ex: blood pressure readings, medication administration, personal hygiene, etc.), including discussions of health, are conducted in private locations.	87.76%	65.22%	65.12%	91.23%	91.07%
	C1	The setting provides a secure place for waiver participants to store personal belongings.	79.59%	86.23%	88.83%	89.47%	100.00%
	C2	Individuals are afforded privacy in receipt and sending of mail.	91.84%	90.58%	88.56%	91.23%	96.43%
	C3	Individuals are afforded privacy in receipt and making of phone calls.	83.67%	89.86%	83.51%	91.23%	98.21%
	D1	The setting prohibits the use of un-authorized restraining interventions such as seclusion, physical restraints, chemical restraints, or locked doors.	85.71%	91.30%	90.05%	91.23%	100.00%

Summary of Findings- Residential

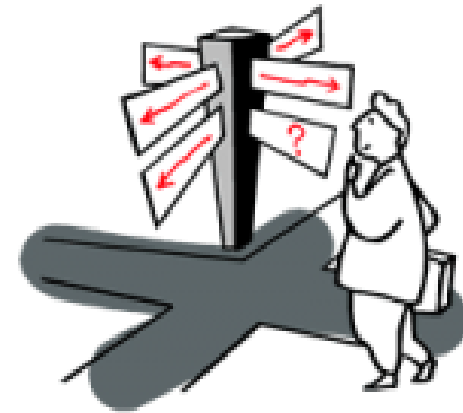
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		*Orange shading indicates questions for people supported by the agencies.					
		**Highlighted questions resulted in a positive response rate of less than 85%.					
Individual Rights	W1	Do the people who work here treat you nicely? If someone is unkind do you know who to tell? Does someone help you? Waiver participants are informed of their rights.	67.35%	51.45%	76.16%	78.95%	78.57%
	W2	If you tell someone that you are unhappy with the staff do you feel safe? Does anyone question you about what you said? Staff do not retaliate or impose consequences on waiver participants in response to complaints.	63.27%	50.00%	71.39%	77.19%	83.93%
	W3	Has anyone given you a telephone number you can call if you have a problem? Do you know what to do if you have a problem? Waiver participants are informed of the process for filing grievances or	48.98%	44.20%	58.31%	77.19%	60.71%
	W4	Are you able to use the phone? Do you get your own mail? Individuals are afforded privacy in receipt and sending of mail/phone calls.	53.06%	50.00%	68.12%	84.21%	85.71%
	W5	Are you able to keep things that are important to you /valuable (such as photos, or mementos) to you safe or locked up? The setting provides a secure place for waiver participants to store personal belongings.	53.06%	44.20%	67.98%	87.72%	91.07%

Summary of Findings- Residential

Autonomy and Independence

Standard: Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to

- daily activities,
- physical environment, and
- with whom to interact.



Summary of Findings:

- ▶ Staff primarily do cooking and grocery shopping.
- ▲ Waiver participants do cleaning and chores.
- ▶ Choice of meal times is often limited.
- ▲ Bedtimes are flexible but people often go to their rooms early.



Summary of Findings- Residential

Autonomy and Independence

Summary of Findings (continued):

- ▶ Waiver participants often expressed that staff often say one thing, and do another (choices around menus, activities).
- ▶ The activities in residential settings are often group-based and staff determine activities with little or no input from waiver participants.
- ▶ In residential settings, staff complete tasks *for* waiver participants rather than *with* waiver participants.



Summary of Findings- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations *Orange shading indicates questions for people supported by the agencies. **Highlighted questions resulted in a positive response rate of less than 85%.		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Autonomy and Independence	A1	Waiver participants choose their own personal activities and create their own activities schedule based on their individual interests and preferences.	91.84%	92.03%	91.42%	91.23%	98.21%
	A2	Waiver participants are provided the flexibility to remain at home during the day rather than being required to participate in day programs or employment.	87.76%	85.51%	80.93%	91.23%	96.43%
	A3	Waiver participants participate in meal preparation, meal planning, and shopping for ingredients.	46.94%	73.91%	60.90%	91.23%	96.43%
	A4	Waiver participants participate in laundry, cleaning, and household chores.	81.63%	80.43%	89.78%	91.23%	100.00%
	B1	Waiver participants have reasonable flexibility with wake-up times that ensure they are ready for scheduled activities (such as transportation to work).	83.67%	92.03%	79.56%	91.23%	96.43%
	C1	Waiver participants choose what time they go to their rooms or to bed each	93.88%	81.88%	90.74%	91.23%	96.43%
	W1	Do you make decisions about what you do, when and where you go and who you see? Waiver participants are encouraged to create their own personal activities schedule/initiate and create activities of their choice/go on outings with people important to them.	61.22%	47.10%	70.16%	85.96%	85.71%
	W2	Do you help plan the meals you eat (breakfast, lunch, dinner)? Are you able to eat what you want to eat? Waiver participants are provided opportunities to participate in meal planning.	44.90%	43.48%	55.99%	89.47%	87.50%
	W3	Do you get to eat at the time you want? Are you able to eat where you want and with whom you want (i.e. in a place other than the dining room or kitchen)? Do you always have to sit by the same person? Waiver participants can eat wherever they would like	40.82%	41.30%	47.14%	85.96%	78.57%
	W4	Do you go grocery shopping? Do you help cook the meals you eat? Waiver participants are provided opportunities to participate in meal planning and shopping for the necessary items/meal preparation.	28.57%	41.30%	47.82%	85.96%	83.93%
	W5	Do you have to go to bed at a certain time? Wake up at a certain time? Waiver participants do not have to go to their rooms or bed at a specific time each evening/ reasonable flexibility wake up times.	42.86%	34.78%	51.23%	73.68%	57.14%

Summary of Findings- Residential

Choice of Services

Standard: Facilitates individuals choice regarding services and supports, and who provides them.



Summary of Findings:

- ▶ Many waiver participants expressed that they had no idea about the service planning process or the actual service plan document.
- ▶ Many of the people supported were often not familiar with the service plan (or the process) so they could not comment on the use of, or choice in a facilitator.
- ▲ ...but also added they were okay with it once they were there.

Summary of Findings- Residential

Landlord Tenant Rights



Standard: The unit or dwelling is a specific physical place:

- that can be owned, rented, or occupied
- under a legally enforceable agreement by the waiver participant, and
- the waiver participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of South Carolina.

Summary of Findings:

- ▶ About 26% of residential settings are non-compliant with the requirement for a lease.
(PCG did not review the content of the lease for compliance with landlord-tenant laws in South Carolina).

Summary of Findings- Residential

		Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations					
		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
		<i>*Orange shading indicates questions for people supported by the agencies.</i>					
		<i>**Highlighted questions resulted in a positive response rate of less than 85%.</i>					
Choice of Services	A1	Waiver participants and their representatives participate in their planning	93.88%	84.78%	91.69%	91.23%	98.21%
	A2	Participants are offered the option of having a facilitator for service planning.	79.59%	71.01%	76.16%	64.91%	83.93%
	W1	Who comes to your service planning meetings? Do you go to the planning meeting? Who else comes to your meeting (family, friends, others)? Waiver participants and their representatives are offered and encouraged to participate in their planning meetings.	51.02%	40.58%	61.58%	70.18%	58.93%
	W2	Do you get to decide on who is invited to your planning meeting? Waiver participants communicated that they have the ability to select those invited to the planning meeting.	48.98%	36.23%	55.59%	64.91%	53.57%
	W3	Do you think you are listened to during the meeting? Does your service plan include things that are important to you? Waiver participants communicated that their input is reflected in the service plan.	44.90%	38.41%	60.35%	75.44%	64.29%
	W4	If you later wanted to change some of your services what would you do? Who would you talk to? Waiver participants communicated that they are aware of how to request changes to their current services.	55.10%	41.30%	63.35%	78.95%	66.07%
Landlord Tenant Rights	A1	Each waiver participant living in the setting has a legally enforceable lease.	85.71%	36.23%	68.94%	75.44%	80.36%
	A2	If CTH I only, each waiver participant in the setting has a residential agreement.	0.00%	55.80%	0.00%	0.00%	0.00%

Summary of Findings- Residential

Privacy

Standard: Units have entrance doors lockable by the waiver participant, with only appropriate staff having keys to doors.



Summary of Findings:

- ▶ Line of sight supervision is most prevalent.
- ▶ Safety and protection drive the amount of independence/control a person has.
- ▶ Less than half of the people surveyed in CRCFs, CTH Is, and CTH IIs reported that they have a key to their homes and their rooms.

Summary of Findings- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations <i>*Orange shading indicates questions for people supported by the agencies. **Highlighted questions resulted in a positive response rate of less than 85%.</i>		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Privacy	A1	Waiver participants have keys to their rooms, unless otherwise specified in the waiver participant's plan.	30.61%	23.19%	50.95%	77.19%	85.71%
	A2	Waiver participants have keys to the home/apartment, unless otherwise specified	28.57%	36.23%	43.73%	91.23%	98.21%
	A3	Waiver participants can lock the bathroom door, unless otherwise specified in the waiver participant's plan.	51.02%	81.88%	80.38%	89.47%	98.21%
	B1	Waiver participants can go inside, outside, and to all common areas of the home at their choosing.	81.63%	86.96%	87.19%	89.47%	100.00%
	W1	Do you have a key to your home? Waiver participants have keys to the home/apartment, unless specified in the waiver participant's plan.	26.53%	29.71%	31.47%	87.72%	85.71%
	W1	Can you close and lock your bedroom door? Do you have a key to your bedroom? Waiver participants have keys to their rooms/homes unless specified in the waiver	26.53%	29.71%	42.64%	71.93%	75.00%
	W3	Can you close and lock your bathroom door?	40.82%	44.93%	59.67%	82.46%	83.93%

Summary of Findings- Residential

Self-Determination

Standard: Waiver participants have the freedom and support to control their own schedules and activities, and have access to food at any time.

Summary of Findings:

- ▶ About 90% of Waiver participants in CRCFs, CTH Is and CTH IIs reported that they have the flexibility to eat meals at the time of their own choosing.
- ▶ About 80% of Waiver participants in CRCFs, CTH Is and CTH IIs reported they have access to food items throughout the day without requesting these items from staff.
- ▶ Access to money -individuals have allowances versus personal budgets. Training and support to develop money management skills is limited.
- ▲ Issuance of keys and lease agreements appeared to be a very recent development.



Summary of Findings- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Self-Determination	A1	Waiver participants have the flexibility to eat meals at the time of their own choosing.	89.80%	91.30%	91.55%	91.23%	98.21%
	A2	Waiver participants are able to dine in the location of their own choosing (without additional charges or advance notification to staff).	69.39%	64.49%	72.89%	91.23%	100.00%
	A3	Waiver participants can eat wherever they would like and are not assigned a specific seat for dining.	89.80%	92.03%	91.69%	91.23%	98.21%
	A4	Waiver participants have access to food items throughout the day without requesting these items from staff.	57.14%	83.33%	78.88%	91.23%	96.43%
	W1	When other people in the house go out to do an activity or to run an errand, do you have to go? Waiver participants do not always go on or attend all the same outings together/ run errands at the same time.	26.53%	31.88%	38.96%	64.91%	48.21%
	W2	Do you get to help decide what activities you get to do or restaurants you go to? Group and individual activities are planned with input from the waiver participants rather than chosen by staff.	55.10%	46.38%	69.48%	85.96%	87.50%
	A1	Visitors may enter the residence without signing in or out.	57.14%	93.48%	67.30%	91.23%	75.00%

Summary of Findings- Residential

Visitors

Standard: Waiver participants are able to have visitors of their choosing at any time.

Summary of Findings:

- ▶ Further discussion is needed on the permissibility of overnight visitors: same sex and opposite sex.
- ▶ Sign in/out sheets are seen as a protection to the people living in the setting, but adds an institutional quality to the home.



Summary of Findings- Residential

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		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Visitors	A2	Waiver participants can have people over at any time they choose.	83.67%	80.43%	87.74%	87.72%	92.86%
	A3	Waiver participants have a private place to meet their visitors.	91.84%	91.30%	91.96%	91.23%	100.00%
	A4	Waiver participants can have visitors stay over-night.	22.45%	52.90%	45.91%	80.70%	85.71%
	A5	Visitors may make unscheduled or unannounced visits.	89.80%	74.64%	90.74%	89.47%	94.64%
	A6	Waiver participants have a method to allow guests to enter the location without the assistance of staff.	75.51%	65.94%	81.34%	91.23%	98.21%
	W1	Can you have visitors come to the house whenever you want? Waiver participants can have people over at any time they choose.	59.18%	44.93%	69.21%	80.70%	76.79%
	W2	Are you able to let your visitors in the house? Waiver participants have a method to allow guests to enter the location without the assistance of staff.	38.78%	39.13%	56.40%	85.96%	76.79%
W3	Do you have to tell anyone or ask anyone before having someone over? Waiver participants do not need to give advanced notice when a visitor is coming.	20.41%	24.64%	34.33%	54.39%	33.93%	
W4	Can you have someone stay the night if you want? Waiver participants can have visitors stay over-night.	18.37%	21.01%	20.44%	59.65%	48.21%	

Summary of Findings- Residential

Physical Accessibility

Standard: The setting is physically accessible to the individual.

Summary of Findings:

- ▶ Development of communication approaches for people with limited or no communication skills and the use of technology to assist them is needed.
- ▶ Some physical barriers exist for people with mobility limitations.
- ▶ Assistive Devices other than for physical accessibility are not commonly used.

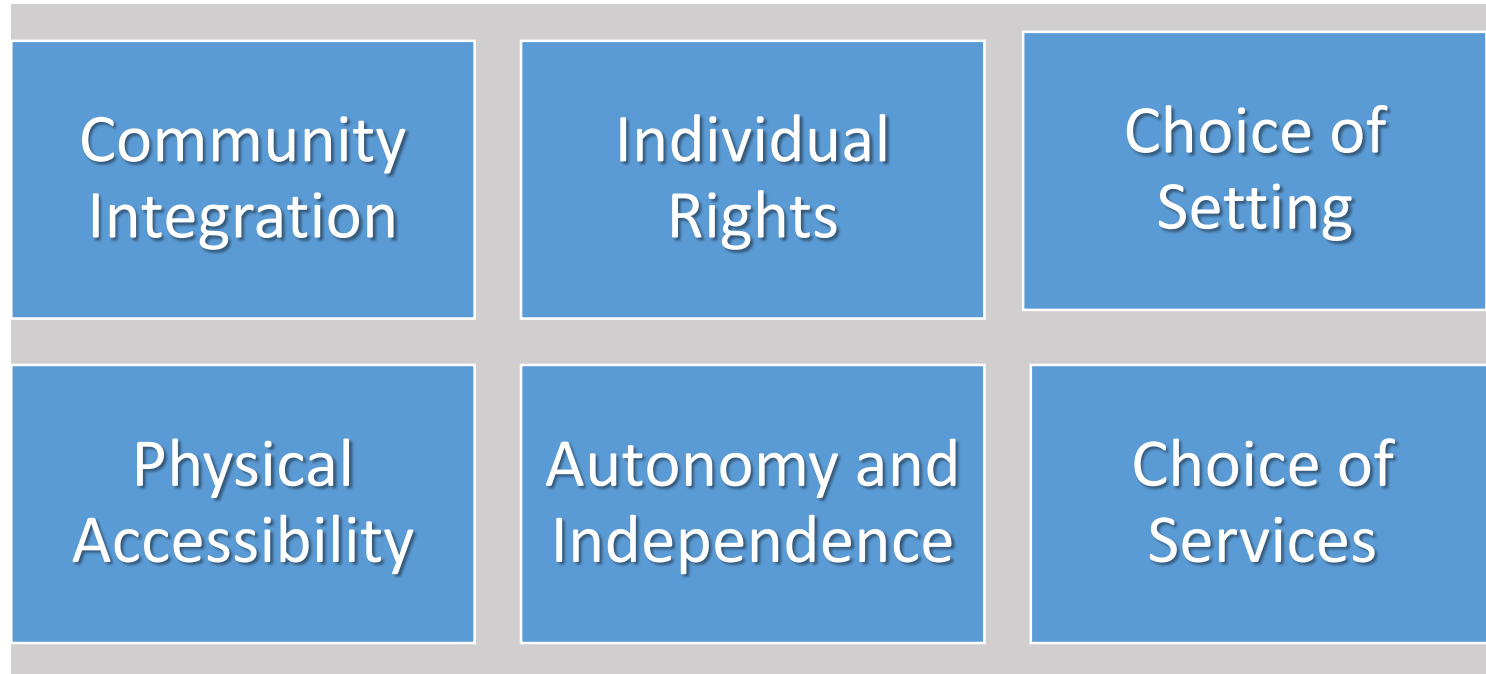


Summary of Findings- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations *Orange shading indicates questions for people supported by the agencies. **Highlighted questions resulted in a positive response rate of less than 85%.			CRCF	CTH I	CTH II	SLP I	SLP II
			PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule
Physical Accessibility	A1	The setting is physically accessible for waiver participants who have a physical disability (i.e. a ramp is in place if a resident uses a wheelchair).	93.88%	90.58%	90.60%	91.23%	100.00%
	A2	All waiver participants have access to all common areas of the house (i.e. there are not stairs in a home that a resident in a wheelchair cannot use thus keeping them out of a portion of the home).	93.88%	92.75%	91.83%	91.23%	100.00%
	A3	The site is free from gates, or other barriers preventing waiver participants entrance to and exit from all areas of the setting.	93.88%	92.03%	91.42%	91.23%	98.21%
	A4	Assistive devices (e.g. sight and hearing impairment devices) are available for waiver participants who require them to move or access the setting	93.88%	92.75%	91.28%	91.23%	98.21%

Summary of Findings- Non-Residential

Non-Residential Areas of Focus



Summary of Findings- Non-Residential

Community Integration

Standard: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:
opportunities to seek employment and work in competitive integrated settings,

- engage in community life,
- control personal resources, and
- receive services in the community,
- to the same degree of access as individuals not receiving Medicaid HCBS.



Summary of Findings:

- ▲ Most people are engaged in volunteer or non-paid work.
- ▲ Some programs have people out in the community each day
- ▶ ...but most do not

Summary of Findings- Non-Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

		PERCENT meeting HCBS Rule	
Community Integration	A1	The location is free from a surrounding high wall, fence, closed gate, or locked gate	87.50%
	A2	The setting is free from locked doors, gates, or other barriers which inhibit entry to or egress from the location	84.09%
	A3	The setting is located among other private residences, businesses, and/or community resources	89.77%
	A4	The setting is not on the grounds of, nor adjacent to, either a public institution or building where inpatient institutional treatment is provided. (A public institution is an inpatient facility that is financed and operated by a county, state, municipal	92.05%
	A5	This location is the only setting operated by the provider in the immediate area.	52.27%
	A6	This location is the only setting of its type located in the immediate area	67.05%
	A7	The setting is located separately from a sheltered workshop or other employment setting. (Co-location refers to being on the same grounds, within the same building of, or sharing common spaces)	45.45%
	B1	Community resources outside of the setting are utilized to provide services to waiver participants	90.91%
	B2	Waiver participants spend the majority of their daytime hours involved in activities of their choice that include opportunities to participate in the community per their interests and preferences.	90.91%
	B3	In non-employment setting, the program provides waiver participants with opportunities for typical meaningful non-work activities in integrated community settings (i.e. volunteering in the community such as at an animal shelter)	57.95%
	B4	If an employment setting, waiver participants have the opportunity to participate in determining his/her work schedule, break and lunch times, including leave (vacation/sick time) and receipt of medical benefits with his/her employer	47.73%
	C1	Waiver participants have access to and control over their own money	78.41%
	W1	What do you like to do during the day here? Do you choose what you want to do while you are here? Waiver participants spend the majority of their daytime hours involved in activities of their choice that include opportunities to participate in the community.	82.95%
	W2	Do you go into the community from here? What do you do there? The program provides waiver participants with opportunities for typical meaningful non-work activities in integrated community settings (i.e. volunteering in the community based on individual	73.86%
	W3	Are you allowed to bring and keep your own money? Waiver participants have access to and control over their own money.	78.41%

Summary of Findings- Non-Residential

Choice of Setting

Standard: The setting is selected by the waiver participant from among setting options including:

- non-disability specific settings and
- an option for a private unit in a residential setting



The setting options are identified and documented in the person-centered service plan and are based on the waiver participants' needs and preferences.

Summary of Findings:

- ▶ Discussions on employment seem to be just starting, not everyone knew a job was an option.
- ▶ Those that are employed are often only employed for a few hours a week.

Summary of Findings- Non Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

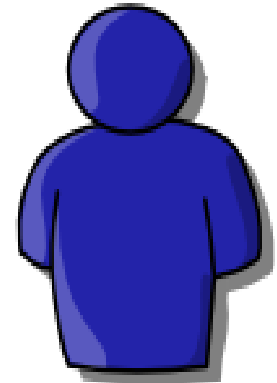
		PERCENT meeting HCBS Rule	
Choice of Setting	A1	The waiver participant was provided options when choosing the setting, including non-disability specific settings	92.05%
	A2	The program offers employment options outside of employment services offered at the setting (i.e. the provider has options for waiver participants to obtain employment in the community)	78.41%
	A3	Waiver participants have a choice to participate in individual and/or group employment opportunities and to work in integrated public settings. (i.e. the waiver participant can choose the type of work setting.)	82.95%
	B1	The program provides services to individuals not receiving HCBS services (state funded services are acceptable)	87.50%
	B2	Waiver participants and non-waiver participants are integrated within the setting.	89.77%
	B3	The program provides waiver participants the ability to interact with non-waiver participants, excluding paid staff and/or volunteers	82.95%
	W1	Do you want to have a job? Do the staff help you find a job? Waiver participants have a choice to participate in employment opportunities (individual and/or group) and work in integrated public settings.	76.14%

Summary of Findings- Non-Residential

Individual Rights

Standard: Ensures an individual's rights of

- privacy,
- dignity and respect, and
- freedom from coercion and restraint.



Summary of Findings:

- ▲ People were encouraged to resolve concerns informally.
- ▶ Storage for personal belongings brought to the non-residential settings were often only coat racks or open cubbies for storage.
- ▶ Valuables were kept by staff if needed.
- ▶ Some non-residential settings had specific locations dedicated as Medication Rooms or Sick Rooms

Summary of Findings- Non-Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations			PERCENT
*Orange shading indicates questions for people supported by the agencies.			meeting
**Highlighted questions resulted in a positive response rate of less than 85%.			HCBS Rule
Individual's Rights	A1	Waiver participants are informed of their rights	94.32%
	A2	Rights information is posted in an area easily accessible to the waiver participant.	84.09%
	A3	Waiver participants are informed of the process for filing grievances or complaints.	92.05%
	A4	Waiver participants freely express complaints without fear of staff imposed consequences.	90.91%
	B1	Waiver participant's health information is only discussed with those authorized by the waiver participant.	89.77%
	B2	Health information is stored in a central, secure location which is only accessible to professional staff.	92.05%
	B3	Waiver participant's schedules for PT, OT, medications, restricted diet, etc. are kept private.	90.91%
	B4	Health related and personal care activities (ex: blood pressure readings, medication administration, personal hygiene, etc.), including discussions of health, are conducted in private locations	80.68%
	C1	The setting provides a secure place for waiver participants to store personal belongings	75.00%
	C2	Waiver participants are allowed to use private mobile devices as appropriate AND allowed privacy to do so during personal time or emergencies	92.05%
	D1	The setting prohibits the use of un-authorized restrictive interventions and restraints interventions such as seclusion, physical or mechanical restraints, chemical restraints, or locked doors.	85.23%
	W1	If you were unhappy here, who would you tell? Waiver participants are informed of their rights.	89.77%
	W2	Are you able to make a complaint if you are not happy? How do you do this? Does someone help you? Staff do not retaliate or impose consequences on waiver participants in response to complaints.	80.68%
	W3	Is there a telephone number you can call if you have a problem? Waiver participants are informed of the process for filing grievances or complaints.	64.77%

Summary of Findings- Non-Residential

Autonomy and Independence

Standard: Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to

- daily activities,
- physical environment, and
- with whom to interact.



Summary of Findings:

- ▶ Indoor and outdoor common use areas are often available, but 67% of people surveyed believe they must spend their break time in a lunch room.
- ▶ People often spend the majority of their day with the same group of people.
- ▶ 42% of day service settings assign people to a group and a room and that is where they stay while in the setting.
- ▶ Access to individualized activities was limited.
- ▶ People in the setting may move from one group activity to another and may work with different staff throughout the day.



Summary of Findings- Non-Residential

<i>Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations</i>			PERCENT
<i>*Orange shading indicates questions for people supported by the agencies.</i>			meeting
<i>**Highlighted questions resulted in a positive response rate of less than 85%.</i>			HCBS Rule
Autonomy and Independence	A1	Waiver participants are encouraged to choose their own personal activities and create their own activities schedule based on their individual interests and preferences	92.05%
	A2	The program provides a variety of meaningful non-work activities that are responsive to the goals, interests, and needs of the waiver participants.	92.05%
	A1	If work is completed or unavailable, the waiver participant is engaged in meaningful non-work activities that are responsive to the goals, interests, and needs of the waiver participant.	89.77%
	A2	The program provides for large group activities as well as solitary activities.	95.45%
	A3	The program provides for stimulating as well as calming activities	87.50%
	B1	The program provides indoor and outdoor gathering spaces for the waiver participants	92.05%
	B2	The program allows waiver participants the freedom to move about inside and outside of the setting.	90.91%
	B3	Waiver participants may move about the setting freely.	88.64%
	B4	Waiver participants are involved in activities and work with various people throughout the day.	80.68%
	W1	If you want to do an activity that is not on the schedule, are you able to do so? Waiver participants are encouraged to initiate and create activities of their choice/create schedule.	72.73%
	W2	If you want to do an activity by yourself instead of with a group, could you? The program provides for large group activities as well as solitary activities.	69.32%
	W3	Do you have to stay in the same room all day? Waiver participants are not restricted to the same room for the majority of or all of the day.	51.14%
	W4	Do you have to stay with the same people all day? Sit in the same seat? Waiver participants are not assigned to be with the same group of people throughout the day.	40.91%
	W5	Are you able to go outside if you want to? The program provides indoor and outdoor gathering spaces for the waiver participants.	67.05%

Summary of Findings- Non-Residential

Choice of Services

Standard: Facilitates individuals choice regarding services and supports, and who provides them.



Summary of Findings:

People expressed that they thought they were listened to by staff.

Unlike in the residential settings, people seemed to be more familiar with the service planning that took place in the non-residential setting and the facilitator concept.

Summary of Findings- Non-Residential

Physical Accessibility

Standard: The setting is physically accessible to the individual.

Summary of Findings:

Use of assistive devices in non-residential settings was more prevalent.



Summary of Findings- Non-Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations			PERCENT
*Orange shading indicates questions for people supported by the agencies.			meeting
**Highlighted questions resulted in a positive response rate of less than 85%.			HCBS Rule
Choice of Services	A1	Waiver participants and their representatives are offered and encouraged to participate in their planning meetings	93.18%
	A2	Participants are offered the option of having a facilitator for service planning	81.82%
	W1	Who comes to your service planning meetings? Do you attend the meeting? Waiver participants and their representatives are offered and encouraged to participate in their planning meetings.	76.14%
	W2	Do you get to choose who is invited? Waiver participants communicated that they have the ability to select those invited to the planning meeting.	77.27%
	W3	Do you feel everyone listens to what you have to say during the meeting? Waiver participants communicated that their input is reflected in the service plan.	78.41%
	W4	If you later wanted to change some of your services what would you do? Waiver participants communicated that they are aware of how to request changes to their current services.	78.41%
	Physical Accessibility	A1	The setting is physically accessible for waiver participants who have a physical disability (i.e. a ramp is in place if a resident uses a wheelchair)
A2		The site is free from gates, or other barriers preventing waiver participants? entrance to and exit from all areas of the setting	92.05%
A3		Assistive devices (e.g. sight and hearing impairment devices) are available for waiver participants who require them to move or access the setting	89.77%

Observations from On-site Assessment:

Observations From Interviews with Provider Staff in both Residential and Non-Residential Settings:

Areas of Note

Some settings were very innovative and focused on community integration.

In the interviews conducted, PCG also identified some specific areas where opportunities exist for improvement.

Observations from On-site Assessment:

- **Staff** who participated in the interviews were mostly well prepared and had some familiarity with the questions that were asked. Due to limited time working at the setting, some had very limited knowledge of the setting's practices. In the CTH I model, the home provider often stated that the setting was their home and the waiver participant followed their rules, and expectations.
- **Staff** often do not use person first/respectful language-staff and may be as supportive as they should toward the waiver participants, People are often referred to as “residents” or identified as “low functioning, severe” and staff refer to themselves as caregivers, not support staff.

Observations from On-site Assessment:

- **Waiver participants** are frequently “allowed or permitted” to do things, not supported to learn and develop skills for independence.
- The **Focus** was often on care, not skill development. Example: staff cook and grocery shop, rather than working on objectives and teaching people to plan, shop and prepare meals.
- Mostly **Activities** that are agency originated (dances, clubs etc.) were considered to be community integration.
- The **Agency based** activities and materials used are not always age appropriate (proms are held, special clubs organized, people coloring).
- The **Development** of communication skills for people with limited or no verbal skills was very limited.
- **The Service Plan** is typically not seen as a useful/guiding document.

Provider Analysis

- Providers should review the results of their location specific data against the Global Summary.
- Take time to review recent changes in DDSN Directives and Service Standards and reflect on how the expectations of day and residential services have changed over the last 20 years.
- Determine what the next steps will be to achieve compliance.

SCDDSN Provider Data Files

Screenshot of Business Tools HCBS Assessment Folder

of Disabilities and Special Needs

My Documents Add Content

DDSNDocumentsBusiness Tools

- Announcement
- Band Project Li
- Basic Assuranc
- Business Proce
- Emergency Mar
- Forms
- General Inform
- HCBS Assessm
- HCBS Settings
- Incident Manag
- Information Se
- Intake
- Memos to Serv
- QM Newsletters
- SCDDSN Budge
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DDSND > Business Tools > HCBS Assessment > [REDACTED]

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Name	Description
Analysis Information	Providers may access their agency-specific information through the Business Tools section of the DDSN Applications Portal/ HCBS Assessment. There are 3 sub-folders including analysis information, Compliance Action Plans, and Location Specific Reports.
Compliance Action Plans	
Location Specific Reports	

SCDDSN Provider Data Files

Screenshot of HCBS Assessments: Analysis Sub-Folder

of Disabilities and Special Needs

My Documents

DDS

- Documents
 - Business Tools
 - Announcement
 - Band Project Li
 - Basic Assuranc
 - Business Proce
 - Emergency Mar
 - Forms
 - General Inform
 - HCBS Assessm
 - HCBS Settings
 - Incident Manag
 - Information Se
 - Intake
 - Memos to Serv
 - QM Newsletters
 - SCDDSN Budge
 - State Funded C

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Name	Description
Autonomy and Independence & Individual Rights	<p>Within the Analysis Information sub-folder, providers have access to the DDSN Summary of Findings for HCBS On-site Assessments, DDSN's HCBS Settings Final Rule Presentation, and provider-specific charts for designated sections of the Settings Rule.</p> <p>Depending on the size of the provider, there may be sub-folders for residential and non-residential services.</p>
Choice of Services - NR	
Choice of Services & Landlord Tenant Rights	
Choice of Setting - NR	
Community Integration - NR	
Community Intergration & Choice of Setting	
DDSN HCBS Final Rule Presentation	
DDSN HCBS Summary of Findings	
HCBS Settings Preliminary Data Discussion Guide	
HCBS Statewide Analysis Results-Non-Residential	
HCBS Statewide Analysis Results	
Privacy & Self Determination	
Visitors & Physical Accessibility	

Settings Rule Fact or Fiction?

What the Rule requires of waiver providers	What the Rule DOES NOT require
<p>Providers are required to offer opportunities for all individuals served to get involved in their communities. This could include community employment and/or participating in community-based events/activities.</p>	<p>All workshops and day programs will close.</p>
<p>Providers must offer opportunities that are meaningful to individuals and support their personal interests/outcomes.</p>	<p>100% of all day program supports must be provided in fully integrated, community-based settings.</p>
<p>Providers must provide necessary services/supervision to maintain health and welfare, as identified in person-centered plans, while individuals are involved in community-based events/activities.</p>	<p>All providers must provide community employment services.</p>

Settings Rule Fact or Fiction?

<p>What the rule means for people receiving waiver services</p>	<p>What it DOES NOT mean for people receiving waiver services</p>
<p>People have greater opportunities to try new things.</p>	<p>Everybody is required to work in community-based settings.</p>
<p>People are able to make informed choices, based on experiences, about community employment and what community-based activities/involvement they may enjoy.</p>	<p>Individuals cannot spend time during the day with other people with developmental disabilities.</p>
<p>People may get involved in community employment and/or other community-based activities based on their interests and desired level of involvement.</p>	<p>When not working in the community, no other day program options will be available.</p>
<p>People who do not want to receive waiver services in disability-specific settings, such as workshops, day programs, group homes, etc. cannot be made to do so.</p>	<p>People are required to spend a specific amount of time in or participate in a certain number of community-based activities each day/week/month.</p>

Frequently Asked Questions

Community Integration and Individual Autonomy

What does community integration look like?

To assess whether a setting provides the necessary support for community integration, DDSN and DHHS will consider factors such as:

- Whether individuals can come and go freely. This includes, for residential settings, the lack of a curfew and the provision of keys, key codes, or other ways for people to enter the home independently if/when the outer door is locked.⁵ The provider should distribute keys/codes as a default, without waiting to be asked.
- Whether the setting provides support in accessing transportation.
- Whether the setting provides information about and supports individuals in accessing “age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities.”⁶ Other community activities include festivals, volunteer opportunities, museums, book/crafting/fan clubs, theater groups, cultural events, holiday celebrations, sporting events, and community classes.

5 See CMS, HCBS Final Regulations 42 CFR Part 441: Questions and Answers Regarding Home and Community-Based Settings, p. 8 (2015) [“2015 Q&A”] (expectation that people have keys to residences).

6 CMS, Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings, #1 (2015) [“Non-Residential Exploratory Questions”]. See also CMS, Home and Community-Based Setting Requirements, p. 3 (June 26, 2015) (for heightened scrutiny, CMS will consider “how schedules are varied according to the typical flow of the local community (appropriate for weather, holidays, sports seasons, faith-based observation, cultural celebrations, employment, etc.)”).

Frequently Asked Questions

Community Integration and Individual Autonomy

What does community integration look like?

To assess whether a setting provides the necessary support for community integration, DDSN and DHHS will consider factors such as:

- Whether the setting has policies, practices, and staff training in place to support person-centered thinking and approaches—i.e., putting the person first, recognizing that they are the expert in their own life and should have positive control over it, and valuing their contributions to their community. Person centeredness includes balancing things that are “important to” and “important for” the person, and it takes into account the preferences of people who communicate nonverbally.
- Whether people are dressed and groomed appropriately and based on their personal preferences for going out when they wish to do so.

Frequently Asked Questions

Community Integration and Individual Autonomy

What does community integration look like?

To assess whether a setting provides the necessary support for community integration, DDSN will consider factors such as:

- Whether individuals in fact engage in desired activities out in the community when they wish to do so. The HCBS Final Rule does not require anyone to engage in outside activities if they do not wish to do so.
- Whether individuals going out into the community are singled out from other community members by being required to wear (or be accompanied by staff wearing) uniforms, standardized clothing, vests, badges, nametags, and the like.
- Whether people who wish to go out are usually required or only allowed to do so as part of a large group.

Frequently Asked Questions

Community Integration and Individual Autonomy

Is “reverse integration” enough for community integration?

No.

Welcoming outside guests—including people who are not disabled, not receiving Medicaid services, and not paid staff—to participate in on-site activities is an important part of supporting community integration, but it is not the only part. The provider must support individuals in spending time out in the larger community.⁸

What about rural providers whose geography may be unintentionally “isolating?”

Individuals receiving HCBS in rural communities must have the same opportunity for community integration as do people without disabilities in that community. Additionally, individuals who express a preference through their person centered plan for residential or day services that facilitate interaction with other nondisabled people in the broader community must be supported in a manner that encourages such integration.⁹

8 See, e.g., CMS, FAQs Concerning Medicaid Beneficiaries in Home and Community-Based Settings Who Exhibit Unsafe Wandering or Exit-Seeking Behavior, A4 (Dec. 15, 2016) (“Note that visits by community members have value but do not substitute for community access for Medicaid beneficiaries receiving services in residential and adult day settings.”).

9 See HCBS Final Regulations 42 CFR Part 441, Questions and Answers Regarding Home and Community Based Settings. p. 6. Retrieved from <https://www.medicaid.gov/medicaid/hcbs/downloads/q-and-a-hcb-settings.pdf>

Frequently Asked Questions

Community Integration and Individual Autonomy

Are non-residential day programs/services allowable under the HCBS Final Rule?

Yes.

South Carolina currently has approximately 83 Day Services Facilities most of which are licensed as an Adult Activity Center (AAC) and/or a Work Activity Center (WAC), an Unclassified Program and/or a Sheltered Workshop. These settings are allowed under the HCBS Final Rule, as long as they comply with the applicable requirements. According to CMS:

“As with residential settings, all non-residential settings must comply with the federal requirements that the setting provide opportunities for participants to engage in community life, to have access to the community, to control their personal resources, and to seek employment and work in competitive settings. Any non-residential settings, including employment settings and day programs must be assessed using the same criteria that apply to all other settings. Specifically, does the program have characteristics that isolate participants from the broader community? In other words, do participants have the same level of access to their community as individuals who do not receive Medicaid?”¹⁰

¹⁰ See “The Medicaid Home and Community Based Services Settings Rules: What You Should Know!” (p. 15).
http://www.aucd.org/docs/policy/HCBS/HCBS%20Settings%20Rules_What%20You%20Should%20Know!%20Final%201%202022%202016.pdf

Frequently Asked Questions

Community Integration and Individual Autonomy

Must a setting provide one-on-one staffing?

Not necessarily. The federal settings rule does not prohibit congregate or facility-based settings, and it does not purport to set minimum staffing requirements.¹³

In some cases, it is possible to satisfy the federal criteria relating to access to the community, optimizing initiative and autonomy, and providing a non-regimented schedule by eliminating unnecessarily restrictive and controlled daily schedules, by supporting individuals to act independently and to access community resources on their own, by helping people develop and be more involved with natural supports, by adjusting staff responsibilities, and by training and supporting staff in person-centered principles.

¹³ See CMS, 2015 Q&A, pp. 9-10.

Frequently Asked Questions

Community Integration and Individual Autonomy

May a setting use restrictive/controlled egress measures to limit unsafe wandering?

Yes, provided that these measures are consistent with the following criteria:

- the measures are implemented on an individualized (not setting-wide) basis;
- the measures make accommodations (e.g., providing a key or key-code to exit at will) for individuals who are not at risk of wandering or exit-seeking behaviors;
- the measures are documented in the individual's person-centered plan as a modification of the generally applicable rights, consistent with the federal criteria for such modifications
- the plan documents an assessment of the individual's wandering or exit-seeking behaviors (and the underlying conditions, diseases, or disorders relating to such behaviors) and the need for safety measures; options that were explored before any modifications; the individual's understanding of the setting's safety features, including any controlled egress; the individual's choices for prevention of unsafe wandering or exit-seeking; the individual's and their guardian/legal representatives' consent to controlled-egress goals for care; the individual's preferences for engagement within the setting and the broader community; and the opportunities, services, supports, and environmental design that will enable the individual to participate in desired activities and support their mobility; and
- the measures are not developed or used for non-person-centered purposes, such as punishment or staff convenience.

For this purpose, egress alert devices (such as electronic accessories and exterior door chimes or alarms) are considered to be restrictive or controlled egress measures.

Frequently Asked Questions

Community Integration and Individual Autonomy

May a setting have a fence or gate?

Yes.

A typical privacy fence or gate that does not lock individuals in or out and that fits in with the look of other homes or buildings in the neighborhood is ordinarily allowable. Nevertheless, some fences or gates may be one of several factors that cause a setting to be subject to heightened scrutiny or even to be noncompliant with the rule. This could be the case for fences around larger gated or secured campuses that provide all or nearly all of the services used by residents.¹⁷

Even for smaller settings, a fence or gate that keeps people in or out or that looks out of place could isolate individuals, potentially causing the setting to be presumptively institutional and subject to heightened scrutiny. Any system (including fences or gates) that prevents individuals from leaving must comply with the requirements for restrictive egress systems.

17 See CMS, Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from The Broader Community, 2 (2015) [“Guidance on Effect of Isolating”] (people “receiving HCBS in this type of setting often do not leave the grounds . . . to access activities or services in the broader community,” so “the setting typically does not afford individuals the opportunity to fully engage in community life”).

Frequently Asked Questions

Additional Requirements for Residential Settings

What privacy rights must be observed in residential settings?

For shared rooms, people have the right to choose their roommates. Hence, if a provider only has one bed in a two-bed room available, the new individual and the current occupant must at least have a chance to meet and determine whether they are willing to share a room. Assessment results have indicated that some consumers were not given such a choice.

Individuals must have the ability to close and lock their own bedroom/unit door and the door to any bathroom they are using; they (and not the provider) may choose not to use these features. Staff should knock and obtain permission before entering these areas. Only appropriate staff should have keys to these doors, and the keys should be used to enter only under limited circumstances agreed upon with the individual.²⁵

If there is an emergency, for example, CMS states “it may be appropriate for someone providing services to enter an individual’s locked room.” However, this should only be done with pre-approval. “The person-centered planning process and plan should address the circumstances in which this might happen.”²⁶

²⁵ See CMS, Residential Exploratory Questions, #2-3, p. 6.

²⁶ See HCBS Final Regulations 42 CFR Part 441, Questions and Answers Regarding Home and Community Based Settings. p. 5. Retrieved from <https://www.medicaid.gov/medicaid/hcbs/downloads/q-and-a-hcb-settings.pdf>

Frequently Asked Questions

Additional Requirements for Residential Settings

What privacy rights must be observed in residential settings? (Continued)

The provider should install locks and distribute keys/key codes as a default, without waiting to be asked by individuals, and should keep the following considerations in mind:

- Locks should allow people to exit the bathroom/bedroom/unit without delay.
- Locks that disengage with the turn of an inside knob or push of an inside lever are recommended.
- Deadbolts or locks that can only be unlocked from inside pose a safety hazard and should not be used.
- For people who have trouble keeping track of a key/code, staff may be able to help them lock and unlock their door and/or help store the key safely.

Individuals must have the freedom to furnish and decorate their rooms/units in the manner they find comfortable and preferable.

Modifications to these rights must be individually assessed and documented in the person-centered plan, except for generally applicable limits on furnishing/decorating of the kind that typical landlords might impose (e.g., no waterbeds), which may instead be set forth in the provider's standard lease or other written residency agreement.

Frequently Asked Questions

Additional Requirements Relevant to Residential Settings Intersection of Settings Criteria with Person-Centered Planning

Rights Modifications- How are rights modifications implemented?

A setting may not adopt a general policy, procedure, practice, “house rule,” or the like that generally restricts federal rights (e.g., by restricting visiting hours, by limiting access to food to scheduled meal times, or by requiring all residents to waive their rights to bedroom door locks).³⁸ An agreement among residents that is enforced by setting staff is a setting policy/house rule for purposes of this analysis.

If a provider believes that a modification to the additional rights is warranted for an individual, it should work with the individual and their case manager to determine whether the following requirements are satisfied, and if so, to document them in the individual’s person-centered plan:

- (1) Identify a specific and individualized assessed need.
- (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
- (3) Document less intrusive methods of meeting the need that have been tried but did not work.
- (4) Include a clear description of the condition that is directly proportionate to the specific assessed need.
- (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.
- (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
- (7) Include the informed consent of the individual.
- (8) Include an assurance that interventions and supports will cause no harm to the individual.³⁹

38 Ibid, p. 5. (“Controls on personal freedoms and access to the community cannot be imposed on a class or group of individuals. Restrictions or modifications that would not be permitted under the HCBS settings regulations cannot be implemented as ‘house rules’ in any setting, regardless of the population served and must not be used for the convenience of staff.”)

39 42 C.F.R. § 441.301(c)(4)(F)

Frequently Asked Questions

Additional Requirements Relevant to Residential Settings Intersection of Settings Criteria with Person-Centered Planning

Rights Modifications- How are rights modifications implemented (continued)?

Note “[t]he person-centered service plan must be reviewed, and revised upon reassessment of functional need . . . at least every 12 months, when the individual’s circumstances or needs change significantly, or at the request of the individual.”⁴⁰ In the interim, the provider should support the individual in learning skills so that the modification becomes unnecessary; the plan for doing so should also be documented.

Informed consent must be in writing. Consent must be limited to a specific modification applicable to particular circumstances; it may not be a general consent to whatever modifications a provider sees fit to impose.

In assuring that a rights modification will not cause the individual harm, document any ways in which the modification is paired with additional supports to prevent harm. For example, if an individual is restricted from going out on their own because of past sexual misconduct, identify the staffing and other measures taken to ensure that they can still engage with the community. As another example, if an individual with compulsive eating behaviors is restricted from unsupervised access to food at any time, identify the measures taken to ensure that they can still eat nourishing food.

The individual’s person-centered plan is maintained by the case manager, with a copy of the plan or its relevant sections also being maintained by the provider.

⁴⁰ 42 C.F.R. § 441.301(c)(3)

Frequently Asked Questions

Additional Requirements Relevant to All Settings

Intersection of Settings Criteria with Person-Centered Planning

Rights Modifications

Are existing rights suspensions, restrictive procedures, and informal rights modifications valid?

Do not presume that any existing rights modifications comply with the Settings Final Rule. Each modification must be analyzed and, if the documentation above—including informed consent—is lacking, conformed to the federal requirements or eliminated. The case manager is responsible for compiling the documentation by working with the individual and the provider (who may obtain the informed consent and other supporting materials). The provider is responsible for ceasing any rights modification for which the necessary documentation cannot be compiled.

Providers should already be aware of all rights suspensions and restrictive procedures affecting individual consumers. Assume that all of them entail a modification of a federal right. For rights suspensions, which have historically required notice but not informed consent, the case manager should work with the provider(s) and individual to obtain informed consent and any other federally required documentation not already on file. For restrictive procedures, which have historically required informed consent, the case manager should assess whether the materials already on file are sufficient, and if not, should work to complete them.

All providers are encouraged to review the rights suspensions, restrictive procedures, and other informal rights modifications that they currently use with their Medicaid clients. Be prepared to work with your clients and their case managers to ensure that the appropriate consents and other supporting materials are developed.

Frequently Asked Questions

Additional Requirements Relevant to All Settings

Intersection of Settings Criteria with Person-Centered Planning Policies, Procedures, Practices, and House Rules

What changes to provider policies, procedures, and practices may be necessary?

Policies, procedures, and practices must be changed whenever they limit rights on a non-individualized, subjective, or otherwise inappropriate basis. (If rights modifications are warranted, the process above should be followed.)

For instance, this would include modifying or eliminating house rules, leases/residential agreements, and rights handouts which inappropriately limit rights through:

- broad-based requirements that everyone waive certain rights (e.g., nobody has bedroom locks; nobody may eat other than during designated meal times; nobody may have visitors or phone calls after 9 p.m.; nobody may have alcohol on premises; everybody is subject to a curfew or mandatory “on premises” or “in bedroom” hours);
- the use of improper qualifiers (e.g., visitors are allowed during “reasonable” hours or only “with prior approval”); and
- the use of arbitrary cutoffs to the exercise of rights (e.g., if an individual spills food or drink outside the kitchen even once, they can only have water outside the kitchen going forward; use of the house phone is limited to five minutes at a time, no more than five times a day; visitors may not spend the night and may not stay more than two hours).

Frequently Asked Questions

Additional Requirements Relevant to All Settings Intersection of Settings Criteria with Person-Centered Planning Policies, Procedures, Practices, and House Rules

What changes to provider policies, procedures, and practices may be necessary?

Additional examples of HCBS Final Rule requirements for policies, procedures, and practices:

- Medication administration and money management policies/procedures must acknowledge that the individual may be able to do these activities independently. When they are not able to, there must be an assessment of the individual's skills, and the person-centered plan must identify (a) what individualized assistance the agency or other person will provide and (b) any training for the individual to become more independent, based on the outcome of the assessment.
- Policies and procedures must address individual access to keys; require staff to knock and obtain permission before entering bathrooms and bedrooms/units; identify staff who have keys; and allow staff to enter bathrooms/bedrooms/units only under limited circumstances agreed upon with the individual. (If rights modifications are warranted, the process should be followed.)
- Policies and procedures must acknowledge that the individual (or their guardian or other legally authorized representative) makes decisions regarding services and settings, with support from their chosen team. The individual will be provided information about the available options, then decide accordingly. Decisions are not made by the provider(s), case manager, or team.

Community Integration Resource- ACL

Providers interested in learning more about community integration may wish to consult the federal Administration for Community Living's (ACL's) website: <https://www.acl.gov>.

It offers a broad range of ideas, from developing natural supports and “[o]ffering activities and programs that encourage families and friends to participate regularly and that promote greater independence and autonomy on the part of HCBS beneficiaries,” to the “[h]iring of logistics coordinator or purchasing of logistics software to help facilitate and promote increased individualization and small group activity scheduling.”

ACL's video, “Strengthening Communities: Why Community Living Matters”, provides a helpful overview of the subject.

State CAP Requirements

- SCDDSN submits to SCDHHS the oversight process for providers addressing areas of non-compliance
- Includes:
 - Timeframe for providers to be compliant
 - Review process for individual provider CAPs
 - includes the approval process and communication
 - Process for monitoring changes at provider and setting level
 - Process for monitoring ongoing compliance with new standards

Providers must complete a CAP for each finding.

Provider Compliance Action Plans (CAP)



South Carolina Department of Disabilities and Special Needs
Home & Community-Based Services Rule
Summary of On-Site Assessment Findings (As completed by PCG)

Provider Name: Any Qualified DDSN Provider

Setting Type: Day Services
 CRCF X CTH II CTH I SLP II SLP I CIRS

Location Names and Addresses: Elm Street CTH II 1234 Elm St, Somewhere, SC 29123

HCBS Compliance Action Plan for SCDDSN Contracted Providers				
Non-Compliant Finding (as Cited by PCG)	Provider Action Steps for Compliance Action Plan	Target Date	Responsible Parties	Projected Outcome
Self-Determination A4: Waiver participants have access to food items throughout the day without requesting these items from staff.	1. AQDP will arrange for each resident of Elm Street CTH II to participate in grocery shopping in order to determine preferred snack items and items that residents can prepare (with needed assistance) as an alternative to regular meals.	3/15/18	Sue Smith, House Manager Tom Adams, Area Coordinator Sally Jones, Residential Director	Elm Street residents will have exposure to many different snack and meal substitution choices. AQDP will know which snacks are preferred by residents and will have preferred substitutions on hand for regular meals.
	2. AQDP will purchase preferred snacks with residents actively participating in the choice selections and make them available to residents in the pantry.	3/31/18	Sue Smith, House Manager Tom Adams, Area Coordinator Sally Jones, Residential Director	AQDP will have preferred snacks available for residents in the house pantry and meal substitutions on hand for regular meals.
	3. AQDP will provide training and re-enforcement to staff through regular monthly meetings to ensure they are providing support to residents to make choices for snack selection and have access to their preferred snacks without requesting these items from staff.	3/31/18 and on-going	Sue Smith, House Manager Tom Adams, Area Coordinator Sally Jones, Residential Director	AQDP will have preferred snacks available for residents in the house pantry and meal substitutions on hand for regular meals Residents will be able to access these items without requesting them from staff.
<i>All Compliance Action Plans must be reviewed quarterly by the provider agency to monitor progress.</i>				
Date Remediation Plan Submitted: <u>3/1/18</u>				
Name of Staff Submitting Plan: <u>Sally Jones, Residential Director</u>				
FOLLOW-UP REVIEW		Section below this line to be completed by SCDDSN		
FOLLOW-UP REVIEW FINDINGS (Indicate Data/ Measurement Source and Date)		STATUS		

Providers must complete a Compliance Action Plan for any findings included in the PCG Reports. Similar findings for multiple homes may be grouped together in one Compliance Action Plan (CAP).

The CAP should identify the steps the provider will take to ensure compliance, including the projected outcome, target dates and responsible parties.

The provider should monitor progress towards compliance on a quarterly basis.

Provider Compliance Action Plans (CAP)



South Carolina Department of Disabilities and Special Needs
Home & Community-Based Services Rule
Summary of On-Site Assessment Findings (As completed by PCG)

Provider Name: Any Qualified DDSN Provider

Setting Type: Day Services
 CRCF CTH II CTH I SLP II SLP I CIRS

Location Names and Addresses: Elm Street CTH II 1234 Elm St, Somewhere, SC 29123

HCBS Compliance Action Plan for SCDDSN Contracted Providers

Non-Compliant Finding (as Cited by PCG)	Provider Action Steps for Compliance Action Plan	Target Date	Responsible Parties	Projected Outcome
Self-Determination A4: Waiver participants have access to food items throughout the day without requesting these items from staff.	1. AQDP will authorize house managers to select and purchase 3 snack choices for the residents of Elm St. CTH II.	3/1/2021	House Manager	Elm Street residents will be able to pick snacks from the options purchased by the House Manager
	2. AQDP will help residents make healthy choices by limiting the options for snacks.	3/1/2021	House Manager	AQDP will pre-select snack choices to ensure residents have healthy options.
	3. AQDP will set a schedule to allow residents to access the pantry each afternoon when they arrive from their day activity.	3/1/2021 and on-going	House Manager	AQDP will have a schedule to allow access to snacks each afternoon.

All Compliance Action Plans must be reviewed quarterly by the provider agency to monitor progress.

Date Remediation Plan Submitted: 3/1/18
 Name of Staff Submitting Plan: Sally Jones, Residential Director

FOLLOW-UP REVIEW *Section below this line to be completed by SCDDSN*

FOLLOW-UP REVIEW FINDINGS (Indicate Data/ Measurement Source and Date)	STATUS
Progress towards the Compliance Action Plan verified through <input type="checkbox"/> Contract Compliance Review <input type="checkbox"/> Licensing Review <input type="checkbox"/> QIO Observation <input type="checkbox"/> Other Source: _____	

Additional Action Required:
 |
 SCDDSN Review Date: _____
 SCDDSN Staff Review: _____

The Compliance Action Plan should not create an opportunity to create more limitations for people receiving HCBS Services.

Providers must not wait until 2021 to begin compliance efforts.

Provider Compliance Action Plans (CAP)

Submission Deadline: September 30, 2018

- More information and completion/submission instructions will be forthcoming.
- Do not wait to begin remediation (e.g., keys).
- Every finding will require remediation and the provider will need to determine what remediation is necessary (perception versus procedure).
- Providers will be encouraged to submit CAPs sooner if ready.

3- Tier Assistance Model for HCBS Compliance

Tier 1: Policy Guidance and Quality Management Website Resources and Business Tool Folders

Tier 2: Technical Assistance Webinars

- Preparing Compliance Action Plans
- HCBS-Basic Assurances-Positive Practices: Community Integration, Choice of Setting, Individual Rights, Autonomy and Independence, Choice of Services, Landlord/Tenant Rights, Privacy, Self-Determination, Visitors and Physical Accessibility

Tier 3: Individual Consultation/Inquiries hcbs@ddsn.sc.gov

Provider Resources











HCBS Settings Final Rule Resources found in the Business Tools Section of the DDSN Applications Portal

of Disabilities and Special Needs

My Documents Add Content

DDSN > Business Tools > HCBS Settings Final Rule Resources

Filter: On | Off View: Details ▼

Name	Description
 CQL-Basic-Assurances-Manual-2018	<p>CQL has published many resources to help providers with HCBS Settings Rule Compliance. DDSN has made this information available under the Business Tools section of the Applications Portal.</p>
 CQL-HCBS-Settings-Regulations-Webinar-031417	
 CQL-Understanding-Basic-Assurances-South-Carolina	
 DDSN HCBS Final Rule Presentation	
 DQ - Basic Assurances - Fundamental, Essential, Personal	
 DQ - Health and Safety	
 DQ - How Did Rights Get So Wrong	
 DQ - Responsive Services and Community Life	
 DQ - Shared Values - Where Quality Begins	
 DQ - Social Capital Index	

Provider Resources

Basic Assurances Resources found in the Business Tools Section of the DDSN Applications Portal

Division of Disabilities and Special Needs

My Documents Add Content

DDSN > Business Tools > Basic Assurances Resources

Filter: On | Off View: Details

Name	Description
2017-CQL-POMs-Manual-Adults	The manuals for Basic Assurances® and the Personal Outcome Measures® are available for provider use under Business Tools. There are also many other resources, including CQL's "Data Quarterly" and "Capstone" publications.
Basic Assurances - Self Assessment	
CPOFNYS-POMs For DSPs-Final	
CQL-Basic-Assurances-Manual-2018	
CQL-HCBS-Settings-Regulations-Webinar-031417	
CQL-Understanding-Basic-Assurances-South-Carolina	
DQ - Basic Assurance - Cornerstones of the Foundation	
DQ - Basic Assurances - Fundamental, Essential, Personal	
DQ - Health and Safety	
DQ - How Did Rights Get So Wrong	
DQ - Responsive Services and Community Life	

Provider Resources

South Carolina Department of Disabilities & Special Needs Positive Practices in HCBS Settings

Rights	<p><i>"Individual has rights of privacy, dignity and respect, and freedom from coercion and restraint"</i></p> <ul style="list-style-type: none"> Participants receive training on rights. Rights information is posted in an area easily accessible to the participant. No rights are restricted without due process and a plan to clearly restore the right. Participants are informed of the process for filing grievances or complaints. Participants freely express complaints without fear of staff imposed consequences. Regular ANE training is provided and participants are familiar with reporting options. If participants miss the scheduled trainings, staff provide individual make-up sessions. The setting prohibits the use of un-authorized restraining interventions such as seclusion, physical restraints, chemical restraints, or locked doors.
Choices	<p><i>"Individual is provided choice regarding services and supports, and who provides them"</i></p> <ul style="list-style-type: none"> Participants are involved in the interview process for staff. Staff are given a trial run in the home where they spend a couple days working there. Individuals actively participate in choosing who they want to work with deciding their staff person. Participants can decorate their bedrooms in the manner of their choosing.
Autonomy	<p><i>"Individual has autonomy, and independence in making life choices, where possible"</i></p> <ul style="list-style-type: none"> Participants can go inside, outside, and to all common areas of the home at their choosing. Participants do not have to go to their rooms or bed at a specific time each evening and they have reasonable flexibility for wake up times. Participants make decisions on how they spend their free time and the activities that they are involved in reflects their individual interests and choices. Participants are included in the development of a financial plan and help determine how their money is spent. Participants are included in meal preparation, meal planning and shopping for ingredients. Participants take an active role in performing in laundry, cleaning, and household according to their abilities. Individuals are afforded privacy in receipt and sending of mail. Individuals are afforded privacy in receipt and making of phone calls. Wi-Fi or computer available in the home for participant's usage.
Integration	<p><i>"The setting is integrated and supports full access of individuals to the greater community to the same degree of access as individuals not receiving Medicaid HCBS"</i></p> <ul style="list-style-type: none"> Group and individual activities are planned with input from the Participants rather than chosen by staff. Staff help participants build community integration and natural supports through independent, individualized events and/or volunteer opportunities. A Calendar of Community Events is posted in a public place so individuals are aware of what is going on in their area. Participants or groups of participants get together to plan and discuss what they would like to do and staff help execute the plan. Participants are supported to achieve their employment and/or volunteer goals. Participants are supported to learn job skills, develop resumes and practice completing job applications. Participants are supported in achieving academic goals and greater independence to transition from the HCBS programs. Participants develop and have ongoing relationships with non-waiver receiving neighbors and community members.] Public support groups are identified, as well as speaking events, and other public recreational events such as community concerts and picnics in the park. Participants run errands independent of their housemates. Participants go on outings with family members, friends, or other people important to them.

South Carolina Department of Disabilities & Special Needs Positive Practices in HCBS Settings

Setting Selection	<p><i>"Individual selects both the setting (location) and provider from among setting options"</i></p> <ul style="list-style-type: none"> Participants are provided options when choosing the setting, including non-disability specific settings. Participants know how to and are able to request a change in their living situation. The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas and visible to residents.
Accessibility	<p><i>"The setting is physically accessible to the individual"</i></p> <ul style="list-style-type: none"> Ramps are present to access the home, if needed by participants residing in the home. Grab bars available for who need them. Public transportation is accessible, where available.
Privacy	<p><i>"Individual has privacy in their sleeping or living unit"</i></p> <ul style="list-style-type: none"> Individuals have their own rooms/apartment or person has been accommodated to share a room/apartment and maintain privacy. Cellular or cell phones are available for individuals to speak in private. Wi-Fi available in bedrooms. Participant's health information is only discussed with those authorized by the person. Participant's schedules for PT, OT, medications, restricted diet, etc. are kept private. Health related and personal care activities (ex: blood pressure readings, medication administration, personal hygiene, etc.), including discussions of health, are conducted in private locations.
Locks	<p><i>"Units have entrance doors that are lockable by the individual, with only appropriate staff having keys"</i></p> <ul style="list-style-type: none"> Bedroom doors are lockable from the inside, and/or the individual has a key to their bedrooms. Participants have keys to the home or apartment and keys to their rooms, unless otherwise specified in the participant's plan. Participants can lock the bathroom door, unless otherwise specified in the person's plan. The setting provides a secure place for Participants to store personal belongings.
Personalization	<p><i>"Individual has the freedom to furnish/decorate the living unit within the lease or other agreements"</i></p> <ul style="list-style-type: none"> Bedroom is decorated to the individual's use. Bedrooms exhibit differing levels of tidiness representing that the individual is able to control how their room is maintained.
Lease Agreement	<p><i>"Individual has a legally enforceable agreement documenting the eviction and appeals process"</i></p> <ul style="list-style-type: none"> Lease agreements are in place for each participant.
Roommate Selection	<p><i>"Individual has choice of roommates/housemates"</i></p> <ul style="list-style-type: none"> Interview/going to know each other process in place for roommates. Potential roommates come to dinner, spend time together away from the residence, and maybe stay overnight before a decision is made that they will move in. The participant is involved in the selection of a roommate, when living alone is not a viable option.
Visitors	<p><i>"Individual is able to have visitors of their choosing at any time"</i></p> <ul style="list-style-type: none"> No schedule in place for when visitors are allowed. Staff help participants coordinate arrangements to see their friends and families. Staff support participants in planning and coordinating dates.
Schedule Control	<p><i>"Individual has freedom to control his/her own schedule and activities including access to food"</i></p> <ul style="list-style-type: none"> Participants do not always go on or attend all the same outings together/ run errands at the same time. Staffing patterns during peak hours during the day or evenings support greater flexibility in opportunities for participating in community events. Participants generally do not have their schedules and lives dictated by staff. Participants are able to have meals when they choose. Snacks and food available at all times, unless otherwise indicated in the person's plan. Kitchen utensils and appliances accessible for participants, cabinets in kitchen not locked, unless specific security measures are required as approved by the HRC.

October 2017



Provider Resources

Summary of Findings

2017 Home & Community-Based Services Onsite Assessments

Summary of results from 1122 on-site assessments completed by the Public Consulting Group, Contracted by the South Carolina Department of Health & Human Services to review residential and day programs operated by the South Carolina Department of Disabilities and Special Needs



DDSN has a Summary of Findings Slide Presentation available in the HCBS Resource Tab under Business Tools.

Provider Resources

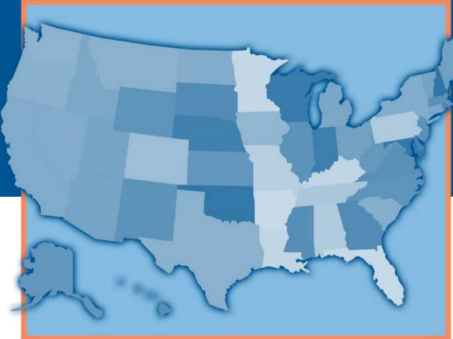
HCBS Resource: Webinar available in Business Tools

of Disabilities and Special Needs

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 - Information Se
 - Intake
 - Memos to Serv
 - QM Newsletters
 - SCDDSN Budge
 - State Funded C

HCBS Settings Regulations



What Do They Mean For You?

Cathy Yadamec
CQL Director of
Training & Certification



**The Council on
Quality and Leadership**

Provider Resources

HCBS Resource: Toolkit for States Using Basic Assurances and Personal Outcomes to Achieve HCBS Compliance

My Documents

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Evidence to support the CMS/HCBS Reporting Requirements using CQL Basic Assurances® and CQL Personal Outcome Measures® Data.

TOOLKIT FOR STATES

- New Home and Community-Based Setting Requirements
- Additional Requirements for Provider Owned/Controlled Residential Settings
- New Person-Centered Service Plan Process Requirements
- New Person-Centered Service Plan Documentation Requirements
- Revised CMS Quality Assurances & Sub-Assurances

CQL | The Council on Quality and Leadership
www.c-q-l.org

Kerri Melda, M.S. — August 2014 — Drew Smith, M.B.A.

The CQL “Toolkit for States” includes a Crosswalk for Basic Assurances® and HCBS Settings Rule Requirements.

Provider Resources

Quality Management Opening Page

Department of Disabilities and Special Needs Quality Management Division

The South Carolina Department of Disabilities and Special Needs (DDSN) emphasizes an approach to service provision that is person-centered. This approach directs service providers and other people to support the person, their preferences, and needs, rather than existing programs. With the person at the center of the efforts, people with disabilities and their families are given the power to use the resources allocated to them in ways that make sense in their lives. Focusing on the person, increasing choice, and offering more control ultimately leads to a higher level of satisfaction and a better quality of life.

Experience with person-centered services has shown us that successful service provision requires more than just developing and implementing a person-centered plan. Quality can no longer be individually measured through traditional models based on compliance with process oriented standards. To be successful, quality must be built into the service delivery system on the front end, using a systems approach.

In order to be successful, quality management programs must be management-led and people oriented. This may require fundamental changes in the way organizations do business.

DDSN employs a Quality Management system that includes the cycle of design, discovery, remediation and improvement. DDSN contracts with a Quality Improvement Organization, Alliant ASO, to conduct assessments of service providers by making on-site visits in its quality assurance process. During this process, records are reviewed, consumers and staff are interviewed, and observations made to ensure that services are being implemented as planned and based on the consumer's need, that the consumer/family still wants and needs them, and that they comply with contract and/or funding requirements and best practices. In addition, the service provider's administrative capabilities are reviewed to ensure compliance with DDSN standards, contracts, policies, and procedures. Any deficiencies found with the provider's compliance will require a written Plan of Correction that addresses the deficiency both individually and systemically.

Most quality management strategies have a common focus: leadership, strategic planning, customer and market focus, measurement, analysis, knowledge management, human resource focus, process management, and results. Anything with input and output constitutes a process that can be measured.

Please review the following links to individual components of DDSN's Quality Management System. If you have further questions, please email us at qualitymanagement@ddsn.sc.gov.

[Abuse, Neglect, and Exploitation Reporting](#)

[Complaint Resolution](#)

[Risk Management](#)

[Incident Management](#)

[Personal Outcome Measures](#)

[Basic Assurances](#)

[Contract Compliance Reviews](#)

[Licensing Reviews](#)

[Day and Residential Observation](#)

[Home and Community Based Services Settings Rule](#)

[National Core Indicators](#)

[Provider Reporting Dashboard](#)

The Quality Management Section of the DDSN Website has been updated to include many resources for providers and the public to better understand and implement the HCBS Settings Rule.

Provider Resources

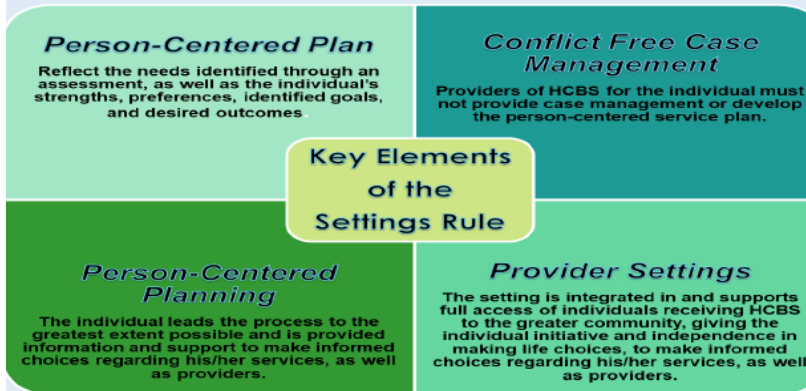
Home and Community Based Settings Rule Section

Home and Community-Based Waiver Settings Rule Implementation

The Centers for Medicare & Medicaid Services (CMS) implemented new regulations for Medicaid's 1915(c) Home and Community-Based Services (HCBS) programs under the 1915 (c) Medicaid authorities on March 17, 2014.

The intent of the HCBS Settings Rule is:

- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915 (c) Medicaid authorities have:
 - full access to benefits of community living, and
 - the opportunity to receive services in the most integrated setting that is appropriate, based on assessed needs.
- To enhance the quality of HCBS settings and provide protections to participants



Home and Community-Based Settings must be integrated and support access to the greater community and provide opportunities to seek employment and work in competitive, integrated settings, engage in community life, and control personal resources. They must also ensure the person supported receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services. HCBS settings should be selected by the person supported from among setting options, including non-disability specific settings and an option for a private unit in a residential setting.

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Provider Resources

Basic Assurances Section

Basic Assurances®

The Basic Assurances® were developed by The Council on Quality and Leadership (CQL). www.c-q-l.org

The Council on Quality and Leadership's (CQL) Basic Assurances® ensure accountabilities for health, safety and human security within service provider organizations. Basic Assurances® are more than a high-level compliance review of licensing and certification standards. Although the Basic Assurances® do contain requirements for certain systems (i.e., policies and procedures), the true measure of the effectiveness of the system or policies is determined in practice. Demonstrations of assurances of health, safety and human security are prerequisites for providing responsive services and enhancing the quality of life for service recipients. Assurances are not statements of intent; they are demonstrations of successful operations in the areas of health, safety and human security.

The Basic Assurances® contains 10 Factors, 46 Indicators, and over 300 quality probes (or sub-indicators). The application of the Basic Assurances® involves two broad evaluation strategies – evaluation of both the system and the organizational practice. Policies and other systems are important for sustainability and consistency over time -- but so too is the actual practice of implementing the policy. The Basic Assurances® self-assessment identifies how the organization views their systemic and practice infrastructure for meeting the non-negotiable prerequisites to service delivery prior to a formal review. Data collected during the assessment process is analyzed to identify trends and gaps in organizational structure and to make recommendations for improvement. Data can be analyzed at the single provider level, or compared against other agencies locally, statewide or nationally.

CQL's Basic Assurances® require more than compliance with licensing and certification standards. Basic Assurances® looks at the provision of safeguards from the person's perspective. While the Basic Assurances® contain requirements for certain systems and policies and procedures, they go well beyond that. The effectiveness of the system or the policy is determined in practice, person by person. The Basic Assurances®:

- ✚ Are essential, fundamental and non-negotiable requirements for all service and support providers.
- ✚ Provide Demonstrations of successful operations in the areas of health, safety and human security.
- ✚ Form the bedrock of social stability.

The Basic Assurances® are a balance between concerns for individual Health, Safety and Security and the necessity of social constructs such as Respect, Natural Supports and Social Networks to ensure sustainable outcomes for people. Each indicator is evaluated on two (2) dimensions, System and Practice, and both must be present for the overall indicator to be considered present.

When considering the Basic Assurances®, the provider's Systems and Practices will be assessed.

SYSTEMS are typically described in organizational policy and procedure and supported through staff training and other approaches. Organizational systems must be sustainable over time and flexible enough to be individually applied.

PRACTICE is what we find happening in people's lives as a result of these systems. Organizational practice demonstrates how an organization's supports are put into action for each person.

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Provider Resources

Contract Compliance Review Section

Contract Compliance Activities

DDSN conducts Contract Compliance Review (CCR) activities that provide a more in-depth look at the overall functioning of the provider. As part of this process, records are reviewed, consumers, staff, and family members interviewed, and observations made to assure that services are being implemented as planned, that the consumer/family still want and need them, and that they comply with contract and/or funding requirements and best practices.

Contract Compliance Review (CCR) Process

SC DDSN contracts with a Quality Improvement Organization, Alliant ASO, to conduct annual assessments of service providers by making on-site visits in its Contract Compliance Review (CCR) process. During this process, records are reviewed, consumers, staff, and family members interviewed, and observations made to make sure that services are being implemented as planned and based on the consumer's need, that the consumer/family still wants and needs them, and that they comply with contract and/or funding requirements and best practices. In addition, the service provider's administrative capabilities are reviewed annually to ensure compliance with DDSN standards, contracts, policies, and procedures.

Contract Compliance Review (CCR) Instruments

As another cornerstone in the foundation of Quality Management, DDSN maintains a program of performing contract compliance reviews. DDSN conducts these annual assessments of service providers by making on-site visits under its Contract Compliance Review (CCR) process. As part of this process, records are reviewed, consumers, staff, and family members interviewed, and observations made to assure that services are being implemented as planned, that the consumer/family still wants and needs them, and that they comply with contractual and/or funding requirements and best practices. In addition to health and safety, the CCR process assesses the provider's basic administrative strengths and weaknesses, and where necessary, may refer a provider to receive special technical assistance or to undergo a more extended financial and managerial audit. These activities are very important to assure a foundation of quality service delivery. In conducting Contract Compliance reviews, DDSN utilizes the following forms and documents.

Review Instruments: In conducting Contract Compliance reviews, DDSN utilizes the following forms and documents.

[FY2017-18 CCR Key Indicators All Services](#)

[FY17-18 CCR Indicators for Direct Service Providers](#)

[FY2017-18 CCR Intake CM WCM and EI Key Indicators](#)

[FY17-18 CCR Indicators for EIBI Providers](#)

[FY2017-18 CCR Res. Day. In-home with BA Crosswalk](#)

[QM Changes for FY17-18](#)

[Q & A for the FY18 Quality Assurance Process](#)

[FY18 QIO Provider Orientation Slides](#)

Key Indicators for Day and Residential Services now include a Crosswalk for Basic Assurances® and HCBS Settings Rule Requirements.

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Provider Resources

Day and Residential Operations Section

South Carolina Department of Disabilities & Special Needs Residential Observation Review Tool July 2017 through June 2018

This tool is to be used by the Reviewer to determine whether the noted expectation is evident. Information may be discovered from interactions with staff and people who receive services, by observations, and/or record review. Observations and other discovery methods such as interactions with residents and staff members, and record reviews should be used to determine if, on the day of the review, the noted requirements was "evident," "partially evident," or "not evident."

Requirement	Suggested Sources for Discovery	Evident	Partially evident	Not evident
<p>1 Health status and personal care needs are known and people are provided the type and degree of CARE necessary to address those needs appropriately.</p> <p><i>[Supports Basic Assurances: Factors 3A, 3B, 3C, 3D, 3E, 3F and Factors 2A, 2D]</i></p>	<p>Via interview of staff, people, review records, observation) determine whether or not the following is occurring:</p> <ul style="list-style-type: none"> • Medical conditions /health risks are known and needs are adequately addressed as outlined in the support plan. • Prescribed medications are known. • Potential side effects are known and the actions to take if side effects are noted. • Risks are identified and addressed appropriately (elopement, self-injurious behavior, seizure activity, etc.) • Food provided meets the dietary requirements (restrictions, special preparations) • People receive routine health care and dental exams. • People are referred to specialists for evaluations of seizures, GERD, orthopedic problems, etc. • There are no issues with accessing quality care. • A system is in place to address acute illness promptly and ensure appropriate follow up and staff are knowledgeable about that system. • Interview people to determine if they: <ul style="list-style-type: none"> • are supported to choose their healthcare providers • make their own appointments if they are capable • are informed about the medications they are taking and why and possible side effects. • People are supported to be clean and well groomed. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
<p>2 People are provided the degree and type of SUPERVISION necessary to keep them safe but not unnecessarily restricted.</p> <p><i>[Supports Basic Assurances: Factors 1B, 1C, 1D, 1E, Factors 2A, 2B, 2D, Factor 3B, and Factor 9C]</i></p>	<p>Through conversation with staff and observation, determine if:</p> <ul style="list-style-type: none"> • Staff knows the person's capability for managing their own behavior. • Person has a plan of supervision. • Staff can describe the plan. • Plan is carried out appropriately. For example, if staff tells you that the person must be visually checked on the hour, observe to see whether or not that occurs and that it is documented as the plan specifies. • Supervision plans are individualized. • People are not receiving more supervision than they require. • Restrictive plans of supervision are reviewed and approved by HRC 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

The Contract Compliance Key Indicators, Licensing Indicators, and Day & Residential Observation Tools have incorporated key elements from the HCBS Settings Rule and the Basic Assurances®.

Heightened Scrutiny

- State HCBS Quality Settings Review
 - Initial information on [HCBS website](#)
 - [Statewide Transition Plan details](#)
 - See Section 5, beginning on page 52
- Initial review of settings includes:
 - C-5 self-assessment data
 - Geocoding data
 - Key questions from settings assessments
- Providers: what would you have SCDHHS and SCDDSN also consider?
 - Send feedback to Kelly Eifert at kelly.Eifert@scdhhs.gov
 - Submit a comment on [HCBS Website Comments section](#)
 - Deadline: March 30, 2018

Comments or Questions?

Please use the IM/Chat box function to submit questions

Contact

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