

Iowa's Statewide Transition Plan (STP)

Information for HCBS Waiver and
Habilitation Providers

Please consider completing this
pre-test while we wait.

<https://www.surveymonkey.com/r/Pre-testSTP>



Presentation Objectives

1. Overview of the Federal Settings rule and history.
2. Overview of Iowa's Statewide Transition Plan (STP).
3. Overview of Iowa Medicaid's Quality Improvement Organization (QIO) Home and Community Based Services (HCBS) unit and their role in implementing the STP.
4. Overview of what providers of HCBS Waiver and Habilitation services should expect regarding quality oversight and HCBS settings requirements.

Background HCBS “Final Rule”

- ▶ The final HCBS regulations (known as the “Final Rule”) were published in the Federal Register on **January 16, 2014** and became effective **March 17, 2014**.
- ▶ Designed to enhance the quality of HCBS, provide additional protections, and ensure full access to the benefits of community living.

Background

HCBS Settings Requirements

- ▶ States must submit a Statewide Transition Plan (STP) for existing 1915(c) and 1915(i) programs.
- ▶ Describes the state's process for ensuring compliance with HCBS setting requirements.
- ▶ States must be in full compliance no later than **March 17, 2023**.

Key Concepts: HCBS Settings...

Are integrated in and supports access to the greater community

Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Are selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting

Ensure an individual's rights of privacy, respect, and freedom from coercion and restraint

Optimize individual initiative, autonomy, and independence in making life choices

Facilitate individual choice regarding services and supports and who provides them

HCBS Settings Key Concepts: Distinguishing Between Settings

Settings that are not HCB

- Nursing Facilities
- Institution for Mental Diseases (IMD)
- Intermediate care facility for individuals with I/DD (ICF/IID)
- Hospitals

Settings presumed not to be HCB

- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals

Settings that could meet the HCB rule with modifications

- HCB services but do not comport with one or more of the specific requirements outlined in the final rule.
- May require modifications at an organizational level, and/or modifications to the PCP of specific individuals receiving services within the setting.
- Must engage in remediation plan with the state and complete all necessary actions no later than July 2020

Settings presumed to be HCB and meet the rule without any changes required

- Individually-owned homes
- Individualized supported employment
- Individualized community day activities

HCBS Settings Key Concepts: Provider Owned and Controlled

- ▶ A residential setting that is provider-owned or controlled is subject to additional requirements.
- ▶ A setting is provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS or where a provider has a vested interest in the setting.
- ▶ Additional requirements relate to ensuring tenant protections, privacy, and autonomy for individuals receiving HCBS who do not reside in their own private (or family) home.

HCBS Settings Key Concepts: Heightened Scrutiny

- ▶ If a setting falls into one of the categories that is presumed not to be home and community based, a state may present evidence to CMS to overcome the presumption.
- ▶ When the state submits this evidence to CMS, the state triggers a process known as “**heightened scrutiny**”.
- ▶ Under the heightened scrutiny process, CMS reviews the evidence submitted by the state and makes a determination as to whether the evidence is sufficient to overcome the presumption that the setting has the qualities of an institution.

Main Objectives of the STP

► Iowa must...



Explain the process for and present information identifying all residential and non-residential settings where HCBS are provided and where members reside.



Identify all major categories of services provided under their various HCBS authorities. (From Slide 6.)



Explain the process for and present information regarding the assessment of all settings in which each category of service(s) are provided.

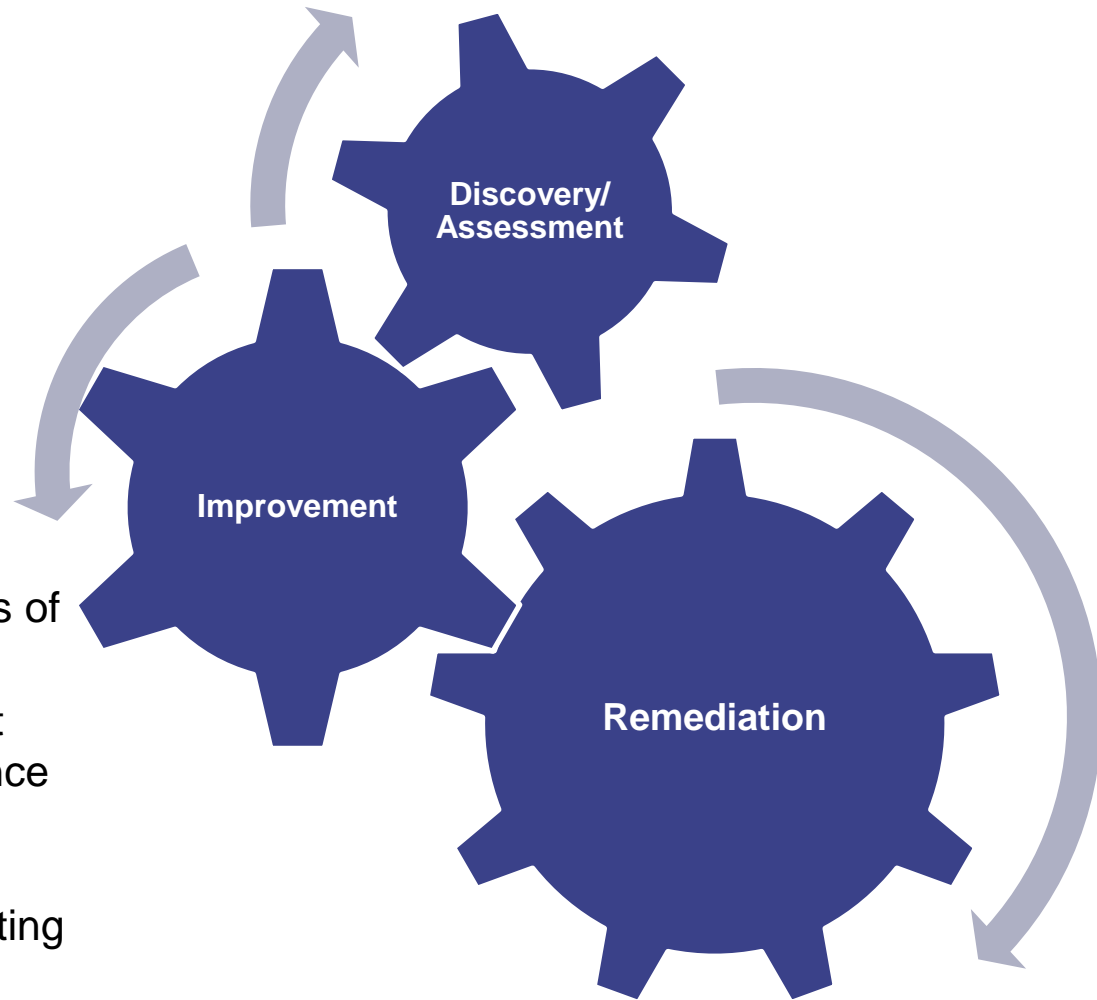
Quality Oversight

- ▶ Iowa Medicaid's QIO HCBS unit is responsible for providing quality oversight and technical assistance (TA) to providers of HCBS waiver and Habilitation services.
- ▶ Includes oversight and TA related to HCBS settings requirements.

Quality Oversight Processes

Iowa's approach to quality oversight and ensuring compliance with settings requirements.

- **Discovery**- identifying and assessing
- **Remediation**- addressing areas of concern and non-compliance.
- **Improvement**- Re-assessment and demonstration of compliance including ensuring ongoing implementation of corrective action and continuously perfecting processes.



Quality Oversight Discovery Processes

- ▶ HCBS has a variety of discovery tools and processes.
 - ▶ Annual self-assessment and address collection tool data
 - ▶ Quality oversight reviews:
 - Application, Certification/Periodic, Focused, Targeted
 - ▶ Settings-specific Assessment
 - ▶ Residential Assessments and “flags”.
 - ▶ IPES data and “flags”
 - ▶ Incident and complaints
 - ▶ Referrals and notifications

Quality Oversight Remediation Processes

- ▶ Remediation may include but is not limited to:
 - ▶ Provider-identification and correction of an issue
 - ▶ Implementing TA
 - ▶ Developing and implementing Corrective Action Plans (CAP)
 - ▶ Demonstrating compliance after implementation of a CAP

Quality Oversight Improvement Processes

- ▶ Improvement includes ongoing implementation of corrective action and continuously perfecting processes.
- ▶ There are several touch points with quality oversight at different intervals to help providers stay on track and discover regression or emerging issues.

Quality Oversight for Settings

- ▶ Settings and potential issues with settings are discovered in the same manner as other quality oversight processes:
 - ▶ Annual self-assessment and address collection tool data
 - ▶ Application, Certification/Periodic, Focused, Targeted Reviews
 - ▶ Settings-specific Assessment
 - ▶ Residential Assessments and Residential Assessment “flags”.
 - ▶ IPES data and “flags”
 - ▶ Incident and complaints
 - ▶ Referrals and notifications

Quality Oversight

Discovering settings that need a closer look.

What types of settings are presumed to have the qualities of an institution which must be overcome to demonstrate compliance with the settings rule?

- ▶ **Category 1:** Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- ▶ **Category 2:** Settings in a building located on the grounds of, or immediately adjacent to, a public institution; and
- ▶ **Category 3:** Any other settings that have the effect of isolating individuals receiving Medicaid home and community-based services (HCBS) from the broader community of individuals not receiving Medicaid HCBS.

Settings that fall into one of the categories are not precluded from participation but require a closer look and possibly remediation in order to overcome the institutional presumption or the affect of isolating.

Quality Oversight

Reviewing, assessing, and evaluating.

- ▶ If the review includes standards related to HCBS settings, the following general standards are evaluated by comparing the provider's responses on their latest SA and the provider's written policies and procedures to evidence provided for the review.
 - ▶ Are the organization's policies and procedures aligned with HCBS settings requirements?
 - ▶ Is the organization ensuring staff providing HCBS services understand and effectively implement the HCBS settings requirements, especially if the staff are transitioning from an institutional setting to an HCBS setting?
 - ▶ If the setting meets one of the categories outlined in VI. Heightened Scrutiny Review Process, is the organization effectively implementing policies and procedures to ensure the setting overcomes the institutional presumption or the isolating effect it has on individuals?
 - ▶ Are there any physical characteristics of the building, site or location that promote or hinder compliance with HCBS settings requirements?
 - ▶ Does the member's experience in the setting demonstrate compliance with HCBS settings requirements?

Quality Oversight

Determining a need for remediation.

- ▶ Settings or circumstances that need a closer look are typically assessed through one of the identified review process.
- ▶ Findings from the review/assessment results will determine whether the provider needs to take any remediation action.
- ▶ The HCBS Specialist will work with the provided to develop and implement a CAP whenever necessary.

Quality Oversight

Determining compliance.

- ▶ Compliance is determined by ensuring the approved CAP was successfully implemented and carried out.
- ▶ Specific to settings, compliance findings explain what the provider already had in place or put in place to ensure the setting overcomes the institutional presumption or the isolating effect it has on individuals.

Special Circumstances Facility to HCBS Conversions

- ▶ Some facilities such as ICF/ID and RCF have or plan to convert to HCBS.
- ▶ When HCBS becomes aware of a pending conversion, HCBS contacts the provider and offer standardized technical assistance that includes a discussion about HCBS settings requirements.
- ▶ Once a setting has been established, the HCBS may complete a settings assessment.

Establishing Standardized TA and Review

- ▶ With the increase in providers wanting to convert facilities to HCBS, some standardized processes were needed to ensure consistency across providers and compliance with HCBS settings requirements in the new environments.
- ▶ Early attempts included having the provider review the exploratory questions and do residential assessments with the members who would remain in the setting once it was converted to HCBS.
- ▶ Later, a draft “residential site review tool” was created to provide some structure and condense the exploratory questions.
 - ▶ The residential site review tool was submitted to CMS and modified based on their feedback and lessons learned from using it. The current draft tool is a “setting assessment”.
- ▶ The HCBS Specialist completes the settings assessment with the provider and may tour the locations once the setting is established.

Special Circumstances

Providers with Outstanding Remediation

- ▶ All settings must be fully compliant with HCBS Settings Final Rule to continue receiving HCBS funding in that setting after the compliance deadline. To ensure there is ample time for members to transition from a non-compliant setting or to arrange alternative plans, providers may experience an accelerated timeline than is typically followed for HCBS quality oversight reviews.
- ▶ HCBS settings requirement may include standards specific to settings, restrictive interventions, or person-centered planning.
- ▶ Timelines and processes for outstanding corrective action or compliance in other areas are not affected.
- ▶ Outstanding remediation may mean that the organization has yet to submit an acceptable corrective action plan (CAP) or that the organization is in the process of implementing an approved CAP but has not yet demonstrated full compliance in one of the areas related to settings.
- ▶ In some cases, a review may have been concluded with the expectation that your organization would continue implementation of an approved CAP and be fully compliant by March 17, 2023.

Special Circumstances

Settings Unable to Achieve Compliance

- ▶ Providers operating settings that are unable to achieve compliance with the HCBS settings requirements by the compliance deadline will no longer receive HCBS funding in that setting after March 17, 2023.
- ▶ Again, to ensure there is ample time for members to transition from a non-compliant setting or to arrange alternative plans, providers may experience an accelerated timeline than is typically followed for HCBS quality oversight reviews.
- ▶ If unable to achieve compliance by the deadline, the provider, affected members, their guardians, their MCO, and their case managers will be notified of the need to transition from the non-compliant setting or make alternative plans.
- ▶ The QIO HCBS team will work with providers and case managers to track members through the successful transition or implementation of an alternative plan.

Quality Oversight

What to Expect Going Forward

- ▶ The QIO HCBS unit may seek additional information from HCBS Waiver and Habilitation providers for the purposes of:
 - ▶ Ensuring initial and ongoing compliance with specific settings.
 - ▶ Obtaining information for reports to be submitted for public comment or heightened scrutiny.
 - ▶ Ensuring timely achievement of compliance with a current review process that includes corrective action related to setting.
 - ▶ Ensuring ongoing compliance and successful implementation of requirements related to settings.

Quality Oversight

What to Expect Going Forward

- ▶ Regular review processes may be expanded to more often include additional evidence such as:
 - ▶ Tours of provider owned and controlled locations,
 - ▶ Validation of residential assessment and IPES answers,
 - ▶ And incorporation of any other available evidence that may contribute to a fulsome picture of the organization's overall quality and compliance.

Questions



Additional Contacts and Links

- ❖ Visit HCBS home:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs>

- ❖ Iowa Medicaid Statewide Transition Plan Information:

<https://dhs.iowa.gov/ime/about/initiatives/HCBS/TransitionPlans>

[Final Statewide Transition Plan submitted to CMS on July 8, 2022](#)

<https://dhs.iowa.gov/ime/about/initiatives/HCBS>

- ❖ HCBS Specialist by region or county at:

<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts>

- ❖ HCBS Waiver Email:

HCBSwaivers@dhs.state.ia.us

Competency Quiz

To receive your certificate of completion, use the following QR code or link to complete the competency quiz. A certificate of completion will be sent to you within a week of completing the quiz.

<https://www.surveymonkey.com/r/competencySTP>



Email HCBSTTA@dhs.state.ia.us with any questions or technical issues

Thank you for attending.

Post-attendee Survey

Please complete this survey to let us know your feedback.

<https://www.surveymonkey.com/r/surveySTP>



Email HCBSTTA@dhs.state.ia.us with any questions or technical issues