

# Raising the Bar in Medicaid HCBS & Community Inclusion – Showcasing Transformation

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# Objectives for Today's Session

- Identify strategies to integrate the values and principles of the Home and Community-Based Services (HCBS) settings rule into the fabric of a state's HCBS program
- Identify some basic tenets of HCBS system change, including examples of how states, plans, providers and disability networks are facilitating innovative and transformative provider models focused on community inclusion.

# The Goal: Community Inclusion

The underlying principle of the HCBS settings rule and the goal of system transformation is

**COMMUNITY INCLUSION**

**for all Medicaid HCBS participants.**

# Systems Change vs. Compliance Mindset: Community Inclusion

There are two distinct ways to approach the implementation of the HCBS rule and to attain this goal:

- Maintain a “compliance mindset”, checking off the basic mechanics needed to meet the letter of the rule.

*OR*

- Integrate the basic values and principles of the rule into the fabric of the state’s HCBS program resulting in ongoing system transformation.

# Basic Concepts in HCBS System Transformation to Implement the Settings Rule

- Regulation and policy alignment:
  - Review and align regulations, administrative rules, policy and procedural directives;
  - Take action with executive and legislative branches to avoid conflict and confusion among constituents;
  - Break down silos and work across agencies;
  - Educate policy makers and get their attention on critical issues.

# Basic Concepts in HCBS System Transformation to Implement the Settings Rule

- Stakeholder engagement including ongoing education, training and technical assistance:
  - Provide initial and ongoing education for all stakeholders;
  - Use current operating systems and external stakeholders to generate change;
  - Create transparency to enhance knowledge and encourage buy-in;
  - Identify, with stakeholders, what types of training and technical assistance is essential;
  - Identify methods to use to provide that training.

# Basic Concepts in HCBS System Transformation to Implement the Settings Rule

## ➤ Capacity building:

- Identify necessary supports and services required to be in compliance with the rule;
- Consider ways to build capacity to meet changing models of service delivery;
- Consider changes in transportation models to facilitate community inclusion;
- Identify efficiencies in current operating systems.

# Basic Concepts in HCBS System Transformation to Implement the Settings Rule

- Value-based payment reform:
  - Consider structural reforms to incentivize payments for increased time in the community, for more individualized choices, or for increased personal autonomy;
  - Create tiered models to make gradual changes;
  - Incentivize competitive integrated employment models;
  - Incentivize Case Management models that emphasize individualization, improved QoL outcomes, and natural supports;
  - Reward exceptional implementation of person-centered thinking, planning and practice.



# Basic Concepts in HCBS System Transformation to Implement the Settings Rule

- Ongoing monitoring and quality assurance:
  - Monitor system change to ensure ongoing compliance;
  - Develop strategies and processes to synthesize components of the rule across all systems;
  - Design methods to ensure services are delivered in accordance with person-centered service plans;
  - Ensure that MCOs are fully utilized to assist in system change;
  - Utilize new/evolving methods to improve quality;
  - Incorporate system change into Quality Assurance process.

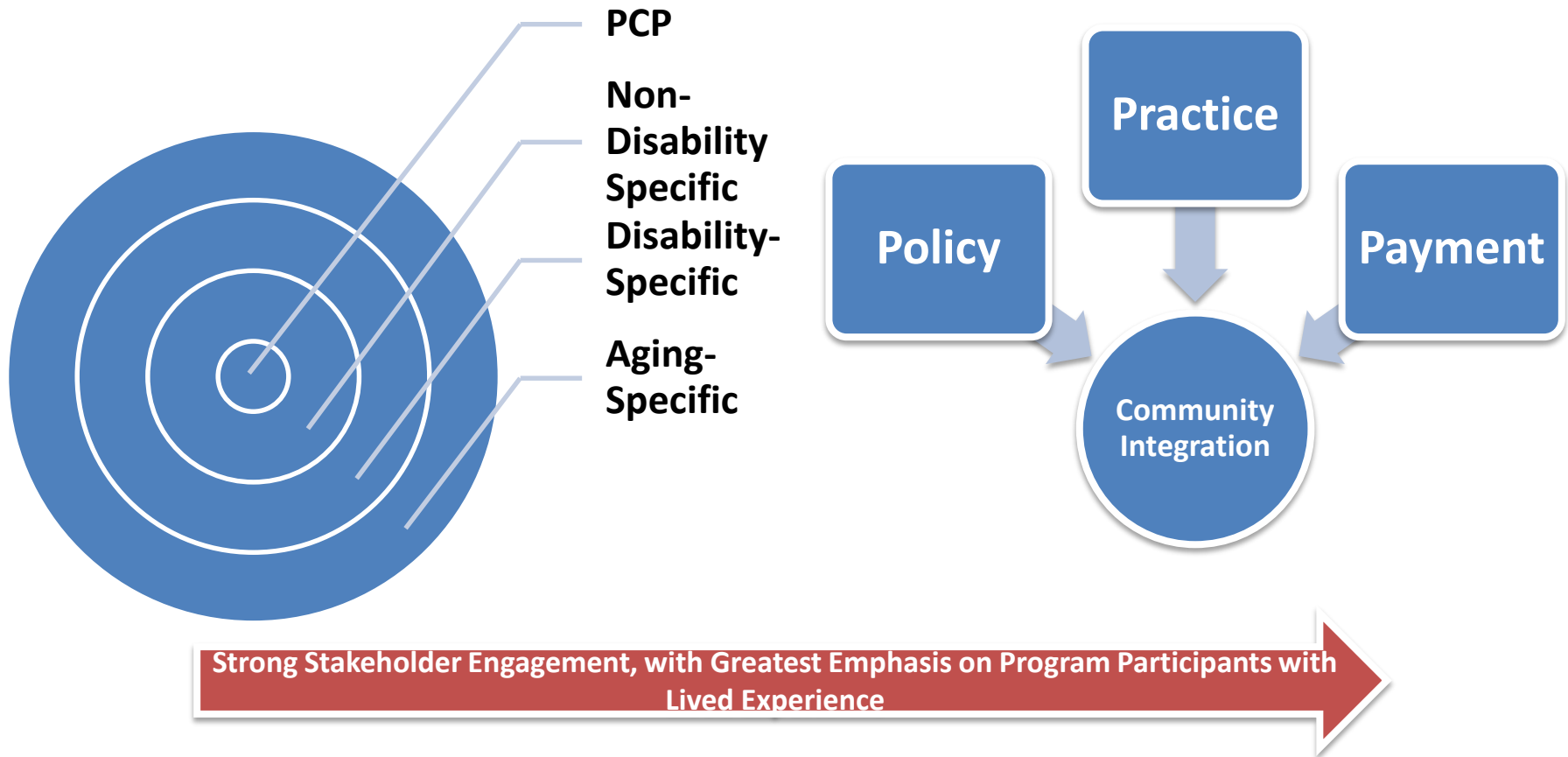


Promising Practices in State & Provider Strategies for Improving HCBS  
Outcomes & Increasing Community Inclusion – Serena Lowe, ACL

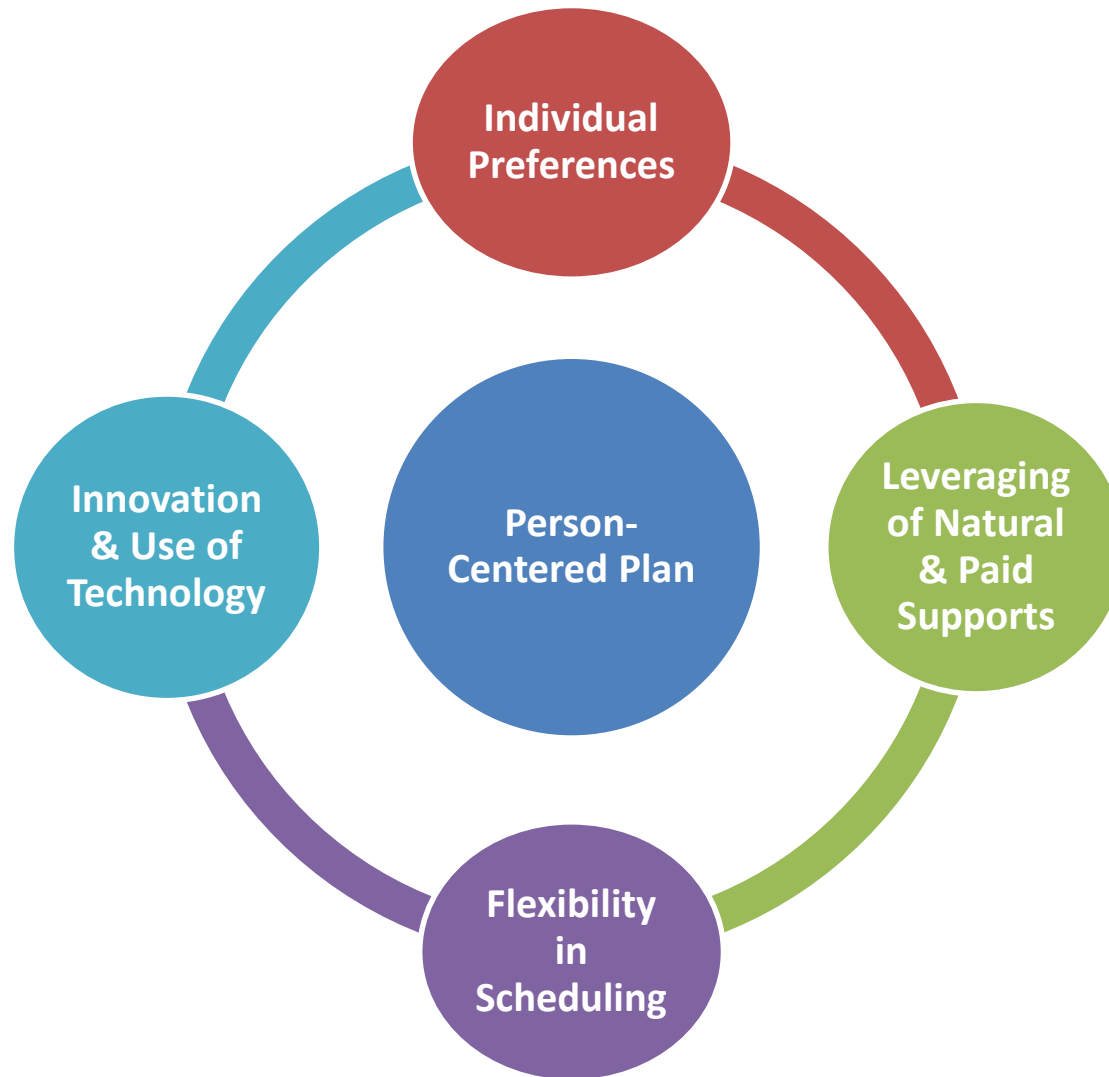
# **RAISING THE BAR IN PROVIDER TRANSFORMATION**



# How to Approach HCBS Systems-Change to Improve Community Integration



# Person Centered Planning in the Context of HCBS



# Provider Transformation: *What Are We Trying to Accomplish?*



# Modernizing HCBS Settings: Provider Capacity Building

Expanding Non-Traditional  
Partnerships

Exhausting Available  
Generic Community-Based  
Resources

Provider  
Transformation

Rethink Human Resource/  
Staffing Models

Create, Test, Validate,  
Scale New Ideas based on  
Individualization

# Modernizing HCBS Settings: Provider Capacity Building (2)

## Innovative Provider Service Principles

- The best places to learn how to live and work in the community are in the community.
- Our buildings should be places for people to come and go – not to stay.
- We shouldn't provide things here that exist naturally in the community.
- We should never make the people we support look incompetent in the community.
- We must balance preservation of safety with the dignity of risk....there is room for both, just as there is for all other adults that do not have disabilities. The key is in striking the right balance *on an individual basis*.

## Provider-to-Provider Tips on Making the Shift to Community Integration

- Invest time and resources into effective practices.
- Build your social capital at all levels.
- Explore traditional and non-traditional revenue sources.
- Do it one person at a time, and do it a lot of times until you're done. You'll get better at what you do.
- Start small – clear the path. Don't get stuck in planning, processing and waiting for the right “time” for change.
- Hire for who you want to become, not for who you are.

# HCBS in Disability-Specific Settings: *Promoting Community Integration*

## Access

- Availability of supports to allow a person to engage in the broader community for the maximum number of hours desired.
- Activities designed to maximize independence, autonomy and self-direction.

## Variety

- Broad range of activities/offerings that are comparable to those in which individuals not receiving HCBS routinely engage.
- Access to both individualized and small-group activities, on and off site.

## Quality

- Cultural competency
- Measurement focused on Increasing Community Access, Decreasing Social Isolation



# Decentralization of Traditional HCBS Provider Business Models

## Operationalizing Decentralization

- Many current agency business models based on people coming to agency facility (centralized)
- Community integration – individualized and everywhere in the community
- Agency support provided to people where they are – no longer at centralized places
- A significant change in business structure – any type of business would have significant retooling to accommodate new approach

## Resource Allocation to Accommodate Changes

- Moving resources out of a centralized location and out to where people are being supported
- Involves resources such as:
  - Staff
  - Communication and electronic record keeping devices
  - Transportation
  - Management support
- Facility consolidation and/or liquidation - one of the tough choices

## Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Community Integration*

- Spending time with HCBS beneficiaries in natural environments through discovery, and exposing beneficiaries to a number of community-based experiences as a way to better inform people with the person-centered planning and follow-along assessment processes.
- Developing partnerships and alliances with generic, community-based entities that result in mainstream inclusion of HCBS beneficiaries in activities available within the broader community.
- Establishing a public relations program that highlights and incentivizes stronger engagement of community-based partners directly with HCBS beneficiaries.
- Establishing a community-based advisory group to help identify and design new models and strategies for the setting to expand its individualized service offerings and increase greater access to activities in the broader community.

## Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Generic & Natural Supports*

- Reaching out to local businesses and community partners to request program/activity/event discounts and free memberships for individuals receiving HCBS similar to offerings provided to aging Americans, military service personnel/veterans, and other special populations.
- Exhausting public transportation options (including ride shares, taxi services, public metro or bus systems, trains, virtual transportation services, and others) to promote optimal individualization of scheduling and activities.
- Fostering access to technology, virtual applications, and other innovations as a way to stimulate natural supports and provide solutions-oriented strategies to facilitate greater participation in activities by HCBS beneficiaries in the broader community.
- Offering activities and programs that encourage families and friends to participate regularly and that promote greater independence and autonomy on the part of HCBS beneficiaries.

# Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Staffing*

- Assuring the level of support required, appropriate staffing levels, and transportation options to offer both group and individualized options that facilitate optimal community engagement.
- Decentralizing staff structures so as to promote greater flexibility and encouragement of community-based staffing over facility-based staff structures.
- Hiring of logistics coordinator or purchasing of logistics software to help facilitate and promote increased individualization and small group activity scheduling.
- Encouraging staff through incentives, rewards systems, or other promotional strategies for the development of new or expanded community-based partnerships, creation of new or expanded community-based activities, and fostering of natural supports for HCBS beneficiaries.

# Assuring Optimal Community Integration in HCBS: *Promising Practices for Providers – Sustainability*

- Collaborating with providers of similar settings to share administrative functions and leverage resources focused on training and ongoing capacity building of managers and front-line staff in the implementation of effective practices that result in optimal community integration of HCBS beneficiaries.
- Designing activities that may begin as a small group endeavor but allow for some individualization and individual personal growth and development as part of the activity.
- Emphasizing community-based activities that promote the development of skills and facilitate training and educational opportunities among HCBS beneficiaries that could lead to attaining and expanding volunteering and competitive, integrated employment opportunities.
- Facilitating skills-building workshops and activities that encourage greater control over personal resources and promote increased independence and personal autonomy of HCBS beneficiaries.
- Looking at non-traditional funding streams to support sustainability work.

# HCBS & Non-Disability Specific Settings: *Strategies for States*

- Invest in capacity building activities of existing and new providers to assure the development of multiple non-disability specific setting options across all categories of home and community-based services offered by the state.
- Provide ongoing training and technical assistance needed to help address systems-wide modification requirements of specific settings.
- Disseminate information to existing and potential provider entities about any local or state tax or other financial incentives available for establishing non-disability specific HCBS setting options in the state.
- Review existing HCBS service definitions, policies, and rate structures to assure outcome-oriented, incentives-based approach to HCBS, including but not limited to promoting innovative transportation and natural support strategies that facilitate individual community integration.

# **Training, TA & Ongoing Reform:**

## ***More Than a “One and Done” Approach is Critical to Provider Transformation***

- Evaluate attitudes and cultural norms of stakeholders.
- Foster a learning culture.
- Invest in building subject matter expert capacity within systems.
- Involve and include recipients of services and supports.
- Engage staff, mid-level managers, AND senior leadership in training and professional development specifically tailored to grow them in their unique roles.
- Invest in person-centered thinking training for all.
  - Provide tools, and methods to evaluate effectiveness of using the tools.
  - Create and support Communities of Practice and Learning Communities to create space to learn together, make adjustments.

# Stakeholder Engagement:

## *All Stakeholders Needed at the Table to make Provider Transformation Work*

- People receiving HCBS and their support network
  - Know best what they want, barriers and fears
- Providers
  - Need their leaders to be part of the solution, to try first, to reevaluate and provide respected and honest feedback
- State HCBS Agencies and Leadership
  - Need their own leaders and support from Executive branch
- Advocacy organizations
  - Need their support with state leadership, Executive and Legislative branches
- The Community
  - Need support of employers, community civic organizations, local public resources



## Public Engagement: *Promising State Strategies*

Promising Practice	State Examples
Virtual and in-person orientation sessions and “town-hall” like meetings across state and stakeholders. Focus groups and feedback forums early on to help inform the design of the state’s HCBS implementation strategy.	Ohio
Host public meetings targeting specific stakeholders to discuss updates to the STP and proposed changes to 1915 (c) waivers during public comment processes and prior to resubmitting to CMS for review.	South Carolina; Hawaii
Hosted topic-specific roundtables (related to employment, housing, day supports) with stakeholders to inform both the STP revision process as well as changes to 1915(c) waivers.	Utah
Establishment of state committees focused on HCBS systems change that includes equal representation of stakeholders.	Delaware; Wyoming
Hired self-advocates to provide trainings to other HCBS participants on their rights under the HCBS rule and their options for receiving services and supports in the community.	Connecticut
Use of multi-media to broadcast and disseminate information and solicit public comments.	South Carolina
Provided ongoing updated results on validation and remediation of all HCBS settings.	Alaska; Oregon; DC
Provides ongoing consumer friendly updates on state HCBS website for stakeholders to review feedback from CMS on STP, public comments submitted by stakeholders & state’s responses.	Maryland; Idaho
Used external stakeholder advisory group to review and provide feedback on heightened scrutiny reviews.	Kentucky
Developed easy to digest educational materials for consumers and families. Also continue to host stakeholder information sharing and feedback forums	Wyoming

# Promising Practices – Learning from the Field

- Innovative State Strategies to Foster Provider Transformation
  - Teri Morgan (Developmental Disabilities Program Manager, Division of Developmental Disabilities and Behavioral Health, Virginia Department of Medical Assistance Services)
  - Leah Zoladkiewicz (Human Services Program Consultant, Waiver Policy & HCBS Settings Rule Lead, Minnesota Disability Services Division)
- Developing Provider Networks focused on Person-Centeredness and Community Inclusion: A Plan's Perspective
  - Tim Garrity (Chief Innovation Officer, Inclusa)
- Helping People with Disabilities Live, Work and Thrive in Our Communities
  - Karen Lee (Executive Director, SEEC)
- How ACL's Disability Networks Can Support HCBS Systems Change and Provider Transformation
  - Amberly Datillo (Utah Disability Law Center)



## HCBS Settings Transition: Minnesota's Promising Strategies for Working with Providers

Leah Zoladkiewicz- Waiver policy consultant,  
Minnesota DHS- Disability Services Division

# Creating a partnership

Minnesota has a strong network of partners willing to make the necessary changes to improve experiences for people and comply with the rule's requirements. We have been from the beginning and will continue to work with providers who are willing and able to make the necessary changes that will support them to achieve compliance with the rule.

Since the creation of our current HCBS waiver system, Minnesota's Department of Human Services (DHS) and providers have been working together to ensure that older adults and people with disabilities have access to the highest-quality services.

Providers like you play an important role in making sure that individuals can make choices and pursue opportunities, contribute to their community, and are treated with dignity and respect.

**Create Opportunities. Support Choice. Connect Communities.**

# Site specific assessment and validation strategies

In 2017, MN DHS administered a provider attestation to assess compliance for 100% of provider owned/controlled settings.

The purpose of the site-specific provider attestation was for:

- HCBS providers to report each setting's current level of compliance with qualities and characteristics (standards) of the HCBS rule
- MN DHS to provide information and feedback to help providers with changes to meet the new requirements
- Providers to submit supporting documentation to demonstrate compliance

In order to validate setting compliance, we conducted desk audits of supporting documentation for 100% of the 5,991 provider-submitted attestations.

# Transitioning to compliance

The following strategies were used to assist providers with their transition to compliance:

- Launched a communication campaign
- Developed provider toolkits
- Conducted targeted technical assistance
- Implemented compliance plans

As of today, 99% of settings have been determined initially compliant with the HCBS settings qualities.

# Overcoming the institutional/isolating presumption

**CMS must agree that the state has provided evidence that the setting:**

- Does not have institutional or isolating characteristics AND
- Does have the qualities of a home and community-based setting

- We have conducted site visits to gather evidence that these settings do not have institutional or isolating characteristics and do have the qualities of HCBS
- Site visits included observations, interviews with administration, staff and people receiving services

**Over the course of a year we have conducted over 300 site visits**

# Lessons Learned

- By working intensively with providers to implement the HCBS settings rule, our team gained an in-depth understanding of provider practices in these settings.
- Many providers are doing excellent work to ensure their services are person-centered, that people have opportunities to engage in their communities, and people supported to have the highest possible quality of life.
- Other providers are meeting the minimum requirements, but have opportunity for growth and improvement.



# Strategies to enhance HCBS practices



- **HCBS provider practice guide**
- **HCBS provider toolkit**
- **Targeted technical assistance to providers**
- **Promoting promising practices**

# At a Glance: Provider Guide and Toolkit

- [HCBS Provider Practice Guide](#): This provider's guide contains informational guidance, best practices and examples to assist waiver service providers in understanding each of the new home and community-based services (HCBS) requirements and to help generate ideas of HCBS-compliant practices.
- [HCBS Provider Toolkit](#): This toolkit contains frequently asked questions, promising practice examples and resources specific to the following topic areas: person-centered practices, community engagement/partnerships, transportation and employment. These topic areas were identified to be the most challenging for providers as we went through the HCBS assessment and validation processes.



# At a Glance: Promising Practice Videos

## Community Engagement



## Person-Centered Planning



## Community Employment

# At a Glance: Provider Targeted Technical Assistance

**Provide support to providers (October 2019-August 2021):** We recognize some providers, especially smaller providers, would benefit from in-person, one to one support focused on improving service quality and overcoming barriers. Providers will apply to receive this technical assistance and be asked to identify goals and barriers ahead of time. Individual provider support will focused on addressing issues tailored to each provider.



## HCBS TA Application

### Instructions

Thank you for your interest in accessing additional support related to Home and Community-Based Services (HCBS)! You may receive support in navigating a variety of topics. Some common areas where providers are benefited with additional support include:

- Community integration and engagement (including volunteering)
- Promoting competitive employment
- Person-centered planning and people's rights
- Transportation
- Organizational support

Support can range from a brief discussion to a series of coaching phone calls or on-site visits. If you have questions about topics related to the categories above, or if you would like to learn more about how the HCBS regulations apply in practice, please first consult the [HCBS provider toolkit](#). After you submit your application for support, you can plan to hear back from us on the status of your application in 30 days. At that time, a member of the team will work with you to determine the best course of action for providing support.



# Virginia: Stakeholder & Provider Buy-In Managing Culture Change

# Home and Community Based Services

- ❑ Home and Community Based Services are undergoing the most significant modernization of policy and practice since Medicaid HCBS waivers began in the 1980's.
- ❑ Grappling with the scope and complexity of how to implement HCBS rules has inspired a deep dive into culture, values and political will.
- ❑ Opportunity!

# HCBS Rules are Systems Change

*Systemic Change* “a fundamental change in policies, processes, relationships, and power structures, as well as deeply held values and norms”

*Srik Gopal & John Kania*

Systemic Change requires a change in CULTURE

# Change Fatigue

Among the biggest obstacles to successful change are “**change fatigue**” (which occurs when people are asked to follow through on too many changes at once) and a lack of the capabilities needed to make major changes last.

## *Cultures Role in Enabling Organizational Change*

### *Virginia Change Initiatives:*

- ❑ *Department of Justice Settlement Agreement*
- ❑ *2016 Redesign of the Developmental Disability Waivers*
- ❑ *New Expectations for Providers and Support Coordinators*
- ❑ *HCBS Settings Rule*



# HCBS is Complex Systems Change

## MANAGING COMPLEX CHANGE

Vision	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	CHANGE
		Skills	+	Incentives	+	Resources	+	Action Plan	=	CONFUSION
Vision	+			Incentives	+	Resources	+	Action Plan	=	ANXIETY
Vision	+	Skills	+			Resources	+	Action Plan	=	GRADUAL CHANGE
Vision	+	Skills	+	Incentives	+			Action Plan	=	FRUSTRATION
Vision	+	Skills	+	Incentives	+	Resources			=	FALSE START

*Managing complex change requires* FIVE COMPONENTS.

*Source: The Managing Complex Change model was copyrighted by Dr. Mary Lippitt, founder and president of Enterprise Management, Ltd., in 1987.*

# Vision: A Public Policy Perspective

Public Policy: Laws, regulations and rules that  
**reflect societal values.**

*Public policy is the means by which a government maintains order or addresses the needs of its citizens through actions defined by its constitution.*

*David White*  
*What is Public Policy?*

# VISION:

## A Historical Perspective: The Deep Dive

***Buck v. Bell***, 274 U.S. 200 (1927) •

“Carrie Buck is a feeble minded white woman who was committed to the State Colony above mentioned in due form. She is the daughter of a feeble minded mother in the same institution, and the mother of an illegitimate feeble minded child.”



“A decision of the United States Supreme Court, written by Justice Oliver Wendell Holmes, Jr., the Court ruled that a state statute permitting compulsory sterilization of the unfit, including the intellectually disabled, “for the protection and health of the state” did not violate the Due Process clause of the Fourteenth Amendment.



“It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.”

# VISION

## A Historical Perspective: The Deep Dive

- ❑ **Ugly laws** - state laws which stated that persons with specified disabilities are “unfit for citizenship.” Some of these laws were called **unsightly beggar ordinances** and made it illegal for persons with “unsightly or disgusting” disabilities to appear in public.
- ❑ States laws that permitted school districts to **exclude** children with disabilities when school officials determined that it was too much of a burden or “inexpedient” to serve them or because they produced a “nauseating” effect on others.

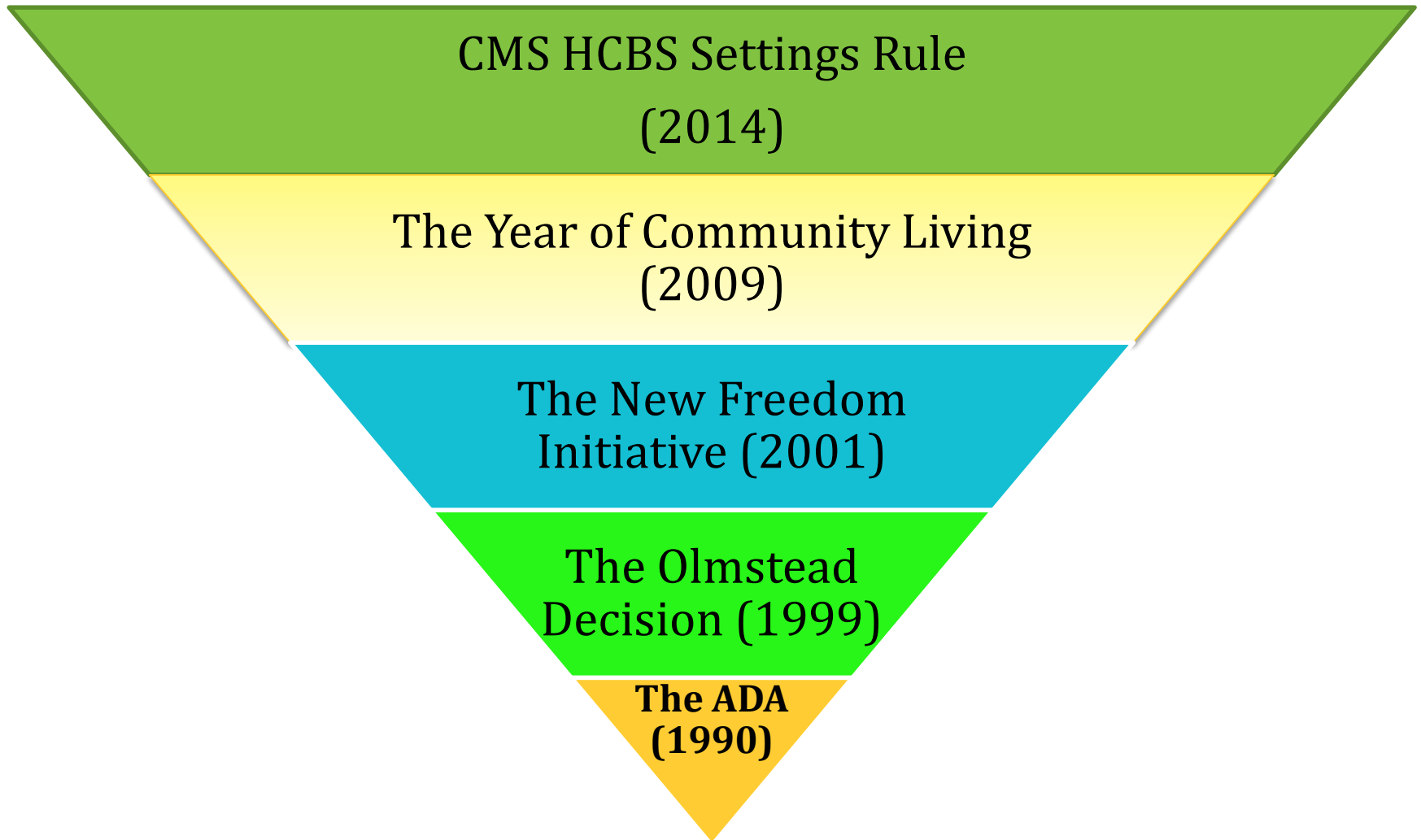
# VISION:

## A New Era in Disability Policy Emerges

1970's – a time of significant change representing changing attitudes, values and the start of the disability rights movement. This was partially spearheaded by returning Vietnam vets and other disability rights leaders.

- ❑ **Section 504 of the Rehabilitation Act**
- ❑ **PL-94 142: The Education of All Handicapped Children Act**
- ❑ **The 1990 Community Integration Mandate of the ADA**
- ❑ **The 1999 United States Supreme Court decision in Olmstead v. L.C.**
- ❑ **2001 New Freedom Initiative (Bush Administration)**
- ❑ **2009 Year of Community Living (Obama Administration in recognition of the 10 year anniversary of the Olmstead Decision)**

# Public Policy Building Blocks



# Skills, Resources, Action Plan.

## Home and Community Based Services Toolkit

HCBS Toolkit Overview

Provider Organizational  
Compliance

Values, Principles, Common  
Language

HCBS General Requirements  
for All Settings

HCBS Additional  
Requirements for Provider  
Owned/Controlled Residential  
Settings

Adult Day Healthcare Settings



The HCBS Toolkit:

<http://www.dmas.virginia.gov/#/hcbs>

\*13,654 views since going live 9/10/18

# Skills, Resources, Action Plan Tools.

HCBS Toolkit Overview

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Adult Day Healthcare Settings



- ❑ [HCBS Toolkit Homepage](#)
- ❑ [Organizational Compliance](#)
- ❑ [Values, Principles, Common Language](#)
- ❑ [General Requirements All Settings](#)
- ❑ [Additional Requirements Residential Settings](#)
- ❑ [ADHC Settings](#)



# Providers: Action Plan, Incentives

- ❑ Buy-in on the front end
- ❑ Advisory Role for Provider Self-Assessment Process & Communications
- ❑ Organizational compliance standards
  - HCBS rights policy
  - Individual disclosure for HCBS rights policy and disclosure document (must be done annually)
  - Annual staff training on HCBS rights (documentation must be retained in staff records)
  - Must demonstrate how access to the community is assured (Community Participation Policy)
- ❑ Additional indicators of compliance
- ❑ Must demonstrate full compliance with all standards in all settings to continue as a provider of HCBS (*Incentive*)
- ❑ An opportunity to be part of systems change, this is an exciting time! (*Incentive*)

# Yes, We Can!





Local, person-centered and community-focused approach to long-term care.

# History and Perspectives



*We proactively partner with others to build a shared vision of long-term care that offers the people we serve choice, connections, and dignity fostering full participation in communities.*

Operating

since  
**2000**

Inclusa, Inc. is a Wisconsin-based nonprofit corporation that has operated in the state since the inception of the Family Care Program in 2000.

**501(c)(3)**

Inclusa is a federally designated charitable 501(c)(3) organization.

Serving

**15,000**

Inclusa provides long-term care services and supports to 15,000 adults with physical and intellectual disabilities, and frail elders through the Family Care program.

Located in

 **52/72**

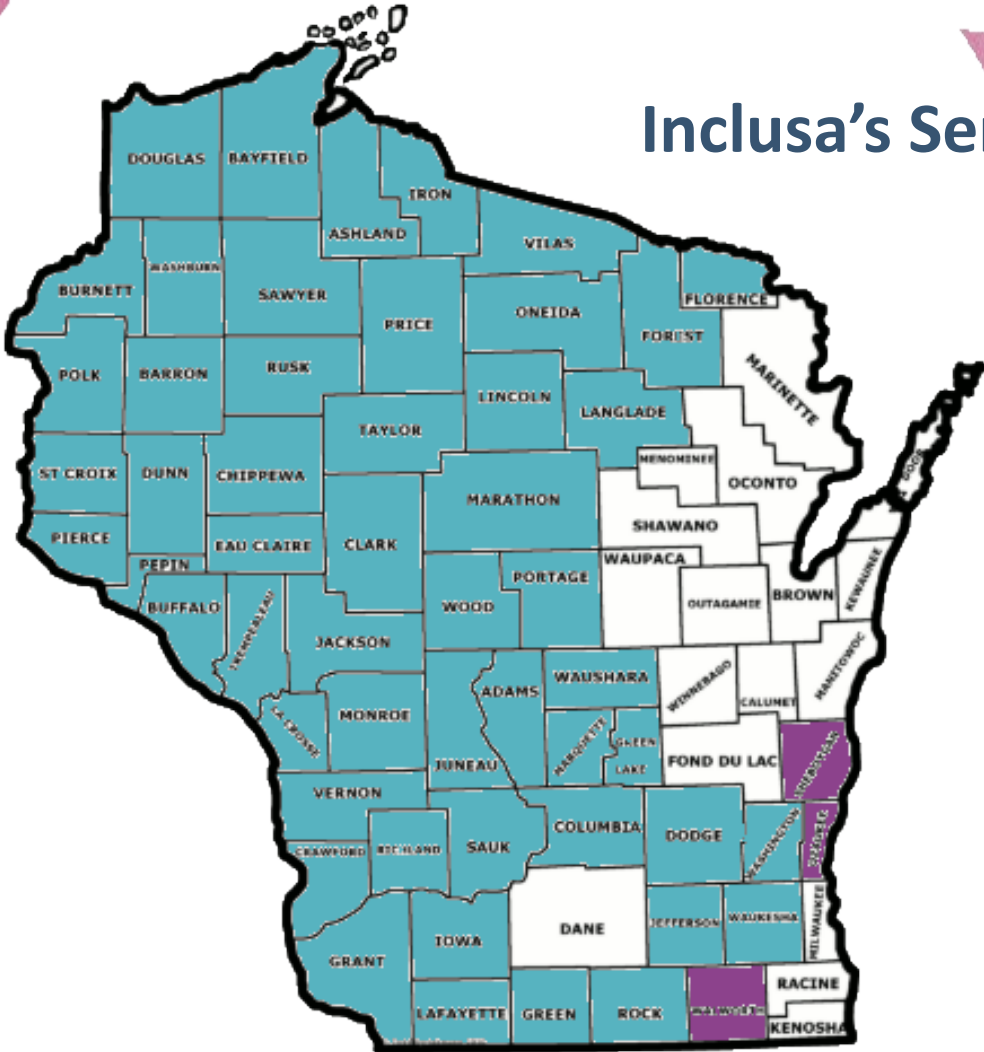
Inclusa is contracted with the State of Wisconsin and permitted through the Office of the Commissioner of Insurance to provide Family Care services and supports in 62 of Wisconsin's 72 counties.

Partnering

with  
**4,000**

Inclusa has contracts with over 4,000 provider partners, in almost 40 service categories

# Inclusa's Service Region



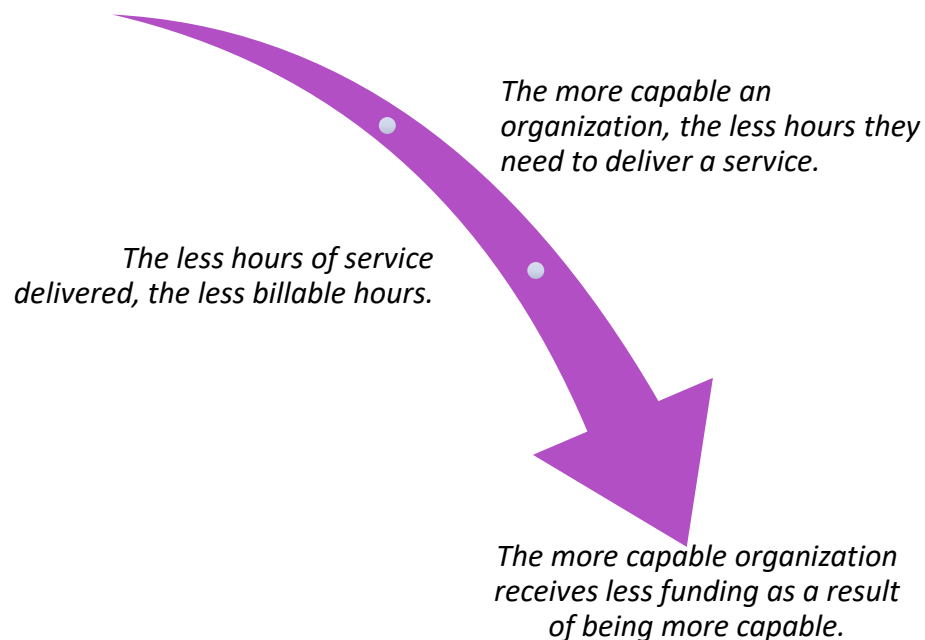


# **Value-Based Purchasing Supported Employment**

# Why an Outcome-Based Reimbursement Model for Supported Employment?



## *The paradox when paying by hour of service.*

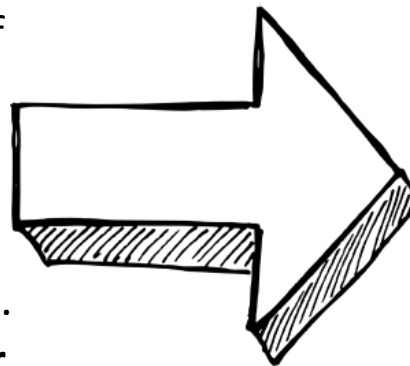


## Paying for Job Coaching Based on Hours Worked by the Supported Employee



### What are the benefits?

- **Rewards fading.** As this results in no loss of income and can lead to an increase in net income if fading above reasonable target expectation.
- **Rewards moving individual toward full employment.** Results in increase in income.
- **Incentivizes provider to prevent job loss or reduction in work hours.**



**Better  
Member  
Outcomes**



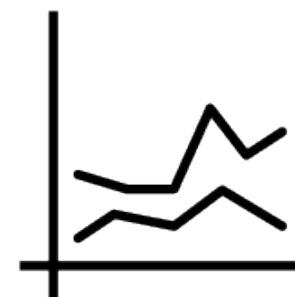
## Key Steps in the Process



*Focus on provider  
engagement*



*Invest in  
technical  
assistance*



*Risk sharing*

# Geographical Service Region 4-North Central Wisconsin 2012-Demographics



Five (5) Counties  
Region



Enrollment- 3,288



Six (6) Vocational  
Providers

## Outcomes and Impact



25 Months  
**35%**

**25 MONTHS LATER: 35% GROWTH**  
in number of people employed in  
competitive integrated employment

6 Years  
**70.6%**

**6 YEARS LATER: 70.6% GROWTH**  
in number of people employed in  
competitive integrated employment

## Cost Effectiveness & Quality



Average base FFS Rate

**\$27.83**

Average Support

**34.81%**

**CY2013:** Average cost per supported employee hour worked was **\$9.93**

**CY2016:** Average cost per supported employee hour worked was **\$9.70**

**CY 2018 (Jan-May):** Average cost per supported employee hour worked was **\$9.75**



**Systems and Provider Network  
Transformation in Rural Areas**

# Systems Transformation in Rural Areas Roadmap



- Focus on Building/Sustaining Local Relationships
  - Clear shared vision and commitment to the outcomes



- Coalition of the willing
- Build and Align Internal Values Associated with:
  - Partnership- A Power-With approach
  - Community-Centric and Strength-Based approach
  - Values Driven



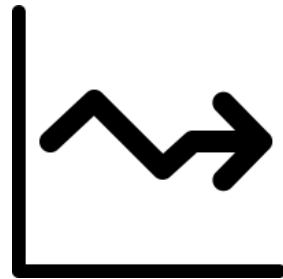
- Allocate Resources where Systems Change is needed
  - Stay the course



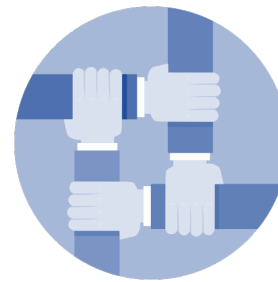
# Provider Network Development



Build the network  
local-out



Stabilization first  
and innovation  
next



Focus on  
partnerships –  
**power-with**  
approach



Balance network  
development  
with strong focus  
on self-directed  
support options



## For more information

Visit our Website

[inclusa.org](http://inclusa.org)



**Kris Kubnick, Chief Member Experience Officer**



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**Tim Garrity, Chief Innovation Officer**



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# HCBS Conference

Organizational Transformation  
From Philosophy to Infrastructure

Karen Lee, SEEC





# SEEC...A briefing

## 2005

- Supported 20 people in supported living
- Supported 89 people in medical day care
- 45 people also in Employment Services
- Used a “facility” as a staging area
- 25% Employment rate

## 2019

- Support 100 people living in their own home
- Support 4 Project Search Programs
- Support 80 people in belonging and thriving in their community
- Support 275 people to get and keep jobs



# Why Change???





# The size of the boat



## Determines



## The speed of the turn





**CRISIS  
IN  
PROGRESS!**



# Why SEEC changed...



- The percent of people employed was declining
- Quality jobs were not being developed
- People were staying in the building too long
- We weren't proud of what we were doing



- State Plan Medicaid was changing requirements for medical day
- Employment became a waived service
- Case management became available



**TIME**  
for  
change



**Think Big**

**Start Small**

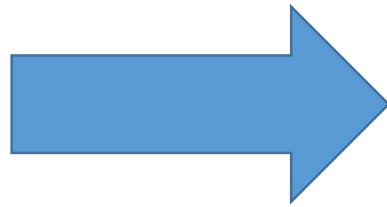
**Scale Fast**







# Infrastructure







# What you can't do outside of a facility

- Paper Time Sheets- clocking in
- Daily face to face communications
- Daily check in's with supervisor-line of site
- Information sharing
- Immediate access to behavioral and nursing support
- Board games, art supplies and DVD's (downtime activities)
- A single drop off transportation system





## Former Practice

- Face to Face Supervision
- Bring in visiting artists/musicians
- Paying for rent, cleaning, supplies, utilities
- Group planning
- Meetings in our office
- Quick issues check in

## New Practice

- Daily roll call on Iphone
- Identify community classes or private lessons
- Paying for classes, higher staff ratios, technology for staff and transportation
- One person at a time...
- Meetings at community places like bakeries, community centers, AJC
- Text Circles





# Steps in Transformation

- Plan
- Setting the Vision
- Identifying Stakeholders
- Get stakeholders on the same page
- Explore
- Formulate the Plan
- Tell The Story



# Settings Advocacy as a Protection & Advocacy Program Priority

In the preamble, CMS describes the HCBS Settings rule as a tool to assist states in fulfilling their obligation under the ADA, section 504 of the Rehabilitation Act, and *Olmstead* to serve individuals in integrated settings. 79 Fed. Reg. 2948, 2451 (Jan. 16, 2014)



# Settings Rule Advocacy Inception

- What did settings in our State look like?
- How did consumers feel about the quality of their services?
- Were any potential areas of concern isolated, or representative of system-wide barriers?

# Evaluating Utah's Transition Process: An Opportunity for Inclusion

- In order to provide the State with comprehensive feedback, the DLC initiated a survey of service providers
- Our survey included 11 providers and 13 different settings
- Providers were randomly selected and included residential and non-residential providers in rural and urban settings
- Service providers and HCBS consumers were interviewed at each setting.
- The DLC created a report to summarize our findings.



# Survey Findings

- Many of the programs we visited were unable to provide daily or even weekly access to the community.
- Multiple programs were physically isolated in industrial areas of town that did not allow for frequent interaction with the broader community.
- Additionally, many participants in these settings reported that they were not able to individualize their daily schedules and that community access was often dependent on participating in large group activities.
- Providers indicated that a lack of resources relating to transportation and staffing contributed to difficulty in this area.

# Secondary Review

- The DLC initiated a review of all settings that appeared to have significant challenges to compliance and conducted visits of 16 of these settings.
- After each visit, the DLC provided feedback letters that discussed our findings and potential areas of concern, and directed providers to resources.
- Although the State is the entity that determines compliance, it was our hope that providing feedback would enable providers to begin considering potential areas of non-compliance as early as possible.
- On September 14, 2017, the DLC sponsored a day-long conference highlighting the Settings Rule, providing technical assistance from national and local resources, and facilitating a community dialogue on ways to promote and improve integration in HCBS services.
- In both letters and at the conference, the DLC asked stakeholders to provide feedback regarding barriers to compliance to be submitted at the next open comment period.

# Secondary Review Findings: Non-Residential

- **Areas of that Promoted Compliance with the Rule**
  - Increased opportunities for individuals to engage in competitive integrated employment through your supported employment program.
  - Providing opportunities for individuals to grow their skill set and try new jobs within the setting.
  - Helping individuals to control their personal resources by discussing ways clients can increase their earnings.
  - Clients reported being able to take time off for scheduled appointments as needed.
  - Providing individuals with a secure place to store their belongings
- **Indicators of Non-Compliance with the Rule**
  - The location of the setting is in an industrial parkway.
  - The front office does not seem to be fully integrated with individuals with disabilities working and completing tasks in back area of the building.
  - Multiple services are provided on site such as behavioral, therapeutic, and/or other recreational activities.
  - It appears there are limited opportunities for community integration based on the needs of clients and availability of staff, and clients are provided with information about mostly disability-specific events outside the setting.

# Secondary Review Findings: Residential

- **Areas of that Promoted Compliance with the Rule**
  - The setting was physically accessible.
  - Individuals were free to personalize and decorate their bedrooms as they wanted to.
  - The setting had an open-door policy allowing visitors and clients to come and go as they pleased.
  - The setting supported clients to seek employment and volunteer opportunities.
  - Clients were able to set their own schedules.
  - Clients had their own rooms with lockable doors
- **Indicators of Non-Compliance with the Rule**
  - Clients do not have access to public transportation.
  - The setting is a congregate living situation for people with disabilities located in an isolated/rural area. There are currently 16 clients living at the two sites adjacent to each other; 8 clients in the men's home and 8 clients in the women's home. The homes are adjacent to a gated residential community.
  - It appears that clients had regimented schedules. For example, in the mid-afternoon, a resident was receiving a shower and dressing in her pajamas.
  - Clients were not allowed to eat in the place of their choosing.
  - Many closets and cupboards are locked.
  - There is a significant amount of clients' personal information posted throughout the setting

# Advocacy Strategy

- **Feedback to state Medicaid agency:**
  - letters, public comment periods, workgroup participation, provide additional training for providers, state staff, families and people receiving services.
  - *Next step: heightened scrutiny advocacy.*
- **Legislative Advocacy:**
  - educate legislators re current system, ask for legislative support of full implementation of the rule.
  - *Next step: continue to educate legislature regarding gaps of current system and explore other opportunities for legislative advocacy that highlight integration.*
- **Community capacity building:**
  - creating resources (our website [www.disabilitylawcenter.org/hcbs](http://www.disabilitylawcenter.org/hcbs), comment guides, trainings), partnering with sister agencies (parent center and UCEDD) to provide training and build capacity with other stakeholders.
  - *Next step: continue work with partners to educate and empower stakeholders.*