

July, 2015
OCDD State Office Transition Plan Team

PROVIDER SELF- ASSESSMENTS

Goals of Presentation

- Review Home and Community-Based Services(HCBS) Setting and Person Centered Planning (PCP) Rules
- Build an understanding of the provider self-assessment process for both residential and non residential services
- Identify important dates related to compliance

HCBS Settings Rule

The new rule became effective on **March 17, 2014** and applies to:

- **Home and Community-Based Services Settings (HCBS):** increases protections relating to where people receive HCBS and ensures people are afforded opportunities to be fully integrated into their communities; and
- **The Person-Centered Planning Process(PCP):** increases the person's input in how services are planned and what is included in the plan of care

HCBS Settings Rule

- These rules will be applied to *everyone* receiving HCBS funded by Medicaid, including people receiving HCBS in:
- **1915(c) waivers in OCDD:**
 - New Opportunities Waiver
 - Children's Choice
 - Supports Waiver
 - Residential Options Waiver
- HCBS providers have to look at where and how they provide services
- Individuals served will be asked to tell us about their experience in planning and receiving HCBS

HCB Setting Regulation Requirements

- *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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*

HCB Setting Regulation Requirements

- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting 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. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*

HCB Setting Regulation Requirements

- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*
- *The home and community-based (HCB) settings regulation requirements at 42 CFR §441.301(c)(4)/441.710(a)(1)/441.530(a)(1) established a definition of HCB settings based on individual experience and outcomes, rather than one based solely on a setting's location, geography or physical characteristics.*

Standards that Apply to ALL HCBS Settings

➤ **Integration with community**

- Setting must support the full access for the person to their community

➤ **Choice**

- The person must be able to choose the setting from other options

➤ **Rights**

- The person must have rights to privacy, dignity, respect and freedom from coercion and restraint

➤ **Independence**

- Setting must maximize the person's ability to make life choices

Standards that Apply to the Person-Centered Planning Process

The PCP process:

- Is driven by the individual
- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at the times/locations of convenience to the individual
- Reflects cultural considerations/uses plain language
- Includes strategies for solving disagreement
- Offers choices to the individual regarding services and supports the individual received and from whom
- Provides method to request updates

Provider Self-Assessment Process

- OCDD must engage in an extensive assessment process of its HCBS settings to determine whether the settings are compliant with CMS standards.

The following table identifies timelines for the provider self-assessment process

Timeline	Action
8/1/15 – 9/30/15	Complete self-assessment for each service the agency provides
9/30/15	Each provider agency turns in self-assessment to LGE
As received	LGE will track provider timeliness in completion of self-assessment
8/1/15 – 10/31/15	Onsite visit by LGE/OCDD of random sample of providers to ensure accurate completion and back-up documentation available
8/1/15 – 10/31/15	“Desk Audit” of random sample of providers; providers will be requested to turn in back-up documentation to LGE
11/30/15	LGE review of completed self-assessments, on-site visit and desk audit; LGE will categorize providers level of compliance
11/30/15	Providers not in full compliance must complete Provider Transition Plan with milestones
12/31/15	LGE will submit this list to OCDD Central Office
Ongoing	Providers will submit quarterly updates to LGE on milestone completion
Ongoing	LGE will provide OCDD Central Office with quarterly reports on compliance

Provider Self-Assessment Categories

Settings will be categorized:

1. The setting fully complies with the CMS requirements.
2. The setting, with changes, will comply with the requirements.
3. The setting is presumed to have the qualities of an institution but for which the State will provide evidence to show that the setting does have the qualities of an HCBS setting (**“heightened scrutiny”**).
4. The setting cannot meet the requirements and/or chooses not to come into compliance.

Each provider will have to complete a Provider Transition Plan with measureable steps of how each agency will come into compliance and provide documentation on a quarterly basis of the progress made.

“Heightened Scrutiny” Process

- OCDD identifies providers presumed to have qualities of an institution but that we believe are in compliance
- OCDD documents justification for CMS in applying **“heightened scrutiny”**
- OCDD conducts public forums and requests public comment and gathers supporting documentation
- OCDD incorporates public comments and provides a summary of that input to CMS for heightened scrutiny process to take place
- CMS reviews for approval/disapproval

Completing And Submitting Provider Self-Assessment And Provider Transition Plan

Provider Self- Assessment & Provider Transition Plan

- **Provider Self-Assessment:** A tool designed to measure each provider's current level of compliance with the Settings and Person Centered Process Rule and provide a framework for assisting those providers with the steps necessary for compliance.
- **Provider Transition Plan:** Required for all providers who, upon completing the Provider Self Assessment, self identify or are deemed to be non-compliant with any component of the Rule. The Provider Transition Plan template will be provided by OCDD and utilized by providers to communicate, in writing, their plan for coming into compliance and the associated timelines.

Provider Self- Assessment & Provider Transition Plan

- All Medicaid funded providers will be required to complete a provider self-assessment. No providers will be 'grandfathered' in.
- **It is CMS' expectation that Person Centered Planning Rules are already implemented in each state.**
- Each provider is required to submit documentation supporting their compliance and/or submit a Provider Transition Plan demonstrating their intent to come into compliance within required timeframes.

Provider Self- Assessment & Provider Transition Plan Timelines

- **Provider Self-Assessments** must be submitted no later than **September 30, 2015**.
- **On-sight monitoring** conducted by the Local Governing Entities (LGE)/OCDD State Office will occur from **August 1, 2015 to October 31, 2015**.
- **Desk Audits** will be conducted by the LGE **August 1, 2015 to October 31, 2015**.
- **Provider Transition Plans** must be submitted by **November 30, 2015**. Providers who have not submitted completed provider self-assessments and Provider Transition Plans, as necessary, by **November 30, 2015** may be dis-enrolled as an HCBS waiver provider.

***If additional information is requested after receipt of initial submissions, on-sight monitoring, and desk audit, timelines for resubmission will be determined by OCDD.**

HCBS Provider Self-Assessment

The following provider types are required to complete and submit a Provider Self- Assessment and Provider Transition Plan, as necessary, demonstrating their agency's compliance:

➤ **Residential Providers:**

- Community Living Supports/Shared Supports
- Substitute Family Care
- Individual and Family Supports/Shared Supports
- Host Home

➤ **Non- Residential Providers:**

- Day Habilitation
- Prevocational/Employment Related Training (NOW)
- Supported Employment

Some providers will need to complete multiple Self-Assessments, as a Self-Assessment must be completed for each provider type.

Completing the Provider Self-Assessment

- **Documentation:** Providers must demonstrate compliance with the Settings Rule through their policies and procedures that are in place and other forms of evidence; that they are regularly assessed for effectiveness and compliance **AND** made available to individuals served.
- **The Provider Self-Assessment Tool:** Contains a set of questions designed to measure each provider's level of compliance with the Settings Rule and the **HCB Setting Regulation Requirements**.

Completing the Provider Self-Assessment

- In preparation for submission of the Provider Self-Assessment, each provider should conduct a comprehensive assessment of all operating policies, procedures and rules to determine their current level of compliance with the Settings Rule.
- Providers should ensure that policies are applied to each individual person served.

Stakeholder Involvement

- The role of the stakeholder is critical in the completion of the Provider Self- Assessment
- Providers are **required** to include stakeholders in their Self-Assessment and Provider Transition Plan development processes.

Stakeholder groups must include:

- Participant(s)
- Family members
- Provider agency staff
- Advocate
- Outside stakeholder

Your current Quality Council can serve as this stakeholder group also and will help you feed this process into the regular part of your annual assessment process.

Provider Self-Assessment Tool Overview

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Provider Self-Assessment

Each provider will obtain the self-assessment tool from the OCDD website <http://new.dhh.louisiana.gov/index.cfm/page/1991>

Primary components of Self-Assessment:

- **Demographic and Contact information**
- **Intent to comply:** Providers who do not complete the self-assessment or do not plan to come into compliance are provided the opportunity to opt out of completing the Self-Assessment and will be dis-enrolled from providing HCBS services
 - In such instances, providers must cooperate with OCDD transition requirements which include offering Freedom of Choice to the individuals they serve
 - All transition activities will be overseen by OCDD
- **Stakeholder involvement**
- **Assessment questions:** Yes/No format
 - Each question answered 'Yes' should have corresponding documentation to serve as evidence of their compliance
 - Each question answered 'No' should be included in the Transition Plan
- **Attachments**

Self-Assessment

Providers will identify in the column “**Required Evidence of Compliance with HCBS rules,**” which documents are associated with each question on the Provider Assessment and documents must be tagged with the appropriate question(s)

Documentation

Acceptable forms of documentation:

- **Provider policies/procedures**
- **Licensure/ certification**
- **Participant handbook**
- **Individual Service Plan (ISP)**
- **Staff training curriculum**
- **Training schedule**
- **Advisory Council/Committee Assessment meeting notes**
- **Weekly schedules of a sample of participants**

Document titles must be consistent with the naming used on the self-assessment and it must be clear evidence how they are connected

On Site Monitoring and Validation

- LGE staff/OCDD State Office staff will be conducting random **On-site** monitoring visits of providers from **August 1, 2015 to October 31, 2015**
- The LGE /OCDD State Office will be responsible for validating the Provider Self-Assessment through the on-site monitoring to determine if the provider is compliant with the settings rule.
- The Validation Process will be completed by **December 31, 2015**

Desk Audit and Validation

- LGE staff will be conducting random “**desk audits**” from **August 1, 2015 to October 31, 2015**.
- The LGE will be responsible for validating the Provider Self-Assessment through the desk audit to determine if the provider is compliant with the settings rule.
- The Validation Process will be completed by **December 31, 2015**

Provider Transition Plan

Upon completing the Provider Self –Assessment, any provider that has determined that they are **NOT** in compliance with any component of the Settings Rule, the Provider Transition Plan will be the tool providers use to communicate, in writing, their plan for coming into compliance and the associated timelines

Provider Transition Plan

- Provider Transition Plans are required for all **'NO'** responses on the Provider Self-Assessment
- Provider Transition Plans must be submitted no later than **November 30, 2015**.
- The LGE and OCDD State Office will be responsible for validating the Provider Transition Plan submission and making a determination regarding whether the plan will bring the provider into compliance.

Provider Self-Assessment & Provider Transition Plan

Upon review of the Provider Self-Assessment and Provider Transition Plan, (as necessary), the LGE/OCDD State Office will send a notice to the provider indicating the status of their submission. Notices will indicate one of the following:

- **Provider Self-Assessment received and approved and no Provider Transition Plan is needed.**
- **Provider Self-Assessment and Provider Transition Plan received and approved.**
- **Provider Self-Assessment received and not approved. More information required**
- **Provider Transition Plan received and not approved. More information required.**

What if Provider Self-Assessment and/or Provider Transition Plan is not approved?

- LGE/OCDD State Office will send each provider a **Validation Form** identifying the areas of compliance and/or non-compliance, and provide feedback on additional information that is needed.
- The provider will be responsible for making any necessary revisions or obtaining the documentation required to come into compliance and providing to the LGE/OCDD State Office.
- New Timelines will be given for completion to each provider.
- The LGE/OCDD State Office will provide technical assistance and guidance as requested.

VALIDATING THE PROVIDER SELF- ASSESSMENT AND PROVIDER TRANSITION PLAN

Validation Process

- The LGE/OCDD State Office will be responsible for reviewing Provider Self-Assessments, desk audits, on-site visits and Provider Transition Plans and making determinations regarding each provider's level of compliance.
- Random On-site monitoring visits and desk audits will take place between **August 1, 2015 to October 31, 2015** and will be used to further validate the Provider Self-Assessment results.
- If a provider is determined to **NOT** meet compliance, an on-site visit with the provider will occur.

Provider Self-Assessment Validation Steps

- Provider Self-Assessments are comprised of Stakeholder Involvement requirements and Yes/No Questions
- The LGE/OCDD State Office will confirm that each question has corresponding documentation that is clearly identified
- Each question answered 'Yes' should have corresponding evidence and each question answered 'No' should be addressed in a Provider Transition Plan

Provider Self-Assessment Validation Steps

Validating questions with a 'Yes' response

➤ The LGE/State Office will:

- Review the provider self-assessment and ensure that it's completed correctly and that documentation is listed for each **YES** answer.
- Does the documentation/evidence noted address the component adequately?
- If On-site visit was conducted, did it validate the provider self-assessment?
- If Desk-Audit was conducted, did it validate the provider self-assessment?

Provider Self-Assessment Validation Steps

➤ **Validating questions with a ‘No’ response**

- Providers who respond ‘**No**’ to one or more questions must submit a **Provider Transition Plan**.
- Provider Transition Plan must include action steps for coming into compliance and associated timelines
- Each area identified as non-compliant should be included on the Provider Transition Plan.

➤ **The LGE/State Office will review to determine if:**

- The Provider Transition Plan adequately addresses the deficiency
- The timelines are appropriate

Receiving Feedback During the Validation Process

- The LGE/OCDD State Office will provide feedback to non-compliant providers during the **Validation Process** when any of these scenarios occur:
 - The provider answered 'Yes', but evidence was missing or not sufficient to demonstrate compliance; OR
 - The provider answered 'No' and failed to submit a **Provider Transition Plan** or submitted a **Provider Transition Plan**, but the **Provider Transition Plan** to meet compliance was not deemed sufficient

Receiving feedback during the Validation Process

- Providers whose Self-Assessment and/or Provider Transition Plan is deemed insufficient will receive the following from The LGE/State Office:
 - **A letter notifying them their Self-Assessment and/or Provider Transition Plan was not accepted, and**
 - **A Validation Form outlining the results of their validation process and feedback from the LGE/OCDD State Office on the specific areas of their Self-Assessment and/or Provider Transition Plan deemed insufficient to demonstrate or come into compliance**

Summary

Key steps for providers:

1. Convene stakeholder group (can use existing Quality Council)
2. Complete the Provider Self-Assessment and compile supporting documents
3. Complete Provider Transition Plan, as applicable
4. Random On-site monitoring will take place from **August 1, 2015 to October 31, 2015.**
5. Random Desk Audit will take place from **August 1, 2015 to October 31, 2015.**
6. Submit the Self-Assessment by **September 30, 2015** to your LGE.
7. Submit Provider Transition Plan by **November 30, 2015.**
8. Provide additional information as requested by reviewer, if applicable.
9. Receive notification of compliance or non-compliance.
10. The LGE/OCDD State Office will complete the validation of initial compliance across all providers by **December 31, 2015**

TAKING A LOOK AT THE PROVIDER SELF- ASSESSMENT TOOLS

Non-Residential Provider Self-Assessment Tool

Residential Provider Self-Assessment Tool

OCDD Website

To locate the updates to OCDD Transition Plan and documents:

<http://new.dhh.louisiana.gov/index.cfm/page/1991>

Questions can also be submitted to ocdd-hcbs@la.gov

CMS' Final Rule and Guidance

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>