

Inclusive Service Delivery



The CMS Definition of Home and Community-Based Services

and

Nebraska's State Transition Plan

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Department of Health & Human Services

DHHS
NEBRASKA

Helping People Live Better Lives

Governor's Priorities

- ▶ A more efficient and effective state government
- ▶ A more customer-focused state government
- ▶ Grow Nebraska
- ▶ Improve public safety
- ▶ Reduce regulation and regulatory complexity

Recent DHHS Accomplishments

- ▶ U.S. Dept. of Justice ended oversight of BSDC.
- ▶ LRC named Top Performer on Key Quality Issues by The Joint Commission.
- ▶ All six federal child welfare standards exceeded for the first time.
- ▶ Both YRTC's accredited by the American Correctional Association.
- ▶ Number of state wards safely reduced 16% from 4,853 in January 2014 to 4,081 at the end of December 2015. Adoptions 525 in 2015, up from 458 in 2014.
- ▶ SNAP expedited timeliness improved to 99.44 percent; overall timeliness at 95.84 percent.
- ▶ Nebraska's ranking in processing SNAP applications improved from 48th of 53 to 27th.
- ▶ ACCESSNebraska average call wait times for Economic Assistance, September through February, average less than five minutes; Medicaid call wait times are consistently under four minutes.
- ▶ Medicaid successfully implemented ICD-10 coding changes.
- ▶ Deficiency-free surveys at GIVH, ENVH and NVH; WNVH has one deficiency, low by national standards.
- ▶ \$3.5 million in federal grants to help reduce misuse and abuse of prescription drugs.
- ▶ \$6 million grant from Helmsley Charitable Trust for CPR equipment for 360 ambulance services and 80 hospitals.
- ▶ Nebraska Cancer Registry met Gold Standard for 17th year.

Looking Ahead – DHHS Priorities

- ▶ Heritage Health Medicaid Managed Care to integrate physical and behavioral health care and pharmacy services.
- ▶ System of Care for children and youth with a serious emotional disturbance, and their parents, through partnerships with public and private agencies, families and youth.
- ▶ Behavioral health supported employment and housing as key supports to recovery.
- ▶ Long-Term Services and Supports Redesign.
- ▶ Expansion of Alternate Response for children and families.
- ▶ Reduction in out-of-home placements for state wards.
- ▶ ACCESSNebraska continued focus and improvements.
- ▶ Renewal of Medicaid adult waivers for people with developmental disabilities. Improved DD application and eligibility determination processes.
- ▶ Medicaid Management Information System (MMIS) replacement planning process.
- ▶ Public Health accreditation by the Public Health Accreditation Board.
- ▶ DHHS Legislative Package – eight bills provide opportunities to create a more effective state government and improve supports for Nebraska’s most vulnerable citizens.

CMS Definition of Home and Community-Based Services

2014 HCBS Final Rule Topics



- ▶ Person-centered planning
- ▶ Conflict-free case management
- ▶ Settings where HCBS are provided

CMS Definition of Home and Community-Based Services

Today's presentation focuses on requirements for settings where HCBS are provided.

Individuals receiving long-term services and supports under HCBS programs must have full access to benefits of community living.



CMS Definition of Home and Community-Based Services

CMS established HCBS settings characteristics.



- ▶ Not based solely on a setting's location, geography or physical characteristics
- ▶ Not considered home and community based:
 - nursing facilities
 - institutions for mental disease
 - intermediate care facilities individuals with intellectual disabilities
 - hospitals
- ▶ The following slides review HCBS characteristics.

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CMS Definition of Home and Community-Based Services

Characteristics Required of All HCBS Settings

- Maximized opportunity for individuals (for example, employment, community engagement and control of personal resources)
- Access to community living and participation
- Choice, dignity, privacy

Additional Characteristics Required of Provider-Owned/Operated Settings

- Legally-enforceable rental agreement
- Lockable doors and freedom to decorate unit
- Choice of roommate
- Control of schedule, including access to food

CMS Definition of Home and Community-Based Services

Setting Characteristics



- ▶ Engaging with the broader community
- ▶ Varied interactions
- ▶ Individual-specific

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CMS Definition of Home and Community-Based Services

Examples of Setting Characteristics

- ▶ Accessible transportation to community activities
- ▶ Access to the community – family, friends, visitors
- ▶ Ability to enter and exit and move freely about the setting
- ▶ Selection of setting from among options, including non-disability specific settings
- ▶ Access to community activities that are open to the general public
- ▶ Ability to choose different activities and participate individually rather than as a group

Nebraska's State Transition Plan

States must have a plan for transitioning settings to meet requirements.

- ▶ Each state had to submit an initial plan explaining how it would update policies and regulations, determine if service settings are meeting requirements, and remedy instances where settings are not meeting requirements.
- ▶ The State Transition Plan must be available for public comment for at least 30 days.
- ▶ All states have until March 2019 to meet requirements.

Better Together

Collaboration with Stakeholders

- Nebraska's State Transition Plan and public comments were submitted to CMS in December 2014.
- In September 2015, CMS feedback requested the Plan be expanded.
- Public forums and information sessions provide opportunity for input (Fall 2014, Summer 2015, Fall 2015, and now, Spring 2016).
- MLTC and DDD are having ongoing meetings with individuals, guardians, families, providers, advocates, and partners.



Affected Nebraska HCBS Programs

1915(c) Waivers

- ▶ HCBS for Aged and Adults and Children with Disabilities (Aged and Disabled Waiver)
- ▶ Traumatic Brain Injury Waiver
- ▶ Developmental Disabilities (DD) Adult Day Waiver
- ▶ DD Adult Comprehensive Waiver
- ▶ DD Children's Comprehensive Waiver

Nebraska HCBS Settings

In 2015 and early 2016, Nebraska HCBS waiver program settings were assessed, in comparison to federal requirements.

Aged and Disabled Waiver

- ▶ Assisted Living
- ▶ Adult Day Health
- ▶ Extra Child Care for Children with Disabilities

DD Waivers

- ▶ Extended Family Home
- ▶ Group Home
- ▶ Companion Home
- ▶ Pre-Vocational Workshop

TBI Waiver

- ▶ Assisted Living

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Nebraska Settings Assessment

In total, 113 self assessments and 322 on-site assessments of HCBS settings were completed.

- ▶ January 2015
 - DD Waiver residential habilitation providers completed self-assessments
 - MLTC-contracted agencies (Area Agencies on Aging) completed on-site interviews to assess residential settings
- ▶ January –March 2016
 - DDD services coordinators assessed a sample of residential and non-residential settings
 - Area Agencies on Aging and DHHS Resource Development staff completed assessment of A&D Waiver non-residential settings and clarification of A&D and TBI Waiver residential setting assessments
- ▶ Assessment tools and results are available on the HCBS State Transition Plan website

Nebraska Settings Assessment

CMS has a required way settings must be categorized.

- ▶ Fully compliant – “Already there”
- ▶ Not fully compliant with requirements but may be with changes
- ▶ Cannot comply
- ▶ “Presumed institutional” – Has institutional qualities
 - Settings in a public or private facility providing inpatient treatment
 - Settings on the grounds of, or adjacent to, a public institution
 - Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS

Nebraska Settings Assessment

MLTC and DDD are notifying providers of assessment results.

Settings	Fully Compliant	May Be With Modifications	“Presumed Institutional”	Cannot Comply
AD and TBI Waiver Residential	156	4	45	16
AD and TBI Waiver Non-Residential	25	1	6	20
DD Waiver Residential (sample of 34)	7	27	0	0
DD Waiver Non-Residential (sample of 17)	5	12	0	0

What Happens Next?

- ▶ Providers who need to make changes will send remediation plans.
- ▶ DDD will conduct additional assessment of pre-vocational settings.
- ▶ MLTC and DDD will make technical assistance available.
- ▶ There is an additional process for providers in the “presumed institutional” category.
- ▶ Providers continue to make progress, monitored by MLTC and DDD.



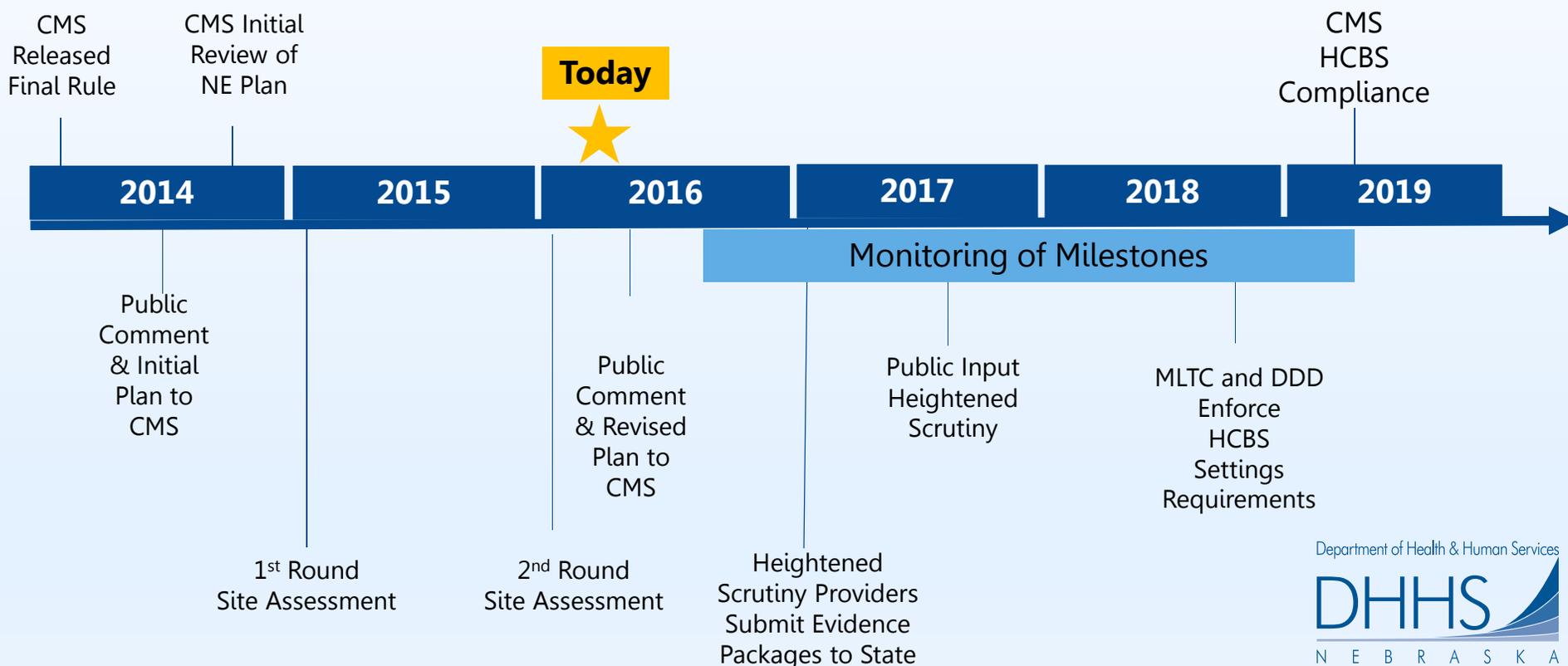
What Happens Next?

For settings meeting criteria for “presumed institutional,” states may submit evidence that the settings meet HCBS requirements.

- ▶ Evidence is to focus on how the setting is integrated in and supports access to the greater community.
- ▶ Public input is part of the evidence package.
- ▶ CMS reviews the evidence in a process called “heightened scrutiny.”
- ▶ CMS will make the final determination regarding what settings meet HCBS criteria.

Nebraska's State Transition Plan

Timeline



What Happens Next?

MLTC and DDD are committed to:

- ▶ Working with individuals, families, providers and partners
- ▶ Sharing technical assistance and good service models
- ▶ Supporting providers through heightened scrutiny
- ▶ Supporting individuals in provider selection and person-centered service delivery

All settings must be in compliance by March 2019.

Supporting Individuals

A system that is responsive to the wants, needs, and desires of the individual is at the heart the transition plan. The settings requirements ensure this occurs in the most integrated and inclusive way.



Stakeholder Comments Valued

Email

dhhs.hcbpubliccomments@nebraska.gov

Call

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Thank You!

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View the State Transition Plan

<http://dhhs.ne.gov/Pages/Transition.aspx>

Copies of the revised draft State Transition Plan
are available upon request.



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