



Welcome Provider training

Agenda

- * **Welcome**
- * **Brief summary of CMS rule and workgroup activities**
- * **Review of strengthened and new indicators – licensure and certification**
- * **Brief discussion of Assistive technology indicator**
- * **Review of new Certification process**
- * **Certification levels**
- * **Next steps**

The Community Rule

- * The Federal Government issued a rule for settings that provide HCBS waiver services that defines what a home and community-based setting is.
- * All settings must meet these definitions and requirements by March 2019

It defines a community setting...

- * A more outcome-oriented definition of home and community-based settings
- * Not **solely** based on:
 - Location
 - Geography
 - Physical characteristics
 - Number of individuals
 - Size

The Community Rule

- *CMS topics

- *Respect and dignity

- *Community integration

- *Choice and control

Community Integration and Access

- * Individuals have the same degree of ACCESS to the greater community as individuals who do not receive Medicaid HCBS.
- * The setting is INTEGRATED in the community.
- * Individuals within the setting are INVOLVED in community life.

Rights and Dignity

- * Individuals are treated RESPECTFULLY.
- * Individuals have PRIVACY.

Choice and Control

- * Individuals have choice regarding SERVICES AND SUPPORTS and who provides them.
- * Individuals have choice and control over their LIVING ENVIRONMENT.
- * Individuals control their SCHEDULES.
- * Individuals exercise choice and control over FOOD AND DINING.
- * Individuals are supported to OPTIMIZE INDEPENDENCE AND AUTONOMY.

In provider-owned and controlled settings

- * Each individual must have:
 - **privacy** in their sleeping or living unit, including entrance doors lockable by the individual
 - **choice** of roommates
 - **freedom to furnish and decorate** their sleeping or living unit
 - **freedom to control** their own **schedules** and **activities**, access to **food** at any time, able to have **visitors** at any time

In provider-owned and controlled settings

- * Unit or dwelling is owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, including the eviction protections.
- * Setting must be physically accessible
- * Documentation in the person-centered service plan of any modifications to the requirements.

Workgroup on L and C changes

- * Workgroup convened to review licensure and certification to determine what changes were needed.
- * Workgroup met every other week from May until September.
- * The workgroup included self-advocates, family members, providers and state staff.

Workgroup's tasks

- * Reviewed current licensing and certification indicators
- * Compared existing L and C indicators with new CMS requirements to determine what needs strengthening
- * Changed / refined certain indicators to better reflect Community Rule
- * Added indicators to better reflect Community Rule
- * For new indicators, drafted guidelines and criteria for met/ not met

Process of cross-checking example

- * CMS expectation: Individuals control their SCHEDULES.

Certification indicators:

C14: Staff support individuals to make choices regarding daily household routines and schedules.

- * CMS expectation: Individuals exercise choice and control over FOOD AND DINING.

No indicators that address food and dining choices

Comments from Workgroup members

* One self advocate said of the process:

“DDS and providers can hear what we are saying. So things can go more smoothly for us in the future. It's important to be out in the community so you can learn how to get where you want to go, do what you want to do and accomplish what you want in your life!”

The Pilot

- * 5 pilot Providers of various sizes
- * Surveyed new and strengthened indicators, using co-surveyors to ensure increased consistency.
- * Feedback was positive regarding the process- collaborative and gracious. The Pilot experience was noted to be beneficial.
- * Comments on the various formats of the audits, with file review and documentation of inconsistent importance.
- * Some of the guidelines and criteria for met/ not met need to be clearer, more measureable and transparent.
- * Need to clarify criteria for met, such that the individuals' needs and interests and support staff efforts are factored in. No exact number of community trips = met.

Comments from Pilot Providers



Finalization of Licensure and Certification changes

- * Broad stakeholder input before and after Pilot
- * Pilot conducted with 5 Providers – March 2016
- * Minor revisions to the tools made with stakeholder input
- * Finalization of Tools – April 2016
- * IT system development– Integration and testing of new indicators into DDS data management system

Summary of licensure changes

- * Strengthened/new licensure indicators:

1. Written and oral communication is respectful (L50).
2. Individuals can use communication technology (L52).
3. Individuals have privacy when taking care of personal needs and personal matters (L54).
4. Individuals and guardians have been informed of their human rights and know how to file a grievance or who to talk to if they have a concern (L49).
5. Individuals have privacy in their own space.
(L90- new)

Licensure changes specifics

Protection from eviction added to L49

- * Strengthened an indicator (L49) that already looks at people's ability to know who to go to in the event of a problem and file a grievance.
- * **Added:** have been provided with information regarding protection from eviction
- * L49 is rated for all services; when rating for 24/7 residential both human rights training and notification of right to be free from eviction needs to be in place.
- * **QE will look for STATEMENT OF COMPLIANCE from Providers that there are signed agreements/ leases /documents for each person; will not be looking at specific documents directly**

Licensure changes, cont.

L90 Privacy in bedrooms vs. L54 privacy in the bathroom and personal conversations

- * Added a new indicator on privacy in the bedroom
- * As part of this indicator, will be looking at ensuring that all individuals have a “lockable bedroom door” (unless it leads to an egress or unless documented in the ISP as contra-indicated)
- * L54 Strengthened privacy in bathroom and personal conversations
- * Ensure that information collected on privacy in the bedroom is now moved from L54 to L90
- * L90 Both lock on door and actions to support privacy must be present to rate met

Licensure changes, cont.

- * L50 respectful communication
 - * increased emphasis on respectful communication WITH individuals
 - * Examples added in tool
- * L52 use of communication devices, not just telephones
 - * stressed that support to communicate should also allow for privacy in communication

Summary of Certification changes

- * A number of strengthened indicators.
- * Nine new indicators.
 1. Use of generic resources. (C46)
 2. Access to transportation.(C47)
 3. Individuals are part of the neighborhood.(C48)
 4. The setting blends in with other homes in the area.(C49)
 5. Individuals are part of the culture of the workplace.(C50)

Summary of certification changes, continued

6. Staff/ Home providers understand people's satisfaction with services and supports and help make changes as desired.(C51)
7. Individuals have choice of leisure and non-scheduled activities.(C52)
8. Individuals are supported to eat what, when, with whom they want.(C53)
9. Individuals have assistive technology to maximize independence.(C54)

New Certification indicators

- * New indicators that apply to all services:
 1. Use of generic resources – shopping, banking, etc.
 2. Access to transportation – car, van, public transportation (applies to all services except employment)
 3. Staff/ Home providers understand people's satisfaction with services and supports and help make changes as desired.
 4. Assistive technology to maximize independence

- * Residential
 5. Part of Neighborhood
 6. Setting
 7. Choice of leisure activities
 8. Food and dining choices

- * Work
 9. Culture of work place

Certification strengthening

Added a domain/ topic: Access and Integration

Organizationally:

- * Strengthened one indicator related to the providers role in being aware of, setting the stage for changes and in actualizing CMS expectations (C4)

Certification strengthening, cont

Residential Service Group (24 hr Res, Placement, ABI and I H S):

- * Strengthened many indicators in choice and control
- * Strengthened indicators on relationships and skill building
- * Strengthened community access and integration

Employment/Day Service Group (CBDS, Employment):

- * Strengthened community access and integration

Assistive technology overview

June 2016

What is and Why assistive technology is important!

- * **Assistive technology (AT)** is any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional capabilities of persons with disabilities.
- * Paraphrasing the legal definition, assistive technologies, or “AT”, are tools (and associated supporting services) which help an individual work around the functional limitations imposed by a disability. AT for learning disabilities and learning differences includes not only computers and high-tech devices, but also innovative uses of everyday technology like voice recorders, cameras, and smart phones, and even low tech items like day planners, timers, and sticky notes.

* Information regarding what AT is and how to assess was obtained from [Shelley Haven ATP, RET, website](#)

Why is it important?

- * Overall, assistive technology aims to allow people with disabilities to "participate more fully in all aspects of life (home, work, and community)" and increases their opportunities for "education, social interactions, and potential for meaningful employment." It creates greater independence and control for disabled individuals.

* "Considering Assistive Technology", Center for Parent Information and Resources". www.parentcenterhub.org.

AT assessment starts with asking the right questions

- * The most effective technology tools are those selected with these factors in mind.
- * The more we understand about the interaction between the PERSON, the TASK or activity they have difficulty with, and the ENVIRONMENT or context in which they perform that task -- WHO needs to do WHAT, WHERE? -- the better equipped we are to identify TOOLS (the assistive technology) to help produce the desired outcomes.

AT assessment is a collaborative process, not a one-time event by a specialist



- * Rather than a one-time “event” conducted by a specialist, assistive technology assessment is best thought of as a collaborative process.
- * Accomplishing this relies on the collective knowledge and skills of the individual team members, each of whom has a unique perspective of the person and his/her abilities and challenges across their life (home, work, college, day supports, recreation).

AT assessment is a collaborative process, not a one-time event by a specialist

- * The inputs and involvement of the entire team are what produce successful results.
- * **An AT assessment always considers the perspective and inputs of the person.**
- Determining which AT will be effective often requires an "assessment of assistive technology needs".

AT assessment is a collaborative process, not a one-time event by a specialist

- * Depending on the expertise within the team, they may seek the services of an outside AT specialist to conduct specialized evaluation and training, recommend specific assistive technologies, and coordinate the needs assessment process.

Assistive technology Specialist (ATP)

- * Assistive Technology Specialists (ATP) – Are certified. There are two types of certification
 - * **The Assistive Technology Certification (ATP)** recognizes demonstrated competence in analyzing the needs of consumers with disabilities, assisting in the selection of appropriate assistive technology for the consumer's needs, and providing training in the use of the selected device(s).
 - * **Seating and Mobility Specialist Certification** - The SMS certification is a specialty certification for professionals working in seating and mobility. While the ATP is a broad-based exam covering all major areas of assistive technology, the SMS exam is focused specifically on seating, positioning, and mobility.



AT Assessment

- * Lastly, a proper AT assessment also considers necessary supporting services.
 - * Training for the person and/or staff
 - * Integration of the AT into day/work and home life
 - * Technical support issues
- * It also provides a plan for implementation and for evaluating progress with the AT.

ASSISTIVE TECHNOLOGY CATEGORIES

Communication Aids

Speech and Augmentative
Communication Aids
Writing and Typing Aids

Computer Access Aids

Alternative Input Devices
Alternative Output Devices
Accessible Software
Universal Design

Daily Living Aids

Clothing and Dressing Aids
Eating and Cooking Aids
Home Maintenance Aids
Toileting and Bathing Aids

Education and Learning Aids

Cognitive Aids
Early Intervention Aids

Environmental Aids

Environmental Controls and Switches
Home-Workplace Adaptations

Ergonomic Equipment

Hearing and Listening Aids

Mobility and Transportation Aids

Ambulation Aids
Scooters and Power Chairs
Wheelchairs
Vehicle Conversions

Prosthetics and Orthotics

Recreation and Leisure Aids

Sports Aids
Toys and Games
Travel Aids

Seating and Positioning Aids

Vision and Reading Aids

Services

AT Examples

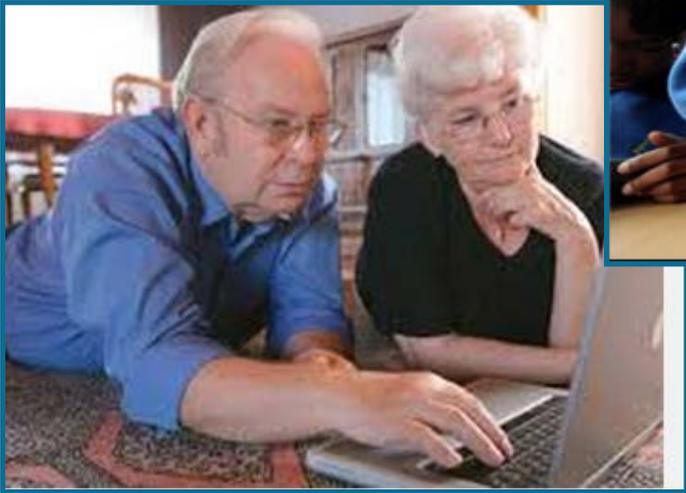
List of AT Examples

- Slant board
- Magnifier
- Reacher
- Calculator
- Computer
- Amplification system
- Alternative keyboard
- Raised line paper
- Highlighting pens and tape
- Non-slip material
- Adapted feeding tools
- Tape recorders
- Manual wheelchair
- Portable keyboard
- Timer
- Spellcheckers
- Audio books
- Communication devices
- Pen (Evo)



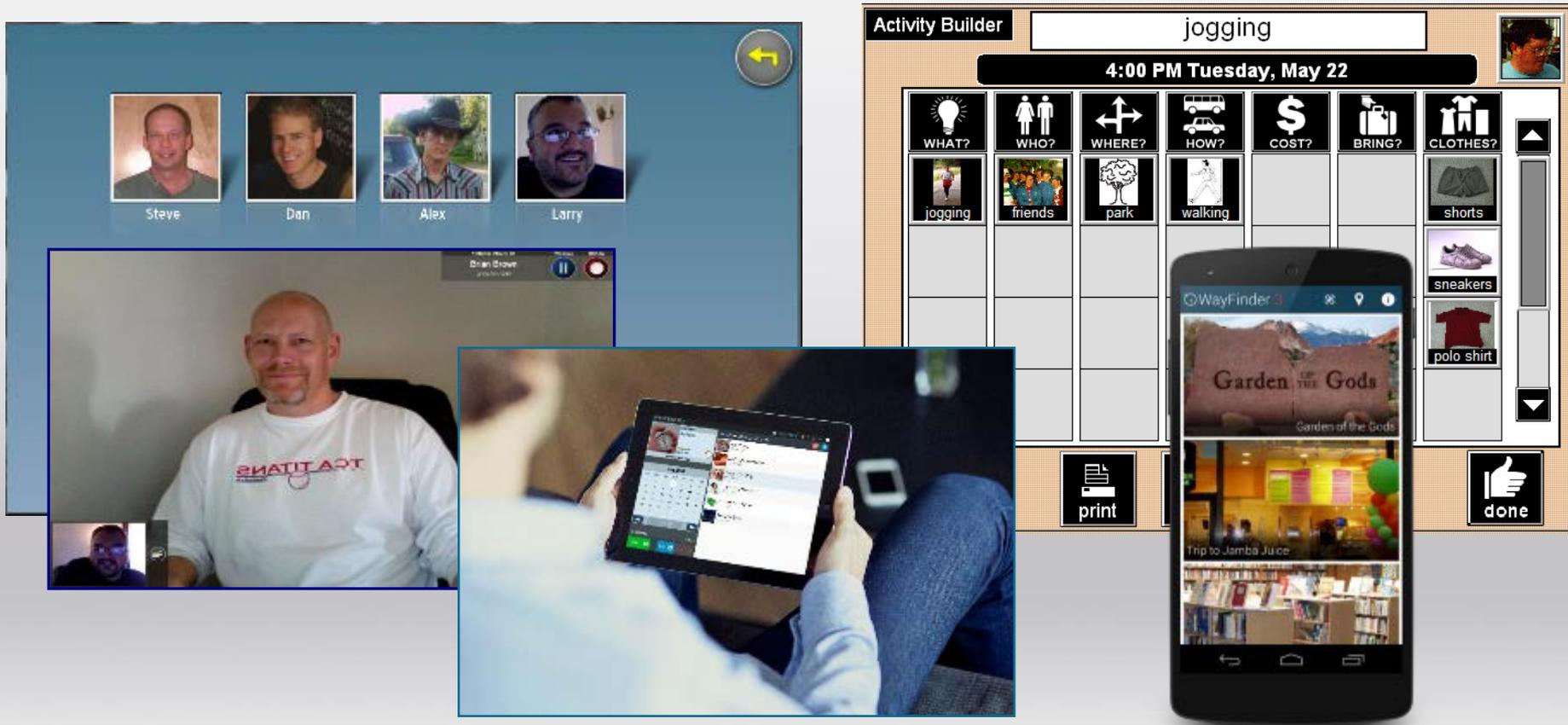


Technology Use – Novelty to Necessity: No Longer Optional for Full Access to Society



Type 1: Cognitively Accessible Everyday Technologies

Needs-based, person centered design results in everyday technologies that are simpler to use



Purpose: access core functionality of a specific everyday technology

Example: Mainstream Scheduling Technologies, Too Often Reading is Required





NEXT EVENT

Go Home

07/02/2014
02:45 PM



Scheduled Items Today: 6

July 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Navigation bar with left arrow, "Today" button with a checkmark icon, and right arrow.

TO DO ITEMS:

3 Items

Buttons for "To Do" (green), "Add" (blue with plus icon), and "Delete" (grey with minus icon).

Activities for July 02, 2014



Go Home
02:45 PM



Do Your Homework
03:30 PM



Feed your Dog
04:00 PM



Take Your Medicine
07:45 PM

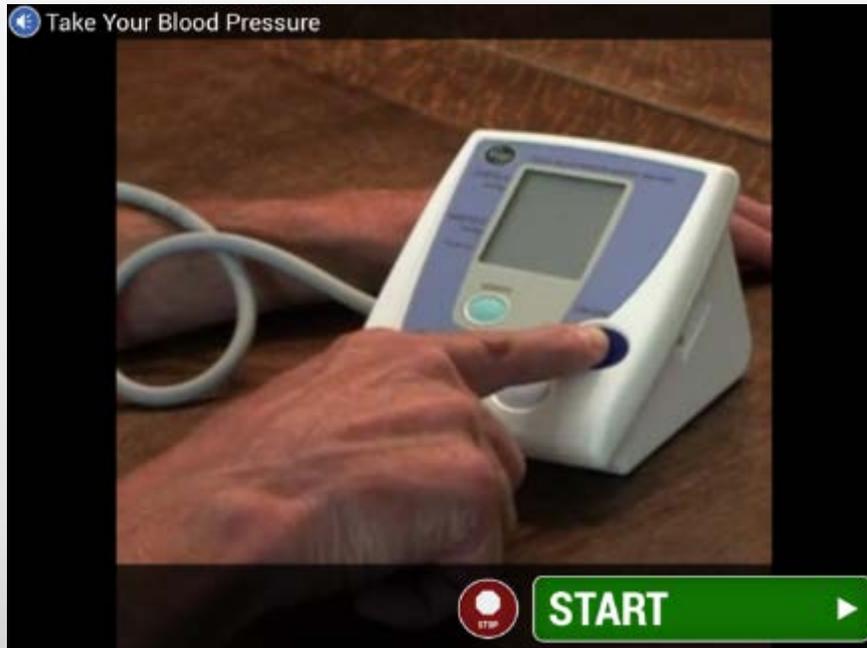


Brush Your Teeth
10:45 PM



Time for Bed
11:00 PM

Cross-Platform, Cloud-supported Visual Task Prompting Technologies for Self-Direction, with Remote Notifications



Cloud-based Activity Support System for Self-Direction

Grilled Cheese Sandwich

Grilled Cheese
Sandwich

STOP

START

Visual Impact – Step-by-step multimedia

task instructions available in cloud-based Learning Library

Cloud-based Activity Support System for Self-Direction

Step 1



RESTART

BACK

NEXT

STOP

Visual Impact – Step-by-step multimedia
task instructions available in cloud-based Learning Library

UNDERSTANDING THE SURVEY VISITS

- * Each survey to continue to include these components: site review, documentation review (individual, location, and agency), staff interview, individual interview and observation
- * Certification indicators rely more on information obtained from individual interview/ observation
- * Administrative Review has some additional questions
- * Surveys to be scheduled **within current timelines**

Survey visits and process, continued

On-going work to ensure consistency

- * Information collected through documentation, interviews and documentation
- * Collect findings, referring to guidelines, how measured and criteria for met/ not met
- * Consensus continue to be used to ensure that the team is rating various locations according to the same criteria
- * When additional guidance is needed, new interpretations will be developed

Timelines and format of the survey

- * Survey window will **not** be expanded. (remain at 5 days)
- * Residential surveys (audits) will continue to be scheduled for one day.
- * Residential audit days will be formatted slightly differently, setting the start time for later in the morning to review documentation and then staying later in the day to conduct observation / Individual interviews (about 1- 1.5 hours).

Certification levels

- * No changes to the Licensure levels or process
- * Certification will “roll up” and be reported by two primary service groupings, i.e. Residential/IHS and Employment/Day, rather than by each service type.
- * A full review of certification indicators would be conducted every two years either by DDS or through the self-assessment process.

Two levels of certification

- * 80% or more certification indicators met would be “certified”
- * Less than 80% certification indicators met would be “certified with a progress report”

Certification level example

- * **Residential / Individual Home Supports - Certified**
- * 20/20 24/7 residential
- * 11/20 placement service locations
- * 10/10 Individual Home Supports
- * If providing this array of services with 50 indicators rated; 41/50 were met = 82% = CERTIFIED
- * 9 indicators not met in the provider's placement services, will be outlined in the provider report for the provider to address. A Progress Report would **not** be required.

Certification levels, cont.

Employment/ Day Supports - Certified

- * 22/ 25 Community Day Services
- * 20/ 25 Employment
- *
- * 50 indicators rated; $42/50 = 84\%$ = **Certified**

Certification with Progress Report

- * There is no 60 day follow-up on certification.
- * The Provider completes the Progress Report one year following the survey. The Progress Report is modeled after the Provider Follow-up report.
- * The progress report is meant to assist providers to assess their own progress towards meeting indicators which may have presented some challenges. It should be viewed as a service improvement not a punitive process.

Certification with Progress Report

- * QE does not conduct an on-site review of any kind at this juncture.
- * The provider will receive a pre-populated form listing each not met certification indicator, and the area needing improvement that was noted at the time of the survey.
- * The Provider will briefly comment on the process utilized to correct and review each of the indicators, note the status of the indicator(s) at this one year mark, and determine if the indicator(s) is now met or remains not met.
- * The form is forwarded to the QE, who will forward it onto the Regional and Area Offices. There is no additional review by Operations or OQE.
- * Following completion of the progress report, QE will return for the next cycle's review in one year's time.

Self Assessment

- * Currently, Providers with a Two Year License are eligible to conduct a Self-assessment and receive a DDS targeted review.
- * Post August, Providers with a Two Year License will also be eligible to conduct a Self-assessment and receive a DDS targeted review.
- * The Provider's self- assessment will include a review of **all** licensure and **certification** indicators. The Self-Assessment form will be pre-populated with the indicators and services to be reviewed.
- * DDS's targeted review will include all critical indicators, and all not met licensure indicators, and all not met **certification** indicators.
- * **For the first cycle after implementation, DDS will review all new and revised indicators.**

Deeming (CARF)

- * Currently, deeming for Certification.
- * Post August, will continue to deem for Certification.
- * For the first cycle after implementation, DDS will review all new and revised certification indicators, but will continue to deem CARF for the current unchanged certification indicators.

Next Steps

- * Additional training will be offered to each provider as part of the orientation overview
- * Publish (electronically) all revised documents
- * Go live August 29 (Provider with a start date after this)

Thank you!

- * Final questions or comments?