

Guidance for Providers Developing Transition Plans

April 10, 2015

In January 2014, CMS promulgated regulations which identify specific qualities for sites at which home and community based services may be provided. A compliant setting is integrated in the community and provides access to the whole range of opportunities available to the general population. During the summer of 2014, 14 providers representing approximately 58 different settings engaged in a self-assessment process to determine their compliance with the CMS HCB settings requirements. The 14 providers that participated in the self-assessment have settings which may be presumed to have challenges meeting the HCB settings requirements. Examples of such settings included: campus-based homes, settings that are clustered together, settings adjacent to hospitals or educational facilities, and settings that may have the effect of isolating individuals from the greater community.

DDS is requesting providers that operate such settings to engage in an in-depth strategic planning process with their stakeholders. The intent of this process is to actively engage participants, families, and board members in shaping the future direction of services and supports. The primary emphasis of a provider's transition plan should be on achieving the outcomes identified in the Community Rule. How a provider achieves these outcomes, however, is up to it and may involve a focus on enhancing outcomes, making modifications to its setting, or a combination of both. Providers will need to develop specific and detailed plans regarding modifications they plan to make to enhance outcomes for individuals between now and March 16, 2019 to assure that they meet the standards contained in the CMS home and community setting rule/regulation.

DDS is committed to working collaboratively with providers to reach the shared goal of integration, access and inclusion in community life. Towards this end, DDS is outlining some general criteria for providers to use, in addition to the guidance materials provided by CMS, to shape strategic plans and future directions. DDS will utilize these criteria to review the quality and content of the detailed plans to be submitted to DDS no later than December 31, 2015.

Components of Transition Plans for Settings to meet requirements of HCBS Community Rule

I. Explanation of process that was undertaken to analyze issues and develop plan

- a. Who was involved, e.g. consultants, board members, individuals receiving services
- b. Materials reviewed to become informed about requirements of the Community Rule
- c. Individuals/groups consulted

II. Assessment/Analysis

- a. Areas of full compliance with requirements of Community Rule
- b. Analysis of programmatic/setting components that may need to be modified
- c. Internal provider fiscal considerations which may include:
 - i. Analysis of potential capital funding (land, buildings, renovations, vehicles)
 - ii. Analysis of cost of infrastructure changes
 - iii. Analysis of costs of required new and enhanced technology
 - iv. Projection of residential and occupancy rates necessary to support activities in the plan

III. Proposed Plan

- a. Planned Modifications including but not limited to:
 - i. Programmatic changes
 - ii. Staffing changes
 - iii. Training and staff development
 - iv. Policy modifications
 - v. Setting modifications
- b. Timetable for completion with milestones to measure progress
- c. Assistance needed to achieve modifications including but not limited to:
 - i. Training and staff development
 - ii. Infrastructure
 - iii. Fiscal support
 - iv. Rate Changes

Considerations when developing agency/program specific transition plans

The considerations listed below are not intended to be all inclusive, but are put forth as general guidelines. Providers should also review the governing regulation 42 CFR 441.301(c)(4) and (5).

Considerations based on the individual's experience

- Specific plans may include strategies to enhance an individual's experience through:

- More opportunity for individualized, rather than group activities, directly related to an individual's interests
- Community mapping strategies to discover activities, events in the community with which people can be involved
- Rigorous interest inventories to discover what individuals may be interested in and continuous, on-going efforts to connect individuals to different activities and interests
- Organizational strategies to reach out to the greater community aimed at integrating and enhancing individuals' experiences and involvement in the life of the community
- Inventory of current staff involvement (in their own lives) in local institutions/activities (places of worship, volunteering at places, work part time at, participate in a hobby with others etc.) who may be able to introduce/sponsor/welcome people we serve into these realms with an eventual goal of linking them to others who may become friends or natural supporters in the activity thus fading staff involvement where possible.
- Inventory of board members and other stakeholders who may be able to provide connections to support community involvement and integration
- More opportunity to develop relationships with individuals of the person's choosing, including people not a part of the setting
- Choices and opportunities to engage in meaningful day activities other than in the same campus or setting, especially focusing on activities in the broader community
- Greater ability to determine one's own schedule and routines, including schedules related to waking up, personal care, participating in activities and going to bed
- Greater ability to choose the staff that render services to the individual, including staff providing personal care
- Increased transportation options where public transportation is not available
- Greater choice over roommates/ housemates and housing options
- Eliminating any rules regarding when one must eat, what access to food one has (unless medically contra-indicated), where one must dine, where one must sit during mealtime, when one may have visitors, or when one must go to sleep, get up, and bathe that are based on staff convenience rather than personal choice
- Increasing individuals' decision making opportunities from just "input" or "suggestions" to actual control over decisions
- Increased focus on individual outcomes rather than programs
- Development of specific processes to ensure that modifications to any of the experience requirements of the HCBS Final Rule are supported by an assessed need and justified in planning documents for each individual
- Implementation of modifications that address specific areas of the self-assessment that were identified as not in compliance with the HCBS Final Rule

Considerations based on the configuration of the physical setting

- Specific plans must include strategies to modify the physical setting through:
 - Developing legally enforceable written agreements signed by the individual and/or his or her guardian to safeguard against eviction

- Placing locks on bedroom doors
- Additional plans may include strategies to modify the physical setting through:
 - Reducing the number of individuals residing in one location and identifying potential towns/sites where individuals might be relocated
 - Expanding the opportunities for Shared Living
 - Providing single bedrooms
 - “Unbundling” residential and day services when they are provided in the same location through providing choice and access to non-co-located services in the community
 - Moving homes that are clustered or co-located to other settings more integrated into the community, significantly limiting the number of homes in any one setting
 - Increasing the number of services that are provided off-site, e.g. health, wellness, day activities, clinical/behavioral, recreational to increase participation in more services/supports/activities in the community
 - Increasing the physical accessibility of the setting, particularly for individuals with mobility impairments
 - Developing specific processes to ensure that modifications to any of the setting requirements are supported by an assessed need and justified in planning documents for each individual
 - Implementing modifications that address specific areas of the self-assessment that were identified by the provider