Home and Community
Based Services
Provider Self Assessment
LME-MCO/LLA/Provider
Statewide Training

July 15, 2015

Welcome

NCDHHS has developed this training in partnership with the HCBS Provider Self-Assessment Strategic Workgroup.

The Department's mission is to use the resources and partnerships of Medicaid to improve health care for all North Carolinians.

- One of our core values in this process is collaboration.

- We look forward to implementing a system that will provide choices for receiving services and living in the community.

In our Medicaid reform plan submitted to the General Assembly last year, we outlined our vision for long-term services and supports which included:

- Building a system that promotes beneficiaries' choice, and
- Offering services in a variety of settings.

The draft transition plan and accompanying documents, that were submitted on March 12, 2015, are NC's blueprint for compliance.

CMS Update

CMS asked two questions in early May, 2015:

CMS Question 1:

What non-electronic form of public notice was there for the transition plan? How were individuals notified where they could obtain copies of the plan, if so desired?

CMS Update

DHHS Response – Question 1:

Public notice for the transition plan was announced in the following forums:

- *In-person Statewide Listening Sessions;*
- *Face-to-face LME-MCO Innovations waiver stakeholder groups/committees;*
- *Face-to-face Stakeholder Engagement Group (SEG) presentation;*
- *In person Statewide Family chat sessions;*
- *DHHS HCBS website;*

CMS Update

DHHS Response – Question 1 continued:

- *In person collaborative meetings with partners;*

- *DHHS Newsletter (over 100,000 on the listserv);*

- *Other forms of social media, e.g., Twitter (over 2,700 engaged);*

- *State Stakeholder group were provided electronic and hard copies of the transition plan and other documentation to share with their organizations/membership/beneficiaries;*

- *MCO Provider Network Bulletins;*

- *MCO Care Coordination Departments communicated individually with beneficiaries.*

CMS Update

DHHS Response – Question 1 continued:

- *We informed stakeholders that the transition plan and supporting documentation were available on the website and that we would mail or email the materials upon request. We further informed our diverse stakeholder community that we would accept feedback in person, by email, by mail (U.S. UPS, Fed Ex, etc.), by fax and by phone. We provided our mailing address, established a dedicated email address, phone number, and fax number for feedback. Feedback, given in person, was gathered at every forum.*

- *Our partners sent emails and letters to beneficiaries regarding the Listening Sessions, Public Notice and Transition Plan, emphasizing our desire for feedback.*

CMS Update

CMS Question 2:

Were the attachments that are included on the links identified in the transition plan also included in the public notice?

Basically, we need to know the entire transition plan was posted for public comment (please elaborate more than a yes/no answer).

CMS Update

DHHS Response – Question 2:

- *The transition plan, time line, self-assessment, work plan, and person first version of the plan were included in the public notice. The companion document (this is a supplemental document to the Provider Self-Assessment designed to assist providers in the completion of the assessment – an individual companion document for beneficiaries is being developed to mirror the individual assessment as well) was not posted until after the public comment period (it incorporated feedback from the public comment). We posted updated documents as soon as possible after their development. We updated the timeline during the public comment period to demonstrate where we were in the process (the original was maintained on the website, as well).*

- *The graphic version of the transition plan was not available until the final stakeholder meeting prior to submission to CMS. It was posted to the website as soon as it was approved by the stakeholder group.*

CMS Response

- North Carolina's responses were accepted.

- North Carolina was advised, by CMS, that a pre-scheduled call was no longer a need. Thus, North Carolina has completed Phase 1 of the CMS review process, and is continuing with the implementation of the transition process.

North Carolina Has Adopted A Vision

- North Carolina supports serving individuals with disabilities in the least restrictive and most integrated settings possible, based on what is clinically appropriate as defined by the individual's person-centered planning process. Through the planning process, the Department believes that individuals with disabilities should have the opportunity to live in community settings that reflect community values and standards. These settings will vary depending upon individual's preferences and supports needed to live in the community.

- Our planning process to ensure North Carolina's compliance with Centers for Medicare and Medicaid Services (CMS) Home and Community Based Standard rules will actively engage our beneficiary and provider stakeholders. We will create a plan that supports individuals through a person-centered process that builds upon our already existing system and supports providers to ensure compliance with rules. *

  *Adopted July, 2014 by the North Carolina Secretary of the Department of Health and Human Services.

Agenda

- Brief Overview of the HCB Settings Rule and NC Implementation
- Person-Centered Philosophy- *The Cornerstone*
- The Pilot and the Follow-up
- Self-Assessment Process
- e Self-Assessment Tool
- e Review Tool and Process
- Technical Assistance
- Next Steps
- Recap - Questions

Overview of the HCB Settings Rule and NC Implementation

- Overview of the HCB Settings Rule

- Implementation Requirements for States

- North Carolina's Transition Plan

- What the Rule Means for Stakeholders

- Key Step….the Provider Self Assessment

The HCB Settings Rule

- Federal Requirement
  - Federal Register Vol. 79, No. 11, January 16, 2014
- General HCBS Criteria applies to Adult Day Health, Residential Supports, Day Supports and Supported Employment.
- Residential HCBS Criteria only applies to Residential Supports.
- Effective Date of the Rule – March 17, 2014.
- Intent of the Federal Rule
  - http://www.medicaid.gov/HCBS
  - hcbs@cms.hhs.gov.

Implementation Requirements for States

- Create a transition plan.

- Ensure new and amended waiver(s) meet federal requirements.

- Evaluate the settings and services specified in waiver programs.

- Obtain public comment and input regarding the transition plan.

- Show substantial progress in meeting federal rule.

- Transition of up to five years based on CMS approval unless a new waiver is submitted; but full compliance <u>must</u> occur no later than March 17, 2019.

North Carolina's Transition Plan

- Intention of NC Implementation
    - Areas of Compliance
    - Areas Needing Improvement
- NC 1915(c) Waivers Impacted by the Rule

Provider Self-Assessment Timeframe

Providers receive training from LME-MCO/LLA

June 26 – July 15, 2015.

Self-Assessment period begins

July 15, 2015.

Self-Assessment Period concludes

September 15, 2015

If the Self-Assessment is not submitted by CMS deadline

- Provider must submit a transition plan for individuals they are supporting under the applicable services to the responsible LME-MCO/LLA.

- The responsible entity will immediately forward the plan to DHHS.

North Carolina's Response

- Transition Timeline Developed and Followed

- Work Prior to March 16, 2015 - some examples include:

    -DHHS team worked with the HCBS Stakeholder Committee that

    was established.

    - Conducted Statewide Listening Sessions.

    - Developed and publicized NC Transition Plan and

    Self-Assessment tool and accepted public comments.

    - Began process/systemic review of rules and regulations that

    need to be changed to facilitate compliance (including NCAC,

    clinical coverage policy, service definitions).

North Carolina's Response

- Work After March 16, 2015 –some examples include:

  – Train pilots, LME-MCOs, and Local Lead Agencies.

  – Collect and analyze feedback from pilots , LME-MCOs, and Local Lead Agencies as a result of training.

  – Make needed changes to tools, resources, and training and prepare for roll-out of self- assessment across NC.

  – Continue to analyze statutes, administrative code, rules, waiver service definitions, provider qualifications and licensing, and rate structures to identify areas where changes will be needed to ensure compliance.

North Carolina's Response

- Work After March 16, 2015 (continued):

  – Roll-out Self-Assessment Process across NC and compile data.

  – Create a monitoring review process at the LME-MCOs/Lead Agency and provider levels.

  – Create plan of action at the provider, LME-MCOs, Lead Agency and state levels.

  – Develop an Individual Life Experience tool.

  – Collect continuous feedback through a dedicated email: HCBSTransPlan@dhhs.nc.gov.

What the Rule Means for Stakeholders

- Roles and Responsibilities of Stakeholders
- The Stakeholders
  - State of North Carolina-DHHS
  - LME-MCOs and Lead Agencies
  - Waiver Service Providers
  - Recipients of 1915(c) Services
  - Families

Independence is Precious Video Clip
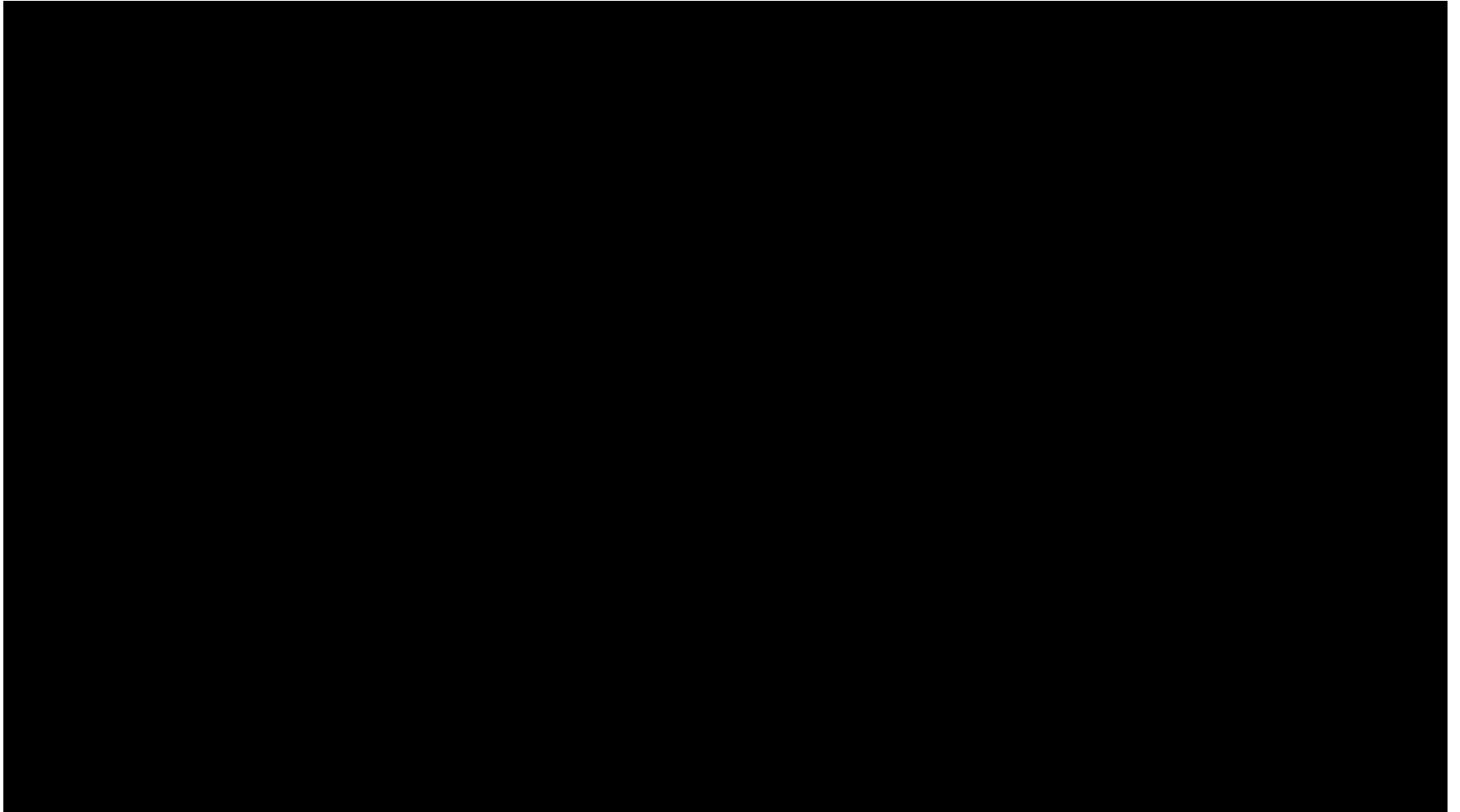
Video Clip

Home and Community Characteristics are important policy to advance individuals having a
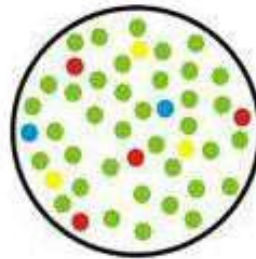## *life of their choice*

Self - Determination

My Life

My Future My Plan

Dignity of Risk

An integrated community means…..

Community Integration (Opportunity)

Community Presence and Participation
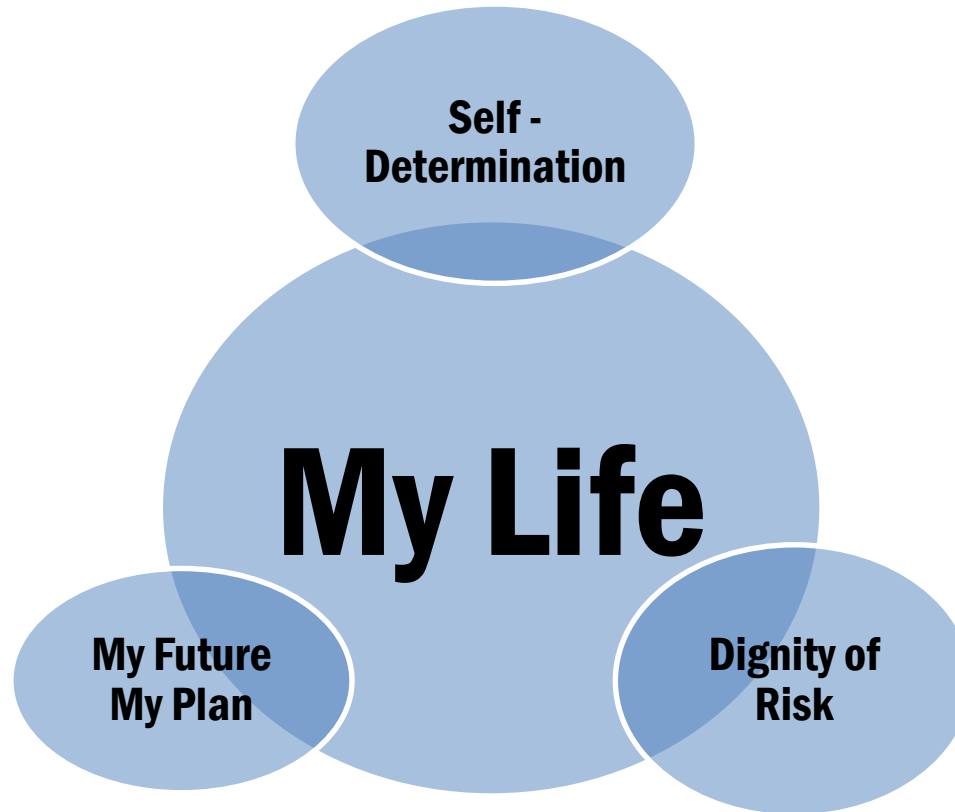
Life Outcomes Based on Individual Choices
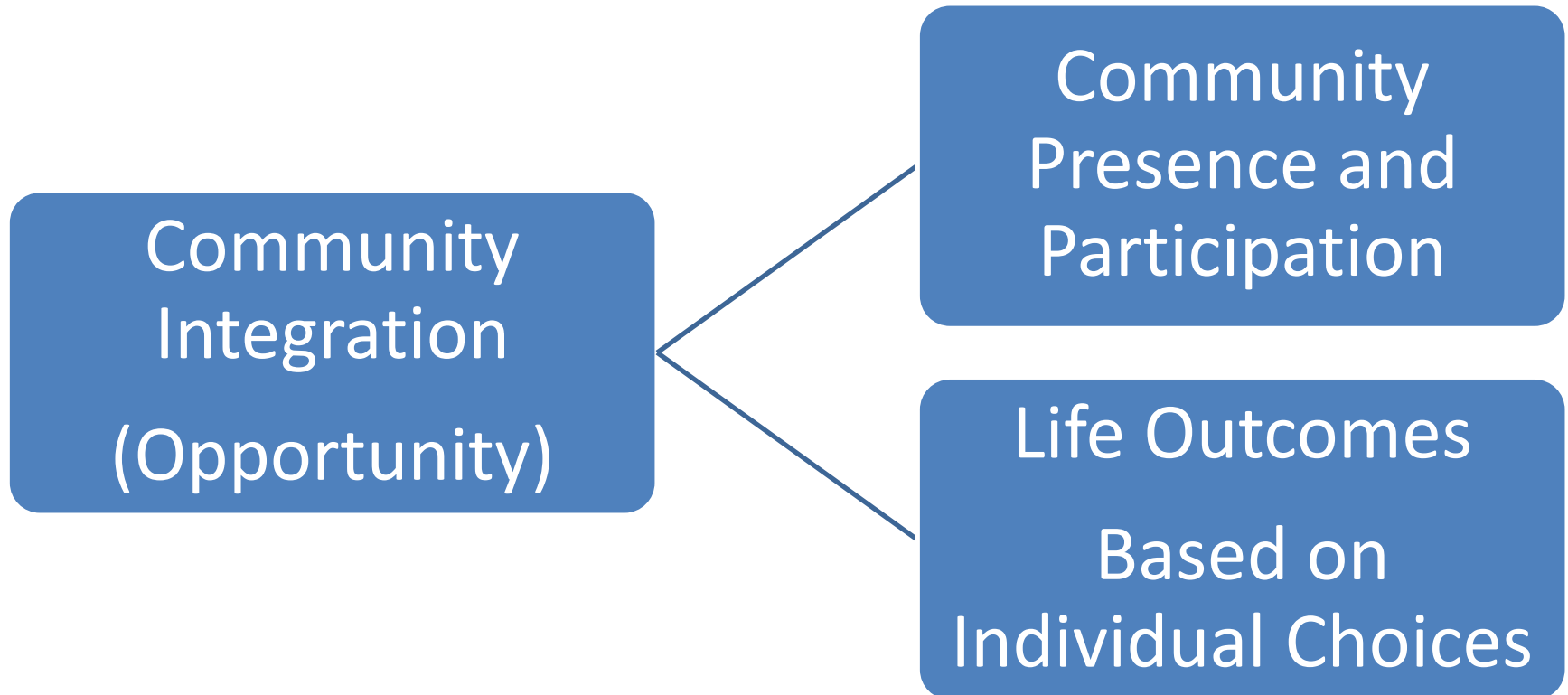
An integrated community means:

Inclusion
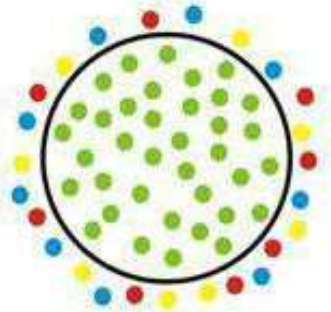
Exclusion
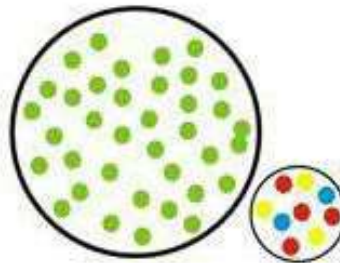
Segregation

Integration

*Learningneverstops.wordpress.com
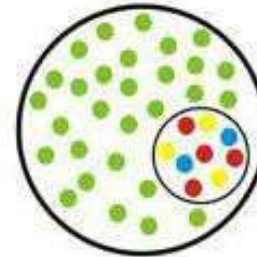
How can we promote
Community Inclusion together ?

- Identify barriers to community integration and target obstacles that prevent people from being full members of their communities.

- Provide supports which bring about meaningful changes in the lives of people.

- Expand the range of opportunities for people to participate in their communities as equal members.

CMS Criteria regarding community

CMS provides some very specific criteria about what community means:

Communities in North Carolina must be places where :

- Your rights are respected.

- Your home is not just in the community; it is part of the community.

- You can lead your life the way you choose, at home and away from home.

Communities in North Carolina must be places where........

- You are side by side with everyone else at work and making a living wage.

- You control personal resources.

- You have a choice about services and supports and who provides these.

- You can be with friends and loved ones.

Communities in North Carolina must be places where……

- You feel safe and are healthy.

- You are treated with the dignity and respect that we all deserve; and

- You are a valued member of the community.

A Life in the Community

The Commitment....

- Individuals expect the same degree of access to services in their lives as persons without disabilities.

- The Home and Community characteristics set expectations that hold all of us (the individual, providers, the LME-MCOs/Local Lead Agencies and the State) accountable.

Cornerstone of Life in the Community: Self-Determination

The individual is able to say what they want or do not want, have their intentions heard, and make and act on their informed decisions.

True Self-Determination ensures that individuals learn to have a voice, make choices, problem solve, take reasonable risks, explore possibilities and set goals for their lives.

Cornerstone of Life in the Community:
Self-Determination

The self-determined individual exercises their rights to privacy, dignity, respect and freedom from coercion, as they begin to truly make decisions about their lives and what they want to do in their daily activities, who they want to socialize with and their surroundings.

Our Focus
Promote Self-Advocacy

- Encourage communication and self-representation.

- Encourage assertiveness and problem solving.

- Develop opportunities at work, school, and community to exercise self-advocacy skills.

- Provide opportunities for leadership roles at home, school, work and community.

- Identify and meet needs for accommodation.

- Encourage people who are interested in sharing their experience as a person with a disability to do so.

- Help individuals find others in the community that share their interests.

Our Focus
Promote Choice Making

- Identify strengths, interests, and learning styles.

- Offer choice in social activities, community events, and methods of taking in new information.

- Focus on individual strengths.

- Promote self-determination/self-advocacy in their work, home, school and community.

- Speak directly to and with the individual.

- Involve the individual in decisions about all aspects of their life.

- Within reasonable limits, allow people to make and learn from mistakes

- Practice active listening.

Cornerstone of Life in the Community: Dignity of Risk

Dignity of risk balances individual choice and the responsibilities of the support systems.

Individuals learn the skills to become self-determined through real-life experience, which involves taking reasonable risks, making mistakes, and reflecting on outcomes. These experiences help an individual test his or her strengths and limitations and identify appropriate short- and long-term goals for their life.

Cornerstone of Life in the Community: Providers' Role

An important Provider role is to assist the individual to identify risks that are associated with their choices as:

- reasonable/unreasonable,

- acceptable/not acceptable, and

- collaboratively develop a plan to address these risks.

We are talking about taking *reasonable*, *acceptable* and *prudent* risks. This plan will allow the person to make informed decisions.

Cornerstone of Life in the Community: Providers Role

There are general statues, state licensure rules, and other rules or processes that the provider must follow.

These are established to ensure that the individual is safe in the community, not prevent them from having a life.

It is vital through this process to review, evaluate, and facilitate reasonable change that will promote a life of the individuals choice.

Consider....

"In the past, we found clever ways to build avoidance of risk into the lives of persons living with disability.   Now we must work equally hard to help find the proper amount of risk people have the right to take. We have learned that there can be a healthy development in risk taking....and there can be crippling indignity in safety."

- Robert Perske
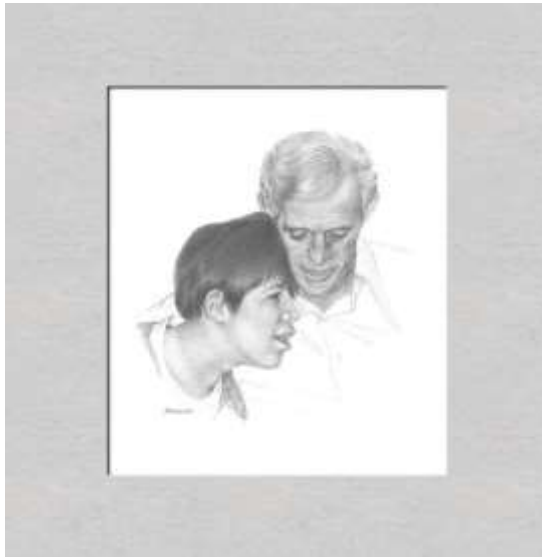
Our Focus
Encourage Problem Solving Skills

- Teach problem solving skills.

- Allow ownership of challenges.

- Accept problems as part of healthy development.

Our Focus
Promote Reasonable Risk Taking

- Build safety nets through family members, friends, work, and others.

- Foster skills to meet challenges.

What does the rule say about Person-Centered Planning?

- The person-centered service plan must reflect the *services and supports that are important for the individual to meet the needs identified through an assessment of functional need,* as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

- Everyone who gets HCBS services must have a *"person-centered plan".*

- *The plan must be in writing and created through a process that includes people chosen by the individual.*

What does the rule say about Person-Centered Planning?

- *When possible, the individual should lead the process of developing the person centered plan.* People should gather information and provide the supports needed for the individual to lead the process. The process should include people chosen by the individual.

- Provides necessary information and support to ensure that the *individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.*

- The plan includes *assurances that the individual will get services in inclusive community* settings, as required by the new rule.

What does the rule say about Person-Centered Planning?

- The plan includes information about where the individual will *live, work , or other day preferences* as well as the services the person will receive.

- The plan includes the *individual's strengths, preferences, support needs, goals and safety risks.*

- The plan must reflect *cultural considerations* of the individual and be accessible and in *plain language* so that the individual can understand it.

What does the rule say about Person-Centered Planning?

- *Offers choices to the individual regarding the services and supports* the individual receives and from whom.

- Includes a *method for the individual to request updates* to the plan, as needed.

- Records the alternative home and community-based settings that were considered by the individual.

- Reflect clinical and support needs as identified through an assessment of functional need.

What does the rule say about Person-Centered Planning?

- Include individually identified goals and desired outcomes.

- Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of State plan HCBS.

What does the rule say about Person-Centered Planning?

- Reflect risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed.

- Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation.

Choice of Service and Provider

What the services are, what they do and how they align with the individual's life goals.

Who does the person want to provide their services?

Where does the person want the service to be provided?

The Plan reflects the individual's preferences, life goals and is led by the person.

Example Choice of Provider/Service Supported Employment

- Desire of the Person? To personalize the experience of customers in his coffee shop by anticipating their orders and writing a special message on their cup every time they order coffee.

- What service? Supported Employment

- Why?   *Competitive Employment for a living wage.*

Considerations…

- How is the individual involved in selecting the staff?

- How is the individual involved in selecting the location?

Example Choice of Provider/Service
Day Supports

- Desire of the Person? A day activity that enables him to build products that will be used in the community.

- What service? Day Supports

- Why? ⭐ **The person needs the support to learn concepts such as attention to task and following instructions to assemble the product.**

Considerations...

- How is the individual involved in selecting the staff?

- How is the individual involved in selecting the location?

Example Choice of Provider/Service Residential Supports

- Desire of the Person? To live in a home with friends.

- What service? Residential Supports

- Why? ⭐

> *The person wants to live with other people of his /her choice.*

Considerations...

- How is the individual involved in selecting the staff?

- How is the individual involved in selecting the location?

Example Choice of Provider/Service
Adult Day Health

- Desire of the Person? To have meaningful activities during the day yet lending full consideration to his/her physical health needs.

- What service? Adult Day Health

- Why? *It is the best choice for someone with physical health needs that desires a meaningful day.*

Considerations...

- How is the individual involved in selecting the staff?

- How is the individual involved in selecting the location?

Steps to My Successful Meeting

1. The clear purpose of my meeting - This is My Life

   a)   To express my voice.

   b)   To make choices.

   c)   To have more control over my life.

2.   Guaranteeing Success

   a)   Choosing who comes.

   b)   Where do I want to meet.

   c)   Helping others understand what is important "To" and "For" me in my life.

Steps to My Successful Meeting

3. Getting the things I want in my life (Outcomes)

    a)   Goals and Objectives.

    b)   Timeline.

    c)   What are the supports?

4. Check-ins on how we are doing

    a)   Are we doing what we decided?

    b)   What is next?

    c)   Keep checking in and making changes as needed.

How to Guide the discussion

- What does being a part of the community mean to you?

- What is important to you about choosing the services and supports you need in the community?

- What does having rights mean to you?

- What is important to you about making your own decisions?

Self-Determination Video Clip
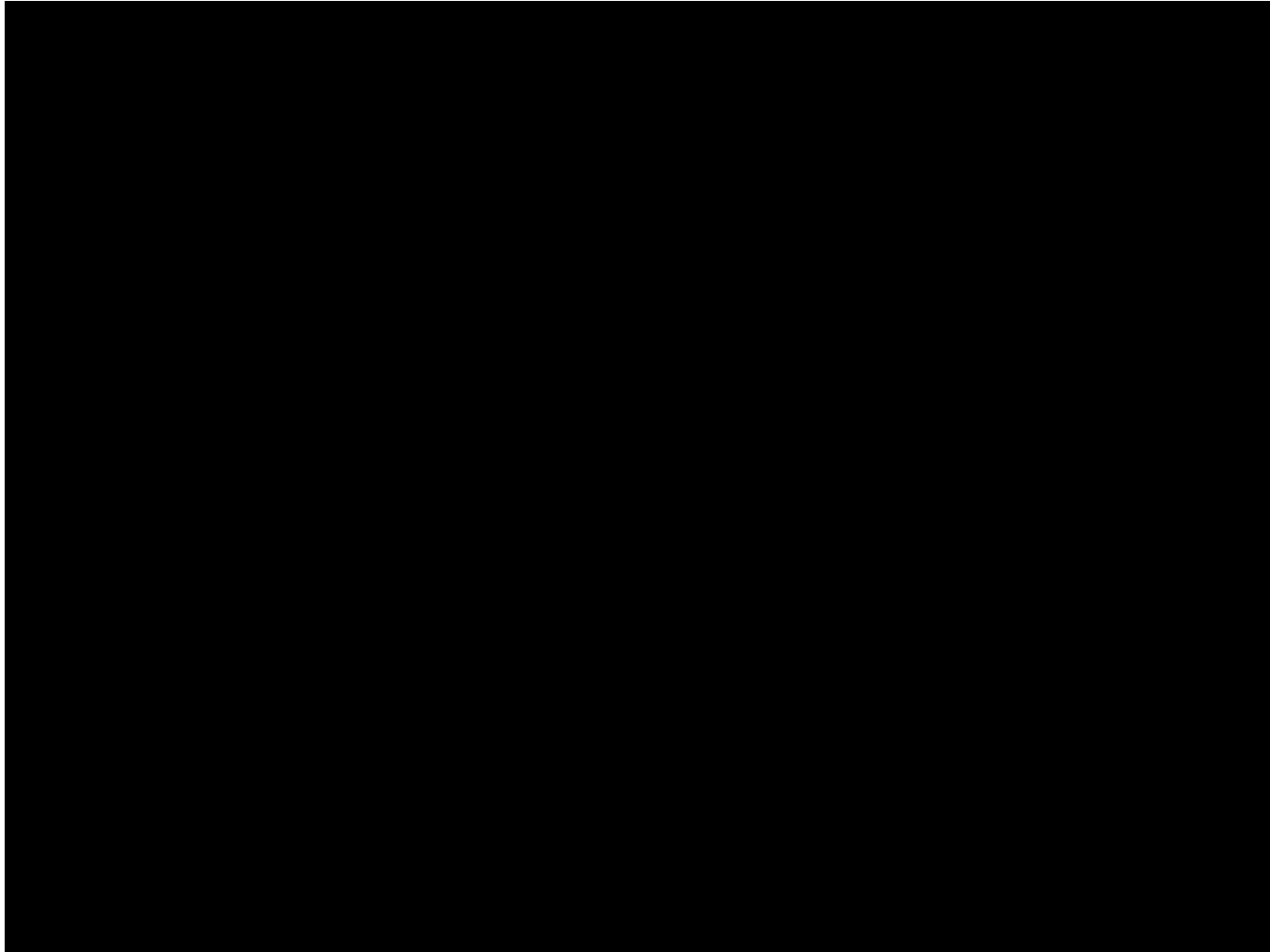
Why Did NC Conduct a Pilot of the HCBS Self-Assessment Process?

Opportunity Knocked

- Stakeholders have been and will continue to be the cornerstone for facilitating change in integrated communities, and how those we support *live* in our communities.

- The Pilot process facilitated additional service system education on this significant change in service provision expectations.

- The Pilot established the benchmark for "showing" us where we are.

- Most importantly, with everyone's commitment, the Pilot has been the "roadmap" for determining "*how far we need to go!*"

More Opportunities

- This process, for sites accessed, was facilitated by individuals, Local Lead Agencies, Providers, LME-MCOs, the State and Communities working collaboratively to demonstrate what a full life in the community looks like.

- This unified approach facilitated the development and sharing of concrete methods for achieving life in the community, e.g., NC statewide Self- Assessment is one example.

More Opportunities

- Communities that include individuals receiving HCBS as *participating* members of the community, not simply *in* the community, create a self-sustaining model because of the benefits for all members.

More Opportunities

- The Pilot facilitated the final standardized Self-Assessment process for Statewide implementation.

- Feedback provided from the Pilot has begun the process of helping to identify barriers in achieving the intended outcomes of the HCBS Final Rule.

- The Pilot has informed the final comprehensive NC Self-Assessment process for HCBS services.

More Opportunities

- The Pilot has helped Service Providers (involved with the Pilot) identify if they are meeting the Rule for the assessed site only, allowing for additional time to inform the responsible agency how they are going to meet it and by what date.

- The Pilot has helped responsible agencies prepare for responding to proposals for compliance with the rule.

Opportunity ...

- Service Providers who participated in the Pilot have <u>met</u> the requirements for this phase of implementation of the HCBS final rule for their <u>assessed sites.</u>

Provider Participant Pilot Data

Findings HCBS Self-Assessment Validation

Collaborative process to ensure consistency in the interpretation of responses which involved DHHS staff, LME-MCO staff and provider staff.

Outcomes:

- Resulted in fine tuning of the document to ensure greater consistency.

- Highlighted needed clarification about focus of assessment being on site and not the individual.

- All services were represented in the sample that was reviewed.

- This process verified the integrity of the Self-Assessment tool.

Survey Questions about e Assessment

Q1 – Our organization is satisfied with the e Assessment.

Q2 - As compared to a word version or PDF fillable, the assessment is more efficient for our organization.

Q3 – The usability of the e Assessment was commensurate with our agency needs and expectations.

Q4 – As first time users, the e Assessment was easy to follow, understand and was a direct crosswalk to the Final Rule, as issued by CMS.

Q5 – Features of the e Assessment, as presented in training, met or exceeded expectations.

Survey Questions Response Graph
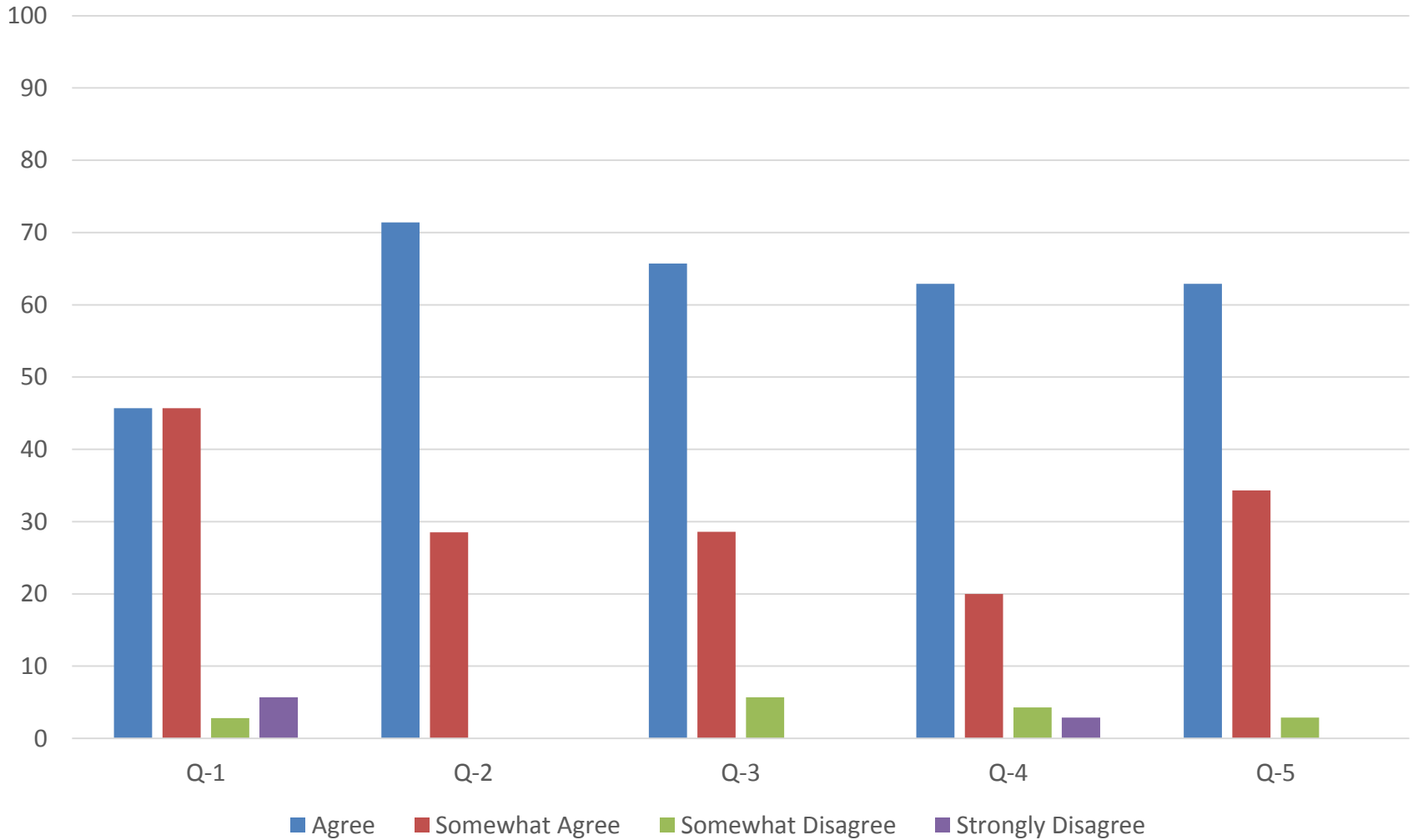
More Pilot Findings

- Develop a save feature.

- Assessments should be site-specific not individual-specific.

- Evidence should reflect current systems and practices, and not be a "cut and paste" of rules/regulations.

- Information provided in a plan of action must include specific detail regarding how the site will meet the characteristic.

Self-Assessment process: the Nuts and Bolts

Who Will Answer My Questions?

- Each Lead Agency and LME-MCO have designated contacts to answer your questions.

- This information/process will be shared, in more detail, during trainings provided by each of the entities.

What are we assessing ?

- The Self-Assessment is a *site review* of the following services:

  – Innovations

    - Residential Supports

    - Day Supports

    - Supported Employment

  – Community Alternatives Program for Disabled Adults

      Adult Day Health

The Mechanics

- Review the Companion Document.

- Identify the Site(s) for Review.

- Gather and Organize (by Site) the Information Needed.

- Become familiar with the e-Assessment.

- The electronic tool will be available through the following link: http://www2.ncdhhs.gov/hcbs/assessment.html.

- Submit the e Assessment.

Provider Self-Assessment Timeframe

Providers receive training from LME-MCO/LLA

June 26 – July 15, 2015.

Self-Assessment period begins

July 15, 2015.

Self-Assessment Period concludes

September 15, 2015

If Self-Assessment is not submitted by CMS deadline

- Provider must submit a transition plan for individuals they are supporting under the applicable services to the responsible LME-MCO/LLA.

- The responsible entity will immediately forward the plan to DHHS.

Providers who must complete a Self-Assessment

- All existing Network providers of Adult Day Health, Day Supports, Residential Supports and Supported Employment.

- Any new provider enrolled between July 15, 2015 - September 15, 2015.

- Any new provider enrolled after September 15, 2015 will complete the Self Assessment as a component of enrollment.

- Any provider who adds a new site.

Following the Assessment

- Your Self-Assessment reveals you have evidence of compliance and have taken the opportunity to share plans for continued improvement.

- If your Self-Assessment indicates a need for Technical Assistance to ensure compliance, it will be accompanied by your provider developed plan of action.

- If a provider is unwilling or unable to comply (out of compliance), an assessment to determine intent and capacity (even with technical assistance) is completed by the responsible LME-MCO/Local Lead Agency with the assistance of DHHS .

- However, a provider may make an informed choice to discontinue providing the NC Innovations or CAP-DA waiver services.

Any setting that is presumed to have characteristics of an institution will be subject to heightened scrutiny.

What are some of the expectations?

- A thorough assessment of system compliance with the Final Rule via a standardized e Review tool.

- Ongoing dialogue and conversation with the local LME-MCO/Lead Agency about findings, interpretations specific to the characteristics.

- Detailed report of the findings to include any identified areas that require improvement.

- This process will help facilitate change in our communities and how those we support live in their communities.

e Provider Self-Assessment Tool

e Provider Self-Assessment Tool
e Assessment

- The HCBS Self-Assessment must be completed using a browser-based electronic tool.

- The tool was developed by the state (DHHS).

- WHY?

  – Enables the state to easily identify strengths and weaknesses of the HCBS service delivery system.

  – Will provide all parties a submission/review trail.

  – Reduces the exchange of paper.

e Assessment

- Reduces administrative burden

  - Eliminates the need for providers to attach supplemental documents supporting compliance with HCBS standards;

  - Eliminates the need to exchange hard copies;

  - Improves efficiency (time savings);

  - Decreases keying errors.

  The e Assessment was developed based on provider feedback.

How will we demonstrate compliance

- Provide brief, but detailed statements in the body of the e Assessment describing how you will meet each of the HCBS characteristics.

- If you do not fully meet the standards a Plan of Action will need to be provided in the e Assessment as well.

- Supporting documents will be maintained on site by the provider.

e Assessment

- The electronic tool will be available through the following link: http://www2.ncdhhs.gov/hcbs/assessment.html.

- This link is for submission of the self-assessment by responsible providers.

- Successful completion of the electronic tool will require preparation, which can be accomplished with a crosswalk of the companion document.

- The e Assessment has a save feature. If the user clicks 'save' they will get an email with a link allowing them to return to the assessment. However, it is recommended that the assessment be completed from *start to finish* in one sitting. The need for preparation cannot be over emphasized.

- The system does *NOT* time out.

Screen Shot of e Assessment webpage

e Assessment

- No ePHI is to be entered on the electronic form.

- Suggestions for completing Demographic Information

  - Prepare with the Companion Document.

  - Selecting an item from the dropdown in one area often impacts the options available in another dropdown menu.

  - Reminder for AFLs - The Provider Name and Site fields must be completed and the information should not be duplicative.

Screen Shot of e Assessment Drop Down

e Assessment

- Suggestions for completing Section II & Section III

  - As you are completing the document, one option is to type examples/or documents that your agency maintains that support each characteristic in an electronic document so that you can cut & paste into the assessment as you are completing.

  - Allocate sufficient time to complete the data entry. It is suggested that you minimally allow 2 hours.

  Remember: Although the form can be saved, it is strongly recommended that you be prepared to finish when you start.

e Assessment

- Example: Provider checks **YES** to Item 10 (lockable doors) and states "Per our admissions policy, individuals are issued keys to the unit. Individuals are provided training for key use as identified in their ISP."

- Supporting documents the provider should have:

    – Issuing of keys would be in provider admission policy.

    – Individuals that are learning to use keys would have a short-term goal addressing this need.

    – Individuals are observed/documented to have keys on their person.

e Assessment

- Example: Provider checks **NO** to Item 10 (lockable doors)

- Text: "Currently individuals are not issued keys to the unit. We will review and revise admission policy and ensure that it addresses issuing of keys to individuals. We will ensure that issuing of keys for current individuals will be discussed with planning teams at next meeting. Planning teams will determine if the individual needs support for using keys."

- Supporting evidence – do the above.

e Assessment

- Completing the electronic signature

  - Ensure that name and title of the person completing the Self-Assessment is accurate.

  - Confirmation, via check box, is a legally binding signature.

  - An accurate email address and contact number is important for any needed follow up.

  - Submit by clicking "Submit Self-Assessment"

  - The provider will receive "real time" notification that the e Assessment was submitted.

  - The provider will receive "real time" notification when the LME-MCO/DMA signs the document.

Screen Shot of e Assessment acceptance

What happens next ?

- All Self-Assessment information will be reviewed by the LME-MCO/DMA with three possible outcomes:

    -Accepted;

    -Pending Questions with needed follow-up;

    - Not approved.

- Provide needed follow up to LME-MCO or DMA.

- Providers implement their Plans of Action provided in response to the Self-Assessment.

What happens next ?

Plan of Action

- Provider completes a Plan of Action for the specific characteristic(s) that does not meet Full Integration.

- No specific template is embedded in the self-assessment for the Plan of Action. The Plan will be in text format.

- Provider has to maintain evidence of actions taken to achieve Full Integration.

What happens next ?

- The follow up, by LME-MCO/LLA, to the submission of a Plan of Action can occur by telephone communication, email communication or desk audit of requested documentation.

- The process used to complete the follow up is at the discretion of the LME-MCO/LLA and is based on the information submitted by the provider.

What happens next ?

Frequency of follow up to ensure resolution occurs is based on the schedule below:

-6 months from time of acceptance of Self-Assessment, if Plan of Action items are not resolved;

-1 year, if Plan of Action items are not resolved;

-2 year, if Plan of Action items are not resolved;

-3 year , if Plan of Action items are not resolved.

What if I need Technical Assistance?

The successful implementation of this process will require a collaborative partnership with open, honest dialogue about successes and barriers.

What if I need Technical Assistance?

The LME-MCOs/Local Lead Agencies will serve as the local technical assistance point of contact for providers regarding the tool and process through their specified contact.

1. There will be questions regarding the Self-Assessment tool – this is encouraged.

2. This is a new process – no one has all the answers.

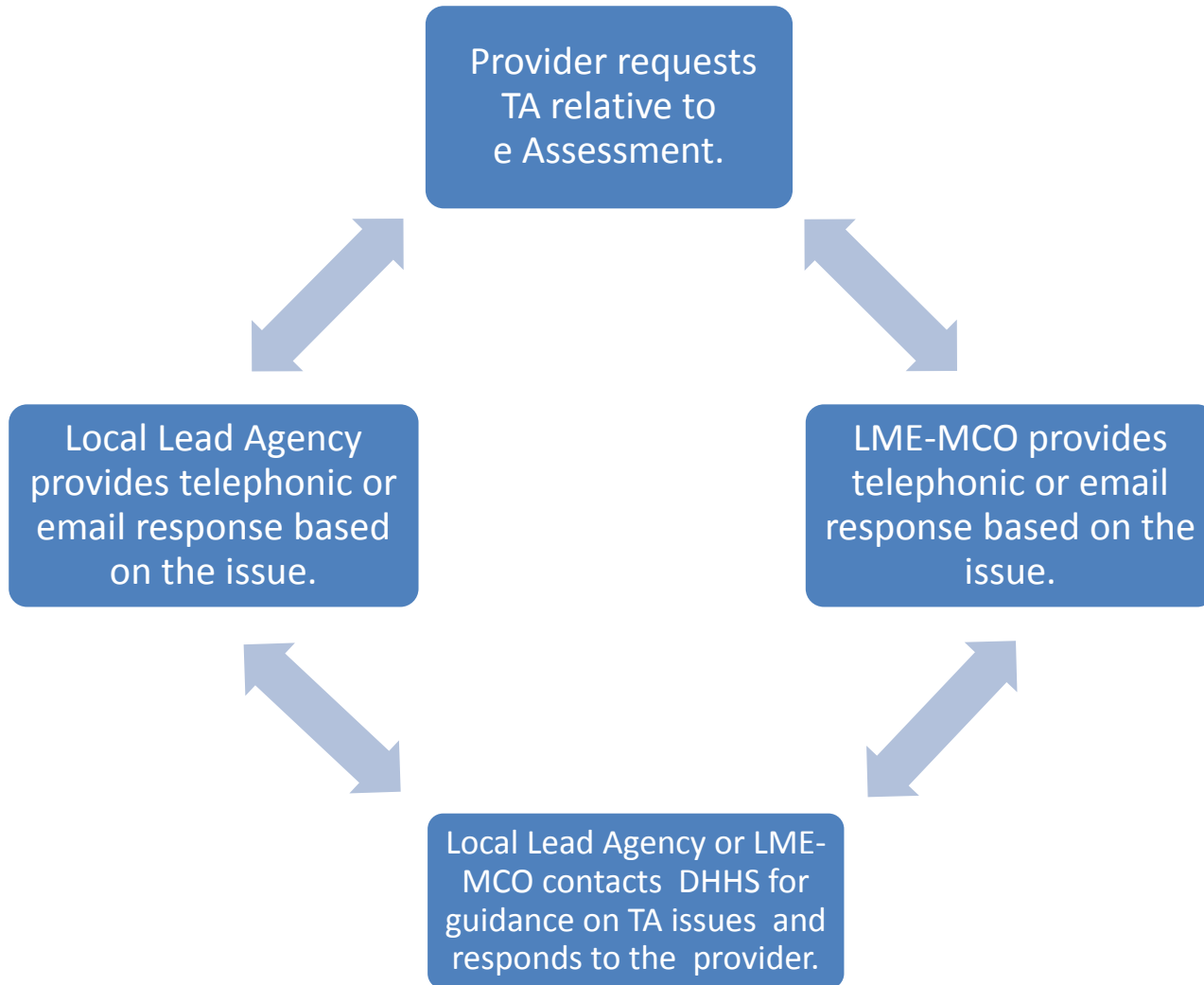3. There will be hurdles and we will work through these together.

If we work together as a learning community in the process, we can become part of a cornerstone for change, a change that ensures that those we support live lives of their choice in communities of which they are fully a part.

How I obtain assistance . . .

LME-MCO Contacts

Cardinal Innovations

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Trillium Health Resources Southern Region

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Trillium Health Resources Northern and Central Regions

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LME-MCO Contacts

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e Review of the Provider Self-Assessment

e Review of the Provider Self-Assessment Tool

- The HCBS Self-Assessment e Review must be completed using a browser-based electronic tool developed by DHHS.

- WHY?

  – Enables the state to more easily identify strengths and weaknesses of the HCBS service delivery system.

  – Will provide a streamlined, consistent process for all reviews.

  – Will provide real-time data regarding all reviews.

  – Reduces the exchange of paper.

e Review of Provider Self-Assessment Tool

- Reduces administrative burden

    - Eliminates the need for cumbersome paper reviews;

    - Decreases the probability of reviewer error;

    - Eliminates the need to exchange hard copies;

    - Improves efficiency (time savings);

    - Decreases keying errors.

Who completes the e Review

- The geographic location of the site will determine the responsible LME-MCO to complete the e Review .

- However, if the site is not contracted with the LME-MCO where it is geographically located, it is the responsibility of the contracted LME-MCO who holds the client-specific agreement to complete the e Review .

- Any site that does not align with the above two bullets will require that the LME-MCO seek technical guidance from DHHS.

- DMA will complete all CAP-DA assessment reviews.

Provider Self-Assessment Tool
e Review Rating Structure

- The following rating structure will be utilized for each qualifying characteristic:

  - Full Integration – Strengths, needs, and preferences, are part of day-to-day actions/practices. Opportunities and choices are fully integrated as part of the on-going operation of the site.

  - Emerging Integration – Strengths , needs, and preferences, are present, but they are not evidenced consistently throughout day-to-day actions/practices. Opportunities and choices are integrated as part of the on-going operation of the site, are not evidenced routinely at the time of self-assessment.

  - Insufficient Integration – Strengths, needs, and preferences not evidenced throughout day-to-day actions/practices. Location is presumed to not meet HCBS criteria for community based settings.

Provider Self-Assessment Tool
e Review Rating Structure

The LME-MCO/DMA should strive to rate the characteristic based on the information provided. Requests for additional information should be the exception and not the rule.

- Need Additional Information – Further information is required to rate the characteristic/question. There is a lack of specific examples and/or the response does not clearly address the interpretive guidance.

Provider Self Assessment Tool
e Review Rating Structure

On site review will occur when:

— Issues of Health and Welfare are identified during the e Review process;

— The site has characteristics of an institutional environment and is subject to "heightened scrutiny";

— The site is unwilling or unable to comply with the HCBS Final Setting Rule.

The Mechanics of the e Review

- Utilize the e Review and e Assessment Companion Documents.

- The available resources are a guide.

- Rating system of Full, Emerging, or Insufficient Integration will be utilized.

- Text boxes are available to provide clarification/rationale for specific ratings.

- Complete an e Review per self-assessment.

The Mechanics of the e Review

- All e Reviews must be completed by the LME-MCO on or by November 30, 2015.

- By November 30, 2015, every provider who has submitted self-assessment(s) must receive a response from the responsible LME-MCO/LLA.

- Reviews should begin upon submission of the first assessment.

- This is a rolling process.

- LME-MCOs/LLAs may establish a staggered schedule for submission of self-assessments, but September 15, 2015 is the absolute deadline.

After Completion of e Self-Assessment Review Process

- Each LME-MCO/LLA must submit a comprehensive analysis to DHHS by January 15, 2016.

- A template is not being developed for this purpose, however specific elements will need to be included.

After Completion of e Self-Assessment Review Process

Analysis Elements include but are not limited to:

- Settings that do not meet intent of HCB criteria for community-based settings;

- Settings that are "at risk" for not meeting intent of HCB criteria for community-based settings;

- Aggregate data reflective of sites that are fully, emerging and/or are insufficiently integrated;

After Completion of e Self-Assessment Review Process

Analysis Elements Continued:

- Aggregate data specific to plans of actions per characteristic; and

- Aggregate data relative to types of technical assistance provided during the statewide rollout.

If the LME-MCO/LLA Needs Technical Assistance:
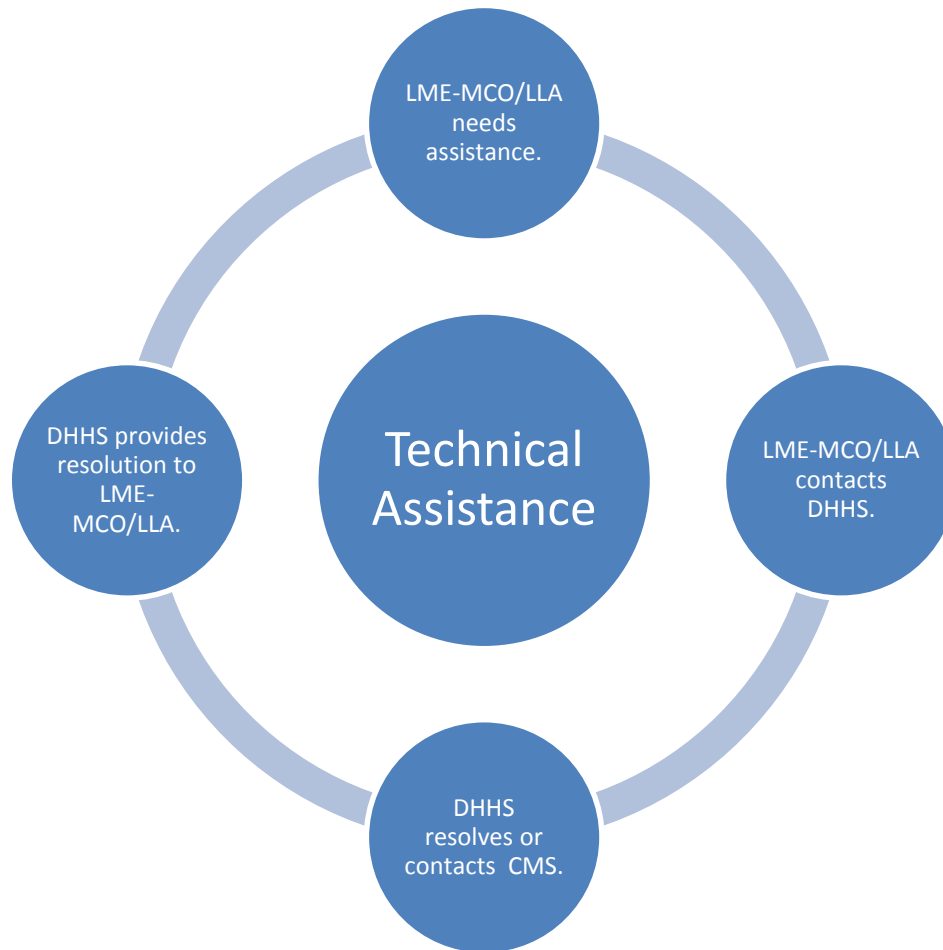
Next Steps

- Provide training to LME-MCOs/LLAs and providers to implement statewide.

- Produce and post materials useful to assist stakeholders.

- Continue technical assistance to all stakeholders.

- Continue process of compliance as detailed in the work plan.

- Ensure on-going dialogue with all stakeholders.

Full Compliance with the HCBS rule!

Where to find us

The NC Department of Health and Human Services website is: http://www.ncdhhs.gov/hcbs

The "My Future, My Plan" email address is: HCBSTransPlan@dhhs.nc.gov

- We, the State of North Carolina, see a new future for improved community access and quality of life for people receiving waiver services.

- We will work with people who use home and community based services, their families, allies and others to become the change.

- Together, we will make this vision real.