

Hello – this is Teri Morgan with the Department of Medical Assistance Services. Thank you for joining today's call.

We have a lot to cover. On today's call we are going to provide:

- An update on the release of the self-assessment review results
- Discuss provider organizational compliance and the approach taken with the self-assessment review and provider remediation
- Address some provider feedback received on the review summary and content
- Review the HCBS Toolkit and how it can support compliance efforts
- Discuss next steps and what you should expect
- And then have time for Q-n-A

I'm going to start with an update on the release of the self-assessment review results

In mid-September we began notifying providers that their self-assessment review results were available in REDCap. From that point forward, we notified approximately 100 providers per week. By 5:00 p.m. on October 19<sup>th</sup> all notifications had gone out.

This phased approach allowed us to manage the notification process. In a number of instances, we reset passwords and worked through some minor technical glitches. Some providers needed their email contact changed, others didn't get the initial notification and we sent login instructions. For the most part, the notification process went pretty smoothly.

If you have not been able to access your results in REDCap, please email [hcbscomments@dmas.virginia.gov](mailto:hcbscomments@dmas.virginia.gov). You can also get this email address at the HCBS Toolkit on the DMAS website.

I would like to talk for a few minutes about the approach taken with provider organizational compliance as a first step for development of a foundation for full compliance:

As you know, the Centers for Medicare and Medicaid services is requiring the state to assess every setting impacted by the HCBS settings regulations. This is not optional.

We are also required to detail our process for bringing the entire system, including all settings, into compliance. When developing the strategy to accomplish this we initially focused on individual settings and how to ensure each physical setting demonstrates compliance. This was actually quite daunting. We recognize that settings have unique characteristics and qualities based on location, size of the setting, the specific services provided.

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We were able to drill down to basic fundamental requirements across all settings that require standards at the provider organizational level. This is what we call organizational compliance.

The underlying question with organizational compliance is --- As an organization, do you have the framework in place to formally establish and/or strengthen compliance across all setting?

At the time of the self-assessment, If your organization did not have in place an HCBS rights policy, HCBS disclosure of rights to individuals/families and staff training on HCBS specific rights your results would be non-compliant across 5 HCBS rights elements in the review summary.

The review of Part 1 of the self-assessment focused specifically on the standards established for provider organizational compliance.

In the federal HCBS regulations, there are 5 areas of HCBS rights. Four of the areas are specific to general rights in all settings and the fifth the additional rights in provider owned and or operated residential settings. The self-assessment review summary in REDCap identifies compliance status in each of the 5 areas from the federal HCBS regulations. These 5 areas are the HCBS rights of individuals receiving Medicaid waiver Home and community based services. I am not going to review these areas on this call. They are a part of the review summary and are available with greater detail in the HCBS Toolkit.

We have gotten provider feedback on the self-assessment review summaries. Some of that feedback expressed appreciation for the self-assessment process and HCBS Toolkit as an opportunity; others expressed frustration about results and in particular limited feedback, and in some cases, the same response across all 5 compliance elements.

I would like to talk about the thought process behind the review protocol and the guidance given to reviewers.

We had a review team of 13 reviewers. When developing the review protocol and provider organizational compliance rubric, which was a tool used by reviewers, one of our goals was to minimize inconsistencies.

We have heard from providers concerns about inconsistent guidance on HCBS settings requirements. For example, guidance and interpretations from office of licensing staff, QMR staff, CRCs, support coordinators and others. We were, and are, very sensitive to this.

When training the review team, guidance provided stressed that the review was to focus primarily on the standards for organizational compliance. If those standards were not present, the compliance determination would be non-compliant. A non-compliant determination may span each of the 5 elements of compliance. On the DMAS website in the HCBS Toolkit, under

the organizational compliance tab, the review rubric used to complete Part 1 reviews can be found.

Some providers have expressed frustration that the review summary did not clearly explain what they need to do to come into compliance. In order to eliminate inconsistencies with identifying what actions a provider needs to take to come into organizational compliance, the approach taken was to use the HCBS Toolkit to provide the guidance and examples needed.

Detailing actions a provider needs to take to come into compliance was not a part of the review summary. Again, we did not want to run the risk of inadvertently providing conflicting information. With a number of people completing the reviews, this was a possibility and we wanted to minimize the risk of inconsistent interpretations. On the state level we are working hard to develop an equalization of knowledge and understanding across the various systems.

I share this with the hope of providing some insight into the approach taken, and why. And, also to acknowledge some of the feedback received. We do recognize that a great deal of time, energy and resources were devoted to completing the assessment.

The information we gathered from reviewing the self-assessments informed the need for guidance and resources; the Toolkit provides this in a way that builds consistency. We do realize that this approach does have its pros and cons.

One of the messages we are working to convey, not only with providers, but also at the state level, is that the transition to full HCBS settings compliance is systems transformation. It is a new paradigm in HCBS waiver services. The vision for the HCBS Toolkit, and the vision for establishing organizational compliance standards, is to establish a foundation that promotes and facilitates compliance in all settings.

With a strong foundation, we can build and strengthen a system, and provider network, that embraces HCBS settings transformation and has the skills, resources and tools to meaningfully assess, update and modernize Medicaid waiver home and community based services in Virginia.

The HCBS Toolkit will support your compliance efforts. If you have questions about organizational compliance and what actions you should take, review the recorded webinars and Tools provided. Becoming HCBS compliant is not something that can be done for you, you must do the work. It requires an honest and sincere review of your internal organization, values and culture.

We recognize that many providers do fully embrace the settings rule and your services, supports and values reflect this. We also recognize that, as a system, if we look at HCBS compliance on a scale from zero to 10, we have providers at all points on that scale, from zero

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and one to nine and ten. Our goal is to meet providers at whatever point they are on that scale and provide the needed information, resources and tools to move forward.

Organizational compliance is the foundation. With organizational compliance you will be prepared to implement your HCBS rights policy, disclosure of HCBS rights and staff training across your organization in every setting. The act of implementing these requirements should spark discussion and dialog with DSPs, individuals receiving services and families. These discussions provide opportunity to take the next step to develop HCBS competence become comfortable with managing change within your organization.

The conversations that I have had with providers who say, we get this, we're doing it, we believe it – we have been doing this for years --- have been important and helpful. You are an important part of our system and your influence as a role model for other providers appreciated.

The HCBS Toolkit is on the DMAS website. If you go to the homepage, scroll to the bottom of the page, you will see a link to the Toolkit. We will continue to add and update resources, so please check back often.

So, next steps and what to expect –

Providers will need to resubmit part 1 of their self-assessment in REDCap. A new blank Part 1 will be available on or about Nov 14<sup>th</sup>. We will send out notification through the DBHDS provider listserv.

This Part 1 will be labeled Part 1.2.

Your original Part 1 will be maintained.

We will be adding to the Toolkit, on the organizational compliance page, a Word version of Part 1.2 with an updated companion guide. Part 1.2 will incorporate a few additional questions focusing on implementation of HCBS policies and procedures across settings.

We anticipate Part 1.2 being open until mid-January 2019. Please don't rush the process of resubmitting. Do the work, take this opportunity, questions to consider –

- Is the leadership in your organization a role model for staff? Are they well versed in HCBS settings requirements? Do they communicate regularly and consistently with staff and individuals HCBS rights and expectations? Are they available to answer questions and provide guidance?
- Do staff members feel supported to fulfill HCBS settings requirements?

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- Are the individuals you support engaged in discussions about friendships, personal relationships, community participation, hobbies, etc.?
- Is your organization structured in a way that promotes the accomplishment of its mission and HCBS compliance?
- Do you have a system for monitoring HCBS compliance among all settings?
  
- Have you considered developing an internal HCBS team with direct support professionals at each setting? This team can be cultivated to be HCBS subject matter experts at their specific setting. The team can discuss HCBS implementation, troubleshoot and brainstorm on specific situations and questions, discuss new and creative strategies to facilitate increased community participation, facilitate discussions with individuals supported on their experience, preferences and ideas, etc.

Take action....and take the time needed to build a foundation and facilitate change.

We will now open up the call for questions.