Department of Developmental Services
The Connecticut Statewide Transition Plan
Public Forum@CT LOB
August 6, 2018
January 2014 CMS published the final rule with the following objectives:

- To support enhanced quality in HCBS programs
- Add protections for individuals receiving services
- Ensure participants have full access to the benefits of community living
- Participants are able to receive care in the most integrated setting
Key Provisions

- Impacts a range of HCBS programs including 1915(c), 1915(i) and 1915(k)
- Establishes requirements for Home and Community Based Settings
- Defines person centered planning requirements
- Provides options to states to combine waiver populations into one waiver
- Clarifies the timing of waiver amendments and public input requirements
- Provides CMS additional compliance options for HCBS programs
Applies to Residential and Non-Residential settings

Requires that the setting:

- Be integrated in and support full access to the greater community
- Is selected by the individual from among settings options
- Ensures the rights of privacy, dignity and respect, freedom from coercion and restraint
- Optimizes autonomy and independence in making life choices
- Facilitates choice regarding services and who provides them
For provider owned and controlled homes the individual such as Community Living Arrangements (CLA’s) or Continuous Residential Services (CRS’s):

- Has a lease or other legally enforceable agreement providing similar protections
- Has privacy in their unit including lockable doors, choice of roommates and ability to decorate their unit
- Has control over their schedule including access to food at any time
- Can have visitors at any time
- Is in a setting that is physically accessible
Key components included assessment, remediation and monitoring.

The assessment process identified the following services that required department review for compliance:

- CLA—Community Living Arrangement
- CRS—Continuous Residential Services
- CCH—Community Companion Homes
- Prevocational Service
- Group Supported Employment
- Group Day Support Options
DDS Settings

- DDS used Provider Survey
- On-site QSR Reviews
- Case Manager on-site reviews
- Use of the Corrective Action Plan for the QSR application requiring providers who receive a non-compliant rating to create a reviewable/approvable plan to address the issue identified at both the setting and system level
- DDS did not identify any settings that needed heightened scrutiny
In 2014 the DDS Settings Rule Transition team, comprised of state agency staff and provider staff conducted a Settings Rule Provider Self-Assessment survey of all GSE providers.

Following feedback and technical assistance from CMS, DDS committed to utilizing the QSR on-site tool to measure performance.

The QSR was cross-walked to the CMS Probing Questions for both Day and Residential settings, and the appropriate indicators were used to develop analytical reports to assist DDS in assessing compliance in the areas of Choice of Setting, Community Access, Choice in Living and Setting Space, Staff Interaction and Privacy, and Choice of Providers and Services.
On Site Quality Service Reviews

- Overall there were 24 Indicators captured that were cross-walked to the Settings Rule including
  - 2 Observation,
  - 9 Individual (Consumer) Interview,
  - 4 Observation,
  - 4 Documentation,
  - 3 Support Person Interview, and
  - 2 Safety Checklist.
- The on-site QSR reviews are conducted by Quality and Systems Improvement (QSI) staff and Case Management staff at all settings where LTSS Waiver services are provided.
Participant surveys were delivered as part of the QSR review process. The QSR tool consists of over 200 questions organized around 6 main areas including Consumer (Individual) Interview. The Consumer Interview component of the QSR was used to assess comportment with the Settings Rule across all applicable settings. Of the 16 QSR indicators being utilized to assess comportment, 9 are Consumer Interviews.
DDS has developed Business Intelligence/Analytical reports for regional agency staff tasked with provider oversight when an issue of non-compliance has been identified.

DDS will utilize analytics to identify system level performance, as well as to track provider and setting-level performance.
Based upon our on-site assessments, we did not identify any settings that:

- have the effect of isolation individuals from the larger community,
- Any survey feedback that might be characterized as isolation that was also identified as a result of personal choice; meaning individuals are aware of options available and how to participate, but have made an informed choice of whether or not to reside in a specific residence or participate in a specific service or activity.
- are located in a building that is also a publicly or privately operated facility that provides institutional care or settings located on the grounds of, or are immediately adjacent to a public institution.
Based upon our on-site assessments, we did two areas that need improvement:

- Individual Plan participation— we anticipate this to increase when we run data this fall because of the roll out of the New IP

- Documentation in the Individual plan of plan modifications such as those approved through Programmatic Review Committee (PRC) and Human Rights Committee (HRC)
NEXT STEPS

- We are currently in 30 day comment period
- Comments will be compiled and included with the submission of the plan to CMS
- Currently working with DSS to construct a provider tool kit

- DDS Specific Next Steps
  - Provide the Business Intelligence Info to DDS Individuals, families, providers and staff
Resources

- ARC Resource Guide
  https://resources.thearc.org/resource-by-issue/medicaid/

- CMS webinars
  https://www.medicaid.gov/medicaid/hcbs/training/index.html
Public Comments to Kathy.A.Bruni@ct.gov

DDS Contacts

Siobhan.Morgan@ct.gov
Joshua.Scalora@ct.gov
DDS.HCBSTransition@ct.gov