

# Office of Long-Term Living CMS Final Rule Stakeholder Meeting Report

May 22, 2015

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## Introduction

The Office of Long-Term Living is responsible for preparing and implementing a plan to transition various waiver programs to comply with the new Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community-Based Services (HCBS). The purpose of the transition plan is to ensure that individuals receiving HCBS waiver services are integrated into and have access to supports in the community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources.

On Thursday May 7, 2015, the Office of Long-Term Living (OLTL) sponsored a stakeholder meeting at the University of Pittsburgh, Child Welfare Center in Mechanicsburg, Pennsylvania. The objective of the stakeholder meeting was to gather input to assist OLTL in developing the transition plan. The input will help OLTL ensure individuals have access to the benefits of community living similar to those available to non-Medicaid individuals, and continue to ensure individuals have the supports they need to live a fully integrated life. The input will also help OLTL establish processes to ensure the objectives of the Final Rule are achieved.

The stakeholder meeting was facilitated by the Dering Consulting Group. This report summarizes the outcomes of the meeting. A copy of the agenda is included in Appendix A. The meeting began with a welcome by Jen Burnett, Deputy Secretary for OLTL, followed by a review of the Final Rule by Virginia Brown, Director of the Bureau of Policy and Regulatory Management, and a summary of the provider survey results by Kim Mankey, Director of the Division of Development and Innovation.

The participants were tasked with reviewing exploratory questions for 22 characteristics identified by CMS to assess compliance with the Final Rule. Participants were then divided into random breakout groups to define what compliance with the new rule would look and feel like from both participant and provider perspectives. The breakout groups were also asked how settings presumed not eligible could become eligible and whether there were existing barriers (regulatory or policy related or cultural) for entities to become compliant. Finally, the participants were divided by affinity groupings to provide an assessment of the Department's current communication methods and to solicit input on how the Department can best communicate with stakeholders moving forward, specifically as it relates to developing the transition plan and implementing the final rule. A summary of the survey of exploratory questions and participant breakout groups follows.

## Participants

Approximately 30 stakeholders participated in the meeting. In addition, there were about ten OLTL staff presenting, participating and taking notes. The 30 stakeholders represented participants, advocates, providers, and service coordinators.

## CMS Exploratory Questions

OLTL currently uses two existing processes to monitor the quality of settings for the HCBS waiver participants. One, the Quality Management Efficiency Teams (QMETS), works with HCBS providers of waiver services to efficiently balance service delivery and regulatory compliance. Another, the Participant Monitoring Tool, is under development and is intended to assess the participant's experience relative to the objectives of the final rule.

CMS developed a set of 22 characteristics that are expected to be present in all HCBS settings. Each characteristic has a corresponding group of exploratory questions representing traits that individuals in those settings might experience. The list of characteristics and exploratory questions was developed by CMS to guide states in assessing whether the required characteristics of Medicaid HCBS are present.

To assist OLTL in identifying those questions that would be most helpful to build into existing review and monitoring processes, participants were asked to consider each of the exploratory questions and vote (through interactive polling technology) on those few that would be most effective in assessing compliance with the new regulations and ensuring the experience envisioned by the new rule. The results of the participant voting during the meeting are provided in Appendix B along with the accompanying *Exploratory Questions to Assist the Office of Long-Term Living in the Assessment of Residential Settings* handout. This feedback will help OLTL focus on those issues most reflective of and encompassing the intent of the Final Rule.

The voting activity also helped strengthen the foundation of understanding among the participants of what the Final Rule is intended to achieve and the various components that need to be taken into consideration. The activity, in addition to providing direction to OLTL in their quality monitoring process, helped facilitate a richer discussion in the breakout groups.

## Breakout Session 1

The objective of the first breakout session was to provide OLTL with input describing what the desired outcome of the Final Rule would look like, and offer suggestions on how to transition to that vision and outcome. In other words, in five years, what will we see and how will we know we are successful? The participants were divided into roughly equal groups and were tasked to consider the Final Rule in terms of four high-level categories (freedom of choice, integration in the community, privacy and dignity, and services and supports) aligned with the 22 characteristics outlined in the exploratory questions. The handouts to help guide the discussion are included in Appendix C.

The participants were asked:

1. What would compliance look like? What do you see happening or not happening? What do you see people doing or not doing and how does that compare to what we see today?
2. How could presumed non-compliant settings become compliant?
3. Are there any current barriers to becoming compliant and achieving the vision? Are there policies or regulations that might be barriers? Are there attitudes or ingrained practices that might be barriers? Are there other potential barriers?

The following table provides the results of breakout session 1

**Vision: What does compliance with the final rule look like? In five years, what do you see happening, or not happening? What do you see people doing, not doing? How does that compare to what we see today?**

### **Freedom of Choice**

- Stronger service plans that are highly individualized.
- Participants will have more conversation with upper management.
- There will be clarity around different needs for different individuals. For example, seniors have different needs than younger participants, especially when it comes to employment, but this applies to other areas as well.
- Access to provider information: 1) more information about providers will be available and getting the list of providers will be much easier. Information about providers should be transparent; 2) transfers between providers may become more prevalent since information is available.
- An understanding of how individual health choices impact others, especially when the living arrangements include group or apartment settings.
- Participants will be able to visit other settings.
- There will be less stigma associated with this if it is community based and not facility based.
- The participant monitoring tool will be heavily weighted toward choice, and measurements will be cognitively accessible.
- Respect for participant choice will be without assumptions relating to the appropriateness of settings.
- Facilities will improve over what they are doing now.
- There will be an understanding of the practical impact of limiting choices.
- More support and engagement will exist, family attachment will not be severed.
- More community engagement, participants will go out and experience other settings in the community and the community will come into the participants' settings.
- Continued conversations regarding how to get participant preferences implemented and observe them more as partners. Best practice information will be shared.

### **Integration in the Community**

- Participants have the choice to do whatever they want with supports, example integrated employment, not just sheltered program.
- Seamless, integrated and coordinated services, example housing and transportation.
- There is no fear of losing benefits from some engagement in the community.
- Providers and service coordinators are credible sources of information and the sharing of information is part of their responsibility.
- Participants are perceived as experts and readily share their knowledge and experience

- Activities are offered and coordinated.

**Privacy and Dignity**

- Individuals choose how they want to spend their time and money. Individuals can make their own decisions on these matters as much as possible.
- The individuals or their representatives are heavily involved in determining what they want.
- Any individual receiving services has easy access to an independent ombudsman.
- Choice is preserved to the maximum extent possible.
- Participants can be assured of their personal privacy.
- The environment is much less stressful for participants, coercion is not an issue.
- Conversations between participants and staff that should be private remain private.
- Individuals are viewed as individuals and their individual needs are observed as opposed to being placed into a category of people and assuming their needs are based their category.
- A culture of learning is created where regulators, providers and participants work together to improve the quality of living.

**Services and Supports**

- Participants have full and free choice, they are not directed or limited in any way by a provider or landlord.
- Participants are empowered consumers and can change providers or programs when they determine it is appropriate.
- Person centered plan drives services and supports.
- There is adequate compensation to provide desired services.
- There is communication support to assist individuals in making services and support decisions.
- The participant controls the process in creating the service plan.
- The person centered plan is permanent, adaptable and not limiting.
- Providers are knowledgeable.
- Service Coordinators understand and help consumers understand.
- Participants have a significant knowledge of programs.
- Participants and providers know and understand the standards and expectations.
- Participants are supported by integrated teams to promote independence.

Barriers to achieving the vision			
Freedom of Choice	Integration in the Community	Privacy and Dignity	Services and Supports
<ul style="list-style-type: none"> <li>• Communities may not be accepting (physical, cognitive, attitudinal)</li> <li>• Transportation                             <ul style="list-style-type: none"> <li>○ Little personal choice</li> <li>○ Limited funds</li> <li>○ Little flexibility</li> <li>○ Reliability concerns</li> <li>○ County jurisdictions differ</li> <li>○ Regulations differ for different programs</li> <li>○ Clarification on what is eligible for reimbursement</li> </ul> </li> <li>• Economic                             <ul style="list-style-type: none"> <li>○ Opportunities for new funding</li> <li>○ Income limits</li> <li>○ Reimbursement for service coordination needs to be adequate for person-centered planning</li> <li>○ Quality and cost of home modifications</li> </ul> </li> <li>• Providers become slaves to regulation versus focusing on client care                             <ul style="list-style-type: none"> <li>○ Staff dedicated to compliance already</li> <li>○ Costs associated with the new rule</li> <li>○ Prospects for increased funding</li> <li>○ Heavy caseloads already</li> <li>○ Regulatory requirements</li> <li>○ Communication support may be needed to assist individuals in making decisions</li> <li>○ PPL customer service issues, perhaps need for quality reevaluation or recertification</li> </ul> </li> <li>• No streamlined approach to providing services                             <ul style="list-style-type: none"> <li>○ Little integration among services or programs</li> <li>○ Utilize centralized services or broker</li> <li>○ Disconnect between plan and points of care, no complete visibility</li> </ul> </li> <li>• Knowledge and training                             <ul style="list-style-type: none"> <li>○ Not just Administration but those who are working with clients</li> <li>○ Service coordinators</li> <li>○ Turnover rate is high</li> </ul> </li> </ul>			

- Finding and keeping quality workers
- Pay is low (you get what you pay for)
- [Self-directed attendance]
- Standards need to be established and followed around what is acceptable versus what is not acceptable behavior
- Lack of well-defined expectations
- Financial barriers especially for the ombudsman
  - The independent ombudsman idea was well received but believed to be too costly
- Trust or attitudinal barriers exist in the community and are a barrier to the culture of learning
- Differences among participants and settings
- Ignorance
  - Staff not understanding that everyone deserves their dignity preserved
  - Ill perceived notions by staff
  - There may be legal barriers around keys, safety and financial impacts

How to Assist Settings Come Into Compliance			
Freedom of Choice	Integration in the Community	Privacy and Dignity	Services and Supports
<ul style="list-style-type: none"> <li>• Establish who is to define compliant</li> <li>• How to measure compliance, consumer-focused, home or institution</li> <li>• Clearly define the policy and how to comply</li> <li>• Provide documented questions and answers and means to verify compliance at the settings</li> <li>• Create a flexible and adaptable definition of compliance grounded in the person-centered planning</li> <li>• Consistent and continuous staff training                             <ul style="list-style-type: none"> <li>○ Programmatic options and opportunities</li> <li>○ Privacy and dignity</li> </ul> </li> <li>• Establish standards and certification</li> <li>• New providers with new ideas</li> <li>• More investment from government</li> <li>• Increase integration allowing the community to come into the setting</li> <li>• Policies and procedures identify participant preferences</li> <li>• Provide options to schedules</li> <li>• Assist participants in understanding the impacts of living with others</li> <li>• Develop a self-monitoring tool and optional, non-binding assessment</li> <li>• Service plan trumps all characteristics</li> </ul>			

## Breakout Session 2

To measure the effectiveness of current communication vehicles and to develop potential strategies for continued engagement and communication, participants were asked to assess current approaches and provide input on future strategies. Participants were divided into two groups: 1) participants and advocates and 2) providers and service coordinators. Both groups were asked to identify all the means by which OLTL communicates with them currently and how effective they are (very effective, effective, not very effective). They were then asked how the Department could engage or communicate moving forward, specifically, what information do they want or need and how would they like to receive it?

The following tables are the results of breakout session 2.

Participants and Advocates		
Communication Type	Rating	Comments
Email	E	Sometimes gets lost in email volume
Telephone	E	Difficult for OLTL to call every participant or advocate
Listservs	E	Not everyone has access or knows how to sign up for certain lists
Medical Assistance Advisory Committee (MAAC)	VE	Very effective for those who can attend, and meets only 6 times a year
Supports Coordinator (face-to-face)	E	Dependent on the knowledge of the supports coordinator
Direct mail	E	Sometimes not as timely
Stakeholder Groups (ad hoc)	VE	Limited
Webinar	E	Not frequently used
Teleconference	E	Difficult to know who all is participating or speaking at any one time
Website	NE	Difficult to navigate and find what you are looking for
Policy Documents	E	Detailed official documents
PPL Automated Calls	NE	Confusing and lack of follow-up service
Association Meetings/Conferences	VE	Subject to the annual schedule of associations
PA Bulletin	VE	Official purposes, readability has improved

Information Needs	Delivery Preference for Effectiveness
<p>Applications</p> <p>Documentation, paperwork, and records</p> <p>Process changes</p> <p>Warnings or heads up on issues participants or providers may be asked about</p> <p>Fact Sheets – on process              Definitions-description              Assessor requirements (tips and tools)</p> <p>Policy changes or decisions under consideration</p> <p>Problem solving process              Accountable contact              Escalation process</p> <p>Updates on transition</p> <p>Notices of information releases</p> <p>Actions against providers</p>	<p>Make it easy to submit documentation and records for payment</p> <p>Website: searchable, organized, plain language</p> <p>Written documentation of issues, information and processes</p> <p>Listsers could be used to provide information and should be sortable</p> <p>There should be time provided for input for policies or issues under consideration</p> <p>Accurate information</p> <p>Telephone calls or conference calls would be effective for warnings or actions against providers or any issue where a “heads-up” would be appropriate</p> <p>Stakeholder groups such as MAAC are very effective but could use broader representation. Suggestion was made that the SPIT and CLAC were effective.</p>

For communications about the final rule, the following ideas were discussed:

- Use the listserv to provide notice that detailed information will be forthcoming and by what means such as a letter.
- There needs to be a mechanism to respond to calls or inquiries in response to information that was sent and received. Some follow-up mechanism needs to be in place.
- Listsers and emails should have a clear and sortable subject.
- Telephone town meeting may be an effective approach.
- The service coordinator network could be used to reinforce the delivery of information.
- Letters should be the official method of communication.

Providers and Service Coordinators		
Communication Type	Rating	Comments
Email	VE	If you get an answer, it is very effective, but if you don't or it is untimely, is not very effective.
Telephone (800 number)	E	Limited access only during office hours. Not timely, may not get an answer or response back.
Listserves	E	There are timing issues, subject to technical glitches, and there is a lack of consistency and so there is not complete trust in the information received.
Provider meetings	E	OLTL holds meetings specifically for providers
QMETs Inspections	E	Inspections provide another opportunity for communication, but are not designed to be a communication method but rather a factual and educational assessment so other information may be lost.
Stakeholder Groups	VE	OLTL may disseminate information through associations.
Webinar	VE	Limited accessibility (lines).
Teleconference	E	Difficult to know who all is participating or speaking at any one time.
Website	NE	Considered a resource and not a means of communicating or engagement.
Policy Bulletins	E	
PPL Automated Calls	NE	Confusing and lack of follow-up service.
Association/Provider Meetings/Conferences	VE	OLTL makes presentations at meetings held by associations or providers, subject to the annual schedule of associations or provider invitation.
PA Bulletin	VE	Not timely and the average person will not view or care.

Information Needs	Delivery Preference for Effectiveness
<p>Information and updates on the final rule implementation</p> <p>Side-by-side: what is in and out of the waiver</p> <p>Timeline: what to do and when</p> <p>Specifics on how to comply and how to demonstrate compliance</p> <p>Heads up notice when something important is coming.</p> <p>FAQs</p> <p>Rollout topics by topic and audience</p> <p>Feedback:              Follow-up on input that was solicited              What is the department doing with suggestions or recommendations provided</p> <p>Training (web-based)</p>	<p>MAAC – tailor an entire meeting to the final rule and advertise more broadly</p> <p>In-person meetings: at provider site or OLTL hold meeting</p> <p>Webinar: provider specific, audience specific, topic specific. Provide interactivity with the webinars</p> <p>Communication must be in the context of the plan; here’s where we are, this is how it fits into the overall plan for the final rule</p> <p>Letters to providers on official letterhead re: provider survey or other requirements or “heads up”, should be sent from someone who will provoke attention and response</p> <p>Email blasts              Effective subject              Notice of importance</p> <p>Rollout by topic in specific audience areas</p> <p>To connect with folks not currently reaching, use the licensing entities and follow-up with those who did not respond to the survey</p>

For communications about the final rule, the following ideas were discussed:

- Use the listserv and emails
- Webinars
- Letters
- Stakeholder Groups
- Provider and Association meetings

## Conclusions

Some overarching themes emerged from each of the breakout groups. Comments were consistent across the four major breakout topics and should be considered in the development of the transition plan. These themes related to: the person-centered support plan, the diversity of individual needs and community characteristics, training and education.

### Participant-Centered Plan

There was consensus, especially among the waiver participants, that the participant-centered plan should guide the design of the support system and setting. The participant or person-centered plan first documents the dream, the expression of how the participant wants to live his or her life. The plan also documents the corresponding support system and setting which helps to make that dream a reality. However, it was recognized that there is a ways to go to ensure stronger service plans that truly are developed by the participant and that are highly individualized to represent the individual's preferences.

It was stated the participant-centered plan should include both natural supports, such as family or community, as well as outside or paid waiver supports. Plans should be less rigid than they are today and more flexible and adaptable as individuals' needs change, but above all, the plan should not be limiting. Participants should certainly not be directed, coerced, or limited in any way by a provider or landlord. It was noted that current plans are linear, yet the manner in which people live their lives is not, so plans must be comprehensive, integrated and focused on supporting independence. For example, if integrated community employment is a goal or objective, the work schedule, transportation schedule and all supports must be aligned to enable that to occur and come together.

It was stated that in determining compliance, the effectiveness of the setting in facilitating the execution of the person-centered plans ought to be given the highest consideration. The vision is for individuals to be able to choose to do whatever they like with a seamless, integrated and coordinated system of support services to make that happen.

### Diversity of Participants and Settings

There was considerable agreement among the stakeholders that creating one-size-fits-all criteria for evaluating HCBS settings for compliance may not be in the best interest of the waiver participants or even in meeting the objectives of the Final Rule.

For example, participants in the stakeholder meeting represented:

- Individuals in their twenties with a priority on employment.
- Seniors who may not be focused on employment, but on other social activities.
- Victims of brain injuries in various stages of recovery.

Further, the settings for services may also be impacted by the geographic diversity of the state. Pennsylvania has dense urban communities with robust public transportation offerings as well as very rural settings with no public transportation available, and other communities with limited

public transportation. All of these factors need to be taken into consideration in determining how the setting supports the person-centered plan.

The specific example of adult day settings was discussed. Community social and other activities are offered by provider-owned facilities to both residents of the facility and members of the community at large. For community members, it was stated that visiting the setting for activities does represent integration in the community as in some cases these settings are prominent in the community. The question was asked, how much will participant perception or preference influence compliance determination? If these settings support the participant-centered plans for independence, dignity and integration in the community, how much flexibility is there in defining compliance?

### **Training, Education and Certification**

Much of the conversation revolved around the inconsistency and disparity of information and knowledge among various components of the entire system. Consequently, a number of suggestions related to education, training and even testing and certification. Participants and providers both agreed that to truly have a participant-centered approach, you need empowered consumers and yet many individuals do not possess a comprehensive frame of reference to know all the options which could or should be available. The sources they would go to for information and guidance also often do not possess complete or up-to-date information to assist them adequately. Information and knowledge is critical to first developing a participant-centered plan that meets the needs of the individual and helps achieve the vision of the Final Rule, and then putting those plans into place in the appropriate settings.

Given the pivotal role of service coordinators and providers, meeting participants suggested that there be continued education and training requirements for service coordinators and providers, and that their role in providing information and guidance be defined to include standards and expectations. To address widespread disparities in the quality of knowledge and information, one suggestion was to test and certify service coordinators and providers. Meeting participants determined that the service coordinator's knowledge of the programs and the individual participants was critical to achieving the vision. Service coordinators need to understand and help consumers understand, facilitate informed decision making, consider issues beyond just health and safety, and focus on fully integrating goals and supports. Barriers to taking this approach include an already heavy caseload with significant regulatory requirements and funding limitations.

It was recognized that every individual may not be a subject matter expert on every subject. Consequently, the importance of utilizing integrated teams to support the participant-centered plans and promote independence emerged as a consistent theme. Participants also suggested the use of peer specialists with experience in specific activities as a means of leveraging existing expertise, sharing how to navigate programs and be successful.

Some specific potential training needs discussed included the following:

- Training on how participant-centered plans should be developed and what all they should encompass for all those involved in the development of participant-centered plans.
- Training on the objectives of the new Final Rule and requirements to meet those objectives for providers.
- Training for provider staff in supporting individuals' privacy and dignity. Examples were shared of staff not understanding how to maintain a person's dignity such as holding the door open while someone is changing or the misperception that the elderly individuals don't care if someone sees them changing.
- Training on providing individual service for those providing direct support, not treating individuals according to stereotypes of a homogenous group.

### Engagement and Communication

There was consensus that in moving forward, the Department can be more effective in its engagement and communication. Stakeholders are looking for OLTL to keep them informed of the status of the transition plan through every appropriate means: stakeholder groups, associations, presentations, webinars, and listservs. Further, the participants in the stakeholder meeting would like to receive information with adequate time to offer suggestions and input and receive some acknowledgement that the input was considered.

### Closing

OLTL is in a five-year transition period to ensure that individuals receiving long-term care services and supports through HCBS programs have full access to the benefits of community living and the opportunity to receive services in the most appropriate integrated setting. The stakeholder meeting solicited and secured input that will be helpful to OLTL in finalizing its transition plan and monitoring progress to ensure the vision and objectives are the Final Rule are achieved.

One meeting participant commented that "we had a very useful discussion with lots of thoughtful input. I hope that as much of it as possible can be incorporated into the transition plans." Another participant stated, "wonderful meeting, I appreciate and applaud the approach the Department is taking."

## Appendices

### Appendix A – Agenda



#### AGENDA

#### **OLTL CMS Final Rule Stakeholder Meeting**

**Thursday, May 7, 2015**

**8:30 a.m. to 4:00 p.m.**

Child Welfare Center

403 E. Winding Hill Road, Mechanicsburg, PA 17055

- |            |  |
|------------|--|
| 8:30 a.m.  | Registration   |
| 9:00 a.m.  | Welcome and Introduction   |
| 9:30 a.m.  | Overview of the CMS Final Rule   |
| 11:00 a.m. | High level overview of Provider Survey results   |
| 11:30 a.m. | CMS Exploratory Questions  |
| Noon       | Lunch provided   |
| 1:00 p.m.  | Breakout Groups <ul style="list-style-type: none"><li>• What Would Compliance Look Like?<ul style="list-style-type: none"><li>○ Freedom of Choice</li><li>○ Integration in the Community</li><li>○ Privacy and Dignity</li><li>○ Service and Supports</li></ul></li><li>• How Could Non-Compliant Settings Become Compliant?</li><li>• Are There Barriers to Becoming Compliant?</li></ul> |
| 2:15 p.m.  | Stakeholder Outreach and Engagement  |
| 3:30 p.m.  | Wrap-Up and Next Steps   |

## Appendix B

### ***Exploratory Questions to assist the Office of Long Term living in the Assessment of Residential Settings Handout***

The following represents a set of characteristics that are expected to be present in all home and community-based settings. Each characteristic has a corresponding group of exploratory questions representing traits that individuals in those settings might experience. This extensive list of characteristics and exploratory questions has been developed by CMS to assist states in assessing whether the required characteristics of Medicaid Home and Community-Based Services (HCBS) are present.

*Consider each of the exploratory questions and vote on those few that would be most effective in assessing compliance with the new regulations and assuring the experience envisioned by the new regulations.*

**1. The setting was selected by the individual. (vote for 1)**

- A. Was the individual given a choice of available options regarding where to live/receive services?
- B. Was the individual given opportunities to visit other settings?
- C. Does the setting reflect the individual's needs and preferences?

**2. The individual participates in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services. (vote for 3)**

- A. Does the individual regularly access the community and is s/he able to describe how s/he accesses the community, who assists in facilitating the activity and where s/he goes?
- B. Is the individual aware of or does s/he have access to materials to become aware of activities occurring outside of the setting?
- C. Does the individual shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as the individual chooses?
- D. Does the individual come and go at any time?
- E. Does the individual talk about activities occurring outside of the setting?

- 3. The individual is employed or active in the community outside of the setting. (vote for 1)**
    - A. Does the individual work in an integrated community setting?
    - B. If the individual would like to work, is there activity that ensures the option is pursued?
    - C. Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?
  
  - 4. The individual has his/her own bedroom or shares a room with a roommate of choice. (vote for 3)**
    - A. Was the individual given a choice of a roommate?
    - B. Does the individual talk about his/her roommate(s) in a positive manner?
    - C. Does the individual express a desire to remain in a room with his/her roommate?
    - D. Do married couples share or not share a room by choice?
    - E. Does the individual know how s/he can request a roommate change?
  
  - 5. The individual chooses and controls a schedule that meets his/her wishes in accordance with a person-centered plan. (vote for 1)**
    - A. How is it made clear that the individual is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?
    - B. Does the individual's schedule vary from others in the same setting?
    - C. Does the individual have access to such things as a television, radio, and leisure activities that interest him/her and can s/he schedule such activities at his/her convenience?
  
  - 6. The individual controls his/her personal resources. (vote for 1)**
    - A. Does the individual have a checking or savings account or other means to control his/her funds?
    - B. Does the individual have access to his/her funds?
    - C. How is it made clear that the individual is not required to sign over his/her paychecks to the provider?
  
  - 7. The individual chooses when and what to eat. (vote for 2)**
    - A. Does the individual have a meal at the time and place of his/her choosing?
    - B. Can the individual request an alternative meal if desired?
    - C. Are snacks accessible and available anytime?
    - D. Does the dining area afford dignity to the diners and are individuals not required to wear bibs or use disposable cutlery, plates and cups?
-

**8. The individual chooses with whom to eat or to eat alone. (vote for 1)**

- A. Is the individual required to sit at an assigned seat in a dining area?
- B. Does the individual converse with others during meal times?
- C. If the individual desires to eat privately, can s/he do so?

**9. Individual choices are incorporated into the services and supports received. (vote for 3)**

- A. Do Staff ask the individual about her/his needs and preferences?
- B. Are individuals aware of how to make a service request?
- C. Does the individual express satisfaction with the services being received?
- D. Are requests for services and supports accommodated as opposed to ignored or denied?
- E. Is individual choice facilitated in a manner that leaves the individual feeling empowered to make decisions?

**10. The individual chooses from whom they receive services and supports. (vote for 1)**

- A. Can the individual identify other providers who render the services s/he receives?
- B. Does the individual express satisfaction with the provider selected or has s/he asked for a meeting to discuss a change?
- C. Does the individual know how and to whom to make a request for a new provider?

**11. The individual has access to make private telephone calls/text/email at the individual's preference and convenience. (vote for 1)**

- A. Does the individual have a private cell phone, computer or other personal communication device or have access to a telephone or other technology device to use for personal communication in private at any time?
- B. Is the telephone or other technology device in a location that has space around it to ensure privacy?
- C. Do individuals' rooms have a telephone jack, WI-FI or ETHERNET jack?

**12. Individuals are free from coercion. (vote for 2)**

- A. Is information about filing a complaint posted in an obvious location and in an understandable format?
- B. Is the individual comfortable discussing concerns?
- C. Does the individual know the person to contact or the process to make an anonymous complaint?
- D. Can the individual file an anonymous complaint?
- E. Do the individuals in the setting have different haircut/hairstyle and hair color?

- 13. The individual, or a person chosen by the individual, has an active role in the development and update of the individual's person-centered plan. (vote for 2)**
- A. Is/are the individual/chosen representative(s) aware of how to schedule Person-Centered Planning meetings?
  - B. Can the individual explain the process to develop and update his/her plan?
  - C. Was the individual present during the last planning meeting?
  - D. Did/does the planning meeting occur at a time and place convenient for the individual to attend?
- 14. The setting does not isolate individuals from individuals not receiving Medicaid HCBS in the broader community. (vote for 4)**
- A. Do individuals receiving HCBS live/receive services in a different area of the setting separate from individuals not receiving Medicaid HCBS?
  - B. Is the setting in the community among other private residences, retail businesses?
  - C. Is the community traffic pattern consistent around the setting (e.g. individuals do not cross the street when passing to avoid the setting)?
  - D. Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?
  - E. Are visitors present?
  - F. Are visitors restricted to specified visiting hours?
  - G. Are visiting hours posted?
  - H. Is there evidence that visitors have been present at regular frequencies?
  - I. Are there restricted visitor's meeting area?
- 15. State laws, regulations, licensing requirements, or facility protocols or practices do not limit individuals' choices. (vote for 1)**
- A. Do State regulations prohibit individuals' access to food at any time?
  - B. Do State laws require restrictions such as posted visiting hours or schedules?
  - C. Are individuals prohibited from engaging in legal activities?
- 16. The setting is an environment that supports individual comfort, independence and preferences. (vote for 1)**
- A. Do individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas?
  - B. Is informal (written and oral) communication conducted in a language that the individual understands?
  - C. Is assistance provided in private, as appropriate, when needed?

**17. The individual has unrestricted access in the setting. (vote for 1)**

- A. Are there gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
- B. Are individuals receiving Medicaid Home and Community-Based services facilitated in accessing amenities such as a pool or gym used by others on-site?
- C. Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?

**18. The physical environment meets the needs of those individuals who require supports. (vote for 1)**

- A. For those individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?
- B. Are appliances accessible to individuals (e.g. the washer/dryer are front loading for individuals in wheelchairs)?
- C. Are tables and chairs at a convenient height and location so that individuals can access and use the furniture comfortably?

**19. Individuals have full access to the community. (vote for 4)**

- A. Do individuals come and go at will?
- B. Are individuals moving about inside and outside the setting as opposed to sitting by the front door?
- C. Is there a curfew or other requirement for a scheduled return to the setting?
- D. Do individuals in the setting have access to public transportation?
- E. Are there bus stops nearby or are taxis available in the area?
- F. Is an accessible van available to transport individuals to appointments, shopping, etc.?
- G. Are bus and other public transportation schedules and telephone numbers posted in a convenient location?
- H. Is training in the use of public transportation facilitated?
- I. Where public transportation is limited, are other resources provided for the individual to access the broader community?

**20. The individual's right to dignity and privacy is respected. (vote for 2)**

- A. Is health information about individuals kept private?
- B. Are schedules of individuals for PT, OT, medications, restricted diet, etc., posted in a general open area for all to view?
- C. Are individuals, who need assistance with grooming, groomed as they desire?
- D. Are individuals' nails trimmed and clean?

**21. Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences. (vote for 1)**

- A. Are individuals wearing bathrobes all day long?
- B. Are individuals dressed in clothes that fit, are clean, and are appropriate for the time of day, weather, and preferences?

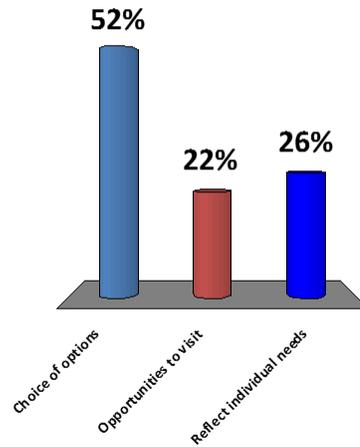
**22. Staff communicates with individuals in a dignified manner. (vote for 2)**

- A. Do individuals greet and chat with staff?
- B. Do staff converse with individuals in the setting while providing assistance and during the regular course of daily activities?
- C. Does staff talk to other staff about an individual(s) as if the individual was not present or within earshot of other persons living in the setting?
- D. Does staff address individuals in the manner in which the person would like to be addressed as opposed to routinely addressing individuals as 'hon' or 'sweetie'?

**Polling Results**

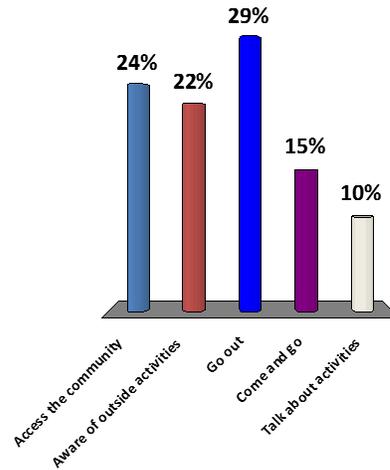
1. The setting was selected by the individual. (vote for 1)

- A. Choice of options
- B. Opportunities to visit
- C. Reflect individual needs



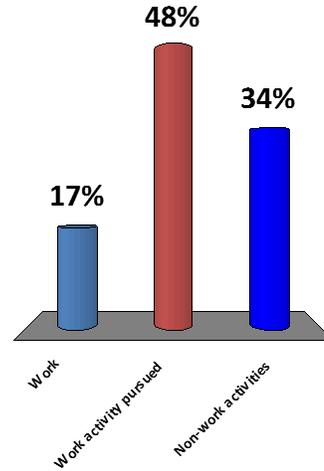
2. The individual participates in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services. (vote for 3)

- A. Access the community
- B. Aware of outside activities
- C. Go out
- D. Come and go
- E. Talk about activities



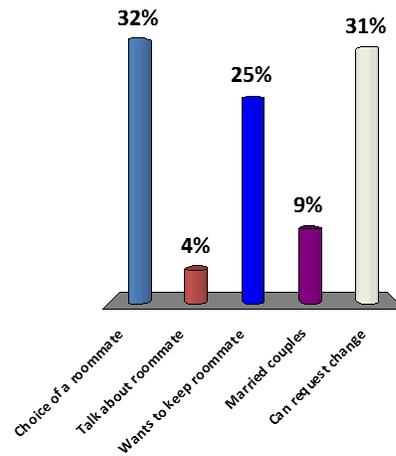
3. The individual is employed or active in the community outside of the setting. (vote for 1)

- A. Work
- B. Work activity pursued
- C. Non-work activities



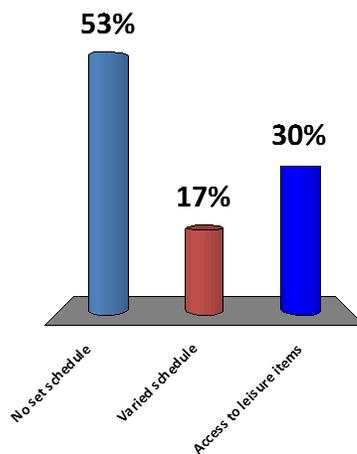
4. The individual has his/her own bedroom or shares a room with a roommate of choice. (vote for 3)

- A. Choice of a roommate
- B. Talk about roommate
- C. Wants to keep roommate
- D. Married couples
- E. Can request change



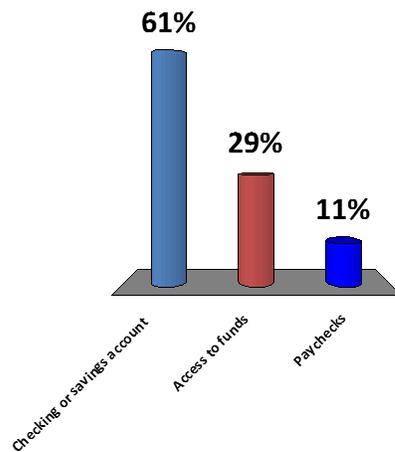
5. The individual chooses and controls a schedule that meets his/her wishes in accordance with a person-centered plan. (vote for 1)

- A. No set schedule
- B. Varied schedule
- C. Access to leisure items



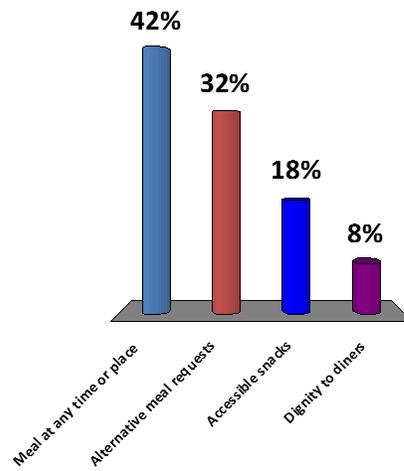
6. The individual controls his/her personal resources. (vote for 1)

- A. Checking or savings account
- B. Access to funds
- C. Paychecks



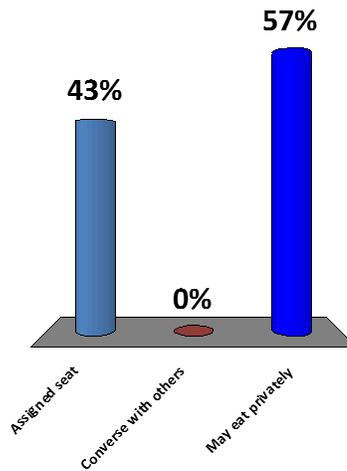
7. The individual chooses when and what to eat. (vote for 2)

- A. Meal at any time or place
- B. Alternative meal requests
- C. Accessible snacks
- D. Dignity to diners



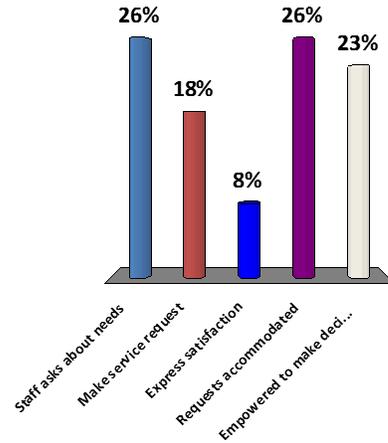
8. The individual chooses with whom to eat or to eat alone. (vote for 1)

- A. Assigned seat
- B. Converse with others
- C. May eat privately



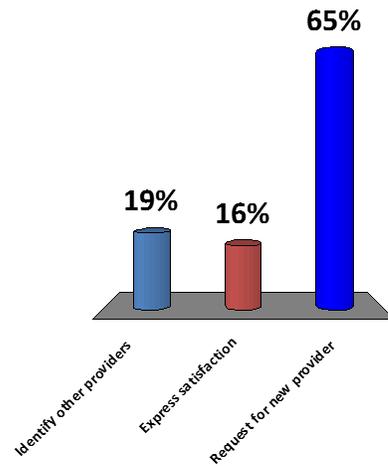
9. Individual choices are incorporated into the services and supports received. (vote for 3)

- A. Staff asks about needs
- B. Make service request
- C. Express satisfaction
- D. Requests accommodated
- E. Empowered to make decisions



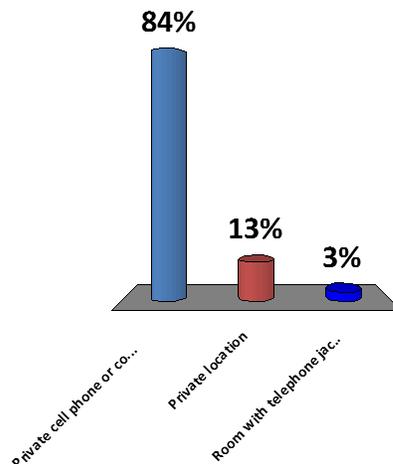
10. The individual chooses from whom they receive services and supports. (vote for 1)

- A. Identify other providers
- B. Express satisfaction
- C. Request for new provider



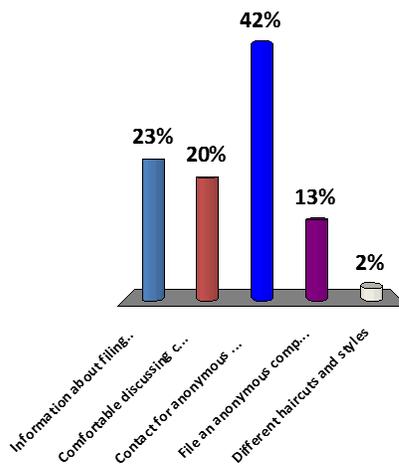
11. The individual has access to make private telephone calls/text/email at the individual's preference and convenience. (vote for 1)

- A. Private cell phone or computer
- B. Private location
- C. Room with telephone jack, wifi or ethernet



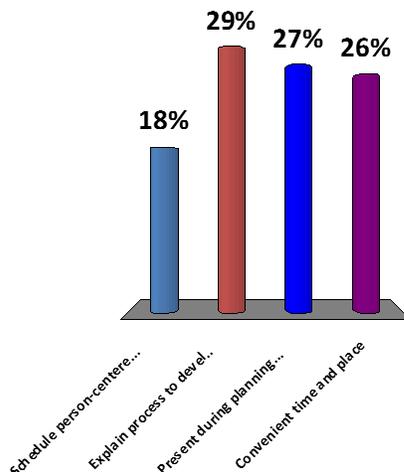
12. Individuals are free from coercion. (vote for 2)

- A. Information about filing a complaint
- B. Comfortable discussing concerns
- C. Contact for anonymous complaint
- D. File an anonymous complaint
- E. Different haircuts and styles



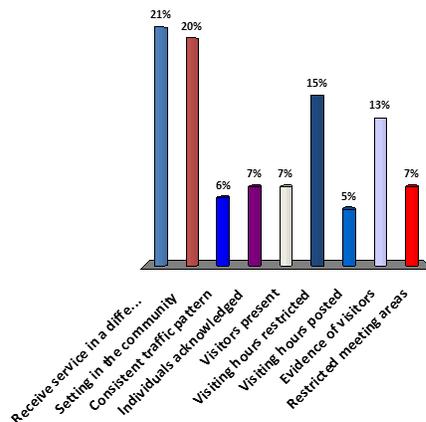
13. The individual, or a person chosen by the individual, has an active role in the development and update of the individual's person-centered plan. (vote for 2)

- A. Schedule person-centered planning meetings
- B. Explain process to develop plan
- C. Present during planning meeting
- D. Convenient time and place



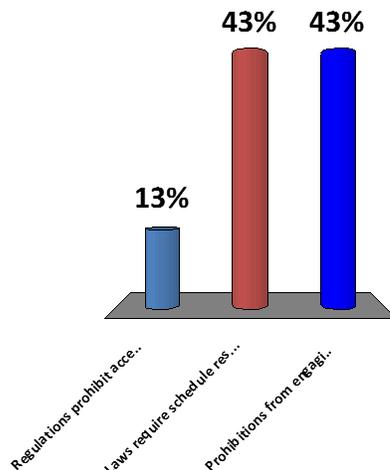
14. The setting does not isolate individuals from individuals not receiving Medicaid (HCBS in the broader community. (vote for 4)

- A. Receive service in a different area
- B. Setting in the community
- C. Consistent traffic pattern
- D. Individuals acknowledged
- E. Visitors present
- F. Visiting hours restricted
- G. Visiting hours posted
- H. Evidence of visitors
- I. Restricted meeting areas



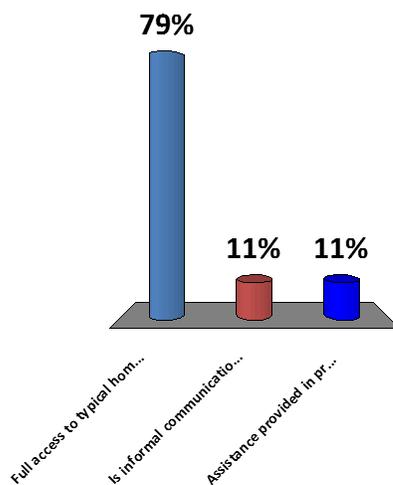
15. State laws, regulations, licensing requirements, or facility protocols or practices do not limit individuals' choices. (vote for 1)

- A. Regulations prohibit access to food
- B. Laws require schedule restrictions
- C. Prohibitions from engaging in legal activities



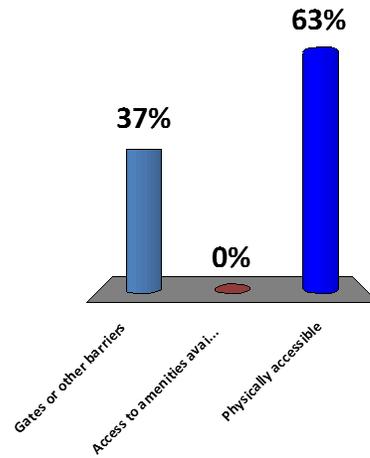
16. The setting is an environment that supports individual comfort, independence and preferences. (vote for 1)

- A. Full access to typical home facilities
- B. Is informal communication in a language the individual understands
- C. Assistance provided in private



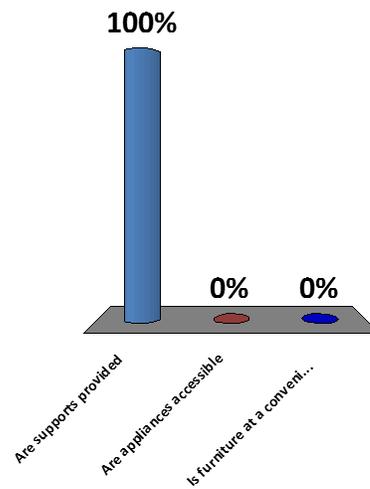
17. The individual has unrestricted access in the setting.  
(vote for 1)

- A. Gates or other barriers
- B. Access to amenities available to others
- C. Physically accessible



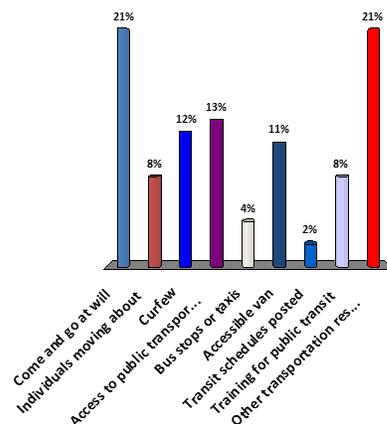
18. The physical environment meets the needs of those individuals who require supports. (vote for 1)

- A. Are supports provided
- B. Are appliances accessible
- C. Is furniture at a convenient height and location



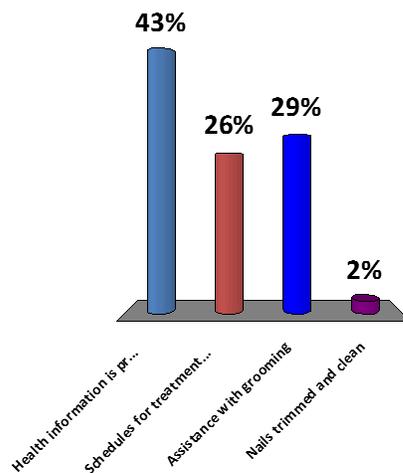
19. Individuals have full access to the community. (vote for 4)

- A. Come and go at will
- B. Individuals moving about
- C. Curfew
- D. Access to public transportation
- E. Bus stops or taxis
- F. Accessible van
- G. Transit schedules posted
- H. Training for public transit
- I. Other transportation resources



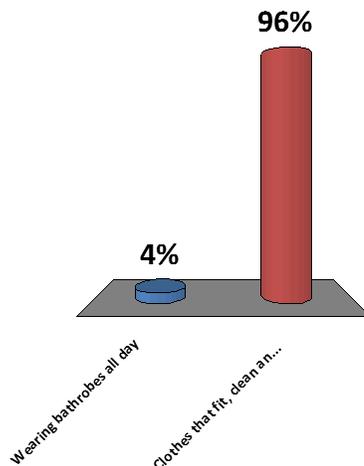
20. The individual's right to dignity and privacy is respected. (vote for 2)

- A. Health information is private
- B. Schedules for treatment and medication posted in an open area
- C. Assistance with grooming
- D. Nails trimmed and clean



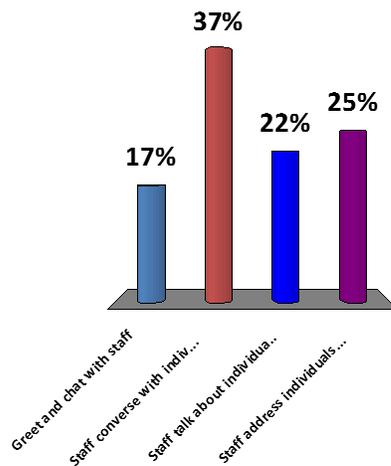
21. Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.  
(vote for 1)

- A. Wearing bathrobes all day
- B. Clothes that fit, clean and appropriate for the day, weather and preferences



22. Staff communicates with individuals in a dignified manner.  
(vote for 2)

- A. Greet and chat with staff
- B. Staff converse with individuals while providing services
- C. Staff talk about individuals as if they weren't there
- D. Staff address individuals how they want to be addressed



## Appendix C – Breakout Discussion Handout

### General Topics and Characteristics

#### Freedom of Choice

- The setting was selected by the individual
- The individual participates in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid HCBS services.
- The individual chooses and controls a schedule that meets his/her wishes in accordance with a person-centered plan.
- The individual controls his/her personal resources.
- The individual chooses when and what to eat.
- The individual chooses with whom to eat or to eat alone.
- Individual choices are incorporated into the services and supports received.
- State laws, regulations, licensing requirements, or facility protocols or practices do not limit individuals' choices.

#### Integration in the Community

- The individual is employed or active in the community outside of the setting.
- The setting does not isolate individuals from individuals not receiving Medicaid HCBS in the broader community.
- The individual has unrestricted access in the setting
- Individuals have full access to the community.

#### Privacy and Dignity

- The individual has his/her own bedroom or shares a room with a roommate of choice.
- The individual has access to make private telephone calls/texts/email at the individual's preference and convenience.
- Individuals are free from coercion.
- The individual's right to dignity and privacy is respected.
- Staff communicates with individuals in a dignified manner

#### Services and Supports:

- The individual chooses from whom they receive services and supports.
- The individual, or a person chosen by the individual, has an active role in the development and update of the individual's person-centered plan.
- The setting is an environment that supports individual comfort, independence and preferences.
- The physical environment meets the needs of those individuals who require supports.
- Individuals who need assistance to dress are dressed in their own clothes appropriate to the time of day and individual preferences.

## Appendix D: Evaluation and Comment Form

**Dering Consulting Group (DCG)  
OLTL CMS Final Rule Stakeholder Meeting  
May 7, 2015  
Evaluation and Input**

<b>Overall Meeting Content:</b>	<b>1 = Lowest</b>			<b>5 = Highest</b>	
Content relevant to my responsibilities and interests	1	2	3	4	5
Meeting and facilitation well organized	1	2	3	4	5
Stated objectives met	1	2	3	4	5
<b>Facilitator (Name):</b> _____					
Established a process conducive to group success	1	2	3	4	5
Responsive to needs of group	1	2	3	4	5
Accurately captured constructive input from the group	1	2	3	4	5
Encouraged interaction among group	1	2	3	4	5

**Additional Input or Comments:**

Breakout 1: Desired Outcome

Breakout 2: Engagement and Communication

**Overall Comments:**

\_\_\_\_\_  
**Signature (optional)**